

DOCUMENT RESUME

ED 273 816

CE 045 034

AUTHOR Harvey, Dexter; Cap, Orest
TITLE Confusion and the Older Adult. Module A-8. Block A. Basic Knowledge of the Aging Process.
INSTITUTION Manitoba Univ., Winnipeg. Faculty of Education.
SPONS AGENCY Department of National Health and Welfare, Ottawa (Ontario).
PUB DATE 86
GRANT 6553-2-45
NOTE 25p.; For related documents, see CE 045 027-037.
AVAILABLE FROM Faculty of Education, University of Manitoba, Winnipeg, Manitoba, Canada R3T 2N2.
PUB TYPE Guides - Classroom Use - Materials (For Learner) (051)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adult Programs; *Aging (Individuals); Behavioral Objectives; Gerontology; *Human Services; Learning Modules; *Mental Disorders; *Older Adults; *Service Occupations; Social Services; *Staff Development
IDENTIFIERS *Confusion

ABSTRACT

This instructional module on confusion and the older adult is one in a block of 10 modules designed to provide the human services worker who works with older adults with basic information regarding the aging process. An introduction provides an overview of the module content. A listing of general objectives follows. Three sections present informative material on each of the three objectives. Topics are the meaning and signs of confusion, causes of confusion, and understanding the need for a proper assessment of individuals displaying signs of confusion and relating to the confused older adult (trust and respect, communication, familiarity with environment, sensory deficits, and companionship). Other contents include a summary and listings of selected readings. (YLB)

 * Reproductions supplied by EDRS are the best that can be made *
 * from the original document. *

LOOK A

Essential Knowledge of the Aging Process

MODULE A-8

Confusion and the Older Adult

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

- This document has been reproduced as received from the person or organization originating it.
- Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

Stawley
Ochp

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)."

ELDERLY SERVICE WORKERS' TRAINING PROJECT

PROJECT PERSONNEL

DR. DEXTER HARVEY: PROJECT CO-DIRECTOR, PROFESSOR,
FACULTY OF EDUCATION, U OF M.

DR. OREST CAP: PROJECT CO-DIRECTOR, ASSOC. PROFESSOR,
FACULTY OF EDUCATION, U OF M.

MS. SHELLEY TURNBULL, PROJECT COORDINATOR

MR. IHOR CAP, TECHNICAL COORDINATOR

ADVISORY COMMITTEE

MS. DOROTHY CHRISTOPHERSON, CENTRE HOSPITALIER TACHE NURSING
CENTRE, STAFF DEVELOPMENT COORDINATOR

MR. HELMUT EPP, ADMINISTRATOR, BETHANIA MENNONITE PERSONAL CARE
HOME INC.

MS. DOROTHY HARDY, PERSONNEL SERVICES DIRECTOR, AGE AND
OPPORTUNITY CENTRE, INC.

MS. MARY HOLLAND, MEMBER AT LARGE

MR. JACK N. KISIL, ADMINISTRATOR, HOLY FAMILY NURSING HOME

MS. HEIDI KOOP, MEMBER AT LARGE

MS. GRACE LAZAR, DIRECTOR OF NURSING, THE MIDDLECHURCH HOME OF
WINNIPEG

MR. R.L. STEWART, EXECUTIVE DIRECTOR, AGE AND OPPORTUNITY
CENTRE INC.

MS. FLORA ZAHARIA, DIRECTOR, DEPARTMENT OF EDUCATION,
NATIVE EDUCATION BRANCH

FACULTY OF EDUCATION
UNIVERSITY OF MANITOBA
1986

FUNDING INFORMATION

PROJECT TITLE: ELDERLY SERVICE WORKERS' TRAINING PROJECT

PROJECT GRANT NUMBER: 6553-2-45

SOURCE OF CONTRACT: HEALTH AND WELFARE CANADA

CONTRACTOR: UNIVERSITY OF MANITOBA, FACULTY OF EDUCATION

DISCLAIMER: "THE VIEWS EXPRESSED HEREIN ARE SOLELY THOSE OF THE AUTHORS AND DO NOT NECESSARILY REPRESENT THE OFFICIAL POLICY OF THE DEPARTMENT OF NATIONAL HEALTH AND WELFARE."

CONFUSION AND THE OLDER ADULT
MODULE A.8

THE ELDERLY SERVICE WORKERS' TRAINING PROJECT
WISHES TO EXPRESS APPRECIATION OF THE FOLLOWING
INDIVIDUALS WHO HAVE CONTRIBUTED TO THE DEVELOPMENT OF
THE "CONFUSION AND THE OLDER ADULT" MODULE.

