



COUNT ME IN!

Promoting Seniors' Mental Health
and Community Participation

Workshop Manual

Centre intégré
universitaire de santé
et de services sociaux
du Centre-Ouest-
de-l'Île-de-Montréal



Québec

Integrated Health
and Social Services
University Network
for West-Central Montreal



Bell
Let's Talk

équipe
VIES

vieillissements
exclusions sociales
solidarités



Center for Research and Expertise
in Social Gerontology

Legal deposit

ISBN 978-2-922582-62-8

Published by:

The Centre for Research and Expertise in Social Gerontology (CREGÉS)
of the CIUSSS West-Central Montreal

AUTHORS

- **Manon Parisien**, O.T., M.Sc., Practitioner-Researcher, CREGÉS
- **Kareen Nour**, Ph.D., Public Health Department, CISSS of Montérégie-Centre, government researcher, CREGÉS
- **Anne-Marie Belley**, M.Sc., Research assistant, CREGÉS
- **Véronique Billette**, Ph.D., Coordinator, VIES research team (Vieillissements, exclusions sociales et solidarités), INRS
- **Ginette Aubin**, O.T., Ph.D., Professor, Occupational Therapy Department, Université du Québec à Trois-Rivières, CREGÉS
- **Alan Regenstreif** ^(†), M.S.W., Practitioner-researcher, CREGÉS

REVISION

- **Anne-Marie Bachand-Bastien**, O.T., Institut universitaire en santé mentale de Montréal
- **Guylaine Cloutier**, Project Manager and Trainer, Quebec Association for Psychosocial Rehabilitation (AQRP)
- **Valérie Coulombe**, Program Coordinator, Canadian Mental Health Association (CMHA) – Montreal branch
- **Bernadette Dallaire**, Associate Professor, School of Social Work, Université Laval, Research collaborator, CREGÉS
- **Catherine Dupré**, O.T., Institut universitaire en santé mentale de Montréal
- **Geneviève Fecteau**, Project Manager, Canadian Mental Health Association (CMHA) – Montreal branch

COLLABORATORS

- **Véronique Trudel**, **Andréanne Lépine-Baril**, Special Educators and **Lorraine Lemay**, Director, Le Phénix ECJ, Centre Mauricie-Mékinac
- **Martine Hilaire**, Community Worker and **Lucie Grenier**, Director, Le Temps d'une Pause
- **Jacinte Patenaude**, Social Worker and **Nathalie Cholette**, Head of Day Centers, CIUSSS de l'Est-de-l'Île-de-Montréal
- **Philippe Bonnardier**, Practitioner, **Gina Bergeron**, Director, Feu Vert day centre and **Cindy Busque Carrier**, student
- **Barbara Sylvain**, Director, Ensemble on se tient
- **Tanya McDonagh**, Facilitator, Patro Le Prevost
- **Marie-Laurence Fortin**, Practitioner, Centre d'implication libre de Laval
- **Ruth McLellan**, Director, Donald Berman UP House
- **Denis McCrann**, Research Assistant, CREGÉS
- **Norma Gilbert**, Coordinator for the Development of Leading Practices in Prevention and Health Promotion for Seniors, CREGÉS
- **Nona Moscovitz**, Program Manager, Mental Health and Dependency Program, CIUSSS West-Central Montreal
- **Caroline D'Anjou-Dumont**, Occupational therapy student, Université de Montréal
- **Nora T. Lamontagne**, Research Assistant, CREGÉS

- **Gabrielle Legendre**, Professional in Knowledge Mobilization, CREGÉS
- **Virginie Tuboeuf**, Administrative Technician, CREGÉS
- **Sophie Caron**, Infographics

SPECIFIC COLLABORATIONS

Session 2

- **Audrey Djoukhadjian**, M.D., student, Public Health School, Université de Montréal

Session 5

- **Sarita Israël**, Coordinator for the Development of Leading Practices to Counter the Mistreatment of Older Adults, CREGÉS

Session 4

- **Sarah Connolly**, Master's student in occupational therapy (professional), Université de Montréal
- **Johanne Filiatrault**, Associate Professor, Rehabilitation School, Université de Montréal, Research collaborator, CREGÉS
- **Julie Beauchamp**, Doctoral candidate, Sexology Department, Université du Québec à Montréal (UQAM)

Thank you

Thank you to all the participants, practitioners, students and managers who took part in the development of this program.

Funding for the development of the program was received from the Health and Social Services Ministry of Québec (MSSS) and the Research Funds – Society and Culture (FRQSC) to support the university affiliation designation (CAU) in social gerontology of the CIUSSS West-Central Montreal. A grant from the Quebec Network for Research on Aging (RQRV) was received for the study and testing of the program. The VIES team, funded by the FQRSC, also contributed to the financing of the project. The program also benefited from the support of the Bell Let's Talk Community Fund (2016) for the video production and the distribution of the program across Canada.

Visit www.creges.ca to download a copy of this workshop manual and view the training videos.

The material in this guide may be reproduced for the purpose of running the workshops or to promote the program. The source must always be cited.

The name *Count Me In!* cannot be used for other programs. To include any components of this program in other documents, a written request must be sent to CREGÉS.

A WORD FROM THE DIRECTOR

Social participation is considered a significant determinant of the health and well-being of seniors. However, some seniors experience psychosocial difficulties or mental health problems that could limit their social participation. As well, these individuals sometimes have less access to opportunities for social interaction or rewarding activities that may be available in their community.

To address this, the Centre for Research and Expertise in Social Gerontology of the CIUSSS West-Central Montreal, in partnership with the VIES research team, are proud to present the program **Count Me In!**. This program is the result of a collaborative effort between researchers, health and social service practitioners as well as community association partners.

Count Me In! is a multifactorial program that promotes the community participation of seniors experiencing psychosocial difficulties, with or without mental illness. The specific objective of the program is to encourage them to participate in resources that offer stimulating activities and opportunities for social interaction.

We hope that these tools become a source of inspiration for practitioners and leaders who offer services to seniors.



Cindy Starnino
Director of Academic Affairs
CIUSSS West-Central Montreal

1965-2014

*In memory of ALAN REGENSTREIF,
a dedicated Social Worker and well-liked colleague,
an ardent promoter and advocate for seniors' mental health,
and a really big opera fan.*





CONTENTS OF THE GROUP MANUAL

- 8** | The program
- 12** | Operational aspects
- 14** | Organizing the program
- 17** | The program in the continuum of services
- 18** | Fundamental concepts
- 21** | The theory behind the program
- 21** | The approaches that inspired the program
- 25** | REFERENCES
- 27** | ANNEX

THE PROGRAM

Count Me In! is a multifactorial program that aims to promote the community participation of seniors who are experiencing psychosocial difficulties and who may also have a mental illness. The specific objective of the program is to encourage these seniors to participate in activities that offer stimulating opportunities for social interaction (Figure 1). The program can be adapted to different client profiles and contexts, such as health and social services establishments, community organizations and even residences. It is meant to be offered by healthcare professionals or community practitioners with experience in mental health and group facilitation, as well as by peer helpers.

Figure 1 – Overview of the program

For whom?

For groups of 5-10 older people who may or may not have a mental illness diagnosis and who may be experiencing psychosocial issues that could limit their community participation.

Purpose?

To increase their socialization and participation in activities available in the community.

Where?

In health and social service establishments, community organizations or residences.

By whom?

Healthcare professionals, community practitioners, or peer helpers.

Program composition

The program is divided into four parts, which together make up the workshop manual (Figure 2). It is recommended that the group leader interview each participant individually before the beginning of the program to help them identify a personal objective regarding their social participation. An interview grid and recommendations for the group leader can be found in Part 1 of the manual.

The main components of the program are found in the group workshops (Part 2), which aim to reinforce the participants' capabilities for social participation. Through the workshop activities, which include discussions, reflections and personal accounts, they will be introduced to different themes linked to mental health and social participation. The eight themes were selected following a literature review and consultations with practitioners as well as the target population:

- 1) Social participation;
- 2) Identification of strengths (interests, abilities and resources);
- 3) Community resources;
- 4) Adaptation to aging;
- 5) Financial management;
- 6) Communication;
- 7) Social network;
- 8) Community activism.

Program leaders should involve participants in the planning and organizing of visits to community events. This requires collaboration between the program's host organization and the local community organization. Information on this is included in Part 3 of the guide.

In all of the workshops, participants are asked to put together a series of media capsules on topics such as community participation, mental health and aging (in Part 4). Using group decision-making techniques, the group leader helps the participants choose the statements and anecdotes they wish to include that could be published on the organization's website, on a bulletin board, or in a newsletter. Giving a voice to a population vulnerable to social exclusion helps to make members of the organization and the general public aware of these issues. The preparation and the steps required to do this activity can be found in Part 4.

Figure 2 – The *Count Me In!* program manual

Introduction to the manual

This section presents the program objectives, the theoretical model and recommendations for setting up the program (e.g., target population, group facilitation).

Part 1 – Individual interviews

The interviews, done before the workshops begin, help the participants identify their interests and select a personal objective for community participation.

Part 2 – Workshops

The workshop itself consists of a series of eight sessions, ranging from 90 to 120 minutes, on topics related to community participation, mental health and aging. A variety of interactive and reflective activities are also included.

Part 3 – Visits to organizations

One of the program objectives is to encourage the use of community resources. Participants are provided information about this and visits to organizations are arranged with them.

Part 4 – Media capsules

During this group activity, participants choose the messages that will be published in the organization's newsletter or within the community.

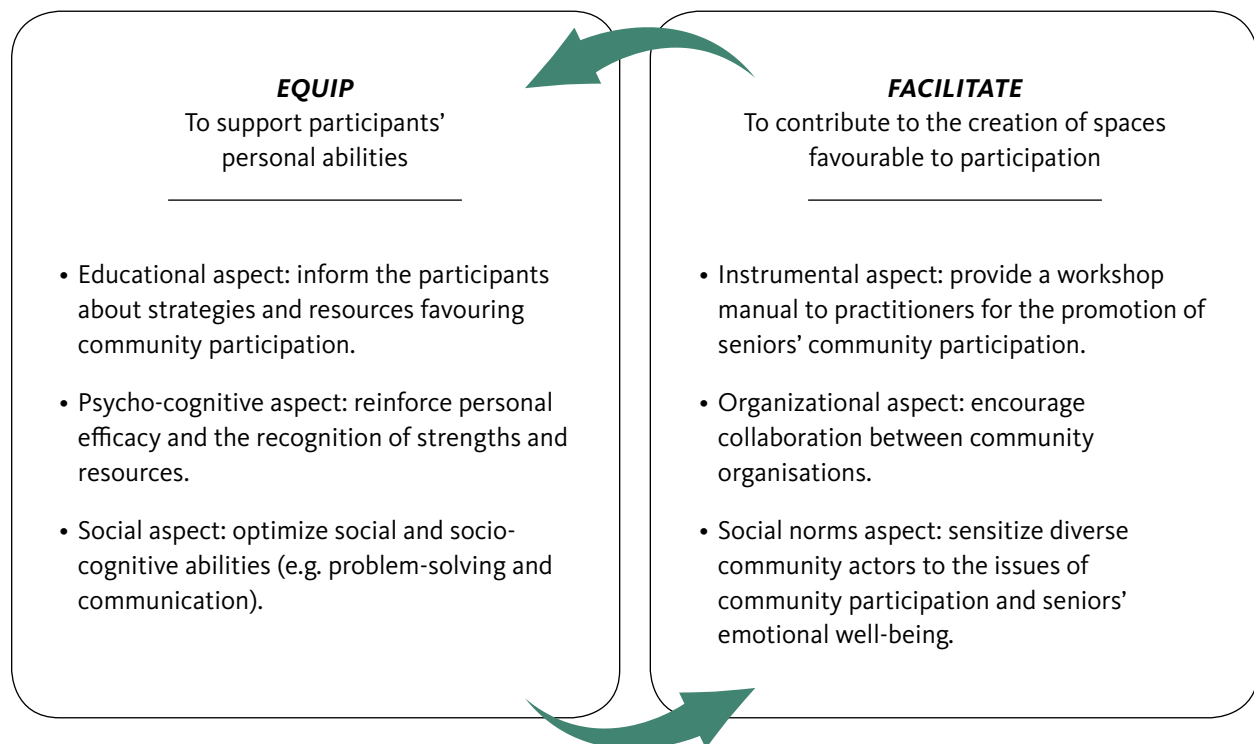
Why this program?

Count Me In! promotes the benefits of social participation to a population vulnerable to isolation or social exclusion. The program is based on a health promotion approach which allows people to increase their community participation according to their interests and their personal reality.

In Canada, around one in four seniors has a mental health issue and there is growing evidence that this trend is on the rise (CMHA, 2016). Mental health problems in seniors are associated with stigma and can have a major effect on health (e.g., chronic illness, reduced life expectancy), can increase vulnerability, and are associated with conditions that can affect quality of life in the community (e.g., social isolation, poverty, homelessness) (Dallaire *et al.*, 2010; Fleury & Grenier, 2012). Older people with a mental health problem are often less inclined to socialize than those in good mental health. As well, seniors with mental health problems are more likely to have comorbidities, hearing loss, changes in cognitive function and functional limitations and may need help with personal care, medication management and other daily activities (Bédard & Gibbons, 2007). Also, they are often under-served by mental health resources (Bédard & Gibbons, 2007). Interventions aimed at this group should not simply help them stay in the community, but also ensure they can age in acceptable conditions (Dallaire *et al.*, 2010).

The program objectives are organized according to two major health promotion axes: supporting individual capacity and creating favourable environments (World Health Organization, 1986) (Figure 3). This is also illustrated in the theoretical program model found in the annex.

Figure 3 – Program objectives



A core component of the program are the group workshops. The group itself is a place for social participation and represents, for the participants, an opportunity to test or develop their abilities. Different social situations are available in a safe environment providing the tools that will allow them to take back their power and be confident about participating in their community (Dallaire & McCubbin, 2008). However, community participation should not rest entirely on the shoulders of the individuals themselves. A collective effort is required to create favourable conditions for this. For this reason, the program also aims to sensitize the community and organizations to the needs and realities of this population.

Development of the program

For several years, practitioners and researchers of the CIUSSS West-Central Montreal have been concerned about seniors' social participation. In fact, the workers noticed a large proportion of their clients participated in few community activities offering socialization. They brought the needs of this often misunderstood population to the forefront: those who may not have a mental illness diagnosis but nevertheless are experiencing some emotional distress or other psychosocial difficulties that may increase their isolation. These seniors often have a very limited social network, financial difficulties or problems organizing their daily activities. An analysis of the services offered by the CIUSSS West-Central Montreal mental health team highlighted the need to reach out to this population to offer more community services (Nour, Billette & Regenstreif, 2012).

Figure 4 illustrates the main steps that led to the development of the *Count Me In!* program. The process involved many people, notably psychosocial practitioners, rehabilitation specialists, community organizations, researchers, mental health specialists and students, as well as people representing the target population.

Figure 4 – Program development process



OPERATIONAL ASPECTS

The target population

The program was created for older people whose community participation has been impacted by psychosocial problems such as social isolation, bereavement or marginalization, as well as those who have been diagnosed with a mental health problem such as depression, anxiety, or bipolar disorder. Priority should be given to those whose community participation is low for reasons such as a lack of initiative, low self-esteem or difficulties making connections, joining groups and making changes. The program could also be appropriate for seniors who are grieving or adapting to loss after changing their place of residence.

It is important to recruit those who could benefit the most from the program (Figure 5). Group cohesion is increased when selection criteria result in a relatively homogeneous group. The optimal number is 5 to 10 participants. Larger group size offers additional challenges to the leader; however, in this case, a co-leader can help with group management. The group leaders should adapt the proposed group activities and procedures according to the profile, potential, aspirations and experiences of the participants. The group manual proposes several adaptations to better respond to the needs of the participants who are less motivated or who need more structure.

Figure 5 – Participant selection criteria

- Appropriate group behaviour.
- Cognitive capacity for learning.
- Ability to participate in structured activities.
- Willingness to explore strategies to increase their community participation.
- Readiness to commit to a program that includes one individual meeting, eight group sessions and at least one visit to an organization.

Participants' age is not included in this list. Organizations offering the program can choose to follow their own criteria. People aged 55 to 80 are most likely to benefit from sharing their thoughts about the challenges of social participation. During the selection process, it is worth taking into account the profile, potential, motivation and wishes of each participant. The program was tested with an intergenerational group of adults and seniors during the trial phase. The two organizations that did this did not find mixing the ages of the participants to be a problem.

Who could offer the program?

Count Me In! could be offered by any establishment within the health and social service network, for example, day centres, external clinics and other mental health services. The program has also been adapted for community organizations and residences (e.g., non-profit residential organizations). The program requires little material.

It is strongly recommended that the group leader have some experience in leading psychosocial or health education groups as well as skills in helping relationships (e.g., a social worker, an educator or a health care professional). A trained peer helper with group leadership experience can also offer the program. A co-leader who also has experience in helping relationships could also offer assistance.

Online training

A series of videos that summarize in a clear and concise manner the different aspects of the program have been created to support you in offering the program. It is advisable to watch them before reading the rest of this manual because it will allow you to understand the program entirety, as well as how the different parts fit together.

In addition, two other videos about best practices in running a group for seniors are available. They are especially useful for practitioners who have little experience working with groups of seniors or caregivers or who would like to refresh their memory about the basic principles of running groups. The videos are entertaining and each one is no more than 5 minutes in length.

You can watch the videos on the CREGÉS web site at
www.creges.ca/soutien-clinique-prevention-promotion-sante-et-veillissement
in the *Count Me In!* section.

ORGANIZING THE PROGRAM

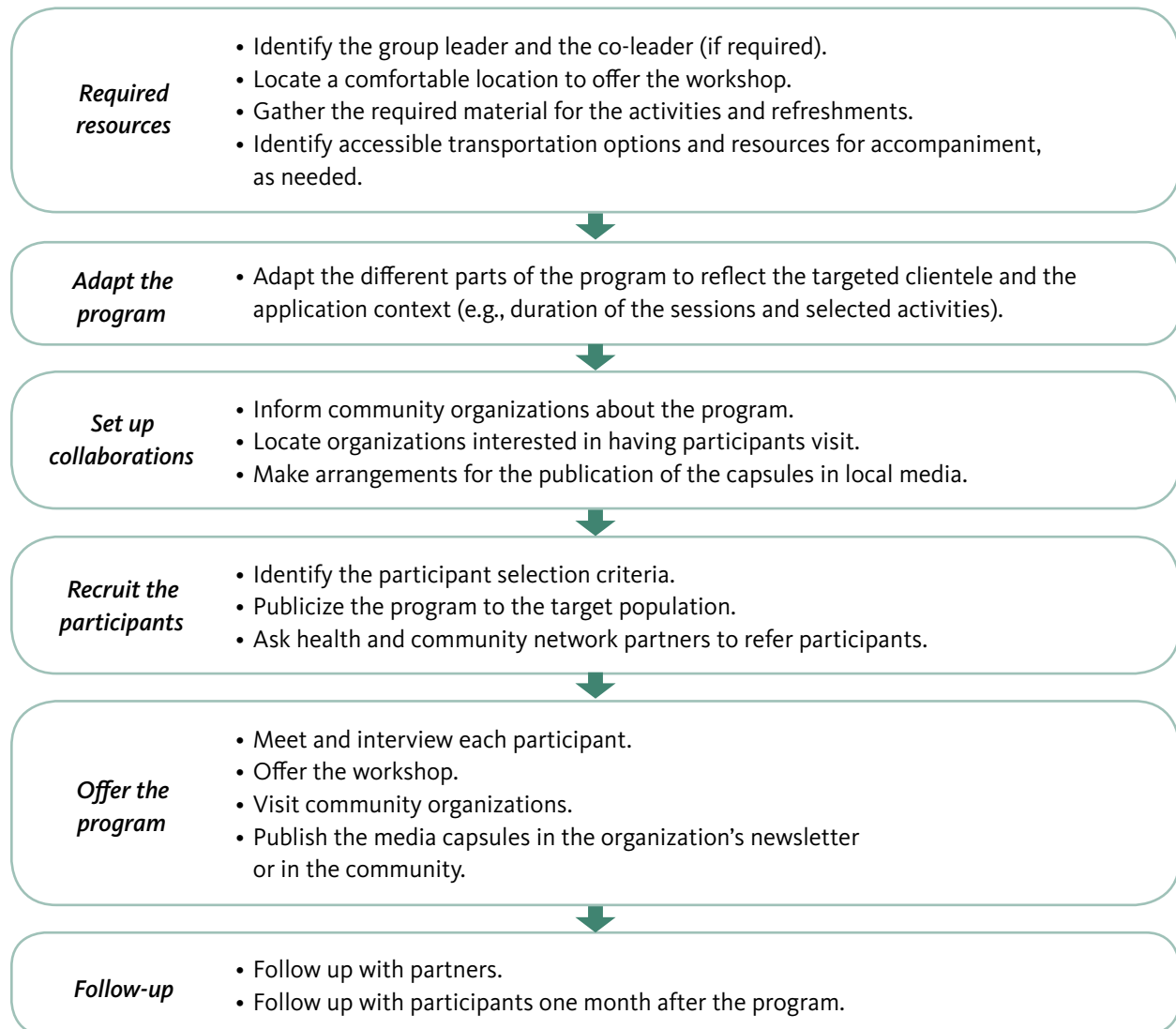
The main steps for setting up the program are outlined below in Figure 6. Also, included in the annex to the guide are tools such as a program brochure to facilitate program implementation.

Anticipate required resources

As stated above, it is useful for the group leader to have a co-leader to help with the workshop process as well as to assist in the organization of the different aspects of the program (e.g., contacting organizations to set up the visits, accompanying the participants on the visits, publication of the capsules). Once the group leader and the co-leader have been identified, the other details such as the time and place, registration fees and materials can be organized. It is also recommended that light refreshments such as tea and fruit be offered, as this can contribute to the social nature of the program.

When deciding on the time and place of the meetings, it is important to also take into consideration issues of mobility and transportation. Participants' needs may vary according to their health status, mobility, their level of initiative, and where they live. There is a grid in the first part of the guide for the group leader to use to determine available transportation options. Participants' preferences and availability can be discussed during this meeting as well. The group leader can assist the participants in organizing options such as ride sharing in taxis or walking in small groups. They should be asked to consider having a plan B to deal with the unexpected (what they will do if their preferred option is unavailable). Some participants may need to be accompanied in the beginning or during the visits to organizations. The leader can refer them to a volunteer service if it is available.

Figure 6 – Setting up the program



Adapting the program

As previously mentioned, the activities and procedures outlined in the guide should be considered recommendations on how to offer the program. There are more activities outlined in this guide than can possibly be offered during the program, particularly in the workshops. To avoid overloading the sessions, group leaders should choose those activities that are the most relevant. The goal is to walk the participants through it and allow time for reflection and discussion. Suggestions can be found in each section of the program to help the leader make the required adaptations.

The format of the program can also be adapted. The group leader can choose the length of the sessions, normally between 90 and 120 minutes, according to participants' needs. A shorter time can be selected for a group who has problems with organization or staying attentive. In this case, the group leader can offer more sessions, for example 10 instead of 8, dividing the material accordingly. The program calendar should also be planned according to the situation of each participant, as well as the workload of the group leader – for example, every two weeks, to allow for visits to the community organizations.

Establishing collaboration

Several organizations can be involved in implementing the *Count Me In!* program. Let the different organizations know about the program (e.g., medical clinics, community organizations, mental health facilities) so they can reach out to those who may benefit. An example of an *Information letter to community partners* is included in the annex. The group leader should also take any opportunity to present the project in different places like sectorial committees and community groups.

Before the program starts, the group leader should identify any community resources that may be interesting for the participants to visit, for example, municipal services or community centres. As well, the leader can locate any media sources in which the participants can publish their capsules. The steps to follow for doing this can be found in Part 3 (visits to community resources) and in Part 4 (publicity capsules). While contacting the different organizations, the group leader should emphasize that *Count Me In!* is a health promotion program that does not replace other specialized medical or psychosocial follow-up programs that may eventually be offered to the participants.

Participant recruitment

The group leader should reach out to the population they would like to target for the program. It may be necessary to add some additional selection criteria in order to recruit a homogeneous group. One of the major challenges of this type of program is to mobilize those who could benefit the most: seniors vulnerable to social isolation. To do this, sources and recruitment methods should be diversified. Local professionals could be asked to identify those who correspond to the profile from their caseload. Community organizations can also contribute to the recruitment (see the *Information letters to community partners*, in the annex). The program can also be publicized in pharmacies, medical clinics and any place offering mental health services. There are some examples of promotional material in the annex.

Offering the program

The group leader should take note of any adaptations to the program as well as participants' response to the different activities. This will make it easier when offering it in the future. To do this, an example of the *Group Leader's Logbook* is available in the annex of Part 2.

Follow-up

Following the program, a follow-up should be done with the organizations involved (e.g., those that welcomed the participants for a visit). A quick telephone call to thank them for their help and to ask for any suggestions to improve the program could pave the way for future collaboration.

A post-program follow-up with the participants may increase the benefits of the program. This could be done in different ways: the group leader could make a brief telephone call or invite the participants to an informal gathering a month after the program ends. This could be decided by the group. The participants could also be encouraged to organize their own get-togethers after the program.

THE PROGRAM IN THE CONTINUUM OF SERVICES

Strategies must be used to support the health and well-being of everyone, including those who are more difficult to reach. *Count Me In!* aims to offer access to different resources including social, recreational and health promotion activities. The place of the program within the continuum of services varies, depending on the organization implementing it and the target clientele (Figure 7). In the health and social services sector, the program could be offered in a specialized clinic to serve as a springboard for clients returning to community resources and who no longer need active care following a mental health crisis. During the trial run, the program was offered in a day centre to seniors experiencing a loss of autonomy who were also socially isolated. *Count Me In!* could also be implemented in a community centre as a way to respond to the needs of seniors who are experiencing psychosocial difficulties. It could also be offered by an organization specialized in mental health as a specific activity for seniors with mental health issues.

Regardless of whether the program is offered by a healthcare network establishment or a community organization, it requires inter-organisational collaboration. In fact, the host organization should call on other community resources to help recruit participants, organize visits and publish the videos. As well, during the planning and implementation of the program, the continuity of services among all the resources should be considered. Some participants may have already received services from the health and social services network. If the group leader observes some deterioration in the condition of a participant during the workshop, a process could be set up so the person can be referred to their doctor and a care worker.

Figure 7 – Target Population of the *Count Me In!* Program

PROFILES OF SENIORS	RECOMMENDATIONS
Seniors in the general population, without any particular difficulties.	Refer them to other community active-aging and mental health programs.
Seniors with psychosocial problems (e.g., isolation, grieving, marginalization).	Offer <i>Count Me In!</i> to optimize their participation, according to their interests and accessible resources.
Seniors who have a stable mental health problem and are at the social reintegration stage.	Offer <i>Count Me In!</i> to optimize their participation, according to their interests and accessible resources, including those specialized in mental health.
Seniors with a mental health problem and needing supervision.	Refer them to other programs offered in clinics or community resources that specialize in mental health issues.

FUNDAMENTAL CONCEPTS

The program tackles several concepts, notably social exclusion, isolation and social participation. Since there are many definitions for these concepts, a few points of clarification are presented below.

Social exclusion and social inclusion

Underlying this program are issues related to the social exclusion and inclusion of seniors with mental health problems and possibilities for their social participation. Many older people are affected by situations of exclusion, sometimes because of their age, but also because of social situations that make them vulnerable to prejudice, as is the case for seniors with mental health problems (Dallaire & McCubbin, 2008, 2010; Otero, 2007). For them, resisting social exclusion requires a lot of resources, energy and time, which limits the amount of energy they have for social participation. For instance, those who have already used a lot of energy just to get to the starting line are already tired out when it comes to running the race. Social inclusion is manifested when someone, even with challenges and differences, has an equal chance to evolve in society in a way that corresponds to their needs, capabilities and wishes. It is a collective process and the responsibility of all members of society to develop inclusive communities and ensure everyone can participate.

What is social participation?

Social participation could be considered a plural concept (Raymond *et al.*, 2008) that takes several forms such as interactions with others or membership in an association or a network. Social participation is related to a person's autonomy, abilities and desire to be involved. It is not an obligation but a possibility, which may or may not be chosen.

There are several models that explain the concept of social participation that all have in common the fact that they consider it a determinant of health (Blanchet *et al.*, 2014). They highlight various dimensions of social participation (e.g., relational, functional and occupational). The perspective that is adopted in this program focuses on community participation, which the project's developers have defined as people's use of community resources that can be a source of activity and social interaction.

This program offers participants the chance to have positive contact with others and to take part in educational and enjoyable activities. Discussions that take place within the group can create possibilities for mutual assistance between the members. The strategies proposed, such as finding transportation and following a schedule, can eventually be transferred to other community resources. Ultimately, active participation in the group process during the workshop could motivate the seniors to become involved in other kinds of activities like volunteering. Opportunities for this could be explored during the visits to the community organizations. Encouraging group participation in activities they like or find meaningful should be kept in mind throughout the workshop.

The benefits of social participation

Several studies have demonstrated the positive effects of social participation on the health and well-being of seniors (Levasseur *et al.*, 2008), and improved physical (Jang *et al.*, 2004) and cognitive functioning (Glei *et al.*, 2005). Social support from informal social networks can have a positive impact on emotions as well as reducing the possibility for depression (Chiao *et al.*, 2011). Feeling socially connected could increase feelings of self-efficacy and provide meaning to what they do.

Several factors that influence seniors' social participation:

- ▶ Socio-demographic: age, sex, education, civil status;
- ▶ Personal: income, health, employment and retirement, life experience, motivation;
- ▶ Environmental: accessibility, culture, attitude of professionals.

(Raymond *et al.*, 2008)

The results of a Canadian survey suggest that seniors' participation in educational, social and cultural activities and sports can be negatively influenced by poor perception of their mental health (Statistics Canada, 2010). The survey also demonstrated that a person's socioeconomic situation also has a major impact on social participation.

How to encourage social participation?

In 2008, Raymond *et al.* analyzed 30 interventions in several countries on seniors' social participation. The purpose of the interventions was to offer seniors a chance to have a social role and develop relationships according to their abilities, needs and interests. The interventions were placed in five major categories:

- ▶ Individual interactions: the purpose of these interactions is to create links with isolated seniors and to put them in contact with a practitioner or a volunteer (peer support);
- ▶ Group interactions: within a collective context, but the participants do not have a common mission;
- ▶ Collective activities: the participants work together to create a project;
- ▶ Volunteering: supporting seniors who wish to volunteer;
- ▶ Socio-political involvement: supporting seniors who wish to enact social change through political involvement.

(Raymond *et al.*, 2008)

The *Count Me In!* program presents these types of activities in a gradual way and it is important that each participant identifies how they feel about each one. For instance, some participants are comfortable with a group project, such as the media capsules while others may wish to explore volunteer opportunities in their neighbourhood. As well, the important components for promoting social participation of seniors have been well integrated into the program (Figure 8).

Figure 8 – The important components of social participation interventions

- Propose activities that encourage social relationships.
- Encourage leadership and involvement in decision-making.
- Respect participants' preferences and personality.
- Use non-traditional strategies for participant recruitment.
- Plan enough time for social connections to be made.
- Provide training and support to group leaders.

(Raymond *et al.*, 2008)

There are few interventions that specifically target the social participation of seniors with psychosocial problems. Nevertheless, some initiatives such as *Helping Older People Experience Success* (HOPES) (Mueser *et al.*, 2010) are inspiring. This program was developed to help community-living seniors with severe psychosocial problems improve their psychosocial functioning. It offers a year of psychosocial ability training and health management, followed by one year of maintenance. Participants in this program showed a decrease in their negative symptoms and an increase in self-efficacy, compared to the control group who had received their usual treatments (Mueser *et al.*, 2010).

Another inspiring program, the *Wellness Education Group Intervention* (Van Metre *et al.*, 2011) is a community program for adults with severe mental health problems and is based on a reablement approach. Twice a week, for eight weeks, they are offered many educational activities on topics such as nutrition, stress management and sleeping. Participants declared the program to be both enjoyable and beneficial.

THE THEORY BEHIND THE PROGRAM

A logic model was created as a framework for the development of the program and to illustrate the links between the different components and targets (annex). The ultimate objective of the program is to increase community participation of seniors, notably their access to activities and resources for socialization. Participation is promoted through two trajectories of intervention: personal competence (empower) and their social environment (facilitate). Each part of the program includes one or both of these targets. For example: the group workshop and the individual interviews aim to reinforce abilities that could be precursors to participants' social participation (e.g., recognizing their own resourcefulness, knowledge of transportation options, etc.). Visits to organizations will increase knowledge of existing resources as well as making staff aware of this population's needs. In addition, creating media capsules will allow the participants to reinforce their skills with regard to initiative, communication and group decision-making. It will also be a way to raise awareness in the general population around issues related to aging and mental health.

THE APPROACHES THAT INSPIRED THE PROGRAM

The program was inspired by several theoretical frameworks. The strengths-based approach is the main one, but strategies regarding health education and motivational communication were also brought into play. The implementation of the program and organization of visits was based on intersectorial collaboration. The media capsules activity was inspired by approaches designed to raise awareness.

Focus on participants' strengths

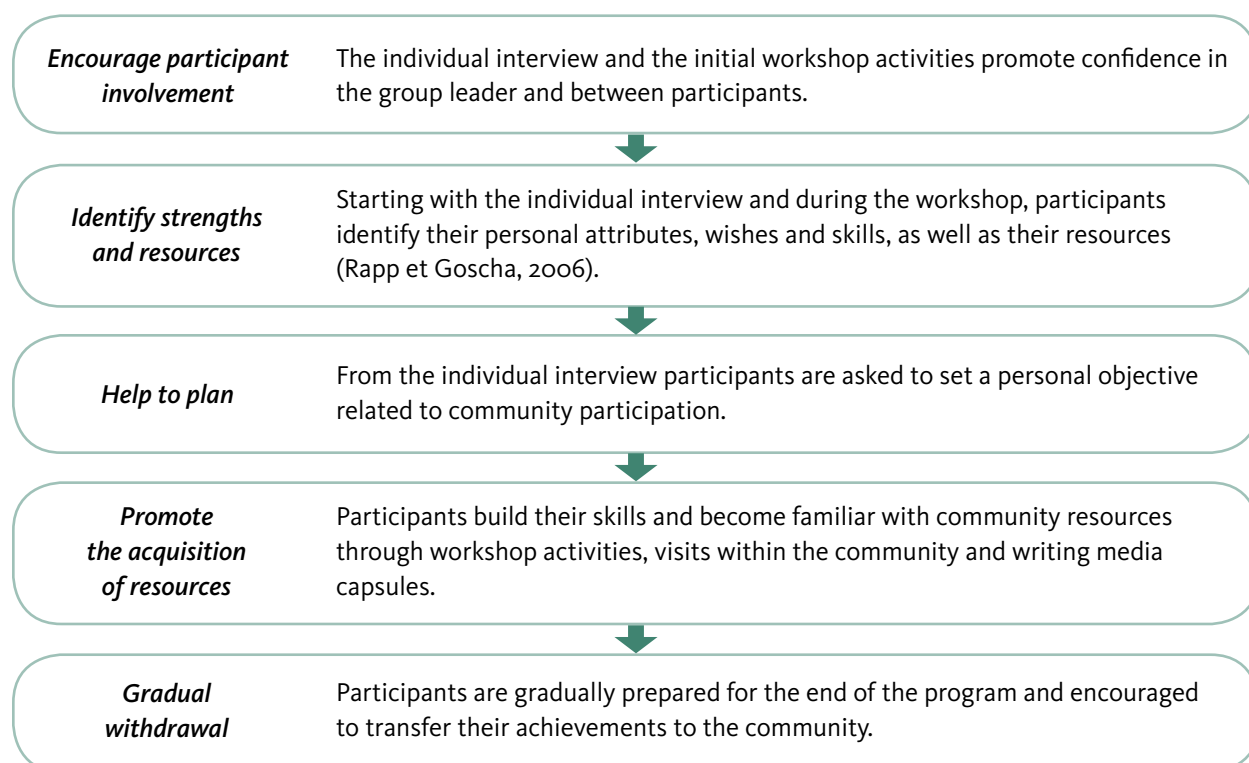
The program utilizes a strengths-based approach which was developed specifically for people who have mental health problems. This approach grew out of a need to move from the traditional focus of mental health services that are centered on the person's problem, towards a focus based on the strengths and resources they use to help them meet the challenges they encounter (Rapp & Goscha, 2006). It is not the absence of symptoms that are targeted, but the optimal integration of the person in their community, improvement of their quality of life and enhancing their feeling of being "normal."

As set out by Rapp & Goscha (2006):

- ▶ The program focuses on actualizing strengths and not on participants' symptoms;
- ▶ It is based on the premise that people can continue to learn and change;
- ▶ Participants set their objectives and define their action plan and activities;
- ▶ The community is perceived as a resource and not an obstacle;
- ▶ Awareness-raising is the preferred intervention method .

The process of the program, inspired by the steps proposed by Bougie (2010) (Figure 9).

Figure 9 – Process inspired by the strengths-based approach



Health education strategies

The Ottawa Charter for Health Promotion (World Health organization, 1986) identifies health education as one of the strategies to adopt to support individual and social development. In fact, by encouraging life-long learning, we are able to help people exercise more control over their health and well-being and to make good choices. As well, they will be better equipped to deal with situations that could compromise their well-being, such as financial difficulties, social conflict and mental illness.

