

THE SUPPORT TEAM DEVELOPMENT GUIDEBOOK



WORKING TOGETHER TO SHARE THE CARE

The UAB Support Team Network

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TABLE OF CONTENTS

INTRODUCTION	2
WELCOME	4
AN OVERVIEW	5
BEGINNING	7
BUILDING	10
CONNECTING	13
CARING	15
SUSTAINING	17
RESOURCES	18

INTRODUCTION

A Team Approach is the Bridge between Persons who Need Care and Persons who Want to Care

The UAB Support Team Network’s mission is to enable volunteers to work together to offer intentional support to persons with healthcare needs.

A Team Approach allows people to do what they love, when they can, in a coordinated way, with a built-in support system. This model also makes it easier for the recipient to receive care by communicating all activities through one trusted person.

We start teams in one of two ways. One, we start with a person who needs support and build a team around them from their congregation, co-workers, neighbors, or friends. If there are not enough persons to start a team, we reach out to congregations and organizations in the geographical area to form a team.

Two, we offer free training or orientation to congregations and organizations so that they can start teams for persons they already know, or reach out to others in the community who do not have anyone.

Examples of what a Support Team can do include: a friendly visitor at home or in the hospital, a telephone call of encouragement, a handwritten note of hope, cutting someone’s grass, taking them to a doctor’s appointment, preparing and delivering a meal, picking up medicines from the pharmacy, sharing reading materials or a prayer, and much more.

The UAB Support Team Network is the first program of its kind to be offered by an academic University Medical Center or public hospital. The program is coordinated out of the UAB Pastoral Care department and works with key persons in the UAB Health System as well as with community members.

This Guidebook provides a how-to plan for training and organizing volunteers into Support Teams, a proven method of equipping and sustaining volunteers for intentional, ongoing caring for persons with health care concerns.

The National Family Caregivers Association estimates that there are more than 50 million Americans who are caring for a chronically ill, aged or disabled loved one.¹

Since 1994, the Support Team Network has responded to this growing healthcare crisis by training and organizing volunteers to give practical and emotional support to many of these persons and families.

You may be interested in building one Team to care for a family member or friend.

You may be a part of a religious body that is seeking a workable way to care for persons who are sick and elderly within the congregation and community.

You may be a professional related to a particular area of healthcare and you want to enable volunteers to assist in caring for chronically ill patients.

This Guidebook is used in our Support Team Development Training that restarted in 2013. This two day training teaches persons how to start, train, and sustain Support Teams in your organization, community, or congregation to meet the practical, emotional, and spiritual needs of persons with any healthcare issue. Whatever your interest, the Support Team Network offers this Guidebook for your use.

WELCOME

The UAB Support Team Network began forming Support Teams for persons with HIV disease in 1994. Three years later, the Support Team model expanded to include teams for persons with ANY health concern on May 10, 1997, and became a national train-the-trainer program on July 13, 1999.

Between 1999-2006 Support Team Development Trainings (train-the-team trainings) were held in 37 states in 125 two-day trainings. More than 5,000 trainers were trained and approximately 10,000 teams began.

Support Teams grew because this is a simple, proven approach that works. The Team model has been refined with the helpful feedback of thousands of individuals who make a difference in their communities.

Support Team Development trainings paused in 2006 due to lack of resources. In 2013, UAB Medicine in Birmingham, AL restarted team development for patients in Alabama.

Our future trainings in Birmingham, AL will be open to anyone who wants to start a team with any health concern regardless of location.

We see and hear about Support Teams making a difference every day in people's lives, for the givers as well as for the receivers. Many teams come from congregations, university students, health care providers, civic groups, school systems, community organizations, neighbors, and businesses.

I hope this Guidebook is helpful to you as you build a caring community through a Team Approach. Thanks for working together to share the care!

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AN OVERVIEW

Developing One or More Support Teams

We begin with an overview of the five components of developing a Support Team. In-depth explanations about each area follow the overview.

A Support Team is a workable plan of organizing a small group of persons to provide intentional, ongoing care for a specific person(s). Whereas the group could be family members of the person needing care (they organize to care for one of their own), this Guidebook assumes that most Support Teams will be made up of volunteers who are, or will become, friends of the person being served. In most cases, the Team's caring will also extend to the person's primary caregiver(s).

1. BEGINNING – a process of discovery

In contrast to recruiting volunteers to do what we need them to do when we need them to do it, Discovery is about helping persons to care in ways that bring them joy and a sense of fulfillment. Discovery means honoring their gifts and interests. Also, Discovery encourages persons to be alert to those around them who may need the kind of caring they're able to give. Discovery is a process that includes:

- Need: identify persons who may need the caring of a Support Team;
- Response: persons identify how they want to care for others;
- Method: a team approach as a workable plan of caring.
- Follow-up: is a Support Team needed and wanted?
- Leadership: who will be the Team Leader? Regarding multiple teams, who will help lead the process of developing Support Teams?

2. BUILDING – carefully organize the Support Team

A Support Team is a way to provide intentional, ongoing caring. Persons choose to be members of the Team, receive training in caring as a Team, and organize to plan and work as a Team.

- Determine who will be on the Team – Team Members are persons who have agreed to be on the Team and to work together as a Team.
- Provide basic training for Team Members – Team Members need to understand the team approach – what a Support Team is and how it works; how to offer support to persons experiencing loss of health; and the necessity and method of setting boundaries and limits.
- Organize the Team for the work of caring – Select a Support Team Leader (or co-leaders) to convene the Team, enable good planning, and coordinate the work that is planned. The Team decides how often, where, and for how long the Team meets.

3. CONNECTING – bring together Team and “Friend”

After the Discovery follow-up process determines the Team's ability to respond and determines the scope of the potential Friend's willingness to receive the team's help, the team takes the following steps:

- A connecting visit to:
 - Involve the person who made the assessment visit and the Support Team Leader or some other member of the Team;

- Review with the Friend the needs and how the Team may be able to respond; and
- Confirms the connection of Team and Friend;
- A meeting of the Support Team that makes decisions about the specific ways and times the Team will be able to help; and
- A follow-up visit or call that informs the Friend of these specifics.

* Friend (patient) refers to the person or persons receiving care.

4. CARING – plan to care and work the plan

The Support Team's caring is directed to the Friend, to each member of the Team, and to the Team as a whole.

- Good communication during the Beginning, Building and Connecting phases of Team development provides the foundation for effective planning and caring.
- Regular Team meetings enable all Team Members to become a part of the planning, more knowledgeable about the Friend's ongoing needs, and more vested in the life and work of the Team.
- The Team Leader facilitates efficient Team meetings and plays a primary role in coordinating the planned work of the Team.

5. SUSTAINING – keep the Support Team healthy

Given a healthy beginning, a Team maintains its health by insuring the following:

- make the "59-minutes-or-less-meeting" helpful and meaningful;
- work at effective communication among Team Members and with the Friend;
- help every member of the Team to be involved;
- address any difficulties that arise; and affirm Team Members in their work.

1. BEGINNING

Support Teams bridge the separation between persons in need of caring and persons who want to care.

The process of Discovery related to one Support Team caring for a family member or friend often happens very naturally as persons seek to respond to needs already known.

However, the process of Discovery related to multiple needs that call for a number of Support Teams requires very intentional planning, along with a model that enables Discovery to occur.

Suggestions regarding models for doing Discovery appear at the end of this section.

A. Discovery of a Need -- Persons Who Need The Caring of a Support Team

Developing Support Teams is a dynamic process that may begin in a variety of ways, but the central focus is always on the identified needs of the Support Team Friend.

To illustrate, you may know someone who needs care – a neighbor or friend who is elderly and alone. You mention the need to one or two others and together you explore how you can organize to offer systematic, ongoing care to this person.

Perhaps your church decides on a team approach as the means of offering more effective care to sick and homebound persons in the congregation and community, and you and others volunteer to be on a team.

A community organization may want to build Support Teams to care for a certain group of people – for example, persons living with Alzheimer's disease.

Whether in one of these ways or some other, Beginning always centers in the needs of persons who have health care challenges or other special needs.

B. Discovery of a Response--Persons Identify How They Want To Care

Discovery is about honoring the gifts and interests of other persons, wanting them to care in ways that bring them joy and a sense of fulfillment.

Staff members of many organizations plan and manage programs which reveal a host of needs. They then recruit and manage volunteers with the end in mind of finding someone to fulfill the needs the staff perceives. It is far from the best use of staff time, as well as a failure of the organization to care for and support volunteers.

Discovery encourages and enables persons to respond to the needs of others by doing what they're able and willing to do at times they're able and willing to give. Volunteers know they will not be asked to do anything they have not agreed to do. The process not only allows them but enables them to set personal boundaries and limits regarding their work. With a team approach, volunteers share the work of caring, while receiving ongoing support from the Team.

C. Discovering the Team Approach-- A Workable Plan Of Caring

Discovery helps people recognize that intentional, ongoing caring is significantly strengthened by a team approach.

Volunteerism has a long history in the United States. However, that history is primarily one of individual volunteers being recruited, trained (sometimes), and assigned by staff persons of a vast number of health care, religious, civic and other community organizations. Sadly, there is often no systematic plan of supporting these volunteers in their service.

The Support Team gives special attention to supporting Team Members by:

- Helping them understand what a Team is and how it works;
- Allowing them to be involved in ways and at times they're able;
- Making every Team member a part of the decision-making process; and
- Ensuring good communication and coordination in the life of the Team.

D. Discovery Includes Follow Up--Is A Support Team Needed and Wanted?

Discovery involves follow-up with persons identified who need and want a Support Team.

A person served by a Support Team is called a Support Team Friend. All information about potential Friends requires follow-up. This usually involves a visit made by an appropriate person involved in the Support Team development process. It will be helpful to have the potential Friend's primary caregiver present, if there is one.

The purpose of the visit is to assess:

- Whether a Support Team is actually needed;
- Whether volunteers can meaningfully respond to the real needs (there may be situations of genuine need that are inappropriate for volunteers, such as tasks that require skilled home healthcare attention);
- Whether the potential Friend desire a Support Team.

Discovery Friend Visit – How to Make a Visit to Assess If a Team Is Needed and Wanted can be found in the RESOURCE section of the Guidebook –p. 30.

E. Discovering Leadership--Who Will Be The Team Leader?

Discovery includes identifying and inviting leaders – for one Team, and for guiding the process of developing a number of Teams.

The Support Team Leader needs to be a person who has the ability to organize and coordinate the work of the Team, and who enjoys this role of leadership.

The process of developing multiple Support Teams is not the task of one person. It may begin with one, but needs to move quickly to involve others, perhaps two or three more persons. In time, a more formal leadership team can be created, but this, too, is a process. Do not appoint a committee. Rather, think Team development through Discovery!

Who are persons with gifts for this kind of service, and who may want to serve in giving direction to the larger vision of Support Team development? When such persons are identified, invite them to become

members of a Leadership Team. Build the Leadership Team as others recognize that this is where they want to serve. All along the way, be guided by the principle of Discovery.

The Support Team Network defines the development of multiple Support Teams, either in a single organization or in a larger community, as a Support Team Initiative. In this case, the Leadership Team is called the Initiative Team.

Opportunities for Discovery

Any occasion can be a time and setting for Discovery. As little as fifteen minutes during a Civic Club meeting, a Sunday School Class, or any gathering of friends can be the place where persons are led to consider:

1. the needs of those who are sick, elderly, or disabled in the community;
2. the team approach as a workable model for meaningful caring;
3. if they are able and willing to be a part of a Team, and in what ways they may choose to serve; and
4. in addition, they are given the opportunity to record their responses.

A Discovery Event

Especially where a congregation or other community group is seeking to respond to multiple needs requiring the development of a number of Support Teams, a Discovery Event is recommended.

