Homebridge Training
for IHSS Independent Providers
HOMEBRIDGE TRAINING PROGRAM

Our training program is one of the most advanced in our field in the United States. We understand that adults have different educational needs than those of traditional students.

We use an adult-centered learning model in all of our training programs, focusing on the learner as an active participant in the learning process. Trainings are provided by experienced instructor, using competency-based materials, and in our state-of-the-art training facilities.

Homebridge is committed to providing accessible, high quality training, education, and resources for San Francisco IHSS providers who support older adults and people with disabilities to live independently at home and in the community.

ABOUT HOMEBRIDGE

Founded in 1985, Homebridge provides innovative at home and community based care for those with complex health, behavioral, and social needs. We tailor care to the personal and frequently intensive needs of our clients to address the service delivery gap between health care and social services.
SUGGESTED PRACTICES:

• In this training Homebridge presents, “Best Practices”, the care provider may choose to use with a client.
• These approaches should be considered as suggestions, and not a, “must do”
• Ultimately, it is the clients’ preference how their care is provided.
• Care providers are encouraged to individualize the approach to care training.

THE INFORMATION IN THIS BOOKLET IS CONSIDERED BEST PRACTICES RELATED TO:

  Mood: Depression
  Memory: Dementia
  Mobility: Falls and Fall prevention
FALLS AND FALL PREVENTION

Preventing falls for elders is important because:

- One out of three older adults experience a fall each year in the U.S.
- Every 18 seconds, an elder is treated in the emergency room for a fall.
- Every 35 seconds, an elder dies as a result of injuries from falling.
- Nearly 60 percent of fatal falls happen at home.
- More serious injuries increase with age—adults 85 or older who fall are 4 to 5 times more likely to be injured than people age 65-74.
- Falls can have serious consequences to the health of the older adult.


Risk factors for falls; typically, multi-factoral:

- Muscle Weakness – especially in the legs.
- Unsafe environment (home and outside of home).
- Transition time (unfamiliar environment, changes to physical function as result of hospitalization).
- Impaired physical mobility from acute or chronic medical conditions.
- Medications (side effects, inappropriate drug, drug-drug interaction, drug-substance interaction, etc.) and substances (such as alcohol).
- Fear of falling.
- Prior fall history (often a screening question from healthcare
evaluation; a good predictor for future falls).

- Poor vision.
- Inappropriate footwear (e.g. slipper, flip flops, leather sole, etc.).
- Cognitive impairment.

**Strategies a provider can offer to prevent falls:**

- If client has walking assistive device, encourage them to use the device (cane, walker, etc.).
- When out in the community pay attention to:
  - Uneven surfaces
  - Pedestrians
  - Scooters
  - Cars
  - Moving from bright to dark areas or vice versa
- Ask the client what you can do to help them prevent falls.
- Use communication skills—asking open-ended questions and listening to better understand the client’s point of view about their risk of falling.

**Suggestions a provider can offer to prevent falls:**

- **Muscle weakness, balance and gait problems—especially in the legs**
  
  Encourage the client to stay physically active by beginning or maintaining regular exercise program
  
  Walking
  
  Chair exercise
  
  Swimming
  
  Dancing, etc.
Assist client with prescribed exercises

Assist with transferring, standing, etc.

Observe and report signs of increasing weakness.

Remind client to use assistive devices, such as cane or walker, and ensure safe use of devices (if needed).

Observe and report signs of balance or gait problems.

- **Vision problems**
  
  Increase lighting in rooms; use night lights.
  
  If client wears glasses, remind him or her to use them and to keep them clean.
  
  Encourage client to wear sunglasses outside.
  
  Allow time for the client’s eyes (or glasses) to adjust to the change in brightness when going outside or when going back inside.
  
  Observe and report problems with seeing or hearing.

- **Dizziness - drop in blood pressure after standing up**
  
  Encourage client to get up slowly after sitting or lying down.
  
  Go slowly during transfers; wait to ensure client is not dizzy.
  
  Encourage client to drink plenty of water.
  
  Check client’s blood pressure.
  
  Observe and report signs of dizziness.

- **Foot problems—pain, numbness, or wearing unsafe footwear**
  
  Assist client to keep feet clean and dry.
  
  Ensure that client wears shoes with a low, sturdy heel, and non-slip soles.
  
  Encourage client to wear shoes inside as well as outside the house.
Observe and report corns, calluses, numbness, or pain in client’s feet.

