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presents

Advocating for friends and family: Building empathic responses

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Advocating for friends and family: *Building empathic responses*

RESOURCE OVERVIEW:

THIS LESSON WAS DESIGNED TO PROVIDE HEALTH EDUCATORS WITH A SHORT UNIT OF INSTRUCTION TO SUPPLEMENT AN EXISTING HEALTH CURRICULUM AND TO AID IN THE UNDERSTANDING OF BRAIN HEALTH. ADDITIONAL ENRICHMENT AND COMMUNITY ENGAGEMENT ACTIVITIES ARE INCLUDED. CONNECTIONS TO HEALTH BEHAVIOR THEORY ARE ADDRESSED.

SKILL TAUGHT WITHIN THIS MINI-UNIT:

SKILLS THAT ARE DEVELOPED IN HEALTH EDUCATION ARE THE FOUNDATION OF HEALTH LITERATE INDIVIDUALS. ADVOCACY IS THE SKILL TAUGHT WITHIN THIS MINI-UNIT.

OVERALL GOAL OF THIS MINI- UNIT:

STUDENTS WILL BE ABLE TO DESCRIBE ACCURATE FUNCTIONAL HEALTH KNOWLEDGE RELATED TO DEMENTIA, RESULTING IN A HIGHTENED SENSE OF EMPATHY, WHICH WILL ALLOW THE STUDENT TO DEVELOP A PLAN TO ADVOCATE FOR THE HEALTH OF SELF, FRIENDS, FAMILY AND COMMUNITY.

Functional Health Knowledge Standards for Health Education

Grades 9-12

WISCONSIN STANDARD FOR HEALTH EDUCATION

FUNCTIONAL HEALTH KNOWLEDGE

1:4:A2 Examine the interrelationships of various dimensions of health (i.e., emotional, mental, physical, social, environmental, and occupational).

NATIONAL HEALTH EDUCATION STANDARD

FUNCTIONAL HEALTH KNOWLEDGE

1.12.2 Describe the interrelationships of emotional, intellectual, physical, and social health.

Grades 9-12

WISCONSIN STANDARD FOR HEALTH EDUCATION

ADVOCACY

8:4:B1 DEVELOP A PLAN TO ADVOCATE FOR A PERSONAL, FAMILY, OR COMMUNITY HEALTH ISSUE.

NATIONAL HEALTH EDUCATION STANDARDS

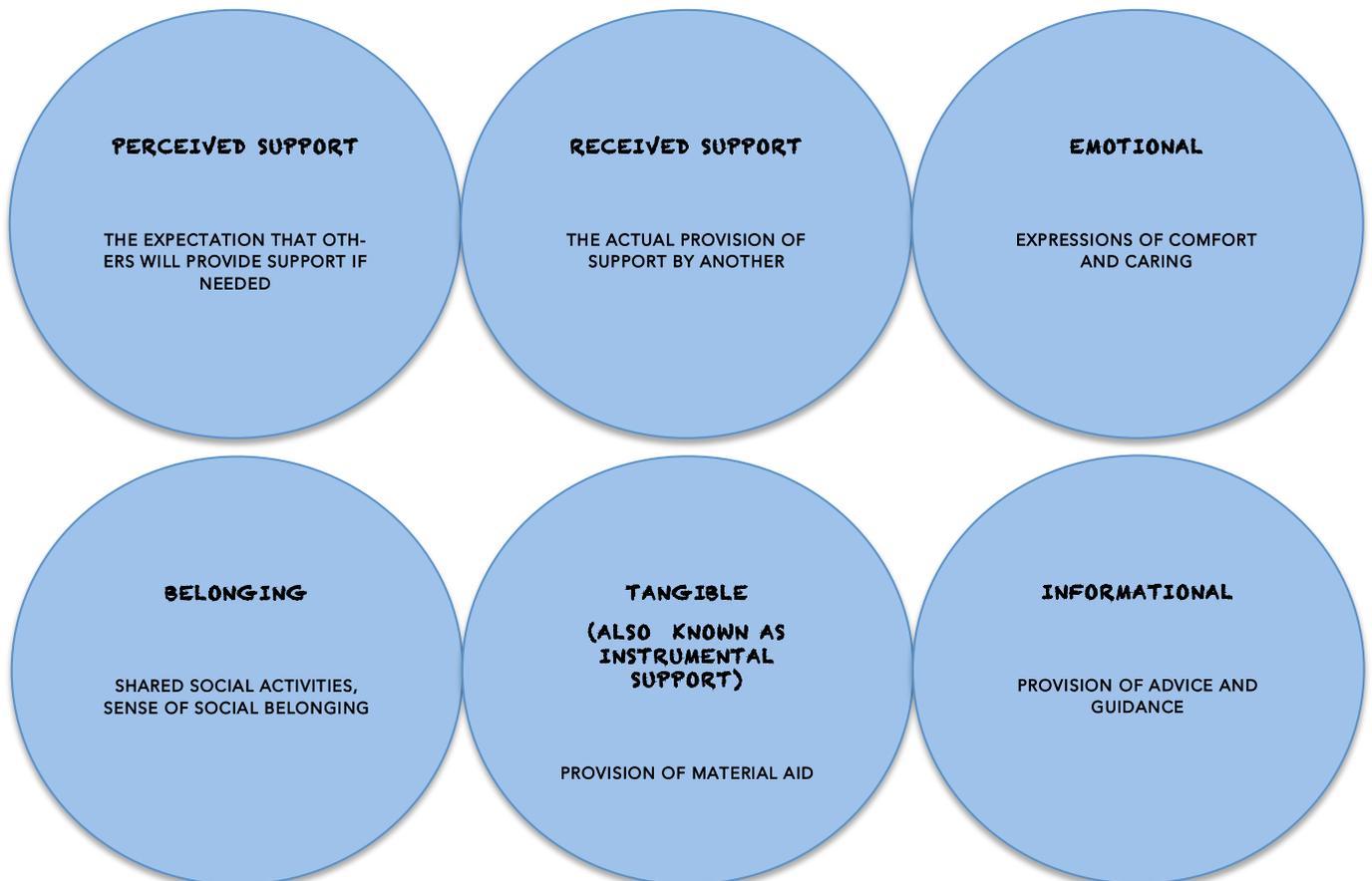
ADVOCACY

8.12.3 WORK COOPERATIVELY AS AN ADVOCATE FOR IMPROVING PERSONAL, FAMILY, AND COMMUNITY HEALTH.

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THEORY TO PRACTICE

Empathy has its roots in the dimensions of functional support. Several types of functional support exist: perceived, received, emotional, belonging, tangible and informational. Health Education theoretical models* such as the Stress Prevention Model, the Stress Buffering Model and the Direct Effect Model support these dimensions. Understanding empathy means understanding these dimensions. Being empathetic is one factor in being an effective advocate. **When an advocate is perceived to be empathetic, overcoming stigma is possible.