A detailed guide for planning and conducting A Discovery Event is available in the RESOURCES section of the Guidebook – See p. 29 Discovery Exploration Form. You will also find an example of a Discovery Exploration Form that could be used.

2. BUILDING

A Support Team is an intentional, ongoing model of caring. Persons choose to be members of the Team, receive training in caring as a Team, and organize to plan and work as a Team.

Building Overview—Organizing the Support Team

- Determine who will be on the Team. Team Members are persons who have agreed to be on the Team and to work as a Team.
- Provide basic training or orientation for Team Members. Team Members need to understand what a Support Team is and how it works; how to offer support to persons experiencing loss and grief; the necessity and method of setting boundaries and limits.
- Organize the Team for the work of caring. Select a Support Team Leader (or co-leaders) to convene the Team, enable good planning, and coordinate the work that is planned. The Team decides on the location of the meetings, how often the Team meets, and for how many weeks or months. (? – this last clause came from ambiguous wording in the last iteration of the guidebook. Are we talking about the length of the individual meeting or how many weeks or months over time the team will remain together?)

A. Who are Members of the Support Team?

Be clear about who is actually on the Team. Some people may want to help out, but they feel no need for training or attending meetings. “Just tell me what to do,” they say. This means, of course, that they are deciding not to be on the Team. You may say, “If you want to continue doing something on your own, I’m sure that will be appreciated. However, our efforts are only going to focus on persons who are able to be a Member of our Team as we support one another as we support our Team Friend. In other words, a Support Team is more than several volunteers doing various tasks. Members of a Team understand they are A TEAM, working together in planning, caring, and offering support for one another.

B. Basic Training or Orientation for New Team Members

What does it mean to be a member of the Support Team? How does the team approach work? What’s expected of me and what can I expect from the Team?

Some people may be so anxious to start caring for the Friend that they don’t ask these and other important questions. We certainly can’t assume that everyone wanting to care has a grasp of a team approach to caring.

Basic training or Orientation is needed so that all Team Members have a common understanding of what a Support Team is and does. In fact, if we care about the people the Support Team is to serve, and if we care about those who have volunteered to serve, we will try to prepare Team Members to be effective in their work of both caring for the Friend and for one another.

Before considering a model for training, what are the basics?

1. Team Members need to know what a Support Team is and how it works.

Enthusiastic and energetic volunteers may have had little or no experience in working on a team of people committed to a common task. They may be “take charge” people who see a need and jump in to meet it. Building a Support Team means empowering all Team Members to channel their enthusiasm and energy within and through the Team’s caring for the Friend.

2. Team Members need to know what’s expected – what being on the Team means.

The Support Team Member Covenant (or promises) in the RESOURCES section suggests that Team Members are to be committed to:

- Being present at Support Team meetings.
- Communicate openly with Team Members and the Support Team Friend(s).
- Work through problems as they arise.
- Learn about the Friend’s health needs in order to better care for him/her.
- Keep all information about the Friend confidential within the team, unless permission has been received from the Friend to do otherwise.
- Work as a Team in regard to all decisions and caring.
- Team Members need to know how to offer support to persons experiencing loss and grief.

One of the things almost all Support Team Friends share in common is the experience of loss, even multiple losses. The loss of health, work, independence, activities, friends, and possibly the imminent loss of life itself are among the losses a Friend may be experiencing. It is essential that Team Members are not only sensitive to this reality, but know how to listen and respond appropriately.

The Team also needs to be alert and responsive to Team Members who are burdened by the grief of the Friend, or who are grieving over personal losses of their own.

3. Team Members need to know the necessity and method of setting boundaries and limits.

The needs of persons who are chronically ill and/or disabled can be very extensive and constant, usually far beyond the ability of volunteers to meet. It’s important that the Friend and his/her primary caregiver understand what the Team is able and willing to do. It’s important that the Team understands what individual members of the Team are able and willing to do. This is true as the Team begins its work and it’s true along the way as the needs of the Friend change.

Setting boundaries and limits is critical in the Team’s relationship with the Friend and for the health of the Team itself. No Team can do everything that is needed.

How are Teams trained in the basics of Teamwork?

The RESOURCES section at the end of this document contains a Support Team Orientation model that has been used extensively in a variety of settings.

The model gives particular emphasis to three basic areas of training named above:

- What a Support Team is and how it works.
- How to offer support to persons experiencing loss and grief.
- The necessity and method of setting boundaries and limits.

This teaching model normally requires approximately two to three hours, and may be done on a single occasion or on two or more sessions.

See A Checklist for Planning a Support Team Orientation.

You may choose another way of providing training/orientation for your Team(s) than the model described above. These resources may be helpful in this process.

- Support Team Basics.
- Advantages of the Support Team Model .
- Support Team Models – Basic, Mission, Facility.
- Offering Emotional Support – Three Basic Principles.
- Basic Concepts about Caring for a Support Team Friend.

C. Organize the Team for the work of caring

Support Team Leader. The Team Leader (or co-leaders) coordinates the work of the Team, promotes good communication between the Team and the Friend, facilitates Team meetings, and enables all Team Members to be meaningfully involved in the Team's work of caring. See Support Team Leader Job Description.

Support Team Meetings. Team Members decide when and where they will meet and the planned length of the meeting (recommendation: 59-minutes-or-less if possible).

A detailed look at the Support Team Meeting appears in the CARING section.

3. CONNECTING

How do you connect a Support Team to the person who is to be the focus of the Team's caring? The answer is, very intentionally – very carefully! That is, the process of bringing together the Support Team and Support Team Friend includes clarity about the needs of the Friend and what the Team is able and willing to do.

Connecting Overview--Bringing Together the Team and the Friend

After the Discovery follow-up process determines that a Team is both appropriate and desired, the Team and the Friend connect by doing three specific things:

- A connecting visit confirms the caring relationship between the Team and the Friend;
- The Support Team then meets to decide which specific ways and to schedule the specific times at which the Team will do its various helping tasks;
- The team leader, or designate, makes a follow-up visit or call that informs the Friend of these specifics.

A. Confirming the Team/Friend Relationship

A Connecting Visit usually involves the person who made the earlier assessment visit, the Support Team Leader or some other member of the Team, the Friend's primary caregiver and, of course, the Friend. During the visit The needs of the Friend are reviewed. The Team Leader shares initial information about Team Members and assures the Friend of the Team's joy in the opportunity to serve. He or She also tells the Friend of an upcoming Team meeting when the Team will consider all the needs, and make decisions about exactly what the Team will be able to do as well as when that will be communicated back to the Friend.

See a detailed description of the Connecting Visit.

There may be occasions when the Team feels the need of securing a written, signed agreement from the Friend. A sample agreement is available in the RESOURCES section.

See Support Team Agreement Form.

B. The Team Decides What It Is Able To Do

If this is the first meeting of the Support Team, it's important to help Team Members know one another. The specific needs of the Friend are considered, including the times related to specific needs, such as transportation to a scheduled doctor's visit. Then, Team Members share about what they're able to do and the times they have available.

See The Team Meeting Following the Connecting Visit

See Support Team Member Information

See Time and Task Calendar

THE TEAM MEETING FOLLOWING THE CONNECTING VISIT

C. Team Leader Informs The Friend About What The Team Is Able To Do

The process of connecting Team and Friend is completed when the Team Leader informs the Friend about the specific ways the Team is able to serve. A Support Team may not be able to do everything that is needed. Honest, clear communication enables the Friend to know exactly what the Team is committed to do, and what needs must be met in other ways.

As the needs of the Friend change over time, the Team practices the same process of decision-making and communication with each other and the Friend that have guided them from the outset.

4. CARING

Caring Overview--plan to care and work the plan

The Support Team cares for the Friend, for each member of the Team, and for the Team as a whole.

- Good communication during the Beginning, Building and Connecting phases of Team development provides the foundation for effective planning and caring.
- Regular Team meetings enable all Team Members to become a part of the planning, more knowledgeable about the Friend's ongoing needs, and more vested in the work of caring.
- The Team Leader facilitates efficient Team meetings, and plays a primary role in coordinating the planned work of the Team.

The Support Team exists to provide helpful and ongoing care for the Friend. In order to fulfill this mission, the Team will honor the time and effort of all Team Members by involving them in effective planning and then supporting the implementation of what has been planned.

A. Communication Is Essential to Planning and Caring

Good communication has been a common theme in the Beginning, Building and Connecting phases of the Team's development. Meaningful caring for the Team and Friend requires that it be a constant theme during the entire life of the Team.

Good communication is a key to planning the work and working the plan, and:

- helps all Team Members become a part of the planning and caring process,
- educates Team Members in ways that make them more effective in their caring,
- provides the opportunity for Team Members to care for one another in ways that strengthen the work of the Team, and
- schedules the work of the Team (tasks and times) for a specific period of time, based on continuing contact with the Friend regarding specific needs.

B. Regular Team Meetings Empower The Team

To Plan the Work and Work the Plan

Although telephone calls and e-mail can be helpful in staying in touch, nothing can take the place of regular face-to-face Team meetings. We are not talking about just any kind of meeting, of course. We can assume that most Team Members have had bad experiences with meetings, feeling they've accomplished little or nothing, and that their time has been wasted. Such meetings represent a failure to really care for Team Members, and they will surely undercut the health and morale of the Team.

So, caring means a strong commitment to honor the time being given by volunteers by planning to make every meeting helpful and meaningful.

The material in the RESOURCES section (See Support Team Meeting) recommends the principle of the 59-minutes-or-less Team meeting. Faithfulness to this principle not only honors everyone's time, but also encourages adequate preparation and contributes to keeping the Team focused on the purposes of the meeting.

The resource also suggests a basic agenda for Team meetings –

- Communicate about any changes in the needs of the Friend and what changes the Team may be able to make; communicate about how Team Members are feeling about their participation on the Team; and discuss how the work of caring is going.
- Educate in ways that strengthen the knowledge and skills of Team Members.
- Coordinate the plan of caring for the upcoming weeks.

A climate of honesty and trust is to be created so that Team meetings can be the occasion for Team Members to reflect on both positive and negatives feelings about their caring for the Friend, as well as how the Team is working together.

See Tips for Successful Reflection at Team Meetings

C. Team Leader Facilitates Team Meetings/Coordinates Work

The Team Leader is responsible for planning and leading efficient meetings as outlined above and described in the RESOURCES section.

Then, given the Team's plan of caring for the weeks following the meeting, the Team Leader confirms with the Friend the specific tasks/times, and coordinates any needed changes that may occur.

See the role of the Support Team Leader.

5. SUSTAINING

Sustaining Overview--keeping the Support Team healthy

Given a good beginning, what can be done to keep the Team healthy? Briefly, the answer is to continue to

- make the 59-minutes-or-less-meeting helpful and meaningful;
- work hard at effective communication among Team Members and Friend;
- help every member of the Team to be involved;
- address any difficulties that arise; and
- affirm Team Members in their work.

The Support Team development process should result in a healthy, working Team of persons involved in caring. Sustaining means keeping the Team healthy.

Two primary factors in keeping the Team healthy and active are: All Team Members remain faithful to the Covenant or promises agreed upon at the Team's beginning and the Team Leader gives careful, ongoing attention to the items listed in the Sustaining block above, and as outlined in the Support Team Leader job description.

Sustaining Support Team Development in a Congregation / Community

In reference to the development of a number of Support Teams within a congregation or community, Sustaining takes on additional meaning. As stated early in this Guidebook, the process of developing multiple Support Teams is not the task of one person.

A Team of persons is needed to do the same kind of planning and work that a Support Team does in caring for a Friend.

In building such a Team, it is best to think of it, not as a group to be appointed, but as a process that utilizes the principle of Discovery. We need to seek and invite persons who have the gifts for this task, and who will find joy in serving in this place of leadership.

If the work of developing a number of Support Teams in a single organization or in a larger community is called a Support Team Initiative, then the leadership team giving direction to that development could be called the Initiative Team.

