

June 2008



Providing Independent Living Support

Training for Senior Corps Volunteers

Curriculum



Corporation for
**NATIONAL &
COMMUNITY
SERVICE** 

Providing Independent Living Support: Training for Senior Corps Volunteers

Submitted June 2008

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Introduction

Providing Independent Living Support: Training for Senior Corps Volunteers was developed to provide a standardized and easy-to-use training curriculum for Senior Corps' Senior Companion and RSVP project directors who have volunteers delivering independent living services to seniors, to enhance the services delivered by the volunteers. The curriculum meets the need for creative and practical strategies and ideas that volunteers delivering independent living services can adapt when serving their own clients.

Providing Independent Living Support: Training for Senior Corps Volunteers consists of the curriculum (eight workshop modules) and accompanying Facilitator's Guide. The Facilitator's Guide is designed to support the facilitation of the workshop modules in the curriculum. Therefore, you are encouraged to use both documents when preparing for and conducting the workshop modules.

Curriculum

Content and Design

Each of the eight workshop modules is organized as a 60-75 minute session. These workshops can be conducted individually or in combination of two or more. The module topics are presented as follows but do not need to be implemented in this order:

1. *Types of Independent Living Services Delivered by Volunteers*
2. *Becoming an Effective Care Partner: Helping Volunteers Recognize Benefits to Themselves*
3. *Understanding the Physical, Emotional, and Social Challenges Experienced by Clients*
4. *Effective and Respectful Communication*
5. *Understanding Dementia*
6. *Paying Attention to Body Language*
7. *Home Safety*
8. *Beyond Companionship Services: Helping Clients Improve Quality of Life*

Each module includes a session outline with estimated times, facilitator notes and instructions, optional PowerPoint slides with abbreviated facilitator instructions, worksheets for activities and exercises, informational handouts for participants, and a feedback survey. The structure of each workshop follows this format:

- Introduction with a brief warm-up activity
- Short lecture (before and/or after the exercise)
- Exercise for skill development
- Short reflection activity that summarizes the topic or helps participants consider an important related issue
- Closing with opportunity for feedback

Providing Independent Living Support: Training for Senior Corps Volunteers incorporates methods to fit different adult learning styles and varied approaches to presenting material. Included are large group discussions, small group cooperative exercises that stress practical application, brainstorming, and role-playing. The curriculum also provides opportunities for individual or pair reflection, and sharing of experiences. Every module utilizes experiential learning by asking participants to consider hypothetical but realistic client problems and client-volunteer situations. In several modules, participants are asked to identify the problem described and offer possible solutions. Additionally, the workshops appeal to different senses and use a multi-media approach (easel pads, PowerPoint, props).

The workshops were designed for group training, but the lecture notes and handouts can also be helpful for training new volunteers individually.

Preparation

Most of the material needed to conduct each workshop is provided. However, facilitators will need standard training materials such as access to a blackboard or easel paper, chalk/markers, and in two workshops (Modules 1 and 5), the facilitator will need to gather materials for the exercise.

To prepare for facilitating a workshop module, the following steps are recommended:

Step 1: Review the module at least one week before conducting the workshop.

- Look closely at the exercises and the “large group callout” sections. Understand how the activity works and the key messages to be covered in processing that activity.
- Review and choose the handouts you wish to use. The handouts elaborate on the main points of the lecture, build on lessons from the exercise, offer participants practical tips and suggestions, and provide additional resources to further participants’ knowledge.
- It is not essential to use the PowerPoint presentation provided. Facilitators may prefer to copy information from key slides onto easel paper (e.g. exercise instructions) and post them on the wall, make transparencies for an overhead projector, or make handouts of the slides.

Step 2: Modify the workshop as needed.

- Review the time estimates in the session outline and adjust the time and number of activities according to previous experience with the group. For instance, if participants enjoy small group discussions and they are productive, consider increasing the suggested time allotments for the exercise and omit another section of the workshop, such as the reflection piece.
- If necessary, add or omit text in the facilitator’s notes. The PowerPoint presentation contains abbreviated facilitator’s instructions and can be modified electronically.

- If needed, revise the exercise worksheets, particularly those that ask participants to consider hypothetical client situations and problem-solving exercises. The facilitator may prefer to substitute actual situations for the descriptions, or develop new hypothetical situations relevant to volunteers that will encourage discussion on an important topic (e.g., client-volunteer cultural differences and potential misunderstandings that arise, ethical dilemmas around confidentiality that a volunteer may encounter, etc.).

Step 3: Practice and know the material; the facilitator should be comfortable with all of the content.

- The facilitator should be able to emphasize key concepts in discussions and answer most questions that come up around the topic. Of course, the facilitator is not expected to know everything but should be committed to help participants find answers.
- The facilitator will need to give clear directions for the activities, keep track of time, and distribute materials at different points in the workshop. For example, if an exercise calls for small group collaboration, the facilitator will need to know how he/she will form the small groups, the questions participants will be asked to consider, how/if answers should be written down, and how much time to give participants.

Facilitator's Guide

The Facilitator's Guide is designed for facilitators who will be presenting the curriculum, and includes tips and strategies for working with a variety of participants. The Facilitator's Guide is geared toward the needs of new facilitators, but veterans may find it useful for improving group facilitation skills. The Facilitator's Guide consists of four chapters subdivided into sections using a "Frequently Asked Questions" format. The chapters discuss the logistics of setting up a workshop; training techniques and application, including how to adapt to different learning styles; group management issues such as creating a safe learning environment and managing conflicts; and collecting feedback from participants to improve future workshops.

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Providing Independent Living Support: Training for Senior Corps Volunteers

Module 1

Types of Independent Living Services Delivered by Volunteers

*Providing Independent
Living Support:
**Types of Independent Living
Services Delivered by Volunteers***



Trainer:
Date:

PROVIDING INDEPENDENT LIVING SUPPORT: TRAINING FOR SENIOR CORPS VOLUNTEERS

Module 1: Types of Independent Living Services Delivered by Volunteers

Introduction

Senior Companion and RSVP volunteers deliver a wide variety of services to support seniors living independently in the community. The workshop will describe some of the most frequently provided services and volunteers' contributions to delivery of these services. Note that if you are training Senior Companion volunteers and not RSVP volunteers, or vice versa, you may need to clarify which services your volunteers do/do not provide as you go through the lecture (e.g. Senior Companion volunteers do not make home repairs but RSVP volunteers might). ***We strongly recommend you discuss your own community's services*** wherever possible during the session and provide participants with a list of local services.

This 60-75 minute workshop includes a brief lecture, a small-group exercise, and a short reflection activity.

Objectives:

By the end of the session, participants will further their understanding of:

- Common services available to assist seniors to remain living independently
- Who provides these services, and how recipients benefit
- How volunteers contribute to the delivery of independent living services
- **(STRONGLY RECOMMENDED)** Specific services available for seniors in your own community

Visual Aids (PowerPoint) and Facilitator's Notes

If you are using the PowerPoint slides included with this curriculum, Facilitator's Notes are provided under each slide (to see them, select "View...Notes Page" from PowerPoint's main menu). These notes provide the same information as the Facilitator's Notes included in this document, however, they are not as detailed; the PowerPoint Facilitator's Notes are primarily main points for the presenter.



Recommended: Add or edit slides to include specific information about the important services available to seniors in your community. Slides 7-13 describe services in general (e.g. transportation, respite care); you may want to edit these slides to include your information or add new slides.

If you do *not* use the PowerPoint slides, we suggest you create other visual aids such as handouts or transparencies, or copy the information on easel paper and post it for participants, particularly the exercise instructions on slide 15.

Handouts:

The handouts for this session follow Facilitator's Notes and Instructions. Handouts 1-3 should be distributed during the session; this symbol in the Facilitator's Notes will cue you as to when: 📄. Handouts 4-6 can be handed out at the end of the session.

1. What Do You Already Know About Independent Living Services?
2. Exercise Worksheet: How Would You Help This Client?
3. Reflection: Seniors in Your Life
4. Common Independent Living Services and Additional Resources
5. Administration on Aging (Fact Sheet)
6. Training Feedback Survey

STRONGLY RECOMMENDED: Provide participants with a list of local community services for seniors. If you do not have a resource guide, first contact your Area Agency on Aging or United Way for a list of local services. Here is an example of how you might organize a sub-directory.

List contents alphabetically by type of service or need the agency fills; for example: *Abuse/Neglect, Alcohol/Drug Intervention, Caregiving, Companionship*, etc. Let users know the information could change and keep an "updated" date in the footer of the document (e.g., *Last updated 5/12/08*).

For each resource, provide the following information:

Type of Service (*general category and specific subcategory if needed; for example, "Caregiving: In-Home Care Assistance"*)

Service Area (*e.g. counties served*)

Name of agency

Address

Phone number (*local and 800 number, if applicable*)

Email

Website

Hours open/available

Services provided (*Provide a brief description or list of services, but give enough detail so a new volunteer can understand how it works. If something important is **not** included, mention that.*)

If possible, add the following information:

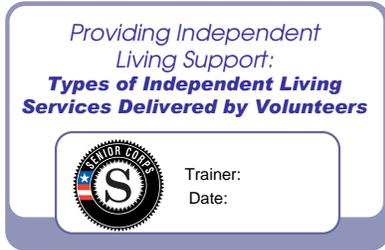
Minimum eligibility requirements

Approximate cost

Session Outline

Activity	Estimated Time	Method	Slide Numbers
I. Welcome and Introduction	10 min.		1
A. Learning Objectives	5	Lecture	2
B. Warm Up: What do you know about Independent Living Services?  <i>What Do You Already Know About Independent Living Services?</i>	5	Large group discussion	3
II. Independent Living Services and Volunteers' Contribution	15 min.		
A. Services and Providers	5	Lecture	4-5
B. Clients	5	Lecture	6
C. Types of Services and How Volunteers Contribute	5	Lecture	7-13
III. Helping Clients Find Needed Services	45 min.		14
A. Exercise: Identifying the Issue and Problem Solving  <i>Exercise Worksheet: How Would You Help This Client?</i>	25	Small groups of 3-4, Large group debrief	15
B. (STRONGLY RECOMMENDED) Services Available in our Community (if you haven't already incorporated this into Part II)  <i>List of local services for seniors</i> (Note: Facilitator would need to provide this list.)	10	Lecture	No slide
C. Reflection: Seniors in Your Life  <i>Seniors in Your Life</i>	10	Individual, Pairs	16
IV. Closing  <i>Common Independent Living Services and Additional Resources</i>  <i>Administration on Aging (Fact Sheet)</i>  <i>Training Feedback Survey</i>	5 min.	Lecture	17

Facilitator's Notes and Instructions

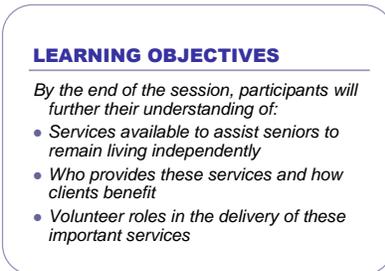


1

I. Welcome and Introduction

Show slide 1 – the title slide.

Explain the purpose of this training session: It is beneficial for both the volunteer and the client to know what services are out there for seniors. Volunteers who work with seniors are in a position to relay information about services their clients might need, and volunteers may benefit from those services one day themselves.



2

A. Learning Objectives

Show slide 2.

Read the learning objectives to the group. By the end of the session participants will further their understanding of:

- Some of the most common services available to assist seniors to remain living independently
- Who provides these services; and how recipients benefit.
- How volunteers contribute to the delivery of independent living services

(STRONGLY RECOMMENDED) If you can provide information at this time, add this important learning objective:

- **You will learn more about services available for seniors in our community.**



TIP: INSPIRE THEM. You may want to begin the session by sharing an inspirational quote with participants. For example, John Wooden said, "You can't live a perfect day without doing something for someone who will never be able to repay you." Or, from Albert Schweitzer: "I don't know what your destiny will be but the one thing I know, the only ones among you who are really happy are those who have sought and found a way to serve." Perhaps you have a favorite quote?

B. WARM UP: What do you know about Independent Living Services?

Show slide 3.



 Distribute the handout, *What do you already know about independent living services?* Tell participants that you want to get an idea of what they already know about independent living services and what questions they have. Ask the group to take a minute to answer the questions on the handout.

Question 1: Give the group a few minutes and then ask, “Are you familiar with local services that help seniors remain in their homes? What services have your friends, neighbors, or acquaintances used? Have you personally looked into any of these services?”

As the group responds, have one of the participants help you by writing the services they mention on easel paper.



Question 2: Ask the group to share some of the questions they have about independent living services. Ask your helper to jot these questions down on the easel paper, and post the easel paper where it can be seen for the rest of the session. As you go through the session, with the help of the group and the material, try to address questions on the list.

Question 3 Training Expectations: What else do you want to know before you leave today? Ask the group to tear off the bottom section of the handout with question 3 (or if you prefer, have them turn in the whole sheet). Let them know you will respond to these questions later in the session. Later, when participants are working in groups during the exercise, read over their questions so you can prepare yourself to answer them during the session or at the end.

Summarize the group’s responses, and let participants know that collectively, they already know about many of these services, but that you are going to review some information to make sure everyone is up to speed.

WHAT ARE INDEPENDENT LIVING SERVICES?

- A variety of services that contribute to helping seniors remain in their homes longer
- Volunteers, in large part, make these services possible

4

II. Independent Living Services and Volunteers' Contribution

A. Services and Providers

Show slide 4.

Independent living services is a broad term used to describe a variety of different services that contribute to helping seniors remain in their homes. In large part, volunteers help make these services possible.

Emphasize to participants that they are part of a national effort that recognizes the importance of this service. As an illustration: Independent living services for seniors is an "Issue of Focus" and one of the six strategic initiatives supported by Senior Corps. Source: Corporation for National and Community Service

Large group callout: "Who provides these services?"

Give participants a moment to respond and then show slide 5.

WHO PROVIDES INDEPENDENT LIVING SERVICES?

- Area Agency on Aging, other county agencies
- Hospitals
- Home health agencies
- Community organizations and senior centers
- Senior housing complexes

5

Add any missing areas or confirm the group's response:

Independent living services are usually provided by a local Area Agency on Aging and other county agencies, hospitals, home health agencies, community organizations like senior centers, senior housing complexes, and others.

B. Clients

Large group callout: "Who are the clients?"

Give participants a moment to respond and then show slide 6.

WHO ARE THE CLIENTS?

- Frail elderly
- Seniors who may need a little help to remain living independently
- Some younger adults with disabilities
- Mainly seniors who live alone



6

Add any missing items or confirm the group's response: Clients are the frail elderly, seniors who may just need a little help to remain independent, and younger adults with disabilities. Most of the clients are seniors who live alone.

The level of assistance varies by client, depending on individual need. Some clients receive comprehensive services, while others may just need a little help temporarily.

Many clients are low income. Services are free or low cost; clients may be asked to donate or provide payment on a sliding scale.



FACILITATOR TIP: KEEP THE MATERIAL CLOSE TO HOME. Talk about clients in your community who are eligible for free/low-cost services. Describe, if possible, who the "typical" client may be.

C. Types of Services and How Volunteers Contribute

Tell participants you are going to give them a brief overview of the main independent living services, including how clients benefit, what volunteers do, and one or two qualities or requirements that are important for volunteers serving in the area. Note these are general descriptions and individual sites may operate differently. Many volunteer positions may include more than one of these services, although volunteer qualifications are similar. For example, volunteers working with vulnerable populations have to pass a background check; volunteers should be sensitive to the needs of the elderly and people with disabilities; volunteers should be dependable, flexible, and patient, etc.

Meal Delivery and Congregate Meals

Show slide 7.

MEAL DELIVERY AND CONGREGATE MEALS

- Nutritious meals delivered to the home on a schedule
- Nutritious meals offered at a meal site where clients can socialize
- Volunteers deliver meals, assist in the kitchen, escort seniors, serve meals

Meal delivery services like *Meals-on-Wheels* provide home-delivered, nutritional, low- or no-cost meals to people with a nutritional need (for example, they are homebound or can no longer shop or cook meals for themselves). Home delivery can also serve as an extra safety check on clients living alone. Volunteers might deliver the meals or assist in the kitchen or at special events.

Congregate meal sites provide a nutritious meal to seniors in a welcoming setting that encourages socialization. Sometimes donations are requested. Clients benefit from both the healthy meals and the opportunity to socialize. Volunteers at meal sites might assist in the kitchen or serve meals or escort clients.

Whether meals are delivered or served at a community site, volunteers would need to be available during meal times and would receive “on the job” training specific to the tasks they perform.



TIP: REVIEW YOUR SERVICES. Does your agency provide some of these services? If yes, point this out as you go through this section and describe a little more about how it works, how people are referred, and who is eligible. You may also want to note and differentiate between the services Senior Companions and RSVP volunteers typically provide.

TRANSPORTATION

- Clients receive rides to appointments, errands, recreational/social events
- Volunteers drive and escort clients, provide company and safe transit



Transportation

Show slide 8.

This service provides free transportation for clients so they can get to medical appointments, the grocery store, community activities, visit the cemetery, or go other places. This type of service is especially important to seniors with disabilities and seniors in rural areas where public transportation is difficult or nonexistent.

Some agencies have vehicles, but usually volunteers use their own cars. Volunteers in this service area would need a valid driver's license, a good driving record, and car insurance. Volunteers who are very dependable, have flexible schedules, and like to drive do well in this service area.

Companionship/Outreach and Home Visits

Show slide 9.

COMPANIONSHIP/OUTREACH AND HOME VISITS

- Homebound seniors and nursing home residents receive one-on-one visits (usually 1-2 times a week)
- Volunteers do "what friends do for friends". May go on outings, sit and visit, enjoy hobbies together, etc.

Volunteers visit with frail older adults and adults with disabilities in their homes or at nursing homes and offer friendship, support, and a sympathetic ear. In this way, the service provides social and intellectual stimulation to homebound people to lessen feelings of loneliness and isolation.

Volunteers visit with clients one-on-one during prearranged hours, usually 1-2 times a week. Volunteers might read to the client, play cards, watch a movie, or enjoy hobbies or meals together. Some volunteers also help with light chores, such as grocery shopping or making appointments, or they might take clients on outings. Volunteers are friends to the client. When possible, they help the client connect with other friends and family, and the community through recreational and social events.

This service may or may not include telephone calls beyond the prearranged visiting hours, and volunteers would not provide personal care that a home health aide would typically do (e.g. bathing, dressing).

Volunteers that have good communication skills and sensitivity to the needs of others, especially those with disabilities, do well in this service area, as well as in the following one, Respite Care.

Respite Care

Show slide 10.

RESPITE CARE

- Clients get needed time to themselves, peace of mind that elder is being looked after
- Volunteer stays with elder while caregiver takes a break



10

Volunteers who provide respite care are serving both the caregiver and the person they care for, usually an elderly relative. Volunteers come to the home and visit with the elder while the caregiver takes a break. The service gives caregivers an opportunity to revitalize so they can continue caring for their loved one in the home.

Volunteer duties primarily depend on the level of activity of the elder. Some volunteers provide safety and security for elders who sleep; others provide companionship, emotional support, and a caring presence; and others will do an activity, such as baking cookies, for those elders who like to stay busy. A typical shift is four hours per week, but that schedule also depends on the elder and caregiver's needs.

Activities of Daily Living

Show slide 11.

ACTIVITIES OF DAILY LIVING

- Clients receive help with light housework and errands that they have difficulty managing on their own
- Volunteers help with household management tasks, errands, correspondence, medication reminders, etc.

11

This service matches volunteers with low income, frail older adults who need limited or intermittent help with tasks of daily living such as yard care, minor home repairs, light housekeeping, preparing meals, medication reminders, shopping for groceries or clothes, using the telephone, and other household management tasks. This extra help enables seniors to continue living at home independently.

Volunteers may do any number of these tasks. Volunteers who serve as companions may do some of these things as well, depending on the client's care plan. Volunteers who like keeping busy and are well organized do well in this position.



TIP: BEYOND VOLUNTEER SERVICES, MENTION OTHER LOCAL OPPORTUNITIES. Many agencies and organizations offer workshops, lectures, and support groups that are free and open to the public on various topics, such as quitting smoking, living with chronic pain, healthy cooking, disaster preparedness, etc. You may want to mention these opportunities to participants as well. Often people just don't know what's out there.

Safety Check

Show slide 12.

SAFETY CHECK

- Clients receive household repairs/upgrades and information to improve home safety
- Volunteers provide information and follow-up to help seniors prevent falls, injuries, and burglaries

12

Informal safety checks happen when a volunteer visits the client at home during another type of service (meal delivery, for example). A volunteer might notice a lot of clutter in the home that could be a potential fire hazard or obstacles increasing the client's risk of falling. The volunteer might offer to help clear the area, or if the situation is serious, alert their supervisor.

A more formal safety check occurs when volunteers conduct a home safety audit designed to help prevent household accidents, injuries, and burglaries. This kind of safety check assists clients to identify potentially dangerous situations in their homes, and provides information, support, and follow-up to make their home a safer place. The service would provide home improvements such as locks, ramps, guard rails, and grab bars at no or low cost. The service may also install technology such as "Lifeline" that alerts a service at the press of a button if a client is home alone and has an emergency.

Volunteer duties include distributing educational information and conducting home safety surveys. They could also do various home repairs, such as installing safety grab bars and handrails, fixing leaky faucets and toilets, fixing or replacing door locks and handles, installing non-slip surfaces in tubs/showers, installing smoke and CO detectors, and replacing furnace filters, light bulbs, and thermostats. Volunteers usually have a good understanding of risk factors in the home and could receive training in handyman skills, home safety awareness, and safety techniques when using tools.



TIP: NOTE OTHER IMPORTANT SERVICES. This workshop is about services that volunteers provide; however, there may be services for clients that volunteers typically do not provide (e.g., those involving personal care or nursing). Mention this so that volunteers are aware that they exist and can pass that information on to clients.

Other Independent Living Services

Show slide 13.

AND MORE...

- Assist at adult day care centers
- Conduct disaster preparedness trainings
- Help seniors complete tax forms
- Exercise classes
- Provide telephone reassurance
- Hospice care

13

There are many other independent living services that volunteers do, including (but not limited to):

- Assisting at Adult Day Care centers
- Conducting disaster preparation presentations or helping seniors one-on-one to be prepared
- Providing tax counseling and help completing tax returns
- Exercise classes
- Telephone reassurance where volunteers call a client every day to make sure they're okay
- Hospice care

Let participants know that, although there isn't time to talk about all these things, you will be distributing a handout with descriptions of some of them at the end of the session.

III. Helping Clients Find Needed Services

Show slide 14.

VOLUNTEERS ALSO...

- Respect their client's privacy and maintain confidentiality
- Help obtain information about other needed services, where possible.
- Advocate: bring unmet needs to the attention of supervisor

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Let participants know that, regardless of the service area, and while they would respect their client's privacy and maintain confidentiality, there may be times when they can help a client by: (1) obtaining information about other needed services, and/or by (2) bringing unmet needs to the attention of a supervisor or station staff person.

For a homebound client, the volunteer might be the best link to community and social services. With assistance from the volunteer station, the volunteer might provide clients with information about eligibility and help them get a needed service (e.g., food stamps, visiting nurse, Supplemental Security Income, Medicare, Medicaid, etc.). Minimally, they can tell clients about the services that are out there.

Tell participants you would like to do a short exercise to get them thinking about this more.



A. Exercise: Identifying the Issue and Problem-Solving

This exercise will help participants prepare for possible situations in which clients may need more assistance than they can provide. The goal is for participants to learn about other services available, and to encourage them to share that information with their clients.

YOU WILL NEED: Easel paper (one for each group), markers, and tape to tack up the easel paper as you debrief.

Show slide 15.

EXERCISE: HOW WOULD YOU HELP THIS CLIENT?

- In small groups, read the scenario your group has been assigned.
- One person should record:
 - What do you think is the problem?
 - What kind of service would you recommend?
Extra Credit: Name a local agency that provides the service
- Be ready to share with the group

15

INSTRUCTIONS

1.  Distribute the handout *Exercise Worksheet: How would you help this client?*
2. Ask participants to form groups of three or four.
3. Refer participants to the worksheets, which contain three situations with two questions each and one “extra credit” question. The task is to match the client’s need to a service that might be available.
4. Assign each group to a different situation. This way, each of the three situations will be discussed during the debriefing. (However, note that if there are more than three groups, more than one group would be assigned the same situation.)
5. Distribute a piece of easel paper and markers to each group. At the top of the page, participants should identify their group by writing “Situation A. Mrs. Beasley”, “Situation B. Mr. Wu”, or “Situation C. Mrs. Green.” They should divide the pages with a vertical line so there are two columns to write answers to the two questions.
6. Everyone should first read the situation individually, and with their groups, discuss and answer the two questions provided. Groups should bullet out the responses on the easel paper, writing the answers to question 1 in the left column, and those to question 2 in the right column. Give them ten minutes.
7. After 10 minutes, call the group together for the debriefing.



TIP: MAKE THE EXERCISE MORE PRACTICAL. If you have a list of local services and resources for seniors, you may want to distribute it with this exercise worksheet. The exercise will be more practical if it revolves around actual services, rather than the general list of common services on page 1 of the worksheet.

EXERCISE: HOW WOULD YOU HELP THIS CLIENT?

- In small groups, read the situation your group has been assigned.
- One person should record:
 - What do you think is the problem?
 - What kind of service would you recommend?
Extra Credit: Name a local agency that provides the service
- Be ready to share with the group

15

DEBRIEF

Use the situations to help you engage participants in a discussion of the many issues that seniors face and the social services that are available to help them. Try to use this opportunity to clear up any misconceptions about what these services can and cannot provide. Add information that does not come up during the discussion. Refer to the “Facilitator’s Debrief Notes” (pages 17-18) for ideas.

For each of the situations:

1. Ask the group(s) that worked on the situation to share their response to question 1: What might be the problem?
2. Ask the larger group if they have anything to add to the list. Validate answers, but keep the conversation on track.
3. Add information as needed (see “Facilitator’s Debrief Notes”). Be sure to emphasize that the problem may be an undiagnosed health issue; therefore, it is important that the volunteer alert a supervisor. Volunteers should not be diagnosing client’s health problems; rather, they are trying to understand the client’s situation so they can help.
4. Ask the group(s) that worked on the situation to share their response to question 2: What services would they recommend?
5. Ask the larger group if they have anything to add to the list. Validate answers, but keep the conversation on track.
6. Add information as needed (see “Facilitator’s Debrief Notes”).

Optional: If you have time, ask the group, “What else did you notice when you thought about assisting each of the individuals? What surprised you?” Mention that sometimes offers of help can be rejected because clients are not ready to admit they need help. Ask for one or two ideas about how one might introduce the topic of assistance in a sensitive manner. If you are going to train on Module 4, Effective and Respectful Communication, let participants know that you will be talking more about communication later, and provide them with the date and session title.

B. (STRONGLY RECOMMENDED) Types of Services Available in Our Community

If you have not incorporated this into the session already, we recommend you take this time to distribute a list of independent living services available in your community and explain the most important (frequently used) services. This will help volunteers understand the services available to their clients, and to themselves, should they need help. *This may be the most relevant part of the training for new volunteers.*

Encourage participants to become familiar with the services and keep the list as a reference. Describe an instance when a volunteer was able to help a client with a needed service.

C. Reflection: Seniors in your Life

Show slide 16.

 Distribute the handout *Reflection: Seniors in your Life*. Ask participants to take a few minutes to jot down some answers to the two questions. After they have done so, invite them to share some of their thoughts with a partner. The purpose of this short exercise is to help participants reflect on how the people they know— rather than hypothetical examples— might benefit from specific services as recipients, or contribute to the delivery of these services as volunteers.

As an alternative to this reflection activity, take this time to share and discuss real life examples with the group.

REFLECTION: OTHER SENIORS IN YOUR LIFE

Is there anyone you know who could benefit from...

- Receiving independent living services
- Participating in volunteer opportunities



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IV. Closing

Show slide 17.

Let participants know that these are some quotes from a survey of clients served by the Senior Companion Program.

- “Don’t know what I would do without her.”
- “He’s my eyes.”
- “A life saver.”
- “Without him I would be in a nursing home.”
- “The best thing in my life.”
- “I used to have a sour attitude, she sweetened me up.”
- “Life is much more interesting.”

Source: Senior Companion Program Training Manual 2007 (Linn, Benton and Lincoln County Senior Companion Program, Oregon).

SURVEY OF CLIENTS

- “Don’t know what I would do without her.”
- “He’s my eyes.”
- “A life saver.”
- “Without him I would be in a nursing home.”
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17

SURVEY OF CLIENTS

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- "I used to have a sour attitude, she sweetened me up."
- "Life is much more interesting."

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Tell participants that it is time to end the session, and ask if they have any further questions. Try to address any remaining questions from the Warm up activity listed on the easel paper (question 2) and on the slips of paper you collected (question 3). If questions can not be answered at this time, let participants know when and how some of those issues will be handled (e.g., next session, via a phone call within the week, handout you will drop in mail, etc.). Note other resources available to participants, such as your program handbook, a supervisor available to answer questions, later trainings that will be held, or web resources listed on the handouts.

 After responding to questions, distribute the remaining three handouts: *Administration on Aging (Fact Sheet)*, *Common Independent Living Services*, and the *Training Feedback Survey*.

Let participants know that *Common Independent Living Services* describes ten common services and what volunteers do in each of the services, and provides some online resources for more information. (Note: if you feel your resource handout provides enough detail, you may prefer to omit this one.) The *Administration on Aging (Fact Sheet)* provides an overview of the national effort; it describes the Older Americans Act, services available, and where to begin looking for help.

Tell participants that the session is over, and you would very much appreciate hearing their thoughts via the *Training Feedback Survey*. Let participants know their responses are confidential and anonymous (no names are required on the surveys), and that the surveys are collected to help improve future training sessions. Make sure to indicate where you would like the completed surveys to be placed.

Thank everyone for coming.



TIP: IS THERE AN ALL-IN-ONE RESOURCE? Is there a number in your county to call for seniors who need help (i.e., a senior services referral number)? Put this information in a one-page "FAQ" sheet (Frequently Asked Questions) and distribute it to participants. Include information on what to expect if they call: Who would they talk to? What questions would they be asked? Can they call for a senior who needs help? Who can refer a senior to a service (e.g. must it to be a family member)?

Facilitator’s Debrief Notes for Exercise: Identifying the Issue and Problem-Solving

Situation A: Mrs. Beasley

Mrs. Beasley raised a large family and loved cooking big Sunday dinners. Now she lives alone and her children live in different states. Eating alone, especially on Sundays, is depressing for her. Lately she is less inclined to cook at all, and she doesn’t have much of an appetite anyway. Last night, for example, she ate half a can of peas for dinner.

1. What might be the problem?

Mrs. Beasley might be lonely or depressed; she may have no appetite due to affects of medications or a health problem; or she may have decreased sense of taste and smell. However, be sure to emphasize that because Mrs. Beasley’s problem could be an undiagnosed health issue (including depression), the volunteer should alert his/her supervisor. Volunteers should not be diagnosing client’s health problems; rather, they are trying to understand the client’s situation so they can help.

2. What service would you recommend?

Mrs. Beasley might benefit from a meal delivery or congregate meal service, or companionship/home-visit service:

- *A meal delivery program provides nutritious regular meals and (limited) companionship.*
- *Congregate meal sites offer nutritious meals and encourage socialization among peers.*
- *Companionship/Home Visits could be arranged around meal time; Mrs. Beasley and her volunteer companion might even go out for a meal.*

Name of agency or resource: _____

Situation B. Mr. Wu

Mr. Wu has always been very independent. He ran his own small business and raised two children after his wife died. In fact, he would still be working if health problems hadn’t forced him to retire. As his physical health declined over the last year, he has experienced increasing difficulty in getting around. He can no longer drive, and now his doctor is advising him to use a walker to aid his balance, which he hates. Mr. Wu is anxious about how he will continue to manage basic household tasks, and fears he is “one fall away from the nursing home.”

1. What might be the problem?

Mr. Wu is losing his independence and his mobility, which makes him anxious and probably angry.

FACILITATOR'S DEBRIEF NOTES (continued)

2. What service would you recommend?

Mr. Wu needs the reassurance that a little extra help is available and can make a big difference. He might benefit from services that provide assistance with daily living, transportation, and a safety check:

- *Assistance with daily living could help with basic household tasks that he finds difficult to perform.*
- *Transportation, probably with an escort, could help with errands and appointments.*
- *A safety check could help Mr. Wu eliminate potential hazards that can lead to a fall or other injury. In addition, a safety system like "Lifeline" can be installed to call for help if Mr. Wu had an emergency.*

Name of agency or resource: _____

Situation C: Mrs. Green

Mrs. Green has been taking care of Mr. Green since his Alzheimer's was diagnosed a year ago. Although he is still in the early stages, she does not feel comfortable leaving him alone in the house. Mrs. Green is beginning to feel run-down and anxious; she has no time for herself or the outside friendships she needs.

1. What might be the problem?

Mrs. Green's health is suffering, and she needs a break from caregiving.

2. What service would you recommend?

Respite care services and adult day care might help Mrs. Green:

- *Respite care would allow Mrs. Green some time out of the house to do errands or meet friends while someone came to stay with Mr. Green.*
- *An adult day care program can take care of Mr. Green for some hours during the day so Mrs. Green can take care of herself.*

Name of agency or resource: _____

References for Module 1: Types of Independent Living Services Delivered by Volunteers

Issues of Focus, Senior Corps. Corporation for National and Community Service, accessed June 2008. http://www.seniorcorps.gov/for_organizations/funding/focus_areas.asp

National Senior Corps Association. <http://www.nscatogether.org/>.

Additional references consulted for this module are listed by category in the handout *Common Independent Living Services*.

Handouts

The following handouts are included in this module:

1. **What Do You Already Know About Independent Living Services?**
2. **Exercise Worksheet: How Would You Help This Client?**
3. **Reflection: Seniors in Your Life**
4. **Common Independent Living Services and Additional Resources**
5. **Administration on Aging (Fact Sheet)**
6. **Training Feedback Survey**

*Providing Independent
Living Support:
**Types of Independent Living
Services Delivered by Volunteers***



Trainer:

Date:

What Do You Already Know About Independent Living Services?



Take one minute and respond to the following questions.

1. List the services in your community that you or someone you know (e.g., friend, relative, acquaintance) has used.

2. Write down at least one question you have about an independent living service in your community.

-
3. What else do you want to know before you leave today?

Exercise Worksheet: How Would You Help This Client?



Your Mission

Your clients have recently shown signs that they may need some extra help! With your group, identify the need and possible services that could help (see the list below).

***** **Extra credit!** Name an agency that provides these services in your community, or a resource (name, phone number, or web site) that could point you in the right direction. *****

These independent living services may be available in your community:

1. Food Distribution/Delivery (e.g., Meals on Wheels)
2. Food Distribution: Congregate Meals (sit-down meals provided for clients in group settings)
3. Transportation Services (programs provide driving and escort services to assist clients with errands, doctor visits, and other activities)
4. Assistance with Daily Living (programs provide assistance with various in-home activities, such as help with light chores, shopping and errands)
5. Respite Care (programs provide relief assistance to caregivers)
6. Companionship/Outreach and Home Visits (programs provide friendly visits or telephone reassurance to ease clients' feelings of isolation and loneliness)
7. Safety Checks (programs watch for signs of changes in client's mental and physical health and survey the home for signs of safety hazards; program may provide repairs or upgrades to improve accessibility and prevent accidents such as wheelchair ramps or handrails)
8. Disaster Preparedness (programs assist clients to prepare for a potential emergency, or conduct other activities to ensure clients will receive assistance in the event of an emergency).
9. Adult Day Care (programs provide supportive services and social activities for adult clients, such as Alzheimer's patients, in group settings)
10. Tax Consulting/Counseling (programs assist clients with tax questions and forms)
11. Another service in your community: _____

Read the situations on the next page and answer the questions with your group. There is more than one correct answer.

Situation A: Mrs. Beasley

Mrs. Beasley raised a large family and loved cooking big Sunday dinners. Now she lives alone and her children live in different states. Eating alone, especially on Sundays, is depressing for her. Lately she is less inclined to cook at all, and she doesn't have much of an appetite anyway. Last night, for example, she ate half a can of peas for dinner.

1. What might be the problem, in your opinion? _____

2. What service would you recommend to Mrs. Beasley? (from the list or another service area you know of): _____

****Extra Credit**** Name of agency or resource that offers this service or a source that could provide you with more information: _____

Situation B. Mr. Wu

Mr. Wu has always been very independent. He ran his own small business and raised two children after his wife died. In fact, he would still be working if health problems hadn't forced him to retire. As his physical health declined over the last year, he has experienced increasing difficulty in getting around. He can no longer drive, and now his doctor is advising him to use a walker to aid his balance, which he hates. Mr. Wu is anxious about how he will continue to manage basic household tasks, and fears he is "one fall away from the nursing home."

1. What might be the problem, in your opinion? _____

2. What service would you recommend to Mr. Wu? (from the list or another service area you know of): _____

****Extra Credit**** Name of agency or resource that offers this service or a source that could provide you with more information: _____

Situation C: Mrs. Green

Mrs. Green has been taking care of Mr. Green since his Alzheimer's was diagnosed a year ago. Although he is still in the early stages, she does not feel comfortable leaving him alone in the house. Mrs. Green is beginning to feel run-down and anxious; she has no time for herself or the outside friendships she needs.

1. What might be the problem, in your opinion? _____

2. What service would you recommend to Mrs. Green? (from the list or another service area you know of): _____

****Extra Credit**** Name of agency or resource that offers this service or a source that could provide you with more information: _____

Reflection: Seniors in Your Life

Take a few minutes and respond to the following questions individually. This sheet will not be collected, but you may want to share your ideas with a partner.



1a. Is there a senior in your life (e.g., friend, relative, acquaintance, or client) who now needs, or will soon need, *additional services* (e.g., transportation assistance, meal delivery, a little help around the house)?

b. What service(s) would you recommend they look into?

c. How would you discuss services with that individual?

2a. Is there a senior you know who may be looking for a *volunteer opportunity*?

b. What service(s) would you recommend they look into?

c. Why do you think they would enjoy this particular service?

Common Independent Living Services and Additional Resources

Here is a brief description of ten important volunteer-supported services that assist seniors to remain living at home, postpone early institutionalization, and improve quality of life.

Some of the website resources listed under each category are for localized programs; others are national or regional resources. Many provide services beyond the category for which they have been listed. We encourage you to check with your local Area Agency on Aging for senior services in your area. Visit the website for the National Association of Area Agencies on Aging (<http://www.n4a.org/aboutaaas.cfm>) or call the nationwide, toll-free Eldercare Locator at 1-800-677-1116 (website: www.eldercare.gov).

Service Area: Food Distribution and Delivery

Service Description

This service provides home-delivered, nutritional, low- or no-cost meals to people with a nutritional need (e.g., they are homebound or can no longer shop or cook meals for themselves). The service also provides an extra safety check on clients living alone and a source of companionship. Meals are delivered on a regular basis, scheduled by the client and the agency, and clients with special dietary needs can usually be accommodated. Some meals programs provide other services, such as grocery shopping and free groceries.

Example



Sylvia was referred to her local meal delivery program by a family member. Sylvia qualified for services because she can no longer shop and cook for herself, and needs extra help to make sure she gets the nutrition she needs. Sylvia provided emergency contacts and set up a meal delivery schedule with the program. David, a volunteer, picks up packaged meals at a school kitchen where they are prepared, and delivers the meals to Sylvia at lunch time, three days a week. If Sylvia doesn't answer the door at the appointed time, David immediately calls his supervisor.

Source: National Senior Corps Association:
www.nscatogether.org.

Volunteer Duties and Qualifications¹

Volunteers may do some or all of the following activities: delivering meals, assisting in the kitchen (washing dishes or assembling meal packages), providing support in the office or at special events, assisting with marketing or serving on a committee or board. Volunteers who deliver meals need a driver's license and must be available during meal service. Volunteers receive task-specific training; for example, those who deliver meals would initially ride along during a meal run.

For More Information...

Usually nonprofit agencies provide this service and operate at the local or county level. For more information, browse these websites:

Meals on Wheels Association of America:
<http://www.mowaa.org/>

Food and Drug Administration (Eating Well as We Age):
<http://www.fda.gov/opacom/lowlit/eatage.html>

Department of Health and Human Services Administration on Aging (Nutrition for Elders and Families):
<http://www.aoa.gov/eldfam/Nutrition/Nutrition.asp>

¹ Note that all volunteers serving potentially vulnerable populations such as the elderly must pass a background check as part of their qualification.

Service Area: Congregate Meals

Service Description

This service provides nutritious meals to seniors in a welcoming setting that encourages socialization. Dieticians prepare nutritionally-balanced menus for seniors; local meal sites prepare the food specified in the menu. Meal sites may offer birthday or holiday meals, nutrition education and counseling, diabetic meal options, ethnic foods, and transportation to the site. Seniors benefit from both the healthy meals and the opportunity to socialize.

Example



A few days a week, Orlando walks five blocks to the senior center which provides hot lunches to local seniors every day. Sandy, a volunteer at the center, welcomes him and assists him to a table where he can chat with friends he has made there. Another volunteer, Sam, serves the meal and seems to know most of the seniors by name. Orlando looks forward to these lunches and has been feeling healthier and happier since he started coming. Though it is not required, once a week he tries to make a small donation to help keep the program going.

Volunteer Duties and Qualifications

Volunteers may do some or all of the following activities: assisting in the kitchen (portioning out food, washing dishes), serving meals, escorting clients to the dining site, cleaning up, and assisting in the office or at special events. Volunteers should be available during meal times, and would receive “on the job” training specific to the tasks they perform.

For More Information...

Usually private nonprofit organizations provide this service locally. Meal sites are often community centers, senior centers, schools, churches, and senior housing. These websites contain information about specific programs at different locations:

Merriam Parks and Recreation Senior Program (Merriam, KS):

<http://www.merriam.org/park/Senior/congregate-meals.htm>

Jefferson Council on Aging Nutrition Services (Metairie, LA): <http://jcoa.net/nutrition-services.htm>

Illinois Department on Aging: Nutrition Program:

<http://www.state.il.us/aging/1athome/nutrition.htm>

The Older Americans Nutrition Program, administered by the US Department of Health and Human Services, Administration on Aging, is a federally funded community-based nutrition program for seniors. To read more about how this program works, see: http://nutritionandaging.fiu.edu/OANP_Toolkit/

Service Area: Transportation

Service Description

This service provides free transportation so seniors can gain access to needed services and community activities. The driver might also escort seniors to appointments and provide emotional support and a chance to socialize. This service is especially important to seniors with disabilities and seniors in rural areas for whom public transportation is difficult or nonexistent.

Example



Lydia lives in a rural area with few transportation options and she is no longer able to drive. She called her local Area Agency on Aging, which referred her to a transportation service where she can schedule rides ahead of time. The service is usually able to send the same volunteer, Rosa, to take Lydia to her doctor appointments, the pharmacy and the grocery store, and to help her home and up the stairs with packages. Rosa and Lydia enjoy their conversations during the drives and in the waiting room at the doctor's office.

Volunteer Duties and Qualifications

Volunteers usually use their own vehicles to drive seniors to different locations for appointments and other activities.

Volunteers may also escort them and provide companionship. Volunteers should have a vehicle, valid driver's license, a good driving record, and car insurance; sensitivity to the needs of the elderly and people with disabilities; dependability, flexibility, and patience. Volunteers would typically receive training in defensive driving and passenger assistance.

For More Information...

Usually community-based nonprofits or nonprofits working with government agencies provide this service. These websites contain information about specific programs at different locations:

ICare Volunteer Drivers for Seniors (Atlanta, GA): <http://www.icareseniors.org/>

Senior Services: Transportation (Seattle, WA): <http://www.seniorservices.org/vts/vts.htm>

Christian Homecare Services—Volunteer Interfaith Caregivers (Lebanon, IL): <http://www.chcsinc.org/VIC.htm>

The National Center on Senior Transportation, funded through the U.S. Department of Transportation, Federal Transit Administration, provides information and resources for local service providers across the US. For more information, see: http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2_homepage

Service Area: Companionship/Outreach and Home Visits

Service Description

The service provides social support and mental stimulation to homebound individuals, reducing loneliness and isolation. Volunteers visit with frail older adults and adults with disabilities in their homes or at nursing homes and offer friendship, support, and a sympathetic ear. Clients may also receive assistance with light chores, such as grocery shopping, making appointments, and transportation.

Example



Edward is a 76 year old widower. He has been feeling depressed over the last year as his health problems have gotten worse. He no longer feels like going out to visit friends and is fearful of negotiating the front steps anyway. His son arranged to have a volunteer Edward's own age visit him twice a week to keep him company. Edward and his companion, George, are now good friends, playing chess and card games together, and occasionally getting out to the park. George was able to connect Edward with another volunteer service that built a ramp with handrails so Edward has an easier time getting in and out of the house.

Volunteer Duties and Qualifications

Volunteers may do some or all of the following activities when they visit a client: read to them, chat; play cards, games, or do puzzles; take walks, help with correspondence, and assist with light chores and errands. Volunteers usually visit each client once or twice a week, and may require a motor vehicle check (driving record, valid license, insurance) if transporting clients. Volunteers receive ongoing training in different topics that might include: identifying and listening to feelings, boundaries, senior safety, and problem management.

For More Information...

Organizations that provide this service are usually public or private non-profits that receive federal and state funding. Many of these programs are part of a larger social service organization that provides a range of services. For more information, browse these websites:

Little Brothers – Friends of the Elderly:

<http://www.littlebrothers.org/programservices.html>

Elder Help of San Diego (CA):

http://www.elderhelpofsandiego.org/volunteer_pages/volunteer_opportunities.html

The Senior Source: Senior Companions (Dallas, TX):

http://www.theseniorsource.org/pages/vol_se_niorcompanion.html

Service Area: Assistance with Daily Living

Service Description

This service matches senior volunteers with low income, frail, older adults who need limited or intermittent help with tasks of daily living, such as yard care, minor home repairs, light housekeeping, preparing meals, medication reminders, shopping for groceries or clothes, using the telephone, and other household management tasks. This extra help enables seniors to continue living independently at home. Clients may need the service only once or on an ongoing basis.

Example



George is a friend of Edward's, an elderly gentleman who has a hard time getting around and needs a little extra assistance at home.

