RESPITE MANUAL

Third Edition
Revised and Enlarged

National Council of Catholic Women
200 North Glebe Road, Suite 725
Arlington, VA 22203
www.nccw.org
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The National Council of Catholic Women established the RESPITE Program in 1982 in response to a National Council On Aging initiative called “Voluntarism in Action for the Aging.” With Gospel values of compassion and service to others clearly the foundation of the program, NCCW members have supported and assisted families caring for elderly family members at home for more than thirty years.

The RESPITE Program was designed to spiritually and temporally renew the family caregiver. From the start, countless affiliates at all rings of Council have established and maintained this service in parishes and communities in more than 30 dioceses. A growing aging population and a changing health care system makes respite care a recognized need across the country.

NCCW gratefully acknowledges the insight and vision of the early pioneers of the program: Grants from the Catholic Golden Age Foundation and the Raskob Foundation for Catholic Activities assisted the first NCCW affiliates in establishing their programs and made possible the publication of the first manual. The 2nd Edition of the RESPITE Manual was made possible through the generosity of the Associates of NCCW, Inc.

Appreciation is expressed to the following individuals who reviewed and updated the manuscript before publication: Diane Tugander, Mary Rowley, Joyce Scott, Barbara Wann, Maribeth Stewart and Sheila Hopkins.

Appreciation is also expressed to the many NCCW affiliates who contributed information and materials in preparation of this manual. A special thanks to the Orlando DCCW, Our Lady of the Cape RESPITE, Brewster, MA and to Catholic Charities of the Diocese of Pittsburgh for permission to use and adapt forms used in the management of respite programs.

Finally, this manual is dedicated to all the women and men who serve as RESPITE volunteers in our parishes and communities. As Christians, we witness to God's love by our service of reaching out and touching the lives of families in need.


Published by the National Council of Catholic Women, 200 North Glebe Rd, Suite 725, Arlington, VA 22203. Materials are not subject to copyright restrictions and may be copied for use in respite programs. NCCW affiliates may reproduce the program forms included in this manual acknowledging the source as indicated.
The graying of America is placing new stresses and demands on the country's families. From state to state, from shore to shore, thousands of American women—and the task falls primarily to women—are caring for an aged parent, often while juggling a job, housework and the care of teenaged children and a husband. If you're in this position yourself, you know what it's like to try to meet the multiple demands on your time. If you're not, chances are you have a relative or friend who is.

All of these women are part of the "sandwich generation"—women who are doing double or triple duty because they find themselves needed by both their children and their parents, or other older relatives.

The sandwich generation is growing because the aged population is growing. In 1994, one American in eight (33.2 million people) was 65 or over. According to the Administration on Aging, by 2030, over 72 million Americans will fall into that age group. The Administration on Aging states that about 5.8 million Americans, 1.9 percent of the population, are 85 or older. These "old" are the fastest-growing age group in the nation; under the Administration on Aging projection levels, over 19 million people will be 85 or over by 2050.

According to the U.S. Census Bureau (2010), only 3.1 percent of those over 65 are cared for in nursing homes. The overwhelming majority of the frail elderly are cared for by their adult children, who occasionally receive help from generous friends and neighbors.

A study conducted by the National Alliance for Caregiving, in collaboration with AARP, in 2009 found that an estimated 65.7 million people in the US are family caregivers. The study defined a caregiver as a person "who provides unpaid care to an adult or child with special needs" (NAC, 2009). The study found that the typical caregiver is a 48-year-old woman who spends 20.4 hours a week caring for her 66.5 to 69.3-year-old female relative.

Most of the women providing care to an older relative would prefer to continue doing so rather than consign that relative to a nursing home. But who will care for all these adult caregivers when they themselves need help in juggling multiple responsibilities? When they need a break from stressful daily schedules?
It was this concern that led to the introduction of the concept of respite care: temporary relief from the daily duties of caring for an aged relative. Webster's dictionary defines respite as a "reprieve," a "temporary intermission of labor," an "interval of rest." The National Council on Aging, Inc. (NCOA) has taken this broad concept of a temporary reprieve and broken it down into definitions of the types of formal (paid) and voluntary respite care available today.

These include:

• Short-term respite care, which offers a caregiver a few hours off on a regularly scheduled or by-request basis. This type of care, which is primarily companionship, can be offered in the older person's home, in the home of the respite worker or in a community center. It can be paid or unpaid.

• All-day respite care, which allows the caregiver to pursue a job. Adult day care centers (paid or offered free by the community) are the most frequently used means of providing all-day care.

• Overnight and weekend respite care, which allows the caregiver to take a brief vacation or go out to dinner and a movie. Such care can be provided by someone who comes into the home, but is more often provided in a for-pay foster home, a hospital or nursing home.

• Longer-term respite care (up to several weeks), which allows a caregiver to go out of town and take a longer vacation without worrying about her aged relative. This type of respite care is usually only in for-pay institutions, which may admit the older person for a short stay.

The National Council of Catholic Women (NCCW), historically sensitive to the needs of families, was alerted to the need for some form of voluntary care not only by impersonal statistics on the graying of America, but also by the personal stories of NCCW members living the experience of the sandwich generation. Many had grandmothers, mothers, aunts and sisters who had also experienced the stresses of caregiving for an elderly patient. One woman was a caregiver for her mother and then, shortly after her mother died, for her mother-in-law.

The NCCW’s RESpite program, which began in late 1982, was NCCW’s response to an NCOA initiative called "Voluntarism in Action for the Aging." The program was designed to encourage communities to provide volunteer services to keep their elderly members within the community, as opposed to sending them into Institutions. NCCW chose the acronym, RESpite, to designate "renewal: spiritual/temporal" which the program provides to families who receive the services of a RESpite volunteer. This acronym is important because it stresses the spiritual foundation of the program—a foundation which differentiates it from secular respite care programs. The concept of "refreshment of the spirit"—repeatedly mentioned throughout the New Testament—is exactly what the RESpite program focuses on. RESpite recognizes that families genuinely want to care for their elderly relatives at home, but that, as human beings, family members need to be given a chance to refresh their own spirits so that when they return to their caregiving, they will be renewed spiritually and will be better able to give of themselves with love and understanding.

This means that while the first NCCW RESpite programs were often independent efforts, today’s programs are much more likely to fit into broader collaborative ministries. NCCW welcomes and encourages these collaborations, which lead to better support for the elderly living at home and for their caregivers, a wider pool of volunteers and better management of the program. The growth of new parish-based services for aging persons offers NCCW’s RESpite program a significant new opportunity for growth and service.
This updated RESPITE Manual reflects this new collaboration as well as revised management and home care information.

Volunteer liability insurance can be purchased through NCCW, but other programs provide insurance through the local diocese.

When NCCW began its RESPITE program, it was one of the few programs for the elderly at the parish level. Today, however, parish health ministry, particularly services for the elderly, is growing rapidly. Many parishes, often working with health care institutions (usually, but not always, Catholic hospitals), have health ministries; some have a parish nurse to coordinate health-related efforts. Catholic Charities agencies across the country are often involved in these health ministries. Most of these efforts involve collaboration between parishes and other religious and community organizations.

RESPITE Volunteers:

• **RESPITE Volunteers:** Serve as companions to the elderly person while the family is away from the home.

• **RESPITE Volunteers:** Come to the home on a regular basis (once a week or several times a month).

• **RESPITE Volunteers:** Are trained in the skills that enable them to care for an elderly person, such as providing assistance in walking or eating, and positioning the person in a chair.

• **RESPITE Volunteers:** Are sympathetic listeners who understand the aging process.

• **RESPITE Volunteers:** Never administer medication (the family should structure their hours to be home when medication is required).

• **RESPITE Volunteers:** Should not be asked to cook an older person's meal, although they can help feed the older person. **RESPITE Volunteers:** Ordinarily do not do household tasks.
RESPITE is a flexible program that can be adapted to meet the needs of virtually any local organization and parish. The Archdiocesan or Diocesan Council of Catholic Women or any affiliated ring of Council can structure RESPITE to fit the special needs of the parish.

Identifying the Need for a RESPITE PROGRAM

The first step in getting a RESPITE program started locally is for the designated RESPITE organizer, or program coordinator, to identify the need for the program. It’s important to find out where there are concentrations of elderly residents living with their families, because these are the areas where a RESPITE program will be most needed and most successful. There are several ways of finding out this important information on community need:

- If you are involved in a collaboration with a Catholic health institution, Catholic Charities, a parish, or another church or community agency, your partners may have the information you need available.

- A diocesan census can reveal those parishes with a high concentration of people over 65 living in relatives' households, so you might ask at the parish office if such a census has been done recently.

- Pastors are an excellent source of information not only on neighborhoods with large numbers of elderly but also on families with an elderly relative in the home who might benefit from RESPITE services.

- A telephone call to your county, city or state office on aging (look under local government listings for these numbers) can also help you identify "pockets" of elderly residents whose family caregivers may benefit from RESPITE.

- Ultimately, however, an area agency or local office on aging is your best bet in doing a needs assessment. This office is most likely to be able to tell you where the elderly are congregated based on data from the last census on people over 65 in your area. This information could then be extrapolated to a diocese or to a deanery to see where the greatest need exists for RESPITE services.
Respite Program Coordinator Job Description

Leadership is the key to success in any program, and the selection of the RESpite Program Coordinator may well be the most important decision determining the success of a RESpite program. It is critical that the program coordinator is organized, disciplined to the many tasks involved, able to commit to the program for an extended period of time, and an articulate spokesperson for the program within the sponsoring organizations and in the community at large. This person should have the full support of the council leadership and any partner organizations.

