



Time Out

Program Manual

A publication of



The Intergenerational Center
TEMPLE UNIVERSITY

Funded by



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Preface

The *Time Out* Program, created in 1986 by the Intergenerational Center at Temple University, recruits, trains, and supports college students to provide high quality, low cost, in-home respite services for families caring for elderly relatives. *Time Out* has successfully worked with more than 1,000 families and 800 students in the Philadelphia area. In 2013, Mentor Up, a program of the AARP Foundation, provided funds to replicate Time Out at Bethune-Cookman University in Daytona Beach, Florida and at the University of California, Los Angeles. Our thanks to Zaldy Tan, M.D., Daphna Gans, Ph.D., and Jessica Jew, MPH at UCLA and Vanessa Briscoe, Ph.D. and Trineca Huger, B.A. at Bethune-Cookman University for their tireless efforts to successfully pilot the *Time Out* program.

Based on lessons learned, this handbook is designed to help colleges/universities develop opportunities for engaging young people in meaningful activities that reduce the isolation of frail older adults and support caregiving families, as well as contribute to their own personal and professional development. It describes concrete steps for implementing an effective intergenerational respite care program that benefits older adults, caregivers, and students. Although it is written primarily for colleges and universities, the program could also be coordinated by social service agencies in partnership with institutions of higher education.

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CHAPTER 1: An Overview of *Time Out*

Every Tuesday and Thursday afternoon, Crystal, a junior at Temple University, a social work major and a member of the dance team, takes a bus to visit Mr. J. Mr. J, is cognitively impaired and suffers from depression. He is 87 years old and lives with his 85 year old wife. When Crystal discovered that Mr. J loved to dance, she decided to bring music to their visits. Together they went to the gym at his apartment building to practice ballroom dancing. Much to his wife's amazement, Mr. J started looking forward to his dance classes with Crystal and was less depressed in general. Mrs. J trusts Crystal and feels comfortable taking some time for herself for personal medical appointment or to relax with friends. Crystal feels she is really making a difference in Mr. J's life and that she is better prepared to go into the field of social work.

The *Time Out* program was developed in 1986 in response to the growing need for low-cost respite services by families caring for frail elders. It is an intergenerational program that brokers relationships between caregivers and a diverse group of trained college students to maximize the quality of elders' lives and decrease caregiver stress.

Time Out recruits, screens, and trains college students and matches them with caregiving families. Student respite workers maintain a safe environment, provide companionship, and engage the person being cared for in recreational/social activities. *Time Out* staff monitors the quality of service by regularly communicating with both the student respite workers and the families.



Why *Time Out*?

Meeting the needs of caregivers

- The 65+ population in the United States is projected to grow from 40.3 million today to 71.5 million in 2050. Those over 85 will represent 21% of the aging population and will require significant caregiving and support.
- 43.5 million adult family members care for someone 50+ years of age.
- 14.9 million care for someone who has Alzheimer's disease or other types of dementia.
- 5.8 to 7 million people (family, friends, and neighbors) provide care to a person 65+ who needs assistance with everyday activities.
- 30% of family caregivers are themselves aged 65+.

Caregiving is complex and takes its toll on families. Caregivers can suffer from high levels of stress, exhaustion, isolation, and depression. As the older family member's condition worsens, some caregivers feel unable to take the time to address their own needs or time for themselves. This can lead to a decline in caregiver health, burnout, and premature institutionalization of older family members.

res·pite: a short period of rest or relief from something difficult or unpleasant.

Research confirms that respite services help caregivers preserve the quality of their lives and continue in their caregiving role. Caregivers need time to get away from the caregiving situation for even a few hours in order to re-energize and restore their sense of well-being. While there are an array of services available in most

communities such as adult day care, week-end respite, and home health care, these are often costly and vary in terms of quality. Cost-effective, high quality, culturally-sensitive family support services are key to reducing caregiver stress and addressing the needs of isolated elders.

Preparing college students for an aging society

It is increasingly important for colleges and universities to not only teach about aging and life course issues, but also to create opportunities for students to work with older adults and their families. Why is this true?

■ Career preparation

Careers in aging-related fields will increase significantly as today's 77 million baby boomers move into their later years. In addition to healthcare, opportunities for working with older adults will grow in industries such as financial services, fitness and wellness, consumer products, housing, and travel. Providing students from diverse backgrounds with practical, hands-on experiences in aging will increase their awareness of the specific needs and assets of older people and help them develop the skills needed to successfully work with this population.

■ Living in an aging society

As members of multi-generational families and communities, it is important for students to understand the aging of their parents and grandparents as well as their own aging process. Providing support to caregiving families can help students develop empathy for others and prepare them for their future caregiving responsibilities.

Key Elements

The following are the core elements of the Philadelphia Time Out program. Information about adaptations made by UCLA and Bethune–Cookman Universities can be found in Chapter 9.

- **Goals:** 1) to alleviate caregiver stress, 2) to reduce the isolation of vulnerable older adults, 3) to increase students' understanding of older adults and build generational empathy, and 4) to increase student interest in pursuing careers in aging.
- **Structure/Staffing:** The Philadelphia program is coordinated by the Intergenerational Center which is part of the College of Education at Temple University. Currently there is a full-time Director and part-time Coordinator serving approximately 100 families per year. Staffing over the years has varied based on the size of the program.
- **Students:** Students are recruited through courses, work study, and a variety of student associations. Following 8 hours of training, recommendations, and background checks, students are matched with families.
- **Families** Families are referred to the program by a myriad of social service organizations, home health care agencies, hospitals, and word-of-mouth. Families may participate for one semester or longer, depending on their needs.
- **Services:** Respite workers provide a safe environment in the caregivers' absence, companionship, and stimulation through recreational and social activities. They do not provide personal care (bathing, changing incontinence garments, spoon-feeding) or administer medications. Families in the Philadelphia program pay students directly \$8/hour; typically about 20% of Temple students receive federal Work-Study grants which cover the cost of respite care for the families for whom they work. All Temple students are covered under the university's liability insurance. Students typically visit families 2-3 times per week, providing 6-8 hours of respite services.
- **Ongoing support:** Program staff contact students and families on a regular basis to assess the quality of matches, address problems, and suggest additional resources.

What Makes *Time Out* Unique?

- **Cost:** The \$8/hour rate is far less expensive than the average home health care agency and students with Work-Study funds are able to provide up to 8 hours/week of services at no cost.
- **Intergenerational Relationship Building:** Families appreciate the students' commitment to building relationships with their elderly relatives and engaging them in interesting activities. Many older adults enjoy the opportunity to interact with young people and often view them as grandchildren.
- **Time Flexibility:** Whereas most home health care agencies require a 4-hour minimum per visit, *Time Out* is much more flexible and requires only a 2-hour minimum. This enables caregivers with limited resources the ability to schedule short respite breaks on a regular basis.

Who Benefits?

The *Time Out* program benefits all those who are involved...the students, the caregivers, the care receivers (older adults receiving care), and communities.

For students: Building meaningful relationships with older adults and their caregivers provides students with a unique opportunity to better understand the aging process and gain practical experience in a field that has tremendous career potential.

"I learned that I love working with older adults. I now understand that this population is very diverse and that each older adult faces different challenges in life and needs to be treated as an individual."

— Gail, *Time Out student respite worker*

For caregivers: Caregivers are able to schedule temporary breaks from their responsibilities and depend on another person for support.

"The last two years were particularly difficult for me and your service was a lifesaver. Having Sara visit with my parents reduced the stress on me tremendously. She became part of our lives."

— Marsha, *caregiver*

For care receivers: Older adults, often impaired and isolated, enjoy the companionship and shared activities with their *Time Out* companions.

"I feel good when Jenny comes in because I know I will have someone to talk with me awhile".

— Mary, *care receiver*

For communities: In an era of limited resources, this intergenerational program represents a creative and cost-effective means for communities to meet the increasing needs of families caring for their elders.

CHAPTER 2: Getting Started

1) Assessing Community Needs and Resources

Before you decide to implement an intergenerational respite program, it is important to assess the needs and resources that are currently available for caregiving families in your community. You might contact your Area Agency on Aging or other social service agencies to learn more about:

- The needs of older adults and their families
- The types and cost of family support services that currently are offered
- How this program could enhance the existing continuum of aging services

2) Finding a Good Fit in Your College/University

- What departments or units would be interested in this project?
- Who should be involved in the planning (e.g. faculty, service learning, and Work-Study programs, risk management, student associations)?
- Where should the program be housed?
- What kinds of students might be motivated to participate?
- What are your school's policies regarding working in homes and the community?

3) Developing Partnerships with Community Agencies

- What geographic area do you want to serve (close to your college/university or the broader community)?
- Do you want to serve a specific population of older adults (e.g. families caring for persons with cognitive impairments) or any family caring for a frail elder?
- What organizations are currently providing respite or other family support services? How could *Time Out* benefit these organizations?

4) Clarifying Staff Roles

Staffing will vary depending on the size of your program. A part-time or full-time director/manager and some administrative support will be needed to accomplish the following tasks:

- Establishing referral relationships with local aging service organizations
- Establishing relationships with faculty
- Recruiting families into the program (e.g. marketing the program to the community and the media, and conducting initial intake phone calls from caregivers)
- Recruiting students into the program
- Responding to students who have completed an online application

- Interviewing and screening students
- Planning and implementing respite care worker training
- Matching students and families (accompanying students on first match visit)
- Monitoring matches with both students and caregivers
- Collecting evaluation forms

5) Developing a Fund-Raising Plan

Although students are paid directly by families, Work-Study funds, or other third party payers, additional financial support is needed to cover staff, training, local travel, and other administrative costs. You may want to consider talking to:

- The Area Agency on Aging to explore whether *Time Out* could be funded under the Family Caregiving or Life Span respite programs.
- Local foundations that are interested in supporting older adults, families, or specific areas of the city.
- Large social service agencies with a strong funding track record that could build *Time Out* into future grants.

6) Developing an Evaluation Plan

It is important to decide how extensive your evaluation will be and what variables you want to measure. Assessing the impact of the program on students, caregivers, and care recipients can be valuable in helping you obtain future funding and delivering a high quality program.

7) Developing a Marketing Plan

After you decide the parameters of your program, you should begin to create materials to market *Time Out* to students, faculty, agencies serving older adults, and other referral sources. It is best to tailor your materials to the specific target audience you hope to reach.



CHAPTER 3: Identifying Families

“Dad’s memory loss required my relocating him to Philadelphia to live with me. With a newborn, a toddler, and a part-time job, I find it hard to meet his needs. I come home and simply have no extra time or energy.”

—Jane, caregiver

Time Out is designed to support a variety of caregivers, including adult children living with a parent at home, long distance caretakers concerned about elders living alone, and older spouses. Referrals come from many organizations as well as caregivers themselves. The *Time Out* program is an excellent supplement to agency-based home health services and adult day care programs.

Building mutually-beneficial relationships with organizations that serve older adults is critical to the success of *Time Out*. It is helpful to make presentations at staff meetings of organizations that serve older adults and to get to know the social workers who can refer appropriate families. Having social workers screen potential families makes it easier to create good matches with the students.

Possible referral sources are:

- Area Agency on Aging
- Senior centers
- Home health services/visiting nurse associations
- Adult day care programs

- Hospice services
- Physicians and social workers from hospitals and health care systems
- Retirement communities and other senior housing
- Faith-based institutions
- Children of Aging Parents support network, the Alzheimer’s Disease and Related Disorders Association, the Coalition of Advocates for the Rights of Infirm Elderly, and similar local organizations.

Initial Intake Process

In order to determine if a family is appropriate for *Time Out*, program staff conducts an initial intake interview. It is important to:

- Explain the purpose of the program and clarify the role of the student respite worker.
- Discuss what the program can and cannot provide.
- Give the caregiver an opportunity to talk about his/her older family member and why respite services are needed.
- Identify the caregiver’s specific scheduling needs and the amount of respite time desired.
- Record all information.

If the preliminary information indicates that the elder is appropriate for the program, let the caregiver know that s/he will be called when a student is available who fits his/her request.

Challenges

Reaching caregiving families

Many older adults are not connected to social service delivery systems or other health-related organizations. In order to reach these people, it is important to:

- **Make personal contacts**

with active community members, volunteers in hospitals, senior centers, Meals on Wheels, religious leaders, etc.

- **Participate in community events**

such as Older Americans Month activities, health fairs, and events sponsored by organizations that serve frail elders.

- Enlist the help of your **local news media**. The *Time Out* program can be beautifully presented in a personal story about a college-age respite worker and an isolated elder in your community.



Tips

caregivers may be reluctant to apply for services provided by a college student because they believe that a young person may not be trustworthy. Caregivers may express this reluctance with such questions as: “Don’t you have anyone older?” or “How much experience does the respite worker have?” The race of the students could also be an issue for some caregivers or care recipients.



Tip

- Often caregivers are hesitant about leaving their loved one with anyone, regardless of their age or race.

Gently exploring their fears may help the caregiver learn to accept help. Deciding on a case-by-case basis how to deal with families who request a *Time Out* worker of a specific race/ethnicity is most appropriate.

Reluctance to work with students

Because of the nature of this program, program staff must be prepared to address age and race-related stereotypes on the part of the participants. Some

Severity of client needs

If the care receiver’s needs are more severe than what a student can handle, it is important to let the caregiver know. For example, if the elder is exhibiting violent behavior, or requires full-time care, refer the caregiver to a service that has the appropriate staffing and experience to work with that client.

CHAPTER 4: Recruiting Students

"I am eager to learn from the elders that I will be working with. Just reading cases can't compare with spending time with someone who has dementia or needs help walking and becomes a "real" person I care about."

—Arnold, Master's Social Work student

Most students who participate in *Time Out* are looking for a meaningful and flexible part-time job, want to fulfill practicum or service learning requirements, and/or are interested in practical experiences that will prepare them for a career in health and human services. This chapter will lay out the steps in recruiting and screening students to do this sensitive work.

Strategies for Recruiting Students

Outreach to faculty and presentations to classes

- Toward the end of each semester, send an e-mail announcement along with a flyer that provides information about the upcoming training date. Ask them to disseminate information to students through listservs and other departmental communication vehicles.
- Make an effort to connect with faculty who are teaching aging, social work, or health-related courses. Explore ways that students could get credit for their *Time Out* experience in the program (e.g.

field placement, practicum, independent study, or service learning).

- Ask faculty if you can make short class presentations. Faculty members will be more cooperative when they feel your program fits into their course curriculum. In addition to describing *Time Out*, try to involve students in a discussion about their personal experiences with elderly family members and/or friends.



Tips

- Once you have a cadre of students who have participated in *Time Out*, ask some to **help you recruit others** by sharing their experiences with friends, classmates, sorority/fraternity members, etc. Stories about the student's interactions with the care recipient resonate with prospective respite workers. It is also helpful to share letters of appreciation from the caregivers.
- In addition to classes, consider making presentation to fraternities, sororities, ministry groups, and other **service organizations** on campus.

Federal Work-Study Program

Many college students qualify for the federal Work-Study program (it is part of their financial aid packages).

Talk to your Work-Study/financial aid office to see if funds can be used to support students working in the community. If so, post this opportunity on the school's Work-Study website. *Time Out* at Temple and Bethune-Cookman universities were able to provide free respite services to many families by using Work-Study students.

Social Media and Other Marketing Strategies

- *Facebook/Twitter*: You may already have an organizational Facebook and Twitter account on which you can provide information about your new *Time Out* program, post training dates, ask students who have been respite workers to put photos and brief comments about their experiences, and keep a steady flow of information reminding people to get involved.
- *Flyers*: It is important to post flyers all over the campus (e.g. classroom buildings, student activity centers, dormitories, libraries, career placement, and financial aid offices). Since this program attracts students from many different majors, don't overlook schools of business, journalism, and education.
- *Campus Newspapers*: An article about *Time Out* and an announcement about the respite training can be a valuable way of reaching potential students.
- *Campus Job Fairs*: College job fairs provide an opportunity to interact with students who are specifically focused on finding employment. Staffing a table there, displaying photos of students in action, and having "give a-ways" along with the program recruitment materials, can be an effective strategy to recruit new students.

Effective Messaging

Make sure your materials reflect messages that appeal to students. Emphasize:

- Flexible hours
- Part-time employment
- An opportunity for real world experience
- Engaging in work that is meaningful and really helps people

Screening Students

Applications: Students at Temple apply through an online form. As applications are received, staff responds to students to confirm receipt of applications and to schedule an interview.

Interviews: Telephone or in-person interviews can help you determine whether a candidate has the skills and commitment needed for this program. They provide an opportunity for you to share essential information about the program and to learn about the applicant. It is important to stress that acceptance into the program isn't finalized until they have completed the training, provided references, and passed the criminal background check.

Questions for Potential Student Respite Care Workers:

- *What are you looking for in a respite care experience?*
- *Why does this position appeal to you?*
- *What special skills or talents do you bring to Time Out?*
- *What related experiences do you bring to this position?*
- *What concerns do you have about doing this kind of work?*
- *What are your other time commitments?*
- *Are there new skills you would like to learn from participating in Time Out?*

References: In Philadelphia, *Time Out* requires that students provide two written references. One reference must be a faculty member or a high school teacher and the other a supervisor from a prior work or volunteer activity. When asking for references, explain that this is a routine procedure in applying for an internship or job.

Background Checks: *Time Out* requires criminal background checks of potential respite care workers. The background check costs \$10 in Pennsylvania. Students bring their references and checks to the individual meetings scheduled after the training. Every state has different procedures for doing these checks; many can be done online. Contact your state police or look on your state's website to find out the procedures for your area.

Having a prior misdemeanor doesn't necessarily mean that a candidate shouldn't be hired. Use your judgment in deciding if this previous occurrence would be problematic in allowing the student to do the work.

Ask yourself these five questions when selecting students:

- Does the student possess the interpersonal skills to interact with a frail or impaired elderly person in a positive way?
- What interests, abilities, or experience can the student bring into the relationship to make it a rewarding one for all involved — the elder, the caregiving family, and the student?
- What does the student want to get out of this experience?
- Does the student demonstrate a genuine interest in helping the elderly?
- Will the student have the time in their schedule to actively participate?

● Recruit **more than the number of students that you wish to train** at each session. This will help to guarantee that attendance goals are met and that valuable training time and resources are not wasted.

● Try to recruit a **diverse group of students** who can connect with multiple communities. Students who are bi-lingual/bi-cultural can help you reach underserved limited-English speaking populations. Male students are often in high demand by families, though they may be difficult to attract. Utilizing a male recruiter can sometimes be a useful strategy.

● Once students have registered for the training, it is helpful to **send students a reminder** a few days before the training. Request that they call or e-mail the program director to confirm their attendance.



Tips

CHAPTER 5: Training Student Respite Workers

The training session is a critical component of *Time Out* and is mandatory for students to work in the program. The training workshop in Philadelphia provides a unique opportunity for project staff to teach important content and to begin building relationships with students. It is also a great opportunity to learn more about students' communication skills, experiences interacting with older adults, and knowledge of aging issues.

Planning the Training

The Intergenerational Center conducts three, 8- hour trainings per year, in September, January, and May, to correspond to the university's semester schedule. Students who have not completed their application prior to a training, but have an interest in the program, will be given a chance to re-apply for the next training session.

An extensive PowerPoint is included in the Appendix to help guide you through the content. It should be adapted based on the issues that are most relevant to your program and the level of knowledge about aging your students already have. The training uses a variety of formats including brief lectures, case studies, experiential exercises, videos, handouts/learning aids, and role plays.

Guest lecturers who are knowledgeable in the fields of Alzheimer's disease, Parkinson's disease, fall prevention, and heart issues can add a great deal to the hands-on knowledge needed by students.

In addition to presenting factual information about frail elders and their families, it is important to focus on the participants' own feelings about aging. Encouraging input and discussion greatly enhances the training experience, as students draw from their own and others' experiences.

● Have speakers' **phone numbers** on hand at the training in case your schedule changes or the speaker does not show up on time.

Tips

● **Recruit staff or volunteers** who can follow up with the food provider, be available to set up for lunch, make sure that the computer is working in the training space, and knows how to operate videos and other content.

● Make sure you have **name tags** for everyone who is confirmed.

● Collect **surveys and other forms** completed before and during the training.

● **Communicate enthusiasm** – both about the respite program and about students' participation in the program.



Training Outline

(8 hours, with suggested timing)

Introductions, overview of *Time Out* (10 minutes)

- **Welcome & brief introductions** — name, college, major, year in school
- **History, goals, and rationale for *Time Out*** (slides 2-4)

Student role (20 minutes)

- **Expectations of respite workers** (slides 6-8)
- **Speaker** — After your program has been operating for a semester, ask a student who has worked with a family to share his/her experience as a respite worker. Topics might include activities shared with the elder, lessons learned, challenges, and the impact of the experience on them personally. (Invite student to speak for 10-15 minutes).

Caregiver role (30 minutes)

- **Overview of caregiving** (slides 11-13)
- **Speaker** — Invite a caregiver who has used the program to talk about him/herself and the care receiver, describe what the student does for their family and what impact it has had. (In the first semester, ask one of the referral agencies to find a family caregiver who would be willing to present).

