

**Peer to Peer Support Program**

Resource Manual

December 2009

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## **Project Acknowledgements**

The Seniors Association of Greater Edmonton (SAGE) received funding from the Government of Canada New Horizons for Seniors Program (NHSP) to create a "Peer to Peer Support Program" that would address the needs of isolated seniors. The project was completed in December 2009.

The Peer to Peer Support Program's objective was to reduce social isolation by connecting seniors to seniors through a program that recruited, screened, trained, and matched active and highly skilled seniors, called Mentors with isolated seniors, called Partners.

This manual was produced to help other senior serving agencies develop similar programs in the hope that it will contribute to building community capacity. All of the processes, sample forms, and training modules may be reproduced or adapted.

Many Edmonton agencies shared their experiences as the project unfolded. SAGE thanks them for their time, expertise, and willingness to share. A list of participants can be found in Appendix A.

A pilot program was conducted to test the program. Evaluations completed by Mentors and Partners were used to make improvements. This manual is based on that experience.

SAGE is grateful to the volunteers who participated in focus groups and interviews prior to the pilot and the volunteer Peer Mentors and their Peer Partners who agreed to participate in it. This manual is dedicated to them.

## **Program Overview**

SAGE's Pilot Program was based on information gathered from reviewing good practices, related literature, interviewing staff from agencies whose mandate includes older adults, a focus group of seniors, and questionnaires distributed to potential Peer Partners and potential Peer Mentors.

The Pilot ran from August – December 2009 when all of the components were tested. It was designed to fit with existing SAGE policies and SAGE staff roles.

The Volunteer Coordinator oversaw all of the volunteer management components and a Seniors Social Worker helped to distribute questionnaires to isolated seniors and find potential Peer Partners. Both staff worked together to select suitable matches. The Seniors Social Worker accompanied Peer Mentors on their introductory visits to Peer Partners.

Peer Mentors were selected from existing Sage volunteers who agreed to act in an advisory capacity. They committed to making six visits to a Peer Partner; documenting their visits; attending all training, and participating in evaluation activities. Mentors could choose whether or not to continue visiting once the project was completed.

Peer Partners were selected from existing Sage clientele who were identified by social work staff. Matching was based on common interests as closely as possible. Partners understood that they were part of a program that would continue for six weeks only and that their feedback would influence the program's design.

The training modules are included. Mentors attended a basic orientation session as well as enhanced sessions on: Boundaries, Crisis Management, Loss and Grief, Elder Abuse, and Hoarding.

## **Program Development**

*Rationale:* Social isolation is a real problem that can be addressed by volunteer peer support.

*Why Peer to Peer?*

Based on research, we learned that seniors:

- Will seek out peers when they have difficulties or challenges
- Want to help themselves
- Want to be helpful

### *Benefits of Receiving Peer Support*

Peer Partners will:

- Gain social and emotional support/encouragement
- Learn about resources
- Build self-help skills

### *Benefits of Providing Peer Support*

Peer Mentors can:

- Reaffirm that helping others helps the self
- Enjoy the opportunity to share existing skills and information
- Gain new skills, knowledge, and experience

The Nature of Peer to Peer

- Supportive relationship with someone who has similar life experience
- Mutually respectful, reciprocal
- Empowering
- Non-judgmental
- Empathic

### *Who Accesses Peer to Peer?*

In the case of this pilot program, Peer Mentors were matched with isolated seniors to offer in person and telephone contacts that provided social and emotional support and connected people to resources. SAGE staff identified and screened seniors already involved in SAGE programs who wished to receive peer support. They were matched with Mentors on the basis of interests and “fit”.

### *Issues faced by Peer to Peer Clients*

Social Isolation (a lack of day to day contact with others; separateness) and/or loneliness

(unhappy because of a lack of contact) can come from many causes. Some examples:

- A change in living situation/relocation
- Health concerns
- Financial concerns
- Loss and bereavement
- Abuse
- Caregiver Stress
- Family Dynamics

- Lack of transportation
- Ageism

*Needs of Peer to Peer Participants*

Peer Partners need:

- Someone trustworthy to listen and validate their experiences
- Help with filling out forms
- To reconnect to their own strengths
- Support to make independent choices and positive change
- Connections with others
- Assurance of confidentiality

## **Volunteer Management**

Highly skilled and dedicated volunteers are the core of any Peer to Peer Support section describes a process for recruiting, screening, and matching volunteers with Peer Partners.

Sample of all the forms required for documentation can be found at the end of each component.

## **Recruiting**

Volunteers can be found in a number of ways. For example, list opportunities on:

- Websites: In Edmonton and the Capital Region try: [www.govolunteer.ca](http://www.govolunteer.ca) and <http://211edmonton.com/gethelp/211database/getlisted.php>
- Local community newspapers
- Organizations' newsletters
- Local churches
- Community Bulletin Boards
- Networking
- Partnerships with other organizations

Word of mouth is often the most effective means to find people, so look to existing volunteers and ask them for referrals.

FORM: SAMPLE AD

## ARE YOU MOTIVATED TO HELP OTHERS?

SAGE is seeking seniors to be trained as mentors for other seniors.  
Is this you?

Can you answer yes to at least 3 of these questions?

Do you listen and communicate effectively?

Are you aware of personal boundaries?

Can you maintain confidentiality?

Are you non-judgmental and empathic?

Can you limit your personal views and opinions when necessary?

Are you willing to ask for help if you have questions or concerns?

Can you complete paperwork required by the program?

Becoming a SAGE mentor is highly rewarding and worth the effort. Talk to the volunteer coordinator to discover how SAGE can change your life and those of others around you.

Come be a part of something special.



## **Screening**

The mentor role requires a high level of skill and empathy. Once potential volunteers respond to an ad, it is helpful to prescreen them by contacting them to gauge their interest and offer more details regarding the program. If the person seems suitable, request a written application, references, and a Police Information Check. Follow up with a face-to-face interview that includes an overview of their interests for matching purposes.

Once the references and police information checks are completed and satisfactory, invite the new volunteer to come in to review the job description, relationship contract, and your specific agency policies. An Orientation Session (see workshop section) can be done in a group format or individually depending on an agency's needs and procedures.

FORMS: Application  
Reference Verification  
Job Description  
Relationship Contract – Peer Mentors

## **Volunteer Application**

15 Sir Winston Churchill Square  
Edmonton, AB T5J 2E5  
Phone: 780-701-9015 Fax: 780-426-5175  
Website: www.MySage.ca

### *Personal Information*

Name  
Street Address  
City / Postal Code  
Home Phone/Work phone  
E-Mail Address  
Birth Date

### *References*

1. Reference Name	Home Telephone
Relationship	Work Telephone
2. Reference Name	Home Telephone
Relationship	Work Telephone
3. Reference Name	Home Telephone
Relationship	Work Telephone

\*Preferences are a business, past volunteer and personal references.

### *Availability*

SAGE would like a commitment of one 4 hour shift per week. What days are you not available for a shift?

### *Special Skills or Qualifications*

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Do you speak any other languages?

What new skills or training would you like to learn while volunteering at SAGE?

### *Previous Volunteer Experience*

Summarize your previous volunteer experience.

Why do you want to volunteer for SAGE?

*Person to Notify in Case of Emergency*

Name  
Relationship  
Home Phone/Work phone

*Other Information*

Do you have any conditions or limitations which require special accommodations? yes no  
If yes, please explain.

*Agreement and Consent*

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge. I understand that submitting my application does not guarantee my acceptance and I agree to participate in further screening to assist SAGE in determining my suitability for any volunteer position. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I authorize SAGE to contact my references to assess my qualifications for a volunteer position.

Name (printed)  
Signature  
Date

*Our Policy*

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. The purpose of the initial interview will be to determine the qualifications, ability and suitability of the individual to perform work on behalf of SAGE. Thank you for completing this application form and for your interest in volunteering with us.

**Peer to Peer Reference Verification**

Name of Potential Volunteer: \_\_\_\_\_

Reference

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you know the applicant: \_\_\_\_\_

In what capacity: \_\_\_\_\_

He/She is interested in volunteering with the SAGE Peer to Peer program. The role of a mentor is to provide isolated seniors with social support and resources through in person visits and phone calls.

1. Can describe the qualities that would make him/her a good mentor?

2. How much or little does this person exhibit these traits:

Dependability Honesty

Trustworthy Social Skills

Integrity Patience

Stress Tolerance of differences

Respect for other Emotional Stability

Follow through with commitments Empathy

3. Are there aspects of this volunteer role that you think might be difficult for him/her?

References verified

by: \_\_\_\_\_ Date: \_\_\_\_\_

Position Title: Peer to Peer Mentor

Service Area: Outside of SAGE

Location of position: Client's home, community setting, or mutual meeting spot  
i.e. coffee shop

Supervisor of position: SAGE Volunteer Coordinator

Purpose of position: to address the social isolation of seniors by connecting them to other seniors.

Position duties and responsibilities: provide peer support to isolated seniors, this may include home visits, going out for coffee, offering resource information like bus routes, taxis, services for seniors. Complete paper work. Attend basic and enhanced training workshops.

Commitments:

Orientation and Training will be provided about SAGE programs, values, approach, volunteer's service area and position.

Feedback will be:

Informal – regular feedback from supervisor to volunteer, and from volunteer to supervisor

Formal – one annual position review will be conducted which gives and receives feedback, and is done together with volunteer

Time Requirement of position: Visits will be limited to 1 hour increments; changes in this duration will need approval. This is a long-term position that allows for flexibility.

Forms required for this position:

- . Volunteer Application form
- . Matching Form
- . Interview
- . References
- . Police Records Check
- . Confidentiality Form
- . Relationship Contract

“The Mission of SAGE is to enhance the quality of life of older adults through service, innovation, advocacy and volunteerism.”

Qualifications and skills for position: Extensive life experience; knowledge about the factors leading to social isolation or a willingness to learn about them.

Training is required.

Qualities required:

The ability to listen and communicate effectively

A motivation to help others

An awareness of personal boundaries and the necessity of maintaining confidentiality

The ability to be non-judgmental and limit personal views and opinions

A willingness to ask for help if the partnership runs into trouble

Benefits:

This position will include the following benefits:

- Enhanced education regarding social isolation and related issues
- Beverages
- Name tag
- 2 annual recognition events

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Supervisor Signature

Date \_\_\_\_\_

Date \_\_\_\_\_

\*One copy to volunteer, one copy to volunteer file\*

## **Peer to Peer Program Relationship Contract**

### *Peer Mentors*

As a Mentor in the Peer to Peer Program, you will play a very important part in providing social support and resources to a person who is experiencing social isolation.

The following outlines the roles and responsibilities of a Mentor.

### *A Mentor's Responsibilities to "Partners"*

The Volunteer Coordinator will contact you and discuss the background and needs of an individual requesting a Mentor. Once you agree to work with a person, he/she will be considered your "Partner."

You will not release any personal information about your Partner to any unauthorized persons, including the Partner's family and friends or to your own family and friends.

Personal information may be shared with the appropriate agency staff at any time.

You will not discriminate against your Partner based on race, gender, religion, national origin, sexual orientation or disability.

You agree to respect the values and decisions of your Partner and not attempt to impose your values upon them.

You agree to contact your Partner primarily in-person once a week or via telephone if unable to meet in person.

Meeting with your Partner can occur at SAGE, in the community, at coffee shops or in the partner's home or in other public settings.

If you are unable to maintain contact with your Partner, you will contact the Volunteer Coordinator before ending the relationship.

You understand the limits of the Volunteer Mentor's role as outlined in the Orientation materials.