MS. MARION DEVLIN, CONTENT CONTRIBUTOR

MS. SHERRY EDWARDS, SCRIPT WRITER

MS. PATRICIA MURPHY, COVER DESIGN

MR. BRIAN PARKER, GRAPHIC ARTIST

TABLE OF CONTENTS

INTRODUCTION-----p.1	TH
GENERAL OBJECTIVES-----p.2	SM
THE MEANING AND SIGNS OF CONFUSION-----p.3	T
CAUSES OF CONFUSION-----p.6	
RELATING TO THE CONFUSED OLDER ADULT-----p.9	E
- TRUST AND RESPECT	-
- COMMUNICATION	JH
- FAMILIARITY TO ENVIRONMENT	YH
- SENSORY DEFICITS	ST
- COMPANIONSHIP	S
SUMMARY-----p.14	
APPENDIX-----p.15	C
SELECTED READINGS-----p.16	B
	F
	-
	/
	T
	I
	S
	R

INTRODUCTION

THE EARLY MORNING SUN FILTERS THROUGH THE BEDROOM CURTAINS. TOM, A RETIRED BUSINESSMAN WAKENS, LOOKS AROUND, AND IS PUZZLED. THE FURNITURE IS DIFFERENT; THERE IS NO CLOCK NEARBY; HE IS LOST. PANICKING, HE SCRAMBLES OUT OF BED AND HEADS FOR THE BATHROOM. HE OPENS THE DOOR AND STEPS INTO ---- THE CLOSET!

IS TOM CONFUSED? HE SEEMS LOST AND HE CAN'T FIND THE BATHROOM. NOTHING TO WORRY ABOUT - HE JUST FORGOT THAT HE HAD MOVED TO A NEW APARTMENT YESTERDAY.

IF IT IS ACCEPTABLE FOR TOM TO MISTAKENLY GO TO THE CLOSET INSTEAD OF THE BATHROOM, WHY IS IT NOT ACCEPTABLE FOR A CONFUSED OLDER ADULT TO DO THE SAME? TOM MAY BE TEASED BY HIS FRIENDS (IF HE ADMITS TO HIS ERROR). THE CONFUSED OLDER ADULT MAY NOT BE TREATED SO KINDLY.

AN OLDER ADULT SUFFERING FROM CONFUSION DISPLAYS INAPPROPRIATE BEHAVIOUR FOR HIS SURROUNDINGS. IT, HOWEVER, MAY OCCUR MORE OFTEN, LAST LONGER, AND INTERFERE WITH ACTIVITIES OF DAILY LIVING.

THIS MODULE IS DESIGNED TO HELP THE PERSON WORKING WITH OLDER ADULTS BECOME AWARE OF CONFUSION. IT EXPLAINS CAUSES AND SIGNS OF CONFUSION; MOST IMPORTANTLY, IT GIVES SUGGESTIONS FOR HELPING THE OLDER ADULT WHO IS EXPERIENCING CONFUSION.

GENERAL OBJECTIVES

UPON COMPLETION OF THIS MODULE, YOU WILL BE ABLE TO:

- (1) DEFINE THE MEANING OF CONFUSION AND BE AWARE OF THE SIGNS OF CONFUSION.
- (2) DESCRIBE CAUSES OF CONFUSION.
- (3) A. UNDERSTAND THE NEED FOR A PROPER ASSESSMENT OF INDIVIDUALS DISPLAYING SIGNS OF CONFUSION.
B. DESCRIBE WAYS OF RELATING TO THE CONFUSED OLDER ADULT.

THIS SECTION WILL PRESENT TO THE READER THE MEANING AND SIGNS OF CONFUSION.

THE MEANING AND SIGNS OF CONFUSION

UPON COMPLETION OF THIS SECTION, YOU WILL BE ABLE TO: UNDERSTAND THE MEANING OF CONFUSION AND BE AWARE OF THE SIGNS OF CONFUSION.

CONFUSION HAS NO SINGLE DEFINITION. IT REFERS TO A WIDE RANGE OF BEHAVIOURS THAT MAY BE SEEN AS "ECCENTRIC" BY SOME, AND "CONFUSED" BY OTHERS. THERE ARE NO HARD AND FAST RULES. HOWEVER, A GENERAL GUIDELINE FOR DECIDING IF A PERSON MAY BE CONFUSED OR NOT IS TO DETERMINE WHETHER THEIR ACTIONS OR RESPONSES ARE APPROPRIATE TO THE SITUATION? IF THEY ARE NOT, THE PERSON MAY BE CONFUSED.