The health education strategies proposed in the program pool participants' knowledge to enable them to modify their attitudes and to reinforce the required skills for full community participation. The workshop offers activities such as quizzes, stories and role playing. Behavioural change techniques, which are chosen by the participants, include identifying obstacles, focusing on success, and post-intervention follow-up (Godin, 2012). Scenarios also allow participants to apply their skills in concrete situations involving social participation.

Motivation for moving forward

The guidelines for the individual interviews in this program are based on Miller & Rollnick (2013). The motivational interview is a communication method used to increase a person's motivation to undertake changes to improve their health and well-being (Miller & Rollnick, 2013). The method is directive and person-centered, targeting intrinsic motivation for change through the exploration and resolution of ambivalence. Above all, the motivational interview aims to help the person make decisions and find motivation (Douglas Hospital Research Centre, 2001). A person's intrinsic behavioural motivation is not static, it fluctuates over time. It could be influenced in a positive or negative way, notably through the strategies used during an intervention.

The motivation interview process has two significant phases:

- 1) To help the person develop an overall picture of their situation and help them reach a decision for change;
- 2) To consolidate the decision for change and undertake the next steps.
(Douglas Hospital Research Centre, 2001).

The motivational strategies included in the *Count Me In!* interview are also presented in two stages. During the individual interview, the participant identifies a personal objective related to community participation. At the second stage, the participant explores the behaviours or resources required to reach their objective during the group sessions. As well, to enhance motivation the program also suggests:

- ▶ Encouraging the participants to reflect on how important community participation is for them;
- ▶ Exploring any ambivalence on the subject (e.g., identify potential benefits and acknowledge any insecurity or expenditure of energy related to participation in new activities);
- ▶ Reinforcing their feelings of self-efficacy regarding their social interactions;
- ▶ Inciting dialogue for change (i.e., eliciting positive comments from participants regarding community participation).

(Rollnick, Miller & Butler, 2007)

Inter-organizational collaboration

Setting up the different parts of the program requires collaboration among several community organizations for participant recruitment and visits. This process could reinforce collaborative efforts among the many organizations that offer services to the elderly experiencing psychosocial problems.

As previously stated, seniors who have psychosocial problems may also experience isolation and exclusion because of difficulties in accessing places for social participation. Two parts of the program focus on sensitizing the community to the challenges related to the issues of mental health, aging and social participation. First, the media capsules created by the participants and disseminated to community organizations can help raise public awareness to the issues of those vulnerable to social isolation.

Second, the process of organizing the visits to community resources could help make those in charge more aware of the needs of seniors with psychosocial problems. They would have already been informed of the general program objectives without necessarily knowing about the participants' specific issues. The visits also offer the opportunity for the employees of the organizations to get to know the participants. In 1954 Allport introduced his "contact hypothesis", which states that one of the best ways to improve relations between two groups is to put them in contact with one another (Allport, 1954). The more contact between group members, the better they get to know each other and the less discrimination they will experience within the group.

REFERENCES

- Allport, G. W. (1954). *Nature of Prejudice*. Reading, Mass.: Addison-Wesley.
- Bédard, M. & Gibbons, C. (2007). The needs of rural and urban young, middle-aged and older adults with a serious mental illness. *Canadian Journal of Rural Medicine*, 12(3), 167-175.
- Blanchet C. Hamel D. et al. (2014). *Habitudes de vie, poids corporel et participation sociale chez les aînés du Québec*. Québec : Institut national de sante publique du Québec. 154p.
- Centre de recherche de l'Hôpital Douglas – Programme de recherche sur les addictions. (2001). L'entrevue motivationnelle : un guide de formation. Montréal : Centre de recherche de l'Hôpital Douglas.
- Chiao, C., Weng, L. J. & Botticello, A. L. (2011). Social participation reduces depressive symptoms among older adults: an 18-year longitudinal analysis in Taiwan. *BMC Public Health*, 11(1), 1.
- Mental Health Commission of Canada (MHCC, 2017). <https://www.mentalhealthcommission.ca/English/focus-areas/seniors>
- Dallaire, B., McCubbin, M., Provost, M., Carpentier, N. & Clément, M. (2010). Cheminement et situations de vie des personnes âgées présentant des troubles mentaux graves : perspectives d'intervenants psychosociaux. *La Revue canadienne du vieillissement*, 29(02), 267-279.
- Dallaire, B. & McCubbin, M. (2008). Parlons d'inclusion sociale. La théorie et la recherche à propos des personnes aux prises avec des handicaps psychosociaux (pp. 251-266). In Gagnon, E., Pelchat, Y. & Édouard, R., (Dir.), *Politiques d'intégration, rapports d'exclusion*. Québec : Les Presses de l'Université Laval.
- Fleury, M.J. et Grenier, G. (2012). *État de situation sur la santé mentale au Québec et réponse du système de santé et de services sociaux*. Commissaire à la santé et au bien-être, Gouvernement du Québec.
- Glei, D.A., Landau, D.A., Goldman, N., Chuang, Y.L., Rodriguez, G. & Weinstein, M. (2005). Participating in social activities helps preserve cognitive function: An analysis of a longitudinal, population-based study of the elderly. *International Journal of Epidemiology*, 34(4), 864-871.
- Godin, G. (2012). *Les comportements dans le domaine de la santé. Comprendre pour mieux intervenir*. Montréal: Les presses de l'Université de Montréal, 328 p.
- Jang, Y., Mortimer, J. A., Haley, W. E. & Graves, A. R. B. (2004). The role of social engagement in life satisfaction: Its significance among older individuals with disease and disability. *Journal of Applied Gerontology*, 23(3), 266-278.
- Levasseur, M., Desrosiers, J. & Tribble, D. S. C. (2008). Do quality of life, participation and environment of older adults differ according to level of activity? *Health and Quality of Life Outcomes*, 6(1), 1.

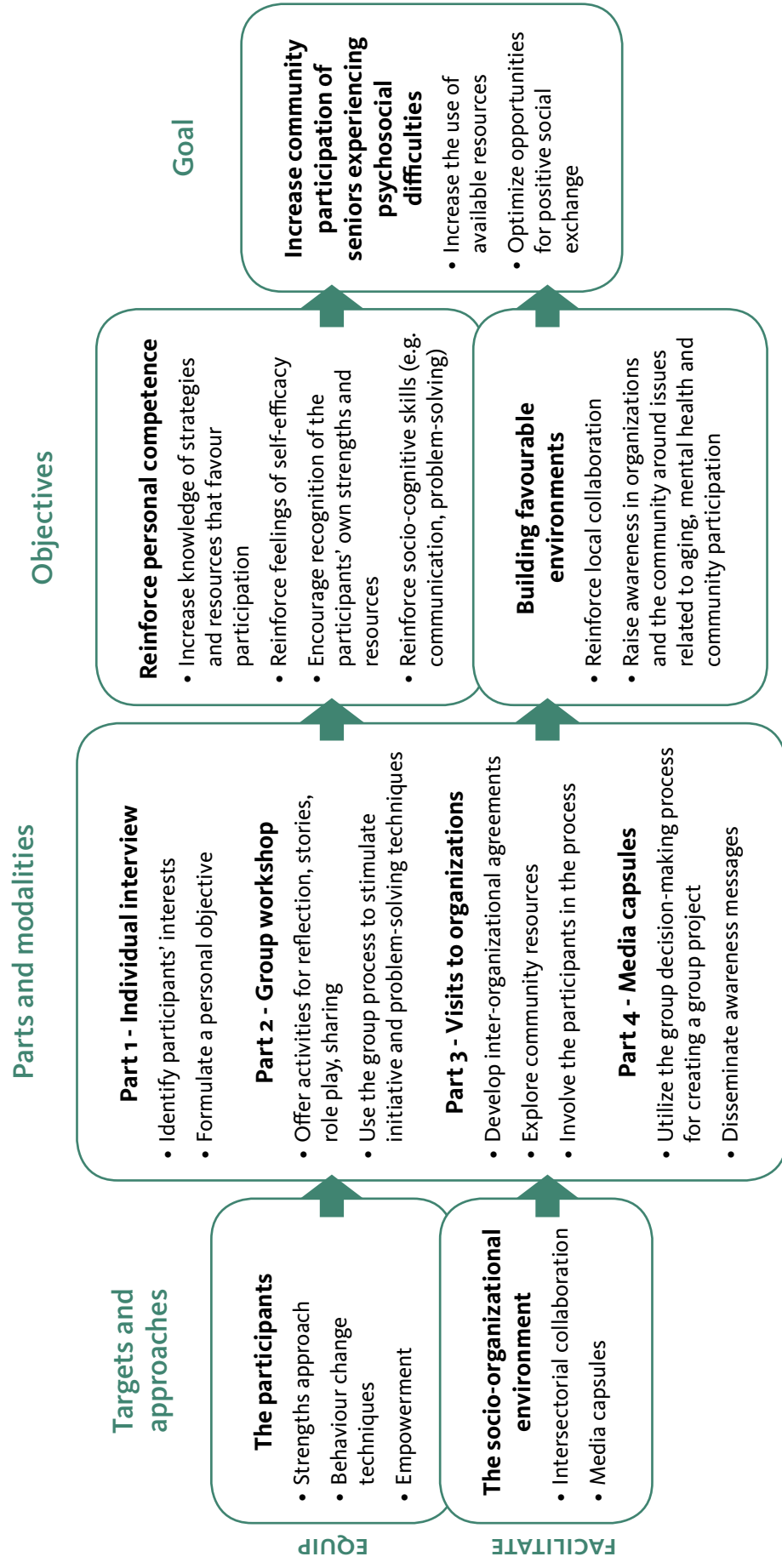
- McCubbin, M., Dallaire, B., Lagrange, V., Wallot, H., Bergeron-Leclerc, C., Cormier, C. & Nelson, G. (2010). Reconstruction et rééquilibrage du lien social : une étude exploratoire sur les rôles de l'inclusion sociale, de l'appropriation du pouvoir d'agir et de l'espoir dans le rétablissement. *Revue canadienne de santé mentale communautaire*, 29(1), 1-18.
- Miller, W. R. & Rollnick, S. (2009). *Motivational Interviewing: helping people change*. 3rd ed. NY: Guilford.
- Mueser, K. T., Pratt, S. I., Bartels, S. J., Swain, K., Forester, B., Cather, C. & Feldman, J. (2010). Randomized trial of social rehabilitation and integrated health care for older people with severe mental illness. *Journal of Consulting and Clinical Psychology*, 78(4), 561.
- Nour, K., Billette, V. & Regenstreif, A. (2012). Les services en santé mentale pour les personnes âgées du CSSS Cavendish, déjà 10 ans. *Frontières*, 25(1), 152-178.
- Organisation mondiale de la santé. (1986). *Chartre d'Ottawa pour la promotion de la santé*. Genève : Organisation mondiale de la Santé.
- Otero, M. (2007). Le psychosocial dangereux, en danger et dérangeant : nouvelle figure des lignes de faille de la socialité contemporaine. *Sociologie et sociétés*, 39(1), 51-78.
- Rapp, C.A. & Goscha, R.J. (2006). *The Strengths Model: Case Management with People with Psychiatric Disabilities*. Oxford: Oxford University Press, 289 p.
- Raymond, É., Gagné, D., Sévigny, A. & Tourigny, A. (2008). *La participation sociale des aînés dans une perspective de vieillissement en santé. Réflexion critique appuyée sur une analyse documentaire*. Québec : Direction de santé publique de l'Agence de la santé et des services sociaux de la Capitale-Nationale, Institut national de santé publique du Québec, Centre d'excellence sur le vieillissement de Québec et Institut sur le vieillissement et la participation sociale des aînés de l'Université Laval, 111 pages.
- Rollnick, S., Miller, W.R. & Butler, C.C. (2007). *Motivational Interviewing in Health Care: helping patients change behaviour*. NY. Guilford.
- Statistics Canada. (2010). *Canadian Community Health Survey – Healthy Aging (CCHS)*. Ottawa : Government of Canada. http://www23.statcan.gc.ca/imdb/p2SV_f.pl?Function=getSurvey&SDDS=5146#tphp.
- Van Metre, L., Chiappetta, L., Siedel, B., Fan, T. & Mitchell, A. (2011). Educating for wellness: A wellness education group intervention for adults with chronic severe mental illness living in the community. *Issues in Mental Health Nursing*, 32(7), 408-415.



ANNEX

Count Me In!

Program Logic Model



Count Me In!

Promoting seniors' community participation Information letter for community partners

Dear community partner,

Our organization will soon be offering a program that promotes the community participation of seniors who are experiencing some psychosocial challenges and who may also have a mental illness.

The *Count Me In!* program has 4 parts:

- 1) An individual meeting of each participant with the group leader;
- 2) An 8-session workshop;
- 3) Visits to community organizations;
- 4) A media communication group activity.

We request that you pass this message to seniors who fit the following profile:

- Someone who is experiencing psychosocial difficulties (e.g. isolation, grieving, marginalization) or a mental health problem (e.g. depression, anxiety, bipolar disorder) that limits their community participation;
- Who demonstrates appropriate behaviour in a group setting;
- Who has sufficient cognitive abilities for learning;
- Who has an interest in exploring ways to increase their participation in activities offered in their community.

Count Me In! aims to encourage seniors' participation in their community activities that may offer opportunities for stimulating positive social contact. Please note that this program does not replace any medical or psychosocial support received or expected for this group. In the event of deterioration in their condition they will be referred to their care support team.

Here are the details of the program: Organization, place, time, dates, group leader.

I would be happy to respond to any questions you may have about *Count Me In!* program or any other activities for seniors offered by my organization.

Name, coordinates

Count Me In!
**Promoting community participation of seniors
experiencing psychosocial difficulties**
Participant referral sheet

Identification of the person referred

Family name, name: _____ Birth date: _____
Telephone: _____
Address: _____
Case worker: _____

Profile of the person referred

<input type="radio"/> Yes	<input type="radio"/> No	Appropriate behaviour in a group setting
<input type="radio"/> Yes	<input type="radio"/> No	Adequate cognitive level to learn abstract concepts
<input type="radio"/> Yes	<input type="radio"/> No	Capable of participating in structured activities
<input type="radio"/> Yes	<input type="radio"/> No	Interest in exploring ways to increase social participation
<input type="radio"/> Yes	<input type="radio"/> No	Readiness to take part in a program that involves: One individual meeting, eight group sessions and at least one visit to a community resource

Principal hindrances to their social participation

Person referring

Family name, name: _____
Profession: _____ Telephone: _____

COUNT ME IN!

Let's talk about community participation and emotional well-being and aging



Count Me In! offers

- A meeting with the group leader to explore which activities interest you.
- A workshop to discuss many interesting topics.
- A visit to an organization in your community.

Count Me In! is for you if

- You are a senior.
- You are experiencing some psychosocial difficulties.
- You would like to participate more in activities in your community.

Count Me In! will be offered near you!

Schedule: _____ Start: _____

For information: _____



COUNT ME IN!

Promoting Seniors' Mental Health and Community Participation

Visit the WWW.CREGES.CA and download a **FREE** copy of the animation guide of the COUNT ME IN! program.

A ready-to-use product, available in English and in French, with flexible and adaptable activities.

Includes workshop materials, tools, ideas on how to organize or adapt the program, video capsules and much more!



**COUNT
ME IN!**

Individual Interview

Part 1

Centre intégré
universitaire de santé
et de services sociaux
du Centre-Ouest-
de-l'Île-de-Montréal

Québec 

Integrated Health
and Social Services
University Network
for West-Central Montreal



Bell
Let's Talk

équipe
VIES

vieillissements
exclusions sociales
solidarités




Center for Research and Expertise
in Social Gerontology

Legal deposit

ISBN 978-2-922582-62-8

Published by:

The Centre for Research and Expertise in Social Gerontology (CREGÉS)
of the CIUSSS West-Central Montreal



CONTENTS OF PART 1 – INDIVIDUAL INTERVIEW

- 4** | Parts of the program
- 5** | The individual interview
- 6** | Operational aspects
- 7** | Best practices for interviews
- 8** | The interview process
- 10** | REFERENCE
- 11** | ANNEX

PROGRAM OVERVIEW

The aim of *Count Me In!* is to promote the community participation of seniors who have psychosocial problems and who may or may not have been diagnosed with a mental illness. The program has four parts which together make up the workshop manual (Figure 1).

It is recommended that individual interviews be held with participants before the program begins in order to help them begin their thought process with regard to their community participation, and to help them identify a personal goal. Following is an overview of the various approaches on which the interview is based, as well as several tools to facilitate the meeting.

Figure 1 – The *Count Me In!* program manual

Introduction to the manual

This section presents the program objectives, the theoretical model and recommendations for setting up the program (e.g., target population, group facilitation).

Part 1 – Individual interviews

The interviews, done before the workshops begin, help the participants identify their interests and select a personal objective for community participation.

Part 2 – Workshops

The workshop itself consists of a series of eight sessions, ranging from 90 to 120 minutes, on topics related to community participation, mental health and aging. A variety of interactive and reflective activities are also included.

Part 3 – Visits to organizations

One of the program objectives is to encourage the use of community resources. Participants are provided information about this and visits to organizations are arranged with them.

Part 4 – Media capsules

During this group activity, participants choose the messages that will be published in the organization's newsletter or within the community.

THE INDIVIDUAL INTERVIEW

The first part of *Count Me In!* consists of an individual interview of around 60 minutes. This interview, which takes place before the workshop, has several objectives (Figure 2).

Figure 2 – Objectives of the individual interview

- To help the group leader better understand the participants who will take in the workshop.
- To build trust between the leader and the participants.
- To help the participants identify what they are looking for and to form an objective related to community participation.
- To document what the participants would like to do regarding community participation, so as to prepare for visits to the organizations.
- To identify participants' transportation and accompaniment needs for visits to the organizations.

The interview could also provide an opportunity to confirm the person's interests and motivation for taking part, and to verify that the program responds to their needs. However, this is not a selection interview. During the recruitment phase, the participants should have already received information on the program, and their willingness and ability to participate should have already been verified. The person should have sufficient cognitive ability and appropriate group behaviour to be able to benefit from an educational intervention.

The interview also provides an opportunity to get the participants actively involved in the program process. They will be asked to set their personal objective related to an aspect of participation they would like to improve or change. Throughout the program, the group leader can keep going back to the objectives identified by each member. However, choosing a personal objective isn't always easy. Some examples can be offered to them. Some might still not have a clear idea of their objective. However, during the time between the interview and the first workshop sessions they will have some time to think about it. The group leader could have a ten-minute follow-up after the first session with any participants who have not yet set an objective.

OPERATIONAL ASPECTS

The individual interview should be done by the group leader, since it provides an opportunity to get to know the group members and build trust. The group leader should also have some experience in mental health and the helping professions, as well as sound knowledge of the program.

The individual interviews, which are completed before the workshop begins, are the first step in preparing the participants for the program. When the calendar for the program is set, enough time should be allotted to meet all the participants before it starts. There may be a delay of several weeks between the recruitment of potential participants and the first workshop session.

The interview could take place somewhere familiar to the participants, such as their home (if the program is being offered to home care clients) or somewhere they know well. The workshop location would be ideal, since it would give participants a chance to familiarize themselves with the route. The group leader could hold the interview in the same room as that in which the workshop will be held, or could visit the room afterwards with the participant.

Adapting this section

This guide offers tools and suggestions for conducting the interviews before *Count Me In!* begins. However, the interviews can be adapted to the needs and characteristics of the participants, such as their cognitive abilities and their capacity for introspection. For example, the proposed interview grid in the annex may not be appropriate for everyone. It may be easier to limit the questions to a few concrete ones during which the group leader verifies participants' interest in taking part.

It is also possible that some participants may never formulate a community participation objective. Just participating in the group itself may become their objective. During the trial phase of this program, some leaders who were already familiar with the participants chose to replace the individual interview with an additional group meeting during which participants were able to identify personal objectives.

Reinforcing personal motivation

This section of the program was inspired by the strengths approach as well as the motivational interview. The motivational interview is a communication method utilized to evoke a person's intrinsic motivation for change, however minimal (Miller and Rollnick, 2013). The motivational interview highlights conviction and confidence. Conviction refers to the fact that the participants perceive that community participation is beneficial. They are thus able to think about how they may benefit from taking part in activities offered in their community, and how they may have fun meeting others and joining interesting activities.

Participants gain confidence when they see they are able to change, (Miller and Rollnick, 2013) for instance, by organizing their transportation, participating in activities and joining a new group of people. The process that starts with the individual interview helps to build participants' capacity for change. This first meeting begins with an overview of their situation and an exploration of how satisfied they are with their current community participation. The person is then asked to identify one area he or she would like

(personal objective). The group activities in the workshop are designed to help participants reach the objectives they have identified. This process is highlighted in Session 2 when participants are asked to identify their strengths and any resources that could help them improve their community participation.

BEST PRACTICES FOR INTERVIEWS

There are some things, such as the environment, taking participants' visual or aural deficits into account, communication and response sheets, that could optimize the quality of the interview.

Organize the environment

- ▶ Ensure the privacy of the room. If needed, put a sign on the door that says *Interview in process*.
- ▶ Check the air circulation in the room. If necessary, open the door during the break.
- ▶ Put two chairs facing one another with a table or a desk in between for the interview questionnaire.
- ▶ Remove any potential distractions such as papers and a phone on the table.

Take visual or aural deficits into account

- ▶ Eliminate sources of noise (if necessary, close the door).
- ▶ Avoid sitting with your back to a light source such as a window which may shine light in their eyes and reduce vision.
- ▶ Make sure there is sufficient light in the room.
- ▶ Avoid speaking in a higher voice than usual; higher frequencies are often more difficult to hear.
- ▶ Articulate clearly but don't exaggerate since that can make lip reading more difficult.
- ▶ Ensure that all printed documents are written in a larger font.

Effective communication

- ▶ Adopt an attitude of listening and empathy.
- ▶ Maintain visual contact.
- ▶ Be relaxed; angle your body slightly towards the participant.
- ▶ Nod your head to show you understand.
- ▶ If in doubt, ask for clarification, paraphrase as needed.
- ▶ Avoid giving advice; don't make unnecessary interruptions while the other person is talking.
- ▶ Don't make assumptions or anticipate answers.
- ▶ Moments of silence are OK; this gives the person time to think.

Using the answer sheets

The answer sheets may help the participants answer the multiple-choice questions. If necessary, place the sheets in front of them and point out the different response options.

THE INTERVIEW PROCESS

The structure of the interview and time management are important. The following steps are based on the *Individual Interview Grid* found in the annex.

Introduction: gaining trust

- ▶ Welcome the person and introduce yourself.
- ▶ State the purpose and duration of the meeting.
 - Offer more information about the program.
 - Get to know the person and identify their personal objectives.
 - Advise them that the interview will take about 60 minutes.
- ▶ Go over the program basics.
 - The objective of **Count Me In!** is to help people participate more in activities that interest them in their community.
 - The four parts of the program:
 - An individual meeting (the interview);
 - Eight workshops of 120 minutes each that offer discussions and activities connected to social participation, mental health and aging;
 - Visits to local community organizations;
 - An activity in which the opinions of the group members are presented to the larger community to make people aware of issues related to seniors participation.
 - Verify that they understand the program and that they are still interested in participating.

The core of the interview: exploring community participation

Activities and interactions

- ▶ Ask the person to talk about their participation by briefly describing what they do in a typical week (community activities and the people they meet). Take note of the place and the people with whom they do these activities.
- ▶ Adapt the question: if the person says they don't do anything special, the question can be reframed as follows: "What did you do outside of the house over the past week?", "Who did you meet?" If the person still has problems answering, try asking about each day at a time: "Who did you meet yesterday?"

Positive and negative experiences (optional)

- ▶ Provide a short, concrete definition of community participation. For example: “To be able to go to activities I like nearby and have the chance to meet people.”
- ▶ Then, ask the person to talk about what it is like for them. For example: “How does it go when you meet people?”, “What has your experience been with activities outside the house?” “What challenges have you had?”
- ▶ Don’t hesitate to speak in more concrete terms or even pose a closed-ended question and ask them to explain. For example:
 - “Do you sometimes have problems when you meet people or participate in community activities?”
- ▶ Adapt the interview: this question can be skipped if time is short and other things need to be covered.

Satisfaction and interest in community participation

- ▶ For Question 3 in the interview grid, ask the person to what degree they are satisfied with their participation. To help them understand what this means, provide some concrete examples.
- ▶ Use the response sheet to help them answer. If the person has some problems answering using a scale, simply ask them what they think about these activities.
- ▶ Ask them to give some examples of what they would like to do.
- ▶ Adapt the question: if there are some problems with responding, just check what they might like to do: “Would you be interested in . . . ?”

Setting a personal participation objective

- ▶ Ask the person to identify an area in which he or she would like to participate more. Make the link with the visits that will be organized to help the person explore options in the community. Make the connection to the answer provided in the previous question. To do this, a link can be made to the interests discussed in the previous question.
- ▶ The interviewer could also use the list of examples of objectives (in the annex) which should be limited to one or two. If the person seems to need more guidance, limit the number of objectives to those discussed in the previous questions or to the most relevant.
- ▶ Adapt this question: it’s always possible that the person can identify an objective without the need for examples. Others may need more guidance, in which case the interviewer could suggest an objective drawn from the interests identified in the previous steps of the interview. For example: “What do you think of the idea of using the program as a way to see how you could increase your participation in . . . ?” A specific activity could be suggested: “What do you think of trying this activity?” If they still seem to have difficulty in identifying their goal, they could be asked to think about it until the first group session, where it will be discussed again.

Make two copies of the objective sheet: one for the group leader’s file and one for the participant’s workbook (to be handed out at the first session).

Participating in the program

- ▶ Ask the person how they see their participation in the group. Talk about whether they have had previous group experience. Ask them where they feel comfortable and if they have any concerns.
- ▶ Point out the box on the workshop description that has the name of the resource person to contact if they will be absent, or if they have any problems with the program.

Transportation

- ▶ Ask the person if they have any issues regarding transportation. If needed, point out the options available to them. Ask them to think about having a plan B, another option if their first choice falls through. Verify if they need to be accompanied to the initial group sessions.
- ▶ Discuss the various transportation resources that could be of use. Provide an information sheet about this (annex).

Interests and needs for the visits to community resources

- ▶ Remind them that the program includes visits to community resources (e.g., recreation clubs, associations, municipal services). Verify availabilities and accompaniment needs.
- ▶ Use participants' interests and needs to create the visit grid (annex). Note down participants' preferences and availabilities for the visit. Take note if the person needs to have an environment that is accessible. This grid will be helpful to prepare for the visits.

Conclusion: ensuring continuity

- ▶ Ask participants what they recall from this meeting.
- ▶ Highlight their openness and participation in the interview (or something else positive).
- ▶ Go over the next steps (e.g., when the group starts) and hand out the reminder sheet about this (annex).

REFERENCE

Miller, W. R. and Rollnick, S. (2012). *Motivational Interviewing -3rd edition. Helping people change.* New York: Guilford Press.



ANNEX

Count Me In!

Interview Grid

Participant's name: _____

Interviewer: _____

Date: _____

Introduction

- Objective and duration of the meeting
- Program information

1) Activities and interactions

Could you tell me a little bit about the activities you are doing right now in the community?

What are your main activities in a normal week?

Who do you meet on a regular basis?

2) The challenges of getting out (optional question)

Social participation is having chances to meet people and to do activities in the community that interest us.

What are your experiences regarding this subject? What are your challenges?

3) Satisfaction regarding current participation

<p><i>I'm going to name a few activities. For each one, tell me how satisfied you are with your current participation.</i></p> <p><i>Show the response sheet</i></p>	<p><i>How satisfied are you with your current participation?</i></p>				<p><i>Ask the person to provide details on the activities that interest them.</i></p>
	<p><i>Not at all satisfied</i></p>	<p><i>A little satisfied</i></p>	<p><i>Satisfied</i></p>	<p><i>Very satisfied</i></p>	
Meeting people (family, friends, acquaintances)					
Doing educational or cultural activities (e.g., courses, library)					
Physical activities (e.g., walking, swimming, bowling)					
Other hobbies (e.g., art course)					
Joining a group (e.g., club, association, discussion group)					
Helping people (e.g., doing favours, volunteering)					
Being involved in your community (e.g., sitting on a committee)					
Are there any other activities you'd like to mention?					

Notes

4) Personal community participation goals

Looking at the activities we've discussed, which ones or ones would you like to do more of in the coming months?

(See: *My Personal Community Participation Goals* in the annex)

- I'd like to know more about resources in my neighbourhood
- I'd like to have more chances to meet people
- I'd like to do more educational or cultural activities
- I'd like to do more physical activity
- I'd like to learn to use a computer
- I'd like to visit an organization
- I'd like to belong to a group (a club, an association)
- I'd like to have the chance to help others
- I'd like to be more involved in my community
- Other: _____

Notes: _____

5) Participating in the program

You will soon be participating in the *Count Me In!* program.

How do you imagine yourself in the group?

What are your expectations/concerns about this?

6) Transportation – getting to the program

The workshop will be held at (time), at (place). How will you get there?

(See: *List of transportation options* in the annex)

- | | |
|---|---|
| <input type="checkbox"/> Bus or subway | <input type="checkbox"/> Adapted transportation |
| <input type="checkbox"/> Volunteer driver | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Shared taxi | <input type="checkbox"/> Car sharing |
| <input type="checkbox"/> Personal car | <input type="checkbox"/> Bike |
| <input type="checkbox"/> Walk | |
| <input type="checkbox"/> Other: _____ | |

If it should happen that you are unable to use your usual mode of transportation, what will you do?

7) Interests and needs for the visits

The *Count Me In!* program involves organizing, with participants, visits to community groups.

Do you already know which organization you'd like to visit?

Do you have any specific travelling needs? (e.g., accompaniment)?

(See: *Participants' interests and needs for visits* in the annex)

Conclusion

What do you think about today’s meeting?

Is there anything you’d like to add?

- Highlight the participant's engagement and openness.*
- Remind the participant of the following steps (e.g., start of the workshop).*

Additional notes

Signature of group leader: _____

Count Me In!

Response Scale

Satisfaction

Not at all satisfied	A little satisfied	Satisfied	Very satisfied
---------------------------------	-------------------------------	------------------	---------------------------

Count Me In!

My Personal Community Participation Goals

Name of participant: _____

The *Count Me In!* program aims to help you increase your participation in activities offered in your community.

What are your personal goals?

I would like...

- To know more about resources in my neighbourhood
- To have more chances to meet people
- To do more educational or cultural activities
- To do more physical activity
- To learn to use a computer
- To visit an organization
- To belong to a group (a club, an association)
- To help others
- To be more involved in my community
- Other: _____

Insert a copy in participant's folder

Count Me In!

Program Reminder Sheet

Count Me In! aims to help you increase your participation in activities in the community that interest you. The program proposes several activities.

1) An individual meeting at the start of the program

This meeting with the group leader will give you the chance to discuss your interests with the group leader.

2) A group workshop

You will do activities and have discussions on community participation. Here is the calendar.

1. Social participation	Date:
2. Identification of strengths	Date:
3. Community resources	Date:
4. Adaptation to aging	Date:
5. Financial management	Date:
6. Communication	Date:
7. Social network	Date:
8. Community activism	Date:

3) Visits to organizations

You will have the chance to visit an organization in your community that offers activities and services that interest you.

Dates:

4) A group project: awareness capsules

As a group you will choose the messages to include in the neighbourhood promotional material.

Will you be absent?

Please leave a message for the group leader _____,
at ____ - ____ - ____.

Count Me In!

Participants' interests and needs for visits

Participants	Interests (organizations, activities)	Availability for the visits	Particular needs and resources (e.g., transportation, accompaniment, accessibility)

Count Me In!

List of transportation options

OPTIONS	FUNCTION
Bus or subway	Consult the list and schedules online or at www.google.ca/maps for the trajectory, choosing the bus icon.
Volunteer driver	Some organizations offer transportation or accompaniment services for seniors.
Walk	Google Maps can help you plan your trip: www.google.ca/maps , choosing the pedestrian icon. Someone you know can help you make up your itinerary.
Shared taxi	You can organize with other participants.
Adapted transportation	Some cities offer special adapted transportation services for seniors at the cost of a bus ticket.
Car sharing	Google Maps can help you plan your trip: www.google.ca/maps , choosing the car icon.



COUNT ME IN!

Promoting Seniors' Mental Health and Community Participation

Visit the WWW.CREGES.CA and download a **FREE** copy of the animation guide of the COUNT ME IN! program.

A ready-to-use product, available in English and in French, with flexible and adaptable activities.

Includes workshop materials, tools, ideas on how to organize or adapt the program, video capsules and much more!




COUNT ME IN!

Group Workshops

Part 2

Centre intégré
universitaire de santé
et de services sociaux
du Centre-Ouest-
de-l'Île-de-Montréal

Québec 

Integrated Health
and Social Services
University Network
for West-Central Montreal



Bell
Let's Talk

équipe
VIES

vieillissements
exclusions sociales
solidarités



Center for Research and Expertise
in Social Gerontology

Legal deposit

ISBN 978-2-922582-62-8

Published by:

The Centre for Research and Expertise in Social Gerontology (CREGÉS)
of the CIUSSS West-Central Montreal

CONTENTS OF PART 2 – WORKSHOPS

5		The group workshops
7		Operational aspects
9		Conducting the session
19		Tools for the group leader
20		REFERENCES
23		WORKSHOP TOOLS
27		SESSIONS
27		What does participation involve? Session 1
40		Workshop material Session 1
52		Targeting your strengths Session 2
65		Workshop material Session 2
77		The community: A source of opportunities Session 3
84		Workshop material Session 3
95		Aging: How to adapt? Session 4
107		Workshop material Session 4
121		Spending to participate? Session 5
134		Workshop material Session 5
145		Communication: A tool for participating Session 6
156		Workshop material Session 6
170		Social networks: Staying connected Session 7
183		Workshop material Session 7
192		Community networks: Finding your voice Session 8
205		Workshop material Session 8

PROGRAM OVERVIEW

Count Me In! aims to promote the community participation of seniors living with psychosocial difficulties, with or without mental health problems. The program has four parts which together make up the workshop manual (see Figure 1).

Figure 1 – The *Count Me In!* program manual

Introduction to the manual

This section presents the program objectives, the theoretical model and recommendations for setting up the program (e.g., target population, group facilitation).

Part 1 – Individual interviews

The interviews, done before the workshops begin, help the participants identify their interests and select a personal objective for community participation.

Part 2 – Workshops

The workshop itself consists of a series of eight sessions, ranging from 90 to 120 minutes, on topics related to community participation, mental health and aging. A variety of interactive and reflective activities are also included.

Part 3 – Visits to organizations

One of the program objectives is to encourage the use of community resources. Participants are provided information about this and visits to organizations are arranged with them.

Part 4 – Media capsules

During this group activity, participants choose the messages that will be published in the organization's newsletter or within the community.

THE GROUP WORKSHOPS

The psycho-educational workshops offer activities on themes such as strengths and resources, communication, and social networks. Activities are varied and include discussions, role playing, simulation exercises and problem-solving. The workshops aim to strengthen the participants' personal competencies through different strategies, including:

Figure 2 – Group workshop objectives

- Informing participants about strategies and resources to increase their community involvement;
- Strengthening their sense of empowerment and self-efficacy;
- Helping them recognize their own strengths and resources;
- Optimizing their social and socio-cognitive skills (e.g., problem-solving, communication).

This part of the program manual presents eight workshop sessions that can be conducted on a weekly or bi-weekly schedule. The workshops are designed to be offered as two-hour sessions. Other formats can also be explored (see the section *Adapting this part of the program*). The sessions cover various themes related to community participation:

- ▶ What does community participation involve?
- ▶ Targeting your strengths
- ▶ The community, a source of opportunity
- ▶ Aging: how to adapt?
- ▶ Spend to participate?
- ▶ Communication: a tool for participating
- ▶ Social network: staying connected
- ▶ Community networks: finding your voice

The visits to organizations (Part 3) and production of the media capsules (Part 4) are also discussed during the workshop sessions.

The workshops: where, leadership and target audience?

Count Me In! may be offered by institutions within the health and social services network or community organizations. It is strongly recommended that the group leader has:

- ▶ group facilitation experience;
- ▶ solid counselling skills; and
- ▶ knowledge of the mental health field.

Health professionals, psychosocial workers and peer supporters are competent resources in this area. In some environments, where clients have more complex profiles, it may be advisable to opt for co-leadership. The group leader is in charge of the activities, while the co-leader supports participants who need assistance. For this format, the services of a volunteer may be considered.

A group of 5 to 10 participants is optimal. The program was developed to meet community participation challenges caused by a combination of aging and psychosocial difficulties. Recommendations concerning the targeted clientele are set out in the introduction to the guide. There is no particular age requirement to access the program; however the group leader should try to assemble a fairly homogeneous group in terms of interests and level of functioning. It is also important to check the participants' motivation and their ability to interact in a group. Guidance on this subject can be found in Part 1 (Individual interviews).

Adapting this part of the program

The group participants may have very diverse needs and profiles. If needed, the workshops can be adapted both in terms of format and activities (Figure 3). The individual interview, conducted with participants at the start of the program (see Part 1), allows the group leader to learn more about each group member and plan any changes to the activities. Throughout the manual, options are suggested in order to cater to participants who have varying degrees of initiative. In general, the group leader will likely have to omit some activities, since each session offers more activities than it is possible to complete within a two-hour time frame. The group leader is advised to keep track of changes made to the program in order to facilitate future preparation of sessions. It should be noted that some sessions offer optional additional activities. It is up to the group leader to decide whether or not to use them.

