



Partners in Caregiving

Cooperative Communication Between
Families and Nursing Home Staff

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The Cornell Institute for Translational Research on Aging

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Pilot study

Eddy-Ford Nursing Home: Cohoes, New York
Jewish Home and Hospital for Aged: Manhattan, New York
Marcus Garvey Nursing Home: Brooklyn, New York
St. Cabrini Nursing Home: Dobbs Ferry, New York
Terence Cardinal Cooke Health Care Center: Manhattan, New York
Wesley Nursing Home: Saratoga, New York
Willow Point Nursing Home: Vestal, New York

Final study

Bethany Manor: Horseheads, New York
Cayuga County Nursing Home: Auburn, New York
Fred and Harriet Taylor Health Canter: Bath, New York
Ideal Senior Living Center: Endicott, New York
James J. Johnson Memorial Nursing Home: Johnson City, New York
Jewish Home of Central New York: Syracuse, New York
Kirkhaven Nursing Home: Rochester, New York
Livingston County Skilled Nursing Facility: Geneseo, New York
Livingston County Campus: Mt. Morris, New York
New York State Veteran's Home at Oxford: Oxford, New York
Pearl and Everett Gilmour Health Care Facility: Norwich, New York
Rosewood Heights Health Center: Syracuse, New York
St. Ann's Home: Rochester, New York
St. Luke's Residential Health Care Facility: Oswego, New York
St. Camillus Health and Rehabilitation Center: Syracuse, New York
Tioga Nursing Facility: Waverly, New York
The Highlands at Brighton: Rochester, New York
Via Health Hill Haven: Webster, New York
Wayne County Nursing Home: Lyons, New York
Willow Point Nursing Home: Vestal, New York

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I. Background for Facilitators

Welcome to the Partners in Caregiving Project! This educational program is based on many years of joint research conducted by Cornell University and the Foundation for Long Term Care and on over a decade of experience in developing cooperative communication programs at Cornell University. Before turning to the actual training materials, it will be helpful for you to understand the conceptual basis of the project.

A. Problems in Family-Staff Relationships

Much concern exists today about the problems of family caregivers to dependent elderly persons. However, it is often assumed that the family's involvement ends when the relative is placed in a nursing home. In fact, this is not the case: much research shows that families continue to interact with and provide care for institutionalized elderly relatives.

Family involvement in nursing homes is very beneficial for residents. However, difficulties experienced by both families and staff can sometimes cause strained relationships and decreases in family involvement.

For family members, the placement of a relative in a nursing home is an immensely stressful event. Families experience guilt over "abandoning" their relatives and anger at the circumstances that made it necessary. They often have negative stereotypes about nursing homes and fears about the quality of care that their relative will receive. Families sometimes do not complain about the care received because of concerns that staff may retaliate against their relative or that they will be asked to seek care for the relative elsewhere.

Nursing home staff, too, are struggling to make ends meet and to provide good care under very demanding work conditions. Nursing homes are chronically understaffed, which leads to severe job stress on the part of nurses and nursing aides. Further, staff rarely receive training in ways to work with family members more effectively. These pressures can lead to poor relationships with the residents' families.

In sum, aspects of institutional life sometimes cause problems for families and decrease their involvement. In particular, staff-family relations can be strained and conflictual. Such conflict can lead to the eventual alienation of family members, and to a reduction in their involvement with their relatives. (Selected articles on family-staff relations are listed in the reference list in the appendix.)

B. A Response: The Partners in Caregiving Project

The Partners in Caregiving Project works on the problems just outlined. By participating in the project, families and nursing home staff will learn how to communicate more effectively with each other, to avoid problems, and to solve them when they occur. Such improved communication will make it more likely that they will work cooperatively to improve the quality of care for residents.

The Partners in Caregiving Project builds upon eight years of joint research conducted by Cornell University and the Foundation for Long-Term Care. This involved an extensive review of the research literature, a survey of directors of social services in nursing homes, a focus group study with families and staff, and a controlled intervention evaluation study in 20 nursing homes.

In addition, it builds on the long history of research and program development conducted at Cornell University on the relationship between family and community institutions. It is specifically based on a program known as "Cooperative Communication Between Home and School," which thousands of parents and teachers have participated in nationwide. This workshop series involves learning communication skills, identifying possible changes that make the school more responsive to families, and describing how to implement those changes.

Like that program, the Partners in Caregiving Project is founded on what has come to be termed an *empowerment* approach. Empowerment programs help people to develop their own skills and work in their own communities. Most relations between families and nursing homes are not based on empowerment; in fact, long-term care arrangements often make family and staff feel *powerless* and unable to affect the conditions in which care takes place.

In contrast, an empowerment-oriented program views families and nursing home staff as expert partners. Mutual respect and caring form the basis of this partnership, with families bringing their knowledge of who their relative is, staff bringing technical expertise in providing quality care, and each caring for the frail elder. To this base, many other valuable insights and skills are added, with a feeling of care between families and staff-developing.

Thus, the Partners in Caregiving Project is conceptually based on the empowerment model and practically based on over a decade of program development in this area. We believe that this is one of the most important strengths of the proposed project: it is founded not only on lengthy expertise in working with long-term care facilities but also on a long history of proven success in enhancing communication between families and the institutions that serve them.

C. Overview of the Project

The Partners in Caregiving Project consists of two parallel workshop series: one for family members and one for nursing home staff.

The staff workshop is structured as a full in-service day. The family program includes three two-hour evening sessions to be conducted weekly. As discussed below, we recognize that this schedule may not be possible for some facilities, and other options are provided.

The project ends with a *joint* session with families, staff, and facility administrators. It is very important that administrators be fully supportive of the project; this final session allows them to become involved and provides them with a unique opportunity to learn how staff and families perceive the facility.

A Partners in Caregiving team is formed in each facility to plan the implementation of the program in the nursing home. This team usually consists of the director of social services, a nursing assistant, an involved family member, the director of nursing, and the facility administrator. This group meets to review the basic content of the training and to handle scheduling and logistical issues. By being part of the planning team, administrators show support for the program from the outset.

Three members of this planning team serve as facilitators for the program when it is run in the facility. The director of social services, or a designated social worker, is a co-facilitator at both the staff and family workshops. In the staff in-service, a nursing assistant serves as co-facilitator; in the family seminars, a family member of a resident acts as co-facilitator.

This manual is designed for the facility training teams. It is not a participant manual; instead, it provides detailed directions for facilitators who will conduct the training. Usually, facilitators will attend a "training of trainers" session before conducting the program. However, the exercises are described in detail in the manual and provide a good overview of the goals and activities of the project.

The content of the staff and family sessions are nearly identical. The major difference is in the specific case studies used for discussion. However, the basic communication skills learned are the same.

D. Planning Partners in Caregiving

1. Development and Evaluation of the Program

Partners in Caregiving is the result of years of development and evaluation. Representatives from nursing homes were deeply involved in every stage of the program design. Our survey and focus group studies allowed us to ground the program in the actual experience of families and staff. During the development phase, pilot testing of the content took place in nursing home settings, which was followed by implementation of the program in seven facilities. Each facility conducted the program four times. Their practical experience in implementing Partners in Caregiving was then used to revise the program.

Twenty nursing homes were then selected for a formal evaluation study of Partners in Caregiving, funded by the National Institute on Aging. These facilities were chosen because they represent a broad range of nursing homes. The group included rural as well as urban facilities and small and large homes. Different religious and ethnic groups were represented, including facilities with Catholic, Jewish, and Protestant sponsorship. Other facilities served a predominantly African-American population.

Does Partners in Caregiving work? The evidence shows that it does. First, data on satisfaction with the program were collected from participants in the training sessions in each facility. Since then, this program has been successfully implemented nationally. Satisfaction was extremely high. We will give a few examples here:

- In their overall evaluation of the training, 92% rated it as excellent or good, 8% rated it as average, and no one rated it as poor
- 98% of the respondents said they could relate what they had learned to their day-to-day experience in the nursing home
- 96% of the respondents said that they would recommend the training to someone else
- 93% of the respondents said they felt very or somewhat comfortable discussing the topics in the training

A case-comparison study of the training program was also conducted: Researchers at Cornell administered 1 pre-test and 2 post-test questionnaires to the staff and families in the unit that participated in the training in each facility. The same data were also collected from families and staff from another unit in the facility, as well as from another facility altogether, that did not receive the training. In this study, participants in the training

improved in their feelings about the other group (staff or family members) and staff felt less likely to quit their jobs within the next 12 months. (A report on the evaluation is available upon request.)

Equally important was the qualitative process evaluation that was carried out throughout the project. Regular discussions were held with the trainers, and their experiences and suggestions were used to revise the program. In addition, selected staff and family members were interviewed to learn more about how the program could be improved. Thus, the Partners in Caregiving program is not just the product of a few people but instead has benefited from the insights of dozens of trainers, nurses, nursing assistants, and family members.

Perhaps the best evidence of the positive effects of Partners in Caregiving are both small and large changes in nursing home policies. These include:

- regular meetings with family members in every unit of the nursing home
- development of a family handbook
- a bulletin board with staff names and photos
- improvements in the laundry system
- a monthly support group for families

In addition to such concrete changes, facilities also reported a greater openness to communication in the units that had participated in the training, as well as an increase in morale.

2. Major Components of the Program

If you have already taken a quick look through this manual, you will have noticed that the program includes a staff in-service, a series of workshops for families, and a joint session with the facility administrator after the staff and family training. The exercises in all sessions cover the same issues, but the trainer needs to carefully review both the staff and family versions of the exercises, since there are some important differences in wording.

The components of the program are arranged in an order that allows later units to build on earlier ones. Thus, the program begins with an introduction to Partners in Caregiving and a chance for the participants to introduce themselves. The next unit ("Sharing Successful Family-Staff Communication Techniques") lets the group members get some of their concerns out in the open but also focuses on positive aspects of the facility. The

next two sections ("Advanced Listening Skills" and "Saying What You Mean Clearly and Respectfully") cover communication and active listening techniques.

The following three units deal with situations in which cooperative communication is particularly difficult in the nursing home: when there are cultural and ethnic barriers to communication; when a person must deal with blame, criticism, and conflict; and when differing values among different groups in the facility affect communication. (The final component of the program, a joint session with administrators, is discussed later.)

3. Types of Activities

As you look through this manual, you will also note that a number of exercises and techniques are used to involve participants in learning new skills. Remember: Partners in Caregiving is not a didactic program, although information is sometimes given to participants in lecture form. Instead, the program is one in which participants learn and practice new skills. Partners in Caregiving will be successful to the extent that the trainer can get the group actively involved in the learning process. Because this is not always an easy task, Partners in Caregiving contains a number of structured exercises and role-plays in which group members actually use what they have learned.

It will be useful to review the basic types of training components that are used in Partners in Caregiving.

A. Mini-lectures

At various points in the manual, the trainer is directed to give a short talk about a topic. An example is the "Introduction to Partners in Caregiving" that appears at the beginning of both the family and staff trainings. These "mini-lectures" are printed in bold type in the manual. The goal of these mini-lectures is to convey basic knowledge and information to the participants.

Please note, however, that **these mini-lectures are not designed to be read word-for-word out of the manual.** Trainers should familiarize themselves with the content of the mini-lecture and make it their own. A good idea is to personalize the mini-lecture by adding examples from your own facility.

B. Brainstorming

In these exercises, participants generate ideas about a topic in a free, open discussion. An example in the manual is "Sharing Successful Family-Staff Communication Techniques," (p. 25) in which participants note things that both encourage and discourage communication. The goal of a brainstorming exercise is to call out ideas from as many

group members as possible. These ideas are not immediately judged or evaluated as good or bad; they are listed on newsprint or a blackboard for later group discussion. The trainer's role is to be encouraging and positive, to assure the group that there are no "right" answers, and to summarize and draw connections among the various comments.

C. Small Group Discussions

At some points in the manual, you are directed to divide the larger group into several smaller ones. An example is in the unit on "Cultural and Ethnic Differences," (pg. 33) in which small groups discuss questions about this topic. A major function of the small groups is to allow and encourage shy members of the group to express their ideas. Some people may be uncomfortable sharing their ideas in a group of 12 but find it easy to do so in a group of 3 or 4. This is especially true when sensitive topics are discussed. At the end of a small group exercise, each group reports on the main points raised in its discussion.

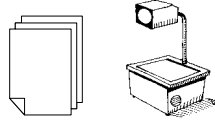
D. Role Plays

Although some people are resistant to role-playing, in *Partners in Caregiving* there is simply no better alternative for learning and practicing the skills highlighted in the program. Participants in role-plays have the opportunity to try out a new technique in a structured, "safe" setting. Even if a group member is not one of the role-players, he or she benefits by seeing the technique "in action." Suggestions for how to facilitate role-plays are provided in the Appendix.

E. Case Discussion

A number of case studies are presented in the manual (sometimes in the context of role-plays). An example is the discussion of the "conflict resolution script" in the section on "Handling Blame, Criticism, and Conflict." (pg. 37) Case discussions take abstract concepts and make them concrete. A major goal is to identify how the communication techniques learned in *Partners in Caregiving* could have a positive effect on the case. The facilitators' role in case discussions is to encourage participants to react and to keep the discussion open and non-judgmental.

4. Handouts and Overheads



The manual provides you with a number of pages that are to be duplicated as handouts and made into overhead transparencies (these appear at the end of the manual). Showing an overhead helps focus the group's attention on what is being discussed. But individuals with vision problems or reading difficulties appreciate having a copy as well. And the handouts serve as reference materials that can be read over at home. Therefore, each participant should receive a complete set of the handouts.

5. Literacy

Some participants in Partners in Caregiving are likely to have difficulty reading English or may even be illiterate. The program is structured such that even a person who is unable to read can fully participate. For this reason, please do not ignore the instructions in the manual to read written materials aloud. These include the case studies and role-play scenarios. Reading the material aloud not only eliminates literacy problems but also allows the rest of the group time to consider the material.

You will also note that in the few exercises that call for respondents to write, the respondents are always also given the option of "just thinking about their answers" instead of writing them. This is again done in consideration of the possibility of illiterate participants. Our experience has taught us that trainers should never assume that all participants in a group can read; appearances can be deceiving, and a seemingly articulate person may have difficulties reading. For this reason, it is also best to ask a volunteer to read to the group instead of calling on someone.

6. Planning Partners in Caregiving

As anyone who has spent time around nursing homes knows, no two facilities are exactly alike. Therefore, in Partners in Caregiving, we stress flexibility. For example, in our seven nursing homes where Partners in Caregiving was evaluated, it was clear that some exercises worked better than others in different facilities and that some training schedules were more appropriate than others. We therefore emphasize that as a training team becomes more familiar with Partners in Caregiving, they not only can, but should, adapt the program and make it their own.

However, based on our evaluation of Partners in Caregiving, we have learned a considerable amount about what works and what does not when implementing the program. In this section, we use that experience to provide general guidelines on how to start up

Partners in Caregiving in your facility. Following these steps will help you to have a successful experience in your facility.

Step 1 . Create a Partners in Caregiving Group

The most important step is to organize a planning group in your facility that will see Partners in Caregiving through its development and implementation. This group should include--at a minimum--the facility administrator, the director of social services, the director of nursing, a nursing assistant, and a family member. We recognize that getting a group like this together may be difficult, but it is in fact one of the most important parts of Partners in Caregiving, for two reasons.

First, the planning group represents the initial step in improving family-staff relations. By discussing the training issues and planning the program, administrators, staff, and families begin the process of learning to work together in new ways. Second, support from the facility administration is key to the success of the program; in our evaluation study, those facilities that had supportive, involved administrators had a more successful experience, especially in the joint meeting at the end of the program.

It may not be possible for the entire planning group to meet as a whole throughout the course of the project. At a bare minimum, it is critical that at least one meeting be held with the administrator during the planning stages and that he or she receive regular updates throughout the project. Since one possible outcome of the program is changes in administrative policies, the need for administrator involvement is obvious.

The Role of the Planning Group:

The group's first task is to familiarize itself with the Partners in Caregiving program. Members of the planning group should read the manual, and one or more members should attend a "training of trainers" program if available, that is periodically sponsored by Cornell University or can be arranged upon request by a group of nursing homes.

