

Personal Care Attendant (PCA)
Fundamentals Curriculum
INSTRUCTOR'S GUIDE

*PCA Recruitment
and Retention
Project*

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This curriculum is the property the Massachusetts Executive Office of Health and Human Services and MassHealth.

The Massachusetts Fundamentals curriculum is a product of the PCA Workforce Council and the MassHealth Recruitment and Retention Project and is managed by the University of Massachusetts Medical School/MassAHEC Network. The goal of this project is to increase and retain the Personal Care Attendant (PCA) workforce.

This Fundamentals curriculum provides quality pre-employment training to individuals seeking to advance in the home and community based direct care services field. Utilizing proven adult learner-centered techniques to educate and train a diverse group of workers, the Fundamentals curriculum ensures direct care workers acquire the basic core competencies needed for practicing safely and effectively while assisting consumers to live independently.

This curriculum is aligned with the Massachusetts ABCs for Direct Care Worker core competency curriculum. Graduates receive a certificate following successful demonstration of learned skills and knowledge. While some participants are excited about the prospects of advancing along a career lattice, others choose direct care work as their lifetime profession. To learn more about the direct care workforce see the www.madirectcare.com

Background

The U.S. Bureau of Labor Statistics predicts between 2018 and 2028 the growth in the need for direct care workers, including Personal Care Attendants (PCAs), in Massachusetts will be 36%, this is much faster than the average for all other occupations.

The increasing demand is attributed to consumers' choice to receive long-term support services in their home, state and federal interest in containing Medicaid costs, and states rebalancing their investments from nursing homes to home and community-based services.

Turnover rates and the reasons for turnover vary widely. A 2002 Wisconsin study found turnover rates among home care workers ranged from 25% to 50%; a North Carolina study reported a 37% turnover rate that same year. A 2010 Massachusetts study conducted by JSI Research and Training Institute for the PCA Workforce Council surveyed 102 PCAs who had left their jobs. The reasons for leaving were broken into four categories (note: 10% of those surveyed did not respond to this question):

- Conflict, communication, or burnout (45%)
- The consumer passed away or moved (19%)
- Low wages, lack of benefits (15%)
- PCA lifestyle issues such as childcare/transportation (11%)

To address the need to increase and retain the number of PCAs throughout the state in the coming years, the PCA Workforce Council, Independent Living Centers, and the Executive Office of Labor and Workforce Development (EOLWD) are implementing the PCA Recruitment and Retention (PCA R & R) Project. This project includes providing information sessions and 25 hours of pre-employment training to individuals looking to enter the PCA workforce.

Introduction to the Curriculum

This curriculum aims to introduce learners to the fundamentals for success that will enable them to be successful in their career. Learners will be informed of the foundational knowledge necessary for any health career profession, specifically knowing their role as a Personal Care Attendant (PCA), understanding consumer rights, confidentiality and ethics, understanding what it means to be a professional, effective communication for building healthy relationships, safe practices to reduce infection and worker injury, and important life skills to help ensure a successful career.

Many people are drawn to PCA work. Some people become PCAs as a result of past experience providing care to a family member, friend or neighbor. Others see it as an opportunity to help others, while still others view it as a gateway to advancement into the field of health care. The Fundamentals for PCA curriculum is a career readiness program ideal for those who are seeking to explore the field of health care without having to commit to months or years of training, including individuals with limited formal education.

Most trainees have functional reading and math skills prior to enrolling; however, the Fundamentals for PCA curriculum incorporates an adult learner-centered training approach, which is ideal for educating adults, individuals with limited education, or limited English proficiency.

Why Adult Learner-Centered?

An adult learner-centered training approach uses interactive activities that engage the learner in multiple ways. This approach also allows instructors to meet the learning needs of trainees with a wide range of learning styles, experiences, and abilities.

In keeping with the focus of meeting the needs of the learners, the Learner's Guide that accompanies this curriculum is specifically designed with limited English proficiency learners in mind.

How to Use This Curriculum

Following a welcome, this 10-hour curriculum is divided into nine (9) modules, ranging from 20 to 110 minutes in length.

- Modules 1-4 address the knowledge, skills, and attitudes that are essential for PCAs. The learner gains a basic understanding of the independent living philosophy, which is the foundation of the PCA program.
- Modules 5-6 provide basic knowledge and skills about infection control, universal precautions and proper body mechanics to reduce injury.
- Module 7 introduces learners to effective communication strategies aimed at building workplace relationships and reducing conflict.
- Module 8 introduces participants to general terms describing specific needs of some consumers

- Module 9 covers life skills, including managing responsibilities, time and stress and resolving conflicts in the workplace.

Structure of the Instructor's Guide

Some instructors may find the adult learner-centered approach to teaching to be unfamiliar and/or challenging. For that reason, we have developed this detailed Instructor's Guide for each module, which identifies the expected learning outcomes and recommends steps for each learning activity. However, what is most important for the instructor to recognize with this approach is that adult learner-centered teaching is grounded in the principle of adapting lessons to the needs of the learners and not the expertise or knowledge of the instructor. Therefore, we expect this curriculum to serve as a *guide*, recognizing that it may require adaptation to fit the needs of various audiences.

Each module begins with summary pages describing:

- Recommended time for each module
- Goal and objectives of each module
- Supplies needed
- Advance preparation to help the learning activities run smoothly

Detailed guidelines for each activity follow the module summary. Each activity includes:

Learning outcomes: The first page of each module lists the goal and objectives. By the end of the program, learners should be able to demonstrate the knowledge and skills taught.

Activity steps: These are specific training tasks that help instructors to move logically through each activity. While instructors should be mindful of the size, needs, and interests of the learners, they should adapt both the steps and the time in order to complete all the materials within the ten hours.

Handouts: The handouts and case scenarios for each activity are found at the end of each module throughout the Instructor's Guide. Module 1 includes a brief activity to orient learners to the materials in their guide.

Teaching tips: These are suggestions for optimizing particular activity steps based on experiences with field-testing this curriculum.

Videos: There are a total of five videos that accompany this curriculum. The first video provides a brief history of the PCA program in module one. The second video introduces the learner to the importance of PCA roles and responsibilities in module two. There are also three skills videos to support the learners understanding of infection control and proper body mechanics in modules five and six. The videos are tools to increase and enhance the learners' knowledge and awareness. The videos do not replace the need for learners to actually demonstrate certain skills. All five video links are embedded in this document. .

Skills Assessments: The curriculum includes skills assessments to measure learners' ability to perform hand washing, gloving and proper body mechanics safely. Instructors should be prepared to support learners who do not successfully demonstrate the basic skills safely and effectively.

Learner's Guide

The Learner's Guide is comprised of handouts that include the key content for each activity, as well as some worksheets. This guide is specifically designed for readers with lower literacy levels.

Instructions for use of the Learner's Guide are included in the activity steps, including when the pages should be reviewed by learners. The general strategy is to refrain from reviewing the pages prior to the activity. Adult learner-centered training is based on building on the learners' past experiences or knowledge. Instructors ask learners to think about what they already know about a concept *before* new information is given. Learners are encouraged to share life experiences without reading "the answers" from the Learner's Guide before the discussion begins. Reviewing the pages *after* a new concept is discussed helps to ensure that the learners remain focused on discussions and information being conveyed in the moment, rather than reading pages while the instructor is talking.

Teaching Methods: Focus on Participation and Dialog

This curriculum is based on an adult learner-centered approach to education. At the core of a learner-centered educational program is learning based on problem-solving and teaching strategies that actively engage learners in "figuring things out." Rather than relying heavily on giving information to passive learners through lectures and demonstrations, instructors facilitate learning by building on what learners already know, engaging them in self-reflection and critical thinking, and making problem situations come alive through role plays and case scenarios. Communication skills cannot be taught by merely lecturing about them; it is crucial that learners practice these skills over and over in a variety of real and simulated situations.

To encourage participatory learning, this curriculum uses a number of teaching methods, some focused on increasing self-awareness and others on building skills through practice. The primary modes of instruction include the following:

- 1. Case scenarios:** Care giving skills are best learned in a reality-based context rather than as abstract concepts. Case scenarios are realistic examples used to illustrate a point or to challenge learners to devise effective solutions. This curriculum uses fictional profiles to introduce the variety of consumers the learners will likely encounter, including the types of assistance consumers may need and the skills required to assist them. Often, exercises present situations that learners might encounter on the job in order to develop problem-solving and communication skills, in addition to care giving skills. *Case scenarios will be assigned to small groups for use throughout the ten-hour curriculum. This will allow learners to apply each concept to their "consumer". The case scenarios are introduced in Module 2.*

- 2. Role plays:** Role plays make case scenarios come alive as learners act out situations they are likely to encounter in their work. In this curriculum, two types of role plays are used: demonstration role plays and practice role plays. Demonstration role plays provide material for analysis and discussion. These role plays may be scripted or they may be spontaneous acting by the instructor. During practice role plays, learners draw on prior knowledge and experience while also developing communication and care giving skills.

Role-playing encourages learners to take risks in a safe environment, where they can learn from mistakes. Although not all learners will be comfortable performing in front of others, risk taking is an essential part of learning. One way to lower the risk level, especially early on in the training, is to conduct role plays in small groups rather than in front of the whole group. Instructors can also demonstrate a role play, sharing their own thoughts and feelings about role-playing in order to make learners feel more comfortable.

- 3. Small-group work:** Small-group work helps ensure that all learners remain actively engaged in learning. It also facilitates cooperation and team-building among learners. For small-group work, the instructor creates groups of three to six learners who sit together at a table or arrange their chairs in a small circle. Periodically changing the composition of the groups is recommended. Learners benefit from working with people with differing personalities, strengths, and weaknesses. Small groups will work most effectively if given a clear task and roles (e.g., recorder, reporter, timekeeper) and a defined time limit. Instructors can help keep learners on task by walking around the room and checking in briefly with each group.
- 4. Interactive presentations:** Rather than using a traditional lecture format, we recommend involving learners in interactive presentations in which the instructor draws on learners' knowledge. This kind of participatory dialogue is much more engaging than a traditional lecture, wherein the lecturer provides all the information. The interactive presentation builds confidence and keeps learners interested, breaking down barriers between the instructor "expert" and the learner. One challenge is ensuring that the discussion stays focused on the topic at hand; instructors must continually guide learners back to the subject material and weave in their comments to deepen learning.

In an interactive presentation, the instructor starts by asking learners what they already know about the topic. The instructor then engages learners further by asking them to contribute their own experiences and explain what the experiences taught them about the topic under discussion. Learners are also encouraged to ask questions, and instructors provide concrete examples of how the material being taught is relevant to particular situations that learners may encounter.

- 5. Hands-on practice:** There are opportunities for learners to develop specific skills required for their work. Learners are generally put in groups of three (practice triads). For each skill, they will take turns in the role of the PCA practicing the skill, the consumer whom they are assisting, and the observer, who follows the skill steps and coaches the person in the direct care worker role. Specific instructions are given in "Advance Preparation" for each module

about how to set up the work stations for practice labs for that module, what equipment will be needed, and how much time to plan for the practice.

The number of work stations and the time needed will depend on the number of learners and necessary equipment available. A general rule of thumb is to have one work station for each practice triad.

Lastly, as you review the handouts with the learners, some include a lot of text, which can be a lot for one person (typically the instructor) to read. Ask the learners if they would like to take turns and read the text. This way the instructor gets a break and the learners are paying attention to what's on the page.

General Teaching Tips

Planning and Preparation

- The activity steps and teaching times are based on having up to 20 learners. With larger or smaller groups, the activities may need to be adapted to meet the timelines.
- Before teaching each module, instructors should review the activities and consider the arrangement of chairs that will work best for each. For example, activities involving role plays require a “stage” area that is easily viewed by the group. Small-group work may involve moving chairs to the corners or edges of the room, so the groups can't hear the others as they work. Learners can help rearrange chairs between activities.
- This curriculum is written with detailed instructions useful for new instructors. Experienced instructors will be able to draw from their own “toolbox” to vary some activities.

Teaching Materials and Equipment by Module

Welcome (pages 15-16)

Time: 20 minutes

Flip chart, markers, and masking tape

Learner's Guide

Teaching Tip:

Based on how the 10 hours are dispersed, we recommend a brief “welcome back” activity to re-orient people to the material and re-engage them in learning.

Module 1: Understanding the History and Philosophy of the Independent Living and PCA Program (pages 17-20)

Time: 40 minutes

computer and LCD

Flip chart, markers, and masking tape

Handout 1: Philosophy of Independent Living

Six (6) index cards

Module 2: Roles and Responsibilities (pages 21-30)

Time: 60 minutes

computer and LCD

Handout 2: Consumer Profiles

Figure 1: Career Lattice

Flip chart, markers, masking tape

Module 3: Introduction to Consumer Rights, Confidentiality and Ethics (pages 31-38)

Time: 60 minutes

Handout 3: Introduction to the Rights of Consumers

Handout 4: Ethics

Handout 5: Confidentiality

Handout 6: Case Scenarios: Confidentiality

Flip chart, markers, and masking tape

Module 4: Professionalism (pages 39-46)

Time: 50 minutes

Handout 2: Consumer Profiles

Handout 7: Getting Ready for Work

Handout 8: Work Schedule and Contact Information

Handout 9: Questions for Mass PCA Directory Profile

Handout 10: Resume Sample

Handout 11: The First Meeting with a Consumer

Flip Chart, markers, and masking tape

Module 5: Overview of Infectious Diseases (pages 47-61) (this module requires the most materials)

Time: 110 minutes

Part I. Overview of Infectious Disease

Handout 12. Infections, Germs, and the Infection Cycle
Handout 13. Modes of Transmission: How Germs Spread
Handout 14: Universal Precautions
Handout 15: Susceptible People
Flip chart, markers, and masking tape

Part II. Applying Infection Control Strategies

Handout 16. Hand Washing and Gloving
Handout 17. Cleaning up Germs
Handout 18. How to Wash Laundry for a Consumer
Handout 19. How to Safely Dispose of Sharps
Flip chart, markers, and masking tape

Part III. Skills Demonstration and Practice

computer and LCD
Skills Checklist 1: Washing Your Hands
Skills Checklist 2: Putting on and Taking off Gloves
Paper towels
Pump hand soap
Access to a sink
Non-latex gloves (small, medium, large)
Flip chart, markers, and masking tape

Module 6: Principles of Body Mechanics (pages 65-71)

Time: 40 minutes

computer and LCD
Handout 20: Body Mechanics: How to Protect ourselves from Physical Injury
Handout 21: Protecting Yourself from Injury
Handout 22: Tips for Lifting and Moving to Help Reduce Injuries
Skills Checklist 3: Body Mechanics
10-pound objects (potatoes, kitty litter, or the like)
Box or laundry basket for 10-pound object
Flip chart, markers, and masking tape

Module 7: Basics of Good Communication (pages 72-82)

Time: 60 minutes

Materials for Activity 1: Verbal Communication- Equipment: pen, paper, several simple line-drawn pictures, e.g., a kite, a house, a face
Handout 23: Communication
Handout 24: Body Language and Active Listening
Handout 25: Paraphrasing: Saying It in Your Own Words
Handout 26: Pull-Back Strategies
Flip chart, markers, and masking tape

Module 8: Specific Consumer Needs (pages 83-94)

Time: 100 minutes

16 index cards

Handout 2: Consumer Profiles

Handout 27: Beliefs and Attitudes about Aging and Disabilities

Flip chart, markers, and masking tape

Module 9: Life Skills (pages 95-101)

Time: 30 minutes

Paper and pencils

Handout 28: Prioritizing: Putting Tasks in Order

Handout 29: PCAs Tips for Dealing with Stress

Flip chart, markers, and masking tape

Facilitation Techniques and Tips

- Throughout the training, it is important that instructors consciously model communication skills that are the foundation for caregiving relationships in interactions with the learners. These include effective listening, paraphrasing, and asking open-ended questions.
- Instructors should attempt to draw out the quieter people in the group so that everyone speaks during a discussion. More talkative learners should be encouraged to monitor their “airtime” and not be allowed to dominate discussions.
- There are several opportunities in the training for learners to share stories from personal experience. Because this is a rare pleasure for many, such conversations can take on a life of their own. The instructor should keep stories focused on the main point of the activity and watch the time so that all learners get a chance to share.
- Learners’ sharing may elicit questions or issues that cannot be tackled during the activity’s allotted time. In such situations, the instructor may want to track these issues in a visual way by creating a “parking lot”—an ongoing list on a flip chart page. As time and interest allow over the course of the training, these issues can be addressed.
- Role plays are critical to the effectiveness of this curriculum but may be new to many learners. Some may feel reluctant to participate. Instructors should explain that the role plays involve practice, not performance, and that learners will not be judged negatively for their efforts. Learners will learn the most from the role plays if they take their roles seriously and do their best.
- Role plays may also be new to instructors. Instructors who feel nervous about them will pass on their nervousness to learners. Therefore, it is essential that instructors practice the role plays prior to the training until they are comfortable with them and can support learners in taking risks to participate.
- Learners sometimes pose questions for which instructors don’t have answers. If this happens, instructors should acknowledge that the question is new to them and that they may be able to locate an answer before the next session. A willingness to research the question will demonstrate instructors’ investment in learners and in the training.