*Holt-Lunstad, J. & Uchino, B.N. *Social support and health*. In Glanz, K., Rimer, B.K. & Viswanath, K. (2015). *Health behavior: Theory, research, and practice*. 5th Edition. Jossey-Bass: San Francisco: CA.

** Thoits, P.A. (1986). *Social support as coping assistance*. *Journal of consulting and clinical psychology*, 54, 416-423. In Heaney C.A. & Israel, B.A. (1997). *Social networks and social support*. In Glanz, K., Lewis, F.M. & Rimer, B.K. (1997). *Health behavior and health education: Theory, research, and practice*. 2nd Edition. Jossey-Bass: San Francisco: CA.

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FUNCTIONAL HEALTH KNOWLEDGE ESSENTIAL
QUESTION

In what ways does dementia impact the interrelationships of emotional, mental, intellectual, physical, environmental, occupational, spiritual, and social health?

ADVOCACY ESSENTIAL QUESTION

In what ways can you work cooperatively within your sphere of influence (personal, family, and community) to advocate for increasing empathy towards people with dementia?

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FUN HEALTH FACTS

Understanding the Brain and Dementia

In order to better understand dementia, you must first understand the brain as an organ.

- ❖ We are born with almost all the brain cells we will ever have, roughly 100 billion, and they grow and develop over time.
- ❖ The brain is the most complex organ in the body – some cells in the brain have as many as 10,000 connections with other cells.
- ❖ The brain reaches peak volume around age 16, so you have the physically largest brain when you are a teenager.
- ❖ The brain continues to develop until age 25, when the peak of memory function is reached.
- ❖ Although the brain is only 2% of your total body mass, it uses about 20% of the total blood supply in your body due to the high amount of energy it needs.

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PROCEDURES

FUNCTIONAL HEALTH KNOWLEDGE

Why It Matters

THE PRIMARY GOALS OF OBTAINING FUNCTIONAL HEALTH KNOWLEDGE ARE TO:

Maintain positive health behaviors such as: personal hygiene, active lifestyle, healthy body weight and composition, healthy eating habits, and positive interpersonal communication.

Avoiding unhealthy behaviors such as: sedentary lifestyle, unhealthy eating habits, unhealthy body composition, smoking, alcohol, and unhealthy communication patterns.

Functional health knowledge is not intended to stand alone. Functional health knowledge is intended to be paired with a health skill. The primary goal of Health Education is to make healthy choices, not to obtain knowledge as a static entity in and of itself.

Therefore, once someone better understands functional health knowledge related to brain health and dementia, they can more readily grasp the challenges associated with caring for someone with dementia. Ideally, this would result in advocating on behalf of the person with dementia as well as developing of a sense of empathy towards family members or caregivers of a person with dementia. Having access to accurate functional health knowledge may help a person differentiate myth from fact. Having accurate information may also help reduce the stigma associated with dementia.

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FUNCTIONAL HEALTH KNOWDGE

Risks to Brain Health

Maintaining brain health over a lifetime is an important factor in the aging process. Dementia is caused by the death of brain cells. It is gradual and yet unstoppable. Therefore, preventing dementia is important. A person can reduce their risk of developing dementia by avoiding the following risky behaviors:

- ❖ Alcohol abuse
- ❖ Smoking
- ❖ Sedentary lifestyles that lead to being overweight or obese
- ❖ Eating an unhealthy diet that leads to development of diabetes or cardio-vascular disease
- ❖ Not wearing a helmet

The Most Common Types of Dementia

The three most common types of dementia include:

Alzheimer's disease – The most common type of dementia. Common symptoms include memory loss, difficulty in word finding, increased confusion, becoming lost in familiar places and struggling with mental tasks that were formerly easy to do.

Vascular dementia (stroke-related) – Symptoms depend upon where in the brain the stroke occurred, and can be very similar to Alzheimer's disease.

Lewy-body dementia – Symptoms include visual hallucinations, stiffening of arms and legs, increased falls and difficulty in walking.

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FUNCTIONAL HEALTH KNOWLEDGE

Symptoms of Dementia

- ❖ Difficulty in planning or problem solving
- ❖ Difficulty in completing familiar tasks
- ❖ Confusion with time or place
- ❖ Repetitious thoughts and speech
- ❖ Getting lost in familiar places
- ❖ Trouble coming up with the right words
- ❖ http://www.alz.org/alzheimers_disease_10_signs_of_alzheimers.asp

Reducing Your Risk of Developing Dementia

- ❖ Exercise
- ❖ Refrain from smoking
- ❖ Wear a helmet
- ❖ Eat a healthy, balanced diet
- ❖ Social engagement
- ❖ Cognitive stimulation

Facts Associated with Dementia

- ❖ As we age, our brains will lose some cells as a normal part of aging.
- ❖ Confusion and memory loss that interferes with everyday life is not normal at any age.

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FUNCTIONAL HEALTH KNOWDGE Understanding Empathy

Empathy is defined as being able to understand a perspective other than your own. There are two types of empathy: cognitive and affective. Cognitive empathy is the capacity to intellectually understand another person's emotional state, whereas affective empathy is based on an emotion. Affective empathy is based on the ability to empathize in response to another person's emotional state. Empathy is a key construct within social-emotional learning. A person who is empathetic has a greater capacity to work for the good of others, which is the essence of advocacy.

A person that demonstrates empathy is able to express comfort and caring for another. This type of *functional support is known as belonging. There are several types of functional support. They are:

- ❖ Perceived support – The expectation that others will provide support if needed
- ❖ Received support – The actual provision of support by another
- ❖ Emotional – Expressions of comfort and caring
- ❖ Belonging – Shared social activities, sense of social belonging
- ❖ Tangible – Provision of material aid
- ❖ Informational – Provision of advice and guidance

*Holt-Lunstad, J. & Uchino, B.N. *Social support and health*. In Glanz, K., Rimer, B.K. & Viswanath, K. (2015). *Health behavior: Theory, research, and practice*. 5th Edition. Jossey-Bass: San Francisco: CA.