George called an organization that provides senior services, including assistance with daily living tasks, and explained the situation. The organization assessed Edward's need, and then sent Julie to help him with grocery shopping and a few household management tasks (correspondence and setting up his medications) on Saturdays.

Volunteer Duties and Qualifications

Volunteers may do any number of tasks, including light housekeeping, window washing, laundry, shopping, and cooking; yard work, leaf raking, and snow shoveling; household repairs, or assisting with transportation. Volunteer qualifications and training would depend on the kinds of tasks to be done.

For More Information...

Organizations that provide these services are usually community-based nonprofits that also provide other needed services. For more information, browse these programs' websites:

Emmaus Services for the Aging
(Washington, DC):

<http://www.emmausservices.org/volunteer.html>

Catholic Community Services of Western
Washington: Volunteer Chore Services:

<http://www.ccsww.org/site/PageServer?pagename=volunteerchores>

Neighborhood Connection: Senior Services,
Inc. of Wichita (KS):

http://seniorservicesofwichita.org/neighborhood_connect.html

The National Private Duty Association is a nationwide non-profit searchable database for all types of private home care services.

For more information, see:

<http://www.privatedutyhomecare.org/index.php>

Service Area: Respite Care

Service Description

This service provides non-medical support in the home from reliable, trained volunteers so caregivers can take care of other responsibilities, or have time to relax or pursue other interests. This service helps caregivers take a needed break to revitalize, so they can continue caring for their loved one in the home.

Example



Maria is retired but has been taking care of her father, Hugo, since he fell and broke his hip several months ago. In addition to mobility issues, Hugo is suffering from early dementia and Maria feels she can not leave him alone for

long. Maria loves her father, but she often feels anxious and irritable and has no time to herself. Maria called an organization that provides senior services and requested respite care. She met with a caseworker and to discuss her eligibility and her father's needs. The organization found a volunteer with similar interests as Hugo and arranged another meeting with Maria to discuss needs and schedules. Maria liked the volunteer right away and now enjoys a little extra time every week to relax.

Volunteer Duties and Qualifications

Volunteer duties primarily depend on the level of activity of the care receiver. Some volunteers provide safety and security for clients who sleep; others provide companionship, emotional support, and a

caring presence; and others will do an activity, such as baking cookies, for those clients who like to stay busy. Volunteers may also provide assistance with walking, eating, positioning in bed, and transferring the client from bed to chair. A typical shift is four hours per week, but that schedule also depends on client and caregiver needs. In addition, volunteers may provide family support that includes tasks such as mailings, telephoning, and assisting with grief workshops or caregiver support groups.

Volunteers need to have good communication skills and sensitivity to the needs of others, especially those with disabilities. Volunteers would receive training in various client and family support areas.

For More Information...

Respite services are funded under Title III of the Older American's Act, and are generally part of an array of services offered by both public and private non-profit organizations. For more information, browse these websites:

Department of Health and Human Services
Administration on Aging: Eldercare Locator:
Respite Care:

http://www.eldercare.gov/eldercare/Public/resources/fact_sheets/respite_care.asp

National Family Caregivers Association:
Caregiving Resources:

http://www.nfcacares.org/caregiving_resources/

Catholic Charities, Diocese of Pittsburgh
(PA):

<http://www.ccpgh.org/Website/Respite.htm>

Service Area: Adult Day Care

Service Description

Adult day care provides functionally-impaired adults with an individualized and coordinated set of services, including health, social, and nutritional services that are directed at maintaining or improving the client's capability for self care. Adult day care is a cost effective alternative to hiring home health aids and prevents premature institutionalization. There are generally three types of adult day care: "A social adult day care setting differs from adult day health care, which usually requires a health assessment by a physician before someone is admitted into the program. Adult day health centers, which typically use the term 'Adult Day Health Care' (ADHC) in their names, often provide physical, occupational, and speech therapy, and are usually staffed with an RN and other health professionals. A third type of day care provides social and health services specifically for seniors with Alzheimer's or a related type of dementia."²

Example



June's mother has always been independent. However, she is now in her 90s and frail, and June doesn't want to leave her at home alone while she goes to work. June looked into home health care but could not afford it; however, she found an adult day care center in her community which provides quality care at a reasonable cost. June's mother now receives assistance from staff and volunteers at the center with her medications and meals. She plays cards, participates in the crafts activities led by a volunteer she likes, and has made friends with other seniors there.

Volunteer Duties and Qualifications

Volunteers who serve at adult day care centers may assist with a variety of tasks, including working one on one with clients, education, evening care, health screening, meals, recreation, socialization, supervision, and transportation. Volunteers may also assist staff with paper work, scheduling, and organizing or leading activities (e.g., exercise, bingo, crafts, music, or card games). Volunteers receive ongoing training in areas such as socialization, supervision, and personal care, among others.

For More Information...

About 80% of adult day care centers are run on a non profit or public basis. For more information, browse these websites:

Department of Health and Human Services
Administration on Aging: Eldercare Locator:
Adult Day Care:
http://www.eldercare.gov/eldercare/Public/resources/fact_sheets/adult_day.asp

Helpguide.org (non-profit resource): Adult Day Care Centers:
http://www.helpguide.org/elder/adult_day_care_centers.htm

Adult Day Care of Calvert County (MD):
<http://www.adcofcalvertcounty.org/>

² From Helpguide.org, a nonprofit resource:
<http://www.helpguide.org/about.htm>

Service Area: Safety Checks

Service Description

This service offers home safety audits for seniors, and is designed to help prevent household accidents, injuries, and burglaries. The service assists seniors to identify potentially dangerous situations in their homes, providing information, support, and follow-up to reduce their risk of falling, and to make their home a safer place. The service provides improvements to the home such as locks, ramps, guard rails, and grab bars at no or low cost. The service may also install technology that alerts a friend/relative or emergency personnel at the press of a button if a client is home alone and has an emergency.

Example



Henry heard from his neighbor about the Home Safety Audit Program, which evaluates seniors' homes for free and identifies potential hazards. The program sent over a volunteer, Marcie, who talked with him about improvements he might make to his home to prevent falls (Henry's main concern). Marcie helped him arrange for another volunteer to come by and install grab bars in his bathroom and hand rails on his front stairs. Henry was able to make the other recommended adjustments himself, including removing throw rugs and replacing the old light bulb in the hallway with a stronger watt bulb.

Volunteer Duties and Qualifications

Volunteers distribute educational information and conduct home safety surveys to identify potential problems. They do various home repairs, such as installing safety grab bars and handrails, fixing leaky faucets and toilets, replacing certain electrical fixtures, fixing or replacing door locks and handles, installing non-slip surfaces in tubs/showers, installing smoke and CO detectors, making minor repairs on stair treads, replacing carpet threshold strips, regulating hot water heaters, and replacing furnace filters, light bulbs, and thermostats. Volunteers usually have a good understanding of risk factors in the home, and could receive training in handyman skills, home safety awareness, and safety techniques when using tools and potentially dangerous equipment.

For More Information...

Usually nonprofits working with government agencies provide this service. For more information, browse these websites:

Department of Health and Human Services Administration on Aging: Eldercare Locator: Home Modifications:
http://www.eldercare.gov/eldercare/Public/resources/fact_sheets/home_mod.asp

Neighborhood Senior Services (Ann Arbor, MI):
<http://www.nssweb.org/seniors/index.htm>

New York Foundation for Senior Citizens:
<http://www.nyfsc.org/services/repair.html#safety>

Service Area: Disaster Preparedness

Service Description

This service educates people in the community about the disasters that are most likely to happen in their area and how to plan for them, and raises awareness of the importance of preparation. Volunteers conduct group presentations and visit with individual clients to help them set up emergency kits and prepare evacuation plans. Some volunteers train to serve in Community Emergency Response Teams (CERT) so they can assist their neighbors in the event of an emergency. This assistance is especially important for seniors living alone.

Example



Last year, Joe's neighborhood endured a frightening fire, as the nearby woods went up in flames. This year, the senior center hosted a disaster preparedness presentation conducted by a volunteer, Sal. Sal demonstrated how to test smoke detectors, how to use a fire extinguisher, and how to assemble a disaster kit. Joe also learned about warning signs the community uses and how to respond to them. When he got home, Joe took simple precautions like posting emergency numbers by the phone, storing extra canned goods and water, and developing an evacuation plan and trading emergency contact information with two of his neighbors.

Volunteer Duties and Qualifications

Volunteers raise awareness by conducting educational presentations or individually assisting people. Volunteers demonstrate how to test a smoke detector or use a fire extinguisher, help prepare evacuation plans and how to signal for help, help seniors figure out who their emergency contacts are going to be, and help assemble disaster supplies kits. Volunteers may receive specialized trainings in CPR/First Aid, debris management; flood, fire, and severe weather preparation; terrorism, shelter in place, and hazardous materials.

Volunteers in CERT programs form teams and are trained to assist their community in the event of a natural or manmade disaster. Training includes disaster preparedness, fire suppression, medical operations such as triage and first aid, team psychology, and terrorism.

For More Information...

Usually this type of service is provided by nonprofits and county agencies. For more information, browse these websites:

Department of Health and Human Services Administration on Aging: Eldercare Locator: Staying "In Touch" in Crisis Situations (family disaster preparedness):

http://www.eldercare.gov/eldercare/Public/resources/fact_sheets/pdfs/INTOUCH_brochure.pdf

American Red Cross of Central Florida:

<http://centralflorida.redcross.org/disaster-preparedness-for-seniors.php>

Nobody Left Behind: Disaster Preparedness for People with Mobility Impairments:

<http://www.nobodyleftbehind2.org/~rrtcpbs/sources/>

Service Area: Tax Consulting/Counseling

Service Description

This service provides low- and no-cost tax preparation service to low and middle income taxpayers, with special attention to those age 60 and older. The service helps clients prepare federal and state income tax forms, making sure the information is accurate. Clients learn about tax credits for the elderly, and may receive counseling on paying monthly bills, estate-planning, and financial planning.

Example



Sarah detests tax time every year because she doesn't understand half the crazy forms. She always has the sneaking suspicion that she might be overpaying because she is doesn't know if she qualifies

for any credits. Her neighbor Elise, on the other hand, has always had a head for these things and loves her volunteer position helping seniors prepare their tax forms.

One day in mid-April, Elise noticed Sarah's frazzled appearance and asked her what was wrong. One thing led to another, and this year Sarah not only got the forms in the mail before April 15th, but for once, she felt confident that they were filled out properly. She will even be getting a little money back!

Volunteer Duties and Qualifications

Volunteers help prepare tax forms for seniors and provide information on current changes in tax laws. They complete 3-5 days of tax training in January, pass an IRS certification test, and sign a confidentiality form. Volunteers who have successfully completed the tax aide training program are referred to a local site at which they assist others who need help filling out their tax forms. The site might be a local library where a few volunteers sit at tables with a waiting area nearby. Clients bring their tax forms and other information they need in order to file taxes, and, with a volunteer, they go over the forms and expenses they are going to file. Though each client is assisted in filling out the forms, the actual filing is done by the client.

Volunteers are required to serve at least 40 hours between the dates of February 1st to April 15th, and a supervisor is available on site if questions arise.

For More Information...

AARP is the primary program sponsoring this service, with funds provided by the IRS and private contributions. For more information, browse these websites:

AARP Tax Aide:

<http://www.aarp.org/money/taxaide/>

Internal Revenue Service: Volunteers Income Tax Assistance Program (VITA) and Tax Counseling for the Elderly (TCE):

http://www.irs.gov/individuals/article/0,,id=119845_00.html

United Way of Tucson and Southern Arizona: Volunteer Tax Preparation:

<http://www.unitedwaytucson.org/pages/eitcvolunteer.php>



Administration on Aging

Working to Build the Future of Long-Term Care

Empowering adults as they age with reliable information and access to the care they need

Enabling individuals who are at high risk of nursing home placement to remain at home

Building disease prevention into community living through the use of low-cost, evidence-based programs

What is the Administration on Aging?

The Administration on Aging (AoA) was created in 1965 with the passage of the Older Americans Act (OAA), and is a lead partner of the National Aging Network (Network), which consists of 56 State Units on Aging (SUA), 655 Area Agencies on Aging (AAA), 239 Tribal and Native organizations, 29,000 service providers, and thousands of volunteers.

What is the Mission of the Administration on Aging?

AoA's mission is to assist elderly individuals maintain their independence and dignity in their homes and communities through comprehensive, coordinated, and cost effective systems of long-term care, and livable communities across the U.S. AoA works in close collaboration with the Network in developing comprehensive and coordinated systems of home and community-based long-term care.

Who is Eligible to Receive Services?

All older Americans are eligible to receive services. Specific attention is given to those individuals who are in the greatest economic and social need as determined by the OAA and its supplemental reauthorizations.

What is the Goal of the Older Americans Act?

The Older Americans Act authorizes grants to states for community planning programs, as well as for research, demonstration, and training projects in the field of aging. The Act also authorized grants to Area Agencies on Aging (AAAs) for local needs identification. Included in the OAA 2006 reauthorization was AoA's Choice for Independence (Choices) initiative. This strategy offers a new forward-looking paradigm for improved integration of health and long-term care systems at the national, state and local levels. The framework will: (1) give people greater choice, control and independence as they grow older and (2) enhance our ability to address the future of long-term care in this country. Choices builds on and integrates the best practices of other recent HHS initiatives including: the Aging and Disability Resource Center Initiative, Own Your Future Long Term Care Awareness Campaign, Cash & Counseling Demonstration Program and Evidence-Based Disease Prevention for the Elderly Program.

What Services are Available under the Older Americans Act?

There are six core services funded by the Older Americans Act and include:

Support Services activities target both the home and the community. The intent is to assist aging individuals in maintaining their independence in the community for as long as effectively possible. Services include assistance with transportation, in-home care, community-based services, such as adult day care and information and referral assistance.

Nutrition Services gives older Americans the option of receiving balanced and nutritious meals at home or at a congregate setting such as a senior or adult day care center, church or another community facility. Home delivered meals, commonly referred to as “Meals on Wheels,” are often pre-packaged and ready to eat. Meals for seniors who gather at communal sites are typically prepared on site.

Preventive Health Services programs are designed to promote healthy lifestyles through physical activity, appropriate diet and nutrition and regular health screening, and to educate older persons of the benefits of including these activities in their daily routine.

National Family Caregiver Support Program recognizes the extensive demands placed on family members and friends who provide primary care for spouses, parents, older relatives, and friends. Its goal is to help ensure caregivers have the assistance and support to fulfill their obligations as best as possible with the least amount of adversity. The program offers individual and group counseling, and training for caregivers and respite care. This program also provides support to the growing number of grandparents caring for grandchildren as well as

caregivers of persons 18 and under with mental retardation or developmental difficulties.

Elder Rights Services include detection and preventive strategies to safeguard older persons who are often vulnerable to abuse in both the community and long-term care facilities, and can be innocent prey of consumer fraud. These programs focus on the physical, mental, emotional, and financial well-being of older Americans. Services address such issues as pensions counseling, legal assistance and elder abuse investigations. The Long-Term Care Ombudsman Program is a core activity. Its purpose is to investigate and resolve abuse and neglect complaints and other violations made by or for residents of nursing, board and care, and similar adult care facilities.

Service to Native Alaskans, Native Hawaiians and Native Americans acknowledges the unique cultural and social traditions of native and tribal communities. The outreach and support services offered give consideration to the high prevalence of chronic diseases, the challenges of accessing care and support to persons living in rural settings and the environmental impact on health.

How do I Find Help in my Community?

Your local Area Agency on Aging is the primary resource for information. In a few states, the State Unit or Office on Aging serves as the AAA. You can locate the appropriate AAA or local service provider through Eldercare Locator, the AoA-supported, nationwide, toll-free information and assistance directory. The Locator is reachable at 1-800-677-1116, Monday through Friday, 9:00 a.m. to 8:00 p.m., Eastern Time. For 24-hour access to the Locator, visit www.eldercare.gov

For More Information

AoA recognizes the importance of making information readily available to consumers, professionals, researchers, and students. Our website provides information for and about older persons, their families, and professionals involved in aging programs and services. For more information about AoA, please contact: US Dept of Health and Human Services, Administration on Aging, Washington, DC 20201; phone (202) 619-0724; fax (202) 357-3523; Email: aoainfo@aoa.gov or contact our website at www.aoa.gov

Training Feedback Survey

Please help us improve our training sessions by providing feedback on the training you attended. Thank you!

Training/Session Name: _____ Date: _____

Lead Facilitator: _____

Program you serve with: SCP RSVP Other: _____

Please rate this session using the following scale:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
1. The subject matter was presented effectively.					
2. The facilitator was knowledgeable.					
3. The facilitator responded to questions.					
4. There were enough opportunities for discussion.					
5. The written materials are useful.					
6. The session met my expectations.					
7. As a result of this training, I gained new knowledge applicable to my volunteer assignment.					
8. I plan to apply what I learned at this session.					

9. What did you like best about this session?

10. What would have improved this session?

Thank You! Your feedback will help us to improve our training!

Providing Independent Living Support: Training for Senior Corps Volunteers

Module 2

Becoming an Effective Care Partner: Helping Volunteers Recognize Benefits to Themselves

*Providing Independent Living
Support:
**Benefits of Service to
Volunteers***



Trainer: _____

Date: _____

PROVIDING INDEPENDENT LIVING SUPPORT: TRAINING FOR SENIOR CORPS VOLUNTEERS

Module 2: Becoming an Effective Care Partner: Helping Volunteers Recognize Benefits to Themselves

Introduction

Studies have shown that there are significant benefits to seniors who volunteer. This 60-75-minute session will describe some of the research findings on mental and physical health benefits of volunteering, and offer tips for maintaining health and enthusiasm for volunteering. In addition to a short lecture, the session includes a brief warm-up exercise to help participants get to know each other, a more extensive small group exercise, and a self-care worksheet.

Objectives

By the end of the session participants will further their understanding of:

- Why many people choose to volunteer
- The mental, social and physical health benefits of volunteering
- Tips and strategies for maintaining their physical and mental health

Visual Aids (PowerPoint) and Facilitator's Notes

If you are using the PowerPoint slides included with this curriculum, Facilitator's Notes are provided under each slide (to see them, select "View...Notes Page" from PowerPoint's main menu). These notes provide the same information as the Facilitator's Notes included in this document, however, they are not as detailed; the PowerPoint Facilitator's Notes are primarily main points for the presenter.

If you do *not* use the PowerPoint slides, we suggest you create other visual aids such as handouts or transparencies, or copy the information on easel paper and post it for participants. Duplicating the information on these two slides will be the most helpful: Slide 6 (exercise instructions) and Slide 10 (self-care worksheet instructions).



Handouts

The handouts for this session follow the facilitator's notes and instructions. Handouts 1-3 should be distributed during the session; this symbol in the Facilitator's Notes will cue you as to when: 📄. Handouts 4-6 can be handed out at the end of the session.

1. Why Did You Volunteer?
2. Benefits of Volunteering Worksheet
3. Self Care Worksheet
4. Issue Brief: The Health Benefits of Volunteering: A Review of Recent Research
5. Additional Resources: Benefits of Service to Volunteers
6. Training Feedback Survey

Session Outline

Discussion Topic	Estimated Time	Method/Activity	Slide Numbers
I. Welcome and Introduction	15 min.		1
A. Learning Objectives	2	Lecture	2
B. Trends in Volunteering	3	Lecture	3
C. Warm up: Why Did You volunteer? 📄 <i>Why Did You Volunteer?</i>	10	Individual, Pairs Large group callout	4
II. Health Benefits of Volunteering	35 min.		
A. General Health Benefits and Number of Hours Served	5	Lecture	5
B. Exercise: What are the health benefits of volunteering? 📄 <i>Benefits of Volunteering Worksheet</i>	25	Small group (3-4 participants) exercise	6-7
C. The Research on Volunteering: Older Adult Volunteers	5	Lecture	8
III. Staying Healthy	20 min.		
A. Signs that You Might Need a Break	5	Lecture	No slide
B. Tips and Strategies for Maintaining Health and Enthusiasm	5	Large group callout	9
C. Creating your Self-Care Plan 📄 <i>Self Care Worksheet</i>	10	Individual, Pairs	10
IV. Closing 📄 <i>Issue Brief: The Health Benefits of Volunteering: A Review of Recent Research</i> 📄 <i>Additional Resources: Benefits of Service to Volunteers</i> 📄 <i>Training Feedback Survey</i>	5 min.	Lecture and Feedback	11-13

Facilitator's Notes and Instructions



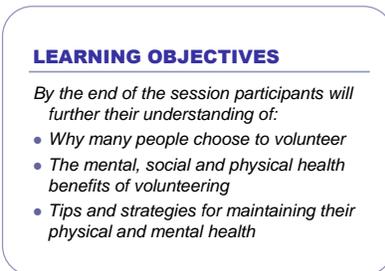
I. Welcome and Introduction

Show slide 1 – the title slide.

Explain the purpose of this training session: Studies have shown that there are significant benefits for seniors who volunteer. This session will allow participants to share volunteer experiences from their own lives, review results of some of these studies, and talk about tips for maintaining health during service.

A. Learning Objectives

Show slide 2.



Read the learning objectives to the group. By the end of the session participants will further their understanding of:

- Why many people choose to volunteer
- The mental, social and physical health benefits of volunteering
- Tips and strategies for maintaining their physical and mental health

Tell participants you will be distributing additional information and resources on the material you are covering at the end of the session.

B. Trends in Volunteering

Show slide 3.



Volunteers, are part of an important growing trend in the United States.

- Americans are volunteering at high and increasing rates. For example, the adult volunteer rate has increased by 6% from 1989 (20.4%) to 2006 (26.7%). In addition, about two-thirds of people who volunteer one year will return to volunteer the next.
- The growth in volunteering has been led by teenagers, Baby Boomers, and seniors.
- The states with the highest volunteer rates in 2007 were Utah, Nebraska, Minnesota, Alaska, and Kansas.

Source: Corporation for National and Community Service (2007)

C. WARM UP: Why Did You Volunteer?

Show slide 4.



 Distribute the handout *Why Did You Volunteer?* Ask participants to take a minute to jot down some notes to the questions.

Question 2: Why did you decide to volunteer? Ask someone in the group to assist you by writing answers on easel paper. Then ask the group to share why they choose to volunteer, and why they volunteered for this type of service in particular.

If time permits, you may want to ask trainees where they have volunteered previously (in what type of service). This helps the group get to know each other.

Once you have the reasons listed on the easel paper, reinforce what the participants have said.

The United Way came up with this list of reasons people volunteer, some or all of which your participants may have listed. Share these reasons with the group, if not already noted during the discussion:

- Learn or develop skills
- Teach your skills to others
- Build self-esteem and self-confidence
- Improve your health
- Meet new people
- Feel needed and valued
- Express gratitude for help you may have received in the past from an organization
- Communicate to others that you are ambitious, enthusiastic and care about the community
- Make a difference in someone's life

Source: United Way (2007)



TIP: HAVE A WARM-UP ACTIVITY IN MIND. If participants don't know each other, they may be shy about speaking up at first. Start the warm up by sharing a story about your own volunteering experience. See the *Facilitator's Guide* for more ideas on warm-up activities.

Question 3 (Training Expectations): What do you want to know before you leave today? Ask the group to tear off the bottom section of the handout with question 3 (or if you prefer, have them turn in the whole sheet). Let them know you will respond to these questions later in the session. Later, when participants are working in groups during the exercise, read over their questions so you can prepare yourself to answer them during the session or at the end.

II. Health Benefits of Volunteering

A. General Health Benefits and the Number of Hours Served

Show slide 5.

HOURS OF SERVICE AND HEALTH BENEFITS

- Volunteers should serve at least 1-2 hours per week, or about 100 hours a year, to show health benefits.



5

Research studies have been conducted to see if there are health and social benefits to volunteers. There have been studies following volunteers over a period of time, and comparison studies of similar groups of volunteers and non-volunteers. In general, studies found that volunteers serving at least 1 to 2 hours per week show health benefits. However, this does not mean the more hours served, the greater the health benefits. At a certain number of hours, the health benefits do not increase further. For example, volunteers who served about 100 hours a year were most likely to show health benefits, but volunteers who served *more* than 100 hours a year did not show any additional health benefits.

Source: Corporation for National and Community Service (2007)



TIP: PRIORITIZE WORKSHOP ACTIVITIES ACCORDING TO YOUR GROUP'S NEEDS.

For example, you may wish to spend less time on the health benefits of volunteering and more time helping volunteers think about issues that may come up with clients that could be stressful (all of the other modules address potential situations on some level). Or, consider using the *Self Care Worksheet* to discuss ways that volunteers can reduce stress, and reiterate the importance of maintaining balance between personal needs and the needs of others. See the *Facilitator's Guide* for more tips on modifying the workshop agenda.

B. EXERCISE: What are the general health benefits of volunteering?

So, what are the general health benefits? The following exercise will reinforce what participants already know through experience, and allow them to share and learn from each other. During the debriefing, the facilitator will add information about benefits. The whole exercise, including debriefing, should take about 20-25 minutes.



YOU WILL NEED: Three large poster-size sheets of paper, such as easel paper; tape or tacks to post the paper on the wall; and at least three markers. Title the poster sheets “Mental Health,” “Social Health (Social Support),” and “Physical Health.” Tack/tape up the posters in different parts of the room with markers placed by each sheet.

 Optional: Distribute the handout, Benefits of Volunteering Worksheet, to each participant.

Show slide 6.

EXERCISE: BENEFITS OF VOLUNTEERING

1. Divide into three relatively even groups.
2. Your group will visit each poster. Discuss and record your thoughts about the benefits for that category.
 - ✓ Review the answers already written.
 - ✓ Put a star next to ones your group agrees with.
 - ✓ Add additional benefits.
3. When time is called, move to the next poster until your group has visited all three.

INSTRUCTIONS

1. Ask the participants to divide into three groups. Explain that they will be contributing their own ideas on health benefits. Participants should try to add new benefits, not health benefits that may have already been discussed during the warm-up activity. Each group will get about 5 minutes at each poster. (Alternatively, you could assign each group to one poster only, which would allow more time for debrief discussion.)
2. Explain that for mental health, we mean emotional or psychological health. For social health, or social support, we are talking about our connection to other people. For physical health, we mean bodily health and function.
3. Ask each of the three groups to begin by going to a different poster. During their time at the posters, they will discuss and record their thoughts about the benefits according to each category. Each group should review the answers already written on the poster (if any), add a star next to ones they agree with, and add any additional benefits. After 5 minutes, call “time” and ask the groups to move to the next poster. Repeat so that each group has had a chance to visit all three posters. When the third “time” is called, have everyone go back to their seats so you can discuss (debrief).

EXERCISE: BENEFITS OF VOLUNTEERING

1. Divide into three relatively even groups.
2. Your group will visit each poster. Discuss and record your thoughts about the benefits for that category.
 - ✓ Review the answers already written.
 - ✓ Put a star next to ones your group agrees with.
 - ✓ Add additional benefits.
3. When time is called, move to the next poster until your group has visited all three.

6

DEBRIEF

Go through each of the posters and note those items with 2-3 stars; these are the areas that most/all of the participants understood to be a benefit of volunteering. Validate all responses and ask for clarification where needed.

As you go through each poster, tell participants about the following benefits if they have not already been noted on the posters. These are benefits that studies found in volunteers who served at least 1 to 2 hours per week:

Mental Health:

- *A sense of purpose or meaning in life*
- *A personal sense of accomplishment*
- *Increased life satisfaction:* one study found that volunteering was more strongly tied to life satisfaction than working for a paycheck. Another study found volunteers reported greater life satisfaction than non-volunteers, and older volunteers reported greater increases in life satisfaction than did younger volunteers.
- *Lower rates of depression:* for volunteers over the age of 65, research found lower rates of depression. One study found that for some adults in mid-life, depression prevented them from volunteering, but among older adults, depression was one reason they volunteered— to make up for other losses in their lives.
- *Sense of well being*
- *“Successful Aging”:* Areas include gaining pleasure from daily activities; feeling that you can make a positive difference, having a purpose in life and a sense of accomplishment; looking forward to each new day; and maintaining high self-esteem.



TIP: USE YOUR PROJECT AS AN EXAMPLE. You may want to use your own project's statistics and findings about volunteer benefits. What do your volunteers say about their experience? If you can make the time, ask a seasoned volunteer to come to the workshop to share stories about their volunteering journey.

EXERCISE: BENEFITS OF VOLUNTEERING

1. Divide into three relatively even groups.
2. Your group will visit each poster. Discuss and record your thoughts about the benefits for that category.
 - ✓ Review the answers already written.
 - ✓ Put a star next to ones your group agrees with.
 - ✓ Add additional benefits.
3. When time is called, move to the next poster until your group has visited all three.

Social Health/Social Support:

- *Feeling that someone is looking out for your welfare*
- *Camaraderie and friendship among volunteers: friends made while volunteering provide support and alleviate stress. Strengthened social ties can provide protection from feelings of isolation and help reduce stress, and this is especially important during difficult times.*
- These additional social benefits have been cited:
Increased trust in others as you get out in the community;
Increased social and political participation (if not already involved); *increased knowledge of and ability to contribute to strengthening your community.*

Physical Health:

- *Perceived (self-reported) improved physical health: One study found volunteers reported better physical health than non-volunteers, and older volunteers reported greater positive changes in their physical health than did younger volunteers. Another study found that people over age 70 who volunteered at least 100 hours had less of a decline in self-reported health seven years later than non-volunteers.*
- *Higher functional ability: Functional ability is defined as “the ability to do the following without help: go out to a movie, attend church or a meeting, or visit friends; walk up and down stairs; walk half a mile; do heavy work around the house.”*
- *Greater longevity; lower mortality rates. Consistently, studies find that volunteers have lower rates of mortality than their non-volunteering peers. For example, one study found that volunteers who served at two or more organizations had a 44% lower mortality rate over five years than those who did not volunteer. The study found this to be true after adjusting for age, health habits, and social support, and found that volunteering contributed to lower mortality rates even more than perceived social support or religious involvement. Another study of 75 year-old volunteers found they were 2/3 less likely to report bad health and 1/3 less likely to die after two years.*

In addition, some studies have found that some volunteers with chronic or serious illness show these health benefits:

- *Decline in pain intensity*
- *Decreased levels of disability*
- *Decreased levels of depression*
- *Greater sense of purpose*

One study found that volunteers suffering from chronic pain who served as peer volunteers for others also suffering from chronic pain experienced declines in the intensity of their pain, and decreased levels of disability and depression. Another looked at people with post-coronary artery disease who volunteered after a heart attack, and found that they reported a greater sense of purpose and decreased levels of depression.

RECAP

Show slide 7, which is an abbreviated list of the mental, social, and physical health benefits listed previously. Be sure to congratulate participants on a job well done, and ask them if they are surprised by how much they already knew about the benefits of volunteering.

Sources: Corporation for National and Community Service (2007, 2001), Kansas State University Cooperative Extension Service (1998).

HEALTH BENEFITS: RECAP

- **Mental Health:** purpose, sense of accomplishment, life satisfaction
- **Social Health (social support):** camaraderie, social network, connection to community
- **Physical Health:** perceived health, higher functional ability, greater longevity

7

C. The Research on Volunteering: Older Adult Volunteers

Show slide 8.

Research shows that older adults (60+) are more likely to receive greater benefits from volunteering than younger volunteers. Volunteers age 65 and up tend to have greater longevity, lower likelihood of depression and heart disease, and higher functional ability.

According to research compiled by the Corporation for National and Community Service: “Older individuals who volunteer demonstrate greater health benefits than do younger volunteers, due in part to the fact that volunteer activities by older individuals are more likely to provide them with a purposeful social role.”

Sources: Corporation for National and Community Service (2007, 2001).

RESEARCH RESULTS: OLDER ADULT VOLUNTEERS

- Volunteers age 60+ show improved physical and mental health and greater life satisfaction.
- Volunteers age 65 and up tend to have greater longevity, lower likelihood of depression and heart disease, and higher functional ability.



8

III. Staying Healthy

Tell participants that as they are giving to others, they should not neglect their own needs: “To maximize the health benefits of volunteering, maintain a proper balance in your life; that is, take time for yourself, take care of your health, spend time with your family and friends. Don’t overdue it; ask for help if you need it.”

A. Signs that You Might Need a Break

Remind participants that people in need can drain your energy and emotional reserves. Many of their problems are serious and taxing for all involved. Sometimes this leads to “compassion fatigue” in caregivers, with symptoms that result from the ongoing stress of caregiving. It is important to be aware of your own behavior and feelings and get the rest and support you need.

Large group callout: “What might be some signs that indicate you need to take a break or get some help?” Validate all responses and mention the following if participants have not:

- You feel grumpy and argumentative.
- You are overly concerned or involved with the client. You feel you may be violating volunteer-client boundaries.
- You are crying or relating personal problems to the client.
- You find you are “way over” your volunteer hours.
- You feel run-down or “burnt out.” You feel mentally and physically tired.
- You feel isolated from others. You may feel apathetic or sad.
- You are bottling up your emotions.

Sources: Compassion Fatigue Awareness Project, National Senior Corps Association.



TIP: HELP VOLUNTEERS SET LIMITS. It is not easy to say “no” to someone in need! Sometimes “burnout” happens because a volunteer is unable to turn down a client’s request, even when saying “yes” is well beyond the call of duty. Help your volunteers prepare for this possibility by discussing boundaries and limits. Module 4 includes a reflection activity called “Setting Limits” that offers some strategies. You may want to use that activity in place of, or in addition to, the reflection activity offered in this module.

B. Tips and Strategies for Maintaining Health and Enthusiasm

Large group callout: “So what do you need to do to take care of yourself? What do you do if you feel you’re burning out?”

Validate responses first, and *then* show slide 9. Add these tips to what participants have already mentioned as key strategies:

TIPS FOR MAINTAINING YOUR HEALTH AND ENTHUSIASM

- Know yourself.
- Share with others.
- Acknowledge your limitations and ask for help.
- Take care of yourself!

Know yourself. Look out for yourself. Avoid choosing your most hectic days to volunteer, and don’t compare yourself to other volunteers. Schedule time and days to volunteer that work best for you, as well as the number of clients you can serve. Don’t overdue it.

Share with others. Attend and share at monthly service meetings. Talk with your supervisor to get suggestions and support for any problems you might be experiencing. Chances are, if you are having this difficulty, so are other volunteers!

Acknowledge your limitations and ask for help. Avoid trying to be “super human”. If you feel you are in over your head, admit it. Don’t wait. Take advantage of training opportunities to enhance your skills and learn from others.

Take care of yourself. Schedule time for yourself; eat right and take your vitamins; exercise; get enough sleep; laugh; practice your spiritual tradition; pray, meditate, or keep a journal.

Source: National Senior Corps Association

C. Creating your Self Care Plan

Show slide 10.

 Distribute the handout *Self Care Worksheet*. This short activity will give participants an opportunity to discover the status of their current supportive practices and share with a partner. The worksheet is for the participants’ own use and will not be collected.

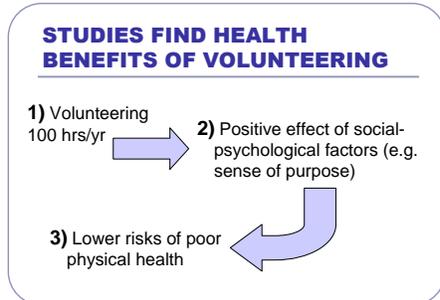
Ask participants to take a few minutes and fill out the worksheet. They should: (1) answer the items in the table; (2) identify one area where they might want to improve/get help; and (3) share with another participant, who might also have some good ideas.

SELF CARE WORKSHEET

1. Individually, take a minute and review the current status of your support system. For each item, check (✓) “yes”, “sometimes” or “not really”.
2. Choose **one** that you would like to improve and identify what you will do.
3. Share with a partner what you plan to do and who will help you.

IV. Closing

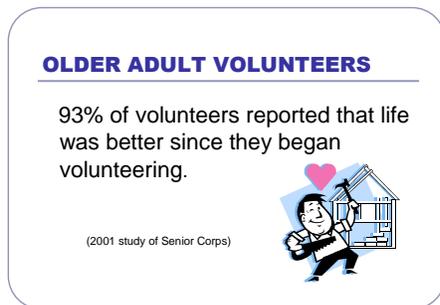
Show slide 11.



Summarize how volunteering benefits volunteers...First, volunteers serve a certain amount of time regularly. Second, the research and your experiences show that volunteering has a positive effect of social-psychological factors or improved mental health (e.g., an enhanced sense of purpose, accomplishment, or well being due to getting involved in the community). Third, that enhanced sense of purpose or well being can contribute to lower risks of poor physical health.

Source: Corporation for National and Community Service (2007)

Show slide 12.



A 2001 study of Senior Corps volunteers found that the vast majority (93%) reported that life was better since they began volunteering. Those who lived alone reported higher overall quality of life scores than others. Two quotes from volunteers surveyed for the study:

- *“I’m so much happier since I began to volunteer.”*
- *“This is one of the most rewarding, exciting, and fulfilling things I have done.”*

Source: Corporation for National and Community Service (2001)



TIP: ANTICIPATE RESOURCES PARTICIPANTS WILL NEED. Do most of your volunteers have internet access? If not, consider printing out a few of the more relevant pages from websites included in the “additional resources” handout and distributing hard copies.

Show slide 13.

LAST BUT NOT LEAST...

"Findings regarding the health benefits of volunteering indicate...the very act of volunteering may allow individuals to maintain their independence as they grow older and will likely face increased health challenges."

The Health Benefits of Volunteering: A Review of Recent Research.
CNCS. April 2007.

13

Tell participants that it is time to end the session, and ask if they have any further questions. Try to address any remaining questions listed on the slips of paper you collected from the Warm-Up activity (question 3). If questions can not be answered at this time, let participants know when and how some of those issues will be handled (e.g., next session, via a phone call within the week, handout you will drop in mail, etc.). Note other resources available to participants, such as your program handbook, a supervisor available to answer questions, later trainings that will be held, or web resources listed on the handout.

Leave them with this last quote from one of the studies: "Findings regarding the health benefits of volunteering indicate...the very act of volunteering may allow individuals to maintain their independence as they grow older and will likely face increased health challenges." That is, helping others remain independent now may very well help you remain independent longer.

 Distribute the remaining three handouts: *Issue Brief: The Health Benefits of Volunteering: A Review of Recent Research, Additional Resources*, and the *Training Feedback Survey*. *Additional Resources: Benefits of Service to Volunteers* includes references for the research you have been quoting and helpful website links for more information on volunteering and maintaining health. The *Issue Brief* nicely summarizes much of the research on benefits to volunteers.

Tell participants that the session is over, and you would very much appreciate hearing their thoughts via the *Training Feedback Survey*. Let participants know their responses are confidential and anonymous and indicate where you would like them to place the completed surveys. Thank everyone for coming.



TIP: HOW DID YOU DO? Use the Feedback Survey (see Handouts) to find out what worked and what didn't during the session. Participants may not be shy about telling you, but giving them the opportunity to complete an anonymous survey may yield more honest answers and allows participants who are more verbally reticent another way to communicate.

References for Module 2: Becoming an Effective Care Partner: Helping Volunteers Recognize Benefits to Themselves

Corporation for National and Community Service, Office of Research and Policy Development. The Health Benefits of Volunteering: A Review of Recent Research, Washington, DC 2007.

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Corporation for National and Community Service, Office of Research and Policy Development. Issue Brief: Volunteering in America: An Overview of Corporation Research, Washington, DC 2007.

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Mahoney, Sarah. 2005. 10 Secrets of a Good Long Life. *AARP Magazine*, July & August 2005:

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Mental Health America. Coping with Stress Checklist.

<http://www.nmha.org/go/information/get-info/stress/coping-with-stress-checklist> (accessed June 2, 2008).

National Senior Corps Association. <http://www.nscatogether.org/>.

United Way of America. Benefits of Volunteering.

http://volunteer.unitedway.org/files/02_BenefitsofVolunteering.PDF (accessed June 2, 2008).

Handouts

The following handouts are included in this module:

1. Why Did You Volunteer?
2. Benefits of Volunteering Worksheet
3. Self Care Worksheet
4. Issue Brief: The Health Benefits of Volunteering:
A Review of Recent Research
5. Additional Resources: Benefits of Service to Volunteers
6. Training Feedback Survey

*Providing Independent Living
Support:*

***Benefits of Service to
Volunteers***



Trainer: _____

Date: _____

Why Did You Volunteer?

Think about your previous and current volunteering experience...

Take a minute to jot down a few notes to the following questions.

You will not be asked to turn this sheet in, but be ready to share with the group.



1. Have you volunteered before? If so, where? For how long?

2. Why did you decide to volunteer now? Why did you choose independent living services?

.....

3. What do you need to know before you go home today?

Benefits of Volunteering Worksheet



Brainstorm Exercise:

1. Your group will visit each poster (Mental Health, Physical Health, and Social Health/Support).
2. Discuss and record your group's thoughts on each of the posters, according to each category. What are the mental, physical, and social health benefits of volunteering?
3. When time is called, move to the next poster. Review the answers already written. Put a star next to ones your group agrees with and add any new ones.

Optional: Jot down your own notes in the table below.

BENEFITS		
Mental health (emotional, psychological)	Physical health (bodily health and function)	Social health/support (connection to other people)

Self Care Worksheet

A. Individually, take a minute and review the current status of your support system. For each item, check ✓ “yes”, “sometimes” or “not really”.

	Yes!	Sometimes	Not really
Volunteer Support			
1. I have a person or group with whom I can share my feelings about my volunteer experiences.			
2. I plan to attend the volunteer meetings and trainings.			
3. I know my limits; I know how many days and clients I would like to serve.			
4. I will talk to my supervisor about concerns and questions that come up.			
Maintaining Life Balance			
5. I get 30 minutes of exercise (walking, gardening) every day.			
6. I am eating well. I eat fruits and vegetables, get enough protein and whole grain products and drink lots of water.			
7. I get enough sleep each night.			
8. I know when I am overwhelmed or over tired and I ask for help.			
9. I make time for the activities I really enjoy.			
10. I take the time I need to reflect, relax, and enjoy a little solitude.			

B. Note which items you checked “Not really”. Choose **one** that you would like to improve and identify what you will do:

One thing I will do to make sure I support myself in service to others: _____

The person who could help me is: _____

C. In pairs, tell your partner what you plan to do and who will help you.

OTHER SUGGESTIONS:

Here are some longevity secrets from people age 85+: Keep your sense of humor; be optimistic; play bridge or do another activity that keeps your mind active and focused; maintain close friendships; have a sense of purpose; be altruistic; play music; play tennis (exercise); pray instead of worrying. (From: “10 Secrets of a Good Long Life”, AARP, July August 2005.)

Consider approaching someone you have gotten to know today about becoming monthly “check-in partners”.

The Health Benefits of Volunteering: A Review of Recent Research



Over the past two decades, a growing body of research indicates that volunteering provides not just social benefits, but individual health benefits as well. This research has established a strong relationship between volunteering and health: those who volunteer have lower mortality rates, greater functional ability, and lower rates of depression later in life than those who do not volunteer. Some key findings from this research, along with an analysis of the relationship between volunteering and incidence of mortality and heart disease at the state level, are presented here. A more comprehensive review of this research can be found in the full report, "The Health Benefits of Volunteering: A Review of Recent Research", which can be downloaded at www.nationalservice.org.

KEY FINDINGS

Older volunteers are most likely to receive greater health benefits from volunteering.

Research has found that volunteering provides older adults, (those age 60 or older), with greater benefits than younger volunteers. These benefits include improved physical and mental health and greater life satisfaction. In addition, while depression may serve as a barrier to volunteer participation in mid-life adults, it is a catalyst for volunteering among older adults, who may seek to compensate for role changes and attenuated social relations that occur with aging. (Li and Ferraro, 2006; Van Willigen, 2000)

Volunteers must meet a "volunteering threshold" to receive significant health benefits.

When considering the relationship of the

frequency of volunteering to improved health benefits, researchers have found that there is a "volunteering threshold" for health benefits. That is to say, volunteers must be engaged in a certain amount of volunteering in order to derive health benefits from the volunteer activities. Once that threshold is met, no additional health benefits are acquired by doing volunteering more. The definition of considerable volunteering has been variously defined by these studies as 1) volunteering with two or more organizations; 2) 100 hours or more of volunteer activities per year; and 3) at least 40 hours of volunteering per year. (Oman et al., 1999; Lum and Lightfoot, 2005; Luoh and Herzog, 2002; Musick et al., 1999)

Volunteering leads to greater life satisfaction and lower rates of depression.

Evidence indicates that volunteering has a positive effect on social psychological fac-

(Continued)

tors, such as a personal sense of purpose and accomplishment, and enhances a person's social networks to buffer stress and reduce disease risk. (Herzog et al., 1998; Greenfield and Marks, 2004; Harlow and Cantor, 1996) According to one study, when older adults volunteered in 1986, they experienced lower rates of depression in 1994. (Musick and Wilson, 2003)

Volunteering and physical well-being are part of a positive reinforcing cycle.

A study of longitudinal data from the Americans' Changing Lives survey found that those who volunteered in 1986 reported higher levels of happiness, life-satisfaction, self-esteem, a sense of control over life, and physical health in 1989, while those in 1986 who reported higher levels of happiness, life-satisfaction, self-esteem, a sense of control over life, and physical health were more likely to volunteer in 1989. (Thoits and Hewitt, 2001)

Evidence suggests the possibility that the best way to prevent poor health in the future, which could be a barrier to volunteering, is to volunteer.

A number of studies demonstrate that those individuals who volunteer at an earlier point experience greater functional ability and better health outcomes later in life, even when the studies control for other factors, such as socioeconomic status

and previous illness. (Moen et al., 1992; Lum and Lightfoot, 2005; Luoh and Herzog, 2002; Morrow-Howell et al., 2003)

Individuals who volunteer live longer.

