



FACILITATOR'S GUIDE:
**LEARNING CIRCLES FOR
OLDER ADULTS TO
PROMOTE EMOTIONAL
WELLBEING**

Facilitator's Guide: Learning Circles for Older Adults to Promote Emotional Wellbeing

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About Selfhelp Community Services, Inc.

Selfhelp Community Services, Inc. (Selfhelp) provides a broad set of services to more than 25,000 older New Yorkers each year, while remaining the largest provider of comprehensive services to Holocaust survivors in North America. Selfhelp offers a continuum of home care and community-based services, in-person and virtually, with the overarching goal of helping older adults live independently and avoid institutionalization. Selfhelp was founded in 1936 to help those fleeing Nazi Germany maintain their independence and dignity as they struggled to forge new lives in America. Today, Selfhelp is one of the largest, most experienced not-for-profit human service organizations in the New York metropolitan area, offering programs throughout New York City and Long Island to older adults from 50 countries, speaking 30 different languages.

In 1964, Selfhelp opened its first affordable apartment building for approximately 200 older adults. Today, through the Selfhelp Realty Group, Selfhelp owns and operates 19 affordable buildings that house nearly 2,000 older adults. In many buildings, apartments are set aside for formerly homeless and disabled older people. Social workers provide culturally competent and trauma-informed care to help residents to continue to live independently.

In 2017, a retrospective three-year study using Medicaid and Medicare claims data found that residents of Selfhelp housing entered the hospital less frequently, and were discharged more quickly, than their peers living in the same zip codes. Overall, fewer than two percent of residents transfer to nursing homes each year.¹

Learn more at www.selfhelp.net.

¹ Kaplan, S.C., Lynn, E., Mishra, M. (2017). Healthy Housing: An Evaluation of Selfhelp Active Services for Aging Model (SHASAM). <https://selfhelp.net/wp-content/uploads/2022/03/Selfhelps-Healthy-Housing-White-Paper.pdf>

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About NAMI-NYC

NAMI-NYC (National Alliance on Mental Illness of New York City) is a leading nonprofit organization dedicated to improving the lives of thousands of individuals and families affected by mental illness across the five boroughs of New York City each year. With a strong commitment to advocacy, education, and support, NAMI-NYC plays a vital role in the local community by raising awareness, reducing stigma, and providing essential resources for those impacted by mental health conditions.

The NAMI-NYC Workplace Mental Health Initiative (WMHI) provides custom support to employers seeking to promote employee wellbeing and supportive mental health practices in the workplace while reducing stigma towards mental illness. The NAMI-NYC WMHI's workplace mental health training and technical assistance can be tailored to specific needs and supports employers to:

- Promote good mental health for all employees and provide education to increase awareness and reduce stigma towards mental health in the workplace.
- Create flexible organizational policies and facilitate open discussions about mental health.
- Ensure employees and families understand the array of mental health services available to them through company resources and NAMI-NYC to support them.
- Support caregivers and promote self-care to reduce burnout and stress.

Learn more at www.naminyc.org.

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Development of Program

This toolkit, “Facilitators Guide: Learning Circles for Older Adults to Promote Emotional Wellbeing,” was created in a partnership between NAMI-NYC and Selfhelp, and was supported by a generous grant from The Fan Fox & Leslie R. Samuels Foundation, Inc. The mission of the foundation's Healthy Aging Program is “to improve the way health and social services are delivered by providing support for innovative, effective, efficient, and caring organizations.”² The primary goal of the toolkit is to increase the capacity of staff who work in affordable housing to support and promote the emotional wellbeing of their residents.

The tool kit was developed through an innovative model by first teaching staff emotional resilience skills and then engaging them in a series of three Design Thinking Workshops to identify and test different programmatic approaches to engaging older adult residents in conversations about their mental health. Research has shown that staff burnout can have serious impacts on individual mental health, organizational outcomes, and client care.³ In response, NAMI-NYC developed “Beyond Burnout,” an evidence-based five-part training series focused on providing education to staff about mental health challenges and resiliency skills. An external evaluation of “Beyond Burnout” conducted by the McSilver Institute for Poverty Policy and Research at New York University found that participants who completed the training reported significantly higher levels of coping skills, lower levels of stress as it relates to burnout, and higher levels of psychological wellbeing. (Additional information about the training program can be found in the Appendix.)

Selfhelp serves diverse clients with varying perceptions of mental health challenges and needs. The three Design Thinking Workshops facilitated by NAMI-NYC staff helped the Selfhelp housing staff to conceptualize techniques to break through the silent wall of social stigma associated with mental illness and to provide culturally competent services to residents. Design thinking is a framework to generate innovative solutions through creative problem solving in five stages: empathy, define, ideate, prototype, and test.⁴

² The Fan Fox & Leslie R. Samuels Foundation, Inc. <https://www.samuels.org/guidelines>

³ Substance Abuse and Mental Health Services Administration, SAMHSA (2022). Addressing burnout in the behavioral health workforce through organizational strategies. <https://www.samhsa.gov/resource/ebp/addressing-burnout-behavioral-health-workforce-organizational-strategies>

⁴ Design Thinking for Health. (2023). An online platform that teaches nurses a new framework to tackle the complex challenges they see in their practice. <https://designthinkingforhealth.org/>

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- Empathy. The first workshop enabled staff to leverage their expertise and empathize with the clients by thinking about what clients say, do, feel, and think.
- Define. This deeper understanding of the clients' issues led to actionable insights and a defined solvable problem that it is hard for older adults to speak about and receive mental health due to perceptions (e.g., mental health challenges are the individual's fault or part of aging and treatment does not help), personal beliefs leading to denial and shame, cultural and social beliefs, generational experiences, and communication barriers.
- Ideate. In the second workshop, staff used their direct experiences with clients to brainstorm a wide variety of ideas for solutions to better support clients' mental health.
- Prototype. In the third workshop, staff narrowed down ideas and prototyped the top solutions, including an educational one-pager and conversation guide.
- Test. Staff collaborated with residents to learn how they can best support their mental health and reviewed this toolkit.

The 14 staff participants found the Design Thinking Workshops to be highly participatory and valuable. In the post-workshop surveys, 71% of participants rated the workshops as excellent, 14% very good, and 14% good. When asked what they liked about the workshops, participants appreciated that they were able to share new ideas and approaches with their colleagues and learn from one another. When asked how the workshops can be improved, participants suggested that more time could be devoted to discussing the new ideas put forward, as well as analyses of more real-life client scenarios.

During the Design Thinking workshops, participants shared insights that led to the design and creation of Learning Circles. Learning Circles are a group psychosocial program with the goal of promoting emotional wellness among older adults. This toolkit is designed to provide educational and operational guidance to nonprofits serving older adults so that they may implement community Learning Circles in affordable housing.

Some of the techniques shared included:

- Focusing on the importance of *emotional wellness* using a strengths-based approach, instead of emphasizing *mental illness*. This approach may encourage more residents to participate in the Learning Circles by avoiding the stigma that some older adults associate with the term *mental illness*. (Also, the word *mental* does not always translate with the same meaning across languages).
- Reframing aging from a negative to a new transition in life in which participants' collective years of wisdom can enhance the next phase of their journey.

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- Ensuring that labels are supportive by using the terms 'resident' and 'older adult' as opposed to 'seniors' or 'geriatric adults.'
- Keeping verbal instructions and written text very simple based on the diverse demographic of clients, many of whom have English as a second language.
- Providing open-ended questions and a variety of ways to connect residents to additional mental health support if they are experiencing a mental health challenge.

Background

Older adults are frequently overlooked when it comes to mental health discussions and services. According to the World Health Organization (WHO),⁵ more than 15% of adults aged 60 and over have a mental disorder. Common mental health issues that affect older adults include depression, anxiety, and dementia, with dementia being particularly prevalent.

Depression, often underdiagnosed and untreated among the elderly, is not a normal part of aging, yet it affects approximately 7% of the world's older population. It can be brought on by health problems, bereavements, or changes in socioeconomic status. Anxiety disorders, affecting 3.8% of the older population globally, may also be under-recognized due to the focus on physical rather than mental health in older patient populations. And these issues may be exacerbated by current events.

Dementia is a significant concern for this demographic as well. Around 50 million people worldwide have dementia, and it is estimated that the total number of people with dementia will reach 82 million in 2030 and 152 million in 2050. Much of this increase is attributable to the increasing numbers of people living longer.