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The 5 Steps of Skill Development

Step 1 - Introduce the skill

1a. Define the skill.

1b. Discuss the relevance of the skill to the health of the student in his/her life. Identify the essential question or problem to be solved to establish relevance to the student within his/her life, and then link the essential question to the educational outcome (1c.)

1c. Explain the educational outcome for the skill.

Step 2 - Present the steps of the skill

2a. Explain the critical elements of the skill. (Use the NHES Performance Indicators to guide the explanation). When explaining this to teachers, align concepts and constructs of Health Education theories and models with the individual Performance Indicators to establish theoretical underpinnings of the skill.

Step 3 - Model the skill

3a. Demonstrate the skill.

3b. Use examples that are age-appropriate, personally relatable, and that align with normative data and community needs and perceptions. Examples should directly align with the educational outcomes identified in Step 1.

3c. Interject normative data and functional health knowledge that aligns with the skill and that is directly related to the health topic at hand.

Step 4 - Practice the skill

4a. Multiple Performance Assessments should be provided in order for students to be able to practice the skill within various contexts and to multiple audiences.

4b. Opportunities for practice should be relevant and directly linked to the educational outcomes listed in Step 1.

4c. Assess the skill using a skills-based rubric.

Step 5 - Provide feedback and reinforcement of the skill

5a. Provide opportunities for students to apply the skill to their lives (home, school, community).

5b. Provide summative feedback on performance assessments.

Modified from: Benes, S. & Alperin, H. (2016). The essentials of teaching health education: Curriculum, instruction, and assessment. 5th Ed. Human Kinetics: Champaign, IL.

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PROCEDURES: SKILL DEVELOPMENT

The following procedures describe the step-by-step process that a teacher used to teach the health skills.

Step 1 - Introduce the skill

- 1a. Define the skill.
- 1b. Discuss the relevance of the skill to the health of the student and their lives.
- 1c. Explain the educational outcome for the skill.

1a. DEFINE THE SKILL

ADVOCACY is actively sharing accurate health information for the purpose of solving problems on behalf of you or another individual or group. This may include your family, friends, or community members. Effectively advocating means that you are able to recall and use accurate functional health knowledge for the purpose of persuading or informing others of a cause that helps enhance the health of yourself or others. Being an effective advocate means being able to convey information and ideas with passion and conviction in culturally appropriate ways within specific contexts. Understanding and effectively communicating the interrelationships between the various dimensions of health (emotional, mental, physical, social, environmental, occupational, and spiritual) will help a person become a more effective advocate.

1b. DISCUSS THE RELEVANCE OF THE SKILL TO THE HEALTH OF THE STUDENT IN HIS/HER LIFE

As family members age the likelihood of knowing someone with dementia increases. In homes where multiple generations live under one roof, adolescents may be impacted by a family member living with dementia. Adolescents should be able to effectively advocate for themselves and others because the short-term and long-term health of themselves, their family members, or friends of family members may be at stake. Understanding how to effectively seek help on behalf of someone with dementia is helpful to families as they cope with the changes in family dynamics due to a family member having dementia. How well a person or family functions in response to understanding the impact of dementia within the home may have an impact on whether or not the person with dementia receives (professional) care. It may also help family members respond more empathetically to the person living with dementia.

1c. EXPLAIN THE EDUCATIONAL OUTCOME FOR THE SKILL

Students will be able to consistently and actively advocate for themselves at home, school, and within the community specifically related to having empathy related to dementia as the result of a disease. They will be able to describe and examine how the various dimensions (emotional, mental, physical, social, environmental, occupations, spiritual and intellectual) of health are interrelated, resulting in working cooperatively and developing a plan to advocate for a person, family member, friend, or community member living with dementia. They will be able to formulate ways to build support for a cause or idea in order that a person/people make health-enhancing choices with an outcome of a healthy individual and/or community. They will be able to state accurate functional health knowledge so that it supports the health-enhancing idea. Advocacy means constructing a thoughtful and convincing step-by-step oral or written plan with a desired end in mind. The skill of advocacy relies on being able to effectively use many of the other health skills (i.e., decision making, goal setting, communication, analyzing influences, accessing valid health information, self-management).

ESSENTIAL QUESTIONS:

In what ways does dementia impact the interrelationships of emotional, mental, intellectual, physical, environmental, occupational, spiritual, and social health?

In what ways can you work cooperatively within your sphere of influence (personal, family, and community) to advocate for increasing empathy towards people with dementia?

Step 2 - Present the steps of the skill

2a. Explain the critical elements of the skill. (Use the NHES Performance Indicators to guide the explanation). When explaining this to teachers, align concepts and constructs of Health Education Theories and models with the individual Performance Indicators to establish theoretical underpinnings of the skill.

2a. EXPLAIN THE CRITICAL ELEMENTS OF THE SKILL.

The critical outcomes of the advocacy skill for this **ADVOCATING FOR FRIENDS AND FAMILY: BUILDING EMPATHIC RESPONSES** lesson are reflected in the following standards:

Wisconsin Standards for Health Education - 8:4:B1 – Develop a plan to advocate for a personal, family, or community health issue.

National Health Education Standard - 8.12.3 - Work cooperatively as an advocate for improving personal, family, and community health.

THE ELEMENTS OF THE ADVOCACY SKILL

In order to be able to develop a plan and to work cooperatively, the skill of **ADVOCACY** means being able to:

- ❖ Effectively communicate ideas (orally and/or in writing)
- ❖ Construct a logical, thoughtful argument that is based on accurate functional health knowledge
- ❖ Balance passion and conviction with emotionally-tempered responses.
- ❖ Recognize the role of influences and bias in personal beliefs, ideas, and convictions
- ❖ Work towards equitable and fair policies, procedures, and responses
- ❖ Respond to others with empathy
- ❖ Understand multiple perspectives to help shape a well-rounded opinion and/or argument
- ❖ Evaluate the factors that form and influence a problem or solution to a problem
- ❖ Understand that various stakeholders exist and that they often have differing opinions, biases and motives
- ❖ Work towards socially responsible and equitable solutions
- ❖ Understand context and social norms as it relates to the advocacy effort
- ❖ Understand the history of a problem
- ❖ Understand the barriers to effectively advocating for the person or problem
- ❖ Understand the role that culture has in behavior and health choices
- ❖ Use accurate data to present ideas
- ❖ Predict the types of resistance which will occur to the advocacy effort and create appropriate and measured responses in advance and that align with the resistance
- ❖ Construct short-term and long-term goals associated with the advocacy effort
- ❖ Actively address myths, stereotypes and stigmas associated with the advocacy effort

Jefson, C. (2017). *The elements of the advocacy skill*. Red Barn Blue Sky Publishing & Consulting, LLC: Menomonie, WI.