Understanding aging (60 minutes including simulation)

- **Small group discussion & feedback to large group** (45 minutes)
 - Break students into groups of 4-5 to address questions on slide 15. Moderators should sit in on a few of the groups. Large group feedback follows.
- **Break** (15 minutes)
- **Overview of aging** (10 minutes)
 - What does normal aging look like? (slides 17-19)
 - Common health conditions, preventing falls (slides 20-21)
- **Activity: aging simulation** — What it feels like to be older (45 minutes)
 - Students work in small groups and visit stations which simulate common changes to vision, hearing, manual dexterity, and movement.
- **Video** — *Successful Aging* (slide 24), filmed at several senior centers in locales around the United States. Interviews with participants and staff. Upbeat! (5 minutes)

Lunch (45 minutes)

Working with clients with dementia (1 hour and 45 minutes including films and speaker)

- **Film** (30 minutes—edited) — *Grace* is the story of a family coping with Alzheimer's disease from early onset to death. It illustrates the burden and joys of caregiving and the physical, mental, and behavioral progression of the disease. Students gain an understanding of the disease, the impact of the illness on the caregiver and the resources that help him care for his wife in the home for as long as possible. **Available at** <http://www.videopress.org/>.

There may be more recent videos about dementia that are particularly relevant to the populations you serve. It is important to process the video with the group. A guest speaker who can explore this topic in depth with students is also valuable.

- **Speaker** (60 minutes) — We have used speakers from the Alzheimer's Association and a Ph.D. Occupational Therapist from the Elder Care service of a teaching hospital. It is very useful to have someone who works with patients and families directly, can share current approaches, and can give practical ideas for students to use with their clients.
 - Process the film — what did you learn?
 - Ways to work with dementia patients — how to assess which activities and approaches would be most appropriate for care receivers.
- **Video** (15 minutes) — *Alive Inside* — shows the role of music in patients with dementia (Oliver Sacks). **Available at** <https://www.youtube.com/watch?v=fyZQf0p73QM&norredirect=1>

Break (15 minutes)

Role Play: Putting what we've learned into action! (45 minutes)

- **Role playing** is an effective way to help students learn to handle challenging situations that may come up on a home visit. We have used members of a senior improvisational theater group to play the older adult, but this could be done by the moderator or one of the students.
- **Students take turns picking a piece of paper** with a situation they might encounter as a respite worker and act it out with person playing the older adult. For example,
 - *What should I do if my client insists that my purse or bag belongs to her?*
 - *What should I do if s/he asks me to intervene in a family or medical matter?*
- **Have the group process each situation.**

Review of student responsibilities: slides 31-32 (10 minutes)

Administrative activities: slides 33-35 (20-30 minutes)

■ Update student schedules and availability

■ Ask students to select families

- In Philadelphia, students are given a list of families who are awaiting service. The list includes the last name of the caregiver, the care receiver's address, and the times/days requested.
- Using a map that is provided, students are instructed to review the list and check off the families that seem to fit their schedule. Students are advised to make as many choices as possible since some families may drop out or may be selected by a number of students.
- For confidentiality, students do not keep these forms. Rather, they are collected so that project staff can compare their selections in order to find a student for each family on the list.

■ Schedule time to meet with students for 30 minutes a day or two after the training to finalize the selection of a family, learn more specific information about them, and set up an appointment for the initial home visit.

Wrap Up: slide 36 (10 minutes)

- Review next steps. Students are reminded to submit their references and to be prepared to pay the \$10 to cover their criminal history clearance when they come to the interview.
- Reflection — “One thing I learned from this training that surprised me is...”

CHAPTER 6: Creating a Successful Match



The match between a student respite worker and a family is at the heart of *Time Out*. While it is the caregiver who is receiving respite care, the student will bond most closely with the other adult (the care receiver) who needs care and supervision.

Matches are usually arranged according to three basic factors:

- Location of the care receiver's home
- Student's school schedule and the family's desired hours
- Payment for the student's services

Location, Location, Location

Geographic proximity is one of the most important considerations when matching students with families. Since Philadelphia's *Time Out* students

meet their matches at their homes, it is important for students to be able to reach the family and return to school in a reasonable amount of time. Most students travel by public transportation; if the connections work well, they are able to work a few times a week while attending classes. But, if the family lives in an area with few public transportation options, having a student with a car makes a match possible (and makes *Time Out* staff very happy). Project staff will also make a point of explaining that a student with a car is not allowed to transport anyone in the family due to liability issues.

- If your community has little or no public transportation, explore whether the college or university has student shuttle service that can be used for the program.

Meeting the Families' and Students' Schedules

By the time students attend the *Time Out* training, they usually know their class and exam schedules. Project staff should check whether families have specified any particular day or time for receiving respite care and try to find a student who can work those hours. Families should understand, however, that the

students' schedules change every term. If they become attached to their student worker, the family will have to accommodate that change if they want the student to continue working with them.

Is There Money to Pay the Student?

The third area to explore is the family's ability to pay the student a stipend (Temple University's stipend is \$8/per hour). If not, you can discuss how much time they can afford and try to accommodate their needs. Fortunately, a good number of students at Temple receive federal Work-Study funding which pays for their services to families.

Another source of payment for families is through programs that provide comprehensive services to elders. In Philadelphia, LIFE programs pay for their members' health-care and offer community center services. Several LIFE programs have paid students directly to visit a client during the weekends when their programs are not available. And many students appreciate working over the week-end when their time is more flexible.

Other Considerations

Sometimes families specifically request a male or female student or someone from a specific racial/ethnic group. These requests are dealt with on a case-by-case basis.

After meeting the students and seeing them interact with others, you will probably have a sense of which students would be best suited to work with older persons who have more difficult issues or whose dementia is more advanced. Talk with the students about the health issues they will be dealing with before making the match.

In making the match, look for common interests between the student and care receiver. Ask both the elders and students what they enjoy doing and what special skills or hobbies they have (e.g. music, history, crafts).



Preparing students for home visits

During your training and again on the phone before the first home visit, it's important to emphasize that there are things that the student can do to start the relationship on the right foot. Remind them of the following:

- Dress appropriately and in a way that is respectful of the older people you are visiting.
- Restrict the use of cell phones while on the job.
- Arrive on time for visits. If a change in schedule or a health issue occurs, you are asked to call the family as soon as you can. Lateness, or no contact, will communicate a lack of responsibility and commitment.
- Ask what caregivers and care receivers would like to be called. Clients may initially prefer to be called "Mister" or "Miss." But later, when you have a relationship, they may invite you to use their first name.
- Let the families know your semester schedule and the dates when you have school breaks and will not be available to visit. (**Again, communicating with the family is extremely important.**)

The Initial Home Visit

Prior to the initial visit, you should review the student's availability and the caregiver's request for services in order to develop a visiting schedule. The Program Director or other staff should always accompany the student to the initial home visit to determine that this is an appropriate match, to introduce the student and family, and to help both parties feel comfortable with one another (e.g. share some personal history, talk about career interests). In addition, the staff member clarifies expectations and has students and families complete required paper work. After the first week of service, staff contacts the caregiver and the student to assess how things are going

Since staff has already talked to the student and the caregiver on the phone, the initial visit usually goes very well. However, there will be times when you will feel this is not a good match or that the family should not be included in the program. After the initial home visit, it is necessary to debrief with the student and get his/her impressions of the visit and the family environment. If the student expresses strong reservations, the family is called and told that this student will not continue, but that another student will be selected, if possible.

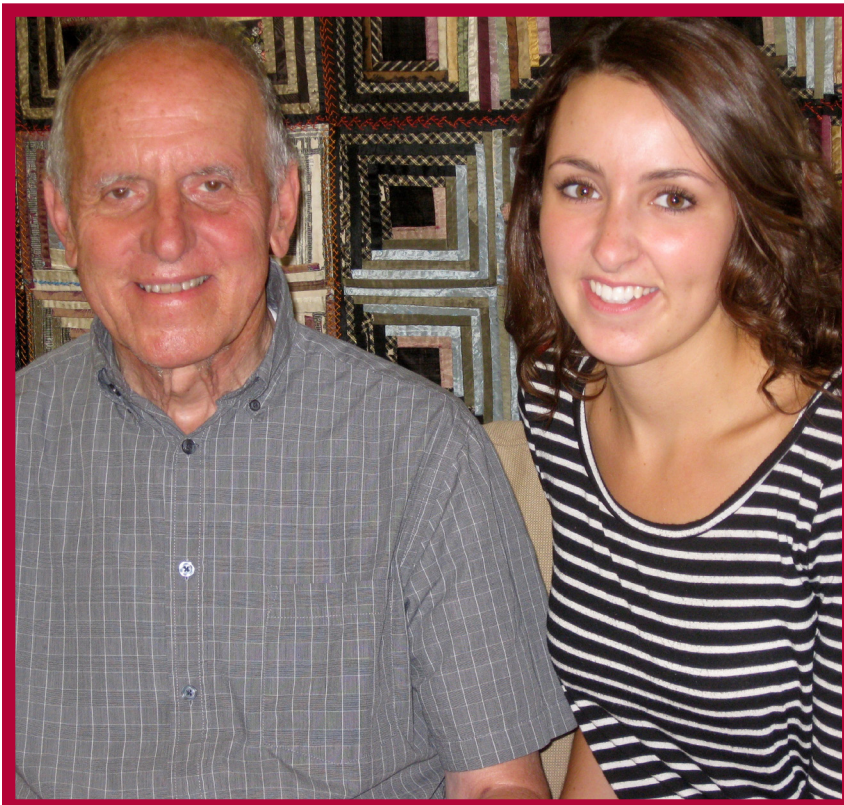
There are times when a "re-match" has to be made due to changes in the health status of the care receiver, increases in a student's workload, or the addition of other services provided to the family. In these cases, the family and/or student will be asked if they want to continue to participate in *Time Out*. New matches will be made based on personal decisions and the availability of families and students.

When Students or Families Aren't Right for *Time Out*

On rare occasions, the home visit reveals that *Time Out* is not a good fit for a student or a caregiver. The following two examples show how staff can handle what may be a difficult situation.

■ *At the home visit, it was apparent that the student was distracted. She kept checking her cellphone for text messages and showed no interest in the care receiver at all. Afterwards, the student was asked her impressions of the meeting and she did not show any enthusiasm. At that point, the director explored the student's commitment in providing respite services. It was mutually determined that her interest to participate was not genuine. The family was called back and told that the student had withdrawn from the program and that another student was available to help them.*

■ *A granddaughter living out of town requested services for her elderly grandmother who was alone all day while her mother, the caregiver, was at work. At the home visit, the caregiver was quite irritated. She resented that her daughter had initiated respite services and that she had to leave work early to attend the meeting. She insisted that her mother was just fine alone all day. Additionally, the home was in disarray and there was a terrible odor. It was quite clear that this would not be a welcoming environment for the student and that the student would possibly be pulled into problematic family relationships. When the director returned to the office, she called the family to say that she didn't feel comfortable placing a student in this environment. Being direct is the best way to minimize a possible problem.*



CHAPTER 7: Developing Relationships

Mrs. E., an intelligent, well-dressed woman who lost her sight later in life, remained home-bound because she didn't feel safe going out or taking the bus alone. The first day her student visited they were off to Target to spend a Christmas gift certificate. The relationship blossomed, and over the summer the student helped Mrs. E. get a new air conditioner from the superintendent of her building and encouraged her to apply for services in her neighborhood to which she was entitled. This once cautious student who questioned her ability to be of help, now visits often and talks about how much she loves being with Mrs. E.

So, What Do I Do When I Visit?

This is a very common question as students prepare for their first day of work. While there has been discussion at the training session about medical/cognitive issues faced by the care receivers, the needs of caregivers, and the many activities included in the Handbook for engaging elders (e.g. "Getting to Know Your Match", "Good Communication Skills", "101 Things to Do with the Person who has Alzheimer's Disease"), student anxiety builds as the visiting day approaches.

Staff members can allay fears by reminding the students what they have learned in the training and what information they have picked up during the home visit. You may also want to share these suggestions with students:

- Be the first to smile and say "hello" — the other person may be lonely or feel uncertain in a new situation.

- Review with the care receiver the kinds of activities they enjoy: Ask, "How do you spend the day? Do you like to walk? Exercise? Read? Watch TV? Reminisce?"
- Be patient and do not rush the person. Give the older adult time to complete tasks or thoughts.
- If the person likes to talk, ask questions about where they grew up, if they enjoy sports, who the people are in the photographs around the house, what kind of work they did, their favorite TV show or movie, whether they have travelled, etc.
- Even if the person does not communicate, do not assume that they cannot hear you (unless you are told of a serious hearing loss). Talk or read to them, but do not speak about them as if they were not there.
- Share things about yourself. Try to keep a calm, gentle approach and use touch to help convey your message, if that seems appropriate.
- Plan ahead for ways to start conversations...and about activities/discussions that you would like to introduce during the next visit.

Staff Support

Once the initial meeting has taken place and respite is being provided to the family, the Program Director will continue to be in touch with the family and the student. Some of the conversation is to make sure that the student is arriving on time and starting to interact well with the care receiver. The family is asked how they feel about the match and is reminded to communicate with the student to let them know

when anything occurs that will change the schedule in the short term (a doctor's appointment) or a more serious situation takes place that will require a longer period of time to get back to normal (the elder needs additional medical care and may be going to a hospital or rehab). Again, communication is always a priority and is pivotal in making matches work well with all the "partners"—the family, the student, and the Project Director.

Respite Visits

The following notes from students' journals reflect the nature of the visits and the power of intergenerational relationships.

■ Finding commonalities

Mutual interests often surface at the initial visit quite unexpectedly to the delight of the family and the student. When the student and elder are genuinely interested in sharing or learning about a special interest or skill, a mutually rewarding friendship can develop.

"Mr. B is very talkative, easy-going, and a positive person overall. He responded very positively to our conversation about music! He was very excited when talking about his favorite artists and concerts and liked giving me his opinion on today's rap music. We found that we both enjoy listening to Ray Charles and Aretha Franklin!"

"Mr. H enjoys word games and likes being challenged despite his dementia. Last week he gave me a great tour of his building without getting lost and really

enjoyed playing 'I Spy' as we walked. He seems to like dancing even more, and I will bring music with me on my next visit so that we can go to the gym and practice!"

"Mrs. D enjoys our conversations as we are getting to know each other better each visit. She complimented the lunch I made her and we had a good time watching TV programs that we both like. It is a pleasure visiting her...I really look forward to our weekly time together."

■ Going into the community

With consent from the caregiver, students are also able to get older adults out of the house and into the community.

"During our last visit, Mr. S and I walked to the barbershop and he had a chance to talk to his old friends as he got his haircut. He was eager to introduce me to everyone. Since he hasn't gotten out much lately, he really was happy to take a walk and then we settled down to watch a DVD on his player that I was able to fix last week."

"Mrs. V loves telling me stories about her past. Her short term memory is poor but she seems to remember who I am each time I come. We've gone on walks, painted nails, and I've run errands for

her. I really enjoy spending time with her and it appears that the feeling is mutual. I am having a great experience!”

■ Reducing caregiver isolation

At times, respite workers may find themselves directly supporting the caregiver as much as the care receiver.

Judy, an older student who is completing a social work degree, took on the challenging task of helping Mr. K, a caregiver with both a disabled wife and disabled daughter, to get the house ready for their return after a hospitalization. The house was extremely cluttered. She was able to provide the companionship many isolated caregivers need while helping him stay on task and make decisions about giving away some of his belongings to make room in their small house for the two wheelchair-bound family members.

■ Reciprocity

Some of the most successful matches develop when both the student and care receiver are able to teach, learn, and contribute to each other’s well-being.

“Having Daniela as a student has been very beneficial to me and to my husband. She brings enthusiasm and liveliness to our home and we both try to guide her through her college experience. It is so gratifying when she shares her coursework with us and asks for feedback.”



Chapter 8: Assessing Impact

Time Out Objectives

The following table describes some of *Time Out*'s objectives and the measures used to assess progress/impact. These tools are included in the Appendix.

Objective	Measure
To provide specified X hours of respite services to X number of caregiving families	Student and program logs
To reduce the level of caregiver stress experienced by caregivers of frail elders	Zarit scale of caregiver stress/social isolation (Zarit, 1980)
To provide high quality respite services to caregiving families	Client Satisfaction survey
To reduce the isolation of vulnerable older adults	Post-caregiver Zarit survey and interviews with caregivers and students
To improve student attitudes toward working with older adults and increase interest in careers in aging.	Expanding Service Learning in Elder Care instrument (developed by Cornell University) for students

Data Collection

The following information is collected from caregivers and students, then entered into a comprehensive database.

Students:

- Contact information
- Demographics
- Emergency information
- Languages
- School-related information (major, year, languages, Work-Study eligibility)
- Attitudes toward working with older adults
- Availability

Older adults and caregivers:

- Demographics (caregiver and care recipient)
- Medical conditions of care receiver
- Hours of respite needed
- Perceived level of isolation of care recipient
- Level of caregiver stress
- Referral source

Data Analysis

Students

The *Expanding Service Learning in Elder Care* instrument (developed by Cornell University) was given to the students when they were first matched with a family and after three months of visiting. This tool measures student attitudes towards the elderly and student interest in careers in aging.

"After working with *Time Out*, I switched my major and decided to pursue a career in social work."

"Participating in *Time Out* has been one of the most remarkable and rewarding experiences of my life. Since I never had the chance to know my own grandparents, I have now gained honorary Philadelphia grandparents!"

"*Time Out* made me want to become a Physician's Assistant even more because I was able see what an impact I am making on these families."



Caregivers

Zarit Scale of Caregiver Stress: During the home visit, program staff give caregivers a copy of the Zarit survey that measures level of caregiver stress. They are asked to return the survey by mail within two weeks. It is administered again 3-4 months later, toward the end of the semester. Independent t-tests were run to compare scores from the pre-and post-Zarit tests on questions regarding the effects of stress and the burden of caring for an elder family member on the caregivers' health and well-being.

Although evaluations have indicated a decrease in caregiver stress, this has usually not been statistically significant due to the declining health status of most of the care receivers.

Client Satisfaction Survey: At the end of each semester, caregivers are also asked to complete a client satisfaction tool. Results from this have been extremely positive. Collecting qualitative data from caregiving families has provided the most helpful information on program impact, as reflected in the following quotes:

"Dad's memory loss required I relocate him to Philadelphia to live with me. With a newborn, toddler, and a part-time job, *Time Out* allows me to meet dad's needs when I simply have no extra time or energy. Our student keeps him involved by taking him to volunteer at Habitat for Humanity or a soup kitchen, or working out at the Y."

"My husband looked forward to the student coming. She made me feel

comfortable to go out without worrying and she was able to handle any situation as it arrived.”

“April who worked for us was a joy... caring, trustworthy, and flexible. My mom trusted her and always looked forward to her visits.”

Care Receivers

Although care receivers are not formally asked to evaluate the program, it is always helpful to hear the voices of those being directly served through this program.

This touching letter written by a woman in her 90s reflects her feelings about the 19-year-old male nursing major who visited her twice a week. Mrs. S is hard of hearing, has limited sight, and suffers from

atrial fibrillation. She is a vibrant person with a great sense of humor, who enjoys conversation, loves going outside, and keeping up with the news and activities in her community.

Dear Project Director,

I just want to let you know how pleased I am with your program and the visits with Jay. You have paired us well! Jay is friendly, kind, and caring. He is thoughtful and anticipates my needs. He takes me for walks and is careful that I don't overdo. He has also helped me sort some of my paperwork and has made phone calls for me. The calls are especially helpful because of my hearing problem. And we have such a good time together!

Thank you for everything!
Mrs. S



CHAPTER 9: Replicating/Adapting Time Out

In 2013, the Intergenerational Center received funding from Mentor Up, a program of the AARP Foundation. The goal was to test the replicability of the *Time Out* model in other communities. Two institutions of higher education were selected: Bethune-Cookman University in Daytona Beach, Florida and the University of California, Los Angeles. Although funding was only for two semesters, both institutions have continued to operate the *Time Out* program.

Bethune-Cookman University

About the University

Founded in 1904 by the internationally-recognized educator, Dr. Mary McLeod Bethune, Bethune-Cookman University (B-CU) is an historically black, United Methodist church-related liberal arts college with 3,724 students. It is coeducational and residential. The College of Health Sciences (Nursing, Gerontology, and Psychology) was responsible for overseeing the *Time Out* Respite program as part of its effort to increase student interest in pursuing careers in aging and aging-related fields.

Program Focus

The program at Bethune-Cookman was very similar to the original in-home respite model, however it targeted elders and families who were in hospice care.

Recruitment of students

Juniors and seniors in the gerontology and nursing majors were recruited to participate in *Time Out*. All students were paid \$8.00/hour through the university's Work-Study program and therefore were able to provide free services to families. Almost all students were African American.

Community Partnerships

Bethune-Cookman partnered with two hospice organizations: Halifax Health Hospice and VITAS Hospice. The hospice organizations conducted most of the 16-hour training and identified families interested in receiving a respite worker.

Matching

Based on their schedules, geographic proximity, and shared interests, students were matched with hospice patients by the Program Manager. The Program Manager provided ongoing support and guidance to students and families. Examples of matches include:

- A wheelchair-bound older woman with dementia who is being cared for by a family friend, was matched with a student who used to live in the same town in South Florida. The student visited twice per week and reminisced with the older adult about life in her old community.
- A student was matched with an older woman with COPD (chronic obstructive pulmonary disease) who lives with her grandson and his wife. When the student visited, the caregivers were able to do errands and other activities. Students were assigned

Bethune-Cookman University

to visit the patient's home two days/week for two hour intervals.

Impact

Students completed pre and post-tests and

participated in debriefing sessions. The caregivers completed client satisfaction questionnaires. Program evaluations indicate that *Time Out* had a positive impact on patients, caregivers, and students. Students reported that the program increased awareness and understanding of the strengths of older adults as well as the challenges they face at end-of-life. Students also



Ashley and Mr. D formed a particularly strong bond.