- **Unsafe Environments**
  - Identify tripping hazards at home
  - Throw rugs
  - Clutters
  - Pets
  - Pay attention to the outside environment
  - Uneven surfaces and curbs
  - Other pedestrians
  - Vehicles such as bikes, scooters, and cars

- **Medication and Substances**
  - Encourage client to review medications with health care providers
  - Encourage client to review substances, such as alcohol, over the counter medications, or substances, with the health care providers

**Suggestions for communicating with the client regarding falls:**

Strategies for care provider to ask questions or start a conversation.

Example: “I’ve noticed that ...”

“I have noticed (observation) that you hold on to the furniture when you walk”.

This provides a statement that is more neutral and less judgmental.
Also, ask “Open-ended Questions”.

“Why do you like to hold on to the furniture when you walk?”
“What do you think would happen if you fell?”
“How do you feel when you use your walker?”

Suggestions on what to do when a client falls:

• Do not attempt to pick up the client.
• Evaluate the client for injuries. Look the client over from head to toe. Are any bones out of place? Is the client bleeding? Ask the client, “Are you in any pain”?
• If client is injured call 911.
• If client is not injured ask them if you can call the fire department non-emergency number for assistance.
• If the client hit their head, they should be encouraged to see their physician.
• Find out from the client if he/she wants to have the primary care doctor, social worker, and/or case manager informed about the fall.
**Facts about depression:**

- Not a normal consequence of aging
- Depression can present differently in older adults
- Lack of sadness or low mood
- Poor motivation and/or lack of interest engagement
- More preoccupations on bodily symptoms

**Depression is commonly seen in those with:**

- Stroke.
- Diabetes.
- Heart failure.
- Ischemic heart disease.
- Cancer.
- Parkinson’s disease.
- Alzheimer’s Dementia (20-50%).

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**Symptoms of depression:**

Not everyone who has depression will have all the symptoms and signs. A physician can help with the diagnosis of depression. People who have depression may have:

- Sadness, depressed mood, hopelessness
- Loss of interests or pleasures in doing things
- Changes in appetite- loss of appetite or eating too much
• Sleep problems- not able to sleep, or sleeping too much
• Low energy
• Lack of concentration
• Feeling guilty
• Feeling that one is moving/speaking too slowly that other people would have noticed, or the opposite- feeling that one is moving/speaking too fast that other people would have noticed
• Suicidal ideation

Risk Factors
   Isolation
   Widowed, divorced, or separated
   Uncontrolled pain
   Many medical conditions

Impact
   Higher risk of alcohol and illicit drug use
   Memory changes
   Suicide
   Death

Suggestions on what to do if the client is depressed:

• Contact client's primary care provider
• Client’s primary contact person.
• Connect clients to community resources*
• Call 911 in the event of emergency, especially if you have concern for the client’s safety

* See page 27 for resources
Things to consider:

- Take care of your own emotions.
- Be present.
- Ask about the mood.
- Acknowledge the mood.
- Encourage positive thinking.
- Encourage interactions and activities.
- Encourage attainable goal-setting for problem solving.
- Ask for permission and involve families and caregivers.
- Ask for permission and involve patients’ healthcare providers.

Other considerations:

- Not all older adults are depressed.
- Pay attention for the symptoms and signs of depression.
- Pay attention if the client talks about feelings of suicide.
- Not all older adults will become suicidal when asked about suicidality.

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DEMENTIA

- Dementia is not a normal part of aging.
- Dementia is a brain disorder that affects learning and memory, executive function, attention, perceptual-motor function, language, and social cognition.
- There are many different types of dementia, which is an umbrella term.
  - Alzheimer’s disease – most common.
  - Vascular dementia – second most common.
  - Lewy Body dementia.
  - Parkinson’s Disease with dementia.

Other types of dementia:

- Substance abuse or alcohol related dementia, infection, etc.
- Some clients may have mixed dementia, for example, both Alzheimer’s disease and vascular dementia.

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Dementia: How it affects brain function:

- Difficulty remembering recent events (early stage).
- Difficulty remember distant past (late stage).
- Disorientation
- Disorganized thinking.
- Loss of language.
- Incorrect use of words.
- Poor judgment.
- Poor safety awareness.
• Loss of ability to manage the instrumental activities of daily living such as cooking, shopping, cleaning, managing finance,
• Loss of ability to managing the basic activities of daily living (transferring, dressing, grooming, showering/bathing, toileting, eating).

**How dementia affects the family:**

• Families are playing the role of a caregiver without any training, resulting in a cause of stress for the family member.
• Changes to the client can be devastating to the family. The person they knew as their loved one is changing into someone different.
• The client is frightened, frustrated and confused by what dementia is doing to them. Caregivers need to be aware and sensitive to this scenario.
• Dementia can affect the financial stability of the person and their families, contribute to strained relationship, and has potential of leading to elder mistreatment/neglect.
• Dementia will affect the person’s ability to make decisions for him/herself in the future.