ANY UNPREDICTABLE BEHAVIOUR COULD BE LABELLED AS A SIGN OF CONFUSION. EVERYONE IS MUDDLED AT SOME TIME IN LIFE. CONFUSION IS CLEARLY A MATTER OF DEGREE. THE CONFUSED PERSON EXHIBITS INAPPROPRIATE BEHAVIORS MOST OF THE TIME AND THESE INTERFERE WITH ONE'S DAILY LIVING ACTIVITIES, SUCH AS BEING UNABLE TO CONCENTRATE AND REMEMBER WHERE ONE IS.

CONFUSION MAY BE TEMPORARY OR PERMANENT; IT MAY CHANGE WITH THE TIME OF THE DAY OR THE SITUATION. IT HAS MANY DIFFERENT CAUSES. REMEMBER, CONFUSION IS A SIGN OF SOMETHING BEING WRONG. IT IS NOT A DISEASE ITSELF.

THE CAUSES OF CONFUSION ARE VARIED. WHATEVER THE CAUSES THOUGH, THERE ARE A NUMBER OF BEHAVIORS THAT ARE COMMON TO THE CONFUSED PERSON.

- (1) DISORIENTATION MEANS NOT BEING IN TOUCH WITH TIME OF DAY, DATE, PLACE, AND EVEN IDENTITY;
- (2) RESTLESS AND FIDGETY, HAVING A SHORT ATTENTION SPAN;
- (3) ANXIETY, AGITATION, FEARFULNESS, BEWILDERED;
- (4) OVERTALKATIVE, TELLING RAMBLING STORIES THAT MAY NOT BE TRUE; SEEING OR HEARING THINGS THAT DID NOT REALLY OCCUR;
- (5) MEMORY LOSS, EITHER FOR RECENT EVENTS, OR THOSE OF LONG AGO;
- (6) MUDDLED THINKING, NOT UNDERSTANDING AND/OR NOT BEING ABLE TO MAKE DECISIONS;
- (7) FACIAL EXPRESSION SUGGESTING THE PERSON IS UNSURE, MIXED UP.

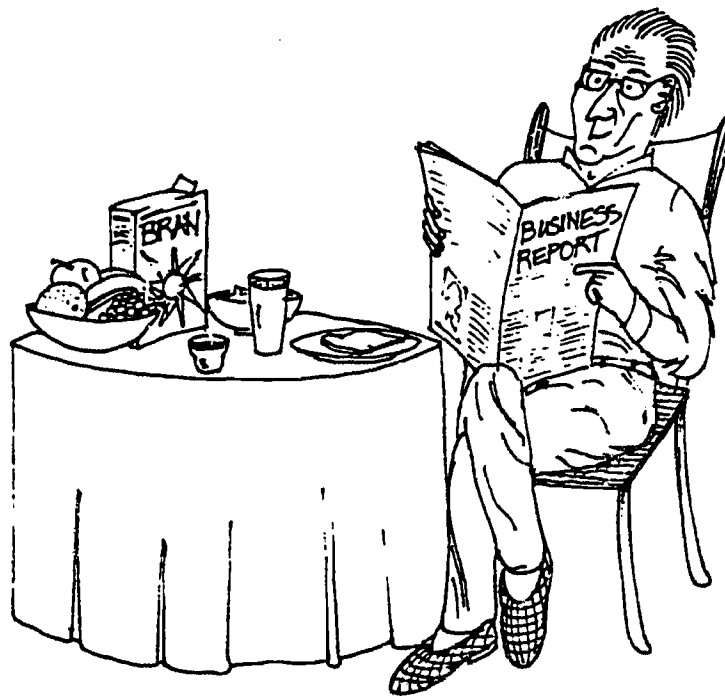
REMEMBER, WHAT IS IMPORTANT IS THE DEGREE OF DISABILITY CAUSED BY THE CONFUSION.

THE FOLLOWING SECTION DESCRIBES DIFFERENT CAUSES OF CONFUSION.

