

University of Nevada, Reno
Sanford Center for Aging/Cooperative Extension
Single Point of Entry Training Module
Lesson Plan

Unit: Crisis Management

Introduction: The Crisis Management lesson is designed to train service providers both staff and volunteers how to respond appropriately to a crisis situation, a senior, or caregiver who feel they are in a state of crisis during screening, assessment, and referral procedures.

Learning Overview:

- 1) Trainees will learn crisis management skills and techniques that will help de-escalate crisis situations.
- 2) Trainees will learn how to conduct an interview and be able to intervene in highly charged situations.
- 3) Trainees will learn practical responses to grief through a section on loss, grief, and mourning.
- 4) A final section will deal with suicide evaluation and intervention.
- 5) Role-playing will allow trainees to practice newly learned skills.

Unit Objectives: Trainees will learn how to evaluate a client in crisis as well as techniques for dealing with crisis situations. Participants will develop an understanding for senior challenges and stressors that might precipitate crisis situations. Trainees will learn techniques for de-escalating charged situations as well as interviewing and intervention skills for these types of situations. Trainees will learn how to respond to grief and mourning. Trainees will also learn how to assess and intervene in suicidal situations.

Anticipated Outcomes for the Unit:

- Increased skill and confidence in handling crisis situations.
- Increased awareness to senior challenges and stressors.
- Increased ability to initiate and complete successful interviews with anxious clients.

Materials:

Provided by the Facilitator:

- Lesson plan handouts (one for each trainee)
- Clipboards and pens-one set for each trainee
- Blank applications for each program discussed

Activities:

- Practice using the Geriatric Social Readjustment Questionnaire and how it predicts mental deterioration
 - Practice using the Vulnerable Elders Survey as a tool for needs assessment
 - Practical application of intervention skills through role playing
 - Completion of the Values Clarification for Suicide exercise
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LESSON:**Begin Lesson:**

For many service providers, crisis intervention and management occur on a daily basis. For others, it is seldom seen. There is a major difference between a crisis and an emergency. An emergency demands an immediate response, whereas a crisis situation needs to be handled within 24 hours. Exceptions are the possibility of suicide, violence, or a psychotic break. "A crisis, viewed as an opportunity for growth, is amenable to relatively brief and inexpensive forms of intervention. Thus, the use of supportive social resources and focused brief treatments, often by trained nonprofessionals, can be effective in rapid crisis resolution" (Duffy & Iscoe, 1990).

Anticipatory Set:

Today we will concentrate on techniques to de-escalate crisis situations prior to the interview. We will also focus on crisis intervention throughout the interview process. This lesson will emphasize the applicability of techniques as they relate in particular to elders and their caregivers. There are multiple reasons that this topic is relevant when assessing the needs of an older person.

1. A wide array of particularly stressful events can be associated with the process of aging, and these events often coincide in the same time period.
2. The result of the impact of these stressful events for older adults is often a loss of support, health, or one's ability to live independently.
3. Thus the need for additional care or services is the end result of this chain of events, and you as the interviewer may be the first person to be in contact with a senior or their caregiver during their state of crisis.
4. The ability to handle and respond to crisis situations is therefore imperative if an effective interview producing accurate information is desired.

Share the Objective:

During this meeting we will be discussing the following *factors that relate to the notion of a crisis*:

- a) **DEFINITION OF CRISIS**
- b) **INDIVIDUAL RESPONSE TO CRISIS**
- c) **STRESSFUL LIFE EVENTS AND OLDER ADULTS**

We will also be discussing the *social and emotional ramifications* of crisis situations:

- d) **LOSS, GRIEF, AND MOURNING**

- e) **ANGER**
- f) **SUICIDE**

Finally, we will discuss *techniques for managing crisis situations*:

- g) **DE-ESCALATION**
- h) **CRISIS INTERVENTION**

Each unit will include:

- Input**
- Modeling and guided practice**
- Discussion and debriefing**

Share the Handout:

The screening instrument to be used to interview seniors, their family members, or caregiver will be used during one of the crisis management exercises. The Geriatric Social Readjustment Questionnaire will also be used by trainees, as will the Vulnerable Elders Survey as a tool for needs assessment, and the Values Clarification for Suicide exercise to educate the trainees about the topic of suicide.