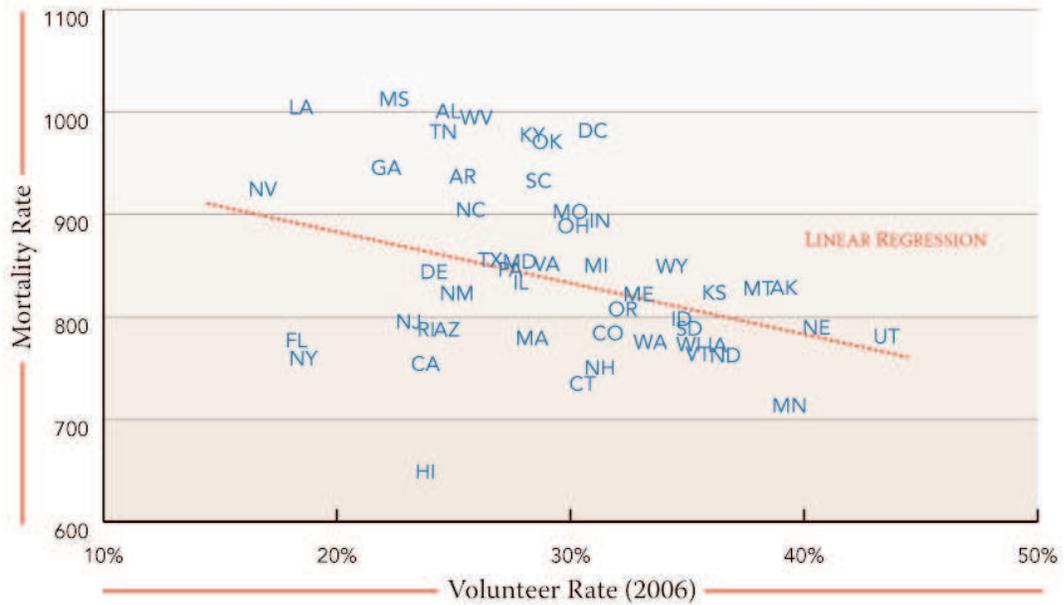
Several longitudinal studies have found that those individuals who volunteer during the first wave of the survey have lower mortality rates at the second wave of the survey, even when taking into account such factors as physical health, age, socioeconomic status and gender. (Sabin, 1993; Rogers, 1996; Musick et al., 1999)

Researchers have also found that when patients with chronic or serious illness volunteer, they receive benefits beyond what can be achieved through medical care. (Arnstein et al., 2002; Sullivan and Sullivan, 1997)

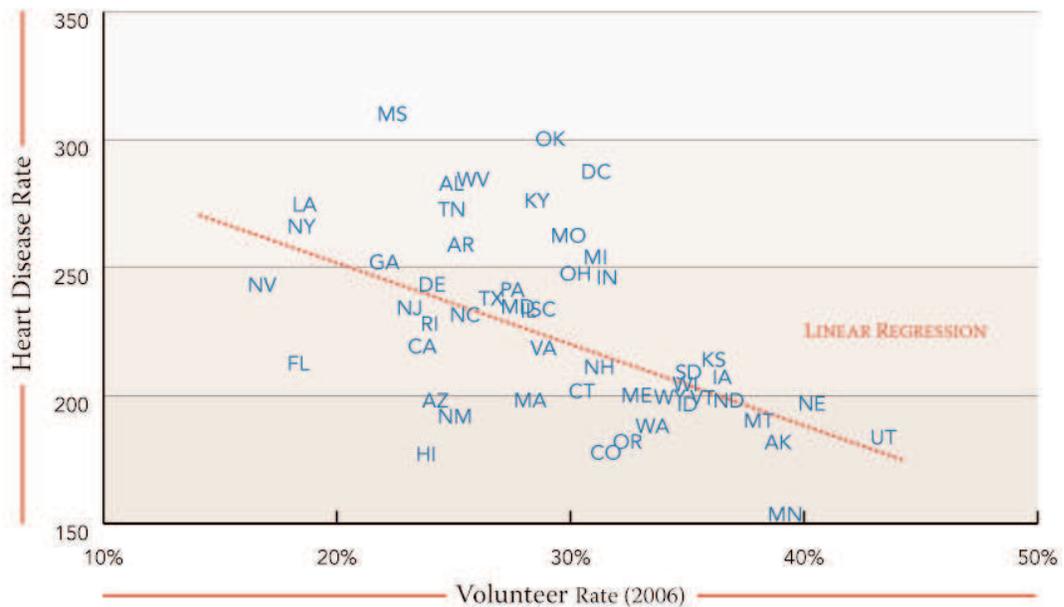
State volunteer rates is strongly connected with the physical health of the states' population.

Using health and volunteering data from the U.S. Census Bureau and the Center for Disease Control, we find that states with a high volunteer rate also have lower rates of mortality and incidences of heart disease. When comparing states, a general trend shows that health problems are more prevalent in states where volunteer rates are lowest.

2006 VOLUNTEER RATE VS. AGE-ADJUSTED MORTALITY RATE



2006 VOLUNTEER RATE VS. AGE-ADJUSTED INCIDENCE OF HEART DISEASE



RESEARCH IMPLICATIONS

Studies of the relationship between volunteering and health demonstrate that there is a significant relationship between volunteering and good health: when older adults volunteer, they not only help their community but also experience better health in later years, whether in terms of greater longevity, higher functional ability, or lower rates of depression. These findings are particularly relevant today as Baby Boomers—the generation of 77 million Americans born between 1946 and 1964—reach the age typically associated with retirement. We know that Baby Boomers in their late 40s to mid-50s are volunteering at a higher rate than earlier generations did at the same age. However, efforts should be made to not only maintain current levels of volunteering among Baby Boomers, but to keep those Baby Boomers who already volunteer, serving in the future by providing substantial, challenging, and fulfilling volunteer experiences. The results

of such efforts will not only help solve community problems, but simultaneously enhance the health of the growing number of older adults.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

The Corporation for National and Community Service improves lives, strengthens communities, and fosters civic engagement through service and volunteering. Each year, the Corporation provides opportunities for more than 2 million Americans of all ages and backgrounds to serve their communities and country through its Senior Corps, AmeriCorps, and Learn and Serve America. Together with USA Freedom Corps, the Corporation is working to foster a culture of citizenship, service, and responsibility in America. For more information, visit www.nationalservice.gov.

¹The state volunteer rates were calculated from the 2004–2006 September Volunteer Supplements to the Current Population Survey (CPS). Age-adjusted mortality and heart disease rates were taken from National Vital Statistics Reports, Vol. 54 No. 13, April 19, 2006, Table 29, available at: http://www.cdc.gov/nchs/fastats/pdf/mortality/nvsr54_13_t29.pdf

²Both reports, *Keeping Baby Boomers Volunteering* and *Volunteer Growth in America*, can be downloaded at the Corporation's website: www.nationalservice.gov.

April 2007

Additional Resources: Benefits of Service to Volunteers

Are you interested in learning more about the topics covered in this workshop? You may find the following online resources helpful. References consulted for this module are also included in this handout.

The Food and Nutrition Information Center, located at the National Agricultural Library at the U.S. Department of Agriculture, includes over 2000 links to current and reliable nutrition information. This section of the website is devoted to senior consumers and covers topics such as food safety, healthy eating and recipes, Meals on Wheels, and how normal aging changes such as sense of taste can affect nutrition, among others:

http://fnic.nal.usda.gov/nal_display/index.php?info_center=4&tax_level=3&tax_subject=358&topic_id=1612&level3_id=5954&level4_id=0&level5_id=0&placement_default=0.

Mental Health America is a nonprofit dedicated to promoting mental wellness. Its website contains information on various mental health topics, including: disorders, treatments, and medications; circumstances that can threaten mental health such as bullying, grief, and surviving trauma; and where to find help: <http://www.mentalhealthamerica.net/>.

NIHSeniorHealth.gov, sponsored by National Institutes on Health, is designed for seniors who want to stay informed on a wide range of health and aging issues, including Alzheimer's disease, diabetes, eating and exercising well, decreasing risk of falling, and Medicare prescription drug coverage: <http://nihseniorhealth.gov/>.

Samaritan Health Services provides accessible, easy to read health information and tips for wellness on a variety of topics: <http://samhealth.staywellsolutionsonline.com/>.

The **Senior Corps** website at the Corporation for National and Community Service provides information for volunteers and other interested individuals and organizations that want to get involved and stay informed: <http://www.seniorcorps.gov/>.

Senior Journal is online news for senior citizens and senior volunteers, sponsored by Senior Corps: <http://seniorjournal.com/Volunteers.htm>.

VolunteerMatch is "a leader in the nonprofit world dedicated to helping everyone find a great place to volunteer." The website offers a variety of services for non-profits and volunteers: <http://www.volunteermatch.org/>.

Module References

Corporation for National and Community Service, Office of Research and Policy Development. The Health Benefits of Volunteering: A Review of Recent Research, Washington, DC 2007. http://nationalservice.gov/pdf/07_0506_hbr.pdf.

Corporation for National and Community Service, Office of Research and Policy Development. Issue Brief: Volunteering in America: An Overview of Corporation Research, Washington, DC 2007. http://www.nationalservice.gov/pdf/07_0712_via_issuebrief.pdf.

Gartland, Peter. 2001. Senior Corps Volunteer Participation: An Effective Means to Improve Life Satisfaction. Corporation for National Service, National Service Fellowship Program.
<http://www.nationalserviceresources.org/filemanager/download/459/gartland.pdf>.

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Mental Health America. Coping with Stress Checklist.
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National Senior Corps Association. <http://www.nscatogether.org/>.

United Way of America. Benefits of Volunteering.
http://volunteer.unitedway.org/files/02_BenefitsofVolunteering.PDF (accessed June 2, 2008).

Training Feedback Survey

Please help us improve our training sessions by providing feedback on the training you attended. Thank you!

Training/Session Name: _____ Date: _____

Lead Facilitator: _____

Program you serve with: SCP RSVP Other: _____

Please rate this session using the following scale:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
1. The subject matter was presented effectively.					
2. The facilitator was knowledgeable.					
3. The facilitator responded to questions.					
4. There were enough opportunities for discussion.					
5. The written materials are useful.					
6. The session met my expectations.					
7. As a result of this training, I gained new knowledge applicable to my volunteer assignment.					
8. I plan to apply what I learned at this session.					

9. What did you like best about this session?

10. What would have improved this session?

Thank You! Your feedback will help us to improve our training!

Providing Independent Living Support: Training for Senior Corps Volunteers

Module 3

Understanding the Physical, Emotional, and Social Challenges Experienced by Clients

*Providing Independent
Living Support:
**Physical, Emotional, and Social
Challenges Experienced by
Clients***



Trainer: _____

Date: _____

PROVIDING INDEPENDENT LIVING SUPPORT: TRAINING FOR SENIOR CORPS VOLUNTEERS

Module 3: Understanding the Physical, Emotional, and Social Challenges Experienced by Clients

Introduction

Homebound and frail clients face many challenges due to limited or declining abilities. This 60-75-minute session will describe some of these issues and offer tips for volunteers to better assist their clients. In addition to a short lecture, this session includes a brief warm-up exercise, a more extensive small group exercise, and a closing reflection activity.

Objectives

By the end of the session, participants will increase their understanding of:

- The challenges homebound and frail clients face, including loss or limitations around mobility, self-care, activities of daily living, and companionship.
- Tips and strategies for managing these issues and how to assist their clients.

Visual Aids (PowerPoint) and Facilitator's Notes

If you are using the PowerPoint slides included with this curriculum, Facilitator's Notes are provided under each slide (to see them, select "View...Notes Page" from PowerPoint's main menu). These notes provide the same information as the Facilitator's Notes included in this document, however, they are not as detailed; the PowerPoint Facilitator's Notes are primarily main points for the presenter.

If you do *not* use the PowerPoint slides, we suggest you create other visual aids such as handouts or transparencies, or copy the information on easel paper and post it on walls or an easel for participants to see. Duplicating the information on Slide 7 (exercise instructions) would be the most helpful.



Handouts

The handouts for this session follow the Facilitator's Notes and Instructions. Handouts 1-4 should be distributed during the session; this symbol in the Facilitator's Notes will cue you as to when: 📄. Handouts 5-7 can be distributed at the end of the session.

1. What Are Your Concerns?
2. Exercise: How Would You Help a Client in This Situation?
3. Exercise Situations: Explanations and Strategies
4. Reflection: Next Steps
5. Assisting People Who Are Homebound or Frail: Tips for Caregivers
6. Additional Resources: Understanding the Challenges Experienced by Clients
7. Training Feedback Survey

Session Outline

Discussion Topic	Estimated Time	Method/Activity	Slide Numbers
I. Welcome and Introduction	15 min.		1
A. Learning Objectives	2	Lecture	2
B. Older Americans at Risk of Losing Their Independence	3	Lecture	3
C. Warm-up: What Are Your concerns?  <i>What Are Your Concerns?</i>	10	Individual, pairs Large group call out	4
II. Independent Living Skills	10 min.		
A. Activities of Daily Living	5	Lecture	5
B. Warning Signs	5	Lecture	6
III. Problem-Solving Strategies	45 min.		
A. Exercise: How would you help this client?  <i>Exercise: How Would You Help a Client in This Situation?</i>  <i>Exercise Situations: Explanations and Strategies</i>	30	Small group exercise (3-4 participants) or 2-person role play Debrief (large group)	7
B. Tactfully Offering Help	5	Lecture	8-9
C. Reflection: Next Steps  <i>Reflection: Next Steps</i>	10	Individual, pairs	10
IV. Closing	5 min.		
A. Where to Look For Additional Help	3	Lecture	11
B. Last Thoughts  <i>Assisting People Who Are Homebound or Frail: Tips for Caregivers</i>  <i>Additional Resources: Understanding the Challenges Experienced by Clients</i>  <i>Training Feedback Survey</i>	2	Lecture and Feedback	12

Facilitator's Notes and Instructions



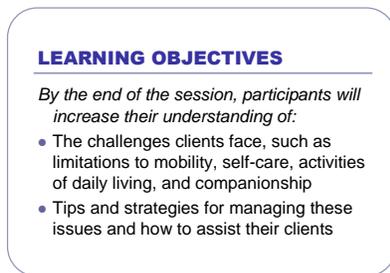
I. Welcome and Introduction

Show slide 1 – the title slide.

Explain the purpose of this training session: Your elderly clients may be dealing with a variety of challenges. This session will help you understand some of these challenges and better serve your clients.

A. Learning Objectives

Show slide 2.



Read the learning objectives to the group. By the end of the session participants will increase their understanding of:

- The challenges homebound and frail clients face, including loss or limitations around mobility, self-care, activities of daily living, and companionship.
- Tips and strategies for managing these issues and how to assist their clients.



B. Older Americans at Risk of Losing Their Independence

Show slide 3.

Due to improvements in health care and standard of living, 43 million (1 out of 6) Americans have already celebrated their 60th birthday. However, many older Americans are at risk of losing their independence, including:

- 3 million Americans who are 85 or older
- People living alone without a caregiver
- People with physical or mental impairments
- People with low-incomes
- People who are abused, neglected, or exploited

Source: Kinsella and Velkoff (2001).



TIP: DEVELOP GROUP AGREEMENTS. If participants don't know each other, you may need to share "group agreements" before any type of group activity (e.g., agree to listen, be respectful of others opinions, maintain confidentiality, etc.). See the *Workshop Leader's Guide* for tips on how to do this effectively.

WHAT ARE YOUR CONCERNS?



What are some of the day-to-day challenges that your clients (or elder loved ones) face?

4



C. WARM UP: What Are Your Concerns?

Show slide 4.

 Distribute the handout *What Are Your Concerns?*

Ask participants to take a minute to jot down some notes to the questions. Give participants a few minutes and then ask them to pair up with a neighbor and share their responses.

Question 1: Ask someone in the large group to assist you by writing answers on easel paper. Then ask participants to share their responses to #1: What are some of the day-to-day challenges that older seniors you know face?

Once you have the challenges listed on the easel paper, reinforce what the participants have said. *The Foundation for Health in Aging* lists these common challenges, some or all of which your participants may have listed. Share these challenges with the group, if not already noted during the discussion:

- Physical Problems include: breathing problems, bone weakness, constipation, dental problems, diarrhea, fever and infection, hearing problems, incontinence, pain, skin problems, sleep problems, vision problems, weight loss and nutrition problems.
- Emotional/Cognitive/Social Problems include: communication problems, memory problems, behaviors associated with dementia, and depression. Loss of loved ones and peers can also lead to isolation, which contributes to a range of other issues.
- Managing Care challenges include: maintaining ability to perform activities of daily living, mobility problems, using medicines safely, getting information from medical staff, getting help from community agencies. Additionally, increasing health care costs are a problem for everyone, but the elderly need health care more frequently and extensively, putting even more burden on limited incomes.

Source: The AGS Foundation for Health in Aging (2007)

WHAT ARE YOUR CONCERNS?



What are some of the day-to-day challenges that your clients (or elder loved ones) face?

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Question 2: Ask participants what kinds of situations they are most concerned about when serving the elderly. Note these on the easel paper and let participants know that, with their help, you hope to cover many of these issues during the session.

Question 3: Training Expectations (What do you want to know before you leave today?): Ask the group to tear off the bottom section of the handout with question 3 (or if you prefer, have them turn in the whole sheet). Let them know you will try to respond to these questions later in the session. Later, when participants are working in groups during the exercise, read over the responses to question 3 so you can prepare yourself to address them at the end of the session.

Summarize the group's responses, and let participants know that collectively, they already understand many of the challenges their clients face, but that you are going to do a quick review of some of the barriers to independent living so everyone is on the same page.



TIP: OTHER WAYS TO GAUGE TRAINING EXPECTATIONS. Instead of tearing off the bottom of the worksheet, put a "post-it" pack at each table and invite participants to identify 1-2 expectations and to stick it up on an easel pad. This will also serve as a reminder to you to recognize and address these expectations.

DAILY LIVING SKILLS

- Activities of Daily Living (ADL) include the basic tasks of dressing, bathing, grooming, using the toilet, eating, walking, or getting in and out of bed.
- Instrumental Activities of Daily Living (IADL) include activities for maintaining a household and an independent life.

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II. Independent Living Skills

A. Activities of Daily Living

Show slide 5.

The daily living skills most affected by aging and chronic illnesses or disabilities include self-care activities that most people learn in early childhood— basic tasks such as dressing, bathing, grooming, using the toilet, moving in and out of bed or a chair, and eating. Other daily living skills that can be affected include activities for maintaining an independent life such as: cooking, cleaning, doing the laundry, shopping, handling money, writing checks, driving, using public transportation, and using the telephone.

Health professionals often use the terms ADL and IADL.

- ADL stands for "activities of daily living," and include the basic tasks of dressing, bathing, grooming, using the toilet, eating, walking, or getting in and out of bed.
- IADL stands for "instrumental activities of daily living," referring to activities for maintaining a household and an independent life such as cooking, cleaning, shopping, and similar tasks.

Source: National Institute on Aging (2007)

B. Warning Signs

Large group callout: "What might we observe that would indicate someone is having trouble managing daily living tasks?"

Validate responses and then show slide 6 to add to their list. Here are some potential warning signs:

- Poor hygiene
- Poor housekeeping
- Difficulty handling money
- Unable to cook or prepare meals
- Hoarding
- Inappropriate behavior
- Unusual memory loss
- Language or speech difficulties
- Disorientation to time, person, place
- Significant change in weight, personality, mood or behavior
- Incontinence

Source: National Senior Corps Association

POSSIBLE WARNING SIGNS

- Poor hygiene
- Poor housekeeping
- Difficulty handling money
- Inability to cook or prepare meals
- Hoarding
- Inappropriate behavior
- Unusual memory loss
- Language or speech difficulties
- Disorientation to time, person, place
- Change in weight, personality, mood or behavior
- Incontinence

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III. Problem-Solving Strategies

Tell participants: “As you know, many of our clients experience problems in daily living because of chronic illnesses or health-related disabilities. Those difficulties restrict their ability to perform self-care. Let’s do an exercise to help us think through some of the issues clients face and some strategies for assisting them.”

A. EXERCISE: How would you help this client?

The following exercise will allow participants to share their ideas and to learn from each other. During the debriefing, the facilitator can offer additional suggestions. The exercise, including debriefing, should take about 30 minutes.



YOU WILL NEED: 1-2 sheets of easel paper per group and 1-2 markers for each group. After the group has completed recording their ideas on the easel paper, have tape or tacks available to post the paper on the wall. You will also distribute two handouts for each participant: one to be handed out at the beginning of the exercise (*Exercise: How Would You Help a Client in This Situation?*), and the other at the end (*Exercise Situations: Explanations and Strategies*). Review the second handout in advance to prepare to lead the debrief.



TIP: TRY A ROLE PLAY. You might want to try this exercise as a role play instead of small group discussions. If yes, give these role play instructions to participants:

1. Split into pairs; the facilitator will assign you a situation.
2. Determine which person will play which part - volunteer or client.
3. Take 1 minute and think about the part you will play: What would this individual be thinking and experiencing? How would this individual respond?
4. The “volunteer” starts off the role play by beginning the conversation around the situation’s issue.
5. You will have 5 minutes to do the role play. Then take 5 minutes and discuss what happened. Be ready to report to the large group what you learned and possible strategies.

EXERCISE: HOW WOULD YOU HELP THIS CLIENT?

1. Divide into groups of three or four.
2. Your group will be assigned 1-2 situations.
3. Draw a T diagram and record your ideas:
 - ✓ What might be happening?
 - ✓ Problem-solving strategies
4. When time is called, please return to the large group.

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Show slide 7.

INSTRUCTIONS

1. Ask the participants to divide into groups of three or four people. (**TIP:** To help shy participants get better acquainted with fellow trainees and learn from them, form the groups yourself. One simple way is to give each person a group number by going around the room and counting off. If there are ten people, count off up to 3 to form 3 groups of 3-4 people. If there are thirty people, count off up to ten to form ten groups.)
2.  Distribute the handout, *Exercise: How Would You Help a Client in This Situation?* Assign each group 1 or 2 different situations to discuss. Pick situations that you feel will be most relevant and beneficial for your group to discuss (e.g. problems that come up frequently with clients).
3. Explain that they will have 5 minutes to discuss the issues or problems evident in the situation(s) and 5 minutes to identify problem-solving strategies. Ask participants to record this information on their easel paper using a T graph (i.e., draw a large T, label one side with “What May Be Happening” (issues or problems) and the other side with “Problem Solving Strategies”).
4. At 5 minutes, remind them to move on to problem solving strategies if they have not already done so.
5. After 10 minutes, have everyone post the easel paper with their ideas around the room.
6. Debrief with the participants the ideas they listed on the easel paper. Go through the debriefing (see notes below).
7. After debrief, end this exercise by distributing the second handout  *Exercise Situations: Explanations and Strategies*.



TIP: USE YOUR PROJECT AS AN EXAMPLE. Consider making the exercise more relevant by using real situations instead of hypothetical ones. Develop an exercise worksheet with your own volunteer-client examples/situations and distribute that one instead. Use actual situations and describe how volunteers have responded. However, be sure to remind participants that discussions of client issues are confidential and should not be discussed outside the program environment.

DEBRIEF

Review each of the group's suggestions listed on the easel paper, situation by situation, and validate responses. Ask for clarification where needed or for additional problem-solving strategies from the larger group.

At the conclusion of the discussion, distribute the second handout

 *Exercise Situations: Explanations and Strategies*. Tell participants, "You came up with some great strategies. Here is what some professionals who work with seniors had to say about these situations."

B. Tactfully Offering Help

Show slide 8.

SIGNS OF NEEDING HELP

Client has:

- Unpaid stacks of bills
- Forgotten appointments
- Unfilled prescriptions, medication issues
- Anger or depression
- Serious clutter

Volunteers should always alert their supervisor of a client's behavior change. Emphasize to participants that if they are worried about a client, they should alert their supervisor, who can contact a caseworker or family member. Volunteers should **not** be diagnosing problems; rather, they are trying to understand the issues their clients face so they can offer their assistance.

Volunteers can try to discuss these issues with the client, in a sensitive manner, keeping in mind that the key to receptivity is open, nonjudgmental communication.

Volunteers can also tactfully offer help without directly broaching the topic, while keeping an eye out for signs that the situation may be worsening. A client might not feel comfortable asking for help, but will accept it if assistance is offered.

For each of the following problems, ask the group what they might do. Then, add the following suggestions if they don't come up:

- **Unpaid stacks of bills.** Suggestion: Tell client you are going into town (to the mail box, etc.) and ask if they would like help to get payments made on bills.
- **Forgotten appointments.** Suggestion: Ask if they would like help to reschedule appointment and if they would like you to go along to keep them company.
- **Medication issues.** Suggestion: Ask if they need help getting their prescription to the pharmacy. Ask if you can help set up a reminder system.
- **Feelings of anger or depression.** Suggestion: Keep a sympathetic and nonjudgmental tone. Ask client what is bothering them and if there is anything you can do to help

- **Seriously neglected housekeeping, clutter.**
Suggestion: Offer to call agencies that can help with these issues.

Tell participants that if their offer to help does not seem to be getting through, they might:

- Make sure that their message is being presented slowly; demonstrate visually, point to items, etc.
- Consider if problems can be stated more simply or in a different way.
- Change the subject for a while and come back to the issue that needs to be discussed.

TACTFULLY OFFERING HELP

- *It seems that...(whatever is happening)*
- *What do you think we can do about it?*
- *Would you like me to call my supervisor about getting more help?*
- *I have some extra time today, could I (tidy up a bit, help with a few errands, etc.)*
- *I see you have some mail that needs sorted; let's go through it and see what you want to keep.*
- *How are you feeling? You look a little sad. Can I help?*

Show slide 9.

The following suggested phrases might help open up the conversation with their client:

- “It seems that...(whatever is happening)”
- “What do you think we can do about it?”
- “Would you like me to call my supervisor about getting more help?”
- “I have some extra time today” and ask, “Could I (tidy up a bit, etc.)”
- “I see you have some mail that needs to be sorted; let’s go through it and see what you want to keep.”
- “How are you feeling? You look a little sad. Would you like to talk to me about that? Can I help?”

Source: National Senior Corps Association

REFLECTION: NEXT STEPS

Is there a senior in your life who is in need of help with daily living tasks?



C. Reflection: Next Steps

Show slide 10.

 Distribute the handout, *Reflection: Next Steps*. Ask participants to take a minute to think of a senior in their life (including a client) who has shown increasing need of help to perform daily living tasks. Ask them to jot down a few notes to the handout and share their ideas with a partner.



TIP: BUILD ON THIS SESSION. We recommend you do a session with these participants on Module 4, *Respectful Communication*, soon after this training.

WHERE TO FIND ADDITIONAL HELP/IDEAS

- Your local Area Agency on Aging
- Home Health Agency Staff/Case Manager
- Hospitals
- Attend volunteer meetings!

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IV. Closing

A. Where to Look for Additional Help/Ideas

Show slide 11.

Share with participants additional ideas of where to get help:

- Your local Area Agency on Aging can help identify problems and arrange for help. They can also tell you what your clients are entitled to receive. Their own services are free and, in some circumstances, they can arrange for assistance to pay for services the client needs. The telephone number of your local Area Agency on Aging is in your phone book, often in the "Human Services" section.
- Home health agency staffs are referred by a doctor and are available to help for a limited period of time when there is a medical problem that requires professional attention. Some clients may be receiving visits from home health agency staffs because of physical problems. These health professionals often make suggestions and help organize ways to deal with activities of daily living problems.
- Hospitals where the client is treated often have social workers, nurses, physical therapists, and occupational therapists who are knowledgeable about how to manage activities of daily living and who can also help to arrange for services in the home.
- Volunteer Meetings: Sharing ideas with others and the supervisors is one of the best resources!

Source: The AGS Foundation for Health in Aging (2007)

B. Last Thoughts

Tell participants that it is time to end the session, and ask if they have any further questions. Try to address any remaining questions listed on the slips of paper you collected from the Warm up activity (question 3). If questions can not be answered at this time, let participants know when and how some of those issues will be handled (e.g., next session, via a phone call within the week, handout you will drop in mail, etc.). Note other resources available to participants, such as your program handbook, a supervisor available to answer questions, later trainings that will be held, or web resources listed on the handout.

Show slide 12.

LAST BUT NOT LEAST...

Of the 9 million Americans over age 65 who live alone, two million say they have no one to turn to if they need help.

YOU MAKE A DIFFERENCE!

(An Aging World 2001, U.S. Department of Commerce, UN Department of Public Information, DP/2264, March 2002.)

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After responding to questions, leave participants with this last quote: “Of the 9 million Americans over age 65 who live alone, two million say they have no one to turn to if they need help.” **YOU MAKE A DIFFERENCE!**

Source: Kinsella and Velkoff (2001).

 Distribute the remaining handouts: *Assisting People Who Are Homebound or Frail: Tips for Caregivers*, *Additional Resources*, and the *Training Feedback Survey*.

Let participants know that the *Additional Resources: Understanding the Challenges Experienced by Clients* includes sources for information presented, and helpful website links for more information on assisting seniors with the challenges of aging. The handout, *Assisting People Who are Homebound or Frail*, provides tips for caregivers, some of which they may find helpful to use during their service or to pass along to their clients' primary caregivers.

Inform participants that the session is over, and you would very much appreciate hearing their thoughts via the *Training Feedback Survey*. Let participants know their responses are anonymous (no names are required on the surveys), and that the surveys are collected to help improve future training sessions. Make sure to indicate where you would like the completed surveys to be placed.

Thank everyone for coming.



TIP: PROVIDE A REFERRAL NUMBER. Does your county have an 800 telephone number for seniors who need referrals to services? How about the telephone number of your local Area Agency on Aging? If you have not done so already, consider distributing a one-page flyer with “must have” telephone numbers of local senior services/resources. If you are using PowerPoint slides during this workshop, develop a separate slide with this information and highlight it for the group.

References for Module 3: Understanding the Physical, Emotional, and Social Challenges Experienced by Clients

American Geriatric Society (AGS) Foundation for Health in Aging. Eldercare at Home. http://www.healthinaging.org/public_education/eldercare/contents.php (accessed June 2, 2008).

Kinsella, Kevin, and Victoria A. Velkoff. 2001. U.S. Census Bureau, Series P95/01-1, *An Aging World: 2001*, U.S. Government Printing Office, Washington, DC. <http://www.census.gov/prod/2001pubs/p95-01-1.pdf>.

National Senior Corps Association. <http://www.nscatogether.org/>.

Suthers, Kristen, PhD, M.P.H., and Teresa Seeman, Ph.D. 2004. The Measurement of Physical Functioning in Older Adult Populations. Report of BSR Physical Performance Meeting on December 12, 2003, sponsored by the Behavioral and Social Research Program at the National Institute on Aging. http://www.nia.nih.gov/NR/rdonlyres/AF0997F6-0C16-4A76-96C0-D3780F00E6D4/2300/phys_perform_meet_agend_particip_12_12_03.pdf.

Handouts

The following handouts are included in this module:

1. What Are Your Concerns?
2. Exercise: How Would You Help a Client in This Situation?
3. Exercise Situations: Explanations and Strategies
4. Reflection: Next Steps
5. Assisting People Who Are Homebound or Frail: Tips for Caregivers
6. Additional Resources: Understanding the Challenges Experienced by Clients
7. Training Feedback Survey

*Providing Independent
Living Support:
**Physical, Emotional, and Social
Challenges Experienced by
Clients***



Trainer: _____

Date: _____

What Are Your Concerns?



Think about your experiences with clients and other older seniors...

Take a minute to jot down a few notes to the following questions.

1. What are some of the day-to-day challenges that older seniors you know face (i.e. physical, emotional or social challenges)?

2. What situations are you most worried about having to handle regarding the challenges from question #1?

3. What do you want to know before you leave today?

Exercise: How Would You Help a Client in This Situation?

Instructions: Below are six situations volunteers might find themselves in. Your facilitator will assign your group 1-2 of the situations to work on. Read the assigned situation individually, and then discuss with your group:



a. What might be the issue or problem?

b. What could you do to assist the client?

Identify one person from your group to record your group's ideas on the easel paper provided. When time is called, be ready to share with the larger group!

Situations:

1. Your client has no real food in the house but says she doesn't need anything from the store. This is not the first time this has happened.
2. Your client's house seems to get more cluttered every week. This time the old newspapers were piled up near the space heater, although it wasn't turned on.
3. Your client has recently started smelling bad, as though he hasn't been caring for himself properly. This is the third week in a row.
4. Your client often repeats the same stories and has trouble remembering your name. However, in the last two months, it seems to have gotten progressively worse. For example, he has forgotten medical appointments he made and takes a long time to remember what he did yesterday.
5. Lately your client has started asking you for favors during hours you are not scheduled to visit. She also makes appointments that she can't keep unless someone (i.e. you) takes her (e.g. for the hairdresser, to visit a friend). She hates it when you have to leave at the end of your scheduled time together.
6. Your client appears to be having trouble with balance and you fear he will fall and hurt himself. Your client is very proud of his good physical shape at the age of 88.

Exercise Situations: Explanations and Strategies



Below are the six situations in the exercise you worked on during this session. For each of the situations, we've added some possible explanations and problem-solving strategies from program directors and other professionals that serve seniors, based their experiences. We hope you will find these tips helpful during your service.

1. Your client has no real food in the house but says she doesn't need anything from the store. This is not the first time this has happened.

What May Be Happening with the Client

- The client may not be eating regularly or not eating nutritious, healthy meals which may result in mental or physical problems.
- The client may not be taking medications as prescribed or forgetting to take them at all.
- Many clients have reduced or lost the ability to taste food, due to aging or as a side effect of medication.
- The client may have difficulty asking for help, feeling it is an imposition, or they may see it as a loss of independence.
- The client may have reservations about spending money, or may not have money to purchase groceries due to any number of things, such as higher medication costs, heating/cooling costs, gambling problems, relatives borrow money, etc.

Problem-Solving Strategies for the Volunteer

- Offer to purchase food for the client, or help find someone else who can, if the client has the necessary funds. If the client does not have the money, talk to the client about enrolling in a meal delivery or congregate meal program.
- Know the community resources for food and bring some to the client without asking. Say to the client, "I am concerned about you because you do not have any food in the house (anything to drink, any milk etc.)" or, "Are you not feeling well? Are you eating somewhere else?"
- Suggest a trip to the grocery store or tie grocery shopping to another errand. Tell the client you need groceries and ask if he/she would they like to go along and pick up whatever is needed.
- Start a conversation so that you can talk about nutrition and menu planning. Ask the client, "What is your favorite meal to make? What's your favorite comfort food? Do you like to cook?" Ask if he/she would like you to help you prepare a meal.



Source: National Senior Corps Association (www.nscatogether.org)

2. Your client's house seems to get more cluttered every week. This time the old newspapers were piled up near the space heater, although it wasn't turned on.

What May Be Happening with the Client

- The client may be unable to get to the trash receptacle outside due to mobility problems.
- The client may be hoarding materials and does not feel comfortable parting with these things.
- The client does not recognize the danger of clutter.
- The client may not be aware of recycling practices.



Problem-Solving Strategies for the Volunteer

- Recycle the papers for the client or see if there is an organization (e.g. a scout troop) that recycles for fundraising purposes.
- Ask the client if he/she wants help sorting items and discarding what is not needed.
- Point out the danger of fire or tripping on the piles. Use non-judgmental language directed at safety.
- Let the client know there are other (chore provider) services available to assist in the upkeep of a house.

3. Your client has recently started smelling bad, as though he hasn't been caring for himself properly. This is the third week in a row.

What May Be Happening with the Client

The client could have issues with mobility, depression, memory loss, vision problems, medication complications, incontinence, or feeling unsafe in the tub.

Problem-Solving Strategies for the Volunteer

- Provide the client with information about community resources to help with personal care. Ask if the client would like someone to help with bathing.
- Ask the client if he/she is having any problems and whether there is anything the volunteer can do to help. Find out if the client is doing regular laundry, has enough clothes, laundry detergent, shampoo, body soap, deodorant etc. Find out if the client's washing machine is in working order, is the client having trouble with dials, etc.
- Remind the client that he/she might need to take a bath to stay healthy and clean. Suggest having grab bars installed to address safety concerns.
- If the volunteer/client relationship is close, the volunteer can say, "I'm wondering if you have been able to change your clothes as often as you had been because I've noticed there's a bit of an odor you may not be aware of. This happened to me one time and someone else told me about it- I didn't even notice it myself. Is there anything I can do to help? Maybe we can do laundry together when I come to visit."
- Odors are often related to a physical change (prolapsed bladder, prostate issues etc.) and the volunteer could talk about this; ask when the client was last seen by a doctor.



4. Your client often repeats the same stories and has trouble remembering your name. However, in the last two months, it seems to have gotten progressively worse. For example, he has forgotten medical appointments he made and takes a long time to remember what he did yesterday.

What May Be Happening with the Client

This is a very common problem that sometimes indicates the client is suffering from some form of dementia. Sometimes a change in medication can be the cause.



Problem-Solving Strategies for the Volunteer

- Listen to the client and be patient with him/her.
- Wear a nametag.
- Give clues to help clients connect parts of something they do remember that may lead to remembering the whole story.
- Suggest using a date book as a reminder of activities, visits, or other appointments.
- Suggest the client use memory aids: a calendar with manipulatives, magnets that need to be moved from one place to another, a chart with check marks, timers, products for dispersing medications, etc.

5. Lately your client has started asking you for favors during hours you are not scheduled to visit. She also makes appointments (e.g. for the hairdresser, to visit a friend) that she can't keep unless someone (i.e. you) takes her. She hates it when you have to leave at the end of your scheduled time together.

What May Be Happening with the Client

- The client is over-dependent on the volunteer.
- The client is lonely.
- The client is having increased anxiety or increasing physical needs.



Problem-Solving Strategies for the Volunteer

- Set clear boundaries of responsibilities early on and review as needed. Set limits on the day of the first visit to the client. Explain that volunteers are only allowed to take clients places during their scheduled visit, and visits are scheduled for a certain amount of time in order to serve other clients, too.
- Remind the client that you will be back to visit him/her at your regularly scheduled time. Make a calendar so the client has a visual cue for days when volunteer will be there. Help the client make appointments for services on the days you are there.
- Help the client to become aware of other community resources that provide services.
- Have the client call the volunteer station or supervisor, and ask for permission to change the care plan (visiting schedule/hours). This helps avoid conflict between volunteer and client. Or if you think additional time is needed for the client, contact your supervisor and request more hours with this client.

6. Your client appears to be having trouble with balance and you fear he will fall and hurt himself. Your client is very proud of his good physical shape at the age of 88.

What May Be Happening with the Client

Balance problems may be due to recent change in medication, progression of a disease (e.g. Parkinson's), or just part of the normal aging process. They may also be caused by dietary issues, such as excessive intake of alcohol or caffeine.



Problem-Solving Strategies for the Volunteer

- Help the client increase awareness of the consequences of falling and safety measures to avoid falls. Encourage the client to use a cane or a walker, especially when he/she goes out, but around the house as well. Check that the cane/walker fits properly and that the client feels comfortable using it.
- Offer arm assistance when out, or suggest a wheelchair (when available) for shopping.
- Evaluate the safety of the client's home; pick up rugs, remove unnecessary objects from floor, etc. Make sure the client has a long-handled grabber for high objects or things that fall on the floor.
- Encourage the client to keep a phone with him/her, and/or wear an alert necklace, particularly if alone in the residence.
- Go for short walks outside together to encourage exercise.
- Suggest the client report this problem to his physician.

Note: *If you are worried about your client, or notice a sudden change in behavior, always notify your supervisor.*

Reflection: Next Steps



Think of a client or senior in your life who has an increasing need for help to perform daily living tasks...

Jot down some notes to the following questions and share them with a partner. This worksheet is for your own use; you do not need to turn it in.

What kind of help does this person need?

Are you able to provide the kind of help this person needs at this time?

- If YES, how will you approach this person to offer help?
- If NO, who will you contact? Is there a community service that might assist?

If he/she declines the offer of assistance, what is your plan (e.g. leave it alone for now but continue to observe, contact a supervisor, broach the subject with him/her again at a later time, enlist the help of a family member, etc.)?

Is the situation serious enough that you feel someone else should be alerted (e.g. supervisor, case manager, family member, or caregiver)? If yes, who will you contact?

ASSISTING PEOPLE WHO ARE HOMEBOUND OR FRAIL: Tips for Caregivers

During your service as a volunteer, you will not be able to help your homebound or frail clients in all of these areas, but you may find these tips helpful in caring for other elders in your life.

Support the frail person's efforts to manage daily activities.

Allow the frail person to have as much control as possible. This may mean letting him or her take some risks, as long as he or she understands the risks and chooses to take them. Being in control and making choices is important for all of us and this becomes especially important as the choices become limited, as they often do for older people.

Help the frail person to carry out activities of daily living.

Helping with daily activities will challenge your creativity. The following suggestions have helped other caregivers. Some may be helpful to you or your client's family:

Dressing: Avoid pullover shirts and clothing with zippers in the back. Use front Velcro closings on pajamas and nightwear. Shop for special clothing in home-care catalogs. Use grabbers to reach socks and put them on, over the heel and up the leg.

Bathing: Limit full tub baths or showers to once weekly if bathing is difficult. Use small washcloths on the face. Avoid baby oil, bubble bath liquids, powders, or crystals in the tub bath water; they may be slippery or contain chemicals that can irritate the skin or cause a urinary tract infection.

Grooming: Consider using large combs, hairbrushes, and toothbrushes. Soak feet every other week or weekly. Call a foot doctor (podiatrist) about nail or foot fungus and hard-to-cut toenails. Consider arranging for monthly visits from a hair stylist.

Consider using no-rinse shampoos or a shampoo tray to wash hair in bed.

Lighting: Consider using remote control lighting devices.

Moving in and out of bed: Encourage the frail person to sit and dangle legs before standing. Dangling legs for a few minutes allows for the body and blood pressure to adjust to a change in position. Getting up too fast causes dizziness that can lead to falls.

Meals: Use large utensils if hands are weak. Consider serving small meal portions and making healthy snacks available between meals. Encourage the frail person to join you in shopping or enlist help for shopping. Consider preparing meals in advance and freezing them and/or using a home delivery service such as Meals-on-Wheels.



Encourage a positive attitude toward change.

Focus on how the new ways of doing things will help the frail person remain independent. At the same time, recognize that changes are difficult. He/she may become anxious, depressed, or angry, or need special attention from professional caregivers to cope successfully.

Suggest help from family and friends or, if possible, paid help.

Using other people's help requires organization, such as lists, schedules, reminders, and a plan. The frail person should be involved in planning because it is his or her life that is being affected.

Take care of yourself! Don't neglect our own needs. Ask for help from family, friends and social services. When people offer help, accept it and give them specific tasks. Seek moral support from other caregivers, and take care of your own health!

Sources: The AGS Foundation for Health in Aging: www.healthinaging.org/public_education/eldercare
National Family Caregivers Association: http://www.nfcca.org/caregiving_resources/tips_and_tools.cfm

Additional Resources: Understanding the Challenges Experienced by Clients

Are you interested in learning more about the topics covered in this workshop? You may find the following online resources helpful. References consulted for this module are also included in this handout.

The **Alzheimer's Association** is a leading voluntary health organization in Alzheimer care, support and research. This website contains a wealth of accessible information including explanations of what is known about Alzheimer's disease and the current research; resources available for caregivers; and an online platform that allows people in the early stages to share their experiences: <http://www.alz.org/index.asp>.

The **Eldercare Locator** is a national toll-free directory assistance service provided by the U.S. Administration on Aging. Eldercare Locator helps people locate aging services in every community throughout the U.S. Call 1-800-677-1116 or visit their website: <http://www.eldercare.gov>.

The **Ethnic Elders Care Network** provides culturally sensitive information about Alzheimer's disease and related disorders among ethnic minority elders, and promotes research, treatment, education and support for elders, their families and caregivers: <http://www.ethnicelderscare.net>.

The **National Family Caregivers Association** provides education and support to people who care for loved ones with a chronic illness or disability or the frailties of old age: <http://www.nfcares.org/>.

Senior Citizens Resources at USA.gov (the U.S. government's official web portal) provides information on senior health, caregiver resources, consumer protection, tax counseling, state and federal agencies, laws concerning seniors, end of life issues, travel, education, and volunteering: <http://www.firstgov.gov/Topics/Seniors.shtml>.

In addition, this book was recommended by the National Senior Corps Association:

Title: *The Validation Breakthrough: Simple Techniques for Communicating with People with 'Alzheimer's-Type Dementia*

Author: Naomi Feil

Publisher: Health Professions Press; 2nd edition (January 15, 2002).

Module References

American Geriatric Society (AGS) Foundation for Health in Aging. Eldercare at Home. http://www.healthinaging.org/public_education/eldercare/contents.php (accessed June 2, 2008).

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National Senior Corps Association: <http://www.nscatogether.org/>.

Suthers, Kristen, and Teresa Seeman. 2004. The Measurement of Physical Functioning in Older Adult Populations. Report of BSR Physical Performance Meeting on December 12, 2003, sponsored by the Behavioral and Social Research Program at the National Institute on Aging. http://www.nia.nih.gov/NR/rdonlyres/AF0997F6-0C16-4A76-96C0-D3780F00E6D4/2300/phys_perform_meet_agend_particip_12_12_03.pdf.

Training Feedback Survey

Please help us improve our training sessions by providing feedback on the training you attended. Thank you!

Training/Session Name: _____ Date: _____

Lead Facilitator: _____

Program you serve with: SCP RSVP Other: _____

Please rate this session using the following scale:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
1. The subject matter was presented effectively.					
2. The facilitator was knowledgeable.					
3. The facilitator responded to questions.					
4. There were enough opportunities for discussion.					
5. The written materials are useful.					
6. The session met my expectations.					
7. As a result of this training, I gained new knowledge applicable to my volunteer assignment.					
8. I plan to apply what I learned at this session.					

9. What did you like best about this session?

10. What would have improved this session?

Thank You! Your feedback will help us to improve our training!

Providing Independent Living Support: Training for Senior Corps Volunteers

Module 4

Effective and Respectful Communication

*Providing Independent
Living Support:
**Effective and Respectful
Communication***



Trainer: _____

Date: _____

PROVIDING INDEPENDENT LIVING SUPPORT: TRAINING FOR SENIOR CORPS VOLUNTEERS

Module 4: Effective and Respectful Communication

Introduction

Many clients are frail and may be dealing with several chronic conditions in addition to taking a number of medications. Depression, anger, confusion, and hearing difficulty are some of the many issues that affect how they communicate. This 60-75-minute session will review tips and techniques volunteers can use to respectfully and effectively engage and interact with their clients. In addition to a short lecture, this session includes a small group exercise and a brief reflection activity. We recommend you do this session with, or shortly after, *Module 3: Understanding the Physical, Emotional, and Social Challenges Experienced by Clients*.