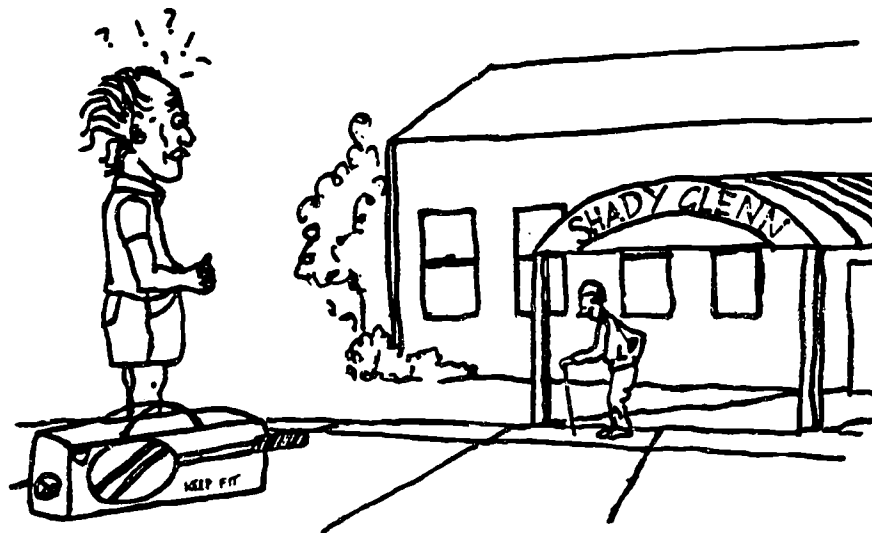
CAUSES OF CONFUSION

UPON COMPLETION OF THIS SECTION, YOU WILL BE ABLE TO DESCRIBE CAUSES OF CONFUSION.

THERE ARE MANY REASONS WHY A PERSON DEVELOPS CONFUSION. ONE CAUSE OF CONFUSION COULD BE AN ACTUAL PHYSICAL ILLNESS OR DISEASE, SUCH AS ALZHEIMER'S DISEASE. ON THE OTHER HAND, POOR NUTRITION, AND/OR DRUG REACTIONS CAN INTERFERE WITH ONE'S THOUGHTS AND UNDERSTANDING. FOR THESE NUTRITIONAL AND DRUG RELATED CONDITIONS, THE CONFUSION CAN AT TIMES BE RESOLVED WITH SIMPLE DIETARY ADJUSTMENTS OR MEDICATION. ON THE OTHER HAND, DISEASE ORIENTED CONDITIONS MAY STEADILY WORSEN.



PSYCHOLOGICAL PROBLEMS OF ANXIETY AND DEPRESSION MAY BE TO BLAME FOR THE PERSON'S CONFUSED STATE. OUTSTANDING ACCOUNTS TO BE PAID WITH ONLY LIMITED FUNDS AVAILABLE, OR MOVING TO ALTERNATIVE ACCOMMODATION SUCH AS A RETIREMENT VILLAGE OR PERSONAL CARE HOME ARE ONLY TWO OF THE MANY ANXIETIES FACED BY THE OLDER ADULT. IT IS EASY TO UNDERSTAND THAT DEPRESSION COULD OCCUR IF ONE IS USED TO AN ACTIVE, FULFILLING LIFE AND FINDS HIMSELF/HERSELF LEADING A SEDENTARY LIFE DUE TO THE DISABILITIES CAUSED BY ARTHRITIS OR OTHER ILLNESS.



MANAGING THE BASIC DAILY LIVING ACTIVITIES CAN BE DIFFICULT AND TEDIOUS RESULTING IN A DEPRESSION OVER ONE'S INADEQUACIES. ONE MAY BE AWARE OF HIS/HER OWN CONFUSION; THIS ONLY MAKES THE INDIVIDUAL MORE UPSET AND TENSE. HE/SHE MAY BECOME FRIGHTENED AND WITHDRAW FROM OTHERS; LONELINESS AND ISOLATION WILL THEN INCREASE THE UNHAPPY FEELINGS.

SITUATIONAL ISOLATION AND LACK OF DAILY INTERACTIONS WITH FRIENDS CAN RESULT IN INCREASED DISORIENTATION AND OTHER CONFUSED BEHAVIOURS. RAPID AND SUDDEN CHANGES IN FAMILY, HOME, OR HEALTH, MAY LEAVE THE OLDER ADULT FEELING LOST. FREQUENTLY, CONFUSION DEVELOPS WHEN THE PERSON IS ADMITTED TO A LONG TERM CARE FACILITY RESULTING FROM A LOSS OF INDEPENDENCE AND CONTROL OVER LIFE.