Second, the planning group will need to make a series of decisions throughout the planning process, as outlined below. These decisions should include:

- creating a training team
- deciding on who should be invited to participate in the program
- figuring out logistics such as location and time of training
- selecting the person responsible for arrangements

In the remainder of this section, it is assumed that the planning group will carry out the planning tasks outlined below.

Step 2. Create a Training Team

The first major decision of the planning group will be: Who will conduct the training? The selection of facilitators is very important. Indeed, we learned in our evaluation that the facilitator's approach and comfort level had a major impact on the success of the program.

In establishing the training team, an important decision is whether to use an internal or external facilitator. In our project, the facilitator was a social worker employed by the nursing home (in the smaller facilities, this was the director of social services; in larger ones, a member of the social work staff).

There are several advantages to using an internal facilitator. First, he or she has an intimate knowledge of the nursing home, its residents, and its policies. Second, he or she can provide continuity after the training and can help to implement changes identified by families and staff. Third, using a current staff member provides a savings to the facility.

On the other hand, a major advantage to using an outside facilitator is that both staff and families may be more open with an "outsider." Staff may fear that problems they raise will somehow "get back" to the administration and cause them (the staff) to be negatively evaluated. Families may be afraid of seeming like "complainers." Second, in a few cases, we found that facilitators from within the nursing home became uncomfortable conducting role-plays and other exercises with their co-workers. Sometimes, an outsider is able to take more risks and to persuade participants--in a way that a staff member cannot--to try something new.

Who are potential outside facilitators? Local social workers or psychologists are certainly possibilities. A particularly good option may be a former employee of the nursing home (e.g., a social worker) who has left for reasons such as retirement or the birth of a child, but who would be interested in being a trainer on a part-time basis. Such a person combines knowledge of the facility with an "outsider" status. Another possibility is Cooperative Extension agents, an increasing number of whom are becoming interested in issues of aging. Partners in Caregiving is currently being distributed throughout the Cooperative Extension system. A third option is to work in partnership with a neighboring nursing home and switch social work staff for training. This option offers a no-cost "outside consultant."

Based on our experience, we anticipate that most facilities will use a member of their social work staff to conduct the training. Our evaluation shows that this is usually very successful and that the social workers become even better at conducting the training as they become more experienced at it. But as we have stated above, the key is flexibility: you may wish to try the program first with the facility social worker as the trainer and an outside trainer the second time. You also may consider involving your activities director or staff development coordinator.

In addition to the facilitator, the training team for Partners in Caregiving includes two co-facilitators: a nursing assistant and a family member. The facilitator conducts the staff training with the nursing assistant as the co-facilitator, and he or she conducts the family training with the family member as co-facilitator.

The co-facilitators are very important to the success of the training. First, Partners in Caregiving is based on an empowerment model. It is extremely empowering for group members when "one of their own," so to speak, acts as a trainer. The training then takes place on a more equal level and makes it clear that the knowledge of the participants is what the training is all about. Second, on a more practical level, conducting Partners in Caregiving, while rewarding, can also at times be somewhat stressful; it is much better to share the responsibility with someone else. Third, serving as a co-facilitator can improve the self-esteem and empowerment of nursing assistants and family members.

The members of the training team should also become members of the planning group and meet with it regularly.

Step 3. Select a Unit for the Training

Although this may differ from facility to facility, we strongly recommend that Partners in Caregiving be conducted on a unit-by-unit basis. That is, rather than selecting families and staff from the entire facility, we have found that it is more effective to concentrate on training the staff and families on one unit at one time. This way, families and staff have a common frame of reference and learn the same skills. It is also often easier to try out changes in policies on a single unit.

Step 4. Select and Recruit Participants

If possible, it is best that the training be made available to all interested staff and family members in a unit. Since the optimal size for a training group is between 8 to 12 participants, it may be necessary to conduct more than one training. Of course, it is unlikely that all members of either group will be able to take part. But it has been our experience in Partners in Caregiving that even when a few family members and staff on a

unit go through the program, there is a "ripple effect" as the participants share the skills they learned with others.

Initial recruitment for Partners in Caregiving is not likely to be a major problem. In our experience, both staff and family members are very interested and eager to take part in programs like this. Promotional letters we developed for the project appear in the Appendix.

Two special recruitment decisions must be made in terms of the staff. First, the question arises: Who should be trained? In our sites, both nurses and nursing assistants were trained together in a single group. We made this decision because we felt that the program would also help improve nurse-nursing assistant communication and solidarity. In general, this worked very well, and we received very few negative comments in the evaluation. A facility may wish to include other staff members who have frequent contact with families as well.

The second decision relates to payment of staff for the time spent in the training. Although some staff members may consent to take part in the training on their own time, we strongly suggest that staff receive their regular wage during the training. Obviously, for some staff this may be the only way they can participate. But for all staff, receiving payment for the training demonstrates the administration's commitment to improving communication in the facility. Some of the seven nursing homes in our demonstration project used "Partners in Caregiving" as part of their regular in-service education for staff. This approach would integrate the program into the nursing home philosophy.

Step 5. Prepare Training

The first time a new training program is started, it is always a challenge. The key to success with Partners in Caregiving is preparation and rehearsal. The more familiar you become with the materials, the better your--and the participants'--experience will be. The co-facilitators should carefully read the materials in this manual. A decision must then be made about the roles each co-facilitator will play. Decide among yourselves who will lead each exercise, who will keep an eye on the time, who will handle the overhead transparencies, and so on.

Remember: different people have differing levels of comfort leading trainings. You and your co-facilitator may decide, for example, that one of you will do most of the talking to the entire group and the other will lead some of the exercises. Or one facilitator may not feel comfortable leading role-plays but may be happy to do the "mini-lectures." There is no right and wrong here; the goal is both to demonstrate how people can work well together and to relieve the pressure on a single facilitator.

A clear key to success is to rehearse all of the parts of the training. A good idea is to ask members of the planning group to take part in a "dry run" of the exercises. This allows the facilitators to practice and also helps the planning team learn what Partners in Caregiving is all about. The important thing is that the facilitators not go into the training "cold." The better they know the materials, and the more practice they have had with them, the more successful the training will be.

Step 6. Time, Location, and Arrangements

Based on the evaluation, we believe that the most effective schedule for Partners in Caregiving is a full-day in-service for staff and three weekly workshops for family members. (The joint session for staff, family, and administrators takes place after both groups are finished). However, some sites had 2 or 3 sessions for staff and found that this also worked well. We do not recommend, however, that the training be provided in four or more sessions, over a month or more. Since each section builds on the previous one knowledge will be lost if the gap between the first and last session is too long. The chance that participants will drop out also increases as more sessions are added.

For reasons of convenience and cost, many facilities will choose to conduct Partners in Caregiving on site. This has the advantage that participants will not have difficulty finding the training location. However, a different site has the advantage of getting people out of the nursing home setting; in this new setting, they may feel more open to new ideas and have a greater sense of confidentiality. You may wish to experiment with the location.

One consideration that relates to both time and location is the reluctance of some elderly family members to travel at night. However, holding the training during the day excludes working family members. If sessions are to be held in the evening, try to hold them as early as possible. For example, a family training could take place at 5:30 p.m., with a break for a simple dinner. Another option is to have two family training groups, one in the evening and one during the day; this allows a maximum number of families to participate.

Regardless of when the training is held, we strongly suggest serving light refreshments (or lunch or dinner, depending on the timing of the training). Sharing food often makes a group more cohesive and provides the opportunity for informal communication during a break in the training.

Step 7. The Joint Session

After both staff and families have completed the training, a joint session is held with all of the training participants and the administrator. This session is discussed in a separate

section in this manual; we would like to call your attention to a few points here. The joint session is the culmination of Partners in Caregiving. We have found that it can be an extremely empowering experience for families and staff, one that greatly increases their understanding for one another. As noted earlier, the session can also result in concrete changes in facility practice or policy that make both staff and families happier. However, trainers may have concerns about this session and be worried that it will be overly confrontational or that it will turn into a "gripe session."

There are several keys to the success of the joint session. One is anticipating in advance the problematic topics that may arise and meeting with the administrator to prepare him or her for the session. The role of the administrator is to listen to the staff and families, and to brainstorm solutions with them. He or she must be open to the participants' suggestions and must try not to react defensively. Another key is for the facilities to remind participants to use some of the communication skills they learned in the training session. The co-trainers must play an active role in keeping the discussion on a productive and non-confrontational level.

Facilities may want to experiment with the joint session and develop a format that works best for them. One suggestion that arose from our evaluation was to hold two joint sessions. The first would involve just the family and staff training participants, to let them get to know one another and to plan the meeting with the administrator together. The administrator would then be invited to the second session.

E. Do's and Don'ts

As a way of summarizing some of the major points we have learned from two years of working with Partners in Caregiving, we offer the following suggestions:

DO Involve your administrator in the program from the very beginning, and keep him or her up to date on the progress of the program.

DO Rehearse the exercises and role-plays before you conduct the training.

DO Put the “mini-lectures” in your own words.

DO Set a relaxed and friendly tone in the trainings. Remember, this is not a class with right answers to be learned. In stead, it is a workshop, where participants’ stories and experiences are part of the learning experience.

DO Feel free to modify the case discussion and role-play scenarios. If you know of situations that are more appropriate for your facility than the ones we have provided in this manual, by all means write them up and use them in the training.

DO Have fun! Participants enjoy Partners in Caregiving: you should too!

DON'T Set your expectations too high at the start. It's like making pancakes--the first try might not work out so well, but the second or third one does.

DON'T Be too rigid in following the program. If an exercise isn't working, go on to something else.

DON'T Forget about the importance of the training environment. To the extent that you can, try to find a comfortable room for the training and provide some kind of refreshments.

DON'T Assume that because a participant is quiet, he or she is not getting anything out of the training; some people may have trouble speaking up but are still learning.

DON'T Let the momentum created by Partners in Caregiving just drop after the training is completed; follow up on suggestions from the joint session and keep families involved.

II. Partners in Caregiving: Staff In-Service

A. Description

The staff in-service consists of a full-day training, plus a joint session with families and administrators. We recommend that the training be conducted in one day, because each section builds on the one before, and the continuity serves to reinforce the skills learned. Further, scheduling may be difficult over time, and some staff may be absent from one or more sessions.

We recognize, however, that in some facilities it may not be possible to release staff for an entire day. It is certainly possible to divide the content into two or three units. We strongly recommend that these shorter sessions all take place within the space of one month. Again, the later exercises build on the earlier ones, and too long a gap between sessions will be less effective. Below, we provide sample agendas for both a full-day in-service and for training divided into three sessions, plus the joint meeting with administrators. Handouts for the staff in-service begin on page 77.

B. Agenda for Full-Day Staff In-Service

- A. Introduction to Partners in Caregiving and to Staff Workshops (*10 minutes*)
- B. Participant Introduction Exercise (*20 minutes*)
- C. Sharing Successful Family-Nursing Home Communication Techniques (*45 Minutes*)
Break (15 minutes)
- D. Advanced Listening Skills (*45 minutes*)
Lunch (30 minutes)
- E. Saying What You Mean Clearly and Respectfully (*30 minutes*)
- F. Cultural and Ethic Differences (*30 minutes*)
Break (15 minutes)
- G. Values Line (*30 minutes*)
- H. Handling Blame, Criticism, and Conflict (*1 hour*)
- I. Planning a Joint Session with Family, Staff, and Administrators (*15 minutes*)
- J. Evaluation (*15 minutes*)

Joint Session with Family, Staff, and Administrators (*2 hours*)

- A. Brief Summaries of Family Workshops and Staff In-Service (*30 minutes*)
- B. Joint Brainstorming: Ways to Promote Even More Effective Family-Nursing Home Partnerships (*60 minutes*)
- C. Where Do We Go from Here? (*15 minutes*)
- D. Refreshments (*15 minutes*)

C. Agenda for Three-Session Staff In-Services

I. Session 1 (2 hours)

- A. Introduction to Partners in Caregiving and to Staff Workshops (10 minutes)
- B. Participant Introduction Exercise (20 minutes)
- C. Sharing Successful Staff-Family Communication Techniques (45 minutes)
- D. Advanced Listening Skills (45 minutes)

II. Session 2 (1 hour 45 minutes)

- A. Feedback from Previous Session (15 minutes)
- B. Saying what You mean Clearly and Respectfully (60 minutes)
- C. Cultural and Ethnic Differences (30 minutes)

III. Session 3 (2 hours 15 minutes)

- A. Feedback from Previous Session (15 minutes)
- B. Values Line (30 minutes)
- C. Handling Blame, Criticism, and Conflict (60 minutes)
- D. Planning a Joint Session with Family, Staff, and Administrators (15 minutes)
- E. Evaluation of Staff In-Services Series (15 minutes)

D. Agenda for Joint Session with Family, Staff, and Administrators (2 hours)

- A. Brief Summaries of Family Workshops and Staff In-Service (30 minutes)
- B. Joint Brainstorming: Ways to Promote Even More Family-Nursing Home Partnerships (60 minutes)
- C. Where Do We Go from Here? (15 minutes)
- D. Refreshments (15 minutes)

E. Materials

- Newsprint, easel, marker, masking tape
- Overhead projector, screen
- Index cards
- String or yarn for Values Line Exercise

Overhead Transparencies

Handouts (enough copies for all staff members)

- | | | | |
|--------------------------|--------------------------|---|----|
| <input type="checkbox"/> | <input type="checkbox"/> | Agenda for Staff In-Service (Full-day or 3-session) | 78 |
| <input type="checkbox"/> | | Goals of the Partners in Caregiving Workshops | 80 |
| <input type="checkbox"/> | <input type="checkbox"/> | Communication Helpers | 81 |
| <input type="checkbox"/> | <input type="checkbox"/> | Communication Blockers | 82 |
| <input type="checkbox"/> | <input type="checkbox"/> | Types of Feedback | 83 |
| <input type="checkbox"/> | <input type="checkbox"/> | "Put Yourself in Their Shoes" Stories | 84 |
| <input type="checkbox"/> | <input type="checkbox"/> | "I messages" | 86 |
| <input type="checkbox"/> | <input type="checkbox"/> | Cultural and Ethnic Differences Questions | 87 |
| <input type="checkbox"/> | <input type="checkbox"/> | Handling Blame, Criticism, and Conflict | 88 |
| <input type="checkbox"/> | <input type="checkbox"/> | Conflict Resolution Script | 89 |
| <input type="checkbox"/> | <input type="checkbox"/> | Values Line | 90 |

F. Staff In-Service Activities

1. Introduction to Partners in Caregiving and to Staff In-Service (10 minutes)

Invite people to put their names, addresses, and phone numbers on a sign-in sheet when they arrive.

Begin the session within five minutes of planned starting time (even if people are still arriving). This establishes a norm of promptness and shows respect for those who arrived on time. The co-facilitators introduce themselves briefly, giving enough information so that the staff attending the workshop will have confidence in the facilitator's ability to lead a worthwhile program. Be brief. Here is an example of how a co-facilitator might introduce herself.

Welcome to "Partners in Caregiving. I am Ellen Clay. I have worked as a social worker in this facility for five years. My previous background also includes working at a large city hospital. I have an elderly mother and father, currently living at my home, but in a separate apartment.

Here is another example:

My name is Betty Roberts. I have been a nursing assistant in this facility for five years. I have a lot of interest in residents with Alzheimer's disease and have recently begun working in the new Alzheimer's unit here. I have two children in high school.

After both co-facilitators have introduced themselves, one co-facilitator tells the group about the day's agenda and Partners in Caregiving.

In a few minutes I'll invite you all to introduce yourselves, but first, let me tell you briefly about our day. It is our belief that families and nursing home staff can work together to improve the quality of life for residents and to relieve some of the stress that arises for both staff and families. This training will focus on communication techniques that will enable staff and family to interact in a positive, clear manner.

We will also focus on some conflict management techniques and try to gain empathy and understanding for the difficult tasks that both families and staff face daily. We will explore creative ways of reaching out and supporting one another.

