# Masters' Practicum:

# Inservice Training for Care-givers to the Elderly

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## 1.0 INTRODUCTION AND ACKNOWLEDGEMENTS

### 1.1 Introduction:

My proposal was to develop and implement a series of six two-hour training sessions for care-givers of elderly people. These sessions will constitute part of a larger package and will serve as a model for the sessions to follow.

This program has been developed for care-givers of the elderly in an institutional setting but can also be adapted to other settings such as churches, community programs, etc. It was presented at Bethania Mennonite Personal Care Home in Winnipeg. Field testing for an adaptation of the program took place in the First Mennonite Church, also in Winnipeg. Even though staff members at Bethania appear to be concerned and kind, their attitudes do not always foster the feelings of respect and independence that seem necessary for persons in a personal care home setting. Much is being done to help improve and keep the physical and medical aspects of caring at a high level, and spiritually Bethania offers many opportunities to the elderly. The intent of these sessions is to improve other aspects of the quality of life as well. There is keen awareness of the need to focus more intently on the emotional, the intellectual and the

social. Thus these training sessions have been designed to assist staff, helping them to create, or at least allow for, the best possible quality of life for each individual resident.

**1.2 Acknowledgements:**

Many have contributed to the "successful completion" of this project. I take great pleasure in saying "thank you" to them.

Professors Richard Careiro, Bill Schulz and Jacob P. Redekopp were particularly helpful in the earlier states of development of this program. Their ongoing critique, encouragement and advice as well as their assistance toward the end of the project are much appreciated.

Hildi Braun, my typist, deserves a special thank you. Her perseverance, suggestions and hours spent can hardly be repaid. And thank you to Clara Toews who assisted in the proofreading.

The board of directors, administrator and staff at Bethania Mennonite Personal Care Home made it possible for me to carry out the field-testing both within the home and in one of the churches associated with the home. In particular I want to thank Helmut Epp (administrator), Mollie Willard (director of nursing), Lynne Barske and the group participants.

Appreciation also goes out to the residents of Bethania Mennonite Personal Care Home, the residents of Arlington House and Sunset House (housing for elderly persons) for giving me the opportunity to put theory into practice, thus providing experiential backing for my project.

My parents and a number of friends deserve special mention for ongoing interest and support.

## 2.0 RATIONALE

### 2.1 Literature:

Much has been written on aging and the elderly. Recently a rash of literature has been published on geriatrics "a branch of medicine dealing with the disease of the elderly" and gerontology "the study of the aging process". (Myers, Finnerty-Fries, Graves Counseling Older Persons, Vol I, Guidelines for a Team Approach to Training. Falls Church, Virginia: American Personnel and Guidance Association, 1981, p.13.) There are books, and study guides available on almost every aspect of aging and the elderly. These materials include issues such as the following: planning for retirement, changes and various crises, pastoral care and

counselling, engaging the elderly in ministry, death and dying (APGA, 1979; APGA Volumes I, II, III, 1981; Asquith G, 1975; Atchley R, 1980; Bergman M & Ohe E, 1981; Cohen & Gans, 1978; Comfort A, 1976; Curtin S, 1972; Falls, MacKeracher, Vigoda, 1981; Feil N, 1981; Fritz, D, 1972; Gaffney M, 1974; Good P, 1978; Grollman E & S, 1978; Harris D and Cole W, 1980; Huyck M, 1974; Kuebler-Ross E, 1969; Kushner H, 1981; Lerner G, 1978; Loether H, 1969; Mason J, 1978; Nouwen H and Gaffney W, 1974; Oates W, 1976; Peary R, 1981; Schwartz & Peterson, 1979; Smith T, 1981; Sparks J, 1980; Thorson J and Cook T, (eds) 1980; Tournier P, 1972; Watt & Calder, 1981; Welter P, 1980). But unless this knowledge becomes a part of everyday attitudes and behaviors, on the part of the elderly, their care-givers and society at large, it will merely overload the bookshelves and collect dust.

Also available, though not specifically related to aging, is an abundance of literature on self-awareness, self-worth, communication skills, relationship building, and stress and stress management (Adler & Towne 1981, Augsburger D, 1981, Bandler R and Grinder J, 1979; Baumann, Brint, Piper & Wright, 1978; Coleman L, 1971 and 1972; Dudley D and Welke E, 1977; Faul S & Augsburger D,

1980; Gordon T, 1970; Howe R, 1963 and 1971; James M and Jongeward D, 1971; Keleman S, 1975; Kelsey M, 1976; Lewis H & Streitfeld H, 1970; Luce G, 1971; Lynch J, 1977; McGinnis A, 1979; Pelletier R, 1977; Powell J, 1972; Powell, J, 1976; Satir V, 1967 & 72; Selye H, 1974; Simon S, 1976; Simon S, Howe L & Kirschenbaum H, 1972; Soelle D, 1975; Tournier P, 1965; Watts 1980; Wright H, 1974). It is essential that a care-giver remain on the growing edge if he/she desires to develop personally and to become increasingly more effective as a care-giver.

The American Personnel and Guidance Association (APGA) in Counseling Older Persons, Volume I, Guidelines for a Team Approach to Training, edited by Myers, Finnerty-Fries, Graves (1981) gives the following rationale for training care-givers to the elderly:

> Economical use of resources available for inservice training related to the aging field is necessary because of the enormous breadth of training needs that must be met with limited funds. Continuing education and training opportunites have not kept pace with the growth of the older population nationally. Added to this problem is the fact

> that the majority of professionals in all fields who are on the job in the 1980s, finished their academic education before aging was included in the basic curricula as a specific content area....many thousands of professionals who are today in the position to provide direct service to older persons were not able to take advantage of such study to prepare them for the current and future work with older people. Thus continuing education may indeed be the first exposure for many individuals to aging as a field of study. (p.194)

Myers, (1981) goes on to say:

> A rapid expansion in the development of these (aging related) organizations and employment of staff beginning in the early 1970s has created major and diverse training needs within what has come to be called the aging network. (p.194)

The APGA manual Counseling the Aged - A Training Syllabus for Educators, edited by M.L. Ganikos (1979, pp.vii-viii) makes it clear that counselors, for various reasons, are not meeting the needs of the elderly. One reason is that with the increase in the aging population, there are not enough professionals to go around.

Also, care-givers have more opportunity for contact with the elderly on an ongoing, informal basis. The older generation of today is reluctant to seek professional assistance and will accept help more readily from those they frequently relate to in their daily involvements. Hence it is important that care-givers be better trained to deal with problems as these spontaneously arise.

**2.2 Personal Statement:**

Recently I heard a long time administrator of a well known facility for the elderly comment on trends related to aging. He only mentioned the negatives. From my experience I'm aware also of positives. Certainly the problems are real, and we must face them. However, since human tendency is to move toward our focus, we must beware that our focus does not become too pessimistic. Positives need to be emphasized. Where positives are lacking change is required. I strongly believe that care-givers of the elderly need training so that they will be better able to identify the good and move toward it.

Also, I believe, it is important for those of us who care about others to remain on the growing edge and to continue to develop our potential and sensitivity. Training related to care-giving is one way of continuing in personal and professional growth.

## 3.0 GOALS

1. to raise awareness regarding assumptions made about the aging process and the elderly

2. to give information relevant to the aging process and the elderly

3. to improve services rendered by assisting care-givers in their personal growth and professional development

4. to improve the quality of life of the residents in the personal care home setting

## 4.0 METHODOLOGY

### 4.1 Approach:

A blend of experiential involvement and input will be used. Individual reflection, dyads, triads, larger group sharing and

role play will all be a part of the process.

During and after the sessions the leader will make him/herself available to assist individuals, as need arises, to discuss successes, questions, problems encountered as new knowledge, insights, skills are integrated.

Audiovisuals (cassettes, film and transparencies) will enhance presentations and stimulate group involvement.

**4.2 Course Requirements:**

Punctual attendance and participation will be encouraged and invited. It will be suggested that the participants keep a journal of insights, learnings, thoughts, feelings and experiences, reactions, impressions and responses to the aging process and the elderly. These could arise out of the sessions or their daily encounters. A review of the journal at the end of the sessions should reveal the writer's attitudes and values. Participants will also be invited to share their observations with the group or individually with the leader.

**4.3 Course Outline and Lesson Plans**

### 4.3.1 SESSION I - LIFE STAGES

**GOAL:**

To raise care-givers' awareness of life stages, tasks related to each stage and the effects of each stage on aging and old age, i.e. increase awareness of the fact that the way we deal with each stage, and the extent to which we complete the tasks of each stage, effects our aging process and our old age. As a result care-givers will be more understanding and hence services to the elderly will be improved.

**OBJECTIVES:**

1. Participants will introduce themselves to the group.

2. Participants will verbalize their expectations of the six training sessions.

3. Participants will view a film and discuss it in groups of four, according to the guidelines suggested under "procedures".

4. In groups of four, participants will discuss the poem "What Do You See? What Do You See?" according to the suggested questions.

5. In the larger group, participants will discuss life stages and their effects on aging as these are outlined on a chart.

6. Group members will observe staff, residents, and residents' families during the week. In session two they will report on myths they noted as they observed.

SESSION I - LIFE STAGES

| TIME | PROCEDURES | LEADER'S NOTES AND RESOURCES |
|---|---|---|
| Introduction<br>Activity<br>8 min. | Each participant will introduce him/herself to the group stating his/her name and one interesting aspect of him/herself | Leader will model this exercise by introducing him/herself first. This activity will give each participant an opportunity to speak and get used to his/her own voice in this setting.<br><br>Note on monitoring groups - three options:<br><br>1. Circulate from dyad to dyad (triad to triad). Notice which groups are on the topic but disinterested and which groups finish quickly. Leader may also choose to move toward the groups (or individuals) reflecting disinterest with the intent to motivate.<br><br>2. Watch the process from a distance and move toward the seemingly disinterested groups (or individuals) with the intent to motivate.<br><br>3. Watch the process from a distance without moving in, thus allowing them to struggle with disinterested persons or other difficulties. |

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| 5 min. | Leader will briefly comment on, and allow for discussion of various aspects of this program:<br>1. rationale<br>2. goals<br>3. approach<br>4. expectations | |
| Activity<br>7 min. | Participants will reflect on what they hope to gain from those sessions and what they would like to contribute. They will share these reflections in dyads and then in the larger group if they wish to do so. | This will help to begin the group process and call for a certain level of commitment. There is also advantage to sharing subjectively at this point, hence in dyads.<br><br>Comments on process: As we grow in our understanding, we also grow in our personal lives and in our relationships. We are being |

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| | | shaped and are involved in shaping others according to our perceptions. We cannot go back to undo the past but we can learn from it. The important thing isn't the failures or successes we've had in the past, but rather that we are open to change and growing. |
| Activity<br>40 min. | Participants will view a film, "At 99, A Portrait of Louise Tandy Murch" (1974) and in smaller groups discuss the film. Possible points for discussion:<br><br>1. Reactions to the film;<br><br>2. Persons they know who are similar to the main character in the film;<br><br>3. Why some elderly persons are so full of life while others seem apathetic;<br><br>4. Tilman Smith quote: | |

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| | In every stage of life you are determining the kind of person you will be later...How you live now is the most important factor in determining how you grow old. | |
| Activity<br>15 min. | Leader will read the poem: (See Appendix "A") "What Do You See? What Do You See?" (Ganikos 1979, p.xi)<br><br>In small groups, participants will discuss the poem using the following guide:<br><br>1. What does the author feel<br>- about the past?<br>- about the present?<br><br>2. What gave rise to these feelings?<br><br>3. What is her most urgent wish? | Oftentimes my expectations and/or reluctance to face my own aging blurs my vision of the elderly.<br><br>This woman, like all elderly persons, had the experience of travelling through all the stages of life through which you and I have travelled, plus the stages of life yet unfamiliar to us. |

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| Activity<br>40 min. | In the larger group and with the assistance of trans-parencies, participants will discuss life stages and their effects on the aging process. | (See Appendix "B")<br><br>INFANCY:<br><br>Mother sits cradling the baby in her arms, gently rocking the tiny one to soft music. Suddenly a sharp clap of thunder. Baby and mother are startled. Something is wrong! But the infant has learned that mother can be trusted. She will be there, no matter what. "Mother loves me. I can trust her."<br><br>Prior to birth a child already senses acceptance or rejection. A loving mother has already communicated her love. Now, when there is a "crisis", even if mother leaves for a while, the infant knows that she will be back: "I can trust her." |

The basic early hope is one of trust. Come what may, significant others can be trusted. The groundwork has been laid. Even if later in life our logic/intellect insists that not all people can be trusted, the basic foundation of trust is solid. This hope of trust will stand a person in good stead throughout life--will help shape this person's attitude toward others, life in general and God--especially in old age.

A person who has not learned this basic trust will be a suspicious person. Throughout life these suspicions can be hidden or rationalized away. But in old, old age, when intellectual learning goes and basic distrust surfaces, others will not be trusted. This is the person who complains: "He stole my clothes. He always steals my clothes."

In infancy the significant other is mother. Perhaps the distrustful old, old person lost his/her mother in early life and had no one trustful to replace her. Now in

old, old age it is normal to go back and get these feelings out. The task of infancy is to learn to trust, while part of the task of old age is to resolve what was left unresolved in infancy.

Certainly, if we failed to resolve our distrust in infancy, it is possible to do so later in life before we come to old, old age. It is wise to do so even though it may be difficult. If resolution does not happen early in life, it will need to happen later, or else despair will set in.

CHILDHOOD:

This is the time a child learns independence and control. We may snicker at the idea of potty training being significant. And perhaps the importance of it has been overstated. Yet it is important as one aspect of learning autonomy. Learning where, when and how to eliminate body waste is an accomplishment; accomplishment gives joy and a feeling of responsibility.

If a child learns that he/she is in control of some aspect of life he/she can make decisions, can hold on or let go, can take responsibility. He/she also learns that "messing up" occasionally is not crucial. Basically he/she is still an acceptable person.

Rules at this time are important. Children make their own rules, e.g. not stepping on a crack. These rules must be lived by.

If the child has sufficient accomplishments, he/she is able to live with the occasional error. However, if the accomplishments are insufficient the person develops feelings of inferiority, shame and guilt. He/she becomes a blaming person, blaming self and others.

Unless special effort is made to resolve these feelings before old, old age, such a person's feelings will become unrestrained.

This is the person who feels he/she is terrible and who believes that others are "out to get me. The police is after me". No amount of reason will help--it will only make it worse.

This attitude is transferred to his/her relationship with God.

ADOLESCENCE:

There is a need to separate oneself--to see oneself as an individual. Questions regarding self-identity surface:

1. who am I?

2. who am I separate from my parents?

3. what does it mean to be human?

4. who am I as male/female?

5. what does it mean to be male/female?

The person who does not establish personal identity is someone only in relation to another significant other: parent, spouse, boss, child. This person needs another for affirmation and direction. When the other is gone, this person is confused and may see him/herself as a nobody.

Some of us resolve this confusion in our 20's or 30's or later. Some never resolve it. The latter are the old, old who not only have lost role and significant others, but are lost. They are insecure.

ADULTHOOD:

At this stage the task is to develop one or two intimate relationships, the kind of relationships in which he/she can get close to another: tell the other that he/she is loved and mean it without falling apart if love is not returned, or tell the other genuinely that he/she is hated without falling apart when this results in rejection.

If intimacy is not adequately developed, isolation, fear of rejection and dependency develop. There is the predominant feeling that I am unloved, I'm insecure. There is the constant tension which will possibly result in physical ailments such as bursites. "I have nothing to give"--"I'm a nobody" becomes stronger.

Later in adulthood and into the mid-years generativity becomes a major task--I "generate" children, ideas, leadership. I create and care for. This takes me beyond myself.

MID YEARS:

As generativity continues to be important, another force moves in--losses. Age starts to show.

Losses need to be replaced. New relationships, activities, ways of doing things need to be generated. This is the time when we realize that we can't live up to our ideals/idealized selves. We will not accomplish what we hoped to do--this must be faced and accepted. We must realize that even though we cannot accomplish all we hoped we are still of value. We continue to have much to offer. We need to accept ourselves as we are.

The person who has not been able to accomplish the task of generativity, will become absorbed in self and eventually stagnate: "If I can't do this or have that, it's no use. I'm no good anyhow." This person refuses to let go--hangs on for dear life, because to live means not to loose.

OLD AGE:

This person asks: "Has life been worth living?" This results in a life review, in tying-up living or "mending the fences", in putting it all together. This is a wise person: knowledge and experience have been brought together.

We don't revere wisdom in our society. We revere doing instead. If someone doesn't do, that's it! Game over! Yet the goal of the aged is to replace doing with wisdom--wisdom gleaned from living.

So in old age we "get it all together"--what I was, am and wish I had been. I did this right and I did that wrong--but I'm still OK, still an acceptable and worthy person. The extent to which a person succeeds at this task helps determine what old age will be like.

Old age is also a time when numerous changes must be confronted. How we handle changes at this time also effects old old age--it effects the extent of disorientation. The physical condition of the brain does not alone determine behaviour in old age.