MODERN TECHNOLOGY, LIFESTYLE AND CHANGING WORLD EVENTS MAY MAKE THE HEALTHIEST PERSON FEEL "OUT OF TOUCH." ALTHOUGH THE EVENTS MAY BE THEMSELVES MINOR, THEIR EFFECT CAN BE DEVASTATING TO THE OLDER ADULT. IT IS THE WAY ONE RESPONDS AND RELATES TO THEM THAT IS IMPORTANT.

CONFUSION AND OLD AGE ARE NOT AUTOMATIC PARTNERS. THE MODULE "PSYCHOLOGICAL ASPECTS OF AGING" EXPLAINS NORMAL CHANGES IN MENTAL FUNCTIONING; HOWEVER, FEAR AND ANXIETY ABOUT THESE CHANGES ARE OFTEN RESPONSIBLE FOR CONFUSION.

WHATEVER THE CAUSES OF CONFUSION, THE MOST IMPORTANT FACTOR IS TO KNOW HOW TO DEAL WITH THE CONFUSED OLDER ADULT. THE REMAINING SECTION PRESENTS MANY SUGGESTIONS ON HOW TO HELP THE CONFUSED OLDER ADULT.

THE FOLLOWING SECTION PRESENTS WAYS TO HELP THE
CONFUSED OLDER ADULT.

RELATING TO THE CONFUSED OLDER ADULT

UPON COMPLETION OF THIS SECTION, YOU WILL BE ABLE TO:
(A) UNDERSTAND THE NEED FOR A PROPER ASSESSMENT OF
INDIVIDUALS DISPLAYING SIGNS OF CONFUSION AND (B)
DESCRIBE WAYS OF RELATING TO THE CONFUSED
OLDER ADULT.

AS ALREADY MENTIONED IN THE DISCUSSION ON THE
CAUSES OF CONFUSION, IT WAS INDICATED THAT SOME CONFUSED
STATES ARE REVERSIBLE IF PROPERLY TREATED. IF THIS IS TO
OCCUR, THE OLDER ADULT NEEDS TO BE ASSESSED BY A HEALTH
CARE TEAM WITH EXPERTISE IN GERIATRIC CARE. RESOURCES
AVAILABLE IN THE COMMUNITY FOR THESE ASSESSMENTS ARE,
DAY HOSPITALS AND MUNICIPAL HOSPITALS.

CAREGIVERS NEED HELP TO COPE WITH THE PROBLEMS OF
WORKING WITH CONFUSED PEOPLE. ANGER, FRUSTRATION, GUILT
AND IMPATIENCE ARE OFTEN FELT BY THOSE WORKING WITH
CONFUSED PEOPLE. ONE EXAMPLE OF THIS IS WHEN THE
CAREGIVER REALIZES THAT AN OLDER ADULT SUFFERING FROM
CONFUSION CAN NO LONGER MANAGE HIS/HER OWN HOME
INDEPENDENTLY AND YET HE/SHE REFUSES TO MOVE TO
ALTERNATIVE ACCOMODATION. THESE CAREGIVERS CAN FEEL
HELPLESS AND HOPELESS, ESPECIALLY IF THEY HAVE KNOWN THE
OLDER ADULT FOR SOME TIME AND CAN SEE THEM
DETERIORATING.

WORKERS SOMETIMES UNCONSCIOUSLY USE MENTAL ESCAPE METHODS FROM THE STRESS OF WORKING WITH CONFUSED OLDER ADULTS SUCH AS LAUGHING AT THE CONFUSED PERSON, TEASING, IGNORING OR EVEN AVOIDING THEM. SUCH TACTICS ONLY WORSEN THE CONFUSION FOR THE OLDER ADULT AND ARE OF COURSE INSULTING. THE FOLLOWING POINTERS WILL HELP ONE TO COPE WITH THE ACTIONS OF A CONFUSED OLDER ADULT.

(1) TRUST AND RESPECT - BOTH THE WORKER AND CONFUSED PERSON NEED TO FEEL HAPPY WITH EACH OTHER. OLDER ADULTS AND THEIR BELONGINGS DESERVE RESPECT AND A DIGNIFIED APPROACH FROM THE CARE GIVER. "GRAMPS", AND "DAD" ARE UNACCEPTABLE NAMES TO CALL A NON-RELATIVE BY; ONE SHOULD LEARN THE NAME WHICH THE PERSON PREFERS AND USE IT.