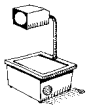
This project also includes a workshop series for families of residents in this facility. In both workshop formats, we will promote the idea that staff and families make up

an important partnership, and that by working together, both parties can become more comfortable initiating communication and learning new skills that will enable them to become more effective in meeting the many challenges of nursing home care.

Staff will gain new insights into the barriers that may prevent families from becoming more involved, and families will then learn to feel less isolated. Both staff and family members will learn positive communication strategies, including effective listening, understanding defensive behaviors, and resolving conflicts. Families and staff will be able to brainstorm together new ideas for the development of new policies, which will promote and encourage effective communication and problem resolution.

During this seminar, we will be accepting a wide range of viewpoints about family involvement and empowerment of both staff and families. Some of you may not want more family involvement in the nursing home facility, while others are looking for ways to expand it. In Partners in Caregiving, we are not promoting one best way, but we ask you to open your mind today, to listen to each other's ideas, to put yourself as fully into the activities as is comfortable for you, to learn, and to contribute. We can assure you that you will be respected here.

Remember, you are the experts: Trust your wisdom and experience, but please remain open to new ways of looking at old problems.



Place "Goals of the Partners in Caregiving Workshops" transparency on overhead and read it aloud.

Say,

Partners in Caregiving is both a program and a process. Staff members who participate in this workshop learn to see through family members' eyes, to practice advanced listening skills and conflict resolution, and to better understand their nursing home.

The program culminates in a joint session in which staff members, family members, and administrators look at the facility's policies and practices relating to family involvement. Together they decide what changes, if any, are needed. Here in [give place], the family seminar is being held on [give dates]. Our joint session is planned for [give date].

Switch facilitators.

I'd like to mention a few guidelines for our seminar and then ask you all to introduce yourselves. The bathrooms are located [give location]. There will not be smoking in this room, but we will take a break during the session. If you need a break sooner, you may quietly go out.

I also want to emphasize the importance of the confidentiality of our workshops. We will not be reporting any of the discussions that occur here to anyone in the nursing home. In the joint meeting with staff and administrators, you can decide how much you would like to share about our meetings. I would like to ask all of you to respect the confidentiality of the group.

2. Participant Introduction Exercise (20 minutes)

As a way of warming up the group, ask the members to divide into pairs. Request that they choose a person whom they do not know. If all participants know each other, ask that they pair up with the person in the group whom they know the least well or with whom they have had the least contact.

Next, say,

Instead of just introducing ourselves, we would like you to spend a little time getting to know your partner. Then, we will ask you to introduce him or her to the group. I would like to ask you to tell your partner two things that are special about you. This can be anything that is important to you; it could be about family, job, hobbies, or anything else. After one of you has talked for a couple of minutes, switch so the other person can tell about himself or herself.

Participants who already know each other may protest that there is nothing new to say. Reassure them that even long-term friends who do this exercise often learn something new. It is a good idea for you and your co-facilitator to participate as well and interview each other.

After five minutes (or earlier, if all the pairs are done), call the group together again. Go around the group and ask each person to introduce his or her partner. You and your co-facilitator should participate in the exercise by introducing one another.

Note: The goal of this exercise is to "break the ice" and help the group to learn the names of other group members and something about them. If you prefer to use another warm-up exercise that achieves these goals, feel free to do so.

3. Sharing Successful Family-Staff Communication Techniques (45 minutes)

Hand out an index card to each group member.

Now we would like to hear from you. Please take a minute or two to think about something you've done to communicate with families or to encourage a family's involvement in their relative's nursing home experience. Also, please think about your greatest challenge in relation to your residents' families, something you would really like to get some new ideas about. On one side of the index card, write down the thing you've done, and on the other side, the challenge you've identified. If you would rather just think about it silently, that's fine, too. Let's take a minute or two, then you'll each have a turn to share.



Write on newsprint, as a heading for two columns:

1. Positive communication with families
2. Challenges

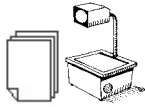
After 1 or 2 minutes, say,

Let's each describe one way you have promoted family-nursing home communication and also your greatest challenge with families. It isn't necessary to use the names of the people involved. Who would like to begin?



Write a summary of what each participant says under the appropriate column. If another participant later mentions something similar, place a check mark near the first summary rather than writing it out again. You do not need to comment on each individual's statement beyond thanking him or her. You could occasionally say something like "lots of great ideas here!"

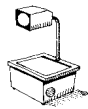
You have so many good ideas to involve and communicate with families. I hope you'll try one another's ideas out and ask for more information if you need it. Now let's look at the list of challenges. (Read the list aloud.) The skills we'll be learning in today's seminar should give you some useful tools for working with most of these challenges. Others may require some changes in nursing home policies, which you'll have a chance to bring up at our upcoming joint session with administrators and families.



Here's the outline for today's session. (Pass out copies of "Agenda" and place a copy on the overhead projector.) **Are these the kinds of topics you had hoped we would work with today? Are there others you had hoped to address?**



If someone brings up other topics, make a new column on newsprint marked "Other Important Topics." Then summarize the person's interest under that heading. If you can see ways that a segment of the agenda already planned will address that topic, describe it. If it seems like an important topic to several of the staff and you are prepared to deal with it (perhaps during your lunch break), tell the group that you are prepared to alter the agenda a bit to work on this important issue. (Not many facilitators will choose this option.) Or you might suggest the possibility of adding an extra session, if at the end of the day they are still struggling with this issue. It is important that you convey a sense that their concerns will be addressed and then follow through.



At this point, show them the agenda of the family workshops on the overhead projector.

I thought you would also like to see the outline for the family workshops. As you can tell, the families are learning many similar skills to those we'll be working with today. Of course, not all families in the facilities will attend the workshops, but most staff find there is a powerful ripple effect when even a small percentage of the families participate. Partners in Caregiving is so effective because it helps both staff and families develop excellent communication skills and gives staff and families a reason to meet together at the end.

Let's take a 15-minute break. We'll meet back here, then we'll work on some listening skills.

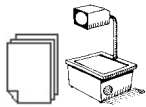
4. Advanced Listening Skills (1 hour)

Begin this session by saying,

Nursing home care has always been a challenging job, but in the last few years it has become even more so. Nursing homes are taking in residents with more severe health problems, while funding for services is shrinking. Too many family lives are very complex, with people struggling to balance work and family responsibilities and to function in a society where values are changing rapidly and where the composition of families may change frequently. Having an understanding of what our families are facing is crucial to being able to communicate with them about the resident and to encourage their involvement.

Empathy, or being able to put yourself in someone else's shoes, is an important prerequisite to skillful communication. I have here a story about a family that we will use to learn and practice some advanced listening skills. In the family workshops of Partners in Caregiving, families will be learning to appreciate what a difficult job nursing home staff have and practicing the same listening skills we'll be working with here.

I'm sure that most of you are good listeners. I'll share with you some information that will help you become even better at listening to your residents' family members. Incidentally, the skills we are able to learn and practice will also help you communicate better with residents, and even with other people in your life-- your spouse or partner, your children, and your friends.

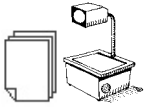


Place "Communication Helpers" on the overhead projector and ask your co-facilitator to distribute the handout to all the participants. Read each one aloud, including the examples in parentheses.

Can anyone give an example of a time when you have used a “Communication Helper”?

After two have been given, say,

These “Communication Helpers” can go a long way toward promoting good communication with family members, but we also need to avoid “Communication Blockers.”



Ask your co-facilitator to distribute the “Communication Blockers” handout and put the corresponding overhead transparency on the overhead projector. Read each one aloud, including the examples in parentheses.

Has anyone ever blocked communication with you in any of these ways?

Once someone has an example, ask,

How did it feel? How did it affect your communication with that person?

Then ask,

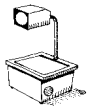
Can anyone give an example of experience with any of the other communication blockers?

After someone has responded, ask,

How did that affect your willingness to communicate with that person?

Then ask,

If the other person had instead used any of the Communication Helpers, how would that have changed your communication?



Put the Communication Helpers list back on the overhead projector when you ask this question.

Next say,

Once we're able to encourage family members to say what is on their minds, through using Communication Helpers and avoiding Communication Blockers, it is important to respond in a way that lets them know we are really listening.

Some of you have probably heard of "active listening." In active listening, judgment is suspended and the listener uses empathy to try to understand the speaker's experience, feelings and point of view. The six key principles of active listening are to:

ENCOURAGE by drawing the other person out.

CLARIFY by asking questions to confirm what the person has said.

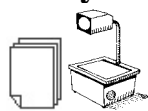
RESTATE by repeating in your own words what the person has said.

REFLECT, that is, in your own words, tell the person what you think they are experiencing.

SUMMARIZE by reiterating the major ideas, themes, and feelings expressed.

and **VALIDATE** by showing appreciation for the person's efforts to communicate.

In summary, active listeners give feedback to the speaker in order to communicate that you've heard what is being said.



Ask your co-facilitator to distribute the "Types of Feedback" handouts, while you place the corresponding transparency on the overhead projector.

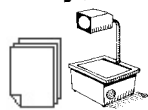
Read the list aloud, including the example. Then ask,

Have you ever used any of these types of feedback or have you observed someone else using them? Can you briefly describe it?

Pause for responses, and give feedback. Then say,

Now we are going to let you practice your listening skills in relation to a story about a family. After listening to the story we are going to ask you to role-play the story.

Note: Before the in-service, you will need to read through both "Put Yourself in Their Shoes" stories and choose one for your session. You can also feel free to create your own story, using a similar format.



Distribute copies of the story to the participants and ask for a volunteer to read it aloud. Place a copy of the story on the overhead projector as it is read aloud.

Then divide the group into two small groups of roughly equal size. Once the groups have formed and gotten quiet, say,

I'd like you to find volunteers in your group to role-play the situation in the story. Try to use Communication Helpers and whichever of the three types of feedback you think is most appropriate. Be sure to avoid Communication Blockers. Then

your group should discuss the questions at the end of your story. We'll take 10 minutes to do that. Any questions?

While the groups are role-playing and discussing their questions, circulate quietly, dropping in on each group for a few minutes, being careful not to take over. If a group is having a hard time getting someone to fill a role, offer to play it yourself. After five minutes, announce that the groups should soon turn to the discussion questions if they have not already done so. After the full 10 minutes have passed, ask the groups if they need another minute. If they do, give it to them. Then say something like,

You are terrific actors and actresses! And I heard some good discussion! Will someone from the group please summarize what came up in your group?

After someone has summarized for the first group, lead a brief discussion highlighting anything you think needs reinforcing about Communication Blockers, Communication Helpers, or Feedback. For example, if the group got stuck, ask them to retry that section of the role-play now, using factual, emotional, or solution-focused feedback. Then ask the other group to summarize their experience, following up with a brief discussion as before. Then conclude by saying,

I encourage you to take these lists home and put them up on your fridge or to place them wherever you will see them often. Try practicing them with your residents' family members, your residents, and even your family and friends. At first, they may seem awkward, but you'll be amazed at how skillful and subtle you'll become with them after a while and what a good effect they'll have on your communication. Don't be hard on yourself if you forget them, especially in stressful conversations. Just keep practicing, and soon it will become second nature to use Communication Helpers and the appropriate type of feedback and to avoid Communication Blockers. In the workshop for families, family members are also learning about Communication Helpers, Communication Blockers, and Types of Feedback.

We've had a full morning! After lunch we will take a look at residents' families and learn constructive ways to communicate, especially when family values are different from yours. We'll also look at cultural diversity and at ways of handling conflict situations. Now let's take a half-hour break for lunch. We'll meet back here at (time).

5. Saying what you mean clearly and respectfully (30 minutes)

Say,

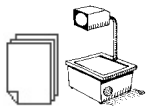
The listening skills we learned this morning will help you to understand family members' values and their reasons for doing what they do. What if you feel that their values are not helpful to their relatives' nursing home experience? Is there a way to communicate this while also treating them with respect? Yes!

The basic tool for saying what you mean clearly and respectfully is called the "I message." Perhaps you've run across the "I message" in other workshops or in your reading. Maybe you've heard other people use it and thought it sounded contrived or corny.

We will practice using "I messages" in ways that reflect your own personality, so they will come across as natural. "I messages" can be successfully used to communicate about anything, but since values are often a difficult topic to address, we'll give them some practice here.

Let's imagine that one of your residents, Mr. Wallace, has been getting progressively sadder. When he entered the facility three months ago, he seemed cheerful and talkative, but now he mopes around, barely speaks, and isn't interested in eating. You mention this to his daughter, who visits occasionally, but she doesn't seem to think it is important.

First let's learn the basic format for an "I message."



Ask your co-facilitator to distribute the "I messages" handout, while you place the corresponding transparencies on the overhead.

"I messages" begin with a brief description of what's on your mind - *"Mr. Wallace often seems depressed and unhappy."*

Then describe how you feel about it - *"I'm kind of worried because I want him to feel comfortable here."*

If you know what you want to have happen, say so. Use a Communication Helper if appropriate - *"I would like to work with you and Mr. Wallace to find a solution. Can we talk about it?"*

Then use your best listening skills to hear what the other person tells you about the situation. Expressing your opinion in this way and listening to the response will also help you make the other person feel respected. Feed it back.

If you have ideas of your own, offer them lightly, using “I messages.”

Thank the family for working with you. Be positive - *“I appreciate your willingness to work with me on this. I really care about Mr. Wallace.”*

Notice that there was no judgment expressed about Mr. Wallace’s family. Imagine how this situation could have been unfolded without understanding of values, skillful listening, and “I messages.” Here is an example of what could go wrong:

“Ms. Wallace, I don’t understand why you don’t care about your father. How come you and the family hardly ever visit him? He’s depressed and it’s awful that he is alone so much of the time. You know, he is still a part of the family and it would make my job a lot easier if you ever should come to help try and cheer him up. We can’t be expected to do everything you know.”

This example of what can go wrong may seem exaggerated, but most of us can think of times we have not been as skillful as we could have been in communicating with families. Good listening skills and “I messages” are especially helpful in tough situations like this, when you want to get your message across without blaming.

Most staff are understanding about the ups and downs of family life that are considered positive or out of the family's control or with the types of problems we have faced and resolved in our own lives. The families that seem hardest to work with are those whose values seem very different from our own or whose problems appear to be a result of the family's own choices.

Let's practice using "I messages" in a situation where you don't share the family member's values and you think the person's own choices have contributed to the family's problems. Don't forget to use the listening skills we learned this morning.

Please divide into three groups. In your group, take a few minutes to come up with a situation in which families are facing problems that affect the resident's care. This should be a situation where you think that the family's values (which you don't agree with) are contributing to the problem.

Once you have the situation, find volunteers within your group to play the roles of the family member and the staff. Role-play a conversation between them with the person using "I messages" and skillful listening. The other group members should

be observers, listening carefully and helping the staff person get back to the "I message" format, if necessary. Other group members should also suggest possible listening skills where appropriate. Take about three minutes with this role-play. If you get stuck, you can call on (co-facilitator's name) or me.

After five minutes, make sure the groups are moving on to the role-plays. At ten minutes, ask them to finish up. A minute later, ask them to stay in their small groups but turn their attention to the whole group. Lead a discussion about their experience using the following questions...

- **How did "I messages" work for you?**
- **Were you able to put them into our own words?**
- **Did they help you get your message across respectfully?**

6. Cultural and Ethnic Differences* (30 minutes)

*Adapted from "Ensuring an Abuse Free Environment: A Learning Program for Nursing Home Staff." CARIE, Philadelphia, PA. Copyright 1991. Special thanks to Beth Hudson Keller.

The purpose of this exercise is to increase staff members' awareness of possible cultural or ethnic differences between themselves and family members and the way these differences can affect communication.

Say,

Each of us has a cultural and ethnic background. Some of us are quite knowledgeable about our cultural or ethnic heritage, while other people feel that they don't have any specific cultural heritage. Your heritage can include your race, your ethnic background, whether you're from a rural or urban area, the economic circumstances you are in, what country or part of this country you or your ancestors came from, and what kind of work the people in your family do or did.