For a description of the work see The Initiative Team.

RESOURCES

A Discovery Event

A Discovery Event is a planned, intentional way to invite participants to

- identify persons who may need the caring of a Support Team,
- consider how and where they may want to care for others,
- and see a team approach as a workable way for them to be involved.

Every Discovery Event should provide the means for recording information on the first two items.

How To Prepare For A Discovery Event

1. Select an appropriate time and place.

This may be at the regular meeting time of an established group, such as an adult education class or a civic club. If so, ask those in charge to provide advanced information regarding the nature of the event. In other words, the Discovery Event shouldn't be a surprise program. When a Discovery Event is a special called meeting, you're usually able to plan the time and agenda in ways that maximize your central purpose.

2. Be creative in publicizing the meeting.

Along with general announcements in newsletters and public gatherings, do personal invitations to individuals and particular groups. Use sentences like, "Hear how you can make a difference in someone's life doing what you love to do." And, "Want to be a part of a winning team? Find out more about a team approach to caring."

3. Prepare the forms participants will use to record their responses (p. 29).

4. Schedule a Support Team Orientation.

At the Discovery Event, be ready to announce the next step for those who want to be on a Support Team. Orientation is basic training to equip a Team to get started. (See Building section of the Guidebook.)

5. Prepare the Agenda. If leadership is to be shared, be clear about who is leading each part of the meeting.

How To Lead A Discovery Event

The following outline and text give one approach to leading a Discovery Event.

1. Welcome and overview of the event

(Ask participants to briefly introduce themselves.)

We want to consider three basic elements in caring for others.

Persons who need care. Persons who want to care. A Support Team as a BRIDGE connecting the two.

You know persons who need caring. You are persons who want to care. You are a part of a congregation (or other organization) that is in the business of caring.

We haven't invited you here because we want to give you a job to do. We haven't "planned the program," made a list of things to be done, and now are recruiting volunteers to do them. We do believe you want to care for other people – but "who, where, how and when" of that caring are decisions you are to make. The question is what moves you, what touches your heart? If the time and place were right, what kind of caring would bring meaning and joy to your life? We'll address the questions in a few minutes.

2. Identify persons who may need care

Think of persons you know who may need caring – persons who may need a Support Team. Without naming the persons, what is the life situation of a neighbor, a person in your congregation or community who is chronically ill, someone home from the hospital facing an extended time of recovery, a frail elderly person – persons who may need the kind of caring a Support Team gives?

Or, you may choose to think of general needs of a number of people that could be met by a Team. In small groups of two or three (or more), take a few minutes to share this information with one another. (Have the various groups share one situation with the total group. If you have a specific need in mind, share it at this point.)

3. A team approach to caring

As we have heard, we know people who need caring. A Support Team is a group of 6, 8, or ten persons who organize, plan and work together to provide ongoing care for one or more people. To say it another way, a Team is a specific group of people (everyone knows who's on the Team), caring for a specific person(s), in specific ways (everyone is clear about what the Team has agreed to do). It is a way of sharing the work of caring, with Team Members deciding what they're able to do and when they're able to do it. A Team Leader coordinates the work of the Team according to plan.

4. People caring in ways and times they're able

As a member of the team, you will learn the possible ways the Team may be helpful to the person or persons for whom the Team is caring. To illustrate, the needs may include a meal once or twice a week, transportation to a doctor twice a month, a telephone call three or four times a week, and some yard work. Now, what are you able to do? What do you want to do? What are the times you're available? With this information from all Team Members, the Team determines what it's able to do.

As we reflect on the needs discussed a few minutes ago, and as you think of others you know, what are the ways you would want to care for others? What do you enjoy doing? What are the things you're comfortable doing? In your small group, take a few minutes to share your answers. (In the large group, ask for a few brief reports.)

5. Recording responses, including the opportunity to be a part of a "leadership team"

It's important that the information we've shared be recorded. On the interest form, please indicate your interest in being on a Support Team and any specifics about where you want to serve. If you prefer to be on a "leadership team" that will guide the process of building a number of Support Teams, please indicate that interest. Give your name, address, phone number. Also, list the names of persons you think may need a Support Team, plus any information that will be helpful.

6. Announce next steps

For those of you who want to be on a Support Team, the next Support Team Orientation is set for (give date, time, place.) Support Team Orientation is basic training for all Team Members. We hope you'll plan to attend.

Also, we want you to know that we'll be contacting the persons you have listed on the forms, to determine if a Team is needed and wanted.

(Close the meeting in whatever way you think appropriate.)

Support Team Discovery Exploration Form

Persons who may need or want the caring of a Support Team

Name _____

Contact Information (if known) _____

Situation _____

Name _____

Contact Information (if known) _____

Situation _____

_____ I want to be on a Support Team.

_____ I want to explore the possibility of being on a Support Team.

I would be interested in being on a Support Team in the following ways:

_____ I 'm willing to consider being a Support Team Leader.

_____ I'm willing to consider being a part of a Team that gives direction to Support Team development in our congregation (community).

Other comments:

Name _____

Address _____

City and Zip _____

Home Phone _____ Work Phone _____

E-mail Address _____

Making a Visit to a Potential Support Team Friend

1. Introduce yourself and share why you are there, perhaps referring to the (church's, synagogue's, etc.) concern to care, and that Support Teams are being built as a method of caring. In a sentence or two, share that a Support Team is a circle of friends who organize to care for one or more persons, and mention how Teams often help, such as an occasional meal, transportation to store/doctor, etc.
2. Give an opportunity for them to tell of their situation, and be ready to answer any initial questions they have. Then, guide the conversation to include the following items.
3. How a Support Team works and, generally, what a Team is able to do and not able to do.
4. Whether they feel a Support Team could be helpful to them, and if so, in what ways.
5. If they need more time to consider the possibility of a Support Team.
6. If a Team is wanted, are there friends who may want to be on the Team?
7. Next steps toward forming the Team, including a time when they will first meet with the Support Team Leader or some other Team member.

Discovery Follow-Up Visit

Discovery continues with persons identified as possibly needing a Support Team.

A person being served by a Support Team is called a Support Team Friend. Information about potential Friends may have come from a Discovery Event or some other source, or someone you already know. All such referrals require follow-up.

This usually involves a visit made by a member of the Development Team, a Support Team Leader, or someone else involved in the team building process. It will be helpful to have the potential Friend's primary caregiver present, if there is one. The purpose of the visit is to assess whether a Support Team is needed, and if so, if it is wanted.

Support Team Orientation

Support Team Orientation (STO) is the basic training needed by all Team Members. It is a flexible training model utilizing a variety of teaching styles and can be adapted to meet the needs of different settings. Approximately three hours are necessary for the three main components of orientation, along with matters of beginning, introducing participants, and ending. The training can be done in one, two, or three sessions. Though the components can be scheduled in any order, usually the Support Team Model is done first, followed by the Grief Exercise, and then Setting Boundaries and Limits.

Participants in STO may have already been introduced to the Support Team Model at a Discovery Event. Even so, STO provides the opportunity for more indepth training in the team approach to caring, defining what a Support Team is and how a Team works.

In planning for a STO you will want to know whether the training is for one or more Teams, and whether the Team(s) has already identified a Team Friend or focus of caring. Has a Team Leader(s) been chosen? Are there next steps already set for the Team(s)? With this information, the STO may include specific applications of the model based on the people present and the Teams that are being built. For example, if a Team has already identified the Team Friend, the training can incorporate any helpful information about the Friend, including specific needs that have been identified.

Prepare the materials and secure the equipment you'll need to lead the STO.

Based on the length of STO, plan appropriate breaks.

For additional matters, you'll find a checklist for planning a STO in the Resources section.

A Checklist for Planning a Support Team Orientation

Date, Time, and Place _____

Coordinator/Presenter _____

(Be sure to consider other congregation and community events to minimize schedule conflicts.)

Date _____ **Time** _____ **Place** _____

Room reserved _____

Contact/R.S.V.P – Who will receive calls? Name(s) and phone number(s) _____

Presenters/Trainers _____

Plan the agenda and then confirm who will lead each session.

Welcome, introductions, overview _____

Who leads the component on “Providing emotional support during grief and loss?”

Who leads the component on “Understanding the Support Team Model?” _____;

Who leads the component on “Setting Boundaries and Limits?” _____

Closing – Where do we go from here? _____

Written Resources/Forms – see material in “How to Lead Support Team Orientation”

Food and Beverage, if you are including refreshments/meal _____

Publicity: Be creative in exploring ways to reach potential Support Team Members. Public written resources are helpful in introducing and reconfirming information. Most people are more likely to respond to a personal or verbal invitation that speaks to their motivations and desire to care.

Additional logistics and questions to consider: Cost: Will the participants or the congregation / organization cover costs of the Support Team Orientation?

Supplies you may need: Nametags____; Pens____; Registration and/or exploration form____; Paper for grief/loss exercise____; Directional signs and tape____

Next Step (closing / next steps): If one team is forming: confirm next meeting (date, time, location); identify Support Team Leader; begin process of connecting with Support Team Friend.

If multiple new teams are forming: follow-up with each individual concerning the team s/he would like to serve on; encourage those who have been trained to help share the concept of the team approach with others; continue to explore the interests and commitments of volunteers.

How to Lead Support Team Orientation

Introduction

1. Begin by welcoming participants to STO and possibly having them briefly introduce themselves. Give an overview of the training to occur at that session. If the training is to be in more than one session, give information on the other session(s).
2. Introduce the training with the image of the BRIDGE found at the Beginning section of the Guidebook – persons who need care, persons who want to care, and a team approach to caring. You may present the need in terms of the increasing numbers of persons with long-term illnesses, and that there are often fewer caregivers available to care for them. In addition, individual volunteers aren't normally equipped to work with persons with long-term needs.
3. Affirm the STO participants as persons who want to care. Ask if there are three or four of them who want to share why they want to care.
4. Define a Support Team – a group of volunteers (usually 4 to 12 persons) who are organized to intentionally offer practical, emotional and spiritual support to one or more specific persons.
5. Offer a brief look at the steps in Team building that will follow Support Team Orientation.

Leading the Orientation Component on the Team Approach to Caring

1. Outline the characteristics of a Support Team

- A specific group of persons – all Team Members know who's on the team.
- A specific focus of caring – Team Members know the person(s) for whom they're caring and the ways they have agreed to care.
- The Team regularly meets together to:
 - share about its work and to support all Team Members (communicate),
 - learn what they need to know regarding their caring (educate), and to
 - do specific planning for upcoming weeks (coordinate).

2. Engage the group in a Team Building Exercise

- Ask one person at each table to place something on the table from his/her pocket or purse.
- Ask each table to brainstorm all the ways the item could be used. Urge the group to be creative, to "think outside the box." After three or four minutes, have each table report.
- Ask how the experience of working as a group is different from doing it individually. What dynamics did you notice? (i.e. more fun, more ideas, bonding, creativity, more energy.)
- Summarize the experience. "You've just experienced some of the dynamics of a team! Working as a team can be more fun and bring more energy and ideas than any one of us working alone. The exercise illustrates what can happen when we work together as a team, specifically related to how we offer caring to a Support Team Friend."

3. Discuss the advantages of a team approach

The strength of a team approach is found in a group of persons who:

- share the work of caring vs. one or more volunteers working in isolation;
- bring different interests, skills and gifts, with all Team Members encouraged to do what they enjoy doing and what they're comfortable doing;

- offer the time they have to give, which translates to a variety of times the Team is available to the Friend;
- support one another in the common mission of the Team;
- have their caring coordinated by a Team Leader(s).

4. Share the kind of caring offered by a Support Team

- Practical Support may include transportation to a doctor's office or grocery store, preparing or delivering meals, and helping with household chores.
- Emotional Support may include phone calls, written notes or cards, and visits with an emphasis on listening.
- Spiritual Support may include a response to the Friend's request for prayer, listening with acceptance and non-judgment to the Friend's spiritual concerns and struggles, always respecting the Friend's spiritual journey.