(2) GOOD COMMUNICATION - GIVE INFORMATION SLOWLY AND IN SMALL AMOUNTS. GET THE CONFUSED PERSON'S ATTENTION BEFORE TALKING; DO NOT STARTLE HIM /HER. THE MODULE "LISTENING AND THE OLDER ADULT" GIVES MANY TIPS FOR GOOD COMMUNICATION:

- USE A CALM UNHURRIED APPROACH;
- USE EYE CONTACT, GESTURES, AND EXPRESSION TO HELP THE CONFUSED PERSON UNDERSTAND THE MESSAGE;
- CUT DOWN THE BACKGROUND NOISE WHEN TALKING TO A CONFUSED PERSON;
- SPEAK DIRECTLY TO THE CONFUSED PERSON USING A CLEAR MODERATE VOICE. NO SHOUTING PLEASE. THE PROBLEM IS

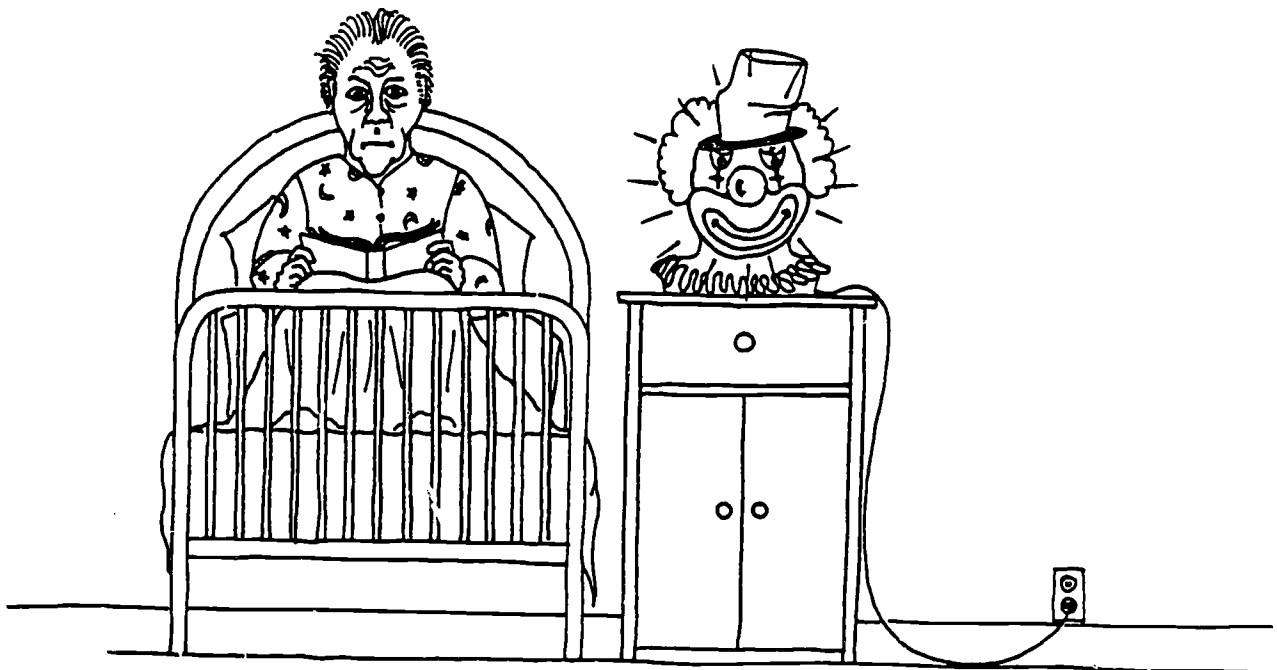
CONFUSION, NOT DEAFNESS.

- ENCOURAGE THE OLDER ADULT TO USE A HEARING AID IF NECESSARY.

(3) FAMILIARIZE THE OLDER ADULT TO HIS/HER AREA - SHOW THE PERSON THE LOCATION OF IMPORTANT PLACES AS OFTEN AS IS NECESSARY. ACCOMPANY HIM/HER TO FREQUENTLY USED SITES AND REPEAT INSTRUCTIONS OFTEN; SHOW NO CRITICISM. TRY TO KEEP HIS/HER AREA CONSTANT - FURNITURE, PERSONAL BELONGINGS AND ROUTINES UNCHANGED.