Mental health and brain issues in older adults are often overlooked, underdiagnosed, and undertreated due to a variety of factors. These include ageism, the personal stigma associated with mental illness, the mistaken belief that such issues are a 'normal' part of aging, the paucity of geriatric mental health training for healthcare providers, and the difficulty of accessing

⁵ World Health Organization. (2017, December). Mental health of older adults. <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>

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specialized mental health treatment for older adults. Therefore, concerted efforts are needed to improve mental health care for the elderly.

Cultural Considerations

This toolkit contains implementation guidance for staff members who work directly with older adults of multiple cultures and diversities. It contains both operational support materials for setting up the program, as well as programmatic materials to train Learning Circle Facilitators. The toolkit consists of 9 steps to guide staff to prepare, implement, and evaluate the program, and plan for its sustainability.

This toolkit also provides general information on common mental health challenges for older adults. While this guide is culturally informed based on the direct experiences of Selfhelp staff with diverse residents, and a literature review of best practices, it is not an exhaustive resource.

There are many different definitions of the word “culture.” For our purposes, we will use SAMHSA’s definition which defines culture as “the conceptual system developed by a community or society to structure the way people view the world... Within a nation, race, or community, people belong to multiple cultural groups and negotiate multiple cultural expectations on a daily basis.”⁶ This guide applies the word “culture” to groups based on, but not limited to, race, ethnicity, age, socioeconomic status, disability, sexual orientation, gender identity, and common interests or experiences (such as war veterans), as well as intersectionality across multiple groups.

When using this guide, providers should know and understand the cultures and diversities within their client population and assume that “one size does not fit all.” This toolkit is most effective when used in concert with culturally responsive strategies tailored to the needs of the populations served.⁷

Therefore, it is important to consider the following core questions¹ when using this toolkit:

- **Cultural Awareness:** Am I aware of my own attitudes, beliefs and biases related to other cultures?
- **Cultural Knowledge:** Have I educated myself about the different cultures represented in the client populations I work with?

⁶ SAMHSA. Adapted from <https://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849>. The TIP 59 Quick Guide for clinicians developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) is an easy-to-use reference guide that includes definitions of cultural competency and specific practice recommendations for working with different types of clients.

⁷ *ibid.*

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- **Culturally Responsive Psychosocial Skills:** Have I considered how this knowledge, and these beliefs, may impact how I work with my clients?⁸

Addressing mental health challenges in older adults necessitates a nuanced understanding of cultural factors, as these factors can significantly influence the perception, manifestation, and treatment of mental health issues. For many cultures, mental health challenges can carry stigma, and older adults in particular might be less inclined to discuss their emotional struggles or seek mental health support. Therefore, culturally competent approaches are vital to understanding and addressing these concerns effectively.

One major cultural consideration is understanding how different cultures perceive aging and mental health. For example, in many cultures, older adults are respected for their wisdom, and they may feel it is their responsibility to prioritize their family's needs over their own. In other cultures, independence is highly valued, leading some people to see the aging process and any cognitive decline as an individual weakness. These cultural attitudes often impact older adults' willingness to acknowledge their mental health challenges and seek help. Other cultures may place a strong emphasis on traditional healing methods, while others might be more open to modern psychological interventions.

Older adults from diverse backgrounds may have experienced multiple forms of discrimination throughout their lives which often impact their attitudes and beliefs about aging, mental health, and medical issues. Those who have experienced systemic barriers to quality housing, education, employment, and culturally competent healthcare, usually experience poorer health outcomes.

Numerous programs have been developed to meet the culturally specific mental health needs of older adults. For example, in the United States, the National Resource Center on Native American Aging and the University of North Dakota Wellness Center developed a program, called WELL Balanced, specifically for Native American elders. The program uses exercise, information, and social interaction to help elders remain active and independent. Similarly, programs such as the Latino Age Wave Colorado initiative have provided culturally responsive services for older adults in the Latinx community. In Canada, the 'Indigenous Cultural Competency Training Program' was developed to improve the cultural competence of healthcare providers working with Indigenous older adults, a population that experiences high levels of mental health issues due to historical trauma and ongoing systemic racism.

⁸ SAMHSA, op. cit.

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In order to address the culturally specific mental health and other needs of LGBTQ+ older adults, Selfhelp recently joined forces with SAGE, the country's largest and oldest organization dedicated to improving the lives of LGBTQ+ older people. Staff from their SAGECare⁹ project provided trainings to Selfhelp staff that presented an overview of the needs, concerns, and unique history of LGBTQ+ older adults. The training offered meaningful steps that Selfhelp teams can take to improve the quality of emotional wellness and other services that they provide. Additionally, Selfhelp created "Inclusion Advocates" within its housing program and other service programs to offer support to LGBTQ+ residents and to assist them in accessing appropriate, licensed mental health treatment and other culturally competent services in the community.

A tool that provides broad support for creating a culturally sensitive program is the 'Culturally and Linguistically Appropriate Services (CLAS)¹⁰ standards first developed in 2000 by the U.S. Department of Health and Human Services (HHS) Office of Minority Health. It includes 15 action steps and a blueprint intended to advance health equity, improve quality, and help individuals and health care organizations eliminate health care disparities. These standards can be a helpful guide for programs seeking to incorporate best practices for providing culturally responsive care. By developing and implementing culturally competent programs, healthcare providers can better address mental health inequities and provide effective person-centered care.

Cultural differences influence which treatments, coping mechanisms, and supports work for each individual seeking support. A person must feel comfortable and understood by their social workers for a therapeutic relationship to be effective. They must feel that their social worker understands their identity and is comfortable addressing it openly. When the social worker understands the role that cultural differences play in the issues confronting a client and incorporates cultural needs and differences into a person's care, it significantly improves outcomes.¹¹

A strength of the current toolkit is the diversity of Selfhelp housing staff members who participated in the Design Thinking Workshops. When a client and provider share common attributes such as race or ethnicity, the quality of care often improves.¹²

⁹ SAGECare: <https://sageusa.care>

¹⁰ US Dept of Health and Human Services. Accessed at <https://thinkculturalhealth.hhs.gov/clas/standards>.

¹¹ National Alliance on Mental Illness, NAMI. (2023). Identity and cultural dimensions.

<https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions>

¹² Tokioga, Brandon M. et al. Diversity and Discrimination in Healthcare. Accessed at <https://www.ncbi.nlm.nih.gov/books/NBK568721/#:~:text=Numerous%20studies%20have%20shown%20that,with%20improved%20quality%20of%20care>.

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Program Description

The overall goals of the Learning Circles are to:

- Increase knowledge about common mental health topics among program staff and older adults.
- Increase help-seeking behaviors of older adults by reducing the stigma associated with mental health challenges.
- Increase the skills of older adults to promote emotional resiliency and wellbeing.
- Connect older adults experiencing mental health challenges to appropriate care.

The main activities of the program are to implement the following:

- **Learning Circles:** A one-hour psychosocial support group led by housing staff. Each Circle begins with a brief introductory exercise, followed by a discussion of a specific mental health and wellness topic, and concluding with a Facilitator-led group discussion to identify ways in which participants can use the information and strategies outlined.
- **Assessments and referrals:** Some residents who participate in the Learning Circles may realize that they are experiencing mental health challenges and need additional support outside of the group. When this occurs, a full assessment of the individual will be conducted (outside of the group) and appropriate local referrals to licensed clinicians will be made.

Implementation Steps

This guide and the implementation steps are intended to provide a general framework and approach. Users should utilize what is useful to them, as well as customize the steps, details, and content to fit their programs and needs.

1. Establish Learning Circles and conduct kickoff meeting.

- **Identify a project leader.** This person will oversee the implementation of the steps described in this toolkit, including the scheduling of sessions, tracking the progress of participants, and helping to resolve any issues.
- **Identify a team.** Working with the project leader, a team of selected individuals will identify Facilitators and see that they are properly trained, conduct quality assurance activities, and

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see that residents are appropriately referred to additional mental health supports as needed.

- Establish a recurring meeting to review goals and program progress.