As described throughout this manual, the following are major responsibilities that could be included in the role of coordinator. Specific functions could also be designated to other individuals depending on how the program is organized, how many collaborating partners are involved, and so on.

- Recruit volunteers, establish security clearance necessary
- Establish Training Program
- Identify opportunities for recruitment and promotion
- Maintain schedule and determine matches
- Recognize and support volunteers
- Designate spokesperson for program
- Coordinate and supervise fundraising efforts, prepare yearly budget.

Recruiting Volunteers

The second task in getting a RESpite program started locally is to recruit volunteers; dedicated, hard-working and well-trained volunteers are the backbone of any successful local program in any community. Recruitment can be done through local NCCW affiliated councils and memberships of other parish organizations. It is a good idea not to limit yourself to your local Council of Catholic Women but rather to extend the invitation to all women of the parish.

There are many ways of recruiting volunteers, ranging from simple word of mouth to announcements in diocesan newspapers or the parish bulletin.

You can contact your parish directly; a notice asking for RESpite volunteers could perhaps be placed in the parish bulletin. It is important to decide on one person who will receive telephone calls from interested volunteers; nothing is more discouraging to an enthusiastic volunteer than not being able to reach the contact person mentioned in the newspaper article. Inability to get through on the phone to a cheerful voice on the other end almost always means certain loss of that volunteer to the program. An answering machine or a cell phone number are helpful if the RESpite program coordinator, or a contact person chosen by her to field queries, cannot be home to receive calls at all times.

The best way to recruit volunteers is to educate your own members about the program. It's also very helpful to have the RESpite program coordinator come to a meeting of a parish organization and talk about the program, the need for this type of care, how rewarding it is, and how grateful families are to those who help them care for their elderly relative at home by giving them a reprieve from daily duties.

The RESpite program coordinator could explain in her talk how training is structured, when a training session is scheduled, how many hours of service the volunteer would be called on to provide, and other details important to those thinking of giving their time. The program coordinator should be sure to allow a generous amount of time for a question and answer period after her talk.
 Following is a sample bulletin announcement:

The Diocesan Council of Catholic Women is sponsoring a RESPITE program. RESPITE is a volunteer program designed to assist the elderly and handicapped person by offering companion services for families who elect to care for these persons at home. RESPITE offers families the opportunity to leave the older or disabled person with a trained volunteer for a short period of time. There would be no charge to the family for this service. We will have this program operating by (your date). If you could use the service of a RESPITE volunteer, please call (RESPITE program coordinator’s name and phone number). If you know of a neighbor who needs this service but does not belong to the parish, please let the person know of the program and if he or she would be interested in RESPITE services, notify the RESPITE coordinator.

Following is a sample letter to someone who has signed up as a volunteer:

Dear (volunteer’s name):

Thank you for taking part in the RESPITE program. Your help is greatly needed and appreciated.

This letter is to remind you that training will be on (date) at (place). Registration will be at (time). The program will begin promptly at (time) in order that we may complete all the material to be covered and conclude at approximately (time).

Parking can be difficult. St. Vincent’s will allow parking in the Dillon Building garage and signs will be posted to direct you to the Schultz Auditorium.

If for some reason you cannot attend, please be sure to contact me at (phone number including area code). I am looking forward to seeing you on (date).

Our thanks for your support,

(signed names of program coordinators)

Liability/Volunteer Insurance

All RESPITE programs are established with the goal of providing a service to families who need help. Volunteers are provided training, and families requesting RESPITE care are made aware of the range of services and limitations of the program. Nonetheless, liability is an ever-present risk.

All NCCW affiliates establishing a RESPITE program need to make an assessment of their situation. Is your program parish-based and eligible for coverage under the umbrella policy that covers all parish activities? Does your state have a "Good Samaritan" law which eliminates or significantly reduces the risk of personal liability? If the RESPITE program is sponsored and managed by an affiliated NCCW council, volunteers may be eligible for personal liability insurance through NCCW which offers protection against a personal injury or a property damage liability claim arising out of the performance of the volunteer's duties. RESPITE program coordinators need to contact NCCW, 200 North Glebe Rd, Suite 725 Arlington, VA 22203; Tel: (703) 224-0990.
Funding

There will be costs involved in setting up a RESpite program: supplies, postage, copying, perhaps fees for trainers or rental for meeting space. If a council needs additional funds, it can look to other funding sources such as contributions from church agencies or money designated from fund-raising efforts.

Don't be shy about asking the agency and individuals who do the initial training session to donate both their services and their space for subsequent training sessions. If they are convinced of the program's worth and your ongoing commitment and sincerity, they will probably be more than happy to give you a boost in helping a new program.

Contact your local Red Cross chapter and the Visiting Nurse Association to ask for donated services for training sessions.

In order to make your case for the value of your program, it's a good idea to have a prepared packet of materials available to show potential donors of money or services, similar to a press packet used by companies to publicize a new product. The publicity packet could contain news clippings about the program, the national RESpite brochure prepared by NCCW, a local RESpite brochure if you have prepared one, copies of letters from grateful recipients of care or their families, and a typed description of the kinds of services and numbers of hours your volunteers have provided in the past year.

Sample Forms

The following sample forms can be helpful as you set up your program:

- RESpite Policy and Procedures for Volunteers
- A RESpite Volunteer Job Description
- A RESpite Volunteer Job Application
- A RESpite Program Insurance Application
- A RESpite Volunteer Information Sheet
- A RESpite Volunteer Evaluation Form
- A sample RESpite Volunteer Certificate
Respite Program Policy and Procedures for Volunteers

I. Mission:

RESPITE trains local volunteers to help family members care for loved ones at home by offering relief and renewal to the family caregivers. The NCCW program includes a curriculum to train volunteers, materials to promote the program, and a group insurance program for RESPITE volunteers. The NCCW RESPITE program, if implemented in the Diocese, is regulated by their own safe environment criteria. The USCCB mandated that each Bishop select which program they would use and more than 80% of all US Dioceses use the program called Protecting God’s Children (PGC). All volunteers must complete this PGC class, which is a once in a lifetime class, and they must have a current criminal background check on file with their parish or diocesan office. Criminal background checks are good for 5 years and then must be updated if the volunteer is to continue. It is necessary for each diocese to know what is required in their diocese. All volunteers must complete RESPITE Care basic training and have all safe environment criteria in place before being placed with a client. Since NCCW has insurance available, we must have all components in line and cannot misrepresent NCCW or any of our dioceses.

II. Volunteer Requirements:

- All volunteers will be required to fill out an application form and complete training and background checks before being placed. Volunteers will be given job descriptions to review and sign.
- Regardless of experience or previous training, volunteers will be required to attend additional trainings and in services periodically.
- Volunteers must be able to provide their own transportation.

III. Duties and Limitation of Volunteers:

- Volunteers are encouraged to give a minimum of four to eight hours per month, not necessarily to the same family.
- Volunteers will keep all information about the family confidential and disclose no information except to the program coordinator.
- Volunteers will provide companionship to the participant and assist with needs as allowed per policies.
- Volunteers will report promptly any incidents or problems to the program coordinator.
- Volunteers will not accept gifts or money from the client or family caregiver.
- Volunteers will not perform any medical services (giving oral medications or injections, catheter care), give medical advice or perform any activities usually performed by health professionals.
- Volunteers will perform only agreed-upon tasks.
- Volunteers will not influence the client and/or family caregiver on religious or political matters.
- Volunteers will not sell or solicit while providing RESPITE care in-home.

IV. Incident Reports:

Volunteers will notify the program coordinator as soon as possible when there is an injury or other incident which is not consistent with normal routine. An incident report form (which will be on file at the program office) will be filled out for each injury/incident as soon as possible.

V. Dismissal:

Volunteers will be removed from the registry if one or more of the following occurs:

- Any misconduct or mistreatment, i.e. any physical (including sexual) or mental abuse toward the older adult or disabled person or other volunteers.
- Confidentiality is breached.
- Stealing or willful destruction of property belonging to the client, and/or family caregiver.
- Failure to report for assignment more than twice without notification.
- Reporting to the home under the influence of alcohol or drugs.
- Excessive tardiness or cancellations.

I have read the policy and procedures for volunteers and understand the expectations and limitations.

__________________________________________
Signature

__________________________________________
Date

Adapted from material provided by Catholic Charities of the Diocese of Pittsburgh, Inc.
Respite Program Volunteer Job Description

**TITLE:**
RESPITE Volunteer

**RESPONSIBLE TO:**
RESPITE Program Coordinator

**PURPOSE OF JOB:**
To provide short-term RESPITE care to in-home caregivers

**Description of Duties and Expectations:**
1. Serve as companion to an older or disabled person while caregiver is away.
2. Listen and be attentive to an older or disabled person.
3. Complete training.
4. Complete regular service report forms.
5. Attend follow-up training.

**Time Requirement:**
Four to eight hours per month of service commitment requested.

**Qualifications:**
1. Ability to listen sympathetically to older and disabled people.
2. Dependability.
3. Knowledgeable and sensitive to the needs of an older and disabled person.
4. Good communication skills.
5. At least 21 years of age.

I have read the policy and procedures for volunteers and understand the expectations and limitations.