OLD, OLD AGE

At this time tasks of earlier stages left undone and feelings left unresolved surface. Logic and intellectual knowledge vanish. Recent memory deteriorates. Early emotional learnings come to the fore and behaviour is based on feelings rather than logic or intellect. If the present does not satisfy, there is withdrawal and living in the past.

This is not the same as life review and reminiscing. Rather, it is a desire to avoid the fearful present. A defense. A choice. A way of coping.

Failure to reach integrity, to tie life together satisfactorily, to resolve unfinished tasks, conflicts and feelings results in increased disorientation and on to vegetation.

Thus, either there is peace, meaning, maturity, wisdom and hope or else utter loneliness and bitter despair.

Early learnings are crucial. These are the learnings that "stick". Even though later intellectual learning counters the early learning, old, old people go back to these early "hopes". Trust leads to eventual integrity, to inner strength, to identity in later years. Completion of tasks at various stages results in not needing to return to the past through fantasy in order to make up for unfinished business.

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| | | Tilman Smith:<br><br>In every stage in life you are determining the kind of person you will be later.... How you live now is the most important factor in determining how you grow old. |
| Conclusion<br>5 min. | During the week group members will observe people in various life stages and record observations related to issues raised during the session. They will report these observations in session two. | How we have handled the various life stages and the related tasks has a profound effect on our aging process and old age: physically, socially, intellectually, emotionally and spiritually as well as on the way we view ourselves, others, the world around us and God. When we are old, we will be what we are now--probably more so!<br><br>Today, now is the time (none too soon) when we determine our physical, mental and spiritual quality of life in old age. Certainly circumstances may be beyond our control, yet our reactions to these circumstances can be determined by us. |

Many physical illnesses are mentally or spiritually based. Hence early learnings are critical.

Resources:

Feil, Naomi Validation/Fantasy Therapy Cleveland, Ohio: Edward Feil Productions, 1981

Ganikos, N.L. (editor) Counseling the Aged: A Training Syllabus for Educators, Falls Church, Va: American Personnel & Guidance Association, 1979

FILM

At 99, A Portrait of Louise Tandy Murch from the Winnipeg Centennial Public Library.

### 4.3.2 SESSION II - MYTHS RELATED TO AGING

**GOAL:**

To raise care-givers' awareness of information regarding aging persons and to help them develop a process of critical analysis of myths about aging.

**OBJECTIVES:**

1. Participants will state their reason(s) for working in a personal care home.

2. Group members will participate in a relaxation and "centering" exercise as well as a guided fantasy trip (cassette instructions) into their own aging. They will discuss the experience in the larger group (see script).

3. Participants will list myths about aging - two for each of three categories:

- appropriate behaviour for the elderly
- old age limits
- being old means being unhappy

They will then discuss these myths, first in triads and then in the larger group.

4. Participants will listen and contribute as leader comments on myths and their effects on the elderly.

5. Each participant will identify two myths he/she subscribes to and wishes to discard. He/she will verbalize, in dyads, why he/she wishes to discard these.

6. Group members will observe staff, residents and residents' families during the week following session one. They will report myths observed in the third session.

SESSION II - MYTHS RELATED TO AGING

| TIME | PROCEDURES | LEADER'S NOTES AND RESOURCES |
|---|---|---|
| Introduction<br>5 min. | Tie in with Session I - focussing on life stages and related observations. | Note: all reporting of observations during the week must be done without mentioning names. |
| Activity<br>10 min. | Participants will reflect on their reasons for working in a personal care home. They will share these reasons in triads, and briefly if feasible in the larger groups setting. | Movement from deeper level sharing in dyads to triads. This activity also gives the opportunity to reveal more of self in the larger group. |
| Activity<br>30 min. | Participants will follow cassette instructions for relaxing and "centering". Each muscle group will be tensed and then relaxed. A deep breathing or "centering" exercise will follow. While in this relaxed position they will then | |

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| | participate in a guided fantasy of their own aging (see Appendix "C").<br><br>The fantasy on aging experience will be debriefed:<br><br>1. thoughts<br><br>2. feelings<br><br>3. insights and/or learnings | |
| 10 min. | Leader will present a definition of myth and some examples. | Webster's dictionary: a myth is "any ficticious story or unscientific account".<br><br>Examples:<br>Today's youth are disrespectful.<br>T.V. is a good babysitter.<br>Old people can't keep up with the times. |

A West Hartford thirdgrader wrote a description of a grandma in response to a school assignment (Huyck H, 1974, p.77): (See Appendix "D")

In one sense this response is powerfully confrontative--it boldly points out the truth from which adults could learn. In another sense it portrays cute immaturity. As this thirdgrader grows up, we hope he will change his ideas. The problem is that even as adults we continue to carry with us some third grade ideas. In fact, some of these ideas we only pick up as we mature. These myths are oftentimes passed on from one generation to another by adults.

We want to look at some of the myths we carry with us. As we do so I want to invite you to ask yourselves two questions:

1. Where am I guilty of perpetuating a myth?

2. What am I doing to help destroy these myths?

Activity
30 min.

Participants will be invited to work with myths in three stages:

1. Independently each participant will come up with two myths appropriate for each category.

2. These myths will then be shared in triads.

3. One person in each triad will report the myths of his/her triad to the larger group.

Myths related to the elderly can be classified in three categories: (Myers, Volume II, 1981, p.37):

1. Older persons should or should not behave in certain ways. That is, certain behaviors are appropriate for elderly people while certain other behaviors are inappropriate.

2. Older people are limited because of their age. That is, old age limits people.

3. Being old is being unhappy. That is, old people are not happy.

All persons have the potential for "resiliency, creativity and ability to adapt and thrive." (Myers Volume III, 1981, p.9). This basic positive belief needs to underlie care-giving and the training of care-givers. The care-giver as well as the person receiving the care can change. We may not be aware of

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| | | myths, biases or common beliefs which need to change if we are to be growing persons (Myers Volume II, 1981, p.37). We may not be aware of how our attitudes influence our interactions with the recipients of our care. This means that before we can deal with the myths to which we subscribe, we need to get at the root, to become aware of ourselves and our attitudes. Hence, to become more resilient, creative and adaptable, in other words to become more effective care-givers, we must become more self-aware. |
| 20 min. | Leader will elaborate on myths raised as well as add to the list, focussing on the effects of myths on the elderly. Discussion will be invited/encouraged. | |

Acceptable behavior for the elderly:

1. "Act your age" -

This is a carry-over from a habit we get into as we relate to children. We will not focus on what this does to children, but we must recognize that it certainly does not help our relationship with the elderly. As we transfer this response to the elderly, we are in fact labelling them as childish or immature. The elderly are wise, very experienced persons who have travelled a road as yet unexplored by the rest of us.

Then, who is the judge? Who is to say when a person is or is not acting his/her age?

This becomes even more clouded when we realize that age is not defined merely by the number of years, chronological age, we have lived (Smith T, 1981, p.52). Age can

also be measured in other ways: physical-biological, psychological-mental, social, legal, age of accountability, or functional-competency. We do not age at the same rate in all of these areas. So which age are we talking about when we say or imply "act your age"?

2. Elderly persons should not be interested in, let alone enjoy or indulge in sex-related behaviour -

Though sexual expression may be limited by the death of the spouse, illness, lack of privacy, conditioning (after menopause, that's it!), needs and interests do not necessarily diminish. Sex is more than going to bed together. Sex is what makes us male and female.

> Human sexuality refers to all those facets of human personality and the human body which collectively identify us as male and female--not just genital sex or sexual intercourse. (Smith, p.95)

We relate sexually at all times. Our sex is what makes us feel attractive and good about ourselves. It is also an important source of pleasure. If "to grow older is no longer to be sexy" (Huyck, p.51) we deny the elderly both joy and responsibility. Then anything goes and nothing matters.

How can we help the elderly in the area of sex? Firstly, by becoming aware and changing our attitudes toward sex. Perhaps all the elderly person needs is information or reassurance, perhaps an opportunity to be heard, understood and supported.

> The desire for sexual relations is a natural response at any age and sexual relations can remain a natural function into the eighties and beyond....There are varied sex drives and behaviors among the older population just as with other adults ....Intimacy, bodily contact, romantic situations and affection are enough in many instances to fulfill individual sex desires (Ganikos 1979, p.191).

Old age limits people:

1. Older people are physically decrepit and beyond work. Losses and inadequacies are the inevitable consequences of aging (Ganikos 1979, p.35) -

"Not all older persons need nor want assistance or at least the same level of assistance" (Myers Volume II, 1981 p.39). To keep them functioning independently and to capacity we must draw on their strengths (Myers Volume III, 1981 p.84). Oftentimes older people are helpless and dependent because we don't allow them to be otherwise.

2. Older people can't learn as well as younger people -

There is little evidence of a great deal of change in learning capacity during most of the life span. Though they learn more slowly, older persons can learn effectively. Like the rest of us, they need encouragement, and their

individual differences must be considered. Many have not had the educational opportunities young people have today. "People who believe that learning ability declines do not attempt learning" (Myers Volume III, 1981 p.72).

With this myth so prevalent in our society, small wonder many older people seem to be unable to learn. They may merely lack self-confidence, or their "skills and interests and...characteristics may require assessment, development or simply discovery" (Ganikos, 1979, p.36). The problem is that we see all elderly as being alike. If and when we do measure their abilities, we use measurement tools developed for youth. This results in false or even detrimental results (Ganikos, 1979, p.36).

3. "To be old is to be senile" (Mason, 1978, p.39) -

Something accepted merely as an error on the part of a younger person is labelled

"senile" when an older person errs. Could it be that some people are born senile?

John Mason in summarizing a speech given by Dr. Kurt Wolff of Coatesville, Pennsylvania, says:

> "He found that senile behavior is usually emotionally based. It may be unconsciously self-induced because of the boredom which many aged people experience when they live in a society where they have no meaning or value." (Mason, p.40)

Then in commenting on Dr. F. Anderson of Glasgow, Scotland, he goes on:

> He said that in his opinion probably less than half the cases of senile behavior are caused by physical changes in the brain structure and that most cases are due to atrophy of function, lowered self-image, withdrawal from active life, and subsequent refusal to live in the present. (Mason, p.41)

A person who expects older people to be forgetful will constantly remind older persons of this (APGA Volume II, p.38).

This can be annoying--such a person will reap the benefits of the older person's anger as well as deprive him/her of independence. It's so unnecessary!

Being old is being unhappy:

1. Being old means being useless--no hope -

"How can you work with older people? Isn't it awfully depressing? I'd rather work with younger adults and children. There is so much more hope for them... younger folk can make more substantial contributions to society. (APGA Vol.II p.38)

Oftentimes being old does have certain limitations--but does that mean it must be a time of darkness and negativism?...In

> reality, how people actually feel has more to do with how they see themselves than with their actual age. (Gonikos, 1979, p.vii)

Besides, old age has advantages which can compensate for the limitations. For example, what many older people lack in energy, they have in wisdom.

2. Being old means being ill, living in a nursing home, being lonely, grouchy, rigid, withdrawn, self-pitying and unproductive -

Only about six percent of the elderly end up in a nursing home. Isn't it about time we take a closer look at the remaining 94 percent?

Or could it be that the elderly are living up to our expectations? Could it be that in so doing they learn to be helpless and difficult to get along with, thereby missing out on that which gives later life joy and satisfaction?

Added to all these myths is the problem that too many older people themselves subscribe to these myths. They believe them and live up to them.

> Older persons not only need to fight the negative attitudes of much of society toward the aged but possibly their own internalized negative attitudes toward aging. (Ganikos, 1979, p.177)

This is a reminder for you and me to begin to change now. If we do, we won't have to join those who complain:

> If only I had my life to live over. I would be able to enjoy myself if I were young again. (Myers Volume II, p.38)

Unfortunately many older people have accepted the myths and stereotypes of old age. Those who consider their own circumstances to be alright, look upon themselves as being exceptions to the rule. They see themselves as "bright", "open-minded", "alert", "adaptable",

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| | | "useful members of the community". A person's involements and attitude affect his/her world view, how they see themselves and others, the may they feel about themselves and their place in society. |
| Activity<br>10 min. | Participants will identify and share in dyads two myths he/she subscribes to and wishes to discard. They will discuss why they would like to discontinue subscribing to these myths. | |
| Conclusion<br>5 min. | Group members will observe staff, residents and residents' families during the week. They will report their observations as these relate to myths in session three. | Your care-giving will largely be shaped by your view of old age. Are you able to determine which of your attitudes and feelings are based on facts and which on myths? Your attitudes and feelings will either encourage or impede the older person's realization for his/her capacity for growth. |

> Doctor, there's no sense to try physical therapy with Mrs. Gates. After all, she's 82 and much too old to get better. (Myers Volume II, p.38)

With such an attitude, what's left? To help us as care-givers counter such negativism we must identify our human commonality, that is, see ourselves as also aging. Failure to do so "breeds prejudice...isolation and dehumanization" (Ganikos, 1979, p.35). The extent to which you reject and help defuse myths will determine to a large extent your ability to understand and help the aged.

Resources:

Ganikos, M.L. (editor) Counseling the Aged, Falls Church, Virginia: American Personnel and Guidance Association, 1979.

Myers J.E. (editor) Counseling Older Persons, Volume II, Falls Church, Virginia: American Personnel and Guidance Association, 1981.

Webster's Dictionary.

### 4.3.3 SESSION III - EFFECTIVE CARE-GIVING

**GOAL:**

To give an overview of the characteristics of effective care-giving and to learn to recognize and affirm these characteristics in oneself and others.

**OBJECTIVES:**

1. Participants will do relaxation and "centering" exercises as they follow directions played on a cassette recorder.

2. Each participant will list characteristics of good care-giving from his/her own experiences. In triads participants will discuss these characteristics and make suggestions as to how they can be applied to his/her own particular work situation. Participants will then discuss his/her findings in the larger group.

3. Participants will listen to input on helping skills and participate in a discussion related to the comments made.

4. Each participant will identify and then discuss in triads two helpful care-giving characteristics in his/her own activities as care-givers that need to be affirmed. Each will verbally affirm the others as they share.

5. In these same triads, each participant will verbally make two suggestions for self-improvement as these apply to care-giving.

6. Group members will observe and note examples of effective and counterproductive efforts of care-giving during the week following session two. They will report these examples in the fourth session.

## SESSION III - EFFECTIVE CARE-GIVING

| TIME | PROCEDURES | LEADER'S NOTES AND RESOURCES |
|---|---|---|
| Introduction<br>5 min. | Tie in with Session II - focussing on myths observed since first session. | |
| Activity<br>20 min. | Participants will follow cassette instructions for relaxing and "centering". Each muscle group will be tensed and then relaxed. A deep breathing or "centering" exercise will follow. (See Appendix "C") | |
| Activity<br>30 min. | Participants will be invited to think of a time when they were assisted by someone. They will recall the scene: | |

1. where did it take place?

2. what did the person(s) do or say?

3. what was helpful? not helpful?

4. what were the helper's characteristics?

5. how did you as care-receiver respond?

6. how did you feel?

Participants will then respond to these questions in writing. (Myers, Volume II, 1981, pp.46-7)

Participants will repeat the process, this time focussing on themselves as the helper. They

will then compare the two experiences and discuss them in triads using the following guide:

1. How do your lists compare? What are the similarities and differences?

2. What new care-giving qualities have you discovered through this exercise?

Characteristics of good care-giving will then be shared in the larger groups.

Participants will be invited to discuss in the larger group how they felt and responded as:

1. caregiver

2. recipient of care

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| 10 min. | Leader will comment on Egan's suggestions of good care-giving characteristics to supplement group suggestions. Comments and questions will be invited. | Egan's approach (Egan G, 1975, pp.22-24):<br><br>The ideal care-giver:<br><br>1. is one who is first of all committed to his/her own personal growth. He/she is aware of and willing to explore his/her own behaviors and problems, and knows what it means to be helped. Also he/she takes care of his/her body (eg. appropriate exercise, rest, healthy diet) so that the energy required to be an effective care-giver is available to him/her.<br><br>2. is one who is aware that he/she can only be helpful if he/she has the will and resources to act. Hence he/she is able to assess realistically both personal abilities and limitations. Also, he/she will be aware of and draw on external resources.<br><br>3. has skills to respond to a wide range of human needs and to communicate effectively. |

4. is at home with people and not afraid to enter another's world with all its distress, realizing that entering another's life is a privilege.