2. Review current assessment and referral pathways to connect residents to additional mental health support.

- While the Learning Circles focus on the importance of mental wellness and utilize a strengths-based approach to share information about common mental health challenges, they are not a substitute for clinical mental health care. Prior to beginning the Learning Circles, there should be a clearly articulated pathway for staff to connect residents experiencing more serious mental health challenges to appropriate clinical and community care.
- Workgroup staff should create an updated workflow to ensure that residents who are struggling with their mental health are identified and connected to care.
 - What are the best ways to assess mental health challenges for residents? How can we identify residents who need additional support?
 - What is the best way to follow up with residents who are experiencing mental health challenges or mental illness?
 - Where are we referring residents to for psychiatric support and/or psychotherapy? Are additional resources needed?
 - What are the barriers to care?
 - How can we provide a 'warm handoff' for connecting residents to resources?
 - How can we talk to the family (if appropriate) about mental health challenges and these resources?
 - What kinds of cultural and language-appropriate resources and educational materials can we provide to residents about mental health?

3. Determine target population and Learning Circle logistics.

- Answer the following questions to develop the implementation plan for your Learning Circle. These responses frequently differ by program or population, and it may be appropriate to customize a plan for each group that will be hosting a Learning Circle.
 1. Who is the target population for the Learning Circle?

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2. Are there specific residents who should be recruited? It may be helpful to identify a specific population to pilot the groups, such as a specific demographic or age range, to foster an inclusive environment where everyone feels comfortable attending and sharing.
3. How long will each Learning Circle last?
 - We recommend one hour for each Learning Circle.
4. How frequently will Learning Circles be held?
 - We recommend holding the Learning Circles at least once a month and no more than two times a month unless residents request more frequent sessions. This is due to the potential for emotionally intense sessions and to allow follow-up time for Facilitators to reach out and connect anyone who needs it with additional resources.
5. Where will the Learning Circle be located?
 - We recommend Learning Circles be held in-person, at least initially, to remove any technical barriers and to offer an opportunity to provide social support for residents.
6. Who will facilitate the sessions?
 - Identify the Learning Circle Facilitator(s) for each site.
7. When will the Learning Circles launch?
 - Set a start date.

4. Advertise your program through multiple venues.

- Create a short flyer to advertise the Learning Circles or update the Learning Circle Flyer in the Appendix.
- Use simple language, clear fonts, and contrasting colors.
- Focus messaging on positive aspects of mental health, such as resilience and wellness, as opposed to mental illness.
- Use the term 'older adults' as opposed to 'senior citizen' or 'elderly.'
- Share flyers with residents during other kinds of check-ins.

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- If residents regularly use email, send emails about the new program.
- Make announcements at staff meetings to encourage other staff members to recommend the sessions to their clients.
- Put up large flyers or posters in common areas of the building.
- Walk by the common areas during the day of the Learning Circles to let people know that they can join.

5. Train staff in best practices for facilitating Learning Circles.

- Review the Learning Circle Facilitator Best Practices in the Appendix for guidance. We recommend reviewing the guide as a group to learn from your peers.
- The role of the Facilitator is to guide and structure the Learning Circle by providing an overview of the key points for the topic of the day, modeling active listening and group participation, providing structure for group discussions and problem-solving, and connecting older adults to additional resources as necessary. Offering support, understanding and empathy by creating a warm and friendly atmosphere are the critical roles of the Facilitator. Additionally, Learning Circle Facilitators should:
 - Ensure all group members are respectful of others (emphasize that everyone's experience is important).
 - Create a supportive environment where members feel comfortable sharing their experience and offering support to others.
 - As needed, help members share space with others so everyone can be heard.
 - Prioritize empathy for all participating members.
 - Identify challenges preventing the Learning Circles from operating effectively and work with the implementation team and residents to address the challenges.
 - Share group tips when necessary, such as:
 - Start and stop on time.
 - Time limits to ensure everyone has a chance to share.
 - Keep things shared confidential.
 - Be respectful.

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- Stay focused on the present.
- Empathize with each other.

6. Train staff in the structure and content of each Learning Circle.

- The Facilitator Guides and Resident Handouts in the Appendix offer scripts and specific information for each Learning Circle. Facilitators should use the scripts as a guide and feel free to customize with their own information and/or shift focus if residents want to talk about other issues related to emotional wellness. Each Learning Circle follows the same general framework outlined below:
 - **Introduce the topic (~5 minutes):** The session starts with a short script that provides an overview of the topic and the activity for the day.
 - **Introduction/check-in question (~10 minutes):** Have each resident introduce themselves and answer the check-in question. Check-in questions introduce the Learning Circle topics and focus on a strength-based/positive approach to begin a discussion related to mental health that can sometimes feel challenging or overwhelming to residents. This is a 'softer' way to introduce the topic and start the conversation on a positive note. Facilitators should reflect back resident responses and connect to the key messages in the following education section.
 - **Education strategies (~10 minutes):** This is the didactic portion of the session. Simple scripts include evidence-based guidance that provides education and stigma-reducing messaging to residents about common mental health concerns for older adults.
 - **Discussion questions and activity (~35 minutes):** The discussion questions and activity guide help to integrate the educational information and strategies shared. The questions encourage residents to reflect on the information shared, apply it to their own life experiences, and consider how they can apply the strategies they were shared.
 - Facilitators should encourage the group to provide feedback, suggestions, and ideas to other members.

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- Facilitators should provide opportunities for residents to discuss their cultural heritage and ways it may influence help-seeking behavior, as well as their rituals/practices related to Learning Circle topics, e.g., grief.
- Each Learning Circle ends with a simple activity where residents select one strategy or action from the discussion to try to implement before the next session.
- Each session should conclude with a reminder of the date and time of the next Learning Circle and how residents can access additional mental health support if needed.

7. Start your Learning Circles!

- Complete the pre-launch checklist. You are almost there! Run through the following checklist to ensure you are ready for the first Learning Circle:
 - Have all staff who will be leading the Learning Circles participated in the training?
 - Are all staff who will be leading the Learning Circles aware of the updated referral and assessment?
 - Does building staff know about the Learning Circles and when they take place?
 - Have the Learning Circles been advertised to residents through a variety of media (e.g., flyers, care management check ins, email, etc.)?
 - Have all the logistics for the Learning Circle sessions been confirmed?
- It's time! Start your Learning Circles using the Facilitator Guide and Resident Handout for each Learning Circle, as well as the Learning Circle Attendance Sheet in the Appendix.

8. Monitor your progress and evaluate your programs.

- Program evaluation is an organized way to collect evidence and information about a program to make data-informed decisions about that program. There are many simple ways to collect program data to inform program decisions. Below are some recommended evaluation questions to figure out how to best utilize the Learning Circles and support residents' mental health. Data and discussion questions can be shared in team meetings after each Learning Circle.

1. Participation:

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- How many residents attended each Learning Circle? How many residents attended multiple Learning Circles?
- What was effective to advertise the Learning Circles (e.g., flyers, word of mouth)?

2. Program:

- What parts of the Learning Circles did residents most enjoy/identify with (e.g., discussion questions, activity, opportunity for social engagement with other residences)?
- How did the sessions go overall? What worked best? What did not work?
- How can we improve the program?

3. Connection to services:

- Did Learning Circles increase the number of residents reaching out for additional mental health support?
- Did Facilitators reach out to individual residents after Learning Circles because they were concerned about their mental health? How did this process work?
- Did the new assessment and referral tools assist in connecting residents to services?

9. Plan for the future.

- This toolkit provides a framework for Learning Circles and content for four specific sessions, and we hope this is just the beginning of your residents' mental health journey. The framework can be used to communicate with residents about many different topics related to emotional wellness. As you work through the materials shared in this toolkit, consider how your organization can sustain and expand the program over time. Ask the following questions:
 - What are some of the topics we would like to cover in future Learning Circles?

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- What are different ways that we can host or facilitate conversations about emotional wellness and cultural competency?
- How can we instill aspects of the Learning Circles in our everyday interactions with residents? Consider asking about their:
 - Past (e.g., childhood memories, their home, traditions, fond memories with friends/family, life story, travels, where they lived, school, jobs, lessons learned, accomplishments, what are they most proud of, how did their experiences shape them, how did they make big life decisions, how did they meet important people in life, what is or was their best age).
 - Present (e.g., how has the world changed during their life, who do they admire, what have been the best moments this day/week/year, what is the status of something they are working on, who have they been talking to lately).
 - Future (e.g., what would they like to pass on, what do they imagine family members accomplishing in 10 years, how would they like to be remembered).
 - Favorite things (e.g., foods, traditions, books, activities, events, shows/movies, hobbies, like to do for fun, new skill they'd like to learn, toy as a child).
- What are other programs/projects related to mental health that would most help older adults? Ideas discussed in the Design Thinking Workshops include:
 - Support groups that can be tailored based on language.
 - Culturally relevant mental health speakers.
 - Mental health education.
 - Storytelling from residents.
 - Resident mental health champions.
 - Flyers with resources.
 - Social activities to promote connection.
 - Purpose-driven activities, such as volunteering, religion, and sharing their trades with others.