5. Share the kind of caring a Support Team does not do

- A Team does not provide medical care such as giving medications or providing medical advice.
- A Team does not provide financial assistance, whether in terms of cash gifts, loans or paying bills.

6. Discuss different Support Team models

- Basic model: The Team focuses on one person or family and cares in a variety of ways agreed upon by Team and Friend (practical, emotional, and spiritual).
- Mission model: The Team focuses on a particular need(s) of several persons (such as providing transportation, meal preparation, and/or meal delivery).
- Facility model: The Team focuses on persons in one place and meets some of the needs at that one site (such as a nursing home, homeless shelter, or inpatient hospice facility).
- Peer model: The Team focuses on supporting one another where each Team Member gives and receives what they are able to offer.

7. Introduce participants to the Support Team Covenant.

The Covenant is a way of thinking about what it means to be a part of a Support Team. Place the emphasis on a COVENANT that Team Members freely share, as opposed to a list of rules.

8. Outline the work of the Support Team Leader(s)

- The Team Leader stays in touch with the Friend regarding changing needs and any concerns the Friend has regarding the Team.
- The Leader plans the agenda for Team meetings and presides at the meetings
 - Communicate (reflect, express concerns);
 - Educate (ongoing learning);
 - Coordinate (time & tasks).
- The Leader coordinates the work the Team has planned to do.

9. Ask for questions or comments from the group

Are there questions about a team approach to caring? As you think about being a part of a Support Team, what feelings or concerns do you have?

10. Announce the next steps

Share any information available regarding Team Friends or potential Friends, whether there are plans to connect a Team(s) with a Friend, setting a first (or next) team meeting, etc.

Support Team Models

Basic Model

The Support Team is connected to one person or family unit and offers practical, emotional and spiritual support in a variety of ways.

Example: A woman is the caregiver for her husband who has Alzheimer's disease. She is committed to keeping him at home. The Support Team provides a meal a couple of times a week, does errands to the grocery store and pharmacy, and visits in the home once a week.

Mission Model

A Support Team serves several persons who have a similar, common need.

Examples: A Support Team provides transportation to six different persons who are elderly and can no longer drive – doctor visits and grocery shopping.

A Support Team does small home repairs for the elderly in a congregation. The Team's mission is to help elderly persons stay in their homes longer by helping with such things as changing light bulbs, repairing leaking faucets and other plumbing problems, etc. There is no cost for the Team's labor; the Friends normally pay for materials.

Facility Model

A Support Team is connected to a particular facility and does one or more services for residents.

Examples: A Support Team serves patients on a palliative care unit of a hospital. The Team is connected to a specific number of rooms, and whoever occupies those rooms receives the attention of the Team, responding to a variety of needs.

A Support Team is assigned to one wing of a nursing home, and working with the appropriate staff person, offers caring to the residents on that wing – regular visits, reading to those who request it, and helping residents celebrate special days.

Peer Model

A Support Team is composed of persons with a similar life situation and meet once a month to support one another, learn together about a specific issue, and coordinate activities together during the month.

Example: Six to eight persons living with HIV disease meet together once a month and are available by phone as well as other social opportunities during the month.

Support Team Member Covenant

As a member of my Support Team, I promise to do the following:

Attend a Support Team Training/Orientation session(s).

I will attend an orientation session when my team is forming or prior to joining an existing team.

Be committed to a team concept.

I will be present at our monthly Support Team meeting. I will do my best to communicate openly with team members and our Support Team Friend and work through any problems that may arise. I will keep all information regarding our Support Team Friend(s) confidential within the team unless I have permission from him or her to share such information outside the team. I will be accountable to my team regarding my Support Team involvement.

Avoid direct financial involvement with our Support Team Friend(s).

I will not pay bills, loan or give money to our Support Team Friend(s). If the Support Team Friend has financial needs, I understand we will decide as a team how to respond by helping him/her find community resources.

Avoid direct medical support or advice to our Support Team Friend(s).

I will not dispense medications or provide direct medical care or advice that I am not certified to provide. I will refer such needs to qualified family members and/or health care professionals.

Be responsible with closure issues.

If for any reason I need to stop serving on the Support Team, I will attend a Support Team meeting and share this directly with my team. I will also contact the Support Team Friend or Family and let them know of my decision in order to sustain trust with other Team Members.

Signed

Date

Leading the Component on Offering Support to Persons with Loss and Grief

Materials needed – pens or pencils; sixteen slips of paper, approximately 1” x 4”, for each participant – slips to be used in sets of four (different colors may be helpful).

1. Share with the group the purpose of the experiential Grief Exercise

It’s extremely important that we understand the multiple losses that persons with chronic or terminal illness experience. As Team Members, how are we to respond to a Friend who is grieving over some loss or multiple losses? How can we be sensitive to fellow Team Members who are burdened by the grief of the Friend, or who may be struggling with personal losses of their own?

Our training involves an experiential exercise that will help us with these matters.

(Note: This can be a very emotional experience for participants and you will want to be sensitive to their various emotional responses. Encourage everyone to participate, perhaps with the observation that in real life we don’t have the choice “not to play.” However, do not force persons to participate. The goal of this exercise is to give persons insight into what it theoretically would feel like to lose persons, roles, activities, and material possessions. You find a descriptive text below, but use the language and experience most comfortable for you.)

2. Distribute a stack of 16 slips to each person and provide the following instructions.

On each of four slips of one color (or stack), write down four important roles in your life – father, brother, vocation, mother, friend, etc. (Tell the participants that what they write will not be shared with others. Give time for everyone to list the four roles, and do the same following each of the next three items.)

On each of four slips of another color (or stack), write down four activities you enjoy – like walking, hiking, church, swimming, spending time with family, etc.

Using another color (or stack), write the names of four people who are presently living and who are important in your life – spouse, friend, child, family member, coworker, etc. You may write their first names if you wish. Do not write more than one person’s name on a slip of paper.

On the final color (or stack), write down four things for which you are most thankful. They may be material or intangible – home, health, computer, car, something of sentimental value, pets, happiness, etc.

3. Again share the purpose of the exercise, along with some comments about grief

Persons who have long-term or chronic illnesses normally experience multiple losses. It’s important that Team Members learn to respond in meaningful and helpful ways. The purpose of this exercise is to try to get in touch with feelings associated with the loss of someone or something important to you. Remember this is a paper exercise. If it becomes too uncomfortable at any point, you may stop and simply observe for the balance of the time. Otherwise, we encourage you to participate fully.

Grief is inherent in the loss of something important to us – the loss of health, job, the ability to drive, the energy to engage in a favorite hobby, changes in a relationship, to name a few. When loss occurs,

to be told not to grieve, or not to cry, makes no sense at all, and is hurtful for the one suffering the loss. As Team Members express understanding and engage in active listening, they encourage the Friend to feel what you are feeling when you feel it. Honesty and acceptance of those feelings are essential ingredients of a healthy response to grief.

Round 1 – Choose one slip of paper of each color (or stack), tear it up and put it off to the side.

You are losing one role, one activity you enjoy, one person important to you, and one thing for which you're thankful, and you choose which one from each area. Yes, this is difficult, but make your decisions quickly and tear up the slips of paper.

Debrief thoughts and feelings: What did choosing one from each stack feel like? Was one more difficult to choose than the others? Why? (Most people will say the most difficult decision was choosing a person to lose.)

How is this experience similar to what persons with chronic, debilitating illnesses face, persons who may be constantly facing decisions about what they will have to give up? (Have participants respond to the question.) For example, these persons may no longer have the strength to do all the things they've loved doing, or the time to cultivate friendships that have been important.

What are some insensitive ways people sometimes respond to those experiences of loss? What are the kinds of things to do and say that will be helpful?

It may be that disease has removed them from circles of friends at work or a church. They may be struggling with questions about who will be there to support them and care for them. When the situation is terminal, they're facing the awareness that they'll soon lose everything and everyone important to them.

Main Point #1: As a Team Member, help your Friend to feel what they are feeling when they feel it.

Don't try to "fix" what the Friend is feeling. Rather, help them know it's O.K. for them to feel what they're feeling. Don't think you've got to say some right words, make someone glad who is sad, or stop being angry if they're mad. Be present, listen, accept, don't judge, and don't try to fix it!

Think about the people who have been most helpful to you during a time of crisis. You may not remember anything they said; you remember they were there with you, listening and caring.

Round 2 – Now turn all of your slips of paper face down. Without looking, choose one slip of paper of each color or stack, tear it up and put it to the side. Without knowing which one, you are to give up one from each category. Please do this now.

Debrief thoughts and feelings. What was that experience like? How was it different from the first round? Was it easier or harder not knowing what you lost? (You will get a variety of responses.)

How does this experience relate to persons with chronic illnesses? (Get ideas from the group.) Sometimes choices are made when consequences are not fully known. When giving up a job, for example, the Friend may not fully recognize all that they're losing – all that the loss of income means, or how important coworkers were to them.

Remember that you have no way of knowing what the Friend is feeling about the loss. You may think that having to quit a job would be extremely painful, when the Friend may be feeling relief or deliverance from a job they've never liked. In other words, don't project your own thoughts about a particular loss onto the Friend.

Some people who are sick don't really want to know what the prognosis is, what the immediate future holds for them. You may think they need to be realistic and see things the way they are.

Obviously, you aren't to impose your way of seeing on the Friend. Again, honor the Friend's feelings.

Main Point #2: Learn to walk at the same pace emotionally of the person you are assisting.

Picture yourself walking beside your Friend, really walking with her/him. For one thing, this means you intentionally guard against setting the pace yourself, a pace that reflects your own feelings and needs. What a difference it will make if, in every way, you stay with your Friend.

Round 3 – Slips of paper are still face down.

I am no longer acting on my own behalf. Instead, I am representing a significant illness in your life. Please sit back and pay attention to your thoughts and feelings and we'll discuss them in a few moments.

(Walk around the room and indiscriminately take various slips of paper from the participants, not making eye contact – for example, take all slips from one person, one, two, or more from others, and take no slips from some. After going around the room once, stand silently for a moment, then go to 3 or 4 more persons and make a second pass over their slips of paper, wiping some out, others just touching their slips of paper.)

Debrief thoughts and feelings. (Process the experience with the whole group.) What are you thinking? What are you feeling? Anger? What does the anger mean? What other feelings do you have? What was it like for those of you who lost everything? What was it like for those of you who had nothing taken? (Give time for responses.)

How is this like the experience of some people with critical illnesses? They may feel they've lost complete control of their lives, that what's happening to them is completely unfair, etc. They may be terribly afraid of what's going to happen next.

Main Point #3: Take on the role of student in your relationship, and allow your Friend to be your Teacher of what this is like for them.

What can your Friend teach you in the face of such losses? Perhaps you have no idea how you would respond to the situation. So, what can you learn from your Friend? Or, if you have had a similar experience, don't assume that the way you handled it is how your Friend will. Again, see yourself as the one to be taught.

This attitude can extend to other areas of relating to the Friend. Maybe you've long recognized your need of patience. Or, perhaps you've been too driven to stay in control of things. What can your Friend teach you related to your own personal growth?

Bring the exercise to a close.

Remind the persons in the group that they haven't lost anything that was written on the various slips of paper. Does the exercise remind you to be more aware of the special relationships you have in your life? How will you express gratitude for the gifts and blessings you have identified? How can these blessings become the motivation and strength you need to genuinely care for others?

Remember, too, that as you encounter the grief your Friend is experiencing you and other team members will also grieve her/his losses. Team Members may also face past, present and anticipated losses of your own. Aware that all this is a natural part of grief experiences, how will you and other Team Members plan to care for one another?