You agree to refer any concerns about your Partner's emotional or physical wellbeing to the Volunteer Coordinator.

### *A Mentor's Responsibilities to the Peer to Peer Program*

You agree to document all contacts on the monthly Contact Log

You agree to complete any forms relative to evaluation

You agree to attend all training sessions.

You agree to notify the Coordinator of Volunteers with any change in your address, phone number, or changes in your availability to participate as a Mentor.

---

My signature confirms that I have read and agree to follow the roles and responsibilities of a Mentor listed above.

I understand that I am a volunteer with SAGE and I will not accept payment for my services. I also agree to participate in all necessary training.

I release SAGE from any liability that may occur during my participation in the Peer to Peer Program.

---

Signature of Mentor

---

Date

---

Signature of Volunteer Coordinator

---

Date



## **Matching**

Once a volunteer has been accepted, the Coordinator of Volunteers and the Staff Person responsible for selecting Peer Partners meet to discuss suitable matches. Once a match has been selected, an introductory visit with the Peer Mentor, Peer Partner, and the appropriate staff person, usually the individual who works with the isolated senior, takes place. If both Mentor and Partner are willing, weekly contacts continue for a predetermined period. Although the pilot project ran for 6 weeks only, we recommend a minimum of six months duration.

Mentors complete a visit log that they submit to the Volunteer Coordinator for program tracking purposes.

FORMS: Matching form  
Log Report

## Peer to Peer Mentor Matching Form

SAGE wants you and your Peer Partner to have a rewarding experience. Please fill in the form below to help us make the best possible match for both of you.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please tell us why you would be a good peer mentor.

Please indicate your highest level of education.

What kind of work do you do now, or have you done in the past?

Peer Partners are isolated for many reasons. Please note those that you are willing to work with or learn about. Check all that apply.

- Alzheimer's/ Dementia
- Cognitively Impaired
- Frailty
- Depression
- Mental Health Issues
- Reduced Mobility
- Physically disabled
- Speech/Language Issues
- Auto immune Deficiencies
- Hoarding

Please check those items you may be interested in doing with a Peer Partner.

- Assisting with light exercise
- Computer – playing games
- Crafts
- Discussing current events
- Drawing/Painting
- Gardening
- Doing Puzzles
- Discussing music, books or movies
- Going for coffee/tea
- Going for walks
- Knitting/crocheting/sewing
- Musical activities
- Playing board games
- Shopping
- Attending community events
- Preparing meals/cooking/baking

- o Watching movies or sports
- o Playing card games
- o Other, please specify

Which hours do you prefer to visit?

- o Morning
- o Afternoon
- o Early Evening

Are there any limitations that might affect your volunteer work?

Is there anything we haven't asked you that you'd like us to know to help match you appropriately?

Thank-you for your time and information.

**Peer to Peer Log Report**

Name of Volunteer: \_\_\_\_\_

Name of Client: \_\_\_\_\_

Indicate the date of your visit or phone call, the amount of time spent and a very brief summary of the visit. Please highlight any frustrations or concerns, or any positives that stick out in your mind.

- 1. Date of visit:
- 2. #\_\_\_ of hours traveling to and from client's residence
- 3. #\_\_\_ hours meeting with client
- 4. #\_\_\_ hours in telephone contact with client
- 5. #\_\_\_ hours in completing paperwork/reports
- 6. #\_\_\_ hours doing other work for the program

Details of other work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recap of Visit/Call:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **On-going Support/Recognition**

Retaining volunteers is critical, so support and recognition are crucial too. There are many ways to set up formal and informal support and recognition for these volunteers.

Some examples:

- Hold monthly gatherings for Mentors that coincide with enhanced training events and provide the refreshments
- Stay in touch with Mentors by phone or email to check in or chat with them in person if they're in the agency for another purpose
- Conduct an annual evaluation with the Volunteer
- Include them in volunteer recognition events
- Send a thank you
- Offer milestone gifts

## **Peer Partner Selection**

Frequently, agency staff know many seniors who are isolated and in need of peer support because of their involvement with other agency programs. Sometimes family members will call to ask for help or Peer Partners will self-identify. It's as important to screen potential partners, as it is to screen mentors because not everyone is suitable for a peer support program.

The benefit of placing individuals already involved with an agency is that staff already know and have an existing relationship with them. If that isn't the case, here are some guidelines to consider. A sample intake form is included below.

The Peer Partner:

- Clearly identifies a need for support
- Understands and agrees to the program's purpose
- Knows what a Peer Mentor can and cannot do

It is unlikely that a person will benefit from the program if they are:

- Seeking a romantic relationship, rather than a peer
  - Focused solely on the negative and talking about problems rather than finding solutions to them
  - Hoping to find someone who will provide personal services or household chores
- A relationship contract clearly specifies the expectations of a Peer Partner.

Forms: Intake Form

**Intake Form**

Date of Request: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Other Phone Number \_\_\_\_\_

Contact Person, if applicable: \_\_\_\_\_

Relationship to Caller: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Other Phone Number \_\_\_\_\_

Details of Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Service or Interventions Applied or Suggested:

\_\_\_\_\_  
\_\_\_\_\_

If Peer Support is a consideration, nature of isolation:

\_\_\_\_\_  
\_\_\_\_\_

Please tell us if you would like to have a Peer Mentor? If so, please answer the following questions to help us find the most suitable match for you.

---

Please indicate your highest level of education.

---

What kind of work do you do now, or have you done in the past?

---

---

Please check those items you may be interested in doing with a Peer Mentor.

- Assisting with light exercise
  - Computer – playing games
  - Crafts
  - Discussing current events
  - Drawing/Painting
  - Gardening
  - Doing Puzzles
  - Discussing music, books or movies
  - Going for coffee/tea
  - Going for walks
  - Knitting/crocheting/sewing
  - Musical activities
  - Playing board games
  - Shopping
  - Attending community events
  - Preparing meals/cooking/baking
  - Watching movies or sports
  - Playing card games
  - Other, please specify
- 

Which hours do you prefer to receive a visit?

- Morning
- Afternoon
- Early Evening

Is there anything we haven't asked you that you'd like us to know to help match you appropriately?

## **Workshop Section**



## **Volunteer Orientation Workshop**

### Workshop Goal:

- Provide an overview of the Peer to Peer Support Program

### Workshop Objectives:

- Review expectations of and supports for volunteers
- Provide an overview on setting boundaries
- Provide an overview of cultural differences and beliefs
- Develop some practical approaches for cross cultural interaction
- Provide resources and access to further information and support
- Gather feedback on the training process for further development

### Program Overview:

- 1.5 hours
- Pilot training session with Peer Mentors

### Participant Profile:

- Peer Mentors
- Experienced volunteers with extensive formal education
- Familiar and comfortable with each other
- Comfortable in an adult education setting

### Key Information to be covered: (knowledge, skills, attitudes)

#### Knowledge:

- Overview of Peer to Peer Support Program
- Overview of Boundaries
- Overview of Cultural Behaviours & Differences

#### Attitudes:

- Awareness of personal boundaries
- Sensitivity to others' experiences and beliefs
- Awareness of cultural differences in interacting with Peer Partners
- Greater confidence in providing support

#### Skills:

- Practical approaches for cross cultural interaction
- Scripts and practices for establishing clear boundaries

### Essential Questions (central questions to be answered by participants):

- Am I ready for this responsibility?
- Will I be supported?
- What do I do when...?
- How do I access further support?

Summary of Participant Activities:

- Read & review written materials
- Discuss and problem solve scenarios together
- Debrief with the group

Resources:

- Overview of Peer to Peer Support Program
- Overview of Boundaries
- Overview of Cultural Differences
- Available resources & supports in Edmonton

Assessment Activities:

- Level of group participation
- Capacity for self reflection
- Applying knowledge into a strategy
- Reflection/evaluation on the experience of the workshop

Evaluation of the process:

- Verbal
- Written
- Debrief with SAGE staff

## **Volunteer Orientation Workshop**

### Time Process

12:00pm Set Up: Arrange tables & chairs around one table; set out resources

Welcome participants as they arrive

### 12:30pm Welcome & Introduction

- Introductions
- Group Norms: reiterate collaborative approach; respect for their experience, individual responsibility for learning, confidentiality
- Will support you to develop, strengthen, & affirm your knowledge, attitudes, and skills in preparation for your role as a peer mentor
- Objectives of the training session

Participant Needs & Expectations; Key Questions to be addressed in the workshop

- Record on flipchart
- Commit to addressing as many key questions as possible (or finding information & support for other questions)

### 12:45pm Overview

- Why Peer to Peer?
- Benefits for mentors and partners
- Nature of Peer to Peer; Issues & Needs of partners
- Job Description & Evaluation expectations
- Boundaries
- Cultural Differences

### 1:00pm Practical Support

- Boundary setting
- Gentle Refusal: scenarios
- Cultural Differences- review of seniors council report
- Discuss and problem solve as a group

### 1:30pm Debrief

Provide further resources (Volunteer Manual, 211 Resource List, Sage Directory of Senior Services)

### 1:50pm Evaluation & Recommendations

- Verbal: Were your needs & expectations met?
- Written: Fill out form
- Follow up: can contact SAGE staff later if something else occurs to you
- Any additional comments?

### 2:00pm Appreciation, Social Time

- Thanks for your time and commitment • Thanks to SAGE staff & leadership

## **Program Overview**

### Why Peer to Peer?

Based on research, we are assuming that seniors:

- Will seek out peers when they have difficulties or challenges
- Want to help themselves
- Want to be helpful

### Benefits of Receiving Peer Support

- Gain social and emotional support/encouragement
- Learn about resources
- Build self-help skills

### Benefits of Providing Peer Support

- Helping others helps the self
- Opportunity to share existing skills and information
- Gain new skills, knowledge, and experience

### The Nature of Peer to Peer

- Supportive relationship with someone who has similar life experience
- Mutually respectful, reciprocal
- Empowering
- Non-judgmental
- Empathic

### Who Accesses Peer to Peer?

In the case of this pilot program, Peer Mentors are matched with isolated seniors to offer in person and telephone contacts that provide social and emotional support and connect people to resources. Sage staff have identified and screened seniors already involved with Sage who wish to receive peer support. Mentors are matched based on interests and “fit”.

### Issues faced by Peer to Peer Clients

Social Isolation (a lack of day to day contact with others; separateness) and/or loneliness (unhappy because of a lack of contact) can come from many causes.

Some examples:

- A change in living situation/relocation
- Health concerns
- Financial concerns
- Loss and bereavement
- Abuse
- Caregiver Stress
- Family Dynamics

- Lack of transportation
- Ageism

## **Needs of Peer to Peer Participants**

- Someone to listen and validate their experiences
- To reconnect to their own strengths
- Support to make independent choices and positive change
- Connections with others

### *Peer to Peer Job Description (Distribute for review)*

You have been asked to participate in a 6 visit pilot as Peer Mentors. Training sessions are in development and we'd appreciate your opinions on their effectiveness too.

Participation involves a commitment to completing the weekly visits, attending regular training events and keeping a log of activities.

### *Evaluation and Feedback*

An evaluation is part of the project and we will ask you to fill in two questionnaires—one before you begin the program and one at the end of it. We appreciate your willingness to act as advisors as we develop and test this program.

## **Boundaries and Setting Limits**

Definition: a boundary is a limit or an edge that defines you as separate from others.

This limit can be violated and, depending on the nature of the violation, can cause a person to suffer. Our body is our most obvious boundary, but we also have an invisible boundary that extends beyond our skin. We know this boundary has been violated when someone feels too close. Sometimes we will say, “that person has invaded my space”.

