

Providing Independent Living Support: Training for Senior Corps Volunteers

Module 3

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

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



Trainer: _____

Date: _____

PROVIDING INDEPENDENT LIVING SUPPORT: TRAINING FOR SENIOR CORPS VOLUNTEERS

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

Introduction

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

Objectives

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

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

Visual Aids (PowerPoint) and Facilitator's Notes

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

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



Handouts

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

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

Session Outline

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

Facilitator's Notes and Instructions



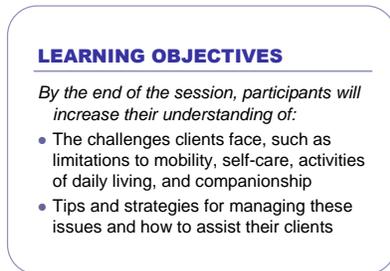
I. Welcome and Introduction

Show slide 1 – the title slide.

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

A. Learning Objectives

Show slide 2.



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

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



B. Older Americans at Risk of Losing Their Independence

Show slide 3.

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

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

Source: Kinsella and Velkoff (2001).



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

WHAT ARE YOUR CONCERNS?



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

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C. WARM UP: What Are Your Concerns?

Show slide 4.

 Distribute the handout *What Are Your Concerns?*

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

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

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

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

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

WHAT ARE YOUR CONCERNS?



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

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

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

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



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

DAILY LIVING SKILLS

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

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II. Independent Living Skills

A. Activities of Daily Living

Show slide 5.

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

Health professionals often use the terms ADL and IADL.

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

Source: National Institute on Aging (2007)

B. Warning Signs

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

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

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

Source: National Senior Corps Association

POSSIBLE WARNING SIGNS

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

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III. Problem-Solving Strategies

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

A. EXERCISE: How would you help this client?

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



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



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

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

EXERCISE: HOW WOULD YOU HELP THIS CLIENT?

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

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Show slide 7.

INSTRUCTIONS

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



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

DEBRIEF

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

At the conclusion of the discussion, distribute the second handout

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

B. Tactfully Offering Help

Show slide 8.

SIGNS OF NEEDING HELP

Client has:

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

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

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

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

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

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

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

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

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

TACTFULLY OFFERING HELP

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

Show slide 9.

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

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

Source: National Senior Corps Association

REFLECTION: NEXT STEPS

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



C. Reflection: Next Steps

Show slide 10.

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



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

WHERE TO FIND ADDITIONAL HELP/IDEAS

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

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IV. Closing

A. Where to Look for Additional Help/Ideas

Show slide 11.

Share with participants additional ideas of where to get help:

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

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

B. Last Thoughts

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

Show slide 12.

LAST BUT NOT LEAST...

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

YOU MAKE A DIFFERENCE!

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

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

Source: Kinsella and Velkoff (2001).

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

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

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

Thank everyone for coming.



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

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

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

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

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

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

Handouts

The following handouts are included in this module:

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

*Providing Independent
Living Support:
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Challenges Experienced by
Clients***



Trainer: _____

Date: _____

What Are Your Concerns?



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

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

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

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

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

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

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



a. What might be the issue or problem?

b. What could you do to assist the client?

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

Situations:

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

Exercise Situations: Explanations and Strategies



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

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

What May Be Happening with the Client

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

Problem-Solving Strategies for the Volunteer

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



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

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

What May Be Happening with the Client

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



Problem-Solving Strategies for the Volunteer

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

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

What May Be Happening with the Client

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

Problem-Solving Strategies for the Volunteer

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



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

What May Be Happening with the Client

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



Problem-Solving Strategies for the Volunteer

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

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

What May Be Happening with the Client

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



Problem-Solving Strategies for the Volunteer

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

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

What May Be Happening with the Client

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



Problem-Solving Strategies for the Volunteer

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

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

Reflection: Next Steps



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

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

What kind of help does this person need?

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

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

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

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

ASSISTING PEOPLE WHO ARE HOMEBOUND OR FRAIL: Tips for Caregivers

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

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

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

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

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

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

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

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

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

Lighting: Consider using remote control lighting devices.

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

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



Encourage a positive attitude toward change.

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

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

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

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

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

Additional Resources: Understanding the Challenges Experienced by Clients

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

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

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

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

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

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

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

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

Author: Naomi Feil

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

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Training Feedback Survey

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

Training/Session Name: _____ Date: _____

Lead Facilitator: _____

Program you serve with: SCP RSVP Other: _____

Please rate this session using the following scale:

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

9. What did you like best about this session?

10. What would have improved this session?

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