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Facilitator Guide for Learning Circle #1: From Good to Great, Feeling My Best

Objective: This session focuses on teaching residents about general wellness strategies and the importance of emotional wellbeing. It includes specific strategies to help residents practice self-care and how to obtain additional support if needed. Participants will use Resident Handout Learning Circle #1 found in the Appendix during the session.

Introduce the topic: Maintaining emotional wellness is essential to our overall health and quality of life. It affects how we think, feel, act, make choices, and relate to others. A lot of the time we just focus on taking care of ourselves when we are sick and feeling bad, but making the time and effort to practice self-care is key to healthy aging. Today, we are going to talk about the different ways that we take care of ourselves to feel our best and explore some fun new ways to do this.

Introduction/check-in question: What is one thing you are looking forward to this week?

Education/strategies:

- a. Experiencing positive health includes taking care of both our bodies and our minds, but taking care of ourselves can be a lot! All of you are here today because you have gained wisdom and experience over the years which can help us work through any challenges we are experiencing. Everyone has a hard time with their emotions or strong feelings sometimes, however, no one has to feel bad all the time. Getting older does not mean that we feel worse. Some things to look out for can include feeling very sad, crying a lot, having lots of mood swings, having a hard time eating or sleeping, or just not feeling like yourself. If this sounds familiar, you are not alone. These feelings are not your fault. There is a good chance that you will feel better if you seek treatment or help. The earlier you tell someone, the better you will feel. Please let me know or reach out to your social worker if you want to keep talking about some of the things we talk about today.
- b. But all of us experience challenging thoughts or feelings from time to time. Self-care activities are things that we do to maintain our wellness and help us feel better. You all already practice self-care in one way or another, whether by making sure you do your favorite hobbies or by something as simple as remembering to eat dinner. Sometimes we can do self-care activities to help us feel better when we are not feeling great, such as watching our favorite TV show or calling a good friend when we are having a bad day. Other times we do self-care to keep us feeling good, like taking a walk every day or cooking healthy meals. Everyone can do some self-care

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activities, and it's a good idea to have different options depending on how you feel so that you can take care of yourselves in different situations.

- **Examples of self-care activities include:**

- Eating/drinking (nutritious food, hydration).
- Sleeping (get enough hours of sleep, find ways to improve sleep quality, go to sleep and wake up at the same time).
- Having a daily routine (read the paper every day, make tea daily, watching a favorite tv show).
- Physical activities (take a walk, garden, stretch, yoga, fitness equipment).
- Health activities (take medicine, go to the doctor, reach out to your social worker, talk to someone you trust about your feelings).
- Joyous activities (hobbies, learn something new, games, listen to your favorite song, play musical instruments, go outside).
- Staying connected with friends and family (make a phone call, go to activities, try a support group, relax in social areas, check in on a neighbor).
- Rest, relaxation, meditation, breathing.
- Spiritual activities (prayer, going to church).

Discussion questions:

- What do you do to take care of yourselves on a regular basis?
- What are some things you aren't currently doing but would like to do? How do you motivate yourself? What kinds of things do you do when you are in a bad mood or feeling down?
 - a. How do they help you feel better?
 - b. What would you recommend a friend do if they are feeling down?
- Sometimes it can be hard to do something even when we know it is good for us. How do you keep up with your self-care when you don't feel like it?
- Where can I get help if I need it?

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- a. Remember, these feelings are common, and we can help. Please let me know or reach out to your social worker if you have any additional worries or questions about some of the emotional wellness strategies we talked about today.

Activity:

- Remember, we all experience hard emotions sometimes. Different kinds of self-care can help us work through and thrive through different challenges. Look at your worksheet and circle one self-care activity that you would like to do over the next few weeks. We can help you write one if you have thought of something that we did not, be creative! Next time we will talk about what you did, we are excited to hear about it!
 - Participants circle one thing from the Resident Handout Learning Circle #1 found in the Appendix that they are going to do over the next few weeks.

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Facilitator Guide for Learning Circle #2: Staying Well During Change

Objective: This session focuses on helping residents reflect and respond to common age-related challenges, such as physical challenges or retiring from work. It provides a strengths-based approach to help residents work through these transitions. Participants will use Resident Handout Learning Circle #2 found in the Appendix during the session.

Introduce topic: Life is always changing, and as we get older, we have the privilege of reflecting on the good things in our lives and all that we have accomplished. Some of the things that come with aging can bring us joy, like retirement from work and having more time to do activities that we find pleasurable or having grandchildren. However, it is also a time of great change and can bring a lot of confusing thoughts and feelings about what comes next for us. It can sometimes feel like we don't know what to do with ourselves, but for those of us who are lucky enough to be here, this means we have many opportunities to try new things over the rest of our lives. Today, we are going to talk about both the good things about aging and the challenges and think about how we would like to grow over the next phase of our lives.

Introduction/discussion question: What is one good thing that has come with aging for you?

Education/strategies:

- As we just heard, there are good things that come from getting older! But it can be a lot to process, and there are many life changes that can happen that are hard. Some of the most common life transitions that happen as we get older are having to move from our homes to a new place, changes in our daily roles such as stopping work or no longer being a caregiver, more health challenges, less independence, and losing touch with friends and family. These changes can make us question our identities and sense of self as it feels like our roles and everyday activities have completely shifted. Research has shown that people across all different cultures and countries find life transitions to be hard and cause people to feel scared, anxious, stuck, uncertain, or hopeless. Messages on TV or in the news often present aging as being all bad, but that is not true.
- The previous lessons we have learned in our lives give us opportunities to redefine our purpose. All of you here have learned important life lessons that can help guide us to thrive through this next stage of our lives. Today, we are going to reflect on some of the things we find hard or miss from the past, which are very important, but also focus on what is important to us about the future and figure out some steps for how to get there.

Discussion questions:

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- What have been some of the changes you have experienced recently? What has been difficult about them?
- Have you experienced similar challenges? How did you work through them? What helped?
- Are there relationships, places, or activities that you miss? What about them do you miss?
- What is something you hope happens in the future? What is one step you can take today to make that happen?

Activity: The Miracle Question

- Now, we are going to do a short activity to help us think about what steps we can take, right now, to create some goals for ourselves. This may seem like a strange question to ask but stick with me. I want everyone to close their eyes and take a moment to picture the following: imagine waking up tomorrow morning. By some miracle overnight, all your problems are gone.
 - What would you notice that would make you realize the miracle had happened?
 - What would you hear and see?
 - How would you feel differently inside?
- Now I want you to think about one thing you would do after this miracle happened. It doesn't have to be big! In fact, thinking of something small can be better. For instance, let's say that part of your miracle is that your arthritis is gone, and you take up jogging again!
- Now, imagine acting as if the problem were gone. How could you progress with your new activity, action, or behavior if your problem were no longer there? What are some steps you can take to make some of this come true? For instance, maybe we aren't going to be able to jog now, but we can decide to take a walk outside.
- Let's all pick one thing we can do and make a sketch of it. Don't worry about your drawing skills! Stick figures are perfect. Draw what this might look like and think about what it might feel like to try out this new behavior. The purpose of this exercise is to see that even if your problems haven't all disappeared, there are still things you can do to live the life you want! In our next session, we will check in and about what you all did.
 - Participants draw one thing on the Resident Handout Learning Circle #2 found in the Appendix that they are going to do this week.

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Facilitator Guide for Learning Circle #3: Working Through Grief and Loss

Objective: This session talks about grief and loss and how residents can explore these complex feelings while taking care of themselves and honoring their loved ones. Participants will use Resident Handout Learning Circle #3 found in the Appendix during the session.

Introduce the topic: Today, we are going to talk about one of the most difficult parts of aging: grieving our loved ones. As we get older, we experience different losses. Losing a spouse, close family member, or best friend changes our world. It is one of the most difficult things many of us will experience. Seeing acquaintances and more distant family members get sick or pass away can also be hard. Today, we are going to talk about taking care of ourselves while grieving and how we can honor all the important relationships in our lives. I know that these can be hard conversations, so I want to remind everyone that we are here to support you, and please feel free to take a moment to leave the room or reach out for additional support if you need it.