- Each of us have the right to state what our boundaries are and we have a responsibility to respect others’ boundaries regardless of whether or not we agree or understand.
- When we have grown up in environments that lacked healthy boundaries, then we are deprived of developing our own limits and how to protect ourselves. We learn about boundaries from our early life experiences.
- Boundaries need to be clear and maintained. If we cannot define them for people, then we are at risk of being hurt or of hurting others. If we do not reinforce or maintain them, we are in danger of being victimized.
- Boundaries can be rigid or flexible.
- A boundary becomes too wide when people feel disconnected from you, when you feel neglected or abandoned. This may be due to an underlying emotional problem but it needs to be checked out if it is a boundary issue.
- A person with rigid boundaries may be frightened and has these boundaries because they do not want to be hurt. A consequence of rigid boundaries is narrow vision and a limited experience of the world.
- A person whose boundaries are too wide often feels overwhelmed by the world and has difficulty coping.
- Boundaries are extremely important in doing peer support. Your ability to define your own boundaries will impact on how you identify yourself in your role and how respectful you will be of peers’ boundaries.
- As a peer supporter you will be in a more powerful position and you must take on the responsibility of making the relationship between yourself and the person you are supporting a safe one. This can only be done if you have established appropriate boundaries for yourself and the person you are supporting

### *Setting limits with “Gentle Refusal”*

Have you ever been in a situation where you’ve been asked to do something you really didn’t want to do, but didn’t know how to say “No”? Can you think of recent times where you wanted to help out – but not to the extent that you did become involved?

If during a conversation, you find that you have to set limits, one effective way is to set limits with gentle refusal. This skill provides you with a way to say “no” as gently and caringly as possible, while inviting the other person to continue to explore with you on a more constructive level.

Do not let people place conditions on your helping them. You will find it helpful to use gentle refusal when:

- A person makes unrealistic demands on you
- A person wants guarantees
- A person demands advice
- A person asks personal questions and you feel uncomfortable
- A person is verbally abusive
- A person seems continually to say, “Yes, but...” to many of your reflections or opinions
- You just want to end the conversation

### *The Model for Gentle Refusal*

Example: Your friend asks to borrow money

1. Reflection – Let the person know that you hear behind the question or demand.

This will demonstrate that you understand what is happening.  
“It sounds like you are really desperate for money right now”.

2. The refusal: setting your limits or saying “no” – Say as clearly as you can what your limits are (and if you choose – your reason.)

“I can’t lend you money right now, (because...)” or “I’m not willing to lend you money.”

3. Offering the invitation – Say clearly what you can, and/or are, willing to do.

This invitation shows that even though you can’t meet the specific request, you are still concerned and want to keep your focus on that friend and her or his feelings.

“However, maybe we can look at other resources you might tap into.”

Adapted from Peer Support Training Manual 2005  
CMHA BC Division Consumer Development Project



## **Diverse Beliefs and Values, and Intercultural Awareness**

- Beliefs and values strongly influence the choices individuals make and their resulting behaviour.

For example, someone who does not believe in abortion will not consider that as an option for an unwanted pregnancy and would most likely choose to keep the baby or give it up for adoption. Another example would be a person who believes in having “lucky days” and as a result gambles away large sums of money.

- Individuals are not always aware of the beliefs and values that are affecting their behaviour.

For example, a person might constantly sabotage his/her chances for success because deep down inside s/he feels unworthy. Another example would be a person who believes that s/he is not racist but every time s/he encounters a black male on the street, s/he unconsciously holds her purse tighter. Such a person’s behaviour is being affected by racist stereotypes that s/he is not necessarily aware of at the conscious level.

- Beliefs and values are sometimes taken as undisputed “truths” that are not questioned by an individual or a culture as a whole.

For example, some individuals believe that the bible is the word of God and represents an undisputable “truth”. Another example would be a culture that believes that women are the “weaker sex” and as a result, have little power in that society.

- Cultures and individuals frequently profess to hold certain beliefs and values but end up behaving in an opposite manner.

For example, even though the Charter of Rights gives equal status to gays and lesbians, the law still discriminates against them. Likewise, a father might profess to be non-racist but reacts when his daughter informs him that she is marrying a black man.

- The development of beliefs and values is strongly influenced by the person’s social environment. In early years, parents play a major role. During adolescence, parental values are often rejected for those of peers. As adults, individuals may revert to parent’s beliefs and values. Also, cultural factors such as religion, the media, and laws also influence the beliefs and values that an individual adopts during the course of their life.

- Most beliefs and values are formed in response to some basic needs.

For example, a young child adopts parental beliefs and values out of a need to be loved and approved of by the parents. Similarly, a teenager might drastically change his/her beliefs in response to the need for a sense of belonging and approval from peers. An adult might embrace a new religion to fulfill the need for spiritual meaning to what otherwise seems a chaotic, senseless and cruel world.

- Effective peer supporters will ideally exhibit an attitude of tolerance towards other people's beliefs and values and constantly question whether they are judging someone through their own personal biases. Thus it is important for peer supporters to continually examine their own beliefs, values and attitudes.

Adapted from  
Peer Support Training Manual 2005  
CMHA BC Division Consumer Development Project

## Information Resource on Diverse Cultures

“In Canada, two interesting demographic trends have been silently progressing: an aging population and a population growth based upon immigration. These patterns combine to form a new group of aging immigrants that seems to have evaded notice. For the most part, gerontological research has failed to recognize ethnicity or culture as a relevant variable and research on ethnicity has failed to recognize aging as a relevant variable.”

(David Durst, 2005, p. 2)

<http://www.seniorscouncil.net/2008-mobilizing-for-action-report>

The index page of this resource is provided below for your information; please visit the website address above for complete details.

Download the complete report or sections of the report The Complete Mobilizing for Action Report: Introduction, Cultural Orientations and putting the cultural profiles in context.

Glossary of Cross Cultural Terms

AFGHAN COMMUNITY

ARAB COMMUNITIES

CHINESE COMMUNITY

ERITREAN COMMUNITY

EASTERN EUROPEAN COMMUNITIES

FILIPINO COMMUNITY

IRANIAN COMMUNITY

KAREN COMMUNITY

KOREAN COMMUNITY

LATIN AMERICAN COMMUNITY

SOMALI COMMUNITY

SOUTH ASIAN COMMUNITIES

SUDANESE COMMUNITY

VIETNAM COMMUNITY

2008 Mobilizing for Action Report

Assumptions and Misconceptions

References

## **Loss and Grief Workshop**

### Workshop Goal

- Provide an overview on loss and grief for participants

### Workshop Objectives:

- Develop an awareness of the many factors affecting the grieving process
- Provide resources and access to further information and support
- Develop some practical approaches to supporting a grieving individual
- Provide active listening strategies for offering support
- Gather feedback on the training process for further development

### Program Overview:

- 1.5 hours
- Pilot training session with mentors
- Progression from personal experience to practical application, with ample research and resources available

### Participant Profile:

- Peer Mentors
- Experienced volunteers with extensive education
- Familiar and comfortable with each other
- Comfortable in an adult education setting

### Key Information to be covered: (knowledge, skills, attitudes)

#### Knowledge:

- Definitions
- Causes
- Symptoms & Normal Responses
- Cultural Behaviours
- Variables in Grief
- Overview of the grieving process

#### Attitudes:

- Awareness of cultural differences & other factors that may affect how people grieve, and how to support appropriately
- Sensitivity to the individual nature of the grieving process
- Greater confidence in providing support

#### Skills:

- Supportive, appropriate approach to grief support

### Essential Questions (central questions to be answered by participants):

- What do I do when...?

- How do I know if it is grief? Then what do I do?
- How do I access further support?

Summary of Participant Activities:

- Read & review written materials
- Discuss and problem solve scenarios together
- Debrief with the group

Resources:

- Overview of Grief: Definitions, Causes, Variables, Cultural Behaviours,

Symptoms & Normal Responses

- Understanding the Grieving Process
- Common myths; Helpful actions
- Available resources & supports in Edmonton

Assessment Activities:

- Level of group participation
- Capacity for self reflection
- Applying knowledge into a strategy
- Reflection/evaluation on the experience of the workshop

Evaluation of the process:

- Verbal
- Written
- Debrief with SAGE staff

## **Grief & Loss Workshop**

### Time Process

12:00pm Set Up: Arrange tables & chairs around one table; set out resources  
Welcome participants as they arrive

### 12:30pm Welcome & Introduction

- Introductions
- Group Norms: reiterate collaborative approach; respect for their experience, individual responsibility for learning, confidentiality, etc
- Will support you to develop, strengthen, & affirm your knowledge, attitudes, and skills with regard to loss & grief, in preparation for your role as a peer mentor
- Objectives of the training session

Participant Needs & Expectations; Key Questions to be addressed in the workshop

- Record on flipchart
- Commit to addressing as many key questions as possible (or finding information & support for other questions)

### 12:45pm Overview

- Provide resource handout summarizing research on loss/grief, & review key elements
- Do you notice any points that stand out for you? Do you recognize some myths or common reactions to grief?
- Factors that influence or affect the ways we might grieve: temperament (e.g.: private or extroverted); cultural context (religion; different cultures have different approaches to grieving); level of support/ access to support.

### 1:00pm Practical Support

- Factors to consider when offering support: temperament; nature of your relationship (intimacy level, etc); context (public or private, alone or with others, etc); cultural or religious background
- Active Listening as a powerful form of support: review key aspects of active listening
- Provide possible scripts for volunteers to work with; review and adapt as needed together

### 1:30pm Debrief

- Report back and share strategies with the group

### 1:50pm Evaluation & Recommendations

- Verbal: Were your needs & expectations met?
- Written: Fill out form

- Follow up: can contact SAGE staff later if something else occurs to you
- Any additional comments?

2:00pm Appreciation, Social Time

- Thanks for your time and commitment
- Thanks to SAGE staff & leadership

## *Grief and Loss: a Primer*

Causes of Grief: Losses

Factors that influence grieving:

Cultural Behaviours and Mourning Activities:

Symptoms and Normal Responses of Grieving:

- A spouse or partner
- A child
- A job/retirement
- A relationship
- Self esteem or respect
- Community
- Independence
- Abilities
- Pets
- Loss of role
- Giving up a dream
- Due to abuse
- Loss of health
- Etc
- Time spent with person
- Age of deceased
- Suddenness
- Relationship with person
- Nature of the death
- Personality of the bereaved
- Family situation
- Illness' duration
- Culture
- Stage of life (e.g. in process of divorce; arguing, etc)
- Faith system
- Supports
- Continues for a long time
- Weeping
- Wailing
- Black clothing
- Waiting to participate in certain events or activities
- Arm bands
- Disoriented
- Disorganized



- Helpless
- Hopeless
- Depressed
- Loss/increase in appetite
- Disconnected
- Staying really busy
- Anger
- Tears
- Sleeping a lot
- Exhaustion/not sleeping
- Harder to relate to others
- Self medicating
- A sensation of weight or heaviness
- Withdrawal from regular activities

### **Grief and Loss- Common Myths:**

1. Grief and mourning are the same experience.
  - a. Bereavement is the actual loss; grief is the feelings associated with it; mourning is the public, outward expression of it
  - b. Throughout our lifetimes we are dealing with loss on a daily basis.
  - c. The most traumatic loss of all will usually be of a loved one.
  - d. Grief is all the stuff we internally feel and experience, the things we are thinking about concerning the loss.
  - e. Mourning is the outward expression of grief—grief gone public.
  - f. Mourning takes a lot more work. Society often doesn't support the outward expression or mourning. In some societies, such as Greece, they wear black and community members support one another.