Input:

Factors Relating to the Notion of a Crisis:

a. DEFINITION OF CRISIS:

A crisis can be defined as an “upset” in an individual’s baseline level of functioning, a distortion in homeostasis, and is generally thought to last no more than 4 to 6 weeks. In a crisis, a person’s coping methods are insufficient, there is a marked increase in anxiety and tension, or depression and defeat, the individual does not function at his or her normal level, and he or she searches for new methods or strategies to deal with the situation...the key is loss of equilibrium in one’s functioning...Some cases may be precipitated by a single overwhelming stressor (Callahan, 1994).

“A crisis is a transitional point in a person’s life marked by cognitive and emotional upset that is self-limiting in nature. It is precipitated by identifiable situational or interpersonal stresses. The goal of crisis intervention is to re-establish the individual’s emotional equilibrium” (Van Auken, 1991).

However, what is most crucial to understand about defining a crisis, is the subjective *experience of loss of control*,

helplessness, and perceived inability to cope (Duffy & Iscoe, 1990).

Understanding that a crisis is a subjective experience is essential for interviewing and working with older adults. What may be a crisis for one person may not be for another. It depends upon that person's own personal beliefs and unique experience of the event as well as their relative coping skills. Therefore a stressful event may become a crisis for one person, whereas for another it may not.

b. INDIVIDUAL RESPONSE TO CRISIS SITUATIONS

People behave differently in crisis situations. Some may be outwardly calm, but are, in reality, in a state of shock. Others may be overtly out of control and still others may claim a crisis when none exists.

For a person experiencing a crisis, it certainly feels like an emergency. A person may describe his condition as, "I don't know what is happening to me," or "I feel as if I'm spinning out of control." Often seen in a crisis response, is the feeling that the person is facing an impasse, a difficult situation with no way out that cannot be handled properly with previously learned coping skills.

An example might be a total loss of income and occupation due to the sudden onset of a physical disability. Obviously the loss of some physical capacity would be traumatizing in itself. However, coupled with the sudden inability to work and earn income the situation then inherently involves some sort of impasse or dilemma that would increase the likeliness of a crisis episode (Duffy & Iscoe, 1990).

Depending on a person's previous or past coping skills, this type of event (mentioned above) may leave the person completely immobilized. Another person who has a family member with some physical disability might be more knowledgeable of resources and coping skills to help get them through the beginning stages of learning to live with the disability.

It should be mentioned however that some situations such as abuse, fire, or natural disaster are universally

experienced and responded to as crisis situations (Duffy & Iscoe, 1990).

c. STRESSFUL LIFE EVENTS AND OLDER ADULTS

Although stressful events do not always result in a crisis situation, older adults are at greater risk of crisis than younger persons for a number of reasons:

1. Stressful life events can occur in the life of an older adult in a short time frame.
2. Personal, social, and institutional resources may be less available in later life.
3. Physical and cognitive impairment may compound the effects of crisis.

When managing crisis situations with older adults, it is crucial to have a firm understanding of what stressful life events may have instigated the crisis experience.

The Geriatric Social Readjustment Questionnaire was modeled after the Social Readjustment Rating Scale (Holmes & Rahe, 1967) however, it was designed to represent the unique life events that may characterize the experience of an older adult and not necessarily a young adult. The GSRQ is used as a way to predict mental deterioration in older adults based on the intensity of the various life events they are experiencing. For example, the chance that one would lose their spouse, retire, and have some sort of sensory disability all within a short period of time is much greater for an older person than a younger person.

It should be noted however that many events, although often present in older cohorts are not inherently related to aging (Duffy & Iscoe, 1990). This includes geriatric institutionalization, memory loss, cognitive disorientation and mandatory retirement (Duffy & Iscoe, 1990).