Objectives

By the end of the session participants will:

- Strengthen their understanding of how to be an “active listener” and why this is important.
- Learn strategies for communicating with clients in various challenging situations.

Visual Aids (PowerPoint) and Facilitator’s Notes

If you are using the PowerPoint slides included with this curriculum, Facilitator’s Notes are provided under each slide (to see them, select “View...Notes Page” from PowerPoint’s main menu). These notes provide the same information as the Facilitator’s Notes included in this document, however, they are not as detailed; the PowerPoint Facilitator’s Notes identify the main points for the presenter.

If you do *not* use the PowerPoint slides, we suggest you create selected visual aids such as handouts or transparencies from the PowerPoint slides, or copy the information on easel paper and post it on walls or an easel for participants to see. The information on Slide 9 (exercise instructions) would be the most useful slide to duplicate and post.



Handouts

The handouts for this session follow the Facilitator’s Notes and Instructions. Handouts 1-5 should be distributed during the session; this symbol in the Facilitator’s Notes will cue you as to when: 📄. Handout 6 should be distributed at the end of the session.

1. Aging I&R/A Tips: The Art of Active Listening
2. Client Role: Communication Challenges Exercise
3. Volunteer Role: Communication Challenges Exercise
4. Tips and Suggestions for Improving Communication with Clients
5. Reflection: Setting Limits
6. Training Feedback Survey

Session Outline

Discussion Topic	Estimated Time	Method/Activity	Slide Numbers
I. Welcome and Introduction	10 min.		1
A. Learning Objectives	5	Lecture	2
B. Warm up: Hearing-Impaired Clients	5	Large group discussion	3-5
II. Communication Challenges	60 min.		
A. Common Contributing Issues	10	Lecture, Large group discussion	6-7
B. Active Listening  <i>Aging I&R/A Tips: The Art of Active Listening</i>	10	Lecture, Large group discussion	8
C. Practice Exercise: Role Play  <i>Client Role: Communication Challenges Exercise</i>  <i>Volunteer Role: Communication Challenges Exercise</i>  <i>Tips and Suggestions for Improving Communication with Clients</i>	30-40	Two-person role play (15 min.) Debrief (15-25 min.), large group discussion	9
D. Reflection: Setting Limits Politely but Firmly  <i>Reflection: Setting Limits</i>	10	Individual, pairs	10
III. Closing	5 min.		
Last Thoughts  <i>Training Feedback Survey</i>	5	Feedback	11

Facilitator's Notes and Instructions



I. Welcome and Introduction

Show slide 1 – the title slide.

Explain the purpose of this training session: "Your elderly clients may be dealing with a variety of challenges that make communication difficult. This session will help you learn to better communicate with your clients."

A. Learning Objectives

Show slide 2.

LEARNING OBJECTIVES

By the end of the session, participants will:

- Strengthen their understanding of how to be an "active listener" and why this is important.
- Learn strategies for communicating with clients in various challenging situations.

Read the learning objectives to the group. By the end of the session participants will:

- Strengthen their understanding of how to be an "active listener" and why this is important.
- Learn strategies for communicating with clients in various challenging situations.

B. WARM UP: Hearing Impaired Clients

Show slide 3.

WARM UP CHALLENGE

Your client is hard of hearing but doesn't like to wear his hearing aid. You feel you are doing a lot of shouting and gesturing but communicating little.

What can you do?

Tell the group you would like to start out by getting their suggestions on a common challenge to communication: Let's say you have a client who is hard of hearing. He has a hearing aid, but he doesn't always wear it. When you visit, you feel like you are doing a lot of shouting and gesturing but communicating little.

Large group callout: "Has anyone experienced this before, with a client or someone else? What did you do?"



TIP: ADDRESS TRAINING EXPECTATIONS. As participants enter, consider having easel paper with the question, "What do you hope to learn today?" and instructions to put one or two of their expectations for the session on a "Post-It". Post the notes on an easel and review them later, while participants are doing the exercise. Try to address these expectations during the session. Inform participants on how you will follow-up later on any questions that were not addressed during the session. For instance, promise to get requested information to a particular participant by a certain date.

After participants have responded, show slides 4 and 5. Reinforce the group's suggestions as you go through the list and note others that did not come up during the discussion.

TIPS FOR BETTER COMMUNICATION WITH HEARING-IMPAIRED CLIENTS

- Keep a notepad handy.
- Speak slowly, in a normal tone.
- Face the person directly, at eye level.
- Limit background noise interference.
- Give cues when changing the topic.
- Enunciate. Don't block your mouth with hands, or muffle words by chewing, smoking, or yawning.

4

TIPS FOR BETTER COMMUNICATION WITH HEARING-IMPAIRED CLIENTS

- Try paraphrasing instead of repeating.
- Find out if one ear is better than the other (the "good side")
- Make sure the hearing aid fits properly and has batteries.



5

- **Keep a note pad handy** and use as needed.
- **Speak slowly and in a normal tone;** a raised voice distorts sounds further and can be misinterpreted as anger. A high pitched voice is harder to hear than a low voice.
- **Face the client directly, at eye level,** so he/she can see facial cues, including reading your lips. Be sure to keep hands away from your face so as not to hinder visual cues.
- Be aware that **background noises** can be another hearing obstacle for the client (e.g. television or radio, a loud fan or air conditioner).
- **Give cues when you are going to change the topic.** Pause briefly, gesture toward the topic of discussion if possible. Gently touch the client to get his/her attention, if appropriate, or begin by asking a question or simply state that you are going to change the topic.
- **Never yell from another room.** When you are speaking, try to sit or stand about three feet from the client, facing him/her, and get his/her attention before speaking.
- **Enunciate clearly,** and don't talk while chewing, smoking, or yawning, as this muffles your words.
- **If you need to repeat, try paraphrasing** instead. Use one-sentence explanations, and be sure to give the client time to respond.
- **Speak toward the "good side".** The client may have a "good side"; one ear may work better than the other. If he/she is not sensitive about it, you can ask him/her if they can hear better on one side.
- **Help the client pick up visual cues.** If you are in a group setting, try to seat your hearing-impaired client where he/she can see everyone and pick up on visual cues. Make sure he/she is wearing glasses if needed.

If the hearing aid is the problem:

- Suggest to the client that he/she always wear his/her hearing aid during visits. Explain how it is important for the client to get the most out the companion visits.
- Perhaps the hearing aid is not fitted properly; offer to take the client to a provider for a check up.
- Make sure the client has extra batteries available.

Sources: National Senior Corps Association, Legacy Caregiver Services (2006), Zukerman (2003), National Institute on Aging (2007)

Point out that participants already know much about communicating with the elderly: “Now let’s cover a few more common challenges, and learn from each other.”

II. Communication Challenges

A. Common Contributing Issues

Show slide 6

COMMON ISSUES THAT CAN EFFECT COMMUNICATION

- Hearing impairment
- Vision impairment
- Confusion or memory problems
- Anger, frustration
- Withdrawn, not communicating
- Anxiety, agitation
- Paranoia
- Repetition of speech or actions

These are some of the common issues volunteers might see with their clients - situations that will present a challenge to communication.

Vision or hearing impairment: Sensory changes such as vision or hearing impairment are a common challenge. A client’s apparent confusion may actually stem from his/her diminished ability to pick up important cues (visual, auditory) that assist in communication.

Confusion or memory problems vary in severity; the volunteer’s assessment of the seriousness of the impairment will help determine how to communicate with the client.

Anger and frustration are understandable reactions to losing abilities and independence.

Withdrawn and uncommunicative behavior might be temporary or a sign of something more serious such as depression.

Anxiety and agitation might happen when a client is confused and uncomfortable or unable to articulate a need. It may be the result of changes in the brain or medications. It might be alleviated by a volunteer’s calming presence.

Paranoia or unwarranted suspicions may be a result of short term memory loss, dementia or mental illness.

Repetition of speech or actions may be due to poor memory or early dementia. It is usually harmless, and sometimes the person’s attention can be redirected.

COMMON ISSUES THAT CAN EFFECT COMMUNICATION

- Personality Differences
- Cultural Differences



Show slide 7.

Regardless of any physical or mental challenges a client may experience, volunteers should be sensitive to *personality and cultural differences* between themselves and the client. Note that “cultural differences” can include ethnic backgrounds, education and economic levels, age and generation, religion, regional backgrounds within a country, etc. For example, the quiet client who seems withdrawn to a talkative volunteer may simply be slow to warm up to people they do not know, or, part of their cultural background values reserved, quiet people.

EXAMPLE FOR DISCUSSION

Share this example of how personality and cultural differences might affect communication (or develop your own example about a difference that is pertinent in your setting):

“Here is a situation to illustrate the need for sensitivity: We have a client, “Mai”, and a volunteer, “June.” Mai and June have different cultural backgrounds; Mai was raised in Vietnam and June was raised in the Midwest. Lately, there have been misunderstandings (for example, Mai took offense at a joke that June told her). June feels the misunderstandings are due to Mai not knowing enough English, but Mai’s daughter has said that June’s manner is sometimes too forward and direct for her mother.”

Large group callout: “June really likes Mai and wants to improve their communication. What would you advise she do?”



TIP: DO A SESSION ON CULTURAL SENSITIVITY. Consider doing a whole session on cultural differences and issues around cultural sensitivity. Focus on the cultures in the communities you serve and some of the communication challenges you have seen. You may want to invite a client, family member, or a professional to share background and history.

COMMON ISSUES THAT CAN AFFECT COMMUNICATION

- Personality Differences
- Cultural Differences



Add these suggestions, if they were not mentioned:

- There is much to learn! June might attend a workshop on Vietnamese cooking, participate in cultural celebrations with Mai or read articles or a book about Vietnamese culture and history.
- June may want to talk with Mai's daughter or another Vietnamese person and ask about communication norms. Different cultures assign different meaning to an action, and to verbal and nonverbal communication including our voice, face and body language. Culture determines how comfortable we are with direct eye contact and close proximity (e.g., personal space); how we express or suppress emotions such as pride, joy, love, or disapproval; how we interpret a raised voice; when humor is appropriate, etc.
- June may want to gently ask for feedback from Mai when she believes there is some miscommunication or she is being misunderstood. Never assume that your interpretation of the situation is the only possible explanation.
- Right before her visits, June may want to take a minute to prepare by reminding herself about the communication differences.

Sources: National Senior Corps Association, Legacy Caregiver Services (2006), Zukerman (2003), National Institute on Aging (2007)

B. Active Listening

Tell participants that you would like to review the basics of good communication. An important and often challenging part of communicating with their clients is simply being a good listener.



TIP: PRIORITIZE MAIN POINTS. Read the handout *Aging I&R/A Tips: The Art of Active Listening* ahead of time and choose those skills and main points that you want to emphasize to this audience (i.e. those that will be most useful or those that need more explanation). Since you are distributing the handout for them to take home, it is not necessary to explain every point during the session.

Large group callout: “Are you familiar with the term ‘active listening’? What makes a good or active listener?”

After participants have had a chance to respond, show slide 8.

ACTIVE LISTENING

- Restating
- Summarizing
- Minimal encouragers
- Reflecting
- Giving feedback
- Emotion labeling
- Probing
- Validation
- Effective Pause
- Silence
- “I” messages
- Redirecting
- Consequences

Source: “The Art of Active Listening,” National Aging Information & Referral Support Center, 2005.

Read the list and elaborate on the skills that you feel are most important for participants to know, time permitting (e.g. reflecting, validation, silence, redirecting). Provide examples of how active listening has helped volunteers communicate with elderly clients. Here is an example: “Mai and June have become more successful in communicating and therefore, better friends over the last few months. June understands that Mai takes a little longer to express her thoughts, so she takes care not to interrupt while Mai is thinking. Instead, June uses brief, positive prompts to let Mai know that she is listening and interested, such as “Oh?” “Yes, I see”, “Good point”, etc.”

📄 Distribute the handout *Aging I&R Tips: The Art of Active Listening*. Let participants know that page 1 explains the active listening tips you have been discussing, and on page 2 there is a list of “communication blockers” that they should be aware of; conversation courtesies that show respect and encourage communication; and a short piece on the art of questioning. (Participants can read these tips at another time.)

Source: National Aging and Referral Support Center (2005)

C. EXERCISE: Role Play

The following exercise is a two-person role play, where one person plays the client and the other person plays the volunteer. The exercise will give participants practice with communication challenges that they may encounter with a client. The exercise, including debriefing, should take about 30-40 minutes.



YOU WILL NEED: Easel paper and markers to jot down main points during the debriefing, and three handouts: two to be distributed at the beginning of the exercise (*Client Role: Communication Challenges Exercise*, and *Volunteer Role: Communication Challenges Exercise*), and one to be distributed after the debrief to all participants (*Tips and Suggestions for Improving Communication with Clients*).

Show slide 9.

EXERCISE: ROLE PLAY

1. **Split into pairs.** Determine which of you will be the Volunteer or Client. The trainer will assign you a situation number.
2. **Clients:** Read the "client role": What would this individual be thinking and experiencing?
3. **Volunteers:** Read the "volunteer role". How will you begin the conversation when you visit your client?
4. **Role Play:** You will have 7 minutes to do the role play. Afterward, take a few minutes to talk and jot down your impressions.

INSTRUCTIONS

1. Ask the participants to choose a partner and spread out around the room. Instruct the paired groups to decide which one will play the role of the client and which one will play the role of the volunteer.
2.  Distribute two handouts to each pair: *Client Role: Communication Challenges Exercise* to the participant playing the client, and *Volunteer Role: Communication Challenges Exercise* to the participant playing the volunteer. Instruct participants not to show their handout to their partner until after the role play, when they are ready to discuss the experience.
3. Assign each pair a situation number (there are four situations on the handouts). Pick situations that you feel will be most relevant and beneficial for your group to discuss (e.g. communication challenges that come up frequently with your clients).



TIP: CLARIFY INSTRUCTIONS FOR THOSE WITH LITERACY OR LANGUAGE CHALLENGES. The handouts explain the roles for "clients" and "volunteers." Will some of your participants have difficulty understanding the written instructions? If yes, ask your co-facilitator or another volunteer to take half of the group to the one side of the room and explain the "volunteer" role, while you take the other half to explain the "client" role.

EXERCISE: ROLE PLAY

1. **Spit into pairs.** Determine which of you will be the Volunteer or Client. The trainer will assign you a situation number.
2. **Clients:** Read the "client role". What would this individual be thinking and experiencing?
3. **Volunteers:** Read the "volunteer role". How will you begin the conversation when you visit your client?
4. **Role Play:** You will have 7 minutes to do the role play. Afterward, take a few minutes to talk and jot down your impressions.

4. Ask "clients" to take a minute to read the situation from their handout and "get into character." Ask the "volunteer" to take a minute to read the situation from their handout and think about how they would open a conversation upon arriving at a client's house. Let them know that the volunteer will start the role play.
5. Explain that they will have 5-7 minutes to role play the situation and another 5-7 minutes to discuss what they learned.
6. At 5-7 minutes, ask them to stop the role play and discuss the questions on the second page of the handout together. At this point everyone can share their handouts with their partners.
7. After 5-7 minutes of small group (pairs) discussion, start the large group debriefing.
8.  AFTER DEBRIEF, end this exercise by distributing the second handout *Tips and Suggestions for Improving Communication with Clients*.

DEBRIEF

Start with one situation and ask each group of pairs that role played the same situation to report on their experience:

- Volunteers: What was the communication challenge? What were you feeling?
- Clients: What was the communication challenge? What were you feeling?
- What did the volunteer try that worked?
- What could the volunteer have done differently?



TIPS: PREPARE FOR DEBRIEF DISCUSSION. As participants are role playing, review the second handout, *Tips and Suggestions for Improving Communications with Clients*, to see what the professionals working with seniors had to say. Work some of the strategies into the debrief discussion.

TRY AN ALTERNATIVE TO ROLE PLAY. If you feel the role play won't be productive with this group, present the situations and ask them for advice on what they would do. Using the large group "callout", note their responses on easel paper and discuss. Or ask the group to share their stories about communication issues they have had with clients and discuss. Try to keep this as interactive as possible. You want to give participants an experience that builds empathy for the clients and skills in working with them.

EXERCISE: ROLE PLAY

1. **Spit into pairs.** Determine which of you will be the Volunteer or Client. The trainer will assign you a situation number.
2. **Clients:** Read the "client role": What would this individual be thinking and experiencing?
3. **Volunteers:** Read the "volunteer role". How will you begin the conversation when you visit your client?
4. **Role Play:** You will have 7 minutes to do the role play. Afterward, take a few minutes to talk and jot down your impressions.

Use your volunteer scribe to jot down on the easel paper the main ideas that come from the responses to the last question *What did the volunteer try that worked?*

Go on to the next situation until all are covered and each pair has had a chance to tell what they learned. Point out the common themes you see across each situation (e.g. the need for patience).

 At the conclusion of the discussion, distribute the second handout *Tips and Suggestions for Improving Communication with Clients*. Tell participants: "You came up with some great ideas. Many of your suggestions, along with some from professionals who work with seniors, are in this document."



TIPS: KEEP A RESPECTFUL TONE. In addition to learning by putting yourself in someone else's shoes, role playing can be fun and help people relax with one another. However, be sure to maintain a respectful tone, since these are real problems for elderly people.

BE SELECTIVE WITH CLIENT ROLES. The exercise worksheet provides four "client role" situations to assign to pairs of participants. Consider choosing just one or two of the most pertinent examples rather than using all four. This will allow more time for debrief discussion. For each "client role" you use, expect a 7-10 minute large group debrief. Alternatively, you may want to develop your own client-volunteer roles.

REFLECTION: SETTING LIMITS

- Be clear about your limits.
- Offer choices within your limits.
- Make no excuses.

Source: The Caregiver Helpbook:
Powerful Tools for Caregivers.
Legacy Caregiver Services. 2006



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D. Reflection: Setting Limits Politely but Firmly

Show slide 10.

Tell participants that you would like to talk about one last communication skill we all need to have: the ability to set limits in a polite but firm way: “Many of us find it difficult to say ‘no’ to requests, to set limits around what we can do or give, even when saying ‘yes’ to those requests is against our better judgment. For example, agreeing to donate money we can’t really afford to give when a charity calls; agreeing to take care of a relative’s children when we are tired and need a rest; or agreeing to run errands for a client during our unscheduled time.”

Share these tips on how to say “no” in a polite but firm way:

- Be clear about your limits: Be specific and upfront about what you can and can not do.
- Express your limits along with alternatives or offer choices. “I am unable to do that, but I can do ___ or _____. Which do you prefer?”
- Make no excuses: Give factual reasons rather than excuses; excuses sound too apologetic, or worse, dishonest. Or, simply say, “That will not work for me”. It is not necessary to provide an explanation.

 Distribute the handout *Reflection: Setting Limits* and ask participants to think of times when they have trouble saying “no”. Ask them to take a few minutes (2-3 minutes) to jot down some notes and then share with a partner.

Source: Legacy Caregiver Services (2006)



TIP: PRIORITIZE LECTURE SEGMENTS AND ACTIVITIES: If you feel your group will benefit from one section of the workshop more than another, consider revising the time spent in each section ahead of time (see “Session Agenda” on page 2). There may be a segment you can omit altogether, or you may want to spread this workshop over two sessions rather than one.

LAST THOUGHTS...

"We are all very different in how we communicate, interpret and relate to one another. This means that we must sometimes set our pride aside, be patient, keep no record of wrong, have grace with one another, listen to one another, communicate our feelings and be careful of our approaches at all times. This is part of being a true servant for others. We must all be flexible enough to know that we always have something to learn."

Nancy Grim, RSVP of Jefferson County, Ohio

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III. Closing

Show slide 11.

Inform participants that the session is over, and leave them with this thoughtful advice from an RSVP program manager: *"We are all very different in how we communicate, interpret and relate to one another. This means that we must sometimes set our pride aside, be patient, keep no record of wrong, have grace with one another, listen to one another, communicate our feelings and be careful of our approaches at all times. This is part of being a true servant for others. We must all be flexible enough to know that we always have something to learn."* (Nancy Grim, RSVP of Jefferson County, Ohio).

 Distribute the *Training Feedback Survey*. Tell participants that you would very much appreciate hearing their thoughts via the *Training Feedback Survey*. Let them know their responses are anonymous (no names are required on the surveys), and that the surveys are collected to help improve future training sessions. Make sure to indicate where you would like the completed surveys to be placed.

Thank everyone for coming.



TIP: KEEP THE CONVERSATION GOING: You may want to expand on the reflection activity, "Setting Limits" by continuing the discussion at the next in-service meeting. You could develop a worksheet or handout with specific scenarios and provide examples of how a volunteer might set limits, including phrases to use (see the example of Sylvia's situation on handout *Reflection: Setting Limits*).

References for Module 4: Effective and Respectful Communication

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Handouts

The following handouts are included in this module:

1. **Aging I&R/A Tips: The Art of Active Listening**
2. **Client Role: Communication Challenges Exercise**
3. **Volunteer Role: Communication Challenges Exercise**
4. **Tips and Suggestions for Improving Communication with Clients**
5. **Reflection Exercise: Setting Limits**
6. **Training Feedback Survey**

*Providing Independent
Living Support:
**Effective and Respectful
Communication***



Trainer: _____

Date: _____

AGING I&R/A TIPS

Tip Sheet 1

National Aging Information & Referral Support Center

THE ART OF ACTIVE LISTENING

Active listening is all about building rapport, understanding, and trust. Are you a good listener?

Active Listening Skills

1. Restating

To show you are listening, repeat every so often what you think the person said – not by parroting, but by paraphrasing what you heard in your own words. For example, “Let’s see if I’m clear about this. . .”

2. Summarizing

Bring together the facts and pieces of the problem to check understanding – for example, “So it sounds to me as if . . .” Or, “Is that it?”

3. Minimal encouragers

Use brief, positive prompts to keep the conversation going and show you are listening – for example, “umm-hmmm,” “Oh?” “I understand,” “Then?” “And?”

4. Reflecting

Instead of just repeating, reflect the speaker’s words in terms of feelings – for example, “This seems really important to you. . .”

5. Giving feedback

Let the person know what your initial thoughts are on the situation. Share pertinent information, observations, insights, and experiences. Then listen carefully to confirm.

6. Emotion labeling

Putting feelings into words will often help a person to see things more objectively. To help

the person begin, use “door openers” – for example, “I’m sensing that you’re feeling frustrated. . . worried. . . anxious. . .”

7. Probing

Ask questions to draw the person out and get deeper and more meaningful information – for example, “What do you think would happen if you. . .?”

8. Validation

Acknowledge the individual’s problems, issues, and feelings. Listen openly and with empathy, and respond in an interested way – for example, “I appreciate your willingness to talk about such a difficult issue. . .”

9. Effective pause

Deliberately pause at key points for emphasis. This will tell the person you are saying something that is very important to them.

10. Silence

Allow for comfortable silences to slow down the exchange. Give a person time to think as well as talk. Silence can also be very helpful in diffusing an unproductive interaction.

11. “I” messages

By using “I” in your statements, you focus on the problem not the person. An I-message lets the person know what you feel and why – for example, “I know you have a lot to say, but I need to. . .”

12. Redirecting

If someone is showing signs of being overly aggressive, agitated, or angry, this is the time to shift the discussion to another topic.

The Art of Active Listening

13. Consequences

Part of the feedback may involve talking about the possible consequences of inaction. Take your cues from what the person is saying – for example, “What happened the last time you stopped taking the medicine your doctor prescribed?”

Communication Blockers

These roadblocks to communication can stop communication dead in its tracks:

- **“Why” questions.** They tend to make people defensive.
- **Quick reassurance,** saying things like, “Don’t worry about that.”
- **Advising** – “I think the best thing for you is to move to assisted living.”
- **Digging for information** and forcing someone to talk about something they would rather not talk about.
- **Patronizing** – “You poor thing, I know just how you feel.”
- **Preaching** – “You should. . .” Or, “You shouldn’t. . .”
- **Interrupting** – Shows you aren’t interested in what someone is saying.

SOURCE: Excerpted and adapted from Lee Scheingold, “Active Listening,” McKesson Health Solutions LLC, 2003.

6 Simple Conversation Courtesies

“Excuse me...”

“Pardon me....”

“One moment please...”

“Let’s talk about solutions.”

“May I suggest something?”

The Art of Questioning

The four main types of questions are:

LEADING

For example, “Would you like to talk about it?” “What happened then?” Could you tell me more?”

OPEN-ENDED

Use open-ended questions to expand the discussion – for example, lead with: “How? What? Where? Who? Which?”

CLOSED-ENDED

Use closed ended questions to prompt for specifics – for example, lead with: “Is? Are? Do? Did? Can? Could? Would?”

REFLECTIVE

Can help people understand more about what they said – for example, someone tells you, “I’m worried I won’t remember. . .” *Reflective Q:* “It sounds like you would like some help remembering?”

FOR MORE INFORMATION

National Aging Information & Referral Support Center

National Association of State
Units on Aging
1201 15th Street, NW, Suite 350
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202.898.2578 / Fax 202.898.2538
www.nasua.org/informationandreferral

This publication was made possible through a cooperative agreement from the U.S. Administration on Aging.

CLIENT ROLE

Communication Challenges Exercise



The purpose of this exercise is to give you some practice dealing with challenging communication situations that you may encounter when working with a client. You might also discover that you will understand your client better when you put yourself in his/her shoes!



“Client” Instructions: The facilitator will assign you and your partner one of the situations listed below. You will play the role of the client; your partner will play the role of the volunteer. ***Don’t show your partner this sheet until after your role play.***

1. Take a minute to read your “client role” and think about what this person would be feeling and experiencing.
2. You and your partner, “the volunteer”, should take about 5-7 minutes to act out the situation and see where it takes you. The volunteer is coming to your home for the weekly visit and will begin the role play.
3. When you are finished, discuss together what you have learned. Jot down some notes to the questions on page 2, and be ready to share with the group.

SITUATIONS (Client Roles)

- 1.** You become distracted easily and lose your train of thought. For example, you start telling a story and then get lost, quickly forgetting what the original point was. You have difficulty following others when they are talking, partly because you have a hard time blocking out noises so you can concentrate.
Idea for role play: Start a story and stop in the middle. Start a different story. Ask the volunteer to repeat what they said regularly.
- 2.** You repeat words, questions, or phrases, without realizing you are doing it. Often it is not relevant to the current conversation.
Idea for role play: You ask when lunch will be ready over and over; you repeat certain words for no apparent reason; you ask your guest “how have you been” several times, forgetting that they have already told you.
- 3.** You feel sad today. This morning you saw someone with a dog like the one you used to have and felt suddenly nostalgic and lonely. You might feel better if you talked about it, but aren’t sure you want to. You don’t like to complain and have always had a hard time expressing “bad” feelings. Instead, you tend to express unhappiness nonverbally, with sighs and body language.
Idea for role play: Provide mumbled or no responses, slump over, sigh often, keep your head down.
- 4.** People have told you that you have a temper and that you are “too negative.” They also tell you that you should “look on the bright side”. You feel people who say these things don’t understand your difficulties. You spend a lot of time at home alone.
Idea for role play: Tell a story of a neighbor in a heated tone, and then start another complaint about staff at the doctor’s office. For instance, “Last night that smart-alecky neighbor kid parked his car too close to my driveway again, even though I yelled at him about that just last week! And why can’t the people who answer the phone at the doctor’s office speak so I can understand them?” Complain that the volunteer is unrealistic if he/she makes optimistic suggestions.

“Client” and “Volunteer”: After the role play, discuss the following questions and jot down what you’ve learned:



1. What was the communication challenge for each of you? How did it feel?

Volunteer:



Client:



2. What did the volunteer try that didn’t work so well? What could the volunteer have done differently? Client, what did you need from the volunteer?

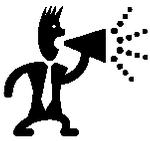


3. What did the volunteer try that worked? For example, what was said? How was it said, including nonverbal messages?

4. Any final thoughts?

VOLUNTEER ROLE

Communication Challenges Exercise



The purpose of this exercise is to give you some practice dealing with challenging communication situations that you may encounter when working with a client. You might also discover that you will understand your client better when you put yourself in his/her shoes!



“Volunteer” Instructions: The facilitator will assign you and your partner one of the situations listed below. You will play the role of the volunteer; your partner will play the role of the client. ***Don’t show your partner this sheet until after your role play.***

1. Take a minute to read your “volunteer role” and think about how you will begin a conversation with your client when you arrive at his/her home for your weekly visit.
2. You and your partner, “the client”, should take about 5-7 minutes to act out the situation and see where it takes you. You, the volunteer will start the role play.
3. When you are finished, discuss together what you have learned. Jot down some notes to the questions on page 2, and be ready to share with the group.

SITUATIONS (Volunteer Roles)

1. You arrive at the client’s home thinking about the client’s care plan, which includes help with organizing. This is the day you have agreed to work on organizing paperwork and paying bills. After greeting your client, begin to discuss working on this task together.
2. According to yesterday’s phone call with your client, you will be taking the client to a new doctor today. After greeting your client, assist with any preparations needed to be able to get to the doctor’s office for the appointment, such as finding the doctor’s name and address and a list of your client’s medications.
3. Your client has previously expressed an interest in playing cards and today you brought a deck of cards and some ideas about which games you might play together. Usually you do crossword puzzles but that has been getting old.
4. Your client has been depressed lately. Your supervisor and the client’s doctor suggested more exercise. After greeting your client, talk with your client about taking a walk or doing some other exercise to help improve mood.

“Client” and “Volunteer”: After the role play, discuss the following questions down what you’ve learned:



1. What was the communication challenge for each of you? How did it feel?

Volunteer:



Client:



2. What did the volunteer try that didn’t work so well? What could the volunteer have done differently? Client, what did you need from the volunteer?



3. What did the volunteer try that worked? For example, what was said? How was it said, including nonverbal messages?

4. Any final thoughts?

Tips and Suggestions for Improving Communication with Clients

This document contains tips and suggestions for improving communication with your elderly client in various challenging situations. The advice was collected from published resources and professionals serving the elderly, including Senior Corps program directors. We hope you will find the suggestions helpful.



Challenge: The client becomes distracted and loses his/her train of thought easily.

Try these suggestions:

- Eliminate distractions; turn off the radio or television.
- Redirect the client to an activity that he/she enjoys and has had success with before. Do simple activities that do not require too much critical thinking.
- Provide frequent reminders that are basic and clear, and do so in a kind and patient manner.
- Practice active listening and give clues, ask questions, re-state thoughts, etc. Repeating the last thing the client said often gets them back on track. Speak in short direct sentences.
- This is normal part of aging; be patient and do not make a fuss when it happens. Attempt to reorient client, but if this doesn't work, be accepting of the client without judgment.

Challenge: The client can become very confused and disoriented.

Try these suggestions:

- Remove distractions as much as possible. For example, if you are trying to have a conversation, turn off the television.
- Face the client as you talk; speak clearly and keep instructions and explanations brief. Ask short, direct questions.
- Give the person enough time to gather his/her thoughts, but patiently suggest a word or phrase if he/she seems to be stuck.
- Use visual references to help illustrate what you are saying verbally. For example, point to the chair as you ask him/her to sit down; point to the television as you ask if you may turn off the television. To demonstrate an activity or task, do it one step at a time as you explain what you are doing.
- If the client insists something is different than how it really is, use distraction by pointing them toward something else or changing the subject; don't argue.
- Before leaving on outings, talk with the client about where you will be going and what will happen. Reassure your client that you will be with him/her the whole time. Limit outings to one destination for the day, and places that are not too crowded, noisy, and disorienting.

Challenge: The client repeats words, questions, phrases, or stories without realizing it.

Try these suggestions:

- This is very common and a normal part of aging, so try to smile and be patient. Listen respectfully and attentively, as if you have never heard the story before. Remember, you are doing this for your client. (However, if it does become too frustrating for you, talk to your supervisor about reducing assignment time to avoid “burnout.”)
- Try to engage the client in a different subject to steer him/her away from the repetitive train of thought. Redirect the client to something they enjoy (*Should we put on some music? Would you like a snack?*). Do stimulating activities together like Word Find, a crossword puzzle or a jigsaw puzzle.
- Be sensitive to the fact that the client may be expressing a need; for example, repeatedly talking about food might mean he/she is hungry.
- If your client is continually asking the same question, such as when you will be back, it may help to up notes, such as “Mary will be here every Wednesday at 10 am”.
- Don’t remind the client that they already asked that or did that (unless there is some safety issue).

Challenge: The client complains frequently and expresses general unhappiness.

Try these suggestions:

- Help the client get out more often, if possible. Invite the client to do activities outside the home.
- Provide a listening ear, but do not counsel or commiserate. Practice active listening. If the unhappiness is caused by conditions that can be changed, offer to help change the condition or situation (e.g. make calls, advocate for other services).
- Try to steer the client towards talking about more positive things, but at the same time, recognize that you can not change people.

Challenge: The client is angry and frustrated.

Try these suggestions:

- Remain calm; there is already one person upset. Try to find the cause of the frustration or anger, and address it if possible. The client may be becoming increasingly forgetful or confused, or the frustration/anger may be caused by a problem with family, neighbors, or a health reason.
- Try not to take it personally. Be a friend; listen and offer support. Use humor to ease the tension *if appropriate* (you don’t want the client to think you don’t take their frustration seriously!).
- If the client becomes aggressive, calmly tell him/her that the behavior is not acceptable. If you are concerned for your personal safety, leave the situation and let your supervisor know immediately. Tell the client you will not remain in this situation and that you will come back at a later date.

Challenge: The client is sad and withdrawn, and not communicating.

Try these suggestions:

- Ask the client what is on his/her mind or talk about his/her interests, but be patient and allow the client to ease into a conversation. For example, you could read to the client for a while to provide company without pressure if he/she is not ready to talk.
- Tell the client you noticed he/she seems sad today and ask if there is something you can do to help. Use a low tone of voice and say that you understand it must be difficult; validating people's feelings helps them be open to suggestions to seek help. If the client has difficulty expressing feelings, you can try to draw him/her out gently, with statements like, "I want to understand what is troubling you. If you feel like talking, let's talk it over." Get comfortable with silence sometimes.
- After the client has had a chance to share, if appropriate, encourage the client to remember positive events and engage in activities they enjoy. Encourage activities that stimulate self-expression (e.g. art, cooking, or music). Keep a list of favorite activities to suggest when the client seems down (e.g. outings, playing cards, movies, etc.); this provides a distraction to temporary blues. Music is especially good for improving mood.
- Tell the client you noticed he/she seems sad today and ask if there is something you can do to help. Know the symptoms of depression and talk with your supervisor if you think your client is depressed. The client may need to be evaluated by a doctor. According to Mental Health America, the symptoms of clinical depression include: persistent sad, anxious or "empty" mood; sleeping too much or too little, middle of the night or early morning waking; reduced appetite and weight loss, or increased appetite and weight gain; loss of pleasure and interest in activities once enjoyed, including sex; restlessness, irritability; persistent physical symptoms that do not respond to treatment (such as chronic pain or digestive disorders); difficulty concentrating, remembering or making decisions; fatigue or loss of energy; feeling guilty, hopeless or worthless; and thoughts of suicide or death.
- If your client already takes medications for depression, see if someone is making sure they are being taken as prescribed. If professional counseling is an option, a counselor could help the client enhance coping skills and develop a less pessimistic view.
- The client may not respond much due to hearing difficulty. Observe to see if the client wears a hearing aid; offer to communicate in other ways (write on paper, sit nearer to the client, speak slowly using low tones etc.) or engage in nonverbal activities such as putting a puzzle together.



Don't forget!
Always notify
your supervisor of
a client's sudden
behavior changes!

Challenge: The client expresses unwarranted suspicion and paranoia.

Try these suggestions:

- First, rationalizing the client's fears may help (they may not have heard correctly). The client may need to have vision and hearing checked, as these can lead to misinterpretation of the environment. However, people need to have their fears and frustrations validated; they need to know that someone listens to them and takes them seriously. Don't take offense and don't argue or try to persuade the client; listen to what they are saying and let them know you care. It may also help to distract the client to another activity.
- Help look for things that are "taken" and keep some of the objects in close reach so you can look at them together for reassurance. However, if the client complains of personal items missing and implies that you are responsible, talk to your supervisor immediately about removing yourself from the situation.

Challenge: The client is anxious or agitated.

Try these suggestions:

- Talk in a calm voice and provide reassurance. Try activities like playing music, reading to him/her, or taking a walk. Redirect the client to things that he/she enjoys.
- Reduce noise and clutter in the environment if possible. Too many things going on may be causing uneasiness and anxiety.
- Do not offer caffeinated beverages like coffee.

Challenge: The client is vision-impaired.

Try these suggestions:

- Announce your presence by speaking as you enter the room and tell him/her when you are leaving.
- Use touch, if appropriate, to get the client's attention.
- Make sure there is adequate light in the room. Minimize noise distractions if possible.
- Remember not to rely on facial gestures for emphasis or nuance, or nonverbal responses like nods and head shakes. However, continue to use body language; this will affect the tone of your voice and give more information to the client.
- Speak naturally and clearly. Use everyday language. Do not avoid words like "see" or "look" or talking about everyday activities such as watching TV.
- Use accurate and specific language when giving directions. For example, "the door is on your left", rather than "the door is over there".
- If you and your client are in a group situation, introduce the other people present. Address other people by name when talking to them.

Challenge: The client is hearing-impaired.

Try these suggestions:

- Speak slowly and in a normal tone; a raised voice distorts sounds further and can be misinterpreted as anger. A high pitched voice is harder to hear than a low voice.
- Face the client directly, at eye level, so he/she can see facial cues, including reading your lips. Be sure to keep hands away from your face so as not to hinder visual cues.
- Be aware that background noises can be another hearing obstacle for the client (e.g. television or radio, a loud fan or air conditioner).
- Give cues when you are going to change the topic. Pause briefly, gesture toward the topic of discussion if possible. Gently touch the client to get his/her attention, if appropriate, or begin by asking a question or simply state that you are going to change the topic.
- Never yell from another room. When you are speaking, try to sit or stand about three feet from the client, facing him/her, and get his/her attention before speaking.
- Enunciate clearly, and don't talk while chewing, smoking, or yawning, as this muffles your words.
- If you need to repeat, try paraphrasing instead. Use one-sentence explanations, and be sure to give the client time to respond.
- The client may have a "good side"; one ear may work better than the other. If he/she is not sensitive about it, you can ask him/her if one side is easier for to hear.
- If you are in a group setting, try to seat your hearing-impaired client where he/she can see everyone and pick up on visual cues. Make sure he/she is wearing glasses if needed.

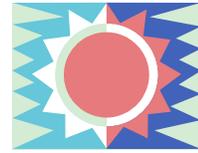
The following suggestions apply to any situation:

- Practice active listening; for example, don't interrupt, ask good questions, and paraphrase answers. Listen to the feeling behind the words. Keep good eye contact to show you are interested in what your client is saying.
- Always be respectful and never treat the client like a child.
- Be aware of the unwanted nonverbal messages you might be sending unintentionally. For example, sighing heavily or standing with your hands on your hips might show you feel impatient with the client.
- Avoid confrontation; you are there for a purpose.
- Use patience, kindness, and a sense of humor as appropriate. When in doubt, remember The Golden Rule.

REMEMBER: If you are worried about your client, talk to your supervisor. Always notify your supervisor if a client's behavior changes!

Sources: National Senior Corps Association: www.nscatogether.org; Alzheimer's Association: www.alz.org; Mental Health America.: www.nmha.org; Vision Australia: www.visionaustralia.org.
The Caregiver Helpbook: Powerful Tools for Caregivers (2006). Legacy Caregiver Services, Legacy Health System.
Eldercare for Dummies (2003). Rachele Zukerman, PhD.

Reflection: Setting Limits



Many people find it difficult to say “no” to a request, even when saying “yes” will be harmful to their mental or physical health, or finances. Communicating your limits in polite but firm way is a survival skill.

a

Think of a situation where you have had difficulty saying “no” to a request. The request may have come from a client, family member, friend, boss, or someone else. How would you/will you do things differently? Jot down some notes to the following questions and share them with a partner. This worksheet is for your own use; you do not need to turn it in.

1. What was the request?

2. For you, what were the consequences of saying “yes”? What did you believe would be the consequences of saying “no”?

3. How will you set limits next time? Give an example of something you might say politely but firmly. Remember: be clear about your limits, offer choices you can live with, and make no excuses.

Example: *Sylvia is a proud grandmother. Her son lives down the street with his wife and four young children. For the last six months during the weekdays, Sylvia has been taking care of the four children while their parents were at work. At first, this was to be a temporary arrangement until her son could find a day care center nearby. However, there has been no mention of finding a day care center for months. Sylvia has hinted that she does not have the energy she used to have, and that the kids are really a handful, to no avail. Finally, she found some quiet time with her son and daughter-in-law, and said, “As much as I love my grandchildren, I can no longer care for them every day. The physical toll is too much. However, I would be happy to baby-sit one day a week, if you like. Which day would you prefer?”*

Training Feedback Survey

Please help us improve our training sessions by providing feedback on the training you attended. Thank you!

Training/Session Name: _____ Date: _____

Lead Facilitator: _____

Program you serve with: SCP RSVP Other: _____

Please rate this session using the following scale:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
1. The subject matter was presented effectively.					
2. The facilitator was knowledgeable.					
3. The facilitator responded to questions.					
4. There were enough opportunities for discussion.					
5. The written materials are useful.					
6. The session met my expectations.					
7. As a result of this training, I gained new knowledge applicable to my volunteer assignment.					
8. I plan to apply what I learned at this session.					

9. What did you like best about this session?

10. What would have improved this session?

Thank You! Your feedback will help us to improve our training!

Providing Independent Living Support: Training for Senior Corps Volunteers

Module 5

Understanding Dementia

*Providing Independent
Living Support:
Understanding Dementia*



Trainer: _____

Date: _____

PROVIDING INDEPENDENT LIVING SUPPORT: TRAINING FOR SENIOR CORPS VOLUNTEERS

Module 5: Understanding Dementia

Introduction

This 60-75-minute session will explore what is normal for elders in the way of cognitive shortcomings and what are signs and symptoms that indicate a more serious problem. Participants will learn basic information about the different types and causes of dementia, including Alzheimer's disease, and how they can help clients and family members/caregivers cope. In addition to a lecture, this session includes a small group exercise and a closing reflection activity.

Objectives

By the end of the session participants will increase their understanding of:

- Causes, types, and warning signs of dementia
- What to expect from clients at different stages of dementia
- How to communicate with clients with dementia and what to consider in choosing activities

Visual Aids (PowerPoint) and Facilitator's Notes

If you are using the PowerPoint slides included with this curriculum, Facilitator's Notes are provided under each slide (to see them, select "View...Notes Page" from PowerPoint's main menu). These notes provide the same information as the Facilitator's Notes included in this document, however, they are not as detailed; the PowerPoint Facilitator's Notes are primarily main points for the presenter.

If you do *not* use the PowerPoint slides, we suggest you create other visual aids such as handouts or transparencies, or copy the information on easel paper and post it on walls or an easel for participants to see. The information on Slide 8 (exercise instructions) and Slides 9-12 on serving clients with dementia would be the most useful to duplicate and post.



Handouts

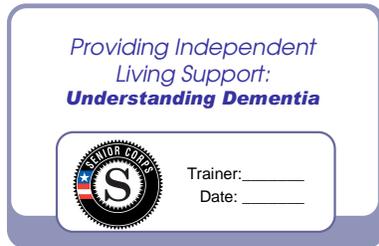
The handouts for this session follow the Facilitator's Notes and Instructions. Handouts 1-5 should be distributed during the session; this symbol in the Facilitator's Notes will cue you as to when: 📄. Handouts 6-7 can be distributed at the end of the session.

1. Alzheimer's Disease and Other Dementias
2. 10 Warning Signs of Alzheimer's Disease
3. Stages of Alzheimer's Disease
4. Tips for Assisting Clients with Dementia
5. Reflection: Preparing Yourself for Loss
6. Additional Resources: Understanding Dementia
7. Training Feedback Survey

Session Outline

Discussion Topic	Estimated Time	Method/Activity	Slide Numbers
I. Welcome and Introduction	10 min.		1
A. Learning Objectives	2	Lecture	2
B. Warm up: Cognitive Function and Aging	8	Lecture Large group callout	3-4
II. What is Dementia?	15 min.		
A. Types of Dementia  <i>Alzheimer's Disease and Other Dementias</i>	5	Lecture	5
B. Warning Signs and Stages of Alzheimer's Disease  <i>10 Warning Signs of Alzheimer's Disease</i>  <i>Stages of Alzheimer's Disease</i>	10	Lecture	6-7
III. Serving Clients with Dementia	45 min.		
A. Exercise: Match Game	15	Small groups (5 minutes) Debrief (15 minutes)	8
B. Working with the Client: Communication and Activities  <i>Tips for Assisting Clients with Dementia</i>	20	Lecture Large group callout	9-12
C. Reflection: Preparing for Loss  <i>Reflection: Preparing Yourself for Loss</i>	10	Individual, pairs	13
IV. Closing	5 min.		
Last Thoughts  <i>Additional Resources: Understanding Dementia</i>  <i>Training Feedback Survey</i>		Feedback	14

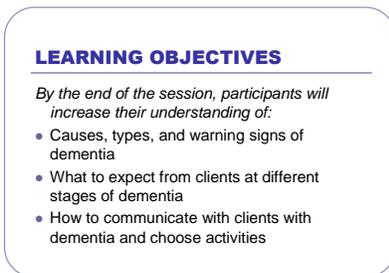
Facilitator's Notes and Instructions



I. Welcome and Introduction

Show slide 1 – the title slide.

Explain the purpose of this training session: “To increase your understanding of what clients with dementia are experiencing and how you can assist them.”



A. Learning Objectives

Show slide 2.

Read the learning objectives to the group. By the end of the session, participants will increase their understanding of:

- Causes, types, and warning signs of dementia
- What to expect from clients at different stages of dementia
- How to communicate with clients with dementia and what to consider in choosing activities



TIP: ADDRESS AS MANY CONCERNS AS YOU CAN. Dementia is a huge topic and you will not be able to address every concern in a short workshop. Consider putting packets of “Post it’s” out on tables and asking participants to write down concerns or questions they may have as the workshop progresses. Post the notes on an easel and review them later, while participants are involved in the exercise. Try to address these concerns or questions during the session, or afterward, by referring participants to outside resources. There is a wealth of free, quality, easy-to-understand information available to the public through organizations such as The Alzheimer's Association.