- (4) POOR EYESIGHT - DARKNESS IS FRIGHTENING TO THE CONFUSED PERSON WITH POOR EYESIGHT. NIGHTTIME CONFUSION IS LESSENERD IF A NIGHT LIGHT IS USED. REMIND THE PERSON ABOUT WHERE HE/SHE ARE WHENEVER NECESSARY. BE CALM, CONSISTENT AND KIND.
- IMPORTANT PLACES NEED LARGE AND/OR BRIGHT SIGNS - SUCH AS THE BATHROOM OR THEIR OWN ROOM.
 - CLOCKS AND CALENDARS WITH LARGE NUMBERS ARE EASY TO READ AND CAN BE USED TO REMIND THE CONFUSED PERSON ABOUT WHAT IS HAPPENING. (RELATE TO EVENTS IN THE YEAR/DAY TO DAY).
 - PUTTING FAMILIAR ITEMS BELONGING TO THE CONFUSED PERSON NEAR THEM HELP TO LESSEN THEIR LOST FEELINGS.
 - IF EYEGASSES ARE PRESCRIBED, ENCOURAGE THE OLDER ADULT TO WEAR THEM.



(5) COMPANIONSHIP - HELP THE CONFUSED PERSON TO TALK WITH OTHERS. TALKING ABOUT THE PAST AND RELATING IT TO THE PRESENT HELPS THE CONFUSED PERSON RELATE TO TIME.

FAMILY MEMBERS ARE IMPORTANT, ESPECIALLY TO THE CONFUSED PERSON. THEY MAY HELP THE CONFUSED PERSON RELATE TO REALITY. FAMILIES NEED TO BE ENCOURAGED TO VISIT THE CONFUSED PERSON AND ALSO NEED TO KNOW THEY ARE VALUED AND NEEDED. THEY CAN PROVIDE THE SUPPORT AND HELP NECESSARY TO COPE WITH THE BEHAVIORS OF THEIR OWN RELATIVES.



SUMMARY

OLD AGE AND CONFUSION ARE NOT INEVITABLE PARTNERS. CONFUSION IS THE RESULT OF EXPERIENCING CHANGES TO ONE'S ENVIRONMENT, THOUGHTS, AND HEALTH. SOME CONFUSED STATES CAN BE TREATED AND LESSENE; OTHERS ARE IRREVERSIBLE.

WHATEVER THE TYPE OR SEVERITY OF CONFUSION, THE PERSON DESERVES RESPECTFUL CARE FROM THOSE AROUND THEM. UNDERSTANDING CONFUSION IS THE FIRST STEP TO DEALING WITH IT.

APPENDIX

15

21

SELECTED READINGS

BURNSIDE, IRENE MORTENSON. (ED.) (1981). NURSING AND THE AGED. MCGRAW HILL BOOK COMPANY, TORONTO, CANADA.

HOLDEN, U.P. & WOODS, R.T. (1982). REALITY ORIENTATION: PSYCHOLOGICAL APPROACHES TO THE 'CONFUSED' ELDERLY., NEW YORK:CHURCHILL LIVINGSTONE.

LINCOLN, RUTH. (1984). "WHAT DO NURSES KNOW ABOUT CONFUSION IN THE AGED?", JOURNAL OF GERONTOLOGICAL NURSING, 10(8): 26-32.

MACE, NANCY AND RABINS, PETER. THE THIRTY-SIX HOUR DAY WARNER BOOKS.

ZACHOW, KATHLEEN M. (1984). "HELEN, CAN YOU HEAR ME?", JOURNAL OF GERONTOLOGICAL NURSING, 10(8):18-22.

ACKNOWLEDGEMENTS

THE ELDERLY SERVICE WORKERS' TRAINING PROJECT WISHES TO EXPRESS APPRECIATION OF THE FOLLOWING INDIVIDUALS WHOSE KNOWLEDGE AND EXPERTISE IN THE AGING SECTOR HAS CONTRIBUTED TO THE OVERALL EFFORT OF THE PROJECT.