Course Outline

Module	Teaching Methods	Recommended Time
--Welcome-Day 1--	Interactive presentation	20 minutes
1. Understanding the Philosophy of Independent Living and the History of the PCA Program	Interactive presentation, Large-group exercise and discussion,	40 minutes
2. Roles & Responsibilities	Individual and pairs work, pairs reporting, and interactive presentation	60 minutes
3. Introduction to Consumer Rights, Confidentiality, and Ethics	Interactive presentation	60 minutes
4. Professionalism	Interactive presentation, demonstration, and practice triads	50 minutes
5. Overview of Infectious Disease	Interactive presentation Pairs work, large-group discussion, brainstorming; demonstration, pairs practice, and return demonstration	110 minutes
6. Principles of Body Mechanics	Interactive presentation, demonstration, and practice triads	40 minutes
7. Basics of Good Communication	Interactive presentation, Large-group exercise and discussion,	60 minutes
8. Specific Consumer Needs	Interactive presentation	100 minutes
9. Life Skills	Interactive presentation, Large-group exercise and discussion	30 minutes

Welcome

Recommended time: 20 minutes

Goal:

To set a tone of mutual respect that this is a safe place to learn and that all learners' contributions to learning are valued.

Objectives:

- Learn everyone's name and a little of their background
- Establish ground rules for the course
- Review the goals and objectives of the Fundamentals for PCA curriculum
- Orient learners to their Learner's Guide

Materials/equipment needed:

- Markers/tape/flip chart

Advanced Preparation:

Prepare a flip chart for "Ground Rules"

Activity 1: Names and Background

Allow learners to introduce themselves and ask them to provide:

- Their name;
- Where they are from;
- What kind of direct support work, if any, they have done in the past; and
- How the role of the PCA differs from other types of direct care.

Activity 2: Ground Rules

In a group format, list ground rules such as no cell-phones and everybody's ideas are valuable, etc. Ask individuals if there are ground rules that they would like to include, such as:

- Return from breaks on time
- Allow everyone to have an opportunity to share
- No side conversations

Record the ground rules on flip chart paper and post it where it is visible to everyone.

Activity 3: Goal and Objectives

Inform learners of the overall goal and objectives of the Fundamentals curriculum.

The goal of this curriculum is to introduce learners to the fundamentals that will enable them to be successful in their career.

The objectives for this course include being informed of:

- The importance of independent living and the MassHealth consumer-controlled model
- The role of a Personal Care Attendant (PCA) in the MassHealth program
- Consumers rights, confidentiality and ethics
- Professionalism on the job
- Effective communication strategies for building healthy relationships
- Safe practices to reduce infection and worker injury
- General terms describing specific needs of some consumers
- Successful life skills to help insure success in their careers

Activity 4: Learner's Guide

Inform learners that their Learner's Guide is theirs to keep, please make notes in it
Not all material in this class is in the Learner's Guide.

Module 1: Understanding the Philosophy of Independent Living and the History of the PCA Program

Recommended time: 40 minutes

Goal:

Learners will be informed of how the PCA program evolved and importance of Independent Living and consumer control.

Objectives:

- Explain the history of the PCA program
- Describe the philosophy of Independent Living
- Reinforce the concept that the PCA program is consumer controlled

Materials/equipment needed:

- Flip chart, markers, and masking tape
- computer and LCD
- Handout 1: Philosophy of Independent Living
- Six (6) index cards

Advanced Preparation:

For Activity 1, set up the *History of the PCA Program* video

For Activity 2, list each of the following terms on an index card:

1. Consumer control
2. Consumer choice
3. Deinstitutionalization
4. Cross-Disability
5. Right to Fail
6. The Exercise of Power

Activity 1: The History of the PCA program

Explain to the learners that this video provides an overview of the development of the Massachusetts MassHealth PCA program.

Show video [History of the PCA Program](#) (6:03 minutes)

At the conclusion of the video, discuss the following questions:

1. What do you remember most about the video?
2. What feelings did the video bring up for you?
3. Why is this information important when thinking about people with disabilities and independent living?

Activity 2: The Philosophy of Independent Living

Distribute Handout 1: Philosophy of Independent Living (page 1 in the Learner's Guide); review and discuss the definition of Independent Living.

Ask the learners to form pairs or small groups. Assign each pair or group one word/phrase from the list below, which are elements of the Independent Living Philosophy¹. Offer the pairs five minutes to discuss what the term means.

1. Consumer Control
2. Consumer Choice
3. Deinstitutionalization
4. Cross-Disability
5. Right to Fail
6. The Exercise of Power

Ask each pair to report back their interpretation of the terms, then review the details provided for each word/phrase below.

1. **Consumer Control:** Power and authority rests within individuals with disabilities. This means the consumer has the power and authority to direct the care and assistance that is provided for them. In typical home care programs, a health care professional, such as a nurse, creates the care plan and supervises the home care worker.
2. **Consumer Choice:** People with disabilities want to decide for themselves what services they want, how they want them delivered, by whom, and in what context. This means having personal control over life choices, services and activities.
3. **Deinstitutionalization:** The movement of people with disabilities from facilities (such as nursing homes and large institutions) in which they had little control or choice, into homes in their communities where they were able to make their own decisions.
4. **Cross-Disability:** The practice of inclusion of all disability groups in the movement, to ensure independence for all. When we work together, to advocate for basic survival

¹ Charlie Carr: "The Independent Living Movement: Its Roots and origin": www.adrc-tae.acl.gov/tiki-download_file.php?fileId=26178

resources such as housing, benefits and services, and civil rights that cut across all disability types, we're more powerful politically.

5. **Right to Fail:** Everyone is entitled to take risks in life. Generally, institutions provide a false sense of security and require compliance and safety. Living in the community for people with disabilities often means trying new and different ways to live that are sometimes very difficult to learn and master. Along the way, like anyone else, some people with disabilities fail to do well enough to make it, and they may return to an institution.
6. **The Exercise of Power²:** A significant social movement becomes possible when there is a revision in the manner in which a substantial group of people, looking at the same misfortune, see it no longer as a misfortune warranting charitable consideration, but as an injustice which is intolerable to society.

Explain to the learners: The PCA program is the only *consumer-controlled* program in Massachusetts. MassHealth provides funds that allow the consumer to employ their own PCA and manage their personal care services. The consumer, as the employer, is responsible for all aspects of their PCA program, including interviewing and hiring a PCA; ensuring the PCA has received an Orientation³ and is trained. The consumer, as the employer, must also manage the PCAs weekly work schedule, submit timesheets to the MassHealth fiscal intermediary, and pay the PCA using MassHealth funds.

Another very important point to communicate to learners is the use of language, consumers are the employers, they are the boss, they are the manager. PCAs should never use the terms "patient" or "client" to refer to their consumer, it is viewed as demeaning and disrespectful.

Conclusion of Module 1: Understanding the Philosophy of Independent Living and the History of the PCA Program

² (Gerben DeJong, 1979)

³ MassHealth mandates that all new PCAs, hired as of January 1, 2014 must participate in the MassHealth PCA New Hire Orientation program. <http://www.mass.gov/pca/outreach/new-hire/>

Handout 1: Philosophy of Independent Living

The Philosophy of Independent Living is one of freedom and equality for people with disabilities.

It is based on the belief that the person with a disability is the best judge of what lifestyle is best for him or her. This philosophy enables the person with a disability to make decisions regarding his or her own life—such as, where to live, what to wear, what to eat, where to go and how to get there.

It assumes that just because a person has a disability does not mean that he or she is incapable of directing his or her own life. Facilities and programs that support this philosophy try to bring people with disabilities out of institutions and custodial care and into a free and independent life where they can make their own decisions regarding their own lives.

In order to do this, they focus on two major areas:

- Helping the person with a disability to achieve his own personal independence, and
- Making the community accessible so that when independence is gained, he may have full and equal access to it.

Module 2: Roles and Responsibilities

Recommended Time: 60 minutes

Goal:

Learners will have a basic understanding of the day-to-day tasks of the PCA, as well as the limits on what tasks they can perform. They will gain an understanding of the importance of the PCA position and will learn about the opportunities for employment.

Objectives:

- Clarify what tasks are approved by MassHealth and which services are not covered
- Explain the importance of the PCA to the consumer
- Explain how the PCA can provide assistance to profiled consumers
- Define the term “fraud” so learners understand the concept

Materials/equipment needed:

- Flip chart, markers, and masking tape
- Figure 1: Career Lattice
- Handout 2: Consumer Profiles
- computer and LCD
- Paper and Pencils

Advanced Preparation:

For Activity 1: What Do PCAs Do?

- Set up two flip chart stands. You should be starting with a blank sheet on each flip chart stand—with no titles on the flip charts.
- Set up computer and LCD to show *PHCAST Job Preview* video

For Activity 2: Who Are the People Who Receive Support or Assistance?

- Prepare the following flip chart pages:
 - Types of People Who Receive Support or Assistance
 - Make copies of Handout 2: Consumer Profiles for the case study activity. Cut along the dotted lines.

Activity 1: What Do PCAs Do?

This activity is about introducing learners to the range of tasks performed by PCAs. There are also limits on what PCAs are allowed to do. This activity is designed to give them the “big picture” of what is involved in this work.

Give instructions-Make sure every learner has a sheet of blank paper and pen or pencil. Ask learners to make a list of everything they did between waking up this morning and sitting here now in this training. Explain that you mean EVERY-thing—beginning with getting out of bed.

Facilitate reporting-Now make a complete list of everything that everyone did between waking up and being here now. Go around the room, asking each student to name one thing they’ve done today. If they say a task that is an approved PCA activity, write it on one sheet; if they say a task that is not an approved PCA activity, write it on the other sheet.

Teaching Tip:

You are working with two flip charts. Both of them are blank—**no titles**. One of them is for listing MassHealth approved services and the other is for listing non-covered services. As the learners report back, use the lists below and add each student’s task to the appropriate flip chart. *Note: These are not exhaustive lists.*

Remember! Do not write the titles on the flipchart until afterwards!

Approved Services
Bathing
Dressing
Meal prep
Feeding
Oral hygiene
Grooming
Toileting
Transfers
Assisting with mobility
Shopping
Laundry

Typical Non-Covered Service
Babysitting or caring for anyone not approved for PCA services;
Caring for pets, with the possible exception of service animals;
Major household maintenance or repair
Gardening/lawn care
Supervision, recreation, Advocacy

Thank learners for their work and their sharing. Ask them what is different about the two flip chart pages and why you put some tasks on one list and some on the other. *[Desired responses: one is about things that PCAs are allowed to do for the consumer and the other is about things that MassHealth does not cover.]* Write the titles at the top of the flip chart pages. Define approved and non-covered services.

In preparation of the Job Preview video: Explain to the learners that the following video highlights some important information about the direct care workforce. The “actors” are real consumers and workers who talk about the day to day responsibilities and challenges that workers and consumers face each day.

There are also two advocates, Lisa and Courtland, who discuss the increasing demand in the workforce, the differences and similarities between PCAs and Home Care Aides. Courtland also talks about some of the career advancement opportunities for these workers.

Write the following questions on a white board or flip chart and ask the learners to think about these questions as they watch the video:

- What tasks are the workers doing?
- What were the things the consumers said about their PCA?
- What are some of the things the PCA said?
- What is one thing you remember about the video?
- How did you feel as you were watching the video?
- What questions did the video raise for you?

Show video 1, *PHCAST Job Preview* (7:09 minutes)
<https://www.youtube.com/watch?v=nHn4ycftIOY>

Discuss the importance of PCAs in the lives of consumers with the questions that were posted.

Teaching Tip:

Below are some highlights from the video:

Liz: the first days that you worked were so stressful because there is so much detail to the work, but it becomes second nature after you’ve been here for 3 or 4 weeks.

Bob: I could not be doing my job as an ADA coordinator without personal care assistance.

Courtland (BCIL): 70% of my staff are people with disabilities. I have staff who would not be able to come to work every day without the assistance of their PCAs. To help them get out of bed, get them dressed, so that people can get out to work and contribute to society and feel fulfilled in that.

Lisa (HCA Council): Basically PCAs and Home Care Aides do the exact same thing. The difference is that Home Care Aides work for a nurse.

Courtland: PCAs work for the consumer. The consumer is the one who does the hiring, firing, scheduling and training of the person that is providing the hands on care.

Explain to the learners that the job preview video mentioned important details about the workforce and the difference between two types of workers:

Lisa: Recently the US Department of Labor put out statistics where they named the fastest growing occupations in the nation; home care aides and personal care aides were the top two fastest growing occupations nationally.

Courtland: Some folks will start off as a PCA, find that they like the work, they find the work rewarding and engaging and they want to continue on that path; some folks say they want to work in a facility, or they want to become a CNA, or they want to become a nurse, so they go up a career ladder.

Review Figure 1: Career Lattice (page 2 in the Learner’s Guide) with the learners. Discuss the career progression that is available to them and how this profession serves as a gateway into many career opportunities. Let the learners know that more information will be provided later about job growth opportunities.

Activity 2: Who Are the People Who Receive Support or Assistance?

Brainstorm types of people who would receive support or assistance. Ask learners to list all the types of people that they can think of who might need assistance. List their responses on flip chart paper.

Types of People Who Receive
Support or Assistance

Teaching Tip:

Ask leading questions to help if they miss some of the more obvious categories. For example, you can ask if they’ve ever assisted a family member or friend—even after a surgery or an accident. Your list of categories should include: older adults, developmental disabilities, Alzheimer’s Disease, sensory disabilities (deaf/blind), physical disabilities, chronically ill, terminally ill, mental illness, and brain injuries.

Form small groups and give instructions. Explain that they will now consider the PCA’s impact on individual consumers. Refer learners to Handout 2: Consumer Profiles (pages 3-6 in the Learner’s Guide), which provides profiles of PCA users in some of the categories listed. Inform the learners that the profiles are not real; any similarity with real consumers is coincidental.

Assign one profile from Handout 2: Consumer Profiles to each group. (Inform learners that they will use these profiles throughout the training to re-inforce concepts.) Ask them to read the

profile together. Post and review the prepared flip chart page and ask them to answer each question for their consumer. Note they will have 10 minutes for this work.

Teaching Tip:

The consumer with mental illness, David, uses a surrogate. Introduce the role of the surrogate following the small group reporting.

Surrogate: Some Consumers use a surrogate. The surrogate is a person who assists the Consumer to manage his/her PCA program. The surrogate role is individualized for each Consumer who has one. For example, some surrogates manage all aspects of the PCA program for the consumer including hiring, supervising, and training the PCA. For others, the surrogate may only manage small administrative tasks such as bookkeeping. All PCA consumers under age 18 **MUST** have a surrogate.

Questions for Consumer Profiles

What tasks will this consumer need assistance with?

How will the consumer's life be different if they get that assistance?

Are there any needs that a PCA cannot assist with?

Facilitate group reporting. Ask for a volunteer to read their consumer profile out loud. Then ask the group who worked with that profile to share their answers to the three questions. Clarify the tasks if needed. Ask if there are other thoughts about how the consumer's life will be different with assistance of a PCA. Continue with the other consumer profiles.