Leading the Orientation Component on Setting Boundaries and Limits

1. Share with the group the purpose of this section.

It is essential that Team Members, and the Team as a whole, learn the necessity of setting boundaries and limits, and that the team always works together in making decisions about its work. This section of our training is to address these issues.

2. Provide the participants a copy of the Support Team Scenarios – see p. 45.

These scenarios represent situations that you as Team Members may face. In small groups, you'll work on one of the scenarios, and consider possible responses you can make to the situation. There is no one right answer. So, consider a number of ways you could response. Please select a reader and a reporter for your group.

3. Assign a scenario to each small group.

First, the reader is to read the scenario aloud, the whole group discusses the possible responses, and the reporter takes notes for reporting. You'll have approximately 10 minutes.

4. Have each group report to the larger group; allow input from other participants.

(As leader, you are encouraged to reinforce the main points of the scenarios – see p. 46. In addition, suggest ways of keeping the Team aware of the ongoing need for clear decision-making and honest communication within the Team and between Team and Friend. Included in both these matters are the following.)

- It's OK to say No.
- Decisions about the work of the Team are to be made by the Team.
- Evaluate individual and group skills, passions, and time availability.
- It is easier to add additional types of support progressively than to exhaust all Team support quickly.
- Communicate honestly and openly with Team Members and Friend.
- Review Support Team Covenant and renew annually.
- Revisit the Support Team Agreement with the Friend as needed.
- Respect confidentiality.
- Use foresight when possible, but learn from shared experiences.

Scenarios – Boundaries and Limits Exercise

Scenario One

You have been with your Friend for almost a year. Several times in the past, your Friend has called Team Members insisting on an immediate response to some need. Though Team Members have usually responded, some have expressed frustration, even anger, over her demands. The Friend calls you one morning at 6:30 and says that she needs to go to the emergency room. You say that you will be glad to call an ambulance and visit her later in the day. She says she's afraid of ambulances and would prefer you take her to the hospital. You are also willing to see if you can find someone else to go with her. She says more desperately that she can't wait for all the phone calls. She says if you send an ambulance she will refuse to go. What do you do?

Scenario Two

You have known your Friend for only a month. You meet the Friend's mother on your second visit. His mother tells you how glad she is to have you help out and has prepared a list of things for you to do each time you visit. She says, "You know I can't do everything that needs to be done and I really need you." The list includes things like changing and washing bed sheets, taking out the garbage, sorting and giving medications to her son, and going to the grocery store for him twice a week. How do you respond to her requests?

Scenario Three

You are a part of a Team that does small home repairs for persons, mostly disabled and elderly, in the community. On several occasions, the team has done work for a man paralyzed in an automobile accident. He has talked with Team Members about his financial struggles. You are at his home repairing a leaking faucet, and he tells you he is \$40 short on his rent, due to increased cost of medications. He asks you to loan him the money, and promises to repay you when his next check arrives. What do you do? What are your options?

Scenario Four

Your Team was organized as an AIDS Support Team and is presently serving a person living with the disease. She has not wanted others to know she is HIV+, believing they would shun her. A few days after you take her to the grocery store, a member of the church says he saw the two of you there, and he asks about her? What do you say? He presses harder and says, "Is she your AIDS person?" How do you respond?

Scenario Five

The Team has been related to your Friend for a few months. She has responded well to two or three members of the Team and regularly calls on them for help. When other members of the team offer help, she puts them off, saying she doesn't need anything at the moment. Some members of the Team are getting discouraged. How does the Team address this concern?

Scenario Six

Your Team is related to twelve persons living on one wing of a nursing home. Your plan of caring involves a visit to each person twice a month. There is a particular focus on reading to these Friends. In addition, something special is done on each person's birthday. Those living in other sections of the home have learned of your caring and have inquired about being included. A staff member of the home asks you about the possibility of extending your work beyond the twelve persons you've been serving. What is your response?

Main Points of Setting Boundaries and Limits Scenarios

Scenario One: Main Points

- It's OK to say No.
- The Team needs to discuss the Team's response to emergencies, whether there are specific Team Members who are able/willing to respond to emergencies, with resulting decisions clearly communicated to the Friend.

Scenario Two: Main Points

- No member of the Team is to make decisions for the Team. (In this case, the proper response is, "I'll be glad to take your requests to the Team; then, the Team Leader will call you.")
- The importance of the Team Agreement (true with all these scenarios), and the need for clear decisions about what the Team is able to do and not able to do (sorting and giving medications, for example).
- Explore the relationship of the Team to other caregivers.

Scenario Three: Main Points

- The Team needs to have a clear policy that members of the Team are not to give or loan money to the Friend.
- The Team may decide what role it will have in directing the Friend to resources within the community that may be able to help financially.

Scenario Four: Main Points

- The Team is committed to confidentiality regarding all matters related to the Friend.
- Participants may suggest a variety of responses to the church member, all of which are to hold to the principle of confidentiality.

Scenario Five: Main Points

- The Team openly discusses such matters at Team meetings.
- The Team decides the best way to communicate to the Friend the nature of the Team's work, which involves all members of the Team being involved in caring.

Scenario Six: Main Points

- As in scenario two, no member of the Team makes a decision for the Team.
- The Team decides any changes in the Team Agreement.
- If unable to expand its work, the Team may suggest the building of a new Team.

OTHER RESOURCES FOR TRAINING/ORIENTATION

Support Team Basics

1. A Support Team is a group of volunteers working together to offer practical, emotional and spiritual support to individuals and families with health care concerns or other special needs.
2. A Team Approach works in that the caring is planned, coordinated and shared, and all Team Members do what they're able and willing to do, at the times they have available.
3. Support Teams are needed because of increasing numbers of persons living at home with healthcare needs, and often with no family members living nearby. Community groups, as well as individual volunteers, may provide care in times of crisis, but are usually not available for ongoing, long-term care.
4. Activities of a Support Team may include transportation to the doctor and grocery store, household or yard chores, errands, meals, social outings, visits, phone calls, and a respite time for caregivers.
5. Building Support Teams may be the primary methodology used by a congregation or organization in caring for people in its membership and community. Also, building a Support Team can be the natural response of a group of persons to the needs of a friend.
6. Support Teams can be organized based on many different models.
 - The Basic Model focuses on one person/family and meets a variety of needs.
 - The Mission Model focuses on the common need of several persons.
 - The Facility Model focuses on one place, such as a nursing home, clinic, etc., and meets some of the needs of persons at that site.
 - The Peer Model focuses on Team Members caring for one another.
7. Support Team Orientation offers initial training for all Support Team Members. It involves training in the team approach to caring, how emotional support is offered to persons experiencing loss, and the importance of setting boundaries and limits. Beyond this basic training, continuing education is a vital part of regular Team meetings.
8. Encouragement and help for Support Teams is a vital work done by the Team Leader, Coach, and Development Team.
9. A Team Approach can be a way to strengthen existing programs and ministries. Many programs that have traditionally been directed by staff persons, with a primary focus on the recruitment and management of individual volunteers, can be revitalized by a team approach.

Offering Emotional Support - Three Basic Principles

1. Help persons feel what they're feeling when they're feeling it.

There is only one path through grief, and it is through it. Seek to understand what their experience is like for them. Don't assume you know what it's like for them even if you have had similar experiences.

2. Learn to walk at the same pace as the person you are assisting.

You must not try to rush them through some emotional struggle, nor ignore it. Your concern is not to "make them better" according to your standards. You are to be present and care enough to "walk with them." This walk is healing in and of itself.

3. Embrace the role of student in your relationship and allow them to be your teachers.

Persons experiencing loss and grief may have much to teach us about how to face difficult times. Being caregivers means being open to receive as well as give.

Basic Concepts about Caring for Support Team Friends

Visiting a seriously ill Support Team Friend can be uncomfortable for some persons. Many people avoid such encounters because they feel they "don't know what to say." What do you say to someone with a serious illness without sounding trite or hollow? How can you turn such a visit into a healing encounter? Here are ten suggestions to help make the visit a positive one for both you and persons who are sick.

1. Be there.

Fear of saying the wrong thing often keeps friends or relatives from visiting. The first step is to realize that it is your presence, not your words, that means the most. There is no magic formula, there are no magic words. Just being present for that moment will go a long way toward helping persons heal, if not physically, then emotionally and spiritually.

2. Know the power of touch.

Holding a person's hand or giving a comforting pat on the arm can mean a great deal to those who're fighting fear and loneliness. Naturally, it depends on your closeness to them and their willingness to be touched, but staying at arm's length from them may reinforce the sense of separation they're already feeling. A gentle touch tells them you're willing to be with them.

3. Listen.

Come to a visit with an open agenda. Allow others to tell you about their needs. If they want to recount favorite stories - even if you've heard them several times before - listening with enthusiasm can validate their sense of self-worth.

4. You don't need the "right" answer.

Persons confronted with a life-threatening illness often ask, "Why me?" You may feel you are supposed to have an answer, one that will make them "feel better." But familiar cliches that are often

used to make sense of the tragedy – “It’s part of God’s plan.” “Everything happens for a reason.” – can be very insensitive and hurtful. Most often, they aren’t looking for an answer, but expressing their confusion. So, you can simply repeat the question in your own words, indicating that you understand their anxiety. “I see you’re really troubled by this” is definitely a more helpful response than something like, “Perhaps God is testing you.”

5. Validate the Friend’s emotions.

Too often, because of our own discomfort with sickness and death, we don’t allow others to discuss their feelings. If they say, “I know I’m not getting better,” and you say, “Don’t talk that way,” you’re essentially telling them to be quiet. Caring for them means we encourage them to openly express their fears or concerns. This way they know that you’re willing to journey with them, and that you’re trying to understand them.

6. Don’t be afraid of tears.

A “Don’t cry!” response to tears is almost always the wrong thing to say. Tears help heal! To hold everything inside is unhealthy. You don’t have to say anything – being there is what’s important. And don’t be afraid of your own tears. It’s OK for you to cry.

7. Try to be compassionate.

Persons who have a terminal illness normally experience a variety of moods and emotions – among them, anger, depression, denial, false hope, peace and acceptance. There is no one formula for how and when these are experienced, but they are all common emotions among the seriously ill. Try to be open to whatever they are at any given time so that you can respond with understanding and compassion. Remember, too, that anger and frustration often get directed to caregivers. Do not take this personally, but recognize it as their response to the illness. Not every person experiences peace and acceptance. However, your expressions of compassion and love will contribute to this possibility.

8. Monitor what you say.

Persons who are unconscious or seem unaware of what’s going on around them may still be able to hear what is being said. Guard against saying negative things, and continue to express words of encouragement.

9. Keep your visit brief.

Seriously ill persons often tire easily but may feel obliged to put on a good face for visitors. Brief visits are usually better than long ones. Plan your visits at times that are best for them and their caregivers. .

10. Be yourself.

If you are an optimistic and upbeat person, you’ll naturally bring that spirit to your relationship to those who are sick. But trying to put on a show of cheerfulness when you don’t feel it will strike a false note. Don’t put pressure on yourself to “accomplish” something during the visit. You’re there to provide support, and those you visit will appreciate that fact far more than anything phony.

Submitted by Bill Parish, Support Team Leader, St. Francis Xavier Catholic Church. Original source unknown. Adapted.

Support Team Leader

The Team Leader coordinates the work of the Support Team, promotes good communication between the team and the Friend, and facilitates team meetings. The Team Leader is essential to planning meaningful team meetings (to communicate, to educate, and to coordinate.) A Support Team may choose to have co-leaders. The time one person serves as a leader can be negotiated within the team.

- **Coordinate the work of the Support Team.**

Given the specific ways the team has agreed to offer caring for the Friend, the leader helps the team in scheduling and completing assignments, based on what each member is able/willing to do.