Note re: people should "be over it" in a relatively short period of time: People grieve at different paces, depending on personality type, circumstances of the loss, and so on.

Hard, intense grieving lasts months. Typically in the first year, experiencing all the annual events, birthdays, Christmas, and first anniversary of the loss is very intense.

Sometimes, though, people brace themselves for this year and only let their guard down and begin to feel it afterwards.

2. Grief is a predictable and stage-like progression.
  - a. There is nothing predictable about grief.
  - b. Old grief theory used to be that it moved in predictable stages: denial, anger, bargaining, depression, acceptance. (Dr. Elisabeth Kübler-Ross never intended us to simplify those stages the way pop-psychology has done.) More recent thinking (for example, the work of Strobe and Strobe) sees grief as a dual thing: times of feeling all the feelings, in no particular order and sometimes all at once, and then times of rest from grieving. We move back and forth between the two.
  - c. Grief is like riding the waves of the ocean. Sometimes out of nowhere a huge wave will come and knock you off your feet.
  - d. If you consider phases rather than stages, this gives permission to be where you are in the process. Meet people where they are, including yourself. Don't try to drag yourself or someone else through stages/phases you are not ready for.

3. It is best to move away from your grief, not toward it.
  - a. Keeping busy is a distraction. If we keep moving away from grief, when will we ever face it?
  - b. Sometimes in an attempt to help, we try to divert a grieving person: "I'll come over and pick you up, take you out, and make you smile," when it would be more helpful to suggest, "I'll just come over and sit with you, prepare lunch if you feel like eating, and listen." And if the person cries or feels anger, then we accept that and let it be what it is.
  - c. We need to take recess from grief. It's OK to stay in bed and pull the covers over you for a while, but 24 hours a day of actively grieving isn't good.

d. Sometimes we need to ask ourselves or someone else, “Is it possible you are keeping too busy or that you have cut yourself off from friends and family too much?”

4. Following the death of someone significant to you, the goal is to “get over it.”

a. You don’t get over it.

b. You integrate the loss into your life and go on without the physical presence of the loved one.

c. There will be grief attacks at significant times throughout life—at milestones and anniversaries. These are normal responses.

5. Tears expressing grief in public (crying at a funeral, for example) are a sign of weakness and should be avoided.

a. If you cannot use the ritual of a funeral to commence the act of grieving, then why do it?

b. Tears from emotional pain actually contain a toxic substance as opposed to tears from onions! They are measurably different.

c. It takes physical and emotional strength to cry. Tears are thus a sign of strength.

6. Children do not grieve.

a. Anyone who knows how to attach her/himself to another will experience grief.

b. The best teachers in the world are our children, especially those around six or seven years old.

c. Never diminish someone’s loss because of their age.

d. Children should be encouraged to take part in the rituals and the whole community’s expression of the loss

### **Supporting a Grieving Person: Helping Others Through Grief, Loss, and Bereavement**

It can be tough to know what to say or do when someone you care about is grieving. It’s common to feel helpless, awkward, or unsure. You may be afraid of intruding, saying the wrong thing, or making the person feel even worse. Or maybe you feel there’s little you can do to make things better.

While you can’t take away the pain of the loss, you can provide much-needed comfort and support. There are many ways to help a grieving friend or family member, starting with letting the person know you care.

*What you need to know about bereavement and grief*

The death of a loved one is one of life’s most difficult experiences. The bereaved struggle with many intense and frightening emotions, including depression,

anger, and guilt. Often, they feel isolated and alone in their grief. Having someone to lean on can help them through the grieving process. Don't let discomfort prevent you from reaching out to someone who is grieving. Now, more than ever, your support is needed. You might not know exactly what to say or what to do, but that's okay. You don't need to have answers or give advice. The most important thing you can do for a grieving person is to simply be there. Your support and caring presence will help them cope with the pain and begin to heal.

### *Understanding the bereavement process*

The better your understanding of grief and how it is healed, the better equipped you'll be to help a bereaved friend or family member:

- There is no right or wrong way to grieve. Grief does not unfold in orderly, predictable stages. It is an emotional rollercoaster, with unpredictable highs, lows, and setbacks. Everyone grieves differently, so avoid telling the bereaved what they "should" be feeling or doing.
- Grief may involve extreme emotions and behaviors. Feelings of guilt, anger, despair, and fear are common. A grieving person may yell to the heavens, obsess about the death, lash out at loved ones, or cry for hours on end. The bereaved need reassurance that what they're feeling is normal. Don't judge them or take their grief reactions personally.
- There is no set timetable for grieving. For many people, recovery after bereavement takes 18 to 24 months, but for others, the grieving process may be longer or shorter. Don't pressure the bereaved to move on or make them feel like they've been grieving too long. This can actually slow their healing.

### *What to say to someone who has lost a loved one*

It is common to feel awkward when trying to comfort someone who is grieving. Many people do not know what to say or do. The following are suggestions to use as a guide.

- Acknowledge the situation. Example: "I heard that your \_\_\_\_\_ died." Use the word "died" That will show that you are more open to talk about how the person really feels.
- Express your concern. Example: "I'm sorry to hear that this happened to you."
- Be genuine in your communication and don't hide your feelings. Example: "I'm not sure what to say, but I want you to know I care."
- Offer your support. Example: "Tell me what I can do for you."
- Ask how he or she feels, and don't assume you know how the bereaved person feels on any given day.

Source: American Cancer Society

### *Listen with compassion*

Almost everyone worries about what to say to people who are grieving. But knowing how to listen is much more important. Oftentimes, well-meaning people avoid talking about the death or mentioning the deceased person. However, the bereaved need to feel that their loss is acknowledged, it's not too terrible to talk about, and their loved one won't be forgotten.

While you should never try to force someone to open up, it's important to let the bereaved know they have permission to talk about the loss. Talk candidly about the person who died and don't steer away from the subject if the deceased's name comes up. When it seems appropriate, ask sensitive questions – without being nosy – that invite the grieving person to openly express his or her feelings. Try simply asking, "Do you feel like talking?"

- Accept and acknowledge all feelings. Let the grieving person know that it's okay to cry in front of you, to get angry, or to break down. Don't try to reason with them over how they should or shouldn't feel. The bereaved should feel free to express their feelings, without fear of judgment, argument, or criticism.
- Be willing to sit in silence. Don't press if the grieving person doesn't feel like talking. You can offer comfort and support with your silent presence. If you can't think of something to say, just offer eye contact, a squeeze of the hand, or a reassuring hug.
- Let the bereaved talk about how their loved one died. People who are grieving may need to tell the story over and over again, sometimes in minute detail. Be patient. Repeating the story is a way of processing and accepting the death. With each retelling, the pain lessens.
- Offer comfort and reassurance without minimizing the loss. Tell the bereaved that what they're feeling is okay. If you've gone through a similar loss, share your own experience if you think it would help. However, don't give unsolicited advice, claim to "know" what the person is feeling, or compare your grief to theirs.

### *Comments to avoid when comforting the bereaved*

- "I know how you feel." One can never know how another may feel. You could, instead, ask your friend to tell you how he or she feels.
- "It's part of God's plan." This phrase can make people angry and they often respond with, "What plan? Nobody told me about any plan."
- "Look at what you have to be thankful for." They know they have things to be thankful for, but right now they are not important.
- "He's in a better place now." The bereaved may or may not believe this. Keep your beliefs to yourself unless asked.

- “This is behind you now; it's time to get on with your life.” Sometimes the bereaved are resistant to getting on with because they feel this means “forgetting” their loved one. In addition, moving on is easier said than done. Grief has a mind of its own and works at its own pace.
- Statements that begin with "You should" or "You will." These statements are too directive. Instead you could begin your comments with: "Have you thought about. . ." or "You might. . ."

### *Offer practical assistance*

It is difficult for many grieving people to ask for help. They might feel guilty about receiving so much attention, fear being a burden, or be too depressed to reach out. You can make it easier for them by making specific suggestions – such as, “I’m going to the market this afternoon. What can I bring you from there?” or “I’ve made beef stew for dinner. When can I come by and bring you some?”

Consistency is very helpful, if you can manage it – being there for as long as it takes. This helps the grieving person look forward to your attentiveness without having to make the additional effort of asking again and again. You can also convey an open invitation by saying, “Let me know what I can do,” which may make a grieving person feel more comfortable about asking for help. But keep in mind that the bereaved may not have the energy or motivation to call you when they need something, so it’s better if you take the initiative to check in.

Be the one who takes the initiative.

There are many practical ways you can help a grieving person. You can offer to:

- Shop for groceries or run errands
- Drop off a casserole or other type of food
- Help with funeral arrangements
- Stay in their home to take phone calls and receive guests
- Help with insurance forms or bills
- Take care of housework, such as cleaning or laundry
- Watch their children or pick them up from school
- Drive them wherever they need to go
- Look after their pets
- Go with them to a support group meeting
- Accompany them on a walk
- Take them to lunch or a movie
- Share an enjoyable activity (game, puzzle, art project)

### *Provide ongoing support*

Grieving continues long after the funeral is over and the cards and flowers have stopped. The length of the grieving process varies from person to person. But in

general, grief lasts much longer than most people expect. Your bereaved friend or family member may need your support for months or even years.

- Continue your support over the long haul. Stay in touch with the grieving person, periodically checking in, dropping by, or sending letters or cards. Your support is more valuable than ever once the funeral is over, the other mourners are gone, and the initial shock of the loss has worn off.
- Don't make assumptions based on outward appearances. The bereaved person may look fine on the outside, while inside he or she is suffering. Avoid saying things like "You are so strong" or "You look so well." This puts pressure on the person to keep up appearances and to hide his or her true feelings.
- The pain of bereavement may never fully heal. Be sensitive to the fact that life may never feel the same. You don't "get over" the death of a loved one. The bereaved person may learn to accept the loss. The pain may lessen in intensity over time. But the sadness may never completely go away.
- Offer extra support on special days. Certain times and days of the year will be particularly hard for your grieving friend or family member. Holidays, family milestones, birthdays, and anniversaries often reawaken grief. Be sensitive on these occasions. Let the bereaved person know that you're there for whatever he or she needs

#### *Watch for warning signs*

It's common for a grieving person to feel depressed, confused, disconnected from others, or like they're going crazy. But if the bereaved person's symptoms don't gradually start to fade – or they get worse with time – this may be a sign that normal grief has evolved into a more serious problem, such as clinical depression.

Encourage the grieving person to seek professional help if you observe any of the following warning signs after the initial grieving period – especially if it's been over two months since the death.

- Difficulty functioning in daily life
- Extreme focus on the death
- Excessive bitterness, anger, or guilt
- Neglecting personal hygiene
- Alcohol or drug abuse
- Inability to enjoy life
- Hallucinations
- Withdrawing from others
- Constant feelings of hopelessness
- Talking about dying or suicide

It can be tricky to bring up your concerns to the bereaved person. You don't want to be perceived as invasive. Instead of telling the person what to do, try stating your

own feelings: “I am troubled by the fact that you aren’t sleeping – might I suggest that you look into getting help?”

*Take talk of suicide very seriously*

If a grieving friend or family member talks about suicide, get professional help right away. IN A LIFE-THREATENING EMERGENCY, CALL 911.

Source: American Hospice Foundation



## Active Listening

### Hear What People Are Really Saying

Listening is one of the most important skills you can have. How well you listen has a major impact on your job effectiveness, and on the quality of your relationships with others.