**Caregiving techniques for the client with dementia:**

**Reality Orientation**

Is for clients who are in early stages of dementia.
This involves giving reminders about time, place, and people, in the here-and-now.
TIP: If the client does not remember eating lunch, show them the dirty dishes and empty packaging.

**Validation Therapy**

Is for clients with more advanced dementia.
It involves accepting whatever they are experiencing, without trying to orient them to reality.

TIP: If the client says they have already taken a shower agree with them. (You can try giving the shower later).

Redirection

Helping the client to focus on something other than whatever is confusing and upsetting them.

TIP: The client is wandering around the home looking for something and is becoming upset. Put on their favorite movie and direct their attention to the television.

From the PHInational - Paraprofessional Healthcare Institute Inc.

Communication strategies:

- Use a gentle tone of voice.
- Use a gentle physical touch to help convey your message.
- Make sure you have client undivided attention: turn off the TV or radio.
- Ask simple questions (yes-no question or multiple-choice question limiting to no more than 2-3 options) “Would you like to wear your white shirt or your blue shirt?” Better still, offer choices—visual prompts and cues also help clarify your question that guide a response. Do not give more than 2-3 options.
- If the person has difficulty answering multiple choice questions, use yes-no questions
- Listen with your ears, eyes, and heart. Always strive to listen for the meaning and feelings that underlie the words.
- Give clear directions. Use simple words and sentences, speak slowly. If the client doesn’t understand the first time, use the same wording to repeat your message or instructions.
• Respond with affection. Empathize with the client (put yourself in their shoes).
• Remember the good old days. Listen to their stories graciously and acknowledge their good memories.
• Keep a good sense of humor. Many people have intact social skills, and people love humor.

Family Caregiver Alliance: https://www.caregiver.org/caregivers-guide-understanding-dementia-behaviors

Take home points for falls:

• Falls have serious consequences to the health of older adults
• Falls can be preventable with different strategies
• If a client falls, do the following
• Evaluate the client for injuries. Look the client over from head to toe. Are any bones out of place? Is the client bleeding? Ask the client, “Are you in any pain”?
• If client is injured call 911.
If client is not injured ask them if you can call the fire department non-emergency number for assistance. If the client hit their head, they should be encouraged to see their physician.

Take home points for depression:

• Depression is very common in older adults.
• Depression is under-treated.
• Suicidality is a medical emergency
• There are many resources in San Francisco that will allow you to help someone with depression and suicide.
Take home points for dementia:

- Common, but not a part of normal aging
- There are many different types of dementia
- Dementia affects the brain functions which are observable
- Communication and non-medication techniques are effective when working with older adults with dementia
- You are an important member of the care team for the older adults who have dementia.
Homebridge’s training program provides accessible, high-quality training, education and resources for personal care providers and family members who support the elderly and people with disabilities to live independently at home and in the community.

Our training program is one of the most advanced in the United States. We understand that adults have different educational needs than those of traditional students. We use an adult-centered learning model in all of our training programs, focusing on the learner as an active participant in the learning process. Trainings are provided by experienced instructor, using competency-based materials, and in our state-of-the-art training facilities.

Contact Homebridge:

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San Francisco, CA 94103
Telephone: 415-255-2079
info@homebridgeca.org
www.homebridgeca.org

Resources:

- Suicide Prevention Crisis Line (24 hour)
  415-781-0500
  Text line- text MYLIFE to 741741
  TTY (deaf): 415-227-0245

- Spanish Crisis Line
  800-303-7432
• LGBT Crisis Line
  415-781-0500

• San Francisco County Behavioral Health ACCESS
  415-255-3737; 888-246-3333

• Mental Health Association of San Francisco
  www.mentalhealthsf.org

• Alzheimer’s Association
  The Alzheimer's Association is the world’s leading voluntary health organization in Alzheimer’s care, support and research. http://www.alz.org/index.asp

• Family Caregiver Alliance National Center on Caregiving
  The first community-based nonprofit organization to address the needs of families and friends providing long term care for loved ones at home. This link is the caregiver’s guide to understand dementia behaviors.
  https://www.caregiver.org/caregivers-guide-understanding-dementia-behaviors

• Lewy Body Dementia Association Inc.
  This website will take you to pages that will increase your knowledge of LBD, the symptoms and diagnosis, as well as provide you with educational publications.
  http://www.lbda.org

• Naomi Feil – Validation
  Naomi Feil, M.S.W., A.C.S.W., is the developer of Validation. Validation is a tested method of communication with elderly disoriented people that helps reduces stress and enhance dignity and happiness. It is accepting the feelings of another person and reaching out to them with empathy.
  https://vfvalidation.org/
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