I never knew how it would be if I had a second family until I started visiting the D's. Mr. D is 86 years old and he is from Massachusetts. His caregivers are his wife of 58 years and his granddaughter. Honestly I was very nervous when I came to the home because this would be my first time doing hospice care. But we connected so quickly. He has so much personality and is laid back just like me. Mr. D has a great sense of humor, and he loves his family a lot. He always tells me that he has a beautiful wife and that he is the luckiest man in the world. I could go on and on about this nice family because they are very kind to me even though I am a stranger to them. Since I have been working with the D's, I have learned that patients who are on hospice care can have different mood changes depending on how they feel that day. Also I learned how to assist a patient from the chair to the walker. I enjoy my experience working with this family and I think this a good start for me to prepare for my nursing career.

Bethune-Cookman University

reported forming meaningful relationships with older adult patients and their families as a result of their involvement in the program.

"I like making Dottie feel comfortable and easing the family's stress. When I entered the nursing program I didn't want to work with older adults, now I do."

"I was raised by my grandmother. I want to get to know other older people and be supportive of them. I am learning from their stories."

Caregivers also appreciated the services that were provided. A caregiver shared: "Having someone come in to be with Mrs. X gives me time to get some rest and do things I enjoy."

Challenges

The major challenge was identifying patients for the students to visit. Although an agreement was made with a large hospice organization that promised to identify families and pay students \$8/hour, the organization did not provide referrals to the Program Manager in a timely fashion. After numerous attempts to rectify the situation, program staff developed a relationship with another hospice agency that was particularly committed to providing free respite services to their African American clients.

Alexis is a junior nursing student at Bethune-Cookman. Every Monday and Wednesday, she visits Ms. R.

When I arrive Ms. Rodgers is usually sitting comfortably in her living room chair due to the fact that she is immobile and has a hard time standing without assistance. Many times I help with light meal preparation, nail care, and companionship among other things. "Willie P," as I sometimes call her, is so funny. She has Alzheimer's and her memory is faint, but when she does remember, it's a great feeling. One time at the end of our session I told her, "See you next week," and she replied, "Who are you?" I said "I'm Alexis, your sitter that comes twice a week to see your lovely face." Ms. Rodgers then laughed and said, "Oh that's you, Girl, you look GOOD!" This statement made my day.

It is truly my pleasure working with her entire family; you can always feel the love in her home and how much she means to her household. It is almost as if she is the glue that holds them together.

Bethune-Cookman University

Learnings/Advice

- Have a **variety of community partners** who can provide referrals.
- Have a **dedicated Program Manager**.
- **Understand the regulations** regarding student home visiting.



University of California, Los Angeles

About the University

UCLA has the largest student body of any university in California, with 43,239 students in 2014. Its Multi-Campus Program in Geriatric Medicine and Gerontology (MPGMG) at the David Geffen School of Medicine, assumed responsibility for implementing the *Time Out* program. Since its inception in 1979, the UCLA Multi-Campus Program in Geriatric Medicine and Gerontology (MPGMG) has been recognized as a national leader in education, research, and clinical care for older persons. With over 50 full-time faculty members representing many disciplines, the UCLA MPGMG is one of the largest academic geriatrics programs in the world.

Program focus

The *TimeOut* program at UCLA is a “drop-off” respite program that addresses the needs of families supporting older adults who have mild cognitive decline due to Alzheimer’s and dementia. This adaptation from the original model was made because of the university’s concerns about liability for in-home respite. The program is hosted by a local Adult Day Health Center called OPICA.

Once a week for three hours, students and older adults interact in a safe, welcoming space adjacent to OPICA. The program provides opportunities for both groups to share their skills, knowledge, and experiences. They participate in a range of activities designed to stimulate brain functioning (e.g. Chinese calligraphy, dominoes, crosswords and word puzzles, drawing, painting) and foster discussion. Some students conduct life reviews

while others discuss common interests, career goals, and hobbies.

A staff person/volunteer coordinator was present for the majority of the *TimeOut* meetings to initiate activities and model effective communication and interactions with seniors. See UCLA video: <http://abc7.com/health/ucla-students-elderly-interact-in-new-program/72425/>



Recruitment of students

Outreach to students in the Gerontology Interdisciplinary Minor as well as to student clubs and service organizations was conducted. UGADA (Universal Gerontology and Alzheimer’s Disease Awareness), a student organization that raises awareness of Alzheimer’s disease, was a particularly valuable resource. Undergraduate and graduate students majoring in nursing, biology, biochemistry, anthropology, Afro-American studies, psychology, psychobiology, environmental science, neuroscience, medicine, and health policy management were involved in the *TimeOut* program.

University of California, Los Angeles

Students were 43% male and 57% female and from diverse backgrounds: 14% were Hispanic, 60% Asian-American and 26% Caucasian. Fourteen different languages were represented by the students.

Motivation for participation varied: 23% of students said that they have a relative with Alzheimer's or dementia, 14% have a close relationship with an older adult or grandparent, 54% indicated that their potential career choice is related to gerontology, 80% wanted to learn how to work with and build relationships with older adults, 17% were involved academically in doing research or receiving class credit in gerontology, and finally 31% said they wanted to give back to the community and grow as a person.

"Both my grandparents passed away when I was young and I was unable to develop a relationship with them. I think it is valuable to broaden your experiences with all types of people to be able to better interact with others in the future. I am interested in medicine and would like to be exposed to patients with dementia."

"My grandma was recently diagnosed with Alzheimer's, and I want to know more about the disease and how to communicate with people affected by it."

New student volunteers were trained online and during a 2-hour evening session. The evening training session included an interactive portion using "Sensitivity

Kits" to simulate the sensation of having various eye conditions, arthritis, difficulty walking, and other conditions associated with old age.

Caregiver referrals

Caregiver referrals came primarily through the Alzheimer's and Dementia Care (ADC) program at UCLA. ADC Coordinators referred older adults who were at-risk of depression or who needed greater social interaction and caregivers who expressed a need for respite. The program was presented as an opportunity for the older adults to mentor college students. Of the regularly participating seniors, five were women and fourteen were men. All of the caregivers, except for two, were spouses or family members, many of whom were elderly themselves.

Impact

Students: Initial evaluation of the *TimeOut @ UCLA* program indicated great satisfaction with the program and an increase in students interested in choosing careers in gerontology and geriatrics. These students benefited, not only from exposure to older adults and their caregivers, but also from the mentorship and professional advice they received from older adults who have a wealth of knowledge and experience.

For example, in responses in the post-test, 100% of the students responded that the program was "very positive." Multiple students noted that they gained wisdom and perspective from working with older adults and did not feel as afraid of growing old.

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Participating in the program also dispelled a number of myths about aging. In the post-test, 93% of students reported that “people become wiser with the coming of old age,” an increase of 7% from before *TimeOut*. Similarly, 66% believed that “in most jobs, older people can perform as well as younger people,” an increase of 6%. Significantly, in the post-test, 16% fewer students felt that working with older adults would be “depressing” and 13% fewer felt that it would be “stressful.”

Older adults: In conversations, elders shared that they enjoyed learning about new technology, hearing stories about today’s college students, and sharing their own memories from school and career. Several older adults spoke about how much they enjoyed the *TimeOut* sessions because it allowed them to connect with the next generation and pass on a lifetime of wisdom and knowledge.

Caregivers: Caregivers expressed appreciation for the free time it gave them to attend a support group, run errands, or go to the gym for a few hours a week. Many of the caregivers spoke with relief that their loved ones had an opportunity to get out of the house. Some formed friendships with other caregivers participating in the program. Having the students meet and become familiar with both the caregiver and their senior mentor helped to provide more context and background for the time spent together during *TimeOut*. A Welcome Back BBQ in the Fall AY 14-15 for both seniors and their caregivers to have an informal opportunity to meet the students facilitated relationship-building.

Community partners: OPICA supported the

TimeOut program with logistical and space assistance. Based on their positive experience at OPICA, several of the caregivers enrolled their family members in other activities held at OPICA.

The program has been praised by students, caregivers and seniors for providing a space to build intergenerational relationships. One unexpected advantage of “drop-off” respite is the formation of community and social bonds among caregivers, older adults and students. Several caregivers have become close friends through their weekly meetings at OPICA and serve as an informal support group to one another. The older adults enjoy interacting with their peers during *TimeOut* and students learn together how best to plan activities and connect with their elder mentors.



Challenges

Location: During the Spring 2013-14 quarter, seniors and students met in the recreation room adjacent to OPICA. This space allowed for students to spread out

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and have individual conversations and pursue different types of activities. During the Fall 2014-15 quarter, this room was not available, so a much smaller space inside of OPICA was used to host the program. Securing a large, comfortable, reliable, and consistent space to host the program must be a priority to allow students and seniors to interact one-on-one.

Transportation: A majority of our volunteer students did not have their own cars which required them to take the bus to OPICA to participate in the program. Arranging a van to transport students to and from campus would help facilitate participation.

Volunteer commitment: Identifying enough volunteers to participate on a consistent basis was difficult due to the fixed meeting time at OPICA. Many students had conflicting course schedules and other academic pressures that prevented them from attending on a regular basis. Compensation or some academic credit could improve this situation.

Learnings/Advice

A dedicated staff to coordinate program: A dedicated staff person or capable volunteer must be involved in setting up the program, recruiting older adults and students and planning activities for the program. The amount of time and effort needed to start the program, particularly in the case of UCLA, required the ability to negotiate with various entities to secure space, coordinate logistics, and troubleshoot problems quickly. In addition, a certified nursing assistant was present at each session to address safety concerns and respond in case of emergency.”

Partnering with a student club on campus: Partnering with a student club (such as a service organization/sorority/fraternity) and delegating tasks to student leaders can help build ownership, but can also make the project more complicated to operate.

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Success stories

Andrew Yoon, a fourth-year biochemistry student, laughed at jokes made by **Dr. Charles R. Kleeman**, an emeritus UCLA professor of medicine. Growing up, Yoon's grandparents took on parenting roles for him since his parents were out of the country. He joined the program at its inception and plans to continue volunteering because he said he has always enjoyed interacting with seniors. As a pre-med student, Yoon said he finds a great mentor and friend in Dr. Kleeman. "It's amazing how much energy and enthusiasm he still has for medicine, even with his condition," he said. "I want to be as passionate of a physician as he is." At the age of 91, Kleeman has an early stage of Alzheimer's disease, which causes problems in memory and interactions with others. Yoon said he talks to Kleeman frequently, draws diagrams, and takes notes to help the former professor remember their past conversations.

"He's a great mentor. We connected over our interest in medicine, and he's given me advice on medical school and what it means to be a doctor," Yoon said. "We also like to talk about our different backgrounds and politics."

— *Andrew Yoon*

(Excerpted from article by Kelly Gu: <http://dailybruin.com/2014/07/21/timeout-program-connects-students-with-seniors-who-have-alzheimers/>).



Irwin, a *TimeOut* participant with Parkinson's disease and dementia, and his wife Carol, became very close with **Ben N.** who met with them consistently throughout the Spring quarter. Irwin rediscovered his love of playing the piano and gradually began playing 1930s tunes for other seniors and staff at OPICA. His mood, ability to socialize, and confidence increased dramatically. This led Carol to start a senior band to allow other older musicians the opportunity to create music. Carol and Ben continued to work together to create the Senior Band website, apply for nonprofit status, recruit band members, and other tasks to get the project underway. Carol credits the *TimeOut* program with planting the seeds of the band and providing the support she needed to start this ambitious project.

"I have a passion for gerontology, specifically social gerontology and providing social support. I hate social

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isolation and would not wish it upon anyone — rekindling social support at later stages in life is important. I am interested in pursuing a career in social work.”

— Ben N

Mr. E was initially skeptical of the *TimeOut* program because he did not feel that his condition necessitated his involvement in a program for seniors with mild cognitive decline. He sometimes complained vocally and had difficult interactions with the student volunteers who struggled to engage him intellectually. A turning point occurred when students started teaching Chinese calligraphy and Tim was able to connect with Mr. E by sharing about his own Chinese culture and language. The following week, they met up again and started talking about Tim’s neuroscience major and aspirations to become a doctor to treat older adults. The following week, David came back excited to meet with Tim again and told staff that he finally understood the purpose of the mentoring program and was grateful for their persistent efforts to engage him. Despite his initial reservations and complaints, he came to truly appreciate the unique opportunity to influence the next generation of students.

“I have been able to reflect on my life and really find what it is that makes my life meaningful. We actually share many similarities in terms of how we were brought up and the experiences our immigrant parents had. There is never a lull in our conversations; we can go for the full three hours and not be bored of each other.”

— Tim



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Student Pre-Test	112
Student Post-Test	120
Zarit Scale Survey.	128

Video

<i>Time Out</i> Program Video	Available online at http://youtu.be/tdxqXIeQmMY
-------------------------------------	---



"The student's visits help keep my husband's mind more active and alert and give me valued time for myself."
- Caregiver



"I have never had such a joyful and rewarding experience. In many ways, I cannot tell who is benefitting more from the visits!"
- Student

Our partners

Time Out Respite Program is sponsored by The Intergenerational Center at Temple University.

Sources of funding for *Time Out* include:

- PEW Charitable Trusts
- Green Tree Community Health Foundation
- Patricia Kind Family Foundation
- Barra Foundation
- United Way of Southeastern PA and Southern NJ

Recipient of the 2008 National Family Caregiving Award from the National Caregiving Alliance & MetLife Foundation

For more information, please contact us:

Time Out Respite Program
The Intergenerational Center
1301 Cecil B. Moore Ave.,
Room 428
Philadelphia, PA 19122

Phone: 215-204-6540
Fax: 215-204-3195
Email: elaine.prowler@temple.edu
www.timeoutprogram.org



The Intergenerational Center
TEMPLE UNIVERSITY®

Connecting Generations to Strengthen Communities

Time Out

Respite Program

In-home support for caregivers of elders with cognitive and physical challenges



"The student respite worker's visits put my mind at ease and enrich my mother's life."
- Caregiver

Time Out Respite Program



Who are we?

Time Out is an in-home support program in which college students provide quality, low-cost respite services to families caring for frail older adults. Since 1986, *Time Out* has served as an important resource for caregiving families in Philadelphia. The program seeks to reduce caregiver stress and the social isolation commonly experienced by caregivers and their elderly relatives, and offers college students valuable experience in geriatrics.

What is respite care?

Respite means temporary relief from the responsibilities of caregiving. *Time Out* addresses the caregiver's stress and need for a break by providing student respite workers to serve as companions to their loved ones.



What we do

College students are trained to provide caring companionship and supervision while creating a safe and stimulating environment for the frail elderly. Additionally, they may help with meal preparation, laundry, changing bed linens, light grocery shopping, and assistance into the bathroom, as well as serve as medical escorts. They do not provide personal care (i.e. bathing, dressing, feeding), cleaning, transportation, or administer medication or therapies.

Where we serve

Time Out students visit families in the Philadelphia area.



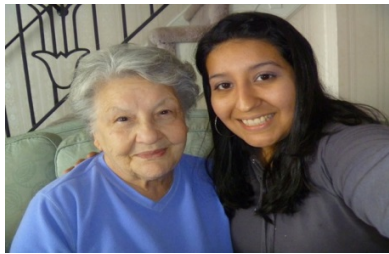
"It is hard for me to put into words how grateful I am for this program. There are times when it feels like the whole world is collapsing on me and then in walks our student respite worker. When I see her, I know my mother will be in good hands." - Caregiver

Features

Cost: \$8/hour & \$25 annual membership fee. Please let the Program Manager know if cost is an issue.

Schedule: at least 8 hours per month (minimum 2 hours per visit) with the same student for a full semester

Quality service: Student respite workers receive pre-service training and on-going support related to aging and the needs of caregivers. Students are carefully screened; they provide 2 references and a criminal history clearance.



Attention College Students...
Great Job Opportunity!

- Provide in-home companionship to an older adult
- Earn money and create a flexible work schedule
- Gain valuable experience in geriatrics and community building
- Fulfill practicum and community service
- Use your PA work-study grant

Register now for a free 8-hour training on :
Saturday, September 13, 2014, 9 a.m-5 p.m.
(including lunch and snacks)
1700 N. Broad Street, Room 302

Interested students can complete the application at:
www.templeigc.orgstudent-intake-form

Questions? Contact Andrea Moselle at (215)204-1328

Time Out Respite Program
The Intergenerational Center
College of Health Professionals & Social Work
Temple University
www.timeoutprogram.org

Training Confirmation Form

Dear Student: _____,

Thank you for your interest in the Time Out program. In order to participate in the program, you are REQUIRED to attend the one-day training which will be held on:

Saturday, January 31, 2015

9:00 A.M. - 5:00 PM (Lunch will be served)

1700 N. Broad Street, Room 302 (3rd Floor)

PRIOR TO ATTENDING THE PROGRAM, PLEASE DO THE FOLLOWING:

1. **RETURN THE ATTACHED CONFIRMATION FORM** as soon as possible. SPACE IS LIMITED.

We must receive this form no later than Friday, January 23, or we will not be able to hold a space in the class for you.

2. **REQUEST TWO REFERENCES** using the attached form

These references must be submitted prior to your placement with a family.

One should be from a faculty member or teacher.

Please make every effort to have your references completed prior to the training.

They can be sent directly to office or you can bring them with you to the training.

3. **COMPLETE THE ATTACHED PRE-SURVEY** and bring it with you on the day of the training

Also attached is logistics for the training and information about parking, etc.

If you have any questions or concerns, please give us a call! We look forward to seeing you on January 31.

4. **IF SOMETHING COMES UP AND YOU FIND YOU ARE UNABLE TO ATTEND THE CLASS AFTER YOU'VE ALREADY CONFIRMED –PLEASE CONTACT** the Time Out staff as soon as possible.

Mady Prowler
Program Manager
The Intergenerational Center
Temple University
215 204-6540
elaine.prowler@temple.edu

Andrea Moselle
Program Coordinator
The Intergenerational Center
Temple University
215 204-1328
andrea.moselle@temple.edu

REFERENCE FORM

_____ is planning to work as a Respite Worker. He/she will be providing emotional support and companionship to an elderly person in their home. Please comment on his/her level of maturity, character, and ability to appropriately handle this responsibility.

Date

Signature

Telephone Number

Relationship to Student

Return to:

Time Out Respite Program Student Training



- Sponsored by The Intergenerational Center at Temple University's College of Health Professions and Social Work
- Created in 1986 as an intergenerational program to support caregivers
- Recipient of the 2008 National Family Caregiving Award
- Award received from Phillies Charities, Inc.
- AARP replication grant for sites throughout the country

History

2

- **Goal of Program:**
 - Mobilize college students to serve as respite workers for families caring for frail, impaired older adults
- **Goals of Respite Care Training:**
 - Introduce participants to the issues of caregiving, normal aging, and illness in aging
 - Explore students' feelings and beliefs about aging
 - Introduce activities/topics that students can share with elders

Goals



- The elderly population in the US is growing rapidly, particularly those over 75.
- More and more older adults are living at home and dealing with physical, cognitive, and mental health challenges.
- Pennsylvania has the 4th largest number of older adults (behind FL, CA, and AZ).
- 17% of Philadelphia's population is made up of older adults and, unfortunately, existing services do not meet their needs.

Rationale

4

While you are providing respite, you are a **companion and a temporary caregiver** until the primary caregiver returns.

Time Out is designed to:

- Reduce caregiver stress.
- Reduce the isolation of the elderly and help them remain in the community.
- Give students experience in geriatrics and the opportunity to play a meaningful role in the lives of others.



Where you come in...

5

You can help the caregiver by:

- Providing some "time out" from their caregiving responsibilities.
- Responding to a caregiver in an empathetic way.
- Sharing information you gained during your visit with their loved one.
- Being self-motivated since a client may not be able to ask for help.
- Asking how you can be most helpful while you are in their home.

Expectations of Respite Worker

6

You can help the care receiver by:

- Providing companionship
- Engaging them in meaningful and appropriate activities throughout your visit:
 - recreational
 - social
 - physical activities including exercises & walks
- Assisting with light meal preparation and other “chores”
- Providing a safe environment

Expectations of Respite Worker 7

YES	NO
Medication reminders	Giving medication or medical treatment
Laundry, meal prep, light grocery shopping, put papers in order	Heavy cleaning
Assistance TO the bathroom	Help IN the bathroom
Medical escort on para-transit	Providing transportation
Be helpful in locating clothes, cutting food, clearing the table after a meal	Personal care – dressing, bathing, feeding
Remind care receiver to take walker, make the house safe for walking, help with using a wheelchair.	No carrying or lifting person

The Do's and Don'ts 8



Student Experiences 9

Tiffany Thompkins

shares her experiences working with a family as a student respite provider

A Personal Story 10

- Love and respect for care receiver
- Exchange or reciprocity – wanting to give back what has been received
- Sense of obligation
- Feelings of guilt
- Cultural norms
- Fear that no one else could provide the kind of care they do
- Hiring others is too expensive

Why do people want to provide care at home? 11

Caregivers frequently feel that others do not truly understand the extent of the care required and how hard it is to do.