- **Promote good communication between the Support Team and Friend.**

Typically, the leader is involved in the initial visit with the Friend, listening to ways the team may be helpful; then, after consultation with the team, informing the Friend what the team will be able to do. Prior to each monthly meeting of the team, the leader will be in touch with the Friend, or delegate the contact to another team member, to confirm dates and services for the coming month.

- **Organize and facilitate Support Team meetings.**

The purpose of the team's monthly meeting is to communicate about the work of the team and offer support to the members of the team; to educate members on relevant topics; and to coordinate the care for the Support Team Friend for the following month. The Team Leader confirms details of the meeting and facilitates the agenda, either leading the Meeting or delegating the task to another Support Team Member.

- **Seek input and assistance from Coach, Development Team, and other resources as needed.**

The Support Team Leader encourages the team to have ownership over their role and to utilize additional resources as needed. The Leader should be aware of these resources or how to access them. The Leader may also facilitate learning between teams.

- **Update Support Team on news from the Support Team Network.**

The STN staff communicates with Support Team Leaders, Coaches or Development Teams about meetings, conferences, and newsletters. Team Leaders are encouraged to pass on updates to Team Members and notify STN staff of changes in leadership and ways the STN staff can assist or advise.

Support Team Member Information

Name _____

Address _____

Home Phone _____ Work Phone _____ Fax _____

Cell Phone _____ Email Address _____

AVAILABILITY: What are the best days/times for you to help with our support team friend?

Day/Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evening							
Varies							

IDENTIFYING MY STRENGTHS: Where do you fit in when it comes to the following areas? Remember, it's ok not to like something. Add your own strengths at the bottom of the table. This is a team approach!

[illegible]

Sample Time and Task Calendar

Working Together to Share the Care!

Captians of the Week	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Pete & Janice	30 Give ride to church - Wade	31	June 1 Dinner - Janice	2	3 Dinner - Pete	4	5 Grocery store - Pete Yard Work - Pete, Janice
Wade & Alesia	6	7	8 Dinner - Wade	9 Doctor 2pm - Alesia	10 Pharmacy pick up medicine - Alesia Dinner - Patricia	11	12 Grocery store - Wade Yard Work - Alesia, Nancy
Carol & Kaye	13 Give ride to church - Carol	14	15 Dinner - Kaye	16	17 Dinner - Carol	18	19 Grocery store - Kaye Yard Work - Carol, Randy
Rosemary & Nancy	20	21	22 Dinner - Rosemary	23	24 Dinner - Nancy	25	26 Grocery store - Nancy Yard Work - Rosemary
Randy & Patricia	27 Give ride to church - Randy	28	29 Doctor 11am - Patricia Dinner - Randy	30 Pharmacy pick up medicine - Patricia	July 1 Dinner - Patricia	2	3 Grocery store - Patricia Yard Work - Randy
Judy & Greg	4 Give ride to church & trip to Botannical Gardens - Judy, Greg	5	6 Dinner - Judy	7	8 Dinner - Judy, Greg	9	10 Grocery store - Judy Yard Work - Greg

CO-CAPTAINS: Your role is to stay in touch with the support team friend during your week. This may include a call, a visit, meeting a specific need on the calendar, or sending a note or card. Please call the captain(s) for the next week and update them on any new information. If you need additional help to meet various needs during your week, please call your support team leader or inform him or her after you invite others to participate, so that we can share the care!

The Support Team Meeting

Team Members regularly meet together to plan and care!

We strongly recommend to remain faithful to the principle of the 59-minute-or-less Support Team meeting. It is an important way of “setting boundaries and limits” that not only honors the time commitment of Team Members, but also contributes to keeping the Team focused on the purposes of the meeting.

The agenda for Team meetings is summarized in the words Communicate, Educate, and Coordinate. This agenda is based on the above answers to the two questions about how the Team cares for Team Members and the Friend. Communicate about the needs of the Friend and how Team Members are able to help, about how Team Members are feeling about their participation on the Team, and about how the work of caring is going. Educate in ways that strengthen the knowledge and skills of Team Members. Coordinate the plan of caring for the upcoming month.

The Support Team Leader(s) plans and presides at Team meetings. The Team Leader, or a designated member of the Team, will be in touch with the Friend regarding specific needs for the month ahead, to learn, for example, when transportation is needed for a doctor’s appointment.

The Leader plans the agenda for the meeting, using the basic outline of Communicate, Educate, and Coordinate. The amount of time given to each item will usually vary from meeting to meeting. It may be helpful for the Leader to send an advance copy of the agenda to Team Members, noting any particular needs for the month, thus enabling Team Members to better prepare for the meeting.

As the Team Leader learns where and when Team Members are able to serve, a tentative Time and Task Calendar can be prepared before the meeting, to be adjusted as needed during the meeting.

Leading a Team meeting involves starting the meeting on time, allowing everyone an opportunity to speak, and ensuring that no one “dominates” the meeting. With good planning and capable guidance of the meeting, the agenda will be completed within the allotted time of “59-minutes or less.”

Team Members are careful to follow the plan.

With the Time and Task Calendar in hand, Team Members are responsible to do the work that has been planned. Regarding scheduled appointments where transportation is involved, or even with a meal to be delivered, for example, it will be helpful for the Team member to call the Friend earlier in the day, or the day before, to confirm the plans. If a Team member is unable to fulfill some act of planned caring, that person either calls the Team Leader or arranges for another member of the Team to do the work.

Additional matters regarding the Support Team’s plan to care

The Support Team Friend should not attend Team meetings, unless it is for very specific and special reasons. The Team needs to be able to freely discuss the Team’s work and relationship with the Friend. You may choose to have an occasional gathering of Team Members and Friend, such as a party or a meal together, but this needs to be a setting other than a Team meeting.

The Team may consider a social time once or twice a year for Team Members to have fun together, hopefully to build a greater sense of community and common mission. This gathering may possibly include spouses and children of Team Members.

The Team may organize its work by dividing the weeks of the month among Team Members, with a Captain for the Week who offers guidance regarding caring for the Friend that week. This will particularly be helpful with the ongoing tasks of providing emotional and spiritual support through telephone calls, visits, and cards. The Team may also organize meals, transportation, and other ways of caring in this manner. This focuses the attention of Team Members on “their week” as opposed to being on duty all month. Also, the Friend can be encouraged to call the Captain of the Week about any matter of concern, rather than always calling the Team Leader.

Tips for Successful Reflection at Team Meetings

Take time to let each person share what his or her experience was like with the Support Team Friend during the month. Share frustrations and hear one another fully. Talk about good things that happened and progress that was noteworthy. Support one another, encourage one another, and celebrate “baby steps” the team makes together.

Discuss how this experience is changing your perspective on issues. What are you learning about yourself? What are you learning about your faith journey? How does the Support Team Friend remind you of someone in your family and what issues does that raise for you?

Don’t try to “fix a feeling” that someone else shares. Ask more questions about it, make sure you understand what he or she means. Allow them to feel whatever they are feeling, even if it is unpleasant at the time.

Ask specific questions of persons who are typically quiet during a meeting to get them more involved, and suggest to others who tend to dominate a group that you want to hear from everyone.

Deal with team issues as they occur. Most persons prefer not to have conflict, but it is normal to have personality differences on a team and some conflict. See it as an opportunity for personal growth.

Focus more on what each team member can do rather than how the team can make the Support Team Friend different. You are the only person you can change!

Tips for Successful Learning

As an example, the Team may have a new Friend who has Alzheimer’s Disease. Some members of the Team may know very little about this disease. Plan to invite a nurse, social worker, physician, or representative from a local Alzheimer’s Association to share information and answer questions. A family member who has first-hand experience as a caregiver could also be an excellent resource.

Each month, ask Team Members what kind of information would be helpful for next month’s meeting (i.e. listening skills, how to redirect conversation, how to set limits and boundaries, etc.). The more closely it relates to their personal experience, the more likely they will come to learn something new. Brainstorm with one another for good resource persons to invite to the next meeting. Consider written resources too (brochures, internet, books, etc.)

Clearly communicate to the resource person the amount of time available for both the presentation and questions and answers. Schedule the education time at the beginning of the meeting, then allow guest resource person to leave afterwards.

Don't try to do too much in one meeting. Some topics may need to be broken into smaller sections. Keeping faith with the "59-minute or less meeting" means you'll probably have no more than twenty to thirty minutes for continuing education.

How to Make a Visit to Connect Team and Friend

Usually, the person who makes the Initial Visit to determine if a Support Team is needed, appropriate and wanted is the one who takes the lead in the process of connecting the Team and Friend. This person brings together the Friend, the Leader of the Team and/or another member of the Team. If the Friend has a primary caregiver, it's usually important to invite her/him to be present.

A Connecting Visit Imagined

The following story embodies the meaning and content of the Connecting Visit.

Doris is the full-time caregiver for her husband, Dave, who was diagnosed with Alzheimer's disease a number of years ago. At one point they were active in the church where several Support Teams have recently been built. Doris and Dave came to the attention of the new Initiative Team that is giving direction to Team development in the congregation. Martha, a member of the Initiative Team, has made an Initial Visit that confirmed both the need and Doris' willingness to have a Team. Martha encourages Doris to be thinking of ways a Team may be helpful.

At the Connecting Visit, June, the Team Leader, expresses the Team's joy and anticipation at being given the opportunity to care, and gives Doris some information about who is on the Team. She then listens to Doris share about what she sees their needs to be. Doris lists sitting with Dave while she goes shopping and on Saturdays while she goes for her hair appointment, cutting the grass, and an occasional meal.

June tells Doris the Team is to meet soon, at which time she'll share with Team Members the list of needs, and that she'll then report back to Doris what the Team is able to do. She'll also work on a printed schedule and get it to her.

Finally, June asks how Doris and Dave want to meet the Team Members, whether together as a group, or one or two at a time over the coming weeks. June says again how grateful the Team is to be able to help.

The Support Team is now connected to Doris and Dave.

"Connecting Visit" Steps

To translate the story into a list, the Connecting Visit involves the following. (The list assumes you are the person connecting the Team and Friend.)

1. Before arriving for the visit, encourage the Team Leader to communicate the joy the Team feels over the opportunity to be “a circle of friends” to the Friend, and express gratitude for the Friend’s openness to welcome them.
2. Introduce the Friend and Team Leader, and ask the Leader to share information about the present make-up of the Team – the number of members on the Team and who they are - young, retired, employed, members of the congregation, etc.
3. Ask the Friend to share about ways the Team may be helpful. You may choose to ask about possibilities other than those named earlier, or you may review what the Friend has already indicated.
4. Review the role of a Support Team. If helpful, use the Support Team Agreement.
5. Have the Team Leader share the next step; namely, the Team will meet to determine the specific things the Team will be able to do, and then the Leader will call the Friend regarding those specifics.
6. You or the Team Leader ask the Friend how he/she would prefer to meet members of the Team, whether one or two at a time over the following weeks, or a gathering of Team and Friend to get to know one another.
7. Have both the Team Leader and the Friend share telephone numbers, with discussion about the more appropriate times to call, etc.

The Team Meeting Agenda Following the Connecting Visit

The Support Team meeting following the Connecting Visit may or may not be the initial meeting of the Team. In either case, be sensitive to the need for Team Members to get to know one another. Then, regarding the agenda, plan the meeting to incorporate the three basic elements of all Team meetings; namely, to Communicate, Educate, and Coordinate. The amount of time given to each of these items will vary from one Team meeting to another depending on the nature of the Team’s life and work at the time. At this particular meeting following the Connecting Visit, the agenda may look something like this.

As the Team Leader, open the meeting in the way you feel appropriate.

Communicate: Ask Team Members to share hopes and expectations about being on the Team. If the Support Team Member Information Form hasn’t been completed, give out copies and ask that they be returned as a beginning point. If you haven’t done so, discuss the Support Team Covenant that gives an overview of what it means to be a member of the Team.