Figure 3 – Examples of workshop adaptations

- Remove activities and spend more time on those that are more relevant to participants' needs.
- Reduce the duration of the sessions depending on the participants' attention span or their level of energy.
- To shorten the sessions or to spend more time on each of the activities, divide the content of each workshop in two and offer the program over 16 sessions.
- Schedule a session every two weeks to allow time for participants to carry out steps involving visits to organizations.
- Simplify the proposed activities (examples of ways to adapt are provided in the manual).
- Adjust the type of supervision of the group according to participants' level of functioning.
- Have a co-leader for larger groups that require additional support or guidance.
- Adapt the format of the activities to participants' ability to interact (e.g., work in large groups rather than individually).

OPERATIONAL ASPECTS

Prepare to deliver the program

When facilitating the program for the first time, preparation may take longer (about 90 minutes for a first session). However, preparation time should decrease as the group leader gains experience with the program. Before the first session begins, the group leader should obtain all the relevant information about each member of the group: telephone number, address, allergies and, if necessary, the names and contact information of a family member, their family doctor and the case worker.

The first step in preparing for the sessions is to read the material and then select and adapt the activities to the group. Eventually, the group leader can also ask participants to choose the activities that interest them.

In order to avoid reading the instructions while running the group, some group leaders use strategies such as:

- ▶ Using the plan provided for each session;
- ▶ Preparing cue cards on the activities they have chosen;
- ▶ Adding visual cues for the important elements in the workshop manual (e.g., highlighting);
- ▶ Transcribing the session agenda onto a flip chart.

Select the room

The choice of venue for a session can have a significant impact on the group dynamics (Figure 4). The group leader should inquire about emergency measures such as emergency exits, emergency phone number, and the location of the first aid kit.

Figure 4 – A suitable location

- Serviced by a convenient mode of public transportation.
- Accessible to people with reduced mobility.
- Easy access to an adapted washroom.
- Neither too large nor too small in order to favour group cohesion.
- No ventilation noise.
- Well-lit and free of glare.
- Has a wall that can be personalized with posters and other items.
- Equipped with tables that can be arranged in a circle and an additional table for materials and refreshments.
- Equipped with comfortable, solid chairs, with arms, from which it is easy to get up.

Required material

The program does not require specialized material. Several items can be purchased at a discount store, for example:

- Blackboard and chalk, or flip chart and markers;
- Photocopies of the workshop material;
- Pens;
- Scissors;
- Poster boards in different colors;
- Refreshments for the break (e.g., fruits, cookies, water, tea).

Documents and tools for each session can be photocopies used by the group leader and participants. According to copyright law, the name of the program and CIUSSS West-Central Montreal must appear on all documents.

Assisting participants in organizing their transportation

Transportation is an important factor in participants' involvement in the workshops and other community services. This must be addressed with each participant so they can choose the mode of transportation appropriate to their situation. A list of transportation options is provided in Part 1 (Individual interviews). Transportation is also a factor to consider when the group organizes visits to community organizations (see Part 3).

It is possible that some participants will need support for the first sessions, so they can be referred to local resources offering volunteer support. Agreements may be established with these organizations prior to the program.

CONDUCTING THE SESSIONS

In order to create a reassuring routine for the participants, each workshop has the same format (Figure 5). Time should be closely managed, so during preparation, time markers could be included in the session plan. It may be useful to plan strategies to be used, if needed, to adjust according to the session's progress. Participants usually enjoy a refreshment break during which they talk informally. This can be done in the middle or at the end of the session.

In addition to activities related to the theme of each session, a group project is proposed in the form of a series of media capsules. This activity consists of publishing some of the group members' reflections on the different subjects covered during the program. Every session includes the production of a short capsule composed of comments and anecdotes related to the theme of the day.

Figure 5 – Conducting the sessions

Introduction

Participants review the highlights of the previous session.

To introduce the theme of the day, participants are asked to respond to an image.

The group leader helps the group produce the media capsules.

Main activities

Follow-up is done on completed or upcoming visits to organizations.

Two or three reflective or interactive activities are proposed, based on the specific objectives of the session.

Conclusion

Participants are asked to summarize what they learned in the session.

The group leader announces the theme of the next session.

The production process of the capsules is described in detail in Part 4 of the program. The group leader should note any interesting reflections stemming from the participants' discussions. To do so, the *Quotation journal* included in the facilitation material for each session can be used. In the instructions, the icon of the paper plane reminds the group leader to note the reflections and anecdotes of the group during this activity. The group leader can also use a flip chart. In addition to serving as a visual aid during the discussions, these sheets can serve as a record.

Community visits are also organized during the workshop (see Part 3 of the program). Session 3 of the workshop is dedicated to the planning of visits that normally take place between the 3rd and 7th sessions.

TAKING THE TARGET POPULATION INTO CONSIDERATION

It is important to consider the particular difficulties that participants may experience, such as visual or auditory impairment, level of literacy, cognitive aspects, and factors potentially related to mental health problems.

Visual impairment

Visual problems are very common among seniors. For example, a Canadian survey revealed that more than 13% of people aged 75 and over reported visual limitations (Statistics Canada, 2006). Remember that seniors need much more light than younger people to read. The room should be well-lit and free of glare (if necessary, use window shades). Potential vision problems were considered in the layout of documents for participants. Figure 6 provides recommendations if other printed material is used.

Figure 6 – Recommendations for printed material

- Print or photocopy material with a good quality machine.
- Use a text size of at least 13 points, in an easy-to-read font.
- Optimize the contrast between paper and text (use a white, ivory or pale yellow matte paper, and use black ink).
- Include a lot of white space to create a clean appearance that allows the eyes to relax and keep attention on reading.
- Reserve the use of italics, underscore and bold for a few highlights.
- Align the text on the left only and double space.
- Limit the length of lines to between 50 and 65 characters.

National Institute on Aging (2015)

Hearing impairment

Normal aging often includes a progressive decline in hearing. At least 12% of those aged 65-74 and 26% of those aged 75 and older have hearing limitations (Brennan, Gombac and Sleightholm, 2009). Figure 7 presents some things to take into account during the sessions.

Figure 7 – Compensating for hearing impairment

- Position yourself so that your face is well lit by the main light source (window, light fixture).
- Limit ambient noise (turn off ventilation if necessary).
- Wait until there is silence before giving instructions.
- Ask participants to speak up, so everyone can hear what they have to say.
- Speak clearly, slowly, in a low voice, facing the group.
- Identify participants who wear a hearing aid so as to give them more attention.

Literacy

Another challenge for seniors, often not considered, is how well they understand written information. According to the Government of Quebec (2002), literacy is the ability to:

- ▶ Understand and use written information in a variety of contexts to achieve one's goals and broaden one's knowledge;
- ▶ Communicate effectively with various types of listeners;
- ▶ Use information and information technology for various purposes;
- ▶ Participate actively by fulfilling one's civic roles.

Older people often have much lower levels of literacy and education than their younger counterparts. A survey finds that 80% of Canadians aged 65 and over have a low level of literacy (Barr-Telford, Nault and Pignal, 2003) and this problem affects their ability to participate fully in society. Elderly immigrants are more likely to experience difficulties related to literacy in both English and French, especially if they arrived in Canada as adults (Turcotte and Schellenberg, 2007; Statistics Canada and Human Resources and Social Development Canada, 2005).

Figure 8 presents recommendations to ensure that all participants understand the information provided during the workshop.

Figure 8 – Fostering understanding

- Use familiar language and common words.
- Clearly define new words and concepts.
- Favour short sentences (less than 15 words).
- Use concrete and specific examples.
- Use the active voice (e.g., "Take your medication as prescribed" rather than "medication should be taken as prescribed").
- When using printed material, read the instructions aloud.
- When participants work in teams with printed material, ask them to appoint a "reader" or a "note-taker".

Adapted from the Canadian Public Health Association, 1998

Cognitive aspects

The program is not designed for people with significant cognitive impairment. However, normal aging is often accompanied by changes in cognitive ability that impacts how seniors handle information. For example, some participants may have difficulty:

- ▶ Processing information quickly, especially newly learned information;
- ▶ Grasping complex information or several new ideas;
- ▶ Drawing conclusions;
- ▶ Solving new problems or dealing with abstract concepts;
- ▶ Handling a variety of information at the same time;
- ▶ Focusing on important information without being distracted by less relevant details.

National Institute on Aging (2015)

The cognitive abilities of some seniors may be less flexible, making them less likely to accept new ideas and change their long-held views. Figure 9 below presents some strategies to consider with regard to participants' potential cognitive issues.

Figure 9 – Considering cognitive issues

- Limit information presented; give one instruction at a time.
- Check understanding and retention of information; ask participants to repeat in their own words what they have learned.
- Facilitate encoding by using multiple sensory inputs: show and explain, use memory aids, hang a calendar on the wall, write the steps of an activity on the board.
- Remind participants often about important information.
- Adapt supervision to participants' cognitive level and provide support to those who need it.
- After explaining an activity, give a concrete example of what is expected; after asking the group a question, give a short answer as an example.
- Solicit metacognition, that is, ask participants to explain their reasoning and cognitive strategies (e.g., How will you solve the problem? What tips will you use to remind yourself of the week's challenge?).

Challenges related to psychosocial difficulties and mental health problems

Mental health problems may lead to some difficulties that manifest as changes in thinking, mood, behaviour or functioning (Government of Canada, 2006). Note that people who take their medication regularly usually report fewer of the symptoms mentioned below, although these may be triggered by stress:

- ▶ Strange thoughts that are not shared by others;
- ▶ Unusual sensory experiences (hallucinations);
- ▶ Thought disorders that can cause the person to speak very quickly or in such a way that it is difficult to grasp the meaning of what they are saying;
- ▶ Lack of energy, lethargy or little motivation;
- ▶ Lack of attention to appearance and personal hygiene;
- ▶ Lack of facial expressions related to emotions;
- ▶ Mistrust or limited social skills;
- ▶ Lack of verbal or task-oriented initiative and difficulty in generating ideas;
- ▶ Limited attention span;
- ▶ Increased vulnerability to stress.

People may experience distress or sadness, difficulty adapting, feelings of isolation and loss, or discouragement about their situation. The group leader therefore has an important role to play in ensuring a safe environment that will help the group members in their exploration and development (Figure 10). If a participant shows distress during an activity, it is important to offer a sympathetic ear. The group can be called upon to provide comfort. Individual follow-up is recommended. If necessary, the participant can also be referred to a support service.

Figure 10 – Adopting a reassuring attitude

- Stay calm, positive and reassuring.
- Allow sufficient time.
- Recognize and name (validate) the difficulties.
- Encourage participants to focus on the task (without invalidating or ignoring a participant's personal testimony).
- Check their understanding.
- Gather their views on activities.
- Give examples of people living with mental health problems or other psychosocial difficulties who lead satisfying lives.
- Highlight and value the knowledge and experience of each group member.

MANAGING THE GROUP

Encouraging group cohesiveness

Cohesiveness is the sum of forces exerted on members that serve to maintain the group (Festinger, 1950). According to Garvin *et al.* (2006), the cohesiveness of a group has many benefits and is associated with:

- ▶ greater perseverance towards the objectives of the group;
- ▶ a better chance for participants to meet their personal goals;
- ▶ a high participation rate;
- ▶ a sense of self-confidence and personal adaptability;
- ▶ participants' commitment to the organization.

Several factors influence the cohesiveness of a group (Garvin *et al.* 2006). Figure 11 below presents some of these, and proposes applications in the *Count Me In!* program.

Figure 11 – Encouraging group cohesiveness

FACTORS THAT INFLUENCE GROUP COHESIVENESS	APPLICATIONS IN THE COUNT ME IN! PROGRAM
Personal interaction	<ul style="list-style-type: none"> • Encourage conversations between participants, especially during breaks.
Satisfying participants' needs in terms of affiliation, recognition and security	<ul style="list-style-type: none"> • Value each person's participation and remind them they can participate in accordance with their abilities. • Involve participants in identifying group norms.
Prestige and resources that members perceive they will have through their participation	<ul style="list-style-type: none"> • When organizing visits, stress that organizations are offering participants privileged access (e.g., free trial, individualized support).
Participants' expectations about the positive impact of the group	<ul style="list-style-type: none"> • Assist participants in setting personal goals and address expectations about the program during the interview or first group session.
Positive comparison with previous group experiences	<ul style="list-style-type: none"> • In the individual interview, discuss participants' previous experience with group programs.

Strong group cohesiveness can, however, raise some challenges (Garvin *et al.* 2006). First, it is possible that members will develop a certain dependence on the group. It is therefore important to stress the goal of the program, which is to accompany people to community organizations. Also, strong cohesiveness can sometimes lead to conformity. In this regard, the group leader should ensure that all voices are heard and that different viewpoints are offered on each topic.

Empower participants

Group facilitation involves a variety of skills, including communication, leadership, support and intervention expertise. To empower the group, the group leader must share power with the members (Garvin *et al.* 2006). It is important to take every opportunity to involve participants in the group process and to mobilize them in their own way (Figure 12). It may also be necessary to make a list of tasks related to the management of the group and ask participants to volunteer for a task, for example: prepare refreshments for the break (e.g., pitcher of water and glasses) or make photocopies before the sessions.

Figure 12 – Empowering participants

- Listen and be flexible.
- Clearly state the objectives of the activities.
- Review the process with participants (e.g., reflecting on the group climate and dynamics).
- Keep interventions to a minimum, trust the group.
- Consult with members, involve them in decisions.
- Focus on fun, use humour!
- Leave plenty of room for participants to express themselves (e.g., What do you think of that? How would you deal with such a thing?).
- Stimulate member-member interactions rather than only member-group leader interactions (e.g., What do you think about what Ms. X has to say?)
- Encourage mutual assistance between members.
- Allow for choices, for example: deciding on the time of the break, voting between two activities, choosing how an activity will be carried out (in pairs or in groups), selecting the community organizations to visit.
- Ask open-ended questions (e.g., In your opinion, what should be done in this situation?).
- Assign roles and tasks to participants.
- Encourage leadership among group members.

Managing difficult situations

Occasionally, a participant may behave in a way that disrupts the group, for example, by talking too much during discussions or by making aggressive or disrespectful statements. The program can be a good opportunity for such participants to learn to control their behaviour and improve their social skills (Figure 13).

Figure 13 – Managing difficult situations

- Address this behaviour in a general way in the group (e.g., facilitate a discussion on the effect of coarse language on self-image).
- Take stock of the group dynamics with the participants; ask whether they have suggestions on how to improve the discussions or climate (e.g., ask participants to what extent each of the group standards discussed during the first session has been met).
- Take the person aside to better understand the origin of this behaviour and then ask him/her to set a goal and find strategies to control this behaviour. Subsequently, follow up and give a lot of positive reinforcement to emphasize the participant's efforts.
- If the person needs reminders, agree on a discreet and confidential sign that the group leader can use during the group to remind them to reduce this behaviour.
- If someone lacks self-criticism, clearly remind them of the group rules and advise them that they will not be able to continue in the group if they do not comply with these rules.

If a participant's physical or mental health condition deteriorates during the program, it is recommended that the group leader set up a meeting to discuss these concerns. Depending on the person's profile, the context of the group leader's practice, the urgency of the situation, the person should then be advised to consult with his or her case worker, or the group leader could contact the case worker (with the participant's agreement). If necessary, the group leader can also ask the participant for permission to contact a relative.

Promoting social participation

Joining a group such as the workshop proposed in the *Count Me In!* program represents a unique opportunity to experience positive social participation. It is the group leader's role to use these experiences to motivate and empower participants to be open to further participation in the community. Figure 14 sets out recommendations based on the work of Raymond *et al.* (2008).

Figure 14 – Promoting social participation

RECOMMENDATIONS	EXAMPLES OF APPLICATION IN THE PROGRAM
<p>Include people who are sometimes more difficult to reach</p>	<ul style="list-style-type: none"> • Diversify recruitment sources and strategies (e.g., professional referrals, announcements on community bulletin boards, personal invitations).
<p>Provide sufficient time to create social links</p>	<ul style="list-style-type: none"> • Favour a closed group (i.e., do not accept new participants once the program has started). • Encourage participants to choose a place to meet up again after the program has finished.
<p>Help participants create positive and meaningful social relationships</p>	<ul style="list-style-type: none"> • Provide opportunities for informal exchange (e.g., ask members to arrive 15-20 minutes before the group starts and encourage them to talk to each other during the break).
<p>Explore and respect personal preferences</p>	<ul style="list-style-type: none"> • Ask about participants' tastes and opinions (e.g., preferences for healthy snacks, thoughts on proposed activities, preferred leisure activities).
<p>Involve participants in the process and in decision-making</p>	<ul style="list-style-type: none"> • Plan progression in the group's decision-making process, for both activities and functioning, for example: <ul style="list-style-type: none"> • Present an option and check whether participants agree; • Offer an option, ask participants to propose an alternative and then choose by vote; • Identify possible options with the group and ask participants to discuss them to reach a consensus.
<p>Focus on enhancing feelings of competency</p>	<ul style="list-style-type: none"> • Focus discussions on peer-to-peer strategies rather than presenting strategies in an academic way. • Highlight efforts and achievements. • Avoid giving answers to participants; ask them to analyze and solve the problems.

TOOLS FOR THE GROUP LEADER

This manual includes various documents to help the group leader organize the program. Some of them can be found after this section, while specific documents related to the workshop activities are included with each session.

Attendance sheet

The attendance sheet allows the group leader to keep track of group members. It also makes it possible to calculate the rate of participation in the program. The group leader should call the people who were absent to verify the reason for their absence and validate their interest in maintaining their participation in the group. Remember that documents containing the names and other personal information should be kept confidential.

Participant's workbook

It is suggested that the group leader provide participants with a folder in which to keep all program-related documents.

Materials for participants

Printed material is provided to participants for use during the activities or for further consultation. This is to be determined based on the group composition. Using printed notes can help reinforce messages, remind participants of what to do, create a thread from one session to the next, and allow participants to discuss these topics with their family. On the other hand, too many documents can lead to disinterest or confusion. Documents can be collected in the folder given at the beginning of the program. Strategies must be developed to remind participants to bring this file to each session.

Workshop journal

The workshop journal allows the group leader to take note of the activities added or removed for each session. This may be useful for the next time they offer the program. Sections are also provided to note participants' reactions as well as procedures for future applications of the program.

Reflection by the group leader

Group leaders, no matter how experienced, should take a moment to think about their facilitation methods. The grid proposed in the annex will help group leaders judge their competency in managing the group, the means they use to encourage the active participation of group members, and their strategies to achieve the program objectives. This reflection will help group leaders to identify their strong points and formulate a plan to improve the facilitation of future workshops.

REFERENCES

- Barr-Telford, L., Nault, F. & Pignal, J. (2005). *Building on Our Competencies: Canadian Results of the International Adult Literacy and Skills Survey*. Ottawa: Statistics Canada.
- Brennan, S., Gombac, I. & Sleightholm, M. (2009). L'enquête sur la participation et les limitations d'activités 2006 : Faits sur les limitations auditives. *Feuille d'information* : 1-7.
- Canadian Public Health Association. (1998). *Working with Low-literacy Seniors: Practical Strategies for Health Providers*. http://www.cpha.ca/uploads/portals/h-l/l-l-seniors_e.pdf, accessed August 13, 2013.
- Festinger, L., Schachter, S. & Back, K (1950). *Social pressures in informal groups: A study of human factors in housing*. Stanford, CA: Stanford University Press.
- Garvin, C.D., Gutiérrez, L.M. & Galinsky, M.J. (2006). *Handbook of social work with groups*. New York: Guilford Press, 527 p.
- Government of Québec. (2002). Ministry of Education. *Government Policy on Adult Education and Continuing Education and Training*. p. 9 – 10. http://www.mels.gouv.qc.ca/REFORME/formation_con/Politique/politique_a.pdf.
- Government of Canada. (2006). *The human face of mental health and mental illness in Canada*. www.phac-aspc.gc.ca/publicat/human-humaino6/pdf/human_face_e.pdf, accessed November 17, 2013.
- Raymond, É., Gagné, D., Sévigny, A. & Tourigny, A. (2008). *La participation sociale des aînés dans une perspective de vieillissement en santé. Réflexion critique appuyée sur une analyse documentaire*. Québec : Agence de la santé et des services sociaux de la Capitale-Nationale, INSPQ, Centre d'excellence sur le vieillissement de Québec et Institut sur le vieillissement et la participation sociale des aînés de l'Université Laval, 111 pages.
- Statistics Canada and Human Resources and Social Development Canada (2005). *Building on our competencies: Canadian results of the International Adult Literacy and Skills Survey 2003*. Catalogue no. 89-61-XIE.
- Statistics Canada (2006). Participation and activity limitation survey 2006 : Information sheet. No. 13 Recovered April 20, 2014. <http://www.statcan.gc.ca/pub/89-628-x/89-628-x2010015-eng.htm?contentType=application%2Fpdf>
- Turcotte, M. & Schellenberg, G. (2007). *A Portrait of Seniors in Canada, 2006*. Cat. No. 89-519-XIE. Ottawa: Statistics Canada, pp. 11–12.

ADDITIONAL RESOURCES

Canadian Mental Health Association

www.cmha.ca

Here to Help

www.heretohelp.bc.ca

Mental Health Commission of Canada

www.mentalhealthcommission.ca

National Institute on Aging (2015). *Making your Printed Health Materials Senior Friendly.*

www.nia.nih.gov

The Community Tool Box, *Group facilitation skills* (chapter 16).

<http://ctb.ku.edu>

NWT Literacy Council. (2013). *Facilitating a workshop.*

www.nwtliteracy.ca/sites/default/files/nwt-files/resources/famlit/howtokit/faciltat/faciltat.pdf

The Gerontological Society of America. (2012). *Communicating with Older Adults: An Evidence-Based Review of What Really Works.*

www.agingresources.com

Workshop Tools

Participant's attendance sheet

Organization: _____

Contact: _____ Date: _____

Name	Telephone	Caseworker	Participation							Organizations visited	
			Date	Date	Date	Date	Date	Date	Date		

Group leader's workshop journal

Group leader: _____

Organization: _____

Session number: Date:	
Activities not carried out or adapted:	Activities added:
The session (participants' response, particular event, etc.):	
Follow-up:	

Reflection on my group facilitation

Group leader: _____ Date: _____

Group leader roles		Very rarely	Rarely	Often	Very often	Comments
Group management	Time management, session structure					
	Helping the group to reach the program objectives					
	Making the activities fun and enjoyable					
	Adapting the activities and the process to the needs of the participants					
Participation	Encouraging the participants to take charge during the program					
	Using strategies to allow participants to take part in decision-making					
	Encouraging reflection, analysis and personal growth of each participant					
	Stimulating exchanges and social connections between participants					
Program objectives	Outreach to seniors experiencing barriers to social participation					
	Helping participants identify their needs, strengths and resources					
	Using the program as a means for developing participants' social skills					
	Encouraging the development of collaboration between program partners					
	Raising awareness around issues related to aging, mental health and seniors' participation in the community					
The strong points of my facilitation:			Something to work on:			

What does participation involve?

Session 1

UNDERSTANDING SOCIAL PARTICIPATION

What is social participation?

Social participation is a plural concept (Raymond *et al.* 2008). Participation can take various forms, for example, social interaction, belonging to a network, or attending a structured organization or association. A synthesis of the different definitions of social participation distinguishes several levels of participation (Levasseur *et al.* 2012):

- 1) Doing an activity to prepare to connect with others;
- 2) Being with others;
- 3) Being with others without doing any specific activity with them;
- 4) Doing an activity with others;
- 5) Helping others;
- 6) Contributing to society.

Social participation is intimately linked to the needs of people, their capacities, and their willingness to be socially involved. Participation is not an obligation, but rather an opportunity that can be taken or not. Indeed, some people enjoy a more contemplative lifestyle, or feel comfortable when they spend time alone. The idea is that everyone can arrive at a level of participation that suits them. The *Count Me In!* program aims to help participants reflect on their aspirations and interests in this regard.

The benefits of social participation

Several studies have shown the positive effects of social participation on the health and well-being of seniors. In particular, it is associated with an increased sense of well-being (Levasseur *et al.* 2008) as well as better cognitive (Glei *et al.* 2005) and physical functioning (Jang *et al.* 2004) and a better quality of life (Levasseur *et al.* 2008). In addition, social support has a positive impact on emotions, thus reducing the likelihood of experiencing depressive episodes (Chiao *et al.* 2011). Being socially connected can help promote a sense of self-efficacy and give meaning to what one does.

What can compromise social participation?

Seniors with mental health problems encounter several elements that may compromise their social participation and increase their risk of isolation. Figure 15 presents these factors based on whether they are related to the individual, physical or social environment (Public Health Agency of Canada, 2010; Bartels and Sarah, 2009; Choi, 2003; Ferrera, 2009; Nicholson and Nicholson, 2009; Perren *et al.* 2003; Smith *et al.* 2007, 2010).

Figure 15 - Obstacles to social participation

INDIVIDUAL FACTORS	ENVIRONMENTAL FACTORS	SOCIAL FACTORS
<p>Characteristics of the person:</p> <ul style="list-style-type: none"> • Age; • Living alone; • Low level of education; • Situations of victimization; • Lack of financial resources; • Health problems (e.g., chronic illness, incapacities, cognitive decline). <p>Psychological factors:</p> <ul style="list-style-type: none"> • Symptoms of mental health problems; • Solitude; • Feelings of insecurity. 	<p>Accessibility:</p> <ul style="list-style-type: none"> • Lack of adapted public spaces; • Transportation problems. <p>Housing:</p> <ul style="list-style-type: none"> • Type of housing; • Relocation to new housing; • Geographic location. <p>Resources:</p> <ul style="list-style-type: none"> • Lack of adapted activities in the neighbourhood. 	<p>Social relationships:</p> <ul style="list-style-type: none"> • Lack of friendly and family relations; • Low frequency of social contact; • Lack of psychological support. <p>Prejudices:</p> <ul style="list-style-type: none"> • Stigmatization of seniors living with mental health problems; • Ageism.

REFERENCES

- Bartels, S. & Pratt, S. (2009). Psychosocial rehabilitation and quality of life for older adults with serious mental illness: recent findings and future research directions. *Current Opinion in psychiatry*, 22(4), 381-385.
- Chiao, C., Weng, L. J. & Botticello, A. L. (2011). Social participation reduces depressive symptoms among older adults: an 18-year longitudinal analysis in Taiwan. *BMC Public Health*, 11(1), 292.
- Choi, L.H. (2003). Factors affecting volunteerism among older adults. *The Journal of Applied Gerontology*, 22(2), 179-196.
- Glei, D. A., Landau, D. A., Goldman, N., Chuang, Y. L., Rodriguez, G. & Weinstein, M. (2005). Participating in social activities helps preserve cognitive function: an analysis of a longitudinal, population-based study of the elderly. *International Journal of Epidemiology*, 34(4), 864-871.
- Goscha, R. J., Rapp, C. A. & Bond, G. R. (2012). *Case management and community psychiatry. Handbook of Community Psychiatry*. New York : Springer, 293-308.
- Ferreira, F. R., César, C. C., Camargos, V.T., Lima-Costa, M. F. et F. A. Proeitti (2009). Aging and Urbanization: The Neighborhood Perception and Functional Performance of Elderly Persons in Belo Horizonte Metropolitan Area—Brazil. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 87(1), 54-66.
- Jang, Y., Poon, L. W. et Martin, P. (2004). Individual Differences in the Effects of Disease and Disability on Depressive Symptoms: The Role of Age and Subjective Health. *The International Journal of Aging and Human Development*, 59(2), 125-137.
- Levasseur, M., Richard, L., Gauvin, L. & Raymond, E. (2012). Inventory and analysis of definitions of social participation found in the aging literature: proposed taxonomy of social activities. *Social Science @ Medicine*, 71(12), 2141-9.
- Levasseur, M., Desrosiers, J. & St-Cyr Tribble, D. (2008). Do quality of life, participation and environment of older adults differ according to level of activity? *Health and Quality of Life Outcomes* 6: 30.
- Nicholson, R. & Nicholson, J. (2009). Social isolation in older adults: an evolutionary concept analysis. *Journal of Advanced Nursing*, 65(6), 1342-1352
- Nicholson, N.R. (2012). A review of social isolation: an important but under assessed condition in older adults. *Journal of Primary Prevention*, 33 (2-3), 137-152.
- Perren, K., Arber, S. & Davidson, K. (2003). Men's organizational affiliations in later life: The influence of social class and marital status on informal group membership. *Ageing and Society*, 23, 69-82.
- Public Health Agency of Canada (2010). *The chief public health officer's report on the state of public health in Canada, 2010: Growing older - adding life to years*. Public Health Agency of Canada.
- Raymond, É., Gagné, D., Sévigny, A. & Tourigny, A. (2008). *La participation sociale des aînés dans une perspective de vieillissement en santé. Réflexion critique appuyée sur une analyse documentaire*. Québec : Direction de santé publique de l'Agence de la santé & des services sociaux de la Capitale-Nationale, Institut national de santé publique du Québec, Centre d'excellence sur le vieillissement de Québec et Institut sur le vieillissement et la participation sociale des aînés de l'Université Laval, 111 p.
- Smith, W., Segal, R. & Segal, J. (2007-10). *Depression in Older Adults and the Elderly* http://www.helpguide.org/mental/depression_elderly.htm, consulted March 7, 2010.

Session 1. WHAT DOES PARTICIPATION INVOLVE?

Session objectives

- Get to know each other;
- Establish group standards, share participants' expectations;
- Better understand the various aspects of the program;
- Clarify personal participation objectives;
- Become aware of the barriers to community participation.

Preparation

- Choose the most relevant activities, consider any changes required, based on the group profile and take notes.
- Gather materials: flip chart, markers, paper, pens, scissors, stickers, markers, copies of the documents.
- Prepare refreshments.
- Prepare the participants' folders:
 - Provide a file folder to each participant;
 - Photocopy the labels and stick them on the folder covers;
 - If the checklist has not been provided during the individual interview, complete it and attach a copy to participants' folders;
 - Staple the participant's personal objective sheet (sheet completed during the individual interview), on the other side of the folder;
 - Insert sheets for note-taking in the folder. Variation: ask participants to bring a notebook and pen to each session.
- Provide a selection of magazines, or pre-select around 30 images showing seniors in situations of community participation, some of which are more contemplative (e.g., reading at the library, sitting on a park bench). Choose an image as an example to depict a group leader.

Session 1 Plan

	ACTIVITIES	PREPARATION	GROUP LEADER NOTES
Introduction: 40 min	1.1 Welcome the participants	<ul style="list-style-type: none"> Name cards for each participant (optional); 	
	1.2 Ice-breaker activity: participation, in images	<ul style="list-style-type: none"> Magazines Choose an image depicting a group leader Affix the sign <i>Participating in my community...</i> to the wall. Tape, scissors, papers, markers 	
	1.3 Program presentation	<ul style="list-style-type: none"> Participant folder 	
	1.4 Group standards	<ul style="list-style-type: none"> <i>Values I appreciate in other group members</i> (optional) 	
Activities: 35 min	2.1 Is participation important?	<ul style="list-style-type: none"> Affix the scale to the wall: <i>Participation... is it important for me?</i> 	
	2.2 Scenario: barriers to participation	<ul style="list-style-type: none"> Multiple copies of the barrier image Scenario about Rita 	
Conclusion: 25 min	3.1 Assign tasks	<ul style="list-style-type: none"> List of tasks 	
	3.2 Closing remarks	<ul style="list-style-type: none"> <i>Quotation journal</i> or flip chart sheets of the day 	
	3.3 Prepare for next session		

* Plan for a 15-minute break

INTRODUCTION

1.1 Welcome participants

▶ *Welcome everyone*

- Announce when the session will end and that there will be a break.
- Introduce yourself and say that everyone will have the opportunity to introduce themselves in a few minutes.

1.2 Ice-breaker activity: participation in images

▶ *Preparation*

- Affix the sign *Participating in my community...* to the wall.
- Arrange magazines, papers, felt pens, scissors and tape in two or three piles on the table (to encourage participants to move around or ask a neighbour to pass an item).

▶ *Explain*

- Announce that the goal of the activity is to get to know each other better and get a preliminary idea of what interests everyone in terms of participation in the community.
- Ask participants to cut out an image (or draw an image) to illustrate their goal. Ask them to check their objective sheet (stapled to their participant workbook).
- Some may require more time to identify a goal. In this case, simply ask them to select an activity they would like to do in their community.
- Give an example to show what is expected: “I chose this image, because what I would like to do more in my community is ...” (affix an image to the wall).

▶ *Encourage sharing*

- Once everyone has found an image, ask the participants to introduce themselves and briefly explain their choice of image.
- Ask the others to pay attention to learn everyone’s name.
- Encourage the participants to elaborate:
 - “So, to participate more, you would like to. . . Could you tell us a little bit about this?”
- After each presentation, the participant can be asked to affix their image next to the *Participating in my community...* poster.



Quotation journal

During the sharing and discussions, take note of the elements raised by participants on a flip chart sheet (or in a journal). Keep this sheet to create the first media capsule.

► **Reflect on the activity**

- Ask participants to look at the images on the wall, stimulate discussion by asking whether participants share similar ideas, based on the images they have chosen.
 - "Ms. X, I believe that your idea is somewhat similar to that of Mr. Y, who said that... What do you think?"
- Remind them that participating in the community can take different forms, depending on individual preferences.
- You can use the examples offered by participants to show that, for some, participating is:
 - Being (e.g., being with others, being satisfied with our activities, being a part of something);
 - Acting (e.g., doing activities, taking steps, having one's rights respected);
 - Having (e.g., having the means, having friends).



Simplify this activity

- During the session preparation, pre-select 30 images inspired by participants' interests identified during the individual interviews.
- If participants need more time to learn everyone's names, place cards with each member's name on the table.

1.3 Program presentation

► **Hand out the participant folders**

- Ask everyone to write their name on their folder and use it to take notes during the sessions.

► **Explain**

- The program aims to think about ways to improve people's participation in the community through:
 - Reflection on activities that interest them;
 - Exploration of neighbourhood resources that offer activities or services that might interest them or give them opportunities to meet others;
 - Increased involvement in activities that interest them.
- Use the *Program Checklist* sheet (Session 1 annex) to present the program parts and timetable.

► **Check expectations**

- Ask participants to share what interests them in this program.
- Raise relevant elements from the individual interviews.

1.4 Group rules

► **Preparation**

- Write the following words on the board:
 - Discretion;
 - Respect;
 - Commitment.

► **Discuss the rules**

- Briefly explore with participants what each of these words means to them. If necessary, complete.
 - Discretion: To ensure that everyone feels comfortable speaking, experiences shared should remain within the group.
 - Respect: Participants show respect for others by sharing the right to speak, being punctual and being courteous. They show self-respect by talking about things that make them feel uncomfortable with the group.
 - Commitment: This involves being engaged, giving an opinion, participating in the activities and doing one's best to pursue one's personal objective.
- Ask participants to suggest other values or rules that they would like to promote within the group.
- Remind them that the responsibility for enforcing these rules is shared by all.
- Ask participants to notify the group leader of any absences by leaving a message at the number indicated on the program checklist.



Adapt this activity

- For groups that require less structure, or if the group leader has more time, the activity can be done using the sheet *Values that I appreciate in other group members* (Session 1 annex).
- Participants are then asked to indicate the level of importance they attach to each behaviour and then come together to identify the values that received the highest score.



Break time!

MAIN ACTIVITIES

2.1 Is participation important?

► *Check degree of importance*

- Stick the scale of 0-10 (*Participation...is it important for me?*) on the wall.
- Ask participants to give a number from 0 to 10 to indicate the extent to which greater participation in their community is important to them. Specify that 0 indicates "Not at all important" and 10 indicates "Extremely important."
- Ask a volunteer to indicate each participant's answer with a mark on the scale or ask everyone to stand up and check off their answer.

► *Discuss the benefits*

- Ask participants why they didn't choose 0. Lead a discussion around the benefits of participation. To those who chose 0 ("Not at all important"), ask why participation in their community is of little importance to them.

- If necessary, mention that studies have shown that people who participate in their community are generally more likely to:
 - have a longer, healthier life;
 - experience a greater sense of well-being;
 - maintain their autonomy;
 - have better intellectual functioning;
 - have a higher morale.

(Nicholson, 2012)

- What do they think of this?



Simplify this activity

To assess the importance of increasing community involvement, the scale can be changed from 0 to 10 to a choice of responses (not at all, a little, and a lot). Write these choices on the board and ask everyone to vote or stand up to put an X under their choice.

2.2 Scenario: Obstacles to participation

▶ ***Preparation***

- Give each participant an image of a barrier (Session 1 annex) or ask a participant to act as a recorder.

▶ ***Read the scenario about Rita***

- Explain the reading: ask members to pay attention to the elements that prevent Rita from participating in activities she would like to do in her community.
- Read the scenario about Rita aloud, slowly (Session 1 annex).
- Variation: you can also ask a volunteer to read.

▶ ***Recap the scenario: barriers***

- Ask participants about the obstacles that make Rita reluctant to participate in activities.
- Responses: shyness and lack of confidence, loss of job-related social ties, anxiety, health problems (arthritis), lack of knowledge of resources, cost of activities and transportation difficulties.

- Ask a "recorder" to write each obstacle on an image of a barrier and then tape the sheet onto the participation images displayed on the wall. This mural can be kept in the room to be reviewed during the program.
- Ask participants how they think Rita feels. If no participant answers, note Rita's ambivalence (hesitation), her worries, lack of confidence, sense of loneliness and desire to improve her situation.