It's not unusual for there to be ethnic and cultural differences between residents and staff in nursing homes. For example, more than 90 percent of all people who live in nursing homes are white. About 30 percent of nursing assistants working in nursing homes are non-white. Of course, these percentages depend on where the nursing home is located, but it gives you an idea of some of the differences that can exist.

Another example of possible cultural differences can occur in a nursing home sponsored by a particular religious group. Such a facility will probably serve a resident population that has practiced that religion. But the staff may come from a variety of different faiths.

Another important thing to note is that many of the residents who are living in nursing homes today spent their younger years in much more segregated situations. For example, the older residents may have been born in the "old country": Russia, Italy, Ireland, etc. When the resident came to the United States, he or she may have settled in an area where everyone had the same ethnic origins.

For this reason, coming to a nursing home may be residents' first intense experience with people who are different from themselves. This is very likely the first time they are dependent on people whom they know very little about. The preconceptions about other groups that they learned from their parents and grandparents are brought with them into the nursing home. It can be frightening to be cared for by people who are to be cared for by people who are different from you and with whom you do not share the bond of a common background.

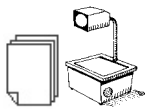
Of course, this does not mean that all nursing home residents have these kinds of preconceived ideas about others, but it may help to explain some of the responses they may have to caregivers who are not from the same group as them. Family members may also have some of the same feelings of uncertainty about staff who are from a different group.

Cultural and ethnic differences do not need to be negative things. Sharing one's cultural and ethnic heritage is one of the ways we can contribute to our nursing home. However, these differences can also get in the way of effective communication.

Here are a few examples:

- **A family member comes from a very religious background. She involves religious practices in just about every aspect of her life and often asks a nursing assistant to "pray for her mother." The nursing assistant is not religious and feels the family member's beliefs are meaningless.**
- **A nurse comes from a culture where children are expected to care for their parents, no matter what the cost. She has trouble sympathizing with family members who place their parents in the facility.**
- **A nursing home has some very wealthy residents. A nursing assistant who is having difficulty making ends meet feels angry when she hears family members complain about the cost of care.**

Now, let's spend some time thinking about how cultural differences may affect communication in this facility.



Divide the group into three small groups. Ask your co-facilitator to pass around handouts with the questions on them, while you place the overhead transparency on the overhead projector. Read the questions aloud.



Reconvene the group after about 15 minutes. Ask for volunteers to share their responses to the questions. Record the answers on newsprint.

Then focus on the last question. Take two or three examples of the ways in which the communication techniques would help resolve problems.

Say,

Now, let's take a 15 minute break.

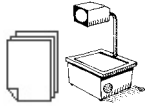
7. Values Line *(20 minutes)*

Say,

The values that are important to families, staff, and administration have a strong influence on relationships between family and the facility. Families' values affect what they want for their relatives, and the staff's values affect the way we view families and our expectations of their roles. The values of the administration can set the overall tone for decisions made in the facility.

Understanding our own values, and those of our residents' families and the administration, also helps us to communicate better. I'd like to emphasize that it is not necessary to agree with someone's values to understand them. We are not asking you to change your values but to work with families whose values may be different from your own.

Here is a tool for understanding some of our own important values, those of families, and those of facility employees.



Ask your co-facilitator to distribute the "Values Line" handouts while you place the corresponding transparency on the overhead projector. Read all of the values out loud.

Say,

Staff, families, and facility administrators may feel very differently about how important these values are. We'd like you to rate how important you think each value is for each of these three groups.

First, look at the statements on the handout and indicate how important you personally think this value is. Make an "X" on the line to show where you stand. So, if you think it is not important, you can place an "X" near the left-hand side; if you think it is very important, you can put an "X" near the right-hand side.

On the same line, mark an "F" where you think families stand on this value.

Finally, on the same line, mark an "A" where you think the administration stands.

Please go through each of the statements this same way.

Let's look at the example. The person filling that out felt that the value statement "Families should try to support facility rules without question" was very important for administrators and not very important for the families. The individual felt personally that the value was somewhat important and placed the "X" accordingly.

Please fill in the form in this way for each value. If you wish, you may think about where you stand on each issue, instead of writing them in. There are no "right" answers here; the goal is just to get us thinking and talking.

Give the group about five minutes to work on the values. Tell them it is okay not to finish them all.

While they are completing the Values Line, place two chairs about 15 feet apart at the front of the room. Place the sign that says "VERY IMPORTANT" on the chair on the right-hand side, and the sign saying "NOT IMPORTANT" on the left. Tie a string or yarn between the two chairs. It is important that the chairs at the front of the room look like the handout (left-right) orientation.

After five minutes, ask all participants to come up and stand along the line you've created, indicating where they personally stand on the first issue: "Residents should be neat and clean at all times."

Then ask them to move to indicate where they think the families stand, and then to move again to represent where they think the administration's values are.

Engage the group in a discussion of why they placed themselves and the other groups where they did. If there are discrepancies on where they placed different groups (for example, if they felt that a value was very important for one group and not at all for another), point this out and invite discussion.

If participants bring up questions or thoughts, try to discuss them instead of giving a "yes or no" answer. For example, they may say that residents should have freedom of choice unless they are too cognitively impaired to make decisions or that they think that resident privacy is impossible because of the care they have to provide. Encourage discussion of these issues, as time permits.

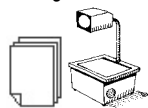
Do this for each of the values. As a way of concluding, you may want to ask the group how they think these value differences might affect communication in the nursing home.

8. Handling Blame, Criticism, and Conflict (1 hour)

Say,

Handling blame, criticism, and conflict is a challenge even for the most skilled communicator. The skills that we've learned so far--putting yourself in another's shoes, listening well, offering feedback, using "I messages" to say what you mean clearly and respectfully--these will all help you not only in day-to-day communication with families but also those difficult situations in which a family member blames or criticizes you or a disagreement escalates into a conflict.

When someone begins to blame or criticize you, it is hard not to react defensively and start blaming, criticizing, or defending yourself. But defensiveness gets in the way of coming up with a solution that will satisfy everyone's needs.



Ask your co-facilitator to distribute "Handling Blame, Criticism, and Conflict." Place the corresponding transparency on the overhead projector. Read the points out loud, and ask participants to follow along.

Say,

The first step in reaching a solution is to really listen. The three types of communication helpers we learned--door openers, encouragers, and open questions--are what you need to begin with.

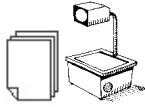
Next, you need to let the other person know you understand the complaint. That doesn't mean you agree with it but that you understand it.

This will prompt the person to tell you what is on his or her mind. Next you can respond with feedback. If the person is angry or upset, use emotional feedback. If the person has a factual complaint, use factual feedback. Solution-focused feedback, in which you emphasize the resources available in the situation, is especially helpful. You may have to use several rounds of feedback to understand the person's complaint completely, and it will take great self-control on your part to keep listening to the complaint without defending yourself or retaliating with some complaint of your own. This is a skill that can be learned.

Only after the other person believes that you've heard him or her and understood the complaint can you begin to work on it. One of the reasons so many conflicts go unresolved and end up in bitterness is that people skip this step. Sometimes this step alone will take a lot of the heat out of a person's complaint, especially if you combine

it with affirmation. Affirmation means to mention something related that you honestly admire in the person. It's best if this is something that can help in this situation.

Once you both agree on what the problem is, look for the needs behind the problem. Too often people rush to solve the problem before understanding the need behind it. Once you understand what each of you needs, you can work together to find a solution. Together, try to come up with a list of possible solutions. Then, together, choose one that meets both of your needs. The last step is to agree on a specific period of time to try out the solution and to talk it over again. Let's try out this method with a story about a conflict between a family member and a staff member.



Ask your co-facilitator to distribute the handout "Conflict Resolution Script." Place the corresponding transparency on the overhead projector, and ask two participants to read it aloud, each taking one of the roles.

When they are done reading, ask the following questions:

1. How would you describe the way the nursing assistant reacted?
2. Did the meeting benefit the participants?
3. Did this meeting benefit Mrs. M.'s mother or the other residents?
4. At what point did the conversation really break down?
5. Did this family member's criticism help the staff member to grow professionally?

After this discussion say,

Please get into groups of three. One person will play the staff member, one the family member, and one will observe. The role of the observer is to make suggestions based on the 'Handling Blame, Criticism, and Conflict' handout. Observers, you may want to ask the staff person and family member to go back a step or two in their interaction trying out another approach. Let's take five minutes in our groups of three. Any questions?

Answer any questions they have. After five minutes, ask them to come back together. Then ask,

What happened when you tried it out?

Lead a discussion about their experiences. Then ask,

Does anyone have a real life-situation you'd like to practice this technique with? Please tell us a little about it, but don't mention names.

Once a staff person has described the situation, ask for volunteers to role-play it, trying to apply the seven steps of conflict resolution.

Now let's try the seven steps with this situation.

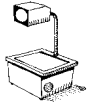
Lead a brief discussion, ending with this statement:

Mastering the art of handling blame and criticism skillfully takes work but is worth it, because it will enable you to meet even the most aggressive person with confidence.

9. Planning a Joint Session for Family, Staff, and Administrators (20 minutes)

Say,

On (date) we will have an opportunity for a joint brainstorming session with the family members who've been involved with the family seminars and the facility administrator. The purpose is to share the highlights of what you and the family members have been working on in your sessions and to discuss ways to promote even more effective family-nursing home partnerships.



Place the staff agenda transparency on the overhead projector.

It would be very helpful if we could share the highlights of our in-service with the family members and the administration. To refresh our memory of what we've done, here is the outline of today's in-service.

Is there someone, or perhaps a team of two or three, who would be willing to briefly share the highlights of our seminar with the family members and the administrator at the joint session on (date)? You would have about 10 minutes. The family members will also give us a summary of their workshops.

After securing volunteers, ask them what they will need to make their brief presentation. Make arrangements for these needs.

At the joint brainstorming session, you will all have a chance to identify any facility policies that affect family involvement and that you think could be changed. Are there any policies or practices in this facility you would like to bring up?

This is a very important aspect of the program, so make sure to give planning for it the attention it deserves. Staff may have important issues but fail to bring them up in the joint session because of the power structure in the facility or fear of hurting someone's feelings. Assure them that this is a great opportunity to set in motion changes that will have a positive impact on the residents and that family members are likely to have similar concerns and ideas.



List their ideas on newsprint and invite participants to take notes so they will be prepared to bring these ideas up in the joint session.

Then say,

It would be nice to have refreshments at the joint session. Do you have any suggestions about how this should be arranged?

Use their suggestions and any offers to secure refreshments for the joint session. Sometimes the family group will offer to provide them or sometimes the staff or facility. Let this, be the participants' decision.

10. Evaluation of Staff In-Service (20 minutes)

It is worthwhile to allow the group to spend some time evaluating the program together. If you provide a written evaluation form, ask them to fill it out before starting the discussion. (A sample evaluation is provided in the Appendix, page 111.)



End the session by again placing the outline of the staff workshop series on the overhead projector. Say,

I appreciate what you've each contributed to our in-service, and I'm looking forward to a productive session on [give date of joint workshop]. Before we go, I would appreciate some feedback on the whole workshop series. Let's look back at the topics we've covered. [Read the topics aloud.] Please think for a few minutes about which parts of the in-service have been most useful for you and about any suggestions you might have for us if we were to offer the in-service again here or in another nursing home.



While they are thinking, prepare two sheets of newsprint with the headings "Most Useful" and "Suggestions." After five minutes, ask,

Who'd be willing to tell us what you found most useful?

When someone speaks, briefly summarize his or her statement on the list. Then ask,

Do you have any suggestions for us?

Summarize any suggestions, too. Then go on to others in the same manner until everyone has spoken. Then end by saying,

Thank you for this feedback. We've really enjoyed working with you throughout this series and look forward to our joint brainstorming session with staff and administrators on (date). See you there!

III. Partners In Caregiving: Family Workshops

A. Description

The family workshop series consists of three two-hour workshops, plus a joint session with nursing home staff and administrators. We believe that the material can best be covered in three separate sessions. However, depending on facility and family schedules, it may be necessary to organize the workshops in some other way. For example, the content can be covered in a day-long workshop or in two half-day sessions.

The joint session should be held after the completion of the family workshop series and the corresponding Staff In-Service. The ideal time for the joint session is on the same day of the week on which the family members have been meeting, the week after their workshop series is complete. If that time is not available, hold the joint session at another time within three weeks of when staff and families complete their individual sessions. Handouts for family in-service begin on page 91.

B. Agenda for Family Workshops

I. Session 1

- A. Introduction to Partners in Caregiving and to Staff Workshops (*10 minutes*)
- B. Participant Introduction Exercise (*20 minutes*)
- C. Sharing Successful Family-Nursing Home Communication Techniques (*45 minutes*)
- D. Advanced Listening Skills (*45 minutes*)

II. Session 2

- A. Feedback from Previous Session (*15 minutes*)
- B. Saying What You Mean Clearly and Respectfully (*60 minutes*)
- C. Cultural and Ethnic Differences (*30 minutes*)

III. Session 3

- A. Feedback from Previous Session (*15 minutes*)
- B. Values Line (*30 minutes*)
- C. Handling Blame, Criticism, and Conflict (*1 hour*)
- D. Planning a Joint Session with Family, Staff, and Administrators (*15 minutes*)
- E. Evaluation of Family Workshop Series (*15 minutes*)

Joint Session with Families, Staff, and Administrators (*2 hours*)

- A. Brief Summaries of Family Workshops and Staff In-Service (*30 minutes*)
- B. Joint Brainstorming: Ways to Promote Even More Effective Family-Nursing Home Partnerships (*60 minutes*)
- C. Where Do We Go from Here? (*15 minutes*)
- D. Refreshments (*15 minutes*)

C. Materials

- Newsprint, easel, marker, masking tape
- Overhead projector, screen
- Index cards
- String or yarn for Values Line Exercise

Overhead Transparencies

Handouts (enough copies for all staff members)

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Agenda for Family Workshop 92 |
| <input type="checkbox"/> | | Goals of the Partners in Caregiving Workshops 94 |
| <input type="checkbox"/> | <input type="checkbox"/> | Communication Helpers 95 |
| <input type="checkbox"/> | <input type="checkbox"/> | Communication Blockers 96 |
| <input type="checkbox"/> | <input type="checkbox"/> | Types of Feedback 97 |
| <input type="checkbox"/> | <input type="checkbox"/> | "Put Yourself in Their Shoes" Stories 98 |
| <input type="checkbox"/> | <input type="checkbox"/> | "I messages" 100 |
| <input type="checkbox"/> | <input type="checkbox"/> | Cultural and Ethnic Differences Questions 101 |
| <input type="checkbox"/> | <input type="checkbox"/> | Handling Blame, Criticism, and Conflict 102 |
| <input type="checkbox"/> | <input type="checkbox"/> | Conflict Resolution Script 103 |
| <input type="checkbox"/> | <input type="checkbox"/> | Values Lines Worksheet 104 |

D. Session One Activities

A. Introduction to Partners in Caregiving and to Family Workshops (10 minutes)

Invite people to put their names, addresses, and phone numbers on a sign-in sheet when they arrive.

Begin the session within five minutes of planned starting time (even if people are still arriving). This establishes a norm of promptness and shows respect for those who arrived on time. The co-facilitators introduce themselves briefly, giving enough information so that the family members attending the workshop will have confidence in the facilitator's ability to lead a worthwhile program. Be brief. Here is an example of how a co-facilitator might introduce herself.

Welcome to "Partners in Caregiving." I am (name). I have worked as a social worker in this facility for five years. My previous background also includes working at a large city hospital. I have an elderly mother and father, currently living at my home but in a separate apartment.

Here is another example:

My name is (name). My mother has been a resident here for two years. I work as a medical technologist and have a husband and two children. For the past year, I have been a member of the family council in the facility.

After both co-facilitators have introduced themselves, one co-facilitator tells the group about the day's agenda and Partners in Caregiving.