CONTENT ADVISORY COMMITTEE

- MS. MARGARET BARBOUR, RESOURCE SPECIALIST, MANITOBA DEPT. OF HEALTH, CONTINUING CARE.
MS. DOROTHY HARDY, PERSONNEL SERVICES DIRECTOR, AGE AND OPPORTUNITY CENTRE, INC.
MS. JOANNE LESTITION-DYSON, DIRECTOR OF SOCIAL WORK, HOLY FAMILY NURSING HOME.
MS. LYNNE FINEMAN, REGIONAL COORDINATOR, DEPARTMENT OF HEALTH, OFFICE OF CONTINUING CARE.
MS. VERNA HOLGATE, DIRECTOR, MANITOBA ASSOCIATION OF LICENSED PRACTICAL NURSES.
DR. JOE KUYPERS, ASSOCIATE PROFESSOR, SCHOOL OF SOCIAL WORK, UNIVERSITY OF MANITOBA.
MS. DONNA MORRISON, COORDINATOR, GERONTOLOGY COMMUNITY WORKERS PROGRAM.
MS. MARGARET REDSTON, STANDARDS OFFICER, MANITOBA HEALTH SERVICES COMMISSION, LONG TERM CARE PROGRAMS.
MS. NICOLE SCHMID, DIRECTOR OF SOCIAL SERVICES, R.S.W. CENTRE HOSPITALIER TACHE NURSING HOME.

ACTORS AND ACTRESSES

- MS. DORIS BENSON
MR. WILL DICKSON, DIRECTOR, STUDIO 2 THEATRE GROUP
MS. MARGARET DOWNIE
MR. SHELDON FINK
MS. PRIMROSE HOPKINS
MS. SHEILA MAURER
MS. MARIANNE NEILD
MS. MADGE MURRAY ROBERTS
MR. JOHN SPENCER
DR. PETER SPENCER, ASSOCIATE PROFESSOR, FACULTY OF EDUCATION, DRAMA IN EDUCATION, UNIVERSITY OF MANITOBA.

VIDEO PRODUCTION

PROGRAM PRODUCTIONS COMMUNICATIONS SYSTEMS,
UNIVERSITY OF MANITOBA

PROJECT STAFF

MR. TOM CHAN
MS. ELIZABETH DAY
MR. RANDALL DEMBOWSKI
MS. MARJORIE FRY
MR. GERRY GROSSNEGGER
MR. RAY GUTNICK
MR. CHRISTOPHER HEAD
MS. DEBBIE KAATZ
MR. KELVIN KENT
MS. VALDIENE McCUTCHEON
MS. ALEXANDRA PAWLOWSKY
MR. TIMOTHY RIGBY
MR. STEPHEN TUNG

LIASON OFFICERS:

MS. KATHIE HORNE, HEALTH PROMOTION DIRECTORATE,
PROGRAM CONSULTANT
MR. GARY LEDCOUX, HEALTH PROMOTION DIRECTORATE,
PROGRAM OFFICER

ADDITIONAL TRANSPARENCY SLIDES WERE MADE AVAILABLE BY:

MANITOBA DEPARTMENT OF HEALTH, HOME ECONOMICS
MANITOBA HEART FOUNDATION

TITLES OF THE TRAINING PROJECT'S MODULES

BLOCK A: BASIC KNOWLEDGE OF AGING PROCESS

- A.1 PROGRAM PLANNING FOR OLDER ADULTS
- A.2 STEREOTYPES OF AGING
- A.3 HUMAN DEVELOPMENT ASPECTS OF AGING
- A.4 SOCIAL ASPECTS OF AGING
- A.5 PHYSIOLOGICAL ASPECTS OF AGING
- A.6 DEATH AND BEREAVEMENT
- A.7 PSYCHOLOGICAL ASPECTS OF AGING
- A.8 CONFUSION AND THE OLDER ADULT
- A.9 NUTRITION AND THE OLDER ADULT
- A.10 LISTENING AND THE OLDER ADULT

BLOCK B: CULTURAL GERONTOLOGY

- | | |
|------------------------------------|------------------------------------|
| B.1 UKRAINIAN CULTURE | B.2 GERMAN CULTURE |
| B.1.1 COMMUNICATION AND ADJUSTMENT | B.2.1 COMMUNICATION AND ADJUSTMENT |
| B.1.2 COMMUNICATION AND ADJUSTMENT | |
| B.3 FRENCH CULTURE | B.4 NATIVE CULTURE |
| B.3.1 COMMUNICATION AND ADJUSTMENT | B.4.1 COMMUNICATION AND ADJUSTMENT |
| | B.4.2 COMMUNICATION AND ADJUSTMENT |

BLOCK C: WORK ENVIRONMENT

- C.1 WORK ENVIRONMENT I

NOTE: MOST MODULE'S ARE AVAILABLE IN TWO FORMATS:

A) PRINT FORMAT

OR

B) INTERACTIVE VIDEO (COMPUTER ASSISTED TELEVISION) FORMAT

RESOURCE MATERIALS:

HANDBOOK OF SELECTED CASE STUDIES
USER'S GUIDE