- Caregiving can be difficult and stressful
- Often elicits strong emotions – anger, depression, fear, guilt
- Can be an overwhelming responsibility
- Leads to loss of freedom and personal independence

Caregivers use their “Time-Out” for:

- Appointments – medical, personal business
- Personal care – e.g. hair, manicure, gym, enrichment class, hobbies
- Shopping
- Seeing friends and other family, caring for grandchildren
- Movies, museums, etc.
- Refueling: resting, reading, taking a break

Caregiver needs 12

- Information and Referral Agencies
- Caregiver support groups
- Philadelphia Corporation for Aging (PCA)
- Faith-based organizations, community groups
- Home health agencies
- Geriatric care managers
- Private individuals

Referral Sources

13

What caregiving is all about...

Nancy Henkin, family caregiver

Guest Speaker

14

Please form groups of 4-5 to talk about the questions below.
Choose a spokesperson who will report back to the larger group.

- What comes to mind when we say someone is "OLD"?
- Talk about an experience that you've had caring for or spending time with an older person (relative, neighbor, etc.)
- Share thoughts, feelings, concerns, questions.

Small Group Discussion

15

BREAK

16

- Taste and smell may diminish
- Touch – decrease in sensation and reaction to dangerous stimuli.
- Visual acuity changes – become more near-sighted; some have visual impairment
- Hearing loss in 30% of those over 65
- Skin texture changes – dryness and sun sensitivity
- Loss of teeth and periodontal disease can affect ability to chew
- Slower digestion, change in metabolism. Need fewer calories, may become constipated
- Loss of bone density can increase risk of fracture
- Sleep patterns may change, but overall amount remains the same

Normal aging

Physical changes

17

- Intelligence does not decline with age!
- Accumulated wisdom and problem-solving abilities improve.
- Learning is a lifelong process.
- Able to learn new information and skills, but may need to input information differently.

Normal Aging

Mental changes

18

- Same basic needs we all have for security, self-esteem, and caring relationships.
- People experience losses
- Anxiety, depression, anger, and moodiness may occur.
- Older people have much to give in wisdom, experience and memories, like a "living library".

Normal Aging Emotional changes

19

- More than half have dementia
- Stroke
- Arthritis and other mobility issues
- Cancer
- Parkinson's disease
- Heart problems
- Depression
- Diabetes
- Hearing and vision loss
- Incontinence and constipation
- Respiratory changes – shortness of breath
- Other sensory changes



Common health conditions of care receivers

20

Be alert to potential for falls in these diagnostic categories:

- Parkinson's disease
- Stroke
- Dementia
- Cardiac disease
- High blood pressure
- Dehydration
- Foot problems
- Change or loss of vision/hearing can cause balance problems



Remind the person to:

- Use a walker, cane or other assistive device
- Wear comfortable, protective, skidproof shoes
- Pick up feet with each step

Falls: another possible concern 21

- TEMPLE INTERGENERATIONAL CENTER
- Capture the talent, energy and expertise of people over 50

• [Explore your future](#)

- For information – call 215 204-1328

- *Myths about agingmemory loss is not a part of normal aging*

Visual Changes Exercise 23

Experience aging exercise

22

- <http://www.youtube.com/watch?v=8Gms2ogdLVE>

Successful Aging

24

Lunch

25

Video - “**Grace**”

26

Catherine V. Piersol, Ph.D, OTR/L

Associate Professor, Department of Occupational Therapy
Clinical Director, Jefferson Elder Care
Jefferson School of Health Professions
Thomas Jefferson University

Guest Speaker

27

Video: “Alive Inside”

<https://www.youtube.com/watch?v=fyZQf0p73QM&norredirect=1>

28

BREAK

29

Role Plays

Ruthie Levikoff
Actress

Guest Speaker

30

- Keep phone numbers for the caregiver, care receiver and *Time Out* office with you at all times.
- Maintain a working phone number. Please activate your voice mail and listen to your messages.
- Share your phone number with the caregiver.
- Regularly check voice mail and e-mail and return calls from the caregiver, care receiver and *Time Out* Staff PROMPTLY.
- Silence your cell phone for the duration of your visit.
- Maintain confidentiality.

Student Responsibilities 31

Caregivers and Care Receivers are depending on you!

- This is a job – treat the commitment accordingly
- Arrive on time and stay for the agreed upon duration.
- If you are not able to make your scheduled visit – you MUST contact the caregiver as soon as possible.
- Try to be flexible and offer to reschedule.
- Don't assume that the family knows your college vacation schedule. Talk with the caregiver ahead of time if you will be taking off time and when you will be back.
- Confirm any changes – err on the side of an extra call.
- Discuss any schedule changes that will be ongoing or if you will no longer be able to visit the caregiver.
SHARE THIS INFORMATION WITH TIME OUT STAFF IMMEDIATELY!
- If you need to terminate your service to a family, you need to discuss this with them!

Student Responsibilities 32

Several different ways students receive payment:

- \$8/hr paid by the caregiver to the student
- \$9 for Mercy LIFE clients; students must fill out forms
- Students are Independent Contractors
- PHEAA students submit hours and forms



Policy and Procedure: Payment 33

- Fill out your schedule.
- Sign up for an individual meeting with *Time Out* staff
- Complete any missing paperwork:
 - Application
 - Survey
 - Referral forms
 - Background check (bring to appointment with \$10)

Administrative 34

At Home Visit (forms will be given to you at visit)

- Statement of Understanding
- Confidentiality statement
- Emergency Phone Numbers form
- Student Contact Information



Students who have Work Study grants or will be working with a LIFE client

- Completed invoices need to be returned every other week to *Time Out* (elaine.prowler@temple.edu). The sooner you get forms in, the sooner you will get paid!

Logs throughout the semester

- The form is in this handbook; make copies, and e-mail (see address above) to *Time Out* every other week.

Policy and Procedure: The Paperwork 35

Wrap Up 36

WHAT DOES IT FEEL LIKE TO GET OLDER?

VISION

Instructions:

1. Try each of the activities using your normal vision
2. Now try on a few of the glasses to see what it would be like if you had one or more of the vision problems common in aging:
 - a. Less acuity - blurriness
 - b. Cataracts
 - c. Macular degeneration
 - d. Glaucoma

Activities:

1. Read the words on the screen. Now try copying them.
2. Read the directions and dosage on a pill bottle
3. Try to read the headlines in the newspaper. How about an article?

Discuss:

1. How well were you able to accomplish each task?
2. How did it make you feel?

WHAT DOES IT FEEL LIKE TO GET OLDER?

HEARING

Instructions:

1. Have the student put in ear plugs and wear the head phones.
2. Exercise One – have one student try this
 - a. Say the following:
The movie is at the Ritz at 7:00. Meet me at 3rd and Walnut at 6:00 and we can walk down together. I'm going to pick up Joe on the way and get some candy before we get there.
 - b. Say it with your head turned away from the student .
 - c. Ask them some questions about what you said and see if they could follow it.
 - d. Try it again facing them. Do they understand more?
3. Exercise Two – have a second student try this:
 - a. Give directions in a soft voice speaking quickly, but with no gestures:
Please stand up and with your hands on your hips – walk to the door. Wait 5 seconds and walk back with your hands at your sides.
 - b. Could they do it?
 - c. Now try it speaking more slowly and louder. Better?
 - d. Try it louder and with gestures – what effect does that have?

Reactions:

1. How did it feel?
2. Did you ask them to repeat it or pretend you understood?
3. What was it like to have to keep asking for clarification?
4. Did you keep trying or give up?

WHAT DOES IT FEEL LIKE TO GET OLDER?

BALANCE

Using a walker or a cane:

1. Have the student try walking with the walker. What do you have to do to get them started?
2. Now hand them a handbag – then a book, bag of items from the store, a cup, etc.
3. What is it like to walk across the room?
4. Maneuver around furniture?
5. Sit down in a chair? (What happens to the walker now?)
6. What do you have to do as a caregiver for a person using a walker?
7. How does it affect speed? Agility? What if you drop something?
8. Have another student try the same thing with a cane.

Managing Dizziness:

1. Have the student walk on the tape line.
2. Spin a student around in a chair a few times.
3. Try it again.
4. What was the impact on their balance?

WHAT DOES IT FEEL LIKE TO GET OLDER?

DEXTERITY/TOUCH

Materials:

1. Rubber gloves
2. Duct tape
3. Pill bottle
4. Piece of paper
5. Coin
6. Shirt with buttons
7. Buckle belt
8. Tie shoe

Activities:

1. Tape fingers to simulate stiff joints
2. Wear gloves to simulate loss of sensitivity and effect on picking up small objects
3. Ask participants to pick up paper, coin and to open a pill bottle, button a shirt, buckle a belt

Reactions

1. What would it be like to have difficulty doing everyday things like picking up change from a counter or to worry whether you could open your medicine bottle?
2. What is the impact on a person's independence?
3. Would you ask for help or just withdraw and not do it?
4. What kinds of adaptations might help?
5. How could you assist without making the person feel that they aren't a capable person anymore?

APPENDIX – TRAINING MATERIALS

IMPROVISATIONAL ROLE PLAY PROMPTS

Put each of these on a slip of paper and have student reach into an envelope and pick one “grab bag” style. Share the situation with the group, including the person playing the older adult who is being visited. After the interaction, process how it went and invite comments and questions from the group.

1. What should I do if he/she doesn't want me to leave?
2. What should I do if he/she is depressed or just doesn't want to talk?
3. What should I do if he/she asks me to do a chore that I am not permitted to do?
4. What should I do if he/she complains constantly about her family?
5. What should I do if he/she complains about her health but will not take medication and exercise as

directed by her doctors?

6. What should I do if I see a bruise on the person I am caring for?

7. What should I do if the person I am to care for insists that I leave before the caregiver arrives back home?

8. What should I do if my client insists that my purse or bag belongs to her?

9. What should I do if he/she starts giving me presents?

10. What should I do if he/she asks me to intervene in a family or medical matter?

11. What should I do if he/she asks for a food, drink or cigarette that he/she is not permitted to have?

12. What if the caregiver didn't let me know that the family went for a ride last Sunday when I was supposed to be there? I went to the house and no one answered.

Jefferson Elder Care, Thomas Jefferson University



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Promoting Participation in Activities

- Four Considerations:
 - Activity Characteristics
 - Activity Set-up
 - Modifying Activity
 - Communication

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Activity Characteristics

- Interest
- Familiarity
- Repetitive
- 1-2 steps
- Enjoyment and pleasure is the goal

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Activity Set-Up

- Remove distractions
 - Minimize noise (TV, radio)
 - Reduce clutter/objects
 - Consider number of people
- Prepare environment
 - Clear space
 - Turn on lights
 - Promote comfort (body position, room temperature)

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Modifying the Activity

- Change the Complexity
 - Easy ↔ Difficult
- Change the Elements
 - Objects
 - Tools
- Change the Purpose
 - Goal directed ↔ Action/movement directed (no goal)
 - Relax the rules!
 - There is no right or wrong - ignore mistakes
 - Enjoyment and pleasure in engagement is the goal

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Activity: Do a Puzzle

1. Describe the activity.
2. How can you make the activity easier?
3. How can you change the elements (objects/tools) of the activity?
4. How can you change the purpose?

Modifications:

- Place pieces on table
- Look at picture on box
- Place pieces together to complete picture
- Decrease number of pieces
- Start puzzle in advance
- Color a picture
- "Plumber's Puzzle"
- Do the same puzzle over and over
- Relax the rules

Let's think about examples

© Jefferson Elder Care

Activity: Sort Clothes

1. Describe the activity.
2. How can you make the activity easier?
3. How can you change the elements (objects/tools) of the activity?
4. How can you change the purpose?

Modifications:

- Place basket of laundry on table
- Sort the shirts, pants, socks, etc. in piles
- Sort the darks, lights in piles
- Sort two items
- Sort the same item by color
- Move cloths from one basket to another
- Sort coins
- Sort utensils
- Sort playing cards
- Sort clothes when wandering in house
- Have a basket of towels always ready
- Relax the rules

Let's think about examples

© Jefferson Elder Care

Activity: Make a Salad

1. Describe the activity.

2. How can you make the activity easier?

3. How can you change the elements (objects/tools) of the activity?

4. How can you change the purpose?

Modifications:

- Get ingredients
- Prepare vegetables
- Put in bowl and mix together
- Pour the dressing
- Chop vegetables in advance
- Only do one or two steps (tear lettuce, pour dressing)
- Provide a written list of steps
- Make a muffin or cake mix
- Make a fruit salad
- Make strawberry short cake
- Tear lettuce while you are in kitchen
- Put vegetables/fruit in and out of a bowl
- Relax the rules

Let's think about examples

© Jefferson Elder Care

Ways to Communicate

- **Acknowledge** what person is saying to reassure and provide security.
- Use words of **encouragement**.
- Allow **sufficient time** for the person to understand and respond.
- Be prepared to **distract or redirect** if person gets agitated.
- **Go along** with the person's belief of what is true and avoid trying to explain or rationalize

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Ways to Communicate

- **Speak slowly** and **look** at the person directly
- **Avoid abstract** questions; rather use direct statements
- **Avoid open-ended** questions; rather offer **no more than 2 choices** at a time
- Provide only **1 or 2 simple directions**

© Jefferson Elder Care

Ways to Communicate

- Use a **cueing strategy**
 - Verbal
 - Visual
 - Demonstration
 - Tactile

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Activity: _____

1. Describe the activity.

2. How can you make the activity easier?

3. How can you change the elements (objects/tools) of the activity?

4. How can you change the purpose?

5. What ways will you use to communicate?

Modifications:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Small Group Activity: Use the Worksheet in your Handout

Additional Resources

- Exploring Activity Options
 - Pleasant Events Schedule (Teri & Logsdon, 1991)
- Finding Activities & Materials
 - Alzheimer's Store** www.alzstore.com
800-752-3238
 - Nasco Senior Activities** www.enasco.com/senioractivities
800-558-9595
 - S & S Worldwide** www.ssworld.com
800-288-9941

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Take Home Points

- Don't expect people with dementia to come up with activities on their own
- Choose activities that are repetitive and/or familiar, for example folding towels, sorting objects or doing a jigsaw puzzle
- "Relax the rules" – the goal is participation in the activity, not a perfect end-product
- Remember that the activity may not go exactly as planned and the person with dementia may not be able to follow instructions precisely
- You may need to modify an activity to promote the person's participation, as abilities change over time

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Thank You!

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www.jefferson.edu/elder_care

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Supporting Evidence

1. Gitlin, L. N., Winter, L., Burke, J., Chernett, N., Dennis, M. & Hauck, W.W. (2008). Tailored activities to manage neuropsychiatric behaviors in persons with dementia and reduce caregiver burden: A randomized pilot study. *American Journal of Geriatric Psychiatry*, 16, 229-239.
2. Gitlin, L. N., Winter, L., Earland, T.V., Herge, E. A., Chernett, N., L., Piersol, C. V., Burke, J. P. (2009). The tailored activity program (TAP) to reduce behavioral symptoms in individuals with dementia: Feasibility, acceptability, and replication potential, *The Gerontologist*, 49, 428-439.
3. Piersol, C.V., Earland, T.V., Herge, E.A. (2012). Meeting the needs of caregivers of persons with dementia. An important role for occupational therapy. *OT Practice*, 17 (5), 8-13.
4. Schaber, P. & Lieberman, D. (2010). *Occupational Therapy Practice Guidelines for Adults with Alzheimer's Disease and Related Disorders*. Bethesda, MD: AOTA Press.
5. Teri, L. & Logsdon, R. (1991). Identifying pleasant activities for Alzheimer's disease patients: The Pleasant Events Schedule – AD. *The Gerontologist*, 31, 124-127.

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ACTIVITY WORKSHEET TO PROMOTE PARTICIPATION

5. What ways will you use to communicate?

- ☐ **Acknowledge** what the person is saying to reassure and provide security.

Say: _____

- ☐ Use words of **encouragement**.

Say: _____

- ☐ Allow **sufficient time** for the person to understand and respond.

- ☐ Be prepared to **distract or redirect** if person gets agitated.

Say: _____

- ☐ **Go along** with the person's belief of what is true and avoid trying to explain or rationalize.

- ☐ **Speak slowly** and **look** at the person directly.

- ☐ **Avoid abstract** questions; rather use direct statements.

Say _____

- ☐ **Avoid open-ended** questions; rather offer **no more than 2 choices** at a time.

Say: _____

- ☐ Provide only **1 or 2 simple directions**.

Say: _____

- ☐ Use a **cueing strategy**.

○ Verbal _____

○ Visual _____

○ Demonstration _____

○ Tactile _____

Jefferson Elder Care

ACTIVITY WORKSHEET TO PROMOTE PARTICIPATION

Consider the following modifications:

- Change the Complexity:
 - Easy \longleftrightarrow Difficult
- Change the Elements:
 - Objects
 - Tools
- Change the Purpose:
 - Goal directed \longleftrightarrow Action/movement directed (no goal)

Name of Activity _____

1. Describe the activity:

- _____
- _____
- _____
- _____

2. How can you make the activity easier?

- _____
- _____
- _____
- _____

3. How can you change the elements of the activity?

- _____
- _____
- _____
- _____

4. How can you change the purpose?

- _____
- _____
- _____
- _____

Pleasant Event Schedule

EXAMPLE

	FREQUENCY <i>(past month)</i>			ENJOYABILITY		AVAILABILITY <i>(past month)</i>	
ACTIVITIES	Not at all	A few times	Often	Enjoys Now	Enjoyed in the past	Available	Not available
1. Being outside (sitting outside, being in the country)		X		X	X	X	

This person has been outside 3 times in the past month, so an X is placed in the column for “A FEW TIMES”.

He/she has enjoyed being outside in the past month, so an X is placed in “ENJOYS NOW” column AND he/she enjoyed this in the past, so an X is ALSO placed in the appropriate column for “ENJOYED IN THE PAST”.

He/she has had the opportunity to go outside so an X is placed in the column for “AVAILABLE”.

	FREQUENCY <i>(past month)</i>			ENJOYABILITY		AVAILABILITY <i>(past month)</i>	
ACTIVITIES	Not at all	A few times	Often	Enjoys Now	Enjoyed in the past	Available	Not available
1. Being outside (sitting outside, being in the country)							
2. Meeting someone new or making new friends							
3. Planning trips or vacations, looking at travel brochures, traveling							
4. Shopping, buying things (for self or others)							
5. Being at the beach							
6. Reading or listening to stories, novels, or poems							
7. Listening to music							
8. Watching T.V.							
9. Doing jigsaw puzzles, crosswords, and word games							
10. Having meals with friends or family							

Time Out Caregiver Respite Program Activity Guide



Activities

A primary concern for the caregivers of persons with Alzheimer's disease (AD) is to provide the individual with meaningful, pleasurable and appropriate activities. The most successful activities for individuals with memory loss are those which take advantage of old skills, offer social interaction, allow considerable physical activity, and support cognitive functions.

There are many benefits both for the diagnosed person and the caregiver in providing stimulating activities. These benefits include: Enhancing the quality of life; relieving boredom; providing stimulation; reducing restlessness; helping to raise self-esteem; keeping an individual more alert; and providing opportunities for socialization.

Guidelines to consider when planning activities for persons with AD

1. **Recreational activities should utilize remaining abilities and knowledge.** Persons with memory loss usually remember the distant past more readily than the recent past, and skills learned early in life are maintained the longest.
2. **Select activities which will provide cognitive and sensory stimulation as well as entertainment and occupation.** Many activities can be adjusted to the individual's abilities even as the disease progresses.
3. **Choose activities which involve very few steps and guide the individual through each one, step by step if necessary.** Avoid activities which require multiple choices or making decisions, learning new skills or information, or attending to one thing for an extended period of time.
4. **Try to avoid activities which the person with AD perceives as childish.** Keep in mind that as the disease progresses, this perception will change and some of the children's games, books, activities will be very useful.
5. **Be creative in devising and selecting activities and remember that what works today may not work tomorrow.**
6. **Do not feel that the diagnosed person must be kept busy with scheduled activities all day long.** However, do not shy away from giving the individual "busy work" if it calms and occupies him/her.

A large part of every person's self-image is being productive and doing something that is of recognizable value.

Begin by thinking of all the jobs and hobbies that a patient has enjoyed such as: gardening; writing; reading; listening to music; taking photos; housework; home repair; etc.

Second, think about the activities that resemble these hobbies. Planting a garden from seed catalogs “resembles” landscaping; building models “resembles” home repair; nurturing individual houseplants “resembles” gardening; etc.

Third, tailor your ideas to match the person’s current ability level. Example: a person unable to do finer cutting and painting required in model building may still be able to sort patterns into piles by number; hold pieces in position for gluing; etc.

Fourth, once a list of workable activities has been chosen, consider the roles your family member is most accustomed to, such as: Teacher, parent, helpmate, problem-solver, etc. Utilize this information to position the chosen activities in the best possible context. For example, if “problem-solver” is the most comfortable role for your loved one and model building the most appropriate activity, instead of opting for the “you hold, I’ll glue” approach (which might be perfectly appropriate to someone accustomed to a less dominant role), structure the activity to allow the patient to make as many choices as his ability level permits (choosing colors, the sequence of construction, etc.). As ability levels decline, one may have to redefine activities to suit, for example, an individual who can no longer decide on a sequence of construction may retain the ability to choose colors much longer.

Specific Activities

Walks two to three times daily: Use the malls during early morning hours. There are many organized walking programs in the local malls.

Try dancing: Practice with radio or recordings at home in the living room.

Games: There are numerous companies such as Eldergames, Eldersong Publications, Wise Ideas Products for Better Directions, Inc., and Innovative Caregiving Resources “Video Respite,” which will send you a catalog of their adapted products appropriate for persons with memory impairment. The Chapter can provide you with a listing.