5. knows that helping is demanding work

6. is available

7. is not judgmental

8. is not defensive

9. is spontaneous

10. is honest in a helpful way

11. is not afraid to share him/herself in a helpful way

12. is not afraid to confront with care

13. is respectful

14. is cautious

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| | | 15. does not allow his/her personal needs to get in the way<br><br>16. does not help others to satisfy his/her own personal needs<br><br>17. lives effectively<br><br>Caution: be careful not to pay someone who does not care about the elderly to take care of them or to expect unrealistic perfection of care-givers. |
| 25 min. | Leader will comment on helping skills as appropriate in facilitating discussion. Comments and questions will be invited. | <u>Helper Skills</u>:<br><br><u>Attending</u> -<br><br>The helper, by his very posture, must let the client know that he is "with" him, that during the time they are together he is completely "available" to him. This is physical attending. The helper must listen attentively to his client. He must listen to both the verbal and the nonverbal messages of the person he is trying to help. (Egan, 1975, p.34) |

Accurate Empathy -

> The helper must respond to the client in a way that shows that he has listened and that he understands how the client feels and what he is saying about himself. In some sense, he must see the client's world from the client's frame of reference rather than from his own. It is not enough to understand; he must communicate his understanding. (Egan, 1975, p.35)

Respect -

> The way in which he deals with the client must show the client that he respects him, that he is basically "for" him, that he wants to be available to him and work with him. (Egan, 1975, p.35)

Genuineness -

> His offer to help cannot be phony. He must be spontaneous, open. He can't

hide behind the role of counselor. He must be a human being to the human being before him. (Egan, 1975, p.35)

Concreteness -

Even when the client rambles or tries to evade real issues by speaking in generalities, the helper must ground the helping process in concrete feelings and concrete behavior. His language cannot be vague counseling language. (Egan, 1975, p.35)

Advanced Helper Skills:

Accurate Empathy (advanced level) -

The helper must communicate to the client an understanding, not only of what the client actually says but also of what he implies, what he hints at, and what he says nonverbally. The helper begins to make connections

between seemingly isolated statements made by the client. In this whole process, however, the helper must invent nothing. He is helpful only to the degree that he is accurate. (Egan, 1975, pp.36-37)

Self-disclosure -

The helper is willing to share his own experience with the client if sharing it will actually help the client understand himself better. He is extremely careful, however, not to lay another burden on the client. (Egan, 1975, p.37)

Immediacy -

The helper is willing to explore his own relationship to the client ("you-me" talk), to explore the here-and-now of client-counselor interactions--to the degree that it helps the client get a better understanding of himself, of his

interpersonal style, and of how he is co-operating in the helping process. (Egan, 1975, p.37)

Confrontation -

The helper challenges the discrepancies, distortions, games, and smokescreens in the client's life and in his interactions within the helping relationship itself, to the degree that it helps the client develop the kind of self-understanding that leads to constructive behavioral change. (Egan, 1975, p. 37)

Reframing -

The effective helper can offer the client alternative frames of reference for viewing his behavior, to the degree that these alternatives are more accurate and more constructive than those of the client. For instance, the client might see his verbal interchanges as witty (one frame of reference), while

the helper might suggest that his interchanges seem biting or sarcastic to others (an alternative frame of reference). (Egan, 1975, p. 37)

Elaboration of Action Programs -

The helper collaborates with the client in the elaboration of action programs. These may include problem-solving techniques, decision-making processes, behavior- modification programs, "homework," or training in interpersonal and other kinds of skills. (Egan, 1975, p. 39)

Myers (Vol.II, 1981, pp.45-6)

All people have obvious common needs for survival...food, sleep, shelter, safety and activity...we also need social contact, a good feeling about ourselves, and a feeling of being needed by family and friends. We also need to think that our lives are under our own control.

Helping is what care-giving is all about. Myers goes on to say that helping means:

> Doing something that makes it possible for people to meet their goals and needs in two areas, survival and growth. Helping does not mean solving peoples' problems for them.
>
> Assisting with problems such as obtaining food, adequate medical care, and personal safety...with problems of isolation, sadness, disability, and feelings of helplessness...with problems caused by inflation.... When we want to be helpful we think of meeting crises or solving problems with people who are troubled. The actual helping includes creating conditions for older people to set new goals and reach their adult growth possibilities .... It is encouraging people to live more richly and to use their abilities more fully. People tend to be fearful

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| | | of facing change when results are unknown. So being helpful could mean encouraging them to reach out--to take some risks.... Being helpful also means exploring with people new things to do to add pleasure and meaning to their lives.... Helping means assisting people to learn new skills.... The helper can refer them to special persons or programs. We might be most helpful then, as support persons, to encourage older persons to continue when they become discouraged, to be there when they want to share their joys, discoveries or accomplishments. Helpers need to realize that all helping is really self-help. |
| 10 min. | Input and discussion: what is a helping relationship? | Comments from Myers Vol. II, 1981, p.47<br><br>While a helping relationship often includes equality, affection and trust, helping is more often a condition where one seeks another person for understanding, comfort or advice about |

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| | | possible action. Usually older persons will initiate such relationships only where there are prior feelings of confidence, trust, and comfort.... It is important to realize that many adults have mixed feelings about seeking help or accepting it if offered. If we admit to ourselves that we need help of some kind we are reminded that we are incapable of doing something ourselves. People needing help tend to think of themselves as incompetent and helpless, which leads to feelings of resentment. Much of this resentment is directed at the helpers who are often surprized that the older persons seem so ungrateful. ...The older people probably do not reject helpers as people, but rather test their sincerity and competence. |
| Activity<br>15 min. | Participants will reflect on and verbalize in triads: | |

1. What in their caring for others needs to be affirmed (two things).

2. How they plan to improve (two suggestions).

3. Affirm each other by telling each one strength they can see in him/her.

Conclusion
5 min.

Group members will observe and note examples of effective and counterproductive care-giving during the week. They will report on these in session four.

As we deal with our own hurts, become more aware, become more effective in our care-giving and more able to reach out, we increasingly realize that all people need help. We are not unique in our hurts and joys. Knowing this is affirming and encouraging. It also helps us to be understanding of each other, enabling us to stand with and by persons we are caring for.

Resources:

Egan G. The Skilled Helper. Monterey, California: Brooks/Cole Publishing Co., 1975.

Feil, N. Validation/Fantasy Therapy Workshop. Winkler, Manitoba: sponsored by Eden Mental Health Center and Manitoba Department of Health and Welfare, 1982.

Hiebert, S. Relaxation Cassette. Winkler, Manitoba: Eden Mental Health Center, 1978.

Myers, M. L. (editor), Counseling Older persons - Volumes I & II. Falls Church, Virginia: American Personnel and Guidance Association, 1981

### 4.3.4 SESSION IV - COMMUNICATION SKILLS

**GOAL:**

To assist participants in improving their communication skills, to create awareness of aids and barriers of communication, and to help care-givers discern their own personal strengths in relating to others. As a result group members will be helped in enhancing their effectiveness as care-givers.

**OBJECTIVES:**

1. Participants will take part in the relaxation and centering exercises following the cassette directions.

2. Participants will role play an elderly person and a young student as these relate to each other. In the larger group they will discuss this experience: feelings, thoughts, hopes, expectations, needs, the message sent as differing from the message received. They will verbally share their ideas on how the situations could have been handled differently.

3. In dyads, each participant will express him/herself non-verbally. Each will interpret his/her partners non-verbal expressions.

4. Participants will listen to and discuss issues related to communication as these are presented by the leader.

5. On the basis of questions distributed to the participants, group members will test out their own communication skills. They will discuss the answers to these questions in triads.

6. Group members will brainstorm communication barriers in the larger group.

7. Each group member will reflect on and list in writing three communication barriers in his/her effort to communicate. Each will verbally share these in dyads making suggestions as to how he/she intends to remove these barriers.

8. In dyads, participants will talk about three strengths in his/her own communication with others.

9. Two persons will role play the sending and receiving of verbal messages while the other group members observe. They will follow specific instructions given both in carrying out the role play and in debriefing the experience. They will then verbally share these in the larger group.

10. Group members will observe good and not so good examples of communication as they observe these in relationships between staff, residents and families. They will report these in the fifth session.

## SESSION IV - COMMUNICATION SKILLS

| TIME | PROCEDURES | LEADER'S NOTES AND RESOURCES |
|---|---|---|
| Introduction<br>10 min. | Tie in with Session III - focussing on observations of effective and less than effective examples of care-giving as observed by group members. | Good care-giving calls for:<br><br>1. interest in others and the ability to convey this interest;<br><br>2. ability to hear the other and to convey that the real message has been understood.<br><br>Being interested and having a desire to help is not enough. Skills are important. |
| Activity<br>20 min. | Relaxing and centering. (See Appendix "C") | |
| Activity<br>5 min. | An elderly woman's reflections (Nouwen H and Gaffney W, 1974, p.97) will be read by the leader in three sections. (See Appendix "E") | |

The group will be divided into two parts: one-half of the participants will identify with the elderly woman, the other half with the young student.

Following the reading of each section participants will report their feelings, thoughts, needs, expectations and hopes. They will also respond to the following questions:

1. What was the real message sent by the woman?

2. What message did the student respond to?

3. How could the student have handled the situation differently?

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| 5 min. | Leader will comment on the communication process. | The message is the essence of communication. The message is both sent and received. A gift is not really a gift unless it is both given and accepted. In the same way, a message is not really a message unless it is both given and accepted.<br><br>We send messages both verbally and non-verbally, with and without words. We receive both verbal and non-verbal messages. We sometimes refer to receiving the non-verbal message as "reading between the lines" or "listening with the third ear."<br><br>One definition of communication is: "Communication is a process (either verbally or non-verbally) of sharing information with another person in such a way that he understands what you are saying." (Wright, 1974, p.52) |

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| Activity<br>5 min. | In dyads participants will take turns expressing themselves non-verbally, allowing their partners to interpret expressions such as clenched fists and gritting teeth. (Each will present three gestures.) | We usually think of communicating in terms of the verbal/words. Yet it is said that 90 percent of all communication takes place without words.<br><br>We speak with every part of our body--what we do and what we don't do speaks: bodily movements, breathing, facial expressions, mannerisms, eye contact, tone of voice, our whole lifestyle. "Everytime you talk, all of you talks" (Satir, 1972, p.20). |
| 10 min. | Leader will further comment on the communication process. | Communication process - A conversation between two hypothetical people, Jane and Anne:<br><br>A. Jane has a thought which she wishes to communicate to Anne: Older persons are more vulnerable to disabilities than younger people. They see the physician about 50% more often and have about twice as many hospital stays that last almost twice as long as those of younger persons. |

B. Jane lacks the appropriate vocabulary--vulnerable is not a word which she is familiar with. So she says: "Older people have more disabilities..." The verbal message is thus inaccurate.

C. Because she is thoughtful, her brow is wrinkled. She tries hard to choose her words carefully in order to make her statement as clearly as possible.

D. Anne sees the wrinkled brow. D. She hears the words.

E. Anne filters the message through her own experiences as staff in a personal care home where she encounters many weak and ill elderly persons. Outside her work she has little contact with older persons. Thus her perception is that old people are ill people.

F. So Anne's interpretation is the following: The wrinkled brow means that Jane is perplexed and worried and she hears "have" disabilities

rather than "have more" disabilities. The message as Anne perceives it is: "Older people have disabilities, see physicians often and have many hospital stays."

G. Her response to Jane: "That's frightening! I don't want to be disabled, totally dependent. Being old is a terrible experience--I dread it!" (adapted from J. Schmidt, Lecture, 1973)

When we communicate with words we cannot assume that we are getting the real message. For example, the word mother-in-law carries with it a very pleasant message for some, while for others it is a concept to be detested. Non-verbal messages are no easier to interpret. Tears, for example can be tears of fatigue, of sadness or of joy. In his book After You've Said I Do, Dwight Small points out that

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| | | Listening does not come naturally nor does it come easily to most people. Listening is not our natural preference. Most people prefer to be the one speaking. We like to express our ideas.. ..We concentrate more on getting our word into the conversation, rather than giving full attention to what the other person is saying." (Wright H, 1974, p.56) |
| Activity 15 min. | A handout adopted from Communication: Key to your Marriage (H.N.Wright, 1974, pp.56-7) will be distributed and responded to as directed. (See Appendix "F")<br><br>Participants will talk about their responses in triads, then, in the larger group, they will discuss the clues this exercise gives to improving listening attitudes and skills. | Much can go wrong as we send and receive messages. We speak of communication barriers: anything that causes a message to be misinterpreted or even ignored, anything that keeps our "meanings from meeting" (Schmidt, 1974). |

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| Activity<br>10 min. | Participants will brainstorm barriers to communication. In the larger group they will discuss each as appropriate and/or necessary. | 1. Past experiences:<br>- with the sender of the message<br>- with people related to over the years<br><br>2. Personal needs:<br>- for more self-awareness<br>- for higher self-esteem<br>- to be right<br><br>3. Attitudes, opinions, habits:<br>- laying expectations<br>- prejudice, subscribing to myths<br>- judgmentalism<br>- reading others on my terms<br>- image held of the other<br>- readiness to label another<br>- lack of trust<br>- tendency to second guess, to read another's mind<br>- jump to conclusions<br>- assumptions, think I know<br>- closed mind, rigidity<br>- unwilling to be honest<br>- hinting, one word clues |

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| | | 4. Circumstances:<br>- message lacks clarity<br>- interruptions, distractions<br>- language, words have different meanings for different people<br><br>5. Other human factors:<br>- emotions, feelings cloud the message<br>- contrary purposes<br>- hearing what we want to hear<br>- ability to think more quickly than we can speak<br>- talking past each other, two monologues rather than a dialogue<br>- pre-occupation<br>- double messages |
| Activity<br>10 min. | Participants will reflect on and list three communication barriers in his/her efforts to communicate. These will be | |

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| | discussed in dyads. Partners will assist each other as possible suggestions for removing these barriers are explored. |
| Activity<br>10 min. | Participants will reflect on, and verbalize in dyads, three strengths in his/her efforts to communicate. They will discuss these, affirming each other. |
| Activity<br>10 min. | Two persons will role play the following: One, (the sender) will relate an experience to another (the receiver). During the role play, the receiver will move through three stances:<br><br>1. Obviously distracted, paying no attention; |

2. Non-verbally participating;

3. Verbally and non-verbally participating.

The experience will then be debriefed: feelings, thoughts, insights gained by sender, receiver and observers will be shared in the larger group. The following guidelines may be used:

1. Did the speaker/sender
- choose words carefully?
- complete sentences?
- use "uh's" or hesitate occasionally?
- appear relaxed?
- maintain appropriate eye contact?
- other observations

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| | 2. Did the listener/ receiver<br>- maintain eye contact?<br>- nod occasionally?<br>- smile occasionally?<br>- lean forward slightly?<br>- appear relaxed?<br>- Other observations<br><br>3. Did the speaker and listener sit or stand between 1 and 1 1/2 meters apart? (Peary, 1981, chapter 4.2) | |
| 5 min. | Leader will comment on double messages. | Double message:<br><br>We have heard it said: "Do as I do, not as I say", "Practice what you preach", or "Your actions speak louder than your words".<br><br>Oftentimes we are not aware of the double messages we send--the verbal and the non-verbal messages counter each other. Our words say one thing while our body says another. |

To those who "read" body language, usually the body reveals the person's true reaction. It is usually the non-verbal message that tells the truth. Yet body language is often ignored or missed.

When two verbal messages don't agree, we say the person is "speaking out of both sides of his mouth". The two messages must be made to agree if the receiver is to understand what is meant. In the same way the verbal and non-verbal messages must agree if a clear message is to be communicated. One message needs to reinforce the other. Contradictions are confusing.

We must also beware that we do not interpret the non-verbal too hastily. For example, drooped shoulders can mean weariness or discouragement. Too rapid interpretation may make matters worse.

When you think you are receiving a double message:

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| | | 1. Examine it--is it really a double message?<br><br>2. If yes, point it out, and ask the sender to clarify what he/she means. |
| 8 min. | Leader will comment on communication problems that may occur with the elderly and tips for communicating with the hard of hearing. | <u>Elderly persons with hearing disabilities:</u><br><br>1. Stroke, parkinson's disease, palsy and other traumatic experiences could result in poor muscle control, hence poor control of speech movements and slurred speech.<br><br>2. Stroke, organic brain syndroms, senile dementia and other traumatic experiences could result in inability to understand and form verbal messages.<br><br>3. Stroke, nervous disorders, respiratory problems could result in tremors or pitch problems. |

4. Organic brain syndrom could result in disorientation, no initiation of communication, or inability to follow conversations.

5. Aging could result in poor comprehension of speech or loss of high frequency.

Tips for communicating verbally with the hard of hearing (VAOC Audiology Clinic):

1. Sit or stand so that your face especially your lips can clearly be seen by the elderly person. Proper lighting is important. Face the person with hearing impairment. Be on the same level with him/her if possible. Gestures help.

2. Remember that persons with hearing problems have more difficulty hearing and understanding when they are tired.

3. Speak with a normal voice. Do not shout.

4. Chewing or smoking while talking results in greater difficulty to be heard.

5. Keep your hands away from your face.

6. Reduce background sounds, e.g. turn off television set, radio.

7. Make sure you have the person's attention before beginning to talk. Do not talk from another room.

8. If you are not being understood reword your comments. Do not repeat the original words over and over.

Additional Tips for the hard of hearing:

1. Have regular hearing checks.

2. Keep your hearing aid in good condition, earmolds, tubes and cords in good repair.

3. Check with the telephone company for a device to help adjust volume.

4. Check out the possibility for lipreading classes.

Conclusion
2 min.

Group members will take note of good and not so good examples of communication as they observe these in staff, resident, family communications. They will report their findings in session five.

Communication is a complex process. Actually it is no wonder that we miss the real message. What is surprising, however, is that our meanings meet as often as they do.