Based on Rapp and Goscha (2012)

► **Stimulate personal reflection**

- Ask participants to what extent they experience, or have experienced, situations that prevent them from participating in community activities. If other elements are identified, write them on a barrier.

► **Conclude the activity**

- Remind participants that it is possible to bypass or overcome barriers.
- Ask them what they would advise Rita to do to overcome the challenges and participate in community organizations.
- In the coming weeks, discussions will focus on strengths that can help us overcome these barriers.



Quotation journal

During the discussion, use a flip chart sheet or journal to note the barriers to participation identified by the participants.



Adapt this activity

- If necessary, propose a more representative scenario of the group members' reality.
- Some participants may have difficulty retaining a lot of information, so it is recommended that you read the full scenario once, repeat the question, then reread the story one sentence at a time, and ask participants to identify the barriers in each sentence.
- The scenario can also be replaced by role-playing activity where the group leader personifies Rita and asks the participants to talk with her. "Here's my story (...). My brother comes to my house, and wants to know why I'm reluctant to go to the community centre with him. What should I tell him?"

CONCLUSION

3.1 Assign tasks

- Remind members they should actively participate in the group.
- Ask who would be interested in taking charge of some tasks required for the smooth functioning of the group.
 - Read the tasks from the *List of Tasks* (Session 1 annex).
 - Ask for volunteers. Note names.
 - Thank the volunteers and tell others that they will also have an opportunity to get involved in the coming weeks if they would like.



Expand on this activity

Lead a discussion with participants to identify the tasks necessary for the group to function smoothly, then ask if there are volunteers for each task.

3.2 Closing remarks

- Ask participants what they can take away from this session.
- Do a quick recap of the items written in the *Quotation journal* (flip chart sheets).
- Ask participants to remember each other's names.

3.3 Prepare for the next session

- Thank participants by highlighting a particularly positive element of this first session.
- Announce the date and subject of the next session: Building on your strengths.
- Remind the group to bring their folders each week, and ask what strategies they will use not to forget.

Workshop material

Session 1

Count Me In!

Memory aid for the program

Count Me In! aims to help you increase your community participation in activities that interest you. Here's what the program has to offer.

1) An individual session at the start of the program

This session with the group leader gives you the chance to talk about what interests you in your neighbourhood.

2) A group workshop

You will take part in activities and discussions about community participation. Here's the schedule:

- | | |
|---|-------|
| 1. What is participation? | Date: |
| 2. Focus on strengths | Date: |
| 3. The community: full of opportunities | Date: |
| 4. What will participation cost? | Date: |
| 5. Aging: how can I adapt? | Date: |
| 6. Communication: a participation tool | Date: |
| 7. My social network: staying connected | Date: |
| 8. Community activism: finding my voice | Date: |

3) Visits to organizations

You will have the chance to visit neighbourhood organizations that offer different activities and services you may find interesting.

Dates:

4) A group project: media capsules

As a group, you will choose messages to be included in publications to be sent out to the community.

In case of absence?

Please leave a message for the group leader _____,
at ____ - ____ - ____.

Participate in my community

Participation...
is it important for
me?

0 1 2 3 4 5 6 7 8 9 10

**Not at all
important**

**Extremely
important**

Obstacles I would like to participate in my community but ...



Values I appreciate in other group members

Name: _____

Indicate whether you appreciate these values in others
a little (+), somewhat (++), or a lot (+++).

	A little +	Somewhat ++	A lot +++
Punctuality			
Listening			
Respect for ideas			
Cooperation			
Emotional awareness			
Honesty			
Politeness			
Discretion			
Other:			
Other:			
Other:			

Scenario: Rita

Rita lives alone in a small apartment. She worked in a restaurant for many years. Shy by nature, she never saw people outside of work. Rita was once hospitalized for a mental health problem. Now retired, she rarely goes out and finds the days long. Her brother says retirement is a good time to develop new interests. He often asks her to come with him to activities at the community centre.

Rita hesitates. On the one hand, she tells herself it would be good to have a more active life. On the other, just the idea of meeting new people makes her feel anxious. She worries that other people will think she's a bit weird. She feels safe with her brother. However, with the arthritis in her knee, she doesn't think she can join the walking club with him. She doesn't know what other activities are on offer. She's worried they'll be too expensive. She looked on the Internet and it would take two buses to get to the place.

List of tasks

Tasks	Person in charge
Prepare refreshments for the break (e.g., pitcher of water and glasses)	
Make photocopies for the sessions	
Be the session timekeeper	
Write on the flip chart or the board	
Set up the session room	
Help the group leader with the <i>Quotation journal</i>	
Help with the layout of the media capsules	
Take attendance	
Help with organizing visits to community groups	
Keep track of the tasks list	



Quotation journal – Session 1

What is participation (to be, to have, to do)?



Quotation journal – Session 1

What prevents my participation?

Group leader's workshop journal

Group leader: _____

Organization: _____

Session number: Date:	
Activities not completed or adapted:	Activities added:
The session (participants' response, particular event, etc.):	
Follow-up:	

Community participation, what is it?



Research has shown that with aging, social participation helps us maintain our physical abilities, our psychological well-being, our intellectual abilities, and our quality of life. Participation means something different for each one of us.

Here is what *Count Me In!* program participants think.

“

”

Targeting your strengths

Session 2

BUILDING ON YOUR STRENGTHS

“As long as one remains mired in the troubled waters of mental illness, accomplishment remains out of reach.” (Charles Rapp, 2004: 32)

The strengths-based approach proposes building on an individual’s strengths and resources to overcome the challenges and problems they encounter (Goscha, Rapp and Bond, 2012; Jones-Smith, 2014; Rapp and Goscha, 2006). The four types of strengths considered in this approach have been adapted to the context of this program:

- 1) Personal attributes: a person’s characteristics that can be considered assets when it comes to community participation.
- 2) Talents and skills: the concrete skills a person possesses that can help them in social relationships and community participation.
- 3) Interests and aspirations: these provide intrinsic motivation for participation, and help individuals achieve their participation goals.
- 4) Environmental forces: the person’s friends and family, resources in their environment, or aspects of their neighbourhood that could facilitate their community participation.

The strengths-based approach aims to help people achieve self-identified goals by determining and using the various personal and environmental resources they require (Slade *et al.* 2014). These resources should be explored in different areas of participants’ lives, in particular:

- ▶ Their daily life (e.g., living accommodations);
- ▶ Their financial situation;
- ▶ Their occupation (e.g., work, volunteering, studies);
- ▶ Their social and family networks;
- ▶ Their health;
- ▶ Their leisure activities;
- ▶ Their cultural and spiritual lives.

(Bougie, 2010)

While the strengths-based approach focuses on the elements that can help the person achieve their goals, the difficulties cannot be denied. Challenges are approached in terms of barriers to overcome when they interfere with the achievement of objectives. Once the difficulties are identified, participants explore ways to overcome or adapt to these challenges in order to continue reaching their objectives. There are four factors that may prevent the person from achieving his or her goals:

- ▶ Behavioural factors (e.g., working on too many goals at the same time).
- ▶ Cognitive factors (e.g., changing your mind about the goal).
- ▶ Affective factors (e.g., not motivated enough by the goal).
- ▶ Environmental factors (e.g., community resources not available).

(Bougie, 2010)

Identify your strengths

An important step in the strengths-based approach is to identify one's strengths and resources. The idea is that if the person recognizes what has helped them to overcome difficulties in past situations, it can help them to apply solutions to current situations. Some people, such as those with low self-esteem, tend to minimize their strengths or have difficulty naming them spontaneously if asked (Sia, Czuchry and Danserau, 1999). Therefore, using more directed methods to explore strengths such as matrices or maps is suggested (Sia *et al.* 1999). It seems easier to have people react to strengths than to ask them to make a list themselves.

There is little literature on the strengths that would facilitate the community participation of seniors with psychosocial difficulties. Researchers seem to have been more interested in barriers (Janssen, Van Regenmortel and Abma, 2011). However, some authors have studied the concept of resilience among vulnerable seniors. This concept, often referenced by pioneers of the strengths-based model, corresponds to the ability of a person to bounce back when faced with challenges. The following figure, adapted from a literature review conducted by a master's student (Djoukhadjian, 2016), illustrates some factors that may influence the resilience of older adults with psychosocial difficulties.

Figure 16 - Factors that influence resilience

INDIVIDUAL FACTORS	SOCIAL FACTORS	ENVIRONMENTAL FACTORS
<ul style="list-style-type: none"> • To perceive meaning and utility in one's life • To be persistent • To be serene, have a balanced view of life • To have self-confidence, self-reliance • To accept oneself • To live a spiritual life • To possess a sense of generativity, to be oriented towards the future • To overcome challenges • To have a sense of belonging to one's community • To be financially comfortable 	<ul style="list-style-type: none"> • To enjoy support and positive relationships with loved ones • To maintain an autonomous relationship with case workers • To have social relationships and connectivity • To provide care to others • To evolve in a society that is positive towards seniors 	<ul style="list-style-type: none"> • To have access to social care and services • To be able to rely on resources • To have influence on social policies • To live in a well-served area • To have access to adapted transport

Adapted from Djoukhadjian, 2016

REFERENCES

- Bougie, P. (2010). Intervenir autrement avec les forces des individus. *Actes du Colloque santé mentale et justice*. Montréal, Canada : Récupéré du site : <http://colloque.societecrimino.qc.ca/2010/actes/index.php>, le 15 avril 2015.
- Djoukhadjian, A. (2016). *Les personnes âgées vivant des difficultés psychosociales : quels sont les facteurs qui facilitent leur participation aux activités et ressources de la communauté?* Rapport de stage pour la maîtrise en santé publique, Montréal: École de santé publique de l'Université de Montréal.
- Goscha, R. J., Rapp, C. A. & Bond, G. R. (2012). Case management and community psychiatry. *Handbook of Community Psychiatry*. New York: Springer, 293-308.
- Janssen, B.M., Van Regenmortel, T. & Abma, T.A. (2011). Identifying sources of strength: Resilience from the perspective of older people receiving long-term community care. *European Journal of Ageing*, 8(3), 145–156.
- Jones-Smith, E. (2014). *Theories of counseling and psychotherapy: An integrative approach*. Sage Publications.
- Ministère de la santé et des services sociaux du Québec (2005). *Plan d'action en santé mentale 2005-2010 : La force des liens. Guide de planification du MSSS*. Québec: Ministère de la santé et des services sociaux du Québec, 97 p.
- Rapp, C.A. (2004). Le suivi communautaire : approche axée sur les forces. *Le suivi communautaire en santé mentale. Une invitation à se bâtir une vie*. Ottawa: Les Presses de l'Université d'Ottawa, 31-65.
- Rapp, C. A. & Goscha, R. J. (2006). *The Strengths Model: Case Management with People with Psychiatric Disabilities*. Oxford University Press.
- Sia, T.L., Czuchry, M.L. & Danserau, D.F. (1999). Considering personal strengths: The effect of three different methods on mood, arousal, and self-esteem. *Journal of Applied Social Psychology*, 29(3), 1151-1171.
- Slade, M., Amering, M., Farka, M., Hamilton, B., O'hagan, M., Panther, G., ... Whitley, R. (2014). Uses and abuses of recovery: implementing recovery-oriented practices in mental health systems. *World Psychiatry*, 13(1): 12-20.

THANK YOU

This session on the strengths-based approach was inspired by the work of Audrey Djoukhadjian, a master's student in Public Health at the Université de Montréal and an intern at the CIUSSS West-Central Montreal.

Session 2. TARGETING YOUR STRENGTHS

Session objectives

- Identify your own strengths (personal and environmental).
- Be aware that these strengths can help with community participation.
- Produce the first media capsule.

Preparation

- Select the activities most relevant to the group; think about and note the necessary adaptations in relation to the group.
- Provide the facilitation material: flip chart, markers, sheets, pens for the participants, copies of the facilitation material.
- Prepare the refreshments.
- Prepare a proposition for the participants on the first media briefing (see the ideas in Part 4 - Media capsules):
 - Choose a few elements shared by participants from the anecdotes noted on the flip chart sheets or from the *Quotation journal* from the previous session;
 - Transcribe the short text onto the template for the first capsule (Session 1 annex);
 - Make copies of this preliminary version of the capsule for participants.
- Describe some potential resources for visits from the *List of Organizations*.
- Prepare visits (see Part 3 - Visits to organizations, for ideas on how to proceed).
 - List some relevant resources in the community based on the interests expressed by participants in the individual interviews (*List of Organizations* in the annex).
 - Establish a few preliminary contacts with heads of organizations. If possible, collect some written information about the activities offered by the organizations (e.g., program).
 - These steps can also be completed by participants.

Session 2 Plan

	ACTIVITIES	PREPARATION	GROUP LEADER NOTES
Introduction: 30 min	1.1 Welcome participants		
	1.2 Recap the previous session	<ul style="list-style-type: none"> • Flip chart sheets or <i>Quotation journal</i> from the first session 	
	1.3 Decide on the first capsule	<ul style="list-style-type: none"> • <i>Steps to Publish the Capsules</i> • Template for the first capsule 	
	1.4 Introduction to the theme of the day	<ul style="list-style-type: none"> • Show the introductory image 	
Activities: 50 min	2.1 Scenario of Dennis's strengths	<ul style="list-style-type: none"> • Dennis scenario • Images of strengths 	
	2.2 Identify your strengths	<ul style="list-style-type: none"> • <i>What are my strengths?</i> grid 	
	2.3 Pursue your objective	<ul style="list-style-type: none"> • Display the 0-10 scale on the wall 	
Conclusion: 20 min	3.1 Recap the tasks	<ul style="list-style-type: none"> • List of tasks 	
	3.2 Closing remarks	<ul style="list-style-type: none"> • Flip chart sheets or <i>Quotation journal</i> of the day 	
	3.3 Prepare for the next session	<ul style="list-style-type: none"> • <i>List of organizations</i> 	

* Plan for a 15-minute break

INTRODUCTION

1.1 Welcome participants

- Welcome each participant by name.
- Ask the participants if they remember everyone's name. If necessary, go around the table and have everyone say their name.

1.2 Recap the previous session

- Ask participants to share what they learned from the previous session (participation in the community). If necessary, retell Rita's story and refer to the images displayed on the wall or the keywords on the flip chart sheets.

1.3 Decide on the first capsule

- Recall the objectives and how the capsule activity works:
 - Participants will have the opportunity to use their experience to try to influence beliefs about aging, community participation and emotional well-being.
- Using the *Steps for publishing the media capsules* sheet, discuss the process involved in creating the capsules. The steps can be displayed on the wall and referred to during the sessions.
- Hand out the draft of the first media capsule, created using notes from the previous session.
- Ask participants what they think.
- Remind them that their names will not be disclosed in these capsules. Ensure that they have signed their publication waiver (see the *Publication waiver* in the annex of Part 4).
- Inform participants that they will select the texts as the program proceeds.



Adapt this activity

- You could also propose two slightly different capsules and ask the group to vote for the one they prefer.
- The process of making the media capsules must be adapted to the profile of the participants and progress should be made over the course of the sessions. Ideas for how to do this can be found in Part 4 - Media capsules

1.1 Introduction to the theme of the day

- Present the introductory image
 - Ask participants to say what this image represents for them.
- Announce the theme of the session
 - After a few comments, tell the participants that the theme of the session is *What are my strengths?*
 - Ask participants to briefly describe how the image relates to the theme.

MAIN ACTIVITIES

2.1 Scenario: Dennis' strengths

▶ *Set the context*

To confront difficulties, we can use our strengths and resources (write them on the board):

- 1) Our personal qualities (I am...);
- 2) Our talents and abilities (I am good at...);
- 3) Our interests (I like...);
- 4) The resources in our environment (e.g., the people around us, the positive elements of our environment, the services we have access to).

▶ *Explain the activity*

- Hand out a copy of the scenario about Dennis (Session 2 annex), then ask participants to get into teams of two or three.
- Ask them to appoint a reader who will read the scenario, first in full, then sentence by sentence, so that the team can identify the strengths and resources illustrated in the text.
- Remind them that the strengths they are looking for are: Dennis' qualities, his skills, interests and the resources on which he can count.

▶ *Facilitate the full group discussion*

- Hand out an image of strength to each participant.
- Ask them to note down a strength that could help Dennis become involved in the activity and then put the image on the barriers that were affixed to the wall during the previous session.

Responses: previous experience, neighbours' support, knowledge of the Internet, interest and motivation, home near the hospital...

- Ask participants to discuss the potential benefits of participation for Dennis:
 - "What will his life be like when he volunteers?"
 - "What can it do for him?"
- Discuss the steps required for participation:
 - "Dennis does not seem to know how to get involved in his community. What advice could you give him about the steps to follow?" (Write them on the board.)
- Responses:
 - Identify his interests.
 - Find out what type of volunteering is possible at the hospital (how?).
 - Find contact information for the person in charge of volunteers.
 - Call to express interest.
 - Prepare to meet with the person in charge (how?).
 - Organize his transportation.



Adapt this activity

- Replace the scenario with one that is more representative of participants' experiences.
- If literacy or initiative is an issue, the activity can be done in a full group so that the group leader or a volunteer can read the scenario aloud.
- The scenario can also be replaced by a role-playing activity in which the group leader acts as Dennis and asks the participants to talk with him. "Here's my story (...). I don't know how to go about volunteering. What would your advice be? (...) I will meet with the volunteer leader next week; she wants to know the strengths and resources I have. What will I tell her?" (...).

2.2 Identify your strengths

► ***Explain the activity***

- If the barriers identified during the previous session are still displayed on the wall, refer to them. The next activity is to think about the strengths that can help us overcome them.
- Distribute the *What are my strengths?* grid (Session 2 annex). Ask participants to complete the grid by colouring in the boxes that correspond to the strengths and resources they can rely on to meet the challenges in their lives. Bingo markers can also be used. Allow time to carry out the activity.

► **Regroup**

- If the participants are comfortable enough to speak in front of the group, propose this scenario to encourage sharing:
 - "Imagine, like Dennis, that you want to volunteer in an organization. During your interview, the volunteer coordinator asks you to introduce yourself by listing your main strengths. What will you answer?" Start with the group leader's answer to give an example.
- Ask participants how they found the activity. It is often easier to identify one's shortcomings and weaknesses. What do they say to that?



Adapt this activity

- If participants seem to be interested, use the blank grid *What are my strengths?* (Session 2 annex).
- The "paradox of adversity" (Jones-Smith, 2014) can also be used. People are encouraged to reflect on a difficult situation they have experienced. They are asked to think how this difficulty has led them to become stronger. "What allowed you to get through it?"
- In the same spirit, this situation can be carried out in large groups: "You learn you have to move to a new city. This upsets you a lot. What are the strengths and resources that will help you make a home in your new neighbourhood?" Write them on the board.
- This activity could be more structured by going around the table and asking: "Tell me two things you do well." "Tell me two positive things that people could say about you."



Break time!

.....

2.3 Pursuing your goal

► *Share personal goals*

- Ask participants to look at their personal goal sheet (in their file folder) and to briefly remind the group of their goal (e.g., meeting people, getting more physical activity).
- Those who have not identified a goal can be asked if they feel inspired by any of the goals shared by their peers.

► *Facilitate a short discussion*

- Explore what participants like about these activities, and how these activities help or will help them.

► *Check confidence*

- Affix the 0-10 scale to the wall.
- Ask participants to give a number, from 0 to 10, to indicate how confident they feel about pursuing this goal in the coming weeks. Those who do not have a goal can be asked how confident they are in identifying interests that will lead them to select a goal.
- Ask a member to make a mark to indicate each participant's answer on the scale, or ask each person to place their own mark.
- Tell them that 0 indicates "Not at all important" and 10 "Extremely important."
- Ask the group why they did not say, "Not at all confident."
 - To those who answered "Not at all confident," ask: "What could help make you become just a little confident?"
- Focus the discussion on the strengths and resources identified by participants as tools to help them reach their goal.

► *Ask the miracle question*

- Ask participants:
 - "Imagine that, overnight, all the difficulties that stop you from participating in neighbourhood activities were to disappear. This miracle would allow everyone to reach their goal (give examples: Mrs. X, you would meet nice people every week; Mr. X, you would participate in interesting activities in a recreation centre, etc.)."
- Ask participants:
 - How would things be different for you? How would you feel?
 - How would your loved ones realize that something special had happened to you?

Inspired by Rapp and Goscha, 2012

► **Mobilize to take action**

- Becoming more involved in community activities can involve stepping out of your comfort zone and trying out new things. How do participants see this?
- Ask participants what helps them to try new things (e.g., resources, strengths)?
- Discuss changes (give examples).
 - What will they have to allow into their lives?
People, new routines, attitudes.
 - What should they let go?
People, behaviours, comfort.
 - What should they let be?
Accept situations, tolerate things.

Adapted from Jones-Smith, 2014



Quotation journal

During the discussion, take note of the strengths and resources identified by participants.

CONCLUSION

3.1 Revisit tasks

- Revisit the task grid. Ask if participants are comfortable with their tasks.

3.2 Closing remarks

- Ask participants what they can take away from this session.
- Briefly review the items noted in the *Quotation journal* (or on the flip chart).

3.3 Prepare for the next session

► **Prepare for the visits**

- Remind participants that visits to the various organizations will be organized in the coming weeks.

- Hand out the draft of the *List of organizations*.
- Ask participants to look at the list during the week and think about other resources that might be interesting (they can add them to the list). These can be varied: municipal services (e.g., library), community centres, social groups, etc.
- Ask them how they will find organizations.
 - Internet, community newspapers, community television, municipal recreation services, ...
- Ask participants to bring the list to the next session.
The group will use it to decide on visits.
- If any participants have a tablet or cellphone, ask them to bring it in so that they can do an online search.

***Adapt this activity***

It is also possible to create the list of organizations with participants, during this session or the next.

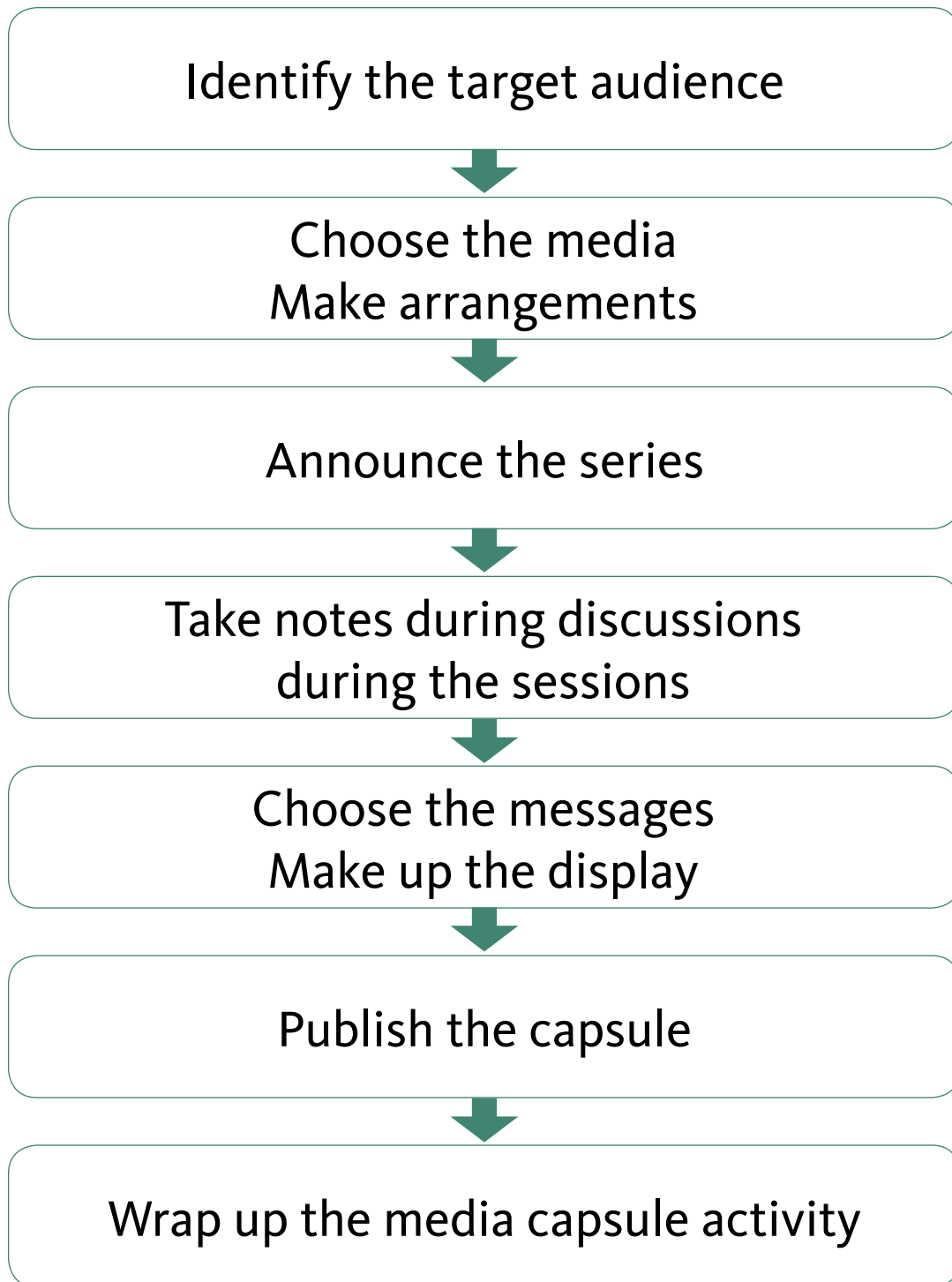


Workshop material

Session 2



Steps for publishing the media capsules



Scenario: Dennis

Dennis has been widowed for two years. Before he lost his wife he had been her caregiver for a long time.

The year following the death of his wife was very difficult for Dennis and he experienced another episode of his bipolar illness. He feels better now, but sometimes he finds the days are very long. He recently decorated his new apartment with his daughter's help. His neighbour, to whom he speaks from time to time, told him about volunteering for Meals on Wheels. He says it gives him a lot of pleasure.

Dennis is a craftsman and he loves music. He says he'd like to help other people. When his wife was in the palliative care centre, he noticed the volunteers who came to visit patients. The hospital is near where he lives.

He'd like to give some of his time, but isn't sure how to do it.

What are my strengths?

My personal qualities “Who I am”	My abilities “What I can do”	My resources “Who and what I can count on”
Creative	Control my emotions	Sufficient income
Curious	Learn	Good neighbours
Open outlook	Take care of myself	A safe neighbourhood
Disciplined	Take care of others	Nearby services
Courageous	Face up to difficulties	Transportation nearby
Persevering	Make decisions	A comfortable home where I feel good
Honest	Loving	Good physical health
Energetic	Open to love	Good emotional health
A good listener	Follow my goals	Family nearby
Optimistic	Express my feelings and ideas	A circle of friends
Prudent	Non-judgmental	Competent professionals
Strong	Adaptable	A best friend or partner
Sociable	Build confidence	Activities in the neighbourhood

What are my strengths?

My personal qualities “Who I am”	My abilities “What I can do”	My resources “Who and what I can count on”	My personal qualities “Who I am”

I CAN REACH MY GOAL

0 1 2 3 4 5 6 7 8 9 10

**Not at all
confident**

**Completely
confident**



Quotation journal – Session 2

These strengths will help me participate in the community

List of organizations

Name of organization Resource person	Contact details	Type of activities	Group's opinion of the resource
		<ul style="list-style-type: none"> • Cultural activities • Physical activities • Intergenerational activities • Social activities • Helping services • Intellectual hobbies • Other: 	
		<ul style="list-style-type: none"> • Cultural activities • Physical activities • Intergenerational activities • Social activities • Helping services • Intellectual hobbies • Other: 	
		<ul style="list-style-type: none"> • Cultural activities • Physical activities • Intergenerational activities • Social activities • Helping services • Intellectual hobbies • Other: 	
		<ul style="list-style-type: none"> • Cultural activities • Physical activities • Intergenerational activities • Social activities • Helping services • Intellectual hobbies • Other: 	

List of organizations

Name of organization Resource person	Contact details	Type of activities	Group's opinion of the resource
		<ul style="list-style-type: none"> • Cultural activities • Physical activities • Intergenerational activities • Social activities • Helping services • Intellectual hobbies • Other: 	
		<ul style="list-style-type: none"> • Cultural activities • Physical activities • Intergenerational activities • Social activities • Helping services • Intellectual hobbies • Other: 	
		<ul style="list-style-type: none"> • Cultural activities • Physical activities • Intergenerational activities • Social activities • Helping services • Intellectual hobbies • Other: 	

Group leader's workshop journal

Group leader: _____

Organization: _____

Session number: Date:	
Activities not completed or adapted:	Activities added:
The session (participants' response, particular event, etc.):	
Follow-up:	

Targeting your strengths



When we have emotional difficulties, health problems or a lack of resources, it is often difficult to participate in community activities. On the other hand, some things can help us participate.

Here is what *Count Me In!* program participants think.





The community: A source of opportunities

Session 3

Session 3. THE COMMUNITY: A SOURCE OF OPPORTUNITIES

Session objectives

- Choose the organizations to visit.
- Plan the various steps of the visits.

Preparation

- Select the most relevant activities; think about the adjustments required in terms for the group; take notes.
- Provide the facilitation material: board or flip chart, markers, paper, pens for the participants, copies of facilitation material.
- Prepare the refreshments.
- Create a proposal for the second media capsule to be presented to the participants.
 - Choose a few comments shared by the participants from the anecdotes noted on the flip chart during the previous session.
 - Transcribe the short text onto the first capsule outline (Session 2 annex).
 - Make copies of the outline for the participants.
- If this was not been done in the previous session, prepare the list of potential organizations for the visits.
- If possible, bring a computer or a tablet to visit the community organization websites and plan transportation.
- Cut up the sentences on the *Hat trick* sheet and put them in a hat.

Session 3 Plan

	ACTIVITIES	PREPARATION	GROUP LEADER NOTES
Introduction: 30 min	1.1 Welcome participants		
	1.2 Recap the previous session	<ul style="list-style-type: none"> • Flip chart or <i>Quotations Journal</i> from Session 2 	
	1.3 Decide on the second capsule	<ul style="list-style-type: none"> • Outline of the second capsule 	
	1.4 Introduce the theme of the day	<ul style="list-style-type: none"> • Show the introductory image 	
Activities: 50 min	2.1 Participate... at low cost		
	2.2 Prepare the visits	<ul style="list-style-type: none"> • <i>List of organizations</i> • <i>Checklist for participants</i> • <i>Participant feedback on the visits</i> 	
	2.3 Hat trick	<ul style="list-style-type: none"> • Hat with sentences to complete 	
Conclusion: 20 min	3.1 Closing remarks	<ul style="list-style-type: none"> • Flip chart or <i>Quotation journal</i> of the day 	
	3.2 Prepare for the next session		

* Plan for a 15-minute break

INTRODUCTION

1.1 Welcome participants

- Welcome the participants.
- Go around the table to allow participants to talk about their success stories of the week.

1.2 Recap the previous session

- Ask participants to briefly share what they learned from the previous session about their strengths.

1.3 Decide on the second capsule

- Remind participants of the capsule production process (steps affixed to the wall).
- Distribute the draft of the second media capsule produced from the notes taken during the previous session.
- Lead a discussion to reach a consensus on what will be published (see Part 3).

1.4 Introduction to the theme of the day

- Present the introductory image
 - Ask participants to say what this image means to them.
- Announce the theme of the session
 - After a few comments, announce that the session theme is about community resources.

MAIN ACTIVITIES

2.1 Participation... at low cost

► *Discuss*

- Ask participants how much money they think they need to participate in community activities.

- ▶ **Find less expensive alternatives**
 - Write “*low-cost options*” on the board.
 - List the following activities and ask participants to suggest less expensive alternatives:
 - Going to the movies;
 - Eating in a restaurant;
 - Seeing a show;
 - Buying books and magazines;
 - Joining a gym;
 - Buying lottery tickets;
 - Buying a gift for a friend.
 - For each, ask the participants to compare the cost of the activity with that of the alternatives. Give an example:
 - Movie and popcorn (\$15 to \$20) versus borrowing a movie from the local library and buying a bag of popcorn at the grocery store (approximately \$3).
- ▶ **Top 10 affordable activities in the neighbourhood**
 - Ask participants to list at least 10 affordable activities in their neighbourhood. Write them down on the board.

2.2 Organize the visits to the various organizations

- ▶ **Explain how the visits will take place**
 - Repeat the objectives for the visits.
 - Affix the steps to the wall.
 - Present the different options, for example, that visits can be made in small teams, as a group, or solo.
- ▶ **Identify relevant organizations**
 - As a follow-up to the previous session, ask the participants if they have thought of any neighbourhood resources that offer activities and services of interest to them. Add them to the *List of organizations*.
 - Ask participants to briefly describe what they know and to share their experiences about each organization.
 - Hand out documentation about the organizations. Ask those who have access to the Internet to complete the information.
- ▶ **Choose the organizations**
 - Ask the participants to identify the organization(s) they would like to visit and to make the link to their personal objective.



Break time!

► *Plan the visits*

- Discuss with the participants the steps needed to plan the visits:
 - Arrangements with the organizations;
 - Transportation;
 - Teams.
- Go through the *Participant checklist for visits to organizations*.

► *Prepare feedback*

- Go through the *Participant feedback* on the visits grid (Part 3, Visits to organizations) to discuss the elements to be observed during the visits.

► *Anticipate challenges and think about strategies*

- Raise the notion of possible challenges in relation to the visits and, more generally, in the pursuit of personal participation goals. Write the elements raised by participants on the board.
 - Finding enough energy for the activity
 - Overcoming shyness
 - Finding the money needed for transportation
 - ...
- Ask participants to suggest strategies to overcome these challenges and to share personal experiences on this subject. Write the strategies on the board.

2.3 The Hat trick

► *Pick out of the hat*

- Pass the hat containing sentences to be completed and ask the participants to pick one.
- Allow 1-2 minutes for the participants to reflect.

► *Share*

- Ask the participants to get into teams of two. One of the team members discusses the theme they picked. After 2 minutes, the partner summarizes the discussion, then they switch roles.



Adapt this activity

- The activity can also be completed by the entire group in a round table discussion, where each person completes the sentence they picked.
- This activity can be repeated during the other sessions.

CONCLUSION

3.1 Closing remarks

- Ask participants what they can take away from this session.

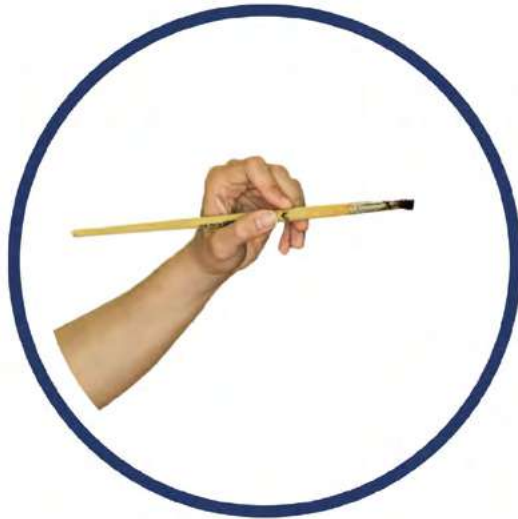
3.2 Prepare for the next session

- Announce the topic of the next session: “Aging: How to adapt?”
- Ask participants to identify in the upcoming week an older person they admire (a known personality or someone close to them).



Workshop material

Session 3



Steps for the visits

Verify our interests and needs



Identify potential organizations



Choose the organizations to visit



Make the arrangements
with the organizations



Arrange practical issues
(e.g., transportation, schedule)



Complete the visits



Do the follow-up with the group



Thank the organization

Count Me In!

Interests and needs of participants for visits

Participants	Interests (organizations, activities)	Availabilities for the visits	Particular needs and resources (e.g., transportation, accompaniment)

Example of visit confirmation

Dear Mrs. Sanchez,

On behalf of the *Count Me In!* program participants, I'd like to thank you for agreeing to help us organize a visit to your recreation club. As we explained, the purpose of the activity is to allow people who take part in few community resources to become familiar with your services and activities.

The visit will take place June 6th from 11:30 AM to 2:00 PM. As agreed, a volunteer in your Club, Mrs. Sylvia Frank, will welcome the participants and will be the resource person during the visit.

The participants are very pleased with your proposal for the activity. To confirm the order of the day:

- 11:30 Arrival of the participants
- 11:45 Tour of the facility with Sylvia Frank
- 12:00 Community lunch
- 1:00 Meeting with Sylvia Frank on the regular programming of the club
- 2:00 Departure of the participants

You will receive three visitors, namely:

- John Tremblay, participant in the *Count Me In!* group
- Nadia Drake, participant in the *Count Me In!* group
- Gloria Grant, volunteer

To share the responsibilities, it is agreed that our group participants will organize their transport and the welcome and activity will be the responsibility of your organization.

On the day of the visit you may contact me at this number 545-454-4545.

Once again, I thank you for your collaboration.

Count Me In!

Participant's checklist for the visit to the organization

Date of the visit:	
Organization:	
Website:	
Name of contact person:	
Address:	Telephone: Email:
Transportation needs:	
Activities planned:	
What to bring:	

Count Me In!

Participant's feedback on the visit

Organization: _____ Date of the visit: _____

What I did:

What I think of the physical space:

What I think of the people I met:

What I think of the activities:

Overall, what I think of the organization:

This organization is for which type of person?

How interested I am in returning to this organization in the coming weeks?