Introduction/discussion question: To start out, let's focus on remembering some of the good things about our loved ones who are no longer with us. What is a nice memory of someone you were close to? It does not have to be a spouse or family member, it can be a friend, co-worker, pastor, anyone who you would like to remember and honor today!

Education/strategies:

- Thank you all for sharing today. It sounds like you all have wonderful relationships in your lives. Talking about and experiencing grief can be hard. There are lots of different ways that people feel grief, all of which are completely normal. Some people feel numb or in deep shock, others feel guilty, and many people experience feelings of anger. Remember, there is no right or wrong way to mourn or process those we have lost. There are no rules for how we feel. It may feel like the sadness and pain will never go away, but in most cases grief eases over time. There will be good and bad days. You will know you are feeling better when there are more good days than bad. Mourning takes time, and it's common for your emotions to feel like a roller-coaster for a while.
- While there is no one way to grieve, sometimes these hard feelings continue to get worse, and it can be a serious condition which would benefit from additional support. If you feel like you are constantly crying, unable to do your daily activities, avoiding places you used to go with your loved one, or experiencing really strong emotions for months after the death, please let us know. We are here to support you and can help provide comfort and support to help you.

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- There are different ways to work through grief and honor your loved ones. Look at the list below for some different ideas:
 - Find a way to practice self-care:
 - Get active (walk, exercise, visit a new place).
 - Take care of health (eating & sleeping well).
 - Stick to a daily routine.
 - Practice mindfulness meditation.
 - Try to maintain the hobbies and activities that bring you joy.
 - Reach out for support:
 - Talk with caring friends or family.
 - Visit with members of your religious community.
 - See your healthcare provider.
 - Connect with your social worker.
 - Attend a social activity (classes, games, events).
 - Commit an act to honor your loved ones:
 - Find a photo of your loved one and share a story about them.
 - Make a collage of things that remind you of your family member.
 - Listen to a loved one's favorite song.
 - Process your feelings:
 - Write a sympathy card to yourself.
 - Write a letter to your loved one.
 - Allow yourself to experience feelings or cry.
 - Go to a grief support group.

Discussion questions:

- Where are you in your grief?
- Where are you finding the support you need?
- What do you find helpful?
- What has someone said/done to help you?
- What helps you through the bad days?

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- What are your most difficult reminders (such as a favorite restaurant, the place where your loved one died, or your loved one's favorite chair) and how do you deal with these?
- Cultural or religious traditions can be helpful to process a death. What are some cultural ways that you honor those that have died?

Activity: Thank you all for sharing today. I know that talking about grief can be hard, but I appreciate you coming and sharing your experiences. As we said before, there is no one way to experience grief. Some days will be harder than others, but as time passes it should feel a little bit easier. There are things we can do to take care of ourselves and work through this process. Look at your worksheet and circle one activity that you would like to do over the next few weeks. We can help you write one if you have thought of something that we did not. Next time we will talk about what you did.

- Participants circle one thing from the Resident Handout Learning Circle #3 found in the Appendix that they are going to do this week.

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Facilitator Guide for Learning Circle #4: Maintaining Social Connections

Objective: This session talks about the impact of loneliness and isolation on older adults, the importance of socializing, and ways that residents can connect with others. Residents will use Resident Handout Learning Circle #4 found in the Appendix during the session.

Introduce topic: Our friends and families are some of the most important people in our lives, but did you know that staying connected and being social can help us live longer and better? Today, we are going to talk about the importance of our relationships, and how we can make time to connect with our friends and family.

Introductions/discussion question: Over the past few weeks, what has been one of your favorite social activities you have done? This could be something like going to a group or even just calling your best friend to chat!

Education/strategies:

- Everyone needs social connections to survive and thrive. But as we age, we often find ourselves spending more time by ourselves. While spending time by ourselves can be a good thing, being alone too much can make us more vulnerable to feeling lonely and isolated, which can impact our overall wellbeing. It is also possible to feel lonely even when surrounded by others!
- Feeling lonely is bad for our bodies and our brains. It can make it more likely that we will experience heart disease and high blood pressure. It can also cause us emotional pain. Losing a sense of connection and community can change the way we see the world and make it harder to trust people.
- Some of the things that can make it harder to stay connected include living alone, having a tough time leaving home, feeling scared to leave our neighborhood, feeling a lack of purpose, having language barriers where we live, or not having good transportation options. Difficulties with hearing can also make it hard to communicate in general. Luckily, there are lots of ways to stay connected.
- Some ideas for keeping in touch include:
 - Schedule or attend an in-person activity.
 - Connect virtually (call, text, video, email, letter).
 - Hobbies or classes (art, yoga, gardening, cooking).
 - Entertainment (movies, bingo, cards).
 - Attend an event, such as a celebration or religious holiday.

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- Introduce yourself to a neighbor.
- Volunteer.
- Teach a trade you know to others.

If participants are interested in connecting virtually, facilitators should share any tech support resources or available classes to help support older adults as necessary.

Discussion questions:

- What kinds of things do you like to do with other people? Are there hobbies you like? Is there a way to do them socially (e.g., knitting club)?
- Have any of you used the computer to connect with others? How?
- Who are the most important people to you? How do you like to connect with them?
- What traditions, cultural or religious activities do you like to do with others?
- Have any of you found that it can be harder to stay connected? Why? If there are resources available to support individuals, such as Access-A-Ride or others, Facilitators should share these.
- When you feel lonely or isolated, how do you try to get more connected?
- If a friend felt lonely, how would you help them feel better? What would you say?
- Where can I get help if I need it? We all sometimes feel lonely, but as we talked about earlier it can be bad for both our bodies and minds. Please let me know or reach out to your social worker if you have any additional worries or questions about what we talked about today.

Activity:

- There are lots of ways to be social and stay connected, whether it is sending a text message or going to the library to read and use the computer. Doing things by ourselves doesn't mean that we are lonely, but if we start to feel ourselves getting more isolated from others it can make us feel worse. Look at your worksheet and circle one social activity that you would like to do over the next few weeks. We can help you write one if you have thought of something that we did not, be creative! Next time we will talk about what you did, we are excited to hear about it!
 - Participants circle one thing from the Resident Handout Learning Circle #4 found in the Appendix that they are going to do over the next few weeks.

Resident Handout Learning Circle #1: From Good to Great, Feeling My Best



Today's goal: Learn wellness strategies and the importance of emotional wellbeing.



Ask yourself:

What is one thing I am looking forward to this week?



Emotional wellness is essential to our health.

- Maintaining emotional wellness affects how we think, feel, act, make choices, and relate.
- Self-care activities are things we do to keep us feeling good and feel better when we feel badly.
- It's good to have different self-care options depending on how you feel so you can take care of yourself in different situations.



Activity: Circle one you will try this week.

- Healthy eating & hydration
- Sleeping enough
- Daily routine
- Physical activities, such as walk or exercise
- Health activities, such as medicine/doctor
- Hobbies and passions
- Social connection
- Rest, gratitude, spirituality, meditation



If you are looking for more help after today's session, please reach out to a staff member.

Resident Handout Learning Circle #2: Staying Well During Change



Today's goal:

Talk about life changes and ideas for the future.



Ask yourself:

What is one good thing that has come with aging?



Changes that come with aging can be hard!

- Changes in location, relationships, loss, jobs, family roles, health, and more can make people feel scared, stuck, or hopeless.
- It can be helpful to reflect on things we miss and how we've dealt with change in the past.
- The previous lessons learned in life can guide us to thrive in this new stage of life.



Activity: Draw one thing you can do to live the life you want this week.



If you are looking for more help after today's session, please reach out to a staff member.

Resident Handout Learning Circle #3: Working Through Grief and Loss



Today's goal: Take care of ourselves and honor loved ones.



Ask yourself:

What is a nice memory of someone I miss?



Grieving our loved ones is difficult.

- The loss of anyone in our life, whether a spouse, family member, or friend, can deeply affect us.
- It's okay to grieve. Everyone grieves differently. Mourning takes time, and it's common for emotions to feel like a roller-coaster.
- It is important to spend time taking care of ourselves and honoring loved ones.



Activity: Circle one you will try this week.

