

**Leadership
Training
Guidebook**

SUPPORT TEAMS

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This guide is a modified version of the Support Team Development
Guidebook available at www.supportteams.org.



Introduction to Support Teams

The Support Teams model is a way to create caring and supportive communities. They are a time proven model in providing support to individuals who need a little extra help. In short, Support Teams bring together people who need help with those who want to help.

In a world where more and more communications, jobs, and interactions occur online and virtually, it is very important to create safe spaces for creating community. In 2018, Cigna Health Service published a report on the impact of loneliness in the United Statesⁱ. The report stated that 46% of adults in the United States report feeling lonely and 47% report feeling left out.

The Support Team Network at the University of Alabama, Birmingham shares that “The intentional sustained caring for persons who are disabled, disadvantaged, or isolated by disease, age, and other conditions, is best done by organized teams, not individual volunteers.”ⁱⁱ Support Teams help provide positive community and support for persons needing help in addition to creating a positive community for those who are a part of the team. The needs for support can vary widely. Support teams have been used for those experiencing physical and/or mental health issues, those who have experienced recent loss, families with new children, families of active military, those with disabilities. The list is long and can be unique. The point is that everyone needs a little support sometime in their lives and Support Teams are a way to do just that.



What are Support Teams?

Support Teams are groups of volunteers who come together to provide practical, emotional, and sometimes spiritual support to those experiencing difficulties or who have health concerns. Support Teams consist of a group of volunteers. This group has a leader(or co-leaders) and individual members, who are willing to share their time and talents with others.

The Support Team model allows people to do what they love, when they can, in a coordinated way, with a built-in support system. The volunteers not only make a difference in the life of the person receiving support they are also touching the lives of the Care Receivers families and other care providers.

Characteristics of a Support Team are:

- A clearly identified team of volunteers
- A defined mission or person(s) to focus on
- A regularly scheduled time to communicate, educate, coordinate and build community(known as the 59 minute meeting)



History of Support Teams

Support Teams were started in 1994 by Rev. Malcom Marler at the University of Alabama, Birmingham(UAB) in the hospitals Department of Pastoral Care. This program was created to offer physical, emotional and spiritual support to those with HIV.

Soon Support Teams become a national program. Support Teams continue to grow due to the fact that they are a simple model that has been proven to work. To find out more about Support Teams, check out the National Support Teams website at **www.supportteams.org**.



Why a team approach to caring works

Support Teams are simple, flexible, and guilt free. Teams are a group of people who bring together all of their gifts, education and experiences. Because of this, teams are able to provide various forms of support. Each team member does what they can, when they can, with a support system behind them. In the process of sharing the support, relationships are formed and communities are strengthened.

More tasks can be accomplished within a group. Each person on the team brings their own unique skill set. In working with the Support Team model, teams go through training together where they create a covenant of how they will work together. They also set out all of the tasks they are able to provide and how they will coordinate them. When it is time for the work to be done, if one person is not available, chances are another team member is able to help out. Because members do what they love to do, when they can do it, a wide range of support can be offered and the weight of it does not fall on just one person.

Everyone on a team is trained. When teams are trained everyone agrees on how they are going to work together. Expectations are clearly set. Members are able to join or leave the team at any time.

Clear boundaries are set and maintained. Throughout the Support Team process boundaries are set with the Care Receiver and within the team.

Teams meet monthly. Monthly 59 minute team meetings give time for team members to openly communicate and support one another. They also discuss schedules, team responsibilities, and experience special learning/education time.



Support Teams are a way to provide intentional support for a person. Volunteers choose to be members **of a team**, receive training in caring **as a team**, and organize a plan to work **as a team**. In most cases there is a leadership team that provides the structure and support for each team under them.

Support Teams are about volunteers helping to provide support in ways that bring them joy and a sense of fulfillment. In this way, people want to spend time with the team and with the Care Receiver. Support Teams are a lot more than several volunteers doing various tasks for someone.

Team members are invited to share what they enjoy doing, when they have the time to do it. The main idea is to match time and talents. Support Team Leaders should not pressure people into jobs or tasks that they are not prepared to commit to. They also should make sure to avoid going over set time commitments. It is o.k. not to be able to meet some or all of a Care Receiver's needs or requests.

The members of a Support Team understand that they are a **team**. No one is alone. Members of a Support Team work together in planning, caring and in holding each other accountable, and also offering support for each other.