The hat trick

I am proud of...	I love...	I am confident that...
I hope that...	I have control over...	I am good at...
I am capable of facing...	I'm at my best when...	I greatly value...
I feel close to...	I'm attached to...	I have good memories of...
I feel good when...	I'm good for...	I feel useful when...
I laugh when...	I'd like to be...	In two years, I'd like to...
If I could I'd...	I feel confident when...	I'm good at...
I make an effort for...	The moments I appreciate are...	I'm happy about...
The best thing I ever did was...	I'm a hero because...	A good day for me is when...



Quotation journal – Session 3

Opportunities in the community

Group leader's workshop journal

Group leader: _____

Organization: _____

Session number: Date:	
Activities not completed or adapted:	Activities added:
The session (participants' response, particular event, etc.):	
Follow-up:	

The community: a source of opportunities



There are many activities and opportunities in which to be involved, no matter where we live. Just take the time to find what you like!

Here is what *Count Me In!* program participants think.





Aging: How to adapt?

Session 4

AGING: HOW TO ADAPT?

What are the challenges associated with aging?

The normal aging process, called senescence, has its share of challenges. Indeed, most people must contend with a progressive decline in their physical and mental capacities. These include reduction of visual and auditory acuity, strength, physical endurance, balance and certain cognitive functions (e.g., attention and memory).

People who live with a persistent mental health problem may face additional challenges with regard to aging (Cummings and Kropf, 2011). Indeed, studies show that, in comparison with the general population, seniors with persistent mental health problems tend to more often develop symptoms of depression that were not present in adulthood (Diwan *et al.* 2007). It has also been found that they exhibit a more rapid decrease in their physical abilities. This manifests itself in greater fatigue, a decrease in speed of movement, and a decrease in balance (Pentland, Miscio, Eastabrook and Krupa, 2003). In addition, this population tends to prepare less for aging (maintaining an active lifestyle, financial savings, etc.) than their peers, which may compromise their adaptation to aging (Niimura *et al.* 2011).

However, it appears that people living with a mental health problem are no more at risk of developing cognitive deficits or having a diagnosis of dementia (McGurk *et al.* 2000; Pentland *et al.* 2003). Some researchers have found that seniors living with a persistent mental health problem experience a lower level of stress in relation to medical follow-up and financial management than seniors who do not have a mental health problem (Niimura *et al.* 2011). This could be explained by the fact that the majority of them have received a government allowance at some time in their lives and are used to regular medical follow-up in relation to their mental health problem.

Several strategies to adapt

Researchers suggest that older people with mental health problems who have a more positive attitude toward the aging process also tend to have a higher quality of life. Among the factors that promote well-being in aging are:

- ▶ the ability to set goals;
- ▶ approaching difficulties philosophically;
- ▶ spirituality;
- ▶ the ability to make decisions and take action (psychological autonomy);
- ▶ the presence of a social network.

(Dubé, 2004)

As we age, it is likely that we will have to face difficult events (e.g., illness, loss of loved ones) to which are added the hassles of everyday life. This is sometimes accompanied by concerns about the future. There are some scientific articles on the issue of adapting to aging by people living with mental health problems. For example, Solano and Whitbourne (2001) divide coping strategies into two categories. The first category includes cognitive coping strategies, such as fighting or ignoring negative thoughts, and positive self-talk. The second category includes behavioural coping strategies that include engaging in enjoyable activities such as watching TV, socializing, praying and exercising.

Cohen, Hassamal and Begum (2011) suggest three categories of strategies: 1) cognitive coping strategies; 2) instrumental coping strategies, such as turning to a third party for help or seeking advice from a loved one or a health professional; and 3) avoidance strategies, which are actions to change one's ideas and avoid thinking about the problem.

Finally, Pentland, Miscio, Eastabrook and Krupa (2003) propose a three-category classification. First, they group together the various personal coping strategies: actions the person can perform themselves (e.g., socializing and performing introspection exercises). Second, they group together strategies involving the support of a family member or friend. The third category includes strategies involving social support provided by a health professional or caseworker.

Based on the work of these researchers, strategies for coping with aging in the *Count Me In!* program have been grouped into the following three categories: 1) thinking differently; 2) having good support, and 3) being good to yourself.

How to help people adapt

In light of the literature review, it appears that a number of actions by caseworkers can help people to adapt well to aging, such as: informing them, helping them to strengthen their social networks, and helping them to develop coping strategies.

The first step is to help people acquire knowledge about the aging process and the resulting challenges (Niimura *et al.* 2011). A study shows that nearly two-thirds of people living with a mental health problem are not optimistic about their future as they age (Shepherd *et al.* 2012). It is therefore important to address the concerns of these people in relation to the aging process (Pentland *et al.* 2003).

The second course of action is to help people get support from others (family, friends, health professionals, etc.). Individuals should be made aware that the relationships to be favoured are those that provide satisfaction, allow for reciprocity and respond to their needs (Wong, Matejkowski and Lee, 2011). For some people with a mental health problem, the relationships and quality of relationships have eroded over the years. This is particularly true for those who have experienced episodes of hospitalization related to the exacerbation of the symptoms of their illness (Wong *et al.* 2011). It is therefore important to help these people find opportunities to build relationships and cultivate a social network.

The third course of action aims to support the development of various coping strategies with respect to aging (Diwan *et al.* 2007). Mastering different coping strategies can have a significant impact on some aspects of seniors' lives, including: improving perceived quality of life (Niimura *et al.* 2011), decreasing stress (Cohen *et al.* 2011) and reducing the risk of depression (Diwan *et al.* 2007). Conversely, not knowing how to respond to a problematic personal situation may diminish social participation because individuals may tend to isolate themselves and avoid activities that were previously significant to them. These are important risk factors for depression (Diwan *et al.* 2007).

Being at the centre of our decisions

Adapting to aging also means preparing for the possibility of loss of autonomy and death. There are several things that can be done to prepare for loss of autonomy and to ensure that we are supported in our old age, such as preparing a will and naming someone who will have power of attorney in case of loss of capacity.

Power of attorney

The power of attorney is a contract that allows us to appoint one or more persons to manage our affairs. The person who accepts this mandate will act on our behalf for the situations we have foreseen in the power of attorney, for example, performing banking transactions. This may be necessary for reasons of distance, health problems or a reduction in our mobility. On the other hand, in order for the power of attorney to be valid, one must be able to make decisions.

Enduring power of attorney (Canada) or mandate in case of incapacity (Quebec)

The mandate given in anticipation of incapacity is a document that allows one or more persons to be appointed in advance to ensure our well-being and to administer our property in case we become incapable of doing so ourselves. The person we designate in our mandate is called a “mandatary.”

The person can be your adult child, spouse, good friend, a trust company or other family member you trust. You should seek the help of a lawyer (notary in Quebec) to create your will, mandate or power of attorney.

The mandatary's responsibilities can be multiple. It depends on what is in the mandate, for example:

- ▶ Make decisions about our living accommodations;
- ▶ Ensure that our needs are met (clothing, hygiene products);
- ▶ Ensure that we have leisure activities;
- ▶ Give consent for our health care;
- ▶ Manage our assets and debts, pay our bills.

The mandate becomes executory only if we are declared incapacitated following a medical and psychosocial evaluation completed by a doctor or other health care professional. These assessments must conclude that we are unable to care for ourselves or administer our property.

Will

With many decisions that must be made after our death, a will makes it possible to make them in advance, for example:

- ▶ Who will be our heirs?
- ▶ How will our goods be distributed among our heirs?
- ▶ Who will be the liquidator?

It is also possible to specify our wishes regarding our funeral. Since the will is usually read after the funeral, it is better to talk to our relatives or to have a prearranged funeral contract with a funeral service company.

There are three basic types of wills in Canada (Figure 17): the notarial will, the holograph will, and the will made in the presence of witnesses. There are costs associated with each type of will.

Figure 17 - Basic types of wills in Quebec/Canada

	NOTARIAL WILL	HOLOGRAPH WILL	FORMAL WILL BEFORE WITNESSES
Description	Only in Quebec. Prepared by a notary and signed before witnesses.	Entirely written and signed by yourself. It must be written by hand, not by computer. It can be done without a witness, but loved ones must be informed where to find it when the time comes.	Prepared by a lawyer. Will signed in front of two people together at the same time.
Advantages	Benefits from the advice of a professional. More difficult to contest. Does not have to be validated after death. Easy to trace because it will be registered.	It can be created anywhere, anytime. It costs nothing.	Avoids potential problems of improper wording.
Disadvantages	You must pay the notary's fees when the will is made.	Not recognized in some provinces. Must be validated after death, resulting in fees and delays. It may be lost, destroyed or damaged. Lack of advice from a professional who may result in situations that the person had not considered.	Most costly option.

SPECIFIC COLLABORATION FOR THIS WORKSHOP

The preliminary version of this workshop was designed by:

- **Sarah Connolly**, Master's student in occupational therapy (professional), Université de Montréal
- **Johanne Filiatrault**, Associate Professor, Rehabilitation School, Université de Montréal, Research collaborator, CREGÉS
- **Manon Parisien**, O.T., M.Sc., Practitioner-Researcher, CREGÉS

Specific validation committee:

- **Julie Beauchamp**, Doctoral candidate, Sexology Department, Université du Québec à Montréal (UQAM)
- **Anne-Marie Belley**, M.Sc., Research assistant, CREGÉS
- **Norma Gilbert**, Coordinator for the Development of Leading Practices in Prevention and Health Promotion for Seniors, CREGÉS
- **Kareen Nour**, Ph.D., Public Health Department, CISSS of Montérégie-Centre, government researcher, CREGÉS

REFERENCES

- Cohen, C.I., Hassamal, S.K. et Begum, N. (2011). General coping strategies and their impact on quality of life in older adults with schizophrenia. *Schizophrenia Research*, 127(1-3), 223-228.
- Cummings, S. M. et Kropf, N. P. (2011). Aging with a severe mental illness: challenges and treatments. *Journal of Gerontology and Social Work*, 54(2), 175-188.
- Diwan, S., Cohen, C.I., Bankole, A.O., Vahia, I., Kehn, M. et Ramirez, P.M. (2007). Depression in older adults with schizophrenia spectrum disorders: prevalence and associated factors. *American Journal of Geriatric Psychiatry*, 15(12), 991-998.
- Dubé, M. (2004). Bien vieillir malgré les aléas de la vie. *Psychologie Québec*, 21(3), 18-21.
- Konrath, S., Fuhrel-Forbis, A., Lou, A. et Brown, S. (2012). Motives for volunteering are associated with mortality risk in older adults. *Health Psychology*, 31(1), 87.
- McGurk, S. R., Moriarty, P. J., Harvey, P. D., Parrella, M., White, L. et Davis, K. L. (2000). The longitudinal relationship of clinical symptoms, cognitive functioning, and adaptive life in geriatric schizophrenia. *Schizophrenia Research*, 42(1), 47-55.
- Niimura, H., Nemoto, T., Yamazawa, R., Kobayashi, H., Ryu, Y., Sakuma, K., ... Mizuno, M. (2011). Successful aging in individuals with schizophrenia dwelling in the community: a study on attitudes toward aging and preparing behavior for old age. *Psychiatry @ Clinical Neurosciences*, 65(5), 459-467.
- Pentland, W., Miscio, G., Eastabrook, S. et Krupa, T. (2003). Aging women with schizophrenia. *Psychiatric Rehabilitation Journal*, 26(3), 290-302.
- Shepherd, S., Depp, C.A., Harris, G., Halpain, M., Palinkas, L.A. et Jeste, D.V. (2012). Perspectives on schizophrenia over the lifespan: a qualitative study. *Schizophrenia Bulletin*, 38(2), 295-303.
- Solano, N. H. et Whitbourne, S. K. (2001). Coping with schizophrenia: patterns in later adulthood. *International Journal of Aging @ Human Development*, 53(1), 1-10.

St-Pierre, M.-A. (2009). *Regards sur le système de santé et de services sociaux du Québec*. Québec: Gouvernement du Québec.

Wong, Y. L., Matejkowski, J. et Lee, S. (2011). Social integration of people with serious mental illness: network transactions and satisfaction. *Journal of Behavioral Health Services & Research*, 38(1), 51-67.

Session 4. AGING, HOW TO ADAPT?

Session objectives

- Unravel some myths about the aging process.
- Reflect on what aging means to participants.
- Identify the attitudes and strategies they are already using or may adopt to better adapt to aging.
- Better understand the legal documents related to the management of one's person and property (optional).

Preparation

- Select the most relevant activities; think about the adaptations needed depending on the group; take notes.
- Provide the facilitation material: flip chart, markers, sheets, pens for the participants, copies of handouts.
- Prepare the refreshments.
- Copy and cut out TRUE and FALSE cards (optional).

Session 4 Plan

	ACTIVITIES	PREPARATION	GROUP LEADER NOTES
Introduction: 20 min	1.1 Welcome participants		
	1.2 Recap the previous session	<ul style="list-style-type: none"> • Flip chart or <i>Quotation Journal</i> from Session 3 	
	1.3 Introduction to the day's theme	<ul style="list-style-type: none"> • Show the introductory image 	
Main Theme: 50 min	2.1 Recap visits to organizations	<ul style="list-style-type: none"> • <i>Participant feedback following a visit</i> 	
	2.2 Myths and realities about aging	<ul style="list-style-type: none"> • TRUE and FALSE cards (optional) • <i>Myth or Reality</i> 	
	2.3 Adapting	<ul style="list-style-type: none"> • Scenarios • Write on the board: Think differently Get support Be good to yourself 	
	2.4 A challenge and personal strategies	<ul style="list-style-type: none"> • <i>My challenges, my strategies</i> (optional) 	
Conclusion: 20 min	3.1 Recap tasks	<ul style="list-style-type: none"> • List of tasks 	
	3.2 Closing remarks	<ul style="list-style-type: none"> • Flip chart or <i>Quotation journal</i> of the day 	
	3.3 Prepare for the next session		

* Plan for a 15-minute break

INTRODUCTION

1.1 Welcome participants

- Welcome the participants.
- Go around the table to allow participants to talk about their success stories of the week.

1.2 Recap the previous session

- Share what participants learned.
 - Ask the participants to briefly share what they remember from the last session that dealt with visits to organizations.

1.3 Introduce the theme of the day

- Present the introductory image.
 - Ask the participants to say what this image represents for them.
- Announce the theme of the session.
 - After a few comments, state that the session is about adapting to aging.

MAIN ACTIVITIES

2.1 Recap the visits to organizations

- ▶ *Use the grid* Participant feedback following a visit to an organization to ask participants who made a visit to share their impressions about the organization they visited.
- ▶ *Ask them to explain the difficulties and how they overcame these challenges. Take advantage of this to reinforce problem-solving skills:*
 - What would you have done if...
 - You missed the bus to get to the organization?
 - The person who was to welcome you was not there when you arrived at the organization?
- ▶ *Continue to support the participants who are organizing the next visits.*

2.2 Myths and realities about aging

- ▶ **Explore participants' knowledge about aging**
 - Distribute the TRUE and FALSE cards (optional).
 - Choose some of the proposed statements in the section *Myth or Reality?* (Session 4 annex).
 - Read the statement and ask participants to indicate, with a card (or raised hand) if the statement is true or false.
 - Encourage participants to discuss. If necessary, divide the group so that those who answered TRUE debate their ideas with those who responded FALSE. e.g., "Those who answered TRUE, what do you say to those who said FALSE?"
 - To stimulate the discussion, play the devil's advocate by taking the opposite position to that of the group.



Break time!

2.3 Adapting

- ▶ **Explain the categories (families) of strategies (write them on the board).**
 - Change your way of doing and thinking*
These are the attitudes and new habits that help us adapt to the difficulties we encounter.
 - Surround yourself with support*
Using our resources and network contributes greatly to well-being in aging.
 - Be good to yourself*
It is important to identify what promotes our physical, emotional and intellectual well-being.
- ▶ **Explore participants' knowledge about aging**
 - Ask a volunteer to read the scenario aloud.
 - Analyze the scenario:
 - What are the challenges faced by the person?
 - What are his strengths and resources?
 - What means could he use to adapt to aging (refer to the three categories of strategies)?
 - Write the strategies identified by the participants on the board.
 - Use the *Some strategies to better meet the challenges of aging* sheet (annex) to discuss actions and attitudes that can promote adapting to aging (optional).



Adapt this activity

- Use a scenario more representative of participants' experiences.
- The scenario can also be replaced by a role-playing activity where the group leader puts herself in the situation and asks the participants to talk with her. "Here is my story (...). What are the challenges I face? What advice would you give me to better adapt to my aging? Have you had to face a challenge like mine? What did you do? What are your concerns about this?"

2.4 A challenge... strategies

▶ ***Facilitate a discussion to reflect on one's own aging***

- How do participants perceive their aging?
- What fears or challenges do they face with regard to aging? Write them on the board.

▶ ***Identify strategies***

- Ask the participants what could help them to face this challenge:
 - Change your way of doing and thinking;
 - Surround yourself with support;
 - Be good to yourself.
- Highlight some strategies
 - Flexibility means adjusting plans according to changing circumstances, such as changes in one's health. To what extent do you show flexibility?
 - Having projects and goals helps us to see the future in a positive way. What are your large and small projects? What motivates you to start your day?

▶ ***Planning for the future: will and mandate (optional)***

- Introduce the concept of a will and power of attorney in case of incapacity. Remind participants that there are professionals to help in this area. Distribute information sheets to those who are interested.

***Quotation journal***

During this activity, take note of the challenges participants face in their own aging and the strategies they propose to address them.

CONCLUSION

3.1 Review the tasks

- Check if participants want to change their assignments.
- Write changes on the task list.

3.2 Closing remarks

- Ask participants what they can take away from this session.
- Make a quick review of the items noted in the *Quotation journal*.

3.3 Prepare for the next session

- Announce the topic of the next session: Spending to participate.



Workshop material

Session 4



TRUE

FALSE

Myth or Reality?

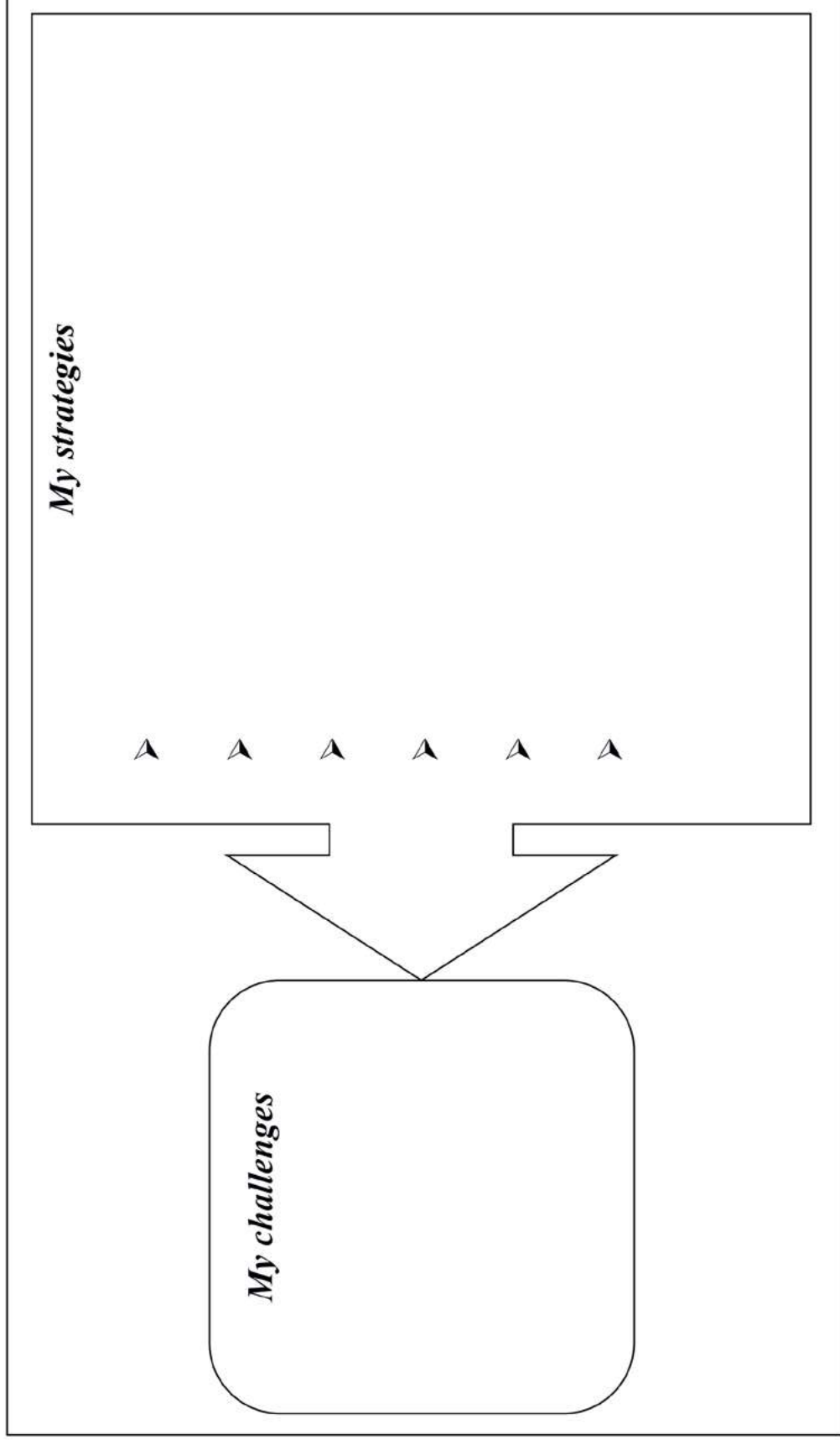
Statements	Answers
Statement 1. Intellectual faculties diminish with aging.	TRUE
<p><i>Explanation</i></p> <p>The aging process brings visible changes such as wrinkles and white hair, as well as other less noticeable changes, even in the brain. Intellectual aging differs from one person to the next. In general, some of our intellectual (cognitive) faculties, such as attention and memory diminish a little with aging. However, as long as there is no illness that directly affects the brain, such as Alzheimer's, we can conserve the capacities required to stay autonomous and to have a satisfying life.</p>	
Statement 2. We tolerate alcohol better when we are older.	FALSE
<p><i>Explanation</i></p> <p>With aging, the kidneys and the liver are less efficient at eliminating alcohol. As well, for the same amount of drinks, our blood will have a higher alcohol count than when we were younger. We become more sensitive to the effects of alcohol and the effects last longer. These changes continue to increase with age. Alcohol is an important cause of falls and can interact with our other medications.</p>	
Statement 3. With aging, it's better to decrease our activities and get more rest.	FALSE
<p><i>Explanation</i></p> <p>Staying active throughout our life helps to maintain our physical and intellectual capacities. It's true that with aging there is a decrease in our endurance and that we get tired more easily. So it's recommended that we adapt our routine to conserve energy for the activities that are important to us. Being active allows us to stay in shape and increase our emotional and intellectual well-being.</p>	
Statement 4. Having a good social network decreases our risk or depression.	TRUE
<p><i>Explanation</i></p> <p>Having a good social support network is beneficial. Studies show that with aging, to be well supported helps to prevent depression.</p>	

Statements	Answers
Statement 5. More than half of seniors experience a loss of autonomy.	FALSE
<p><i>Explanation</i></p> <p>Studies have shown that 74% of seniors age 65+ state they have “few” or “no” incapacities (MSSS, 2013). Overall, the activities of daily living that become more difficult with aging are heavy housework, shopping and getting into the bathtub. Some techniques and equipment can help us stay autonomous.</p>	
Statement 6. With aging, it gets easier live with the symptoms of mental illness.	TRUE
<p><i>Explanation</i></p> <p>Experiences acquired over the years allow people with mental health problems to develop effective strategies to manage their symptoms. They gradually learn how to understand their illness and the best way to cope with it.</p>	
Statement 7. Managing medications becomes more difficult with aging.	FALSE
<p><i>Explanation</i></p> <p>It is a reality that with aging, often people must take many medications. However, there are several ways that help to make medication management easier. (e.g., dosette box, pill dispenser, telephone alarm).</p>	
Statement 8. As a general rule, stress increases with age.	FALSE
<p><i>Explanation</i></p> <p>According to research, stress decreases with aging. In fact, 63% of people over 75 state that their days are not at all stressful while only 27% of those 25 to 54 state the same (Vézina, <i>et al.</i>, 2013). Nevertheless, seniors must often deal with significant stressful events (e.g. death of someone close, illness) and many daily hassles.</p>	
Statement 9. Volunteering can help us live longer.	TRUE
<p><i>Explanation</i></p> <p>Studies have shown that volunteering has a positive impact on physical and psychological health such as a decrease in the risk for depression and improved daily functioning. Volunteering for altruistic reasons is also linked to increased longevity (Konrath <i>et al.</i>, 2012).</p>	

Some strategies to better meet the challenges of aging

<i>Think and do things differently</i>	<i>Be well supported</i>	<i>Be good to yourself</i>
<ul style="list-style-type: none"> <input type="checkbox"/> Try to accept things you can't change <input type="checkbox"/> Focus on the present <input type="checkbox"/> See the funny side of things <input type="checkbox"/> Don't get stuck on details <input type="checkbox"/> Try to find meaning in all things <input type="checkbox"/> See the positive <input type="checkbox"/> Adopt a flexible attitude (consider many options) <input type="checkbox"/> Look for solutions <input type="checkbox"/> Plan for the future 	<ul style="list-style-type: none"> <input type="checkbox"/> Have someone you trust to confide in <input type="checkbox"/> Ask for help when you need it <input type="checkbox"/> Make use of community resources <input type="checkbox"/> Create a partnership with health professionals <input type="checkbox"/> Try to talk to someone every day <input type="checkbox"/> Be willing to meet new people 	<ul style="list-style-type: none"> <input type="checkbox"/> Do some projects <input type="checkbox"/> Have some enjoyable hobbies <input type="checkbox"/> Pass some quality time with other people <input type="checkbox"/> Manage your energy so you can do what is important <input type="checkbox"/> Do some physical activity and relaxation exercises <input type="checkbox"/> Cultivate your spiritual side <input type="checkbox"/> Eat healthy

My challenges, my strategies



Vignette 1: Patricia

Patricia has lived alone in an apartment for several years. She realizes her sense of balance isn't what it used to be and she's a bit afraid to go out when the weather is bad. She's also noticed that she gets tired when she does her housework on Wednesdays. On Thursdays, when she goes to the store she's finding it hard to carry the grocery bags. Patricia is worried. She wants to stay in her apartment for as long as possible. She feels she can manage her finances, but she doesn't have the means to pay for private assisted living accommodations.

-
- **Challenges**
 - Decrease in physical abilities (endurance, balance)
 - Fatigability
 - Worries
 - Financial concerns
 - Fear of falling, risk of isolation if she goes out less
 - **Strengths**
 - Motivated to stay autonomous
 - Has an objective (stay in her apartment)
 - A stable home life – ability to manage personal finances
 - **Some strategies**
 - Talk to her doctor about the decrease in her physical abilities.
 - Adapt her way of doing daily activities (e.g., divide tasks up, use technical aids).
 - Consult with her financial manager to get advice.
 - Do some physical activity
 - Explore resources available for accompaniment and recreation.
 - Avoid the risk of becoming “deconditioned” by reducing activities.

Vignette 2: Enrico

Enrico's older sister has been helping him with shopping and medical appointments. As well, she advises him when he has problems. However, three weeks ago Enrico's sister was hospitalized with a hip fracture. He calls her every day for updates. The accident has made him realize she will not always be there to help him. Since this happened, he thinks his sister may die and this makes him feel very anxious.

- **Challenges**
 - Worries about his sister's health and insecurity about his dependence on his sister for some activities.
 - Decrease of available help
- **Strengths**
 - Trusting relationship with his sister
 - Help and support received
 - Wish to plan for the future
 - Chance to support his sister (e.g., he inquires about her state)
- **Some strategies**
 - Inform himself about the availability of health care and community services with a local health practitioner.
 - Focus on the present, but nevertheless, plan for the future.

He can use strategies to change his ideas, for example, by taking up hobbies that bring him pleasure.

Vignette 3: Luke

Luke's wife has been hospitalized with a serious illness. Luke feels helpless; he has had to take over the daily tasks normally done by his wife, like medication management and paying bills. His neighbours are aware of his wife's health condition. Luke now has to make some big decisions, because his wife can't do it. The doctor has asked what measures they should take to care for his wife, namely, if the team should resuscitate her if she goes into cardiac arrest. Luke has never discussed this question with her. He doesn't know her wishes and neither of them have made a will. He went on the Internet to get more information. His son, who lives in Toronto, suggested that he speak to the hospital social worker about this.

- **Challenges**

- Becoming a caregiver. Responsibility for daily tasks.
- Planning an unknown future.
- Lack of legal documents (legal will, mandate ...)

- **Strengths**

- Stable home environment. Involved neighbours.
- A son to give advice. Ability to use the Internet.
- A caring team for his wife.

- **Some strategies**

- Take the steps to get a mandate.
- If needed, consult with other people close to his wife for decisions about level of health care.
- Think about making his own will and mandate.
- Ask the drug store for help with medication management.
- Ask his son to help with bill paying.

Being at the centre of all decisions that concern us, in any circumstances

Planning the future also involves making choices in case we are greatly incapacitated and to making provisions in the event of death. A notary or lawyer can provide information about this.

The proxy

This allows us to designate those who can act in our place until we are able to. For example, someone who can do our banking transactions. The proxy in case of incapacity would not be valid unless it is declared by a court.

The mandate in the event of incapacity

This allows us to designate one or several people to care for us and administer for our well-being while we are living.

The will

The will allows us to choose to whom or how our belongings will be distributed after our death. There are three kinds of wills:

- Notarized will: prepared by a notary.
- Holographic will: handwritten and signed by oneself.
- Witnessed will: Drawn up by an attorney, signed by oneself in the presence of two witnesses.



Quotation journal – Session 4

The challenges I am dealing with as I age

To better adapt, I can...

Group leader's workshop journal

Group leader: _____

Organization: _____

Session number: Date:	
Activities not completed or adapted:	Activities added:
The session (participants' response, particular event, etc.):	
Follow-up:	


Aging: how can I adapt?



Aging brings many challenges. However, research tells us that it's possible to maintain a positive attitude and have a fulfilling life. Several strategies can help us prepare and adapt to the aging process.

Here is what *Count Me In!* program participants think.





Spending to participate?

Session 5

FINANCIAL MANAGEMENT

Financial security

Living in the community usually requires making a budget, paying bills, managing a bank account, saving money, paying rent and transportation, and purchasing food and clothing (Dunn *et al.* 2008). These are an essential part of autonomy and social participation. Financial security promotes material well-being, such as having sufficient income to meet basic needs including housing, food and clothing (Department of Labour and Social Development, 2014). Having financial security also allows you to take advantage of the opportunities that arise and lead a rewarding life. Some basic financial management skills are therefore required to participate fully in the community.

Financial literacy

The concept of literacy discussed in the introduction to this manual covers several areas, including health literacy and financial literacy. These two areas are considered to have a significant impact on the well-being and health of people.

Financial literacy is the ability to access, understand and use concepts and financial information in a way that results in good financial results (Government of Canada, 2014; James *et al.* 2012). An American study has shown that financial literacy is more strongly associated with mental health than general literacy (Bennett *et al.* 2012). According to the British Household Panel Survey, a higher level of financial skills is associated with better self-reported mental and physical health (Bennett *et al.* 2005).

What is the problem?

The link between financial conditions and mental health is well documented (Patterson *et al.* 2001). For example, it has been shown that people with debts are at particular risk of having a mental health problem, depressive disorder or psychotic disorder (Richardson *et al.* 2013). It is also known that financial problems are one of the most important stressors in families (Ochoa *et al.* 2008). Financial management has a significant impact on the quality of life of people living with mental health problems. In these individuals, better economic status is associated with a higher quality of life, a greater sense of self-efficacy, and better control of psychiatric symptoms (Laliberte-Rudman *et al.* 2000).

Researchers have found that for people living with a mental health problem, personal finances are related more to quality of life than the clinical symptoms of the disease (Kovess-Masfaty *et al.* 2006). For those with severe mental health problems, financial management difficulties are related to family conflict and even violence (Elbogen *et al.* 2005). Researchers have also shown that financial difficulties increase the risk of relapse of mental health problems (Mattsson *et al.* 2008) and homelessness (Wolf *et al.* 2001).

Seniors who require financial assistance usually rely on family members, friends, neighbours, or financial planners (Wilber *et al.* Buturain, 1993). Several factors may contribute to the lack of financial literacy among some seniors living with mental health problems. The disease itself may be involved, especially when judgment is affected. With some diseases, such as bipolarity, people may also be prone to impulsive

shopping (Marson *et al.* 2006). As a result, many of those with a severe mental health problem have had little exposure to financial management, because relatives have always helped them (Marson *et al.* 2006). This lack of experience may hinder the development of financial management skills. Finally, alcohol and drug use is fairly widespread among this population and among those receiving social assistance. This consumption increases in the days following the arrival of their cheque (Rosen *et al.* 2009).

The risks of abuse and fraud

Financial or material abuse is the illegal or unethical use of an older person's property (goods, property, and money) by another person. Here are the most common examples (CSSS Cavendish, n.d., in Michaud *et al.* 2010):

- ▶ Obtain money or property from an older person through emotional threat or blackmail;
- ▶ Unauthorized use of their credit card or debit card;
- ▶ Encouraging the senior to give away property;
- ▶ Unauthorized taking or selling of a senior's belongings;
- ▶ Charging an excessive price for services rendered;
- ▶ Having an older person sign documents without understanding the content;
- ▶ Not respecting an older person's wishes or not acting in their best interests when managing their finances.

There are many types of fraud, for example: mass marketing fraud, Internet fraud and payment method fraud. People living with a mental health problem are at a greater risk of financial abuse than other members of the population (Black, 2008). Financial abuse is one of the most widespread forms of mistreatment, but is also rarely reported (Government of Canada, 2012). Each story of abuse is unique, but below is a list of factors that are fairly common in these situations (Michaud *et al.* 2010).

Figure 18 - Common factors of abuse

- Problematic family relationship history and lack of emotional ties
- Mental health problems
- Social isolation
- Loss of physical or mental autonomy
- Dependency relationship between abuser and victim
- Abuser's or victim's dependence on alcohol, drugs, or gambling
- Stress or crisis situation

What can we do?

Studies have shown that many people with mental health problems identify financial management as one of their main objectives. (Borras *et al.* 2007; Evans *et al.* 2004). An important concern for these people is to have enough money to cover their basic needs such as housing and food. The way they spend their money reflects their personal objective (Elbogen *et al.* 2011). Interventions to improve financial management are therefore seen as a way to strengthen the self-determination of people living with mental health problems.

However, very few studies have focused on interventions to improve the financial literacy of this population. Research was conducted on a financial management program for people with schizophrenia using a social learning module (Lieberman *et al.* 1998). The program included a motivational interview and social skills training (Bellack *et al.* 2006). The intervention resulted in an increase in available money, a reduction in hospital admissions, and improved quality of life.

For people living with mental illness, authors recommend focusing interventions on different aspects of financial management (Elbogen *et al.* 2011), for example:

- 1) Increase knowledge about programs, services and resources available on the issue of financial management;
- 2) Improve financial management skills:
 - Understand the key components of a budget
 - Understand the difference between a need and a desire in terms of spending
 - Learn how to save money
- 3) Reduce the risks of financial exploitation:
 - Use safe financial services
 - Reduce the risk of fraud in the community
 - How to prevent exploitation by family or friends

REFERENCES

- Bellack, A.S., Brown, C.H. & Thomas-L'Horman, S. (2006). Psychometric characteristics of role-play assessments of social skill in schizophrenia. *Behavioral Therapy*, 37(4), 339-52.
- Bennett, J.S., Boyle, P.A., James, B.D. & Bennett, D.A. (2012). Correlates of health and financial literacy in older adults without dementia. *BMC Geriatric*, 12 (30), 1-9.
- Bennett, D.A., Schneider, J.A., Buchman, A.S., Mendes de Leon, C., Bienias, J.L. & Wilson, R.S. (2005). The Rush Memory and Aging Project: Study design and baseline characteristics of the study cohort. *Neuroepidemiology*, 25:163-175.
- Black, J. A. (2008). The not-so-golden years: Power of attorney, elder abuse, and why our laws are failing a vulnerable population. *St. John's Law Review*, 82(1), 289-314.
- Borras, L., Mohr, S., Boucherie, M., Dupont-Willemin, S., Ferrero, F. & Huguelet, P. (2007). Patients with schizophrenia and their finances: How they spend their money. *Social Psychiatry and Psychiatric Epidemiology*, 42(12), 977-83.
- Dunn, E., Wewiorski, N. & Rogers, E.E. (2008). The meaning and importance of employment to people in recovery from serious mental illness: Results of a qualitative study. *Psychiatric Rehabilitation Journal*, 32(1), 59-62.
- Elbogen, E.B., Tiegreen, J., Vaughan, C. & Bradford, D.W. (2011). Money management, mental health, and psychiatric disability: A recovery-oriented model for improving financial skills. *Psychiatric Rehabilitation Journal*, 34(3), 223-231.
- Elbogen, E.B., Swanson, J. W., Swartz, M.S. & Van Dorn, R. (2005). Family representative payeeship and violence risk in severe mental illness. *Law and Human Behavior*, 29(5), 563.
- Evans, J.D., Wright, D.E., Swanum, S. & Bond, G.R. (2004). Psychiatric disorder and unmet service needs among welfare clients in a representative payee program. *Community Mental Health Journal*, 40(6): 539-48.
- Fougeyrollas, P., Cloutier, R., Bergeron, H., Côté, J. & St-Michel, G. (1998). Classification québécoise Processus de production du handicap. Québec : Réseau international sur le Processus de production du handicap, p. 116.
- Government of Canada. (2012). *Elder abuse: financial abuse of seniors*. Recovered from <http://publications.gc.ca/site/eng/9.673325/publication.html>. March 14, 2013.
- Government of Canada. (2014). *National strategy for financial literacy. Step 1. Reinforcing seniors' financial literacy*. Ottawa: Financial consumer agency of Canada, 25 p.
- James, B.D., Boyle, P.A., Bennett, J.S. & Bennett, D.A. (2012). The impact of health and financial literacy on decision making in community-based older adults. *Gerontology*, 58(6), 531-539.
- Kovess-Masfaty, V., Xavier, M., Kustner, B. M., Suchocka, A., Sevilla-Dedieu, & C. Dupuis, (2006). Schizophrenia and quality of life: A one-year follow-up in four EU countries. *BMC Psychiatry*, 6: 39.
- Laliberte-Rudman, D. Yu, B., Scott, E. & Pajouhandeh, P. (2000). Exploration of the perspectives of persons with schizophrenia regarding quality of life. *American Journal of Occupational Therapy*, 54(2), 137-147.
- Liberman, R.P., Wallace, C.J., Blackwell, G., Kopelowicz, A., Vaccaro, J.V. & Mintz, J. (1998). Skills training versus psychosocial occupational therapy for persons with persistent schizophrenia. *American Journal of Psychiatry*, 155(8): 1087-91.