Step 3 - Model the skill

3a. Demonstrate the skill.

3b. Use examples that are age-appropriate, personally relatable, and that align with normative data and community needs and perceptions. Examples should directly align with the educational outcomes identified in Step 1.

3c. Interject normative data and functional health knowledge that aligns with the skill and that is directly related to the health topic at hand.

3a. DEMONSTRATE THE SKILL.

THE TEACHER WILL READ THE FOLLOWING 3 SCENARIOS TO THE STUDENTS:

Ramona's grandmother

Ramona experiences empathy

Joya is an advocate

AFTER LEARNING THE FUNCTIONAL HEALTH KNOWLEDGE PREVIOUSLY DESCRIBED, TOGETHER, BOTH THE TEACHER AND STUDENTS WILL EVALUATE THE 3 SCENARIOS.

Performance Task 1 – Within the scenario “*Ramona's grandmother*” identify the characteristics of dementia.

Ramona has just walked home from soccer practice to find her grandmother standing in the kitchen holding the car keys, looking confused. Ramona says hello to her grandmother and asks her where she is going. Her grandmother responds in an agitated way by saying “Who are you?” “And what business is it of yours where I am going?” Ramona feels hurt because her

grandmother doesn't remember who she is and that her grandmother's tone of voice was so harsh. Ramona replies "I'm Ramona, your granddaughter." Ramona's grandmother looks embarrassed and ashamed at not remembering. Ramona gently takes her grandmother's hand and walks her over to the "memory board" in the kitchen. It has pictures of each person that is important to Ramona's grandmother. Under each person's picture is the person's name and how he or she is related to Ramona's grandmother. Ramona's grandmother shows a meek smile. Ramona's grandmother then says "I was just on my way to the grocery store to return the book that is due tomorrow." Ramona, reminds her grandmother that the library is only 1 block away and that they can walk down there together. Ramona tells her grandmother that it is no rush getting the book back because it is not due tomorrow.

Performance Task 2 – Within the scenario "Ramona experiences empathy" identify the characteristics of empathy.

Ramona learned about empathy in her Health Education class at school. She knows that having empathy for someone that has dementia begins with having accurate health information about dementia. Before learning about dementia in school she thought that getting dementia was a normal part of the aging process. She thought "all old people lose their minds eventually." She was shocked to learn that that just wasn't true. She wishes that others could understand the ways that her family copes with her grandmother's dementia. She especially wishes that her friend, Joya, could understand why she wants to quit the soccer team. Ramona is worried that her parents will not be able to afford to keep her in soccer without her mother working. Ramona feels embarrassed to tell her friend Joya what is troubling her. Ramona wishes that her friend Joya could "walk a mile in her shoes" so that she could understand what it is like to have a family member with dementia. Ramona could better cope with her grandmother's illness if she had the support of Joya. If only Joya knew...

Ramona says "Hey, what's up?" Joya hands Ramona her soccer jersey that she left in the locker room after practice.

Joya puts her hand on Ramona's shoulder and says, "Listen, Ramona. We've been friends for a while now and we need to be there for each other.

We both learned about dementia in Health class, and I've been here when your grandma has...well...said and done some things." Ramona turns her head away from Joya.

Joya turns to Ramona and gives her a hug. Having a family member with dementia isn't easy I bet.

My mom baked you some cookies. Joya reaches in her backpack and hands them to Ramona. Ramona is so touched by her kind gesture that starts crying.

Joya gives Ramona a hug and tells her "It's going to be all right. Friends stick together. Let's see together what we can do to help."

Performance Task 3 – Within the scenario "Joya is an advocate" identify the characteristics of advocacy.

Ramona steps onto the front porch with Joya. "What do we do?" asks Ramona. We're not doctors, and we can't be expected to know for sure if your grandmother has dementia, but we can speak up. "Does your family know what's happening?" "It's hard to say, because both my mom and dad work, so I keep grandma company until they get home. I think they don't understand how often grandma has her "episodes" because they are not around as much as I am. But, I did hear my mom and dad talk about my mom quitting her job to stay at home with grandma. So maybe they get it. "What can I do to help?" asks Joya. "I don't know." "This just feels overwhelming," replies Ramona. Joya perks up and exclaims, "I have an idea." "Why don't we give your parents the handouts we received in Health class about dementia? That way, they will know the facts about dementia and they can then decide for themselves what to do." "That sounds like a good idea." "Maybe we can research a local agency that understands dementia. We can write down the contact information and give it to your parents. That will be one less thing they have to do."

"I don't know if your grandmother has dementia, and it's not our role to diagnose her. But, I think we can both honestly say that she's struggling. "And my family is struggling too" says Ramona.

3b. USE EXAMPLES THAT ARE AGE-APPROPRIATE, PERSONALLY RELATABLE, AND THAT ALIGN WITH NORMATIVE DATA AND COMMUNITY NEEDS AND PERCEPTIONS.

** * * Ramona's Grandmother * * **

Ramona has just walked home from soccer practice to find her grandmother standing in the kitchen holding the car keys, looking confused. Ramona says hello to her grandmother and asks her where she is going. Her grandmother responds in an agitated way by saying "Who are you?" "And what business is it of yours where I am going?" Ramona feels hurt because her grandmother doesn't remember who she is and that her grandmother's tone of voice was so harsh. Ramona replies "I'm Ramona, your granddaughter." Ramona's grandmother looks embarrassed and ashamed at not remembering. Ramona gently takes her grandmother's hand and walks her over to the "memory board" in the kitchen. It has pictures of each person that is important to Ramona's grandmother. Under each person's picture is the person's name and how he or she is related to Ramona's grandmother. Ramona's grandmother shows a meek smile. Ramona's grandmother then says "I was just on my way to the grocery store to return the book that is due tomorrow." Ramona reminds her grandmother that the library is only 1 block away and that they can walk down there together. Ramona tells her grandmother that it is no rush getting the book back because it is not due tomorrow.

3c. INTERJECT NORMATIVE DATA AND FUNCTIONAL HEALTH KNOWLEDGE THAT ALIGNS WITH THE SKILL AND THAT IS DIRECTLY RELATED TO THE HEALTH TOPIC AT HAND.

The teacher should actively seek out normative data that is relevant to the students and community in which the problem is contextualized.