Summarize-Note that every consumer is different and these profiles are just examples of some of the people they may work with and some of the tasks they may assist with.

Activity 3: Define Fraud within the MassHealth PCA program

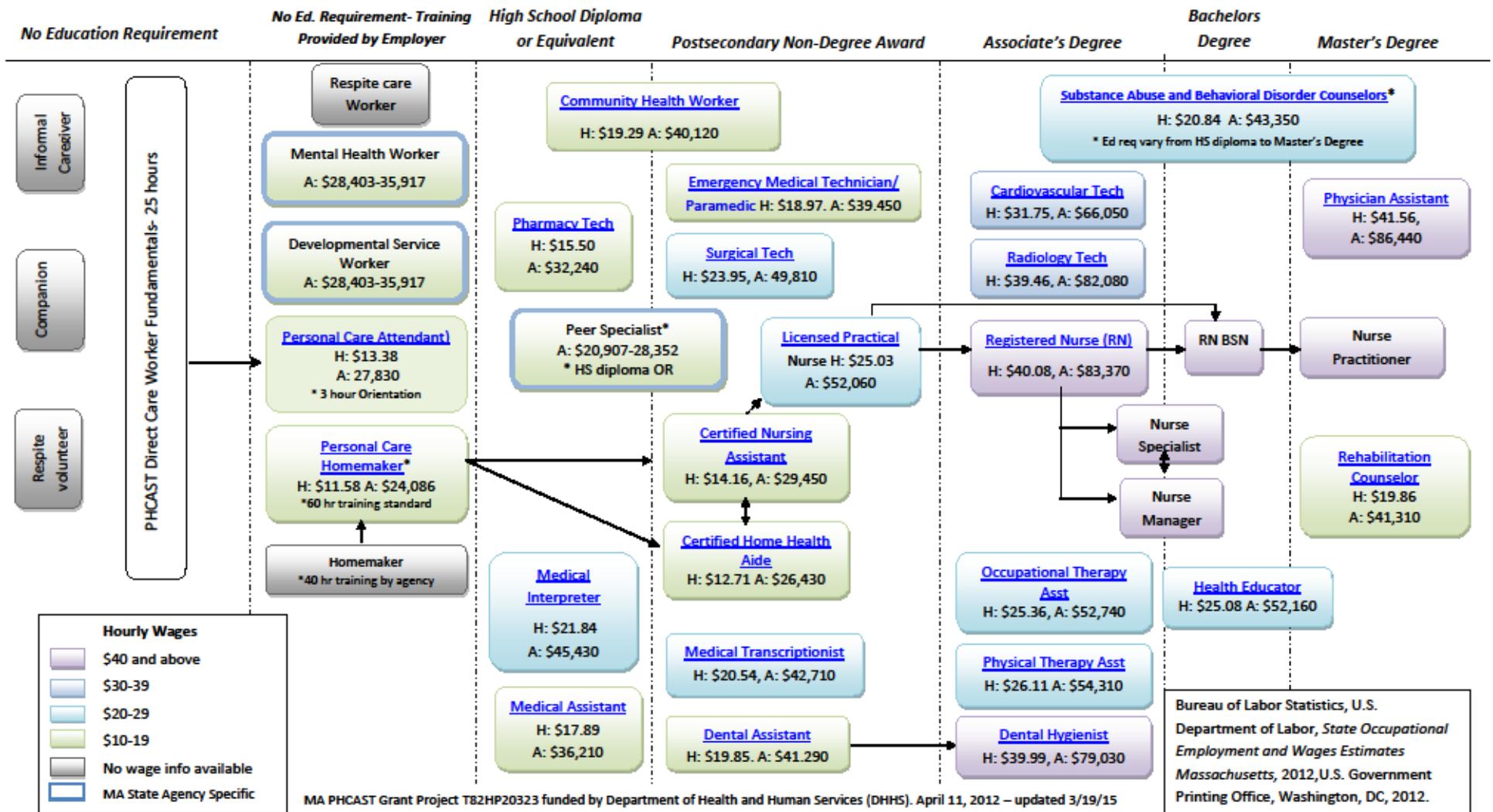
Ask the group what they think about the word "fraud" and provide examples of fraud within the system, such as:

- Submitting timesheets for hours that are not worked
- Signing timesheets in advance of hours worked
- Submitting timesheets for people that are ineligible to be PCAs (i.e. spouse, deceased individuals, surrogates)
- Submitting timesheets for time that the consumer is ineligible for PCA (i.e.-hospitalized or incarcerated)

Conclusion of Module 2: Roles and Responsibilities

Figure 1: Career Lattice

Direct Care Worker Career Lattice – Wages and Education Requirements in Massachusetts 2012



Handout 2: Consumer Profiles

Consumer with a Brain Injury

Terence is an 85-year-old man married to Maria (age 81). They have been married for 60 years and they live in a high-rise condo in Medford. They have one son who lives nearby, with his wife and 4 children. Terence had a stroke a year ago. Following his hospital discharge he was admitted to a rehabilitation hospital for 6 months. He was recently discharged from with persistent left-side weakness and incontinence. Because of his loss in balance he uses an electric wheelchair. Maria has osteoporosis. She has always been less healthy than Terence and is struggling with her new role as care-giver for Terence. She can take care of meals and light housekeeping. But Maria was recently diagnosed with congestive heart failure. Both Terence and Maria struggle with depression.

Terrance qualifies for a PCA. What types of assistance will Terrance and Maria need from the PCA?

-----cut here -----

Consumer a with Developmental Disability

Isabel is an 8-year-old girl. She has Down syndrome and some problems with her vision. Isabel used to live with her parents, who provided her care, but they recently passed away. An only child, Isabel has no siblings or close relatives to care for her. She now lives in a foster home in Taunton where the foster mother is Isabel's PCA surrogate. Isabel is generally healthy.

What types of assistance will Isabel need from her PCA?

Consumer with Alzheimer's disease

Miguel is a 68-year-old gay man who lives in his own apartment in Worcester. He was diagnosed with Alzheimer's disease about three years ago. His life-long partner died 5 years ago. Miguel and his partner were very active in local gay community organizations. When his partner died, Miguel was grief-stricken and disoriented; now the Alzheimer's symptoms are making it harder for him to renew old social connections.

Miguel is generally healthy but is starting to be incontinent. He often forgets when he is cooking and sometimes forgets to eat. On Monday, Wednesdays and Thursdays Miguel goes to adult day services for socialization.

What types of assistance will Miguel need from his PCA?

-----cut here -----

Consumer with a sensory disability

Joan is a 75-year-old woman who is obese. She lives alone in a one-bedroom apartment in Lowell. Joan has been experiencing a progressive hearing loss, as well as degenerative joint disease. The joint disease is very painful in her knees, hips, shoulders and wrists. She takes an anti-inflammatory daily as well as prescription pain medications. She often has trouble bathing, dressing, and moving. Her apartment is untidy due to her joint pain.

What types of assistance will Joan need from her PCA?

Consumer with a physical disability

Joseph (Joe) is a 32-year-old man who received an honorable discharge from the Army. He lives alone in a one-bedroom apartment in Pittsfield. Joe uses an electric wheelchair due to the loss of a leg he sustained from the war. He is being fitted for a prosthetic and has full use of his arms. He suffers from Post-traumatic stress disorder (PTSD) and depression. He used to do construction, but now works full time as a computer programmer.

What types of assistance will Joe need from his PCA?

-----cut here -----

Consumer that is chronically ill

Lee is a 58-year-old woman who lives alone in small apartment in Wilmington with two lap-dogs. Ten years ago, she was diagnosed with chronic fatigue syndrome. She also has asthma and is allergic to dust mites. Lee cannot bend down because it causes nausea. Her energy level is extremely low. She sleeps most of the day after being awake for a couple of hours in the morning.

What types of assistance will Lee need from her PCA?

Consumer who has mental illness

David is a 17-year-old boy who has post-traumatic stress disorder because of abuse by his father (who is no longer in David's life). He lives at home with his mother, Susan, in Fall River. Susan is David's PCA surrogate and she works full-time. She also suffers from depression due to this tragic life event. Their immediate family lives north of Boston; they stop by to say hello occasionally.

What type of care and assistance will David need from his PCA?

Module 3: Introduction to Consumer Rights, Ethics, and Confidentiality

Recommended time: 60 minutes

Goal:

Participants will be given an opportunity to increase their knowledge of consumer rights and the worker's ethical behavior. Participants will be given an opportunity to increase their knowledge of confidentiality in the workplace.

Objectives:

- List at least three rights of a consumer
- Describe basic ethical standards that apply to PCAs
- Define confidentiality and explain its importance in long-term support and services

Materials/Equipment Needed:

- Flip Chart, markers, and masking tape
- Handout 3: Introduction to the Rights of Consumers
- Handout 4: Ethics
- Handout 5: Confidentiality
- Handout 6: Case Scenarios: Confidentiality

Advanced Preparation:

Prepare a flip chart page for “Consumer Rights and Ethics”.

Prepare a flip chart page with the following questions:

Who can the PCA communicate with?

What information can be shared /not shared?

How does the PCA communicate with family members?

Activity 1: What are Rights, Confidentiality, & Ethics?

Brainstorm the meaning of rights, confidentiality, and ethics. Ask the learners:

What does the word “rights” mean to you? How would this apply to workers and consumers of long-term support and services?

What does it mean to keep information confidential? Who can workers share information with?

Explain to the learners that they can only share information that is relevant to their day to day responsibilities. It is a violation of confidentiality for PCAs to “talk” about consumers; even if they both work for the same consumer.

What does the word “ethics” mean to you? How would this apply to PCAs?

Teaching Tip:

“Rights” and “Confidentiality” should be relatively familiar.

If learners are not familiar with the word “ethics,” probe for ideas of fairness and doing the right thing in a challenging situation. Ask learners to consider how it felt when they were treated unfairly, or when someone did not follow rules in a situation where they were involved.

Define rights and ethics. As an overview, post and discuss the prepared flip chart page.

CONSUMER RIGHTS AND ETHICS:

CONSUMER RIGHTS are about what consumers

can do or how they should expect to be treated.

Rights are set by law or program guidelines.

ETHICS are values that guide the way we behave.

Review and discuss Handout 3: Introduction to the Rights of Consumers and Handout 4: Ethics (pages 7-9 in the Learner’s Guide).

Note: Worker rights for PCAs will be presented during the mandatory MassHealth PCA New Hire Orientation.

Large Group Discussion

This activity begins to introduce the worker to confidentiality and boundaries, participants will also be introduced to important communication skills to convey professional behavior on the job.

Post the following questions on a flipchart or white board:

- Who can the worker communicate with?
- What information can be shared/not shared?
- How does the worker communicate with family members?

Review and discuss Handout 5: Confidentiality (page 10 in the Learner’s Guide).

Small-Group Work

Form four groups. Assign one case scenarios to each group from Handout 6: Case Scenarios: Confidentiality (page 11 in the Learner's Guide). Explain that there is a violation of confidentiality in each case scenario. Ask them to identify the violation and then suggest how they would avoid that situation in the future.

Teaching Tip:

Help the participants to think about their personal experiences so that they can begin to separate their personal views from their professional role. Monitor the discussion and prevent the group from going off track or from having one or more people dominate the discussion. Inform the participants that more information about privacy and confidentiality will be given later in the training.

Large Group Discussion

PCAs play an integral role in supporting the consumer to continue to live in their home or community based environment. Because of the intimacy of the position, roles can get confused. As a professional the PCA must continue to maintain their role as the worker recognizing what the family's responsibility is, the surrogate's role, and what their role is in supporting the consumer to live independently.

Conclusion of Module 3: Introduction to Consumer Rights, Ethics, and Confidentiality

Handout 3: Introduction to the Rights of Consumers

Massachusetts laws protect the rights of individuals with disabilities, elders, children, and gay, lesbian, or bisexual individuals. To ensure consumers are protected and safe from harm, anyone working with consumers must be aware of the consumer's rights. Consumer rights include:

- The right to choose.
- The right to be treated with respect, dignity, and as individuals.
- The right to be involved in planning their care or be represented by a legal guardian.
- The right to refuse services.
- The right to complain about their care, without being punished or having services denied to them.
- The right to privacy.
- The right to be free from abuse and neglect.
- The right to be told about all their rights and responsibilities.
- The right to fail.

Consumers with disabilities have additional rights that are described in the “Americans with Disabilities Act.” These include such things as:

- The right to hold a job.
- The right to education.
- The right to use public facilities.
- The right to use public transportation.
- The right to telephone and television access.

Consumer's Role: The Consumer—the person with the disability receiving PCA services—is the BOSS! S/he is responsible for recruiting, hiring, training, scheduling, supervising, authorizing time sheets, and—if necessary—firing his/her PCAs. The Consumer is responsible for helping to ensure a reasonable working environment for the PCAs. PCA consumers can be of any age—from children to elders.

Surrogate's Role: Sometimes the Consumer cannot manage all the aspects of his/her PCA program. In that case, a trusted individual will volunteer as the PCA surrogate. Surrogates only handle those activities that the Consumer cannot do or that the Consumer chooses not to do. Some Surrogates may only be involved in one or two minor tasks; some Surrogates may have broad responsibilities in the management of the PCA supports for the Consumer. Surrogates do not get paid by MassHealth and they cannot get paid as PCAs by the person for whom they are the Surrogate—this is fraud. Consumers with Surrogates are still considered the employer. All PCA consumers under age 18 MUST have a surrogate.

Family's responsibility within the home: Family members are typically expected to continue to do the tasks that they customarily do in their household for their family members. These family relationships are important for everyone. But family members may take on some additional responsibilities for a family member receiving PCA services, including:

- Being a surrogate for the family member with a disability if the person with a disability needs or wants that assistance. ALL PCA Consumers under the age of 18 must have a Surrogate, and a family member usually fills that role.
- Being the paid PCA in circumstances allowed by the regulations. Children of working age can be paid as PCAs if they work with their parents, grandparents, siblings or other relatives. Parents can be paid as PCAs for their adult (over 18) child, as long as the parent has no legal authority (guardianship) of their adult child.
- Spouses cannot be PCAs for each other-this is fraud.

Handout 4: Ethics

Ethics are values that should guide your interactions with your consumers, families, and co-workers. These values include:

Honesty
Empathy
Compassion
Trustworthiness
Dependability
Flexibility
Respectfulness

Codes of Ethics:

These are agreements within a group of workers, such as personal care attendants or home health aides, about how workers should treat consumers. They provide guidelines in areas such as⁴:

Promoting Physical and Emotional Well-Being
Integrity and Responsibility
Confidentiality
Justice, Fairness, and Equity
Respect
Relationships
Self-Determination

⁴ National Alliance for Direct Support Professional (NADSP),
http://www.directsupportprofessional.org/docs/NADSP_Code_of_Ethics.pdf

Handout 5: Confidentiality

Keeping health information private

“Confidentiality” means sharing private information about consumers **ONLY** with the people who need to know. You **cannot** share health information with anyone—including other PCAs—unless they also work with the same consumer.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)⁵: A federal law protecting the right of consumers to keep all information about their health, medical care (including conversations with caregivers/ providers), and medical treatment private.

Be careful when talking on the phone

MA Dept. of Public Health
(<http://www.mass.gov/eohhs/docs/dph/quality/hcq-circular-letters/dhcq-nursing-home-brochure.pdf>)



Be careful when talking and texting in public places



<http://blog.aids.gov/2011/11/talking-to-your-cell-phone.html>

Be careful when using computers



<http://www2.ntia.doc.gov/grantee/mexican-institute-of-greater-houston-inc>

⁵ <http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html>

Handout 6: Case Scenarios: Confidentiality

1. You run into a friend just as you're leaving David's apartment building and your friend asks what you're doing there—because she lives there, too. You explain in general about the kind of work you do. And your friend—who seems REALLY interested in your work—wants to know who you're working with in her building and what kinds of problems you help this person deal with.
2. You're in the supermarket shopping for Joan, and another PCA comes along. She also works with Joan and asks you how Joan's doing today. You say, "fine," but the other worker starts telling you what happened to Joan yesterday—in great detail—and you suddenly realize that there are people lined up behind you, who can hear the whole conversation.
3. You're in Lee's home and she is napping. Her grand-niece comes to the house to see her and wants to know how her great-aunt is doing. You've never met her before but she seems to know a lot about her condition and seems really concerned about being kept up to date—because she says she wants to start helping out, if she can.
4. You're at home after working with Miguel. You need to call Miguel's surrogate because something happened that you're really concerned about—there was a young man at Miguel's apartment when you got there, and Miguel introduced him to you *as his old partner, who has been dead for five years*. While you're talking with the surrogate, your kids come into the room and are listening to the conversation.