Cards: These can be sorted, put into respective piles (kings, queens, etc.), shuffle and deal them, count them, tell stories with them.

Laundry: Sorting and matching socks, folding, fill a laundry basket full of clean towels and washcloths, etc. - give them to the individual with dementia to sort and fold.

Kitchen activities: A pot of water on the stove with the food coloring and a spoon can become a stirring activity. Stirring the gravy or a sauce. Assist in cookie making: measuring, pouring, stirring, mixing, rolling, etc.

Magazines: Selecting, cutting, pasting, making scrapbooks and reading stories.

Housework: Washing windows, dusting, washing or drying dishes, polishing silverware, vacuuming.

Coins and Stamps: Sorting and rolling coins in bank wrappers.

Men's activities: Sanding wood, shining shoes, sorting nuts and bolts.

Massage and Touch: This can be very relaxing and comforting, particularly as verbal communication decreases.

Touch/feel: Assemble a fabric collage that has different textures. Work with clay.

Caring for a pet: Provides companionship and eases isolation.

Lacing and Stringing: Simple lacing kits for lacing yarn in and out of holes on cards. Large printed cross stitch kits and simple needlepoint kits make good quiet activities. Also, large wooden beads and heavy shoelaces for stringing them is another quiet activity - also the beads, buttons, etc. can be sorted.

Crafts: Task should be simple and use a few pieces. Must be something completed in a short period of time and adult in subject matter.

Music: Usually very successful. Use small tape recorder or walkman. Sing alongs with old familiar music or hymns from church are good. Sing with the person even if you have a lousy voice.

Memories: Old photographs, old movies, old recordings can trigger fond memories. Video of family members who live far away can be helpful.

Reading: Books, newspapers and magazines can be an infinite source of pleasure. Recorded books can also work well. Reading to the individual is an enjoyable way to share time together. Later stages: Picture books with colorful animals, flowers, etc. are good.

Felt boards and magnetic boards with bright colors and shapes can be a good source for quiet activities.

Cloth books with lacing, zipping, buttoning, etc. are another quiet activity source. Being a creative caregiver becomes a big challenge, but truly rewarding when an activity works and keeps the person with AD busy and content.

ACTIVITY SUGGESTIONS

Exercise

Using “Follow the Leader” technique, initiate things that might produce a memory or a topic of discussion; Examples: biking, swimming, climbing a ladder, picking apples, picking tomatoes, washing clothes (by hand). Animal motions such as a flying bird or flapping wings can also be added to use other types of exercise.

Balloon Games

Volleyball, Basketball

Bean Bags

Call numbers, colors, tic-tac-toe, bingo, addition or target (exercise, mind stimulation and reality orientation).

Small Ball

For all these ideas, consider space and breakable objects!

Bowling with unbreakable water or soda bottles. (Can be used on table or floor).

Hockey (broom, ball and laundry basket)

Basketball (use box, large pot or laundry basket) floor or table.

Soccer - use of feet with gentle kicking motions.

Scrap Art

Placemats, collage, scrap books

- use old catalogues, magazines, ribbon, cotton, junk mail, wrapping paper, newspapers, popsicle sticks, greeting cards -- use your imagination.

- Select a theme: nature, sports, favorite sports team, clothing, birds, new homes, interior design, toys.

- old catalogues - go shopping, talk about style changes, cost of clothing over time.

Price is Right

Using “price marked” groceries, ask someone to “guess” what the price might be.

This could be done with a catalogue, as well.

LIST OF POSSIBLE PROGRAMS

Auctions	“Hangman”	Scrabble
Auto Rides	Holiday Celebrations	Scrap Book
Backgammon	Holiday Decorations	Sculpture
Baking	Hooked Rugs	Sewing
Balloon Volleyball	Horseshoes	Shoe Shining
Basket Making	Jewelry Making	Shopping
Bean Bag Toss	Kite Making	Shuffleboard
Bird Feeder Construction	Knitting	Singing
Bird Feeding	Leather Craft	Solitaire
Bird Watching	Letter writing	Spelling Bee
Block Printing	Manicures (<i>not for diabetics</i>)	Stenciling
Bridge	Meditation	String Art
Cars	Mending	Stuffing Envelopes
Ceramics	Movies	Table Setting
Checkers	Nature Crafts	Television
Chenille Craft	Needle Work	Theatre
Chess	Newsletter	Trips (museums, sightseeing)
Chinese Checkers	Painting	Volunteer Work
Church Services	Parchesi	Walking
Clubs (Garden, Book...)	Parties	Weaving
Coffee Hour	Pets	Woodworking
Collecting (Stamps, Coins...)	Photo Albums	Writing
Community Services	Photography	
Cooking	Picnics	
Crocheting	Pinochle	
Crossword Puzzles	Political Activity	
Carts -- Velcro	Pot Holders	
Decoupage	Prayer Circle	
Discussion Groups	Puzzles	
Dominos	Quilting	
Drawing	Radio Program	
Education	Reading	
Embroidery	Records	
Flower Arranging	Recipe Book	
Flower Making	Ring Toss	
Furniture Refinishing	Rosary	
Games	Rug Making	
Gardening	Rummy	

Always plan activities appropriate for the older adult's ability level. For those who are homebound, or if liability coverage limits outside activities, use topics like auto rides or vacations as conversation starters!

ACTIVITIES FOR SPECIAL GROUPS**

VISUAL IMPAIRMENTS: Activities will be helpful in developing social interaction with individuals with visual impairments and can help in the development of other senses, especially touch and hearing which, in turn, can encourage self-confidence. For help in setting up special activities, contact the local agency for the blind. Talking books and magazines may be obtained from the Division for the Blind and Physically Handicapped. Large print books and picture books can be easily obtained from the local library.

HEARING IMPAIRMENTS: An activities program will help the hearing-impaired individual to socialize and accomplish tasks. Become familiar with hearing aids and battery types. A hearing aid battery tester may be available through a speech therapy department. If a hearing aid won't help, try communicating through lip reading, writing or sign language. *Over Fifty Nifties* is a book of discussion topics for senior citizens with hearing impairments.

SPEECH IMPAIRMENTS: An activities program can provide the impaired individuals with challenges easily met and accomplished. Giving or demonstrating instructions is a key element in involving the individual in the activity. If you feel that an individual is having difficulty communicating, suggest a speech evaluation. Magnetic alphabet boards and communication boards (boards with pictures of basic needs, such as a glass of water, bed, etc.) can be used by the resident to spell or point to what he or she wants.

ARTERIOSCLEROSIS: Physical activity, such as group exercises, can provide physical and mental stimulation. Routine exercises can be helpful to the confused and forgetful individual.

HEART DISEASE: Encourage relaxation, mental stimulation and adjusting to limitations. Written approval of the physician should be obtained before the individual participates in physically stimulating activities.

STROKE: Through social interaction, the individual will feel less like an outcast. Activities also will encourage speech and self-care, maintain or increase strength and coordination in unaffected as well as affected area, and increase self-confidence through mastering activities geared to abilities.

MENTAL ILLNESS: An activities program can help in directing individual tensions and energies to worthwhile accomplishments. Effective group activities can establish a sense of belonging and importance, especially when community volunteers are involved.

ORGANIC BRAIN SYNDROME: Pleasant group activities which are simple, repetitive and associated with familiar activities of the past can help maintain an individual's awareness of others.

ACTIVITIES FOR SPECIAL GROUPS (continued)**

PARKINSON'S DISEASE: Physical activity can maintain a maximum flexibility and use of all muscles. Group activities can spur social interaction and conversation.

EMPHYSEMA: Activities should be devised which avoid any strain on the heart of any type of undue exertion. Also to be avoided are dust, smoke, insecticides or any type of chemical irritant.

DIABETES: Be aware of some of the problems associated with diabetes which can attack an individual suddenly and without warning. Bear in mind that in some cases a diabetic may have sensory damage and the sense of touch (heat and cold) may be lost or impaired.

MULTIPLE SCLEROSIS: An activities program for the person with MS usually is carried out in consultation with therapists. The chief goals of an activities program are social interaction, as many MS victims tend to suffer from depression, as well as encouraging maximum use and retention of physical and mental dexterity.

OSTEOPOROSIS: Activities should avoid requiring an individual to stand for long periods of time. Lifting of any heavy object should also be avoided.

FRACTURED HIP: Activities can help an individual overcome problems of daily living. Activities can restore a sense of self-confidence and self-reliance.

MENTAL RETARDATION: An activities program can help in directing individual tensions and energies to worthwhile accomplishments. Effective activities can establish a sense of belonging and importance, especially when community volunteers are involved. Pleasant activities which simple, repetitive and associated with familiar activities of the past can help maintain an individual's awareness of others.

****Courtesy of the Homestead Nursing and Rehabilitation Center, Willow Grove, PA 19090**

Further Resources on Activities

These books are available in the National Capital Area Chapter library or are available to purchase.

Activity Programming for Persons with Dementia: A Sourcebook - by Alzheimer's Association; 1995; 138 pp.

Provides direction and suggestions for designing activities for people with Alzheimer's disease and other related dementias. Each activity is described and illustrated. Includes a list of reference materials and organizations.

Alzheimer's Disease: Activity-Focused Care - by Carly R. Hellen, OTR/L, 1998, 436 pp.

Originally written for professional care providers, this book has been equally popular with family caregivers. The author emphasized simplification of daily tasks and encourages activities that promote exercise and mobility to maintain self-esteem. Focuses on person's abilities, not disabilities.

Doing Things: A Guide to Programming Activities for Persons with Alzheimer's Disease and Related Disorders - by Jitka M. Zgola, 1987, 149 pp.

Designed to help professionals evaluate patients' abilities and needs and to plan activities that build upon their strengths and maintain skills. Includes information on dementia and its effect on patients.

Failure Free Activities for the Alzheimer's Patient - by Carmel Sheridan; 1987; 104 pp.

A practical and helpful manual for family and professional caregivers. Describes simple activities that build self-esteem, while using and reinforcing the patient's remaining skills.

In the National Capital Area chapter service territory, for more information about Activities, please contact the Chapter's telephone Helpline at (866) 259-0042. Outside the National Capital Area, please contact your local Chapter.

Getting to know your match

One of the best ways to create meaningful activities for you and your match is by beginning with getting to know each other. Sometimes these initial conversations flow easier than other times. Here are some helpful conversation starters in case you need a hand! Remember this is **NOT AN INTERVIEW!** Just pick one or two of these questions to help you get the conversation started.

1. How old were you when you married?
 - a. Tell me about your husband/ wife.
 - b. What was your first date like?
2. Where did you grow up?
 - a. What was your house like?
 - b. What was the neighborhood like then?
3. Where were your parents from?
4. What is your favorite food, drink, color, season....
5. How many children/grandchildren do you have?
6. Do you have any hobbies currently, did you have any hobbies in the past?
7. What kind of music do you enjoy?
 - a. Who was your favorite musician to see in person?
8. Are you a sports fan?
 - a. What are your favorite teams?
9. Ask questions about photographs you can see around the house.
10. How old were you when you went to work?
 - a. What did you do?
 - b. Did you enjoy it?
 - c. What was your favorite job?
11. Did/do you own any pets?
12. Where have you traveled?
 - a. What is your favorite place?
 - b. If you could go anywhere, where would you choose?
13. Do you enjoy books/movies?
 - a. What are your favorites?
14. When is your birthday?
 - a. What was your favorite age?
 - b. What was your best birthday celebration?
15. What is your favorite season?

101 Things To Do With The Person Who Has Alzheimer's Disease

1. Clip coupons
2. Sort poker chips
3. Count tickets
4. Rake leaves
5. Use the carpet sweeper
6. Read out loud
7. Bake cookies
8. Look up names in the phone book
9. Read the daily paper out loud
10. Ask someone with a child to visit
11. Listen to Polka music
12. Plant seeds indoors or out
13. Look at family photographs
14. Toss a ball
15. Color pictures
16. Make homemade lemonade
17. Wipe off the table
18. Weed the flower bed
19. Make cream cheese mints
20. Have a spelling bee
21. Read from the Reader's Digest
22. Fold clothes
23. Have a friend visit with a calm pet
24. Cut pictures out of greeting cards
25. Wash silverware
26. Bake homemade bread
27. Sort objects by shape or color
28. Sing old songs
29. Say "Tell me more" to talk about memories
30. Put silverware away
31. Make a Valentine collage
32. Play favorite songs and sing
33. Take a ride
34. Make a cherry pie
35. Read aloud from Ideals magazine
36. Dye Easter eggs
37. Make a basket of socks
38. Take a walk
39. Reminisce about 1st day of school
40. String Cheerios to hang outside for birds
41. Make a fresh fruit salad
42. Sweep the patio
43. Color paper shamrocks green
44. Fold towels
45. Have afternoon tea
46. Remember great inventions
47. Play Pictionary
48. Paint a sheet
49. Cut out paper dolls
50. Identify states and capitals
51. Make a family tree poster
52. Color a picture of our flag
53. Cook hot dogs outside
54. Grow magic rocks
55. Water house plants
56. Reminisce about the first kiss
57. Play horse shoes
58. Dance
59. Sing favorite hymns
60. Make homemade ice cream
61. Force bulbs for winter blooming
62. Make Christmas cards
63. Sort playing cards by their color
64. Write a letter to a family member
65. Dress in your favorite football team's color
66. Pop popcorn
67. Name the presidents
68. Give a manicure
69. Make paper butterflies
70. Plant a tree
71. Make a May basket
72. Make homemade applesauce
73. Finish famous sayings
74. Feed the ducks
75. Mold with play dough
76. Look at pictures in National Geographic
77. Put a puzzle together
78. Sand wood
79. Rub in hand lotion
80. Decorate paper placemats
81. Arrange fresh flowers
82. Remember famous people
83. Straighten out underwear drawer
84. Finish Nursery Rhymes
85. Make peanut butter sandwiches
86. Wipe off patio furniture
87. Cut up used paper for scratch paper
88. Take care of fish tank
89. Trace and cut out leaves
90. Ask simple trivia questions
91. Finish Bible quotes
92. Paint with string
93. Cut out pictures from magazines
94. Read classic short stories
95. Put joins in a jar
96. Sew sewing cards
97. Put bird feed out for the birds
98. Clean out a pumpkin
99. Reminisce about a favorite summer
100. Roll yarn into a ball
101. Make a birthday cake

Dog Breeds Word Search

Find the names of various dog breeds hidden in the puzzle.

Z	P	A	G	X	L	B	S	H	A	R	P	E	I	J
P	H	S	J	L	A	B	R	A	D	O	R	J	S	W
C	D	A	L	M	A	T	I	A	N	Z	E	G	P	S
O	N	A	M	R	E	B	O	D	A	H	T	W	A	Y
L	E	A	B	C	R	E	I	R	R	E	T	E	N	W
L	U	M	N	S	H	Z	E	L	A	D	E	R	I	A
I	G	Q	A	G	V	I	Y	M	U	I	S	O	E	F
E	Q	O	V	L	B	S	H	K	N	P	D	T	L	D
E	D	Q	D	O	A	K	H	U	S	R	D	A	G	N
N	Z	N	X	L	C	M	P	I	A	U	B	T	P	U
A	R	E	U	D	L	O	U	N	H	H	H	P	O	O
D	R	G	E	H	O	U	R	T	E	T	U	W	I	H
T	Z	X	U	D	S	E	B	G	E	Z	Z	A	N	Y
A	B	L	L	P	B	H	O	N	I	C	O	U	T	E
E	M	E	M	T	C	D	C	G	M	W	O	K	E	R
R	A	H	S	A	O	B	E	A	G	L	E	U	R	G
G	F	F	I	T	S	A	M	C	D	H	I	Y	A	O

AIREDALE
 BEAGLE
 BOXER
 BULLDOG
 CHIHUAHUA
 COLLIE
 CORGI
 DACHSHUND
 DALMATIAN
 DOBERMAN
 GREATDANE
 GREYHOUND
 HUSKY
 LABRADOR
 MALAMUTE
 MASTIFF
 POINTER
 POODLE
 PUG
 SETTER
 SHARPEI
 SHIH TZU
 SPANIEL
 ST BERNARD
 TERRIER

'In the Sea' Word Search

Find the hidden words associated with marine life.

B H S I F Y L L E J F Q C W K J W J
 D S U P O T C O M N U C M I C P M V
 A K R V V U Y C Z Z L G M Q F X O I
 V D E N O M E N A A E S G X M B R I
 R L T K U W S E M U T U B N F L A S
 F L S H S W L S J Q U K O S B H Y H
 H U B V R T A B O P H T J E I G E I
 C G O O R W P N K M K I K A S L E X
 O A L U E Q L I U N Y H S H H N L Q
 R E T S S K O R A T N G U O A N S K
 A S N D E B P L E I T J L R R B Y O
 L B C U O A P S Q T V X L S K M M X
 R M H W G L U H E E S V O E P P I W
 E S F P U N P R L A O Y M T O D V H
 E B Q B F Y I H C A L H O O B S X A
 F A J U X B J R I H J I P X C Z D L
 P T Q E I D A F R N I M O M F H Q E
 N D E B U D O V M E C N Q N I B O B
 O Q Z E E H W Y F Z H S E A U R O W
 Z D S E A W E E D C V L L E H S H U
 K V K Y M C N M A R L I N C Q G D S

CLAMS
 CORALREEF
 DOLPHIN
 HERRING
 JELLYFISH
 LOBSTER
 MARLIN
 MOLLUSK
 MORAYEELS
 OCTOPUS
 OYSTER
 PLANKTON
 SEALION
 SEANEMONE
 SEAGULL
 SEAHORSE
 SEAURCHIN
 SEAWEED
 SHARK
 SHELL
 SHRIMP
 SQUID
 TUNA
 TURTLE
 WHALE

All About Puzzles
 puzzles.about.com

GOOD COMMUNICATION SKILLS

YOUR APPROACH:

- Think about how you present yourself.
- Try a calm, gentle, matter of fact approach.
- Use a non-demanding approach - try humor, cheerfulness
- Try using touch to help convey your message.
- Begin your conversation socially.

THINGS TO THINK ABOUT WHEN YOU SPEAK:

- Talk to the person in a place free from distractions.
- Begin conversations with orienting information.
- Look directly at the person and make sure you have his or her attention.
- It is important to be at eye level with the person.
- Speak slowly and say individual words clearly.
- Use short, simple sentences.
- Ask simple questions that require a choice of a yes/no answer.
- Use very concrete terms and familiar words.
- Talk in a warm, easy-going manner.
- Keep the pitch of your voice low.
- Allow plenty of time for a response.
- Try demonstrating visually what you are saying.
- Stay calm and be patient.

THINGS NOT TO DO

- * Don't argue.
- * Don't order the person around.
- * Don't tell the person what he or she can't do.
- * Don't be condescending.
- * Don't ask a lot of questions that rely on a good memory.
- * Don't talk about people in front of them.

WHEN VERBAL COMMUNICATION FAILS

- Try distracting the person.
- Ignore a verbal outburst if you can't think of any positive response.
- Try other forms of communicating (music, gentle touch, favorite foods, a smile)
- Remove extra noise or stimulus from area.

Life Review Assignment (University of California- Los Angeles)

Life review, as described by Robert Butler, is a naturally occurring, universal mental process prompted by the realization of a foreshortened life expectancy. It potentially proceeds toward a reorganization of the self, including the achievement of such characteristics as wisdom and serenity in older adults. The process consists of reminiscence, thinking about oneself, and a reconsideration of previous life experiences and their meaning.

Butler's description of the life review process closely parallels Erikson's last stage of development, the dynamic between Integrity vs. Despair. For some older adults the process of thinking about the past may lead to depression and an obsessional rumination. The determining factors for the successful completion of this developmental task of later life can be traced to the earlier stages of growth described by Erikson. Erikson believed the person, no matter how old, always held the potential for not only meeting the challenges of the current conflict but resolving previous ones.

The life review process holds the potential for the older adult to reach ever increasing levels of self-awareness. The crucial task is to evaluate one's life and accomplishments and to accept the whole, both the good and the difficulties, as all necessarily a part of one's own individual life. This sense of integrity confirms that one's life has been "a meaningful adventure in history."

The life review process takes place gradually over a period of years for the older person. An interested other person can assist older adults by taking an oral history. The history can be taken over a period of several sessions and may be tape-recorded. The results may be given to the older adult and may be shared with younger family members.

Interview instructions:

Begin by briefly expressing your interest in learning about the older adult's life and recording it for him/her. Explain you will use this as a class assignment and obtain permission from the older person at this time.

Interview in a quiet, private location. Make sure the older adult is comfortable and you are seated in a position to be heard and maintain eye contact. Allow adequate time for interview but do not prolong any one session.

Start by asking for his/her name, age and present living situation.

Proceed by asking all of the questions below. Feel free to ask about other aspects of the elder's life that you believe will help provide a fuller picture of their life story.

Where and when were you born? When did you or your family come to this country? What are your roots?

What is your memory of your parents? What was your parents' education? What type of job did your father hold? Your mother? What was your financial situation like during your childhood?

What is your earliest childhood memory?

What was your community like as you were growing up? What was your family structure, brothers and sisters, household chores, etc.?

What was your education? When did you leave home and what were you doing at the time?

Did you marry, if so when? Did you have children? Tell me about your children.

Where did you live during early and later adult life? What jobs did you and your spouse hold?

What interests have been important to you? What hobbies?

What was the most important historical event? What changes have you seen that younger people today haven't seen?

Have there been any special difficulties you have experienced in your life? What has been the most difficult loss?