Guided Practice:

- Choose a partner
- Using the Geriatric Social Readjustment Questionnaire (Appendix B), note the number of life experiences, either in combination, or as a single event, and determine how many could cause a crisis (in your subjective opinion)
- Discuss as a class how vulnerable seniors are to crises

Discussion and Debriefing:

1) How would you feel if you had just retired and planned on spending the next few years with your spouse, and then suddenly your spouse dies?

2) How do you think you would respond to this situation?

Input:

Social and Emotional Ramifications:

d. LOSS, GRIEF, AND MOURNING

For some seniors, loss grows over time. Loss of friends, siblings, spouses, and even children begin to occur more rapidly and in greater number as a person ages. The loss of health, financial security, one's home, independence and mobility can bring an increasing sense of not being in control of one's environment. Whether for the loss of a loved one or one's inability to take care of one's self, losses bring attendant grief and mourning.

Loss- is defined as being deprived of a highly valued object or person. What is valued varies widely and is highly individualistic. Loss can include people, a part of one's self, a skill and/or ability and/or an external object (Rambo, 1984).

Grief- refers to how a person experiences the loss. The experience incorporates psychological, behavioral, social, and physical reactions to the loss. Grief may take any number of forms including anger, protest, anxiety, confusion, disorganization, fear, and physical symptoms.

Mourning- is the process by which a person moves through loss and grief. Rando (1993) suggest there are three phases to the mourning process:

Avoidance: Parallels denial in the process.

Bargaining is a characteristic of this part of the process, "If you bring back my husband, I promise to volunteer all of my time to the church."

Confrontation: Occurs when the mourner begins to accept that the loss is real and unchangeable.

Accommodation: The mourner begins to restyle their life without the lost one as a part of it. The mourner will establish new relationships or alter old ones to accommodate his life that no longer includes his loved one.

Myths about Mourning:

1. Myth: *Always offer a tissue to a crying member of the family.*

Truth: Offering a tissue shifts the focus away from what the mourner is feeling. It also has a tacit suggestion that the person should stop crying.

2. Myth: *Mourning can be resolved simply by crying.*

Truth: Mourning is a process that takes more than the simple shedding of tears.

3. Myth: *The greater the love the deeper the mourning.*

Truth: Lazare (1979) has identified six reasons why a person may be unable to grieve.

- Sense of guilt
- Death is perceived as the loss of an extension of the self
- The loss may trigger unresolved losses from the past
- More than one current loss has occurred (financial loss, loss of friendship)
- Idiosyncratic resistances to mourning (type of relationship between the survivor and the deceased)
- Lack of social recognition of the loss (loss of a "companion," loss of a pet).

4. Myth: *Most individuals are interested in “getting rid of the pain.”*

Truth: Giving up the pain may be interpreted as giving up the loss.

5. Myth: *Grief is a passive process.*

Truth: On the contrary, mourning is work and work is an active process.

6. Myth: *Mourning moves through predictable stages.*

Truth: Contrary to some theories that suggest that individuals move through 5 predictable stages, mourning is an individual process that cannot be categorized. Mourners often move back and forth through stages of grief.

7. Myth: *Most individuals resolve their grief in a year’s time.*

Truth: Each individual is different, and has different coping styles. There is no set amount of time in which grief should or is always resolved.

8. Myth: *Grief lessens over time.*

Truth: The feeling of grief can undulate over time. Depending on the person and the situation, feelings of grief can fluctuate significantly.

9. Myth: *Mourning is reserved for the primary loss.*

Truth: Mourning can occur with any type of loss. What determines mourning are the feelings that the individual attached to the type of loss, any type of loss.

10. Myth: *There are “right” and “wrong” feelings in the grieving process.*

Truth: Grief can be expressed through many types of feelings, which vary from person to person.

11. Myth: *Most individuals do not need permission and encouragement to mourn.*

Truth: Some people are more open and accepting of their own feelings than others. Where one person might feel justified to feel grief, another person might need someone to validate their feelings in order to feel that that it is acceptable for them to mourn.