Signature

Date

Adapted from material provided by Catholic Charities of the Diocese of Pittsburgh, Inc.
Respite Manual

Volunteer Information Sheet

Name: ___________________________ Phone: ________________________

Please Print Last First

Address:

Street City State Zip Code

Parish

Sex: □ M □ F Age: □ 20-30 □ 30-50 □ 50-70 □ over 70

Available: □ Mornings □ Afternoons □ Evenings □ Weekends

I can volunteer hours:

Week _______ Month _________ (Please Circle) SU, M, TU, W, TH, F, SA

I live here: □ all year □ 6 months □ Other

I have a car or access to one: □ Yes □ No

I speak Spanish: □ Yes □ No

Present/previous work experience (paid and volunteer): ______________________________

_________________________________________________________________________________

Special interests/skills and experience related to caregiving: ______________________________

_________________________________________________________________________________

My physical condition: □ Excellent □ Good □ Fair □ Poor

I am willing to help: (Please check all that apply)

□ Members of my parish □ Members of neighboring parish

□ Typing, phone, etc.

I can assist person with: (Please check all that apply)

□ Some vision loss □ Confusion

□ Some hearing loss □ Disorientation

□ Difficulty with speech □ Tendency to wander

□ Limited mobility □ Agitation

□ Short term memory loss □ Depression/withdrawal

Adapted from material provided by Orlando DCCW and Catholic Charities of the Diocese of Pittsburgh, Inc.
Volunteer Availability Chart

List the hours in each block of time you are available.

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*Adapted from material provided by Orlando DCCW and Catholic Charities of the Diocese of Pittsburgh, Inc.*
Respite Program Volunteer Application

Thank you for your interest in the RESpite Program. Please fill out this application which will assist us in matching you to a family in need of respite care.

Date: __________________ Training Date(s) & Location________________________________________

Name: ________________________________________________________________________________

Address: ____________________________________________________________

Street __________ City __________ State __________ Zip Code __________

Phone: (day) ___________________________ (evening) _________________________________

Church Affiliation (optional): _________________________________________________________

Foreign Languages Spoken: ___________________________________________________________

Hobbies, skills, special interest/training: _____________________________________________________

List previous volunteer experience and community affiliations: ____________________________

____________________________________________________________________________________

If presently employed, list job title and employer: ____________________________________________

____________________________________________________________________________________

In case of an emergency, please notify

____________________________________________________________________________________

Name __________ Phone Number __________

References: Please list two persons we may contact, who are not family members.

• Name: ____________________________________________
  Address: ____________________________________________
  Telephone: ____________________________________________

• Name: ____________________________________________
  Address: ____________________________________________
  Telephone: ____________________________________________

(Depending upon diocesan policy for volunteers, your RESpite Program may require a criminal background screening for potential volunteers).

Adapted from material provided by Catholic Charities of the Diocese of Pittsburgh, Inc.
RESPITE Program Insurance Application

Please complete this form and return (along with payment) to the NCCW office. This information will be submitted to the CIMA Insurance Company.

RESPITE GROUP: _____________________________________________________________

CONTACT: _________________________________________________________________

ADDRESS: ________________________________________________________________

Street       City       State       Zip Code

TELEPHONE: ________________________________

Names of Volunteer(s) | Address

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TOTAL AMOUNT OF CHECK: $___________ ($3.00 PER VOLUNTEER)

USE ADDITIONAL PAPER IF NECESSARY.

Mail to:
National Council of Catholic Women, c/o Respite Insurance
200 North Glebe Road, Suite 725, Arlington, VA 22203.

THIS AREA IS FOR NCCW USE ONLY. PLEASE DO NOT WRITE BELOW.

Check Number:___________  Amount:___________  Date of Check:___________  # of Volunteers:________
**Volunteer Evaluation Forms**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>Volunteer's name</td>
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<tr>
<td>Care Receiver’s name</td>
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<td>Date of respite</td>
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<td>Number of hours</td>
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<tr>
<td>1. Overall, how did you feel about your visit?</td>
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<tr>
<td>□ It went very well</td>
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<td>□ It went O.K.</td>
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<td>□ It did not go well because:</td>
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<td>2. How often have you visited this person?</td>
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<td>□ This was my first visit</td>
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<td>□ This was my ____ visit</td>
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<td>3. What did you do during the visit? (You may check more than one)</td>
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<tr>
<td>□ We talked</td>
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<tr>
<td>□ I sat and listened</td>
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<tr>
<td>□ We sat and relaxed together and did very little</td>
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<tr>
<td>□ I stayed in the house while the care receiver slept</td>
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<tr>
<td>□ We watched TV</td>
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<tr>
<td>□ We walked</td>
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<tr>
<td>□ I read to the care receiver</td>
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<tr>
<td>□ We worked on a craft together (Identify)</td>
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<tr>
<td>□ We engaged in an activity (Identify)</td>
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<tr>
<td>□ Other</td>
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<tr>
<td>What were some of the tasks you performed for the care receiver during this assignment?</td>
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<tr>
<td>4. What were some of the things you assisted the family care giver with while there?</td>
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<td>5. What problems did you have?</td>
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<tr>
<td>□ I had no problems</td>
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<tr>
<td>□ I felt uncomfortable because</td>
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<tr>
<td>□ I ran out of things to do or to talk about</td>
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<tr>
<td>□ I did not enjoy being with this person</td>
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<td>□ I worried about the care receiver's physical condition</td>
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<tr>
<td>□ There was tension between family members</td>
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<tr>
<td>□ I had trouble communicating with the care receiver</td>
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<tr>
<td>6. Do you have any other comments about this assignment?</td>
<td></td>
</tr>
</tbody>
</table>

Adapted from material provided by Orlando DCCW.
This is to certify that

_______________________________________

has satisfactorily completed the RESPITE Volunteer Training

_______________________________________

RESPITE Program Coordinator

A program sponsored by the

NATIONAL COUNCIL OF
CATHOLIC WOMEN
Volunteers are the key to a successful RESPITE program. Your volunteers must be well trained and prepared for their task. There are many church and community resources available to help you develop a training program, such as:

- Catholic hospitals and nursing homes
- Catholic Charities agencies
- Church and community programs for the aging
- Visiting Nurse Association
- The Red Cross

A training program should be a minimum of six hours. There are two distinct parts to training. The first involves basic "people skills" like learning how to listen or how to introduce yourself to a care receiver and family. RESPITE volunteers report that many elderly care receivers want to pray or talk about spirituality. The second major area of training involves practical knowledge like how to deal with someone who is hard of hearing or cognitively impaired.

Training sessions should be scheduled regularly, at least once or twice a year. This regularity helps your professionalism and commitment. The publicity for these sessions should be sent out well in advance. In providing regularly scheduled training sessions, prospective volunteers will come to know that training is offered in, say, September and May. Then someone who has been thinking of taking the training can plan ahead for the next session.

A training program should include these components:

- Description of the nature of aging.
- Description of the RESPITE volunteer role and program structure.
- Description of basic hygiene.
- Explanation of what to do in an emergency.
- Explanation of basic care for persons with specific problems including stroke, Alzheimer’s Disease, hearing loss, and HIV/AIDS.
- Instruction in relating to the care receiver and his or her family.
- Instruction in listening skills.

Competent people in your parish may have other suggestions. There should be a review of the training program by trainers and volunteers each year to be sure you are addressing the needs in your RESPITE Program.
The following sections used by NCCW RESPITE programs should help you plan a training program:

- Spirituality of the Older Person
- The First Meeting
- Things to Do with the Homebound Person
- Good Body Mechanics
- General Advice for RESPITE Care
- Dealing with the Hard of Hearing
- Active Listening/Reminiscence: Implications for Care
- Depression
- At Home with the Stroke Recoveree
- Guidelines for Communication with the Cognitively Impaired
- Caring for AIDS patients

The information provided in this manual does not address every aspect of volunteer training. It is provided to give you a starting point in designing your training and seeking competent teachers.

**Spirituality of the Older Person**

Medical developments combined with many other advances in society are responsible for lengthening the life spans of the majority of people in the United States. The spirituality of the older person is beginning to emerge as a focus of ministry study and practice. A RESPITE volunteer coming into one’s home could easily be acknowledged as a person who is compassionate and caring. If the volunteer is specifically identified by membership in NCCW or by their affiliation with a particular religious congregation, it is possible that issues related to faith and spirituality would become part of the conversations.

Older people face two different questions as they age: the meaning of being old but healthy and active and the meaning of being old, ill and physically declining. People who are healthy can see their lives change when they retire and lose the identity they gained from their work or when they lose a spouse. One faces the meaning of suffering with each medical challenge. The illnesses and deaths of Joseph Cardinal Bernardin and Archbishop Thomas Murphy of Seattle (who was serving as Episcopal Moderator to NCCW at the time of his passing), provided valuable lessons in what the grace-filled moments of coping with serious illness can be.

All of us can learn what to expect in people’s spirituality as they age by our own encounters with older people. We will see that as bodily frailty increases the person’s faith life becomes stronger. They may not be able to attend church, but their prayer life increases. What then are appropriate actions for the volunteer? The older person needs a sense of purpose and needs to be able to attach meaning to the evolving life changes.
Allow the elderly person to talk freely. Do not become judgmental, and do not probe. If it is within your own comfort range and you are asked by the care recipient, engage in spoken or silent prayer with the elderly person. Encourage those who are capable to pray for the needs of the parish and community. Make them aware of current petitions for prayer in the parish.

The role of spiritual advisor is reserved for the ordained or others who are trained for this work. If the volunteer recognizes that conversation or comments by the elder person about their faith seem to be getting specific or express deeply personal experiences, the volunteer should consult with the RESpite program coordinator. It may be necessary to advise the family that a priest should visit in the near future.