Have you experienced any special advantages?

Describe your retirement. What has your life been like in the last 10 years? What types of activities have you been involved in.

What are you most proud of? How are you special?

What do you enjoy about looking at your life? What do you want to do or learn next?
What advice would you give to the younger generation?

Thank the older person for all they have shared and what you have learned.

Answer the following questions post interview relating the reading and class lecture to your interview.

- 1) What is your relationship to this person and where did the interview take place?
- 2) What was the most surprising thing you learned about this person?
- 3) Identify aspects of the elder's life story that exemplify or illustrate components of one or more specific aging theories and concepts discussed in the course.
- 4) Related to the bio-psycho-social perspective on aging, how did elements from this model relate to the person you interviewed?
- 5) Related to the lifecourse perspective what was the most important historical event that the person recounted in his/her life history?
- 6) How does what you learned from this interview relate to your own lifecourse?



The Intergenerational Center
TEMPLE UNIVERSITY®

Aging and Related Issues

Emilia Xavier, MSW

Program Manager

Temple Time Out Caregiver Respite Program

What is a gerontologist?

- Geriatrics: medical specialty dealing with the problems and diseases of the elderly
- Gerontology: the study of aging and the problems of old age

Age Related Vocabulary

- Aging: the condition of becoming old, begins at birth
- Lifespan: duration of life of an organism in a particular environment and/or under certain circumstances
- Average life span: mean length of life for members of a group (cohort) of the same birth date
- Life expectancy: average amount of time of life remaining for a population whose members all have the same birth date
- Active life expectancy: the amount of life free of disability

- Persons 65 years or older--numbered 39.6 million in 2009 (the latest year for which data is available). They represented 12.9% of the U.S. population, about one in every eight Americans.
- By 2030, there will be about 72.1 million older persons, more than twice their number in 2000. People 65+ represented 12.4% of the population in the year 2000 but are expected to grow to be 19% of the population by 2030.

- Persons 65 years or older--numbered 39.6 million in 2009 (the latest year for which data is available). They represented 12.9% of the U.S. population, about one in every eight Americans.
- By 2030, there will be about 72.1 million older persons, more than twice their number in 2000. People 65+ represented 12.4% of the population in the year 2000 but are expected to grow to be 19% of the population by 2030.

Generations Explained

Generation Name*	Birth Years, Ages in 2009	% of total adult population	% of internet-using population
Gen Y (Millennials)	Born 1977-1990, Ages 18-32	26%	30%
Gen X	Born 1965-1976, Ages 33-44	20%	23%
Younger Boomers	Born 1955-1964, Ages 45-54	20%	22%
Older Boomers	Born 1946-1954, Ages 55-63	13%	13%
Silent Generation	Born 1937-1945, Ages 64-72	9%	7%
G.I. Generation	Born -1936, Age 73+	9%	4%

Source: Pew Internet & American Life Project December 2008 survey. N=2,253 total adults, and margin of error is ±2%. N=1,650 total internet users, and margin of error is ±3%.

*All generation labels used in this report, with the exception of Younger - and Older - Boomers, are the names conventionalized by Howe and Strauss book, *Generations*: Strauss, William & Howe, Neil. *Generations: The History of America's Future, 1584 to 2069* (Perennial, 1992). As for Younger Boomers and Older Boomers, enough research has been done to suggest that the two decades of Baby Boomers are different enough to merit being divided into distinct generational groups.



Myths of Aging

Rowe and Kahn 1999

Myths of Aging

- To be old is to be sick
- You can't teach an old dog new tricks
- The horse is out of the barn
- The secret to successful aging is to choose your parents wisely
- The lights may be on, but the voltage is low
- The elderly don't pull their own weight

To be old is to be sick

- Acute, infectious, illness dominated the past
- Now there is a dramatic reduction on precursors to chronic disease
- Compression of morbidity
- 65 y.o. American men have 15 more years, with 12 be fully independent
- 65 y.o. American women have 19 more years, with 14 active and independent
- 5% fallacy

You Can't teach an old dog new tricks

- Older people can and do learn new things!
- Predictors of strong mental function
 - Regular physical activity
 - Strong social support system
 - Belief in one's ability to handle life situations
- Can improve short-term memory with practice
- For success older people need to go at own pace, practice, and avoid embarrassment

The horse is out of the barn

- We can recover much lost function and decrease risk
- Smoking
 - Risk of heart disease and stroke falls as soon as you quit
- Syndrome X
 - Places the person at risk for heart disease and diabetes
 - Weight loss decreases heart disease
- High Blood Pressure
 - Diet, exercise, and medication can improve
- Physical fitness
 - Some declines, but the older body is MORE than able to meet the demands of everyday life

Choose your parents wisely

- Genetics impacts aging, but it isn't the only thing!
- Lifestyle has a powerful impact on likelihood of disease development
- As we grow older genetics become less important and environment becomes more
- Only about 30% of physical aging can be blamed on genes

The lights may be on but the voltage is low

- When it comes to sexual activity, chronic illness alone is not the critical factor
 - Health
 - Availability of partner
 - Cultural norms
- Many forms of physical intimacy

The elderly don't pull their weight

- Unpaid productive work are an important national accounting
- Age dependency ratio
- Ageist hiring practice eliminate opportunities
- They are ready willing and able!
- Older workers surpass expectations and value of experience and insight

Older Americans Act (OAA)

- Passed in 1965 in response to concerns that there was a lack of community social services for older persons
- The OAA established authority for grants to States for community planning, and social services, research and development projects and personnel training in the aging arena.
- Established the Administration on Aging (AoA) to administer the newly created grant programs and serve as the Federal focal point for issues related to older persons

- AoA awards OAA funds for supportive home and community based services to State Units on Aging (SUA), who in turn disseminate these funds to local units on Aging based on their community needs
- Area Agencies on Aging receive state and federal funding via the SUA to provide services to aging adults 60 and older, in their communities
- Every community has an Area Agency on Aging

Long term care

- Nursing Home
- Assisted Living
- Adult Day Center
- CCRCs
- Independent Living
- Hospice Care
- In Home Support

BASICS on Social Security

- Public Retirement Pension System Administered by the Feds
 - Includes disability and life insurance
- Created in 1935 under different historical conditions
 - Poor elders
 - Only 5% of population was 65+
- Average \$12K/yr
- Intended as a safety net & to add to retirement
- Funded by payroll taxes
- 10 years or 40 quarters
- Benefits are indexed to the consumer price index
- Pay-as-you-go system- NOT a Trust fund or Investment fund
- Return on your taxes is only 3% through treasury bonds

Medicare vs. Medicaid

Medicare is for:

- People 65 and over
- People of any age who have kidney failure or long term kidney disease
- People who are permanently disabled and cannot work (must be on disability for 24 months before becoming eligible)
- Medicare is applied for at the local Social Security office.

Medicaid is for low income:

- Pregnant women
- Children under the age of 19
- People 65 and over
- People who are blind
- People who are disabled
- People who need nursing home care
- Application for Medicaid is at the State's Medicaid agency.

The Different Parts of Medicare

- **Medicare Part A (Hospital Insurance)**
 - Helps cover inpatient care in hospitals, skilled nursing facilities, hospice, and home health care.
 - Most people don't have to pay a premium for Medicare Part A because they or a spouse paid Medicare taxes while working in the United States. If you don't automatically get premium-free Part A, you may still be able to enroll, and pay a premium.
- **Medicare Part B (Medical Insurance)**
 - Helps cover doctors' and other health care providers' services, outpatient care, durable medical equipment, and home health care.
 - Helps cover some preventive services.
 - Most people pay up to the standard monthly Medicare Part B premium.
 - Note: You may want to get coverage that fills gaps in Original Medicare coverage. You can choose to buy a Medicare Supplement Insurance (Medigap) policy from a private company.
- **Medicare Part C (also known as Medicare Advantage)**
 - Offers health plan options run by Medicare-approved private insurance companies. Medicare Advantage Plans are a way to get the benefits and services covered under Part A and Part B.
 - Most Medicare Advantage Plans cover Medicare prescription drug coverage (Part D).
 - Some Medicare Advantage Plans may include extra benefits for an extra cost.
- **Medicare Part D (Medicare Prescription Drug Coverage)**
 - Helps cover the cost of prescription drugs
 - May help lower your prescription drug costs and help protect against higher costs
 - Run by Medicare-approved private insurance companies
 - Costs and benefits vary by plan

Biological Theories of Aging

- 1923 Waste Product Theory
- 1924 Wear and Tear Theory
- 1928 Rate of Living Theory
- 1947 Endocrine Theory
- 1955 Free Radical Theory
- 1957 Collagen Theory

Biological Theories of Aging (con't)

- 1957 Metabolic Theory
- 1959 Somatic Mutation Theory
- 1963 Error Catastrophe Theory
- 1968 Programmed Senescence Theory
- 1968 Cross- Linkage Theory

Social Theories of Aging

- **Age Stratification Theory**
- **Critical Gerontology**
- **Social Constructionism**
- **Activity Theory:** Optimal aging is a result of staying active and resisting shrinkage of their social world. Replace lost friendships; get involved in activities
- **Disengagement Theory:** Removal of the older person from society. Old people do not have much to contribute to society.
- **Social Exchange Theory:** Explains why social engagement decreases with age based on availability of resources. Elders withdraw because they offer less benefits

- **Continuity Theory:** Emphasizes that personality plays a major role in adjustment to aging and adult development is a continuous process. Personality, relationships, activity level stay the same over one's life course.
- **Subculture Theory:** as one ages ageism begins to occur and older people will lose status and begin to be excluded by younger people
- **Political Economy Theory:** Looks at the distribution of power in a society, the type of economy is a society and the interaction between the two.

Think:

- ❖ How do our behaviors influence our aging?
- ❖ How much does genetics influence our aging?

Time Out Respite Program

- ☐ Intergenerational model for low cost, quality in-home respite services
- ☐ Consumer-directed "direct pay" model created in 1986
- ☐ Represents partnership between:
 - College students
 - Caregivers
 - Agencies serving the elderly
- ☐ Founded in 1986
- ☐ Housed in Temple University's College of Health Professions, Intergenerational Center

 The Intergenerational Center
TEMPLE UNIVERSITY

What is the Need for Respite Care?

- The elderly population continues to grow.
- Upwards of 15-20% of elderly are being cared for in the community by family members who may be elderly themselves.
- Competing financial, workplace and family demands create enormous stress on caregivers.
- Agencies and families are finding it increasingly difficult to locate affordable and quality services.
- Over 7 million Americans provide 120 million hours of care to about 4.2 million elderly persons with functional limitations each week.
- The estimated economic value of this care ranges from \$45-96 billion a year.
- Research has found that caregivers who experience stress and burden are more likely to institutionalize relatives suffering from dementia.
- Once physical resources of caregivers decline and other home and community resources (paid or unpaid) are unavailable, nursing home placement is more likely.

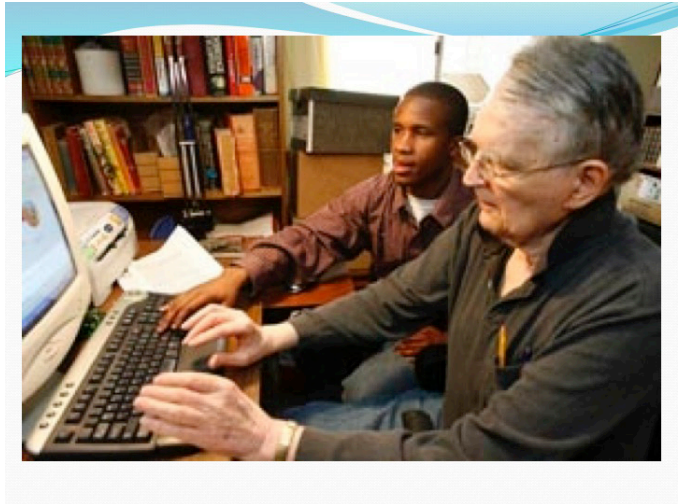
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Time Out Program Guidelines

- ❑ Students provide companionship and supervision for a minimum of 2 hours/visit at established times.
- ❑ Personal care, transportation or housecleaning services are NOT provided.
- ❑ Students make a 1 semester commitment for approximately 4-8 hours per week.
- ❑ Caregivers pay bi-annual \$25 program fee.
- ❑ Caregivers pay students \$8.00/hour.

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Benefits to Students

- ❑ Increase knowledge about the aging process
- ❑ Experience in geriatrics
- ❑ Flexible work schedule & part-time income
- ❑ Employment/graduate school references
- ❑ Positively impact someone's life
- ❑ Opportunity to become part of a family unit

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Caregiver Comments About Time Out's Impact on Stress and Social Isolation

"My dad has dementia. Lisa's visits definitely keep his mind more alert."

"Resistant at first, my grandmother now loves her student. As a working mom with young children, I don't have the extra time to travel 40 minutes a day to visit her."

"I live in upstate NY and there is no family living near my uncle. Without Kelly's friendship and support, he would have required nursing home care."

 The Intergenerational Center
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Quotes Reflecting *Time Out's* Impact on Students

"This experience has not only reinforced my desire to become a physician but has also made me acutely aware of the issues of the elderly."

"The program has allowed me to better understand people of another generation. I look forward to seeing the older people I visit each week."

"Participating in *Time Out* has been an enlightening and useful opportunity that affords me the chance to earn extra money while studying for a degree in Health Information Science."



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Caregiver Stress and Elder Isolation

The Problem: Currently, 65.7 million people are caregivers to someone over age 50. That's 1 in 3 adults is a caregiver or 31% of all households. These caregivers provide an average of 20 hours of care per week for adults, the elderly and children with special needs. 19% of Philadelphia's population is made up of older adults and there are not enough services.

An Intervention: Consumer-directed "direct pay" model in which students provide companionship and supervision for a minimum of 2 hours/visit at established times. Representing partnerships between: college students, caregivers, and agencies serving elders and caregivers.



The Solution: Train and mobilize college students to provide companionship and meaningful activity for frail elders being cared for by informal caregivers.

The Results: Caregiver stress reduced, decrease in elder isolation, increase in ability to keep frail elders in their homes, and increase in students awareness of aging and caregiving issues.



Volunteering: The Time Out Program at the Temple Intergenerational Center

By Adam Polaski (Photos by Gabrielle Mahler)
04/03/12



Arthur Kern, a 21-year-old senior at Temple University, goes for a walk with his Time Out match, 77-year-old Army veteran Mike Loucas.

Currently, just over 100 students—including those from [Temple University](#), the [University of the Arts](#), [Drexel University](#), [University of Pennsylvania](#), and local community colleges—are enrolled in the [Time Out Program at the Temple Intergenerational Center](#). The program matches college students in the Philadelphia area with older adults and facilitates interactions between them.

EVERY SEMESTER, 40-50 new students participate in a training program, and this year, the application process was once again exceedingly popular. Students who apply and are accepted to the Time Out Respite program agree to a semester-long commitment with a local adult and their caregivers, although the goal is to sustain the connection beyond just one semester. The students, most of whom are compensated monetarily by the caregiving families, are matched to the older adult based on geographical logistics, and then paired using shared interests and personality traits.

Many of the students—about 85 percent, according to program leaders—are pursuing careers in health-related professions, so the Time Out program gives them hands-on experience that they can't get anywhere else. Whether they're going into social work, nursing, or physical therapy, Time Out gives them the opportunity to see what caregiving is like from a professional perspective.

That's certainly part of the reason that Arthur Kern, a 21-year-old senior at Temple University, is involved with the program. He plans to study occupational therapy in graduate school, so his work goes hand-in-hand with his career goals. Beyond that, his grandmother passed away from complications related to Alzheimer's, so Arthur feels passionately about making life easier and more enjoyable for aging adults with dementia.

At its basest level, the program is a caregiver respite opportunity for families who are looking after the well-being of older family members. Taking care of an aging relative is often a 24/7, full-time job for these caregiving families, so Time Out's primary aim is to alleviate some of that stress. Caregivers can rely on Time Out students to accompany their older family member so that the caregivers can get a break, run errands, or get to their own appointments.

TWICE A WEEK, Arthur goes to the YMCA for a workout session with his friend Mike Loucas. Arthur helps to spot Mike while lifting weights, holds the heavy bag while Mike punches, and works alongside Mike during cardio exercises.

Seems like any other gym buddies' workout, except for this difference: Mike is a 77-year-old Army veteran who was previously a boxer and physical education teacher. As they work out, Arthur and Mike joke around with each other, comparing themselves to boxing greats of the past like Rocky Marciano and laughing at how exhausted they are. They talk about Arthur's studies in school, about Mike's time in Korea after the end of the Korean War, and about Mike's previous time as a gym teacher. The men may be separated by over 50 years of life experience, but it's not hard to see that they're learning from each other and forging a strong bond that encourages intergenerational understanding.

Mike moved in with his daughter, Michelle Loucas, in August of 2009, shortly after his wife passed away. Mike suffers from early stages of dementia, which compresses his short-term memory and causes him to forget many details of his daily life.

The dementia has made his transition from living in Maryland with his wife to living with his daughter in Philadelphia even more challenging. Since she works full time, Michelle enrolled her father in a senior care program, but the activities were largely focused on arts and crafts projects, things that Michelle said weren't really that stimulating for Mike.

"He was so used to using his body and getting a lot of joy from working out," Michelle explained. "So I needed something a little bit unusual: I needed someone who could go and work out with my dad."



Arthur, who plans to study occupational therapy in graduate school, spends time with Mike and his grandchildren.

She learned about the Time Out Respite program from some friends and quickly saw it as a way to fill a void in her father's life. Now, Michelle needs the program more than ever. Last year, she worked to found the independent [Philly Free School](#), and she and her husband now work there full-time. She also takes care of two young children, including one infant who was born just two weeks before her father moved into her home.

But although this "respite" philosophy is Time Out's first goal, it's clear that the program operates on several levels. Yes, it provides some much-needed time for caregivers to manage the rest of their lives, but it also affords aging adults a wealth of new experiences and exciting interpersonal relationships.

"Time Out really is a gift for me," Michelle said, highlighting how important it is for her to know that her father is spending quality time with young people and getting to engage in the activities that make him happy.

"When you have memory loss like my dad does," she said, "they really recommend trying to emphasize the old memories and the things that are still retained. For my dad, a lot of his old programming and wiring is physical—getting his endorphins going through fitness."

ARTHUR BEGAN WORKING WITH MIKE and the Time Out program at the beginning of his junior year, and he even saw Mike during the summer in Philadelphia. Besides taking Mike to the gym, Arthur also

shares meals and coffee meetings with Mike, providing a focused and compassionate conversation partner.

The two-year match has led to an increasingly strong bond between Arthur and Mike; Arthur even said he feels like he and Mike are related.

"It doesn't feel like a job," Arthur said. "It doesn't feel like a burden to take Mike out to the YMCA. I feel like I'm taking out my grandpa - some people actually even think that he is my grandpa."

Although Arthur understands that his work is primarily focused on relieving Michelle from some of her caregiving obligations, giving her a break from the constant need to watch out for her father, he is also clearly developing much of his own personal outlook on the importance of engaging with older adults.

"This program made me continue to want to work with the older population," he said. "It's helped me learn that I'm capable of doing it, that I'm good at doing it, and that I really enjoy doing it. I want people to have the utmost respect for older people. They've been around a lot longer than we have, they have a tremendous amount of wisdom, and we need to learn from that. In order to do that, we need to interact with them."



The official blog of generations united
Because we're stronger together®

MONDAY, NOVEMBER 21, 2011

Our Other Thanksgiving: A Multigenerational Family Story and Recipe

"Don't adjust your glasses," I affectionately teased as I captioned this Thanksgiving 2004 photograph for our family album. "Other Nana's actually cooking." Alice D'Amore, my husband's grandmother, would rather make a reservation than cook a meal any day of the week. But this photo is truly miraculous, although for a different reason than you might guess.



Alice earned her rather unique nickname because my husband's great-grandmother (the original Nana) lived with his family. As a toddler, my husband decided to call her the "Other Nana." When I met her, Alice explained why she loved the name and the family continued to use it. "There are millions of grandmas out there, but I bet I am the only Other."

Other was truly an original. Long before "Mad Men," she regaled me with eye-opening stories about her experiences working as an executive secretary in Manhattan starting in the 1940s. While she enjoyed work greatly, it was also a necessity. My husband's grandfather died in a tragic accident working an extra shift to save money for their new baby on the day they were supposed to bring my mother-in-law home from the hospital.

Other lived her life with a remarkable grit, a fabulous sense of style, and a wonderful spirit of adventure that she imparted to both her grandchildren. When my husband and I began dating in college, she quickly adopted me as one of her own. We grew very close, especially after I lost both my grandmother and grandfather before my husband and I got married in the summer of 2002.

In the fall of 2003, my husband and I moved to Philadelphia when he began a one-year clerkship with a federal judge after he graduated from law school. We had just settled into our new one bedroom apartment, when we got a phone call that changed our lives dramatically.

Alice fell while trying to swat a spider with a broom. She hit her head, causing a major bleed in her brain. After her surgery, she wasn't waking up from her coma. My husband refused to give up on her and kept calling her name until she opened her eyes. While the brain surgery ultimately saved her life, it greatly damaged her balance. Alice could no longer live on her own.

I remember packing up her apartment with my sister-in-law Jayne, a college student on fall break at the time, in tears during Thanksgiving weekend 2003. The step-down rehabilitation facility in New Jersey discharged her a few days before when she failed to make additional improvement. At the ages of 26 and 27, my husband and I became her primary caregivers in a city that we lived in for two months. During the Thanksgiving dinner at my mother's house, I remember watching the fork miss Alice's mouth as she desperately tried to feed herself.