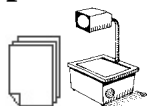
In a few minutes I'll invite you all to introduce yourselves, but first, let me tell you briefly about these workshops. It is our belief that families and nursing home staff can work together to improve the quality of life for residents and to relieve some of the stress that arises for both staff and families. This training will focus on communication techniques that will enable staff and family members to interact in a positive, clear manner.

We will also focus on some conflict management techniques and try to gain empathy and understanding for the difficult tasks that both families and staff face daily. We will explore creative ways of reaching out and supporting one another.

This project also includes an in-service training workshop for staff in this facility. In both workshop formats, we will promote the idea that staff and families make up an important partnership, and that by working together, both parties can become more comfortable initiating communication and learning new skills that will enable them to become more effective in meeting the many challenges of nursing home care.

Family members will learn about some of the pressures staff experience and better understand the roles they play in the facility. Staff will gain new insights into the barriers that may prevent families from becoming more involved, and families will then learn to feel less isolated. Both staff and family members will learn positive communication strategies, including effective listening, understanding defensive behaviors, and resolving conflicts. Families and staff will be able to brainstorm together new ideas for the development of new policies, which will promote and encourage effective communication and problem resolution.

During the workshops, we will be accepting a wide range of viewpoints about family involvement and empowerment of both staff and families. Some of you may want to become more involved in the nursing home, while others are happy with things as they are. In Partners in Caregiving, we are not promoting one best way, but we ask you to open your mind today, to listen to each other's ideas, to put yourself as fully into the activities as is comfortable for you, to learn and to contribute. We can assure you that you will be respected here. Remember, you are the experts: Trust your wisdom and experience, but please remain open to new ways of looking at old problems.



Place "Goals of the Partners in Caregiving Workshops" transparency on overhead and read it aloud.

Say,

Partners in Caregiving is both a program and a process. Family members who participate in this three-week workshop series learn to see through staff members' eyes, to practice advanced listening skills and conflict resolution, and to better understand their nursing home. Tonight is the first workshop in that series.

The program culminates in a joint session in which staff members, family members, and administrators look at the facility's policies and practices relating to family involvement and together decide what changes, if any, are needed. Here in (name of

facility), the staff seminar is being held on (dates). Our joint session is planned for (date).

Switch facilitators.

I'd like to mention a few guidelines for our seminar and then ask you all to introduce yourselves. The bathrooms are located (give location). There will not be smoking in this room, but we will take a break during the session. If you need a break sooner, you may quietly get up to leave.

I also want to emphasize the importance of the confidentiality of our workshops. We will not be reporting any of the discussions that occur here to anyone in the nursing home. In the joint meeting with staff and administrators, you can decide how much you would like to share about our meetings. I would like to ask all of you to respect the confidentiality of the group.

2. Participant Introduction Exercise (20 minutes)

As a way of warming up the group, ask the members to divide into pairs. Request that they choose a person whom they do not know. If all participants know each other, ask that they pair up with the person in the group whom they know the least well or with whom they have had the least contact.

Next, say,

Instead of just introducing ourselves, we would like you to spend a little time getting to know your partner. Then, we will ask you to introduce him or her to the group. I would like to ask you to tell your partner two things that are special about you. This can be anything that is important to you; it could be about family, job, hobbies, or anything else. After one of you has talked for a couple of minutes, switch so the other person can tell about himself or herself.

Participants who already know each other may protest that there is nothing new to say. Reassure them that even long-term friends who do this exercise often learn something new. It is a good idea for you and your co-facilitator to participate as well and interview each other.

After five minutes (or earlier, if all the pairs are done), call the group together again. Go around the group and ask each person to introduce his or her partner. You and your co-facilitator should participate in the exercise by introducing one another.

Note: The goal of this exercise is to "break the ice" and help the group to learn the names of other group members and something about them. If you prefer to use another warm-up exercise that achieves these goals, feel free to do so.

3. Sharing Successful Family-Nursing Home Communication Techniques (45 minutes)

Hand out an index card to each group member.

Now we would like to hear from you. Please take a minute or two to think about something you've done to communicate with staff about your relative's nursing home experience. Also, please think about your greatest challenge in relation to communicating with staff, something you would really like to get some new ideas about. On one side of the index card, write down the thing you've done, and on the others, the challenge you've identified. If you would rather just think about it silently, that's fine, too. Let's take a minute or two, then you'll each have a turn to share.



On newsprint, make 2 columns with the headings, *Positive communication with staff* and *Challenges*.

After 1 or 2 minutes, say:

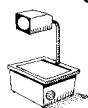
Let's each describe one way you have gotten involved in this facility or communicated with staff and administration, and your greatest challenge in getting involved or communicating with the nursing home. It isn't necessary to use the names of the people involved. Who would like to begin?

Write a summary of what each family member says under the appropriate column. If another person later mentions something similar, place a check mark near the first summary rather than writing it out again. You don't need to comment on each individual's statement, beyond thanking the family member. You could occasionally say something like "Lots of great ideas here!"

You have so many good ideas about how to communicate with the nursing home and get involved! I hope you'll try one another's ideas out and ask for more information if you need it. Now let's look at the list of challenges. [Read the list aloud.] The skills we'll be learning in our workshop series should give you some useful tools for working with most of these challenges. Others may require some changes in facility policies, which you'll have a chance to bring up at our upcoming joint session with administrators and staff.

Let's look at the outline for our workshop series. [Pass out copies of "Agenda", and place a copy on the overhead projector.] Are these the kinds of topics you had hoped we would work with? Are there others you had hoped to address?

If someone brings up other topics, make a new column on newsprint marked "Other Important Topics." Then summarize the person's interest under that heading. If you see that a segment of the agenda already planned will address that topic, say so. If it seems like an important topic to several of the participants and you are prepared to create an impromptu activity to deal with it (perhaps during your lunch break), tell the group that you are prepared to alter the agenda a bit to work on that important issue. [Not many facilitators will choose this option.] Or you might suggest the possibility of adding an extra session, if at the end of the day they are still struggling with that issue. It is important that you convey a sense that their concerns will be addressed and then follow through.



Next, place the outline for the staff workshops on the overhead.

I thought you would also like to see the outline for the staff workshops. As you can tell, staff members are learning many similar skills to those we'll be working with today. Partners in Caregiving is so effective because it helps both staff and families develop excellent communication skills and gives staff, administrators and families a reason to meet together to see if changes are needed in any of the nursing home's policies affecting family involvement. Ideally, components of Partners in Caregiving will become incorporated into your nursing home's ongoing way of working with families.

Let's take a short break. We'll meet back here, then we'll work on some listening skills.

4. Advanced Listening Skills (45 minutes)

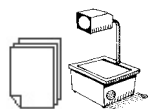
Begin this session by saying,

Caring for an elderly family member has always been a challenging job, but in the last few years it has become even more so. Many families' lives are very complex, with people struggling to balance work and family responsibilities, and to function in a society where values are changing rapidly and where the composition of families may change frequently.

Nursing homes are experiencing pressures, too. Nursing homes are taking in residents with more severe health problems, while funding for services is shrinking. Having an understanding of what nursing home staff are facing is crucial to being able to communicate with them about your relative's care.

Empathy, or being able to put yourself in someone else's shoes, is an important prerequisite to skillful communication. I have here a story about a staff member, which we will use to learn and practice some advanced listening skills. In the staff workshops of Partners in Caregiving, staff will be learning to appreciate what a difficult job families have and practicing the same listening skills we'll be working with here.

I'm sure that most of you are good listeners. I'll share with you some information that will help you become even better at listening to staff members. Incidentally, the skills we are able to learn and practice will also help you communicate better with residents, and even with other people in your life- your spouse or partner, your children and your friends.

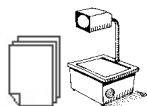


Place "Communication Helpers" on the overhead projector and ask your co-facilitator to distribute the handout to all the participants. Read each one aloud, including the examples in parentheses.

Can anyone give an example of a time when you have used a Communication Helper?

After one or two examples have been given, say,

These Communication Helpers can go a long way toward promoting good communication with staff, but we also need to avoid Communication Blockers.



Ask your co-facilitator to distribute the Communication Blockers handout and put the corresponding overhead transparency on the overhead projector. Read each one aloud, including the examples in parentheses.

Has anyone ever blocked communication with you in any of these ways?

Once someone has an example, ask,

How did it feel? How did it affect your communication with that person?

Then ask,

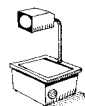
Can anyone give an example of experience with any of the other Communication Blockers?

After someone has responded, ask,

How did that affect your willingness to communicate with that person?

Then ask,

If the other person had instead used any of the Communication Helpers, how would that have changed your communication?

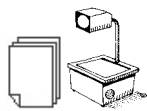


Put the Communication Helpers list back on the overhead projector when you ask this question.

Next, say,

Once we're able to encourage staff members to say what is on their minds, through using Communication Helpers and avoiding Communication Blockers, it is important to respond in a way that lets them know we are really listening. Some of you have probably heard of "active listening," in which you give feedback to the speaker in order to communicate that you've heard what is being said. Since most of you are already pretty good communicators, I'll share with you some of the fine points of giving feedback so that you can become highly skilled at it.

There are three types of feedback.



Ask your co-facilitator to distribute the "Types of Feedback" handouts, while you place the corresponding transparency on the overhead projector.

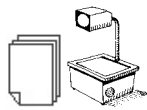
Read the list aloud, including the examples. Then ask,

Have you ever used any of these types of feedback or have you observed someone else using them? Can you briefly describe it?

Pause for responses and give feedback.

Now we are going to let you practice your listening skills in relation to a story about a staff member. After listening to the story we are going to ask you to role-play the story.

Note: Before the workshop, you will need to read through the "Put Yourself in their Shoes" stories and choose one for your session. You can also feel free to create your own story using a similar format.



Distribute copies of the story to the participants and ask for a volunteer to read it aloud. Place a copy of the story on the overhead projector as it is read aloud.

Then divide the group into two small groups of roughly equal size. Once the groups have formed and gotten quiet, say,

I'd like you to find volunteers in your group to role-play the situation in the story. Try to use Communication Helpers and whichever of the three types of feedback you think is most appropriate. Be sure to avoid Communication Blockers. Then your group should discuss the questions at the end of your story. We'll take 10 minutes to do that. Any questions?

While the groups are role-playing and discussing their questions, circulate quietly, dropping in on each group for a few minutes, being careful not to take over. If a group is having a hard time getting someone to fill a role, offer to play it yourself. After five minutes, announce that the groups should soon turn to the discussion questions if they have not already done so. After the full 10 minutes have passed, ask the groups if they need another minute. If they do, give it to them. Then say something like,

You are terrific actors and actresses! And I heard some good discussion! Will someone from the group please summarize what came up in your group?

After someone has summarized for the first group, lead a brief discussion highlighting anything you think needs reinforcing about Communication Blockers, Communication Helpers, or Feedback. For example, if the group got stuck, ask them to retry that section of the role-play now, using factual, emotional, or solution-focused feedback. Then ask the other group to summarize their experience, following up with a brief discussion as before. Then conclude by saying,

I encourage you to take these lists home and put them up on your fridge or to place them wherever you will see them often. Try practicing them with nursing home staff, your family member, and even your family and friends. At first, they may seem awkward, but you'll be amazed at how skillful and subtle you'll become with them after a while and what a good effect they'll have on your communication. Don't be hard on yourself if you forget them, especially in stressful conversations. Just keep practicing, and soon it will become second nature to use Communication Helpers and the appropriate type of feedback and to avoid Communication Blockers. In the workshop for families, family members are also learning about Communication Helpers, Communication Blockers, and Types of Feedback.

We've learned a lot in our first workshop! Between now and next week, I'd like you to try out one thing you learned here. You might try catching yourself in a Communication Blocker and replacing it with a Communication Helper. Maybe you'll try giving factual, emotional, or solution-focused feedback. Any questions?

It's been a pleasure to work with you! We look forward to our second workshop, next week at the same time and place. You will have a chance to look at what is really important to you about the care of your relative and what is important to the staff and the nursing home, and learn ways to communicate when these values differ. You'll learn and practice ways to say what you mean clearly and respectfully even if it might be different from what the nursing home expects to hear.

E. Session Two Activities

5. Feedback from Previous Session (15 minutes)

Say,

Welcome to the second session of Partners in Caregiving. Let's go around and say our names again, to refresh our memories and to give us a chance to meet new people (if there are new people). I'm (say your name).

After all have introduced themselves, say,

Tonight we will look at what is really important to you about the care of your relative and what is important to the staff and the nursing home, and learn ways to say what you mean clearly and respectfully even if it might be different from what the nursing home expects to hear. But before we plunge into those topics, let's hear from anyone who tried out what we learned last week. Maybe you tried out a way of communicating with staff that you heard another family member tell about. You might have caught yourself in a Communication Blocker and replaced it with a Communication Helper. Or maybe you tried giving factual, emotional, or solution-focused feedback. Would anyone like to tell us what you tried and how it went?

Let the participants talk about what they tried and how it went. Give them factual, emotional, or solution-focused feedback where appropriate. Use any difficulties they describe as a springboard for re-teaching or reinforcing the use of Communication Helpers and feedback, and the avoidance of Communication Blockers. After fifteen minutes, congratulate them on the skillful ways in which they are applying what they're learning in the workshop.

6. Saying What You Mean Clearly and Respectfully (45 minutes)

Say,

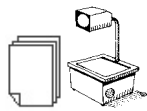
The listening skills we learned last week will help to understand staff members' values and their reasons for doing what they do. What if you feel that their values are not helpful to your relative's nursing home experience? Is there a way to communicate this while also treating them with respect? Yes!

The basic tool for saying what you mean clearly and respectfully is called the "I message." Perhaps you've run across the "I message" in other workshops or in your reading. Maybe you've heard other people use it and thought it sounded contrived or corny.

We will practice using "I messages" in ways that reflect your own personality, so they will come across as natural. "I messages" can be successfully used to communicate about anything, but since values are often a difficult topic to address, we'll give them some practice here.

Let's imagine that your relative has been getting progressively sadder. When he or she entered the facility, he or she seemed cheerful and talkative, but now he or she mopes around, barely speaks, and isn't interested in eating. You mention this to the nurse, but she doesn't seem to think it is important.

First let's learn the basic format for an "I message."



Ask your co-facilitator to distribute the "I messages" handout, while you place the corresponding transparencies on the overhead.

"I messages" begin with a brief description of what's on your mind - *"My mother often seems depressed and unhappy."*

Then describe how you feel about it - *"I'm kind of worried because I want her to feel comfortable here."*

If you know what you want to have happen, say so. Use a Communication Helper if appropriate - *"I would like to work with you to find a possible solution to her unhappiness. Can we talk about it?"*

Then use your best listening skills to hear what the other person tells you about the situation.

Feed it back.

If you have ideas of your own, offer them lightly, using “I messages.”

Thank the staff member for working with you. Be positive - *“I appreciate your willingness to work with me on this. I’m sure you want my mother to feel good about being here, too.”*

Notice that there was no judgment expressed about the staff member’s behavior or attitudes. Imagine how this situation could have been unfolded without understanding of values, skillful listening, and “I messages.”

Here is an example of what could go wrong - *“I don’t understand why you don’t care about my mother. How come you and the other staff ignore her? She’s depressed and it’s awful that she is left alone so much of the time. What’s going on here anyway? I’ve got a good mind to complain to the state about this!”*

This example of what can go wrong may seem exaggerated, but most of us can think of times we have not been as skillful as we could have been in communicating with staff. Good listening skills and “I messages” are especially helpful in tough situations like this, when you want to get your message across without blaming.

Most family members are understanding about the ups and downs of working in a nursing home and understand that nursing home staff may encounter problems in their life outside of work as well. The staff that seem hardest to work with are those whose values seem very different from our own or whose problems appear to be a result of the staff member's own choices.

Let's practice using "I messages" in a situation where you don't share their values and you think the person's own choices have contributed to the staff members' problems. Don't forget to use the listening skills we learned last time.

Please divide into three groups. In your group, take a few minutes to come up with a situation in which staff are facing problems that affect the resident's care. This should be a situation where you think that the staff member's values (that you don't agree with) are contributing to the problem.