Educate: Ask if all members of the Team have attended a Support Team Orientation. If not, announce the next session scheduled, or plan such a session. Plan the education component for the next meeting. In the case of the above story, this may be to learn more about Alzheimer’s disease.

Coordinate: Share the Friend’s list of needs containing the ways the Team may be able to care. Lead the discussion of what the Team is able to do and not able to do. For example, there may be no one able to sit with Dave on Saturdays. In this case, the Team may decide to ask if Doris’ hair appointment can be scheduled on a weekday.

Prepare the Time and Task Calendar for the coming month. At subsequent meetings, when you as the Team Leader are more acquainted with the time availability of Team Members and the tasks they enjoy doing, the Leader can do preliminary work on the calendar in advance.

If the Friend has said she/he wants to meet the Team Members all at once, plan a time. Confirm details (date, time, and place) for the next meeting, and close in a way appropriate for your team.

Communicate with the Friend what the Team Is Able to Do

The Team Leader communicates with the Friend what the Team is able to do and not able to do. (In the above story, for example, the Team is not available for sitting on Saturdays.) Specific plans for the upcoming month, as well as the plan for meeting Team Members, are shared with the Friend.

Support Team Friend Agreement Form

This document allows you, as the Support Team Friend, to have an understanding of the role of a Support Team. Please place a check mark beside each statement below.

_____ I have read the document “Is A Support Team Right for Me?” or someone has gone over this form with me.

_____ I understand that a Support Team is made of individuals who are volunteering their time without financial compensation. A Support Team can assist and support me (or my family members) based on: 1) my needs, and 2) their time availability and skills.

_____ I understand that a Support Team may be able to assist me in such areas as: practical needs (transportation, meals, etc.), emotional support (friendship, someone to listen, etc.), and/or spiritual support.

_____ I understand that each Support Team receives training and support that is appropriate to their tasks.

_____ A Support Team does not provide financial assistance. This includes not loaning or giving me money, or paying my bills. They may help refer me to other resources of which they are aware.

_____ A Support Team does not provide direct medical care. For example, a Support Team does not dispense medicine, change bandages or clean wounds, or provide other medical services.

_____ In order for my Support Team to best assist me, I will do my best to be clear and honest regarding my needs and to notify my Team as far in advance as possible regarding my needs.

_____ I understand that I may stop using a Support Team if I choose, at which time I will notify my Support Team Leader.

_____ I give permission to share information about myself/my family (name, address, phone, health status, brief history, etc.) with members of my Support Team.

Signature and Date

Support Team Initiative

The development of multiple Support Teams usually happens within a congregation, and may result from a number of congregations and other groups coming together for team development in a community. We refer to such development as a Support Team Initiative.

Those who give leadership to an Initiative have the opportunity to model a team approach by the way they organize themselves to provide guidance and support for the whole process of team development. That is, they build an Initiative Team using the principles of Support Team development. It means, for example, that the Initiative Team comes together through the process of discovery – identifying needs, and helping persons make decisions about where they can best serve, based on their interests, abilities and time availability.

So, in forming an Initiative Team, think discovery and invitation, not recruitment!

To illustrate, one person may share the Team Approach to caring with a small group, with one or two others expressing an interest in giving leadership to this new venture. Then, through the process of discovery and team development, others may see their gifts and interests directing them to serve on the Initiative Team.

Like a Support Team caring for a Friend, the work of an Initiative is the responsibility of the Team that regularly meets together to plan, and then shares the work involved in implementing the plan.

The work of an Initiative Team is to enable and support the development of Support Teams, both the Teams that exist at the time the Initiative begins, and the development of additional Teams based on new needs that are identified. One way to express it, the Initiative Team provides guidance and support regarding the five components in the Support Team development process.

Beginning discovering persons who need care and persons who want to care;

Building providing basic training through Support Team Orientation;

Connecting bringing together the Team and Friend;

Caring planning and working the plan to care for the Friend(s);

Sustaining guiding the whole process of keeping existing Teams healthy and responding to new needs by developing additional Teams.

Since the Team Leader is the key support person for the Team, the Initiative Team gives special attention to the training and support of Leaders, related to:

- planning and leading meetings effectively;
- promoting good communication between the Team and Friend;
- helping every Team member to be involved; and affirming Team Members in their work.

The Initiative Team may assign a Support Team Coach (usually a member of the Initiative Team) to offer support to one or more Team Leaders, and to act as a primary contact person between the Support Team(s) and the Initiative Team.

A Support Team Coach is regularly in touch with the Support Team Leader (and, if needed, the Friend), serving as a listening ear regarding any issues regarding the relationship between the Team and Friend. The Coach may offer feedback, provide needed information, and recommend possible areas of education/training for the Team.

Support Team Stories

SHARING THE CARE IS FOR EVERYBODY

By Carol Padgett

The Support Team Network calls to those who need assistance:

“Bring who you are and what you have!”

Bring your frailty, your illness and your special needs.
Bring also your stories, your memories, your wisdom and your regrets.
Bring your hunger that others may learn to serve;
bring your dying that others may learn to live.

The call is echoed to those who can offer assistance:

“Bring who you are and what you have!”

Bring your ears to hear stories of life, your hearts to hear the wisdom and the wishes of the elderly.
Bring your souls to touch another’s soul as it moves from the known to the unknown.
Bring your hands to hold another’s hand, cook meals, arrange flowers, fluff pillows, write letters.
Bring your backs to tend a garden, carry groceries, lift a child.
Bring your legs to walk a dog or run an errand.
Bring your voices to read stories or sing at a bedside.
Bring your arms to embrace a grieving family or frightened friends.

We are called in our sickness and our health, our living and our dying, simply to bring what we have to
SHARE THE CARE.

THE GREEN BEAN CASSEROLE RULE

Malcolm Marler

It sounded like a strange request on the phone. “Malcolm, can you ask my Support Team not to bring me any more green bean casserole?” said the Support Team Friend. “Sure Mike, that’s not a problem. Can you tell me why?”

“Well, the truth is,” he confessed, “I hate green bean casserole. But several members of my team are really good at cooking it. I don’t want to hurt their feelings, so when they bring me green bean casserole, I smile and say thanks. After they leave, I throw it away, wash the dish and return it to them next time. I don’t think this is how this is supposed to work is it?”

I assured him it is not the way it is supposed to work. This experience reminded me of an important rule in Support Team work. I call it the “Green Bean Casserole Rule.”

Sometimes a Support Team Member knows how to do something really well and he or she believes the Support Team Friend needs it or wants it and so they just do it. The intentions are good because he or she wants to help. But just because you are able to offer something doesn’t mean it needs or should be done.

An important principle: if you have something to offer, ask the Support Team Friend if he or she wants what you have to offer.

Respect the wishes of the Friend even if you think you know what is best. The need may be there but if the Support Team Friend doesn’t want you to do it, you defeat the purpose of the giving. Ask yourself the question, “Whose need am I meeting here, mine or the Support Team Friend’s?”

In fact this principle applies to almost all aspects of the relationship with the Support Team Friend. You may see a need and want to fix whatever it is. But taking your cues from the Friend in regards to meeting that need is the key.

So, the next time you start to do something for a Support Team Friend remember the Green Bean Casserole Rule. And respect his or her right to have choices in life. It may be all he or she has left.

DON'T KNOW, HAVEN'T ASKED, DOESN'T MATTER

A Primitive Baptist Hospice Patient Talks About her (Buddhist) Support Team

By Carol Padgett

Congregational Support Teams help form “community of caring at life’s end” around persons and families served by the Balm of Gilead Center. Teams of 6-12 persons coordinate their time and talents to provide practical, emotional, and spiritual support to those served in the Palliative Care Unit of the county hospital and the Home Hospice of the county health department.

Mrs. M., who was being served by the professionals of the Home Hospice and the volunteers of a Support Team, spoke with Gilead’s CareSharing Coordinator about the role and impact of her Team in the practical, emotional, and spiritual realms of her life.

Practical Support

“Oh, my goodness, they just do everything! They clean my house and cut my grass. They have puttied my windows, painted a dark hallway, and cleared a junk room that was making me nervous. They made me feel safe by changing the lock on my door after a friend’s husband took my key the same day he stole my medications. They bring meals, take me to the store, and take my dogs to the vet. One of them even goes to horror movies with me!”

Emotional Support

“Well, they are just such nice, happy people. They are trustworthy; I don’t have to worry about them, don’t have to hide my things. I just feel comfortable with them.”

Spiritual Support

“Oh, YES! They are just such nice people that it lifts my spirits. I have total faith in God. God has my tumor; I don’t have my tumor. Their being so nice and sweet and loving helps me keep up with my faith, because I can’t go to church. I have faith in them, which gives me faith in God; and faith in God gives me faith in them. It’s hard for me to keep in touch with God. My brain tumor makes me forget a lot of things, and sometimes I forget God. Having the Team helps me remember God.”

Moved by the power and specificity of the spiritual support Mrs. M. was deriving from persons of a vastly different tradition, the CareSharing Coordinator said, “Many of our Support Teams come from churches. Do you have any idea whether your Team shares your faith background?”

Mrs. M’s answer was swift and emphatic: “Don’t know, haven’t asked, doesn’t matter!”

JUST IN TIME FOR CHRISTMAS

By Malcolm Marler

Forming a Support Team is sometimes a step by stop, multi-week process. But there are other times when it just happens, like a recent December holiday evening.

I got a call from a social worker a couple of weeks ago who was familiar with the Support Team model. She said she knew a mom in her late thirties who had been diagnosed with a brain tumor and probably only had a few months to live. She was married, and had two children who were seven and three. Could we help?

I asked if she was a member of a church? “Oh yes,” came the reply. “She used to be a part of the music team there. There are lots of people who want to help, but they are not coordinated well right now.”

A nurse and close friend of the woman called the next day after being contacted by the social worker. We set up a Care Team information meeting for the next week and she promised to call some of the friends who wanted to help and have them present. Twelve persons showed up, all were eager to help. By the end of the meeting, we planned a Support Team orientation for the next week to get them started.

When the day came, I almost cancelled the orientation due to a sinus infection, but decided to go anyway. Not only were eighteen persons present this time, but the woman who will be the recipient, the Support Team Friend, was there sitting in her wheelchair, covered with a blanket and a broad smile on her face. When I came in, I was introduced to her and she said, “Thank you so much.”

My bad cold all of a sudden didn’t seem so bad. If she could be there, so could I.

Two weeks following the initial phone call from a concerned social worker, a new Support Team is born. Just in time for Christmas. “Thank God,” I murmured as I drove home that evening. And then I wondered about all of the persons who don’t have the “luxury” of a ready made community of faith.

I hope we don’t forget them.

Note: Kathy died surrounded by family and friends singing hymns around her bedside accompanied by a “guitar buddy” who was playing Kathy’s guitar. The Support Team of Hickory Hills Worship Center made a tremendous difference in her life and in that of her family.

A UNIQUE CARING COMMUNITY

By Betty McCulloch

When Kelly first mentioned the Support Team idea to me, I was uncomfortable with having folks do for me things that I was capable of doing for myself, and I worried that folks who report directly to me might feel some pressure to participate. After Kelly's reassurances I agreed to the formation of a Team, and I will be forever grateful for the support provided to me. Let me give you some examples of the things they did.

The daily phone calls or visits met a need for socialization that I didn't realize I had. And, it kept me in contact with folks whom I'm used to interacting with on a daily basis. I was surprised and still can't really explain how important it was to continue to feel "included" at work, even though I didn't want to have to think about the work that I wasn't getting done. Crazy, but true.

Some provided goodies to eat, and that saved me some cooking time so that I could spend a little more time relaxing - something I really needed to do. Instead of cooking, I worked in my yard - and that was a real treat!

Although I made a couple of suggestions about what my mother might like to eat, some also brought food items that they had heard me say over the years that I really enjoy - like sweets and or pimento cheese spread. I was amazed and very touched that anyone would remember those things.