As it turned out, our temporary location in Philadelphia helped us tremendously. Our apartment building allowed us to break our lease and move into a two bedroom on

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Multigenerational Families
Around the World

Our Other Thanksgiving: A
Multigenerational Family...

Generations United Final 2011
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the same floor. When Alice’s health deteriorated and she was readmitted to the hospital, she received quality care on a special geriatric floor this time. Her doctors connected us with an acute rehabilitation service upon her discharge. A social worker there put us in touch with an intergenerational respite program at Temple University, that gave us a much needed break from round the clock care.

The Time Out Program at Temple University’s Intergenerational Center gave all of us a piece of our lives back again. At first, it gave my husband and me a chance to escape the relentless circle of round the clock care by going to the movies for a few hours. As Alice improved with intensive physical therapy, her paired student Emily eventually could take her on trips to the supermarket and help her pick up her medicines. To show her appreciation, Alice greatly enjoyed taking Emily out for cups of coffee and cake. She regaled Emily with her life stories and gently provided advice when asked as Emily decided what to do with her life after college.

Although she could never live on her own again, Other made a miraculous recovery that year that gave her a sense of independence back. She lived with us for five years. Before she passed away in July 2008, she got to meet her great grandson Joseph Henry who brought great joy to her final months. Our Thanksgiving story illustrates that intergenerational programs are not just nice, they are necessary.


Since Alice always appreciated a cocktail at the end of the day (in a tiny cordial-sized glass no less), we present a recipe for her favorite special occasion drink, a French 75. It fits her personality more than the mushroom soup she helped to make that day.

- 3 ounces gin
- 3 ounces fresh lemon juice
- 4 teaspoons superfine granulated sugar
- 1 1/2 cups ice cubes
- 1 cup chilled champagne

In a cocktail shaker, combine gin, lemon juice, sugar, and ice cubes and shake to chill. Strain cocktails into glasses and top off with champagne. I hope you enjoy it as much as she did.



Written by Anne Tria Wise

Posted by Donna Butts at 11:33 AM 
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Labels: [grandparents](#), [multigenerational households](#), [Stories](#)

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October 2011 ■ Free

Featured Section:

**Health
Care**

pages 7-14

Inside

She's in 2 sports' Halls of Fame

Player, coach, referee
in hockey, lacrosse 15



My Way offers seniors a skill pool

Serves NW Phila.'s
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Featured Section:
Health Care 7-14



Photo by Susan Smith

Temple student Maria Chernes and Sylvia Erlich work on a puzzle together.

Temple students back up families who are caring for the frail elderly

By John Oliver Mason

Janice Glenn of Philadelphia's Mayfair section needed a companion for her 86-year-old mother.

So she called the Time Out Respite Program at Temple University's Intergenerational Center. The program's director, Susan G. Smith, accompanied Jackie, a Temple student, to meet Glenn's mother, Stella Renzi.

Jackie began visiting twice a week, "just to be company" while Glenn, a coaching consultant, was away — and "to help out wherever she could."

Temple's Time Out Respite Program is more than 25 years old. Its goal is to reduce caregivers' stress and the isolation of the frail elderly, increasing their ability to remain at home.

Students — paid \$8 an hour — represent many majors, Smith says. Many are

in the health field — nursing, medicine, therapeutic recreation, physical therapy — but not all. The program, she says, attracts students, "who have an interest in spending time with the elderly."

Students are drawn to the program for many reasons.

Some miss grandparents

"Some have a special relationship with their own grandparents, and miss them because they're away from home," says Smith. "This program gives them experience in working with the elderly, but it also gives them an opportunity to be connected to a family."

On the other hand, she adds, "the older people really enjoy having a young person come in, because it's like having a grandchild come to visit them."

• continued on page 19

Your Medicare choice must be determined earlier

By Cathy Green

Open Enrollment for changing your Medicare plan begins a month earlier, and also ends earlier this year. Medicare has changed the window for making these choices to the period between October 15 and December 7.

Medicare and its parts

Traditional Medicare, also called Original Medicare, automatically includes Part A, which generally pays 80 percent of the cost of hospital stays, inpatient rehabilitation hospitals, skilled nursing care and some home health care after a hospital stay. (It does not pay for home healthcare on a long-term basis.) You pay the 20 percent not covered for such services, unless you purchase a supplemental plan that covers the difference.

If you are receiving Social Security benefits, you are automatically enrolled in Part A when you turn 65; but if you are still working, you will need to sign up. Even if you are working and receive benefits through your employer, you may be required to sign up for Medicare, or face penalties later.

There is no premium for Part A if you or your spouse have worked and paid Medicare taxes for at least 40 quarters (10 years). If you have not worked 40 quarters, you will pay a premium to enroll, based on how many quarters you have worked.

What Part B covers

You are also automatically enrolled in Medicare Part B if you are receiving Social Security; again, it is important to check on requirements for enrollment if you are employed, to avoid penalties.

• continued on page 8

The Editor's Column

Bullying used to be considered kid stuff, a rite of passage — but no longer

Bullying used to be considered kid stuff, certainly nothing adults got involved in.

If I was being bullied (occasionally, just about everyone was), I'd never have thought of reporting it to the teacher or my parents. My peers would have seen it as tattling, which would have made things even worse for me. And short of standing guard in the schoolyard, there was little that grownups could do.

Now, there's a National Bullying Prevention Center, and this is National Bullying Prevention Month.

"Not only are the effects of bullying on a child felt immediately," observes a press release from the center, "but they can also be lifelong — or even tragic."

At first, I was skeptical. Dealing with bullies is a rite of passage, I had reasoned, a learning experience that helps equip a kid to deal with the real world.

But not every kid is able to work it out for himself, and if bullying is potentially (and permanently) damaging, it certainly should be discouraged.

Besides, bullies grow up. Rotten kids grow into rotten adults.

I don't know whether laws like New Jersey's new one are the answer, but surely, an effort to "change the culture,"

which the National Bullying Prevention Center suggests, can help make the world more livable.

The Boys of October

Although I am a lifelong sports fan, I don't watch games on TV.

If I care about the outcome, it's too nerve-racking. If I don't, what's the point of watching?

During a Phillies or Eagles game, I Google periodically to see how the home team is doing. In the car, I switch stations, but once I hear the score, it's back to music or news.

I'm a fair-weather fan, I confess. If the home team is not doing well, my interest wanes. As of this writing, the Phillies have been winners (something I'm still not used to after all those sad seasons) and the Iggy's look promising.



Don Harrison
editor

A Milestones milestone

Ten years ago, Philadelphia Corporation for Aging took over Milestones, and chose Hollister Creative to publish it.

Hollister picked me to be its editor. We think we do a pretty good job, but what really matters is what you think.

Best way to reach us?

Milestones, c/o PCA, 642 N. Broad St., Philadelphia, Pa. 19130, or milestones@hollistercreative.com. We'll be glad to hear from you.

temple

* continued from cover



Photo by Susan Smith

Temple University student Stephanie Hall with Irving R. Smith.

Students are recruited and trained three times a year. There is a 10-hour training period at the beginning of each semester, plus one in May for students who participate during the summer.

"Students can register online," Smith says. "We have a wonderful website (www.timeoutprogram.org) that describes the program." Participating students must provide references and undergo a criminal background check.

On the first home visit, the student is

accompanied by a Time Out staff member. "We go with the student," Smith explains. "We want the student to be comfortable with the home, and we want the family to be comfortable in participating in our program. It's a chance to ask any questions, to make sure everybody has their questions answered, and to set up a schedule for the students to come on their own."

"Students engage the elderly in mentally stimulating activities," Smith says, "and may assist with cooking light meals, going to the store and accompany the elderly family member to the doctor. They do not perform personal services, such as bathing or dressing."

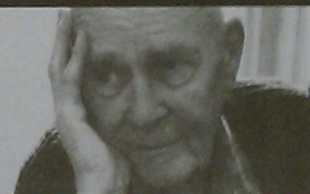
The Time Out Respite Program, says Smith, is not connected with any state agencies, but "we get many referrals from Philadelphia Corporation for Aging and other Philadelphia agencies."

Besides paying the students, families pay a registration fee.



John Oliver Mason is a freelance journalist and poet.

What Would You Say If We Told You You Didn't Have To Pay Your Bills?



Most of our clients say "Thank you."

If your only income is from social security, disability payments, pensions or veterans benefits, federal law states that your income can't be taken away to repay debt. You don't have to pay, and you don't have to endure frustrating calls and letters from collection agents. You can live worry free.

DCSD:

shelters you from harassment
protects your income
is not a bankruptcy

Stop creditors from breaking the law and trying to collect debt that you can't pay.

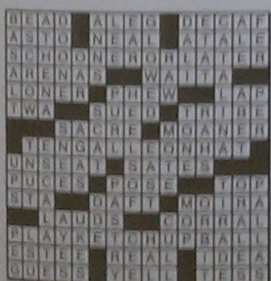
Call DCSD at 1-800-992-3275
Ext. 1304 for a FREE Consultation
or visit us at www.debtcounsel.net or
email: info@lawyers-united.com

Debt Counselors of the United States, Inc. (DCSD)

Founded in 1978
Jerome S. Lamet, Supervising
Attorney and Former Bankruptcy Trustee

Solutions to the Milestones Crossword puzzle

(see page 16)



Directory of Services

HOME BOUND???

Need Dentures, Relines, or Repairs,
I will perform services at your residence.

Dr. Myron D. Eisenberg, DDS
215-480-9398

Medicaid Accepted If Qualified



Therapeutic Shoes.
In-Home Fittings.
Covered by Medicare.

DIABETIC? Let me help you!

FREE Home Delivery of Testing Supplies.

SOLO Talking Glucose Monitor is accurate & easy to use.

215-698-2654 or 800-890-9509

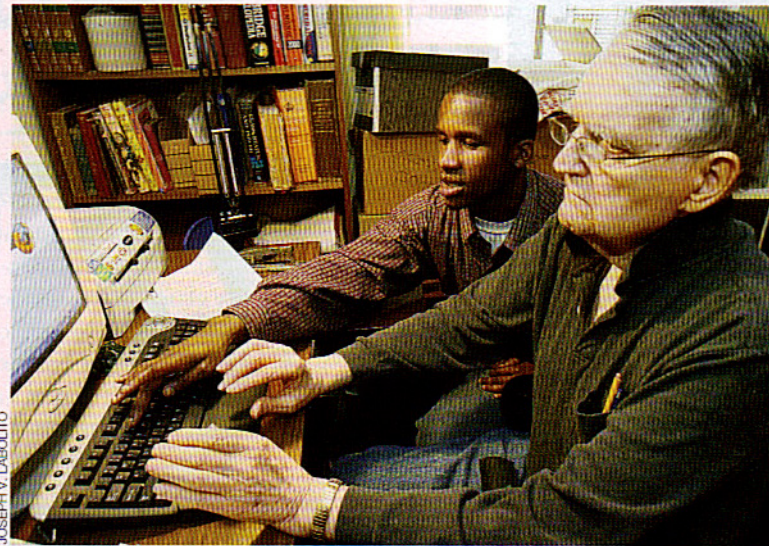
Ask for Barry Kushner • www.AdvancedDiabeticSolutions.net

Time Out Respite Program Wins National Award

TIME OUT, a respite program at Temple University's Center for Intergenerational Learning, has received the 2008 National Family Caregiving Award. The award was given by the Washington, D.C.-based coalition the National Alliance for Caregiving. It honors community-based programs that promote family members caring for older adults. For the past 22 years, Time Out has aided such providers by matching them with Temple students.

"[Time Out] gives the caregivers a needed break, and the students have the experience of forming positive and affirming relationships with people who are aging or disabled," says Gail Hunt, president and CEO of National Alliance for Caregiving.

Time Out also will receive



JOSEPH V. LABOLITO

\$25,000, which program director Susan G. Smith says will be used to increase the size of Time Out's staff.

—Megan Chiplock

For the past 22 years, Time Out, a respite program at the Center for Intergenerational Learning, has aided family caregivers by matching them with Temple students.

-
1. Training Date: _____
2. Student Name: _____
3. Date of Birth: _____
4. Address (*Residence at School*): _____

- Phone Number (*Residence at School*): _____
5. Address (*Permanent Residence*): _____

- Phone Number (*Permanent Residence*): _____
6. Cellular Phone Number: _____
7. E-Mail Address: _____
8. Emergency Contact: _____ Phone #: _____
- Please specify relationship: _____
9. College Attending:
- ___ (00) Temple University
- ___ (01) Community College of Philadelphia
- ___ (02) Penn State Abington
- ___ (03) other: _____
10. What Year:
- ___ (0) Freshman
- ___ (1) Sophomore
- ___ (2) Junior
- ___ (3) Senior
- ___ (4) Graduate Level
11. Major:
- | | |
|-------------------------------------|------------------------------|
| ___ (0) Criminal Justice | ___ (6) Psychology |
| ___ (1) Education | ___ (7) Recreational Therapy |
| ___ (2) Health Information Sciences | ___ (8) Social Work |
| ___ (3) Nursing | ___ (9) Sociology |
| ___ (4) Occupational Therapy | ___ (10) undecided |
| ___ (5) Physical Therapy | ___ (11) other: _____ |
| ___ (6) Pre-Med | |

12. Do you know a language other than English? ☐ (0) No ☐ (1) Yes

If yes, what language(s):

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> (0) Spanish | <input type="checkbox"/> (0) speak | <input type="checkbox"/> (1) understand |
| <input type="checkbox"/> (1) French | <input type="checkbox"/> (0) speak | <input type="checkbox"/> (1) understand |
| <input type="checkbox"/> (2) Russian | <input type="checkbox"/> (0) speak | <input type="checkbox"/> (1) understand |
| <input type="checkbox"/> (3) Yiddish | <input type="checkbox"/> (0) speak | <input type="checkbox"/> (1) understand |
| <input type="checkbox"/> (4) other _____ | <input type="checkbox"/> (0) speak | <input type="checkbox"/> (1) understand |

13. Hobbies: _____

14. How did you hear about the *Time Out Program*?

- ☐ (0) friend
☐ (1) saw notice
☐ (2) faculty member
☐ (3) heard from someone who had participated in the program before
☐ (4) other: _____

15. Hours desired per week: _____

16. Semester/Year: _____

School Schedule	Available Hours
Monday:	Monday:
Tuesday:	Tuesday:
Wednesday:	Wednesday:
Thursday:	Thursday:
Friday:	Friday:
Saturday:	Saturday:
Sunday:	Sunday:

17. Do you drive and have access to a car? ☐ (0) No ☐ (1) Yes

18. Do you have any problems working in a home that has pets? ☐ (0) No ☐ (1) Yes

If yes, please explain: _____

19. Have you ever been convicted of a crime? ☐ (0) No ☐ (1) Yes

If yes, please explain: _____

20. Please check the population(s) you wish to provide respite care services to:

- ☐ (1) Older Adults
☐ (2) Developmental Disabilities
☐ (3) Hospice
☐ (4) no preference

21. Will your respite care work be used to fulfill an academic practicum requirement?

☐ (0) No ☐ (1) Yes

22. Would you consider volunteering your time to help a family?

☐ (0) No ☐ (1) Yes

23. Are you a Pennsylvania resident with a work-study grant?

☐ (0) No ☐ (1) Yes

24. Would you be comfortable working with a person who smokes?

☐ (0) No ☐ (1) Yes

References:

Two references are required in order to participate in the program. One reference must be from a faculty member and the other must be from a supervisor related to employment or volunteer participation. Both references can be written, or one of the two can be contacted by telephone.

Do not use relatives, friends or acquaintances.

Name: _____ Relationship: _____

Phone Number: _____

Will this reference be written or should program staff contact the reference?

☐ written
☐ program staff should contact over the phone

Name: _____ Relationship: _____

Phone Number: _____

Will this reference be written or should program staff contact the reference?

☐ written
☐ program staff should contact over the phone

1. Family File Number

--	--	--	--	--

2. Date of Intake: _____

3. Referral Source (*select one and provide specific contact information*):

- ☐ (01) Philadelphia Corporation for Aging (PCA): _____
- ☐ (02) Area Agency on Aging (other than PCA): _____
- ☐ (03) Visiting Nurse Association: _____
- ☐ (04) Home Care: _____
- ☐ (05) Alzheimer's Association: _____
- ☐ (06) Hospital: _____
- ☐ (07) Doctor or Doctor's Staff: _____
- ☐ (08) Adult Day Care: _____
- ☐ (09) Hospice: _____
- ☐ (10) Counseling for Caregivers: _____
- ☐ (11) Family Caregiver Support Program: _____
- ☐ (12) Employee Assistance Program (EAP): _____
- ☐ (13) Friend: _____
- ☐ (14) other: _____

4. Caregiver Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

5. Care Receiver Name: _____

Address: _____
(*if different from caregiver*) _____

Home Phone: _____

6. Relationship of caregiver to care receiver:

- ☐ (0) spouse
- ☐ (1) daughter
- ☐ (2) son
- ☐ (3) daughter-in-law
- ☐ (4) son-in-law
- ☐ (5) grandchild
- ☐ (6) other family member: _____
- ☐ (7) friend
- ☐ (8) self
- ☐ (9) other: _____

7. Is caregiver employed? ☐ (0) Yes ☐ (1) No
8. City Region:
- | | |
|--|---|
| <input type="checkbox"/> (0) North Central | <input type="checkbox"/> (3) South |
| <input type="checkbox"/> (1) Northeast | <input type="checkbox"/> (4) West |
| <input type="checkbox"/> (2) Northwest | <input type="checkbox"/> (5) other: _____ |
9. Are you close to public transportation: ☐ (0) Yes ☐ (1) No
- If yes, how close:*
- | |
|--|
| <input type="checkbox"/> (0) 0-10 minute walk |
| <input type="checkbox"/> (1) 10-20 minute walk |
| <input type="checkbox"/> (2) 20-30 minute walk |
10. What routes/cross streets: _____
11. What is the health of the care receiver?
- | |
|---|
| <input type="checkbox"/> (0) good |
| <input type="checkbox"/> (1) fair |
| <input type="checkbox"/> (2) poor |
| <input type="checkbox"/> (3) other: _____ |
12. Medical Problems:
- | | |
|---|--|
| <input type="checkbox"/> (00) Alzheimer's/Dementia | <input type="checkbox"/> (07) Parkinson's |
| <input type="checkbox"/> (01) Vision/Hearing Impairment | <input type="checkbox"/> (08) Pulmonary Problems |
| <input type="checkbox"/> (02) Stroke | <input type="checkbox"/> (09) Depression |
| <input type="checkbox"/> (03) Arthritis | <input type="checkbox"/> (10) Renal Problems |
| <input type="checkbox"/> (04) Cardiac Problems | <input type="checkbox"/> (11) Cancer |
| <input type="checkbox"/> (05) Diabetes | <input type="checkbox"/> (12) Osteoporosis |
| <input type="checkbox"/> (06) Bone Fractures | <input type="checkbox"/> (13) other: _____ |
13. Race of care receiver:
- | |
|--|
| <input type="checkbox"/> (01) African American |
| <input type="checkbox"/> (02) Asian |
| <input type="checkbox"/> (03) Caucasian |
| <input type="checkbox"/> (04) Latino |
| <input type="checkbox"/> (05) other: _____ |
14. Would the care receiver be comfortable with a student of a different racial background?
- ☐ (0) Yes ☐ (1) No

15. Annual income of care receiver:

- | | |
|---|---|
| <input type="checkbox"/> (0) under \$4,999/year | <input type="checkbox"/> (2) \$16,000 - \$20,000/year |
| <input type="checkbox"/> (0) \$ 5,000 – \$10,000/year | <input type="checkbox"/> (3) \$21,000 - \$25,000/year |
| <input type="checkbox"/> (1) \$11,000 – \$15,000/year | <input type="checkbox"/> (4) \$25,000 or above |

16. Care Receiver Category:

- ☐ (0) Elderly
- ☐ (1) Developmental Disability
- ☐ (2) Hospice
- ☐ (3) other: _____

17. Tasks to be performed:

- | | |
|---|--|
| <input type="checkbox"/> (0) meal preparation | <input type="checkbox"/> (9) assistance into the bathroom |
| <input type="checkbox"/> (1) exercise | <input type="checkbox"/> (10) help with laundry |
| <input type="checkbox"/> (2) safety/supervision | <input type="checkbox"/> (11) escort to appointment/shopping |
| <input type="checkbox"/> (3) reading | <input type="checkbox"/> (12) wash dishes |
| <input type="checkbox"/> (4) companionship/conversation | <input type="checkbox"/> (13) change bed linens |
| <input type="checkbox"/> (5) music | <input type="checkbox"/> (14) help with mail/phone |
| <input type="checkbox"/> (6) walks | <input type="checkbox"/> (15) reminder to take medications |
| <input type="checkbox"/> (7) games | <input type="checkbox"/> (16) other: _____ |
| <input type="checkbox"/> (8) shopping/errands | |

18. Number of days desired per week: _____

19. Preferred days:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> (0) Monday | <input type="checkbox"/> (4) Friday |
| <input type="checkbox"/> (1) Tuesday | <input type="checkbox"/> (5) Saturday |
| <input type="checkbox"/> (2) Wednesday | <input type="checkbox"/> (6) Sunday |
| <input type="checkbox"/> (3) Thursday | <input type="checkbox"/> (7) flexible |

20. Number of hours desired per week: _____

21. Times requested:

- | | |
|--|---|
| <input type="checkbox"/> (0) morning | <input type="checkbox"/> (2) evening |
| <input type="checkbox"/> (1) afternoon | <input type="checkbox"/> (3) times can vary |

22. Any challenging behavior?

- | | |
|--|--|
| <input type="checkbox"/> (0) combative | <input type="checkbox"/> (4) resistant to services |
| <input type="checkbox"/> (1) confused | <input type="checkbox"/> (5) wander |
| <input type="checkbox"/> (2) swears | <input type="checkbox"/> (6) other: _____ |
| <input type="checkbox"/> (3) incontinent | |

— (0) Yes *specify:* _____
— (1) No

— (0) spouse
 — (1) children
 — (2) grandchildren

— (3) friends
 — (4) other: _____

TIME OUT RESPITE PROGRAM

Confidentiality Agreement

I understand that, as a *Time Out* respite care worker, I may learn private information during the family visit.