Once you have the situation, find volunteers within your group to play the roles of the family member and the staff. Role-play a conversation between them with the person using "I messages" and skillful listening. The other group members should be observers, listening carefully and helping the staff person or family member get back to the "I message" format, if necessary, or suggesting possible listening skills where appropriate. Take about three minutes with this role-play. If you get stuck, you can call on (your co-facilitator) or me.

After five minutes, make sure the groups are moving on to the role-plays. At ten minutes, ask them to finish up. A minute later, ask them to stay in their small groups but turn their attention to the whole group. Lead a discussion about their experience, asking...

- How did "I messages" work for you?
- Were you able to put them into your own words?
- Did they help you get your message across respectfully?

Switch facilitators. Say,

We've learned a lot at this session! Between now and next week, I'd like you to try out one thing you learned here. Maybe you'll be a bit more understanding with yourself and others as you go about the complex job of dealing with having a relative in a nursing home. Maybe you'll give some more thought to your own values and those of the staff and the nursing home. Perhaps you'll try using "I messages." Any questions?

I'll be happy to prepare a list of names, telephone numbers, and addresses of participants in this workshop series if you'd like to be able to keep in touch and continue to work together in various ways after the workshops are over. I'll send around our sign-in sheet from the first and second session. I'll make copies of this list for everyone next week. If you have any corrections, please mark them on the list. If you don't want your name on the list that gets distributed to everyone here, please note that in the margin, or mention it to me after the workshop.

It's been a pleasure to work with you! We look forward to our third workshop, next week at the same time and place. We'll explore different ways to appreciate cultural differences and to help our nursing home benefit from our own cultural heritage. We'll also try out some ways of handling conflict in the nursing home. See you next week!

C. Cultural and Ethnic Differences* (30 minutes)

* Taken from "Ensuring an Abuse-Free Environment: A Learning Program for Nursing Home Staff." CARIE, Philadelphia, Pa. Copyright 1991. Special thanks to Both Hudson Keller.

The purpose of this exercise is to increase family members' awareness of possible cultural or ethnic differences between themselves and staff and the way these differences can affect communication.

Say,

Each of us has a cultural and ethnic background. Some of us are quite knowledgeable about our cultural or ethnic heritage, while other people feel that they don't have any specific cultural heritage. Your heritage can include your race, your ethnic background, whether you're from a rural or urban area, the economic circumstances you are in, what country or part of this country you or your ancestors came from, and what kind of work the people in your family do or did.

It's not unusual for there to be ethnic and cultural differences between residents and staff in nursing homes. For example, more than 90 percent of all people who live in nursing homes are white. In many facilities, most of the nursing assistants working in nursing homes are non-white. Of course, these percentages depend on where the nursing home is located, but it gives you an idea of some of the differences that can exist.

Another example of possible cultural differences can occur in a nursing home sponsored by a particular religious group. Such a facility will probably serve a resident population that has practiced that religion. But the staff may come from a variety of different faiths.

Another important thing to note is that many of the residents who are living in nursing homes today spent their younger years in much more segregated situations. For example, the older residents may have been born in the "old country": Russia, Italy, Ireland, etc. When the resident came to the United States, he or she may have settled in an area where everyone had the same ethnic origins.

For this reason, coming to a nursing home may be a resident's first intense experience with people who are different from themselves. This is very likely the first time they are dependent on people whom they know very little about. The preconceptions about other groups that they learned from their parents and grandparents are brought with them into the nursing home. It can be frightening to

be cared for by people who are different from you and with whom you do not share the bond of a common background.

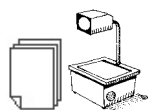
Of course, this does not mean that all nursing home residents have these kinds of preconceived ideas about others, but it may help to explain some of the responses they may have to caregivers who are not from the same group as them. Family members may also have some of the same feelings of uncertainty about staff who are from a different group.

Cultural and ethnic differences do not need to be negative things. Sharing one's cultural and ethnic heritage is one of the ways we can contribute to our nursing home. However, these differences can also get in the way of effective communication.

Here are a few examples:

- A family member comes from a very religious background. She involves religious practices in just about every aspect of her life and often asks a nursing assistant to “pray for her mother.” The nursing assistant is not religious and feels the family member’s beliefs are meaningless.
- A nurse comes from a culture where children are expected to care for their parents, no matter what the cost. She has trouble sympathizing with family members who place their parents in the facility.
- A nursing home has some very wealthy residents. A nursing assistant who is having difficulty making ends meet feels angry when she hears family members complain about the cost of care.

Now, let’s spend some time thinking about how cultural differences may affect communication in this facility.



Divide the groups into three small groups. Ask your co-facilitator to pass around handouts with the questions on them, while you place the overhead transparency on the overhead projector. Read the questions aloud.



Reconvene the groups after about 15 minutes. Ask for volunteers to share their responses to the questions. Record the answers on newsprint.

Then focus on the last question. Take two or three examples of the ways in which the communication techniques would help resolve problems.

F. Session Three Activities

8. Feedback from Previous Session (15 minutes)

Welcome the family members to the third session. Say,

At the end of last week's session I challenged you to be more understanding of yourself and others as you go about helping your relative in a nursing home. Maybe you also gave some more thought to your own values and those of the staff and the nursing home. Or perhaps you tried using "I messages." Would anyone like to share your experience applying what you learned last week?

As the family members speak, reinforce previous lessons. You may need to review the guidelines for "I messages." Then say,

In this session, we'll learn to help our nursing home benefit from our own cultural heritage, look at some productive ways of resolving conflicts, and start planning for the joint meeting with the staff and administrators.

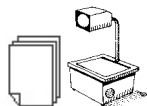
9. Values Line (20 minutes)

Say,

The values that are important to family, staff, and administration have a strong influence on relationships between home and the facility. Family values affect what you want for your relatives, and the staff's values affect the way they view families and their expectations of your roles. The values of the administration can set the overall tone for decisions made in the facility.

Understanding our own values, and those of the staff and the administration, also helps us to communicate better. I'd like to emphasize that it is not necessary to agree with someone's values to understand them. We are not asking you to change your values but to work with staff whose values may be different from your own.

Here is a tool for understanding some of our own important values, those of staff, and those of facility residents.



Ask your co-facilitator to distribute the "Values Line" handouts while you place the corresponding transparency on the overhead projector. Read all of the values out loud.

Say,

Staff, family and facility administrators may feel very differently about how important these values are. We'd like you to rate how important you think each value is for each of these three groups.

First, look at the statements on the handout and indicate how important you personally think this value is. Make an "X" on the line to show where you stand. So, if you think it is not important, you can place an "X" near the left hand side; if you think it is very important, you can put an "X" near the right hand side.

Next, on the same line, make an "S" where you think the staff stands on this value.

Finally, on the same line, mark and "A" where you think the administration stands.

Go through each of the statements this way.

Let's look at the example. The person filling that out felt that the value statement "Families should try to support facility rules without question" was very important

for administrators, and somewhat important for the staff. The individual felt personally that the value was not very important, and place the "X" accordingly.

Please fill in the form this way for each value. If you wish, you may think about where you stand on each issue, instead of writing them in. There are no "right" answers here; the goal is just to get us thinking and talking.

Give the group about five minutes to work on the values. Tell them it is okay not to finish them all.

While they are completing the Values Line, place two chairs about 15 feet apart at the front of the room. Place the sign that says "VERY IMPORTANT" on the chair on the right-hand side, and the sign saying "NOT IMPORTANT" on the left. Tie a string or yarn between the two chairs. It is important that the chairs at the front of the room look like the handout (left-right) orientation.

After five minutes, ask all participants to come up and stand along the line you've created indicating where they personally stand on the first issue: "Residents should be neat and clean at all times."

Then ask them to move to indicate where they think the staff stand and then to move again to represent where they think the administration's values are.

Engage the group in a discussion of why they placed themselves and the other groups where they did. If there are discrepancies on where they placed different groups (for example, if they felt that a value was very important for one group and not at all for another), point this out and invite discussion.

If participants bring up questions or thoughts, try to discuss them instead of giving a "yes or no" answer. For example, they may say that residents should have freedom of choice unless they are too cognitively impaired to make decisions or that they think that resident privacy is impossible because of the care they have to provide. Encourage discussion of these issues, as time permits.

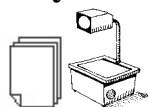
Do this for each of the values. As a way of concluding, you may want to ask the group how they think these value differences might affect communication in the nursing home.

10. Handling Blame, Criticism, and Conflict (45 minutes)

Introduce the topic by saying,

Handling blame, criticism, and conflict is a challenge even for the most skilled communicator. The skills that we've learned so far--putting yourself in another's shoes, listening well, offering feedback, using "I messages" to say what you mean clearly and respectfully--help you not only in day-to-day communication with families but also in those difficult situations in which a staff person blames or criticizes you or a disagreement escalates into a conflict.

When someone begins to blame or criticize you, it is hard not to react defensively and start blaming, criticizing, or defending yourself. But defensiveness gets in the way of coming up with a solution that will satisfy everyone's needs.



Ask your co-facilitator to distribute "Handling Blame, Criticism, and Conflict." Place the corresponding transparency on the overhead projector. Read the points out loud and ask participants to follow along.

Say,

The first step in reaching a solution is to really listen. The three types of communication helpers we learned--door openers, encouragers, and open questions-- are what you need to begin with.

Next, you need to let the other person know you understand the complaint. That doesn't mean you agree with it but that you understand it.

This will prompt the person to tell you what is on his or her mind. Next, you can respond with feedback. If the person is angry or upset, use emotional feedback. If the person has a factual complaint, use factual feedback. Solution-focused feedback, in which you emphasize the resources available in the situation, is extremely helpful. You may have to use several rounds of feedback to understand the person's complaint completely, and it will take great self-control on your part to keep listening without defending yourself or retaliating with some complaint of your own. This is a skill that can be learned.

Only after the other person believes that you've heard him or her and understood the complaint can you begin to work on it. One of the reasons so many conflicts go

unresolved and end up in bitterness is that people skip this step. Sometimes this step alone will take a lot of the heat out of a person's complaint, especially if you combine it with affirmation. Affirmation means to mention something related that you honestly admire in the person. It's best if this is something that can help in this situation.

Once you both agree on what the problem is, look for the needs behind the problem. Too often people rush to solve the problem before understanding the need behind it. Once you understand what each of you needs, you can work together to find a solution. Together, try to come up with a list of possible solutions. Then, together, choose one that meets both of you needs. The last step is to agree on a specific period of time to try out the solution and to talk it over again. Let's try out this method with a story about a conflict between a family member and a staff member.



Ask your co-facilitator to distribute "Conflict Resolution Script." Place the corresponding transparency on the overhead projector and ask two participants to read it aloud, each taking one of the roles.

When they are done reading, ask the following questions:

- How would you describe the way the family member and staff person reacted to each other?
- Did the meeting benefit the participants?
- Did this meeting benefit Mrs. M's mother or the other residents?
- At what point did the conversation really break down?
- Did this staff member's criticism help the staff member to grow?

After this discussion say,

Please get into groups of three. One person will play the staff member, one the family member, and one will observe. The role of the observer is to make suggestions based on the "Handling Blame, Criticism, and Conflict" handout. Observers, you may want to ask the staff person and family member to go back a step or two in their interaction, to try out another approach. Let's take five minutes in our groups of three. Any questions?

Answer any questions they have. After five minutes, ask them to come back together. Then ask,

What happened when you tried it out?

Lead a discussion about their experiences. Then ask,

Does anyone have a real life-situation you'd like to practice this technique with? Please tell us a little about it, but don't mention names.

Once a family member has described the situation, ask for volunteers to role-play it, trying to apply the seven steps of conflict resolution.

Now let's try the seven steps with this situation.

Lead a brief discussion, ending with this statement.

Mastering the art of handling blame and criticism skillfully takes work but is worth it, because it will enable you to meet even the most aggressive person with confidence.

11. Planning a Joint Session for Family, Staff, and Administrators (15 minutes)

Say,

On (date) we will have an opportunity for a joint brainstorming session with the staff members who've been involved with the staff workshop and the facility administrator. The purpose is to share the highlights of what you and the staff have been working on in your sessions and to discuss ways to promote even more effective family-nursing home partnerships.

Place the staff agenda transparency on the overhead projector.

It would be very helpful if we could share the highlights of our in-service with the staff and the administration. To refresh our memory of what we've done, here is the outline of today's workshop.

Place the family workshop agenda transparency on the overhead projector.

Is there someone, or perhaps a team of two or three, who would be willing to briefly share the highlights of our workshops with the staff members and the administrator at the joint session on (date)? You would have about 10 minutes. The staff members will also give us a summary of their workshops.

After securing volunteers, ask them what they will need to make their brief presentation. Make arrangements for these needs.

At the joint brainstorming session, you will all have a chance to identify any facility policies that affect family involvement and that you think could be changed. Are there any policies or practices in this facility you would like to bring up?

This is a very important aspect of the program, so make sure to give planning for it the attention it deserves. Family members may have important issues but fail to bring them up in the joint session because of the power structure in the facility or fear of hurting someone's feelings. Assure them that this is a great opportunity to set in motion changes that will have a positive impact on the residents and that staff members are likely to have similar concerns and ideas.



List their ideas on newsprint and invite participants to take notes so they will be prepared to bring these ideas up in the joint session.

Then say,

It would be nice to have refreshments at the joint session. Do you have any suggestions about how this should be arranged?

Use their suggestions and any offers to secure refreshments for the joint session. Sometimes the family group will offer to provide them or sometimes the staff do, or facility. Let this be the participants' decision.

12. Evaluation of Family Workshop Series *(20 minutes)*

It is worthwhile to allow the group to spend some time evaluating the program together. If you provide a written evaluation form, ask them to fill it out before starting the discussion. (A sample evaluation is provided in the Appendix, page 111.)

End the session by again placing the outline of the family workshop series on the overhead projector. Say,

I appreciate what you've each contributed to our workshops, and I'm looking forward to a productive session on (date of joint workshop). Before we go, I would appreciate some feedback on the whole workshop series. Let's look back at the topics we've covered. (Read the topics aloud.) Please think for a few minutes about which parts of the workshop have been most useful for you and about any suggestions you might have for us if we were to offer the workshops again here or in another nursing home.



While they are thinking, prepare two sheets of newsprint with the headings "Most Useful" and "Suggestions." After five minutes, ask,

Who'd be willing to tell us what you found most useful?

When someone speaks, briefly summarize his or her statement on the list. Then ask,

Do you have any suggestions for us?

Summarize any suggestions, too. Then go on to others in the same manner until everyone has spoken. Then end by saying,

Thank you for this feedback. We've really enjoyed working with you throughout this series and look forward to our joint brainstorming session with staff and administrators on (date). See you there!

IV. Joint Session with Family, Staff, and Administrators (2 hours)

A. Background for Facilitators

The joint session between family, staff, and administrators is the culmination of the Partners in Caregiving series and offers a valuable opportunity to promote a collaborative spirit.

Many facilitators, and a number of administrators, approach this session with some fear that a disgruntled family member will use the joint session to attack the administrator or air personal grievances. Careful planning and facilitation will keep the joint session positive and productive.

It is vital to meet with administrators prior to the session, to outline its purposes and structure, and to encourage their active, collaborative participation. If an administrator voices fears of being criticized during the joint session, assure him that you have tried to avoid that by carefully preparing both family and staff for the joint session. Should such a situation arise despite careful preparation, you would handle any offensive statements by reminding the group that the purposes of the joint session are to inform each other of what has been learned in the separate sessions and to initiate joint brainstorming on next steps. If necessary, you would ask participants to utilize the listening, "I message," and cooperative conflict resolution skills they have learned in their workshops.

If one person tries to dominate the joint session, you can politely, yet swiftly, cut him off by saying, "Let's make sure everyone who wants to has a chance to speak. Is there anyone who hasn't spoken yet who has an idea to add to our list?"

It is equally important to make sure that staff and family members understand the purposes of the joint session.