B. WARM UP: Cognitive Function and Aging

Show slide 3.

DEMENTIA, COGNITIVE FUNCTION AND AGING

True or False?

1. *Forgetfulness is always a sign that something is wrong with your brain.*
2. *Everybody has different capacities for memory and these can change over a lifetime.*
3. *You lose 10,000 brain cells every day and eventually, you just run out.*
4. *Dementia is a normal part of aging.*

3

Acknowledge that the topic of dementia is a little frightening for everyone: the disease is common and we all have concerns about maintaining a healthy mind and body as we age: “Let’s talk about some common beliefs around cognitive decline and aging. When we talk about ‘cognitive decline’ or ‘cognitive functioning’, we mean a person’s perception or awareness, the ability to think, reason, and learn.”

Large group callout: “Forgetfulness is always a sign that something is wrong with your brain.’ Is that true or false?”

Give participants a chance to respond, and then tell them this is false; it is a myth. If we didn’t possess the capacity to forget, we would all go crazy. The ability to remember what is important and discard the rest is a necessary skill. It is the level of forgetfulness that might indicate something is wrong. (Note you will be talking about warning signs in a few minutes.)

Large group callout: “Everybody has different capacities for memory and these capacities can change over the course of a lifetime. Is that true or false?”

This is true. Thus, comparing yourselves to others to see if your memory is normal is not a good measure.

Large group callout: “True or false: You lose 10,000 brain cells every day and eventually, you just run out.”

This is false – a myth. The reality is that some parts of the brain do lose nerve cells, but it’s possible to grow new ones and/or maintain the nerve connections of existing cells by exercising your mind.

Large group callout: “True or false: Dementia is a normal part of aging.”

This is false, another myth. Dementia is not a normal part of aging. It is true that most people who get dementia are over 65 (although people in their 40’s and 50’s can get it, too), but this percentage is fairly low until age 85 and older. For example, about 5 percent of people ages 65-74 have Alzheimer’s Disease, the most common cause of dementia, but about half of those age 85 and older are estimated to have it.

WHAT IS “NORMAL”?

Everybody is different, but in general...

- Creativity continues and wisdom accumulates.
- Information processing is slower (but repetition helps).
- “Multi-tasking” is more difficult.
- Long term memory declines somewhat (but cues help).
- Much of our language abilities stay the same or improve.

Source: American Psychological Association

4

Show slide 4.

So what changes in mental ability is a normal part of aging (e.g. information processing, memory, the ability to “multi-task”, use of language, accumulation of new knowledge)?

Some of these abilities tend to decline as we age, while others will change only a little, and some will improve. For example, creativity can continue into our 90’s, and we can accumulate wisdom until the very end of life. Of course, changes in abilities vary by individual, but in general, as we age:

- We don’t process information as quickly, which sometimes means we need to have new information repeated to understand it.
- We are not able to divide our attention among a number of tasks as easily as when we are younger (sometimes referred to as “multi-tasking”).
- We experience some decline in long term memory as we age, although cues seem to help. Short-term memory is less affected as we age.
- We maintain or improve much of our language ability, such as vocabulary and comprehension, as we age.

Sources: Better Health Channel (2008), American Psychological Association (2008), National Institute on Aging (2008), National Senior Corps Association.



TIP: DISPEL MORE MYTHS. What other misconceptions might participants have about cognitive functioning and aging? If time allows, you may want to address them. However, be careful when conducting a myth-or-reality/true-or-false discussion. You want participants to retain the “reality” and not the myth (both of which they will hear); therefore, be sure to emphasize the reality in the lecture.

DEMENTIA INVOLVES DECLINE IN CORE MENTAL FUNCTIONS

1. Recent Memory
2. Language
3. Visuospatial Function
4. Executive Function



II. What is Dementia?

Show slide 5.

Dementia is the term used to describe types of brain disorders. There are many types of dementia; all types involve a mental decline that affects more than one of the four core mental functions:

1. Recent memory – the ability to learn and recall new information
2. Language – the ability to write or speak, or to understand written or spoken words
3. Visuospatial function - the ability to see and understand spatial relationships among objects (e.g. skills needed to use a map or do a jigsaw puzzle).
4. Executive function – the ability to plan, reason, solve problems and focus on a task.

Tell participants that you would like to look at the types of dementia, and then discuss the warning signs and stages.

A. Types of Dementia

There are many types of dementia. Some diseases and disorders that lead to dementia can be treated and reversed, but others get progressively worse. The most common type of irreversible (incurable) dementia is Alzheimer's disease.

Reversible (curable) dementia can be caused by high fever, dehydration, vitamin deficiency and poor nutrition, bad reactions to medicines, problems with the thyroid gland, or a minor head injury. Sometimes emotional problems can be mistaken for dementia; struggling with grief or anxiety, for example, leaves some people feeling confused or forgetful.

It is important to see a doctor to confirm a diagnosis of dementia. A diagnosis of dementia will rule out other conditions and allow the person and their family to make plans for their care.

 Distribute the handout *Alzheimer's Disease and Other Dementias*, which describes different types of dementias.



TIP: PRIORITIZE LECTURE TOPICS. Because there is so much information to cover in a short time, and you want to give participants a chance to share their own experiences, you may want to omit sections of the lecture (e.g. stages or types of dementia) and distribute a handout instead. See the *Facilitator's Guide* for more information on timing and training techniques.

**DEMENTIA INVOLVES DECLINE
IN CORE MENTAL FUNCTIONS**

1. Recent Memory
2. Language
3. Visuospatial Function
4. Executive Function



5

Briefly go through the most common types of dementia (below are seven, but you may want to just read the first few and refer participants to the handout for the rest):

- **Alzheimer's disease** – this is the most common form of dementia and accounts for between 50 and 70 per cent of all cases. It is a progressive, deteriorating illness that attacks the brain.
- **Vascular dementia** – this is the second most common type and is associated with problems of circulation of blood to parts of the brain.
- **Dementia with Lewy bodies (DLB)** – abnormal deposits of protein called Lewy bodies develop inside the brain's nerve cells.
- **Parkinson's disease** – this is a progressive disorder that attacks the part of the brain that controls movement. Many people with Parkinson's disease develop dementia in the later stages.
- **Huntington's disease** – this is an inherited, deteriorating brain disease that affects the mind and body.
- **Alcohol related dementia** (Wernicke-Korsadoff syndrome) - this is caused by too much alcohol and a poor diet low in Vitamin B1 (thiamine).
- **AIDS related dementia** – is caused by the HIV virus, but does not affect everyone with HIV-AIDS.

Diagnosing someone's type of dementia is not an easy process because symptoms and behaviors may appear before the brain clearly shows the cause. Doctors look at behaviors to determine which part of the brain is most affected, but not all dementia patients demonstrate the same types of behaviors. As with other diseases, doctors often treat symptoms and behaviors until a cause can be located and addressed.

Sources: Alzheimer's Disease Education and Referral Center (2008), Alzheimer's Association (2008), Better Health Channel (2008), National Senior Corps Association.



TIP: ENCOURAGE FURTHER LEARNING. Consider doing a "Part II" to this session by bringing in an expert on dementia to speak to volunteers and answer their questions. If *you* are an expert, consider allowing participants to stay after the session and ask you questions. Also encourage them to take the handout with "additional resources" and read more about this topic on their own.

WARNING SIGNS OF ALZHEIMER'S DISEASE

- Memory loss
- Difficulty in performing familiar tasks
- Language problems
- Disorientation to time and place
- Poor or decreased judgment
- Problems with abstract thinking
- Misplacing things
- Changes in mood or behavior
- Changes in personality
- Loss of initiative

Source: Alzheimer's Association

6

B. Warning Signs and Stages of Alzheimer's Disease

Show slide 6.

  Distribute the two handouts: *10 Warning Signs of Alzheimer's Disease* and *Stages of Alzheimer's Disease*.

Tell participants you want to focus on Alzheimer's Disease because it is the most common type of dementia, accounting for 50% - 70% of all dementia cases: "Earlier we had mentioned that there is a difference between memory loss as a normal part of aging and memory loss as a symptom of something serious..."

Warning Signs of Alzheimer's Disease

Memory loss in a person with a disease like Alzheimer's is persistent and progressive, not just occasional. That is, they forget more often, and are unable to remember later; they may forget all or part of an event, and words and names of people and things they know. Over time, they lose the ability to follow a story narrative, follow directions, and perform everyday daily living tasks. According to the Alzheimer's Association, the top 10 warnings signs of Alzheimer's disease are:

- **Memory loss** (e.g. forgetting if they have eaten or that they no longer drive)
- **Difficulty in performing familiar tasks** (losing track in the middle of a task and being unable to complete it, such as preparing a meal, balancing a checkbook, turning off a stove, or combing hair)
- **Language problems** (forgetting words or substituting made-up words)
- **Disorientation to time and place** (becoming lost in their own neighborhood, not knowing what day it is)
- **Poor or decreased judgment** (wearing improper clothing, letting strangers in the house)
- **Problems with abstract thinking** (using numbers, maps)
- **Misplacing things** (putting things in inappropriate places, such as placing a pan in the freezer)
- **Changes in mood or behavior** (mood swings, such as crying or anger without apparent reason)
- **Changes in personality** (acting very much out of the ordinary, e.g. suddenly suspicious)
- **Loss of initiative** (sleeping too long; uninterested in activities)

STAGES OF ALZHEIMER'S DISEASE

- Stage 1: No cognitive impairment
- Stage 2: Very mild cognitive decline
- Stage 3: Mild cognitive decline
- Stage 4: Moderate cognitive decline
- Stage 5: Moderately severe cognitive decline
- Stage 6: Severe cognitive decline
- Stage 7: Very severe cognitive decline

Source: Alzheimer's Association

7

Stages of Alzheimer's Disease

Show slide 7.

People with a disease that causes incurable dementia show a progressive decline in functioning ability. The speed of decline varies by individual and depends on the type of disease.

Alzheimer's disease generally starts by nerve cell degeneration. The progression of symptoms begins with the damage of nerve cells involved in learning and memory. The cell damage then spreads to cells that control other aspects of thinking, judgment, and behavior. Eventually cells that control and coordinate movement are damaged. Doctors have identified 7 stages of cognitive decline, organized by no observable symptoms to the most severe symptoms. By cognitive decline, we mean a decreasing ability to think and reason. Doctors know a patient's symptoms based on what they can observe directly, what the patient tells them, and/or what a third person (e.g. family member) tells the doctor.

(Go through the stages below or simply refer participants to the handout and skip to "In Summary" on the next page.)

Stage 1: No cognitive impairment: the person reports no memory problems and none are evident during a medical interview.

Stage 2: Very mild decline: the person feels they are forgetting things they shouldn't forget, but this is not apparent to others in their life.

Stage 3: Mild cognitive decline: the person's symptoms are apparent to others, such as forgetting common words, decreased ability to plan or organize. At this stage, symptoms *might* be measurable during clinical testing.

Stage 4: Moderate cognitive decline: At this stage and beyond, clinical tests would be able to measure problems, such as deficiencies in memory, ability to perform complex tasks and arithmetic.

Stage 5: Moderately severe cognitive decline: the person's symptoms include major gaps in memory and cognitive functioning (e.g. unable to remember details like their address) but they usually retain important knowledge about themselves and don't need help eating or using the toilet.

STAGES OF ALZHEIMER'S DISEASE

- Stage 1: No cognitive impairment
- Stage 2: Very mild cognitive decline
- Stage 3: Mild cognitive decline
- Stage 4: Moderate cognitive decline
- Stage 5: Moderately severe cognitive decline
- Stage 6: Severe cognitive decline
- Stage 7: Very severe cognitive decline

Source: Alzheimer's Association

7

Stage 6: Severe cognitive decline: the person may experience personality changes and worsening memory, may need help getting dressed and using the toilet, may wander and experience problems sleeping and other difficulties.

Stage 7: Very severe cognitive decline: during the final stage of the disease, the person loses ability to speak, walk or control movement, or respond to people around them.

IN SUMMARY:

- Incurable dementia is a progressive decline in a person's functioning.
- There are many causes of dementia – Alzheimer's disease is the most common one.
- While dementia is more common in older people, it is not a normal part of aging.

Sources: Alzheimer's Association (2008), Better Health Channel (2008), National Senior Corps Association.

III. Serving Clients with Dementia

Tell participants you feel the need to take a break and lighten the session a little by having them play a short game.

A. EXERCISE: Matching Game*

The following exercise will help participants empathize with clients suffering from dementia. *Do not explain the purpose of the exercise until afterward.*

YOU WILL NEED: For each group, put 10 small items in a bag. The items should be chosen so that they can be paired in multiple ways; for example, they could be paired by color, size, type of material, purpose, or another way. Each bag should contain the same 10 items. (Example: The 10 items could include: a straw, a plastic lime, one dice, a laminated playing card, a small fish eraser, a pencil, a jack, a rubber ball, a small plastic dog, a small plastic man.)



TIP: PREPARE MATERIALS IN ADVANCE. This exercise takes a little more advance planning. You will need to collect materials and put them into bags ahead of time. Remember to think about how many participants will be at the workshop; divide that number by 3-4 person teams; and put together one bag for each team. For example, if you have 30 participants, you will need 8-10 bags.

Show slide 8.

EXERCISE: MATCHING GAME

Step 1. Split into small groups
(teams of 3-4).

Step 2. Lay the objects from the
bag on the table.

Step 3. Pair the like objects.



INSTRUCTIONS

1. Ask the participants to get into teams of 3 or 4.
2. Give each team one bag of items and ask them to take five minutes to “pair the like objects.” If people want more of an explanation, do not elaborate. The instructions are to “pair the like objects.”
3. As teams attempt to do this, walk around the room and observe. Say things like, “You know the instructions, don’t you? To pair the like objects?” Or “Keep trying. You’ll figure it out.” Or “Not quite, but you’re getting there.” These statements are meant to cause doubt and frustration.
4. After 5 minutes, call time (if they haven’t already given up), and start the debriefing.

DEBRIEF

Large group callout: “What happened?” “What were you feeling?”

People usually assume that there is one correct answer and get tangled up in logic trying to solve it. Participants may tell you things like:

- “I was frustrated because the exercise didn’t make sense.”
- “I didn’t understand how we were supposed to get the answer.”
- “We didn’t feel like we were given enough information.”
- “I didn’t feel like the facilitator was willing to help me.”

Tell participants, “There is no one correct way to pair the objects. Every team completed the exercise correctly no matter how they paired the objects. As long as the pairings made sense to the team, the team did it correctly.”

Large group callout: “What did you learn from this experience that might help you when you visit a client with dementia?”

The group will probably make the connection between the frustration and confusion they felt with the way someone with dementia feels. If that does not come up, explain that the exercise was a way to show them how a person with dementia feels and thinks. Tell participants that:

- Many tasks, no matter how simple they might seem, can quickly become frustrating.
- A person with dementia would not use logic to pair the objects. Dementia is about emotion— not about logic.

It would be natural for the group to start to identify ways to assist clients, given their experience with the exercise. Here are some suggestions:

- Be willing to provide simple instructions and repeat them as necessary with a calm and patient manner.
- Assist the client with tasks that are causing frustration, or create an environment that make the tasks easier (e.g. breaking it down into small steps).

Participants may come up with many good lessons, but the main lesson is: “If your client with dementia is busy and calm and you can provide encouragement instead of frustration, than you can create an environment that supports your client.”

*Thanks to Kathy Nelson for the Matching Game Exercise and her excellent notes.

B. Working with the Client: Communication and Activities

Show slide 9.

SERVING CLIENTS WITH DEMENTIA

The person with dementia...

- Is always right (from his/her point of view).
- Loses the ability to learn and record information.
- Does not need a reality check.
- Cannot control their behaviors.

Tell the participants that, now that they have had a little hands-on experience imagining the client’s feelings, you would like to talk about additional ways to improve interaction with clients. But first, as context, there are a few things they should remember about a person with dementia:

- **The person with dementia is always right (from his/her point of view)**, so reasoning and rationalizing will not help you. The person will not respond. Instead, use simple sentences about what is going to happen, or redirect his/her thoughts if he/she is upset. Remember from the matching game that logic is not helpful.

SERVING CLIENTS WITH DEMENTIA

The person with dementia...

- Is always right (from his/her point of view).
- Loses the ability to learn and record information.
- Does not need a reality check.
- Cannot control their behaviors.

- **The person with dementia loses the ability to learn, and record information and events.** Setting conditions or making agreements (e.g. “If you’re going to make tea, don’t forget to turn off the stove”) will not work because the person will forget them. Instead, try to anticipate the problem and address it if possible (e.g. suggest the caregiver buy a tea kettle with an automatic “off” switch).
- **The person with dementia does not need a reality check.** Do not try to point out that something is not real or remind the person of something painful that they have forgotten and will forget again (e.g. the death of a loved one). Instead, redirect their thoughts; talk about something else or ask the person to tell you about the loved one.
- **The person with dementia cannot control their behaviors.** Physical changes in the brain are driving the person’s behaviors. Their sense of social skills and appropriate behavior are impaired because of these physical changes. They are not willfully “acting out” or making things difficult.

Tell participants you have some tips and suggestions for working with clients with dementia, but first, you would like to know what their experience has taught them, either with clients or other people in their life with dementia.



TIP: INVITE A GUEST SPEAKER. Depending on the time you can allot, participants can gain knowledge and empathy from hearing first-hand about people’s experiences with dementia. Ask a caregiver of someone with dementia, or a person with early dementia, to talk to the group about their experiences, including activities and communication strategies that work and don’t work.



SERVING CLIENTS WITH DEMENTIA: COMMUNICATION

- Use eye contact and face the person.
- Treat the person like an adult.
- Speak in clear, simple language.
- Praise and encourage often.
- Be willing to repeat and rephrase.
- Be a good listener.
- Remember: emotions speak louder than words.
- Be your normal, warm, outgoing self!

10

Large group callout: “What advice do you have for improving communication with someone with dementia? How would you advise someone who is new to this?” (Ask one of the participants to assist by writing suggestions on easel paper.)

After a few minutes, show slide 10 and go over the main points, reinforcing any previous responses from the group.

Communication

Use eye contact and face the person. Get his/her attention by addressing him/her by name and saying who you are and why you are there.

Treat the person like an adult. Even though you will need to simplify what and how you say things, and repeat often, be careful not to let your tone unintentionally slip into condescension or disrespect.

Speak in clear, simple language; use direct short sentences; call people and things by name. Avoid using pronouns – call things by name. When giving directions, give them clearly and one step at a time.

Praise and encourage often. The client will react to your positive manner.

Be willing to repeat and rephrase. If you don’t get a response to a question, simplify it. Sometimes it is best to ask questions that are direct and require a yes/no response rather than open-ended (e.g. “Would you like chicken for lunch?” rather than “What would you like for lunch?”)

Be a good listener. Show with your body language and short affirmations (“yes, I see”) that you are paying attention and interested. Be patient if this is not the first time you’ve heard this; to the client, this is the first time they are telling you. If you don’t understand something, ask the client to point and gesture.

Emotions speak louder than words. Persons with dementia may have a hard time using language, so pay attention to the feelings behind the words.

Be your normal, warm, outgoing self!



Activities

Large group callout: “For those of you with experience caring for people with dementia, what kinds of activities have you tried that worked?”

Note their suggestions on easel paper and mention these points if they did not come up:

- Take the client on outings, if possible. Be sure to involve him/her in planning, and keep him/her informed and safe at all times. *Never leave the client alone.* Sometimes persons with dementia wander off and get lost so you must be alert.
- There may be activities you can do together that will help the client get exercise or maintain functional skills. For example, going for a walk around the neighborhood or gardening is exercise. Asking the client to assist you with tasks (e.g. helping you prepare a meal or clean up) may help him/her maintain functional skills longer.

Show slide 11.

SERVING CLIENTS WITH DEMENTIA: ACTIVITIES

- Focus on enjoyment of the process, not accomplishing something.
- Keep current skills and abilities in mind.
- Watch for signs of agitation; be ready to move on.
- Minimize distractions.
- Break the activity down into small steps.
- Encourage self expression.

11

Tell participants that as they choose activities to do with their clients, they should keep these suggestions in mind:

Focus on enjoyment of the process, not accomplishing something. When the person decides the activity is done, then it is done.

Keep current skills and abilities in mind. Remember, skills and abilities can change quickly; what the person was able to do last week may not be doable this time.

Watch for signs of agitation; be ready to move on to something else. Have another activity in mind; if the client is showing signs of fatigue, switch to something relaxing, like sitting quietly and listening to music.

Minimize distractions. People with dementia often have diminished senses (hearing, seeing, etc.), which adds to the difficulty of focusing on a task.

Break the activity down into small steps to make it easier for the person to manage.

Encourage self-expression. This can be something simple like clapping or singing along to music, or something more complex like painting or storytelling.

Unpredictable or Disturbing Behavior

Show slide 12.

MANAGING DISTURBING BEHAVIOR

1. Distract or redirect.
2. Avoid arguing.
3. Bring the person back to a safe place.
4. Model correct behavior.

12

Let participants know that they should be aware that clients may exhibit disturbing or unpredictable behavior such as dramatic mood swings, wandering away, aggression, hallucinations, etc. If this occurs, volunteers should try to:

Distract or redirect. Distract the client by pointing him/her to other activities, or talk about things he/she enjoys; redirect your client's thoughts to stop the disturbing behavior or forget what originally upset him/her.

Avoid arguing. Remember, this is not a good strategy no matter how good an orator you are. Instead, stay calm and keep a pleasant tone.

Bring the person back to a safe place. If you are on an outing, try to return your client to his/her home without risk to yourself or your client.

Model correct behavior (as usual), which may help your client imitate you and calm down.

Reiterate that, as they work with their clients with dementia, they will need to be patient, calm, reassuring, and creative in their responses. They will need to be observant and alert at all times to ensure the client's safety.

Distribute  *Tips for Assisting Clients with Dementia*, which summarizes some of the points just covered, and includes a few more.

Sources: National Senior Corps Association (special thanks to Kathy Nelson), Alzheimer's Association (2008), National Institute on Aging (2008), Family Caregiver Alliance (2004).



TIP: REVIEW PROGRAM POLICY. Now might be a good time to remind participants about your organization's policy and procedures for volunteer safety. What should a volunteer do in the event a client becomes suddenly aggressive, for example? Provide concrete examples and advice. Remind the volunteers where they can pick up a copy of your program's volunteer manual.

C. Reflection: Preparing for Loss

Show slide 13.

**REFLECTION:
PREPARING FOR LOSS**

Sometimes, when
one person is
missing, the whole
world seems
depopulated.
~Lamartine



13

Tell participants that grief naturally follows a loss-- loss of a loved one, loss of independence and responsibilities, loss of mental and physical capacities, etc.—and they will no doubt see clients dealing with grief. But volunteers may also deal with grief because they may lose the client as a friend as his/her memory disappears, the client is institutionalized, or passes away. It is important for volunteers to recognize that they may experience this loss of a client, and to prepare themselves psychologically.

Grief can manifest itself in many ways: physically, one might experience aches and pains, loss of sleep, or fatigue. Emotionally, there might be depression, guilt, anxiety, or frightening dreams, among others. If the grief is validated, than these manifestations will be seen as normal. Developing good coping skills such as being able to share painful thoughts with a friend, spiritual advisor, or support group, is one way to work through grief. Many people also find certain rituals and ceremonies to be of comfort and to help with the healing process. These might include keeping journal, planting a tree in honor of the person, lighting candles, attending religious services, gathering friends together to remember, or visiting a special place to quietly remember.

 Distribute the handout *Reflection: Preparing Yourself for Loss*. Ask participants to take a few minutes to reflect on ways they cope with grief and how they would advise a friend. If they like, they should jot down notes and share their thoughts with a partner. Otherwise, this activity can be done individually or taken home to think about.

Source: National Senior Corps Association, Caregiver Legacy Services (2006).



TIPS: REMIND THEM OF PROGRAM SUPPORT. What does your program do to support volunteers when they lose a client? Do you give them a partial paid day off? Are there bereavement groups in your community that you recommend to volunteers? This is a good time to remind them they are not alone.

ENCOURAGE SHARING. Encourage participants to share feelings and ideas around this difficult topic of losing a client. Ask participants if they have experienced the loss of a client (including losing a client's friendship to the later stages of dementia); how did they cope and would they share with the group? If people are interested, consider doing a separate session on this topic.

LAST THOUGHTS...

"A friend is someone who knows the song in your heart and can sing it back to you when you have forgotten the words." ~unknown

You are appreciated!



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IV. Closing

Show slide 14.

 Distribute other handouts: *Additional Resources: Understanding Dementia* and the *Training Feedback Survey*.

Tell participants that you would very much appreciate hearing their thoughts via the *Training Feedback Survey*. Let them know their responses are anonymous (no names are required on the surveys), and that the surveys are collected to help improve future training sessions. Make sure to indicate where you would like the completed surveys to be placed.

Leave the group with this quote (unknown source): "A friend is someone who knows the song in your heart and can sing it back to you when you have forgotten the words." There is a Native American tradition where infants are given a song at birth. As they grow, the community is responsible to help them remember who they are by singing the song in times of hardship.

Remind participants that they provide a difficult but extremely valuable service.

Thank everyone for coming.



TIP: END ON A POSITIVE NOTE. Dementia is a frightening and depressing topic; you will need to be creative to end the workshop on a positive note! Remind participants of how important they are in their client's lives. Do you have "thank you" letters from caregivers of former clients? With their permission, share some of the quotes about how much these caregivers appreciated what the volunteers did for their loved ones. Another option might be to read a passage, or listen to the audio, from an inspiring book (e.g. "Still Alice" by Lisa Genova is a fictional account recommended by the Alzheimer's Association).

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Handouts

The following handouts are included in this module:

1. **Alzheimer's Disease and Other Dementias**
2. **10 Warning Signs of Alzheimer's Disease**
3. **Stages of Alzheimer's Disease**
4. **Tips for Assisting Clients with Dementia**
5. **Reflection: Preparing Yourself for Loss**
6. **Additional Resources: Understanding Dementia**
7. **Training Feedback Survey**

*Providing Independent
Living Support:
Understanding Dementia*



Trainer: _____

Date: _____

Alzheimer's Disease and Other Dementias

About dementia

Dementia is a general term for a group of brain disorders. Alzheimer's disease is the most common type of dementia, accounting for 50 to 70 percent of cases. This fact sheet briefly discusses Alzheimer's and some other dementias.

All types of dementia involve mental decline that:

- occurred from a higher level (for example, the person didn't always have a poor memory)
- is severe enough to interfere with usual activities and daily life
- affects more than one of the following four core mental abilities
- recent memory (the ability to learn and recall new information)
- language (the ability to write or speak, or to understand written or spoken words)
- visuospatial function (the ability to understand and use symbols, maps, etc., and the brain's ability to translate visual signals into a correct impression of where objects are in space)
- executive function (the ability to plan, reason, solve problems and focus on a task)

Alzheimer's disease

Although symptoms can vary widely, the first problem many people with Alzheimer's notice is forgetfulness severe enough to affect their work, lifelong hobbies or social life. Other symptoms include confusion, trouble with organizing and expressing thoughts, misplacing things, getting lost in familiar places, and changes in personality and behavior.

These symptoms result from damage to the brain's nerve cells. The disease gradually gets worse as more cells are damaged and destroyed. Scientists do not yet know why brain cells malfunction and die, but two prime suspects are abnormal microscopic structures called plaques and tangles. For more detailed information about Alzheimer's disease, please visit our Web site www.alz.org or contact us at 1.800.272.3900.

Mild cognitive impairment (MCI)

In MCI, a person has problems with memory or one of the other core functions affected by dementia. These problems are severe enough to be noticeable to other people and to show up on tests of mental function, but not serious enough to interfere with daily life. When symptoms do not disrupt daily activities, a person does not meet criteria for being diagnosed with dementia. The best-studied type of MCI involves a memory problem.

Individuals with MCI have an increased risk of developing Alzheimer's disease over the next few years, especially when their main problem involves memory. However, not everyone diagnosed with MCI progresses to Alzheimer's or another kind of dementia.

Vascular dementia (VaD)

Many experts consider vascular dementia the second most common type, after Alzheimer's disease. It occurs when clots block blood flow to parts of the brain, depriving nerve cells of

food and oxygen. If it develops soon after a single major stroke blocks a large blood vessel, it is sometimes called “post-stroke dementia.”

It can also occur when a series of very small strokes, or infarcts, clog tiny blood vessels. Individually, these strokes do not cause major symptoms, but over time their combined effect is damaging. This type used to be called “multi-infarct dementia.”

Symptoms of vascular dementia can vary, depending on the brain regions involved. Forgetfulness may or may not be a prominent symptom, depending on whether memory areas are affected. Other common symptoms include difficulty focusing attention and confusion. Decline may occur in “steps,” where there is a fairly sudden change in function.

People who develop vascular dementia may have a history of heart attacks. High blood pressure or cholesterol, diabetes or other risk factors for heart disease are often present.

Mixed dementia

In mixed dementia, Alzheimer’s disease and vascular dementia occur at the same time. Many experts believe mixed dementia develops more often than was previously realized and that it may become increasingly common as people age. This belief is based on autopsies showing that the brains of up to 45 percent of people with dementia have signs of both Alzheimer’s and vascular disease.

Decline may follow a pattern similar to either Alzheimer’s or vascular dementia or a combination of the two. Some experts recommend suspecting mixed dementia whenever a person has both (1) evidence of cardiovascular disease and (2) dementia symptoms that get worse slowly.

Dementia with Lewy bodies (DLB)

In DLB, abnormal deposits of a protein called alpha-synuclein form inside the brain’s nerve cells. These deposits are called “Lewy bodies” after the scientist who first described them. Lewy bodies have been found in several brain disorders, including dementia with Lewy bodies, Parkinson’s disease and some cases of Alzheimer’s.

Symptoms of DLB include:

- Memory problems, poor judgment, confusion and other symptoms that can overlap with Alzheimer’s disease
- Movement symptoms are also common, including stiffness, shuffling walk, shakiness, lack of facial expression, problems with balance and falls
- Excessive daytime drowsiness
- Visual hallucinations
- Mental symptoms and level of alertness may get better or worse (fluctuate) during the day or from one day to another
- In about 50 percent of cases, DLB is associated with a condition called rapid eye movement (REM) sleep disorder. REM sleep is the stage where people usually dream. During normal REM sleep, body movement is blocked and people do not “act out” their dreams. In REM sleep disorder, movements are not blocked and people act out their dreams, sometimes vividly and violently.

Parkinson's disease (PD)

Parkinson's is another disease involving Lewy bodies. The cells that are damaged and destroyed are chiefly in a brain area important in controlling movement. Symptoms include tremors and shakiness; stiffness; difficulty with walking, muscle control, and balance; lack of facial expression; and impaired speech. Many individuals with Parkinson's develop dementia in later stages of the disease.

Frontotemporal dementia (FTD)

FTD is a rare disorder chiefly affecting the front and sides of the brain. Because these regions often, but not always, shrink, brain imaging can help in diagnosis. There is no specific abnormality found in the brain in FTD. In one type called Pick's disease, there are sometimes (but not always) abnormal microscopic deposits called Pick bodies.

FTD progresses more quickly than Alzheimer's disease and tends to occur at a younger age. The first symptoms often involve changes in personality, judgment, planning and social skills. Individuals may make rude or off-color remarks to family or strangers, or make unwise decisions about finances or personal matters. They may show feelings disconnected from the situation, such as indifference or excessive excitement. They may have an unusually strong urge to eat and gain weight as a result.

Creutzfeldt-Jakob disease (CJD)

Creutzfeldt-Jakob disease (pronounced CROYZ-felt YAH-cob) is a rare, rapidly fatal disorder affecting about 1 in a million people per year worldwide. It usually affects individuals older than 60. CJD is one of the prion (PREE-awn) diseases. These disorders occur when prion protein, a protein normally present in the brain, begins to fold into an abnormal three-dimensional shape. This shape gradually triggers the protein throughout the brain to fold into the same abnormal shape, leading to increasing damage and destruction of brain cells.

Recently, "variant Creutzfeldt-Jakob disease" (vCJD) was identified as the human disorder believed to be caused by eating meat from cattle affected by "mad cow disease." It tends to occur in much younger individuals, in some cases as early as their teens.

The first symptoms of CJD may involve impairment in memory, thinking and reasoning or changes in personality and behavior. Depression or agitation also tend to occur early. Problems with movement may be present from the beginning or appear shortly after the other symptoms. CJD progresses rapidly and is usually fatal within a year.

Normal pressure hydrocephalus (NPH)

Normal pressure hydrocephalus (high-droh-CEFF-a-luss) is another rare disorder in which fluid surrounding the brain and spinal cord is unable to drain normally. The fluid builds up, enlarging the ventricles (fluid-filled chambers) inside the brain. As the chambers expand, they can compress and damage nearby tissue. "Normal pressure" refers to the fact that the spinal fluid pressure often, although not always, falls within the normal range on a spinal tap.

The three chief symptoms of NPH are (1) difficulty walking, (2) loss of bladder control and (3) mental decline, usually involving an overall slowing in understanding and reacting to

information. A person's responses are delayed, but they tend to be accurate and appropriate to the situation when they finally come.

NPH can occasionally be treated by surgically inserting a long thin tube called a shunt to drain fluid from the brain to the abdomen. Certain television broadcasts and commercials have portrayed NPH as a highly treatable condition that is often misdiagnosed as Alzheimer's or Parkinson's disease. However, most experts believe it is unlikely that significant numbers of people diagnosed with Alzheimer's or Parkinson's actually have NPH that could be corrected with surgery. NPH is rare, and it looks different from Alzheimer's or Parkinson's to a physician with experience in assessing brain disorders. When shunting surgery is successful, it tends to help more with walking and bladder control than with mental decline.

Huntington's disease (HD)

HD is a fatal brain disorder caused by inherited changes in a single gene. These changes lead to destruction of nerve cells in certain brain regions. Anyone with a parent with Huntington's has a 50 percent chance of inheriting the gene, and everyone who inherits it will eventually develop the disorder. In about 1 to 3 percent of cases, no history of the disease can be found in other family members. The age when symptoms develop and the rate of progression vary.

Symptoms of Huntington's disease include twitches, spasms, and other involuntary movements; problems with balance and coordination; personality changes; and trouble with memory, concentration or making decisions.

Wernicke-Korsakoff syndrome

Wernicke-Korsakoff syndrome is a two-stage disorder caused by a deficiency of thiamine (vitamin B-1). Thiamine helps brain cells produce energy from sugar. When levels of the vitamin fall too low, cells are unable to generate enough energy to function properly. Wernicke encephalopathy is the first, acute phase, and Korsakoff psychosis is the long-lasting, chronic stage.

The most common cause is alcoholism. Symptoms of Wernicke-Korsakoff syndrome include:

- confusion, permanent gaps in memory and problems with learning new information
- individuals may have a tendency to "confabulate," or make up information they can't remember
- unsteadiness, weakness and lack of coordination

If the condition is caught early and drinking stops, treatment with high-dose thiamine may reverse some, but usually not all, of the damage. In later stages, damage is more severe and does not respond to treatment.

The Alzheimer's Association is the leading voluntary health organization in Alzheimer care, support and research.

Updated September 2006

10 warning signs of Alzheimer's disease®

Memory loss that disrupts everyday life is not a normal part of aging. It is a symptom of dementia, a gradual and progressive decline in memory, thinking and reasoning skills. The most common cause of dementia is Alzheimer's disease, a disorder that results in the loss of brain cells.

The Alzheimer's Association, the world leader in Alzheimer research and support, has developed a checklist of common symptoms to help recognize the warning signs of Alzheimer's disease.

- 1 Memory loss
- 2 Difficulty performing familiar tasks
- 3 Problems with language
- 4 Disorientation to time and place
- 5 Poor or decreased judgment
- 6 Problems with abstract thinking
- 7 Misplacing things
- 8 Changes in mood or behavior
- 9 Changes in personality
- 10 Loss of initiative

[Learn more](#) ▷

10 warning signs What's considered normal and what's not

1 Memory loss

Forgetting recently learned information is one of the most common early signs of dementia. A person begins to forget more often and is unable to recall the information later.

What's normal? Forgetting names or appointments occasionally

2 Difficulty performing familiar tasks

People with dementia often find it hard to plan or complete everyday tasks. Individuals may lose track of the steps to prepare a meal, place a telephone call or play a game.

What's normal? Occasionally forgetting why you came into a room or what you planned to say

3 Problems with language

People with Alzheimer's disease often forget simple words or substitute unusual words, making their speech or writing hard to understand. They may be unable to find the toothbrush, for example, and instead ask for "that thing for my mouth."

What's normal? Sometimes having trouble finding the right word

4 Disorientation to time and place

People with Alzheimer's disease can become lost in their own neighborhoods, forget where they are and how they got there, and not know how to get back home.

What's normal? Forgetting the day of the week or where you were going

5 Poor or decreased judgment

Those with Alzheimer's may dress inappropriately, wearing several layers on a warm day or little clothing in the cold. They may show poor judgment about money, like giving away large sums to telemarketers.

What's normal? Making a questionable or debatable decision from time to time

6 Problems with abstract thinking

Someone with Alzheimer's disease may have unusual difficulty performing complex mental tasks, like forgetting what numbers are and how they should be used.

What's normal? Finding it challenging to balance a checkbook

7 Misplacing things

A person with Alzheimer's disease may put things in unusual places: an iron in the freezer or a wristwatch in the sugar bowl.

What's normal? Misplacing keys or a wallet temporarily

8 Changes in mood or behavior

Someone with Alzheimer's disease may show rapid mood swings – from calm to tears to anger – for no apparent reason.

What's normal? Occasionally feeling sad or moody

9 Changes in personality

The personalities of people with dementia can change dramatically. They may become extremely confused, suspicious, fearful or dependent on a family member.

What's normal? People's personalities do change somewhat with age

10 Loss of initiative

A person with Alzheimer's disease may become very passive, sitting in front of the TV for hours, sleeping more than usual or not wanting to do usual activities.

What's normal? Sometimes feeling weary of work or social obligations

Get the best health care for memory loss by
"Partnering With Your Doctor."
Contact the Alzheimer's Association
for information about this educational workshop.

**Why can't I remember her name?
Is memory loss a normal part of aging?**

Everyone forgets a name or misplaces keys occasionally. Many healthy people are less able to remember certain kinds of information as they get older.

The symptoms of Alzheimer's disease are much more severe than such simple memory lapses. Alzheimer symptoms progress, affecting communication, learning, thinking and reasoning. Eventually they have an impact on a person's work and social life.

What's the difference?

Someone with Alzheimer symptoms	Someone with normal age-related memory changes
Forgets entire experiences	Forgets part of an experience
Rarely remembers later	Often remembers later
Is gradually unable to follow written/spoken directions	Is usually able to follow written/spoken directions
Is gradually unable to use notes as reminders	Is usually able to use notes as reminders
Is gradually unable to care for self	Is usually able to care for self

If you or someone you know is experiencing these symptoms, consult a physician today. Early and accurate diagnosis of Alzheimer's disease or other dementias is an important step to getting the right treatment, care and support.

For reliable information and support,
contact the Alzheimer's Association:

1.800.272.3900

www.alz.org

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Stages of Alzheimer's Disease

Experts have documented common patterns of symptom progression that occur in many individuals with Alzheimer's disease and developed several methods of "staging" based on these patterns. Progression of symptoms corresponds in a general way to the underlying nerve cell degeneration that takes place in Alzheimer's disease.

Nerve cell damage typically begins with cells involved in learning and memory and gradually spreads to cells that control other aspects of thinking, judgment and behavior. The damage eventually affects cells that control and coordinate movement.

Staging systems provide useful frames of reference for understanding how the disease may unfold and for making future plans. But it is important to note that all stages are artificial benchmarks in a continuous process that can vary greatly from one person to another. Not everyone will experience every symptom and symptoms may occur at different times in different individuals. People with Alzheimer's die an average of four to six years after diagnosis, but the duration of the disease can vary from three to 20 years.

The framework for this fact sheet is a system that outlines key symptoms characterizing seven stages ranging from unimpaired function to very severe cognitive decline. This framework is based on a system developed by Barry Reisberg, M.D., Clinical Director of the New York University School of Medicine's Silberstein Aging and Dementia Research Center.

Within this framework, we have noted which stages correspond to the widely used concepts of mild, moderate, moderately severe and severe Alzheimer's disease. We have also noted which stages fall within the more general divisions of early-stage, mid-stage and late-stage categories.

Stage 1: No cognitive impairment

Unimpaired individuals experience no memory problems and none are evident to a health care professional during a medical interview.

Stage 2: Very mild decline

Individuals at this stage feel as if they have memory lapses, forgetting familiar words or names or the location of keys, eyeglasses or other everyday objects. But these problems are not evident during a medical examination or apparent to friends, family or co-workers.

Stage 3: Mild cognitive decline

Early-stage Alzheimer's can be diagnosed in some, but not all, individuals with these symptoms

Friends, family or co-workers begin to notice deficiencies. Problems with memory or concentration may be measurable in clinical testing or discernible during a detailed medical interview. Common difficulties include:

- Word- or name-finding problems noticeable to family or close associates
- Decreased ability to remember names when introduced to new people

- Performance issues in social and work settings noticeable to others
- Reading a passage and retaining little material
- Losing or misplacing a valuable object
- Decline in ability to plan or organize

Stage 4: Moderate cognitive decline
(Mild or early-stage Alzheimer's disease)

At this stage, a careful medical interview detects clear-cut deficiencies in the following areas:

- Decreased knowledge of recent events
- Impaired ability to perform challenging mental arithmetic. For example, to count backward from 100 by 7s
- Decreased capacity to perform complex tasks, such as marketing, planning dinner for guests, or paying bills and managing finances
- Reduced memory of personal history
- The affected individual may seem subdued and withdrawn, especially in socially or mentally challenging situations

Stage 5: Moderately severe cognitive decline
(Moderate or mid-stage Alzheimer's disease)

Major gaps in memory and deficits in cognitive function emerge. Some assistance with day-to-day activities becomes essential. At this stage, individuals may:

- Be unable during a medical interview to recall such important details as their current address, their telephone number, or the name of the college or high school from which they graduated
- Become confused about where they are or about the date, day of the week or season
- Have trouble with less challenging mental arithmetic; for example, counting backward from 40 by 4s or from 20 by 2s
- Need help choosing proper clothing for the season or the occasion
- Usually retain substantial knowledge about themselves and know their own name and the names of their spouse or children
- Usually require no assistance with eating or using the toilet

Stage 6: Severe cognitive decline
(Moderately severe or mid-stage Alzheimer's disease)

Memory difficulties continue to worsen, significant personality changes may emerge, and affected individuals need extensive help with daily activities. At this stage, individuals may:

- Lose most awareness of recent experiences and events as well as of their surroundings
- Recollect their personal history imperfectly, although they generally recall their own name
- Occasionally forget the name of their spouse or primary caregiver but generally can distinguish familiar from unfamiliar faces
- Need help getting dressed properly; without supervision, may make such errors as putting pajamas over daytime clothes or shoes on wrong feet

- Experience disruption of their normal sleep/waking cycle
- Need help with handling details of toileting (flushing toilet, wiping and disposing of tissue properly)
- Have increasing episodes of urinary or fecal incontinence
- Experience significant personality changes and behavioral symptoms, including suspiciousness and delusions (for example, believing that their caregiver is an impostor); hallucinations (seeing or hearing things that are not really there); or compulsive, repetitive behaviors such as hand-wringing or tissue shredding
- Tend to wander and become lost

Stage 7: Very severe cognitive decline

(Severe or late-stage Alzheimer's disease)

This is the final stage of the disease when individuals lose the ability to respond to their environment, the ability to speak, and, ultimately, the ability to control movement.

- Frequently individuals lose their capacity for recognizable speech, although words or phrases may occasionally be uttered
- Individuals need help with eating and toileting and there is general incontinence
- Individuals lose the ability to walk without assistance, then the ability to sit without support, the ability to smile, and the ability to hold their head up. Reflexes become abnormal and muscles grow rigid. Swallowing is impaired.

The Alzheimer's Association is the leading voluntary health organization in Alzheimer care, support and research.

Updated October 2003

Tips for Assisting Clients with Dementia

Following are suggestions for how you might assist your client with dementia while ensuring he/she is safe. We offer tips for communicating with your client, choosing activities (including taking your client on an outing), and managing disturbing or unpredictable behavior such as hallucinations and wandering.



Communicating with your Client

1. To get your client's attention without startling him/her, gently place a hand on the shoulder to indicate someone is there. Call your client by name, and remind him/her who you are and why you are there. If your client doesn't recognize you every time, remember not to take it personally.
2. Use eye contact and face the client.
3. Use simple words, but avoid talking down to your client; speak on a normal adult level, but speak clearly and not too fast. Use specific words and names rather than pronouns.
4. If you give directions, be clear and concise; explain one step at a time. Praise and encourage him/her with your words and body language.
5. Smile often, and listen patiently without trying to correct what your client says, even if it is not reality. Know when to let go of the desire to reason with him/her. If the client thinks one thing and you know differently, arguing about it is not going to change his/her mind. Agreeing with the client is often the best thing to do.
6. Be a good listener and pay attention to your client. Discuss familiar subjects with your client. Refrain from discussing controversial or depressing subjects, and please do not burden your clients with your own problems.
7. Ask one question at a time and wait patiently for a response. If you don't get one, wait a moment and ask again. Try rephrasing your question.
8. Try not to get frustrated when hearing the same thing over and over. To the client, this is the first time they have told you. If your client is unable to think of a word, gently give him/her a hint and say that you forget, too. If your client loses train of thought, repeat the last thing said to help get him/her back on track. If the client forgets your name, gently work it into the conversation and why you are there. Be patient when you have to repeat yourself.
9. Sometimes people with dementia substitute real words with invented or inappropriate words. If you don't understand what your client is trying to tell you, ask him/her to point and show you.
10. Focus on the emotions the client is expressing rather than the words he/she is saying. Validate his/her feelings with your own words and body language. This will help your client trust you and reduce his/her anxiety.
11. Be your normal understanding, warm, and outgoing self!

Remember to keep your client visits confidential; do not share outside of the program's environment!