Some helped get spur-of-the-moment prescriptions that it would have otherwise been logistically tedious and downright expensive to get.

Some brought my car from the repair shop so that I didn't have to rent a car and hire a sitter in order to accomplish that.

And last but not least, they said such sweet things about my mother.

Having been single for many years, and having looked after my mother and her affairs for over 15 years, I'm used to doing everything for myself and my mother. So I could have taken care of all the things that were so lovingly done for us. But I've learned, now, how wonderful it feels to be "taken care of."

And to receive those expressions of caring, and the prayers, at a time when I was grieving over my mother's deteriorating health was simply a tremendous feeling. I've returned to work after 3 weeks feeling completely refreshed, and that feeling is in large part a result of having a Support Team.

I've wracked my brain to figure out how to reciprocate the many kindnesses we received and continue to receive from our Support Team, but nothing adequate comes to mind.

However, I'm really looking forward to participating in the next Team that is developed, and to attending the August training session for Support Teams

ROBIN'S STORY

By Malcolm Marler

I must have told this story a couple hundred times since it happened.

I had been a chaplain at The 1917 Clinic at UAB for a short time in 1994. I was asked by one of our nurses if I would talk with a single mom in her thirties in Room 278 who was recently diagnosed with advanced HIV disease. I walked in, introduced myself, and sat down.

She could hardly talk through her tears. After a few minutes she stopped in midsentence and blurted out, "I just want to know the answer to three questions:

1. Does God still love me?
2. Will anybody ever love me again?
3. Will I ever get another hug?"

I sat quietly for a moment. "Stand up Robin," I asked. I walked over and offered a bear hug that soon turned into a hold. "That's the answer to your first question," I said as she leaned into the hug and wept.

"I will introduce you to persons who will love you," as I began to explain the Support Team model to her.

And finally before I left the room I added, "Robin, I believe there is nothing in all of this world that you or I can do to cause God to stop loving us. It's a gift, some call it grace. Isn't it amazing? God will always love you no matter what."

Thank goodness the answer to her questions were "Yes, Yes, and Yes."

Robin taught me about the emotional and spiritual needs of a person living with HIV through her three questions that day – and for persons living with any critical illness. Robin wanted to know if she was being punished by God with this disease and thus abandoned by her Creator. She wanted to know if she was going to be alone since some of her family had said she could no longer see a favorite niece. And finally, she was wondering if anyone would offer her the healing balm of touch again.

Note: Robin had a Support Team for over three years until she moved out of the Birmingham area. They took her crushed ice in a chest a few times a week when she was so nauseated she couldn't hold anything down. They called her, visited regularly, and once painted the inside of her house when it was needed. They had Christmas parties together, provided transportation to the doctor, and bought her beautiful handmade crafts to share with others. Just to name a few.

THE BLESSINGS OF MISS B

Betsy Smith, a student at Samford University and a member of a Support Team at the Balm of Gilead Center at Cooper Green Hospital, is pictured with her special Care Team Friend, Miss B on the left. The following words were shared by Betsy at Miss B's funeral service.

First of all, words are inadequate to describe what Miss B. meant to me. The way her life touched my heart is indescribable. I am a junior at Samford University. One of my class assignments required me to spend eight hours at Cooper Green with various patients on a Support Team. However, Miss B. was the first patient I met—and the only patient I met. I fell in love with her the first day I walked in her room.

I was struggling with a lot of stuff when I started back to school. I felt like my priorities were out of whack, and my relationship with God was not at the center of my list. I had wandered away, and no one really was holding me accountable. However, when I walked into this lovely lady's room, she was beautiful to me. Even though she had an oxygen tube in her nose, the only thing that came out of her mouth was "Praise Jesus. I love Jesus." Here was a lady in the hospital with tubes in her body, and the only thing she wanted to do was to Praise God. My drive back that day was convicting. How was I spending my days? What would I say on my deathbed?

I wanted to be like Miss B. She was my role model. When she was feeling better, they moved her to Keytona Nursing Home. So, I followed her to Keytona. The first time I went there to see her, she said, "You found me." I said, "Of course I did. You can run girlfriend, but you can't hide!" Everyday that I spent with her, whether I painted her nails, fed her strawberry ice cream, just sat there as she slept, or sat on the floor as her sister did our hair, I learned something. No amount of money that I could spend on years of education could have touched me like Miss B did.

A funny story about her was, one day she was not feeling well and not saying much. A friend of hers was visiting with her. Her friend had gone to KFC and gotten a bad piece of chicken. She said, "If I wasn't a Christian, I would have gone back and told them what I thought." All of a sudden, Miss B. looked around the room and said, "I am a Christian and I still would have told them what I thought!" We all laughed.

The day before I left for Christmas to go home to Mississippi, I went to see her. She held my hand and we sang, "It Is Well with My Soul." We forgot some of the words sometimes, but we managed to make something up, or just wing it. Miss B. kept saying she was ready for Jesus to come get her. I left that day with a great peace. She knew I loved her and knew how much she meant to me. I called her Christmas Day and I could tell she did not feel good—but here again, Miss B. never complained. As I read her favorite Psalm, Psalm 91, I smile even now and see her there with her "precious Jesus." The mark Miss B. made on my heart is tremendous, and I thank God that she could be part of my life.

SACRED MOMENTS

By Malcolm Marler

It was a sacred moment. Ten Support Team Members sat around a table with donuts, orange juice, and coffee and remembered. This Team represented a small Catholic parish, St. Joseph's, in the west end of Birmingham. They ranged in age from young adults to senior adults. Their Support Team Friend, Ruth, had died of Alzheimer's disease and cancer just three weeks earlier.

Practical Needs

They remembered the things they had done for their Friend and her husband. One man in his thirties talked about his role on the team had been cleaning their Friend's house regularly. "I thought it would be more awkward than it was," he said with misty eyes. "But I was just glad to help."

Another talked about the yard work and laughed about Al, the Team Friend's spouse, who is so committed to helping others that he would be cutting a neighbor's grass while his own was being taken care of by a team member! They had learned that it was still important for him to help others, despite his burden of being a caregiver. The team had freed him up to do what he loved.

Emotional Needs

Many of the team members had delivered dinner regularly, and just as importantly, sat down at the kitchen table to eat with Al so he wouldn't have to be alone. At least two of the women made friends with the hospice aide who did most of the personal care for Ruth. They went beyond the role of most Support Teams and showed up to assist her in bathing their Friend. "Because it needed to be done," they said matter-of-factly.

Spiritual Needs

They remembered saying the rosary and praying together on several occasions. Others called regularly, visited, and listened often. One Team member talked about how this experience had changed her. "My prayer life is different now. I take time to thank God for my blessings."

Another said she had learned how to put her faith into action. Most were present at the wake and the funeral. Each agreed they had been the ones blessed in the whole experience. Each one had been changed, and yet all were grieving in their own way while supporting one another.

Looking ahead

And then their attention turned to what they would do next. They understood that a spouse does not lose the love of his life after more than sixty years of marriage and be fine after three weeks. They committed to be present with him in the weeks and months to come for as long as it will take. Special attention would be given during the upcoming holidays.

They agreed they wanted to take on another assignment in a couple of months, maybe someone elderly in their parish or community. Al has mentioned he will probably end up joining their Team in the coming year. And they will then turn to someone new who has a need, and the love of God will be shared again.

This was Christian community at its best. And then I remembered. This is why we have Support Teams.

JUST WALK WITH ME

This story is from the Eddy Visiting Nurse Association (Troy, NY) AIDS Support Team Newsletter.

I have a problem. I want to tell you about it. No, I really don't. I'd rather keep it to myself; handle it alone. I do think it would be good for me to share it with you though I don't want to because I'm afraid of what you'll say or how you'll act.

I'm afraid you might feel sorry for me in a way that makes me feel pathetic. Like I'm some "poor thing."

I'm afraid you'll try to cheer me up. That you will give me words, or texts, or prayers that tell me in a subtle way to stop feeling bad. If you do that, I'll feel worse (but hide it behind my obedient cheerful smile). I'll feel you don't understand. I'll feel you making light of my problem (if it can be brushed away some brief words of "cheer").

I'm afraid you'll give me an answer. That this problem I've been wrestling with for some time now, and about which I have thought endless thoughts, will be belittled. You can answer in a half-minute what I've struggled with for weeks?

I'm afraid also you might ignore my problem: talk quickly about other things, tell me of your own.

I'm afraid too you might see me stronger than I am. Not needing you to listen and care. (It's true I can get along alone, but I shouldn't.)

What I'd really like is if you would "just walk with me." Listen as I begin in some blundering, clumsy way to break through my fearfulness of being exposed as weak.

Hold my hand and pull me gently as I falter and begin to draw back. Say a word, make a motion or a sound that says, "I'm with you." If you've been where I am, tell me how you felt in a way that I can know you're trying to walk with me. Not change me.

But I'm afraid... You'll think I'm too weak to deserve respect and responsibility... You'll explain what's happening to me with labels and interpretation...

You'll ask me "What are you going to do about it?" Please. Just walk with me. All those other things seem so much brighter and sharper, smarter and expert.

But what really takes Love is to just walk with me. I'm sure, what I want is people who have a Shepherd as their model. People who in their own way bring others an experience of: *"The Lord is my Shepherd I shall not want... Yes, even when I walk through the valley... You're with me (walking with me)."*

Support Team Development Training Schedule For Day One

Purpose: Today's goal is to understand the principles of a team approach, how to invite persons to participate and get involved, and how to prepare a team through Support Team Orientation.

8:30-9:00	Check-in (Continental Breakfast)
9:00-9:20	Welcome, Purpose, Overview, Hopes and Dreams
9:20-9:45	Settings for Starting Support Teams <ul style="list-style-type: none">• Description, Hopes, Strengths, Dreams
9:45-10:30	BEGINNING is about helping people discover
10:30-10:45	Break
10:45-11:05	Discovery with a Potential Support Team Friend – The Initial visit
11:05-12:00	Practice of BEGINNING
12:00-12:50	Lunch
12:50-2:50	BUILDING prepares the persons who want to care <ul style="list-style-type: none">• Support Team Orientation Overview• Offering Emotional/Spiritual Support as a Team Member (10 minute break)• Understanding the Support Team Model• Setting Boundaries and Limits as a Support Team Member
2:50-3:00	Break
3:00-3:45	Practice of Building
3:45-4:00	Questions about Beginning and Building, Circle of Care

Support Team Development Training -- Day Two Overview

The purpose of Day Two is to help participants understand how to set expectations with the Support Team Friend, coordinate the work of the team through an efficient meeting, and how to sustain the team over the next year.

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| 8:30-9:00 | Check-in (Continental Breakfast) |
| 9:00-9:30 | Brief Review of Beginning and Building <ul style="list-style-type: none">• Overview of Day Two• Challenges and Next Steps |
| 9:30-10:00 | CONNECTING sets expectations with the Friend <ul style="list-style-type: none">• The Connecting Visit• First Support Team Meeting• Follow-up with Support Team Friend |
| 10:00-10:30 | Practicing CONNECTING |
| 10:30-10:45 | Break |
| 10:45-12:00 | CARING revolves around an efficient Team Meeting |
| 12:00-12:50 | Lunch |
| 12:50-2:00 | Practicing CARING |
| 2:00-2:15 | Break |
| 2:15-3:00 | SUSTAINING the team <ul style="list-style-type: none">• The Support Team Leader, The Coach, The Congregation's or Organization's Leadership Team• The Community Leadership Team• Role of Support Team Network (six month follow-up)• Annual Leadership Training, STN Partnership |
| 3:00-3:10 | Stretch Break |
| 3:10-3:30 | Making specific plans for Sustaining |
| 3:30-3:45 | Open Question on any topic |
| 3:45-4:00 | Closing <ul style="list-style-type: none">• Evaluation and Circle of Care |