B. Joint Session Activities

1. Brief Summaries of Family Workshops and Staff In-Service (30 minutes)

Begin by welcoming everyone to the session. Ask them to introduce themselves, and to mention whether they are a family member, staff member, administrator, or fill more than one of these roles.

Introduce the topic by saying,

In the (name of facility) Partners in Caregiving programs, families have been working hard in their workshops, and staff in their in-service to learn effective communication skills and how to reach out to create effective partnerships between family and nursing homes.

Mr. (Ms.) (Dr.) (administrator name), the administrator of (facility name), eagerly accepted our invitation to meet with family and staff today, because (s)he understands that when staff, family, and administrators work well together, it is much better for the residents. Let's all keep in mind that this is not a time to bring up personal problems which should be discussed individually with Mr. (Ms.) (Dr.) or the appropriate staff person.

Our joint brainstorming session today is an opportunity to share with each other and with the nursing home's administration what you've been working on and to brainstorm together about next steps.

(Name) has offered to give a summary of the family workshops.

Turn the session over to the family member who has agreed to give the summary. After the family member has finished, say,

(Name) has offered to give a summary of the staff in-service.

Turn the session over to the staff member who has agreed to give the summary.

2. Joint Brainstorming: Promoting Effective Nursing Home-Family Partnerships (60 minutes)

After the staff member has finished, say,

The value of family members' involvement in their relatives' care is widely recognized and solidly backed by many research studies as well as by observations from family and staff themselves. How can a nursing home promote effective family involvement for a wide range of relatives?

It helps when family and staff become skillful at communicating with each other, when individual staff reach out to welcome family members, and when individual family members take more initiative to get involved. But these individual efforts, important as they are, are only part of the picture. Unless nursing home policies and practices promote involvement of all families, the efforts of individual staff and family members will be limited. The main purpose of today's session is to brainstorm together about changes in the nursing home's practices and policies that could promote even more effective family-nursing partnerships.

A policy is an official procedure. Usually, but not always, policies are written down. However, families are often unclear about nursing home policies, not knowing whom to ask (or feeling intimidated).

In this session, we have an opportunity to identify those facility policies and practices that promote effective family involvement, as well as those that seem to hinder it. Then, we can go on to brainstorm a list of changes you'd like to explore.



Ask your co-facilitator to hang up the newsprint sheet labeled "Policies and Practices That Promote Family Involvement," and to record the group's ideas on it. Then ask,

What are some of this facility's policies or practices that promote family involvement and cooperation between families and staff?



Your co-facilitator should write their responses on the newsprint. You can ask for clarification if necessary. If you find that one group is dominating the discussion, encourage others to contribute. When the sheet is full or the responses die down, say,

Now let's look at any policies or practices within this facility that hinder effective family involvement and cooperation between family and staff.



Again, your co-facilitator should record their responses. When the page is full or no one is offering responses, say,

It's clear that (name of facility) has some policies and practices that are very effective in promoting family involvement and, like most nursing homes, also has some areas where changing, adding, or eliminating policies or practices could make a very positive difference in family involvement here. Are there changes you'd like to explore or encourage?



Your co-facilitator should record these ideas on the third piece of newsprint. Encourage people to explain their ideas thoroughly enough that everyone understands them. When the sheet is filled or ideas have stopped coming, move on to the concluding activity, "Where Do We Go from Here?"

3. Where Do We Go From Here? (15 minutes)

Switch facilitators. Then say,

These are important issues, well worth further exploration. If you could see two of these suggestions implemented in the next year, which would they be? Please think for a minute about which seem most important, in your mind. You'll each have two votes to cast to help prioritize the list.

Pause for a minute, then say:

I'm going to invite you each to list aloud your first, second, and third priorities. Next to your first priority, I'll place two check marks. Next to your second, I'll place one. Then we'll consider how you want to work toward further exploring or implementing those issues you rank as most important.

Questions?



Answer any questions. Then go around the room so each person can list his or her two highest priorities. Place check marks as described above. When this process is completed, circle the two or three highest-ranked issues and read them aloud. Point out that the other issues are also important and are worth pursuing in the future, but that at this session you'd like to help them make concrete plans for the issues most people felt should be pursued first. Read these issues aloud and ask the group how they would like to proceed. Get broad input--don't allow one person or a group to dominate or jump to one solution. Get agreement on next steps, with a tangible plan for checking back with the whole group on progress. Thank the whole group for their participation in this joint session and the entire program. Thank your co-facilitator and anyone else who was instrumental in making the seminar happen.

4. Refreshments

Use the remainder of the time for refreshments and informal interaction among participants.

V. Staff In-Service Handouts

Agenda for Full-Day Staff In-Service

A. Introduction to Partners in Caregiving and to Staff Workshops (*10 minutes*)

B. Participant Introduction Exercise (*20 minutes*)

C. Sharing Successful Family-Nursing Home Communication Techniques (*45 minutes*)

Break (*15 minutes*)

D. Advanced Listening Skills (*45 minutes*)

Lunch (*30 minutes*)

E. Saying What You Mean Clearly and Respectfully (*30 minutes*)

F. Cultural and Ethnic Differences (*30 minutes*)

Break (*15 minutes*)

G. Values Line (*30 minutes*)

H. Handling Blame, Criticism and Conflict (*60 minutes*)

I. Planning a Joint Session with Family, Staff and Administrators (*15 minutes*)

J. Evaluation (*15 minutes*)

Agenda for Supervisory Staff Training

- A. Introduction to Partners in Caregiving (*15 minutes*)
- B. The Leadership Role in Communication (*15 minutes*)
- C. Advanced Listening Skills (*30 minutes*)
- D. Saying What You Mean Clearly and Respectfully (*30 minutes*)
- E. Values Line (*30 minutes*)
- F. Handling Blame, Criticism and Conflict (*30 minutes*)
- G. Creating a cooperative communication culture (*15 minutes*)
- H. Evaluation (*15 minutes*)

Joint Session with Family, Staff and Administrators

- A. Brief Summaries of Family Workshops and Staff In-Services (*30 minutes*)
- B. Joint Brainstorming: Ways to Promote Even More Effective Family-Nursing Home Partnerships (*60 minutes*)
- C. Where Do We Go From Here? (*15 minutes*)
- D. Refreshments (*15 minutes*)

Goals of the Partners in Caregiving In-Service

- Families learn that they are important partners in their relative's care.
- Families become more comfortable initiating communication with staff.
- Families learn skills that help them be more effective in discussing the care of their relative with staff.
- Family members feel less isolated.
- Staff members gain new insight into the barriers that prevent family involvement, and learn how to reach out effectively to all family members.
- Staff learn positive communication strategies, including effective listening, understanding defensive behaviors, and resolving conflicts.
- Staff feel less isolated.
- Nursing homes develop policies that encourage a wider range of family involvement.

Communication Helpers

Door Openers: Invitations to talk, letting the other decide whether or not to proceed.

“Want to talk about it?” “You look sad. Is something bothering you?”

Encouragers

“I’d like to hear more about your family’s concerns.”

Open Questions

“What do you hope your mother will gain from being here?”

Communication Blockers

Blaming

“It’s your fault that your mother doesn’t have appropriate clothes.”

Always and Never

“You never come to visit.” “You are always telling me what to do.”

Name-calling

“That aide is really stupid if she would say that.”

Labeling

“Her daughter is such a typical Yankee - she never shows any warm feelings towards her dad.”

Giving unasked-for advice

“You just have to go straight to the administrator when your relative has problems. That’s what I did, and the squeaky wheel gets the grease.”

Moralizing

“Families who really care about their relatives come to visit every day.”

Giving orders or threatening

“You find my father’s watch or I’m going right to the administrator.”

Excessive questioning

Diverting or avoiding the other’s concern.

Types of Feedback

Factual

“You aren’t able to take your mother out this Saturday because your toddler has the chicken pox.”

Emotional

“I understand that you feel badly about your husband’s difficulty in adjusting to living here. It must be really hard.”

Solution focused: focusing on resources and solutions

“Last Thursday was not a good time for you to come in to talk to me about your wife, but are you willing to come in some other time? Can your daughter give you a ride on Tuesday afternoon? I could stay a little while after my shift ends at 3:00 to talk to you.”

Put Yourself In Their Shoes - The G. Family

Sheila G. recently placed her mother and father in a nursing home. Both parents have dementia: her mother is in a very advanced stage of impairment, and her father has begun showing symptoms of memory loss and disorientation over the past six months. Mrs. G. does not recognize Sheila or any other family member and often refuses to eat. Mr. G., her husband, is more aware of his surroundings and complains to Sheila about how "bad" the facility is, and how staff are mistreating his wife. He is also very angry at Sheila for "putting us in this home."

Sheila lives alone in a major city. She is self-employed and works as a writer. She is the only child of Mr. and Mrs. G., and feels very guilty about placing them in the facility. She gets depressed and often cries when she leaves the facility after a visit. She is also getting fearful that her father might be right about how staff treat her mother, because she has noticed bruises on her upper arms.

Sheila also finds it very difficult when her father is verbally abusive to her, a problem that gets worse every time she visits. He also calls her and then hangs up when she answers the phone. This interrupts her work, but she is afraid not to answer it, in case there is a problem with her parents.

The next time Sheila visits, she decides to talk to the nursing assistant who is caring for her parents, who are in adjoining rooms. She wants some advice on how to handle them. She is also worried about whether her mother is getting appropriate care, and she is a little angry that the facility hasn't been more responsive to this situation. Jenny, the nursing assistant is in the middle of a busy morning, and is behind in her schedule.

Begin the role-play with this meeting between Sheila and Jenny.

After the role-play, discuss these questions:

1. What difference might good communication skills make in working with this family member?
2. What skills would be most helpful?
3. What are some other ways in which this nursing home might support this particular family member?

Put Yourself In Their Shoes - The C. Family

Linda C.'s father recently entered the same nursing home that her grandmother was placed in 24 years before. The facility is a county-run nursing home that has had a long and sometimes rocky history. During the past five years, real improvements have been made to the building and in staff development practices. Linda, however, remembers the poor conditions her grandmother experienced.

Linda is a forty-year-old single parent of a teenage son and a 7-year old daughter. She works two jobs and often has to work on weekends, when most family members come to the facility to visit relatives. She needs to be with her children at night, and so has not been able to attend the orientation sessions the facility offers to families. Linda has a deep love for her father, who is confined to a wheelchair and needs help bathing and dressing. She tries to get to the facility whenever she can, but she knows it bothers him that she can't come more frequently.

Last week, Linda received a report from the facility that her father's health seems to be deteriorating and that he appears very depressed and withdrawn, refusing to participate in any organized activities. The report also noted that he has trouble relating to peers and is unwilling to eat. Linda was also just advised by her employers that she will be expected to work extra hours over the holiday season, now only three weeks away.

Linda is feeling very stressed, and is becoming concerned that staff in the facility may not be taking good care of her father. She decides to talk to Gloria, the charge nurse on her father's unit. Begin the role-play when Linda and Gloria meet in the hallway outside her father's room.

After the role-play, discuss these questions:

1. What difference might good communication skills make in working with this family member?
2. What skills would be most helpful?
3. What are some other ways in which this nursing home might support this particular family member?

"I Messages"

When _____ happens,

I feel _____,

because _____,

I would like _____ to happen.

Cultural and Ethnic Differences Questions

- What are some major cultural or ethnic differences between families and staff in this nursing home?
- What kinds of problems have you encountered in the nursing home with staff from different cultural or ethnic backgrounds? How did you handle such problems?
- How would the communication techniques you have learned so far help in dealing with communication problems that stem from cultural and ethnic differences? Try to come up with at least one specific example where better communication would have helped?

Handling Blame, Criticism and Conflict

- Encourage the other person to describe the complaint fully. Use door openers, encouragers and open questions.
- Let the other person know you understand their complaint. Use the appropriate type of feedback--emotional, factual, or solution focused. Don't defend yourself or retaliate with your own complaints.
- Affirm something you admire in the person. It's best if there is something that can help in the situation.
- Look for the need behind the problem.
- Together, come up with a list of possible solutions.
- Together, choose one that meets both of your needs.
- Agree on a specific period of time to try out the solution.

Conflict Resolution Script

Eva (nursing assistant): I'm glad to see you today.

Mrs. M.: Well, I missed the bus, so I am late.

Eva: I wanted to ask you about how you feel your mother is doing.

Mrs. M.: Well, I can't believe that somebody even asked. I'm really upset! I've spent lots of money and energy getting my mother some pretty dresses to wear, and every time I come, she is in an old house dress that's faded and worn. The worst thing is sometimes she's wearing somebody else's clothes! What kind of place is this, anyway? I'm thinking of reporting all this to the administrator.

Eva: Listen, what does the administrator have to do with this? We try to get her clothes back, but I can't help it if the laundry mixes things up. If you'd label her dresses more clearly, it probably wouldn't happen anyway. And a lot of those dresses you bought her don't even fit her.

Mrs. M.: They don't fit because your laundry has washed them and shrunk them. And a lot of those dresses are just plain missing. What do you people do, steal them? My mom likes to look nice, and I know she's upset about this, even if she can't say so.

Eva: Maybe if you came here more often, you could wash your mother's clothes yourself, like a lot of families do. And I've been working here for 10 years, and nobody has even accused me of stealing before!

Mrs. M.: Well, maybe they should have. The fact that you don't even care about what my mother thinks or feels about this just shows that you're incompetent. I'm sure going to tell the administrator now about how you're treating my mother, so they can keep an eye on you and the other staff.

Do You, the Facility Administrators, and Family Share Values About What's Important?

Below are a number of value statements. Staff, family, and the facility administration may feel very differently about how important these are. We'd like you to rate how important you think each value is for each of these groups.

Directions:

First, look at the statements below and indicate how important you think the value is. Make an "X" on the line to indicate where you stand. If you think it is not important, you can place an "X" near the left-hand side; if you think it is very important you can put an "X" near the right-hand side.

Second, on the same line, mark with an "S" where you think staff stands on this value.

Finally, on the same line, mark with an "A" where you think the administration's official outlook is.

Example. Families should try to support the facility rules without question.

_____ F _____ X _____ A _____
 Not Important Very Important

Statement 1. Residents should be neat and clean at all times.

_____ Not Important Very Important

Statement 2. Family members should visit at least a few times a week.

_____ Not Important Very Important

Statement 3. Families should help staff out by providing some care.

_____ Not Important Very Important

Statement 4. Residents' freedom of choice should always be respected.

_____ Not Important Very Important

Statement 5. It is important to keep down the costs of resident care.

_____ Not Important Very Important

VI. Family Workshop Handouts

Agenda for Family Workshop

I. Session 1

- A. Introduction to Partners in Caregiving and to Staff Workshops (*10 minutes*)
- B. Participant Introduction Exercise (*20 minutes*)
- C. Sharing Successful Family-Nursing Home Communication Techniques (*45 minutes*)
- D. Advanced Listening Skills (*45 minutes*)

II. Session 2

- A. Feedback from Previous Session (*15 minutes*)
- B. Saying What You Mean Clearly and Respectfully (*60 minutes*)
- C. Cultural and Ethnic Differences (*30 minutes*)

III. Session 3

- A. Feedback from Previous Session (*15 minutes*)
- B. Values Line (*30 minutes*)
- C. Handling Blame, Criticism, and Conflict (*1 hour*)
- D. Planning a Joint Session with Family, Staff, and Administrators (*15 minutes*)
- E. Evaluation of Family Workshop Series (*15 minutes*)

Joint Session with Families, Staff, and Administrators (2 hours)

- A. Brief Summaries of Family Workshops and Staff In-Service (*30 minutes*)
- B. Joint Brainstorming: Ways to Promote Even More Effective Family-Nursing Home Partnerships (*60 minutes*)
- C. Where Do We Go from Here? (*15 minutes*)
- D. Refreshments (*15 minutes*)

Goals of the Partners in Caregiving Workshops

- Families learn that they are important partners in their relative's care.
- Families become more comfortable initiating communication with staff.
- Families learn skills that help them be more effective in discussing the care of their relative with staff.
- Family members feel less isolated.
- Staff members gain new insight into the barriers that prevent family involvement, and learn how to reach out effectively to all family members.
- Staff learn positive communication strategies, including effective listening, understanding defensive behaviors, and resolving conflicts.
- Staff feel less isolated.
- Nursing homes develop policies that encourage a wider range of family involvement.