Resources

Alder & Towne, Looking Out, Looking In New York: Holt, Rinehart, Winston, 1981.

Nouwen H and Gaffney W, Aging, The Fulfillment of Life New York: Doubleday & Co. Inc., 1974.

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Satir, V Peoplemaking. Palo Alto, California: Science & Behavior Books, Inc., 1972.

Wright, H N, Communication: Key to Your Marriage, Glendale, California: Regal Books, 1974.

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### 4.3.5 SESSION V - DIGNITY AND INDEPENDENCE

**GOAL:**

To improve services to the elderly by raising awareness and increasing understanding of the older generation's needs for dignity and independence. It is expected that this increased awareness will result in enhanced respect, sensitivity and acceptance, and hence will affect both the elderly person and the care-giver as well as the relationship between the two.

**OBJECTIVES:**

1. Two-thirds of the participants will "dress up" with various "handicaps" such as wheelchair, arm restraint, earplugs. They will then participate in the session, pick up a snack and return to the room where the sessions are held to eat the food. Within the larger group they will then verbally share their feelings, insights and concerns emerging out of the activity.

2. Group members will participate in an activity designed to demonstrate variations in physical space required by different people and at different times. They will discuss the experience in the larger group.

3. In triads participants will describe or define the following:

- space
- dignity
- independence, dependence, interdependence

4. Participants will take part in a large group discussion centering on the following:

- personal space
- dignity
- independence, dependence, interdependence
- wellness/potential and illness/needs models

5. Each participant will identify and share in dyads two ways in which he/she contributes to each of the following in his/her relationships:

- enhancing dignity and self-esteem
- hindering development of dignity and self-esteem

6. Participants will verbally share three "brags" about themselves with the larger group.

7. Participants will observe and note examples of dignity and independence expressed by staff, residents and families of residents. They will report on their findings in the sixth session.

## SESSION V - DIGNITY AND INDEPENDENCE

| TIME | PROCEDURES | LEADER'S NOTES AND RESOURCES |
|---|---|---|
| Introduction<br>Activity<br>5 min. | Tie in with Session IV - focussing on examples of helpful and counterproductive communication efforts observed during the week. | |
| Activity<br>25 min. | Two-thirds of the participants will "dress up" with various handicaps: eg. bibs, wheelchairs, walkers, canes, earplugs, soap coated glasses, elastic around the fist, rock taped into the hand, arm restraints, leg restraints, rubber gloves, etc. Later in the session they will be invited to a snack and coffee which they will pick up in the dining room. They will assist each other as the "handicapped" | NOTE: It is important to point out that being old does not necessarily mean being handicapped, but since participants are care-givers to elderly in a personal care home setting, they will relate to many handicapped elderly. |

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| | desire. Feelings, thoughts and insights will be debriefed in the larger group. Both groups, those with and those without the handicaps will share. Reasons for cheating will also be discussed. | |
| Activity<br>10 min. | Physical and Psychological Space:<br><br>Participants will line up in two rows "A" and "B" facing each other in pairs. Looking each other into the eyes, they will move in as close to their partners as they feel comfortable. They will note the distance between them.<br><br>The first person of row "A" will go to the end of the line, while the second person moves into position one, the third into position two, etc. Again, they will move in as | Each person has his/her own physical and psychological space needs. This space must be respected. Do not invade!<br><br>All people need:<br><br>1. times of privacy<br><br>2. times of closeness of contact with others<br><br>3. freedom of opinion<br><br>4. freedom of choice<br><br>5. freedom to set their own limits<br><br>6. dignity and respect |

close to their new partners as they feel comfortable, and take note of the distance between them.

Again the first person of row "A" will go to the end of the row, thus changing partners. They will repeat the exercise until each has been a partner to each person in the row facing them.

The experience will then be debriefed:

1. the differences in distance

2. the feelings involved.

In order to respect these needs and not to invade another's space we must sensitize ourselves to the other's needs.

The fact that participants will probably move in closer to one person than to another is not necessarily better, only different. This distance could change from time to time and from place to place.

| | | |
|---|---|---|
| Alternative Activity 10 min. | Participants will stand in pairs and talk with each other (any topic they agree on). After two or three minutes the leader will call the conversations to a halt asking them to remain standing where they are. Space between them will be noted and discussed:<br><br>1. The differences in distance;<br><br>2. The feelings involved. | |
| Activity 10 min. | In triads, participants will define "dignity" in writing. These definitions will be shared and discussed in a larger group. | Someone defined dignity as "the responsibility to choose and the freedom to choose." Webster's Dictionary defines it as "the degree of worth" or "proper pride and self-respect." |

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| Activity<br>10 min. | Dignity:<br><br>Copies of an old American folk tale from Nobody Ever Died of Old Age (Curtin S. 1972, pp.196-97) will be distributed and discussed in the larger group: (See Appendix "G")<br><br>1. What does the story say to us about dignity?<br><br>2. What were the feelings involved - grandmother's, mother's, child's? | John Mason claims that "when youth is but a dim memory, the most valuable possession a person has is the right to dignity" (1978, p.53).<br><br>We lay the foundation for our own dignity in old age by allowing others their dignity. "We reap what we sow", as the saying goes. If we sow respect for others, we will reap respect for our own dignity. |

Activity
15 min.

Independence:

Group members will define and discuss the following in triads:

1. Difference between dependence, independence and interdependence?

2. How do you decide when a person is too dependent on you?

3. What have you done or said to encourage reasonable independence, over-dependence?

They will then share verbally in the larger group as appropriate and/or as they feel comfortable.

Dignity is closely related to independence. Independence also involves freedom of choice, the making of one's own decisions, and the taking of responsibility for these choices.

Webster's Dictionary defines independence as "relying only on oneself or one's own abilities, judgment, etc." and as "free from the influence, control or determination of another or others."

> Many of the elderly want to be as independent as possible. If older people choose independence over assistance,...you have to honor that choice. And often they will call for help months or even years later when they think it is needed. You prove yourself to be trustworthy by not giving unwanted help as surely as you do by providing help that is needed. (Meyers Volume II, 1981, p.246)

However, "care-giving means being realistic" (Lindsay W, 1982). Realism takes into consideration both needs and potential. There may be times when help is required inspite of resistance— but probably not nearly as often as we think.

> Common pitfalls for care-givers are: the desire to solve all problems and make decisions for the individual. Although the desire stems from noble feelings... such overly helpful behavior can be a detriment to the older individual. By being so overly helpful we take away the individual's responsibility for himself or herself and in fact, create helplessness. Such rendering of the individual as helpless communicates a lack of respect both for the individual and the ability to solve his or her problems (Myers Volume III, 1981, p.114).

Activity
10 min.

Wellness/Potential versus Illness /Needs Model:

Leader will comment on wellness/ potential and illness/needs models. Participants will respond to and discuss these comments in the larger group.

We tend to relate dignity and independence to health and well-being. At the same time we focus on illness rather than wellness. In other words, we talk about how ill a person is, rather than how well. We emphasize the illness, or needs, hence encouraging helplessness.

Especially in a personal care home, nursing home or hospital, it is easy for us to forget that most elderly persons are quite healthy, independent and not institutionalized. The sick, institutionalized older person is not the norm. Less than ten percent of the aged are institutionalized. Yet when we talk about aging, the illness model comes to mind. And with this, all too often, we also rob the person of his/her dignity and independence.

Basic to all of what we have said is self-esteem, that is, self-respect. With healthy self-esteem a person is able to function inspite of physical difficulties. All is not hopeless. There is much to live for.

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|---|---|---|
| Activity<br>15 min. | Self Esteem:<br><br>In dyads, participants will discuss how they can help or hinder the elderly in developing or maintaining a healthy self-concept. They will share their ideas with the larger group. | A person's self-esteem, or self-concept, is largely conditioned by the reactions of people to whom he/she relates.<br><br>Suggestions could include the following:<br><br>1. Help counter myths.<br><br>2. Remember that being addressed by the first name or names like deary and grandma may be objectionable to the older person.<br><br>3. Wear appropriate attire and use appropriate language-- casual attire and current slang may be interpreted as disrespect.<br><br>4. Trust them and their abilities.<br><br>5. Do not dwell on past failures or errors.<br><br>6. Look for reasons--why do people behave in certain ways? |

7. Beware of the "rescuer syndrom"--overassisting robs people of their responsibility and hence of their self-esteem.

8. Be liberal with signs of recognition, appreciation, acceptance in the form of verbal affirmation or non-verbal commendation, including touch. Respond to effort made and improvement. Be specific.

9. View each person as special and unique.

10. Help them recall successful experiences.

11. Help identify and emphasize their potential.

12. Listen--take time just to be with them.

13. Respect their needs and interests, also in sexual matters.

| | | |
|---|---|---|
| | | 14. Allow them to make their own decisions and take responsibility for these. |
| Activity<br>15 min. | Group members will share "three brags" in the larger group: Ways in which they have grown, why certain others care about them, features they possess that help others appreciate them, etc. There will be a penalty for those at a loss to think of three brags: they will listen without protesting to compliements showered on them by other group members. The experience will be discussed and debriefed in the larger group. | |
| Conclusion<br>5 min. | During the week group members will observe and note examples of dignity and independence among staff, residents and families of residents. They will report their observations in session six. | Dignity and independence are also matters of healthy self-esteem and indicate respect for potential. People do not loose these qualities the day they retire. When people retire in our society we treat them, often subtly, as if they had lost their usefulness, and with it their dignity and independence. |

People usually respond positively when treated with dignity and respect and when they believe their feelings are understood. Many problems that appear to come entirely from physical or mental illness may be reduced or even solved when this takes place. (APGA Volume III, 1981, p.97)

The elderly, when treated with respect, can be a boon to our society as well as to us as individuals.

Resources:

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Mason, J M, The Fourth Generation, Minneapolis, Minnesota: Augsburg Publishing House, 1978.

Myers, J E (editor), Counseling Older Persons - Volumes II & III, Falls Church, Virginia: American Personnel and Guidance Association, 1981.

Webster's Dictionary.

### 4.3.6 SESSION VI - STRESS AND STRESS MANAGEMENT

**GOAL:**

To help care-givers develop greater sensitivity to their bodies' strengths and limitations, and to encourage them to value and use their resources more carefully, hence more effectively. As a result they will be better able to monitor their responses, actions and reactions.

To provide care-givers with basic information regarding the causes for, results of, and ways of dealing with stress, thus enabling them to grow personally and professionally.

**OBJECTIVES:**

1. Group members will participate in the relaxation and centering exercises following the cassette directions. While they are in this relaxed state they will follow further instructions to help them focus on the effects of relaxation versus stress on their bodies.

2. Participants will describe/define the word stress in dyads, then read their descriptions/definitions and discuss them in the larger group.

3. Each group member will identify and share verbally in the larger group, two ways in which he/she deals with stress.

4. Participants will listen to a presentation on what stress is, the causes of stress, how stress affects the body, and ways of dealing with stress. They will discuss the issues raised as appropriate.

5. Participants will listen to leader's comments on self-awareness and willingness to admit to stress reactions. In writing they will respond to related questions as outlined.

6. Participants will role-play a situation in which a concerned other suggests to a care-giver that he/she would be wise to get professional help to resolve issues hindering his/her care-giving.

7. In dyads participants will identify and discuss four supports or resources they have access to. They will then discuss these in dyads and verbally share these with the larger group.

8. Each participant will identify and discuss in dyads his/her personal feelings regarding change.

9. In dyads participants will discuss an immediate situational change: termination of these sessions.

10. Participants will evaluate the sessions in writing by completing the form provided for this purpose.

## SESSION VI - STRESS ANDMANAGEMENT

| TIME | PROCEDURES | LEADER'S NOTES AND RESOURCES |
|---|---|---|
| Introduction<br>Activity<br>15 min. | Tie in with Session V - focussing on examples of dignity and independence as noted during the week.<br><br>Relaxing and centering. (See Appendix "C").<br><br>While group members are in this relaxed position the leader will give the following instructions:<br><br>Enjoy the relaxed feeling. Let your mind wander to some experience that gives you a lot of enjoyment. Feel the excitement. Are there any other people involved? Who? How are they involved? | |

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| | What causes your anxiety and stress? As you think of these stressful situations, and the people involved, take note of what happens inside of you. Could you make any changes?<br><br>Opportunity will be given to debrief this experience, thoughts and feelings. |
| Activity<br>3 min. | Participants will define/ describe stress in dyads. They will share their definitions/ descriptions with the larger group. |
| Activity<br>2 min. | Each participant will reflect on and share verbally with the larger group two ways in which he/she handles stress. |

Six aspects of stress:

1. Be knowledgeable about stress and its effects.

2. Be self-aware regarding self-concept and your personal resources, strengths and limitations.

3. Be willing to admit to your personal potential and limitations.

4. Be willing to accept help, even ask for assistance.

5. Be informed about external resources, both formal and informal.

6. Be willing to change, to grow both personally and professionally.

| | | |
|---|---|---|
| 20 min. | Be knowledgeable: Leader will make a brief presentation on what stress is, the causes of stress, how stress affects the body and ways of dealing with stress. | Care-givers of elderly folk have a lot of expectations placed on them, according to Win Lindsay, Standards Officer for the Manitoba Health Services Commission: resident/patient expectations, community expectations and society expectations. Residents expect you to make everything right that is wrong. The community expects that dissatisfied persons will suddenly turn into satisfied, happy individuals. Society expects you to deal with problems in every area of the elderly person's life: the physical, social, intellectual, spiritual as well as the emotional. In short, you ought to be a miracle worker, a super person!<br><br>The heaviest expectations laid on you probably are placed there by yourself. Have you ever blamed yourself for making a mistake? Or felt depressed because you didn't measure up? We tend to send ourselves messages like: Try harder! Hurry up! Be strong! Please me! Small wonder we are never good enough--the standards are so impossibly high. Be perfect! How dare I be less? |

Expectations result in stress. Stress is an alarm--something needs looking after. Stress is the response of the body to demands made on it. The demand calls for adaptation or readjustment. Whether the agent or situation (i.e. the stressor) we face is pleasant or unpleasant, readjustment or adaptation is called for. What is important is the intensity of the demand to adjust or adapt.

When the human being is under stress both the autonomic nervous system (i.e. the devision of the nervous system which controls the motor functions of the heart, lungs, intestines, glands and other internal organs as well as the smooth muscles, blood vessels and lymph nodes) and the hypothalamus (i.e. the brain region at the base of the skull) are activated. The autonomic nervous system plays a role in eleciting stomach ulcers, etc. The hypothalamus stimulates the pituitary gland which in turn discharges the adrenocortico-trophic (ACTH) hormone and adrenalin into the blood. The corticoids and adrenalin also play a role in eliciting stomach ulcers, etc. Also

they affect the thymus. A result is the production of sugar, a source of energy. This energy motivates the person to action.

Like in a chain, the weakest link in the body is affected, e.g. stomach, intestines, heart, lungs, glands, etc.

Stress is not merely nervous tension (stress reactions occur in lower animals that have no nervous system). It is not always or only associated with unpleasant stress (distress). Nor is stress something to be avoided. Usually when we say someone is "under stress" we really mean the person is under excessive stress. (Hans Selge, 1974, pp.30-31)

> The toll that stress exacts depends largely on how many and how often stressful experiences occur and on how well one adapts to them" (Holistic Health, p.372).

In other words,

We do have control over our stress reactions. Even with happy stress, it may be necessary to remember that too much at one time is not the best. (Fogarty F, 1975, pp 38-40).

Complete freedom from stress is death. We must not, even cannot avoid stress, but we can learn more about it and adjust our philosophy of life or lifestyle in such a way as to face stress with efficiency and even enjoy it. Stress can be a motivator that helps us produce.

Stress is the result of three factors:

1. "The stimulus" or stressor;

2. "Inner conditioning" such as hereditary factors, past experiences, etc.

3. "Outer conditioning" such as climate, diet, drugs, etc.

Together these three factors determine the intensity of a person's reaction. (Selge, 1974, p.36)

Stress is the wear and tear of life. It is a fact of life usually experienced "as some sort of symptom such as a flu, a headache" (Bauman, Britt, Piper and Wright, 1978, p.183) Tension, workload, accidents, etc. are stressors/stimuli or conditions that produce stress. All "normal" living causes stress.

If we understand our individual reactions and have some knowledge of our reactions we can prevent a lot of excessive stress.

Because of the physiological changes in response to stress the heartbeat quickens, blood vessels contract, and breathing speeds up.

If the stressor is pleasurable, the stress is exhilarating--it peps us up. The come-down that follows is healthy relaxation.

If the stressor is intense, persistent frustration, fear, anxiety, worry or anger, and we bottle it up inside ourselves, we are asking for trouble.

Symptoms of stress may include irritability, headaches, ulcers, acne, eczema, high blood pressure, backaches, heartburn, digestive distress, etc. These are warning signals, indicating a need for relief.

Generally these symptoms disappear readily when the stressor is removed. If the stressor is not removed, persisting over a period of time the physiological, or emotional/mental disruptions can become chronic. Worry sets in which influences the duration of any illness.