12. Myth: *Mourners do not have a difficult time with a death in which there has been a lengthy process.*

(Particularly if the mourner is the primary care-giver.)

Truth: Loss is loss. No matter how drawn out or sudden the situation is, when someone loses something of value and importance in their life, there will always be a significant mourning process that ensues.

Techniques for Responding to Grief:

Correct:

- Don't pretend to understand
- There is no correct or perfect response
- Recognize you can't fix the pain
- Pay attention to feelings and encourage their expression
- Use empathy and clarification
- Do not try to rush the process

Incorrect:

- "Don't cry. It won't help."
- "This is actually a blessing. He won't be in pain any longer."
- "You've got to keep busy and not dwell on it."
- "People can't live forever. He had a long life."

e. ANGER

Trying to communicate with someone who is angry can be a very difficult challenge. It is easy when communicating with someone who is angry to respond with anger yourself. However, the key to calming the person down and managing another person's anger lies in a few simple steps, (Bannon, 2003) some of which you have already learned.

1. Inquire (Bannon, 2003). During this first phase, you should utilize the active listening skills you learned in the Communication lesson. Being a concerned listener means you are completely focused on the other person's issues and feelings. Let the other person talk. Do not interrupt, it will only make the person more angry.
2. Empathize (Bannon, 2003). Connect with this person on their emotional level. To do this properly, you should name the emotion you think the other person is experiencing:
 - i. "I can see your frustration."
 - ii. "I understand that you are concerned."
 - iii. "I can sense you have serious doubt."
3. Ask permission (Bannon, 2003). Ask the person what additional information they would like, this shifts control to that person and lessens their tension (Bannon, 2003). Ask them what would be most helpful to them at that very moment.

4. Explain and offer choices (Bannon, 2003). Keep your explanation simple, and focus on the options you think are best suited for the person's issue. You can at this point ask questions to clarify your understanding of the situation. The more choices you offer however, the more sense of control the person will feel. This increased sense of control will help them move to a more neutral emotional state.
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f. SUICIDE

Suicide was the eleventh leading cause of death in the United States in 2004. The highest rate of suicide occurs in people age 65 and older (NIMH, 2006). Among the highest rates (when categorized by gender and race) are suicide deaths for white men over the age of 85 (NIMH, 2006). Additional risk factors for suicide include those who are widowed, depressed, anxious or who abuse substances. Seniors have several risk factors coupled with a high incidence rate, therefore, crisis training should include a section on suicide including evaluation and guidelines for intervention (Mitchell, 1999).

Evaluation: These questions are appropriate to ask yourself when assessing whether or not your client is or has considered the act of suicide:

1. Is the individual experiencing suicidal thoughts currently, within the last week, within the past month?
2. Have there been any previous attempts? How?
3. Does the person have a plan and accessibility to the method of choice? (Gun, pills, ammunition, etc.) How lethal is the method?
4. Are there any plans for the future? How does this person perceive the future?
5. Is he or she looking forward to anything in the next six months?
6. Has he or she given away personal belongings lately?

Intervention: If it appears to you that the person is considering suicide, the following steps are appropriate when attempting to intervene:

1. Don't minimize suicidal threat.
2. Do ask about suicidal thoughts. It is a myth that in asking you will "give the person ideas." Ask: "Have you thought about harming yourself?" "Do you feel you are unable to cope any longer?"
3. Ask what part of him or her wants to stay alive. Ask the client what part of him or her wants to die. Have a dialogue around this inner battle.
4. Focus on the idea that thoughts are not equivalent to action. They are separate thoughts that do not have to be acted on.
5. Explore what the results of a suicidal action would be. What would your client like to see happen as a result of their action?
6. Explore alternative options.
7. Avoid blaming, lecturing and preaching. In short, avoid judgment.
8. Stay focused on the issues at hand. Acknowledge tangential thoughts and return to how to stop the person from injuring himself.
9. Stay calm, don't argue, and do not minimize your client's pain.
10. *Use empathy, use empathy, use empathy.*
11. Take small steps ensuring that beginning goals will be met.
12. Seek the assistance of a trained mental health professional.