Choosing an Activity

1. When choosing an activity, keep the person's current skills and abilities in mind (i.e. be aware of changing mental and physical limitations). Be ready to drop the activity and move on to something else if your client is not enjoying it. Watch for signs of agitation.
2. Help your client get started on an activity. Minimize distractions so he/she can focus. Break the activity down into small steps, praising your client for steps accomplished and gently helping with difficult parts.
3. Encourage self-expression; try activities that involve art, music, and storytelling. For example, put on familiar music and reminisce over photographs, or help your client work on a painting by setting up all the tools needed and talking about what they are painting.
4. Focus on enjoyment of the process, not achieving a result. Allow your client as much independence as is safely possible. When your client decides he/she has finished the activity, then it is done.
5. Help your client maintain functional skills and feel needed by having them assist with daily tasks. For instance, at mealtimes, encourage him/her to help prepare the food, set the table, and wash dishes.
6. Help your client get exercise (if health permits) by taking a walk outside or doing something else the person enjoys (e.g. gardening). Exercise during the day helps people sleep better at night.

Take your client on outings, if you can. Go to places that are familiar, and avoid places that are crowded and hectic.

- Involve your client in planning the outing. Decide together when you will go, where you will go, and how you will get there. For example, you can offer to assist with any tasks involving errands, shopping etc, but let your client choose where to shop. If he/she uses medical equipment, be sure you know how it works before you go out.
- Keep your client well-informed (*We're getting into the car to go to.....we're getting out of the car to go to...*). Don't rush. If necessary, help him/her to get ready for the outing. Assist your client side-by-side and door-to-door.
- Make sure your client is safe and help him/her feel comfortable the whole time. *Never leave the client alone*. Offer an arm if necessary to give him/her stability and security. Sit next to him/her and explain what is going on.

Managing disturbing behavior

Your client may exhibit disturbing behavior such as hallucinating, becoming suddenly emotional for no reason that is apparent, insisting something is true that isn't, or wandering away. Prepare yourself for this possibility. Keep in mind that difficult behavior might be the result of an unmet need; because verbal communication is difficult for people with dementia, the need may be expressed in other ways (e.g. aggression, agitation, anxiety, wandering, etc.).

Always remember it is the disease that is causing this behavior; your client is not acting that way on purpose. In general:

- Through communication with the client, bring him/her back to a safe place (mentally and physically) if possible. If you are on an outing, try to return your client to his/her home without risk to yourself or your client. Distract the client by pointing him/her to other activities, or talk about things he/she enjoys; redirect your client's thoughts to stop the disturbing behavior or forget what originally upset him/her.
- It may be necessary to speak firmly but gently to the client concerning the inappropriate behavior, as you model correct behavior. Don't be afraid to correct the client and explain why the behavior is not appropriate; however, do not argue or become upset, as your client may respond in the same way. Address the situation in a calm manner.

Hallucinations and delusions can be frightening for both you and your client, and are not uncommon during later stages of dementia. Hallucinations occur when the person sees, hears, smells, tastes, or feels something that is not there. Delusions occur when the person believes something that is not true and cannot be convinced otherwise. If this happens while you are with your client, the National Institute on Aging recommends:

1. Avoid arguing about what he/she believes is happening. Instead, try to respond to the feelings he/she is expressing, and provide reassurance and comfort.
2. Try to distract your client to another topic or activity. Sometimes simply moving to another room is enough.
3. The client may not be able to distinguish what he/she is watching on television from reality. Try to be aware of the kinds of things that upset your client and do not watch shows/movies that might trigger these emotions.
4. Make sure you and your client are safe, and that your client does not have access to anything he/she could use to harm anyone.

Wandering is another frightening possibility; thus, you should never leave your client alone. The National Institute on Aging recommends that caregivers enroll the person in the Alzheimer's Association Safe Return program and notify neighbors and local authorities in advance if the person has a tendency to wander. You may wish to keep a recent photograph of your client in case he/she becomes lost.

LAST SAFETY NOTE: Be aware that dementia can impair your client's five senses: seeing, hearing, tasting, feeling, and smelling. This means your client may not be able to smell or taste spoiled food; gauge the temperature of water or food before touching/eating it; distinguish outside noises from inside, or voices on the radio from a person in the house; notice a small pet laying in the hallway or see the edges of steps; or protect him/herself from countless other potential hazards. Your careful observance, sensitivity, and quick thinking can make all the difference!

Sources: National Senior Corps Association (NSCA): www.nscatogether.org. Alzheimer's Association: www.alz.org; National Institute on Aging. www.nia.nih.gov

Reflection: Preparing Yourself for Loss



If you suppress grief too much, it can well redouble. ~Moliere

Take a few minutes to reflect on the friendship you share with your client (if applicable). Jot down some notes and if you care to, share your thoughts with a partner.

Some people who have lost someone find comfort in activities like planting a tree, lighting candles, attending spiritual ceremonies, or writing a letter to the person. Do you have a favorite ritual or ceremony to help you cope with a loss? If yes, what is it?

What advice would you give a friend who has recently lost someone special to help them cope?

Are you or someone you know having difficulty coping with a loss? Don't suffer alone. Ask your supervisor if he/she can refer you to bereavement counseling or support groups. Local hospitals, hospices, and area agencies on aging may also be able to refer you to helpful resources.

Additional Resources: Understanding Dementia

Are you interested in learning more about the topics covered in this workshop? You may find the following online resources helpful. References consulted for this module are also included in this handout.

The **Alzheimer's Association** is a leading voluntary health organization in Alzheimer care, support and research. This website contains a wealth of accessible information including explanations of what is known about Alzheimer's disease and the current research; resources available for caregivers; and an online platform that allows people in the early stages to share their experiences: <http://www.alz.org/index.asp>.

The **Eldercare Locator** is a national toll-free directory assistance service provided by the U.S. Administration on Aging. Eldercare Locator helps people locate aging services in every community throughout the U.S. Call 1-800-677-1116 or visit their website: <http://www.eldercare.gov>.

Family Caregiving 101 is sponsored by The National Family Caregivers Association (NFCA) and the National Alliance for Caregiving (NAC). This website is designed to provide caregivers with the basic tools, skills and information they need to protect their own physical and mental health while they provide care for a loved one: www.familycaregiving101.org/.

The **Mayo Clinic** website provides health information on a range of topics, including Alzheimer's disease, dementia, and caregiving, as well as other senior health care and wellness issues: <http://www.mayoclinic.com/>.

TimeSlips Project, developed by the Center on Age and Community at the University of Wisconsin, Milwaukee, is a creative storytelling method for people with dementia and their caregivers. The method is based on "shifting the emphasis from memory or factual reminiscence to opening and validating the imagination." Training materials are available for purchase, but just browsing the website may inspire ideas for creative activities with your client. <http://www.timeslips.org/>.

Your Home – Caring for those with Alzheimer's Disease is a website developed by nationally recognized experts on Alzheimer's disease and caregiving. The website is available in English and Spanish, audio or written text, and provides basic information on symptoms, visits to the doctor, stages of the disease, dealing with behaviors, planning for the future, and caring for the caregivers: <http://www.positiveaging.org/alz/>.

In addition, the following three resources were recommended by the National Senior Corps Association:

- Book: "The Family on Beartown Road: A Memoir of Love and Courage" by Elizabeth Cohen. Publisher: Random House Trade Paperbacks (2004).
- Website: Naomi Feil's validation theory website <http://www.vfvalidation.org/> for information on communicating with people with dementia.
- Video: "Complaints of a Dutiful Daughter" (1994) and others available through the Alzheimer's Association: <http://www.alz.org/index.asp>.

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Training Feedback Survey

Please help us improve our training sessions by providing feedback on the training you attended. Thank you!

Training/Session Name: _____ Date: _____

Lead Facilitator: _____

Program you serve with: SCP RSVP Other: _____

Please rate this session using the following scale:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
1. The subject matter was presented effectively.					
2. The facilitator was knowledgeable.					
3. The facilitator responded to questions.					
4. There were enough opportunities for discussion.					
5. The written materials are useful.					
6. The session met my expectations.					
7. As a result of this training, I gained new knowledge applicable to my volunteer assignment.					
8. I plan to apply what I learned at this session.					

9. What did you like best about this session?

10. What would have improved this session?

Thank You! Your feedback will help us to improve our training!

Providing Independent Living Support: Training for Senior Corps Volunteers

Module 6

Paying Attention to Body Language

*Providing Independent
Living Support:
**Paying Attention to Body
Language***



Trainer: _____

Date: _____

PROVIDING INDEPENDENT LIVING SUPPORT: TRAINING FOR SENIOR CORPS VOLUNTEERS

Module 6: Paying Attention to Body Language

Introduction

Body language, or nonverbal communication, is body movement, facial gestures, and vocal nuances that further communication through expression. This can range from subtle movements of the eyebrows to the obvious changes in facial expressions or body stances. This 60-75-minute session will describe nonverbal communication and its function and offer tips for volunteers to better respond to nonverbal communication when assisting clients. In addition to a short lecture, the session includes a brief warm-up exercise, a more extensive small group exercise, and a reflection activity.

Objectives

By the end of the session, participants will:

- Improve their understanding of nonverbal expressions used in communication.
- Increase awareness of the messages they may be sending through their own body language.
- Learn tips and strategies for reading and responding to the body language of clients.

Visual Aids (PowerPoint) and Facilitator's Notes

If you are using the PowerPoint slides included with this curriculum, Facilitator's Notes are provided under each slide (to see them, select "View...Notes Page" from PowerPoint's main menu). These notes provide the same information as the Facilitator's Notes included in this document, however, they are not as detailed; the PowerPoint Facilitator's Notes are primarily main points for the presenter.

If you do *not* use the PowerPoint slides, we suggest you create other visual aids such as handouts or transparencies, or copy the information on easel paper and post it for participants. Duplicating the information on slide 4 (warm-up instructions) and slide 8 (exercise instructions) will be the most helpful.



Handouts

The handouts for this session follow the facilitator's notes and instructions. Handouts 1-3 should be distributed during the session; this symbol in the Facilitator's Notes will cue you as to when: 📄. Handouts 4-6 can be distributed at the end of the session.

1. What Are You Saying? (optional)
2. Exercise Worksheet: Critique
3. Reflection: Using Increased Awareness to Assist Clients
4. Body Language Cues: Tips for Assisting Clients
5. Additional Resources: Paying Attention to Body Language
6. Training Feedback Survey

Session Outline

Discussion Topic	Estimated Time	Method/Activity	Slide Numbers
I. Welcome and Introduction	20 min.		1
A. Learning Objectives	2	Lecture	2
B. The Essence of Communication	3	Lecture	3
C. Warm up: 60-Second Autobiography	15	Pairs Large group discussion	4
II. Basics of Nonverbal Communication (“Body Language”)	10 min.		
A. Types of Nonverbal Communication  <i>What Are You Saying!?</i> (Optional)	5	Lecture	5
B. Functions of Nonverbal Communication	5	Lecture	6
III. Enhancing Awareness	40 min.		
A. Importance of Awareness	5	Large group discussion	7
B. Exercise: Critiquing Body Language  <i>Exercise Worksheet: Critique</i>	25	Small group (3-4) exercise Debrief, large group discussion	8
C. Reflection: Using Enhanced Awareness in Service  <i>Reflection: Using Increased Awareness to Assist Clients</i>	10	Individuals, pairs	9
IV. Closing	5 min.		
Last Thoughts  <i>Body Language Cues: Tips for Assisting Clients</i>  <i>Additional Resources: Paying Attention to Body Language</i>  <i>Training Feedback Survey</i>		Feedback	10

Facilitator's Notes and Instructions



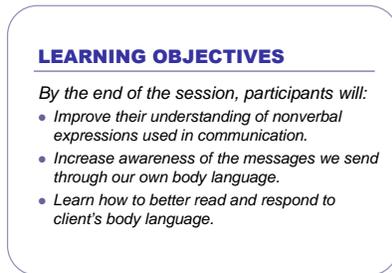
I. Welcome and Introduction

Show slide 1 – the title slide.

Explain the purpose of this training session: Body language, or nonverbal communication, is the use of body movements, facial gestures, and vocal nuances used as expression. This can range from subtle movements of the eyebrows to obvious changes in facial expressions or body stance. This session will describe nonverbal communication and its function, and offer tips for volunteers to better respond to this type of communication when assisting clients.

A. Learning Objectives

Show slide 2.



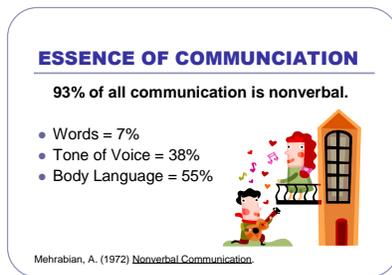
Read the learning objectives to the group. By the end of the session participants will:

- Improve their understanding of nonverbal expressions used in communication.
- Increase awareness of the messages we send through our own body language.
- Learn tips and strategies for reading and responding to client's body language.

Tell participants you will be distributing additional information and resources on this subject at the end of the session.

B. The Essence of Communication

Show slide 3.



There are basically three elements in face-to-face communication: our words, our tone of voice, and our body language. Nonverbal communication expresses – and sometimes betrays -- our feelings and attitudes. If words and body language are incongruent (i.e. seem to be sending different messages), then people tend to believe the body language over the words we are speaking.

Research shows that when people are talking about their feelings or attitudes, 7% of communication is the words, 38% is the tone of voice, and 55% is body language.

Source: Mehrabian (1972)

C. WARM UP: Your 60-Second Autobiography

The purpose of this activity is to raise awareness about the degree to which we all use nonverbal cues in communication, intentionally and unintentionally. While this short warm-up activity will also help participants get acquainted, they should not share particular details or stories from their partner with the large group.



YOU WILL NEED: A watch or clock with a second hand, easel paper and a marker. You may also want to ask a participant (or co-facilitator) to help you write main points on the easel paper during debrief.

Show slide 4.

WARM UP: 60-SECOND AUTOBIOGRAPHY



1. Find a partner (someone you haven't met yet, if possible)
2. One person is the Speaker; the other person is the Listener.
3. Speaker: tell your life story... in 60 seconds. Listener: just listen – don't ask questions.
4. After 60 seconds, change roles and do it again.

INSTRUCTIONS:

1. Ask participants to pair up with someone they haven't met yet (ideally), or don't know very well. Each pair should choose one person to be the speaker and one person to be the listener. Both people will get a chance to participate in both roles. (Note: This should not be used in the place of introductions.)
2. Once pairs have chosen who will speak first, ask the speakers to share their entire life story with their partners...in 60 seconds. Instruct the group that the listeners must listen as intently as possible, without talking (e.g. no questions or comments during the 60 seconds). Note: People may think this activity is some kind of test and, if so, may interfere with their attentiveness to the 60-second autobiography. Acknowledge this tendency with your group and tell participants that this is a simple warm-up activity – not some kind of test.
3. After 60 seconds, call time and have the pairs switch roles: the speakers become listeners and vice versa.
4. After another 60 seconds, call time and ask everyone to come together for a discussion.



TIP: ADDRESS TRAINING EXPECTATIONS. Consider putting packets of "Post it's" out on tables and asking participants to jot down any questions they have about nonverbal communication. Post the notes on an easel and review them later, while participants are involved in the exercise. Try to address these questions during the session or immediately afterward.



DEBRIEF

Go around the room to each pair, or pose the questions to the group as a whole, to start the discussion. Use the easel paper to jot down the nonverbal cues that participants noticed, both as a speaker and as a listener. Below is an example of how you might do this.* The following questions can help you start the discussion.

- “When you were the speaker, was your partner listening to you? How did you know?”
(Jot down the nonverbal cues they noticed on easel paper titled “Listener”, such as nodding, smiling, or leaning in. Sometimes people even “mirror” the other person by crossing the same leg, for example.)
- “When you were the listener, what type of nonverbal cues did you notice from your partner as he/she was speaking? What do you think those cues meant? How did you interpret them?”
(Jot down the nonverbal cues they noticed on easel paper titled “Speaker”. For example, the speaker might show discomfort at not knowing what to say or having extra time by looking around the room, fidgeting, giggling, biting lips when thinking, etc.)

After this discussion, ask participants to keep in mind: “How might this experience of paying attention to the nonverbal cues help when working with clients?”

*Example:

List of Listener’s Nonverbal Cues

<u>Listener’s non - verbal cues</u>	<u>How did you interpret?</u>
<i>Smiling</i>	<i>Interest, enjoyment</i>
<i>Good eye contact, nodding</i>	<i>Interest, concern</i>
<i>Looking around the room, poor eye contact</i>	<i>Not interested, bored or uncomfortable</i>

List of Speaker’s Nonverbal Cues

<u>Speaker’s nonverbal cues</u>	<u>How did you interpret?</u>
<i>Fidgeting, squirming in chair, looking around the room</i>	<i>Uncomfortable, unsure</i>
<i>Good eye contact</i>	<i>Serious, desire to engage listener</i>
<i>Smiling, laughing, animated, eyes wide</i>	<i>Enjoyment, happy, good mood</i>

II. Basics of Nonverbal Communication (“Body Language”)

A. Types of Nonverbal Communication

Show slide 5.

NONVERBAL COMMUNICATION

- Eye contact
- Facial expressions
- Gestures
- Posture
- Proximity
- Paralanguage (vocal tone, pitch, rhythm, timbre, loudness, and inflection)



5

We depend heavily on nonverbal communication, or body language, in our daily lives. Research shows that we typically spend about 70% of our waking time in the presence of others but communicate verbally for only a fraction of that time (individuals speak for only 10 to 11 minutes a day, each utterance taking about 2.5 seconds). This underscores the reliance we place on nonverbal communication to express ourselves and to interpret the unspoken cues of others.

Keep in mind that body language can be interpreted differently. How we interpret body language (gestures, eye contact, and proximity) depends on our context: the culture we are living in and our cultural background, the relationship we have to the person, and the circumstances (e.g. the physical and social environment where the communication takes place). The best advice is to be careful about interpreting body language; be cautious until you know the person well enough to understand their preferences and needs.

This is what is meant by body language and some of the ways it expresses attitudes and feelings:

- **Eye contact.** Strong eye contact may indicate interest, concern, warmth, and credibility, or anger and suspicion. Fltering eye contact may indicate respect, fear, or disinterest.
- **Facial expressions.** Smiling may indicate happiness, friendliness, affiliation, or deference. Wincing may indicate fear or distaste. Frowning may indicate seriousness, disapproval, or fear.
- **Gesture** (a non-vocal body movement used to express meaning): Waving hands may indicate trying to get someone’s attention or expressing shock. Pointing at someone may show disrespect or emphasis. Gesturing with the fist or fingers may indicate anger.

NONVERBAL COMMUNICATION

- Eye contact
- Facial expressions
- Gestures
- Posture
- Proximity
- Paralanguage (vocal tone, pitch, rhythm, timbre, loudness, and inflection)



- **Posture and body orientation:** Standing or sitting erect and leaning slightly forward may indicate interest. This posture may also make the person look more approachable. Slouching, hands in pockets, and looking at the floor may show lack of confidence, hesitancy, or self-consciousness, or it may be a deliberate pose to convey apathy (e.g. a teenager's posture).
- **Proximity:** Cultural norms dictate a comfortable distance for interaction (i.e. how close together people typically stand or sit). Status, age, gender also affect norms for appropriate proximity. Both cultural norms and personal preference influence how much touching and physical affection people like.
- **Paralanguage:** This is the vocal tone, pitch, rhythm, timbre, loudness, and inflection. A high loud voice might indicate the person is upset, surprised, or happy; a low soft voice might indicate calm or discretion. Paralanguage can change the meaning of words (note how a vocal tone can be used to indicate sarcasm, for example).
Again, cultural norms are important here. In some cultures a loud voice indicates authority and confidence; in others, the person speaking would be considered rude or lacking self-control.

Source: Knapp & Hall (2006)

Optional: If participants seem interested in how different cultures use nonverbal communication, distribute the handout *What are you Saying* that they can complete another time. This handout is a fun quiz that might inspire some participants to research cultural differences on their own.



TIP: SHARE A STORY. Share a personal experience (or ask the group to share) of a time that you were misunderstood, or misunderstood someone else's nonverbal communication, because of cultural differences (e.g. a gesture). This could be a funny story, but a disastrous or embarrassing experience can also bring the point home in a memorable way!

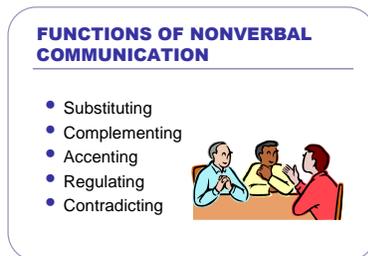
KEEP THE CONVERSATION GOING. Consider doing an additional workshop on cultural sensitivity in general, or education/awareness of particular communities in your service area. You may be able to partner with a community organization in your area that promotes international, multicultural, and intergenerational understanding.

B. Functions of Nonverbal Communication

Nonverbal communication is used:

- To express emotions and attitudes (e.g. smiling, eye contact, posture)
- To express personality through self expression (e.g. clothing, posture)
- For rituals, such as greeting a person (e.g. shaking hands, kissing on the cheeks, bowing slightly)
- To cue interaction during verbal communication (e.g. facial expressions, accompanying hand gestures)

Show slide 6.



There are five primary ways we use nonverbal messages to support, or replace, verbal messages when we communicate. (Note it is not necessary to memorize these categories; this is just background information to help participants increase awareness of how we communicate, often without consciously realizing it.)

- **Substituting** occurs when we use a nonverbal cue instead of a verbal one to express a thought or emotion (e.g. winking, waving, smiling, or rolling the eyes).
- **Complementing** occurs when we use a nonverbal cue with a verbal message (e.g. when the words, “good job” are accompanied by a smile or a “thumbs up” sign, or when the word “unbelievable” are accompanied by hands thrown in the air)
- **Accenting** occurs when we stress a specific word in the message with our tone of voice or gesture (e.g. “Please organize into *small* groups” or “*Please* organize into small groups!”).
- **Regulating** occurs when we use nonverbal communication to monitor the conversational flow (e.g. nodding our head as someone is speaking, which encourages people to continue talking).
- **Contradicting** occurs when our verbal and nonverbal interpretations of the message are at odds with each other (e.g. the words “No, I don’t mind doing that” are accompanied by a sigh, a downcast look, and slouching shoulders).

Source: Knapp & Hall (2006), Argyle (1988).

III. Enhancing Awareness

A. Importance of Awareness

Large group callout: “Why do you think it’s important to be aware of nonverbal communication, or body language, as you serve elderly clients?”

Give participants a minute to respond, and then show slide 7. Reinforce what participants say and add the following as needed.

IMPORTANCE OF AWARENESS

- Become better receivers of client messages.
- Become better senders of messages that reinforce your kind words and attitude.
- Improve the quality of the relationship between you and your client.

Being aware of your own nonverbal behavior and noticing clients’ cues is important for three major reasons:

- **Become better receivers of messages:** An awareness of nonverbal behavior will allow you to better understand clients’ feelings, or read between the lines (for example, the client may say, “I’m fine” but the nonverbal cues indicate something different such as “I need to talk about something that’s bothering me,” or “I am putting on a brave front but really I am frightened,” or “I need help but I don’t like to ask for it”).
- **Become better senders of messages:** You can strengthen your communication skills by reinforcing what you want to communicate to clients (for example, instead of just saying the words, “I am interested” or “I care about you”, reinforce or complement your words with appropriate nonverbal cues).
- **Increase the quality of communication:** Nonverbal communication increases the perceived quality of the relationship between you and your client. Nonverbal communication, such as a smile or a light touch on the arm at the right moment, reinforces your words.



TIP: MAKE THE MOST OF THE GROUP’S CONTRIBUTION. When participants contribute something that is not clear, rather than interpreting what you think they said, try probing first: “Can you say more about that?” After each section or debrief, validate and reinforce what participants have shared by summarizing their main points, and then move on with the session. For more tips on running a workshop, see the *Facilitator’s Guide*.

B. EXERCISE: Critiquing Body Language

This exercise is intended to help participants enhance awareness of their own body language and that of their clients, particularly those clients with disabilities. The exercise will reinforce what participants already know through experience and allow them to learn from each other. During the debriefing, the facilitator should add information that the participants may not have shared. The whole exercise, including debriefing, should take about 25 minutes.



YOU WILL NEED: Easel paper (one sheet for each of the three situations), markers, and copies of *Exercise Worksheet: Critique*. You may want to ask one of the participants to help you jot down main points on the easel paper during debriefing.

Show slide 8.

EXERCISE: CRITIQUE

1. Get into small groups and read the situation assigned to your group.
2. In your group, discuss questions 1 and 2 on the worksheet. Have one person jot down some notes. (You have about 5 minutes.)
3. Think about the extra credit question.
4. Be ready to discuss.

INSTRUCTIONS

1.  Distribute the handout *Exercise Worksheet: Critique*, and ask participants to get into small groups of 3 or 4. Assign each group a different situation (if there are more than 3 groups, assign more than one group to the same situation).
2. Participants should take a minute to read the description of their situation. Then as a group, they should discuss and answer the three questions (about 5 minutes).
3. After 6-7 minutes, ask the group to come together for a discussion.

DEBRIEF

Starting with the first situation, ask the group to which it was assigned, “What message did Sally send with her body language?” (Question 1) and “What do you think Sally should have done to send a more positive message?” (Question 2). Note main points from question 2 on the easel paper.

Do this for each of the three situations (Sally, Mathew, and Maria), adding points the group may not have mentioned (see Facilitator’s Debrief Notes for Module 6 Exercise).

Finally, ask participants to share stories: Have they, or someone they know, ever been in a similar situation, as the recipient (“extra credit” question)?

C. Reflection Activity: Using Enhanced Awareness in Service

Show slide 9.

REFLECTION: USING INCREASED AWARENESS

- What are you already doing well?
- What would you like to improve?



9

Tell participants that their attention to subtle nonverbal cues will not just help them be better poker players; it can also help them improve their relationship with their clients, especially those clients who may not be comfortable expressing their feelings openly and directly.

 Distribute the handout *Reflection: Using Increased Awareness to Assist Clients*. Ask participants to take a few minutes to think about what they've learned and jot down some notes. If they like, and if there is time, they may share their thoughts with a partner.



TIP: EDUCATE PARTICIPANTS ABOUT PEOPLE WITH DISABILITIES.

For ideas and information, check the National Service Inclusion Project (<http://serviceandinclusion.org/>), a TTA provider sponsored by the Corporation for National and Community Service. You may want to print some of their FAQ sheets for your participants. There is information on specific disabilities (e.g. cognitive disability, communication disability, hearing and vision loss), and general etiquette tips:

<http://serviceandinclusion.org/index.php?page=etiquette>

LAST BUT NOT LEAST...

“No matter how one can try, one cannot **not** communicate.”

~Author Unknown



10

IV. Closing

Show slide 10.

Tell participants that it is time to end the session, and ask if they have any further questions. After responding to questions, leave them with this last quote: “No matter how one can try, one cannot not communicate.” That is, we humans are always sending out signals and continually looking for signs on which to base our assumptions about each other (correctly or not).

 Distribute the remaining handouts and briefly describe the information in each of the handouts: *Body Language Cues: Tips for Assisting Clients* contains tips for reading a person’s body language and staying aware of your own. *Additional Resources: Paying Attention to Body Language* includes sources for the research you have been quoting and helpful website links for more information on nonverbal communication.

Tell participants that the session is over, and you would very much appreciate hearing their thoughts via the *Training Feedback Survey*. Let them know their responses are anonymous (no names are required on the surveys), and that the surveys are collected to help improve future training sessions. Make sure to indicate where you would like the completed surveys to be placed.

Thank everyone for coming.

FACILITATOR'S DEBRIEF NOTES for Exercise: Critique

Situation 1: Sally

Sally, the volunteer, is visiting her clients this week. One of her clients, Joaquin, uses a wheelchair. When Sally got to Joaquin's house, she greeted Joaquin and asked about his week. They chatted a bit and moved into the kitchen, where Joaquin had set out cookies and coffee for the two of them. Sally noticed the sugar on the shelf above Joaquin's head and reached over Joaquin to grab it before sitting down. Later, when Joaquin's niece Robin arrived, Sally stood and chatted with her for a few minutes. Sally asked Robin if Joaquin would like to sit outside, and Robin helped push Joaquin's wheelchair out to the porch as she and Sally continued to chat.

1. What message did Sally send with her body language? *(Notes include tips for volunteers working with someone who uses a wheelchair.)*

There are several messages that Sally is sending with her body language that she probably does not intend to send; the main message is disregard or disrespect.

- *She is intruding into someone's private space without permission (for the sugar).*
- *She is reaching over Joaquin's head, which could be understood as an intrusion or an insult about ability levels (not to mention she could also accidentally drop something on Joaquin's head!).*
- *She discounted Joaquin by standing to chat with Robin, and asking her about his preference – in front of Joaquin as if he were not there.*

2. What do you think Sally should have done to send a more positive message?

- *Be polite and patient when offering assistance, and wait until your offer is accepted before acting.*
- *Speak directly to the person with a disability, not just to the ones accompanying him or her.*
- *Do not push, lean on, or hold onto a person's wheelchair unless the person asks you to. The wheelchair is part of his or her personal space.*
- *Try to put yourself at eye level when talking with someone in a wheelchair. Sit or kneel in front of the person.*
- *Relax; everyone makes mistakes. Offer an apology if you forget some courtesy. Keep a sense of humor and a willingness to communicate.*

FACILITATOR'S DEBRIEF NOTES (continued)

Situation 2: Matthew

Matthew, the volunteer, visited his client, Frank, yesterday. Frank is hard of hearing in his left ear. When Matthew arrived at Frank's house, he greeted Frank at the door by waving and shouting, "How are you doing, Frank? Are you ready for your visit to the proctologist?" As he entered the house, Matthew noticed that the TV was on. He reached over to turn the TV off and then asked Frank if he wanted to have lunch before going to the doctor this afternoon. He then sat down on Frank's left side and asked him a series of quick questions. Frank looked at him quizzically and Matthew rolled his eyes, smiled, and said, "Never mind. Let's just watch some TV."

1. What message did Matthew send with his body language? (Notes include tips for volunteers working with someone hard of hearing.)

There are several messages that Matthew is sending with his body language that he probably does not intend to send; the main message is condescension.

- *He may have startled Frank by shouting and waving, rather than identifying himself and speaking calmly.*
- *He used his voice loudly at the front door about a personal matter.*
- *He did not behave like a guest in Frank's home; rather, he intruded on Frank's private space without permission (turning off the TV).*
- *He created additional communication difficulties by sitting on Frank's left side.*
- *He rolled his eyes when Frank didn't understand him right away, showing his impatience and quickly giving up on communication. In this context, his smile could be taken as ridicule or condescension.*

2. What do you think Matthew should have done to send a more positive message?

- *When greeting the person, identify yourself. To get their attention, gently touch the arm if appropriate.*
- *Face the person directly; speak clearly and with a moderate pace.*
- *Keep a notepad handy. Rephrase a question if it is not understood. With some people, it may help to simplify your sentences and use more facial expressions and body language.*
- *Give the person time to think and respond before asking another question.*
- *Be patient, and when you find this difficult, be especially aware of your facial expressions and tone of voice.*

FACILITATOR'S DEBRIEF NOTES (continued)

Situation 3: Maria

Maria, the volunteer, was visiting clients this week while trying to squeeze in a few errands. One of her clients, Ellen, had been waiting for her for 25 minutes. Ellen uses a walker to get around and her hearing is poor. Maria rang the doorbell three times quickly before Ellen answered. When she answered the door, Maria was standing on the doorstep with her arms crossed. She sighed and shrugged her shoulders before saying hello, then opened the screen door before Ellen, who was reaching for the door handle, could open the door.

1. What message did Maria send with her body language? *(Notes include tips for volunteers working with clients who are frail.)*

There are several messages that Maria is sending with her body language that she probably does not intend to send; the main message is impatience.

- *She did not let Ellen know about a change in schedule, and then did not give her time to answer the door. She demonstrated impatience with ringing the door three times and then folding her arms.*
- *She shrugged her shoulders and sighed, which gives an impression of impatience and possibly disapproval.*
- *She is intruding into Ellen's private space without permission (opening the door).*
- *All of Maria's body language, and the fact that she was late, is a message to Ellen that she doesn't want to be there.*

2. What do you think Maria should have done to send a more positive message?

- *Be considerate of the extra time it might take for the person to get from one place to another (e.g. to answer the door) or hear you at the door. Wait patiently before knocking or ringing the bell a second or third time.*
- *When greeting the person, identify yourself and use body language to show you are happy to be there.*
- *Adapt to the person's pace. Don't barge in the door or rush around the person; this is frightening for someone who is frail and can be knocked over and injured easily.*

References for Module 6: Paying Attention to Body Language

Argyle, Michael. 1988. *Bodily communication* (2nd Ed.). Madison, CT: International Universities Press, Inc.

Knapp, Mark L, and Judith A. Hall. 2006. *Nonverbal communication in human interaction*. Belmont, CA: Thomson Wadsworth.

Mehrabian, Albert. 1972. *Nonverbal communication*. Chicago: Aldine-Atherton.

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National Senior Corps Association. <http://www.nscatogether.org/>.

Handouts

The following handouts are included in this module:

1. **What Are You Saying? (optional)**
2. **Exercise Worksheet: Critique**
3. **Reflection: Using Increased Awareness to Assist Clients**
4. **Body Language Cues: Tips for Assisting Clients**
5. **Additional Resources: Paying Attention to Body Language**
6. **Training Feedback Survey**

*Providing Independent
Living Support:
**Paying Attention to Body
Language***



Trainer: _____

Date: _____

What Are You Saying!?



Directions: Answer the following questions to the best of your ability.

- How do people from Asian cultures show disagreements?
 - By shaking their head back and forth
 - By looking away
 - By squinting and sucking air through their teeth
 - None of the above
- What is the correct way to illustrate length in Latin America? (Important note: measuring the space between two extended index fingers suggests a part of the male anatomy.)
 - Hold one hand at the appropriate height from the floor
 - Extend your arm and measure from your fingertips up to the correct distance
 - Use a measuring tape or ruler
 - None of the above
- People in the U.S. are generally comfortable standing with about two feet of space between them. What is the normal speaking distance in much of Latin America?
 - About the same, two feet of space
 - Less than one foot of space
 - More than two feet of space
- In Japan, what does tapping one's finger repeatedly on the table signify?
 - That you are annoyed with the speaker
 - That you want a chance to speak
 - That you agree and support the speaker's statement
 - None of the above
- Showing what part of your body would insult someone from an Islamic country?
 - Your teeth
 - Your left hand
 - The sole of your foot
 - None of the above
- In Hawaii, a common gesture for greeting is called "shaka" and is done by:
 - Nodding your head rapidly up and down
 - Shaking two clasped hands in the air
 - Folding three fingers to the palm, then extending your thumb and pinkie and raising this hand up and shake
 - None of the above
- In most Western cultures, what does a prolonged gaze signify?
 - Sexual interest
 - Respect
 - Disapproval
 - Condescension
- In India, the correct way to break bread is:
 - With your left hand only
 - With your right hand only
 - With both hands
 - With a knife and fork
- Islamic cultures generally don't approve of any touching between genders, but non-sexual touching between same-sex persons (including hand holding and hugs) is appropriate.
 - True
 - False
- In Thailand, a man speaking in a loud voice would be considered:
 - Confident
 - An authority on whatever he is saying
 - Impolite
 - Deranged

Answers: 1.) c. 2.) b. 3.) b. 4.) c. 5.) c. 6.) c
7.) a. 8.) b. 9.) a. 10.) c.

(Adapted from "Gestures from Around the World"
isabellemori.homestead.com/answersgestus.html)

Exercise Worksheet: Critique

Instructions: Read the situation assigned to your group. Take about five minutes to discuss and answer questions 1 and 2.

Situation 1

Sally, the volunteer, is visiting her clients this week. One of her clients, Joaquin, uses a wheelchair. When Sally got to Joaquin's house, she greeted Joaquin and asked about his week. They chatted a bit and moved into the kitchen, where Joaquin had set out cookies and coffee for the two of them. Sally noticed the sugar on the shelf above Joaquin's head and reached over Joaquin to grab it before sitting down. Later, when Joaquin's niece Robin arrived, Sally stood and chatted with her for a few minutes. Sally asked Robin if Joaquin would like to sit outside, and Robin helped push Joaquin's wheelchair out to the porch as she and Sally continued to chat.



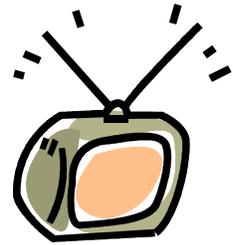
1. What message did Sally send with her body language?

2. What do you think Sally should have done to send a more positive message?

****Extra Credit**** Consider...Have you ever been in a similar situation (as the recipient) or know someone who has? What happened? What did you learn from the experience?

Situation 2

Matthew, the volunteer, visited his client, Frank, yesterday. Frank is hard of hearing in his left ear. When Matthew arrived at Frank's house, he greeted Frank at the door by waving and shouting, "How are you doing, Frank? Are you ready for your visit to the proctologist?" As he entered the house, Matthew noticed that the TV was on. He reached over to turn the TV off and then asked Frank if he wanted to have lunch before going to the doctor this afternoon. He then sat down on Frank's left side and asked him a series of quick questions. Frank looked at him quizzically and Matthew rolled his eyes, smiled, and said, "Never mind. Let's just watch some TV."



1. What message did Matthew send with his body language?

2. What do you think Matthew should have done to send a more positive message?

****Extra Credit**** Consider...Have you ever been in a similar situation (as the recipient) or know someone who has? What happened? What did you learn from the experience?

Situation 3

Maria, the volunteer, was visiting clients this week while trying to squeeze in a few errands. One of her clients, Ellen, had been waiting for her for 25 minutes. Ellen uses a walker to get around and her hearing is poor. Maria rang the doorbell three times quickly before Ellen answered. When she answered the door, Maria was standing on the doorstep with her arms crossed. She sighed and shrugged her shoulders before saying hello, then opened the screen door before Ellen, who was reaching for the door handle, could open the door.



1. What message did Maria send with her body language?

2. What do you think Maria should have done to send a more positive message?

****Extra Credit**** Consider...Have you ever been in a similar situation (as the recipient) or know someone who has? What happened? What did you learn from the experience?

Reflection: Using Increased Awareness to Assist Clients



Being aware of the signals we are sending through our body language and staying attentive to the nonverbal cues of others is not just for poker players! It can also help you improve communication with your clients.

Take a few minutes to think about what you learned today and jot down a few notes. If you care to, share your thoughts with a partner.

1. What are two things in nonverbal communication (signals you send or pick up) that you discovered you are doing well with your client, or if you don't have a client yet, a friend or relative? (e.g. "I'm careful to maintain good eye contact when ___ is telling me a story, even the long ones that I have heard before!")

1.)

2.)

2. What are two things in nonverbal communication (signals you send or pick up) that you would like to improve? (e.g. "I want to be more observant of signs that my client is tiring when we go to the senior center, such as slower movement and slouching posture, so I can suggest we leave early if need be.")

1.)

2.)

Body Language Cues: Tips for Assisting Clients



We communicate both explicitly, through words, and implicitly, through body language and voice inflection. Body language is most important when communicating feelings and attitude. Being aware of the nonverbal messages you are sending about your feelings and attitudes, and learning to pick up on cues that clients are sending, can help you improve your relationship with your client and your ability to assist them.

Body Language Cues

Remember that different people (e.g., people of other cultures, generations, backgrounds, etc.) use and understand body language differently. So, as you proceed with caution, here are a few tips about reading a person's body language and being aware of your own.

- A client may indicate that he/she is enjoying time with you by being talkative, engaged, laughing, smiling, eyes opened wide, and animated.
- A client may indicate he/she is uncomfortable with you by being quiet or sullen, physically moving away or using aggressive language, fidgeting, giving you no eye contact or staring away.
- Crossing arms across the chest can indicate that a person is putting up an unconscious barrier, thinking deeply about what is being discussed, or expressing opposition, and/or the person may simply feel cold.
- Consistent eye contact can indicate that a person is thinking positively of what the speaker is saying. Some people who do not maintain eye contact may be experiencing anxiety or discomfort, and/or their lack of eye contact may be rooted in their own cultural norms (e.g. averting the eyes may be a sign of respect). Lack of eye contact can also indicate negative feelings or distraction. An averted gaze, touching the ear or scratching the chin, may indicate disbelief. However, it may also indicate eyestrain or simple itchiness.
- Boredom is indicated by the head tilting to one side, or by the eyes looking straight at the speaker but becoming slightly unfocused. However, a head tilt may also indicate a sore neck, and unfocused eyes may indicate ocular problems in the listener.

Awareness of your Body Language

To use body language to reinforce the positive verbal messages you send to your client such as *I am not in a hurry; I sympathize; I am interested, I am here to help, etc.*

- Speak in a low, soft tone of voice.
- Listen actively and keep eye contact.
- Smile, move slowly and don't be in a hurry.
- Never be a "clock watcher". Your clients need to feel validated, loved and cherished. They need to know that someone really cares what they think, feel and say. They need to know that they matter and that their opinions count.

Be conscious of negative messages you might be unintentionally sending through body language, such as: *I feel impatient; I am bored; I disapprove, etc.* Common mistakes volunteers make without realizing it include speaking too quickly or too loudly; frowning, sighing, and fidgeting when a client is talking.

Cultural Differences

If you and your client do not share the same cultural backgrounds, be aware of nonverbal messages you may be sending that could be misunderstood by your client, especially if you are just getting to know each other. For example,

- Eye contact varies; some people perceive too much eye contact as aggressive.
- Some people do not like to be casually touched.
- A loud tone of voice, or a stern expression, might be misinterpreted as anger or disapproval.

The best advice is to be cautious until you learn your client's preferences and needs. Here are some recommended volunteer practices:

- Be careful when trying to interpret what is meant by a gesture or action. Tolerance is the best policy; try not to take things personally.
- If your client's primary language is not the same as yours, listen closely, speak slowly and enunciate words. Paraphrase to summarize what was said, and ask questions.
- Be open-minded. Take it slow and easy until you and your client get to know each other well. Have a friendly discussion about upbringing and background; find the things you have in common.
- Finally, there is always something interesting to learn about other cultures! On your own, or with your client, you might like to attend a community festival or ceremony commemorating an important event, or read books, watch movies, view art, listen to music, and try new foods. You may want to attend a cultural awareness workshop if it is offered in your community.



Honing your Observation Skills: Suggestions for Activities (This may be activities you and your client could do together.)

- Go “people watching” in the park or mall to see how people commonly communicate with each other. Notice how far apart people stand when they are talking to each other or waiting in line.
- Notice gestures used when giving directions such as “Come here.” or “I’ll take one of those.” Pay attention to how people get another person’s attention. For example, if most people snap their fingers, you can guess that this is normal and not considered rude.
- Check what gestures people have for expressing complete thoughts like “I don't know” or “That's crazy!” For example, American English speakers draw a circle around one ear to indicate “crazy”.
- Pay attention to facial expressions, particularly the eyes and mouth. Do expressions seem restrained? Exaggerated?

Source: National Senior Corps Association.

Additional Resources: Paying Attention to Body Language

Are you interested in learning more about the topics covered in this workshop? You may find the following online resources helpful. References consulted for this module are also included in this handout.

Exploring Nonverbal Communication provides information and short quizzes on nonverbal communication, including proximity, facial expressions, voice, and gestures, and cross-cultural communications. The website also advertises a University of California video series on nonverbal communication for training purposes, available for rental or purchase: <http://nonverbal.ucsc.edu/>.

Nonverbal Communication: The Hidden Language of Emotional Intelligence (Jeanne Segal, PhD and Jaelline Jaffe, PhD) is a helpful article posted on the website "HelpGuide.org" about how body language contributes to the quality of communication, and consequently, the quality of our personal relationships: http://www.helpguide.org/mental/eq6_nonverbal_communication.htm. **HelpGuide.org** is a noncommercial resource for nonprofits and covers a variety of other topics around health and wellness: <http://www.helpguide.org/>.

The Nonverbal Dictionary of Gestures, Signs and Body Language Cues was developed by David B. Givens, Ph.D. at the Center for Nonverbal Studies, a private, nonprofit research center in Spokane, Washington. The website contains an A to Z listing of items and topics, with citations, researched by scientists studying human communication, including anthropologists, linguists, psychiatrists, and others: <http://members.aol.com/nonverbal2/diction1.htm>.

Module References

Argyle, Michael. 1988. *Bodily communication* (2nd Ed.). Madison, CT: International Universities Press, Inc.

Knapp, Mark L, and Judith A. Hall. 2006. *Nonverbal communication in human interaction*. Belmont, CA: Thomson Wadsworth.

Mehrabian, Albert. 1972. *Nonverbal communication*. Chicago: Aldine-Atherton.

Mori, Isabelle. Gestures from Around the World. <http://isabellemori.homestead.com/questionsgestus.html> (accessed June 2, 2008).

National Senior Corps Association. <http://www.nscatogether.org/>.

Training Feedback Survey

Please help us improve our training sessions by providing feedback on the training you attended. Thank you!

Training/Session Name: _____ Date: _____

Lead Facilitator: _____

Program you serve with: SCP RSVP Other: _____

Please rate this session using the following scale:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
1. The subject matter was presented effectively.					
2. The facilitator was knowledgeable.					
3. The facilitator responded to questions.					
4. There were enough opportunities for discussion.					
5. The written materials are useful.					
6. The session met my expectations.					
7. As a result of this training, I gained new knowledge applicable to my volunteer assignment.					
8. I plan to apply what I learned at this session.					

9. What did you like best about this session?

10. What would have improved this session?

Thank You! Your feedback will help us to improve our training!

Providing Independent Living Support: Training for Senior Corps Volunteers

Module 7

Home Safety

*Providing Independent
Living Support:*

Home Safety



Trainer: _____

Date: _____

PROVIDING INDEPENDENT LIVING SUPPORT: TRAINING FOR SENIOR CORPS VOLUNTEERS

Module 7: Home Safety

Introduction

A critical issue for helping many seniors to continue to live independently is ensuring that their living environments minimize the risk of injury. This 60-75-minute session will provide information about household hazards and basic steps volunteers can take to help their clients make their homes safer, and discuss how volunteers can help clients be better prepared for disasters and emergency situations. The workshop includes a brief warm-up activity, a more extensive group exercise, and a short activity on disaster preparedness.

Objectives

By the end of the session participants will:

- Further their awareness of the common household hazards to which elderly people are most vulnerable.
- Learn tips for helping clients reduce risks at home and be better prepared for disasters.