Sometimes the emotions are suppressed so thoroughly and so long that the person is no longer consciously aware of them. At this point a physical illness may not be recognized as relating to the bottled up emotions. Many

illnesses that seem purely physical stem from such hidden emotions. Some such illnesses are: heart and circulatory disorders, joint and muscular pains, skin disorders, some allergies, etc.

Physical distress can be a kind of "body language" expressing emotional troubles which have been "bottled up". We use expressions like:

"This is more than I can stomach."
"That makes my blood run cold."
"You give me a pain in the neck".
"Oh, my aching back".
"That's a load off my chest".

These are more than merely expressions. They reflect physical symptoms of emotional problems.

Discovering causes of illness resulting from emotional factors takes time and skill.

Thomas Holmes and his colleagues have devised a scale whereby the amount of stress a person experiences can be measured (Pelletier, 1977, pp.108-14). They believe that changes result in stress regardless of whether these changes are, from our way of experiencing them, negative or positive.

Helpful hints:

1. Get to the root of the problem--what is the real cause for the stress reaction?

2. Avoid stress producing situations and/or excessive demands. For example, a change of job or change in attitude toward one's job may be necessary.

3. Recognize what can be changed and change it. Accept that which cannot be changed.

4. Relax - try tightening the tense muscles even more and then letting go, or stretching, or a short catnap.

4. Relax - try tightening the tense muscles even more and then letting go, or stretching, or a short catnap.

5. Exercise - rythmic movement. Pushing oneself is a stressor. Walk, walk, walk!

6. Sleep - sleep allows for the body to restore itself. Even if you can't sleep, relaxing about that fact and simply lying quietly is also restorative. Avoid medication.

7. Serve - Share your skills and time with others. This helps to take your mind off yourself.

8. Work at developing your communication and relationship building skills.

9. Have someone outside of the family to turn to. Someone you respect and trust with your problems. Just talking out of problems with a confidant often helps. If this is not enough, expert help should be sought out.

10. Develop a support system--at home, at work--the team approach is helpful.

11. Develop your spiritual and emotional resources.

12. Grow in self-awareness.

13. Physical check-ups are important regularly and especially when these are tel-tale symptoms.

14. Group participation can give the opportunity to air thoughts and feelings by sharing ideas/view points and by leading to better understanding and insights.

15. Accepting our tensions and learning how to handle them helps prevent many problems. Learn to accept what you cannot change, and to change what you can. Learn to discern the difference.

16. Balance work and play. Loaf a little!

17. Hobbies - expecially if they are unlike your work, they are relaxing. They must be enjoyable.

18. Get away from it all - there are times when we need to escape.

19. Develop or revive your ability to laugh, your sense of humor.

Like an inherited fortune, energy is a valuable resource which allows for two options:

1. squander recklessly;

2. use wisely and sparingly on worthwhile activities and/or activities that cause least amount of stress.

After a lifetime of spending, this resource will be exhausted if not replenished.

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| 5 min. | Be Self-aware: Leader will comment on the importance of self-awareness. | Ruel Howe says that, "Awareness is the opposite of insensitivity...awareness releases energy" (1971, p.43)<br><br>Become self-aware. Who are you? Why do you act/react the way you do? What causes your stress reactions? What do you want to change? How? What are your personal resources which help you cope with stressful situations? What are your personal barriers which present effective coping?<br><br>Self-awareness enhances self-esteem and self-confidence. People who feel good about themselves, who respect themselves and their capabilities are better able to cope.<br><br>When people respect themselves they are in a better position to respond to crises as they arise and to make necessary decisions. (Myers Volume II, p. 121). Self-awareness is also the opposite to self-centeredness. As we become more aware of ourselves, we are better able to reach out to others, and to be sensitive to |

them. When I'm hurting, I focus on myself. As I discover why I am hurting and what I can do about it, I can deal with it. As I deal with my hurt, I can begin to raise my eyes beyond myself toward others.

Seminar and School Experience Year III, 1978-9, p.14:

> Self-fulfilling prophecy...refers to a general behavioral principle that any expectations, regardless of their original degree of accuracy, can be self-fulfilling ....when you expect good things to happen you tend, consciously or unconsciously, to behave in a way that would bring those results about. However, if you expect negative things to happen you act in a way that will fulfill these expectations. The project is not magical, as our expectations do affect the way we behave in situations, and the way we behave affects how other people respond to us.

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|---|---|---|
| | | Hence, it is important to be aware of our feelings, expectations and our behaviors so that stressful situations can be reduced. Unless I know what and why I'm behaving in a certain way, I cannot change, and if I don't change, chances are that circumstances and others' responses to me won't change. |
| Activity<br>20 min. | Participants will respond to the following in writing and discuss them in triads:<br><br>1. Who am I?<br><br>2. How do I respond to stressful situations?<br><br>3. How do I want to change?<br><br>4. What resources help me to cope with stressors? | |

| | | |
|---|---|---|
| | 5. What within me keeps me from coping effectively with stressful situations?<br><br>(Myers, Vol.III, pp. 156-7) | Self-awareness is like an iceberg--there is much more to us than we are aware of. |
| 5 min. | Be willing to admit: Leader will briefly comment on the importance of admitting the stress feelings. | Be willing to admit to what you know about yourself--both the good and the bad. Admitting even to ourselves can be anxiety raising. Blaming others seems to be so much easier--on the surface. But oh, how detrimental! As soon as we admit, even to our strengths, we begin to take responsibility for my own actions. At times it would be so much more comfortable, on the short run, not to be responsible. Admitting even to ourselves can be embarrassing. |

Activity
10 min.

Be willing to accept help: In dyads one participant will take on the role of care-giver to elderly persons while another will be a "concerned other". The care-giver has a problem. The concerned other suggests getting help from a professional counselor or psychiatrist (Myers, Volume II, p. 146).

The experience will be debriefed in the larger group:

1. thoughts and feelings of the care-giver;

2. thoughts and feelings of the concerned other;

3. reactions of each to the other;

4. resistance involved;

5. insights.

Too often we see asking for or receiving assistance, especially counselling, as a sign of weakness or even mental illness, or perhaps we interpret it as someone trying to tell us how to run our lives. When we have a physical problem, we go to a medical doctor. When we have a spiritual problem, we go to a minister or priest. So why not go to a counsellor when we have an emotional problem?

We have been conditioned to be very independent and self-sufficient. Seeking help is interpreted as weakness, when in fact it is a strength. It takes courage and energy to admit that I can't go it alone.

When we refuse assistance we not only deprive ourselves, but also prevent those who need our help from receiving it because we are unable to give them the help they need. We refuse to provide what they need for growth or even survival. For example, a resident falls. You refuse to get help. Many nurses damage their backs as a result of stubborn independence--so unnecessary!--while the residents don't get the most effective assistance they require.

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| Alternate Activity 10 min. | Group leader will be the "concerned other" while the group member takes on the role of the care-giver with problem. The other members of the group observe. | We do these things to ourselves and others, and then complain of stress: Work is so hard. Others don't care, etc.<br><br>We could be relieved of many stressors if only we would be willing to get rid of the myth that accepting help spells weakness. |
| Activity 10 min. | Be informed: Participants will identify four supports or resources available to them, discuss these in dyads, and describe verbally to his/her partner how each resource is helpful. They will then summarize their discussions and elect one person to share their summary with the larger group. | All of us, to be healthy, growing, effective care-givers need support. A support system is not only helpful but crucial.<br><br>What resources are available to us?<br><br>1. Formal: professional (mental, medical, legal), churches, social services, educational institutions.<br><br>2. Informal: family, friends, peers, co-workers, neighbors. |

Activity
10 min.

Be willing to change:
Participants will reflect on and verbalize in dyads his/her feelings regarding change and his/her resistance to change. Each will recall a recent experience involving significant change for themselves:

1. time and place

2. persons involved

3. what these persons said and did

4. nature of the change

5. feelings involved.

To deal with stress means being willing to change. Change has a price tag attached to it, but not changing is yet more costly both for ourselves and others, including the residents you work with and also other staff.

We tend to think that to change we must begin from scratch. I propose that we begin by assessing what we already have going for us and building on that.

All of us care about the elderly, otherwise we would probably not be working with them. Many of our attitudes are positive and helpful. We have many resources: our personal potential, our co-workers, to mention just a few. Why not develop these? Emphasize what you already have available to you, including helpful thoughts, feelings and behaviors. When we use what we have and build on that, the negatives won't be nearly as frightening and overwhelming. Work at this as a team. Encourage each other, and change will happen.

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| Activity<br>3 min. | Participants will reflect on and discuss in diads, termination of these sessions - an immediate situational change. | We have considered ways of handling stress. Many of us have not learned well how to deal with stress--at best we have learned to cope or survive. But coping or surviving is not enough. We don't need to sit back passively and helplessly accept all that comes. We can do better than that. We can take responsibility. Oftentimes we can change circumstances, or else we can change our attitudes, thoughts and feelings toward that which results in stress for us. The six aspects of stress and stress management which we have focussed on can help us go a long way if we take them seriously. |

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| | | NOTE: A breakdown in any one of these six aspects of stress management can result in increased stress. |
| Conclusion<br>2 min. | Leader will express appreciation to the participants, inviting them to discuss experiences, accomplishments and problems raised within their work setting as a result of the sessions with the leader as the need and/or opportunity arises. | |
| Activity<br>15 min. | Course evaluations:<br>Participants will be invited to complete the forms prepared for this purpose. (See Appendix "H") | |

Resources:

Bauman E, Brint A, Piper L, Wright P, The Holistic Health Handbook, Birkley, California: And/Or Press, 1978.

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Selye H, Stress without Distress. New York: J.B. Lippencott, Co (Signet Book), 1974.

Stress and Your Health. Canada: Metropolitan Life Insurance Co., 1967.

Lindsay W, Presentation, Winnipeg, Manitoba, 1982.

## 5.0 EVALUATION

Constructive and critical evaluation is essential to a good program. Assessment of this program will be at three levels:

1. Self evaluation - reflection of the sessions
2. Participant evaluation - written forms provided (See Appendix "H")
3. Administrative evaluation - oral feed-back

GROUP I (Fall, 1982)

The group consisted of only females:

4 registered nurses (one of whom is a head nurse)

2 licensed practical nurses

1 personal care aid

1 activities department head

1 housekeeping department head

1 kitchen staff

1 office staff

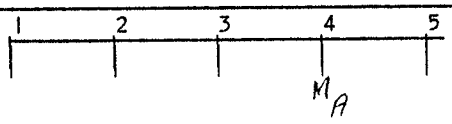
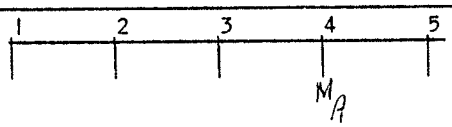
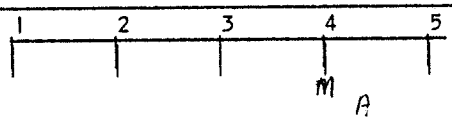
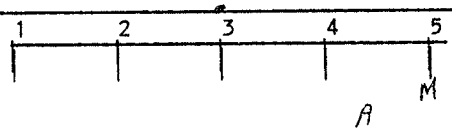
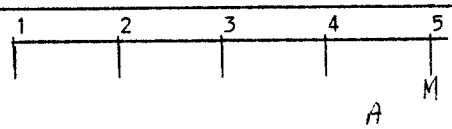
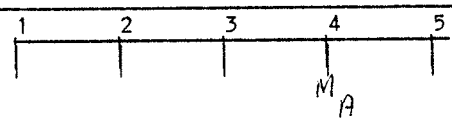
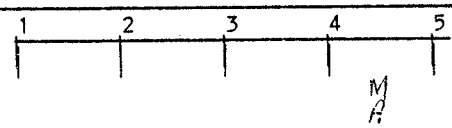
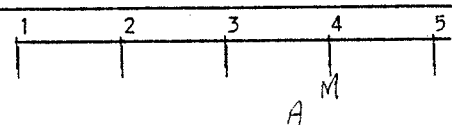
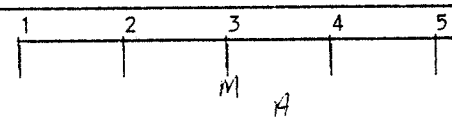
The group members were invited or specifically asked to attend.

Following is a summary of the opinionnaire results (based on nine returns) and leader's evaluation (based on observation and interaction).

## EVALUATION

I would appreciate your completing this opinionnaire. This will enable me to make course changes on the basis of your comments.

Please indicate your evaluation of the course by circling the appropriate number:

| | poor 1 2 3 4 5 very good | COMMENTS |
|---|---|---|
| 1. Definition of terms (words) used: |  | M=4<br>A=4.2 |
| 2. Organization (structure of sessions): |  | M=4<br>A=4.2 |
| 3. Use of audiovisual (overhead, film, cassette) equipment: |  | M=4<br>A=4.4 |
| 4. Balance of presentations (lecture/discussion): |  | M=5<br>A=4.4 |
| 5. Balance of group involvement (dyads or triads/ larger group): |  | M=5<br>A=4.5 |
| 6. Choice of topics: |  | M=4<br>A=4.2 |
| 7. Use of group resources (strengths and experiences of group members): |  | M=4.5<br>A=4.5 |
| 8. Application (usefulness in everyday life): |  | M=4<br>A=3.7 |
| 9. Use of time: |  | M=3<br>A=3.5 |

M=Median
A=Average

Please circle the appropriate number on each continuum to indicate your general impression of how the course was presented.

| | | COMMENTS |
|---|---|---|
| 10. | Content too difficult 1 2 3 4 5 Content too easy (M, A) | M=2.5<br>A=3 |
| 11. | Participating too difficult 1 2 3 4 5 Participating too easy (A, M) | M=3.5<br>A=3.4 |
| 12. | 1 2 3 4 5 (M, A) Boring Interesting | M=3<br>A=3.2 |
| 13. | 1 2 3 4 5 (M, A) Tensing Relaxing | M=3<br>A=3.2 |
| 14. | 1 2 3 4 5 (M, A) Discouraging Encouraging | M=3.5<br>A=3.4 |
| 15. | 1 2 3 4 5 (A, M) Depressing Stimulating | M=3.5<br>A=3.3 |
| 16. | 1 2 3 4 5 (M, A) Not important Very important | M=3.5<br>A=3.7 |

M=Median
A=Average

17. Rank the following session offered in their course in order of importance (from #1 most helpful to #6 least helpful) to you:

| | | | | |
|---|---|---|---|---|
| _____ | Myths Related to Aging | M=5 | A=4.8 | |
| _____ | Effective Care-giving | M=1 | A=2.1 | |
| _____ | Communication Skills | M=3 | A=2.9 | |
| _____ | Dignity and Independence | M=3 | A=2.9 | |
| _____ | Stress Management | M=4 | A=3.6 | |
| _____ | Handicapped Elderly | M=5 | A=4.8 | M=Median<br>A=Average |

---

18. In the future, as a result of this course, what will you change? e.g. take more time with individual residents.

---

19. What suggestions do you have to improve these sessions?

---

20. Would you be interested in additional sessions of this nature?

5 Yes 3 No

If yes, what topics would you like to cover?

---

GROUP I ( Fall, 1982)

Summary of #18 - In the future, as a result of this course, what will you change? e.g. take more time with individual residents.

1. With regards to residents: The overriding feedback was that more time would be taken with individual residents - listen more intently and thus gain greater awareness of their needs and individual differences, as well as increase respect for their wishes and understanding for their feelings.

2. With regards to staff: Inprove inter and intra departmental communication by listening more intently and by transmitting information as necessary and helpful.

3. With regards to personal development: No comments.

Summary of #19 - What suggestions do you have to improve these sessions?

The following suggestions were made:

- shorter sessions
- more discussion time
- not quite as relaxed

Several felt that the sessions are adequate and no improvement is necessary.

Summary of #20b - If yes, what topics would you like to cover?

No suggestions were made.

GROUP II (Fall, 1982)

This group consisted of five males and seven females.

4 registered nurses (one of whom is a head nurse)

1 activity staff

1 housekeeping staff

1 kitchen staff

1 custodian

1 night watchman

2 managers of elderly persons housing complexes

1 student (pastoral care practicum)

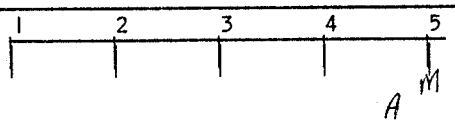
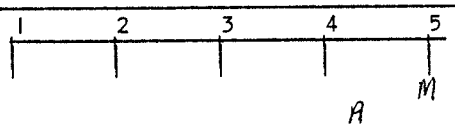
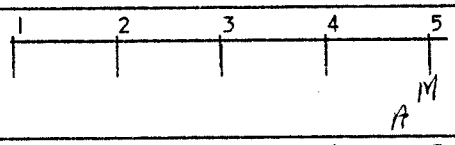
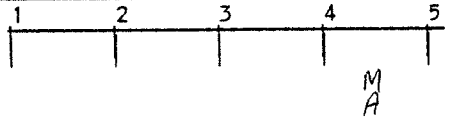
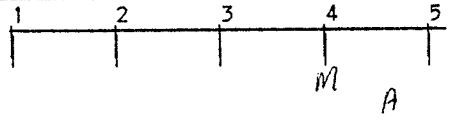
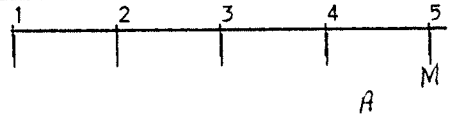
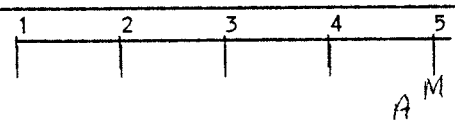
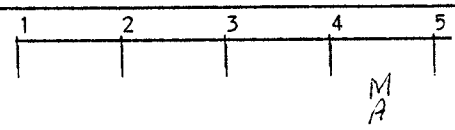
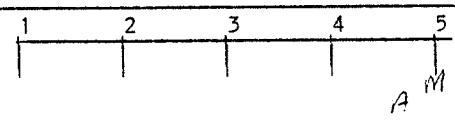
This group was largely made up of volunteers or persons invited to join. Some were specifically asked to attend.