Self-care:

- Get active (walk, exercise, visit new place)
- Take care of health (eating & sleeping well)
- Friends, community, doctors, social workers
- Attend a social activity (class, games)

Get support:

- Share stories
- Look at photos, make a collage
- Listen to their favorite songs
- Write them or yourself a letter

Honor your loved one:

- Allow yourself to experience feelings
- Grief support group

Process feelings:



If you are looking for more help after today's session, please reach out to a staff member.

Resident Handout Learning Circle #4: Maintaining Social Connections



Today's goal: Learn about the effects of loneliness and ways to connect with others.



Ask yourself: What is one of your favorite social activities you have done in the last few weeks?



Social connections allow us to thrive.

- Staying connected can be hard for many reasons, such as living alone, mobility/health issues, fear of leaving, and communication challenges.
- It's okay to spend time alone, but too much isolation hurts our bodies and brains.
- It is important to take actions to stay connected with others for our health and happiness.



Activity: Circle one you will try this week.

- Schedule an in-person activity
- Connect virtually (call, text, video, email, letter)
- Hobbies or classes (art, yoga, gardening, cooking)
- Entertainment (movies, bingo, cards)
- Attend an event, such as a celebration or religious
- Introduce yourself to a neighbor
- Volunteer
- Teach a trade you know to others
- Other: _____



If you are looking for more help after today's session, please reach out to a staff member.

Looking to maintain wellness?

Join a Learning Circle!

Learn about:

- Emotional wellness
- Life changes
- Grief
- Being healthy
- Social connections
- Taking care of you!



Type location, date,
time in this box

Ask staff for
information!



Learning Circle Attendance Sheet

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Learning Circle Facilitator Best Practices

What are the most important skills for a Learning Circle Facilitator?

- **Utilize active listening skills:** Facilitators should model active listening to engage Learning Circle members and foster a sense of community. Using active listening techniques can help reduce intergroup conflict, as well as provide important information for Facilitators about the needs of each group member to help motivate and encourage them to participate. Examples of specific active techniques include:
 - **Paraphrasing:** restating what someone said to demonstrate understanding:
 - “What I am hearing is...”
 - “It sounds like what is most important to you is...”
 - **Clarifying:** restating what someone said and asking for more information:
 - “I think you had previously mentioned that you didn’t like being around other people, but now you mentioned feeling lonely, can you tell me more?”
 - “I am not sure I understand, can you tell me what you mean by ____?”
 - **Reflecting:** reflect back the words and feelings that someone shared to demonstrate understanding of emotional impact:
 - “It sounds like you felt sad when your kids did not call.”
 - “It sounds like it is frustrating when your arthritis is bad, and you cannot take a walk outside.”
 - **Affirming:** validate what the member said or offer praise:
 - “It sounds like you handled that well.”
 - “It sounds like even though you were in a bad mood you still went to your knitting group, I know you have previously said it is hard to leave your apartment when you aren’t feeling good, and so I am glad to hear that you went.”
 - **Summarizing:** identify and connect key themes or throughlines:
 - “It sounds like spending time with your family is important to many people in this group.”
 - “It sounds like many of us here have a hard time managing our doctor appointments which can be very stressful.”

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- **Provide physical listening cues:** Much of communication is not verbal. Facilitators should demonstrate active listening by physically demonstrating their involvement in the conversation. Examples of physical listening clues include:
 - Staying still, leaning forward slightly.
 - Making eye contact and facing the group.
 - Nonverbal encouraging statements (e.g., mm-hmm).
 - Nodding.
- **Encourage members to draw on their own strength and experiences to share strategies that have helped them:**
 - Ask open-ended questions.
 - “What kinds of things do you like to do that make you feel good?”
 - “How do you cope when you feel sad?”
 - Clarify a challenge and ask the group about potential solutions.
 - “Has anyone else experienced this? What did you find helpful in that situation?”

Common challenges and solutions in group facilitation

Challenge: A member is speaking too much.

Solution: While some people are more talkative than others, it is important to remind group members that we want to share the space and hear from everyone. Reminding members at the beginning of the meeting that everyone will have time to share, and that you may interrupt to help keep everyone on track, can help avoid one person monopolizing the conversation. If this occurs, gently interrupt the individual, thank them for sharing, and remind them that we want to hear from everyone in the group and will come back to them in the future. Try phrases such as, “We must move on to the next person for now. We will come back to you at the end to follow up” and “Excuse me for interrupting, but I have to call time to be sure we hear from all our group members today.”

Challenge: A member keeps interrupting others.

Solution: An important part of the Facilitator's job is to create a safe space for everyone to share. Emphasize the importance of respect at the beginning of each Learning Circle and quickly intervene to move the group back on track if there is conflict between members. Facilitators can

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do this by using 'I' statements, acknowledging if the member is distracted or upset and firmly correcting the behavior. For example, if a group member is being combative to another, the Facilitator might say, "It seems like you had a lot of experience with this challenge in the past, but right now we are focusing on how Diane is feeling, and it is hard to do that when you keep interrupting. Let's wait to come back to your challenges once we have talked about this issue." You may also suggest, "Maybe it would be helpful for you to hear what other people have been thinking while you've been speaking."

Challenge: A member keeps coming back to the group with the same problem, expresses feelings that the problem is hopeless, cannot break down the problem into manageable pieces, or says that problems pile up and are unmanageable.

Solution: Ask the person if they are comfortable having the group help think of ideas for their problem. Ask the person to select the single most pressing item on the list. Re-word the problem into a question, such as "how can I ____?" Ask the person for the specifics related to the problem, such as who, what, when, where, and how. Allow members to ask questions. Ask the person about their past experiences, such as what has been tried already. Remind the group that the worst way to handle a problem is to keep doing what doesn't work. Ask the group to brainstorm specific solution ideas. All ideas are valid. Encourage them to share their group wisdom and lived experiences. Try phrases such as, "Let's use the whole group to help us. Does anyone have feedback that is practical and helpful in this situation?" or "Time for group wisdom!" Ask the person to pick a first and second choice option from the solution ideas shared by the group.

*Note: do not use this for issues that are out of the person's control (e.g., illness).

Sometimes older adults can have a hard time finding the language to identify their emotions and an external tool can be helpful to support them. Consider using the Feelings Thermometer Tool in the Appendix (also available online in several languages) which can help support a conversation about tough emotions.

Challenge: A member has a challenge that needs individual attention (crying/anger, strong feelings of hopelessness/sadness, talk of suicide, asks for help, warning signs).

Solution: In such a situation, it's essential for the Facilitator to provide a calm and supportive environment. The Facilitator can start responding to the situation by saying, "I see that you're very

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upset right now, and I want to acknowledge that your feelings are valid and important. Let's all take a break right now." Once the group has taken a break, the Facilitator should assess the situation and determine if the individual is a danger to themselves or others. If the Facilitator does not believe there is an immediate danger, they should speak with the individual in a calm tone and express support and concern. Practicing grounding techniques, such as taking deep breaths together or conducting a short body scan may help the individual calm down so that the group may continue. If not, review the conversation guide for talking to residents about mental health and offer to reach out to their case manager together if they would like additional support.

If the resident needs to leave the group, acknowledge this with the rest of the group members and ask if they would like to reflect on what happened or have any questions and concerns. Depending on the group, it may be better to reconvene the Learning Circle at a different time and start the exercise over again.

If there is a mental health crisis, reach out to your manager immediately to follow the appropriate escalation protocol for your facility.

General Learning Circle tips for working with older adults

- Advertise the group both online and with physical flyers (some older adults may not use online resources). Reference the Learning Circle Flyer in the Appendix on page 34.
- Use fonts and font colors that are easy to read.
- Make sure that chairs or spaces are appropriate and comfortable for older adults with reduced mobility.
- Speak loudly and clearly so that older adults who might be hearing-impaired can understand you.
- Ensure older adults have glasses if they are required for reviewing the Learning Circle handouts.

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Warning Signs of Mental Disorder Symptoms in Older Adults

- Noticeable changes in mood, energy level, or appetite.
- Feeling flat or having trouble feeling positive emotions.
- Difficulty sleeping or sleeping too much.
- Difficulty concentrating, feeling restless, or on edge.
- Increased worry or feeling stressed.
- Anger, irritability, or aggressiveness.
- Ongoing headaches, digestive issues, or pain.
- Misuse of alcohol or drugs.
- Sadness or hopelessness.
- Thoughts of death or suicide or suicide attempts.
- Engaging in high-risk activities.
- Obsessive thinking or compulsive behavior.
- Thoughts or behaviors that interfere with work, family, or social life.
- Engaging in thinking or behavior that is concerning to others.
- Seeing, hearing, and feeling things that other people do not see, hear, or feel.