Marson, D.C., Savage, R. & Philipps, J. (2006). Financial capacity in persons with schizophrenia and serious mental illness: Clinical and research ethics aspects. *Schizophrenia Bulletin*, 32(1), 81-91.

Mattsson, M., Topor, A., Cullberg, J. & Forsell, Y. (2008). Association between financial strain, social network, and five-year recovery from first episode psychosis. *Social Psychiatry and Psychiatric Epidemiology*, 43(12): 947-952.

Michaud, J.-M., Demers, M.-È., Israel, S. & Bevilacqua, V. (2010). *Aînés avisés. Contre l'abus et la fraude*. Montréal: FADOQ, CSSS Cavendish et Sureté du Québec.

Minister of employment and social development of Canada. Well-being indicators in Canada. *Financial security overview*. Recovered at <http://www4.hrsdc.gc.ca/d.4m.1.3n@fra.jsp?did=4> July 10, 2014.

Ochoa, S., Haro, J.M., Torres, J.V., Pinto-Meza, A., Palacin, C., Bernal, M., & Autonell, J. (2008). What is the relative importance of self-reported psychotic symptoms in epidemiological studies? Results from the ESEMeD-Catalonia Study. *Schizophrenia Research*, 102(1-3), 261-269.

Patterson, T., Goldman, S., McKibbin, C., Hughes, T. & Jeste, D. (2001). UCSD performance-based skills assessment: Development of a new measure of everyday functioning for severely mentally ill adults. *Schizophr Bull*, 27, 235-245.

Richardson, T., Elliott, P. & Roberts, R. (2013). The relationship between personal unsecured debt and mental and physical health: A systematic review and meta-analysis. *Clinical Psychology Review*, 33(8), 1148-1162.

Rosen, M.I., Carroll, K., M., Stefanovics, E. & Rosenheck, R.A. (2009). A randomized controlled trial of a money management-based substance use intervention. *Psychiatric Services*, 60(4), 498-504.

Wolf, B., Koegel, P., Sullivan, G. & Morton, S. (2001). Changes in subjective quality of life among homeless adults who obtain housing: A prospective examination. *Social Psychiatry and Psychiatric Epidemiology*, 36(8), 391-398.

ACKNOWLEDGEMENT

This session on financial abuse was prepared following a consultation with Sarita Israël, Coordinator of the Leading Practice to Counter the Mistreatment of Older Adults, CIUSSS West-Central Montreal, Quebec.

Session 5. SPEND TO PARTICIPATE?

Session objectives

- Distinguish between needs and wants when it comes to spending money.
- Discussion on financial abuse and how to prevent it (optional).
- Learn more about personal finance management resources.

Preparation

- Select the most relevant activities, think about the necessary adaptations with regards to the group, and note them.
- Provide the facilitation material: flip chart, markers, sheets, and pens for the participants, copies of handouts.
- Prepare the refreshments.
- Put the letters (drawing letter and award letter) in the envelopes.
- Contact your local branch of the Canadian Home Economic Association for any relevant information (online).
- Identify resources related to financial security in the neighbourhood (e.g., collective cooking, shopping groups, thrift stores, Christmas basket).

Session 5 Plan

	ACTIVITIES	PREPARATION	GROUP LEADER NOTES
Introduction: 25 min	1.1 Welcome participants		
	1.2 Recap the previous session	<ul style="list-style-type: none"> • Flip chart or <i>Quotation Journal</i> from Session 4 	
	1.3 Decide on the third capsule	<ul style="list-style-type: none"> • Canvas for the third capsule (Session 4 annex) 	
	1.4 Introduction to the day's theme	<ul style="list-style-type: none"> • Show the introductory image 	
Activities: 55 min	2.1 Visits to organizations	<ul style="list-style-type: none"> • <i>Participant's feedback following a visit</i> 	
	2.2 My relationship with money	<ul style="list-style-type: none"> • <i>My financial management skills</i> 	
	2.3 List of my wants	<ul style="list-style-type: none"> • Envelope with the Draw Letter 	
	2.4 Additional activity: the grand prize (optional)	<ul style="list-style-type: none"> • Envelope with the Award Letter 	
	2.5 Making a budget (optional)	<ul style="list-style-type: none"> • <i>A few resources</i> • <i>My budget</i> 	
Conclusion: 20 min	3.1 Closing remarks	<ul style="list-style-type: none"> • Flip chart or <i>Quotation journal</i> of the day 	
	3.2 Challenge of the week		
	3.3 Prepare for the next session		

* Plan for a 15-minute break

INTRODUCTION

1.1 Welcome participants

- Welcome the participants.
- Go around the table quickly to allow participants to share their news of the week.

1.2 Recap the previous session

- Have the participants share what they remember.
 - Ask the participants to briefly share what they remember from the previous session which focused on strengths.

1.3 Decide on the third capsule

- Help the group choose the text.
 - Display the material from the previous session so that the group can choose the text to be inserted in the table for the third capsule.

1.4 Introduce the day's theme

- Show the introductory image.
 - Ask participants to give their opinion about this image.
- Announce the theme of the session.
 - After a few comments, announce that the theme of the session is budget management.

MAIN ACTIVITIES

2.1 Review visits to organizations

- Use the *Participant's feedback following a visit* grid to ask those who have made a visit to share their impressions about the organization they visited.
- Ask them to explain any difficulties and how they overcame these challenges.
- Continue to support the participants who are organizing the next visits.
- Ask those who have opted not to visit an organization what they think about their colleagues' experiences.

2.2 My relationship with money

- Propose a point for reflection
- Use the *My financial management skills* (annex) to initiate reflection.
- Focus on the participants' strengths.
- Ask them to share their strategies for managing their budget:
 - How do you save for a special project?
 - What could you do if you had to reduce your expenses?



Adapt this activity

The activity can be done in one large group. The group leader then picks some elements of the questionnaire and asks the participants for their input.



Quotation journal

During this activity, take note of the strategies shared by participants concerning budget management.

2.3 List of my wants

► *Set the stage*

- Advise the participants that the next activities will focus on a fictitious situation to fuel the discussion. Along the way, if participants say the situation is impossible, ask them to play the game!

► *Instructions*

- Distribute the envelope containing the raffle letter *You are the Big Winner!* (Session 5 annex).
- Ask participants to get into teams of two or three to brainstorm and give examples of how they would like to spend the prize money.
- Encourage them to brainstorm. Explain that in a brainstorm, we must allow room for creativity. Allow 5-10 minutes for participants to give free rein to their ideas, both reasonable and extravagant. Ask each team to appoint a recorder.



Adapt this activity

- The activity can be done in one big group.
- The two options can be proposed to the group and then chosen by vote (easier) or by consensus (requires negotiations).
- If one big group is chosen for the activity, it is best to give a few minutes for personal reflection before beginning the brainstorming.

► *Return*

- Write on the board: Needs, Wants and Splurge.
- Ask the participants to share their ideas.
- Write on the board or ask a participant to do so. For each idea, ask participants if they believe it is a need, a want or a splurge.

► *Discussion*

- Ask the participants how they distinguish spending for their needs, wants or splurges. Here are some answers:
 - My needs: things necessary for my health and well-being, expenses related to commitments (e.g., debts).
 - My wants: things that I want related to interests, projects, small luxuries.
 - My splurges: excessive, extravagant spending, treats.
- Ask participants how they make sure they meet their needs first.



Break time!

2.4 The grand prize (optional activity)

► **Instructions**

- Ask participants to get into teams of two or three.
- Distribute the envelope containing the sheet *Award presentation letter* (Session 5 annex). Ask the group to choose someone to read it aloud.
- Then ask them to discuss what they think of this letter and then what they will do (write these two elements on the board: what you think, what you will do).

► **Reconvene to one group: what do you think?**

- Ask the participants if any elements made them suspect a scam (what alerted them)?
 - Request for personal information
 - The organization contacted us when we had made no previous contact
 - Urgent nature implied
 - Amount is unreasonable
 - The fact that it is the writers who will follow up (they do not give their contact information).
- Remind participants that we are all potential targets for all kinds of fraud. On the other hand, seniors and those who are less likely to monitor their budgets are often targeted.
- Inform the participants that, in addition to what has already been raised in the previous example, it is important to keep in mind that often the fraudster:
 - Is well organized;
 - Changes his identity;
 - Seems trustworthy;
 - Uses techniques to get you to talk about yourself;
 - Often promises gains without you needing to do anything;
 - Appears to have expertise in a particular area: e.g., pretends to be a banker, a lawyer.

► **Discussion: what will you do?**

- Next, ask the participants what they will do to prevent fraud.
 - Do not give their bank account or credit card number.
 - Ask the persons responsible for their telephone number to be able to call them back and thus be able to check the name of the institution contacted.
 - Do not respond to unsolicited calls, letters and e-mails.
 - Do not be afraid to ask questions or say “no”.
- Remind them that there are various types of fraud, and it is not always strangers who are involved.

2.5 Making a budget (optional activity)

► Ask the participants to make a budget

- Ask them if they have ever made a budget. Show them a *sample budget* (session 5 annex).
- Ask those who wish to do the exercise to record their expenses in the coming weeks. This may seem long and difficult. However, it is a great way to develop budget management skills. This helps us realize where we spend our money and identify possible sources of savings.
- Address the notion of small expenses that accumulate. For example, calculating the cost per year of three lattes per week bought in a large chain:
 $\$3 \times 3 \text{ days per week} \times 52 \text{ weeks} = \text{close to } \500 per year!
Reducing small day-to-day expenses can help provide money for projects.
- Ask participants to check with their banking institution for personal budget management tools. The Co-operative Family Economics Associations can help them learn about budgets. Distribute the *list of resources* (annex).

CONCLUSION

3.1 Closing remarks

- Ask participants what they can take away from this session.
- Make a quick recap of the items noted in the *Quotation journal*.

3.2 Challenge of the week (optional)

- A budget?
 - Ask participants who wish to use the grid to record their expenses for the month. This is the first step in creating a budget.

3.3 Prepare for the next session

- Announce the subject of the next session.
 - Communication
- During the week, ask participants to think about communication situations (situations where they have to talk with other people) that they find more difficult.



Workshop material

Session 5



My financial management skills

How often do you...	Never	Sometimes	Often	Always
Before buying something, I shop around to find the lowest possible price.				
When I want to buy something I wait for it to go on special or on sale.				
Before I buy something I think about whether or not I really need it.				
I know how much I can spend per month on activities.				
I'm able to save so I can afford to do things.				
I refuse "buy now, pay later" options.				
Before going out somewhere, like a restaurant, I decide in advance what I can afford to spend and don't go over.				
When I go grocery shopping, I keep track of my totals.				
I pay off my credit card balance each month.				
I look at my bank account every month.				

Raffle letter

You are the big winner!

Congratulations! Your group has won the grand prize in our raffle!

The grand prize will be handed out next week at the Holiday Inn on Tower Road.

A press conference will be organized. Be prepared, we will be asking how you plan to spend your money and to talk about your plans!

Dollar Fortune

PDG Contest



Award presentation letter

Message to the winner **To pick up your prize**

Dear participant,

This letter is regarding the prize you have won. As the grand prize winner in our raffle, the amount of \$500,000 will be presented to you in the form of a bank draft.

URGENT!

We need some information to complete our file so we can present the grand prize to you. Our director will be contacting you in the next few days to finalize the transaction.

Congratulations!

Dollar Fortune
PDG Contest

My Budget

Monthly expenses	
Rent or mortgage	
Taxes	
Electricity Heating	
Telephone, Internet, cable	
House insurance	
Repairs and home maintenance	
Groceries	
Restaurant, Delivery	
Clothes	
Medication	
Optometrist, glasses	
Other professionals (e.g., dentist)	
Interest charges (credit card, banking)	
Other expenses	
Other expenses	
Column total	

Monthly expenses	
Public transit and taxi	
Car	
Gas	
Driver's license	
Car insurance	
Car maintenance and repairs	
Registration	
Newspapers, magazines, books	
Outings	
Lottery tickets	
Courses	
Sports and other activities	
Cigarettes alcohol, drugs	
Other expenses	
Other expenses	
Column total	

Total expenses (both columns)	
--------------------------------------	--

My budget (continued)

Monthly income		Monthly income	
Net salary		Other income	
Pension		Other income	
Income supplement		Other income	
Other government benefits		Other income	
Column total		Column total	

Total income (both columns)	
------------------------------------	--

Reflection on your budget

Compare your income _____ and your expenses _____

How much money can you put aside for unexpected expenses?



Quotation journal – Session 5

Some ideas to better manage my money

Group leader's workshop journal

Group leader: _____

Organization: _____

Session number: Date:	
Activities not completed or adapted:	Activities added:
The session (participants' response, particular event, etc.):	
Follow-up:	

How much is participation worth?



Our financial skills help us to manage a budget, pay our rent, buy food and other items and reduce our risk for financial abuse. Managing our money well can give us the chance to take advantage of things going on in the community.

Here is what *Count Me In!* program participants think.





Communication: A tool for participating

Session 6

SOCIAL SKILLS

What are social skills?

Social skills are attitudes and behaviours that allow people to make contact with others. They are used in a variety of contexts such as at home, at work, during leisure activities, or in society in general. Authors identify five broad categories of social skills:

- 1) Pre-social skills: make contact and be nice to others (e.g., smile, greet);
- 2) Expression of emotions: identify and express our own emotions and recognize those expressed by others;
- 3) Communication and language: participate in exchanges by speaking, listening and asking questions;
- 4) Controlling our emotions and behaviours: being able to behave in an acceptable way when we experience a problem (e.g., accepting a refusal, tolerating frustration, calming oneself and adapting to a situation);
- 5) Conflict resolution: recognizing and resolving conflict by expressing oneself and solving problems, including negotiation and compromise.

(Vallerand, 2015)

Bellack *et al.* (2004) outlined some of the social skills that are fundamental to facilitating the development of basic social behaviours: listening to others, making requests, and expressing pleasant and unpleasant feelings. Some authors also stress the importance of developing "affirmative communication" (with confidence). It is defined as the ability to express oneself and to defend one's rights without infringing on those of others. This is consistent with the empowerment vision of social participation.

Why are social skills important?

Social skills have a direct impact on a person's ability to function in society and therefore on their social inclusion. They allow us to evolve in society by adopting basic social behaviours such as greeting a person we know, lining up to wait for the bus, expressing our needs to our doctor. They facilitate integration into environments such as recreational organizations, which are naturally governed by certain social rules.

Conversely, more limited social skills can lead to adjustment difficulties and a sense of vulnerability leading to isolation (Kopelowicz *et al.* 2006). Moreover, the lack of social skills and difficulty in expressing one's emotions often leads to inappropriate behaviours by a person, not necessarily reflecting their inner feelings (Leclair Arvisais, 2014).

Promoting social skills

The development of social skills begins at birth and continues throughout life. Learning social skills may seem natural, but it can be a challenge for some people. Interpersonal relationships or friendships may be more problematic for a person who has difficulty communicating, expressing or regulating their emotions.

The activities proposed in this session focus on skills related to community participation. The process draws on the steps of teaching social skills proposed by Leclair Arvisais (2014).

- 1) ***Teach: First, one must explain the targeted skill well and how it can have an impact on the person's daily life. Three aspects are important to consider in this first step:***
 - Present the skill with concrete examples.
 - Explain the steps using observable behaviours.
 - Stimulate motivation: why is this skill important?
- 2) ***Model: Use models to which participants can refer for learning social skills. To optimize the modeling:***
 - The situation used must be similar to what participants may experience.
 - The model should resemble the participants (age, abilities).
- 3) ***Put into practice: Practical activities can help participants develop their skills. Again, the activities should be chosen based on the participants' profiles and their needs.***
- 4) ***Offer feedback: Reinforcement and suggestions from the group leader and participants accelerate the acquisition of social skills.***
- 5) ***Consolidate: Review the activity with the participants:***
 - Review the important steps.
 - Share personal opinions and experiences.
 - Discuss the knowledge acquired.
- 6) ***Transfer and generalize: At this stage it is important to create opportunities for natural interaction to practice skills in different environments, with different people and in different situations.***

Working to improve one's social skills is a challenge that requires teaching and time to integrate learning. According to several authors, maintaining learning and generalizing change is the most difficult part of the process (Vitaro and Gagnon, 2000).

REFERENCES

Bellack, A.S., Mueser, K.T., Gingerich, S. et Agresta, J. (2004). *Social Skills Training for Schizophrenia: A Step-by-Step Guide* (Second Edition). New York, NY: Guilford Press.

Kopelowicz, A. Liberman, R. P. & Zarate, R. (2006). Recent advances in social skills training for schizophrenia. *Schizophrenia bulletin*, 32, 1(3), S12-23.

Leclair Arvisais, L. (2014). *Élaboration d'un programme d'habiletés sociales*. Gatineau, Qc.: Direction des services à l'enfance et à la jeunesse.

Vallerand, N. (2015). Vivre avec les autres, tout un apprentissage ! *Naître et Grandir, Janvier-février*, 6-15.

Vitaro, F. & Gagnon, C. (2000). *Prévention des problèmes d'adaptation chez les enfants et les adolescents*. Québec, Qc: Presses de l'Université du Québec.

Session 6. COMMUNICATION, A TOOL FOR PARTICIPATING

Session objectives

- Understand that social skills are an important aspect of community participation.
- Implement some basic social skills such as listening and “affirmative” communication.

Preparation

- Select the most relevant activities, think about the necessary adaptations with regard to the group, and note them down.
- Provide the facilitation material: flip chart, markers, sheets, and pens for the participants, copies of handouts.
- Prepare the refreshments.
- Cut out each question from the sheet *Knowing how to listen* (annex) and put them in a hat or other container.
- Prepare the scenarios or sketches, as the case may be, or create adapted ones.

Session 6 Plan

	ACTIVITIES	PREPARATION	GROUP LEADER NOTES
Introduction: 30 min	1.1 Welcome participants		
	1.2 Recap the previous session	<ul style="list-style-type: none"> Flip chart or <i>Quotation journal</i> from Session 5 	
	1.3 Decide on the fourth capsule	<ul style="list-style-type: none"> Template for the fourth capsule 	
	1.4 Introduction to the theme of the day	<ul style="list-style-type: none"> Show the introductory image 	
Activities: 50 min	2.1 Review visits to organizations	<ul style="list-style-type: none"> <i>Participant's feedback following a visit</i> 	
	2.2 Affirmative communication	<ul style="list-style-type: none"> Hat with the questions 	
	2.3 Expressing your preferences	<ul style="list-style-type: none"> Scenario or sketch 1 	
	2.4 Making a request	<ul style="list-style-type: none"> Scenario or sketch 2 	
	2.5 Settling a difference	<ul style="list-style-type: none"> Scenario or sketch 3 	
Conclusion: 20 min	3.1 Closing remarks	<ul style="list-style-type: none"> Flip chart or <i>Quotation journal</i> of the day 	
	3.2 Challenge of the week		
	3.3 Prepare for the next session		

* Plan for a 15-minute break

INTRODUCTION

1.1 Welcome participants

- Welcome the participants.
- Go around the table quickly to allow participants to share their news.

1.2 Recap the previous session

- Ask participants to share briefly what they learned in the previous session on financial management. Check to see whether some have used the budget grid.

1.3 Decide on the fourth capsule

- At this stage, it would be interesting to write quotations on the board (or to look back at the flip chart from the previous session) and then ask the group to decide on the message to be inserted in the media capsule.
- Once the choice has been made, transcribe the short text onto the sheet for the fourth capsule (Session 5 annex).

1.4 Introduction to the theme of the day

- Present the introductory image.
 - Ask participants to say what this image represents for them.
- Announce the theme of the session.
 - After a few comments, tell the participants that the session is about communication and social skills.

ACTIVITIES

2.1 Review visits to organizations

- Use the *Participant's feedback following a visit* grid to ask participants to share their impressions about the organization they visited.
- Get feedback on their experience: how did they feel during their visit? What do they recommend to other participants about this organization?
- Ask the participants to review their personal objective based on this visit. What challenges did they face? What helped them?
- Prepare future visits with the group.

2.2 Affirmative communication

► Reminders

- Remind participants that communication is an important tool for participation:
 - Being able to listen and respect;
 - Being able to express opinions, ideas and emotions, and recognizing those expressed by others;
 - Controlling emotions and behaviours;
 - Using means to resolve conflicts and misunderstandings;
 - Communicating affirmatively (defending one's rights), respectfully.

► Listening

- Remind them of the importance of listening in communication.
- Ask participants to say how a person can show they are listening to someone (write ideas on the board or view the sheet in the annex):
 - Look at the person;
 - Show your interest (e.g., nod your head, say "hmm, hmm");
 - Ask questions;
 - Summarize what the person said;
 - Name the emotion expressed (e.g., you seem happy, you look disappointed).

► Questions in the hat

- Ask participants to get into teams of two.
- One participant picks a question from the hat. He reads the question to his partner. The partner briefly answers the question. The other participant shows they are listening. After, they switch roles for another question.
- The group leader can first give an example by doing one question with a volunteer.



Adapt this activity

- To make it more difficult, participants can be asked to find a question for their partner. When returning to the full group, everyone could summarize in two sentences (write the instructions on the board):
 - I asked my partner...
 - He or she answered...
- To simplify, the activity can be done in one big group. Ask a few participants to pick a question and answer aloud. Ask volunteers to summarize.

2.3 Expressing preferences

► **Brainstorming**

- Remind participants that expressing their preferences is a matter of self-respect and honesty towards others. Ask them how they usually go about expressing what they like and what they do not like. Write the ideas on the board.
 - Show you are listening.
 - Validate what the person is saying (“You like this very much”).
 - Give your opinion using “I” (“I prefer...”, “I would rather...”).

► **Scenario 1: Angela and Peter**

- The scenario can be read by a volunteer or acted out by the group leader and a participant.
- Using humour, ask the participants to select one of the answers offered. Ask them if it is a respectful response for themselves and honest towards others.
- Then ask them to propose an affirmative communication to Angela, i.e., to suggest ways of expressing her preferences to her friend. You can also play out the scene and ask them to get up to speak in Angela’s place.
- Recap:
 - Ask participants to say how they think Angela and Peter felt.
 - Ask if they have ever experienced something similar.
 - Focus the discussion on concrete communication strategies.



Break time!

.....

2.4 Make a request

► *Brainstorm*

- Assertive communication also means being able to ask for something in a respectful way. Ask participants how they feel when they have to do it. Write the ideas on the board.

► *Scenario 2: Helen and the janitor*

- Read or act out Scenario 2 with a volunteer.
- Have the participants choose an answer. Ask them if it is a respectful, aggressive or passive way of acting.
- Ask the participants to propose ways for Helen to make her request to the janitor.
- Recap:
 - Ask participants to say how they think Helen and the janitor felt.
 - Ask if they have ever experienced something similar.
 - Focus the discussion on concrete communication strategies.

2.5 Settle a dispute

► *Brainstorm*

- Ask participants how they resolve a disagreement (conflict, dispute). How do they feel when they have to do it?
- Remind them that there are several ways to respond to disputes:
 - Flee (avoid or change the subject);
 - Attack (aggressive response);
 - Manipulation;
 - Face it;
 - Position yourself as the victim;
 - ...
- “Affirmative communication” involves expressing one’s feelings and needs while respecting the feelings and rights of others. To resolve a dispute, it is recommended to:
 - Show we are listening to the other person;
 - Adopt a non-threatening tone and attitude;
 - Express one’s point of view and emotions using “I”;
 - Clearly state one’s expectations;
 - Seek win-win solutions (a compromise that is appropriate for both);
 - End on a positive note (e.g., you are happy to have found a solution).

► **Scenario 3 : Jack is talking with his neighbour**

- Read or act out Scenario 3 with a volunteer.
- Have the participants choose an answer. Ask them if it is a respectful, aggressive or passive way of acting.
- Ask the participants to propose ways to check of settling the dispute to Jack.
- Then ask the participants what they think about the neighbour's attitude.



Simplify or complicate this activity

- Several options may be considered:
 - Full group: ask a participant to read the scenario aloud and then discuss in a group;
 - Improvisation with the scenario: ask a volunteer to role-play with the group leader;
 - Role play: ask a volunteer to use the text of the scenario to give a reply to the group leader (for groups with less initiative, this gives an illustration of affirmative communication);
 - In pairs: ask the participants to form pairs and improvise with the scenario or give the reply with the help of the text.
- The scenarios can be replaced by others closer to the participants' experience.
- If time permits, ask the participants to propose other themes or awkward communication situations that they would like to address.

CONCLUSION

3.1 Closing remarks

- Ask participants what they can take away from this session.
- Make a quick recap of the items noted in the *Quotation journal*.

3.2 Challenge of the week

- Apply the elements of good communication.
 - Ask participants to be on the lookout for situations in their daily lives where they have to use their social skills. We will go around the table at the next session to share these situations.

3.3 Prepare for the next session

- Announce the subject of the next session: staying connected.



Workshop material

Session 6



How to listen

- ✓ Look at the person.
- ✓ Show your interest.
- ✓ Ask questions.
- ✓ Summarize what the person says.
- ✓ Identify the emotion.

How to listen

- ✓ Show that you are listening.
- ✓ Validate what the person says.
- ✓ Give your opinion using “I.”

Settle a difference

- ✓ Show that you're listening.
- ✓ Summarize what the person said.
- ✓ State the facts in an unthreatening way.
- ✓ Express your feeling, using "I."
- ✓ Clearly state your expectations.
- ✓ Look for win-win solutions.
- ✓ End on a positive note.

Knowing how to listen: questions from the hat

Where in the world would you go if you could?
Who do you admire the most?
What is the farthest place you have visited?
What is your favourite activity?
Who is your favourite public personality?
If you were to become prime minister, what would you do first?
What sport would you choose if you were athletic?
What profession would you do if it were possible?
Which movie or book affected you the most?
What is your favourite quality in others?
If you had \$5,000 who would you give it to?
To which cause would like to give your time?

Scenario 1

Angela and Peter: expressing your preferences

In her support group that she has been going to for several years, Angela has made a new friend. Peter has invited her to his apartment for supper and to watch a football game. Normally a bit shy and a loner, Angela hesitates but accepts because Peter is very sociable and she feels good with him.

Angela takes a fruit salad. Peter thanks her and directs her to the living room to watch the game. He announces they're going to have a real treat for because he's cooked his famous salmon in pastry.

Angela feels very uncomfortable because she really hates fish. She really doesn't know how to tell her friend because he's so enthusiastic and she doesn't want to hurt his feelings.

What should Angela do?

- a) Tell him she has to leave before supper because she forgot that Celine Dion is coming over?
- b) During half-time open the oven door so Peter's cat can eat the fish?
- c) Don't say anything and during supper hide the fish under the lettuce and say: "I'm afraid I took too much salad, I'll have to bring it home with me!".
- d) Express her preferences to her friend.

Angela and Peter: expressing preferences A brief sketch

Angela rings the bell.

Peter opens.

Peter: Hi Angela, welcome!

(He motions for her to enter.)

Angela: Hi, I brought a fruit salad.

Peter: Thanks. Have a seat in the living room, the game's about to start.

Angela: Great.

Peter: We're going to have a real treat for supper. I cooked my famous salmon in pastry *(with enthusiasm)*.

Angela *(uneasy)*. Wow, it's so nice you cooked. It sounds like a special recipe. But I have to tell you I don't really eat fish.

Peter: Oh, how about rice and vegetables?

Angela: You have rice and vegetables? That's perfect for me and I'll try a little taste of the fish too.

Peter: No problem. Also, I have a sausage left from yesterday; I can heat it up for you.

Angela: Thanks, I'm really happy you asked me over.

Peter: It's my pleasure!

Scenario 2

Helen and the janitor: making a request

Helen lives on the third floor in a building where the elevator has been broken for two days. Because she has bad knees she has a lot of difficulty going up the stairs with her bags of groceries. She sometimes sees the janitor in the hallway. A few weeks before she had to wait several weeks for him to change the thermostat in her apartment. Now, she's hesitating to talk to him about the elevator.

What should Helen do?

- a) Bat her eyes at the janitor when she sees him.
- b) Pretend to have a heart attack as she's going up the stairs with her bags.
- c) Press on the elevator button while yelling "It's true, I forgot the elevator IS NOT WORKING!"
- d) Ask the janitor when it will be fixed.

Helen and the janitor: making a request

A brief sketch

Helen: Hi Tom.

Tom: Hi Helen.

Helen: I need to talk to you.

Tom: What's happening?

Helen: The elevator's not been working for a few days. I'm finding it hard to go up the stairs with my bags of groceries. Do you know when it will be fixed?

Tom: Well, the maintenance guys told me they should be here to repair it tomorrow.

Helen: That's good news. I have to say that the new thermostat is working very well. Thanks for changing it.

Tom: It's my pleasure.

Scenario 3

Jack and his neighbour: settling a dispute

Jack lives in an apartment building. His recently separated son is living with him temporarily. His four year-old granddaughter is also there every second weekend. She likes to go outside, to dance in front of the TV and to play in the living room. On two occasions his downstairs neighbour Mark has banged on his ceiling with a broom when she was playing with her blocks in the living room in the early afternoon. Today he and his neighbour have run into each other in the building lobby.

What should Jack do?

- a) Look away and pretend he doesn't see Mark.
- b) Ask Mark to stop banging on the ceiling.
- c) Run after his neighbour with a dust pan.
- d) Explain the source of the noise to his neighbour.

Jack and his neighbour: settling a dispute

A brief sketch

Jack: Hi Mark. I've wanted to talk to you. Have you been hearing noises from my apartment at times?

Mark: Yeah. For a while now I've been hearing some noise on the weekend. Like things are being thrown or jumping.

While his neighbour is talking, Jack looks at him and nods.

Jack: Since you're hearing noise on the weekends it's probably my granddaughter when she comes to visit.

Mark: Oh, I didn't know you had a granddaughter.... It's because I have insomnia and I have a hard time getting through the day if I don't take a nap after lunch...

Jack: I didn't realize that it was so loud.

Mark: I understand that kids have to move. Do you think it would be possible though to be more careful between 1:00 and 2:00?

Jack: Sure. I'll ask her to put on slippers and we'll put her toys on a small carpet.

Mark: And I'll take my nap in my bedroom instead of the living room.

Jack: Thanks for talking to me about this.



Quotation journal – Session 6

Communication, a tool for participation

Group leader's workshop journal

Group leader: _____

Organization: _____

Session number: Date:	
Activities not completed or adapted:	Activities added:
The session (participants' response, particular event, etc.):	
Follow-up:	

Communication: a tool for participation



Social abilities help us express our emotions, have good relationships, and have our needs and rights recognized.

Here is what *Count Me In!* program participants think.





Social networks: Staying connected

Session 7

UNDERSTANDING A SOCIAL NETWORK

What is the purpose of a social network?

A social network is a set of actors (individuals or organizations) who interact with us at different levels (Mercklé, 2011). It results from the accumulation of ties that we create throughout our lives, to satisfy our needs and maintain our well-being (Litwin, 2001). Social relationships are complex and every link we have can meet a different need. For example, some people in our network provide support when we feel the need for it; others share activities with us, or are simply people who we greet on a regular basis (such as neighbours). Social relationships are important for maintaining our balance. Based on Weiss (1973), we can identify various essential functions fulfilled by our social network:

1) ***Provides emotional support:***

- Involves the possibility of expressing one's emotions and obtaining feedback;
- Occurs in intimate and stable relationships.

2) ***Fosters social integration:***

- The exchange of ideas and information on shared situations makes it possible to have a common vision of the experience;
- Meeting friends, colleagues or people with whom we share experiences.

3) ***Gives us the opportunity to feel useful:***

- Contributing to the well-being of another person;
- Characterizes the relationships between parents and children, but is also found in several other social relationships.

4) ***Confirms our own self-worth:***

- Comes from relationships that enable us to put into practice our personal skills and have the feeling of assuming a given role;
- Can be expressed in several contexts: family role, role in a group, etc.

5) ***Provides us with concrete and material help:***

- Is expressed in circumstances that require assistance;
- Can come from friends, neighbours, family, community organizations, relationships, etc.

Social isolation and loneliness

Loneliness refers to the perception by seniors of a lack of interaction or communication with others (British Columbia Ministry of Health, 2004). Social isolation is characterized by the lack of social roles and having a limited number of quality social contacts with others (National Seniors Council, 2014;

Havens *et al.* 2004). It increases the likelihood of seniors feeling lonely, but a person may experience a feeling of loneliness even when surrounded by others (National Seniors Council, 2014). That being said, being alone or living alone can be a personal choice, however if desired, one still may have the possibility of being surrounded by others. It is when this is impossible that a person can feel lonely.

People are like snowflakes. Alone, they can be fragile but they tend to do much better when they come together. Social isolation can occur when the person no longer feels a sense of belonging to society, interacts very little with others, and has a limited number of social exchanges or contacts (Nicholson, 2009). According to the Statistics Canada 2012 Health Report, one in four seniors (24%) report that they would have liked to participate in more social activities in the previous year. Experts point out, moreover, that this problem is not often evaluated by professionals (Nicholson, 2012).

It is now recognized that social isolation has a negative impact on health and quality of life (Hawton *et al.* 2010, de Jong-Gierveld, 2004). The negative consequences of social isolation may include depression (AQCCA, 2011), decreased immunity, anxiety, fatigue, poor nutrition, and premature institutionalization (Keefe *et al.* 2006). Disintegration of social networks and loneliness resulting from lack of relationships are detrimental to the mental health and well-being of seniors (Medical Advisory Services Secretariat, 2008).

Social network and mental health

Studies show that people with a severe mental health problem have a more limited social network and a lower support network than those with good mental health (Corrigan and Phelan, 2004). Their network tends to be less stable, especially during a more acute episode. Often, during these times, the network becomes even more restricted and less able to provide the degree and type of support required to keep the person in the community (Biegel *et al.* 2013).

Hawkins and Abrams (2007) questioned the reasons for the breakdown of the social network of seniors living with a mental health problem. Their study suggests that several factors contribute to the breakdown of this network: 1) the premature death of members of their network; 2) some seniors tend to withdraw or push others away; and 3) friends and family members are confronted with so many obstacles themselves that they are not always able to support their loved ones.

Sustainable social networks

Authentic, strong and sustainable social networks rely on several components. Over the last fifteen years, the PLAN Institute for Disability and Citizenship has been developing social networks for people with disabilities. According to a study conducted by this organization, although there are several ways to develop social networks, it is possible to identify some key elements (Styan, 2008):

1) *Reciprocity:*

It is recognized that reciprocity is critical to sustaining social relations. Reciprocity is based on two types of contribution: to do and to be. In general, our society values do more than be. People with psychosocial difficulties often have fewer opportunities to participate. They may

be disadvantaged in this sense because they have fewer opportunities to contribute. They may therefore be interested in developing relationships in which they can make a contribution by *being* (listening, presence). People who are vulnerable to isolation can benefit from coaching to increase their opportunities to *do*, including a range of activities ranging from speaking with someone to volunteering in an organization.

2) *Time and space:*

Establishing social relationships takes time. This may be a bit counter intuitive to the rhythm of today's society. We can do everything possible to stimulate and maintain our social relationships, but ultimately they have to develop at their own pace. It is therefore essential to allow time and not to give up too quickly when attempting to establish lasting social relationships.

3) *Transformation:*

In accepting the idea of building relationships, we need to take into account the risks inherent in change, growth and social relationships. In order to enter into a relationship, one must be ready to confront one's perceptions and accept the idea of allowing one's identity to evolve.

REFERENCES

AQCCA-Association québécoise des centres communautaires pour aînés (2011). *Initiatives de travail de milieu auprès d'aînés vulnérables. Une vision concordante à la politique Vieillir chez soi: une intervention qui a fait ses preuves!* Montréal: AQCCA.

Biegel, D.E, Pernice-Duca, F., Chang, C.-W., Chung, C.-L., Oh Min, M. & D'Angelo, L. (2013). Family social network and recovery from severe mental illness of clubhouse members. *Journal of Family Social Work*, 16(4), 274-296.

British Columbia Health Ministry (2004). *Social Isolation Among Seniors: An Emerging Issue*. www.health.gov.bc.ca/library/publications/year/2004/Social_Isolation_Among_Seniors.pdf, consulted March 23, 2014.