Following is a summary of the opinionnaire results (based on nine returns) and leader's evaluation (based on observation and interaction).

## EVALUATION

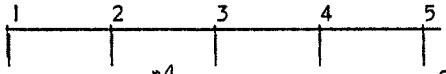
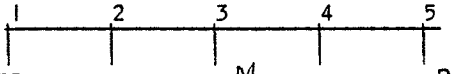
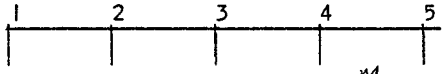
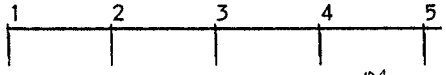
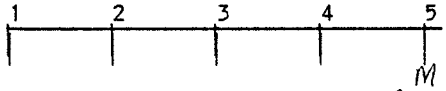
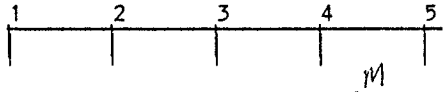
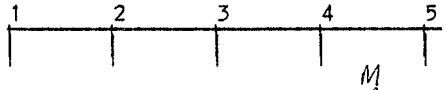
I would appreciate your completing this opinionnaire. This will enable me to make course changes on the basis of your comments.

Please indicate your evaluation of the course by circling the appropriate number:

| | poor — very good | COMMENTS |
|---|---|---|
| 1. Definition of terms (words) used: |   | M=5 A=4.7 |
| 2. Organization (structure of sessions): |   | M=5 A=4.3 |
| 3. Use of audiovisual (overhead, film, cassette) equipment: |   | M=5 A=4.8 |
| 4. Balance of presentations (lecture/discussion): |   | M=4.5 A=4.5 |
| 5. Balance of group involvement (dyads or triads/ larger group): |   | M=4 A=4.6 |
| 6. Choice of topics: |   | M=5 A=4.3 |
| 7. Use of group resources (strengths and experiences of group members): |   | M=5 A=4.6 |
| 8. Application (usefulness in everyday life): |   | M=4.5 A=4.5 |
| 9. Use of time: |   | M=5 A=4.7 |

M=Median
A=Average

Please circle the appropriate number on each continuum to indicate your general impression of how the course was presented.

| | | COMMENTS |
|---|---|---|
| 10. |  Content too difficult ... Content too easy | M=2.5 A=2.7 |
| 11. |  Participating too difficult ... Participating too easy | M=3.3 A=3.3 |
| 12. |  Boring ... Interesting | M=4.5 A=4.6 |
| 13. |  Tensing ... Relaxing | M=4.5 A=4.7 |
| 14. |  Discouraging ... Encouraging | M=5 A=4.7 |
| 15. |  Depressing ... Stimulating | M=4.5 A=4.4 |
| 16. |  Not important ... Very important | M=4.5 A=4.5 |

M=Median
A=Average

17. Rank the following session offered in their course in order of importance (from #1 most helpful to #6 least helpful) to you:

| | | | | |
|---|---|---|---|---|
| _____ | Myths Related to Aging | M=5 | A=3.8 | |
| _____ | Effective Care-giving | M=2 | A=3 | |
| _____ | Communication Skills | M=1.5 | A=2 | |
| _____ | Dignity and Independence | M=3 | A=3.6 | |
| _____ | Stress Management | M=4 | A=3.1 | |
| _____ | Handicapped Elderly | M=5 | A=4.5 | M=Median<br>A=Average |

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18. In the future, as a result of this course, what will you change? e.g. take more time with individual residents.

---

19. What suggestions do you have to improve these sessions?

---

20. Would you be interested in additional sessions of this nature?

8 Yes 1 No

If yes, what topics would you like to cover?

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GROUP II ( Fall, 1982)

Summary of #18 - In the future, as a result of this course, what will you change? e.g. take more time with individual residents.

1. With regards to residents: Increased awareness, understanding, empathy, and appreciation of the handicapped elderly came through strongly. A desire to allow and encourage independence, to communicate more effectively, to relate to the elderly more sensitively, to give them the freedom to make more decisions and to relate to the elderly more as persons were expressed.

2. With regards to staff: Greater understanding was seen as a growing edge.

3. With regards to personal development: There seemed to be a desire to grow in self awareness and to take personal growth more seriously.

Summary of #19 - What suggestions do you have to improve these sessions?

The following suggestions were made:

- shorter sessions
- not as rushed
- more structured discussion
- more handouts

For one person this was review and good reinforcement. Another suggested that it is difficult to improve a very good thing. It was a challenge.

Summary of #20b - If yes, what topics would you like to cover?

Suggestions were:

- more on communication
- more on developmental stages
- diets
- therapy techniques

One comment read: "I'm sure Heidi will think of something".

## Leader's Observations

(Groups I and II)

Participation generally was good. When there was resistance, much of it seemed to be rooted in the reluctance to give two hours per week. Pressure later to catch up on work left undone was problematic, yet on the whole attendance was good.

The journal assignment was not successful, though this did not appear to curtail discussion. Participants felt relatively free to share observations and concerns.

When the group first started, one of the participants confided that prior to the leader's employment staff relationships had been at an all time low. The resulting negativism was being transferred to the leader who thus was viewed with suspicion and put to the test. However, as the weeks went by, relationship with staff became more open--the leader was increasingly seen as someone they could trust. Concerns of a personal nature, unsolicited feedback regarding the sessions and freedom to disagree with the leader increased as both staff and leader relaxed and rapport developed. Both tense and happy times were experienced.

(See also Revision of Course After Initial Field-Testing).

REVISION OF COURSE AFTER INITIAL ROUND

(GROUPS I & II) OF FIELD-TESTING

ORIGINAL COURSE OUTLINE:

4.3.1 Myths Related to Aging

4.3.2 Effective Care-giving

4.3.3 Communication Skills

4.3.4 Dignity and Independence

4.3.5 Stress and Stress Management

4.3.6 Handicapped Elderly

REVISED PLAN:

4.3.1 Life Stages: Effects on Aging

4.3.2 Myths Related to Aging

4.3.3 Effective Care-giving

4.3.4 Communication Skills

4.3.5 Dignity and Independence

4.3.6 Stress and Stress Management

On the basis of the opinionnaires as well as the group leader's observations, revision of the original course outline seemed appropriate.

1. The session on myths, though generally acceptable, was not nearly as intriguing as originally hoped, and seemed rather "heavy" as a starter. Participants appeared to feel threatened by the redefinition of myth from fairytale to an unscientific account and thus became defensive. It was believed that by postponing this session to a time when participants and leader were at least somewhat acquainted with each other in this setting, the threat level would be lessened significantly. However, it still seemed important that myths be discussed early in the course to help set the stage for the following sessions. Hence, it was moved to second place.

2. A film <u>At Ninety Nine: A Portrait of Louise Tandy Murch</u> seemed to have the potential needed to evoke initial interest in a low threat manner. It was believed that the film would encourage group discussion and rapport to develop more quickly. The film and some of the materials on life stages had been used successfully (sparking immediate interest and willingness to share) in other settings. Hence, a new unit was developed.

3. The sixth session was rather brief. Also the activities of this session were easily integrated (perhaps even more fittingly) into the other sessions, and so the whole program could remain a six session course.

4. The relaxation tape was used in each of sessions 4.3.2 to 4.3.6. The purpose of this was to a) build up to the session on stress, b) to be used as a starter for a fantasy in 4.3.6 and c) to give participants the opportunity to experience it often enough to better perceive the value of such an aid. However, "c)" didn't require five sessions and so was reduced to three in the new plan.

5. Though the overhead was used from the start, it appeared advantageous to put all of the main materials on transparancies: a) combination of visual and oral - especially important because many of the participants were of a low level of educational background, b) the visual together with the oral strengthens the impact, c) handouts were few and so this approach helps underscore the important points, d) an aid for the leader who with the help of transparancies can give fuller attention to group dynamics.

6. The opinionnaire was also revised, not in content, but in format (editorial changes).

GROUP III (Winter, 1983)

The group consisted of one male and eight females:

1 registered nurse

1 licensed practical nurse

1 housekeeping staff

1 kitchen staff

1 volunteer co-ordinator

1 ward clerk

1 dietary consultant

1 administrator

1 Concordia hospital staff

This group consisted of persons invited and/or specifically asked to attend and some who volunteered to attend.

Following is a summary of the opinionnaire results (based on 8 returns - where possible two others who did not complete numerical rating were included as well) and leader's evaluation (based on observation and interaction).

## EVALUATION

I would appreciate your completing this opinionnaire. This will enable me to make course changes on the basis of your comments.

Please indicate your evaluation of the course by circling the appropriate number:

| | poor — very good | COMMENTS |
|---|---|---|
| 1. Definition of terms (words) used: | 1 2 3 4 5 — M A | M=4.5 A=4.5 |
| 2. Organization (structure of sessions): | 1 2 3 4 5 — M A | M=4.5 A=4.5 |
| 3. Use of audiovisual (overhead, film, cassette) equipment: | 1 2 3 4 5 — M A | M=4.5 A=4.5 |
| 4. Balance of presentations (lecture/discussion): | 1 2 3 4 5 — A M | M=4.5 A=4.3 |
| 5. Balance of group involvement (dyads or triads/ larger group): | 1 2 3 4 5 — A M | M=4.5 A=4.3 |
| 6. Choice of topics: | 1 2 3 4 5 — M A | M=4 A=4 |
| 7. Use of group resources (strengths and experiences of group members): | 1 2 3 4 5 — A M | M=4.5 A=4.3 |
| 8. Application (usefulness in everyday life): | 1 2 3 4 5 — M A | M=3.5 A=3.7 |
| 9. Use of time: | 1 2 3 4 5 — M A | M=3.5 A=3.8 |

M=Median
A=Average

Please circle the appropriate number on each continuum to indicate your general impression of how the course was presented.

| | | COMMENTS |
|---|---|---|
| 10. | Content too difficult — 1 2 3 4 5 — Content too easy (M, A at 3) | M=3<br>A=3 |
| 11. | Participating too difficult — 1 2 3 4 5 — Participating too easy (M at 3, A between 3 and 4) | M=3<br>A=3.3 |
| 12. | Boring — 1 2 3 4 5 — Interesting (A between 2 and 3, M between 3 and 4) | M=3.5<br>A=2.6 |
| 13. | Tensing — 1 2 3 4 5 — Relaxing (M, A at 4) | M=4<br>A=4 |
| 14. | Discouraging — 1 2 3 4 5 — Encouraging (A between 3 and 4, M at 4) | M=4<br>A=3.3 |
| 15. | Depressing — 1 2 3 4 5 — Stimulating (A between 3 and 4, M at 4) | M=4<br>A=3.1 |
| 16. | Not important — 1 2 3 4 5 — Very important (M between 3 and 4, A at 4) | M=3.5<br>A=4 |

M=Median
A=Average

17. Rank the following session offered in their course in order of importance (from #1 most helpful to #6 least helpful) to you:

| | | | | |
|---|---|---|---|---|
| _____ | Life Stages | M=4 | A=2.7 | |
| _____ | Myths Related to Aging | M=5.5 | A=5.5 | |
| _____ | Effective Care-giving | M=2 | A=2.3 | |
| _____ | Communication Skills | M=2.5 | A=3.3 | |
| _____ | Dignity and Independence | M=4 | A=3.5 | |
| _____ | Stress Management | M=3 | A=3 | M=Median<br>A=Average |

18. In the future, as a result of this course, what will you change? e.g. take more time with individual residents.

19. What suggestions do you have to improve these sessions?

20. Would you be interested in additional sessions of this nature?

3 Yes 3 No

If yes, what topics would you like to cover?

GROUP III (Winter, 1983)

Summary of #18 - In the future, as a result of this course, what will you change? e.g. take more time with individual residents.

1. With regards to residents: More time for individual residents, more effective communication (especially more effective listening), increased understanding and patience were singled out as areas of growth.

2. With regards to staff: No comments.

3. With regards to personal development: Commitment to broaden knowledge base, to find a "confidant", to use stress as a positive tool, and to examine habits of response were singled out. Also the importance of a physical outlet of emotional energy was mentioned.

Summary of #19 - What suggestions do you have to improve these sessions?

The following suggestions were made:

- expand definitions
- more "hard data"
- have administration present in all groups
- small groups of three are best

Affirmation was expressed: the sessions were constructive, very well done. Use of audiovisuals was effective (tape, transparancies neat and concise). Role play and small group participation were enjoyable and effective. Organization and explanation of words were adequate, content was useful and time not wasted.

Summary of #20b - If yes, what topics would you like to cover?

Suggestions were:

- more application
- spiritual needs of the elderly and staff

Additional comments: more sessions but only once per month, and, no more due to time problems.

GROUP IV (Winter, 1983)

The group consisted of all females:

1 director of nursing

1 licensed practical nurse

1 personal care aid

1 housekeeping staff

1 dietary department head

1 kitchen staff

1 activity staff

1 office department head

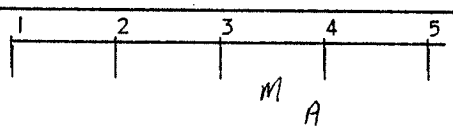
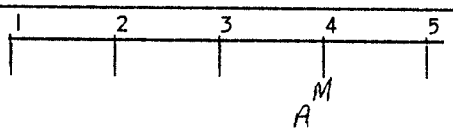
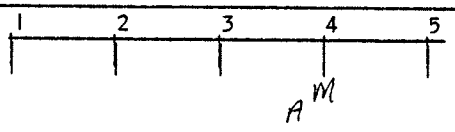
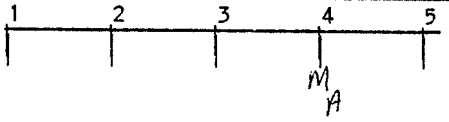
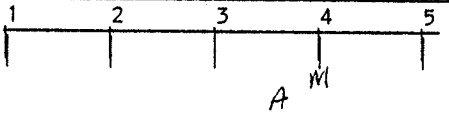
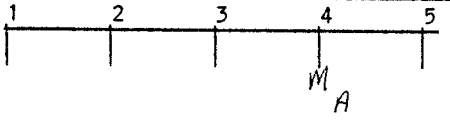
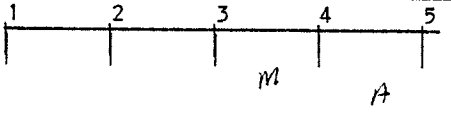
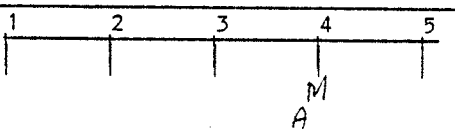
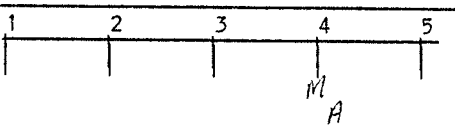
This group consisted mainly of persons invited and/or specifically asked to attend.

Following is a summary of the opinionnaire results (based on seven returns) and leader's evaluation (based on observation and interaction).

## EVALUATION

I would appreciate your completing this opinionnaire. This will enable me to make course changes on the basis of your comments.