Module 4: Professionalism

Recommended time: 50 minutes

Goal:

Learners will be introduced to the concepts and skills that demonstrate professionalism on the job.

Objectives:

- Define professionalism in PCA work
- Explain the importance of timeliness and appearance
- Demonstrate how to effectively introduce themselves in a professional manner

Materials/Equipment Needed:

- Handout 2: Consumer Profiles
- Handout 7: Getting Ready for Work
- Handout 8: Work Schedule and Contact Information
- Handout 9: Questions for Mass PCA Directory Profile
- Handout 10: Resume Sample
- Handout 11: The First Meeting with a Consumer
- Flip Chart, markers, and masking tape

Advanced Preparation:

Prepare four flip chart pages with the small-group assignments:

What personal things should I take care of so I'm not distracted at work?

What should I do the night before to help get me there on time?

What should I wear?

What should I not wear?

What do I need to know so I'm ready to work when I get there?

Activity 1: Large-Group Discussion

Begin by asking learners what it means to be “professional”. This will help the instructor to gauge the learner’s level of knowledge. Explain that professionalism means working in a professional way, or always doing your best work. It also describes acceptable behavior in the workplace. As a professional, you show pride in yourself and your work. And you also show respect for the consumer.

- You show professionalism in the way you look, talk, and act; AND
- By being on time and ready to start work from the moment you arrive.

Activity 2: Small-Group Activity

Display the pre-prepared flip chart papers with the questions from the advanced preparation. Explain that the focus is on four specific areas of professionalism—their appearance, being on time, being ready to work when they arrive, and taking care of home and personal issues so they are not distracted at work.

Instructions:

Hang up four flip chart sheets on the wall of the classroom. Place markers at each flip chart. Divide the learners into four groups, assigning each group to a flip chart question. Ask the groups to think creatively and write their ideas for everything that comes to mind under the category listed on the flip chart. Each group will share their list with the large group asking for additional ideas, etc.

What personal things should I take care of so I’m not distracted at work?	What should I do the night before to help get me there on time?	What should I wear? What should I not wear?	What do I need to know so I’m ready to work when I get there?
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Summarize the discussion. Thank the groups for their work. Quickly review as a summary of the discussion, noting ideas that were not brought up in the group discussion. Note that all of the preparation steps are part of being professional.

Distribute the three handouts for this module and discuss how to use them to prepare for work: Handout 7: Getting Ready for Work, Handout 8: Work Schedule and Contact Information, and Handout 11: The First Meeting with a Consumer (pages 12,13 and 16 in the Learner’s Guide).

Activity 3: Preparing your Mass PCA Directory Profile

Ask the learners to share their strategies for looking for a job. Ask about what websites they visit and if they have a current resume and cover letter template. Highlight the career services available locally MassHire Career Center, etc. and how these resources can support them in their

job search. Remind the learners that following this training, there is an expectation that they will get jobs as PCAs.

Log onto the Mass PCA Directory website (www.MassPCAdirectory.org) and inform the learners that the best way to connect consumers with PCAs is the directory. Explain that this profile will allow consumers to look for PCAs in their area.

Distribute Handout 9: Questions for Mass PCA Directory Profile (page 14 in the Learner's Guide) and ask the learners to work individually to answer the questions listed. After the questions are answered, have the learners share their answers in pairs. Lastly, conduct a large group discussion and ask for volunteers to share the answers to their questions. Tell the learners to keep this handout as they will transfer their answers onto the Mass PCA Directory website and this will save time that day.

Distribute Handout 10: Sample Resume (page 15 in the Learner's Guide) and have the learners look it over and edit the resume sample for their personal information and experience.

Teaching Tip:

Additional resources for building resumes and cover letters may be found in *The Resume Guide*, found at www.mass.gov/lwd/docs/dcs/1865-508.pdf. Additionally, the local One-Stop Career Center may also provide resources for the learners to build or enhance their resume and cover letter.

Activity 4: Small Group Role Play

Ask learners to team up with their consumer profiles group members (this is from Handout 2: Consumer Profiles, pages 3-6), ask one learner to assume the role of the PCA, and another to take the role of the consumer.

Have these two learners pretend they are meeting for the first time in an interview scenario, using Handout 11: Your First Meeting with a Consumer (page 16 in the Learner's Guide), as a guide to the conversation.

The others in the group should observe and provide feedback to the learners conducting the role play. All learners should have an opportunity to be the PCA, the consumer and observe and provide feedback. Together, ask a member of each group provide highlights from the role play.

Conclusion of Module 4: Professionalism

Handout 7: Getting Ready for Work

What things could I wear?

- Wear clean clothes.
- Wear clothes and shoes that are easy and safe to work in.
- Bring an apron, smock, or oversized button-down shirt to wear over your top.

What things should I not wear?

- Do not wear clothes that are too tight or show too much skin.
- Do not wear something that you mind getting dirty.
- Do not wear clothes with holes or wrinkles.
- Do not wear rings or bracelets also keep nails trimmed, since these things increase the risk of skin tears when assisting the consumer.

What should I do the day or night before to help me get to work on time?

- Check the weather for the next day.
- Plan what to wear. Iron your clothes, if needed. Pack the things you will need.
- Make sure there is gas in the car, or you have money for the bus or train.
- If you are meeting a consumer for the first time, take the route to work, to see how long it takes.
- Set your alarm clock so you have plenty of time to get ready and be on time.

What do I need to know so I'm ready to work when I get there?

- The name of your consumer.
- Your schedule- days and times.
- Where you need to go and how to get there.
- Know what to do if you will be late.
- The kinds of assistance you will be providing.

Personal things to take care of so I'm not distracted at work:

- Plan child care if needed. Do not bring your children to work with you.
- Let people know they can't reach you when you're at work, except for emergencies.
- Don't answer your cell phone at work, unless it's an emergency.
- Reschedule any appointments that conflict with work time.
- Get a good night's sleep.

Handout 8: Work Schedule and Contact Information

Here is the kind of information you will need to keep track of your schedule. The contact information will be useful to you. You may also want to give it to your children's school or day-care providers, in case of emergency.

Start Date
Days of the Week (that I work)
Hours

Number where I can be reached in family emergencies

Other notes:

Handout 9: Questions for Mass PCA Directory Profile

www.MassPCAdirectory.org or call 1-888-Mass-PCA (627-7722) with questions Monday-Friday from 9am-5pm in any language.

Applicant has experience working with individuals who have the following disabilities or support needs.

There is a list to choose from on the website.

Applicant describes experience with specific disease or disability.

Here is an example of what you could write...I took care of my grandfather for two years, he had a stroke and was unable to use the right side of his body. I helped him get dressed, use the toilet, bathe, and eat. I prepared his meals and drove him to his doctor's appointments.

Applicant's work experience:

Example-I have 2 children. I took care of my grandfather for two years before he entered a nursing home.

Example-PCA for 3-year-old with Hereditary Spastic Paraplegia. Assisted with transfers, toileting, bathing, bedtime, meals, dressing. I also work at The Bridge Center in Bridgewater MA which is a summer camp for children with special needs. Counselors are 1:1 and guide campers through activities while helping them maintain safe and appropriate behaviors while also having fun and developing functional skills. Also assist with feeding, toileting, and dressing when necessary. Disabilities range from Autism, intellectual/developmental delays to physical disabilities

Applicant's special skills, training or valid certification, such as CPR, First Aid or medication administration

CPR with AED and First Aid

PCA Fundamentals pre-employment practice (10 hours)

How many miles would you be willing to travel to your job?

Think about how you would get to work and how far you would be willing to travel to get there.

What languages the candidate speaks?

Be sure to select English, if the candidate speaks English, otherwise, the directory will only look for jobs in the selected language.

Handout 10: Resume Sample

Sally J. Smith

585 W. Pine St. • Fall River, MA 60614
555-555-5555 • sally.smith@email.com

OBJECTIVE

Secure a (full-time) position as a PCA/caregiver that reflects my passion for making a difference in the lives of others.

EDUCATION

PCA Fundamentals Training, Greenfield Community College, Greenfield, Massachusetts, Month 2015

CERTIFICATIONS

- Certified in First Aid and CPR by the American Red Cross, Month, 2015
 - Completed 25-hour Personal Care Attendant Fundamentals course, GCC, October, 2015
-

SKILLS SUMMARY

Customer service	Punctuality
High-level of patience	Fluent in Spanish
Interpersonal skills	Organized and detail-oriented
Compassionate	Adaptable to changing situations

PROFESSIONAL EXPERIENCE

CNA, Sunshine Assisted Living, Chicago, IL June 2010—July 2012

- Monitored and recorded any physical or mental changes of clients on a daily basis
- Administered daily care according to care plan for seven senior care residents
- Provided detailed daily reports of client care to supervising RN

Lead Cashier, Jewel, Arlington Heights, IL Aug. 2008—Oct. 2009

- Supervised team of cashiers and baggers during shift
- Managed and resolved customer service complaints

OTHER RELEVANT EXPERIENCE

- Provided in-home, one-on-one care to elderly grandmother for seven years
- Babysat special needs child for three years

Handout 11: The First Meeting with a Consumer

Your first meeting with a consumer is important for establishing a good working relationship. The first time you meet may be at the interview.

Here are some recommendations as you meet a consumer for the first time:

- Introduce yourself using your first and last name.
- If you are greeted at the door by a family member, introduce yourself to the family member and then repeat your introduction when you meet the consumer.
- Wait to be invited into the home and wait to be invited to sit and talk.

Once you are sitting with the consumer (and maybe their surrogate, if they have one), keep the following in mind:

- Speak in a friendly, professional manner.
- Keep the conversation focused on the job and related responsibilities.
- Ask the consumer how they prefer to be addressed; don't assume that it is ok to call them by their first name. Do not use slang terms such as "sweetie", "dear", or "honey".
- Talk with the consumer about a work plan or job description, so that you are aware of what you are being asked to do for the consumer.
- If there are PCA duties that you are not familiar with, ask clarifying questions to learn more. If you are still uncertain, ask the consumer (or surrogate) how you will be trained for those tasks.
- Surrogate: If the consumer has a surrogate, ask what the consumer's responsibilities are and what the surrogate is responsible for (remember, surrogates' responsibilities may vary greatly).
- Emergency planning: Ask the consumer what their back-up system is and what your responsibilities, as a PCA, may be in that back-up system.
- Transportation: Ask the consumer if you will be required to use your personal vehicle (if you have one) while at your PCA work (not driving to or from work). If so, ask the consumer if/how you will be paid for the use of your vehicle. (MassHealth does NOT pay for mileage/gas; it is up to the consumer to be fair to the PCA who uses their own vehicle).

Once you have been hired by the consumer, consider asking about the following:

- Contact Information- Exchange contact information with the consumer, and the surrogate, if there is one.
- Dress Code- Ask the consumer if they have any preferences about what you should wear. For instance, some PCA consumers do NOT want their PCAs to wear scrubs.

Module 5: Overview of Infectious Disease

Recommended time: 110 minutes

Goal:

Learners will be introduced to practical principles of infection control including safe practices.

Objectives:

- Describe the differences between infections and germs
- Name at least three modes of transmission for infections
- Explain why universal precautions are used to control infection when working with consumers
- List seven ways that a PCA can help prevent the spread of germs
- Demonstrate proper infection control practices such as hand washing and gloving

Materials/equipment needed:

- Flip chart, markers, and tape
- Paper and pencils
- Seven (7) index cards
- computer and LCD
- Access to at least one sink (for hand-washing) or several basins
- Enough paper towels for each learner to practice hand washing at least two times
- Enough liquid soap for each learner to practice hand washing at least two times
- Disposable gloves in range of available sizes for each learner
- Handout 12: Infection, Germs, and the Infection Cycle
- Handout 13: Modes of Transmission How Germs Spread
- Handout 14: Universal Precautions
- Handout 15: Susceptible People
- Handout 16: Hand Washing and Gloving
- Handout 17: Cleaning Up Germs
- Handout 18: How to Wash Laundry for the Consumer
- Handout 19: How to Safely Dispose of Sharps
- Skills Checklist One – Washing Your Hands
- Skills Checklist Two – Putting on and Taking Off Gloves

Advanced Preparation:

For Activity 1: Overview of Infectious Disease

Prepare a flip chart page for “How Germs Get from One Person to Another”

For Activity 2: Applying Infection Control Strategies

Write the following strategies on separate index cards:

1. Cover your mouth when you cough or sneeze
2. Do not come to work when you are sick
3. Eat a healthy diet
4. Keep your nails short
5. Wash your hands
6. Wear a mask and gloves, as needed
7. Wear simple jewelry or none at all

Prepare a flip chart page for “Preventing and Controlling the Spread of Germs.”

For Activity 3: Skills Demonstration and Practice

- Set up TV and DVD player or laptop and projector
- PHCAST videos: Hand Washing, Putting On/Taking Off Gloves
- Set up two practice stations: 1. for washing hands; and 2. for putting on and taking off gloves. Note: a sink is needed with adequate amounts of hand soap and paper towels

Teaching Tip:

Depending on the number of participants, you may want to have more than two stations.

Activity 1: Overview of Infectious Disease

Explore learners' current understanding of infectious diseases and infection control. Ask learners:

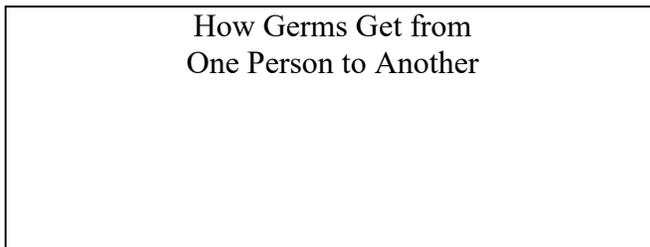
What do you know about infectious (or communicable) diseases, epidemics, germs, and vaccines?

What do you currently do to protect yourself from getting diseases from other people?
Transferring diseases to other people?

Review and discuss the infection, germs, and the infection cycle using Handout 12 (page 17 in the Learner's Guide).

Brainstorm modes of transmission. Ask learners:

What are all the ways that germs can get from one person to another?



List their answers on a flip chart titled How Germs get from One Person to Another. After the list is created, review Handout 12: Infection, Germs and the Infection Cycle and Handout 13: Modes of Transmission-How Germs Spread (pages 17-18 in the Learner's Guide). Explain that knowing how germs spread is the key to knowing how to stop them from spreading.

Review and discuss the signs of infection and the individuals who have the highest risk factors using Handouts 14: Universal Precautions and Handout 15: Susceptible People (pages 19-20 in the Learner's Guide). Emphasize that many people with infections show no signs of it, so it's important to use universal precautions with everyone.

Activity 2: Applying Infection Control Strategies

Form pairs, distribute infection control strategy cards (with the list from page 47 under Advanced Preparation) and give instructions. The learners have to figure out how the strategies on their cards control the spread of germs, including which mode(s) of transmission it would prevent. They will present their answers to the rest of the group.

Facilitate the pairs reporting to the large group. Post a flip chart page titled, “Preventing and Controlling the Spread of Germs.” The pair that worked on each strategy explains how it controls the spread of germs and which mode(s) of transmission it prevents. After the pair reports, tape their index card to the flip chart page.

Preventing and Controlling the Spread of Germs

Brainstorm when a PCA should wash their hands. If only a few people offer ideas, you can call on the pairs to come up with ideas, and quickly go from one pair to the next. Do not write responses on flip chart. Brainstorm when a PCA should wear gloves. Emphasize the purpose of preventing skin exposure to the consumer’s body fluids. Again, do not write on flip chart page. Review Handout 16: Hand Washing and Gloving (page 21 in the Learner’s Guide).