Corrigan, P.W. & Phelan, S.M. (2004). Social support and recovery in people with serious mental illnesses. *Community Mental Health Journal*, 40, 513-523.

de Jong-Gierveld, J. & Havens, B. (2004). Cross-national comparisons of social isolation and loneliness: introduction and overview. *Canadian Journal on Aging/La Revue canadienne du vieillissement*, 23(02), 109-113.

Havens, B., Hall, M., Sylvestre, G. & Jivan, T. (2004). Social isolation and loneliness: Differences between older rural and urban Manitobans. *Canadian Journal on Aging*, 23(2), 129-140.

Hawkins, R.L. & Abrams, C. (2007). Disappearing acts: The social networks of formerly homeless individuals with co-occurring disorders. *Social Science & Medicine*, 65(10), 2031-2042.

Hawton, A., Green, C., Dickens, A., Richards, S., Taylor, R., Edwards, R., Colin, G. & Campbell, J. (2010). The impact of social isolation on the health status and health-related quality of life of older people. *Qual Life Res*, 20, 57-67.

Keefe, J., Andrew, M., Fancey, P. & Hall, M. (2006). *Final Report: A Profile of Social Isolation in Canada*. Report presented to the president of the FPT working group on social isolation.

- Litwin, H. (2001). Social network type and morale in old age. *The Gerontologist*, 41(4), 516-524.
- Mercklé, P. (2011). *La sociologie des réseaux sociaux*. Paris : La Découverte.
- National Seniors Council Report on the Social Isolation of Seniors 2013-2014. Government of Canada, 60 p.
- Nicholson, N. R. (2009). Social isolation in older adults: an evolutionary concept analysis. *Journal of Advanced Nursing*, 65(6), 1342-1352.
- Nicholson, N. R. (2012). A review of social isolation: An important but under addressed condition in older adults. *The Journal of Primary Prevention*, 33(2-3), 137-152.
- Ontario Health Technology Assessment Series. (2008). Social isolation in community-dwelling seniors: an evidence-based analysis. *Ontario Health Technology Assessment Series*, 8(5).
- Statistics Canada (2012). Social participation and the health and well-being of Canadian seniors. *Health Reports*, 23(4).
- Styan, J. (2008). Se brancher à la citoyenneté. *Le Partenaire*, 17(1), 20-28.
- Weiss, R.S. (1973). Material for a theory of social relationship. In Bennis, W., Berlow, D., Schein, E. & Steele, S.F. (dir.). *Interpersonal Dynamics*, Homewood, Illinois: Dorsey.

Session 7. SOCIAL NETWORKS: STAYING CONNECTED

Session objectives

- Recognize the strengths in one's social network.
- Explore concrete ways to include reciprocity and recognition in social relationships.
- Identify actions to help consolidate one's social network.
- Summarize the visits to organizations.

Preparation

- Select the most relevant activities; think about necessary adjustments for the group and note them down.
- Prepare the facilitation material: flip chart, markers, sheets, and pens for the participants, copies of handouts.
- Prepare the refreshments.
- Prepare the material for the media capsule.
- Cut strips of questions from the *Small gestures of recognition* sheet and put them in the hat.

Session 7 Plan

	ACTIVITIES	PREPARATION	GROUP LEADER NOTES
Introduction: 30 min	1.1 Welcome participants		
	1.2 Recap the previous session	<ul style="list-style-type: none"> • Flip chart or <i>Quotation journal</i> from Session 6 	
	1.3 Decide on the fifth capsule	<ul style="list-style-type: none"> • Outline for the fifth capsule 	
	1.4 Introduction to the theme of the day	<ul style="list-style-type: none"> • Show the introductory image 	
Activities: 50 min	2.1 Recap visits to organizations	<ul style="list-style-type: none"> • <i>Participant's feedback following a visit</i> 	
	2.2 Social networks	<ul style="list-style-type: none"> • <i>My sources of inspiration</i> 	
	2.3 Weaving your web	<ul style="list-style-type: none"> • Image <i>Weaving your web</i> 	
	2.4 Reciprocity and recognition (optional)	<ul style="list-style-type: none"> • Image <i>Question of reciprocity</i> • <i>Small gestures of recognition</i> 	
	2.5 Consolidate my network		
Conclusion: 20 min	3.1 Closing remarks	<ul style="list-style-type: none"> • Flip chart or <i>Quotation journal</i> of the day 	
	3.2 Challenge of the week		
	3.3 Prepare for the next session		

* Plan for a 15-minute break

INTRODUCTION

1.1 Welcome participants

- Welcome participants.
- Go around the table quickly to allow participants to share their news of the week.

1.2 Recap the previous session

- Ask participants to briefly share what they learned from the previous session on communication.
- Ask about their “challenge of the week,” which was to try to apply the elements of affirmative communication in everyday situations.

1.3 Decide on the fifth capsule

- Present the *Quotation journal* to the participants (or the text on the flip chart sheets) from the last session.
- Help the group reach a consensus on the text to be inserted in the capsule.

1.4 Introduction to the theme of the day

- Present the introductory image.
 - Ask participants to say what this image represents for them.
- Announce the theme of the session.
 - After a few comments, tell the participants that the theme of the session is social networks.

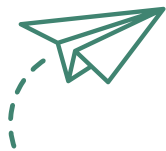
MAIN ACTIVITIES

2.1 Review organization visits

- Use the *Participant's feedback following a visit* grid to ask participants to share their impressions about the organization they visited.
- Feedback on their experience: How did they feel during their visit? What would they recommend to other participants about this organization?
- Ask the participants to review their objective in relation to this visit. What challenges did they face? What helped them?
- Review all of the organization visits
 - What did participants get out of the visits?
 - To what extent do they believe they will continue to participate in the coming weeks?
 - What other organizations would they like to explore?
- Include people who have not made any visits in the discussion. For example, ask what are their thoughts on the subject.

2.2 Social networks: an inspiration

- ▶ **Facilitate a discussion on social networks**
 - Ask the participants to define what a social network is to them (write the answers on the board or flip chart).
 - To stimulate discussion, use open-ended questions such as:
 - What is a social network?
 - How is it important to you?
 - What do you get out of your contact with other people?
What about your interactions with people of other generations?



Quotation journal

During the discussion, take note of the benefits of social networks that are discussed by the participants in the *Quotation journal* or on the flip chart.

► **Sources of inspiration (optional activity)**

- Remind participants that a social network is a strength that can help us have a satisfying life. The people around us inspire us and can serve as models. Thus, throughout our lives, we meet people who have a positive influence on us.
- Use the *My sources of inspiration* sheet to ask the participants to identify the people around them who are or have been a source of inspiration to them. For each of these people, identify the strengths you admire (qualities, abilities, interests).
- After completing the sheet, ask participants to circle the strengths that they themselves have developed over the years.
- Ask the participants to give an example of a strength that they developed by being inspired by a member of their social network.



Adapt this activity

- For groups less comfortable with writing, or if the group leader has less time, this activity can be done aloud.
- The group leader then asks participants to think of a member of their current or past social network whom they admire.
- Then, encourage them to say how this person inspired them and had an influence on the development of their own strengths (qualities, abilities, interests).

2.3 Social networks: an inspiration

► **Set the context**

- Explain to participants that the next activity is to reflect on their social network and identify the people in it.

► **Instructions**

- Hand out the *Weaving your web* sheet. Explain that our social network fulfills several needs: to have someone to talk to, share activities with, etc.
- Draw the web on the board. Explain to participants that they need to colour in each piece of the pie to illustrate their level of satisfaction with different aspects of their social network. Instruct participants to complete the grid, item by item. Items are numbered to make them easier to locate in the grid.
- For each element of the network, participants can also be asked to indicate the names of people in their network who meet this need (optional).



Adapt this activity

The activity can be done individually. The group leader distributes the sheet, explains the instructions, completes the first item with the participants, and then asks them to fill in the rest of the grid. The group leader then walks among the group to ensure that all participants have understood how to use the grid.

► ***Facilitate the review***

- Review the activity:
 - What do they notice on their web?
 - Which aspect of their network is most satisfying?
 - Which aspect is least satisfying?



Break time!

2.4 Reciprocity and recognition

► ***Set the context***

- Ask the participants if they know what the word *reciprocity* means (write the word on the board). Reciprocity means giving and receiving.

► ***Reflection***

- Ask participants to take two minutes to reflect on what they can give to others. Write the ideas on the board as they share.

► ***Complete the grid (optional)***

- Hand out the sheet entitled *A question of reciprocity* to the participants. Proceed in the same way as for the previous grid.

► **Review the results**

- What have they noticed on their web?
- Which dimension did they find easier and which one more difficult to complete?
- Have the participants discuss the notion of *recognition* (write the word on the board):
 - How do they show appreciation to the people they meet?
 - How do they show gratitude to the people who help them?
 - How do they show their attachment to the people who are important to them?



Adapt this activity

- To make the activity more concrete, use the illustrations on the *Small gestures of recognition* sheet.
- The participant picks up one of the illustrations and describes the last time he or she made this small gesture when interacting with others.

2.5 Consolidate my network

► **Give the instructions**

- Ask the participants to get into groups of three (the activity can also be done in one big group).
- For this activity, they must identify what can help them meet people, make friends, or strengthen their relationships with their loved ones.
- Also ask if there are resources that can help them in the community.
- To give an example, the group leader can give a very brief personal account: “My family lives far away, so I took a long-distance package with a phone company and I call my mother and sister every week. Together we agreed on a time that best suits their other activities. I tell them about my life and I make sure to ask them about what they did during the week.”
- Allot 5 minutes for discussion then regroup to share their strategies. For example:
 - Establish traditions with family or friends (e.g., weekly dinners, seasonal activities);
 - Move to an apartment or neighbourhood close to people you know or that offers recreational services;
 - Take the first steps, show initiative;
 - Have a good attitude, be interested in others;
 - Participate in an activity in your community, sign up for a friendly phone service.
 - Include positive elements in every conversation.

- If some participants in the group have an issue with hygiene, take this opportunity to address the delicate notion of personal care. Educate participants about the fact that people tend to be more attracted to people who have a neat appearance.
 - Have clean hair and teeth. Trim your nails and beard.
 - Control body odours, especially in the case of urinary incontinence (remind participants that they are often used to their own odour). Be sure to wash with soap before going out, apply deodorant and change incontinence protection.
 - Ensure that clothing is clean (e.g., launder pants and underwear that may have urine on them).



Quotation journal

During the discussion, take note of the participants' means and resources to reinforce their social network in the *Quotation journal* or on a flip chart.

CONCLUSION

3.1 Closing remarks

- Ask participants what they can take away from this session.
- Make a quick recap of the items noted in the *Quotation journal*.

3.2 Challenge of the week

- Consolidate my network.
 - Ask participants who so wish to identify a concrete action they would like to take to consolidate their social network in the next week.

3.3 Prepare for the next session

- Announce the topic of the next session: citizen participation.
- Ask participants to think about a small change they would like to propose in their community (neighbourhood, organization, and living environment) from which others might benefit. You can also limit the reflection to a change in an organization: a request that they would like to make to the decision makers of the organization (optional activity).



Workshop material

Session 7



My sources of inspiration

Seniors who have inspired me	Name: How:	Name: How:
-------------------------------------	-------------------	-------------------

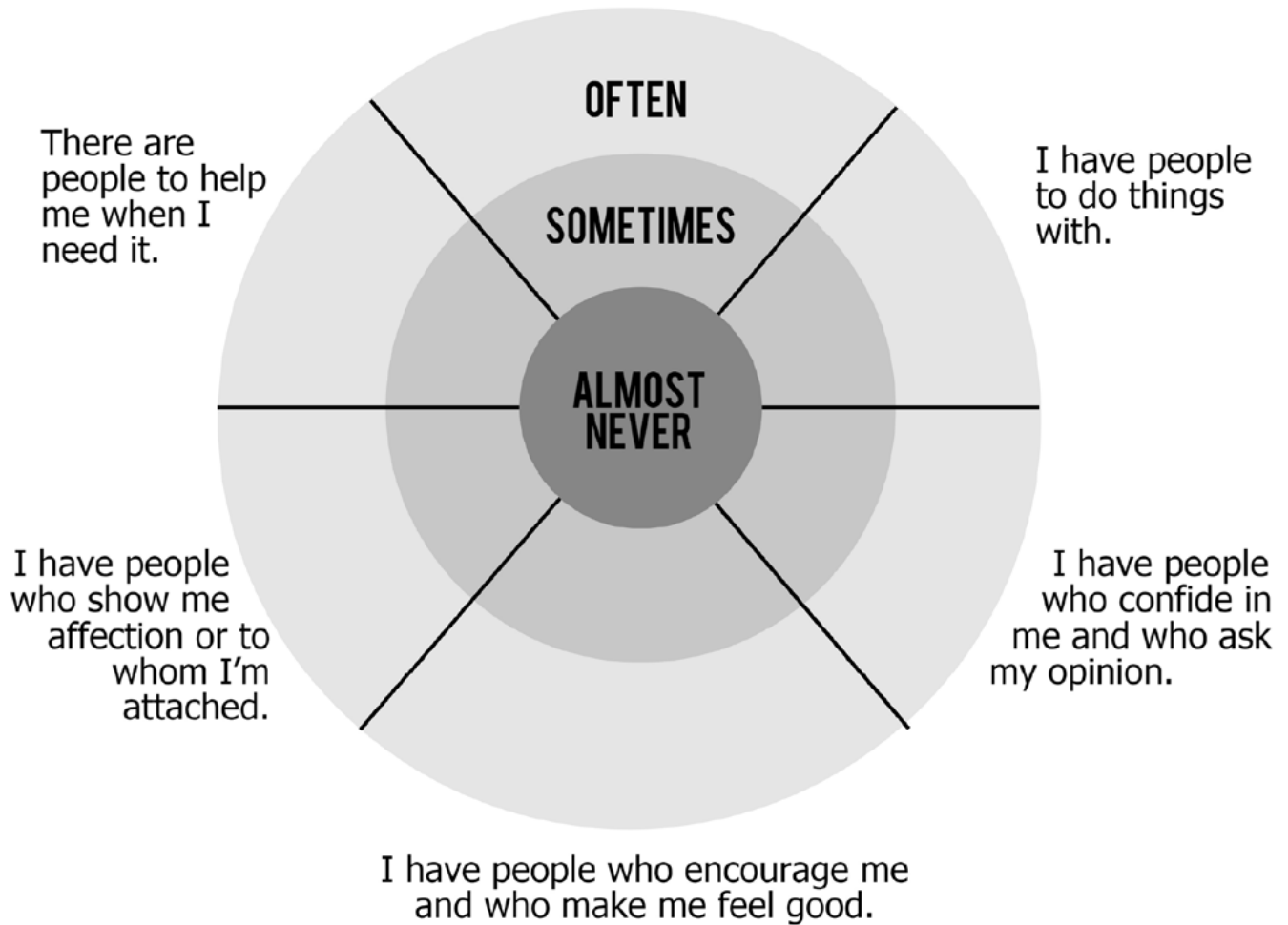
People my age who have inspired me	Name: How:	Name: How:
---	-------------------	-------------------

Younger people who have inspired me	Name: How:	Name: How:
--	-------------------	-------------------

Weaving your web

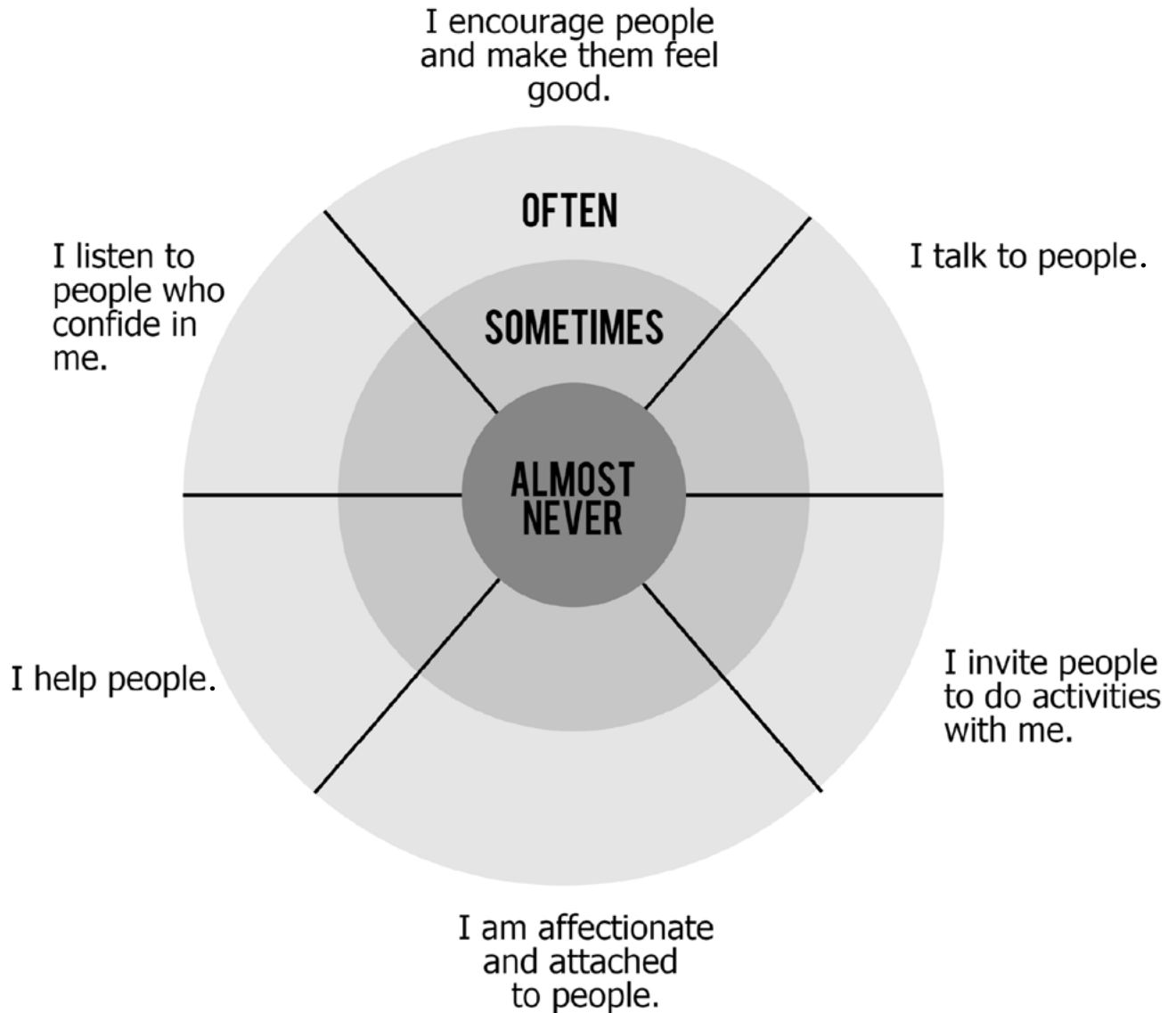
How often are you satisfied with these aspects of your social life?

There are people who greet me and with whom I can talk.












A question of reciprocity

How often do you interact with other people?



Small gestures of recognition

 <p>I invite people out</p>	 <p>I ask for news</p>	 <p>I offer a coffee</p>
 <p>I listen and give support</p>	 <p>I call to say thank you</p>	 <p>I show affection (hug, hand holding, praise)</p>
 <p>I give compliments, I show my appreciation</p>	 <p>I send greeting cards or letters</p>	 <p>I do someone a favor</p>



Quotation journal – Session 7

What I gain from my contact with others

What I can do to bring my network together

Group leader's workshop journal

Group leader: _____

Organization: _____

Session number: Date:	
Activities not completed or adapted:	Activities added:
The session (participants' response, particular event, etc.):	
Follow-up:	


Staying connected



When we are isolated we have a tendency to eat less well, to be anxious, depressed and tired. As we age, a good social network is important for our well-being.

Here is what *Count Me In!* program participants think.





Community networks: Finding your voice

Session 8

COMMUNITY NETWORKS: FINDING YOUR VOICE

What is a citizen?

Citizenship can be considered the strength that unites a person with their rights, responsibilities, roles, resources and places for interaction with public institutions, neighbourhoods, associations and communities (Rowe *et al.* 2007). Seven domains of citizenship can be identified (Rowe *et al.* 2012):

- 1) Personal responsibilities;
- 2) Government infrastructure;
- 3) Taking care of self and others;
- 4) Civil rights;
- 5) Laws;
- 6) Freedom of choice;
- 7) Global stewardship.

Participation can have positive repercussions, mainly:

- ▶ It helps to develop feelings of belonging;
- ▶ It gives people power over decisions that affect them;
- ▶ It increases feelings of usefulness and allows people to exercise their citizenship;
- ▶ It encourages pride and solidarity;
- ▶ It leads to a better understanding of social issues.

Social relationships and citizenship requires reciprocity, which refers to a person's rights as well as their responsibilities (Rowe & Baranoski, 2011). The following figure illustrates several areas in relation to rights.

Figure 19 - Domains of rights

<i>Canadian Charter of Rights and Freedoms</i>	<i>Other areas of rights</i>
<ul style="list-style-type: none">• Voting rights• Language rights• Equality rights• Legal rights• Mobility rights• Freedom of religion• Freedom of expression• Freedom of association	<ul style="list-style-type: none">• Access to health and social services• Housing rights• Insurance rights• Rights to social assistance• Right to work• Access to justice• Family rights• Consumer rights

Participation of people with a mental health problem

Since the late 1990s, we have moved beyond the concept of “maintaining the person in the community” to social inclusion and the full participation of those who have mental health problems (Rowe, 1999). This is closely related to building social roles and connections (Ware *et al.* 2007) and the ability to make choices and actively participate in decisions that affect us. For everyone, not just those who have mental health issues, this could mean:

- ▶ To have a place: to have the same access to work, housing and education, and to receive the same treatment (i.e., not to suffer discrimination).
- ▶ To feel at home: having friends, projects and expectations, and being able to contribute to society.
- ▶ To have a legitimate identity: to know one’s value and to have a self-image that goes beyond the illness, to be involved in decisions, to feel heard, to have ideas and to feel part of the world.

Social context has an important role in self-image. Those with mental health issues internalize stereotypes and prejudices related to their illness that can affect how they see themselves and they can become socially isolated. According to Guay (2008), several factors can contribute to isolation, such as:

- ▶ Those with mental health problems distance themselves because of their illness, their fears and sometimes their own prejudices;
- ▶ Low self-esteem of those with mental illness can increase negative perceptions towards them;
- ▶ Services offered to this population can have the effect of overprotecting them which itself can increase barriers by keeping them outside of the general community.

Wanting to belong

Wanting to be a part of things, to belong somewhere or to a group is an important part of citizenship (Mezzina *et al.* 2006). In this study, Mezzina found that those with mental health issues benefit from contact with others who have similar problems and also with the population in general (2006). Participating in regular activities and talking about current events was thought to be beneficial by the participants because it takes them out of their role of sick person.

A sense of belonging is not simply something we feel, it’s also a powerful tool for health and increased feelings of social inclusion. The Community Foundations of Canada reports that those who have a strong sense of belonging feel that their lives have more meaning (2015). Keep in mind, the notion of community goes beyond a simple territory. A 2015 Angus Reid survey revealed that Canadians do not attach their identity to a geographic territory but rather:

- ▶ To those who they have worked with (34%);
- ▶ To where they grew up (30%);
- ▶ To those who belong to the same community (27%);
- ▶ To those who have the same ethnocultural profile (24%);
- ▶ To a sports team (23%);
- ▶ To where they went to school or university (20%);
- ▶ To those who practice the same religion or have the same beliefs (20%);
- ▶ To those who share common experiences (17%).

Participation: who and how?

There are many kinds of citizenship and many places to talk that can take on more personal or collective significance. To participate is to make choices, to have one's rights recognized. When we invest ourselves in defending our rights or the rights of others we have moved from the "I" to the "we" rather than limiting ourselves to our own personal experiences. Shared experiences and feelings of belonging help the individual feel part of the group. Knowing our rights allows us to influence and participate in decision-making.

In order for collective decisions to be appropriate for all members of society, it is important to help those who are likely to experience exclusion. Often, it is those who are the most favoured or the best informed whose voices are heard (Contandriopoulos, 2009). Those less favoured encounter obstacles when they want to access services. For example, in public transport they may feel inferior because of the special vocabulary used, a lack of knowledge of procedures within these committees, their procedures and how they work, so they hesitate to become involved (Gagné *et al.* 2013).

Full citizenship implies that those with mental health challenges have access to public forums and also feel welcomed and that their contribution is of value (Rowe and Baranoski, 2011). Participation requires skills, the ability to take a stand and to be considered as a legitimate citizen, equal to others. We must get rid of the stigma and feelings of powerlessness to take an active role. Thus, we must attempt to be in the presence of a diversity of discourses, thoughts and ways of being.

REFERENCES

Contandriopoulos, D. (2009). La participation publique : définitions, défis et usages. *Santé, société et solidarité*, 8(2), 27-32.

Fondations communautaires du Canada (2015). Signes vitaux. Rapport 2015.

Gagné, J., Clément, M., Godrie, B. & Lecomte, Y. (2013). *La voix et le savoir des personnes avec une expérience vécue des problèmes de santé mentale dans le comité avisier du CSSSS Jeanne-Mance*. Montréal: Centre de recherche de Montréal sur les inégalités sociales, les discriminations et les pratiques alternatives de citoyenneté, 75 p.

Guay, J. (2008). La citoyenneté au quotidien. *Le Partenaire*, 11(1), 34-36.

Mezzina, R., Borg, M., Marin, I., Sells, D., Topor, A. & Davidson, L. (2006). From Participation to Citizenship: How to Regain a Role, a Status, and a Life in the Process of Recovery, *American Journal of Psychiatric Rehabilitation*, 9(1) 39-61.

Provencher, D. & Dallaire, L. (2011). Le défi de la participation citoyenne des personnes vivant avec un problème de santé mentale. *Le Partenaire*, 20(2) : 26-28.

Rowe, M. (1999). *Crossing the border: Encounters between homeless people and outreach workers*. University of California Press, Berkeley.

Rowe, M., Kloos, B., Chinman, M., Davidson, L. & Cross, A. B. (2001). Homelessness, mental illness and citizenship. *Social Policy and Administration*, 35, 14-31.

Rowe, M. & Baranoski, M. (2011). Citizenship, mental illness, and the criminal justice system. *International Journal of Law and Psychiatry*, 34(4), 303–308.

Rowe, M., Bellamy, C., Baranoski, M., Wieland, M., O'Connell, M.J. & Benedict, P. (2007). A peer-support, group intervention to reduce substance use and criminality among persons with severe mental illness. *Psychiatric Services*, 58, 955–961.

Rowe, M. (1999). *Crossing the border: Encounters between homeless people and outreach workers*. Berkeley, CA: University of California Press.

Substance Abuse and Mental Health Services Administration. (2005). *Transforming mental health care in America: The Federal action agenda: First steps*. Rockville, MD: U.S. Government Printing Office.

Ware, N.C., Hopper, K., Tugenberg, T., Dickey, B. & Fisher, D. (2007). Connectedness and citizenship: Redefining social integration. *Psychiatric Services*, 58, 469–474.

Session 8. FINDING YOUR VOICE

Session objectives

- Identify your sense of belonging to the community.
- Learn about some ways you can participate as a citizen.
- Review participation in the program and the pursuit of participant's objectives.

Preparation

- Select the most relevant activities, think about the adaptations necessary in relation to the group, and note them down.
- Provide the facilitation material: board or flip chart, markers, sheets, and pens for the participants, copies of handouts.
- Prepare the refreshments.
- Prepare what you need for the media capsule.
- Identify a few reference organizations that can offer free and confidential assistance and support services in the field of rights and citizen representation (this could be entrusted to a participant).
- Identify some desirable changes in the community to improve the social participation of group members. These elements can be used for the "Be Heard" activity if the participants do not propose a topic themselves (optional activity).

Session 8 Plan

	ACTIVITIES	PREPARATION	GROUP LEADER NOTES
Introduction: 30 min	1.1 Welcome participants		
	1.2 Recap the previous session	<ul style="list-style-type: none"> • Session 7 flip chart or <i>Quotation journal</i> 	
	1.3 Decide on the sixth capsule	<ul style="list-style-type: none"> • Outline of the sixth capsule 	
	1.4 Introduction to the theme of the day	<ul style="list-style-type: none"> • Show the introductory image 	
Activities: 30 min	2.1 Explore your sense of belonging	<ul style="list-style-type: none"> • Mini opinion sign • (See Session 6) (optional) 	
	2.2 Reflect on citizen participation	<ul style="list-style-type: none"> • <i>Discover the many ways to participate</i> (optional) 	
	2.3 How do we change things? (Optional)	<ul style="list-style-type: none"> • <i>Letter to decision makers</i> template • <i>Sample letter to decision makers</i> 	
Conclusion: 40 min	3.1 Review personal objective	<ul style="list-style-type: none"> • Personal objective sheet in the participant's notebook 	
	3.2 Prepare follow-up session		
	3.3 Closing remarks	<ul style="list-style-type: none"> • <i>Satisfaction questionnaire</i> • <i>Certificate of participation</i> 	

* Plan for a 15-minute break

INTRODUCTION

1.1 Welcome participants

- Welcome participants.
- Go around the table quickly to allow participants to share their news of the week.

1.2 Recap the previous session

- Share what participants have learned.
 - Ask participants to share briefly what they learned from the previous session on social networks.
- Review their “challenge of the week,” which was to take concrete action to consolidate their social network.

1.3 Decide on the sixth capsule

- Use the material from the previous session (notes taken on the flip chart or in the *Quotation journal*) in order to ask the group to decide, by consensus, on the content of the capsule.

1.4 Introduction to the theme of the day

- Present the introductory image.
 - Ask participants to say what this image represents for them.
- Announce the theme of the session.
 - After a few comments, announce to the participants that the session is about citizen participation.

MAIN ACTIVITIES

2.1 Explore your sense of belonging

► *Present the subject*

- Explain that a community is the place or the group where we feel we belong. It can refer to our neighbourhood (geographical community), but it can also be another group with which we identify.

► *Ask participants:*

- Some of you may have had the feeling of being different or of having difficulty being part of something. To what do you attribute this? Today, where, when and with whom do you feel "in your place" (comfortable)?

► *Explore the sense of belonging*

- Ask participants to use a card to show and explain how they feel they belong to the group of people who share:
 - Their living environment (e.g., HLM, residence);
 - The community organizations they attend;
 - Their neighbourhood (city, province, country);
 - Their cultural origin;
 - A cause that is important to them (name one);
 - Their language;
 - Their former school or workplace;
 - Another common feature (e.g., mental health problem).

Adapted from Community Foundations of Canada, 2015



Adapt this activity

You can write the items on the board and ask participants to put an X beside the statement(s) that correspond to their sense of belonging. You can also ask a volunteer to be the recorder.

- For each item, give concrete examples. If necessary, the group leader can start by sharing what she considers to be her community and how she experiences her sense of belonging.
- Once the activity is over, have the participants verbalize how it makes them feel to be part of a group, a community.



Quotation journal

During the discussion, take note, in the *Quotation journal* or on the flip chart, of some of the participants' reflections on their sense of belonging.

2.2 Reflect on citizen participation

► Facilitate a discussion

Being a citizen means exercising power and participating in decisions that concern us. Choose the most relevant topics for a group discussion.

Having a choice

Describe a recent situation where you were able to make a choice on an important aspect of your life (e.g., place of residence, retirement).

Participating in decisions of concern

Describe a recent situation where you were able to actively participate in decisions that affect you (e.g., medical, concerning your family, about your property).

Realizing your potential

Describe a recent situation in which you were able to realize your full potential.

Expressing your opinions

Describe a recent situation in which you were able to express your opinions.

Recognizing your rights

Describe a recent situation in which you had your rights recognized.

Inspired by Provencher and Dallaire (2011)

► Explore volunteerism

- Go around the table to answer the question (write answers on the board):
 - What can I bring to others?
- Check if some of them are volunteering or have already volunteered.
- Use the ***Discover the many ways to participate*** sheet to fuel discussion. Ask participants to share the neighbourhood resources they know about on this subject and write them down on the sheet.

► Inform participants

- Provide information to participants about mental health advocacy organizations or advocacy groups representing seniors in their region. Ask them to inquire about their activities and services.

2.3 How do we change things? (Optional activity)

► *Present the subject*

- Citizen participation also means making one's voice heard, giving one's opinion, and setting out one's convictions.

► *Propose the activity*

- Remind the participants that they were asked, as preparation for the session, to identify a desirable change in the community that could benefit many people.
- If there are several proposals, write them on the board. Then, ask the group to choose an idea. Involve participants in explaining the criteria that guided them in their choice (e.g., feasibility, potential impact).
- Ask participants to identify possible actions to make this change happen. Ask those who have already participated in such activities to share their experience.
 - Call a decision maker to share the idea.
 - Propose a project to a neighbourhood committee (e.g., consultation committee) or to a community organization.
 - Sign or start a petition.
 - Write an open letter in the local newspaper.
 - Participate in a demonstration.
 - Participate in a speaking activity (e.g., a debate, municipal question period, general assembly of an organization).
 - Display our convictions (e.g., by putting a placard on the balcony).
 - Make a complaint to report an injustice or inequality (of which you are a victim but that could help other people too).
 - Propose alternatives to improve things (e.g., living conditions in the residence).
- Point out to participants that our society has a clear preference for "reasoned and reasonable" discourse. Yet other forms of discourse can be equally legitimate: complaint, anecdote, artistic or symbolic events, etc. Refer to groups and movements such as:
 - Raging Grannies (<http://raginggrannies.org>);
 - Yarn bombing.

► *Scenario: asking a question at a session*

- It is not easy to express ourselves in public, especially on subjects that are important to us.
- Ask participants to practice asking a question at a session.
- Ask participants to say how they might prepare to do so. Write their suggestions on the board:
 - Document the issue;
 - Learn about the procedures of the assembly;
 - Attend the entire session, and others if possible, in order to become familiar with the functioning of the organization;
 - Write down your question on a paper;

- When asking the question, give your name, say who you are representing or your connection to the topic, and state the question in a clear and concise manner. Take care to emphasize the collective aspects of the problem (speak for the “we”);
- Have the group play the role of a municipal council or general assembly of an organization and then ask volunteers to ask a question related to the problem identified earlier (feel free to use humour!).

► **Write to decision makers**

- Ask participants to write to the decision makers involved in changing things.
- Use the *Letter to decision makers template* to compose a letter together.

► **Conditions that facilitate citizen participation**

- Ask the participants what would help them if they wanted to get more involved in their community
 - Stay up to date on issues, take an interest in neighbourhood life
 - Learn about a topic that interests me
 - Discuss current events with people around me
 - Read newspapers and listen to the news
 - Attend conferences, events
 - Have someone accompany me
 - Have someone explain how organizations operate
 - ...



Adapt this activity

- You can do the activity in two groups to work on different subjects.
- The two teams can then come together to share their thoughts.
- You can also suggest participants work in small teams, everyone on the same theme. It will be interesting to compare the letters at the end of the activity.

PROGRAM CONCLUSION

3.1 Review personal goals

- ▶ *Ask the participants to review the objectives they had set at the beginning of the program.*
 - To what extent have they made efforts to achieve this goal?
 - For those who say they have not made much headway with their goal, ask them what small actions they have completed. Also explore and reinforce other accomplishments, examples of efforts they made during the program.
 - Remind them that it is common to get something else from a program than was originally expected.

3.2 Prepare a follow-up session

- ▶ *Ask participants if they would like to have a follow-up session on the program in about 4 weeks. This could be a more informal session, to see where everyone is with their community involvement.*
- ▶ *Determine the details of the session with the group (place, duration).*

3.3 Closing remarks

- ▶ *Gather feedback from participants*
 - Ask participants what they got out of their participation in the program.
 - Survey their satisfaction with the program, through a group discussion or questionnaire.
- ▶ *Explore what comes next*
 - Ask the participants how they see what happens next. What concrete actions do they think they can make to continue to participate in their community?
- ▶ *Hand out certificates of participation*
 - Name each participant and ask them to stand to receive their participation certificate. Read aloud the words of congratulations. Shake hands when handing over the certificate.
 - Encourage the other participants to applaud.



Workshop material

Session 8



Discover the many ways to participate

Some examples of participation	Places in your neighbourhood to participate
<p>Helping others</p> <ul style="list-style-type: none"> • Offer services • Volunteer 	
<p>Defend your personal and community interests</p> <ul style="list-style-type: none"> • Join a tenants committee • Join the board of directors of a community or health organization • Participate in the annual meetings of a bank 	
<p>Influence decision makers</p> <ul style="list-style-type: none"> • Answer surveys on social issues • Participate in a municipal citizens committee • Participate in public consultations 	

Outline for the letter to decision makers

Name, function

Organization

Address

Subject: _____

Dear _____,

We are (who are you representing?). It has come to our attention that (describe the concrete problem or need) which creates (name the direct issue related to the problem) which could (describe the threat) over the long term. To address this situation we feel that (clearly announce the claim). We have already (describe the steps already taken and the result).

We believe that something needs to be done to protect the security and quality of life of the population. Previously (name people and organizations) have supported our cause.

Hoping that our request will be met favourably by your organization, please accept our best wishes.

Signature

Name, coordinates

(attach any important documents)

Example of a letter to decision makers

Mr. or Ms.
111 Tower Road
Smalltown, Anywhere

Subject: Increasing seniors' safety on Main Street

Dear Mr. or Ms.,

We are members of an organization called Senior-Action. Several seniors avoid coming to our organization for evening activities because of the poor lighting on Main Street. Senior-Action is a very popular place for seniors' get-togethers and activities, but safety and security issues have forced a significant number of the neighbourhood's older residents to limit their evening activities.