NORMATIVE DATA EXAMPLE

According to community health statistics collected by our state health agency, 1 in 10 people within our community have some form of dementia. In our community we have 1 in 4 families with multiple generations living under one roof. This means that many adolescents are living with a person who has dementia.

FUNCTIONAL HEALTH KNOWLEDGE

See pages 10 – 12 for functional health knowledge related to dementia and the following topics:

- Understanding the brain and dementia
- Risks to brain health
- The most common types of dementia
- Symptoms of dementia
- Reducing your risk of developing dementia
- Understanding empathy

Handout available to distribute to the class:

Know the 10 Signs

https://www.alz.org/national/documents/10_signs_checklist.pdf

ESSENTIAL QUESTION

In what ways does dementia impact the interrelationships of emotional, mental, intellectual, physical, environmental, occupational, spiritual, and social health?

The teacher describes the interrelationships of emotional, mental, intellectual, physical, environmental, occupational, spiritual, and social health related to the scenario “Ramona’s Grandmother.”

EMOTIONAL: Both Ramona, her grandmother, and Ramona's family experience many and varied emotions related to coping with Ramona's grandmother having dementia. Ramona often feels sad, frustrated, isolated, and ashamed because of the way her grandmother acts. Ramona's grandmother and the whole family feel many of the same emotions that Ramona does. Ramona wishes she had more empathy for her grandmother.

MENTAL: Ramona thinks about her grandmother having dementia quite a bit. It occupies a lot of her time, especially when she wants to have a friend over. Ramona often avoids having friends over as a result of the embarrassing situations she has found herself in. Ramona thinks about the reputation of her family and what others are thinking about her grandmother.

INTELLECTUAL: Ramona is trying to understand dementia as a disease. She learned about dementia in her Health class at school and so she feels like she has a good grasp of the facts regarding dementia.

PHYSICAL: Ramona's grandmother is no longer able to drive a vehicle as a result of her dementia. She has a difficult time understanding and remembering "the rules of the road." Ramona's grandmother often forgets where she is going before she has even left.

ENVIRONMENTAL: Ramona lives in a dementia-friendly community. Many stores have stickers on the windows that say "Dementia-friendly business." Knowing that the community is aware of dementia makes Ramona feel like her community cares about her and her family.

OCCUPATIONAL: Ramona's mother has recently thought of quitting her job to stay home to care for Ramona's grandmother. The family depends on Ramona's mother's income, but the whole family is fearful of leaving grandmother alone. Ramona's mother and father continue to have an open dialogue about the situation.

SPIRITUAL: Ramona spends time thinking about how her grandmother used to be a leader in the women's ministry at her church. Her grandmother can no longer remember the names and faces of her friends at church and so she has stepped down from her leadership role there. Ramona feels embarrassed when her grandmother looks confused around her friends she has known for many years at their church.

SOCIAL: Ramona avoids having friends over for fear of what they will think if grandma would have an “episode” while they were over. Ramona feels socially isolated as a result. Ramona often goes home quickly to check on her grandmother after school but then leaves again quickly to go to soccer practice. Ramona has been late on more than one occasion because she has needed to stay with her grandmother. Ramona has thought of quitting soccer because the coach is getting frustrated with her.

ESSENTIAL QUESTION

In what ways can you work cooperatively within your sphere of influence (personal, family, and community) to advocate for increasing empathy towards people with dementia?

See page 13 for functional health knowledge related to empathy.

** * * Ramona experiences empathy * * **

Ramona learned about empathy in her Health Education class at school. She knows that having empathy for someone that has dementia begins with having accurate health information about dementia. Before learning about dementia in school she thought that getting dementia was a normal part of the aging process. She thought “all old people lose their minds eventually.” She was shocked to learn that just wasn’t true. She wishes that others could understand the ways that her family copes with her grandmother’s dementia. She especially wishes that her friend, Joya, could understand why she wants to quit the soccer team. Ramona is worried that her parents will not be able to afford to keep her in soccer without her mother working. Ramona feels embarrassed to tell her friend Joya what is troubling her. Ramona wishes that her friend Joya could “walk a mile in her shoes” so that she could understand what it is like to have a family member with dementia. Ramona could better cope with her grandmother’s illness if she had the support of Joya. If only Joya knew...

Ramona is at home after soccer practice with her grandmother when she hears the doorbell ring. Ramona hesitates before peeking out the window to see who is at the

door. It is her friend, Joya. Ramona hopes that her grandmother doesn't have an "episode" while Joya is at the door. Just to be sure, Ramona cracks the door open to talk to Joya rather than inviting her in. Ramona says "Hey, what's up?" Joya hands Ramona her soccer jersey that she left in the locker room after practice. "Oh, thanks." says Ramona with a sheepish grin. "Ramona, who's at the door?" says grandma. Ramona blushes and turns to her grandmother and says "My friend, Joya." "Is that the girl from church?" says grandma. Embarrassed, Ramona says to Joya "I've gotta go." "Hey wait," says Joya. "Can I come in?" "I have to get back to my grandma," whispers Ramona. Joya puts her hand on Ramona's shoulder and says, "Listen, Ramona. We've been friends for a while now and we need to be there for each other. We both learned about dementia in Health class, and I've been here when your grandma has...well...said and done some things." Ramona turns her head away from Joya. Joya turns to Ramona and gives her a hug. "Having a family member with dementia isn't easy I bet. My mom baked you some cookies." Joya reaches in her backpack and hands them to Ramona. Ramona is so touched by her kind gesture that she starts crying. Joya gives Ramona a hug and tells her "It's going to be all right. Friends stick together. Let's see together what we can do to help."

* * * Joya is an advocate * * *

Ramona steps onto the front porch with Joya. "What do we do?" asks Ramona. "We're not doctors, and we can't be expected to know for sure if your grandmother has dementia, but we can speak up. Does your family know what's happening?" "It's hard to say," Ramona says "because both my mom and dad work, so I keep grandma company until they get home. I think they don't understand how often grandma has her "episodes" because they are not around as much as I am. But, I did hear my mom and dad talk about my mom quitting her job to stay at home with grandma. So maybe they get it. "What can I do to help?" asks Joya. "I don't know." "This just feels overwhelming," replies Ramona. Joya perks up and exclaims, "I have an idea. Why don't we give your parents the handouts we received in Health class about dementia? That way, they will know the facts about dementia and they can then decide for themselves what to do." "That sounds like a good idea." says Ramona. "Maybe we can research a local agency that understands dementia. We can write down the contact information and give it to your parents. That will be one less thing they have to do." says Joya.

