

COMPANION GUIDE

Module 1: “The Everyday Experience of Aging”

Tips for facilitators:

- Watch the Module 1 DVD prior to the training so that you can anticipate questions and identify supplementary materials needed for your particular audience.
- This module is 45 minutes.
- Consider working with a co-facilitator who will complement your own expertise and knowledge of the community.
- Handouts for this session include PowerPoint slides, Participant Companion Guide, and evaluation forms.
- Feel free to stop the DVD at any point in the program for discussion.
- Refer to the introduction of this manual for more tips.

Plan for the Session

- With knowledge you have from stakeholder interviews and with assistance from your manager/supervisor, determine optimal scheduling. Consider
 - the best times to help ensure cross-training (i.e., participation from both aging and behavioral health services)
 - how many modules to view at one time—modules are designed for 90-minute sessions to allow time to view modules and discuss content and implications for the community
 - frequency of training (e.g., weekly, monthly)
- Prepare handouts:
 - Copy PowerPoint handouts for participants.
 - Copy the resource section of the *Participant Companion Guide* as a handout.
 - Determine which, if any, fact sheets you will copy and distribute as handouts.
- Review the *Participant Companion Guide* to identify resources that will help participants understand the behavioral health system better.
- You may adapt the PowerPoint slides to fit community needs and interests. The presentations are saved to your project flash drive.

- Review the purpose of this module: *It is important for service providers to understand that the vast majority of older adults enjoy good mental health and adapt well to age-related changes. This module provides information on aging as experienced by most older adults.*
- Anticipate responses from participants and plan how to redirect comments if necessary. For example, typical responses when people view Module 1 may be:
 - “These are not the people I know through my work, they are much too [healthy, well off, educated].”
 - “This is not relevant.”

Keep the focus on helping participants understand the importance of dispelling myths and stereotypes about aging as a way to be better at understanding and working with this population. Use responses such as those above to focus on identifying service gaps and working together to find ways of addressing them.

- Prepare to offer NASW CEUs when the DVD is presented with discussion:
 - Make one copy of the roster (for signing in) and a copy of the evaluation form for each participant. Fill in forms with the title of the module, date, and location.
 - Ask participants to sign in on the roster and to complete the evaluation at the end of the session.
 - Give each participant a certificate with his or her name and the date.
 - Mail roster and completed evaluation forms to the Oregon Chapter of NASW (address is on the form).

Welcome the Participants

This is the first module in this training series. Spend some time with introductions or with activities to help people get to know each other better. During the introduction, encourage people to share some of their experiences with older adults outside of their work setting.

Show the DVD

If you wish, you may stop the DVD for discussion rather than watching it all the way through prior to discussion.

Facilitate Discussion

Much of the learning will take place or be reinforced through discussion following the module. Discussion will help participants begin to apply the material to their work. Because no module can cover all aspects of aging, it will be particularly useful to point out some of the material in the *Participant Companion Guide* to participants. This resource can help participants to explore information about age-related changes they encounter in their practice and develop greater understanding about how those changes can affect service needs and behavioral health.

Below are some questions designed to help participants connect the material to their own practices and to their community. Consider how much time you will have for discussion and select the questions you feel are most important. Allow as much discussion as possible of real problems and dilemmas the participants have experienced. Consider pairing a person from aging services (or another agency) with a person from behavioral health for some of the discussion.

The *Participant Companion Guide* for Module 1 has multiple resources that will be relevant for your audience. This includes links to information on healthy aging, age-related changes, and prevention and health promotion resources.

Discussion Questions

You may pause the DVD at any time for discussion or you may view the entire DVD first. Consider these questions:

1. We all enter old age after a lifetime of experiences. These life course experiences are shaped or influenced by many things, including our families, educational opportunities, where we were born and live, the historical and economic conditions of our time, and our own efforts.

What have been the major influences of your life? What are various life course experiences that some of the older adults you work with have had? How have these experiences shaped their aging experience? Their outlook on life? Do you have similar or different experiences compared with most of the clients you work with? How does this affect the way that you interact with these individuals?

2. Research has consistently shown older adults generally have higher levels of well-being than younger adults. This surprises many service providers, older adults, and the general public.

Why do you think the view of old age as a time of depression and decline is so pervasive? Given that many older people do experience depression, social isolation, and other behavioral health issues, why does it matter that we learn that the prevailing view is wrong for most people?

3. People disagree about what it means to age successfully. Think of the people who described their lives in Module 1. Two people need a wheelchair or scooter to get around. One person is on dialysis.

What does “aging successfully” mean to you? Can a person age successfully and have significant health issues? Can a person age successfully with a behavioral health condition? Why or why not?

4. Every system of the human body undergoes age-related changes that affect physical and/or cognitive functioning. Several were highlighted in this module. These are changes that occur normally and are not due to disease or disability. At the same time, age-related changes can place people at higher risk for acquiring disease or disability, or make it more difficult for people to cope with disease or disability, or with life transitions.

How can the agencies where you work be more responsive or accommodating to challenges associated with age-related physical changes? How about accommodating to cognitive changes (e.g., processing information more slowly, poorer short-term memory)?

How can this information about age-related changes inform your practice?

5. The *Participant Companion Guide* for Module 1 is full of resources about age-related changes. Many of these materials have been developed for the general public.

How can you help inform professionals in your community, and older adults and their families about these resources? What is the best way to share them?

6. The module highlighted the process of selectivity, optimization, and compensation.

Provide examples from your practice or from your life where you have observed or experienced selectivity, optimization, and compensation? What do these concepts have to do with behavioral health?

7. Protective factors for well-being include social support, engagement in activities that are meaningful to the person, and access to services. When these or most of these factors are present, it is easier for people to optimize their strengths and compensate for their weaknesses.

What can this community do to maximize these protective factors for older adults? How can this community work to strengthen social support where it might be weak or nonexistent? How can the community provide resources to help people optimize their physical and cognitive function? How can the community help older adults and their families compensate for declining health or social connections?