Please indicate your evaluation of the course by circling the appropriate number:

| | poor — very good | COMMENTS |
|---|---|---|
| 1. Definition of terms (words) used: |   | M=3.5 A=3.9 |
| 2. Organization (structure of sessions): |   | M=4 A=3.9 |
| 3. Use of audiovisual (overhead, film, cassette) equipment: |   | M=4 A=3.8 |
| 4. Balance of presentations (lecture/discussion): |   | M=4 A=4.1 |
| 5. Balance of group involvement (dyads or triads/ larger group): |   | M=4 A=3.6 |
| 6. Choice of topics: |   | M=4 A=4.2 |
| 7. Use of group resources (strengths and experiences of group members): |   | M=3.5 A=4.6 |
| 8. Application (usefulness in everyday life): |   | M=4 A=3.9 |
| 9. Use of time: |   | M=4 A=4.2 |

M=Median
A=Average

Please circle the appropriate number on each continuum to indicate your general impression of how the course was presented.

| | | | COMMENTS |
|---|---|---|---|
| 10. | Content too difficult | Content too easy | M=3<br>A=3.1 |
| 11. | Participating too difficult | Participating too easy | M=3.5<br>A=3.4 |
| 12. | Boring | Interesting | M=4<br>A=3.9 |
| 13. | Tensing | Relaxing | M=3<br>A=3.2 |
| 14. | Discouraging | Encouraging | M=3<br>A=4.3 |
| 15. | Depressing | Stimulating | M=3.5<br>A=3.4 |
| 16. | Not Important | Very important | M=3.5<br>A=3.4 |

M=Median
A=Average

17. Rank the following session offered in their course in order of importance (from #1 most helpful to #6 least helpful) to you:

| | | | | |
|---|---|---|---|---|
| _____ | Life Stages | M=4.5 | A=4.4 | |
| _____ | Myths Related to Aging | M=5 | A=5.2 | |
| _____ | Effective Care-giving | M=2 | A=2.3 | |
| _____ | Communication Skills | M=2 | A=2.1 | |
| _____ | Dignity and Independence | M=3 | A=3 | |
| _____ | Stress Management | M=4 | A=3.4 | M=Median<br>A=Average |

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18. In the future, as a result of this course, what will you change? e.g. take more time with individual residents.

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19. What suggestions do you have to improve these sessions?

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20. Would you be interested in additional sessions of this nature?

4 Yes 2 No

If yes, what topics would you like to cover?

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GROUP IV (Winter, 1983)

Summary of #18 - In the future, as a result of this course, what will you change? e.g. take more time with individual residents.

1. With regards to residents - Make a greater effort to talk with the residents as well as to discover and use residents' strengths and resources.

2. With regards to staff - Greater effort will be made to involve all staff in improving quality and care-giving, and to discover and use staff resources and strengths to greater advantage.

3. With regards to personal development - An improved self-image was a result of the sessions.

Summary of #19 - What suggestions do you have to improve these sessions?

The following suggestions were made:

- improved physical environment
- shorter sessions
- more role play
- fewer transparancies
- five minute break

Other comments: no improvement necessary. One made the comment that "I've been to 8-hour seminars that had less to offer."

Summary of #20b - If yes, what topics would you like to cover?

Suggestions were:

- crafts
- team concept

## Leader's Observations

(Groups III and IV)

Both groups were immediately off to a good start--good interest, thought provoking, confortable openness. Generally there was "alive", easy, flowing interaction and a fair amount of deeper sharing of fears, anxieties, frustrations, joys and amusements. Beginning with the first session there seemed to be a willingness to look at self. Healthy disagreement was a part of these sessions. Cassette, film, role plays, small group activities were appropriate openers to discussion.

Absenteeism appeared to be a problem especially in group III. In discussing this with group members and with administration it became evident that illness, heavy schedules and limited staff (as money becomes increasingly tight staffing becomes more of a problem) were at the root of absenteeism. Also, since groups III and IV were relatively small, the impact was readily felt.

Throughout the six sessions, one participant (in Group III) injected a note of resistance and hostility. She attended because (as I discovered later) "If I don't I'll loose my job". Neither

the leader nor the administrator know of the source of such a comment. It appeared as if she "sat in judgment". The leader's perception is that this individual is struggling with insecurity, grief resulting from the recent death of a family member, resistance to any growth and change, rigidity, fear of loosing her job. At one point she labelled herself as "stubborn".

The group as a whole appeared to handle this reluctance and defensiveness well though oftentimes an underlying tension was felt by the leader. This was not an easy situation. The administrator reassured the leader that her response to and relating with this person was appropriate and not defensive.

Generally staff and group leader relationships developed and continue to develop positively. The leader is increasingly accepted as one of Bethania's staff.

(See also Revision of Course After Second Round of Field-testing).

GROUP V (Winter, 1983)

(First Mennonite Church)

The group consisted of two males and five females.

1 personal care home employee - young student, married

1 Bethania Mennonite Personal Care Home kitchen staff - middle age, married

1 deaconess - middle age, married

1 middle age, married

1 retired, married

1 middle age, married couple

wife: full time employed at the Bay

husband: superintendent of an elderly persons' housing complex

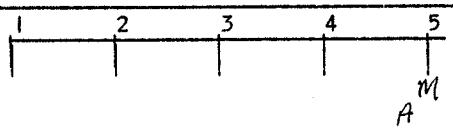
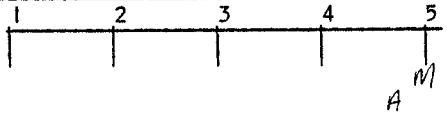
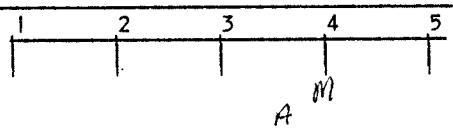
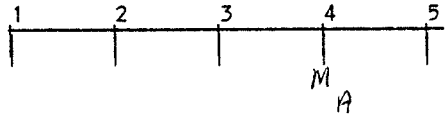
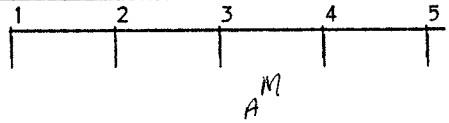
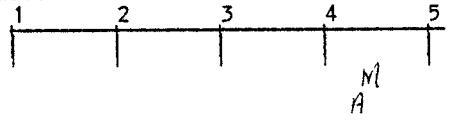
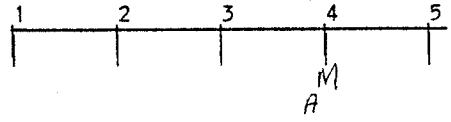
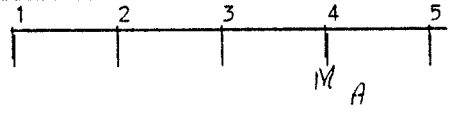
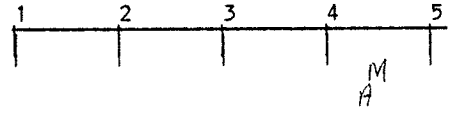
All attending volunteered to attend - commitment to the group appeared to be high.

Following is a summary of the opinionnaire results (based on seven returns) and leader's evaluation (based on observation and interaction).

## EVALUATION

I would appreciate your completing this opinionnaire. This will enable me to make course changes on the basis of your comments.

Please indicate your evaluation of the course by circling the appropriate number:

| | poor 1 2 3 4 5 very good | COMMENTS |
|---|---|---|
| 1. Definition of terms (words) used: |  | M=5<br>A=4.8 |
| 2. Organization (structure of sessions): |  | M=5<br>A=4.7 |
| 3. Use of audiovisual (overhead, film, cassette) equipment: |  | M=4<br>A=3.6 |
| 4. Balance of presentations (lecture/discussion): |  | M=4<br>A=4.2 |
| 5. Balance of group involvement (dyads or triads/ larger group): |  | M=3.5<br>A=3.4 |
| 6. Choice of topics: |  | M=4.5<br>A=4.4 |
| 7. Use of group resources (strengths and experiences of group members): |  | M=4<br>A=3.9 |
| 8. Application (usefulness in everyday life): |  | M=4<br>A=4.3 |
| 9. Use of time: |  | M=4.5<br>A=4.4 |

M=Median
A=Average

Please circle the appropriate number on each continuum to indicate your general impression of how the course was presented.

| | | COMMENTS |
|---|---|---|
| 10. | 1 2 3 4 5 — Content too difficult (M, A at 3) — Content too easy | M=3<br>A=3 |
| 11. | 1 2 3 4 5 — Participating too difficult (M, A at 3) — Participating too easy | M=3<br>A=3 |
| 12. | 1 2 3 4 5 — Boring — Interesting (M at 5, A between 4 and 5) | M=5<br>A=4.6 |
| 13. | 1 2 3 4 5 — Tensing (M, A at 4) — Relaxing | M=4<br>A=4.1 |
| 14. | 1 2 3 4 5 — Discouraging — Encouraging (A between 4 and 5, M at 5) | M=5<br>A=4.7 |
| 15. | 1 2 3 4 5 — Depressing — Stimulating (A between 4 and 5, M at 5) | M=5.<br>A=4.6 |
| 16. | 1 2 3 4 5 — Not important (M, A at 4) — Very important | M=4<br>A=4 |

M=Median
A=Average

17. Rank the following session offered in their course in order of importance (from #1 most helpful to #6 least helpful) to you:

| | | | | |
|---|---|---|---|---|
| _____ | Life Stages | M=5 | A=4 | |
| _____ | Myths Related to Aging | M=5.5 | A=4.5 | |
| _____ | Effective Care-giving | M=4 | A=3.5 | |
| _____ | Communication Skills | M=2 | A=2.2 | |
| _____ | Dignity and Independence | M=4.5 | A=3.8 | |
| _____ | Stress Management | M=2.5 | A=2.7 | M=Median<br>A=Average |

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18. In the future, as a result of this course, what will you change? e.g. take more time with individual residents.

---

19. What suggestions do you have to improve these sessions?

---

20. Would you be interested in additional sessions of this nature?

5 Yes 1 No

If yes, what topics would you like to cover?

---

GROUP V (Winter, 1983)

Summary of #18 - In the future, as a result of this course, what will you change? e.g. take more time with individual residents.

1. With regards to residents: The following were singled out as areas of growth: increased awareness of myths, increase in amount of time and quality of care-giving, improved communication skills (especially listening), more patience, increased understanding of others, allowance for and encouragement of dignity and independence.

2. With regards to staff: No comments.

3. With regards to personal growth: the importance of taking time for oneself was singled out.

Summary of #19 - What suggestions do you have to improve of these sessions?

The following suggestions were made:

- a larger group
- stay on the topic of the elderly
- opportunity to put skills into practice under supervision

Some indicated that no improvement was necessary. One stated that this had been a refresher course.

Summary of #20b - If yes, what topics would you like to cover.

Suggestions were:

- physical care of the elderly
- more on relationship building
- more on communication
- more on effective care-giving
- biblical emphasis.

## Leader's Observations

(Adaptation of the sessions to a church setting)

This was a small, yet very eager and enthusiastic group with a high level of commitment. The participants quickly became a relatively cohesive group, though very diverse in background, interests, age, etc.

Co-operation and participation was generally outstanding. One session lacked enthusiasm due to the flu. Sharing experiences and observations happened freely and at a rather personal level. This group would lend itself to an ongoing personal growth and support group.

(See also Revisions of Course After Second Round of Field-testing).

## REVISION OF COURSE AFTER SECOND ROUND (Groups III, IV and V) OF FIELD-TESTING

The revisions made after the first round of field-testing proved satisfactory. Direct negative feedback came only from one person with regards to the transparancies: he/she claimed they were distracting.

The second round also included a church setting. Since it was hoped that the sessions would be easily adapted to other settings (e.g. church, community, continuing education) this opportunity proved helpful. It seemed to be a most satisfying experience for all involved. One reason, perhaps is that the participants in the church setting chose to come while in the personal care home setting this was not always the case - many were asked to attend.

Changes made after the second field-testing were mainly editorial changes and changes of order, with the exception of mid-session break, journal writing and expansion of communication and stress and stress management content:

1. Since the sessions include much group involvement and interaction it seemed that a break at half time would be superfluous. Also coffee was available at all times. However, upon request, we did experiment with a break. Other than for those who smoke (smoking was not advised during sessions due to cramped quarters) a break seemed to be of minimal importance.

2. The journal was approached in two ways: a) totally for personal use, b) for personal use but also as a source for sharing. Neither seemed to work well; sharing happened readily but journals were written by very few. Therefore the journal requirement has been encouraged though not required while importance of observing and sharing has been emphasized.

3. Materials on communication problems that may occur with the elderly and tips for communicating with the hard of hearing were added.

4. Materials on stress were expanded to include physiological rational for stress reactions.

## EVALUATIVE COMMENTS BASED ON SESSIONS WITH BETHANIA'S ADMINISTRATOR

The training sessions were deliberately set up to have a "broad base", that is, to include persons of various backgrounds, educational levels, age, training needs and roles.

At first the feasibility of incorporating inservice training into an already full schedule was met with pessimism and resistance. However, the sessions demonstrated that it is not only possible but also advantageous to do so. Generally participants responded favorably, given the opportunity to become involved in a learning experience. Attendance was as consistent as can be expected considering time and work load pressures. Involvement was keen and evaluation willingly given.

Unsolicited and informal feedback indicated that participant self-esteem was enhanced: "I count", "my thoughts are of value", "I have something to contribute". Interpersonal and interdepartmental relations seemingly were affected as understanding, trust and respect developed. Awareness regarding assumptions about the elderly and the aging process was raised. Learnings were transferred to other aspects of work: participants became more willing

to be involved in tasks they were reluctant to do earlier (for example, taking on the role of presentor at a care planning session). Also new staff claim that the sessions helped them to become integrated into Bethania's structure rather quickly.

The topics selected were relevant. Basic information was given, thus a common baseline of knowledge was established. This could be elaborated on or followed up with more specifics at a later time.

Another tension arose out of the leader's lack of first hand experience in caring for elderly disabled and/or not able to function on their own. Thus practical examples needed to be drawn primarily from the experience of group members. This proved to be both an advantage (encouraged group sharing) and a disadvantage (concrete examples on the part of the leader are limited).

Evaluation of the program is difficult. What effect does it have on the long run? Has care-giving improved as a result of the inservice sessions? How does one change old habits? Ways to measure program effectiveness need to be further developed.

The tendancy to become overly expectant and overly critical is a danger. It is important to measure only what was originally set out in the objectives.

The question still remains: What will happen to the program? Will it become an integral part of staff employment? The answers depend largely on monies available.

Given the availability of sufficient funds, one option which would help to reduce time and responsibility pressures is to hold one day workshops away from the place of work. In this way staff replacement would be clearly called for and participants would be freed from the anxiety of work left undone.

## CONCLUDING COMMENTS

This series of inservice training was initiated with the intent to consider the program as an employment and volunteer requirement. Though generally favorably received, implementation of this series appears to be questionable, depending on available finances.

The major difficulties encountered were:

1. Inappropriate physical facilities - present environment is cramped with poor ventilation. This will hopefully be taken into consideration when the planned addition to the home becomes a reality.

2. Time and scheduling problems due to shifts and staffing limitations (funding) - affected attendance, size of groups, resistance to the program, desire for further sessions.

3. Transfer of staff attitude, born out of staff tensions some years ago, together with the leader being new to the staff - resolution of this difficulty has come a long way.

4. Broad spectrum of background, age, skills, training, education, role - it appears as if generally there was something for everyone, although the sessions were suited more to those who had limited skills and training.

5. One extremely resistant participant (Group III) - her attitude seemed to permeate the whole group. This is a problem that can be expected in any group setting. Both group members and group leader appeared to deal with the situation in a relatively non-defensive manner.

6. Lack of team spirit - interdepartmental co-operation appears to be at a low level. To what extent this has been affected by the sessions is not known. Some dents seem to have been made.

Accomplishments include:

1. Difficulties (see above) were generally accepted and dealt with to the extent possible in the given amount of time.

2. In all groups, though to varying degrees, trust developed among participants and between participants and leader. This enabled a fairly deep level of sharing, voicing of disagreements, participation of group members at levels appropriate to each.

3. Unsolicited and solicited feedback (formal and informal) indicates that the hopes of the administration as outlined below were met. The hopes had been that implementation of such a program would:

a) demonstrate that inservice training can be incorporated into an already full schedule;

b) demonstrate that, given the opportunity, participants will generally respond favorably to such an opportunity;

c) demonstrate that awareness can be raised;

d) demonstrate that self-esteem is raised by inservice training;

e) demonstrate that learnings are transferred to other aspects of work.

4. The leader was (during the weeks of the sessions) and is sought out for counsel by individuals. A start has been made in this regard. As rapport was established and is allowed to develop, personal and professional problems are dealt with on an individual basis.

5. The sessions have been adapted, at least once, to a setting other than a personal care home. They seem to lend themselves well to a church setting.

Yet questions remain:

1. Has care-giving improved as a result of these sessions and have good intentions, as expressed in the opinionnaire, been put into practice?

2. How can the long term effects of such a program be measured?

3. What will happen to the program? Will it become an integral part of employment? Can the necessary funds be made available?

Additional comments:

1. It would probably be advantageous to incorporate a session on change, loss and grief as a seventh session. Since change, loss and grief is so basic to aging, the program seems incomplete without this addition.

2. Conclusions are based on relatively few opinionnaire returns and/or on subjective observations. More objective/ scientific evidence is needed.

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## 7.0 **CONCLUSION**

A UCLA (University of California at Los Angeles) scientist said Wednesday that mankind's search for a "Fountain of youth" may soon be over--perhaps even within the next ten years. Dr. Roy Walford, an immunologist at UCLA's School of Medicine, said he and his colleagues already have identified a part of a gene that controls a cell's ability to repair itself. That ability to repair itself determines how quickly a cell ages. "I rather confidently expect a significant advance in maximum life span potential to be achieved in this century", Walford told the Journal. "One might be able to develop a vaccine to stimulate cell repair that would have a significant effect on life span--perhaps even within the next decade." (Winnipeg Sun, April 15, 1982)

Whether or not this becomes reality, one thing is certain--the number of elderly in our communities is and will continue to be on the increase. This calls for more trained

care-givers. Human resistance to aging also seems to be a fact of life. In order to cope more effectively with these realities, we will need to put more effort into personal and career preparation. I trust that this basic training unit will assist us in this effort and hence raise the quality of life both for the elderly as well as for the care-giver.