“I don’t know if your grandmother has dementia, and it’s not our role to diagnose her. But, I think we can both honestly say that she’s struggling. “And my family is struggling too” says Ramona.

Step 4 - Practice the skill

4a. Multiple Performance Assessments should be provided in order that students are able to practice the skill within various contexts and to multiple audiences.

4b. Opportunities for practice should be relevant and directly linked to the educational outcomes listed in Step 1.

4c. Assess the skill using a skills-based rubric.

4a. MULTIPLE PERFORMANCE ASSESSMENTS

Watch the video “My name is Lisa” 3 times.

<https://www.youtube.com/watch?v=ZiRHyzb5SI>

PERFORMANCE ASSESSEMENT 1: The first time students watch the video they will describe and examine how the various dimensions (emotional, mental, physical, social, environmental, occupations, spiritual and intellectual) of health are interrelated.

PERFORMANCE ASSESSMENT 2: The second time they watch the video, students will state accurate functional health knowledge related to dementia so that it supports their plan for advocating for Lisa and her mother.

PERFORMANCE ASSESSMENT 3: The third time they watch the video students should work cooperatively to develop a plan to advocate for a Lisa and her mother, remembering to intentionally employ methods of empathy within their advocacy efforts.

4b. OPPORTUNITIES FOR PRACTICE

See the Performance Assessment Tasks in 4a.

4c. ASSESS THE SKILL

Use the answer keys below associated with the 3 Performance Assessments to assess the skill.

ANSWER KEY

PERFORMANCE ASSESSEMENT 1:

Note: Many of the answers within the dimensions below could fit into multiple categories.

Mental –

- ❖ Lisa's mother says "Don't forget about your...(and then she cannot remember the word lunch."
- ❖ Lisa's mother doesn't remember Lisa is her daughter.
- ❖ Lisa's mother doesn't understand money is needed to pay for the pizza.

Emotional – Lisa's mother deals with the uncomfortable situation by laughing.

- ❖ Lisa's mom says, "I can do it." Lisa says, "No, you can't. You can't do the laundry. You can't do the dishes. You can't do anything."
- ❖ Lisa feels despondent. She has her head down in her hands.
- ❖ Lisa says to her mother "How are you doing?" Her mother replies, "I can't find my car keys." Lisa then says, "You're not going anywhere." Her mother sarcastically states, "Have you seen my car keys?" "Let's go inside," says Lisa. "You're not coming inside." Lisa tries to direct the conversation by saying, "Let's just go inside and rest." "Don't come any closer," said her mother. "It's ok," says Lisa. "Who are you? What's your name?" said her mother.

Physical –

- ❖ Lisa responds by walking away from her mother. You can see it in Lisa's face that she is frustrated, exasperated, and tired.
- ❖ There is laundry on the top of the car. Lisa removes it.
- ❖ There are dishes that are full of soapy bubbles that are stacked next to the computer. Lisa removes them.
- ❖ Lisa gets money for the pizza.
- ❖ Lisa makes lunch for her and her mother. She assumes the role of caregiver.
- ❖ Lisa reads her mother a book.

Social –

- ❖ Lisa "talks back" to her mother.
- ❖ Lisa takes over when the pizza delivery person arrives.
- ❖ Lisa tries to make polite conversation with her mother. She says "Did you read a book today?" her mother responds angrily, "What book? Tell me what book. I can't read your mind." Lisa responds empathetically by saying "It's ok, mom. Let's eat lunch."

Occupational/Vocational –

- ❖ Lisa says, "I'm working right now, please go upstairs." (Lisa is working on creating an online video about reading books).

Environmental –

- ❖ Lisa takes her mother gently by the arm and walks her upstairs.

Intellectual –

- ❖ It is clear that Lisa is frustrated with the dementia and helps in ways that she can. Intellectually, she knows there is a problem and tries to help as best as she can.

PERFORMANCE ASSESSEMENT 2:

The functional health knowledge associated with the video includes understanding that dementia is not a normal part of the aging process. Staring blankly into the air, forgetting a person's name and relationship, not being able to complete sentences, forgetting how to complete tasks are all indicators of dementia.

PERFORMANCE ASSESSEMENT 3:

The following types of functional support were demonstrated in the video:

- ❖ Received support – The actual provision of support by another
Lisa provides “received support” for her mother. She cooks lunch, pays for the pizza, does the dishes and laundry.
- ❖ Emotional – Expressions of comfort and caring
Lisa (mostly) speaks in loving ways toward her mother. She says things like “Did you read a book today?” or “It’s ok, mom.”
- ❖ Tangible – Provision of material aid
Lisa makes meals and does laundry. She has assumed the role of caregiver.

Advocacy Skills-based Performance Assessment Rubric

Developing
Partial demonstration of the skill. Additional practice needed.

Not present
No evidence of the skill elements present.

On Target
Complete and clear mastery of the skill.

See page 18 for “The Elements of the Advocacy Skill.” The elements that are selected by the teacher from this list are what are to be evaluated using this rubric. See pages 11-13 for functional health knowledge related to Dementia, brain health, and empathy. An additional rubric is provided in Appendix 4.

Step 5 - Provide feedback and reinforcement of the skill

- 5a. Provide opportunities for students to apply the skill to their lives (home, school, community).
- 5b. Provide summative feedback on performance assessments.

5a. APPLY THE SKILL

The ideal performance assessment for this lesson is one that is based within the community. One opportunity to engage students in the community includes advocating for a dementia-friendly community. See page 34 for additional COMMUNITY ENGAGEMENT OPPORTUNITIES.