More information can be accessed online at <https://www.nimh.nih.gov/health/topics/older-adults-and-mental-health> from the **National Institute on Mental Health**.

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Conversation Guide for Talking To Older Adults About Mental Health

Staff should use this guide to talk to residents they are concerned about and want to try to connect to additional resources. These conversations should take place one-on-one.

Prepare: Find the right time and a comfortable space to talk. Spend time collecting potential resources or identifying additional resources specific to the person. Consider cultural attributes that may impact the conversation, such as beliefs and language.

Starting the conversation: Ask permission to talk before starting the conversation to make sure residents feel empowered, respected, and safe. Use phrases that will not put residents on the defense and focus on behavior changes.

- “Do you have a few minutes to talk?”
- “How are you?”
- “I noticed lately...”

Use words that are neutral and nonthreatening: Using clinical words such as mental illness, depression, treatment, diagnosis, alcoholic, and other clinical terms may cause older adults to be non-responsive. Use more neutral and nonthreatening phrases such as physical health, wellness, well-being, help, connection, improving quality of life, and talking with someone who can help.

Focus on behavior changes: Reference behavior changes specific to the person. For example, changes in routines, sleeping, eating, mood or energy levels, withdrawal from social activities, having unexplained aches/pains, using substances, anger, irritability, aggressiveness, hearing voices, increased isolation, etc.

Listen more than you talk by asking open-ended questions:

- “How is this situation making you feel?”
- “Can you tell me more?”

Be supportive and empathetic: Express respect for their feelings. Use understanding statements.

- “It’s hard...”
- “It can be really difficult...”

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Validate their experience: Verbally affirm the person's experience regardless of if you understand or agree. Do not try to disagree or point out discrepancies. Accept their experience as their reality.

- "You have a valid point and feeling."
- "Here's what I'm hearing you say."

Reflect back what they say without judging or diagnosing:

- "I can see you are having a hard time at the moment."

Rely on strengths: Try to draw on the person and community's already existing strengths, such as skills, hobbies, wisdom, religion, history, relationships, environment, and community involvement.

- "What's working now, and what would you like to continue doing?"
- "What has helped in the past when you felt like this?"

Keep a person-centered approach: Consider all aspects of the person's well-being. Acknowledge that residents are experts in their own health and experiences. Be responsive to preferences, needs, and values. Understand residents within their unique psychosocial and cultural context.

Collaboratively plan next steps: Co-design next steps with residents. Some steps may include:

Encourage speaking with a professional: Some older adults may be more comfortable discussing their concerns with their primary care doctor as opposed to a new doctor such as a psychiatrist.

- "What do you need right now?"

Instill hope: Thank them for sharing and remind them they are not alone.

- "There are social workers in the same building you live in that are here for you."
- "I don't have all the answers, but we'll figure this out together. You can always come to me."
- "There are ways we can work on to help you feel better. You don't have to feel this way."

If the resident doesn't want to talk:

- "Is there someone else you'd feel more comfortable talking to?"

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If you are concerned about their safety or there is a mental health crisis, reach out to your manager immediately to follow appropriate escalation protocol per your facility.

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Screening Assessment Tools

[Patient Health Questionnaire-9 \(PHQ-9\)](#): A self-report measure of depression in individuals ages 18 and older which has been validated with a geriatric population.

[Geriatric Depression Scale \(GDS\)](#): A self-report measure of depression in older adults. There is both a long form (30 questions) and short form (15 questions).

[Generalized Anxiety Disorder \(GAD-7\)](#): A seven-question screening tool which is used to identify anxiety disorders among older adult patients.

[SAMSHA-HRSA Screening, Brief Intervention and Referral to Treatment \(SBIRT\) Tools](#): A group of evidence-based resources and tools used to identify, assess, and refer older adults with drug and alcohol use disorders to treatment.

[UCLA Loneliness Scale](#): A 20-question scale designed to measure one's subjective feelings of loneliness as well as feelings of social isolation. It has been validated with older adult populations.

[The Columbia Suicide Severity Rating Scale \(C-SSRS\)](#): A 6 'Yes/No' question suicide risk assessment with strong evidence for its validity across various cultures, languages, and ages. There are several versions based on setting, including one available for cognitive impairment.

[Feeling Thermometer Tool](#): A visual tool that helps you measure how you are doing emotionally and what steps you can take to shift your mood when things are getting tough. It lists activities to feel less angry, frustrated, anxious, and sad.

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Beyond Burnout Training Details

Beyond Burnout: Sustainable Self-Care Practices for a New You is a training developed by NAMI-NYC specifically for behavioral health care providers. This five-part training series uses a skills-based model to teach behavioral health care providers how to increase their personal resilience skills to apply those lessons learned to mitigate and reduce factors related to burnout in the workplace. The interactive training sessions were developed using adult learning principles and model self-efficacy, active listening, and emotion regulation to support participants in their journey to increase their resilience, mitigate current feelings of burnout, and create systems to reduce burnout from developing in the future. The table below shows training names and goals of each session.

Training Name	Training Goals
Practicing Resilience While Addressing the Collective Trauma of COVID-19	This training provides a broad overview of common mental health challenges, with a focus on the collective impact of the COVID-19 pandemic on mental health and the importance of resilience in response to challenges and the opportunity for post-traumatic growth.
Under Pressure: Identifying and Managing our Stress Responses	This training teaches employees how to cultivate self-awareness to identify and manage unhealthy coping mechanisms in response to stress (emotional resilience).
Accentuate the Positive: Cultivating Positive Emotions	This training helps employees to increase their experience of positive emotions by teaching realistic optimism, gratitude practices, and encouraging flexible thinking to create space to adapt and learn from challenges (resilient thinking).
Restore and Revitalize: Reframing our Priorities	This training helps employees examine their work and personal priorities to identify strengths, increase skills in balancing competing priorities and make time for activities that promote recovery.
Beating Burnout: Self-Care in the Workplace	This training provides an overview of burnout, how it differs from stress and other mental illnesses, and identifies the six main causes of burnout in the workplace and ways to mitigate them.

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Additional Resources List

If you are looking for services not listed below or in a specific language, please reach out to the NAMI-NYC Helpline who can help navigate you to those resources!

Services:

- [NAMI-NYC Helpline](#): 212-684-3264 or helpline@naminyc.org (available in 180+ languages). Our Helpline is open 10 AM-6 PM Monday through Friday. When mental health is affecting you or someone you love, we can help. Calls to our Helpline are confidential and answered by trained family members and people living with mental illness. And we respond to all voicemails, so please leave one!
 - Get referrals to mental health services, housing, legal assistance, and more.
 - Find help navigating NYC's mental health system, from people with personal experience.
 - Connect with someone who understands.
 - Learn about NAMI-NYC classes, support groups, events, and other ways we can support you.
- [NAMI-NYC Support Groups](#): Offer almost 40 free virtual and in-person support groups for individuals living with mental health challenges and family members/caregivers, such as Connections Age 55+, Asian Americans & Pacific Islanders (AAPI), Black Minds Matter, LGBTQI+, and Familiares y Amistades. You'll get support, you'll share coping strategies, and you'll learn practical information. All groups are led by a trained volunteer with lived experience and are a safe and judgment-free environment of mutual respect. [Here is a full listing of support groups](#), as well as a [calendar](#). No registration is needed. Please contact our Helpline at 212-684-3264 or helpline@naminyc.org with questions.
- [NAMI-NYC Classes](#): With the unique understanding of people with lived experience – we've been there, where you are – our trained volunteers teach free peer-led classes which provide outstanding free education, skills training, and support. [Here is a full listing of classes](#). Register to attend. Please contact our Helpline at 212-684-3264 or helpline@naminyc.org with questions.
- [NYC Department for the Aging \(NYC Aging\)](#): Contact by calling 212-AGING-NYC (212-244-6469) or [use their search engine for services across NYC](#). With an overarching mission to eliminate ageism and ensure the dignity and quality of life of approximately 1.8 million

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older New Yorkers, NYC Aging is deeply committed to helping older adults age in their homes and creating a community-care approach that reflects a model age-inclusive city. They accomplish these goals by partnering with hundreds of community-based organizations to provide services through 300+ older adult centers, naturally occurring retirement communities, case-management and home-care agencies, home-delivered meal programs, mental health and friendly visiting programs, job help for older adults, art and fitness programs, support for elder abuse, social adult day care, and much more in each borough.