We listen to obtain information.

We listen to understand.

We listen for enjoyment.

We listen to learn.

Given all this listening we do, you would think we'd be good at it! In fact we're not. Depending on the study being quoted, we remember a dismal 25-50% of what we hear. That means that when you talk to your boss, colleagues, customers or spouse for 10 minutes, they only really hear 2½-5 minutes of the conversation.

Turn it around and it reveals that when you are receiving directions or being presented with information, you aren't hearing the whole message either. You hope the important parts are captured in your 25- 50%, but what if they're not?

Clearly, listening is a skill that we can all benefit from improving. By becoming a better listener, you will improve your productivity, as well as your ability to influence, persuade negotiate. What's more, you'll avoid conflict and misunderstandings – all necessary for workplace success. )

Good communication skills require a high level of self-awareness. By understanding your personal style of communicating, you will go a long way towards creating good and lasting impressions with others.

The way to become a better listener is to practice "active listening". This is where you make a conscious effort to hear not only the words that another person is saying but, more importantly, to try and understand the total message being sent.

In order to do this you must pay attention to the other person very carefully.

You cannot allow yourself to become distracted by what else may be going on around you, or by forming counter arguments that you'll make when the other person stops speaking. Nor can you allow yourself to lose focus on what the other person is saying. All of these barriers contribute to a lack of listening and understanding.

Tip:

If you're finding it particularly difficult to concentrate on what someone is saying, try repeating their words mentally as they say it – this will reinforce their message and help you control mind drift.

To enhance your listening skills, you need to let the other person know that you are listening to what he or she is saying. To understand the importance of this, ask yourself if you've ever been engaged in a conversation when you wondered if the other person was listening to what you were saying. You wonder if your message is getting across, or if it's even worthwhile to continue speaking. It feels like talking to a brick wall and it's something you want to avoid.

Acknowledgement can be something as simple as a nod of the head or a simple "uh huh." You aren't necessarily agreeing with the person, you are simply indicating that you are listening. Using body language and other signs to acknowledge you are listening also reminds you to pay attention and not let your mind wander.

You should also try to respond to the speaker in a way that will both encourage him or her to continue speaking, so that you can get the information if you need.

While nodding and "uh huhing" says you're interested, an occasional question or comment to recap what has been said communicates that you understand the message as well.

### *Becoming an Active Listener*

There are five key elements of active listening. They all help you ensure that you hear the other person, and that the other person knows you are hearing what they are saying.

#### 1. Pay attention.

Give the speaker your undivided attention and acknowledge the message.

Recognize that what is not said also speaks loudly.

- o Look at the speaker directly.
- o Put aside distracting thoughts. Don't mentally prepare a rebuttal!
- o Avoid being distracted by environmental factors.
- o "Listen" to the speaker's body language.
- o Refrain from side conversations when listening in a group setting.

#### 2. Show that you are listening.

Use your own body language and gestures to convey your attention.

- o Nod occasionally.
- o Smile and use other facial expressions.
- o Note your posture and make sure it is open and inviting.

o Encourage the speaker to continue with small verbal comments like yes, and uh huh.

### 3. Provide feedback.

Our personal filters, assumptions, judgments, and beliefs can distort what we hear. As a listener, your role is to understand what is being said. This may require you to reflect what is being said and ask questions.

- o Reflect what has been said by paraphrasing. “What I’m hearing is...” and “Sounds like you are saying...” are great ways to reflect back.
- o Ask questions to clarify certain points. “What do you mean when you say...” “Is this what you mean?”
- o Summarize the speaker’s comments periodically.

#### Tip:

If you find yourself responding emotionally to what someone said, say so, and ask for more information: "I may not be understanding you correctly, and I find myself taking what you said personally. What I thought you just said is XXX; is that what you meant?"

### 4. Defer judgment.

Interrupting is a waste of time. It frustrates the speaker and limits full understanding of the message.

- o Allow the speaker to finish.
- o Don’t interrupt with counter-arguments.

### 5. Respond Appropriately.

Active listening is a model for respect and understanding. You are gaining information and perspective. You add nothing by attacking the speaker or otherwise putting him or her down.

- o Be candid, open, and honest in your response.
- o Assert your opinions respectfully.
- o Treat the other person as he or she would want to be treated.

#### *Key Points:*

It takes a lot of concentration and determination to be an active listener. Old habits are hard to break, and if your listening habits are as bad as many people’s are, then there’s a lot of habit-breaking to do!

Be deliberate with your listening and remind yourself constantly that your goal is to truly hear what the other person is saying. Set aside all other thoughts and behaviors and concentrate on the message. Ask question, reflect, and paraphrase to ensure you understand the message. If you don’t, then you’ll find that what someone says to you and what you hear can be amazingly different!

<http://www.mindtools.com/CommSkill/ActiveListening.html>

## **Crisis Management & Communication Workshop**

### 1. General theme or topic:

- Steps to take in the event of a crisis while the Mentor is visiting
- Support for both the Peer Partner and the Mentor during and after a crisis situation

### 2. Goals and objectives:

- Awareness of possible crisis situations that Mentors could face
- Provide clear guidance for action in a crisis and after a crisis
- List emergency and ongoing supports available

### Knowledge:

- Life cycle of a crisis
- Suicide awareness
- General safety precautions
- Supports for the supporters

### Attitudes:

- Staying calm and confident in a crisis
- Your “enough” point- identifying your limits
- Importance of seeking support during and after a crisis

### Skills:

- Able to respond and offer support in appropriate manner
- Able to identify appropriate support & access it in a timely fashion
- Able to identify and seek own support following a crisis situation

### 3. Essential questions: What central questions do you want participants answering as the training unfolds?

- What do I do if I get into an unpredictable situation?
- How do I support someone in a crisis?
- Will I be safe? How do I prepare to be safe?
- What supports are available for me and my partner in a crisis?

### 4. Summary of participant activities:

- Group discussion
- Review handouts
- Generate strategies & ideas

### 5. Resources:

- Crisis Management Toolkit
- How to Help Suicidal Older Adults

### 6. Assessment activities:

- Level of group participation
- Capacity for self reflection
- Applying knowledge into a strategy
- Reflection/evaluation on the experience of the workshop

7. Evaluation of the training and the training process:

- Verbal
- Written
- Debrief with SAGE staff

## **Crisis Management & Support Workshop**

Time Process Resources/Supplies, Notes

2:30pm

Welcome: Re-focus with a brief check-in; Participant Needs & Expectations; Key Questions to be addressed in the workshop

- Record on flipchart
- Commit to addressing as many key questions as possible (or finding information & support for other questions)

Agenda

Peer to Peer program overview for review

2:45pm

How not to handle a crisis... stories from experience, & what I learned:

- As much as we try to prevent them, crises & difficult situations happen
- How we respond can greatly affect the course and outcome of a crisis
- There are still many factors beyond our control- it is very important to recognize our limits
- How involved we become in a crisis is a decision that each individual must make

2:55pm

Worst case scenarios!

- Generate a list of all that could go wrong on a home visit

Flip chart or white board & pens

3:05pm

Worst Case Scenario Toolkit

Knowledge:

- Life Cycle of a Crisis
- Suicide awareness
- General safety precautions
- Resources available (#s to call, etc)

Attitudes:

- The calm in the storm
- Know your “enough”
- Know the limits of your role

Skills:

- De-escalation
- Exit strategies/scripts

Handouts, Flip Chart

3:35pm After the main event

- Importance of debriefing
- Caring for the caregiver- ongoing support

3:45pm Evaluation and session debriefing

Evaluation form

### *Available Resources*

Inner Resources:

- Previous experience with the person you are visiting
- Life experience
- Intuition/ instinct/ gut feelings
- Your feelings and perceptions about the incident

Outer Resources:

- Organization's confidence in your judgment and your decision making abilities
- You are not expected to be a professional helper or crisis management expert- no judgment about what you are or are not prepared to do.
- Preparation and Training
- Reference sheet & phone numbers to call
- Follow up support from SAGE and other organizations

Emergency: 911

24-Hour Distress Line: 780-482-HELP (4357)

211 Information Line: 211

SAGE: 780-423-5510



## **Crisis Management Toolkit**

### *Life Cycle of a Crisis*

Phase 1: The triggering event

Phase 2: Escalation

Phase 3: Crisis

Phase 4: Recovery

Phase 5: Post-crisis depression

People in distress may become escalated when they are presented with feelings, circumstances or situations with which they are unable to cope. Over time and with support, they can learn healthy ways to deal with these; however, at times they may react in the manner in which they have coped in the past.

### *Identifying the Escalated Individual*

Some common signs that a person has become escalated:

- Raised Voice
- High-pitched Voice
- Rapid Speech
- Pacing
- Excessive Sweating
- Balled Fists
- Excessive Hand Gestures
- Erratic Movements
- Fidgeting
- Aggressive Posture
- Shaking

Effective de-escalation techniques feel abnormal. We are intuitively driven into “fight or flight” mode when scared. However, in de-escalation, we can do neither. We must appear centered and calm even when we are terrified. It is helpful to practice these techniques before they are needed so that they can become “second nature”.

When under stress, people tend to hold their breath or breathe shallowly. Practice slow, deep diaphragmatic breathing when confronted by stressful situations to decrease your own level of arousal. Also use positive affirmations or self-talk. It is a fact that our thoughts trigger emotions and are triggered by our communication with ourselves. Stay positive when under attack by maintaining a win-win attitude.

### *De-Escalation Techniques*

*Non-Verbal De-Escalation:* It is said that approximately 65 percent of communication consists of non-verbal behaviors. Of the remaining 35 percent, inflection, pitch, and loudness account for more than 25 percent, while less than seven percent of communication has to do with what is actually said.

1. Appear calm, centered, and self-assured even if you don't feel it. Your anxiety can make the client feel anxious and unsafe which can escalate aggression.

2. Maintain limited eye contact. Loss of eye contact may be interpreted as an expression of fear, lack of interest or regard, or rejection. Excessive eye contact may be interpreted as a threat or challenge.

3. Maintain a neutral facial expression. A calm, attentive expression reduces hostility.

4. Keep a relaxed and alert posture. Stand up straight with feet about shoulder width apart and weight evenly balanced. Avoid aggressive stances.

5. Minimize body movements such as excessive gesturing, pacing, fidgeting, or weight shifting. These are all indications of anxiety and will tend to increase agitation.

6. Position yourself for safety:

- Place your hands in front of your body in an open and relaxed position. This gesture appears non-threatening and positions your hands for blocking if the need arises. Avoid crossed arms, hands in the pockets, or arms behind the back since it can be interpreted as negative body language.

- Maintain a distance of at least two arms' length between yourself and the agitated party. This will allow you reaction time from attacks such as grabs, strikes, and lunges.

- Position yourself closer to the room entrance than the escalated client if indoors.

7. Always be at the same eye level. Encourage the client to be seated, but if he/she needs to stand, stand up also.

8. Do not point or shake your finger.

9. Do not touch even if some touching is generally culturally appropriate and usual in your setting. Cognitive disorders in agitated people allow for easy misinterpretation of physical contact as hostile and threatening.

*Verbal De-Escalation:* Once non-verbal tactics are in place, verbal de-escalation can be a logical next step in dealing with an agitated person.