I agree to keep all such information confidential, meaning that I will not discuss it with anyone, nor communicate it in any way.

The only times I will share information about the _____ family is with the *Time Out* Program Manager.

Signed: _____
Respite Worker Date

Witness: _____
Date

PREDETERMINED EMERGENCY PLAN

Caregiver's Name: _____

Care Receiver's Name: _____

Care Receiver's Address: _____

Care Receiver's Phone #: _____

***IN THE EVENT OF A MEDICAL EMERGENCY CALL:**

EMERGENCY

911

CAREGIVER'S PHONE NUMBER _____ (home)

_____ (work)

EMERGENCY CONTACT:

Name: _____

Relationship to Care Receiver: _____

Phone #: _____

FAMILY DOCTOR:

Name: _____

Phone #: _____

SPECIAL INSTRUCTIONS:

***STUDENTS:** In the event that you deem a situation as an emergency, please call **911**. In other non-emergency incidents, please call the caregiver.

The *Time Out* Program Manager, Mady Prowler, can be reached at 215-204-6540.

Time Out Program
Respite Worker and Caregiver
Statement of Understanding

Students are undergraduate individuals that have expressed an interest in respite work and are committed to helping caregiving families.

Students are not health care professionals; however, they do spend 8-10 hours in training.

Students will provide companionship and emotional support through visits, conversation and shared leisure activities that are normally engaged in by the client in accordance with the client's ability.

Students may assist the client in snack and meal preparation and they may assist the client in getting into the bathroom.

Students may NOT administer medications, therapy, medical treatments, or procedures.

Students shall be on time for all scheduled visits, and shall give the Caregiver and Program Manager 24 hours' notice if they cannot honor their obligation.

Students are not employees of Temple University but rather independent contractors who agree to keep their own record of hours worked for tax purposes.

Students agree to respect the confidentiality of the client and their family.

Students agree to be prepared with activities that match the interest of the care receiver.

In the event of an emergency, students shall follow a predetermined emergency plan of telephone contacts, which has been provided for them by the family.

Caregivers participating in *TIME OUT* agree to pay students \$8/hour at the completion of each visit; there is a 2 minimum per visit.

Caregivers agree to pay a bi-annual \$25 registration fee to the *TIME OUT* program.

Caregivers agree to follow a pre-arranged schedule and to return home on time.

If you have any questions, please contact Program Manager, **Mady Prowler at 215-204-6540.**

We have read the above statement and we understand that we hereby indemnify, defend, and save harmless Temple University of the Commonwealth System of Higher Education and its officers, employees, and agents harmless from any and all claims whatsoever, arising out of or in any way related to *Project Time Out*.

(Student)

(Caregiver)

(Date)

(Care Receiver)

Time Out Student Contact Information

Please post this in your home for easy access....

Name of respite provider: _____

E-mail address: _____

Phone: _____

Time/ Day(s) that student visits: _____

Emergency Number for Time Out office: 215-510-0612

(Please use this number only in an emergency situation.)

Week-day calls can be made to Mady Prowler at 215-204-6540

If there is a change in your schedule, contact your student as soon as you can to let him/her know.

Thank you.

Time Out staff

Client Satisfaction Questionnaire (CSQ-8)

Please help us improve our program by answering some questions about the services you have received.

We are interested in your honest opinion, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions.

Thank you very much, we really appreciate your help.

CIRCLE YOUR ANSWER

1. **How would you rate the quality of service you received?**

4	3	2	1
Excellent	Good	Fair	Poor

2. **Did you get the kind of service you wanted?**

4	3	2	1
No, definitely not	No, not really	Yes, generally	Yes, definitely

3. **To what extent has our program met your needs?**

4	3	2	1
Almost all of my needs have been met	Most of my needs have been met	Only a few of my needs have been met	None of my needs have been met

4. **If a friend were in need of similar help, would you recommend our program to him or her?**

4	3	2	1
No, definitely not	No, not really	Yes, generally	Yes, definitely

5. **How satisfied are you with the amount of help you have received?**

4	3	2	1
Quite dissatisfied	Indifferent or mildly Dissatisfied	Mostly satisfied	Very satisfied

6. **Have the services you received helped you to deal more effectively with your problems?**

4	3	2	1
Yes, they helped a great deal	Yes, they helped somewhat	No, they really didn't help	No, they seemed to make things worse

7. In an overall, general sense, how satisfied are you with the services you have received?

4	3	2	1
Very satisfied	Mostly satisfied	Indifferent or mildly dissatisfied	Quite dissatisfied

8. If you were to seek help again, would you come back to our program?

4	3	2	1
No, definitely not	No, not really	Yes, generally	Yes, definitely

Source:

The CSQ was developed by C.C. Attkisson et al at the University of California, San Francisco, Department of Psychiatry. Use for non-profit research and evaluation purposes is permitted. All other uses by prior permission and user fee, without exception.

Supplemental Questions:

1. How would you describe the relationship of the student respite worker with the care receiver?

2. How would you describe the relationship of the student respite worker with you?

3. In what ways has having a student respite worker reduced your stress?

4. Is there anything additional you would like to add?

Time Out Respite Program
Temple University
Intergenerational Center
1700 North Broad Street, Suite 412
Philadelphia, PA 19122
(215) 204-1328

NAME _____

DATE _____

COLLEGE / UNIVERSITY YOU ATTEND _____

This questionnaire is being filled out by students who will be participating in the ***Time Out Program***. It contains questions about you, your career goals, and your attitudes on several issues. Your answers will help us to improve the program.

Some of the questions are multiple choice. For these items, please circle the number beside the answer you select (be sure to circle only one answer). Some of the questions ask you to write about your feelings on an issue; **please answer these as completely as you can**. Remember, there are no right or wrong answers on any of these questions; we just want to know what you think.

We want to assure you that your answers will be kept **completely confidential**. Your answers will not affect your participation in the program in any way.

Please see other side

1. The following are some statements about older people (persons age 65 and over). Please indicate how much you agree with each statement by circling the number under the response that best matches your opinion.

		Strongly Agree	Mildly Agree	Mildly Disagree	Strongly Disagree
a.	Most older people are set in their ways and unable to change.	SA	MA	MD	SD
b.	Most older people are not isolated.	SA	MA	MD	SD
c.	Older people are apt to complain.	SA	MA	MD	SD
d.	Older people can learn new things just as well as younger people can.	SA	MA	MD	SD
e.	People become wiser with the coming of old age.	SA	MA	MD	SD
f.	Older people are often against needed reform in our society because they want to hang on to the past.	SA	MA	MD	SD
g.	Most older people are in good health.	SA	MA	MD	SD
h.	Most older people spend too much time prying into the affairs of others.	SA	MA	MD	SD
i.	In most jobs, older people can perform as well as younger people.	SA	MA	MD	SD

2. Now, we would like to learn about your attitudes toward community service work. Please read the following statements and circle the number under the response that best matches your opinion.

	Strongly Agree	Mildly Agree	Mildly Disagree	Strongly Disagree
a. It is the responsibility of the community to take care of people who can't take care of themselves.	SA	MA	MD	SD
b. I am good at helping people.	SA	MA	MD	SD
c. I am not very interested in working on problems in the community.	SA	MA	MD	SD
d. It is important to help people in general, whether you know them personally or not.	SA	MA	MD	SD
e. It is hard to find the time to work on other people's problems.	SA	MA	MD	SD
f. I want to work in a career helping others.	SA	MA	MD	SD
g. It doesn't make sense to volunteer because you don't get paid for it.	SA	MA	MD	SD
h. Careers in service to others can be more rewarding than other careers.	SA	MA	MD	SD

Please see other side

3. At this point, what is your most likely career choice? (*please choose one answer*)

- | | | | |
|---|----------------------|----|------------------------------------|
| 1 | Social Work | 7 | Psychologist |
| 2 | Counseling | 8 | Recreation Therapy |
| 3 | Nursing | 9 | Architecture |
| 4 | Teaching | 10 | Law Enforcement |
| 5 | Physical Therapy | 11 | Design |
| 6 | Occupational Therapy | 12 | Business Management |
| | | 99 | Other, <i>please specify</i> _____ |
-

3a. Is this career choice in the gerontology field?

- 1 Yes
- 2 No

3b. How certain are you that you will choose this career?

- 1 I definitely will
- 2 Pretty certain
- 3 A little certain
- 4 Not very certain

4. Please read the following statements about working with older people. Please indicate how much you agree with each statement by circling the number under the response that best matches your opinion.

	Strongly Agree	Mildly Agree	Mildly Disagree	Strongly Disagree
a. People who work with older people have interesting jobs.	SA	MA	MD	SD
b. Working with older people is depressing.	SA	MA	MD	SD
c. It would be very stressful to work with older people.	SA	MA	MD	SD
d. Working with older people is a very worthwhile occupation.	SA	MA	MD	SD
e. A problem with having a job working with older people is that it is hard to make enough money.	SA	MA	MD	SD
f. Working with older people is a prestigious occupation.	SA	MA	MD	SD
g. I don't have the ability to work successfully with older people.	SA	MA	MD	SD
h. I fear getting really old.	SA	MA	MD	SD

5. Have you ever had paid experience working with the elderly?

1 Yes
 2 No *GO TO → Q. 7*

Please see other side

6. What did you do?

-
- 1 Companion / Aide - IN a nursing home
 2 Companion / Aide - NOT in a nursing home
 3 Nursing
 4 Other Health Professional, *please specify* _____
 5 Case Worker / Counselor
 6 Office Work
 99 Other, *please specify* _____
7. Have you ever had unpaid volunteer experience working with the elderly?
- 1 Yes
 2 No GO TO → Q. 9
8. What did you do?
- 1 Companion / Aide - IN a nursing home
 2 Companion / Aide - NOT in a nursing home
 3 Nursing
 4 Other Health Professional, *please specify* _____
 5 Case Worker / Counselor
 6 Office Work
 99 Other, *please specify* _____
9. Over the past three years, how much contact have you had with elderly family members and friends?
- 1 A lot of contact
 2 Moderate contact
 3 A little contact
 4 No contact
10. Please list the reasons why you decided to become involved in this program?
1. _____

 2. _____

 3. _____

11. Please list the things you hope to get out of participating in this program?

1. _____

2. _____

3. _____

THE FOLLOWING QUESTIONS ASK FOR SOME INFORMATION ABOUT YOU.

12. When were you born? Month _____ Year _____

13. Are you:

- 1 Male
2 Female

14. What is your race?

- 1 Black
2 Hispanic
3 Asian-American
4 Native American/Pacific Islander
5 White

15. What language(s) do you speak **at home**?

Please see other side

16. What year are you now completing in college?

- 1 Freshman

- 2 Sophomore
- 3 Junior
- 4 Senior
- 5 Graduate student

17. What is your major?

- 1 Psychology
- 2 Social Work
- 3 Gerontology
- 4 Sociology
- 5 Nursing
- 6 Physical Therapy

- 7 Occupational Therapy
- 8 Architecture
- 9 Child and Family Studies
- 10 Business Management
- 99 Other, *please specify* _____

18. Are you participating in an official gerontology program (For example: major, minor, concentration, or certificate program)?

- 1 Yes
- 2 No *GO TO → Q. 20*

19. What is this program? _____

20. Do you attend college full-time or part-time?

- 1 Full-time
- 2 Part-time

21. Are you working (either full-time or part-time) while you are attending school?

- 1 Yes
- 2 No

Thank you very much for completing this questionnaire.
Please feel free to add any comments in the space below or on an additional sheet of paper.

Time Out Program

Temple University
Center for Intergenerational Learning
1601 North Broad Street, Room 206
Philadelphia, PA 19122
(215) 204-6540

NAME _____ DATE _____

COLLEGE / UNIVERSITY YOU ATTEND _____

Now that this semester has come to a close, we would like to ask you to complete the following questionnaire. Your thoughtful answers at this point in time will be very helpful to our assessment of the ***Time Out Program***.

Some of the questions are multiple choice. For these items, please circle the number beside the answer you select (be sure to circle only one answer). Some of the questions ask you to write about your feelings on an issue; **please answer these as completely as you can**. Remember, there are no right or wrong answers on any of these questions; we just want to know what you think.

We want to assure you that your answers will be kept **completely confidential**. Your answers will not affect your participation in the program in any way.

1. The following are some statements about older people (persons age 65 and over). Please indicate how much you agree with each statement by circling the number under the response that best matches your opinion.

		Strongly Agree	Mildly Agree	Mildly Disagree	Strongly Disagree
a.	Most older people are set in their ways and unable to change.	SA	MA	MD	SD
b.	Most older people are not isolated.	SA	MA	MD	SD
c.	Older people are apt to complain.	SA	MA	MD	SD
d.	Older people can learn new things just as well as younger people can.	SA	MA	MD	SD
e.	People become wiser with the coming of old age.	SA	MA	MD	SD
f.	Older people are often against needed reform in our society because they want to hang on to the past.	SA	MA	MD	SD
g.	Most older people are in good health.	SA	MA	MD	SD
h.	Most older people spend too much time prying into the affairs of others.	SA	MA	MD	SD
i.	In most jobs, older people can perform as well as younger people.	SA	MA	MD	SD

2. Now, we would like to learn about your attitudes toward community service work. Please read the following statements and circle the number under the response that best matches your opinion.

		Strongly Agree	Mildly Agree	Mildly Disagree	Strongly Disagree
a.	It is the responsibility of the community to take care of people who can't take care of themselves.	SA	MA	MD	SD
b.	I am good at helping people.	SA	MA	MD	SD
c.	I am not very interested in working on problems in the community.	SA	MA	MD	SD
d.	It is important to help people in general, whether you know them personally or not.	SA	MA	MD	SD
e. on	It is hard to find the time to work on other people's problems.	SA	MA	MD	SD
f.	I want to work in a career helping others.	SA	MA	MD	SD
g.	It doesn't make sense to volunteer because you don't get paid for it.	SA	MA	MD	SD
h.	Careers in service to others can be more rewarding than other careers.	SA	MA	MD	SD

3. At this point, what is your most likely career choice? (*please choose one answer*)

- | | | | |
|---|----------------------|----|------------------------------------|
| 1 | Social Work | 7 | Psychologist |
| 2 | Counseling | 8 | Recreation Therapy |
| 3 | Nursing | 9 | Architecture |
| 4 | Teaching | 10 | Law Enforcement |
| 5 | Physical Therapy | 11 | Design |
| 6 | Occupational Therapy | 12 | Business Management |
| | | 99 | Other, <i>please specify</i> _____ |

3a. Is this career choice in the gerontology field?

- 1 Yes
- 2 No

3b. How certain are you that you will choose this career?

- 1 I definitely will
- 2 Pretty certain
- 3 A little certain
- 4 Not very certain

4. Please read the following statements about working with older people. Please indicate how much you agree with each statement by circling the number under the response that best matches your opinion.

		Strongly Agree	Mildly Agree	Mildly Disagree	Strongly Disagree
a.	People who work with older people have interesting jobs.	SA	MA	MD	SD
b.	Working with older people is depressing.	SA	MA	MD	SD
c.	It would be very stressful to work with older people.	SA	MA	MD	SD
d.	Working with older people is a very worthwhile occupation.	SA	MA	MD	SD
e.	A problem with having a job working with older people is that it is hard to make enough money.	SA	MA	MD	SD
f.	Working with older people is a prestigious occupation.	SA	MA	MD	SD
g.	I don't have the ability to work successfully with older people.	SA	MA	MD	SD
h.	I fear getting really old.	SA	MA	MD	SD

THE FOLLOWING QUESTIONS HAVE TO DO WITH YOUR EXPERIENCE IN THE **TIME OUT PROGRAM**

5. Please list some things you got out of participating in the **Time Out Program**.

1. _____

2. _____

3. _____

6. Overall, how **enjoyable** was the experience of being in the **Time Out Program**?

- 1 Extremely enjoyable
- 2 Pretty enjoyable
- 3 A little enjoyable
- 4 Not at all enjoyable

6a. Please explain your answer to Q. 6 above.

7. Overall, how **useful** do you think your experience in the **Time Out Program** will be to you later on in your career?

- 1 Extremely useful
- 2 Pretty useful
- 3 A little useful
- 4 Not at all useful

7a. Please explain your answer to Q. 7 above.

8. Thinking about the individuals you worked with this semester, how much do you feel you enhanced their ability to remain independent in their community?

- 1 A lot
- 2 Somewhat
- 3 A little
- 4 Not at all
- 5 Not applicable, I did **not** work with any **individuals**

9. Would you recommend this program to other students?

- 1 No
- 2 Yes

- 9a. Why or why not?

10. What sort of things did you do as a respite worker?

11. How did you feel about the work experience?

- 4 Very positive
- 3 Somewhat positive
- 2 Somewhat negative
- 1 Very negative

12. How would you change the work experience to make it better?

1.

2.

3.

13. How would you rate the seminar you took at the beginning of this project?

- 1 Among the best courses I have taken
- 2 Good, but not among the best
- 3 Average
- 4 Poor, but not among the worst
- 5 Among the worst courses I have taken

14. How would you change the seminar to make it better?

- 1. _____

- 2. _____

- 3. _____

15. Did participating in the program change your career goals in any way?

- 1 No GO TO → Q. 16, below
- 2 Yes

15a. How did your participation in the program change your career goals?

16. Finally, here are several statements about the ***Time Out Program***. Please circle the number under the response that best describes how you feel. (Questions that ask about “your job” refer to your work placement in the program).

	Strongly Agree	Mildly Agree	Mildly Disagree	Strongly Disagree
a. I liked relating to the elderly people at my job.	SA	MA	MD	SD
b. Being in this program was one of the best experiences I've had in college.	SA	MA	MD	SD
c. The Program Director was accessible to me.	SA	MA	MD	SD
d. I felt useful in my job.	SA	MA	MD	SD
e. I found this program to be disorganized.	SA	MA	MD	SD
f. My job has made me scared of growing old.	SA	MA	MD	SD
g. The class assignments were good.	SA	MA	MD	SD
h. The Program Director was helpful.	SA	MA	MD	SD
i. I had a lot of interaction with other workers in my job.	SA	MA	MD	SD
j. I learned a lot in this program.	SA	MA	MD	SD

Thank you for your help. Please feel free to add any comments on the backside of this sheet.

Family File Number

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Caregiver's Name: _____ Date: _____

Read to Caregiver: The following is a list of statements which reflect how people sometimes feel when taking care of another person. After each statement, indicate how often you feel that way, never, rarely, sometimes, quite frequently, or nearly always. There are no right or wrong answers.

Question	Never	Rarely	Sometimes	Quite Frequently	Nearly Always
1. Do you feel that your relative asks for more help than he/she needs?					
2. Do you feel that because of the time you spend with your relative that you don't have enough time for yourself?					
3. Do you feel stressed between caring for your relative and trying to meet other responsibilities for your family or work?					
4. Do you feel embarrassed over your relative's behavior?					
5. Do you feel angry when you are around your relative?					
6. Do you feel that your relative currently affects your relationship with other family members or friends in a negative way?					
7. Are you afraid of what the future holds for your relative?					
8. Do you feel your relative is dependent on you?					
9. Do you feel strained when you are around your relative?					
10. Do you feel your health has suffered because of your involvement with your relative?					
11. Do you feel that you don't have as much privacy as you would like because of your relative?					
12. Do you feel that your social life has suffered because you are caring for your relative?					
13. Do you feel uncomfortable about having friends over because you are caring for your relative?					
14. Do you feel that your relative seems to expect you to take care of him/her as if you were the only one he/she could depend on?					

Question	Never	Rarely	Sometimes	Quite Frequently	Nearly Always
15. Do you feel that you don't have enough money to care for your relative much longer?					
16. Do you feel that you will be unable to take care of your relative much longer?					
17. Do you feel you have lost control of your life since your relative's illness?					
18. Do you wish you could just leave the care of your relative to someone else?					
19. Do you feel uncertain about what to do about your relative?					
20. Do you feel you should be doing more for your relative?					
21. Do you feel you could be doing a better job in caring for your relative?					
22. Overall, do you feel burdened caring for your relative?					

SOCIAL ISOLATION QUESTIONS:

1. Do you think that the person you are caring for spends more time alone than he or she used to?
__ (0) yes __ (1) no

Comments: _____

2. Would you say that the care receiver is isolated?
__ (0) yes __ (1) no

Comments: _____

3. Do you think that the person you are caring for would like to spend more time socializing?
__ (0) yes __ (1) no

Comments: _____

4. If services have begun, do you think that the student respite worker has lessened the care receiver's sense of isolation?
__ (0) yes __ (1) no __ (2) services have not yet started

Comments: _____