- [The National Suicide Prevention Lifeline \(988\)](#): 24-hour, toll-free, confidential suicide prevention hotline that provides crisis counseling and mental health referrals to anyone in suicidal crisis or emotional distress.
- [The Friendship Line](#) (1-800-971-0016) is the nation's only 24-hour toll-free hotline specifically for older and disabled adults. Trained staff and volunteers make and receive calls to and from individuals who are either in crisis or just in need of a friend.
- [Live On NY](#): Offers resources for direct aging service professionals and others serving older adults. Their Boots on the Ground Roundtable (BOTGR) is a virtual space for professionals to obtain and share innovative ideas and resources. They also offer a program to help older adults access public benefits. Call 212-398-6565.
- [Service Program for Older People \(SPOP\)](#): Offers behavioral health care for adults 55+ in 20+ locals and virtually (individual/group outpatient care and therapy, substance use recovery, bereavement support, aging-in-place support). [Submit an inquiry form here](#), call 212-787-7120, or email info@spop.org.
- [Bridging Aging Services](#): Supports older adults with mental illness. Services include connections to community resources like meal programs, older adult centers, legal assistance, assistance applying for Medicaid, arranging for home health attendants, environmental modifications and obtaining durable medical equipment (e.g. installing shower grab bars), escorts to important appointments, liaison with family or with other care providers, and educating clients about their care and their options. Call (212) 663-3000 or email info@thebridgeny.org.
- [Integrity Senior Services \(ISS\)](#): Provide in-home mental health counseling, case management, and supportive cleaning services. Call 800-277-4680 or email info@integrityseniorservices.com.

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- [Greenwich House Consultation Center](#): Offer behavioral health services (also in French and Mandarin) and free programs for adults 60+ including educational, physical, financial management, and cultural programs. Call 212-777-3555.
- [Geriatric Psychiatry at Mount Sinai](#): Offer comprehensive care for symptoms of mental health problems. Refer to Mount Sinai specialists for other pre-existing conditions. Call 212-241-5577.
- [Odyssey House](#): Operate an eldercare treatment program for substance use disorder with individualized lengths of stay, on-site medical clinics, medication-assisted treatment, job training and assistance, and housing support. Call 866-888-7880.

Education/Resources:

- [Depression Is Not a Normal Part of Growing Older](#): This Centers for Disease Control and Prevention website describes signs of depression and how depression can be different for older adults.
- [Healthy Aging](#): This U.S. Department of Health and Human Services website lists links to health resources and services for older adults.
- [National Institute on Aging \(NIA\) Health Topics](#): Offers health information on various topics, including depression and [Alzheimer's and Related Dementias Disease Education and Referral \(ADEAR\) Center](#) which offers information for families, families, caregivers, and health professionals. Call 800-438-4380 or email adear@nia.nih.gov.
- [The National Library of Medicine's MedlinePlus](#): Offers resources on aging and mental health.
- [Resources for Older Adults](#): The Substance Abuse and Mental Health Services Administration offers publications and digital products for and about older adults.
- [Administration on Aging / Administration for Community Living](#): Advocates across the federal government for older adults, people with disabilities, and families and caregivers; funds services and supports provided primarily by states and networks of community-based programs; and invests in training, education, research, and innovation.
- [Alliance for Aging Research](#): Dedicated to accelerating the pace of scientific discoveries and their application to vastly improve the universal human experience of aging and health. The Alliance believes that advances in research help people live longer, happier, more productive lives and reduce healthcare costs over the long term.

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Other Guides/Toolkits:

- [Get Connected: Linking Older Adults with Resources on Medication, Alcohol, and Mental Health](#) (SAMHSA): Designed for organizations that provide services to older adults, this toolkit offers information and materials to help in understanding the issues associated with substance misuse and mental illness in older adults. The toolkit also contains materials to educate older adults.
- [Living with the Times, A Mental Health and Psychosocial Support Toolkit for Older Adults During the COVID-19 Pandemic](#) (IASC): A mental health and psychosocial support toolkit for older adults during the COVID-19 pandemic. This resource includes posters with key messages for older adults on how to take care of their well-being and how they can provide support to those around them during the COVID-19 pandemic and beyond.
- [Loneliness and Social Isolation — Tips for Staying Connected](#) (National Institute on Aging): Outreach toolkit to help reduce social isolation and loneliness.
- [Psychosocial Interventions for Older Adults With Serious Mental Illness](#) (SAMHSA): The guide provides considerations and strategies for interdisciplinary teams, peer specialists, clinicians, registered nurses, behavioral health organizations, and policy makers in understanding, selecting, and implementing evidence-based interventions that support older adults with serious mental illness.
- [Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Centers](#) (SAMHSA): This toolkit helps older adult centers integrate suicide prevention into activities that support well-being.
- [Linking Older Adults with Medication, Alcohol, and Mental Health Resources](#) (SAMHSA): For service providers, this toolkit offers guides, curricula, and more on mental health and substance use.
- [Behavioral Health Promotion and Suicide Prevention for Older Adults](#) (Human Services Research Institute): A training developed for person-centered counseling professionals of ADRC/No Wrong Door grantees.
- [Treatment Improvement Protocol \(TIP\) 26: Treating Substance Use Disorder in Older Adults](#) (SAMHSA): Designed to help providers and others better understand how to identify, manage, and prevent substance misuse in older adults. The TIP describes the unique ways in which the signs and symptoms of substance use disorder (SUD) manifest in older adults; drug and alcohol use disorder screening tools, assessments, and treatments specifically

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tailored for older clients' needs; the interaction between SUDs and cognitive impairment; and strategies to help providers improve their older clients' social functioning and overall wellness.

- [Engage, Educate, Empower for Equity: E4 Center of Excellence for Behavioral Health Disparities in Aging](#) (SAMHSA): Offers various trainings to engage, empower, and educate health care providers and community-based organizations for equity in behavioral health for older adults and their families. E4 will achieve this through the provision of education, implementation resources, and technical assistance regarding mental health, substance use, and their intersection with physical health.
- [Identity and Cultural Dimensions for Mental Health](#) (NAMI): Offers information on how our culture, beliefs, sexual identity, values, race, and language all affect how we perceive and experience mental health conditions. Describes how you can promote a culture of equity and inclusion across various groups including Asian American and Pacific Islander, Black/African American, Hispanic/Latinx, Indigenous, LGBTQI, and People with Disabilities.

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Glossary

- **Cultural awareness:** being mindful, attentive, and conscious of similarities and differences between cultural groups.
- **Cultural competency:** the capacity to function effectively as an individual or organization within the context of the cultural beliefs, behaviors, and needs of consumers and their communities.
- **Learning Circles:** a group psychosocial program to help promote emotional wellness among older adults.
- **Facilitators:** staff members responsible for facilitating one or more Learning Circles with residents. The role of the learning group Facilitator is to guide and structure the Learning Circle by providing an overview of the key points for the topic of the day, modeling active listening and group participation, providing structure for group discussions and problem-solving, and connecting older adults to additional resources as necessary. Offering support, understanding and empathy by creating a warm and friendly atmosphere are the critical roles of the Facilitator throughout the Learning Circles.
- **Mental health:** state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community.
- **Mental health challenges:** broad term recognizing we all experience difficulties with our mental health, including symptoms that may not be diagnosable.
- **Mental illness:** health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses can be associated with distress and/or problems functioning in social, work or family activities. Mental illness is treatable.
- **Social determinants of health:** conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. They can be grouped into 5 domains: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context.
- **Strengths-based:** an approach to assessment and care that emphasizes the strengths of the individual.

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Acknowledgements

We would like to acknowledge the incredible Selfhelp staff that participated in the Design Thinking Workshops and made the development of this toolkit possible with their expertise, compassion, and time: Baekbong Kim, Cassidy Ruiu, Carla Yaw-Kanu, Cindy Putterman, Gerald Crowe, Jakseni Martinez, Julia Pilosov, Heidi Goldberg, Lillie Poulson, Ling Ni, Miranda Chau, Shana John-Cortes, and Sima Rivlin. Deep thanks also to Spence Halperin and Elizabeth Lynn for their editing assistance in producing this toolkit, and to Virginia Yu and Mohini Mishra for their overall direction of the project.