Several different written resources are available in religious bookstores which focus on questions of illness, suffering and death. Prayer and reflection books focus on the person as caregiver or prayers to say with or on behalf of the elderly.

The First Meeting

Adapted from material provided by the Orlando DCCW.

Your initial contact as a volunteer with your elderly care receiver helps to set the tone for future visits. Here are some tips to help you prepare for that first meeting so it is as comfortable as possible for both of you:

1. Learn as much as you can of the elderly person's background, interests, and situation prior to the visit.
2. It is okay to feel nervous. The feeling will probably be mutual since there has been no previous contact with each other.
3. Greet the elderly person formally as Mr., Mrs., or Miss. Ask for his or her preference in being addressed in the future. Some elderly people do not appreciate being called by their first name, especially by someone who is not an acquaintance (while others prefer to be called by their first name).
4. Introduce yourself and share a little something of your background so that the person can get to know you better.
5. If you encounter a situation where you’re not sure how to help, ask whether your assistance might be needed in some way.
6. Keep the initial visit brief. Be sensitive to the physical condition of the elderly person. If he/she appears to be tired, shorten your visit for that day. If you must wait for a family member or worker to return before you can leave, suggest that the elderly person rest or share some passive activity (watch T.V., listen to music).
7. At the end of your visit, make arrangements for the next meeting time and place. Write down your name and the details of your
8. next visit and leave it with the elderly person. Also leave a phone number where a message can be left for you. If possible, the phone number should be that of your volunteer supervisor or your group's office number and not your home phone number.
9. Remember that you are a guest in the elderly person's home. Ask before using or touching any of his/her possessions. Stay within agreed upon areas—do not wander beyond them
10. The initial visit may be uncomfortable for both of you. Also, remember that the homebound elderly person may not have many contacts with outsiders. The person's physical frailties put him/her in a vulnerable position which may cause him/her to be very cautious when meeting someone new. But don't give up after this first meeting. Any relationship takes time to develop. Make several visits before deciding whether this situation will work or not.
Things to Do With the Homebound Person

Adapted from material provided by the Orlando DCCW.

The following is a list of suggested activities you can use when visiting with homebound elderly persons. Before carrying out any activity, consider the following:

- What are the limitations (physical, mental, emotional) of the elderly person you are working with? Have you considered activities which relate to the person's interests?
- Have you allowed input from the elderly person as to whether he/she would like to participate in that particular activity?
- Have you consulted the elderly person’s responsible family member and/or worker prior to involving him/her in any activities requiring physical exertion?

As you get to know your elderly friend better, you will probably think of many things you can do together. Listed below are ideas to get you started:

- Teach simple crafts to encourage an interest in new hobbies.
- Read aloud from favorite books, magazines, letters, etc.
- Together look through family photo albums of the elderly person or yourself. This provides opportunities for conversation.
- If the elderly person you visit is unable to write, you might offer to assist him/her with letter writing.
- Play games (cards, Scrabble, etc.) the elderly person enjoys or introduce a game he/she is interested in learning.
- Allow him/her to talk about past life experiences. It is important to be a good listener even if it means hearing a story more than once.

Enjoy the beauties of nature together by sharing the view through the windows, sitting out on the lawn, walking in the garden . . .

- Bring in objects you think he/she might enjoy—pictures, flowers, ceramics, sea shells, etc.
- Work on a dish garden or terrarium together.
- Take notice of special objects in the person’s home and have him/her share the history behind these objects.
- Record/buy/download music that the elderly person likes and bring it for his/her listening enjoyment.
- Ask your elderly friend to teach you something he/she is skilled at: games, foreign languages, crafts, songs, etc.
- Help celebrate special holidays—birthdays, Christmas, Valentine's Day, etc.
- Offer to record an oral history of the elderly person as a gift for his/her family.
- Discuss everyday affairs, interesting people, or places in the news.
- Take photos of the person to send to special friends or family who are away.
- Offer to assist in decorating the person’s place for the holidays. Remember to take the decorations down after the holiday.
• Work on a collection together—coins, shells, stamps, recipes, etc.
• Create a calendar of events for the elderly person to help him/her keep track of special days: holidays, family birthdays, doctor appointments, days you come to visit, etc.
• Give the elderly person the opportunity to plan an itinerary for that day's activities.
• If the elderly person expresses a desire for assistance in organizing a craft closet, recipe file, etc., you might offer to help.
• Enjoy the beauties of nature together by sharing the view through the window, sitting out on the lawn, walking in the garden, etc.
• Play instruments or sing songs together.
• Watch a favorite T.V. program together.
• If your elderly friend enjoys the company of children, you might occasionally bring your children for a brief visit, with permission from the family.
• "Create-a-Tour." Present a "tour" for your homebound friend by showing slides, brochures, souvenirs, etc., of places the person always wanted to visit or places you have visited.
• Enjoy a meal together. Many people don't enjoy eating alone.

**Good Body Mechanics - Some Principles**

**Posture.** Posture is the position of the body and the relationship of its parts to one another. In standing posture, the feet are four to eight inches apart, with weight equally distributed. The knees are slightly flexed. The pelvis is stabilized by the tightening of the muscles of the buttocks and the abdomen. The chest is up, the waist extended, the shoulders are relaxed but slightly back. The head is erect, chin in. The body is balanced. The body parts are in good alignment. In sitting posture, the relationships are the same, except that the hips and knees are flexed approximately 90 degrees. Lying on one's side is the same, except that the arms are also flexed at the elbow and shoulder. Support is usually supplied with pillows or pads.

**Gravity** is the force of attraction between two objects. Whenever movement occurs, energy is expended to overcome gravity. Stability is maintained when the line of gravity falls within the base of support. The base of support is the area on which an object rests. For example, the feet are the base of support when one is standing.

**Rolling or sliding.** Rolling or sliding an object is more efficient than lifting it against the pull of gravity. When sliding a large object, friction is lessened by reducing the area of contact. For example, one might tip the object onto its edge. Friction affects the amount of work required for movement.

**Pulling or pushing.** Pulling or pushing uses the force of body weight to move an object. One leans toward the object being pushed and away from the object being pulled.

**Stooping.** Stooping is more efficient than bending. This not only broadens the base of support, but also makes use of the large and strong leg muscles, which tire less quickly than the small muscles of the back. To lift an object, one flexes the knees, stabilizes the pelvis, and gets close to the object. Then the object is carried close to the body. Pivoting is better than twisting when turning the body. Twisting causes muscle strain.

**Walking**

**Procedure: Walking**

1. Assess person for capabilities.
2. Transfer to standing position.
3. Use walking aids—belt, cane, walker as needed.
4. Generally, one walks on the person's weaker side, so that if he/she falters, you can give assistance or support.
5. Check person for tolerance (weakness, fatigue).
6. Seat in chair or in bed as appropriate.
Respite Manual

Positioning

Procedure: Positioning in a Chair with Training
1. Place feet flat against the floor.
2. Position knees and hips at right angle.
3. Straighten spine.
4. Support elbows on armrests.
5. Place handrolls if needed.

Procedure: Moving Person toward Head of Bed with Training
1. Start with bed flat and person flat and in back-lying position.
2. Remove pillow from under head.
3. Stand with your knees slightly bent, feet separated, one foot ahead of the other, facing the head of the bed.
4. Have person bend his/her knees.
5. Place one arm under shoulder, and other under person's neck. If person has "weak" side work from that side.
6. When you say "ready," have person push with heels, as you pull toward head of bed.
7. Replace pillow under head and check body alignment.

General Advice for RESPITE Care.
1. Since we are all "aging," we need to take care of ourselves while giving care to others. This includes guarding our own health, using good body mechanics, and preventing the spread of germs and infections.
2. Accidents, especially falls, are an extreme hazard to the aging person. WATCH FOR:
   - floppy slippers
   - broken shoes
   - untied shoelaces
   - dangling electric and telephone cords
   - open drawers
   - poorly lit rooms or hallways
   - spilled liquids
   - objects where someone might trip over them
   - scatter rugs
3. Do not be surprised if the person you care for seems to be discouraged or depressed. Most of the changes in aging represent losses to the person, compared with the way he/she used to function.
4. Be alert! Expect the unexpected. Watch especially for weakness and fatigue, which can come on suddenly.
5. Collect as much information as possible from the family or usual caregiver about what is to be done, and how it is best accomplished, before they go out. Collect as much information as you can from the person receiving care, as he/she is able to give you, throughout the stay. Things go more smoothly for the older person when they are done in a familiar way.
6. Always tell the person what you are going to do, before you do it.
7. Give instructions in short, understandable sentences.
8. Pause, and wait for the person's response (verbal or non-verbal).
9. Tell the person how he/she can help accomplish the activity.
10. Make every effort to face the person. Avoid approaching from behind the individual.
Hygiene
1. Good hygiene is important for yourself and the person for whom you are caring—for example, handwashing and disposal of body wastes and linens.
2. Mealtime should be a pleasant, relaxing time.
3. Food should be well prepared and attractively served. Hot foods hot, and cold foods cold. Encourage good fluid intake.
4. Person should wear dentures and eyeglasses if appropriate.
5. Encourage person to do as much for himself/herself as he/she can, even if he/she is slow or "messy."
6. If person asks for bedpan or to go to the bathroom, respond quickly. He/she probably can't wait very long (with training and family advice).

Handwashing
Objective: To reduce chance of infection and spread of infection.
1. Keep hair restrained.
2. Keep fingernails clean and short.
3. Do not wear jewelry.
4. Hold linen away from self.
5. Do not shake or toss linen.
6. Keep clean items separate from dirty items.