Communication Helpers

Door Openers: Invitations to talk, letting the other decide whether or not to proceed.

“Want to talk about it?” “You look sad. Is something bothering you?”

Encouragers

“I’d like to hear more about your family’s concerns.”

Open Questions

“What do you hope your mother will gain from being here?”

Communication Blockers

Blaming

“It’s your fault that your mother doesn’t have appropriate clothes.”

Always and Never

“You never come to visit.” “You are always telling me what to do.”

Name-calling

“That aide is really stupid if she would say that.”

Labeling

“Her daughter is such a typical Yankee - she never shows any warm feelings towards her dad.”

Giving unasked-for advice

“You just have to go straight to the administrator when your relative has problems. That’s what I did, and the squeaky wheel gets the grease.”

Moralizing

“Families who really care about their relatives come to visit every day.”

Giving orders or threatening

“You find my father’s watch or I’m going right to the administrator.”

Excessive questioning

Diverting or avoiding the other’s concern.

Types of Feedback

Factual

“You aren’t able to take your mother out this Saturday because your toddler has the chicken pox.”

Emotional

“I understand that you feel badly about your husband’s difficulty in adjusting to living here. It must be really hard.”

Solution focused: focusing on resources and solutions

“Last Thursday was not a good time for you to come in to talk to me about your wife, but are you willing to come in some other time? Can your daughter give you a ride on Tuesday afternoon? I could stay a little while after my shift ends at 3:00 to talk to you.”

Put Yourself In Their Shoes - Mary W.

Mary W. has worked at Fairhaven Nursing Home for a little over a year. She is married and has two children, ages 3 and 7. For the previous several years, she stayed home with her children, but money was tight and she and her husband decided they need the extra income. Mary considered other jobs, but she finally became a nursing assistant because she had always enjoyed being around elderly people and felt she would like a job where she could help others.

Mary works on the day shift (7AM-3PM). Turnover of nursing assistants is a problem for the facility, and sometimes they are short of staff on Mary's shift. Even when they aren't, Mary is kept very busy caring for the 10 residents she is assigned to. She often feels she does not have enough time to complete her work.

Mary likes most of the residents, but she has a hard time with one of them, Mrs. R., who is generally depressed and sometimes angry. She refuses to participate in activities and complains about the care in the facility. She is rather suspicious and has accused Mary and other nursing assistants of stealing her possessions, although there is no evidence that this has occurred. Mary usually gets her work done with Mrs. R. as quickly as possible, and tries to “tune out” her complaints as best she can. Mrs. R. is especially unwilling to leave her bed. Mrs. R. protests each day when Mary tries to get her up.

Mrs. R.'s daughter, Joanne, usually comes to visit in the evening, so Mary has only met her once or twice. She is therefore surprised when she sees her waiting in Mrs. R.'s room toward the end of her shift. The daughter asks Mary if they could talk for a bit, because her mother is unhappy about several things, and especially about being asked to get up. Joanne also wants to ask about the bruise on her mother's upper arm. Mary has had an unusually busy shift, today, and knows things won't be any easier tonight at home. Mary's youngest child is coming down with a cold and Mary is eager to pick her up from day care as soon as her shift is over. Although Mary is behind schedule, she agrees to talk with Joanne.

Begin the role-play when Mary and Joanne begin their talk in the hallway outside Mrs. R.'s room. After the role-play, discuss these questions:

- What difference might good communication skills make in working with this staff member?
- What skills would be most helpful?
- What are some other ways in which the nursing home might support this particular staff and family member?

Put Yourself In Their Shoes - Sally M.

Sally M. has been a nurse at Townsend Nursing Home for three years. She formerly worked as a charge nurse in an emergency room, but found the work stressful and unrewarding. She wanted more long-term contact with her patients, as well as a shorter commute. In general, she enjoys her work at the nursing home, although she gets frustrated by the high level of turnover among the nursing assistants. The amount of paperwork she has to do every day also bothers her, because she feels it takes her away from the residents.

Patricia K. recently placed her mother in Sally's unit. Her mother has begun showing symptoms of memory loss and disorientation over the past six months. Mrs. K. often complains to Patricia about how "bad" the facility is, how awful the food is, and how staff are being impolite and disrespectful to her. She is also very angry at Patricia for "putting me in this home."

Patricia finds it frustrating to deal with Mrs. K., because she believes that staff are doing all they can to provide good care to her. As far as she can tell, the nursing assistants are all behaving responsibly toward Mrs. K., although some of them try to spend as little time with her as possible, because she is unpleasant toward them. Sally has followed up on Mrs. K.'s complaints of mistreatment by staff, but has not been able to substantiate any of them.

Patricia has become increasingly worried about her mother's care, and makes an appointment to talk with Sally. Today Mrs. K. nearly shouted at Patricia during their visit. Mrs. K. demanded that Patricia speak to the staff about their impolite behavior.

Sally just came out of a long staff meeting. She feels mentally drained, and is looking forward to her vacation in two weeks. She loves working with the residents at the nursing home, but does not always enjoy the paperwork and meetings. Sally is also upset that another nursing assistant quit this morning.

Begin the role-play with this meeting between Patricia and Sally. After the role-play, discuss these questions:

- What difference might good communication skills make in working with this staff member?
- What skills would be most helpful?
- What are some other ways in which the nursing home might support this particular staff and family member?

"I Messages"

When _____ happens,

I feel _____,

because _____,

I would like _____ to happen.

Cultural and Ethnic Differences Questions

- What are some major cultural or ethnic differences between families and staff in this nursing home?
- What kinds of problems have you encountered in the nursing home with staff from different cultural or ethnic backgrounds? How did you handle such problems?
- How would the communication techniques you have learned so far help in dealing with communication problems that stem from cultural and ethnic differences? Try to come up with at least one specific example where better communication would have helped?

Handling Blame, Criticism and Conflict

- Encourage the other person to describe the complaint fully. Use door openers, encouragers and open questions.
- Let the other person know you understand their complaint. Use the appropriate type of feedback--emotional, factual, or solution focused. Don't defend yourself or retaliate with your own complaints.
- Affirm something you admire in the person. It's best if there is something that can help in the situation.
- Look for the need behind the problem.
- Together, come up with a list of possible solutions.
- Together, choose one that meets both of your needs.
- Agree on a specific period of time to try out the solution.

Conflict Resolution Script

Eva (nursing assistant): I'm glad to see you today.

Mrs. M: Well, I missed the bus, so I am late.

Eva: I wanted to ask you about how you feel your mother is doing.

Mrs. M.: Well, I can't believe that somebody even asked. I'm really upset! I've spent lots of money and energy getting my mother some pretty dresses to wear, and every time I come, she is in an old house dress that's faded and worn. The worst thing is sometimes she's wearing somebody else's clothes! What kind of place is this, anyway? I'm thinking of reporting all this to the administrator.

Eva: Listen, what does the administrator have to do with this? We try to get her clothes back, but I can't help it if the laundry mixes things up. If you'd label her dresses more clearly, it probably wouldn't happen anyway. And a lot of those dresses you bought her don't even fit her.

Mrs. M.: They don't fit because your laundry has washed them and shrunk them. And a lot of those dresses are just plain missing. What do you people do, steal them? My mom likes to look nice, and I know she's upset about this, even if she can't say so.

Eva: Maybe if you came here more often, you could wash your mother's clothes yourself, like a lot of families do. And I've been working here for 10 years, and nobody has even accused me of stealing before!

Mrs. M.: Well, maybe they should have. The fact that you don't even care about what my mother thinks or feels about this just shows that you're incompetent. I'm sure going to tell the administrator now about how you're treating my mother, so they can keep an eye on you and the other staff.

Do You, the Facility Administrators, and Staff Share Values About What's Important?

Below are a number of value statements. Staff, family, and the facility administration may feel very differently about how important these are. We'd like you to rate how important you think each value is for each of these groups.

Directions:

- **First**, look at the first statement below and indicate how important you think this value is. Make an "X" on the line to indicate where you stand. If you think it is not important, you can place an "X" near the left-hand side; if you think it is very important you can put an "X" near the right-hand side.
- **Second**, on the same line, mark with an "S" where you think staff stands on this value.
- **Finally**, on the same line, mark with an "A" where you think the administration's official outlook is.
- **Do** the same thing for each of the value statements below.

Example. Families should try to support the facility rules without question.

_____ X _____ S _____ A _____
 Not Important Very Important

Statement 1. Residents should be neat and clean at all times.

_____ _____
 Not Important Very Important

Statement 2. Family members should visit at least a few times a week.

_____ _____
 Not Important Very Important

Statement 3. Families should help staff out by providing some care.

_____ _____
 Not Important Very Important

Statement 4. Residents' freedom of choice should always be respected.

_____ _____
 Not Important Very Important

Statement 5. It is important to keep down the costs of resident care.

_____ _____
 Not Important Very Important

VII. Appendices

Appendix A

Selected Articles on Family-Staff Relations

- Brody, E. M., Dempsey, N. P., & Pruchno, R. A. (1990). Mental health of sons and daughters of the institutionalized aged. *The Gerontologist*, 30, 212-219.
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Appendix B

How To Facilitate Great Role-Plays

Role-plays offer an opportunity for workshop participants to "put themselves in the shoes" of nursing home staff, residents and residents' family members and to practice new skills in a supportive atmosphere. Role plays can also enliven a workshop, stimulate discussion, and show participants different ways of handling a situation.

Some people enjoy role-plays and respond with enthusiasm to a facilitator's suggestion that the group role-play a situation. Some feel shy but willing to try the role-play with support. A few people hate role plays and will refuse to participate. Facilitators' comfort level with role-plays also varies. If you are comfortable with role-plays, participants in your workshop will be more willing to take part. Some workshop leaders routinely substitute discussion for role-play because of their own discomfort in leading role-plays. While this may appear to work, discussions lead only to intellectual insights, never to new skills being developed. Your effectiveness as a facilitator will be dramatically enhanced as your ability to lead role-plays grows.

Here are some guidelines for creating a supportive climate for role playing despite hesitations you or participants might have, and a few tips for handling any difficulties.

- Introduce the role-play with enthusiasm. If you don't feel enthusiastic about role-plays, consider asking your co-facilitator or a participant who does to lead the role-play.
- Briefly explain the benefits of role-playing: practice a new skill you've just learned; put yourself in other's shoes; see and try out new ways of handling a situations, in a supportive atmosphere; have fun.
- Emphasize that there are no "right" or "wrong" ways to role-play.
- Clearly describe the situation to be role-played. You may want to provide brief scripts for each role.
- Ask for volunteers. Don't force anyone to role-play. If people are slow to fill the roles, introduce the following options:
 - ✓ "Team role-play." People agree to start off in each role, with the understanding that they can call for a replacement at any time. This removes most of the pressure people feel when role-playing and motivates the entire group to get involved.

- ✓ Small-group role-play. This is often easier than role-playing in front of the whole group. Circulate among the groups to encourage them to move quickly from discussion into actual role-play.
 - ✓ Role play in pairs. Again, make sure participants move beyond discussion into role-plays.
 - ✓ Offer to play a role yourself. If you feel self-conscious, say so. Remind them (and yourself!) that there is no one "right" way to role-play a situation.
- Role-play the situation.
 - If the purpose of the role-play is to practice a skill, provide coaching where needed. If necessary, suspend the role play temporarily while reviewing the skill.
 - Don't let a role-play drag on. Stop it when enough has happened to stimulate discussion or when a skill has been practiced in a satisfactory way.
 - Always ask role-players first how it felt to try out the new skill, or to be in another person's shoes. Only after they have responded should you ask the rest of the group for reactions. Once this becomes a norm in your group, it will lessen role-players' fear of what others think.
 - Use a variety of methods, selecting role plays especially when you want participants to practice a new skill or to develop empathy for another's situation. Keep in mind that there will be a variety of learning styles among workshop participants.

Appendix C

Sample Recruitment Letter for Family Members

Dear Family Member,

I am writing to invite you to an exciting upcoming educational opportunity, the Partners in Caregiving Program. The goal of this training is to enhance communication between nursing staff and family members of residents. We feel that this is an important program that is responding to your expressed need and desire to strengthen relationships between you and the nursing staff.

Meetings will be held on four consecutive Saturdays from 4-6 p.m. We appreciate the fact that family members have busy schedules, so we are especially hopeful that you can make the scheduled meeting dates.

We plan to begin this training program on April 2 and conclude on April 30. Our nursing staff will also be participating over the same period of time. Family member and staff participants in Partners in Caregiving will receive similar training, conducted separately. At the end, trained family members and nursing staff will get together with administrators to discuss what took place throughout the training series.

We hope you consider participating in this program. Please complete the enclosed form and return it to us soon. Feel free to contact us at 255-5555 if you have any questions. We will be calling everyone who received this letter in a week or so to gather your feelings about this training, and to answer any questions you may have.

Sincerely,

Ann Smith
Administrator

Appendix D

Sample Recruitment Letter For Staff Members

MEMORANDUM

TO: Unit Three Nursing Staff

FROM: Ann Smith, Administrator
John Jones, Social Worker

DATE: March 8, 2006

RE: Partners in Caregiving Training

This is to inform you that Oak Hill Nursing Home will be conducting a training in the Partners in Caregiving program. Staff from unit Three will be selected to attend this training. Your participation will involve attending two one-half day, paid training sessions on April 11 and April 15, 2006.

Staff and family member participants in Partners in Caregiving will receive similar training conducted separately. At the end, trained nursing staff and family members will get together with administrators to discuss what took place throughout the training.

We feel that this is an important program that is responding to your expressed need and desire to strengthen relationships between you and families. We know that this will be an excellent learning experience. If you have any questions regarding scheduling or payment for time involved, please call. Ann Smith or John Jones at 255-5555.

Appendix E

Partners In Caregiving Training Evaluation

Date: _____

Thank you for participating in The *Partners in Caregiving* Training. Please take a few minutes to complete this training evaluation form. Your comments will help to improve the program by providing valuable feedback for the trainers.

1. Please circle:
- | | |
|---|--|
| 1 | I attended the family member training |
| 2 | I attended the staff member training |

2. What part of the training did you like the most? Why?

3. What part of the training did you like the least? Why?

4. What surprised you most about the program? Why?

5. Overall, how prepared do you now feel to tackle communication difficulties at the nursing home?

- | | | | |
|---|--------------------|---|---------------------|
| 1 | Very well prepared | 4 | A little prepared |
| 2 | Well prepared | 5 | Not at all prepared |
| 3 | Somewhat prepared | | |

6. Please rate each of the following activities from the training:

	Excellent	Good	Fair	Poor
Participant Introduction	1	2	3	4
Sharing Successful Communication Techniques	1	2	3	4
Advanced Listening Skills	1	2	3	4
Values Line	1	2	3	4
Saying What you Mean Clearly and Respectfully	1	2	3	4
Cultural and Ethnic Differences	1	2	3	4
Handling Blame, Criticism, and Conflict	1	2	3	4
Planning a Joint Session	1	2	3	4

7. The length of the “Partners in Caregiving” training program was

- 1 Too long
- 2 Too short
- 3 Just right

8. The material presented in the training program was

- 1 Easily understandable
- 2 Understandable
- 3 Somewhat difficult to understand
- 4 Very difficult to understand

9. The opportunity given to ask questions to make comments was

- 1 Not enough
- 2 Too much
- 3 Just right

10. How comfortable did you feel discussing the training topics?

- 1 Very comfortable
- 2 Somewhat comfortable
- 3 A little comfortable
- 4 Very uncomfortable

11. Could you relate the material covered in the training to your own experiences at the nursing home?

- 1 Yes
- 2 No

12. What is your overall evaluation of this training program?

- 1 Excellent
- 2 Good
- 3 Average
- 4 Inadequate
- 5 Very poor

13. Would you recommend this training program to others?

- 1 Yes
- 2 No

Thank you. Please feel free to add additional comments.