Remind learners that they should respect the consumer’s choice on how to clean and what to clean. The following information is offered to reinforce infection control strategies and increase their knowledge on cleaning and disinfecting. Review Handout 17: Cleaning Up Germs (page 22 in the Learner’s Guide) which focuses on infection control strategies that are part of routine cleaning tasks. Note the differences between cleaning and disinfecting and the dangers of mixing cleaning products.

Discuss how to handle and wash soiled clothing or sheets. It is important to emphasize here for infection control purposes. Review Handout 18: How to Wash Laundry for the Consumer (pages 23-24 in the Learner’s Guide).

Teaching Tip:

An online learning module is available on Effective Cleaning for Consumers with Asthma at <http://onlinetraining.umassmed.edu/cleaning/>.

NEVER MIX BLEACH and AMMONIA!
It makes a harmful gas that may be deadly if inhaled.

Distribute Handout 19: How to Safely Dispose of Sharps (page 25 in the Learner's Guide) and discuss.

Safely disposing of Sharps

- Used needles
- Razors
- Broken glass
- Other sharp objects

PCAs are at risk of injury and sickness from being stuck with a sharp object. Review the list of recommended ways to handle sharp objects.

- Remember sharp objects can tear through garbage bags. So, use a heavy plastic container with a closable cap or lid such as an empty peanut butter jar that has been cleaned and the label has been removed.
- Label the container with a permanent marker.
- Keep out of reach of children.
- Place the sharps container where the consumer can reach it *before* they use a razor or needle.
- Wear gloves.
- Cap the sharps container tightly; tape if necessary.
- Discard the container when it is half full.
- Use a dustpan and broom when picking up sharp objects; Do not pick up broken glass or sharps with your fingers.
- Place sharps container in (2) plastic bags.
- Check with your employer about where to put sharps containers for waste pick-up or disposal. (Different towns have different ways of handling this waste.)

Caution!

- **Never** put sharps anywhere except the sharps container.
- **Never** put sharps directly in a garbage bag.
- **Never** try to put a sharp in the sharps container after the container is more than half-way full.
- **Never** bend or break a needle.
- **Never** recap used needles.
- **Never** take used needles out of syringes.
- **Never** use a needle again.

Activity 3: Skills Demonstration and Practice

Play *Hand Washing* video (3:00 minutes) <https://www.youtube.com/watch?v=3ct8FUZtT4A> which demonstrates the skills discussed previously. Review Skills Checklist One - Hand Washing (page 26 in the Learner's Guide) after watching the video.

Play *Putting On/Taking Off Gloves* video (2:07 minutes) <https://www.youtube.com/watch?v=vmCvqLRZ-AQ> which demonstrates the skills discussed previously. Review Skills Checklist Two – Putting on and Taking off Gloves (page 27 in the Learner's Guide) after watching the video.

Triad Practice and Return Demonstration

Set up triads for practice. One person practices the skill, a second person reads the steps from the handout, and a third person observes the skill being performed.

Conclusion of Module 5: Overview of Infectious Disease

Handout 12: Infections, Germs, and the Infection Cycle

Infections happen when germs get into the body, increase in number and cause a disease or a physical condition.

Examples:

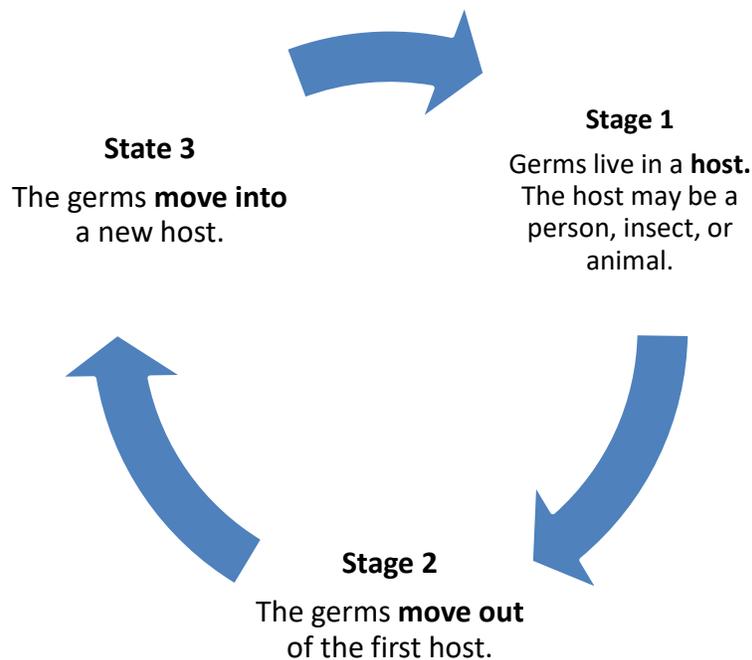
- Urinary tract infection (UTI)
- Infected wound on the skin
- Respiratory infection (the common cold)
- Stomach or intestinal infection

Germs are tiny living things found almost everywhere, inside and outside our bodies.

Types of germs include:

- Bacteria
- Fungi
- Parasites
- Viruses

The Cycle of Infection—Infection is spread in 3 stages:



Handout 13: Modes of Transmission: How Germs Spread

Germs use many routes to get from one host to another.

Examples:

- Air
 - Someone coughs or sneezes and others breathe in the germs.
- Animal and insect bites
 - Sometimes a dog, cat, mosquito, or tick can cause a person to become sick.
- Food or water
 - Some one eats contaminated food or drinks contaminated water and they become sick.
- Objects
 - Puncture wounds or breaks in the skin from contaminated broken glass, needles, or other sharp objects can enter the blood and cause internal infections.
- Body fluids
 - Blood
 - Mucus
 - Pus
 - Saliva
 - Stools
 - Urine
 - Vomit
 - Sperm
 - Vaginal discharge

Body fluids can infect another person through open cuts or sores, mouth, nose, eyes, vagina, or anus.

A “blood-borne pathogen” is any germ that can travel in blood.

Diseases caused by blood-borne pathogens include HIV (human immunodeficiency virus), hepatitis B, and hepatitis C.

Handout 14: Universal Precautions

People infected with a blood borne pathogen may not appear sick; sometimes they do not even know they are a carrier of a blood borne pathogen. Therefore, a direct care worker must follow the steps for infection control at all times.

Consumers, through their physician, have a monthly allotment of gloves, if they are needed. Please talk with your consumer about how to access gloves and other equipment, if needed.

Strategies for Controlling Infections:

- Wash your hands
- Avoid contact with body fluids
- Safely handle and dispose of sharp objects
- Use *personal protective equipment* as needed (and if it is available) when assisting with personal hygiene or household tasks such as handling soiled laundry and cleaning toilet areas

Personal Protective Equipment is clothing, gloves, goggles or glasses, and other equipment which protects the worker from potential exposure to chemicals or infectious agents such as blood borne pathogens.

To stop the spread of germs, follow these guidelines:

1. Cover your mouth when you cough or sneeze.
2. Take care of yourself when you're sick.
3. Keep your nails short.
4. Wash your hands.
5. Wear personal protective equipment, as needed.
6. Wear simple jewelry or no jewelry at all.

Handout 15: Susceptible People

Those who are more likely to get sick from germs include:

- Older adults
- Very young
- Sick
- Stressed
- Health care workers

General Signs of Infection

- Fever
- Redness around a cut or wound
- Swelling
- Area is warm to the touch
- Fluid
- Tired or fatigue
- Chills
- Pain
- Nausea or vomiting

Handout 16: Hand Washing and Gloving

Washing Your Hands

- When you enter the home and before you leave the home
 - Before and after providing personal care
 - Before you put gloves on and after you take the gloves off
 - Before and after you handle food
 - After you use the toilet
 - After you cough, sneeze, or blow your nose
 - When you smoke
- **If soap and water are not available, then use antiseptic gel or towelettes. But wash your hands with soap and water as soon as possible.**

Wearing Gloves

- In general, wear gloves any time you might touch body fluids
 - Warning: Latex allergies are life threatening. Do not use latex gloves when assisting someone with a latex allergy. Use non-latex synthetic gloves only
 - Also avoid bringing items like latex balloons into the house
 - The symptoms are dryness, itching, and burning of the skin after wearing gloves. In severe cases, a person may have trouble breathing after being exposed to latex. If that happens, **call 911 immediately.**
- **Use gloves only once. Do not wash and reuse disposable gloves. Check for tears in the gloves before using them**

Handout 17: Cleaning Up Germs

Use the right detergent and hot water to clean:

- Clothes
- Dishes
- Sheets and towels

Use bleach and water to clean:

- Bathroom and kitchen surfaces
- Spilled body fluids
- Toilets

Bleach and water solution:

Dishes, glassware, utensils 1/8 teaspoon liquid bleach 1 quart (4 cups) of water	Tables, chairs etc. 1/4 teaspoon liquid bleach 1 quart (4 cups) water
Sinks, toilets, commodes, pails 1/4 cup bleach liquid bleach 1 gallon (16 cups) water	Body Fluids: blood, vomit, urine, feces etc. 1 cup liquid bleach 10 cups water

- Be sure to label the container using a marker, or permanent marker
- Keep the solution and the bleach out of reach of children.
- Note: The bleach solution is good for only 24 hours. After that, you should make a fresh batch.

Handout 18: How to Wash Laundry for the Consumer

Handling Dirty Laundry Safely

- Dirty laundry may have body fluids on it. Use universal precautions and safe infection control strategies when washing laundry.
- Wear gloves and a smock or apron (if available).
- Put the laundry bag where you can reach it.
- Roll dirty items away from your body. Wrap the dirty areas inside the clean areas.
- **Never** shake out dirty laundry.
- Put dirty laundry right into the laundry bag. Do **not** put dirty laundry on the floor, on a chair, or on a counter.
- Take off your gloves. Wash your hands.

Washing white laundry:

- Put on gloves.
- Rinse any solid body waste off the laundry with cold water in a basin. Dispose of any waste materials.
- Soak the items in a bleach solution (1 cup bleach: 10 cups water) for at least 15 minutes.
- Wash the laundry in the washing machine with bleach and detergent. Follow the instructions on the bleach and detergent for the right amounts to use.
- Dry the laundry in the dryer. (Clear the dryer vent first.)

Washing colored laundry: DO NOT USE BLEACH

- Put on gloves.
- Rinse any solid body waste off the laundry with cold water in a basin. Dispose of any waste materials.
- Wash the laundry in the washing machine with laundry detergent, plus a household disinfectant, such as Lysol[®]. Follow the instructions on the disinfectant and detergent for the right amounts to use.
- Dry the laundry in the dryer. (Clear the dryer vent first.)

Washing laundry by hand:

- Use a basin, bathroom sink, or bathtub. **Never** use the kitchen sink.
- Put on rubber gloves.
- Wash the laundry in 1 ounce of disinfectant per gallon of water, plus detergent.
- Rinse the laundry well at least 3 times.
- Clean the basin, sink, or tub with the bleach and water solution.

Safe disposal of body waste -Always double-bag waste materials.

- Wear personal protective equipment when handling body waste.
- Line a waste bin or pail with 2 plastic bags. The inner bag is “dirty.” The outer bag is “clean.”
- Put the waste materials in the inner bag.
- Close the inner bag tightly.
- Take off your personal protective equipment and put them in the clean bag.
- Wash your hands.
- Close the clean bag and remove from the room.
- Throw the double-bagged waste materials away with other garbage; away from animals and children.

NEVER MIX BLEACH and AMMONIA!
It makes a harmful gas that may be deadly if inhaled.

Handout 19: How to Safely Dispose of Sharps

Safely disposing of Sharps

- Used needles
 - Razors
 - Broken glass
 - Other sharp objects
- PCAs are at risk of injury and sickness from being stuck with a sharp object. Review the list of recommended ways to handle sharp objects.
 - Remember sharp objects can tear through garbage bags. So, use a heavy plastic container with a closable cap or lid such as an empty peanut butter jar that has been cleaned and the label has been removed.
 - Label the container with a permanent marker.
 - Keep out of reach of children.
 - Place the sharps container where the consumer can reach it *before* they use a razor or needle.
 - Wear gloves.
 - Cap the sharps container tightly; tape if necessary.
 - Discard the container when it is half full.
 - Use a dustpan and broom when picking up sharp objects; Do not pick up broken glass or sharps with your fingers.
 - Place sharps container in (2) plastic bags.
 - Check with your employer about where to put sharps containers for waste pick-up or disposal. (Different towns have different ways of handling this waste.)

Caution!

- **Never** put sharps anywhere except the sharps container.
- **Never** put sharps directly in a garbage bag.
- **Never** try to put a sharp in the sharps container after the container is more than half-way full.
- **Never** bend or break a needle.
- **Never** recap used needles.
- **Never** take used needles out of syringes.
- **Never** use a needle again.

Skills Checklist One - Washing Your Hands

Get ready to wash your hands.
1. Get soap and paper towels before beginning; roll up sleeves.
2. Stand back from the sink so your clothes and hands do not touch the sink.
Wash your hands.
3. Get your hands wet. Point your fingertips down.
4. Put liquid soap on your hands and wrists.
5. Rub your hands, fingers, and wrists. Clean between your fingers.
6. Rinse your hands. Rub them under the water for at least 30 seconds. (That's about how long it takes to sing "Happy Birthday" two times.)
Dry your hands.
7. Let the water run off your hands. Do not shake water off your hands.
8. Dry your hands with a clean paper towel
9. Turn off the water with a clean paper towel.
10. Throw the paper towel in the garbage.

Skills Checklist Two - Putting On and Taking Off Gloves

Put on gloves.
1. Wash your hands.
2. Check the gloves for tears or holes. Do not use the gloves if you find any.
Take off gloves.
3. Use your gloved *right hand to hold the left glove, near the wrist. Do not touch bare skin.
4. Peel the left glove off from the wrist. It should now be inside out.
5. Ball up the left glove in your right hand. Leave it inside out.
6. Put two fingers of your left hand inside the right glove. Do not touch the outside of the glove with your bare hand.
7. Peel the right glove off from the wrist. It should now be inside out, over the left glove.
8. Throw away the gloves in the right place.
9. Wash your hands.

***For right handed individuals**

Welcome Back

Recommended time: 15-30 minutes

Goal:

Clarify areas of confusion for the learners from the previous day.

Objectives:

- Ask learners if they have questions from the modules
- Ask the learners to answer questions from the list below, or create questions relevant to the material that was covered on the previous day

Advanced preparation:

Review the list of Suggested Review Questions and consider adding to the list based on the material covered the previous day and any places where the learners had questions-OR plan to implement Activity 1 below.

Suggested Review Questions:

- What is a surrogate?
- What is a fiscal intermediary?
- What are examples of tasks that PCAs can do for consumers?
- Who is the boss of the PCA?
- Where do sharps go once they are used?
- Why is confidentiality important to consumers?
- How can you ensure that you will be on time for your consumer each day?

Activity 1: Small Group Activity

Ask learners to form four small groups, ask them to develop 1-2 questions and answers from the material that was covered during the classes' last meeting. Each group gets an opportunity to ask their question to the whole class. The objective is to see if each group can “stump” their classmates.

Module 6: Principles of Body Mechanics

Recommended time: 40 minutes

Goal:

Learners will be informed of the concepts and benefits of proper body mechanics and how those concepts will keep them healthy as they work.

Objectives:

- Define the term “body mechanics”
- List benefits of using good body mechanics for the PCA and the consumer
- Describe good posture
- Demonstrate the four principles of body mechanics
- List three other key guidelines to follow when lifting or moving objects or people

Materials/equipment needed:

- Flip chart, markers, and masking tape
- 10-pound objects
- Box or laundry basket for 10-pound object
- computer and LCD
- Handout 20: Body Mechanics: How to Protect Ourselves from Physical Injury
- Handout 21: Protecting Yourself from Injury
- Handout 22: Tips for Lifting and Moving to Help Reduce Injuries
- Skills Checklist Three – Body Mechanics

Advanced Preparation:

Prepare the following flip chart pages:

1. Keep a Wide Base of Support
2. Lift with Your Legs and Buttocks
3. Turn Your Whole Body
4. Get Close to What You’re Lifting

Teaching Tip:

Place ten-pound objects on the floor at the front of the room with a table close behind.