Remember, reasoning with an enraged person is not possible. The first and only objective in de-escalation is to reduce the level of client arousal so that

discussion becomes possible. The following are general guidelines for verbal de-escalation:

1. Remember that there is no content except trying to calmly bring the level of arousal down to a safer place.
2. Use a modulated, low monotonous tone of voice (our normal tendency is to have a high-pitched, tight voice when scared).
3. Do not get loud or try to yell over a screaming person. Wait until he/she takes a breath, then talk. Speak calmly at an average volume.
4. Do not be defensive even if comments or insults are directed at you. They are not about you. Do not defend yourself or anyone else from insults, curses, or misconceptions about their roles or behaviours.
5. Be very respectful even when firmly setting limits or calling for help. The agitated individual is very sensitive to feeling shamed and disrespected. We want him/her to know that it is not necessary to show us that they should be respected- it is automatic.
6. Respond selectively. Answer only informational questions no matter how rudely asked, (e.g. "Why do I fill out these g-d forms"?). This is a real information-seeking question.
7. Be honest. Lying to calm someone down may lead to future escalation if they become aware of the dishonesty. However, do not volunteer information which may further upset them.
8. Explain limits and rules in an authoritative, firm, but respectful tone. Give choices, where possible, in which both alternatives are safe ones (e.g. "Would you like to continue our meeting calmly or would you prefer to stop now and come back tomorrow when things can be more relaxed?").
9. Empathize with feelings but not with the behavior (e.g. "I understand that you have every right to feel angry, but it is not okay for you to threaten me.").
10. Suggest alternative behaviours where appropriate (e.g. "Would you like to take a break and have a cup of coffee or some water?").
11. Do not solicit how a person is feeling or interpret feelings in an analytic way.
12. Do not try to argue or convince.
13. Trust your instincts. If you assess or feel that de-escalation is not working, STOP! Call for help or leave yourself and call the police.

## **How to Help Suicidal Older Men and Women**

Written by John McIntosh, Ph.D. (John McIntosh is an expert on the psychology and prevention of suicide and is frequently interviewed by networks and news magazines. He is a specialist in elderly suicide and survivors of suicide attempts, and on the psychology of aging.)

### *How You Can Help Prevent A Senior From Committing Suicide*

For most older people, their life is a time of fulfillment, satisfaction with life's accomplishments. For some older adults, however, later life is a time of physical pain, psychological distress, and dissatisfaction with present, and, perhaps, past aspects of life. They feel hopeless about making changes to improve their lives. Suicide is one possible outcome. However, the causes of elder suicide are treatable and suicide is preventable. Each year more than 6,300 older adults take their own lives, which means nearly 18 older Americans kill themselves each day.

Older adults have the highest suicide rate -- more than 50% higher than young people or the nation as a whole. Suicide is rarely, if ever, caused by any single event or reason. Rather, it results from many factors working in combination which produce feelings of hopelessness and depression. Since suicide for the older person is not an impulsive act, you have a window of opportunity to help the older person get help. YOU can help prevent a suicide.

### *Risk Factors for Elder Suicide*

Suicide can happen in any family. However, life events commonly associated with elder suicide are: the death of a loved one; physical illness; uncontrollable pain; fear of dying a prolonged death that damages family members emotionally and economically; social isolation and loneliness; and major changes in social roles, such as retirement.

Among older people, white men are the most likely to die by suicide, especially if they are socially isolated or live alone. The widowed, divorced, and recently bereaved are at high risk. Others at high risk include depressed individuals and those who abuse alcohol or drugs.

### *Clues to Look For*

There are common clues to possible suicidal thoughts and actions in seniors that must be taken seriously. Knowing and acting on these clues may provide you the opportunity to save a life. In addition to identifying risk factors, look for clues in someone's words and/or actions.

It is important to remember that any of these signs alone is not indicative of a suicidal person. But several signs together may be very important. The signs are even more significant if there is a history of previous suicide attempts.

A suicidal person may show signs of depression, such as:

- changes in eating or sleeping habits
- unexplained fatigue or apathy
- trouble concentrating or being indecisive
- crying for no apparent reason
- inability to feel good about themselves or unable to express joy
- behaviour changes or are just "not themselves"
- withdrawal from family, friends or social activities
- loss of interest in hobbies, work, etc.
- loss of interest in personal appearance

A suicidal person also may:

- talk about or seem preoccupied with death
- give away prized possessions
- take unnecessary risks
- have had a recent loss or expect one
- increase their use of alcohol, drugs or other medications
- fail to take prescribed medicines or follow required diets
- acquire a weapon.

Immediate Action Is Needed If The Person Is Threatening Or Talking About Suicide If you have contact with older adults, look for these clues to a potentially suicidal person. Your observing, caring about, and a suicidal older adult the difference between life and death.

*You See the Warning Signs of Suicide. What Now?*

Some DOs and DON'Ts include:

1. DO learn the clues to a potential suicide and take them seriously.
2. DO ask directly if he or she is thinking about suicide. Don't be afraid to ask. It will not cause someone to be suicidal or commit suicide. You will usually get an honest answer. But don't act shocked, since this will put distance between you. (Some people may deny feeling suicidal but may still be very depressed and need help. You can encourage them to seek professional help for their depression. It's treatable.)
3. DO get involved. Become available. Show interest and support.
4. DON'T taunt or dare him or her to do it. This "common remedy" could have fatal results.
5. DO be non-judgmental. Don't debate whether suicide is right or wrong, or feelings are good or bad. Don't lecture on the value of life.
6. DON'T be sworn to secrecy. Seek support. Get help from persons or agencies that specialize in crisis intervention and suicide prevention. Also seek the help of

the older person's social support network: his or her family, friends, physician, clergy, etc.

7. DO offer hope that alternatives are available but do not offer glib reassurance. It may make the person feel as if you don't understand.

8. DO take action. Remove easy methods they might use to kill themselves. Seek help.

#### *Finding Help for the Suicidal Person*

There are resources available to help suicidal seniors. If you think that the person might harm him/herself or you observe clues of a possible suicide, immediately contact a professional to help. A community mental health agency, a private therapist, a family physician, a psychiatrist or medical emergency room, or a suicide/crisis centre are resources listed in the yellow pages of your phone book.

Suicide is preventable at any age. Most suicidal persons do not want to die so much as they want to be rid of their emotional or physical pain. They need help.

Depression is not a normal part of aging. The treatment for depression has a very high success rate. We can prevent the premature, unnecessary self-inflicted deaths of our seniors. Suicide causes society the loss of talent, skills, and knowledge as well as the personal loss of a loved one to the surviving family member. This is no less true when the person is an older.

## **Elder Abuse Workshop**

### Workshop Goal:

- Provide an overview on elder abuse for participants

### Workshop Objectives:

- Develop an awareness of elder abuse
- Provide resources and access to further information and support
- Develop some practical approaches to support someone who is abused or at risk of abuse
- Provide active listening strategies for offering support
- Gather feedback on the training process for further development

### Program Overview:

- 1.5 hours
- Pilot training session with Peer Mentors

### Participant Profile:

- Peer Mentors
- Experienced volunteers with extensive education
- Familiar and comfortable with each other
- Comfortable in an adult education setting

### *Key Information to be covered: (knowledge, skills, attitudes)*

#### Knowledge:

- Overview
- Definitions & Categories
- Contributing Factors

#### Attitudes:

- Awareness of factors and possible indicators
- Sensitivity to the needs and concerns of abused seniors
- Greater confidence in providing support

#### Skills:

- What to do if you suspect abuse
- How to listen if someone discloses abuse
- Steps to take once someone has disclosed abuse
- Supportive, appropriate approach for peer mentors in general

#### Essential Questions (central questions to be answered by participants):

- What do I do when...?
- How do I access further support?

Summary of Participant Activities:

- Read & review written materials
- Discuss and problem solve
- Debrief with the group

Resources:

- Overview of Elder Abuse
- Available resources & supports in Edmonton

Assessment Activities:

- Level of group participation
- Capacity for self reflection
- Applying knowledge into a strategy
- Reflection/evaluation on the experience of the workshop

Evaluation of the process:

- Verbal
- Written
- Debrief with SAGE staff



## **Elder Abuse Workshop**

### Time Process

12:00pm Set Up: Arrange tables & chairs around one table; set out resources  
Welcome participants as they arrive

### 12:30pm Welcome & Introduction

- Introductions
- Group Norms: reiterate collaborative approach; respect for their experience, individual responsibility for learning, confidentiality, etc
- Will support you to develop, strengthen, & affirm your knowledge, attitudes, and skills with regard to elder abuse, in preparation for your role as a peer mentor
- Objectives of the training session

Participant Needs & Expectations; Key Questions to be addressed in the workshop

- Record on flipchart
- Commit to addressing as many key questions as possible (or finding information & support for other questions)

### 12:45pm Overview

- Definition and Categories
- Statistics
- Potential Abusers; Contributing Factors
- Possible symptoms of abuse

### 1:00pm Practical Support

- What to do in the case of a disclosure
- How to listen if someone is disclosing abuse

### 1:30pm Available resources

### 1:50pm Evaluation & Recommendations

- Verbal: Were your needs & expectations met?
- Written: Fill out form
- Follow up: can contact SAGE staff later if something else occurs to you
- Any additional comments?

### 2:00pm Appreciation, Social Time

- Thanks for your time and commitment
- Thanks to SAGE staff & leadership

## **Overview of the Abuse of Older Adults**

Elder Abuse is:

Any action or lack of action that jeopardizes the health or well-being of any older adult.

Categories of Abuse:

- Financial
- Emotional/Psychological
- Physical
- Sexual Assault
- Neglect: Passive or Active
- Medication

Statistics:

Approximately 7% of older Canadians have experienced some serious form of abuse.

This would indicate that approximately 6000 Edmontonians are being abused.

A growing concern due to:

- Increase in aging population
- Increased longevity
- Multi-generational living

Potential Abusers:

- Spouse/common law partner
- Children
- Son or Daughter In –law
- Grandchildren
- Unrelated caregiver
- Other family members

Barriers to Disclosure:

- Love
- Inappropriate Mediation
- Hopelessness
- Acceptance as Normal
- Language/Cultural Factors
- Unaware of Resources
- Fear
- Medical Disabilities
- Belief that the system won't work
- Mental Impairment

Contributing Factors:

- Learned Family Response
- Lack of information
- Unresolved Family Conflict
- Addiction Issues
- Dependency
- Cultural Attitudes
- Caregiver Distress
- Ageism

#### Seniors' Safe House (a program of SAGE)

- Clients are housed in an existing apartment building on a secured floor
- Community Agencies are accessed to provide their specialized services
- Clients may stay up to sixty days at no charge
- Meals, snacks, and toiletries are provided
- Individual case coordination is provided

#### Criteria

- 60 years or older
- Mentally or physically able to live on own or have support available to provide required assistance
- In need of safe accommodation away from abusive situation

#### Funding

- Alberta Seniors
- Community donations

#### Referral

- Contact SAGE at 780-701-1520
- Establish an intake meeting
- Move in date is set

Elder Abuse Intervention Team 780-477-2929

Seniors' Safe Housing 780-702-1520

Seniors Abuse Helpline 780-454-8888

### **Older adults who are experiencing abuse or neglect may:**

- Tell you they are being harmed, not treated well by someone, or not respected.
- Show signs of depression or anxiety.
- Seem fearful around certain people.
- Become socially withdrawn (having less contact with people who they have been close to in the past).
- Become passive and very compliant.
- Have unexplained physical injuries (broken bone, bruises, pressure marks, abrasions, burns etc.)
- Have a lack of food, clothing and other necessities of life, for example, eyeglasses. They may have to ask for permission from the abuser to purchase items for themselves.
- Show changes in their hygiene or nutrition (show signs of malnutrition).
- Suddenly become unable to meet financial obligations, for example, unpaid bills.
- Have unusual withdrawals from their bank account.
- Mention that they have signed legal documents that they didn't understand or felt forced to do so by someone.
- Delay seeking medical treatment.
- Have a sudden change in living arrangements, for example, son/daughter move into basement and become dependent on the older person for money, a place to live, and support.
- Be called names and may not be "allowed" to make any decisions.
- Be pressured into giving money to another individual.
- Be pressured into supporting another person's substance or alcohol abuse, gambling habits, or be pressured into going gambling with that individual.