Guided Practice:

Suicide is not a topic that many people know much about. Because of the nature of the act, many myths and falsehoods exist about what type of person commits suicide. In order to dispel these myths, the class as a whole will complete the Values Clarification for Suicide handout (Appendix C).

- The instructor will tell the class that this is not a test, but rather to see what people's relative beliefs are about suicide.
- Each statement will be read by the instructor.

Discussion and Debriefing:

1) Which statements did you believe to be true or accurate?

2) Why or why not?

3) Which statements did you believe to be false or inaccurate?

Techniques for Managing Crisis Situations

g. DE-ESCALATION:

A person in a heightened state of crisis may present as “out of control” and require de-escalation prior to the interview. De-escalation is defined as: ...a resolution to a potentially violent and or aggressive event by the use of empathetic alliance in a non-confrontational manner. Respect and negotiation are paramount within the context of the event (Distasio, 1994).

The elements of de-escalation as an intervention include: “...early intervention, provision of options and choices, and maintaining dignity and respect” (Paterson, 1997).

Behaviors can range from sobbing to screaming. A person who is in crisis will often display various symptoms in response to the stress expressing itself in various ways. Anxiety and panic are common responses, with some people expressing their feelings of impasse by “rushing in many directions” at the same time (Duffy & Iscoe, 1990).

Other people may assume a catatonic state characterized by immobility. This is often a response to the feeling of being completely incapable of resolving the situation.

The following are a list of disturbed emotions that you as interviewers can observe during an interview without having to ask the person how they are feeling: (Pfeiffer, 1979):

- Tremulousness of the hands and voice
- Tense body posture
- Hand-wringing
- Rapid speech
- Repetitive exclamations such as, “oh my God!” (without specific reference to any disturbing thought)

- Repeated sighing
- Inability to sit still
- Restlessness of the feet or the fingers
- Rapid pulse (which can often be seen in the neck veins without actually taking the client's pulse)
- Sad and dejected facial expression
- Slumped posture
- Furrowed brow
- False smile or the absence of smiling
- Easily distracted

Regardless of which behavior presents, it is necessary to calm the person down before an effective interview can be conducted. The following techniques have proven effective in de-escalating and controlling hostile situations:

1. Speak clearly and calmly, using short sentences. Use clear and respectful language.
2. Allow the client to set the proximity between the two of you.
3. Introduce yourself and ask their name.
4. If the client is ranting or using abusive language, try lowering your voice and continue to lower it until the client must strain to hear you.
5. Remain calm.
6. Remove the client from the current environment.
7. Do NOT demand the client "get a hold of himself." Instead suggest the client "allow" himself to calm down. This technique empowers the client to assume control of himself rather than the interviewer exerting power over the client.
8. Allow time. Do not rush the client.
9. Acknowledge the client's feelings.
10. Negotiate if possible.
11. Do not make promises or guarantees.
12. Set limits and clearly state the consequences if the limits are exceeded.
13. Establish structure and maintain control.
14. Be willing to resolve.
15. Make sure another staff member is aware of the circumstances and available if necessary.
16. Be aware of your body language.
17. Break eye contact.

18. Shift the focus. “Do you have the time?”
“Can I borrow your pencil?”
19. Create loud noise to attract attention.
20. Don’t interrupt.
21. Don’t bombard the client with questions.
22. Be comfortable with silence.
23. Do seek clarification
24. Do not say, “I know exactly how you feel.”

“A final point to emphasize with any group being trained in constructive conflict resolution skills is that even though the other person(s) with whom one experiences conflict may not have gone through such training, the use of the skills by one person, particularly active listening, typically helps to de-escalate the conflict....The reason for this is that once the other person in the conflict feels really listened to, he/she will likely start to feel calmer...”
(Weitzman, 2003).