## 8.0 APPENDIX A

### WHAT DO YOU SEE? WHAT DO YOU SEE?

"What do you see nurses, what do you see?
Are you thinking when you are looking at me--
A crabbit old woman, not very wise,
Uncertain of Habit, with far-away eyes.
Who dribbles her food and makes no reply
When you say in a loud voice-- 'I do wish you'd try.'
Who seems not to notice the trhings that you do,
And forever is losing a stocking or a shoe.
Who unresisting or not, lets you do as you will,
With bathing and feeding, the long day to fill.
Is that what you are thinking-- is that what you see?
Then open your eyes, nurse, you're not looking at me.
I'll tell you who I am as I sit here so still;
As I use at your bidding, as I eat at your will,
I'm a small child of ten with a father and mother,
Brothers and sisters, who love one another.
A young girl of sixteen with wings on her feet,
Dreaming that soon now a lover she'll meet;
A bride soon at twenty--my heart gives a leap,
Remembering the vows that I promised to keep;
At twenty-five now I have young of my own,
Who need me to build a secure, happy home;
A woman of thirty, my young now grow fast,
Bound to each other with ties that should last;
At forty, my young sons have grown and are gone,
But my man's beside me to see I don't mourn.
At fifty, once more babies play round my knee.
Again we know children, my loved one and me.
Dark days are upon me, my husband is dead,
I look at the future, I shudder with dread,
For my young are all rearing young of their own,
And I think of the years and the love that I've known.
I'm an old woman now and nature is cruel--
Tis her jest to make old age look like a fool.
The body it crumbles, grace and vigour depart

There is now a stone where I once had a heart;
But inside this old carcass a young girl still dwells.
And now and again my battered heart swells.
I remember the joys, I remember the pain,
And I'm loving and living life over again.
I think of the years all too few—gone too fast,
And accept the stark fact that nothing can last,
So open your eyes, nurses, open and see
Not a crabbit old woman, look closer--see me!

Author unknown

Ganikos M., 1979, p.98.

8

## LIFE STAGES

| | INFANCY (0-2) | CHILDHOOD (2-4) | CHILDHOOD (4-6) | CHILDHOOD (6-10) | ADOLESCENCE (11-19) | ADULTHOOD (Young) | ADULTHOOD (Midyears) | OLD AGE (Young old) | OLD AGE (Old old) |
|---|---|---|---|---|---|---|---|---|---|
| Significant (Important) Others | MOTHER (mother substitute) | PARENTS | SIBLINGS and PARENTS (especially parent of opposite sex) | SCHOOL and NEIGHBORHOOD FRIENDS | PEERS | SPECIAL FRIENDS (perhaps of opposite sex) | | FAMILY and FRIENDS (friends especially if family contacts aren't possible) | |
| Tasks | To develop TRUST (confidence) To live apart from mother is OK. She can be trusted, no matter what-- She is always close by. | To develop AUTONOMY (independence) | To develop INITIATIVE (willingness to act) | To develop INDUSTRY (discover) | To develop IDENTITY (who I am - uniqueness) Who am I separate from my parents? What does it mean to be human? male/female? | To develop INTIMACY (healthy closeness--interdependence) To accept self as someone who has much to offer. At the same time realize that idealized self can't be lived up to--won't accomplish all hoped for (imperfection also needs to be accepted) Losses (children, losses related to old age) need to be replaced. | To develop GENERATIVITY (create) | To develop WISDOM and INTEGRATION (understanding) Wisdom replaces doing. Has this life been worthwhile? Life Review: I did this and that. Some things I did right, others wrong. Inspite of errors, I'm still a worthy and acceptable person. | (putting it all together) |
| | | To take charge of own life, to risk and to take responsibility for oneself. To accomplish. | | | | | | | |
| Effects on Old Age | If trust is developed-- Others will be trusted later in life. | If autonomy, initiative, and industry are developed--Positive self-image. Even if I err at times, it is not crucial--I'm still an acceptable person. | | | If identity is developed--Security: I am someone in my own right. I count. | If intimacy and generativity are developed--Feelings of belonging, being loved, valued and accepted. Also appreciation of personal strengths and contributions. | | If wisdom and integrity are developed-- Security, trust, feelings of value and worth, willing to share. This results in peace, purpose, strength, hope. | |
| | If trust is not developed--Mistrust and suspicion | If autonomy, initiative and industry are not developed--Poor self-image. If failure to accomplish outweighs accomplishments-- Feelings of inferiority, shame and guilt result. | | | If identity is not developed--confusion and insecurity: unsure of myself. I am someone only in relation to another. | If intimacy and generativity are not developed--Absorption (unhealthy closeness, clinging) and stagnation (inactive) result. Feelings of being isolated, unloved, overly dependent and possessive. Attitude: to live means to lose. "I am nothing." "I have nothing to contribute." | | If wisdom and integrity are not developed-- Bitter despair (hopelessness): withdraw into the past (not life review) to avoid unpleasant and fearful. Unhealthy fantasy to make up for or replace reality. Inability to deal with changes. Recent memory deteriorates. In old age early emotional learnings, unresolved issues and feelings surface and affect behavior. Disorientation: logic, intellect, self-awareness vanish. Resolution of early stages is crucial. | |

Based on Erik Erikson and Naomi Feil
compiled and adapted by A.E.Koop

C

SCRIPT FOR RELAXATION,

CENTERING AND FANTASY ON AGING

I RELAXATION (adapted from a tape by Dr. Sig Hiebert, 1978)

Let's start by getting as comfortable as we can. Sprawl out in your chair, or on the floor if you wish. Loosen your tie or belt, and remove your shoes if you so desire. Allow yourself enough space so that you are not touching anyone else. I'll wait for a bit (30 seconds) while you get comfortable. pause

Now that you are comfortable, close your eyes and relax:

Focus on your right hand and arm as you take a deep breath. Hold your breath, at the same time making a tight fist with your right hand. Bend your arm at the elbow and tighten your forearm and upper arm. Feel the tension. Notice what it feels like throughout your right hand and arm. pause Now relax. Exhale, breath out, as you let go of the tension in your right hand and arm. Just let go. Let go of all the tension. Allow the tension to just vanish. Feel the heaviness in your right hand and arm. The muscles relax more and more and more. Just keep concentrating on your right hand and arm as these become limp and heavy. pause

As your right hand and arm continue to relax fully, focus your attention on your left hand and arm. As you take a deep breath and hold your breath make a tight fist with your left hand.

Bend your arm at the elbow as you tighten your forearm and upper arm. Feel the tension. Notice what it feels like throughout your left hand and arm. pause Now relax. As you breath out, let go of the tension in your left hand and arm. Just let go. Let go of all the tension. Allow the tension to fade away. Feel the heaviness in your left hand and arm. The muscles relax more and more. Keep concentrating on your left hand and arm as these become limp and heavy. pause

Now focus on your face. Note your forehead, eyes, cheeks, nose, jaws and lips. As you breath in and hold your breath, feel the tension in your face: feel the tension in your forehead and in your eyes as you squint, your cheeks and turned up nose, your jaws and puckered lips. Feel the tension all over your face. pause Now relax. Relax while exhaling. Allow your forehead to smooth out and the little muscles of your eyes to relax. Relax your cheeks, your nose, your jaws and your mouth. Your lips may be slightly parted. Feel and enjoy the relaxation. Concentrate on your relaxed face: forehead, eyes, cheeks, nose, jaws and mouth. pause

Move your attention to your neck. Tense your neck muscles as you inhale. Hold your breath. Feel the tension in your neck muscles. pause Now relax. Relax and let go of all the tension in your neck, as you exhale. Allow the muscles of your neck to become limp, loose and relaxed. Allow these muscles to unwind

more fully. Enjoy the pleasant feelings. pause

On to your chest, shoulders, upper back, and abdomen. Tense all these muscles as you breath in. Hold your breath. Feel the tension in your chest, shoulders, upper back and abdomen. pause Relax. Exhale. Let go of the tension and breath gently as you allow the muscles of your chest, shoulders, upper back and abdomen to go limp and loose. Notice your body getting heavier and heavier, sinking deeper and deeper. Feel yourself becoming more and more relaxed each time you breath. Enjoy it! pause

Focus on your right leg and foot. Breath in and hold your breath as you tense your foot pointing your toes up, as you tighten your right leg. Feel the tension. pause Relax! Breath out! Allow the tension to fade. The muscles of your right leg and foot relax, loosen and become limp. Enjoy the pleasant feelings of relaxation as you relax your right leg and foot. Relax! Just relax and feel your leg and foot get heavy and sink down. pause

Move on to your left leg and foot. Breath in, hold your breath as the tension in your left leg and foot increases. Pointing your toes up, tighten your left leg. Feel the tension. pause Relax! Breath out! Allow the tension to vanish. The muscles of your left leg and foot relax, loosen and become limp.

Enjoy the pleasant feelings as your left leg and foot relax. Relax, just relax and feel your leg and foot get heavy and sink lower and lower. pause

Now feel your whole body getting heavier and heavier. Feel yourself sinking down with the weight deeper and deeper. Take note of any remaining tension in any part of your body. Let go of the tension by tightening up that muscle and then letting go completely. pause Every part of you is now relaxed.

II CENTERING (adapted from a Naomi Feil workshop, 1982)

Focus on a point one inch below your belly-button - where the large muscles come together. You will center on this spot, that is, you will focus on this spot as you breath in through your nose. Feel the air move down to the center one inch below your belly-button. Allow the inhaled air to escape slowly through an opening at this center. Keep focussing on this point as you inhale through your nose again, allowing the air to move down and discharge through your center. Again inhale, flow down, and exhale slowly. Repeat this process. Breath slowly, slowly and be sure to exhale all the way. pause

III A FANTASY ON AGING (adapted from Interpersonal Skills for Involvement with Seniors, Kit 1981)

Be aware of your thoughts as you relax. Lay these thoughts aside, one after the other, one after the other. Put them right outside your mind. pause Let go of your thoughts, allowing your mind to become quiet and peaceful. pause

In the quietness of your space let your mind float into the future. Imagine yourself in old age. Picture yourself looking into a mirror. What do you see? Notice your face. Be aware of any changes in your face. Take note of the rest of your body. How has it changed?

How do you feel about being old? Focus on these feelings. pause What do you think of yourself as an old person? Focus on these thoughts. pause

Look around. Where are you? In the city? In the country? Do you live in a house, an apartment, an institution? Imagine yourself walking around your living quarters. Notice the surroundings. What are some of the objects you see? Touch them! Feel them! pause Are you feeling comfortable in this place? What would have to change to make it more comfortable? You may wish to rearrange the things around you. Go ahead - change them if you wish. pause

Do you notice any people around you in your old age? Who is there? How do you feel about them in their old age? Who do you wish would be there? How do you feel as you notice who is missing? Is anyone there whom you did not expect? How do you feel about these unexpected persons? pause

While you are aware of your oldness, and the fact that life ~~has~~ moved ahead very quickly, be aware of what you would like to do with the time remaining. Allow yourself to be aware of how very much you would like to do it. Then go and do it. Do it in your imagination. It doesn't matter what it is or where it is. Just go and do it. pause

As you go and do what it is that you feel you must do, notice your feelings. Be aware of sights and sounds as you do what you want to do. How do you feel about your surroundings? pause How do you feel about accomplishing this important task? pause

As you return to your living quarters, having done what you wanted to do, sit down and think. What are you thinking? pause

There is a knock on the door. You open the door. Imagine a friend from your youth standing at the door. Someone you were close to. How do you feel when you first see your friend? pause You invite this person in. Both of you are now old. You sit down and talk about the "good old days". What is that like for you? pause What are you talking about? Notice your feeling.

Now you say good-bye to your friend. How do you feel when your friend is gone? pause

Imagine your friend telling another about having seen you. What are they saying about you? pause

Once again, focus on yourself as an old person. Once again take note of where you are in your old age. pause

When you are ready, say good-bye to your surroundings in your old age, slowly come back to the present. pause

Don't rush! Slowly open your eyes when you are ready, and look around. What is it like to come back to the present? Be in touch with your feelings.

D

## WHAT IS A GRANDMA?

"A Grandma is a lady who has no children of her own, so she likes other people's little boys and girls.

A Grandfather is a man Grandmother. He goes for walks with the boys and they talk about fishing and things like that.

Grandmas don't have to do anything except be there. They're so old they shouldn't play hard. It is enough if they drive us to the supermarket where the pretend horse is and have lots of dimes ready.

Or if they take us for walks, they should slow down past things like pretty leaves or caterpillars. And they should never say, "Hurry up!"

Usually they are fat, but not too fat. They wear glasses and funny underwear. They can take their teeth and gums off.

They don't have to be smart, only answer questions like why dogs hate cats, and how come God isn't married.

They don't talk baby talk like visitors do because it is hard to understand.

When they read to us they don't skip words and they don't mind if it is the same story.

Grandmas are the only grownups who have got time--so everybody should have a Grandmother especially if you don't have television."

Huyck H, 1974, p.77.

E

## COMMUNICATION SKILLS

"I was so happy when one day a nice young student came to visit me and we had such a marvelous time. I told her about my husband and my children and how lonely and sad I often feel. And when I was talking, tears came out of my eyes, but inside I felt glad that someone was listening. But then--a few days later the student came back to me and said: 'I have thought a lot about what you told me and about how lonely you feel...and I have thought about what I could do to help you...and I wondered if you might be interested in joining this club that we are having....' When I heard her saying this I felt a little ashamed, since I had caused so many worries for this good person, whereas the only thing I wanted was someone to listen and understand.

Nouwen and Gaffney, 1974, p.74.

F

## COMMUNICATING SKILLS

"1. Do you have difficulty keeping your mind from wandering when someone talks to you?

2. Do you 'listen with the third ear' to sense how the other is feeling about the matter being discussed?

3. Do some mannerisms, phrases or concepts the speaker uses prejudice you so that you don't really hear what is being said?

4. When you are frustrated or puzzled by something that is being said, do you try to get it straightened out as soon as possible?

5. Do you avoid an issue if it seems to consume too much of your time and effort to understand?

6. Do you pretend to be paying attention when someone talks to you?

7. Are you easily distracted when you are in conversation with another?"

Wright H, 1974, pp.56-7.

G

AN OLD AMERICAN FOLK TALE

"It seems that Grandmother, with here trembling hands, was guilty of occasionally breaking a dish. Her daughter angrily gave her a wooden bowl, and told her that she must eat out of it from now on. The young granddaughter, observing this, asked her mother why Grandmother must eat from a wooden bowl when the rest of the family was given china plates. 'Because she is old!' answered her mother. The child thought for a moment and then told her mother, 'You must save the wooden bowl when Grandma dies'. Her mother asked why, and the child replied, 'For when you are old."

(other versions can be found in different cultures)

(Curtin, 1972, pp. 196-7)

H

## EVALUATION

I would appreciate your completing this opinionnaire. This will enable me to make course changes on the basis of your comments.

Please indicate your evaluation of the course by circling the appropriate number:

| | poor very good | COMMENTS |
|---|---|---|
| 1. Definition of terms (words) used: | 1 2 3 4 5 | |
| 2. Organization (structure of sessions): | 1 2 3 4 5 | |
| 3. Use of audiovisual (overhead, film, cassette) equipment: | 1 2 3 4 5 | |
| 4. Balance of presentations (lecture/discussion): | 1 2 3 4 5 | |
| 5. Balance of group involvement (dyads or triads/ larger group): | 1 2 3 4 5 | |
| 6. Choice of topics: | 1 2 3 4 5 | |
| 7. Use of group resources (strengths and experiences of group members): | 1 2 3 4 5 | |
| 8. Application (usefulness in everyday life): | 1 2 3 4 5 | |
| 9. Use of time: | 1 2 3 4 5 | |

Please circle the appropriate number on each continuum to indicate your general impression of how the course was presented.

COMMENTS

10. Content too difficult — 1 2 3 4 5 — Content too easy

11. Participating too difficult — 1 2 3 4 5 — Participating too easy

12. Boring — 1 2 3 4 5 — Interesting

13. Tensing — 1 2 3 4 5 — Relaxing

14. Discouraging — 1 2 3 4 5 — Encouraging

15. Depressing — 1 2 3 4 5 — Stimulating

16. Not important — 1 2 3 4 5 — Very important

17. Rank the following session offered in their course in order of importance (from #1 most helpful to #6 least helpful) to you:

_____ Life Stages

_____ Myths Related to Aging

_____ Effective Care-giving

_____ Communication Skills

_____ Dignity and Independence

_____ Stress Management

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18. In the future, as a result of this course, what will you change? e.g. take more time with individual residents.

---

19. What suggestions do you have to improve these sessions?

---

20. Would you be interested in additional sessions of this nature?

_____Yes _____ No

If yes, what topics would you like to cover?

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