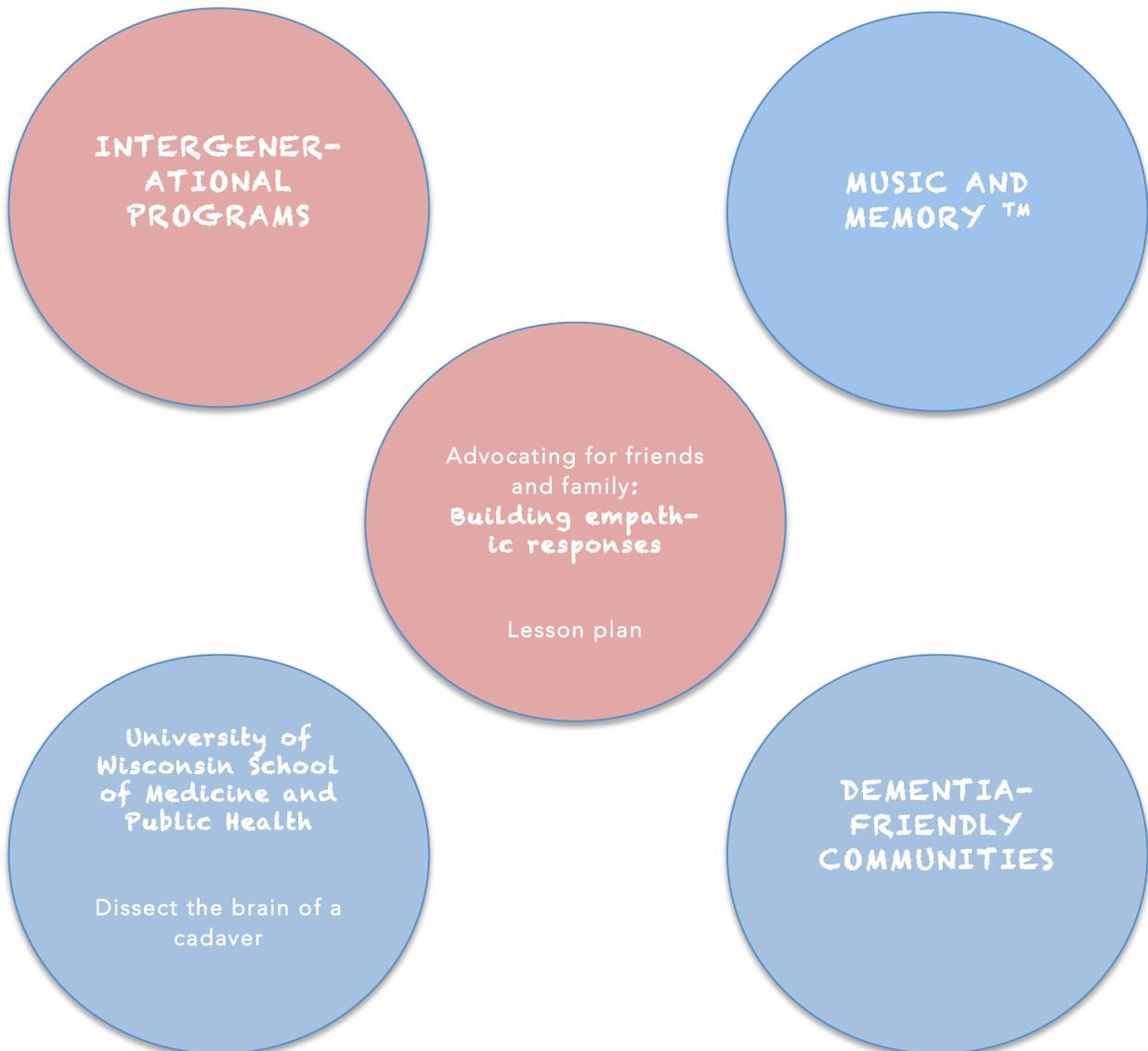
5b. SUMMATIVE FEEDBACK

The type and degree of summative feedback that is given to students will largely depend on the community performance task that is selected. Specific and measurable outcomes should be discussed with students prior to beginning the community engagement opportunity so that students can actively align their efforts with the expected outcomes.

Advocating for friends and family:
Building empathic responses

COMMUNITY-ENGAGEMENT OPPORTUNITIES

The following community engagement opportunities are intended to provide students with practical and meaningful experiences that increase empathy, reduce stigma, and ultimately help them advocate for community awareness regarding dementia.



Advocating for friends and family: Building empathic responses

Appendices

APPENDIX 1

Pre-Post assessment

APPENDIX 2

Pre-Post assessment answer key

APPENDIX 3

Jefson, C.A. (2017). *The 5 types of health education information*. Red Barn Blue Sky Publishing & Consulting: Menomonie, WI.

APPENDIX 4

Jefson, C.A. (2017). *Step 4 – Practice the skill using a skills-based rubric*. Red Barn Blue Sky Publishing & Consulting: Menomonie, WI

Advocating for friends and family:
Building empathic responses

APPENDIX 1: PRE/POST-ASSESSMENT

THIS PRE/POST-ASSESSMENT IS INTENDED TO EVALUATE FUNCTIONAL HEALTH KNOWLEDGE RELATED TO UNDERSTANDING DEMENTIA AND EMPATHY. PERFORMANCE ASSESSMENTS ARE EMBEDDED WITHIN THE LESSON AND SHOULD BE USED TO DETERMINE THE DEVELOPMENT OF THE SKILL OF ADVOCACY.

1. CIRCLE THE SYMPTOMS OF DEMENTIA.

- a. High fever
- b. Difficulty in planning or problem solving
- c. Difficulty in completing familiar tasks
- d. Heart palpitations
- e. Migraine headaches
- f. Confusion with time or place
- g. Repetitious thoughts and speech
- h. Getting lost in familiar places
- i. Seizures
- j. Fainting
- k. Trouble coming up with the right words
- l. Blotchy red spots on the skin

2. GETTING DEMENTIA IS A NORMAL PART OF AGING.

- a. true
- b. false

Advocating for friends and family:
Building empathic responses

3. CIRCLE ALL OF THE RISKS TO BRAIN HEALTH.

- a. Alcoholism
- b. Allergies
- c. Living in a messy house
- d. Smoking
- e. Obesity
- f. Cardio-vascular diseases
- g. Diabetes
- h. Concussion
- i. Watching movies
- j. Riding roller coasters
- k. Diseases that cause dementia
- l. Using Aluminum cooking pans

4. CIRCLE ALL OF THE WAYS YOU CAN REDUCE YOUR RISK OF DEVELOPING DEMENTIA.

- a. Regular Exercise
- b. Shopping online
- c. Refrain from smoking
- d. Wearing a helmet
- e. Playing the lottery
- f. Eating a healthy balanced diet
- g. Social Engagement
- h. Cognitive Stimulation
- i. Wearing a short haircut
- j. Drinking a lot of coffee every day

Advocating for friends and family: Building empathic responses

5. CIRCLE ALL OF THE TYPES OF FUNCTIONAL SUPPORT THAT DEMONSTRATE EMPATHY.

- a. Doing your friends homework for him or her
- b. Perceived support
- c. Received support
- d. Emotional support
- e. Telling your friend a lie to make her feel better
- f. Telling your other friends about her problems so that everyone is aware
- g. Belonging
- h. Tangible support
- i. Informational support

Advocating for friends and family:
Building empathic responses

APPENDIX 2: PRE/POST-ASSESSMENT ANSWER KEY

THIS PRE/POST-ASSESSMENT IS INTENDED TO EVALUATE FUNCTIONAL HEALTH KNOWLEDGE RELATED TO UNDERSTANDING DEMENTIA AND EMPATHY. PERFORMANCE ASSESSMENTS ARE EMBEDDED WITHIN THE LESSON AND SHOULD BE USED TO DETERMINE THE DEVELOPMENT OF THE SKILL OF ADVOCACY.