Guided Practice:

Referring to the following scenario, discuss with your partner how you would de-escalate the following scenario:

It is 4:45 in the evening and your agency is preparing to close for the day. A man bursts through the door demanding to talk to someone about emergency food. The receptionist explains that intakes must be completed by 4:00 p.m. in order to be processed that same day. The man “loses it” and becomes abusive and threatening towards the receptionist.

Discussion and Debriefing:

1) What would you do to de-escalate the situation?

2) Discuss as a class, what personal experiences you have had with de-escalation?

3) What techniques did you use and how did they work?

4) What techniques did you use that did not work?

5) Do you know why they did not work?

h. CRISIS INTERVENTION

Crisis intervention has a short window of opportunity of approximately 24 hours. Intervention should be direct, active, and flexible (Mitchell, 1999). A crisis has a precipitating event, usually within the last 24 hours. A senior might deny a significant event and the interviewer will need to probe more deeply.

The precipitating event may be major or minor on the scale. However, in conjunction with other major events, a seemingly insignificant life experience may be enough to trigger a crisis i.e. “the last straw”. The following are guidelines for crisis intervention:

1. Assess the precipitating event
2. Plan together, with input from the client, of whether the goal is to:
 - a. Restore basic level of function
 - b. Determine how much crisis has affected the client’s normal functioning ability
 - c. Determine the client’s strengths
 - d. Determine their relative coping skills
 - e. Explore what support systems are in place
3. Facilitation of the client’s understanding of the crisis:
 - a. Ask the client to describe the event and identify their feelings. The interviewer should encourage the client to fully express all feelings associated with the disturbing event during the initial interview, such as weeping, expressing rage, disappointment, hopelessness, etc. (Pfeiffer, 1979).

Such empathic understanding can often be best expressed through nonverbal communication:

- Quiet grunts
- Exclamations of surprise, sympathy, or dismay

- Receptive and encouraging postures or gestures
- b. Examine the “shoulds” (I should be able to handle this)
- c. Review and reinforce the progress that has been made.
- d. Identify what is and is not working. (Remember that more than one course of action can be taken)
 - “One challenging aspect of the problem-solving phase is confronting the fact that no palatable solution may be at hand. For example, when drastic income loss and consequent loss of security have precipitated a crisis for a retired person, an increase in income may not be a realistic solution” (Duffy & Iscoe, 1990).
- e. Determine how the family is coping
- f. Plan for the future:
 - How the interview with a distressed older client ends is important.
 - The client should not be left hanging.
 - Review and summarize the main points and decide on a plan of action.

Guided Practice:

A simple way to determine whether a person is at an increased risk of needing services is to complete the Vulnerable Elders Survey (Appendix D).

- Complete the survey with your partner
- A score of 3 or higher indicates a need for an in-depth assessment.

Role-playing allows a person to practice techniques, observe how others handle the same situation, and receive feedback from the role players as well as the observers.

Scenario 1:

A 70 year old man comes into your agency. His eyes are glazed over and he seems unable to focus. His wife of 45 years died suddenly last week.

- One class member will play the part of a 70 year old man.

- Another class member will play the part of the service provider.
- The rest of the class will act as observers.
- Take 3 minutes to familiarize yourself with the scenario.
- Debriefing will follow the enactment.

Scenario 2:

A 75 year old woman comes into your agency. She is hysterical and sobbing uncontrollably. Initial attempts to ascertain the problem yield incomprehensible responses.

- One class member will play the part of the 75 year old woman.
- Another class member will play the part of the service provider.
- The rest of the class will act as observers.
- Take 3 minutes to familiarize yourself with the scenario.
- Debriefing will follow the enactment.

Discussion of Objectives: Reiterate the anticipated objectives with the class and discuss any area, concepts, or techniques that are still unclear

Closure: Many of the techniques we learned today require practice so that they can be incorporated into the way you conduct interviews with older adults. Please take the time to practice with friends, family, and fellow employees to ensure a full understanding of the concepts we reviewed and their relative importance.