Suggestions: laundry basket with linen and bottle of detergent, shopping bag with potatoes or canned goods, or a box of cat litter.

Activity 1: Interactive Presentation

Define and explore the importance of body mechanics in home care. Note: PCAs often work alone without the support of additional staff to assist when lifting or transferring a consumer. Therefore, it is very important that s/he maintains proper body mechanics and uses any assistive devices available to them when transferring, repositioning, and lifting.

Play video on Proper Lifting <https://www.youtube.com/watch?v=l4D7hv7uul8> (1:52 minutes) then review Handouts 20 Body Mechanics: How to Protect Ourselves from Physical Injury and Handout 21: Protecting Yourself from Injury (pages 28-29 in the Learner’s Guide).

Activity 2: Demonstration

Rule 1: Wide Base of Support: To demonstrate this first rule, ask for two volunteers to assist you. Have one learner stand near you at the front of the room, with his or her feet together. Ask the other learner to stand beside the first volunteer, ready to catch the person if she or he falls. Ask the other learners: Do you think it will be easy or hard to push this person over with her (or his) feet so close together? After their responses, gently nudge the learner until he or she starts to sway. Both you and the other volunteer should be ready to catch the person if she or he does actually fall over!

Repeat the demonstration. This time have the volunteer place his or her feet shoulder’s width apart. Ask the other learners: Do you think it will be easy or hard to push her (or him) over with their feet so far apart? After their responses, gently nudge the first volunteer again, with the second volunteer still ready to catch him or her just in case. Keep nudging harder, until it becomes clear that you would have to use a lot of force to push the person over. If the volunteer starts to sway, ask him or her to put one foot slightly ahead of the other and bend his or her knees. Push again with the same force, and ask the other learners: Is this person more stable now or less?

Rule 2: Lift with your legs and buttocks: To demonstrate the 2nd rule, go to the ten-pound object that you placed on the floor before the beginning of the module. Demonstrate how to properly lift the object then ask: What would have happened if I had tried to lift the bag without my knees bent? What would have happened if I had not kept my back straight?

Rule 3: Turn your whole body: To demonstrate the 3rd rule, set the object on the floor again, with a table behind you. Stand beside the object, facing the learners, bend sideways, and prepare to lift the bag with one hand. Ask learners: Does this look okay? Can I do this without hurting myself? (Hopefully, learners will say, “No! Stop!”).

Teaching Tip:

The table and the object should be positioned so that, once you have lifted the object, you are close enough to the table to just turn and place the bag on it. This is for the next step, to demonstrate how NOT to turn the upper body, but rather to turn the whole body.

Continue the demonstration.

Holding the object, tell learners: I want to put this object on the table behind me. How should I do that? Listen to learners' instructions, but do not move until someone advises you to turn your whole body to face the table, and then set the object down. After you set the object down on the table, show the position of your body if you had turned your upper body in order to reach the table with the object. Point out the twisting of the spine.

Note that this can cause damage to your spine when you twist while carrying or holding a weight.

Rule 4: Get close to what you are lifting: Demonstrate by setting your object on the floor again, practicing all three previous rules of good body mechanics, but then stretching your arms out to grab the object. (Stretching, or reaching, makes you bend your back, violating the second rule!) Ask: Which body parts would be strained if a person tried to lift the object while reaching? (Answer: The back) Which body parts are used to lift that way? (Answer: The arms) How much strength will you have if you try to lift that object while reaching? (Not much!)

Emphasize the importance of safe lifting and summarize the fourth rule. Explain that while it might seem silly to reach for that heavy object, all of us, every day, try to lift something that is just beyond our reach. Sometimes it hurts and sometimes it doesn't. When working with consumers, PCAs have to be aware that, if they hurt themselves while assisting a consumer to change positions, the consumer also may get hurt (for example, by being dropped). Distribute and review Handout 22: Tips for Lifting and Moving (page 30 in the Learner's Guide).

Activity 3: Demonstrating Good Body Mechanics: Practice Triads

Set up triads for skills practice and give instructions. Learners will take turns within their triads, following the steps in Skills Checklist Three – Body Mechanics. Each learner will get 5 minutes to practice the four rules of Body Mechanics (plus good posture). The other two members of the triad can observe and coach the one who is practicing, while also practicing good posture.

Summarize. Remind learners that these skills of good body mechanics will be used in every situation where they are providing physical assistance to the consumer—to protect both the consumer and them from injury.

Conclusion of Module 6: Principles of Body Mechanics

Handout 20: Body Mechanics: How to Protect Ourselves from Physical Injury

Always use the strongest muscles to do the job.

When Injuries Happen

Almost half of all Massachusetts direct care worker injuries occur when lifting things or moving consumers. (MA Workforce and Labor Dev)

Why Injuries Happen

Transfers and assisting consumers add pressure forces to the workers spine.

Risk factors:

Lifting more than 35 pounds

Bending

Bending while lifting

Reaching and lifting

Twisting while lifting

Frequent lifting

Handout 21: Protecting Yourself from Injury

Practice proper body mechanics

Use good posture:

- Hold your head up.
- Keep your shoulders back and your chest high.
- Tighten your stomach muscles.
- Pull in your buttocks.



Rule 1: Keep a wide base of support

- Spread your feet apart to the width of your shoulders.
- Put one foot a little bit in front of the other.



Rule 2: Lift from your legs and buttocks.

- Bend your knees to reach down. Do not bend at the waist.
- Keep your back straight.
- Push up with your legs.



Rule 3: Turn your whole body.

- Bend your knees to reach down. Do not bend at the waist.
- Keep your back straight.
- Push up with your legs.

Rule 4: Get close to what you're lifting.

- Hold the thing at waist level. Work at waist level, if possible.
- Do not reach out when lifting.
- Use a ladder or step stool to reach or lift things above your head.



Images taken from Massachusetts ABCs for Direct Care Workers; skills video/Lifting

Handout 22: Tips for Lifting and Moving to Help Reduce Injuries

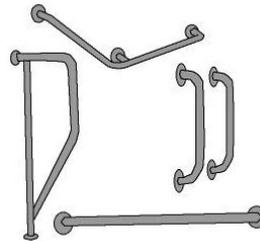
- Wear comfortable shoes that don't slip
- Wear a back belt, if available
- Use a cart to roll heavy objects
- Use a step stool or ladder for high objects out of reach
- Use assistive devices or equipment, if available
- Take your time and move objects in stages
- Ask for help



Gait Belt



Portable Lifting Equipment



Grab Bars



Rolling Cart



Lift Chair

Images from
OSHA.Gov

Skills Checklist Three - Body Mechanics

Use good posture.
<ul style="list-style-type: none">• Hold your head up.• Keep your shoulders back and your chest high.• Tighten your stomach muscles.• Pull in your buttocks.
Rule 1: Keep a wide base of support.
Spread your feet apart to the width of your shoulders.
Put one foot a little bit in front of the other.
Rule 2: Lift from your legs and buttocks.
Bend your knees to reach down. Do not bend at the waist.
Keep your back straight.
Push up with your legs.
Rule 3: Turn your whole body.
Move your feet and legs to face the thing you are lifting.
Do not turn at the waist.
Rule 4: Get close to what you're lifting.
Hold the thing at waist level. Work at waist level, if possible.
Do not reach out when lifting.
Use a ladder or step stool to reach or lift things above your head.

Module 7: Basics of Good Communication

Recommended time: 60 minutes

Goal:

Learners will acquire effective communication skills to establish strong relationships with consumer and co-workers and become aware of the important role of culture in good communication.

Objectives:

- Explain the importance of being clear, objective, and specific in verbal communication.
- Describe the nonverbal cues (body language) used in active listening.
- *Describe how paraphrasing improves communication.*

Materials/equipment needed:

- Flip chart, markers, and masking tape
- Materials for Activity 1: Verbal Communication- Equipment: pen, paper, several simple line-drawn pictures, e.g., a kite, a house, a face
- Handout 23: Communication
- Handout 24: Body Language and Active Listening
- Handout 25: Paraphrasing: Saying it in Your Own Words
- Handout 26: Pull-Back Strategies

Advanced Preparation:

- Gather the materials for verbal communication activity suggestions: paper folding activity
- Prepare a flip chart page for “Communication”
- Select a volunteer for the “Body Language” role play. Prepare the person in advance by describing the purpose of the activity and his or her role. Ask the person to think about something important that recently happened to him or her that can be shared with the group. This works best if the volunteer shares something that is current and important, but they should also be comfortable sharing this story with the whole group
- Prepare a flip chart page for “Listening Well”
- Select a volunteer for the “Paraphrasing” role play. Ask the person to think about a problem that he or she recently resolved that can be shared with the group. Explain that you will keep interrupting to paraphrase, and that he or she should let you know if you have correctly understood the meaning of what was said.
- Prepare a flip chart page for “Paraphrasing”
- Select a volunteer to read for one of the characters in the “Pulling Back” scripts in Activity 4

Activity 1: Verbal Communication

Explain that people communicate both verbally—with words—and nonverbally—with body language. Distribute and review Handout 23: Communication (page 32 in the Learner’s Guide). Discuss with the group the importance of having effective communication skills in long-term support services.

Introduce the topic of verbal communication. Explain that effective verbal communication is a necessary skill in long-term support services. However, few of us learn how to develop effective verbal communication skills. In this activity, learners will explore challenges to verbal communication by working in pairs to draw a picture.

Divide participants into pairs. Conduct the following activity⁶:

Give one member of the pair a picture which must not be shown to their partner. The person with the picture must give instructions to their partner so that they can draw it, but must not say what it is, e.g., ‘draw a circle, draw two more circles inside the circle about half way up’. Compare the drawing with the original. Hand out more pictures and ask participants to swap roles. This should illustrate how hard it is to give clear instructions as well as how hard it is to listen, and can also show how things are easily misunderstood and misinterpreted.

Discuss the purpose of this activity and what was learned. Suggested questions and desired responses are listed here:

Ask: Has anyone been in a situation like this in which people misunderstood each other during what seemed like a simple act of communication? Can you share an example?

Ask: What is the goal of this exercise and of communication in general?

Answer: To be understood.

Ask: When did the task become easier?

Answer: When the person who was listening and person giving the instruction understood each other.

Activity 2: Body Language

Distribute and review Handout 24: Body Language and Active Listening (page 33 in the Learner’s Guide). Ask learners to list reasons why it is important to have effective nonverbal communication skills in long-term support services.

Teaching Tip:

In this first role play, exaggerate poor listening skills by avoiding eye contact, fidgeting, playing with your papers, or checking your cell phone. In this case, one of your non-listening cues can be watching the time so that you can stop the role play after two minutes.

⁶ Activity taken from http://www.diversityanddialogue.org.uk/files/communication_activities_0.pdf

Demonstration Role Plays and Large-Group Discussion

Set up the first role play (listening and body language). Explain that this activity will help learners to explore the role of nonverbal listening cues in communication, beginning with a demonstration role play. Ask the volunteer (see Advance Preparation) to come forward. Explain that you are going to demonstrate listening while this person tells you about something important that recently happened to him or her. Ask learners to observe what “the listener” is communicating to the speaker and how that is being communicated.

Conduct the role play for 2 minutes. As the speaker tells his or her story, the “listener” (the instructor) should act increasingly distracted, demonstrating poor nonverbal listening skills.

Teaching Tip:

One of the challenges of being the only instructor is making it clear to the learners (and to yourself!) when you are acting as a role player and when you are being the instructor. You may need a few cues or moments of transition between those roles. Some suggestions for transitioning include:

- Stand in different places when you’re facilitating a discussion and when you’re in a role play.
- Use a prop—such as a hat, scarf, or sweater—to indicate when you’re in the role play.
- Make a comment to the group about the transition—e.g., “Okay, the role play is over. Let’s discuss what you observed.”

Activity 3: Paraphrasing

Teaching Tip:

Don’t use the word “paraphrasing” in these initial steps. The idea is to show learners that paraphrasing is something they may already routinely do in a conversation. If the word is new to learners, they may feel intimidated by it and not realize this is something they already do.

Prepare for the role play. Ask the volunteer to come forward (see Advance Preparation). Explain that you and the volunteer are going to have a conversation about a problem the volunteer recently resolved. Ask learners to observe what happens in the conversation.

Teaching Tip:

You should intentionally paraphrase incorrectly one time, to demonstrate how paraphrasing can help to clear up confusion.

Conduct the role play conversation.

Ask the volunteer to begin talking about the problem they resolved. After 30 seconds or so, stop the volunteer (the speaker) and repeat back in your own words what you heard the speaker say. The speaker should say whether they understood correctly, and then either clarify or continue the story. Repeat this sequence two or three times. End the demonstration after about 3 minutes. Invite learners to share their observations.

Ask learners:

What did I do after listening to parts of the speaker's story?

What did the speaker do when I did not get the story exactly right?

What effect do you think this repeating and clarifying had on the conversation?

After demonstrating with the role play, ask learners to form pairs. Instruct them to take turns. One person should share a brief statement about what they enjoy doing during their day off. The other person should listen and then repeat back to them, "what I heard you say is what you enjoy doing on your day off is...."

Teaching Tip:

If learners are struggling with the concept, continue this activity in the large group.

Conduct a large group discussion. When the pairs have finished working, ask them to share their experience with listening and then repeating back what they heard.

Have learners practice paraphrasing. Explain that learners will now try paraphrasing in a work situation. Write the following statements on the flip chart:

- "I'm so tired today."
- "I didn't get along well with the worker before you. I hope you'll be better."
- "The last person who took care of me was so sweet. I don't think you'll be as nice as she was."

Read the first consumer's statement and ask for volunteers to try paraphrasing.

Teaching Tip:

If a learner does not accurately paraphrase what you said, give feedback and encourage him or her to try again. If he or she seems really stuck, ask if another learner can help out.

Ask learners:

How did it feel to paraphrase?

Did specific aspects of the task felt hard? If so, which ones?

How do you think paraphrasing could improve communication between PCA/PCHMs and consumers?

Review and discuss Handout 25: Paraphrasing: Saying it in your Own Words (page 34 in the Learner's Guide).

Activity 4: Pulling Back

Introduce the group to the concept of pull-back strategies.

Acknowledge the difficulty of staying calm and thinking clearly when under stress. Reiterate that pulling back is not about changing another person— it's about changing our own reaction to and judgments about the person, so that we can listen fully and have a more positive outcome. Note that everyone uses one or more strategies to pull back in stressful situations. The goal of this activity is for participants to become aware of their own pull-back strategies, strengthen them, and learn new ones.

Ask your volunteer to read the role of either Jill or Miguel in the first role play, Scripted Role Play-Not Pulling Back found on page 80.

Scripted Role Play—*Not Pulling Back*

Setting [read aloud before starting the role play]: The consumer, Miguel, is getting ready to go to adult day care. Today, a van will pick him up at his apartment building. Jill, the PCA, is helping Miguel to get ready. She needs to leave soon to get to her next consumer.

Jill: There, Miguel, you're finally ready to go to adult day. I had to arrange for a van to pick you up today because I have a new consumer I need to help after you and I have a lot to do. If we don't hurry you might miss the van ride. Did you make up your mind about what shoes to wear?

Miguel: You know - I really don't want to wear the black shoes. They don't match my pants. Get me my brown shoes.

Jill (frustrated): Miguel! We don't have time to change your shoes **AGAIN!** The van is here and it will leave in two minutes and it's going to take too long to help you put on another pair of shoes. Please, come with me—we'll walk to the van together.

Miguel: I don't need you to walk with me! I can walk to the van myself if you'd just stop wasting time and help me get my brown shoes on!

Jill: (very frustrated tone—without raising voice) Miguel, we just took almost 20 minutes getting you ready to go and I don't have any more time to help you. I'm supposed to leave now so that I can get to my next job; I can't stay late today.

Miguel: You aides are all alike—always racing off to take care of your other “consumers” when you haven't finished helping me! All you care about is pushing and shoving me around to get your job done fast. And I thought you were supposed to pay attention to my needs!