Procedure:
1. Roll sleeves above elbows, remove watch.
2. Do not touch outside or inside of sink.
3. Turn on water; adjust temperature.
4. Lather hands and arms well, using circular motions.
5. Clean fingernails.
6. Hold hands and forearms lower than elbows, rinse with running water.
7. Dry hands thoroughly.
8. Turn off faucet with paper towel.

Nutrition
Objective: To provide body with nutrients it needs. To provide for the enjoyment and satisfaction related to eating.

Procedure: Assisting a Person in Eating
1. Straighten room and remove unsightly equipment.
2. Wash person's hands and your own.
3. Position person.
4. Check and arrange food.
5. Supply dentures and eyeglasses, if appropriate.
6. Feed person, or provide needed assistance.
7. Remove tray and provide needed hygiene.
8. Reposition person and provide quiet.
9. Check with person for problems of digestion.
Dealing with the Hard of Hearing
Adapted from material provided by the Orlando DCCW.

1. Talk at a moderate rate and speak clearly.
2. Keep your voice at about the same volume and do not drop your voice at the end of a sentence; it conveys the message that you're unsure of yourself.
3. If you have a high pitch voice, try to lower it. High pitches are the first to be inaudible to those who are deaf.
4. In your conversation, make the change to a new subject at a slower pace.
5. Watch the expression on the listener's face and note when your words are not caught.
6. Face the person so they can see your lips as you speak.
7. If the person has one "good" ear, stand or sit on that side when talking with him/her. If there is a hearing aid, be sure it is in place and turned on. Some older people selectively tune out.
8. Keep person's attention by looking straight at them or by touching their hand or shoulder lightly.
9. Your facial expressions are important clues to meaning.
10. Many hard-of-hearing persons are unduly sensitive about their disability, and will pretend to understand you when they don't. When you detect this situation, tactfully repeat your message in different words until it gets across.

Active Listening/Reminiscence: Implications for Care
Adapted from material provided by the Orlando DCCW.

- Remember your client is a member of a family. Maintain open lines of communication with all involved in the care of the frail or mentally impaired elder.
- Establish trust. Be honest, non-judgmental and honor confidences. Don't tell one family member what another has said.
- Accept expressions of anger, frustration, hostility, even hatred. Remember that these are not deeds. Consider how you might feel if you were faced with the same burdens and losses as your client family.
- Remember your demeanor. Look the speaker in the eye. Establish a calm and receptive atmosphere by being relaxed, unhurried and attentive.
- Respond to what the speaker seems to be feeling. Facial expressions, voice tone and pitch provide clues.
- Make sure your perceptions are correct. Don't let your opinions and values distort the meaning or intent of another person.
- Remember your role as a listener does not extend to problem-solving.
- Ask relevant questions when the elder is reminiscing. Be careful not to interrupt.
- Don't pry. Pressure to discuss sensitive topics should be avoided.
- Remember reminiscence can be expressed through drawing, writing, recorded autobiography, free-flowing non-directed conversation, directed conversations with a facilitator or silently.
- Suggested approaches in the beginning: ask the elder person's earliest memory, the most exciting moment in history or the most special event in the elder person's life.
- Encourage reminiscence that re-establishes a sense of identity: e.g. past occupations and accomplishments.
- Use catalysts to bring back memories: e.g. trace family tree, use photographs, scrap books, old clothes, letters and miscellaneous memorabilia.
Reminiscence
Contrary to popular belief, people of all ages reminisce. The amount of time spent recalling past events is more closely related to people's life situations and circumstances than to age. Periods of transition, stress, physical inactivity or boredom seem to trigger reminiscence. Considered a problem by many, it is normal, adaptive behavior. The functions served by reminiscing include the following:

• Preserving a sense of personal significance and identity.
• Enjoying the "halo" effect of past glories and humanitarian deeds.
• Preserving a sense of family history, tradition and continuity.
• Resolving past conflicts and grievances.
• Coping with the losses, changes and limitations imposed by old age.
• As a substitute for the actual experience.
• As an antidote for boredom during moments of isolation.
• Facilitating greater insight, self-understanding, and acceptance toward past life experience in preparation for death.
• To stimulate creative thinking beyond the here and now.

• To develop a personal philosophy for life and its meaning.

Much reflection is done in silence. In using this valuable tool for communication, RESpite providers should not be concerned about long silences. Depressed elderly, especially, usually do not engage in reminiscing, although depression may be alleviated when reminiscence is facilitated and encouraged.

Depression
Adapted from material provided by the Orlando DCCW.

What Is Depression?
People of all ages experience changes or losses of some kind—whether it is a change in residence, death of a loved one, or other stressful experiences. All of us cope with these changes in different ways. Some of us adjust easily and rapidly. For others, adjustment is difficult and can result in serious emotional or psychological problems. Some of the major changes and losses that may occur in the older years include:

• Loss of a spouse
• Loss of same-age friends
• Changes in physical and mental functioning
• Loss of work identity through retirement
• Change of residence due to illness and/or economic situations (e.g. move into a nursing home, move in with an adult child)
• Loss of independence in managing daily activities due to disability
• Change in social and economic status

Any of us would feel depressed in coping with just one of these losses or changes. However, many older people suffer multiple changes/losses at the same time. These elderly people may not have an adequate support network of family and friends to help them cope with these difficult experiences and, as a result, they may suffer from depression.
What Are the Symptoms?
Symptoms of depression vary and some of the telltale signs may go unrecognized or untreated. Some people feel that being depressed is a normal part of growing old. This is not true. It is always important to have symptoms of depression checked. Some of these symptoms include:

- Emotional changes such as despair or anxiety.
- Physical changes such as poor health, eating disorder, insomnia, fatigue, or pain.
- Behavioral changes such as crying, withdrawal, irritability, confusion.
- Mental changes such as disorientation, memory loss, slowdown in speech, action, or thoughts.
- Attitude changes such as low self-image, pessimism, feelings of uselessness or apathy.

Depression can also be the result of an organic problem. Regardless of the cause, it is important for the elderly person to seek professional help in dealing with such signs of depression.

How Is It Treated?
Treatment includes:
- Counseling and therapy
- Medication may be prescribed by the physician in cases of severe depression.
- Support and encouragement of family, friends, and health/social workers

How Can You Help as a Volunteer?
- Acknowledge the elderly person's negative feelings. These feelings are real and shouldn't be easily dismissed.
- Build on his/her strengths and worth as a person.
- Make the elderly person aware of your concern and caring for him/her.
- Encourage the elderly person as he/she works at dealing with the problem he/she is facing.
- Encourage the elderly person to seek outside help if the problem is serious. It would be very difficult for the depressed person to resolve the problem on his/her own.
- Alert family and RESPITE program coordinator to serious changes in behavior or any mention of suicide.

At Home with the Stroke Recoveree
Adopted from material provided by the Orlando DCCW

As a RESPITE provider, it is essential that you establish good communications with your client. Whether you are working with an aphasic person or with a person who overestimates his/her capabilities and "talks a good line," you must be able to test his/her comprehension of what you are saying. You must also be able to understand what he/she is trying to communicate to you. Each of these clients presents a different problem in communication.

Communication with the Aphasic Person
Even though the aphasic person is unable to talk, he/she is an intelligent adult who needs to be included in the conversation around him/her. Never talk to his/her caregiver or to others in his/her presence as if he/she is not there. Resist the temptation to talk to him/her in a "grandmotherly tone" or other voice inflection.

Communicating with an aphasic person requires that you not only face him/her, but that you stand at his/her uninvolved side where you can be seen clearly. Your facial expression and body language usually help to make your message clear.

In any case, be sure to speak distinctly. Using simple words and presenting just one idea at a time will be helpful in getting your point across. Remember that simple words do not mean "baby talk." It may be necessary to repeat or to use different words until your client understands.
The noise of people talking and other activity creates confusion and is very distracting to the aphasic person. Close the door, turn off the TV or radio, and talk with him/her in a quiet atmosphere that is conducive to conversation.

Ask the caregiver for strategies you can use to communicate most effectively with the stroke recoveree. Determine if the recoveree can say "yes" or "no" or shake his/her head for a response. If this is impossible, see if he/she can point to yes or no printed on paper.

Check with the caregiver to determine what the recoveree's level of understanding is. It may be necessary to test to be sure the person really understands. For example, ask if he/she is too warm. If he/she answers "yes," then ask if he/she is too cold. If the answer is again "yes," you will need to test again to see how much he/she does understand. For reliable communication, he/she should respond correctly nearly every time.

When the recoveree is trying to express himself/herself, be sure you give him/her plenty of time without interruption to organize his/her thoughts. If it's difficult for him/her to recall the word he/she wants, you can give him/her "either/or" choices to help him/her respond. ("Would you like the orange or the apple?") Just because you heard him/her use the word once doesn't mean he/she can use it again on command. You may be able to give him/her cues—the first sound of a word, an associated word (salt and ??) or suggest that he/she picture the word in his/her mind.

It may be easier if you suggest he/she show you what he/she wants by pointing to something or by leading you somewhere.

Be sure to pay attention to his/her facial expression and body language. This may help make his/her message apparent to you.

There will be times when you will have to say that you are sorry, but that you do not understand what he/she is trying to say. This can be very frustrating for him/her. Do not leave him/her abruptly at this point, but be sure to reassure him/her and tell him/her you'll try later.