Sometimes these signs are mistaken as a part of growing older or may look like other health conditions. For example, mental confusion, depression or anxiety resulting from abuse or neglect may look like dementia. People may not realize that sometimes older adults are experiencing frequent falls, or have long-term pain because they are being abused or neglected.

Ageism can also play a factor in why these warning signs are overlooked. Ageism is a social attitude and a way of looking at older people that stereotype them. For example, often in situation of abuse, older people aren't taken seriously because they are viewed as being forgetful and seen as complainers.

*If a person tells you that they are being abused:*

- Believe the person. Do not question what they are telling you. You may be the very first person that has ever been entrusted with this information. It may be hard to understand what is going on especially if the alleged perpetrator is someone you know.

- Do not judge the person. Listen to what they are saying to you. Tell them you care about them and offer support.
- Do not deny what is going on. If you choose to deny what is going on or do not listen to a person, this will serve to isolate the person who is being abused even further.
- Understand that making effort to change an abusive relationship is extremely difficult. A person who is being abused is often afraid and not certain what to do. It can take a long time for people to decide to make a change in their lives, to reach out for help or to even talk about their situation.
- Encourage the person to seek help and assistance. Offer to help them find the right place to turn to if this is something you are prepared and able to do.
- Provide the older person with information on abuse and where to get help. You can do this by providing local telephone numbers and resources in your community area.
- Do not confront the perpetrator yourself. This could put you and/or the person who is being abused in danger. Remember, if you or someone you know has been abused or is experiencing abuse, you are not alone. Help is available.
- Develop a safety plan if needed. Each plan will be unique to each situation. Please see the following section for a safety planning guide.

### *Safety Planning for Abused Older Adults*

Things to consider when developing a safety plan with an older person:

- Ensure that they understand that if they are in immediate danger, they should call 911
- Help them develop a plan for where they can go and how they can get there if they feel like their life and well-being have been threatened (i.e. trusted friend or relative, local women's shelter)
- Ensure that they will have access to financial resources and necessary medication if they have to leave home quickly
- Encourage them to have trusted friends and/or family visit often, and/or check in by phone regularly
- Let them know that there are civil remedies available to them if they fear that the abusive behaviour is likely to continue
- Encourage them to participate in community activities so that they are getting out of the house and have contact with others if possible
- Ensure that they have access to their own telephone
- Suggest that they post and open their own mail and have pensions, cheques or other income deposited directly into their bank account
- Link them to legal advice to discuss arrangements to make now for possible future disability (e.g. power of attorney)
- Encourage them to keep accurate records, accounts, and lists of property/assets available for examination by a trusted individual

- Suggest that they review their will periodically and not make changes to it without careful consideration and/or discussion with a trusted family member or friend
- Remind them to give up control of property or assets only when they decide they can't manage them
- Encourage them to ask for help when they need it and ensure that they are aware of community support available for assistance
- Suggest that they discuss their plans regarding future financial and health care with their attorney, physician, and family members

*Important Phone Numbers in Edmonton*

Elder Abuse Intervention Team Intake Line 780-477-2929  
Seniors Safe Housing 780-702-1520  
Seniors Abuse Helpline 780-454-8888

## **Compulsive Hoarding Workshop**

### Workshop Goal:

- Provide an overview on compulsive hoarding for participants

### Workshop Objectives:

- Develop an awareness of compulsive hoarding and its consequences
- Provide resources and access to further information and support
- Explore appropriate ways to support someone who is hoarding
- Provide resources and steps to take for support
- Gather feedback on the training process for further development

### Program Overview:

- 1.5 hours
- Pilot training session with Peer Mentors

### Participant Profile:

- Peer Mentors
- Experienced volunteers with extensive education
- Familiar and comfortable with each other
- Comfortable in an adult education setting

### *Key Information to be covered: (knowledge, skills, attitudes)*

#### Knowledge:

- Definition of Compulsive Hoarding
- Causes & Neurology
- Overview of SAGE project

#### Attitudes:

- Awareness of factors that affect hoarding behaviour, and how to support people appropriately
- Sensitivity to underlying issues for hoarders
- Greater confidence in providing support

#### Skills:

- How to provide an appropriate level of support
- How and where to seek support

#### Essential Questions (central questions to be answered by participants):

- What is it? Why does it happen?
- What do I do when...?
- How do I access further support?

#### Summary of Participant Activities:

- Read & review written materials
- Discuss possible ways of providing support

Resources:

- Overview of Compulsive Hoarding
- Available resources & supports in Edmonton and online

Assessment Activities:

- Level of group participation
- Capacity for self reflection
- Applying knowledge into a strategy
- Reflection/evaluation on the experience of the workshop

Evaluation of the process:

- Verbal
- Written
- Debrief with SAGE staff



## **Compulsive Hoarding Workshop**

### Time Process

12:00pm Set Up: Arrange tables & chairs around one table; set out resources

Welcome participants as they arrive

### 12:30pm Welcome & Introduction

- Introductions
- Group Norms: reiterate collaborative approach; respect for their experience, individual responsibility for learning, confidentiality, etc
- Will support you to develop, strengthen, & affirm your knowledge, attitudes, and skills with regard to compulsive hoarding in preparation for your role as a peer mentor
- Objectives of the training session

Participant Needs & Expectations; Key Questions to be addressed in the workshop

- Record on flipchart
- Commit to addressing as many key questions as possible (or finding information & support for other questions)

### 12:45pm Overview of Compulsive Hoarding

- Definition
- Behaviours and associated disorders
- Neurobiology and other significant factors
- Manifestations
- Complications in Elders; Awareness of the problem
- Consequences

### 1:00pm Insight

- Pink Pen Exercise (Exercise described below)
- Debrief

1:30pm Available Resources- SAGE program; online information

### 1:50pm Evaluation & Recommendations

- Verbal: Were your needs & expectations met?
- Written: Fill out form
- Follow up: can contact SAGE staff later if something else occurs to you
- Any additional comments?

### 2:00pm Appreciation, Social Time

- Thanks for your time and commitment
- Thanks to SAGE staff & leadership

## **Compulsive Hoarding- An Overview**

### *Definition of Compulsive Hoarding*

1. The acquisition of, and failure to discard a large number of possessions that appear to be of useless or limited value.
2. Cluttered living spaces that cannot be used as intended
3. Significant distress and/or impairment caused by the clutter (Frost & Hartl, 1996)
  - Only pathological if it meets #2 and #3 = clinical problem (e.g. surfaces full, no organization, inappropriate things in places like kitchen, main door blocked)
  - Not the saving that's the problem – it's the dysfunction (e.g. saving everything – valuable and non-valuable)

Hoarding behaviors may also be present in the following disorders:

- Obsessive Compulsive Personality Disorder
- Attention Deficit Hyperactivity Disorder
- Impulse Control Disorders
- Depression
- Eating Disorders – Anorexia Nervosa
- Brain Injury
- Bipolar Affective Disorder
- Schizophrenia
- Various Dementias

In addition to hoarding, these conditions might also exist:

- Depression – 57%
- Social Phobia – 29%
- Generalized Anxiety Disorder – 28%
- Obsessive Compulsive Disorder – 17%
- Attention Deficit Disorder – 15-20%
- Personality Features – Anxious/avoidant, dependent, paranoia, Dementia

### *Neurobiology*

Lower levels of brain activity in the anterior and posterior cingulate gyrus – those parts of the brain associated with focused attention, motivation, decisionmaking and problem-solving, as well as spatial orientation and memory.

(<http://www.ucla.edu>)

Other Significant Factors:

- Genetic Links – a large number had relatives who hoard – hoarding phenotype
- Personality traits – aloof, reclusive, eccentric, socially withdrawn, suspicious

- Usually a long-term behaviour pattern – (e.g. can't decide and fear of putting things out of sight)
- Usually single or divorced
- Usually more women than men

### *Research Findings*

- Lack of a connection between hoarding and deprivation
- Hoarding appears to be strongly connected with loss

### *Clutter and Hoarding*

- Clutter is the product of a hoarding problem (behavioral manifestation – e.g. avoidance of distress, avoiding what is hard)
- Decision making may be the central feature of hoarding
- Physically reducing clutter does not address the hoarding problem
- Changing beliefs and the meaning of possessions eventually reduces clutter
- Improving organizing habits is a necessary component for change

### *Manifestations of Hoarding*

- Acquiring - in excess (compulsive buying, compulsive acquisition of free things, stealing)
- Saving (sentimental: e.g. card, instrumental: e.g. toilet paper roll, intrinsic: e.g. bottle caps) and difficulty discarding – mostly clothes and books. Saving is normal but for people that hoard, the saving is exaggerated, applied to large # of items, intensity of attachment
- Disorganization (random piles, fear of putting things out of sight e.g. organized visually and spatially vs. categorically, indecisiveness, churning the piles – decision making process but can't do it – feeling overwhelmed)
- Acquiring+ Saving+ Disorganization= Clutter

### *Course of Compulsive Hoarding*

- Saving can begin in childhood, onset age 13
- Little evidence for history of material deprivation – e.g. war times
- Hoarding may be precipitated by loss
- Chronic or worsening course
- Insight fluctuates
- Severity range from mild to life-threatening

### *Hoarding Complications in Elders*

- Fire hazard
- Risk of falling
- Unsanitary conditions

- Medical problems (Kim, Steketee, & Frost, 2001)

#### *Awareness of Problem (insight) among Elders*

- Clear insight = 15%
- Partial insight = 12%
- No insight = 73%

#### *Implications for Peer Mentors*

- Average length of intervention = 1 – 1.5 years. This is a long term intervention done by professionals.
- Hoarders like to talk about past & their relationships/losses and less on problem-solving

#### **“This Full House”**

#### Pilot Intervention Program to assist Elderly Compulsive Hoarders

#### *Our Experience – What we’ve Learned*

1. Value of home visit – pictures only tell part of the story (e.g. smells, size living space, amount of stuff/kind of stuff) - \*\*Don’t assume everything is worthless
2. Affect on family members – stress on relationships, confusion and frustration on how to help and where to get help, financial burden
3. Intense emotions and high stakes – e.g. anxiety, anger, sadness - can be amplified in crisis like eviction
4. Ineffective communication and helping strategies - e.g. forced intervention; arguing, pressuring, “telling” the person how and when to feel, giving verbal and non-verbal cues that are judgmental, making decisions for the person
5. Effective communication and helping strategies
  - Understand before moving to action
  - Use respectful, non-judgmental language
  - Work with the person instead of doing it for them (assign homework)
  - Be clear about expectations and limitations
  - Help with changing beliefs – simply taking out clutter does nothing for behavior
  - Don’t rush into intervention too soon – build trust
6. Motivation & Insight – helping with motivation
  - Substantial amount of ambivalence – “I want to change but I don’t” –

Level of importance placed on motivation

- Confidence level in dealing with problem – encouragement, reminders of support, ask open-ended questions (non-judgmental), see & feel affects of small changes (e.g. don't miss items as much as they thought)

#### 7. Progress – Helping to Make Progress

- Encourage client commitment (e.g. manageable, time limited, scheduled, concrete) – Contract
- Take baby steps
- Follow-up and ask how the work went; celebrate successes – even small ones

#### 8. Don't assume anything

- Varying financial status and educational backgrounds
- Stage of intervention could be trial and error – stop & go...stop & go....stop & go
- Level of understanding from community varies

#### *Pink Pen Exercise*

Invite participants to observe:

1. Facilitator takes out a pencil holder and removes the contents.
2. Starts to sort the items into colours- blue, black; varieties- pen, pencil; ballpoint and felt tip; various categories... until the pink pen. It is a pen, but there are no other pink pens; it is a felt tip, but there are only other black felt tips, etc.
3. After a struggle to figure out how to classify the pen, the individual gives up and leaves the rest of the contents out on the table.
4. Debrief together- what would a non-hoarder do? What made the hoarder's actions different? Etc.