Jill (almost shouting): Miguel! These are my regular hours that you agreed to. And I wouldn't have to rush off all the time if I wasn't staying late to help you! So, you have a choice—we can either go to the van right now—or you just have to give up going to adult day today. But I have to leave.

End

Now ask another volunteer to read the role of Jill or Miguel in the next role play, *Scripted Role Play-Pulling Back*, which offers another view of how the scenario can play out.

Scripted Role Play—Pulling Back

Setting [same as the first]: The consumer, Miguel, is getting ready to go to adult day care. A van will pick him up at his apartment building. Jill, the PCA, is helping Miguel to get ready. She needs to leave soon to get to her next consumer.

Jill: There, Miguel, you're finally ready to go to adult day. I thought you might miss the van ride because it took so long for you to make up your mind about what to wear! And now it's time for me to leave, too.

Miguel: You know, I really don't want to wear these shoes. They don't match my pants. Get me my brown shoes—like I told you in the first place.

Jill (taking a deep breath and closing her eyes for a moment): Miguel, I'm sorry, but there's no time for you to put on another pair of shoes. The van is here, and it is not going to wait much longer for you. It has to leave on schedule.

Miguel: Well, you're supposed to be helping me get ready to go. And I don't want to wear these shoes.

Jill (looking down and away quickly before responding calmly): Miguel, I do want to help you. But the van's leaving in two minutes, and I know how much you've been looking forward to going to adult day today. There's just not enough time for you put on another pair of shoes.

Miguel: You aides are all alike! Always racing off to take care of your other "consumers" when you haven't finished helping me! All you care about is pushing and shoving me around to get your job done fast. And I thought you're supposed to pay attention to my needs!!

Jill (visibly pausing and taking another deep breath, then speaking softly): Miguel, I think I told you already that the van can't wait much longer, and I have to leave now, too. I'm sorry about that. But I'd like to give you a choice. If you stay here to change your shoes, you'll miss the van. But if you start walking to the van now, I'll grab your brown shoes and put them in a bag and bring them to the van—I'll run. Then you can change your shoes at adult day.

Miguel: Well, that's nice of you. I guess I'd better get going. I'll ask the driver to wait for you, if he can.

Jill: Thanks, Miguel, I knew you'd understand. Now, off you go, and I'll catch up with you before the van leaves.

End

Review how you would use the Pull Back Strategies from Handout 26: Pull-Back Strategies (page 35 in the Learner's Guide) with consumers.

Conclusion of Module 7: Basics of Good Communication

Handout 23: Communication

Communication is the activity of sharing information.

It requires:

- A sender
- A message
- A receiver

The communication process is complete when the receiver understands the sender's message.

The "information" exchanged through communication can be:

- Facts
- Feelings
- Ideas
- Opinions

People communicate both verbally (with words) and nonverbally (with body language).



Why is communication important in long-term support services?

Communicating facts accurately is important for providing quality care.

Communicating feelings accurately is important for building strong relationships with consumers, family members, and other workers.

Handout 24: Body Language and Active Listening

“Body language” means the way we communicate without actually speaking. It’s what we “say” by the way we move when we are speaking or listening. It includes facial expressions, tone of voice, eye contact, hand gestures, and the way you stand or sit when someone is talking to you. Between 80 - 90% of communication is nonverbal.

Tips for positive body language when working with consumers:

- Smile
- Look the consumer in the eye (unless it’s not accepted in their culture)
- Position yourself at eye level with the consumer
- Use a friendly tone of voice
- Touch people gently

Body language is important for active listening. Here are some of the ways we show whether we are listening—or not—with our body language.

Poor listening

- Looking at a clock, watch, or cell phone while someone is talking
- Answering your cell phone or making a call
- Whistling, humming
- Writing, sketching, doodling
- Fidgeting, yawning, stretching
- Looking away

Active listening

- Looking at the person who is talking (except in cultures where eye contact is a sign of disrespect)
- Turning your cell phone off if it rings while the other person is talking
- Sitting still or leaning forward, towards the person who is talking
- Nodding, smiling (if appropriate)

Handout 25: Paraphrasing: Saying It in Your Own Words

Part of being a good listener is **paraphrasing**. This means saying in your own words what you heard someone say, or express (without words).

The purposes of paraphrasing:

- To confirm or clarify what the other person means
- To show that you have heard the other person

How paraphrasing helps improve communication with consumers:

- It shows you are listening.
- It helps avoid confusion.
- It helps keep you focused on the consumer.
- It helps you remember better what the consumer said.
- It helps you cool down when you feel angry.

Here are some ways to start a paraphrase:

“Did I hear you say ...”

“So, what you’re saying is ...”

“Am I hearing you right that ...”

“Are you saying that ...”

“I believe that you are saying ...”

Handout 26: Pull-Back Strategies

Pull-back strategies in the moment

- Take a deep breath
- Silently count to five
- Silently say a personal affirmation such as “I have the strength to deal with what’s happening here”

Strategies to prepare for a stressful situation

- Talk to someone else about the situation (protecting confidentiality)
- Listen to soothing music
- Rehearse what you plan to say
- Plan a time to talk when there won’t be any interruptions or distractions
- Imagine yourself staying calm and collected during the situation

What is your usual pull-back strategy? Write at least one method you use *in the moment* and one to use to help you *prepare for* stressful situations.

Module 8: Specific Consumer Needs

Recommended time: 100 minutes

Goal:

Participants will be introduced to specific needs of some consumers.

Objectives:

- Review the goals for PCAs to support consumers.
- Assess their beliefs and attitudes about aging and disabilities
- List elements of the normal aging process
- List causes and names of common illnesses and disabilities

Materials/equipment needed:

- Flip chart, markers, and masking tape
- 16-20 index cards
- Handout 2: Consumer Profiles
- Handout 27: Beliefs and Attitudes about Aging and Disabilities

Advanced Preparation:

Activity 1: Prepare four sets of index cards that include the following terms, as follows,

Set 1 - “independence”, “frailty”, “strategies”, “opinions”

Set 2 - “dignity and respect”, “bathroom and kitchen”, “children and animals”, “fitness and weight”

Set 3 - “boss”, “patient”, “surrogate”, “MassHealth recipient”

Set 4 - “choice and control”, “pride and prejudice”, “food choices and cleaning preferences”, “independent living and right to fail”

Prepare the following statements on a flip chart:

1. Promote the consumers _____.
2. Maintain the consumer’s _____ and _____.
3. Recognize that the consumer is the _____.
4. Honor their _____ and _____.

Activity 4: Prepare a flip chart for each of the following headings:

1. Brain Injuries
2. Developmental Disabilities
3. Alzheimer’s Disease
4. Sensory Disabilities
5. Physical Disabilities
6. Chronic Illnesses

7. Mental Illnesses

Activity 1: Fill in the blank regarding the key goals for PCAs to support all consumers

Divide the class into four groups. Give one set of cards to each group and ask them to review the index cards and determine which term to use to fill in the blank. After the groups have had time to review the terms and select the correct one, as a large group, discuss the following goals of the MassHealth PCA program.

1. Promote the consumers independence.
2. Maintain the consumer's dignity and respect.
3. Recognize that the consumer is the boss.
4. Honor their choice and control.

Activity 2: Beliefs and Attitudes about Aging and Disabilities

Ask the learners to individually complete Handout 27: Beliefs and Attitudes about Aging and Disabilities (page 36 in the Learner's Guide). Ask the learners to place the handout to the side and let them know that it will be reviewed at the end of the module. (The correct answers are on the last pages of this module.)

Activity 3: Working with Consumers who are Elderly

As a large group, ask the learners what occurs as a natural part of aging. After the learners shout out their answers, review the following information:

Overall, elders today are healthy and active. Aging is a normal, gradual process that is physical and mental rather than a matter of increasing in years. How people age is influenced by inherited factors, life experiences, stress, and disease. Note that part of their role in assisting older consumers is to help them manage the changes of aging, in order to allow them to continue living their normal lives.

Sensory changes

- We cannot smell things as well as when we were younger
- We cannot taste as well
- We cannot feel as much with our skin
- We cannot see as well - It takes our eyes longer to adjust to changes in light, and it's harder to see at night
- We cannot hear as well, or we may have trouble hearing high sounds

Physical changes

- Our nails get thicker and tougher
- Our body gets shorter
- Our eyes sink in more
- Our skin: Bruises easily, develops age spots and wrinkles, and looks clear, pale, and thin
- Our hair: Becomes thinner and turns gray
- Our weight changes:
- Men often gain weight until age 50, and then lose it

- Women often gain weight until age 70, and then lose it
- The heart does not work as well, we get tired faster
- It takes us longer to: heal or get better after being sick, react to things, think
- We have more trouble digesting food, keeping our balance, and sleeping
- Our bones get weaker, they break more easily
- Our muscles get weaker, including the muscles that control our bladder and bowels

Teaching Tip:

We have been talking about aging and there are a large number of consumers that are older adults. It is important to note that **people do not qualify for PCAs just because of their age;** they must also have specific needs, some of which are described in the next activity.

Activity 4: Specific Disability Categories

Share this information with the learners-Emphasize the importance of terminology. Note that you have been talking about “people with disabilities,” rather than calling them “handicapped” or “disabled”. Ask learners: What does the word “handicapped” mean to you?

After a few responses, note that many people with disabilities dislike the use of this word. This is partly because, in the past, people who were called “handicapped” were treated badly and not allowed to do many normal activities that they were actually capable of doing. Many people associate the word “handicapped” with people whose only means of support was from begging for food and money.

Explain that people with disabilities can lead active lives. Summarize by noting the importance of looking at what a person with a disability can do (i.e., his or her ability), rather than what he or she cannot do. Many consumers with disabilities are able to maintain a home, raise a family, hold a job, be active in their community, and pursue personal goals and dreams.

Provide each pair with a flip chart paper and marker. Divide the class into the same pairs or small groups that they were in for the “Consumer Profile” activity in Module 2. Ask them to refer to their profile in Handout 2 as they complete this activity.

Ask the group reporting on Alzheimer’s disease to list their answers to the following questions on their flip chart:

<p><u>Alzheimer’s disease</u></p> <p>What causes Alzheimer’s disease?</p> <p>What are the signs and symptoms?</p>

Ask the groups reporting on the other six categories to answer the following questions on their flip chart:

Disability Category
How/why does the disability in that category occur?
What are some names/types of disabilities or illnesses in that category?

Some of the types of consumers who need assistance:

1. Working with consumers who have brain injuries
2. Working with consumers with a developmental disability
3. Working with consumers with Alzheimer’s disease
4. Working with consumers with sensory disabilities
5. Working with consumers with physical disabilities
6. Working with consumers with chronic illnesses
7. Working with consumers with mental illnesses

After 10 minutes, ask the groups to stop their work. The instructor will then call on the first pair/group to share the answers from their flip chart about “Working with consumers with brain injuries”. After they are done, the instructor will review the information related to “brain injuries” from below and ask for questions/comments from large group. The class will proceed in this way until all seven groups have had a chance to report back to the large group.

Teaching Tip:

Be sure to let learners know that many disabilities may share some of the same symptoms, and they should not make assumptions based on their limited knowledge.

1. Working with consumers with Brain Injuries

Explain the importance of the personal and behavioral changes that may occur from a brain injury. For example, it’s not uncommon for a formerly soft-spoken woman or man to begin cursing and behaving erratically after having a stroke. A brain injury causes a disruption or change in the circuits that effect mood, emotions, thoughts, actions, and behaviors.

How brain injury occurs:

1. An inside force within the brain.
2. An outside force, for instance: accident, fall, or electrical shock

Types/Names of brain injuries:

- Stroke
- Tumors
- Loss of oxygen to the brain
- Motor vehicle accident

Additional information to share, if time permits

Common personal and behavioral changes associated with brain/head injury:

- Seizures/Convulsions – an interruption in brain activity
- Sequencing Problems – difficulties planning, organizing, completing tasks, and/or solving problems
- Repeating same actions and/or comments over and over without awareness
- Problems with concentration, distracted, lose focus easily
- Sudden changes in personality and behavior – from agitation or aggression to withdrawal
- May not relate well to others
- Poor hand eye coordination
- Decreased vision - poor depth perception or inaccurate vision

2. Working with consumers with Developmental Disabilities

Introduce the term “developmental disabilities.” Ask if participants have heard of this kind of disability and what they know about it.

Generally, developmental disabilities happen before or at birth and continue for the consumer’s entire lifetime. There is no cure for developmental disabilities. Children with developmental disabilities can learn new things; it just may take them longer.

Developmental disabilities are a group of conditions due to a loss in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person’s lifetime.

How developmental disabilities occur:

1. Brain injury or infection—before, during, or after birth
2. Abnormal genes or chromosomes
3. Premature birth
4. Poor diet and health care
5. Prenatal smoking, drug, alcohol use during pregnancy
6. Child abuse

Types/names of developmental disabilities:

- Cerebral palsy
- Autism
- Down syndrome
- Fragile X syndrome
- Fetal alcohol syndrome
- Intellectual disability (replaces the term, mental retardation)

3. Working with consumers with Alzheimer's disease

Cause of Alzheimer's disease:

Alzheimer's disease happens when brain cells slowly die.

Signs and symptoms:

Signs of Alzheimer's disease vary from person to person and from day to day. The changes start slowly and keep getting worse. The signs of disease are often worse at the end of the day than in the morning.

A consumer may:

- Act like a different person
- Be confused about time and place
- Forget how to do daily tasks
- Lose their memory
- Swing quickly from one mood to another
- Wander

A consumer may have trouble:

- Finding the right words
- Finishing a sentence
- Keeping their train of thought
- Making choices
- Thinking

Over time, people with Alzheimer's have more and more trouble thinking. Some people with Alzheimer's disease experience changes in their personality. There is no cure for Alzheimer's disease. Alzheimer's disease is NOT normal aging! Alzheimer's disease affects:

- 1% of people aged 65–75
- 10% of people aged 75–85
- 30–40% of people over the age of 85

Strategies for supporting a consumer who is confused or upset

The stage of Alzheimer's disease may determine the best approach to take. In early stages, it may be possible to redirect their attention to minimize confusion or to reorient them to the current situation. For individuals in advanced stages of the disease, it may be beneficial for the PCA to simply interact with the consumer in a way that does not cause them to become anxious and upset. In any case, always consult with the family or surrogate as to the best approach to relate to the consumer.

4. Working with Consumers with Sensory Disabilities

Most people are not aware of how much we depend on our senses (sight, hearing, touch, smell, taste) unless, for some reason they lose them. Ask the learners to think about which sense is most important to them and how they would feel if they lost that ability. Ask them to think about how their senses help them learn and function in the world.

Signs of a sensory disability:

- You cannot usually tell if someone has a disability by looking at them
- Sometimes you can tell if they have a sensory disability after you meet them and communicate with them
- Some people may have certain equipment to help them cope with their sensory disability
- Some people may have multiple disabilities that include sensory disabilities. For instance, some people may be both deaf and blind. Some people with developmental or physical disabilities may also have a sensory disability.

How a sensory disability can occur:

1. at birth
2. due to genetics
3. as the result of an illness
4. as the result of a traumatic injury
5. Medication or medical treatments can cause temporary or permanent sensory loss

Types/names of sensory disabilities:

- blindness or low vision
- deafness or hard of hearing
- loss of sensation of heat or cold (touch)
- loss of taste/smell

5. Working with Consumers with Physical Disabilities

The majority of younger consumers need long-term support services due to some kind of physical disability.

Characteristics of Physical disabilities:

- A body part or body system does not function
- It may be difficult to do daily activities
- May last only for a while or it may last a lifetime

How a physical disability occurs:

1. Some people are born with a physical disability
2. Some people become physically disabled when they get hurt
3. Some people may develop a physical disability as s/he ages
4. Some people may develop a physical disability as a result of an infection

Types/names of physical disabilities:

- Muscular dystrophy
- Multiple sclerosis
- Spinal cord injury
- Cerebral palsy
- Parkinson’s disease
- Loss of limbs

6. Working with Consumers with Chronic Illness

It is important for learners to know that having a disability does NOT mean that a consumer is sick. However, many people, including people with disabilities, may also have chronic illness. Chronic illnesses are ones that are expected to last at least 3 months; some may be permanent, life-long conditions.