**Guidelines for Communication with the Cognitively Impaired**

*Adapted from material provided by the Orlando DCCW.*

**Speech construction:**

- Short sentences (simple, not compound or complex).
- Short words.
- Use nouns frequently used by the impaired.
- Use nouns instead of pronouns.
- Don't ask questions with multiple choices. They add to confusion and stress.
- Ask questions that may be answered with a yes or no, or with a gesture.
- Give directions one step at a time. Keep them short and simple.
- Speak the elder person's sensory language, e.g. if he/she uses the term "I see," use seeing words like "see," "look," "imagine," "appear," "show," etc.
- Integrate words from an earlier language spoken other than English.
- Begin each conversation (especially at night) by calling the person by name, touching gently, and identifying yourself.
- Speak slowly. Speak clearly. Maintain eye contact.
- If it is necessary to speak louder, speak in a lower voice tone.
- Wait silently for two-three minutes for the answer to a question.
- If it is necessary to repeat the question, repeat it exactly. Use the same words. Don't change the order of the subject and verb. Use the same gestures, facial expression, and tone of voice.
- Use supplemental gestures when speaking, e.g. nod your head to indicate agreement when saying "yes."
• Don't tower above the elder person who is in bed or in a wheelchair. Sit or kneel in order to be at eye level or lower.

• Handshake distance provides closeness without oppression or threat. Many clients stop in midsentence to see if you understand what they are saying. Repeat the person's last words to stimulate recent memory and assist them to continue their thought.

General considerations:
• Address, if possible, hearing or visual deficits. Review the implications for the visually and hearing impaired.

• Reduce environmental noise, activity and distractions.

• Make certain your face is well lighted.

• Use other sensory clues to augment your message: objects, pictures, smells, things to touch and feel. Look for reminiscence in hallucinations, delusions, or words that are spoken.

• Do not argue with or contradict the confused or impaired elderly. Respond to feeling rather than fact— it validates and shows respect for their feelings.

• Use questions that tie thoughts together.

• Do not assume that the elderly lack insight or do not understand.

• Praise and reassure. Remember great loss of personal dignity and confidence as knowledge and abilities deteriorate.

• Call them by their own name. This reaffirms identity, reduces confusion.

• If you can't get through, try again later.

Non-Verbal Communications
(Gestures, Body Position, Facial Expression)

General considerations:
• There is an increased awareness of nonverbal clues as the disease progresses; they become much more important in communicating.

• Remember nonverbal communication can be felt and is interpreted by others not involved in the process.

• Use concordant nonverbal clues when speaking (posture, facial expression).

• Nonverbal clues based on the client's information-processing may not be normal. They may misinterpret your meaning.

• Be aware of nonverbal physiological responses, e.g. pallor or flushing, perspiration, etc. may mean the patient is receiving too much sensory stimulation—the smell of dinner cooking, the sight of busy preparations and the sound of the TV, etc.

Specific approaches:
• Stand in front to enhance their listening behavior.

• Approach slowly, preferably not from behind.

• Use exaggerated facial expressions to emphasize your point.

• Walk with the patient if he/she starts to walk away. Don't restrain.

Use touch to:
• Gain attention and enhance listening behavior.

• Show you care and that they are worthy of care.

• Reduce feelings of isolation, rejection.

• Increase interaction.

• Let them know you are listening.

• Reinforce trust on a level understandable to the impaired.

• Fulfill a need that is greater than the need to talk.

Sensations from the skin are represented by a large area of the brain and are more likely to "get through." Lack of touching is seen as personal and social rejection.
Behavioral communications:
- The Alzheimer patient is extremely sensitive to the emotional climate of the environment.
- If the person doesn't understand he/she may avert the eyes, look down, and increase hand gestures.
- Feelings of hostility may produce an increase in pacing (motor activity).
- Non-listening behavior may be exhibited by lack of direct eye contact, lack of nodding or affirmation, seeking more information by touch or facial expressions, and/or body may be turned away. Leave alone; return later.
- Receptive behavior shows decreased or absence of total body motion. Relaxed facial muscles, may smile, and/or extend hand.
- Signs of anxiety may include hand wringing, crossing and uncrossing legs. The patient may take a step toward you.

General guidelines:
- Listen actively, carefully. If you don't understand, say so. If the person becomes agitated, offer your best guess. If he/she says "no," guess again.
- If the person refuses to cooperate, try to find out why. If it used to be a favorite activity, assume he/she has become sad, angry, frustrated, embarrassed, anxious about something. Check it out.
- If you say you will do something, do it! If you forget, apologize. Don't insult the person's intelligence by assuming he/she has forgotten.

General Communication Tips:
Listen for feelings. Respond to the feelings of the person and you will never have to worry about what to say.
Ask yourself: "If I were going through what this person is, what would I feel?" Don't tell the person, "I know how you feel" because you don't—that will only block the other's explanation. Demonstrate that you do understand somewhat by reflecting feelings, and the person will be reassured that you understand. Listen to the person's tone of voice, observe their actions, etc. and respond to what you think they may be feeling.

Example: A person is describing an event and his/her face is getting flushed, hands are clenched, and he/she is talking rapidly and loudly. He/she says, "What would you do if you were in my situation?" Respond to his/her feelings, not his/her question. Simply say, "Sounds as if you're pretty angry" (or something similar) and he/she'll continue talking and feel you've really understood what he/she said. He/she doesn't want advice, just understanding.

Silence is communication—non-verbal communication is communication. Sometimes it's appropriate to simply sit with someone and let them know by your presence that you care about them and respect their feelings. A touch of the hand, a nod of the head, a smile. Talk about pleasant memories and encourage people to talk about their past. They may be confused, forgetful, depressed, etc. but the old memories usually don't fade and provide them with a great deal of pleasure.

Caring for AIDS Patients
Adapted from material provided by the U.S. Centers for Disease Control.

An increasing number of families are caring for a family member with AIDS. If your program accepts clients with AIDS who need respite care, be very sure the RESPITE volunteer is not asked to give home care reserved for professionally trained medical staff.

General Care

Exercises: Even in bed, a person can do simple arm, hand, leg, and foot exercises. These are usually called "range of motion" exercises. These exercises help prevent stiff, sore joints and help keep the blood moving. A doctor, nurse, or physical therapist can show you how to help.
Breathing: If someone is having trouble breathing, sitting them up may help. Raise the head of a hospital-type bed or use extra pillows or some other soft back support. If they have severe trouble breathing, they need to see a doctor.

Comfort: A good back rub can help a person relax as well as help their circulation. A nurse, physical therapist, or book on massage can give you some tips on how to give a good back rub. Put books, remote controls, water, tissues, and a bell to call for help within easy reach. If the person can’t get up, put a urinal or bedpan within easy reach. Leave tissues, towels, a trash basket, extra blankets and other things the person might need close by so these things can be reached from the bed or chair.

Providing Emotional Support: Talk about things. Sometimes they may need to talk about AIDS or talk through their own situation as a way to think out loud. Having AIDS can make a person angry, frustrated, depressed, scared, and lonely, just like any other serious illness. Listening, trying to understand, showing you care, and helping them work through their emotions is a big part of home care.

Touch them. Hug them, pat them, hold their hands to show that you care. Some people may not want physical closeness, but if they do, touch is a powerful way of saying you care.

Guarding Against Infections
People living with AIDS can get very sick from common germs and infections. Hugging, holding hands, giving massages, and many other types of touching are safe for you, and needed by the person with AIDS. But you have to be careful not to spread germs that can hurt the person you are caring for.

Wash your hands: Washing your hands is the single best way to kill germs. Do it often! Wash your hands after you go to the bathroom and before you serve food. Wash your hands again before and after feeding them, or giving other care. Wash your hands if you sneeze or cough; touch your nose, mouth, or genitals, or handle garbage. If you touch anybody’s blood, semen, urine, vaginal fluid, or feces, wash your hands immediately. Wash your hands with warm, soapy water for at least 15 seconds. Clean under your fingernails and between your fingers. If your hands get dry or sore, put on hand cream or lotion, but keep washing your hands frequently.

Cover your sores: If you have any cuts or sores, especially on your hands, you must take extra care not to infect the person with AIDS or yourself. If you have cold sores, fever blisters, or any other skin infection, don’t touch the person or their things. You could pass your infection to them. If you have to give care, cover your sores with bandages and wash your hands before touching the person. If the rash or sores are on your hands, wear disposable gloves. Do not use gloves more than one time; throw them away and get a new pair. If you have boils, impetigo, or shingles, stay away from the person with AIDS until you are well.

Keep sick people away: If you are sick, stay away from the person with AIDS until you’re well. A person with AIDS often can’t fight off colds, flu, or other common illnesses. Chickenpox can kill a person with AIDS. Don’t let anybody with shingles (herpes zoster) near a person with AIDS until all the shingles have healed over. The germ that causes shingles can also cause chickenpox.

Get your shots: Everybody living with or helping take care of a person with AIDS should make sure they took all their "childhood" shots (immunizations). This is not only to keep you from getting sick, but also to keep you from accidentally spreading the illness to the person with AIDS. Just to be sure, ask your doctor if you need any shots or boosters for measles, mumps, or rubella since these shots may not have been available when you were a child.
Once you have a core group of enthusiastic, caring, trained RESpite volunteers, you will need to identify specific families in your parish who can most benefit from the services you offer. An enthusiastic, persistent, ongoing approach to identifying families in need is essential. The first step is for volunteers to alert their pastors, parish social service committees, and other appropriate parish channels to the new service available to parish families in need. This approach may include putting up posters in the parish vestibule and placing notices in the parish bulletin.