Visual Aids (PowerPoint) and Facilitator's Notes

If you are using the PowerPoint slides included with this curriculum, Facilitator's Notes are provided under each slide (to see them, select "View...Notes Page" from PowerPoint's main menu). These notes provide the same information as the Facilitator's Notes included in this document, however, they are not as detailed; the PowerPoint Facilitator's Notes are primarily main points for the presenter.

If you do *not* use the PowerPoint slides, we suggest you create other visual aids such as handouts or transparencies, or copy the information on easel paper and post it for participants. Duplicating the information on slide 7 (instructions for the exercise) and slide 10 (instructions for the reflection activity) will be the most helpful.



Handouts

The handouts for this session follow the facilitator's notes and instructions. Handouts 1-3 should be distributed during the session; this symbol in the Facilitator's Notes will cue you as to when: 📄. Handouts 4-7 can be given out at the end of the session, or left on a table where participants can choose to take them if they are interested.

1. This Home Needs Your Help!
2. Problem-Solving Exercise: Help This Client Reduce Risks and Feel Safer
3. How will I know Mom and Dad are Okay? (Staying "IN TOUCH" in Crisis Situations)
4. Home Fall Prevention Checklist
5. Tips for Improving Residential Fire Safety
6. Additional Resources: Home Safety
7. Training Feedback Survey

Session Outline

Discussion Topic	Estimated Time	Method/Activity	Slide Numbers
I. Welcome and Introduction	10 min.		1
A. Learning Objectives	1	Lecture	2
B. Startling Statistics	1	Lecture	3
C. Warm up: Spot the Hazards 📄 <i>This Home Needs Your Help!</i>	8	Pair activity Large group discussion	4
II. Home Safety Basics	45 min.		
A. Primary Safety Risks	10	Lecture	5
B. Variables	5		6
C. Exercise: Problem-solving 📄 <i>Problem-Solving Exercise: Help This Client Reduce Risks and Feel Safer</i>	30	Small groups Debrief, large group discussion	7-8
III. Disaster Preparedness	15 min.		
A. Disaster Preparation also begins at Home	5	Lecture	9
B. Helping Seniors be Prepared 📄 <i>How will I know Mom and Dad are Okay? (Staying "IN TOUCH" in Crisis Situations)</i>	10	Individual/Pair Reflection	10
IV. Closing	5 min.	Lecture and Feedback	
Last Thoughts 📄 <i>Home Fall Prevention Checklist</i> 📄 <i>Tips for Improving Residential Fire Safety</i> 📄 <i>Additional Resources: Home Safety</i> 📄 <i>Training Feedback Survey</i>		Feedback	11

Facilitator's Notes and Instructions



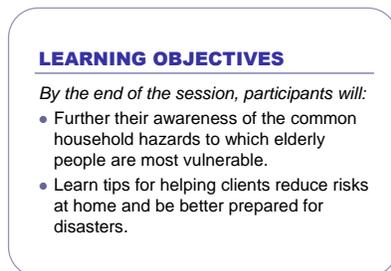
I. Welcome and Introduction

Show slide 1 – the title slide.

Explain the purpose of this training session: This session will provide information about household hazards and basic steps volunteers can take to help their clients make their homes safer. This session will also discuss how volunteers can help clients be better prepared to respond to natural disasters and emergency situations.

A. Learning Objectives

Show slide 2.



Read the learning objectives to the group. By the end of the session participants will:

- Further their awareness of the common household hazards to which elderly people are most vulnerable.
- Learn tips for helping clients' reduce risks at home and be better prepared for disasters.

Tell participants you will be distributing additional information and resources on the material you are covering at the end of the session.



TIPS: ADDRESS TRAINING EXPECTATIONS. To get a feel for the kinds of questions participants have around home safety, and the expectations they have for this workshop, leave "Post-it" pads around the room and encourage them to take a minute to write down one or two questions on the paper. Post the notes on an easel pad and try to answer them during the lecture or at the end of the session.

SELECT THE MOST APPROPRIATE HANDOUTS AND SAVE TREES. There is a wealth of good information on home safety and disaster preparedness out there, and you may have noticed that the number of handouts included in this module reflect that abundance! You may not want to use *all* the handouts provided; choose the handouts you feel are most helpful to your participants and distribute those, or leave several copies on a back table and let participants pick up the ones they are interested in as they leave the workshop. See the Facilitator's Guide for additional tips on preparing for a workshop.

STARTLING STATISTICS

- In 2005, 15,800 people 65 and older died from injuries related to unintentional falls; about 1.8 million were treated in emergency rooms.
(Centers for Disease Control and Prevention, 2008)
- 95% of falls experienced by older adults happen in and around the home, most in the bedroom or bathroom.
(American Journal of Public Health, 1992)

3

B. Startling Statistics

Show slide 3.

Each year, hundreds of thousands of older Americans are injured in and around their homes. This is one of the most common reasons that seniors make trips to the hospital or need to move to an alternative living facility like assisted living or a nursing home. Yet home safety precautions are some of the easiest and most important adjustments you can make.

- In 2005, 15,800 people 65 and older died from injuries related to unintentional falls; about 1.8 million people 65 and older were treated in emergency departments for nonfatal injuries from falls.
- 95% of falls experienced by older adults happen in and around the home, most in the bedroom or bathroom.

Sources: Centers for Disease Control and Prevention (2008), American Journal Public Health (1992), and Journal of Epidemiological Community Health (2000).

SPOT THE HAZARDS!

This home needs your help!

With your partner, take three minutes and jot down all the potential hazards you see in the picture on the handout.



4

C. WARM UP: Spot the Hazards

Show slide 4.

Ask participants to pair up with a partner.  Distribute the handout *This Home Needs Your Help!* Ask the pairs to jot down as many safety hazards as they see in the picture in three minutes. After three minutes, call time and go around to each pair asking for one hazard; note these on the easel paper. After everyone has exhausted their list, add these hazards if they were not mentioned:

- Severe clutter is a falling hazard. The papers and boxes may also be a fire hazard.
- There may be food left out (lower left corner) which can spoil and attract pests.
- The electrical outlet by the television may be overloaded (fire hazard).
- Extra credit! Mrs. Beasley might need help caring for that big dog; this would be another thing to check on.

Tell the participants that they already know a good deal about common sense safety issues around the home: “Let’s build on that.”



TIP: SLIP IN AN IMPORTANT POLICY REMINDER. This might be a good time to review your program’s policy on client confidentiality. If a client’s home is a disaster waiting to happen, for example, this is not something the volunteer should discuss outside the program environment.

PRIMARY SAFETY RISKS

- Falling
- Residential Fires
- Other Household Hazards
- Poor Security



5

II. Home Safety Basics

A. Primary Safety Risks

Show slide 5.

The common safety risks to seniors are falling, fires, other household hazards such as chemicals or expired food and medicine, and poor security.

Falling

Large group callout: “What simple precautions could be taken around the house to minimize the risk of falling?”

(Below is a list of precautions. **Select those you feel are most important** and note them to the group if participants do not mention them.)

- Remove things you can trip over (like papers, books, clothes, and shoes) from stairs and places where you walk.
- Remove small throw rugs or use double-sided tape to keep the rugs from slipping.
- Keep items you use often in cabinets you can reach easily without using a step stool.
- Have grab bars put in next to your toilet and in the tub or shower.
- Use non-slip mats in the bathtub and on shower floors.
- Use nonskid floor wax in the kitchen.
- Improve the lighting in your home. As you get older, you need brighter lights to see well. Hang light-weight curtains or shades to reduce glare.
- Have a lamp, flashlight, and telephone near your bed.
- Install nightlights between your bedroom and the bathroom.
- Have handrails and lights put in on all staircases.
- Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.



TIP: REMIND PARTICIPANTS ABOUT SERVICES AVAILABLE. Is there a free/low-cost service in your community that helps frail elderly care for pets? Or takes away boxes and clutter? Mention this now while participants are thinking about it. Remind them where they can pick up information (phone numbers, agency names) on services for the elderly to give clients.

PRIMARY SAFETY RISKS

- Falling
- Residential Fires
- Other Household Hazards
- Poor Security



5



TIP: TRY A DEMONSTRATION.

Most people assume they will know how to use a fire extinguisher in an emergency, but why take the chance? Precious seconds are lost when we struggle with an unwieldy contraption, trying not to panic! Consider asking the fire department to have a representative come by and demonstrate how and when to use a fire extinguisher (during this workshop, if you can add the time, or at another in-service meeting). A hands-on experience is often the best way to learn.

Residential Fires

Large group callout: “What simple precautions could be taken around the house to minimize the risk of residential fires?”

(Below is a list of precautions. **Select those you feel are most important** and note them to the group if participants do not mention them.)

- Install and maintain smoke alarms, preferably interconnected with the one in the bedroom (most fire victims die from inhalation of smoke; half of all deaths and injuries happen while victims were sleeping). That way, if a fire starts in living room and sets off that alarm, the alarm in the bedroom also sounds.
- Avoid smoking in bed or when drowsy or medicated. Use deep sturdy ashtrays. Put matches and lighters away from children’s reach.
- Keep a fire extinguisher in the building and know how to use it.
- Practice escaping during daytime and night. There should be two unblocked exits from every room. Apartment buildings need accessible fire escapes and 2-3 story homes should consider getting escape ladders to store near windows.
- Keep anything that could catch fire at least three feet away from heat sources (e.g. clothing, furniture, books, newspapers, etc.).
- Keep the stove area clear of combustible materials. Wear short or restrained sleeves when cooking.
- Have a flashlight handy for power outages; don’t rely on candles, which should never be left unattended.
- Store flammable chemicals in approved containers in a well ventilated place outside the home. Oily rags should be in covered metal containers.
- Use quick-release devices on barred windows and doors.
- Check electrical wiring for damaged extension cords, loose plug and exposed wires. Don’t put wiring under rugs or in high traffic areas. Don’t overload outlets and extension cords.
- Make sure heating sources are clean and working properly, including portable heaters. Repair or replace any appliances that smoke, spark, or overheat.

PRIMARY SAFETY RISKS

- Falling
- Residential Fires
- Other Household Hazards
- Poor Security



5

Other Household Hazards (e.g. expired or poor labeled medicines, expired or undated food, chemicals)

Large group callout: “What simple precautions could be taken around the house to minimize household hazards?”

(Below is a list of precautions. **Select those you feel are most important** and note them to the group if participants do not mention them.)

- Label and date food containers when you store leftovers.
- Make sure medication labels are legible.
- Check expiration dates and dispose of expired food and medicine (doctor’s offices will usually take your expired medicines; don’t flush them).
- Be conscientious about practicing food safety: hand washing, cooking food at recommended temperatures, refrigerating leftovers promptly, washing hands and cooking implements after handling raw meat, poultry and seafood to avoid cross-contamination of harmful bacteria from one food to another through utensils, cutting boards, etc.
- Secure large items in your home (water heaters, large appliances, tall or heavy furniture) and anything that could fall off a wall (clocks, pictures). Brace overhead light fixtures and fans.
- Limit chemicals used in the home and be sure they are out of reach of children.
- Separate reactive chemicals like bleach and ammonia. Never mix hazardous chemicals or waste with other products.
- Dispose of hazardous materials by taking them to a local collection program.
- Install a carbon monoxide alarm (deadly exposure is often caused by improper use of gas generators, camp stoves, and charcoal grills in confined spaces; do not use these indoors, even with open windows).



TIP: DISCOURAGE FRANTIC NOTE-TAKING. Remind participants that you will be distributing handouts with the information you are covering at the end of the session, along with a list of additional resources they can research on their own. You might also want to jot down the precautions you think are most important for these participants to remember (or have a participant do it) on a sheet of easel paper. Don’t try to jot down everything.

PRIMARY SAFETY RISKS

- Falling
- Residential Fires
- Other Household Hazards
- Poor Security



5



TIP: TALK TO YOUR VOLUNTEERS ABOUT ELDER ABUSE. If you haven't already, consider conducting a workshop on elder abuse and scams that target the elderly, or distribute an information sheet with facts and phone numbers. Raising awareness among your volunteers will have a ripple effect; not only will they be less likely to become victims, but they can alert clients, friends, and police if needed. For more information, visit the website for the National Center on Elder Abuse at www.ncea.aoa.gov.

Poor Security (i.e. vulnerability to thefts and break-ins)

Large group callout: "What simple precautions could be taken around the house to minimize this risk?"

(Below is a list of precautions. **Select those you feel are most important** and note them to the group if participants do not mention them.)

- Proper lighting should be installed outside of the home or apartment building. Common areas of apartment buildings should be lit at night (hallways, garages, doorways).
- Trim shrubbery around a house so a burglar can't hide near windows and doors. A burglar should also not be able to see into your garage.
- Secure all doors and windows when not in use.
- Pin or secure sliding glass doors and windows with secondary locks.
- Install deadbolt locks with a minimum of one-inch throw on exterior doors.
- Don't let passersby know that you are away from home by letting mail or newspapers pile up. If you are away from home for a while, stop mail/newspaper delivery temporarily or ask a trusted neighbor to hold your deliveries.
- The answering machine should say, "I cannot come to the phone right now" rather than "I am not home now." (In fact, seniors living alone might want to ask a younger male relative to record the message for them.)
- Do not leave a garage door opener in a car in the driveway, or a house key under a mat.

Note that if someone does not feel safe (e.g. he/she has been a victim of crime and/or fears being a victim), this can also lead to social isolation and diminished quality of life.

Sources: Centers for Disease Control and Prevention (2008), Samaritan Health Services (2007), U.S. Department of Agriculture (2008), Salt Lake Valley Health Department (2008), City of Golden Valley (MN) Public Safety (2008).

VARIABLES

- Health
- History
- Behavior and habits
- Financial resources
(ability to maintain home)



B. Variables

Show slide 6.

Tell participants that they should keep the following variables in mind when they consider their client's home situation. Whether they are assessing risks of falling, residential fires, other household hazards, or poor security, these general variables can affect the risk of injury:

- **Personal health situation:** For example, decreased vision, equilibrium, sensory perception, reaction time, strength, mobility, and medication side effects.
- **Personal history:** Is there a history of falls, particularly at home? A previous fall with a soft tissue injury (bruising) is a strong predictor of a future major fall.
- **Behavior and habits:** For example, does the client walk carefully; are medications always taken properly; is the telephone easy to reach; does the client use space heaters; if a smoker, where are cigarettes placed?
- **Financial resources:** Many elders living in their own homes on fixed incomes cannot afford home repairs, placing them at risk. Look for working smoke detectors, fire extinguishers, uneven floors or rickety steps, lack of and need for hand railings, bars in the shower, etc.

Sources: National Senior Corps Association, American Journal Public Health (1992), Journal of Epidemiological Community Health (2000), and Journal of Gerontology (2001).



TIP: NOTE THE HOME MODIFICATION SERVICES IN YOUR AREA. Put a short flyer together with the names of agencies that provide free or low-cost home modification services to seniors. In the flyer, include contact information, eligibility requirements, and the steps involved in requesting assistance. Ask if any of the participants know of someone who has received no/low-cost home modification services in the past. What kind of experience did they have?

C. EXERCISE: Problem Solving

The following exercise will reinforce what participants already know through experience, and allow them to share and learn problem-solving strategies from each other. During the debriefing, the facilitator can add information that the participants may not have mentioned. The whole exercise, including debriefing, should take about 30 minutes.

YOU WILL NEED: Copies of the handout *Problem-Solving Exercise: Help This Client Reduce Risks and Feel Safer*, 3 sheets of easel paper (each titled “Cecilia”, “Salvador,” or “Lester”), and a marker. You may want to ask one of the participants to help you write down main points.

Show slide 7.

EXERCISE: PROBLEM SOLVING

1. Individually, read about your assigned client. Imagine his/her living situation and state of mind.
2. In your group, discuss and answer the questions on page 2.
 - *What are the client's issues/risks?*
 - *What would you look for in the client's home?*
 - *What precautions would you suggest? How would you assist?*

INSTRUCTIONS

1.  Distribute the handout *Problem-Solving Exercise: Help This Client Reduce Risks and Feel Safer*.
2. Ask the participants to get into small groups (3 or 4). Assign each group a client profile from the handouts.
3. Ask the participants to take a minute to individually read about their client, and visualize his/her living situation and mental state. After that, they will have 6-10 minutes to discuss the situation and answer the questions on page 2. (In the meantime, review the “Facilitator’s Debrief Notes” included on the last page of these Facilitator’s Notes).
4. After the 6-10 minutes, call time and start the debrief discussion.



TIP: DEVELOP YOUR OWN CLIENT SITUATIONS. The exercise worksheet contains three “clients” and a description of their situations. You may prefer to make up your own clients for this exercise, and develop descriptions of situations that you know your volunteers find especially challenging – problems that could benefit from a guided group discussion.



DEBRIEF

Ask the participants to refer to the handout with the client profiles. Then, for each “client,” go around the room to each small group assigned to that client and ask “What did you check off as the potential risks for this client?” (Question 1)

Then ask “With that in mind, what specifically would you look for in the client’s home? What would you suggest your client do to lessen the risks, or how might you assist your client?” (Questions 2 and 3)

Jot down the main responses to questions 2 and 3 on the easel paper under the client’s name. If more than one group was assigned the same client, ask the second group to add to what the first group noted. Add the answers from the “Facilitator’s Debrief Notes” if the group doesn’t mention them, and your own suggestions.

After asking each group assigned to the client to respond to question 4 – “How would you approach your client if you’re concerned they might be sensitive about the topic? What would you say, or who might you go to for support?”— ask the group as a whole to contribute their ideas. After they have had a chance to respond, show slide 8 and mention any suggestions they did not come up with:

HOW TO BROACH THE SUBJECT

- Take it slowly.
- Offer information in a non-judgmental way.
- Recount stories of other seniors.
- Share with clients what you have learned at trainings
- Offer to contact services that can help.

For support, contact client’s family and your supervisor.

- **Take it slowly** and begin by suggesting small manageable changes.
- **Offer information in a non-judgmental, helpful manner.** Expressing these concerns in a caring, genuine manner helps the client receive the information better, without feeling pressured or defensive.
- **Recount stories of other seniors** who have had accidents happen or health problems due to an unsanitary or cluttered household; these might be incidents that you know of personally or have read about in the newspaper. If elderly relatives and friends visit, or young grandchildren, the client may be motivated to take precautions to protect those guests as well.
- **Share with clients what you have learned at in-service trainings** on safety issues; bring them written information to look at together. Help the client review a home safety checklist for their own home. One of the best ways is to say that you recently learned some really good tips that you plan to put into practice at your home.
- **Offer to contact services that can help**, if appropriate, such as fire and police departments, local area agencies on aging, personal health system alarms (e.g. Lifeline) that may be paid for by Medicare.

For support:

- Sometimes family members can be helpful in assisting with touchy subjects.
- As always, talk to your supervisor if you are concerned about your client.

Source: National Senior Corps Association

III. Disaster Preparation

A. Disaster Preparation also begins at Home

In addition to keeping homes safe, planning for emergencies such as floods or tornadoes is also important. For the elderly, getting out of a bad situation quickly is more difficult and requires advanced planning. The planning will depend on the disasters likely to occur in the area, including whether evacuation or “shelter in place” is more practical, what supplies will be needed in a disaster kit, what emergency services and transportation are available, how to prepare for extreme hot or cold weather conditions if this occurs in your region, etc.

Remind participants of the kinds of emergencies likely to occur in your area.

Large group callout: “What kinds of things should be considered when preparing a frail senior for disaster or emergency situations?”

Give participants a chance to respond and then show slide 9. Add any considerations not mentioned by the group. Each individual’s situation may differ, including:

- **Availability of family in the area**
- **Reaction time, ability to see or hear, and ability to drive**
- **Mobility impairments** may require special transportation
- **Mental impairments** that may require assistance; the person might become quickly disoriented and further delay response time
- **Health conditions that require attention:** ongoing medications or assistive technology (e.g. an oxygen tank)
- **Language differences** that may hinder communication with emergency personnel or understanding instructions
- **Limited financial resources** may impact person’s ability to maintain a safe environment or take precautions (e.g. a working automobile, cell phone, etc.)

DISASTER PREPARATION: CONSIDERATIONS FOR SENIORS

- Availability of family in the area
- Reaction time, ability to see or hear, ability to drive
- Mobility impairments
- Mental impairments
- Health conditions that require attention
- Language differences
- Limited financial resources



Tell participants that they might be able to help an elderly person prepare for an emergency, including planning an evacuation escape route, preparing a disaster kit, storing food, water and medicine in case they are stuck inside, maintaining a list of emergency contacts, or registering with an organization (e.g. neighborhood associations, churches, police or fire departments, local Red Cross or Salvation Army). They would need to keep in mind the elder's particular circumstances when developing a plan.

B. Helping Seniors Be Prepared

Show slide 10.

CREATE A PLAN: STAYING "IN TOUCH"

1. Think about a client or another elderly person in your life. How would you help them plan for an emergency?
2. Complete I, N, and T of the form to the best of your ability.

Identify potential emergency situations

Note community resources.

Talk about individual circumstances.

3. If you like, share with a partner.

10

 Distribute the handout *How will I know Mom and Dad are Okay? (Staying "IN TOUCH" in Crisis Situations)*.

Ask participants to think of an elder in their lives (client, friend, or relative) and jot down some notes to the first three sections (*Identify potential emergency situations*, *Note community resources*, and *Talk about individual circumstances*), keeping in mind the likely disasters in the community, the elder's special needs and living situation. Under *Talk about individual circumstances*, they should jot down some notes about what they would need to talk about. Ask them to share their ideas with a partner.



TIP: USE LIKELY SCENARIOS. Customize the disaster preparation portion of the lecture to emphasize those emergencies most likely to occur in your community. You may prefer to use handouts, such as safety checklists or disaster kit materials, from local agencies rather than those included with this module. Or, consider conducting another workshop where you partner with a local agency to provide disaster preparedness information (e.g. helping participants put together kits for themselves and/or their clients).

LAST BUT NOT LEAST...

“Safety doesn't happen by accident.”

~unknown



11

IV. Closing

Show slide 11.

Tell participants that it is time to end the session, and ask if they have any further questions. After responding to questions, leave them with this common sense quote from an unknown author: “Safety doesn't happen by accident.” If you have a story about how a volunteer helped one of his/her clients improve home safety, share it with the group for inspiration.

 Distribute the three informational handouts, or mention to participants where they can pick up copies if they like:

- *Home Fall Prevention Checklist*
- *Tips for Improving Residential Fire Safety*
- *Additional Resources: Home Safety*

 Distribute the *Training Feedback Survey*. Tell participants that the session is over, and you would very much appreciate hearing their thoughts via the *Training Feedback Survey*. Let them know their responses are anonymous (no names are required on the surveys), and that the surveys are collected to help improve future training sessions. Make sure to indicate where you would like the completed surveys to be placed.

Thank everyone for coming.



TIP: ENCOURAGE PARTICIPANTS TO KEEP EMERGENCY INFORMATION AT HAND. Distribute an emergency preparedness card that volunteers can give their clients and/or use themselves with spaces for personal information, such as: family/primary contacts, doctors' names and numbers, pharmacy, bank, and insurance information. The card could be carried in a wallet or placed in an emergency kit. Additionally, you may want to offer a colorful one-page flyer or magnet for the refrigerator with a list of numbers in your community for police and fire, utilities, area agency on aging, and other services that might be needed in an emergency.

Facilitator's Debrief Notes for Exercise: Help This Client Reduce Risks and Feel Safer

Facilitator: Below are some answers to questions 1-3 from the exercise. **This is not a complete list;** you and the workshop participants may come up with additional, equally relevant responses. This is an opportunity for participants to learn from each other's experience.

Client #1: Cecilia

Cecilia is an elderly woman (84 years old) who has been living in the same apartment for 20 years. She is friendly with her neighbors, but not her landlord, whom she fears is looking for an excuse to have her evicted so he can rent to a higher-paying tenant. When problems with her apartment occur (as they frequently do), she is reluctant to call the landlord. For example, this past winter there was a lot of rain, and she discovered her windows leaked, leading to indoor mold problems. Several times, Cecilia accidentally burned herself with the tap water but she doesn't know how or if she can lower the temperature. She also suspects the gas heating system isn't working properly (a bad smell comes out of the vent) so she uses a portable heater instead. She leaves it on full blast and often forgets to turn it off.

1. What are the potential risks to your client?

- Falling
- Residential fire (*due to heater*)
- Other household hazards: *mold, burning water, bad smell from vent*
- Poor security (vulnerability to crime)
- Other: *Cecilia's landlord and/or her impression that she will be evicted* (NOTE: think of this one as "extra credit" since it isn't directly a home safety issue.)

2. What specifically would you look for in this client's home as potential dangers?

3. What would you suggest your client do to lessen the risks? What might you do to assist?

RESIDENTIAL FIRE:

Portable Heater: How can we remind Cecilia to turn off the heater? (Suggestion: post a reminder note on the inside of the front door and her bedroom door so she sees it on her way out and before she goes to bed.)

OTHER HOUSEHOLD HAZARDS:

Leaking Windows and Mold: Are the windows closing properly? Can something be rigged temporarily until they are fixed? Are there safe cleaning products that can be used to clean/prevent mold?

Heating System: Is there something stuck inside or clogging the vent? Is the "bad smell" gas? Does a technician need to be called?

Water Temperature: Can the temperature be lowered manually? Can we check with the neighbors to see if this is okay and if they know how to do it?

OTHER (EXTRA CREDIT):

Cecilia's fear of eviction: Can we check into county/city rental laws to see if Cecilia really is at risk of eviction? Can we make a call to the landlord for her (with her permission) and explain the problems in her apartment?

FACILITATOR'S DEBRIEF NOTES (continued)

Client #2: Salvador

Salvador is 74 years old and lives in an old, poorly-designed two-story house with a small gray cat. He sleeps upstairs but the bathroom, to which he must make frequent visits during the night, is downstairs. At the end of the day, even though his eyesight is failing, he likes to watch television in bed while enjoying a glass of wine and a smoke. Recently his doctor proscribed new medication which, Salvador tells you, has side effects that include occasional dizziness.

1. What are the potential risks to your client?

- Falling
- Residential fire
- Other household hazards
- Poor security (vulnerability to crime)
- Other: possible medication issues

2. What specifically would you look for in this client's home as potential dangers?

3. What would you suggest your client do to lessen the risks? What might you do to assist?

FALLING:

Due to poor vision and occasional dizziness: Is there adequate lighting, especially in hallways and stairs that he must navigate at night? If not, suggest night lights.

Is there clutter or throw rugs Salvador could trip over? These could be moved out of his pathway, or discarded all together.

Are there sturdy railings on the stairway? Are the edges of the stairs easy to see? If no, suggest bright-colored tape to mark the edges.

Can Salvador's cat wear a bright-colored collar with a bell so she is easier to spot?

RESIDENTIAL FIRE:

Smoking in bed: What kind of ashtray does he have and where does he put it (e.g. on table next to the bed or next to him on the bed)? Can he get a safety ashtray? Can he be convinced to smoke first, and then get into bed?

Old, poorly-designed house: In case it has been a long time since Salvador has had his home inspected, keep an eye out for telltale signs of electrical problems such as dimming of lights, frequent circuit breaker trips or blown fuses. Many house fires have been caused by defective or improperly installed electrical wiring. Are there enough circuits? Are any of the circuits overloaded?

OTHER:

Possible medication issues: Should Salvador be drinking alcohol when the medication is already making him dizzy? Is it really a side effect of this medication or is it an indication of another health problem, or a side effect of combining this medication with others he is taking? Did he tell his doctor about this side effect?

FACILITATOR'S DEBRIEF NOTES (continued)

Client #3: Lester

Lester is in pretty good physical shape at age 78 and has been living in the same small house since he was married back in 1956. Since his wife died, however, he has been depressed and has not had the heart to get rid of her things, which are everywhere (she was an avid collector of Beanie Babies and old Life magazines). The neighborhood has also changed quite a bit. Lester remembers when he and his wife took evening strolls after dinner to look at the moon. Now, there have been several muggings and break-ins in the area, and Lester hears screeching tires outside at all hours. He doesn't drive and feels terribly vulnerable walking home from the grocery store saddled with packages.

1. What are the potential risks to your client?

- Falling
- Residential fire (due to clutter)
- Other household hazards:
- Poor security (vulnerability to crime)
- Other: Possible depression, at risk of isolation

2. What specifically would you look for in this client's home as potential dangers?

3. What would you suggest your client do to lessen the risks? What might you do to assist?

FALLING:

Due to clutter: Lester needs encouragement, and possibly help, to pack/give away his wife's things. (Possible question for group: How would you talk to him about it? What could you suggest that might make it easier for him?)

RESIDENTIAL FIRE:

Due to clutter (see above): Are his wife's magazines away from heating sources, pathways and exits?

POOR SECURITY (VULNERABILITY TO CRIME):

Inside the house: Check the locks and see about adding new ones if needed. Does he want/need window bars or an alarm system?

Outside the house: Is there adequate lighting outside the house (porch, garage)? Motion-sensor lighting might make him feel more at ease.

Neighbors: Is there a "neighborhood watch" organization he might meet with? What advice do they have for elderly people in the area?

OTHER:

Depression, risk of isolation: Can you take Lester to the store and/or arrange to have groceries delivered? Can you take him on outings, including safe outdoor areas where he can relax in the fresh air?

Lester may need to be evaluated for depression. Tell your supervisor if you are worried; see if more visiting hours can be arranged.

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Handouts

The following handouts are included in this module:

1. **This Home Needs Your Help!**
2. **Problem-Solving Exercise: Help This Client Reduce Risks and Feel Safer**
3. **How will I know Mom and Dad are Okay? (Staying “IN TOUCH” in Crisis Situations)**
4. **Home Fall Prevention Checklist**
5. **Tips for Improving Residential Fire Safety**
6. **Additional Resources: Home Safety**
7. **Training Feedback Survey**

*Providing Independent
Living Support:*

Home Safety



Trainer: _____

Date: _____

This Home Needs Your Help!

Your Mission: Today, you and your partner have volunteered to help your favorite neighbor, 83-year old Mrs. Beasley, clean her house. She has been meaning to straighten up for some time, but her health is poor, her eyesight is failing, and things got away from her. Now she is completely overwhelmed and her home is unsafe!

Take 3 minutes to look at the picture and list everything you can spot that might need your attention.



List all potential health and safety problems you suspect may be a hazard to Mrs. Beasley:

1. _____
2. _____
3. _____
4. _____
5. _____

6. _____
7. _____
8. _____
9. _____
10. _____

Problem-Solving Exercise: Help This Client Reduce Risks and Feel Safer

Instructions: The facilitator will assign your group one of the clients below. All of the clients are on a fixed (low) income and live alone.

Read your client's description, and take a minute to visualize his/her living situation and state of mind. Brainstorm with your group, and answer the questions on the next page. Be ready to discuss!

Client #1: Cecilia



Cecilia is an elderly woman (84 years old) who has been living in the same apartment for 20 years. She is friendly with her neighbors, but not her landlord, whom she fears is looking for an excuse to have her evicted so he can rent to a higher-paying tenant. When problems with her apartment occur (as they frequently do), she is reluctant to call the landlord. For example, this past winter there was a lot of rain, and she discovered her windows leaked, leading to indoor mold problems. Several times, Cecilia accidentally burned herself with the tap water but she doesn't know how or if she can lower the temperature. She also suspects the gas heating system isn't working properly (a bad smell comes out of the vent) so she uses a portable heater instead. She leaves it on full blast and often forgets to turn it off.

Client #2: Salvador

Salvador is 74 years old and lives in an old, poorly-designed two-story house with a small gray cat. He sleeps upstairs but the bathroom, to which he must make frequent visits during the night, is downstairs. At the end of the day, even though his eyesight is failing, he likes to watch television in bed while enjoying a glass of wine and a smoke. Recently his doctor proscribed new medication which, Salvador tells you, has side effects that include occasional dizziness.



Client #3: Lester

Lester is in pretty good physical shape at age 78 and has been living in the same small house since he was married back in 1956. Since his wife died, however, he has been depressed and has not had the heart to get rid of her things, which are everywhere (she was an avid collector of Beanie Babies and old Life magazines). The neighborhood has also changed quite a bit. Lester remembers when he and his wife took evening strolls after dinner to look at the moon. Now, there have been several muggings and break-ins in the area, and Lester hears screeching tires outside at all hours. He doesn't drive and feels terribly vulnerable walking home from the grocery store saddled with packages.



How Will I Know Mom and Dad are Okay?



Staying “IN TOUCH” In Crisis Situations

- I** dentify potential emergency situations
- N** ote community resources
- T** alk about individual circumstances
- O** utline your plan in writing
- U** pdate as situations change
- C** ommunicate regularly and test
- H** ave peace of mind

In the event of an emergency or disaster, how will you know that your older loved one is okay?

Whether it's Mom or Dad or Aunt Jane and Uncle Bob, these days it seems like you never know when a crisis may hit home. A hurricane in Florida, wildfire in Arizona, flood in Tennessee or a blizzard in Minnesota – it seems as if most of the nation has faced a natural disaster of some proportion in the past few years. Beyond natural disasters, however, older adults may face a more personal and immediate crisis that requires an emergency response. How would you know Mom or Dad was okay if disaster struck? Family gatherings are good opportunities for families to discuss how to handle critical events with their older family members. By establishing a plan, families can stay **I-N T-O-U-C-H** with older loved ones and be prepared when a crisis situation occurs.



The **Eldercare Locator**, a nationwide service funded by the U.S. Administration on Aging to link older adults and their families to local aging services, provides the following suggestions.

Keep in mind...

- Though among the most vulnerable members of our society, many older adults today are living healthy, independent lives. Yet, sometimes they might need some assistance.
- Age-related characteristics, such as delayed response time, reduced ability to see or hear, and difficulty reading print too small, can affect an older person's perception and reaction.
- Physical or mental impairments can limit a person's ability to respond quickly or seek help in an emergency.
- Chronic health conditions, such as arthritis or diabetes, can make access to transportation or the availability of proper nutrition and medications particularly critical.
- Limited financial resources may impact a person's ability to maintain a safe environment or adequately prepare for natural disasters or other emergency situations.
- Language and cultural differences may limit some older adults' ability to understand and communicate effectively in a crisis situation.

- Take note of any physical or medical needs of your older loved one that might require a change in your plan. For instance, if your older loved one stops driving and requires transportation, then consider how this service can fit into your plan. Taking advantage of community services now could help in the event of an emergency situation later.
- Reassess your ability and that of your contacts to be available when needed. Personal or professional situations can change at anytime.

C Communicate regularly and test your “IN TOUCH” plan.

- Check with your “IN TOUCH” team regularly. Even an occasional surprise call might help determine strengths or weakness in your plan. For example, there could be a problem if you can only get an answering machine when you call one of your contacts, or there is a long delay in receiving a return call.
- Use family gatherings as an opportunity to review your plan, and even share it with other family members for their information. You might inspire someone else to follow your lead.
- Test elements of your plan occasionally. You can check that electrical and mobile communications tools are operating properly or walk through an evacuation drill with your loved one.

H Have peace of mind knowing that you have an “IN TOUCH” plan.

- Stay calm. If an emergency situation arises, follow your plan.
- Don’t panic should the plan not work exactly as anticipated. If one contact cannot be reached at the time needed, be confident that you have included other resources.
- Take an opportunity following an emergency situation to evaluate your plan. Be honest about what worked and what did not. Seek input from your loved one and your team. Change what needs to be changed. Then update and redistribute your “IN TOUCH” plan.



My “IN TOUCH” Plan

Identify potential emergency situations

(home, neighborhood, natural disasters)

1. _____
2. _____
3. _____
4. _____

Note community resources

(Area Agency on Aging, informal networks, doctors, pets)

1. _____
2. _____
3. _____
4. _____

Talk about individual circumstances

(Concerns, special needs, medical equipment, communications)

1. _____
2. _____
3. _____
4. _____

Outline plan in writing

(Key contacts, pertinent information, things to remember, distribute copies)

1. _____
2. _____
3. _____
4. _____



U pdate as situations change

(List review date and changes)

1. _____
2. _____
3. _____
4. _____

C ommunicate regularly and test

(Check with team, share with family)

1. _____
2. _____
3. _____
4. _____

H ave peace of mind.

Contact the Eldercare Locator at 800.677.1116 Monday-Friday, 9 a.m. to 8:00 p.m. (ET)

Visit www.eldercare.gov



Connecting You to Community Services

The Eldercare Locator is a public service of the Administration on Aging, U.S. Department of Health and Human Services, and is administered by the National Association of Area Agencies on Aging (n4a).



Here Are Some Services that can Assist Your Family Members

- Adult Day Care
- Caregiver Programs
- Case Management
- Elder Abuse Prevention Programs
- Emergency Response Systems
- Employment Services
- Financial Assistance
- Home Health Services
- Home Repair
- Home Modification
- Information and Referral/Assistance
- Legal Assistance
- Nutrition Services
- Personal Care
- Respite Care
- Senior Housing Options
- Senior Center Programs
- Telephone Reassurance
- Transportation
- Volunteer Services

Aging and Disability Resource Centers

A partnership between the U.S. Administration on Aging and the Centers for Medicare & Medicaid Services to support state efforts to assist older adults and persons with disabilities in accessing community-based and other long-term care services.



State and Area Agencies on Aging are uniquely positioned to help older adults and their caregivers find local resources and supportive services. Contact:



Connecting You to Community Services

800.677.1116

www.eldercare.gov

A public service of the Administration on Aging, U.S. Department of Health and Human Services



Home Fall Prevention Checklist

This checklist was adapted from “Check for Safety” by the Centers for Disease Control and Prevention (CDC) Foundation/MetLife Foundation to help seniors lessen falling risks in their homes. For more information from the CDC on preventing injuries, go to www.cdc.gov/injury or call 770-488-1506.



FLOORS: Look at the floor in each room and answer the following questions.	YES	NO	If you checked “YES” ...
When you walk through a room, do you have to walk around furniture?			Ask someone to move the furniture so your path is clear.
Do you have throw rugs on the floor?			Remove the rugs or use double-sided tape or a non-slip backing so the rugs won't slip.
Are there papers, books, towels, shoes, magazines, boxes, blankets, or other objects on the floor?			Pick up things that are on the floor. Always keep objects off the floor.
Do you have to walk over or around wires or cords (like lamp, telephone, or extension cords)?			Coil or tape cords and wires next to the wall so you can't trip over them. If needed, have an electrician put in another outlet.
STAIRS AND STEPS: Look at the stairs you use both inside and outside your home and answer the following questions.	YES	NO	If you checked “YES” ...
Are there papers, shoes, books, or other objects on the stairs?			Pick up things on the stairs. Always keep objects off stairs.
Are some steps broken or uneven?			Fix loose or uneven steps.
Are you missing a light over the stairway?			Have an electrician put in an overhead light at the top and bottom of the stairs.
Do you have only one light switch for your stairs (i.e. only at the top or only at the bottom of the stairs)?			Have an electrician put in a light switch at the top and bottom of the stairs. You can get light switches that glow.
Has the stairway light bulb burned out?			Have a friend or family member change the light bulb.
Is the carpet on the steps loose or torn?			Make sure the carpet is firmly attached to every step, or remove the carpet and attach non-slip rubber treads to the stairs.
Are the handrails loose or broken?			Fix loose handrails or put in new ones.
Is there a handrail on only one side of the stairs?			Make sure handrails are on both sides of the stairs and are as long as the stairs.

KITCHEN: Look at your kitchen and eating area and answer the following questions.	YES	NO	If you checked “YES” ...
Are the things you use often on high shelves?			Move items to lower cabinets. Keep things you use often on the lower shelves (about waist level).
Is your step stool unsteady?			If you must use a step stool, get one with a bar to hold on to. Never use a chair as a step stool.
BATHROOMS: Look at all your bathrooms and answer the following questions.	YES	NO	If you checked “YES” ...
Is the tub or shower floor slippery?			Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower.
Do you need some support when you get in and out of the tub or up from the toilet?			Have a carpenter put grab bars inside the tub and next to the toilet.
BEDROOMS: Look at all your bedrooms and answer the following questions.	YES	NO	If you checked “YES” ...
Is the light near the bed hard to reach?			Place a lamp close to the bed where it's easy to reach.
Is the path from your bed to the bathroom dark?			Put in a night-light so you can see where you're walking. Some night-lights go on by themselves after dark.

Other Things You Can Do to Prevent Falls

- Exercise regularly. Exercise makes you stronger and improves your balance and coordination.
- Have your doctor or pharmacist look at all the medicines you take, even over-the-counter medicines. Some medicines can make you sleepy or dizzy.
- Have your vision checked at least once a year by an eye doctor. Poor vision can increase your risk of falling.
- Get up slowly after you sit or lie down to prevent dizziness.
- Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.
- Improve the lighting in your home. Put in brighter light bulbs. Florescent bulbs are bright and cost less to use.
- It's safest to have uniform lighting in a room. Add lighting to dark areas. Hang lightweight curtains or shades to reduce glare.
- Paint a contrasting color on the top edge of all steps so you can see the stairs better. For example, use light-colored paint on dark wood.

Other Safety Tips

- Keep emergency numbers in large print near each phone.
- Put a phone near the floor in case you fall and can't get up.
- Think about wearing an alarm device that will bring help in case you fall and can't get up.

Adapted from: "Check for Safety", Centers for Disease Control and Prevention (CDC) Foundation/MetLife Foundation (2005).

Tips for Improving Residential Fire Safety

Below are important safety tips for preventing and responding to residential fires; the tips were written with seniors in mind. The information was adapted from public awareness materials developed by the U.S. Fire Administration and the American Red Cross.

Install and Maintain Alarms.

Install working smoke alarms on every level of your home, especially near sleeping areas. Test and dust each alarm monthly, and change the batteries at least once a year.



Smoke alarms have significantly reduced the risk of death or injury from fire. Smoke alarms give people an early warning that allows for early escape. If possible, install smoke alarms away from kitchens and bathrooms to reduce nuisance alarms. To control nuisance alarms, install alarms with a temporary silencing feature. If you are hearing-impaired, install an alarm that alerts using a visual signal. If necessary, get someone (a relative, neighbor, or fire department official) to help you test and clean each alarm monthly and change the batteries at least once a year.

Install a CO detector/alarm in the hallway near every separate sleeping area of the home. Make sure the detector/alarm cannot be covered up by furniture or draperies, and avoid corners (where air does not circulate).

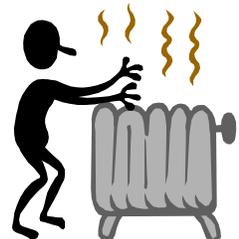
Carbon Monoxide can have different affects on people based on its concentration in the air that people breathe, but exposure can cause respiratory damage and death. Because you can't smell, taste, or see it, you can not tell that CO gas is present. The initial symptoms of CO poisoning are similar to the flu (but without fever), including: headache, fatigue, shortness of breath, nausea, and dizziness. There are many ways in which carbon monoxide can be released into your home: fireplaces, heaters (including hot water and kerosene heaters), gas stoves or ovens, automobiles (through attached garages or nearby traffic), grills (propane, gas or charcoal), and dryers with clogged ductwork. If the alarm sounds, evacuate your home and call 911 for assistance. Leave it to the professionals to determine the source of the CO.

Heat Your Home Safely.

Have a professional service all heating equipment annually. Keep combustibles and anything that can burn or melt away from all heaters, furnaces, fireplaces, and water heaters. Never use a range or oven to heat your home.

Hundreds of fires start each year when things that burn, such as curtains, clothing, bedding, gasoline, or paint solvents, are placed too close to heaters, furnaces, wood stoves, fireplaces, or water heaters. Store flammable liquids like cleaning solvents and gasoline outside of your home. Have at least three feet of clearance in all directions around portable/space heaters. Use the proper fuel for all heating equipment. Change filters in furnaces monthly. Keep chimneys clean. To prevent scalds, set the temperature of your water heater no higher than 120°F. All heating devices should be checked and serviced every year by a professional.

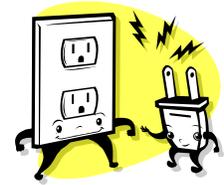
Purchase only appliances, electrical devices, and heaters that bear the label of an independent testing laboratory; these have gone through rigorous testing and are approved for use in the home and are less likely to cause fire.



Practice Electrical Safety.

Have a professional electrician inspect your home's electrical wiring system at least every 10 years, and make recommended repairs. Never overload the electrical system. Plug each appliance directly into its own outlet, and avoid using extension cords. Have an electrician install ground fault circuit interrupters in rooms where water may be present. Install and maintain electrical appliances according to the manufacturers' instructions.

Homes more than 40 years old are three times more likely to catch on fire from electrical causes than homes 11 to 20 years old. That's because older wiring may not have the capacity to safely handle newer appliances and equipment and may not incorporate updated safety features. Ground fault circuit interrupters (GFCIs) are important electrical safety devices that offer superior protection against dangerous electric shock and also may prevent some electrical fires. Have GFCIs installed in bathroom and kitchen circuits, and in other locations where water and dampness may be present. Call a professional electrician to make sure you have the proper fuses, find reasons for blown fuses and tripped circuit breakers, replace old or damaged outlets and install more outlets if needed. You are less likely to overload electrical outlets if you use no more than one high-wattage appliance on a circuit at a time. Extension cords are meant for temporary use only, and should be unplugged when not in use. If you see frayed cords on older appliances, have the cord repaired; better yet, replace the appliance altogether. Make sure wiring is not under rugs, attached by nails, or in high traffic areas. Make sure electrical outlets have cover plates and no exposed wiring.



Use Smoking Materials Safely.

Never smoke in bed, while drowsy, or while under the influence of medication or alcohol. Use large, deep ashtrays for smoking debris, and let the contents cool before you dispose of them. Douse ashes with water and place ashtrays in the sink.



Careless smoking accounts for nearly one-third of the fire deaths in adults over age 70. It is also a leading cause of fire injuries among older people. If you smoke, never smoke in bed, while drowsy, or while under the influence of medication or alcohol. Use large, deep ashtrays so smoking materials don't fall out. Warm ashes dumped in wastebaskets can smolder, then ignite surrounding trash. At the end of the day, put the ashtray in the sink, fill it with water, and let it sit overnight before you dispose of the contents. Or, dispose of cigarettes and matches in a metal container, such as a coffee can with a lid, and let it cool overnight. Check furniture for smoldering cigarette butts and ashes before going to bed.

Pay Attention to Your Cooking.