Reveals some of the struggles for a hoarder, and develops empathy in observers.

## **Pilot Workshop Evaluation Form**

Date:

Workshop Title

What parts of the presentation were most valuable?

What parts need improvement?

Did you get all of the information you needed? If not, please tell us what else you require.

Any concerns or other comments?

## **Program Evaluation**

Here are some sample forms that can be used to evaluate a program. The forms below were designed to measure specific outcomes. Agencies are welcome to modify these forms to reflect the specific outcomes they've identified for their programs.

## Peer Partner Evaluation Pre-Sessions

Participant Name:

Interviewer:

Date:

As someone who has expressed interest in participating in the Peer To Peer Support Program I'd like to get to know you a little better and see what help you'd like from a Peer Supporter.

On a scale of 1 to 5, 1 being feeling isolated and 5 being feeling connected to other people, how would you rate your feelings about loneliness? \_\_\_\_\_ (Rating)

On a scale of 1 to 5, 1 being no knowledge, 5 being extensive knowledge how would you rate your knowledge of community resources? \_\_\_\_\_ (Rating)

Would you like your Peer Supporter to help you learn more about community resources?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

What do you hope to gain from your participation in the program?

Are there any other comments that you'd like to make?

Thank you for your time and participation!



## Peer Partner Evaluation Post Sessions

Participant Name:

Interviewer:

Date:

As someone who has been involved in the first Peer To Peer Support Program your opinions are very important. I will be asking you questions about your experience with the program. Your answers will help us make the program better.

How many visits did you receive from your Peer Supporter? \_\_\_\_\_ (Record Number)

How many phone calls? \_\_\_\_\_ (Record Number)

How long was the average visit? \_\_\_\_\_ (Record Number)

What did you think about the number of visits you received?

\_\_\_\_\_ Would have liked more visits

\_\_\_\_\_ Number was okay

\_\_\_\_\_ Would have liked fewer visits \_\_\_\_\_

\_\_\_\_\_ Don't know

On a scale of 1 – 5, 1 being not supportive/understanding and 5 being very supportive/understanding, how would you rate your Peer Mentor? \_\_\_\_\_ (Rating)

On a scale of 1 to 5, 1 being no knowledge, 5 being extensive knowledge how would you rate your knowledge of community resources? \_\_\_\_\_ (Rating)

Did your Peer Mentor help you learn more about community resources?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ Don't know/remember

On a scale of 1 to 5, 1 being still lonely and 5 being much less lonely, how would you rate your feelings since becoming part of the Peer to Peer Support Program? \_\_\_\_\_ (Rating)

What brought you the most benefit as a result of your participation?

Is there anything you would like to change?

Would you like to continue your participation in the Peer to Peer Support Program?

Would you recommend the Peer to Peer Support Program to others?

Are there any other comments that you'd like to make?

Thank you for your time and participation!

## **Mentor Pre-Session Questionnaire**

Date:

What motivated you to volunteer for this program?

What skills/knowledge are you hoping to acquire?

What do you hope to give?

What training would you find most useful?

What kind of support would you find most helpful in this volunteer role?

Is there anything else you'd like to add?

## Peer Mentor Post Session Evaluation

On a scale of 1 – 5, 1 being not useful, 5 being very useful, how would you rate the training you received? \_\_\_\_\_ Rating

On a scale of 1 to 5, 1 being not at all supportive, 5 being very supportive, how would you rate the support you received from SAGE staff? \_\_\_\_\_ Rating

On a scale of 1 – 5, 1 being no improvement, 5 being greatly improved, how would you rate your knowledge of community resources since participating as a mentor? \_\_\_\_\_ Rating

On a scale of 1 – 5, 1 being not at all, 5 being very much, how would you rate your opportunities to use your skills and knowledge in the program? \_\_\_\_\_ Rating

What were the chief satisfactions you derived from participating?

What were the main frustrations?

How would you define the program's strengths?

What improvements would you suggest?

Were there any surprises that resulted from your participation?

Would you volunteer for the program again? Why or Why not?

Would you recommend this volunteer opportunity to others? Why or why not?

Is there anything else you'd like to add?

Thank you so much for participating in the Peer to Peer Pilot Program

## **Appendix A - Participants**

SAGE Volunteers

5 Peer Mentors

5 Peer Partners

7 Focus Group Participants

SAGE Staff

Roger Laing Executive Director

Bernice Sewell Director of Operations

Christine Poirier Volunteer Coordinator

Debbie Marcus Social Worker/ Immigrant Seniors Program

Heather Shupe Outreach Coordinator

Doneka Simmons Seniors' Social Worker/This Full House Coordinator

Katrina Social Worker

Community Members

Linda Airs Edmonton Bereavement Centre

Sacha Aldrich Community Initiative Against Family Violence

Ursula Altmann Edmonton Seniors Centre

Shirley Bridges Edmonton Seniors Centre

Jeff Bovee Edmonton Pride Centre

Yvonne Chiu Multicultural Health Brokers

Anne Fitzpatrick Edmonton FCSS

Robin Gorman Alberta Health Services Home Care

Sheila Hallet Edmonton Seniors Coordinating Council

Sheri-Lee Langlois Edmonton Bereavement Centre

Grace Maier Glenrose Rehabilitation Hospital

Anna Mandonlini Pilgrims Hospice

Mercy Nickle Alberta Health Services Home Care

Lori Wall North Shore Seniors Peer Support Program

Program Consultant

Carol Greenaway Greenaway Consulting Services Ltd.

Kathryn Rambow Associate

## Appendix B Resources and References

### *Website Resources*

Abbotsford Peer Support for Seniors

[http://www.seniorsinbc.ca/peer\\_support/peer\\_support.html](http://www.seniorsinbc.ca/peer_support/peer_support.html)

Alberta Caregivers Association

[www.albertacaregiversassociation.org](http://www.albertacaregiversassociation.org)

Alberta Centre on Aging

<http://www.aging.ualberta.ca/>

Brandon Regional Health Authority

[http://www.brandonrha.mb.ca/en/Services\\_for\\_Seniors/](http://www.brandonrha.mb.ca/en/Services_for_Seniors/)

Canadian Network for the Prevention of Elder Abuse- The Role of Seniors

[http://www.cnpea.ca/role\\_of\\_seniors.htm](http://www.cnpea.ca/role_of_seniors.htm)

Canadian Association for Community Care

<http://www.bccrns.ca/resources/cacc/englishCD/membersonly/abuseofseniors/trainingmaterials/frontlinestaff.html>

Edmonton Social Planning Council

[http://www.edmontonsocialplanning.ca/images/stories/pdf/Tracking\\_the\\_TREND\\_S\\_Part\\_1\\_-\\_Sec\\_A.pdf](http://www.edmontonsocialplanning.ca/images/stories/pdf/Tracking_the_TREND_S_Part_1_-_Sec_A.pdf)

Competency Based Training Manual for Meals on Wheels Volunteers & Other Elder Staff Services

<http://familyvio.csw.fsu.edu/elderly.php>

Government of British Columbia

<http://www.hls.gov.bc.ca/seniors/>

Government of Canada – National Seniors Council

<http://www.seniorscouncil.gc.ca/eng/home.shtml>

Government of Canada- Public Health Agency: New Beginnings Program

[http://www.phac-aspc.gc.ca/senior-aines/pubs/healthy\\_comm/healthy\\_comm9\\_e.html](http://www.phac-aspc.gc.ca/senior-aines/pubs/healthy_comm/healthy_comm9_e.html)

Kitsilano BC, Seniors Peer Support Program

<http://www.kitshouse.org/index.html>

North Shore Seniors Peer Support Volunteer Program

[http://www.nsnh.bc.ca/seniors\\_programs.php](http://www.nsnh.bc.ca/seniors_programs.php)

## References

- BC Ministry of Health Services. (2001, July). Peer Support Resource Manual Retrieved August 12, 2009 from [http://www.health.gov.bc.ca/library/publications/year/2001/MHA\\_Peer\\_Support\\_Manual.pdf](http://www.health.gov.bc.ca/library/publications/year/2001/MHA_Peer_Support_Manual.pdf)
- BC Ministry of Health. (2004, March). Social Isolation Among Seniors: An Emerging Issue An investigation by the Children's, Women's and Seniors Health Branch, British Columbia Ministry of Health. Retrieved October 5, 2009 from [http://www.health.gov.bc.ca/library/publications/year/2004/Social\\_Isolation\\_Among\\_Seniors.pdf](http://www.health.gov.bc.ca/library/publications/year/2004/Social_Isolation_Among_Seniors.pdf)
- D'Elia, L. A. (2008). 2008 Mobilizing Action Report. (N. O. Michael Tonderai Kariwo, Ed. Edmonton, AB, Canada.
- France, H. (1989). Peer Counselling: Helping Seniors Help Senior The Workbook. Victoria, BC. Canada: Peer Systems Consulting Group, Inc.
- France, H. (1989). Peer Counselling: Helping Seniors Help Seniors Program Guide. Victoria, BC. Canada: University of Victoria.
- Hall, Madelyn. (2004, November) Report on the FPT Expert Consultation: Workshop on Social Isolation and Seniors. Aging in Manitoba Study Department of Community Health Sciences University of Manitoba. Retrieved October 5, 2009 from [http://www.health.gov.bc.ca/library/publications/year/2004/Social\\_isolation\\_workshop\\_report.pdf](http://www.health.gov.bc.ca/library/publications/year/2004/Social_isolation_workshop_report.pdf)
- Sabir, M., Wethington E., Breckman, R., Meador, R., Reid, M.C., & Pillemer, K. (2009) A Community - Based Participatory Critique of Social Isolation Intervention Research for Community – Dwelling Older Adults [Electronic Version]. Journal of Applied Gerontology Volume 28 Number 2. Retrieved on October 7, 2009 from <http://jag.sagepub.com/cgi/content/abstract/28/2/218>
- Sinclair, Charlie. (2005) Peer Support Training Manual 2005.Guideline for peer support training in the Okanagan area. Canadian Mental Health Association B C Division Consumer Development Project Retrieved August 12, 2009 from <http://www.kelowna.cmha.bc.ca/files/kelowna/psmanual.pdf>
- Traumatic Brain Injury Central. (2005, February) Mentoring Partnership Program:

Program Manual. Retrieved on August 13, 2009 from  
[http://www.mssm.edu/tbcentral/resources/publications/mentoring\\_partnership.shtml](http://www.mssm.edu/tbcentral/resources/publications/mentoring_partnership.shtml)

University of Toronto. Seniors Quality of Life. Retrieved on September 9, 2009  
from  
<http://www.utoronto.ca/qol/seniors.htm>