Some RESpite programs are established in partnership with other community and church organizations. There are several advantages to this relationship:

- If a RESpite volunteer has questions about his/her elderly client (state of mind or nutritional status, for example) or concerns about how that member is being treated within the family, he/she can call a trained worker for consultation;
- Social services agencies can take on the responsibility for training RESpite volunteers on a large-scale, ongoing basis;
- Social services agencies have contacts with many other voluntary community programs that may be able to provide additional support to a fledgling RESpite program;
- It is a rare parish that has the support staff to coordinate a RESpite program, while a Catholic social services agency may have the paid staff to do this in place.

Whatever procedure you eventually decide to follow to identify families in need in your parish, it's a good idea to consider taking the following steps:

- Send a letter or email to each pastor who has a trained RESpite volunteer or volunteers in his parish letting him know about the program.
- If there is no response to the letter or email to parish priests, follow up with a phone call to make an appointment.
- Encourage trained RESpite volunteers to publicize the program actively through word of mouth (many RESpite program coordinators from around the country cite "word of mouth" as the most important means of finding out about needy families in their parishes).
Sensitivity to Family Reluctance

The key to identifying families in need and matching RESPITE volunteers to elderly clients is to remember that even though families may want and desperately need the service, they may be reluctant about using it. This reluctance is likely to be greater the more responsible a caregiver feels for her elderly charge. For example, the grown daughter who cares for her shut-in mother may fear her mother won’t adapt to a new personality and a new routine, and won’t be able to communicate needs and wishes to the new person. The conscientious daughter may even have some residual guilt about leaving her parent, if only for an evening to see a movie. Such guilt is perfectly normal.

If a family wants to try having a RESPITE volunteer come in but is reluctant, putting that family in touch with a family who is using the service and is satisfied can work wonders in allaying the hesitant family’s concerns. Having the RESPITE program coordinator or volunteer come into the home and sit down for a get-acquainted chat (before being left alone with the elderly person) can also serve as a good icebreaker.

These tactics also serve as good icebreaker techniques with the older client. A confused older person may not be happy about being left with a stranger and may feel quite uneasy, so it is important to introduce the volunteer slowly and perhaps as a friend of someone already known to the older person.

Serving Broad Family Needs

Part of the responsibility inherent in identifying families is determining the full scope of that need, which will almost certainly go beyond just the desire to have some time off from caregiving now and then. Here are some points to keep in mind when matching volunteers with families:

- Be aware that not all RESPITE volunteer/family matches can be made in heaven on the very first try, and be willing to rematch volunteers with families when the match isn’t ideal for any reason.
- Be alert to potential problems that may crop up for volunteers, such as the lack of transportation (a volunteer who loses the use of his/her car may not be able to serve his/her family just when they have come to depend on him/her most).
- Find out your volunteers’ geographical preferences in advance (if a volunteer does not want to drive to a certain area, matching her with a family in that area will not be successful).

RESPITE is a people program, and its success ultimately depends on pairing the right people together. The RESPITE program coordinator is a skilled "matchmaker" who is sensitive to human personalities as well as human needs. Her reward is seeing the results that occur when family members under great stress receive the restorative help they need to shoulder their responsibilities, smile and get on with the business of meeting the daily demands of their lives.

The following sample forms can be helpful as you set up your program:

- Client agreement
- An assessment sheet
- An initial questionnaire for the caregiver
- A RESPITE home instruction sheet
- Family caregiver responsibilities
- Client’s rights
- Confidentiality statement
Client Agreement

I, ________________________________, hereby agree to hold harmless and free from any liability or claim from myself, my family, estate or any other actual or potential interested party, the RESpite program of the National Council of Catholic Women and the Arch/Diocese of ____________________, its providers, employees, volunteer workers, administrators or any property whatsoever, or any third party, or myself, occurring during, or as a result of, any participation in any activity or involvement with or through the above Program, its providers or representatives whatsoever. I understand that I am accepting and receiving volunteer services.

I acknowledge that I have read and do understand the above, and have disclosed to the representative of the program any information pertinent to the program's assistance to me, or otherwise, concerning my health, abilities and requirements, and have had my signature below witnessed by a person not being a member directly or indirectly of my family.

I have read and understand RESpite policies on client rights, client confidentiality, and caregiver responsibilities.

Date: ______________________________________________________________________

Person receiving RESpite Care:

____________________________________________________________________________
Name

____________________________________________________________________________
Signature/Authorized family member or designated representative

____________________________________________________________________________
RESPITE Program Coordinator or designated representative
Respite Manual

RESPITE Assessment Sheet

Case no_____________________________________

Care Receiver Information

Please Print Last First

Name care receiver likes to be called______________________________

Date of birth ___________ Age _______ Social Security No.____________________

Emergency Information

Principal caregiver's name__________________________________________

Relationship _______________________ Phone ________________________

Alternate caregiver's name________________________

Relationship _______________________ Phone ________________________

Care Receiver Needs Restriction of:

□ Food □ Fluids □ Sugar □ Smoking □ Other ________________________________

Comments____________________________________________________________________

Safety:

□ Keep in bed □ Walker □ Cane

□ Wheelchair □ May walk with assistance □ Glasses

□ May walk to bathroom alone □ Use commode □ Hearing aids

□ False teeth, false teeth removable? □ Yes □ No

Prosthesis: □ leg □ other ________________________________

State of Mind:

□ Alert □ Confused □ Disoriented

□ Wandering □ Apprehensive □ Easily agitated

□ Talkative □ Quiet □ Depressed

Activities Care Receiver Likes:

□ Talking □ Card games □ Crafts □ Reading □ Music □ Nothing

□ Other ____________________________________________________________

Medication information: (dosage & times)

______________________________________________________________

Other information:

Answer phone: □ Should □ Should not

Answer doorbell: □ Should □ Should not

Pets in home: □ Cats □ Dogs □ Birds □ Reptiles □ Other

______________________________________________________________
RESpite Assessment Sheet (Continued)

Personal background (i.e. what type of work)

Address

Street    City/State    Zip Code    house/apt#    development

Directions to home

Parish or area    other

Doctor's name    Phone

Hospital    Phone

Ambulance: (911)    other    Phone

Insurance Medicare/Medicaid    Policy number

Insurance (1)    Phone

Insurance (2)    Phone

Respite needs:  □ Weekly  □ During Sunday Mass  □ Other
□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday □ Sunday
□ For how long? _______________

Name of person obtaining this information

________________________________________________________________________

Notes

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Adapted from material provided by Orlando DCCW
Initial Questionnaire

AT INITIAL CALL FOR ASSISTANCE, please ask the first six questions:

1. Name of client and age______________________________

2. Name of caregiver ________________________________

3. Phone ________________________________ Cell Phone __________________

4. Address ____________________________________________

5. Directions to home ____________________________________

6. Who recommended RESpite? ___________________________

7. Date of initial call _________________________________

8. What is the client's problem? __________________________

Pause here to explain that we prefer to visit the home to meet the client and assess the situation and whether or not we can be of assistance. For example, we might need to send two of our volunteers on the call. Set up a convenient time for this visit.

9. What is the client's attitude toward the illness?

10. What is likely to be the client's attitude toward being left with a stranger?

11. Is the client usually cooperative? If not, explain that we don't usually have a problem, most likely because we are new to them.

12. Are there any speech or hearing problems?

13. Are there any allergies to, for example, food or flowers?

14. What are they allowed to do? Walk unaided? Inside or outside? Use stairs? Must they use a cane or walker? If taken outside will they come back in?

15. Do they use the bathroom unsupervised? Or do they use a commode in the room?

Continued on Back

_______________________________________________________________________

17. We are not allowed to give medication. However, if you leave it out in the proper dosage, we can supervise them while they take it.

___________________________________________________________________________

18. We will need to know each time you leave, approximately how long you expect to be gone.

_________________________________________________________________________________

19. In case we need to reach you, we would need a phone number, if possible.
If we are unable to reach you, who else could be reached quickly? Please provide name and phone number.

____________________________________________________________________________

20. Where could we find bandages, gauze, or other first aid supplies?

__________________________________________________________________________________________

21. If we are unable to reach you or your alternate, we will call 911, in which case, we will need the following:
How to give directions
Nearest major intersection
Specifics such as house color or how far from intersection

________________________________________________________________________________

22. Who is your doctor?

_____________________________________________________________________________

23. What hospital?

________________________________________________________________________________

Leave a RESPITE brochure with them and suggest they call with any questions. Inform them about start-up procedures and who will notify them of volunteer’s first visit.

Adapted from material provided by Patricia Dowd

Our Lady of the Cape Guild RESPITE Program. Brewster, Massachusetts.
RESPITE Home Instruction Sheet

Note: Leave this form in home of person receiving care.
Review at the time of each visit.