Keep pot handles turned inward, and keep cooking surfaces and surrounding areas free from clutter and grease build-up. Use pot holders and oven mitts. Never lean over a hot burner and avoid wearing loose clothing with flowing sleeves while cooking. Take a reminder with you (or set a timer) if you must leave the kitchen with food cooking on the range top.

Cooking fires are a leading cause of burn injuries among older people. Prevent fires and burns by being watchful and alert when you cook, keeping pot handles turned inward, not overheating food (especially fats and oils) and keeping cooking surfaces clean. Always use pot holders and oven mitts when opening the oven and handling hot pots and pans to prevent burns. While cooking, never lean over a lit burner and avoid wearing loose clothing with flowing sleeves, such as nightgowns or bathrobes. These can catch on fire from a burner. If you must leave the kitchen when you are cooking, set a timer and take a pot holder or wooden spoon with you to remind you that food is cooking.

If you are cooking and a fire starts in a pan, slide a lid over the burning pan and turn off the burner. Leave the lid in place until the pan is completely cool. Using a lid to contain and smother the fire is your safest action. Getting the fire extinguisher or baking soda to extinguish the fire delays action. Flour and other cooking products can react explosively to flame and should never be sprinkled over fire. Moving the pan can cause serious injury or spread the fire. Never pour water on grease fires.

Keep Matches and Lighters Away from Children.

Store matches and lighters in a locked drawer or a high cabinet away from the reach of grandchildren or other youngsters. Make sure lighters are child-resistant.



Young children are often attracted to products that can produce flames. Be sure to lock away any matches and lighters when you have young visitors in your home. Using lighters that are child-resistant can prevent deaths and injuries. If you light candles in your home, keep them out of the reach of children. Make sure candles are placed on a wide flat base where they could be hard to tip.

If you use Security Bars...

Use quick-release devices on barred windows and doors. Security bars without release devices can trap you in a deadly fire. If you have security bars on your windows, be sure one window in each sleeping room has a release device. If smoke or fire is blocking the primary exit, you must be able to use your secondary routes quickly. Fire deaths have occurred when people were trapped by security bars and were unable to get out and firefighters were unable to get in.

Know What to Do in Case of Fire.

Practice two ways out of every room in your home. Get out as soon as you discover a fire; do not try to fight the fire or gather possessions. Once out of the house, stay out; do not attempt to enter a burning home to gather possessions left behind. Immediately dial 9-1-1 or your local emergency number for help, preferably from a neighbor's phone.

If you are behind a closed door, feel it with your hand before opening it. If the door is hot, look for another possible exit out of the room. Make sure windows can be unlocked and opened, and security bars released. If you are passing through a smoky area, stoop low so that your head is beneath the smoke. If your clothes catch on fire, stop, gently drop to the ground, cover your face and roll to smother the flames. Do not try to fight the fire; that will only delay your escape. Leave your possessions behind, and never go back into a burning building for any reason.



Planning what to do in case of fire can make the difference between life and death. You should practice two ways out of every room in your home. If you use a wheelchair or walker, or otherwise might have a problem escaping from a fire, discuss your escape plans ahead of time with your fire department, your family, the building manager, and neighbors. Let them know about your special circumstances and ask them to help plan the best escape routes for you.

Facts and Fiction about Residential Fires

Fiction: Water can be used to put out any fire.

Facts: Some fires, like those caused by grease, can be spread by throwing water on the fire. If a fire starts in a pot on the stove, you should slide a lid on the pot and turn off the burner.

Fiction: If a fire starts in my home, I can put it out with my fire extinguisher and not trouble the fire department.

Facts: While home fire extinguishers can put out some small fires, many fires start out small and grow quickly. Each year, more than 100 civilians are fatally injured while trying to put out fires. Much more damage to homes is caused by delaying a call to the fire department while trying to put out a fire. If you use a fire extinguisher on a small fire and the fire does not die down immediately, get out and call the fire department from outside.



Fiction: It's easy—anyone can use a fire extinguisher.

Facts: Only people who have been properly trained should attempt to put out a fire with a fire extinguisher.

Fiction: I'm a light sleeper and would smell a fire, even if I were asleep.

Facts: Smoke contains toxic substances/poisons that can put you into a deeper sleep. That's why for new homes, interconnected smoke alarms are required on every level of the home, outside each sleeping area, and inside each bedroom. Although this approach is ideal for all homes, as a minimum, existing homes should have smoke alarms on every level and outside each sleeping area.

Fiction: If one fire sprinkler goes off, they all will go off.

Facts: Fire sprinkler heads operate independently and are triggered individually by the heat of a fire.

Adapted from:

Department of Homeland Security, U.S. Fire Administration, *Fire Safety Checklist for Older Adults*: www.usfa.fema.gov.
American Red Cross *Talking About Disaster: Guide for Standard Messages, Fires, Residential* (2007), and *Carbon Monoxide Poisoning Prevention Fact Sheet* (2001): <http://www.redcross.org/>

Additional Resources: Home Safety

Are you interested in learning more about the topics covered in this workshop? You may find the following online resources helpful. References consulted for this module are also included in this handout.

The **Alzheimer's Association** is a leading voluntary health organization in Alzheimer care, support and research. <http://www.alz.org/index.asp>. **Home Safety** from the Alzheimer's Association includes tips on how to create a safe and supportive home environment for the Alzheimer's patient: http://www.alz.org/living_with_alzheimers_home_safety.asp.

American Red Cross: Enter your zip code to find your local Red Cross chapter with free information on disaster preparedness, services, training, and volunteer opportunities in your community: www.redcross.org. **What we can do to Save our Lives** from American Red Cross is practical information for seniors and written by seniors on how to be prepared for different emergencies, and what to do in the event of one: <http://www.prepare.org/seniors/srsforsrs.htm>.

Centers for Disease Control and Prevention publishes information on preparing for natural disasters like hurricanes, floods, earthquakes, as well as staying safe (re: illnesses, food and water, insects), evacuating, protecting pets, power outages and other disaster and prevention-related topics: <http://emergency.cdc.gov/disasters/>.

Salt Lake Valley Health Department Family Preparedness Emergency Guide: This free guide provides a wealth of information on preparing a family disaster plan and supplies kit; home safety, sheltering in place, preparing for and coping with disasters such as gas leaks, fires, storms, etc. The guide takes into consideration the special needs of all family members, including elders, children, and pets: http://www.slvhealth.org/cs/media/pdf/Family_Emergency_Preparedness.pdf.

Module References

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American Red Cross:

2007. Talking About Disaster: Guide for Standard Messages. http://www.redcross.org/images/pdfs/code/Fires_Residential.pdf.

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2001. Carbon Monoxide Poisoning Prevention Fact Sheet. <http://www.redcross.org/services/disaster/keepsafe/cofacts.html>

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City of Golden Valley (MN) Public Safety, Home Security. <http://www.ci.golden-valley.mn.us/publicsafety/homesecurity.htm> (accessed June 2, 2008).

Covinsky, Kenneth E., Eva Kahana, Boaz Kahana, Kyle Kercher, John G. Schumacher, and Amy C. Justice. 2001. History and mobility exam index to identify community-dwelling elderly persons at risk of falling. *Journal of Gerontology* 56A(4):M253-M259.

Department of Homeland Security, U.S. Fire Administration. 2002. Fire Safety Checklist for Older Adults. Publication FA-221. <https://www.usfa.dhs.gov/downloads/pdf/publications/fa-221.pdf>.

Herala, Mike, Heikki Luukinen, Risto Honkanen, Keijo Koski, Pekka Laippala, and Sirkka-Liisa Kivela. 2000. Soft tissue injury from falling predicts a future major falling injury in the home dwelling elderly. *Journal of Epidemiological Community Health* 54(7):557.

National Senior Corps Association. <http://www.nscatogether.org/>.

Salt Lake Valley Health Department Family Preparedness Emergency Guide. http://www.slvhealth.org/cs/media/pdf/Family_Emergency_Preparedness.pdf (accessed June 2, 2008).

Samaritan Health Services. 2007. Simple Ways to Make Your Home Safer. <http://samhealth.staywellsolutionsonline.com/YourFamily/OlderAdults/Prevention/1,1170>

Tideiksaar, Rein 1992. Falls among the elderly: a community prevention program. *American Journal of Public Health* 82:892-93.

U.S. Department of Agriculture, www.foodsafety.gov Consumer Advice. <http://www.foodsafety.gov/~fsg/fsgadvic.html> (accessed June 2, 2008).

Training Feedback Survey

Please help us improve our training sessions by providing feedback on the training you attended. Thank you!

Training/Session Name: _____ Date: _____

Lead Facilitator: _____

Program you serve with: SCP RSVP Other: _____

Please rate this session using the following scale:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
1. The subject matter was presented effectively.					
2. The facilitator was knowledgeable.					
3. The facilitator responded to questions.					
4. There were enough opportunities for discussion.					
5. The written materials are useful.					
6. The session met my expectations.					
7. As a result of this training, I gained new knowledge applicable to my volunteer assignment.					
8. I plan to apply what I learned at this session.					

9. What did you like best about this session?

10. What would have improved this session?

Thank You! Your feedback will help us to improve our training!

Providing Independent Living Support: Training for Senior Corps Volunteers

Module 8

Beyond Companionship Services: Helping Clients Improve Quality of Life

*Providing Independent
Living Support:*

***Beyond Companionship Services:
Helping Clients Improve
Quality of Life***



Trainer: _____

Date: _____

PROVIDING INDEPENDENT LIVING SUPPORT: TRAINING FOR SENIOR CORPS VOLUNTEERS

Module 8: Beyond Companionship Services: Helping Clients Improve Quality of Life

Introduction

Many clients are dealing with quality of life issues, including loneliness and social isolation, feelings of uselessness or helplessness, and the effects of physical or cognitive limitations. This 60-75-minute session will provide tips and suggestions that volunteers could use to help clients improve their quality of life. In addition to a short lecture, the session includes a brief warm-up exercise, a more extensive small group exercise, and a reflection worksheet.

Objectives

By the end of the session, participants will:

- Further their understanding of the term “quality of life” and how this might differ from person to person.
- Gain ideas for assisting clients to improve quality of life while maintaining appropriate volunteer-client boundaries.

Visual Aids (PowerPoint) and Facilitator’s Notes

If you are using the PowerPoint slides included with this curriculum, Facilitator’s Notes are provided under each slide (to see them, select “View...Notes Page” from PowerPoint’s main menu). These notes provide the same information as the Facilitator’s Notes and Instructions included in this document, however, they are not as detailed; the PowerPoint Facilitator’s Notes are primarily main points for the presenter.

If you do *not* use the PowerPoint slides, we suggest you create other visual aids such as handouts or transparencies, or copy the information on easel paper and post it for participants. Duplicating the exercise instructions on slide 6 would be the most helpful.



Handouts

The handouts for this session follow the facilitator’s notes and instructions. Handouts 1-3 should be distributed during the session; this symbol in the Facilitator’s Notes will cue you as to when: 📄. Handouts 4-6 can be given out at the end of the session.

1. What is “Quality of Life” for You?
2. Telephone Tips for Accessing Resources
3. Helping Clients Improve Quality of Life: Tips and Suggestions
4. Reflection: Respecting Boundaries
5. Additional Resources: Helping Clients Improve Quality of Life
6. Training Feedback Survey

Session Outline

Discussion Topic	Estimated Time	Method/Activity	Slide Numbers
I. Welcome and Introduction	10 min.		1
A. Learning Objectives	5	Lecture	2
B. Volunteer Contributions to Clients' Quality of Life	5	Lecture	3
II. Defining Quality of Life	15 min.		
A. Warm up: What is Quality of Life for You?  <i>What is "Quality of Life" for You?</i>	10	Individual, pairs Large group discussion	4
B. Lifestyle Factors that Effect Quality of Life	5	Lecture	5
III. Helping Clients Improve Quality of Live	45 min.		
A. Accessing Local Resources  <i>Telephone Tips for Accessing Resources</i>	5	Large group discussion	
B. Exercise: Your Ideas!  <i>Helping Clients Improve Quality of Life: Tips and Suggestions</i>	25	Small group exercise Debrief, large group discussion	6
C. Emotional Suffering: Clients in Difficult Circumstances	5	Lecture	7
D. Reflection: Respecting Volunteer-Client Boundaries  <i>Reflection: Respecting Boundaries</i>	10	Individual, pairs	8
IV. Closing	5 min.		
Last Thoughts  <i>Additional Resources: Helping Clients Improve Quality of Life</i>  <i>Training Feedback Survey</i>		Feedback	9

Facilitator's Notes and Instructions



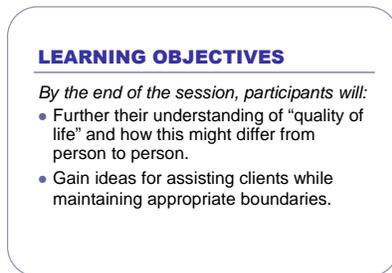
I. Welcome and Introduction

Show slide 1 – the title slide.

Explain the purpose of this training session: This session will provide ideas and suggestions that volunteers can use to help clients improve quality of life and alleviate loneliness and social isolation, feelings of uselessness or helplessness, and the effects of physical or cognitive limitations.

A. Learning Objectives

Show slide 2.

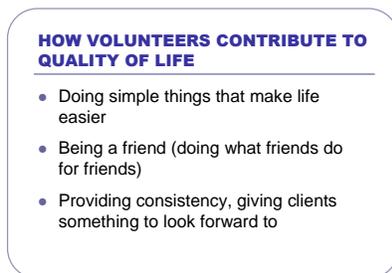


Read the learning objectives to the group. By the end of the session, participants will:

- Further their understanding of the term “quality of life” and how this might differ from person to person.
- Gain ideas for assisting clients to improve quality of life while maintaining appropriate volunteer-client boundaries.

B. Volunteer Contributions to Clients' Quality of Life

Show slide 3.



Tell participants that helping their clients maintain their independence is the most important contribution they make to their clients' quality of life. However, clients also say that volunteers improve their quality of life by:

- **Doing simple things that make life easier** (help with household chores, groceries, transportation, helping them get out into the community or access community resources).
- **Being a friend**, an understanding and dependable person that they can talk to. Clients appreciate the time and personal attention; they gain a sense of value and dignity often lost due to aging.
- **Giving them something to look forward to**; the consistency of regular visits help clients keep their spirits up and improve their attitudes.

Source: National Senior Corps Association

II. Defining Quality of Life

A. WARM UP: What is Quality of Life for You?

Show slide 4.

WARMUP: WHAT IS "QUALITY OF LIFE" FOR YOU?

How do you define quality of life?

List 5 things that are most important to your quality of life.



4



Acknowledge that "quality of life" is a broad and general term; what is necessary for a good quality of life might be different from one person to the next.

 Distribute the handout *What is "Quality of Life" for You?*

Ask participants to take 2-3 minutes to jot down five things that are important to their quality of life (Step 1 on the handout). Then ask them to pair up with a neighbor and share their responses, and check off the things on their lists that they both listed, if any (Step 2, 2-3 minutes).

DEBRIEF: Ask that someone from each pair call out the "top" shared responses (one or two). Write their responses on easel paper (or ask someone to assist you). As you go around the room adding to the list, mark a check next to those categories (e.g., "good health") that come up more than once, each time they are mentioned.

Large group callout (ask for a show of hands): "We can see how many things we have in common. Now, how many of you had something on your list that was different than your partner's?"

Assuming there are differences...tell participants that this is because people have varying ideas of what is necessary for a good quality of life; it depends on our values, backgrounds, and current situations.

Large group callout (referring to the list on the easel paper): "Which of the things on this list are relevant to clients' situations? That is, what areas might we be able to help them with?"

Underline those areas and ask participants to hold that thought for a few minutes.



TIP: ADDRESS TRAINING EXPECTATIONS. Leave "Post-it" pads or half-sheets of paper around the room and invite participants to write down what they hope to learn today or a particular question they have around today's topic. Collect the papers and read them while participants are doing the exercise. Try to respond to the questions during the workshop or soon afterward.

LIFESTYLE PRACTICES THAT EFFECT QUALITY OF LIFE

- Regular exercise
- Good nutrition
- Not smoking
- Limit alcohol intake
- Challenge the mind



Also: Social support is very important!

5



TIP: PROMOTE INVOLVEMENT IN THE COMMUNITY.

Discuss how volunteers can encourage their clients to get out into the community. How can volunteers assist clients to become volunteers themselves? (Provide a handout on volunteering projects for homebound clients.)

Do volunteers know where to find information on free/low cost activities they might do with their clients, such as art and cultural events, health fairs, social events sponsored by community organizations, or games and plays open to the public that local schools present?

B. Lifestyle Practices that Effect Quality of Life

Show slide 5.

Tell participants you want to take a look at what the research says effects the quality of life among seniors. Over the last century, not only is the health and longevity of the US population continuously increasing, but the quality of life in these later years has also greatly improved. The National Institute on Aging and other researchers attribute the gains among older adults to health-related behavioral changes or practices. These include:

- **Regular exercise:** People who exercise daily are more likely to maintain sharp mental ability, muscle strength, flexibility, heart and lung strength. Exercise can reduce depression and lift self-esteem, help you digest food and sleep better, reduce the risk of falls, and prevent or control diabetes.
- **Good nutrition:** Eat a variety of fruits and vegetables, whole grains, and foods low in fat and cholesterol to maintain a healthy weight and help prevent diseases such as heart disease, cancer and stroke.
- **Not smoking:** Not smoking lessens your risk of heart disease, stroke, some cancers, and emphysema.
- **Limiting alcohol intake:** Limiting alcohol to one glass per day reduces the risk of liver disease and certain cancers; however, if you are taking certain medications, you may need to abstain altogether.
- **Challenging the mind:** Psychologists have found that people have far more mental strength in their later years than previously imagined. They are showing that memory loss can be reversed with regular mental exercises.
- **Social support** is not necessarily a lifestyle practice but it is extremely important to a person's quality of life. Social support includes the resources provided by others that enable the person to feel valued and part of a reliable network of support; this could be family, friends, neighbors, volunteers, government agencies, and community groups and organizations that are available to provide support if needed. Studies have found that social support for the elderly tends to slow down deterioration of their health (reducing risks of disease and mental illness), whereas social isolation contributes to suicidal thoughts.



TIP: PROVIDE A LIST OF COMMUNITY RESOURCES. Distribute a list of agencies in your area that provide services to seniors, the types of services they provide, and telephone and website information. If you have a directory of community services with information on eligibility, location, etc., remind participants where they can pick up a copy. See Module 1 for a workshop on this topic.



Tell participants that they are an important part of this social support. They may also be able to influence clients to try healthier behaviors that could improve their quality of life.

Sources: Centers for Disease Control and Prevention (2005), and Samaritan Health Services (2004), Kurtus (2002), National Institute on Aging (2001), and Volz (2000).

III. Helping Clients Improve Quality of Life

A. Accessing Local Resources

Tell participants that one important way volunteers help clients improve their quality of life is to help with that social support by connecting clients to community resources.

Large group callout: “What kinds of resources are available in this community to support clients?”

Note the group’s responses on easel paper. Validate and clarify responses as needed.

Tell a story (or ask the group for examples) about how this works. For example: “One of our volunteers brought it to our attention that a client was eating warm meals only sporadically; usually her dinners involved cold cereal or a can of tuna. We looked into the matter and discovered that, as the volunteer suspected, the client was having trouble covering expenses and her nutrition was suffering. The volunteer approached the client, in a very gentle and tactful way, and told her that she might be eligible for a congregate meals program at the senior center. With the volunteer’s help, the client signed up for the congregate meals program and transportation services. These support services improved the client’s nutritional intake and provided opportunities for the client to develop new friendships.”

 Distribute the handout *Telephone Tips for Accessing Resources* (participants can read it later). These tips are meant to help people get the most out of information-gathering calls to social service agencies.

Tell participants you would like to do some group brainstorming on other ways to help clients improve quality of life through suggestions volunteers might make, or the activities volunteers and clients do together.

B. EXERCISE: Your Ideas!

The following exercise will reinforce what participants already know through experience, and allow them to share and learn from each other. During the debriefing, the facilitator can add ideas the participants may not have come up with on their own. The whole exercise, including debriefing, should take about 30 minutes.

YOU WILL NEED:

- Four large poster-size sheets of paper, such as easel paper, titled “Social Quality of Life,” “Emotional/Spiritual Quality of Life,” “Cognitive Functioning and Health,” and “Physical Functioning and Health”
- Tape or tacks to post the easel paper to the wall for debriefing
- At least three markers of different colors for each small group
- Copies of the handout *Helping Clients Improve Quality of Life: Tips and Suggestions*, to be distributed after the debriefing to each participant



EXERCISE INSTRUCTIONS: YOUR IDEAS!

1. Divide into four relatively even groups.
2. Discuss ideas for helping clients in the quality of life area your group has been assigned.
3. Write your ideas on the poster and be ready to discuss!

Social = connections to people, community
Emotional/Spiritual = mental health, peace of mind
Cognitive = daily mental functioning and engagement (memory, learning)
Physical = daily physical functioning, health habits

Show slide 6.

Remind participants of the list of quality of life areas that you underlined on the easel paper during the warm-up activity (i.e. those areas where they might be able to assist clients). Explain that they will be contributing their own tips and suggestions in this group exercise. Before they begin, emphasize what should NOT be included (e.g. giving clients medical advice), if you feel this might be a gray area for participants.



TIP: PREPARE FOR DEBRIEF. While participants are working in their groups, refresh your memory by reviewing ideas from the handout you will be distributing (*Helping Clients Improve Quality of Life: Tips and Suggestions*). Also think about the cultural backgrounds of the clients in your service area: Are there special considerations volunteers should be aware of, or suggestions volunteers can offer to improve their quality of life (e.g. preferred social activities or common health concerns)? If participants do not mention it, add suggestions for these communities during the debrief discussion.

INSTRUCTIONS

EXERCISE INSTRUCTIONS: YOUR IDEAS!

1. Divide into four relatively even groups.
2. Discuss ideas for helping clients in the quality of life area your group has been assigned.
3. Write your ideas on the poster and be ready to discuss!

Social = connections to people, community
Emotional/Spiritual = mental health, peace of mind
Cognitive = daily mental functioning and engagement
(memory, learning)
Physical = daily physical functioning, health habits

1. Divide the participants into four relatively even groups and have these groups gather in different parts of the room so they can have a discussion.
2. Assign each group a quality of life category by distributing the titled easel sheets, one per group. Explain that four broad quality of life categories have been selected. The category “social quality of life” refers to social connections to other people. “Emotional/Spiritual quality of life” refers to a person’s feelings and attitudes, mental health and peace of mind. “Cognitive functioning and health” refers to mental abilities such as memory and learning ability. “Physical functioning and health” involves nutrition, exercise, bodily health, and functioning ability.
3. Ask each group to think about the category they have been assigned and discuss suggestions for helping clients maintain or improve their quality of life in this area, and when improvement isn’t possible, ideas for making the client’s life easier. These suggestions might be activities that the volunteers can do with the client, tips or ideas they might suggest the client do, and/or resources in the community that they believe might help the client. Explain that the categories are general and may overlap sometimes, but that’s okay (in fact, all the better!). For example, activities that contribute to a more active social life can help maintain or improve mental functioning, emotional wellbeing, and depending on the activity, physical fitness. The categories are simply a way to organize and focus the discussion around areas that affect a person’s quality of life. Each group should write their ideas on the easel paper; they will have 10 minutes.
4. After 10 minutes, ask each group to tack/tape their sheets of paper to the wall where everyone can see it.



TIP: MAKE SURE SUGGESTIONS ARE CLEAR AND APPROPRIATE. As you go through participants’ suggestions, be sure to ask for clarification when needed (“Can you say more about that?”) If someone makes a suggestion that is inappropriate, explain why it is not a good idea and cross it off the easel paper so people are not confused. Show appreciation for the effort by saying something encouraging like, “I like your ‘outside the box’ thinking, but...” or “That might be a good idea, as long as you get permission from...” Afterward, you might want to type up the list of the best suggestions and distribute it among the volunteers!

EXERCISE INSTRUCTIONS: YOUR IDEAS!

1. Divide into four relatively even groups.
2. Discuss ideas for helping clients in the quality of life area your group has been assigned.
3. Write your ideas on the poster and be ready to discuss!

Social = connections to people, community
Emotional/Spiritual = mental health, peace of mind
Cognitive = daily mental functioning and engagement (memory, learning)
Physical = daily physical functioning, health habits

DEBRIEF

Go to the first easel paper with the Quality of Life suggestions affixed to the wall and ask the group responsible to talk about their suggestions and what they believe the benefit would be for the client.

After the recorder from each small group has had a chance to talk, ask the larger group if they have anything to add to the list. Do this for each of the four categories, taking about five minutes for each. If there is time, ask the group if they have personally tried any of the suggestions. What was their experience?

Here are some examples of suggestions that participants may offer (note some will fit into more than one category, but this is okay):

Social Quality of Life: Volunteer, attend a lecture together, write cards to family members, get a weekly Scrabble game going.

Emotional/Spiritual Quality of Life: Organize old photos in a scrapbook, take a quiet walk in the park together, volunteer; attend a spiritual function; help the client feel safer by participating in neighborhood watch meetings or installing an emergency alert service.

Cognitive Functioning and Health: Attend a lecture together, read the newspaper and talk about current events, do a crossword puzzle, play bridge.

Physical Functioning and Health: Take a walk in the park, cook a healthy meal together, suggest to the client that he/she ask a doctor to recommend an exercise program.

During the discussion, add your own suggestions and any ideas from the handout *Helping Clients Improve Quality of Life: Tips and Suggestions* that you think are noteworthy.

 Distribute the handout *Helping Clients Improve Quality of Life: Tips and Suggestions*. Tell participants they came up with some great ideas; here are a few more suggestions and some tips for opening up the conversation with clients.

Sources: Caregiver Helpbook (2006); National Senior Corps Association.



TIP: REVIEW YOUR POLICY ON CONFIDENTIALITY. Have a conversation about your program's policy on confidentiality. Is it ever okay for a volunteer to tell another volunteer something a client told him/her in confidence? When should a volunteer talk to a family member or supervisor about the client? Give examples of some ethical dilemmas volunteers may find themselves in and how they should be resolved.

EMOTIONAL SUFFERING

- Grief
- Anger
- Feeling helpless or useless
- Loneliness



7

C. Emotional Suffering: Clients in Difficult Circumstances

Show slide 7.

For clients who are going through especially hard times, such as grieving for a lost loved one, many of the suggestions are not going to improve their quality of life. However, simply being there for a client and listening can help relieve suffering. Here are some general tips:

- **Grief:** For a client who is grieving, acknowledge your client's feelings and sympathize. Encourage talking about it, but don't push. Reassure your client that it is okay to grieve; grieving is natural and necessary. Offer comfort and support by being there.
- **Anger:** Understand that anger often contains hurt and pain and other complicated emotions, and respond with diffusing statements such as, "This must be a difficult day for you." Don't give advice unless you are asked. Sometimes just listening allows the client the outlet he/she needs to express frustrations and then calm down.
- **Helplessness or Uselessness:** Help your client feel more useful. During visits, ask your client to help with activities as much as possible. Encourage your client to make decisions. Ask for his/her opinions frequently, and show appreciation for the input.
- **Loneliness after you leave:** Remind the client that you will return at the scheduled time. Post a note on the calendar. Talk about what you could do during the next visit so he/she has an interesting activity to look forward to.

Remind the participants that they are not expected to be counselors. If they are worried about a client, they should always speak with their supervisor to determine what appropriate steps should be taken.

Sources: Caregiver Helpbook (2006); National Senior Corps Association.

REFLECTION: RESPECTING BOUNDARIES

- How could you make a suggestion about a change so a client is receptive?
- What questions do you have about volunteer-client boundaries?
 - "Is it okay to...?"
 - "What if ...?"



D. Reflection: Respecting Volunteer-Client Boundaries

Show slide 8.

Tell participants that they have some good ideas for helping their clients improve quality of life, however they should be prepared for the possibility that these suggestions may fall on deaf ears. Clients may not want to change habits or try new things, and it is important to respect that. For example, a client may be shy and prefer to spend time with the volunteer one-on-one rather than meet new people at the senior center.

 Distribute the handout *Reflection: Respecting Boundaries* and ask participants to take five minutes to answer the questions (this can be done individually or in pairs). After five minutes, ask the group to come together.

Large group callout (question 2 of the handout): "How might you broach a topic about changing a habit or trying a new thing with a client?"

Validate participant responses and talk about appropriate ways to do this: "Here are some suggestions for how you might broach a topic in a way that will improve client receptivity":

- Frame the suggestion as something you are doing and talk about how much it has helped you.
- Bring written material on the topic to share: "This is something interesting I came across..." or "I just heard the most interesting thing about ____ at our in-service training. I thought I might share it with you."
- Suggest this as a new activity you try together. "I'm doing _____; would you consider joining me in this? We may be able to help each other." Brainstorm on how and what to do in order to accomplish the desired change. Keep the project small and reward yourselves when goals are met.



TIP: KEEP THE CONVERSATION ON TRACK. This workshop provides many opportunities for group discussion and sharing. As the facilitator, you will need to keep the discussion moving forward or risk running out of time. See the *Facilitator's Guide* for information on group management and training techniques around timing.

REFLECTION: RESPECTING BOUNDARIES

- How could you make a suggestion about a change so a client is receptive?
- What questions do you have about volunteer-client boundaries?
 - "Is it okay to..."
 - "What if ..."



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Reiterate to participants that it is very important to respect the client's boundaries and wishes. Volunteers can plant a seed and encourage clients to try new activities, but they should not push clients to change. Clients may refuse to participate because:

- They feel comfortable with their daily routine and do not want to make the effort to change.
- They are afraid of trying something new; they may feel uncomfortable in a new environment or with meeting new people.

Large group callout (question 3 of the handout): "What questions do you have today about volunteer-client boundaries?"

Answer as many questions as you can; if you run out of time, make arrangements to answer questions later (e.g. by phone or by email to the group, if possible).



TIP: PUT IT IN WRITING. Do you have a code of ethics or written policy for volunteers about maintaining appropriate volunteer-client boundaries? If not, consider developing a list of concrete examples of appropriate and inappropriate situations (e.g. When should volunteers contact outside resources for social support? When should volunteers encourage clients to participate in new support services? When should volunteers not get involved?) Remind them of your program's policy and where they can get a copy of this information. Emphasize that if they are unsure about any situation, they should always talk with their supervisor.

LAST THOUGHTS

And in the end, it's not the years in your life that count. It's the life in your years.



~ Abraham Lincoln

IV. Closing

Show slide 9.

Tell participants that it is time to end the session, and ask if they have any further questions. After responding to questions, leave them with this last quote attributed to Abraham Lincoln: “And in the end, it’s not the years in your life that count. It’s the life in your years.”

  Distribute the remaining handouts: *Additional Resources: Helping Clients Improve Quality of Life* and the *Training Feedback Survey*.

Additional Resources includes sources for the information presented, and helpful website links for more information on quality of life issues like health and nutrition.

Inform participants that the session is over, and you would very much appreciate hearing their thoughts via the *Training Feedback Survey*. Let participants know their responses are anonymous (no names are required on the surveys), and that the surveys are collected to help improve future training sessions. Make sure to indicate where you would like the completed surveys to be placed.

Thank everyone for coming.



TIP: ASK AN EXPERT. Consider inviting a guest speaker with expertise to talk about specific issues that effect quality of life; for example, what kinds of independent living aids and assistive technology are available, and how might a client acquire them? What are some simple acts that volunteers can do to make the client feel special (e.g., go to a hair salon, arrange for the client to have a manicure)? How can the volunteer make the client feel they are still contributing to society?

References for Module 8: Beyond Companionship Services: Helping Clients Improve Quality of Life

Centers for Disease Control and Prevention. 2005. Social support and health-related quality of life among older adults – Missouri, 2000. *Morbidity and Mortality Weekly Report*, May 6, 2005 / 54(17); 433-437.

Kurtus, Eleanor M. (2002). Lifestyle Factors Affecting Quality of Life in Late Adulthood. http://www.school-for-champions.com/health/lifestyle_elderly.htm (accessed June 2, 2008).

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Volz, Joe. 2000. Successful aging: the second 50. *Monitor on Psychology*, Vol. 31: No. 1. <http://www.apa.org/monitor/jan00/cs.html>

Handouts

The following handouts are included in this module:

1. What is “Quality of Life” for You
2. Telephone Tips for Accessing Resources
3. Helping Clients Improve Quality of Life: Tips and Suggestions
4. Reflection: Respecting Boundaries
5. Additional Resources: Helping Clients Improve Quality of Life
6. Training Feedback Survey

*Providing Independent
Living Support:
**Beyond Companionship Services:
Helping Clients Improve
Quality of Life***



Trainer: _____

Date: _____

What is “Quality of Life” for You?

Step 1: Individually, take a minute to think about what is important in your life. What are the things that determine the quality of your life (i.e. what kind of a life you have)?



Using single words or short phrases, list the 5 things that are most important to your quality of life. (Of course, there are no wrong answers!)

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

Step 2: Share your list with a partner. Were some things on both of your lists the same? If yes, put a check mark next to those.

Telephone Tips for Accessing Resources

As a volunteer, you are in a position to advocate for your clients. You can help them get information about available community resources, including things like eligibility requirements, procedures, waiting lists, and costs. Usually some information is available on the Internet, but often it is necessary to make the calls. Here is some practical advice for calling agencies and organizations to get information on social services.

Prepare yourself to make the call:

- Review written material (brochures, notices, letters, and information online) if you can. Underline key points, names and phone numbers of people and organizations you might want to call.
- Write down a list of all the questions you want to ask. It is easy to get flustered when someone is rattling off information and you are frantically writing notes. If your questions are written down, you won't forget to ask them.
- "Psych" yourself up to make the call. Do a little role-playing to help you feel more prepared. This will also help you anticipate questions you want to ask, or information you might be asked to provide.
- Accept that you may need to make several calls before you get the information you need. Breaking through the bureaucracy is not for the faint of heart. However, don't assume the worst; most people want to help!

While you are on the phone:

- Tell the person on the line that you don't know much about this and hope he/she can give you some guidance. Make the person feel like your mentor. Complement helpfulness, even if you didn't quite get what you needed. The next time you call, the person will be more willing to go out of their way to get the information for you.
- Be polite but don't allow anyone to brush you off. You have the right to information, especially from public agencies. If you feel you are getting nowhere, ask to speak to a supervisor.
- Always get the name of the person to whom you are speaking. You can address them by name during the call, which helps to build rapport. It also shows you know what you are talking about in case you get conflicting information. For example, you can say, "I talked to Jimmy Johnson at the Dayton office yesterday and he said I needed to get Form XYZ from your office. Is this something you can mail to me or should I stop by?"
- Ask questions! If the person uses acronyms, names, and terms you don't know, stop the conversation and ask for an explanation. Do not let yourself feel rushed or intimidated. Sometimes people don't realize they are using language that is not familiar to everyone.

If at first you don't succeed...

You don't have to do everything yourself! Ask a friend, colleague, or your supervisor to lend a hand. Put the word out that you are looking for information and need help navigating the system. Use the Internet; is there a "listserv" or blog or website related to the service you want to access where you can post a question?

In a nutshell: Be prepared, don't give up, and win support right from the start with your friendly attitude. Catch your flies with honey!



From: "Telephone Tips and Techniques", National Family Caregivers Association: www.thefamilycaregiver.org

Helping Clients Improve Quality of Life: Tips and Suggestions

You are helping your clients remain independent but you are also helping them to improve quality of life. This might involve assisting or encouraging clients to participate in activities to maintain or improve their physical health, cognitive health and memory, emotional wellbeing, and social engagement.



This document contains tips and suggestions for helping clients improve their quality of life, including assisting clients who are grieving, or feeling angry, helpless, or lonely. The advice was collected from published resources and professionals serving the elderly, including Senior Corps program directors. We hope you will find the suggestions helpful!

Suggestions for Activities

Help make life easier!

- Help the client access needed services (e.g. transportation, home safety improvements) by finding information, making calls and appointments, and bringing unmet needs to the attention of the family or your supervisor.
- Help with household chores and organization (e.g. sorting out drawers or closets, taking unwanted items to recycling or a second hand store).
- Assist with errands and appointments.
- Indulge in a “pampering day” (out or at home) with a manicure, hairstyling, tea and a special desert, etc. Use your imagination!

Encourage good health practices!

- Exercise: There might be classes you can take together or simple exercises the client can do at home. Take walks around the neighborhood or park. *Note: You and your client should consult with a doctor before taking on an exercise regimen.*
- Encourage a healthy diet: Help your client plan and prepare meals.
- Encourage your client to get regular health care. Offer a ride to appointments.
- Share brochures on various health topics that you received at in-service trainings.

Challenge the mind with a game, or learn something new!

- Take up a hobby, keeping in mind your client’s ability, interest, and any expenses involved.
- Do a jigsaw puzzle.
- Play cards or a board game.
- Do word and number games such as crossword puzzles, word search, or Sudoku.
- Start seeds in little pots, or work in the garden. Visit public gardens: Is there a community garden or botanical garden in your area?
- Encourage self expression through art projects, cooking/baking together, and music.
- Bring jokes to share.
- Bring magazine articles or books on subjects of interest and read together.
- Learn something new together: See if free classes are available at local community/senior center, visit the library, or attend a lecture or museum exhibit.

Enjoy reminiscing!

- Spend a rainy afternoon watching old movies by a favorite actor. Many old television series are also available on video/DVD; check your local library.
- Put together a collection of old time favorites on a CD or tape. Include music, radio clips, and humor from old time comedians. Look through your collection, your client's collection, and check your public library for recorded materials.
- Write/record your client's story: Record your client's oral history and match photographs to the story; this could be put on a CD to give as gifts to children and grandchildren. Put together a scrapbook or videotape an interview.

Get out in the community!

- Go for a walk, socialize at the senior center, or visit a friend.
- Take your client out to lunch, shopping, or the hairdresser.
- Keep up on local events together: Write letters to the editor, follow a sports team, or attend community events.
- Encourage your client to become involved in volunteer work. Is there a service project you can do together? If your client is homebound, is there an activity he/she can do from home, such as: dispatching other volunteers (e.g. Meals on Wheels), telephone reassurance calls to other homebound seniors, pen pal correspondence with school children to improve their reading and writing skills; sewing, knitting or quilting items for nursing homes, shelters, or hospitals; or assisting projects with mail or phone correspondence? Check with your supervisor; there may be an innovative program in your community for homebound volunteers.

Reconnect with friends and family!

- Help clients reconnect with old friends and family (e.g. assist with correspondence or coordinate a meeting).
- Help write holiday cards or birthday cards. Consider making the cards as an art project.
- Help broaden your client's circle of friends. Ask your client if they would like to invite a friend or acquaintance in for a card game or other social activity.

Tips for Opening up the Conversation

You can encourage your client to change habits and try new things, but never push! There may be a good reason for your client's hesitancy. Instead, start slow and stay positive. Refer to your own experience as the example so the client won't feel as though he/she is being criticized. If the client is not interested, move on to something else.

Here are some phrases to help broach a topic with your client. Once the conversation gets going, you can suggest they join you in the activity, or offer to help them get started.

At our in-service training, I just learned about _____ and I'm going to try it.

Examples:

- "I just learned about how exercise can improve mood and I am going to ask my doctor to recommend a regimen."
- "I just learned some new tips for quitting smoking and this time I'm really going to do it."
- "I just learned how doing regular mental exercises like crossword puzzles contributes to healthy brain function and I'm going to try it."

When I was feeling _____, I tried _____ and it really helped me.

Examples:

- “When I was feeling run down, I changed my diet to include mostly fruits and vegetables it really helped me feel more energetic.”
- “When I was feeling blue, I called a sympathetic friend and poured my heart out, and I felt so much better afterward.”
- “When I was having trouble sleeping, I listened to an audio book that I got at the library and it soothed me to sleep.”

I have an idea for something new we could try together. I know you enjoy ____ so I was thinking we could try _____.

Examples:

- “I know you enjoy cooking so I was thinking we could try a new recipe that is nutritious and easy to make.”
- “I know you enjoy art so I was thinking we could visit that new exhibit at the museum.”
- “I know you enjoy listening to the birds so I was thinking we could build a little birdhouse for the yard.”

Tips to Alleviate Suffering

Loneliness after you leave

- Remind the client that you will return at the scheduled time. Post a note on the calendar. Talk about what you could do during the next visit so he/she has an interesting activity to look forward to.
- Do only small parts of a project so that when you leave, the client still has something productive to work on. Leave your client with an assignment to complete by the next visit.
- Encourage other friendships by helping the client get out and socialize (e.g. at the senior center, church, temple or mosque).
- If you did something fun, encourage the client to call a friend and discuss his/her day with you.
- See if your client can receive telephone reassurance calls in between your visits. Does your supervisor know of a service?

Grief

- Acknowledge your client’s feelings and sympathize. Encourage talking about it, but don’t push. Reassure your client that it is okay to grieve; grieving is natural and necessary. Offer comfort and support by being there.
- Send a card or call the client during times that might be especially hard, such as anniversaries and holidays.
- Escort your client to a bereavement counseling group, or if they practice a particular faith, to meet with his/her spiritual director.
- Take a trip to an area that was a good memory for the client and reminisce.
- Some of the following rituals and activities have helped people who are grieving find comfort: lighting candles, going through photos and talking about the person, visiting the cemetery on special days, planting a tree, flower, or garden in the person’s memory.

Anger, frustration

- Encourage the client to identify the source of the anger. Does the client need help with something? A discussion can help evaluate the source of anger, if any action can remove the source, and what the client might do to control the situation.
- Understand that anger often contains hurt and pain and other complicated emotions, and respond with diffusing statements such as, “This must be a difficult day for you. How can I help?” Reassure your client that anger is normal. Do not give advice unless you are asked; sometimes, just silence allows the client to express him/herself, escalate, and then calm down without any intervention from the volunteer.
- If applicable, suggest stress-reducers like outdoor walks, deep breathing exercises, meditation or prayer, tai chi, yoga, or setting time aside to listening quietly to soothing music. Phrase the suggestion as, “This has helped me in the past when I felt frustrated and overwhelmed...”

Feelings of helplessness

- Encourage your client to talk about what is making him/her feel helpless. There may be independent living aids that could alleviate the problem. Knowing your client’s limitations will give you insight into how you can help.
- Help your client arrange the house so that he/she can do as much as possible independently. For example, clearing out clutter can help your client feel less overwhelmed and more in control of his/her environment.
- Show your client that he/she is not helpless. During visits, ask your client to help with activities as much as possible. Encourage your client to make decisions. Ask for his/her opinions frequently, and show appreciation for the input.
- Show your client that he/she is valued. Talk with your client and help him/her see where he/she continues to have a positive impact on loved ones. Look into activities that you and your client can do together for a good cause (e.g. crafts projects that can be donated to the local senior center or school for fundraising; volunteering activities).
- Recognize and accept that some things are out of our control; instead, focus on your client’s strengths and do activities he/she can still enjoy.

***Remember: If you are worried about your client, always tell your supervisor!
If counseling is needed, clients should be referred to a professional.***

Sources: Legacy Caregiver Services, (2006). The Caregiver Helpbook: Powerful Tools for Caregivers. 2nd ed.: Legacy Health System. National Senior Corps Association: www.nscatogether.org

Reflection: Respecting Boundaries



Be prepared for the possibility that your client may have very different values and priorities. For example, you may take very good care of yourself but your client smokes like a chimney and eats food that is bad for his/her health. Your home is as well-organized as Martha Stewart's, but your client has not cleared anything out since 1972!

1. Think about a client or another person in your life that you would like to help. If you were to suggest a change or idea that might improve this person's quality of life, what would that change be?

2. How would you approach that person to make the suggestion? What would you say?

You may have questions about what is appropriate to suggest or offer to improve the quality of life for your client, or you may find yourself in an ethical dilemma (e.g. the client asks you to keep a secret, but you are concerned for his/her welfare if he/she doesn't get help).

Always ask your supervisor if you are unsure!

3. Today, do you have a question about appropriate volunteer-client boundaries? (Share it during the discussion today or approach your supervisor later.)

Is it okay to...

Additional Resources: Helping Clients Improve Quality of Life

Are you interested in learning more about the topics covered in this workshop? You may find the following online resources helpful. References consulted for this module are also included in this handout.

U.S. National Institutes of Health National Institute on Aging (NIA) provides health information for seniors in English and Spanish: <http://www.nia.nih.gov/>.

Exercise: A Guide from the National Institute on Aging is a manual and companion video that guides older adults through safe and effective endurance, strength training, balance, and flexibility exercises. The 80-page manual is available online for free, or may be ordered along with the video for a fee: <http://www.nia.nih.gov/HealthInformation/Publications/ExerciseGuide/>.

Good Nutrition: It's a Way of Life from the NIA's "Age Page" series for seniors provides practical advice for maintaining good nutrition, including recommended calories, food safety, and shopping tips: <http://www.niapublications.org/agepages/nutrition.asp>.

Samaritan Health Services provides accessible, easy to read health information and tips for wellness on a variety of topics. The website includes a section for older adult health concerns:

<http://samhealth.staywellsolutionsonline.com/YourFamily/OlderAdults/>

The **Eldercare Locator** is a national toll-free directory assistance service provided by the U.S. Administration on Aging. Eldercare Locator helps people locate aging services in every community throughout the U.S. Call 1-800-677-1116 or visit their website: <http://www.eldercare.gov>.

Module References

Centers for Disease Control and Prevention. 2005. Social support and health-related quality of life among older adults – Missouri, 2000. *Morbidity and Mortality Weekly Report*, May 6, 2005 / 54(17); 433-437.

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Volz, Joe. 2000. Successful aging: the second 50. *Monitor on Psychology*, Vol. 31: No. 1. <http://www.apa.org/monitor/jan00/cs.html>

Training Feedback Survey

Please help us improve our training sessions by providing feedback on the training you attended. Thank you!

Training/Session Name: _____ Date: _____

Lead Facilitator: _____

Program you serve with: SCP RSVP Other: _____

Please rate this session using the following scale:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
1. The subject matter was presented effectively.					
2. The facilitator was knowledgeable.					
3. The facilitator responded to questions.					
4. There were enough opportunities for discussion.					
5. The written materials are useful.					
6. The session met my expectations.					
7. As a result of this training, I gained new knowledge applicable to my volunteer assignment.					
8. I plan to apply what I learned at this session.					

9. What did you like best about this session?

10. What would have improved this session?

Thank You! Your feedback will help us to improve our training!