We request that you install another street light on Main Street at the corner of Margaret Street. We contacted public works services on November 12th and were informed that there are no plans for a street light on this corner. We believe that the security and quality of life of the population requires this action. Previously, the Association of retired city employees have expressed their support for this request.

Hoping that this request is received and responded to in a positive manner by the deputy, please accept our best wishes.

Signature
Name, coordinates
Attached: Photo of Main Street and Margaret Street

Participant's feedback

1. Indicate to what degree you are in agreement with the following statements. Add comments, if you wish

a) The topics covered were pertinent for me.

- Completely agree Somewhat agree Slightly disagree Completely disagree

b) The information was easy to understand.

- Completely agree Somewhat agree Slightly disagree Completely disagree

c) The handouts were useful.

- Completely agree Somewhat agree Slightly disagree Completely disagree

d) The way the information was presented.

- Completely agree Somewhat agree Slightly disagree Completely disagree

e) Because of this workshop I know more ways to participate in my community.

- Completely agree Somewhat agree Slightly disagree Completely disagree

2. What did you like about the workshop?



Quotation journal – Session 8

How I belong to my community

Group leader's workshop journal

Group leader: _____

Organization: _____

Session number: Date:	
Activities not completed or adapted:	Activities added:
The session (participants' response, particular event, etc.):	
Follow-up:	

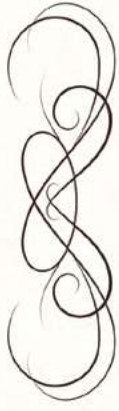
Citizenship: finding your voice



It is said that citizenship is a strength that connect us to our rights, our responsibilities and our roles, as well as resources and community gathering places.

Here is what *Count Me In!* program participants think.





PARTICIPATION

certificate

This certificate attests that

participated in the Count Me In! program.

The group leader appreciated:

Congratulations!



**COUNT
ME IN!**

Visits to community organizations

Part 3

Legal deposit

ISBN 978-2-922582-62-8

Published by:

The Centre for Research and Expertise in Social Gerontology (CREGÉS)
of the CIUSSS West-Central Montreal



CONTENTS OF PART 3 – VISITS TO COMMUNITY ORGANIZATIONS

- 5** | Visits to community organizations
- 5** | Operational aspects
- 8** | The approaches that inspired this part of the program
- 10** | Organizing the visits
- 13** | Encouraging empowerment
- 14** | REFERENCE
- 15** | ANNEX

PROGRAM OVERVIEW - REMINDER

The aim of *Count Me In!* is to promote the community participation of seniors who have psychosocial problems and who may or may not have been diagnosed with a mental illness. The program has four parts which together make up the workshop manual (Figure 1).

In Part 3, the participants visit a few community organizations that give them an opportunity to socialize and participate in interesting activities. This manual presents the objectives of the visits and proposes tools and steps to complete this activity.

Figure 1 – The *Count Me In!* program manual

Introduction to the manual

This section presents the program objectives, the theoretical model and recommendations for setting up the program (e.g., target population, group facilitation).

Part 1 – Individual interviews

The interviews, done before the workshops begin, help the participants identify their interests and select a personal objective for community participation.

Part 2 – Workshops

The workshop itself consists of a series of eight sessions, ranging from 90 to 120 minutes, on topics related to community participation, mental health and aging. A variety of interactive and reflective activities are also included.

Part 3 – Visits to organizations

One of the program objectives is to encourage the use of community resources. Participants are provided information about this and visits to organizations are arranged with them.

Part 4 – Media capsules

During this group activity, participants choose the messages that will be published in the organization's newsletter or within the community.

VISITS TO COMMUNITY ORGANIZATIONS

The aim of the *Count Me In!* program is to promote seniors' participation in community activities. There are a few objectives for the visits (Figure 2).

Figure 2 – Objectives for the visits

- To let the participants know about the services offered by various community organizations.
- To offer concrete examples to reinforce their abilities regarding community participation such as: initiative, outreach, communication and decision-making.
- To familiarize the participants with the environment and initiate a first contact with the staff of a community organization that corresponds to their interests.
- To make community organization staff members aware of the needs of older adults with psychosocial problems.

It is recommended that each participant be given the opportunity to visit one or two organizations in their community. However, like all the other program activities, the visits should not be imposed on the participants. It is possible that some may not be ready. The group leader should respect these limits while still accompanying them in their steps. Those who do not take part in the visits could benefit from the experiences and feedback of others, and could also help plan the visits.

OPERATIONAL ASPECTS

Where to visit?

Many communities have several organizations that offer activities and opportunities for social contact (Figure 3). The choice of the organization should be decided according to the interests of participants and the willingness of the organizations to welcome them for a visit, as well as other practical considerations such as transportation and schedules. It is recommended that the group do a brief survey of organizations in the community. With the help of participants, the group leader can make a list of relevant organizations.

Figure 3 – Potential places to visit

Municipal services

Recreation centres, libraries, cultural centres, museums, parks, sports centres

Private companies offering recreational services

Sports centres, educational institutions

Seniors community services

Seniors centres, golden age clubs, associations, volunteer centres

Specialized mental health organizations

Self-help groups, workshops and day centres

When to do the visits?

The group leader and participants prepare and give feedback on the visits during the workshop sessions. It is recommended to do the visits between the third and the seventh session. This gives the participants enough time to identify their personal goal. The third session focusses on preparation for the visits. It is a good idea to prepare the workshop calendar to allow enough time for the visits. For example, the group leader could choose to propose a break from the group session the week the visits take place. Offering the workshops every two weeks is also an option. The day and the schedule for the visits could be decided with the participants according to their availabilities and what is offered by the organizations.

How should the visits be carried out?

The visits to community organizations can be carried out in a variety of ways (Figure 4). The option “member for a week” could be interesting because it lets the person be involved in the organization’s regular activities. Pairing the participant with a member of the organization could also be a good option. The visits could be done in a large group or in teams of two or three participants, according to the organization's capacity to accommodate them, and depending on the participants' interests and need for guidance. Those who are already participating in activities could be encouraged to invite another person to go with them.

Figure 4 – Types of visits

- A guided tour of the organization.
- A meeting with a contact person who presents the organization's resources.
- A meeting with some members of the organization.
- Pairing with a regular member of the organization.
- Participation in an activity or a service.
- Becoming a member for a day (or a week).

Verifying participants' needs

Organizing transportation is an important part of preparing for the visits. Some participants might need help with this. The group leader should discuss transportation options during the initial interview and the workshop session on this topic.

Visiting unknown places and meeting new people may cause some to feel insecure. These participants should receive the support they need so they feel comfortable when they make the visit. Interviews with the target population during the program development phase revealed the need for people to feel adequately supported in their first efforts at community participation (Djoukhdjian, 2016). In fact, some people stated that being accompanied by someone during this stage greatly encouraged them to make the first steps towards becoming part of a new organization. Group leaders should anticipate that some participants may need help during the visits. The person accompanying them could be the group leader, or a volunteer, or someone they know, or even another program participant. Available options regarding this should be discussed before the start of the program.

Also, professionals who were interviewed mentioned the need for having someone to welcome them at the place they will visit (Djoukhdjian, 2016). This person could be a staff member or a volunteer. It may be interesting to explore a pairing system between members of the organization and the *Count Me In!* participants.

Finally, encouraging participants' involvement in each stage of the visiting process can also help them to gain more confidence during this part of the program. The group leader should let them take the lead, when possible, for example, by asking them to confirm the visit to the organization with the contact person.

Adapting this part of the program

The steps to organize visits in this part of the program are suggestions that could be adapted according to the needs and characteristics of participants and the organizations they will visit. The types of activities can vary greatly, as well as how the tasks are divided between the group and the participants. The section entitled *Encouraging empowerment* at the end of this manual offers some variations on the topic.

THE APPROACHES THAT INSPIRED THIS PART OF THE PROGRAM

The activities included in this program target several aspects of community participation, as shown in the theoretical model presented in the introduction to the manual. The visits to organizations are an opportunity to target personal factors affecting participants (by equipping them) and to address aspects of their social and organizational environment (by creating favourable settings).

A strengths-based approach

The strengths-based approach was described in detail in the introduction to this manual and in the description of the group workshop (Part 2). To summarize, this approach focuses on the person's strengths and resources to help them overcome challenges and reach their objectives. Preparing for the visits gives participants the opportunity to think about their interests and needs for activities and socialization. As well, this activity allows them to develop the psycho-cognitive abilities that are required for setting an objective, making a plan, taking initiative, communicating their needs and organizing their transportation. Group members must rely on their own strengths and resources by being active participants in the planning process for the visits. Everyone is encouraged to follow their own personal goal and to contribute to the group process as well.

Awareness

As discussed in the introduction, seniors who are experiencing psychosocial difficulties may also have challenges accessing places for social participation. Prejudice and an inadequate understanding of issues related to aging and mental health can be part of these obstacles. Writings on this subject confirm that the best way to improve relations between two groups is to establish contact between them (Allport, 1954). The proposed visits can offer opportunities for contact between older people experiencing psychosocial challenges and the staff of organizations who are not specialized in this area. Inspired by the facilitating conditions proposed by Pettigrew (1998), Figure 5 below offers several recommendations for the visits.

Figure 5 – Optimizing the benefits of contact

<i>FACILITATING CONDITIONS</i>	<i>POTENTIAL PROGRAM APPLICATIONS</i>
Perceived equal status	During the visits, the participants are presented as potential future members of the organization.
Common interests	The program participants explore common interests with the members of the organization during the visit.
Cooperation	Some members of the organization can be involved in integrating the visitors (e.g., orientation, pairing for an activity).
Organizational and social support	The group leader provides any support required during the visit, and ensures the support of a contact person from the organization as well.

Caution is advised when it comes to revealing participants' difficulties to the host organization. The program is described in the documents presented to the organization as a workshop for seniors who have very little community participation. During discussions with the organization's contact person, the group leader can mention that some of the participants need support to clarify their interests and to take the necessary steps in order to participate in activities that meet their needs. To avoid stigmatization, the contact person should be notified that some participants would prefer to not share the nature of their problems with the staff or members of the organization.

Intersectoral collaboration

The visits can involve the collaboration of organizations from different sectors: the health and social services network, community resources, associations, the private sector and municipal services. From the start, it is necessary to have an overview of community resources that could potentially be interesting for the participant, followed by discussions with some of them. Eventually, other projects may be identified that could reinforce the continuum of services available for older people who have psychosocial problems.

ORGANIZING THE VISITS

Although the visits can vary greatly from one group to the other, some ideas for the steps to take are presented below. The group leader can start planning for the visits before the program begins and follow up with the participants during the workshop in which the objectives can be presented as well (see *Steps to take for the visits*, in the annex). The main steps can be written on large sheets of paper and placed on the wall and referred to throughout the program. The group leader can also offer some concrete support in helping the group to have a say in how the visits go.

Checking the interests and needs of the group

The group leader will have explored the interests and needs of the group during the initial interview (Part 1). The information gathered during this meeting should be recorded in the grid *Participants' interests and needs for the visits*, which is found in the annex.

Identifying potential organizations

One of the first steps for organizing the visits is to make a list of the community organizations offering activities and services that could be of interest to the participants (see the annexed *List of organizations*). The list can include self-help services, support services, cultural, artistic and sports activities, as well as public places such as museums, parks, and libraries. It is important to also suggest resources where the group members have the chance to reinforce their social network.

It is a good idea to make use of any directories that already exist. For example, many provinces and cities have websites in which community organizations are listed, sometimes by activity and age group. In addition, local libraries often have lists of various resources and services available in local communities. The Canadian Mental Health Association has a website in which links to resources and services in each province are outlined as well.

The group participants themselves should be actively involved in the search for organizations. During the trial run for the program, one group leader introduced the participants to a resource that allowed them to search online themselves. She noted that several people needed some assistance in organizing their search. If there is a volunteer available to help that would be ideal. A checklist could also help them, for example:

- ▶ Organization name:
- ▶ Activities of interest:
- ▶ Hours:
- ▶ Address:
- ▶ How to get there:
- ▶ Contact person:

It would be useful to put all the information gathered in a binder or folder or even an electronic file. The brochure for the organizations may also be available online, which will help participants choose the places they want to visit.

Choosing the organizations to visit

During the workshop, the group leader, with the help of the participants, will describe each resource while the group responds to these questions: “What do they know about this resource?” “Does anyone already do any activities there?” The participants will then select the organizations they would like to visit. The number of organizations selected depends on a few factors, such as whether the visit will take place in a large group (two organizations would be enough) or in teams of two or three participants. The group leader can refer to the sheet in the annex entitled *Participants' interests and needs for the visits* in order to put together the teams. It is a good idea to have more options available than are actually needed in case it is not possible to make the arrangements with the participants' first choice of organization.

There are several ways to select organizations, but the important thing is to choose options that allow for the most involvement possible of the participants.

A more limited method

For groups that require more support, the group leader should limit the amount of information provided to help the participants reach a decision. For example, two organizations can be preselected, based on the interests identified during the pre-group interviews. Then they can be asked what they think of this choice.

A less limited method

Present each organization and ask them to raise their hands to vote. The results can be written on the flip chart and the organizations that received the most votes will be kept.

A more personalized method

Going around the table, each participant can be asked to identify the resources or activities they find interesting from the list, giving each of them the chance to express their preferences. For some groups, the facilitator can also consider a consensus approach, which is to invite the participants to agree on the organizations to be visited.

Making arrangements with the organizations

Once the resources have been selected by the participants, it is time to communicate with the person in charge of arranging the visits. It is strongly recommended to document the arrangements made with the organizations in terms of planned activities and expectations for all parties. This could be done through an agreement letter or by email (see *Example of a visit confirmation letter* in the annex).

It is important to ensure that someone at the organization is identified as the person who will welcome the participants and who can be called on before, during and after the visit, if necessary. Ideally, a short meeting between the participants and someone from the organization can be planned for the end of the visit to review the activity and so the participants can ask any questions they may have.

From the outset, the participants should know that the organization has been informed that the *Count Me In!* program is for older people who participate very little in community resources. As previously stated, the organization personnel have already been informed about the nature of the difficulties the participants encounter and have been asked to remain discrete.

Organizing some practical aspects

The group leader should go over the practical details with the group members (Figure 6). For example, all transportation options can be discussed for the visits both during and after the program. If some people need to be accompanied the group leader can try to find a volunteer or ask them if they have someone to go with them.

A checklist can be given to the participants to help them prepare for the visits (see *Participant's checklist for the visits* in the annex). The group leader can also explain how the visits will be reviewed during the workshop session and discussed with the other members (see *Participant's feedback on the visit*, in the annex).

Figure 6 – Information to give to the participants

- Explain how the visit is planned.
- Provide the name and contact information of a resource person from the organization.
- Give the exact meeting place at the organization.
- Ask the participants and their companion, if there is one, to arrive 10 minutes early.
- Ask them to prepare any questions they may have for the contact person in advance.
- Provide the list of things to bring (e.g., shoes, snack, pen or pencil).
- Remind the participants that these visits are a good opportunity to discover new things and to make the most of the resources on offer.

Participants who may need more support and guidance could participate in a visit later on in the program if they wish. They could benefit and prepare by hearing about the experiences of their peers and by taking part in activities offered in the group, such as role-playing. The group leader could initiate discussions on different topics such as:

- ▶ How to introduce oneself to a member of staff at the organization during the visit;
- ▶ What to do if... (I miss the bus, there's a snowstorm...).

The visits

Even if the visits are done individually or in small groups, it is important that each one benefits the entire group in some way. The members who do the visit will be asked to explain their process and experience to the others (e.g., what modes of transportation did they consider? What did they do to remind themselves about the date of the visit?). Before the visit, participants should find out about the organization and prepare any questions they may have for the contact person.

Reviewing the visits

At the next scheduled workshop session, the group leader should review what took place during the visits. The participants can share their impressions on aspects such as the ambiance at the organization, the programs on offer, and the people they met (see *Participants' feedback on the visit* in the annex).

Once the visits have all been completed, the group can write up a report on the activities offered and aspects of the visits that the participants appreciated. This is a good way to find out whether the participants would be interested in engaging in such community activities in the future. While doing this, the group leader can focus on what motivates participants to continue to use these community resources. The report can also cover the process, i.e., participants' opinion on how the visits were organized, the allocation of tasks, and their personal accomplishments.

At the end of the program, it is recommended that group leaders ask the organizations for feedback on the visits. To reinforce collaboration, the group members could send a thank-you card to them as well.

ENCOURAGING EMPOWERMENT

This part of the *Count Me In!* program is based on the concept of empowerment. The program aims to equip participants with strategies that they can use for other activities involving social participation occasions (e.g., planning the steps, organizing their trip, asking for information). A common empowerment strategy is to encourage the involvement of each group member, according to their interests, their initiative, their organizational abilities and their ability to take on responsibilities. It encourages the voluntary involvement of everyone while they move at their own pace.

It is important that the group leader use methods that allow the group and each individual to advance. Group leadership can be adjusted in the three areas involved in planning a visit (decision-making, instrumental considerations, process) (Figure 7). The group leader can decide whether to do things for or with the group, to do things partially, or to let the group members do things for themselves. Some other examples of strategies that may help the decision-making process are presented in Part 4 (Media capsules).

Even in a group that requires more support, there may be members who would be able to take a more active role in the process and to take on more responsibility. The leader can guide them in a gradual way to take on these tasks and get more involved.

Figure 7 – Favouring empowerment by adapting group leadership

	To do FOR	To do WITH	To do PARTIALLY	To do THEMSELVES
DECISION-MAKING	Take all the factors into account and make the decisions. Afterwards, ask the participants for feedback.	Explain all the factors or help the group to identify them and then guide them in the decision-making process.	Explain all the steps and ask them to make all the decisions.	Ask the group to identify all the factors and to develop and put the process in place.
INSTRUMENTAL	All the required tools and materials are presented to the group.	The participants assist in the preparation of the tools and materials.	The group identifies and prepares most of the material.	The group does all the identification and preparation of the tools and materials required.
PROCESS	The leader completes all the steps and then asks the participants what they think.	The leader presents the steps and asks for collaboration from the participants.	The leader helps the participants to identify the steps and asks them to share the tasks.	The leader asks the group to identify the process and to decide how the tasks will be shared.

REFERENCE

Djoukhadjian, A. (2016). *Les personnes âgées vivant des difficultés psychosociales : quels sont les facteurs qui facilitent leur participation aux activités et ressources de la communauté?* Rapport de stage pour la maîtrise en santé communautaire, Montréal : École de santé publique de l'Université de Montréal. (Unpublished)



ANNEX

Participant's checklist for the visits

Steps and activities	Comments
Verify the interests and needs of the participants	
Explore the interests and needs of the participants	
Identify potential organizations	
Use directories and the Internet to locate organizations	
Complete the <i>List of potential organizations</i> (optional)	
Gather information on organizations (e.g., programs)	
Choose the organizations to visit	
Select a few organizations and identify who will go	
Make the arrangements with the organization	
Communicate with those responsible for the organizations selected to organize the visit (e.g., date, planned activities)	
Confirm the visits with the resource person and send them an information pamphlet on <i>Count Me In!</i>	
Organize the practical aspects	
Choose the means of transport	
If necessary, make arrangements for the accompaniers	
Prepare the <i>Memory aid for the participants' visits</i> sheet	
Carry out the visits	
Completing a visit	
Completing a visit	
Follow-up on the visits	
Ask the participants to share with the group how their visits went	
Do another follow-up with the participants at the end of the program	
Contact the organization resource person to get their feedback on the visit	
Send a thank you card to the organization at the end of the program	

List of potential organizations

Name of organization Resource person	Contact info	Type of activities	Group's opinion of the resource
		<ul style="list-style-type: none"> • Cultural activities • Physical activities • Intergenerational activities • Social activities • Helping services • Intellectual hobbies • Other: 	
		<ul style="list-style-type: none"> • Cultural activities • Physical activities • Intergenerational activities • Social activities • Helping services • Intellectual hobbies • Other: 	
		<ul style="list-style-type: none"> • Cultural activities • Physical activities • Intergenerational activities • Social activities • Helping services • Intellectual hobbies • Other: 	
		<ul style="list-style-type: none"> • Cultural activities • Physical activities • Intergenerational activities • Social activities • Helping services • Intellectual hobbies • Other: 	

List of organizations

Name of organization Resource person	Contact info	Type of activities	Group's opinion of the resource
		<ul style="list-style-type: none"> • Cultural activities • Physical activities • Intergenerational activities • Social activities • Helping services • Intellectual hobbies • Other: 	
		<ul style="list-style-type: none"> • Cultural activities • Physical activities • Intergenerational activities • Social activities • Helping services • Intellectual hobbies • Other: 	
		<ul style="list-style-type: none"> • Cultural activities • Physical activities • Intergenerational activities • Social activities • Helping services • Intellectual hobbies • Other: 	

Count Me In!

Visit confirmation example

Dear Ms. Sanchez,

On behalf of the **Count Me In!** program participants, I'd like to thank you for agreeing to organize a visit to your recreation club. As we explained, the purpose of the visit is to allow people who take part in few community activities to become familiar with your services.

The visit will take place June 6th from 11:30 AM to 2:00 PM. As agreed, a volunteer at your club, Ms. Sylvia Frank, will welcome the participants and will be the resource person during the visit.

The participants are very pleased with your proposal for the activity. To confirm the order of the day:

- 11:30 Arrival of the participants
- 11:45 Tour of the facility with Sylvia Frank
- 12:00 Community lunch
- 1:00 Meeting with Sylvia Frank on the regular programming of the club
- 2:00 Departure of the participants

You will receive three visitors, namely:

- John Tremblay, participant in the **Count Me In!** group
- Nadia Drake, participant in the **Count Me In!** group
- Gloria Grant, volunteer

To share the responsibilities, it is agreed that our group participants will organize their transport and the welcome and activity will be the responsibility of your organization.

On the day of the visit you may contact me at this number 545-454-4545.

Once again, I thank you for your collaboration.

Count Me In!
**Memory aid for the participant's
visit to the organisation**

Date of the visit:	
Organization:	
Website:	
Name of contact person:	
Address:	Telephone: Email:
Transportation needs:	
Activities planned:	
What to bring:	

Count Me In!

Participant's feedback on the visit

Organization: _____ Date of the visit: _____

What I did:
What I think of the physical space:
What I think of the people I met:
What I think of the activities:
Overall, what I think of the organization:
This organization is for which type of person?
How interested I am in returning to this organization in the coming weeks?

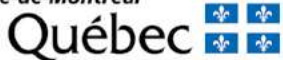


**COUNT
ME IN!**

Media capsules

Part 4

Centre intégré
universitaire de santé
et de services sociaux
du Centre-Ouest-
de-l'Île-de-Montréal



*Integrated Health
and Social Services
University Network
for West-Central Montreal*



Bell
Let's Talk

équipe
VIES

vieillissements
exclusions sociales
solidarités




Center for Research and Expertise
in Social Gerontology

Legal deposit

ISBN 978-2-922582-62-8

Published by:

The Centre for Research and Expertise in Social Gerontology (CREGÉS)
of the CIUSSS West-Central Montreal



CONTENTS OF PART 4 – MEDIA CAPSULES

- 5** | The media capsules
- 7** | Using the media to raise awareness
- 9** | Operational aspects
- 12** | Making group decisions
- 12** | Ethics and confidentiality
- 13** | REFERENCES
- 14** | ANNEX

PROGRAM OVERVIEW

The aim of *Count Me In!* is to promote the community participation of seniors who have psychosocial problems and who may or may not have been diagnosed with a mental illness. The program is divided into four parts which together make up the workshop manual (Figure 1).

Part 4 consists of a group activity that takes place during the workshop. The participants select meaningful quotes from their discussions. These quotes will be publicized as printed or electronic capsules in a community journal or at an organization. The layouts and suggestions for the steps to take are offered in the manual.

Figure 1 – The *Count Me In!* program manual

Introduction to the manual

This section presents the program objectives, the theoretical model and recommendations for setting up the program (e.g., target population, group facilitation).

Part 1 – Individual interviews

The interviews, done before the workshops begin, help the participants identify their interests and select a personal objective for community participation.

Part 2 – Workshops

The workshop itself consists of a series of eight sessions, ranging from 90 to 120 minutes, on topics related to community participation, mental health and aging. A variety of interactive and reflective activities are also included.

Part 3 – Visits to organizations

One of the program objectives is to encourage the use of community resources. Participants are provided information about this and visits to organizations are arranged with them.

Part 4 – Media capsules

During this group activity, participants choose the messages that will be published in the organization's newsletter or within the community.

THE MEDIA CAPSULES

The *Count Me In!* Program proposes the development of media capsules as a group activity. This activity consists of publishing a series of messages inspired by participants' reflections on topics discussed during the workshop, notably, community participation, aging and mental health. These messages, in the form of short sentences (e.g., anecdotes, comments), can be written on the layouts provided in this manual and then publicized online or in print media. All of the sessions in Part 2 focus on the production of a short capsule linked to a specific theme. The group leader can use these capsules to conclude each session with an open question: what is today's take-home message? The sentence or anecdote developed by the group can be put in the weekly capsule.

This activity has several objectives (Figure 2) linked to participants' personal abilities and their social environment. The production of the capsules is also an opportunity to highlight their expertise and their own experiences. They may find it rewarding to have the chance to talk about things that concern them and to use communication strategies to promote a cause: that of changing social beliefs.

Figure 2 – Objectives of the media capsules

- To reinforce participants' social and psycho-cognitive abilities (e.g., communication, decision-making) while doing a group project.
- To offer to those likely to experience social exclusion the chance to have their voices heard about the challenges they face.
- To make different community actors aware of community participation, aging and mental health.

Where and when to publish?

Using various media allows for the circulation and communication of many things: documents and recorded audio and visual messages. The layouts proposed in the manual work well with several kinds of print media (e.g., bulletin board poster, printed flyer, a notice in a local newspaper) and electronic media (Internet) available to the program leaders.

The quotations could be simply written on a piece of cardboard with some eye-catching visuals and posted in a public area at the organization. Other more interactive kinds of communication include a presentation, a Facebook page or even a blog. Written messages can also be replaced by video clips in which participants answer questions in front of a camera. The group leader should be sure that publication waivers are signed by the participants (annex).

It would also be a good idea to have the launch of the media capsules coincide with a day or week dedicated to mental health issues (e.g., World Mental Health Day), and to announce the launch ahead of time to raise interest (see Figure 3).

Figure 3 – Objectives of the media capsules

World Communications Day: January 26th
Psychology Month (Canada): February
World Day of Social Justice: February 20th
International Day of Happiness: March 20th
World Health Day: April 7th
World Day of Mobility and Accessibility: April 30th
Mental Health Week (Canada): May 1st
Quebec Seniors Week: end of May
World Population Day: July 11th
International Day of Friendship: July 30th
International Day of Older Persons: October 1st
Mental Health Awareness Week (Canada): 1st full week of October
World Mental Health Day: October 10th
World Kindness Day: November 13th
International Day for Tolerance: November 16th
International Human Solidarity Day: December 20th

The capsules can be publicized as they are produced, according to the deadlines of the selected media. In this way, the group can see the results of their process and benefit from the reactions of the audience throughout the program. Alternatively, all the capsules can be published at once at the end of the program.

Adapting this part of the program

The group leader can adapt this activity according to the group's needs, available media, and any other practical considerations. The group leader's involvement can also be adjusted, depending on how much the participants can take on for themselves. It is possible that the leader may have to lead all the steps (see below). The leader must be prepared for many different scenarios. The section *Making Group Decisions* shows some ways to adapt the decision-making process.

USING THE MEDIA TO RAISE AWARENESS

The media and mental health

Studies have shown that, in general, encouraging positive personal interaction between someone who has revealed they have a mental health problem and someone from the general public can reduce stigma, particularly in the area of behaviour change (Corrigan and Matthews, 2003). The media capsules provide an opportunity for people in organizations and the community to learn about the experiences and the worries of seniors who have psychosocial problems.

Today, the media plays an important role in the way the general population perceives topics such as mental health and aging. It seems that the population relies on popular media as the main source of information on mental illness (Provincial group on stigmatisation and discrimination in mental health, 2014). Media coverage of mental health questions does not always take into account the diverse reality of mental illness (Mental Health Commission of Canada, 2013). In fact, it seems that mental health problems are as often associated with negative themes like danger, violence and criminality as with positive themes like treatment and rehabilitation (Whitley and Berry, 2013).

Some communication principles

Different types of media are useful for making people aware of various social issues. Although the platforms selected for the capsules may not reach a wide audience, they should nonetheless help people understand the program participants' experiences. Building on authenticity rather than sensationalism can raise awareness. Figure 4 illustrates some recommendations inspired by the Canadian Council on Social Determinants of Health (2013) for using various types of media to raise awareness.

Figure 4 – Simplified communication principles

<i>PRINCIPLE</i>	<i>APPLICATION IN THE PROGRAM</i>
Prime your audience	Announce the capsules a little bit before publishing them to pique the interest of the target audience. Start each capsule with an introductory sentence to put it into context.
Adapt the message to the target audience	Target the audience, for example, “As a practitioner, these capsules can help you understand the lived experience of...”
Use simple language	Use simple expressions, for example: “Some people may find it difficult to participate in activities in their community.”
Address the themes in a concrete way	Use participants’ experiences and anecdotes related to the different themes.
Challenge fixed ideas	Challenge common beliefs by sharing anecdotes, for example, a story about a person with a mental health problem who has held a management position.
Use an inclusive language	Use “we”, for example: “As we age, we must adapt to many changes ...”
Use catchy messages	Tell their experiences and stories in their own words. Be creative with metaphors and rhymes!
Be brief, present one idea at a time	Make sure that the message conforms completely to the theme and that the messages are not redundant.
Pique listeners’ interest	Address universal messages such as our need for pleasant social interactions as we age.
Avoid increasing distance between groups	Instead of making the audience feel guilty, propose possible solutions and ways to break down barriers.

OPERATIONAL ASPECTS

Developing the media capsules is a group project that requires some planning. The main steps are outlined in Figure 5.

Identify the target audience

The purpose of the media capsules is to raise public awareness around the experiences of older people who have psychosocial difficulties. The first question to ask is: “To whom do we want to send this message?” Several audiences are possible, for instance: health and social service practitioners, members of a community organization, neighbourhood residents, or the general public. The messages should be tailored to their profile (literacy, connection to the target population of the program, etc.).

Choose the media

Once the target audience is identified, the group leader should decide on the appropriate types of media to be used. A list of several communication means is available in the annex. If several options are available and time permits, the group leader can submit these ideas at the first workshop session so that the media can be chosen together. A combination of several means of communication can be selected, such as an internet site, or posters on a bulletin board. The details for the publications will then be finalized with the person responsible for that particular media.

Announce the capsule series

Once the group has agreed on how to publicize the capsules, the group leader can reach out to the target audience. He or she should aim to reach as many people as possible who may be interested (e.g., via a poster on a bulletin board, a message in a newsletter, a presentation at a meeting, a group email).

Planning the activity with the participants

At the start of the workshop, the group leader should tell the participants about the media capsules by using the example of a capsule (in the annex) to outline the main steps. If necessary, the steps can be written on a large sheet of paper and attached to the wall to keep the participants focused throughout the process. The tasks can be shared among all group members.

To ensure the confidence and trust of the participants as well for ethical reasons, it is recommended that everyone sign a publication waiver that allows for the dissemination of the extracts of the discussions that take place during the workshop. The waiver can be signed during the individual interview or at the beginning of the workshop. An example of the waiver can be found in the annex.

Figure 5 – Steps for creating the media capsules



Taking note of participants' reflections

During each workshop session, take note of interesting comments and questions that arise. The group leader could use the flip chart or the *Quotation journal* found in the workshop materials section of each session. Any interested participants could also help with the journal and the group leader should put aside the time to meet with them before or after the session to compare notes.

At the end of each session, the *Closing remarks* activity provides the opportunity to go back to the quotations and validate them with the participants. This is described in more detail in Part 2 of the workshop manual.

Creating the capsule

Some of the notes in the *Quotation journal* can be transcribed to the *Layout for the media capsules* (annex). The first capsule could be prepared by the group leader and shown to the participants for their opinion. Subsequent capsules can be gradually turned over to the group for decision-making and preparation. Progressively, in this way the group can take on more responsibility when it comes to deciding on the texts. A sheet entitled *Making Group Decisions* at the end of this section offers some suggestions for this.

It is important that the participants are all in agreement about the contents of the capsule before it is published. The group leader should verify that the contents reflect the discussions and that all the group members approve.

Publish the capsule

Once the capsules have been approved by the group they can be sent to the selected media either in electronic or printed format. To make sure that it is understood and accepted by the target audience, the first capsule should include a short text that describes the project.

Review with the participants

Ideally, the capsules should be reviewed with the group members on a regular basis. If the capsules are distributed during the workshop process, it is a good idea to give the participants feedback by asking some of the target audience to make comments. If the capsules were published electronically, they could be told how many people have looked at the capsule. Other strategies can be used, such as adding a “like” or “share” button to the message, and inviting people to make comments.

MAKING GROUP DECISIONS

As a group activity, producing the media capsules can also serve as a useful way for developing competence in other areas such as communication, decision-making and cooperation. Group decision-making is a complex social and cognitive task. The group leader should take advantage of all opportunities that present themselves for the group to make decisions in the most inclusive way. Figure 6 illustrates a possible group decision-making process.

Figure 6 – Objectives of the media capsules

1. The group leader presents a draft of the capsule and asks for the participants' reaction.
2. The group leader presents two options for the capsules and asks the participants to vote on the one they prefer.
3. The group leader asks the group to give their suggestions regarding quotations to use for the capsule.
4. The group leader writes the selected quotes on the board and asks the group to reach a consensus for the final version.

Voting on the capsule text allows for quick decision-making following the presentation of all the options. Consensus is reached when everyone is in agreement, even if it is not everyone's first choice. Consensus should not be confused with unanimity, which means that everyone is on the same page. Consensus requires discussion, an exchange of ideas, and negotiation among all the members. The group leader can accompany the group members in this process by highlighting all the diverse points of view and making sure everyone has the chance to express their opinions during the discussions.

ETHICS AND CONFIDENTIALITY

The ideas and anecdotes that have been shared by the participants will eventually be published in the media capsules. Some measures should be taken to respect the confidentiality of the information and the trust of the participants:

- ▶ Explain the activity well to the group;
- ▶ Have participants sign the publication waiver during the first interview or workshop session (see *Publication Waiver* in the annex);
- ▶ Be sure to not publish any information that would allow someone to be identified;
- ▶ Be sure to obtain the agreement of all the participants about anything that will be published.

REFERENCES

Conseil canadien sur les déterminants sociaux de la santé (2013). *Communiquer les déterminants sociaux de la santé. Guide pour la création de messages*. Ottawa : auteur, 23 p.

Commission de la santé mentale du Canada. (2013). *Changer les mentalités, rapport provisoire*. Calgary: auteur, 56 p.

Corrigan, P.W. et Matthews, A.K. (2003). Stigma and disclosure: Implications for coming out of the closet. *Journal of Mental Health*, 12(3), 235-248.

Daghofer D. (2013). *Communicating the social determinants of health—Scoping paper*. Ottawa : Association canadienne de santé publique.

Groupe provincial sur la stigmatisation et la santé mentale. (2014). *La lutte contre la stigmatisation et la discrimination associés aux problèmes de santé mentale – Cadre de référence*. Montréal : Association québécoise pour la réadaptation psychosociale.

Organization mondiale de la santé. (2013). Santé mentale et vieillissement. *Aide-mémoire no. 381* : Septembre 2013, 13 p.

Whitley, R. et Berry, S. (2013). Trends in newspaper coverage in mental illness in Canada: 2005-2010. *Canadian Journal of Psychiatry*, 58(2), 107-112



ANNEX

Principal media to consider

Printed	<ul style="list-style-type: none"> <input type="checkbox"/> Internal newsletter of an organization <input type="checkbox"/> An organization's or association's publication <input type="checkbox"/> Neighbourhood newspaper <input type="checkbox"/> Printed sheet distributed in public places <input type="checkbox"/> Notices on bulletin boards (e.g., library, waiting rooms, partner organizations)
Electronic	<ul style="list-style-type: none"> <input type="checkbox"/> Intranet of an establishment <input type="checkbox"/> Website <input type="checkbox"/> Electronic newsletter sent to partners (eg., newsletter of a community collective group) <input type="checkbox"/> A group email
Interactive	<ul style="list-style-type: none"> <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Blog: a website for the occasional publication of short articles on a given subject. Like a journal, the entries are dated and signed.
Other	<ul style="list-style-type: none"> <input type="checkbox"/> An exhibition event <input type="checkbox"/> Powerpoint presentation to workers <input type="checkbox"/> _____

Count Me In!

Publication Waiver

Name: _____

I consent to the publication of the texts chosen by the *Count Me In!* participants. The excerpts may be published electronically or by any other media selected. The texts originate from the discussions that took place during the group workshop.

I understand that my name or any other personal information will not be revealed. The media and publications will receive no information that will allow me to be identified.

Signature

Date

Group leader

Date

COUNT ME IN!

2018 © CIUSSS West-Central Montreal

Centre intégré
universitaire de santé
et de services sociaux
du Centre-Ouest-
de-l'Île-de-Montréal

Québec 

Integrated Health
and Social Services
University Network
for West-Central Montreal



Bell
Let's Talk

équipe
VIES

vieillissements
exclusions sociales
solidarités



Center for Research and Expertise
in Social Gerontology