Care Receiver's Name: ____________________________________________________________

Family Member's Name: __________________________________________________________

Where family member can be reached:

Place: ________________________________________________________________

Phone: _____________________________________________________________________

Alternate Person in Case of Emergency:

Name: _____________________________________________________________________ Phone: _____________________________________________________________________

Any special instruction or information concerning care receiver’s health or mobility status:

______________________________________________________________________________

Any medication given care receiver recently: ______________________________________

Dosage: _____________________________________________________________________ When administered: _____________________________________________________________________

Persons expected to visit the home while the RESPITE volunteer is present:

______________________________________________________________________________

For what purpose: _____________________________________________________________________

Any persons expected to phone during this time: _____________________________________________________________________

Messages: _____________________________________________________________________

Have Emergency Numbers and Directions to Home Handy at All Times

Adapted from material provided by Orlando DCCW.
Family Caregiver Responsibilities

1. Will cooperate with general policies and procedures of RESPITE program.
2. Will not give volunteers any task (e.g. cleaning, administering of medication, cooking, house chores) other than those to which they have agreed.
3. Will not hold RESPITE program responsible for uncontrollable wandering of older or disabled person.
4. Will disclose as completely as possible information about the care receiver's physical, emotional and mental limitations.
5. Will post emergency help information including a list of the medications the care receiver is currently taking, by the phone.
6. Will return at designated time.
7. Will inform the volunteer of any change in schedule. If the volunteer cannot be reached, will contact the RESPITE program coordinator.
8. Will leave a phone number where they may be reached.
9. Will provide all requisites necessary for the proper care of the care receiver.

Emergency Disaster Preparedness

All emergency information shall be posted near phone, such as: Police and Fire Departments, Ambulance Service, Poison Control Center. Immediate response to a medical emergency is to call 911 or the local paramedic service.

Adapted from material provided by Catholic Charities of the Diocese of Pittsburgh, Inc.

RESPITE Program Statement of Client’s Rights

Each client must be accorded the following rights:

1. The right to be treated as an adult, with consideration, dignity, and respect.
2. The right to participate in a program of services and activities designed to provide safety and supervision.
3. The right to be cared for in an atmosphere of sincere interest and concern.
4. The right to confidentiality and the requirement for written consent for release of information to persons not authorized under law to receive it.
5. The right to voice grievances without discrimination or reprisal with respect to care.
6. The right to be fully informed, as evidenced by the participant’s written acknowledgment of these rights, of all rules and regulations regarding participant conduct and responsibilities.
7. The right to be free from harm, including unnecessary physical or chemical restraint, isolation, abuse or neglect.
8. The right to be fully informed, at the time of acceptance into the program, of services available.
9. The right to communicate with others and be understood by them to the extent of the participant’s capability.
10. The right to express any grievances.

Adapted from material provided by Catholic Charities of the Diocese of Pittsburgh, Inc.
Understanding of Client Confidentiality

Confidentiality is a principle which assures that the RESPITE program will strive to protect the privacy of the client. Each volunteer is expected to honor the confidentiality of the clients served and services provided to them.

Administrative Procedures:

1. The effectiveness of services provided by the RESPITE program is greatly influenced by the degree of trust between the client and volunteers. It is, therefore, required that all information pertaining to or received from a client be treated with the strictest confidence.

2. Only the RESPITE program coordinator who is working with the client is authorized to access the client’s file.

3. An employee or volunteer of the RESPITE program shall not divulge client information to anyone except where there is a clear need to know. A clear need to know shall be deemed to exist only in those instances where the information is required to obtain services or assistance for a client. Even in those instances, employees are required to exercise discretion by limiting such information only to pertinent or necessary details.

4. Volunteers will be provided with sufficient information regarding the client and services being provided to this client to enable them to perform their assigned volunteer responsibilities.

5. Any other release of client information shall only be authorized if accompanied by a prior written release signed by the client or if subpoenaed in accordance with law.

6. Any unauthorized release of information shall be considered a breach of professional conduct and shall result in termination of the volunteer.

Note: All persons involved in a RESPITE program should have an understanding of client confidentiality. Particular characteristics will depend on the scope of the program.

Adapted from material provided by Catholic Charities of the Diocese of Pittsburgh, Inc.
Once you have started a RESPITE program in your area, your work has really just begun. The key to the success of NCCW's RESPITE program is keeping the service going once it has been started. This requires energy, enthusiasm, commitment to the basic goals of the program, flexibility, a willingness to make some changes in the basic structure of the program if necessary, and determination to build RESPITE into a strong parish resource.

Since the backbone of the program is volunteers, it is important to build recognition and non-monetary rewards into the system. Volunteers must come to feel so strongly about the worth of what they do that they will feel a growing commitment to donate their time. When RESPITE provides the very best person-to-person match possible, volunteers do keep coming back, and they invariably say they receive far more from what they do than they give.

RESPITE is, first and foremost, a people-to-people program. Try to keep the one-on-one quality that is essential to good respite care. Try to honor a volunteer's request for a specific geographical area or a specific family. Remember, the volunteer is donating his/her time, the most valuable commodity any of us has to give. If a volunteer turns out to be ill-matched with an elderly person, try to be sensitive to the need for another placement. Nothing will drive a volunteer away from the program faster than a feeling that he/she is just a nameless, faceless volunteer, rather than an important human being with unique qualities of caring and compassion to share with someone in need.

You cannot overdo the expression of thanks and recognition for your volunteers. Recognize volunteers at annual meetings and in newsletter notices. Call them by name and ask them to stand, then start the clapping. Publicize the total number of volunteer hours donated to the RESPITE program. Letters from thankful recipients of respite care who express their thanks in their own words are a powerful selling point for the program.

To help volunteers feel they are a part of your RESPITE program and that their ideas and suggestions matter, it’s important to build an evaluation into your training sessions and a yearly meeting of trainers and volunteers with the program coordinator. They can sit down together and talk about the training in light of new-found experience with families in need of RESPITE. It may be difficult to get trainers who have professional commitments to devote a day or afternoon to this valuable brain-storming process, but they may be more than willing to spare an evening.
Perhaps the best sign of recognition and the highest compliment you can pay volunteers is asking them to participate in training sessions for new volunteers. A volunteer who has been in the program for a while will come to feel even more commitment to the respite care concept if she is asked to participate in training sessions. You might want to consider building into your training a short give-and-take time when those who have just completed the training can talk with seasoned volunteers and ask them questions about their work. Questions are likely to touch all bases, from whether the seasoned volunteer has had to assist in a medical emergency to what to do if the family perceives him/her as a maid who has come to clean the house.

Even in the best of all possible scenarios, your RESPITE care program is going to lose volunteers by attrition. People move away. Their family situations change and they may be needed at home to nurse a sick relative or care for grandchildren. They may decide they need to seek paid employment to help balance the family budget. And, in consultation with the program coordinator, a volunteer may simply decide this work is not for him/her. That is OK, too. Not everyone can be a RESPITE volunteer.

For these reasons, part of your job is to constantly replenish your valuable store of volunteers by promoting the program at meetings, conventions, in parish bulletins and newsletters, and in diocesan newspapers. Remember, you must think of recruitment as an ongoing process, not a one-time effort. The more organized and professionally run your program appears to others, the more successful you will be in attracting new volunteers to help serve. Prospective volunteers must catch a sense of your own energy and enthusiasm, both of which can be highly contagious if you project them successfully.

At regular intervals, take the time to explain the RESPITE program to your pastor and give him an update on how it is going. The importance of pastoral support for RESPITE cannot be stressed enough. Often a concerned pastor can make the crucial difference between whether the program flounders or thrives.

Remember that volunteer recruitment is only as good as the commitment and continuity of those doing the recruiting. Each council should have a chair or coordinator whose job it is to recruit and place volunteers. This person should be energetic and dynamic and, equally important, able to commit to the program for at least a full year. Nothing is more confusing, discouraging or potentially undermining to a voluntary program than for prospective volunteers to be faced with a new person and new phone number every few months.

When considering giving someone the job of RESPITE program coordinator, try tactfully to determine something about her qualifications and family responsibilities. Is her husband likely to be transferred from the area? Does she care for an infirm relative at home who may need more and more of her time? Can she pace herself well or does she tend to burn out? What other volunteer management experience has she had? Is she a naturally enthusiastic and gregarious person? Choose your volunteer coordinator with great care. Remember, she will be your link with the public. In a very real sense, her personality will set the tone for your RESPITE program.
When the National Council of Catholic Women began its RESPITE program in 1982, it was "ahead of the curve," addressing a need that has become increasingly widespread. Today, as the Catholic Church and the nation are continuing to pay greater attention to parish-based health care support to the elderly and their caregivers, local councils have new and exciting opportunities to expand RESPITE and to work with new partners in their parish.

Local councils can bring to these new partnerships both valuable expertise and a core of experienced volunteers who can help train others and expand their own involvement.

Respite care is only one piece of support for the elderly, but it is a vital part, helping both caregivers and care receivers. Local RESPITE programs have made a significant contribution to the quality of life of the elderly and their caregivers.
RESOURCES

A Caregivers Companion (Ministering to Older Adults), Rev. J. Daniel Dywski, Ave Maria Press, ISBN# 978-0877936732 (Amazon.com)


May I Walk You Home?: Coverage and Comfort for Caregivers of the Very Ill, 10th Anniversary Edition, Authors: Joyce Hutchison & Joyce Rupp, Ave Maria Press website.


National Family Caregivers Association, 10400 Connecticut Ave, Suite 500, info@thefamilycaregiver.org, 1-800-896-3650

Parish-Based Health Services for Aging Persons, Catholic Health Association of the USA, St. Louis, Mo., www.chausa.org

Prayers for Care Givers, Patti Normile, Abbey Press Publications (May 21, 2014)

National Council on Aging, under Resources (Older Adults and Caregivers), www.ncoa.org, 251 18th St. South, Suite 500, Arlington, VA 22202, 571-527-3900.

Pray With Me Still: Rosary Meditations and Spiritual Support for Persons with Alzheimer’s, their Caregivers, and Loved Ones, (Holy Cross Family Ministries), Publisher: Ave Maria Press (Mar 1, 2006).


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Understanding of Client Confidentiality