How a chronic illness occurs:

1. environmental
2. lifestyle
3. infections
4. heredity

Types/names of chronic illnesses:

- Alzheimer’s disease
- asthma
- diabetes
- heart disease
- HIV/AIDS
- allergies
- cancer
- eating disorders
- Cystic Fibrosis

It is common for people with chronic illnesses to also suffer from depression, a form of mental illness. PCAs should be aware of this.

7. Working with Consumers with Mental Illness

Explain that in order for participants to understand mental illness, it helps to understand what we mean by “mental health.” Explain that although there are many definitions for mental health, most include four elements.

1. Being emotionally stable
2. Being able to get along with others
3. Being able to work
4. Being able to cope with life’s challenges

Mental illness can be thought of as a condition or illness that prevents a person from being successful in one or more of those mental health areas. Mental Illness may affect how a person thinks, acts, feels and/or perceives (understanding of information, situations, or experiences).

How mental illness might occur:

1. Chemical imbalance in the brain
2. Heredity
3. Accident, head injury

4. Emotional trauma
5. Drug or alcohol abuse
6. Isolation from other people for a long time
7. Other illnesses

Types/names of mental illness:

- Anxiety disorders (Post-traumatic stress disorder and Obsessive-compulsive disorder)
- Mood disorders (Depression and Bipolar disorder)
- Psychotic disorders (Schizophrenia)
- Addiction disorders
- Personality disorders
- Eating disorders

Explain that most mental illnesses are responsive to treatment. The most common forms of treatment are medications and psychotherapy. If a PCA is working with a consumer who has a mental illness, they may be oriented by their surrogate on what to do to assist that consumer. Otherwise, they should always be paying attention to changes in their consumers' physical condition and social behaviors, and reporting signs of change that could indicate either physical or mental illness.

Activity 2: continued...After completing Activity 4, ask the learners to take out the quiz (Handout 27: Beliefs and Attitudes about Aging and Disabilities, page 36 in the Learner's Guide) that they completed earlier in this module. Give the learners two minutes to change any answers they want, and then review the quiz as a large group.

Answers to questions for Handout 27: Beliefs and Attitudes about Aging and Disabilities

1. Sex and intimacy are not important for elders. **False**

The need for a warm and caring relationship, with physical affection that may include sex, stays with us all our lives, and may even get stronger for some of us as we age. Elders are capable of having sex and experiencing sexual pleasure, though the frequency of sex may decrease.

2. Children with developmental disabilities can learn new things. **True**

Developmental disabilities do not prevent people from learning new things. Children may be delayed in their learning and they may need more time than others to learn something.

3. Even healthy elders should avoid getting exercise in order to save energy. **False**

Light or moderate exercise is important to maintaining health throughout our lives. Resting during activities may be helpful to keep up energy, or going at a slower pace, but activity itself is good.

4. People with physical disabilities also have developmental disabilities. **True and False**

Although some people with physical disabilities also have developmental disabilities, many do not.

5. Older adults don't care anymore about looking good. **False**

Concern about how we look does not change as we get older.

6. People with mental illness cannot work at a job. **False**
People with mental illness can work at a job, depending on how severe their illness is. Also, they may be able to take a less stressful job.
7. Most elders are sick and in nursing homes. **False**
In 2006, only 4.3 percent of elders were living in nursing homes or other institutions.
8. It is better for people with developmental disabilities to live in institutions. **False**
It is best for people with developmental disabilities to be able to make their own choices, and to live as independently as possible. PCAs and HCAs can assist people with developmental disabilities to live independently in their communities.
9. People usually get shorter as they get older. **True**
Many people do get shorter as they age, because the spine very gradually gets shorter.
10. Older people have trouble hearing, seeing, and keeping their balance. **True and False**
Problems with hearing and vision are common for elders. However, losing one's balance is a sign of illness and should be recorded and reported.
11. People with mental illness can never get well. **True and False**
It depends on the illness and how severe it is. However, with treatment, many people with mental illness can get well.
12. Losing control over the bowel or bladder is a normal part of aging. **False**
Problems with bowel or bladder control may happen but are not considered normal and should be recorded and reported.
13. People with physical disabilities will have children who also have physical disabilities. **True and False**
People with physical disabilities may have children without physical disabilities. Some physical disabilities, however, are caused by genetic illnesses that may be passed on from parent to child. <http://ghr.nlm.nih.gov/condition/duchenne-and-becker-muscular-dystrophy>
14. Alzheimer's disease is part of normal aging. **False**
Alzheimer's disease is not a normal part of aging. It is a disease that currently has no cure.
15. If your PCA consumer tells you something confidential it is always OK to report that to his/her parents. **False**
Unless the parent is also the guardian of the PCA consumer, the PCA has no right to share confidential information without the consumer's permission.
16. PCAs are members of a union and can strike if they do not like their working conditions. **False**
Unlike many other unions, members of the PCA union are not allowed to strike,
17. Children can't have multiple disabilities. **False**

It is possible for people of any age, including children, to have more than 1 disability or chronic illness.

18. It is common for older people to have trouble with their sense of smell. **True**

The senses of smell and taste may both be reduced as people age.

19. You should treat people with disabilities at their chronological age, even if they act younger. **True**

It is disrespectful to treat someone as younger than they really are.

20. Sudden changes in personality and behavior may be a sign of a brain injury. **True**

Changes in personality and behavior are common and depend on how serious the brain injury is and what part(s) of the brain are injured.

Conclusion of Module 8: Specific Consumer Needs

Handout 27: Beliefs and Attitudes about Aging and Disabilities

Respond True (T) or False (F) to the following statements:

- 1) _____ Sex and intimacy are not important for elders.
- 2) _____ Children with developmental disabilities can learn new things.
- 3) _____ Even healthy elders should avoid getting exercise in order to save energy.
- 4) _____ People with physical disabilities also have developmental disabilities.
- 5) _____ Older adults don't care anymore about looking good.
- 6) _____ People with mental illness cannot work at a job.
- 7) _____ Most elders are sick and in nursing homes.
- 8) _____ It is better for people with developmental disabilities to live in institutions.
- 9) _____ People usually get shorter as they get older.
- 10) _____ Older people have trouble hearing, seeing, and keeping their balance.
- 11) _____ People with mental illness can never get well.
- 12) _____ Losing control over the bowel or bladder is a normal part of aging.
- 13) _____ People with physical disabilities will have children who also have physical disabilities.
- 14) _____ Alzheimer's disease is part of normal aging.
- 15) _____ If your PCA consumer tells you something confidential it is always OK to report that to his/her parents.
- 16) _____ PCAs are members of a union and can strike if they do not like their working conditions.
- 17) _____ All children develop in typical ways.
- 18) _____ It is common for older people to have trouble with their sense of smell.
- 19) _____ You should treat people with disabilities as their chronological age, even if they act younger.
- 20) _____ Sudden changes in personality and behavior may be a sign of a brain injury.

Module 9: Life Skills

Recommended time: 30 minutes

Goal:

Learners will increase their ability to manage their lives in ways that make their work more effective and less stressful.

Objectives:

- Explain how to better manage their time and responsibilities
- Demonstrate awareness of issues that cause stress
- Demonstrate three ways to reduce stress
- Demonstrate how to recognize and manage conflict at work

Materials/Equipment Needed:

- Flip chart, markers, and tape
- Paper and pencils
- Handout 28: Prioritizing: Putting Tasks in Order
- Handout 29: PCAs' Tips for Dealing with Stress

Advanced Preparation:

For Activity 3: Reducing and Resolving Conflict at Work

- Prepare the following flip chart pages:
 - “What Does Conflict Mean to You?”
 - “Conflict at Work”
 - “Steps to Reduce and Resolve Conflict”

Activity 1: Managing Time & Responsibilities

Define “time management.” Ask learners: What does time management mean to you?

After a few responses, explain that “time management” means figuring out what to do and when, so that things get done when they need to be done. Not getting some tasks done on time can put the consumer at risk.

Define “prioritizing.” Ask learners: What does “prioritizing” mean to you?

After a few responses, explain that “prioritizing” means making sure that you do the most important tasks first.

Invite learners to share their knowledge and experience.

Ask: How do you prioritize tasks in your own life? Note that for long-term support services, the key is figuring out which tasks are most important.

Ask: *What tasks do you think would be most important when assisting a consumer?*

[Desired response: Those that affect the consumer’s safety and health.]

Explain that PCAs have important tools for setting priorities-the consumer’s direction. In consumer-directed settings, *what* needs to be done and *when* are almost always directed by the consumer. Regardless of the setting, talking with the consumer about his or her priorities will also help the PCA plan their work.

Small-Group Work

Ask the learners to form 2 groups. Distribute Handout 28: Prioritizing: Putting Tasks in Order (page 37 in the Learner’s Guide).

Within the handout there are two assignments. Group 1 works on Assignment 1; Group 2 works on Assignment 2.

Small-Group Reports

Ask each group to present its list of tasks and reasons for their choices. Facilitate a brief discussion.

Large-Group Discussion

Explain that besides prioritizing, another important tool for time management is being organized. Discuss how being organized can help them to manage time better. Ask for examples of how this could apply to their consumer scenarios.

Activity 2: Managing Stress

One common result of NOT managing time and responsibilities well is stress. Explain that, before discussing things that cause stress, the group will consider the opposite—things they do that make them feel good and energized.

Meditative imagery exercise: Ask learners to close their eyes and picture themselves in a serene place and feeling really relaxed, quiet, and peaceful. Perhaps they hear birds chirping and the sun is warm, maybe some hear the ocean or a rippling lake. Do they hear soft music, smell fragrant flowers...?

Keeping their eyes closed, ask the learners to imagine a time when they were feeling really good and energized about life.

After a few moments, ask learners to open their eyes and jot down the things or activities that make them feel good and energize them in an “I feel good about _____” format. Have learners set the list aside but save it.

Explore learners’ understanding of stress.

Ask: What does the word “stress” mean to you? Do any of you ever feel stressed? What causes it?

Note that many causes of stress are “good” events. One way to think about situations that cause stress is to put them into two categories—predictable and unpredictable. Discuss how the situations on the page cause stress.

Discuss the need for self-awareness in managing stress. Note that we each experience stress differently. Knowing when our stress levels are hurting us rather than helping us—i.e., self-awareness—is the first step in managing stress.

Ask learners to write down some of their own signs of stress. After a couple of minutes, ask learners to form pairs and to share their signs of stress with each other. Ask them to discuss how these signs of stress affect them at work and at home.

Facilitate a discussion with the group on the impact of stress. Ask for examples of signs of stress that they discussed in pairs.

Then ask, “*Do these signs of stress sound healthy? Does too much stress help you do good work? Does too much stress help you at home?*” (The answer should be a resounding NO to each question.)

Let the learners know that the focus of the discussion will now shift to techniques for managing stress. It is important to recognize that stress is a part of life and cannot be eliminated—but it can and should be managed so that it is helpful and not harmful.

Ask the learners to refer back to their lists of positive, energizing activities and ask learners if they give up things on their “I feel good about...” list when they get too busy. Affirm that this is very common, and ask: *Why might we do this?*

Explain that people often see things they enjoy as luxuries and may think that eliminating them can reduce stress. But giving up things that are energizing may make people more tired and stressed. Keeping or adding those things back into one’s life can relieve stress and increase one’s energy.

Ask learners to refer to Handout 29: PCAs’ Tips for Dealing with Stress (page 38 in the Learner’s Guide), and go around the room asking learners to take turns reading the tips.

Ask learners to form pairs and discuss ways they can better manage stress in their own lives. Ask them to help each other identify at least one strategy that they can use within the next week. Have learner’s share their strategy with the whole class.

Activity 3: Resolving Conflict at Work

Tell the group that this exercise is about exploring what each of us believes about conflict. Display the prepared flip chart page:

What Does Conflict Mean to You?

Then ask: What words come to mind when you think of conflict?

Record what learners share on the flip chart page. If necessary, prompt for positive words related to conflict.

Teaching Tip

Words that are likely to be suggested include: fighting, anger, yelling, hurt, tension, cursing, trouble, disagreement, and punishment. To elicit positive words and expressions associated with conflict, ask, *Can you think of any positive words you associate with conflict?* Then prompt with a few examples: clearing the air, resolving disputes, energy, release, and hearing each other’s point of view. If learners still have difficulty coming up with positive words, ask if anyone has ever had a conflict that had positive outcomes. Explore with them what happened as a result of the conflict. Give an example from your own life. Highlight the resolution that was beneficial to both parties involved.

Focus on what causes conflict at work. Explain that conflicts can arise because of the conditions at work. Display and review the prepared flip chart page.

Conflict At Work...

Lack of information, skills, and/or supports

- Trying to handle tasks and situations without adequate training or supplies
- Feeling like you're asked to do more than other workers

Surrounding pressures

- Staffing and scheduling issues
- Crises and loss in consumer lives
- Crises and loss in our own lives

Ask learners if they can add more sources of conflict at work to this list. Now, introduce steps to resolve conflict at work. Post and review the prepared flip chart:

Steps to Reduce And Resolve Conflict

1. Use effective communication skills.
2. Acknowledge the other's viewpoint.
3. Pull back and think before you speak.
4. Respond constructively—choose your words carefully.
5. Propose a negotiation.

Explain that these five steps can help us calm things down and resolve situations where one or more people have been “triggered,” and the situation is, or could quickly become, dangerous.

Emphasize that there is no such thing as winning an argument—there is only winning an agreement that addresses everyone's concerns and builds a good relationship.

Review effective communication skills as a way to calm things down. Note that asking questions and paraphrasing stop us from immediately reacting to someone with hurtful words that could add to the tension and conflict. Through paraphrasing, you can validate the other person's feelings and soothe them with comments such as “I can understand why you would be upset,” etc. Paraphrasing also gives you a chance to check in with the other person and ensure you understand them. Note how important pulling back is in tense situations. Learners have to remember that they are healthcare professionals and must act accordingly

Handout 28: Prioritizing: Putting Tasks in Order

Group 1 Assignment

One day when you arrive at the consumer's home, you learn that the consumer's wife isn't feeling well. Your consumer is still in bed. When you go to his room to help him get up, you can tell immediately that he had a bowel movement in bed. He needs to be cleaned up, and his sheets are dirty.

Ask the participants what they would do first. Below is a list of prompts for you to consider.

- Change consumer's bed linens.
- Wash your hands.
- Get the things you will need, such as clothes and linens.
- Take consumer to the bathroom to help him get cleaned up.
- Put on gloves.
- Talk to the consumer say, "It's no big deal. I'll help you get cleaned up."
- Make consumer's bed.

Group 2 Assignment

You go to your consumer's home in the afternoons, and tonight your son is bringing his girlfriend, who you've never met, over to the house tonight for dinner. What things should you plan ahead of time and what potential challenges might you be confronted with? How do you prioritize your day?

Handout 29: PCAs' Tips for Dealing with Stress

Being a Direct Care Worker can be hard work. Read how these workers cope with stress.

Dee's tip—Sleep well.

“My body and mind work better when I'm well rested. If I get my 8 hours, I know the next day will be great!”

Sara's tip—Get moving.

“When my body moves, the stress just melts away. I feel better inside and out.”

Bob's tip—Eat well.

“The food I choose really affects how I feel. When I eat right, I'm stronger.”

Emma's tip—Cut back on caffeine and sugar.

“Coffee, cola, and sweets bring me up. But when I crash, I feel worse than ever. Plus, they make me tense when I have too much.”

Jim's tip—Avoid alcohol and other drugs.

“Drinking used to make me feel better, but only for a little while. It was just hiding the real problems—and making them harder to deal with. I'm glad I stopped.”

June's tip—Treat yourself.

“I try to do something I enjoy—especially on the tough days.”

Manuel's tip—Get involved outside work.

“My job is not my life. I sing at the church. And I help build houses for other low-income folks in my town.”

Kofi's tip—Have fun with friends.

“My buddies know me inside and out—and they like me anyway! After I hang out with them, I feel like myself again.”

Asha's tip—Get support from family.

“My family keeps me going. When my kids meet me at the door with a hug and tell me I'm the best mommy, it just lifts me up.”