THE CORRECT ANSWERS ARE IDENTIFIED BELOW.

1. CIRCLE THE SYMPTOMS OF DEMENTIA.

- b. Difficulty in planning or problem solving
- c. Difficulty in completing familiar tasks
- f. Confusion with time or place
- g. Repetitious thoughts and speech
- h. Getting lost in familiar places
- k. Trouble coming up with the right words

2. GETTING DEMENTIA IS A NORMAL PART OF AGING.

- b. false

Advocating for friends and family:
Building empathic responses

ANSWER KEY

THE CORRECT ANSWERS ARE IDENTIFIED BELOW.

3. CIRCLE ALL OF THE RISKS TO BRAIN HEALTH.

- a. Alcoholism
- d. Smoking
- e. Obesity
- f. Cardio-vascular diseases
- g. Diabetes
- h. Concussion
- k. Diseases that cause dementia

4. CIRCLE ALL OF THE WAYS YOU CAN REDUCE YOUR RISK OF DEVELOPING DEMENTIA.

- a. Regular Exercise
- c. Refrain from smoking
- d. Wearing a helmet
- f. Eating a healthy balanced diet
- g. Social Engagement
- h. Cognitive Stimulation

Advocating for friends and family:
Building empathic responses

ANSWER KEY

THE CORRECT ANSWERS ARE IDENTIFIED BELOW.

5. CIRCLE ALL OF THE TYPES OF FUNCTIONAL SUPPORT THAT DEMONSTRATE EMPATHY.

- b. Perceived support
- c. Received support
- d. Emotional support
- g. Belonging
- h. Tangible support
- i. Informational support

APPENDIX 3

The 5 Types of Health Education Information

Type 1 – Mis-information

This type of information contains two categories: 1. Old Wives Tales, 2. Scientific mis-information. 1. Old Wives Tales – Health Myths that have persisted over time and that people believe and that have the potential to adversely impact health. 2. Scientific mis-information that was once thought to be true, but has since been proven inaccurate by scientific advancements.

Example of Old Wives Tale: Eating chocolate causes pimple. It doesn't.

Example of scientific mis-information: Using products such as cigarettes that contain Nicotine have no adverse health effects. False! From 1930 to 1950 smoking was in very in vogue. For the better part of the 20th Century smoking was perceived as glamorous even though scientific evidence was mounting that it had negative health effects. Since then, scientific studies have led to a reversal of "the facts" and have changed the perception of smoking from "glamorous" to "deadly."

Type 2 – Health Facts

This type of information is interesting and it may make a person sound like they know a lot about a topic, however, it does not help a person make a health-enhancing decision. Use "health facts" sparingly or not at all when teaching Health Education. Only use "health facts" to garner interest in a topic and then move your intervention or Health Education lesson towards skill development.

Example: There are 206 bones in the human body.

Type 3 – Normative Data

This type of information is gathered in order to better understand patterns of behavior in people. National, state, and local organizations often collect information about health choices and diseases to help people better understand a specific population. Government agencies such as The Centers for Disease Control and Prevention as well as organizations such as the American Cancer Society collect health data. Specific tools such as the Youth Risk Behavior Surveillance System (YRBSS) can help Health Educators plan interventions and skills-based lessons. Normative data can be used to clarify perceptions about behavior, especially when perceptions are different than from what the data actually reveals. Myths and facts about health can be explored by using normative data. Normative data should always be used in alignment with skill development.

Example: In 2017, 12% of male adolescents ages 13 – 18 in a rural setting, reported having been bullied on school grounds within a 9-month time frame.

Type 4 – Content

Prior to skills-based Health Education, the focus of Health Education was content information. Content is very similar to functional health knowledge, but that it is not paired with a skill. Teaching strictly "content" is the old paradigm in which Health Education was taught.

Example: Dementia is not a normal part of the aging process.

[Note: Without the alignment of a skill such as self-management or advocacy, this is simply static content information. However, if this content information is paired with a health skill then it becomes functional health knowledge.

Type 5 – Functional Health Knowledge

The word "functional" conveys the primary purpose of this type of health information. Its purpose is to be aligned directly with a health skill in order that a person may make a health-enhancing decision. Functional health knowledge should be directly paired with the following skills: analyzing influences, accessing valid health information, communication, decision making, goal setting, self management, and advocacy. Remember, skills-based Health Education is about having an end result that changes behavior, not just memorizes health facts, normative data or content information.

Example: Dementia is not a normal part of the aging process. (Knowing this can help a person be an advocate for someone that has Dementia. If a person thinks that Dementia is "normal" than they may not seek help for the person. Advocacy is a skill.

Jefson, C.A. (2017). *The 5 types of health education information*. Red Barn Blue Sky Publishing & Consulting, LLC: Menomonie, WI.

APPENDIX 4

Step 4 – Practice the skill using a skills-based rubric

Directions: Identify and incorporate at least 2 of the advocacy skill cues as well accurate normative data into the assigned performance task. Additionally, demonstrate a complete understanding of empathy related to dementia.

Teacher Feedback:

Element	Not present	Developing	On Target
<i>Normative data</i>	The performance task did not present any normative data regarding dementia.	The performance task included some normative data regarding dementia, but it was inaccurate or incomplete, and/or did not promote a health-enhancing message.	The performance task included complete and accurate normative data regarding dementia that supported a health-enhancing message.
<i>Advocacy</i>	The performance task did not present any of the advocacy skill cues.	The performance task included one advocacy skill cue but it was inaccurate or incomplete , and/or did not promote a health-enhancing message.	The performance task included a complete and accurate reflection of 2 advocacy skill cues and that supported a health-enhancing message.
<i>Empathy</i>	The performance task did not demonstrate an accurate understanding of empathy.	The performance task demonstrated an inaccurate or incomplete understanding of empathy.	The performance task demonstrated an accurate and complete understanding of empathy.



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