Support Team Models

The Support Team structure is fluid and adaptable. The team model can be modified to fit practically any situation. There are 4 basic types of teams.

1. Individual Support Team:

This type of team provides care for an individual. The volunteers try to meet the various needs for that person. They might give rides, take meals, help with laundry etc. Each person on the team usually has a different task.

2. Task Specific Support Team:

Another type of team is a task-specific team. This is where everyone on the team does one specific task. Examples are a transportation team that provide rides to doctors, shopping, etc. or a meal team that cooks and delivers meals, teams that does small repairs or one that shovels snow.

3. Facility Support Team:

Facility Support Teams are connected to a specific facility, examples are, a senior care home or a special needs living facility. Some things they might do are, visit the residents in a senior care facility. The plan birthday parties or special activities for those in a special needs home. These teams cannot meet all of the needs of an entire facility. They need to choose what they can do based on the Team Members abilities and time available.

4. Peer Support Team:

The peer Support Team is composed of people with similar life situations. These teams usually meet once or twice a month. Some examples are; those who have survived cancer, or those who have lost a loved one.



What Teams Do Provide

Teams provide practical, emotional and spiritual support. What support is needed and provided can be different for every team. The support provided will depend on the time and talents/gifts of the Team Members. It is important to make sure that team members work together as a team, and that they are walking alongside of the Care Receiver.



Practical Support

Practical support can include doing household chores, preparing meals, caring for a pet, and providing transport.



Emotional Support

Emotional support is mainly being a calming presence for the Care Receiver. Providing emotional support is to listen, validate what they are feeling, and allowing the Care Receiver to work through their emotions.



Spiritual Support

When appropriate and wanted, spiritual support is sharing prayer, stories and walking the Care Receiver's faith journey with them. The Care Receiver needs to travel their own journey in their own time and way.

**NEVER BELIEVE THAT A FEW CARING
PEOPLE CAN'T CHANGE THE WORLD. FOR,
INDEED, THAT'S ALL WHO EVER HAVE.**

Margaret Mead

What Support Teams cannot do

For the safety of the Care Receivers, and the protection of the volunteers, the following points are non-negotiable. If there are concerns for the Care Receiver then professional assistance needs to be enlisted. This includes emergency transportation.

Team Members Do Not:



- **Deal with money**, volunteers do not provide direct financial support, including giving or loaning money, paying bills out of one's own funds, etc



- **Dispense Medicine**, volunteers cannot dispense any medicines. Neither prescription or over the counter.



- **Provide Medical Care** or medical advice, the team members are not to provide medical support, or take the place of any health care professional. If the Care Receiver requires help, get them to a medical professional.

**To the world you may be one person,
but to one person you may be the world**



Developing a Leadership Team in Your Organization

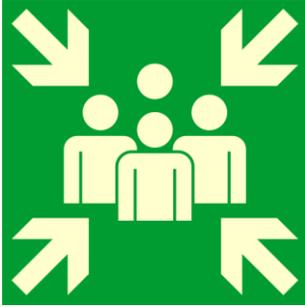
The process of developing multiple Support Teams is not the task of one person. It may begin with one, but needs to move quickly to involve others. Do not appoint a committee. Instead, invite people to be a part of the **team!**

The success of the Support Team program in any organization is tied directly to the leadership team. It is this leadership team that sets the vision and direction of the entire program. The leadership team is also the group that finds the Care Receivers, team members, leader(s) and puts them all together.

The leadership team then focuses on the guidance and support of the individual teams. Leadership teams and their members need to be a role model for the Support Teams in the program. Those that serve on the leadership team should serve because they want to share their gifts and talents.

The members of the leadership team need to:

- Set the programs vision and mission statement.
- Be trained in Support Teams and understand the framework of the Support Team model.
- Find those who need support.
- Find volunteers to be on the teams.
- Provide resources for teams.
- Provide sustaining system of support for the team leaders.
- Publicize Support Teams within their organization and in the wider community.



Inviting Leaders

The best way to form a leadership team is to look for and invite volunteers who have the necessary skillset, a passion for caring and serving, and a willingness to share their time with this program. It may help to have a basic list of jobs and job descriptions available when looking to invite leaders.

Roles on the Leadership Team

Clearly defining roles and setting tasks that need to be accomplished are key to the success of the leadership team. The team needs a leader or co-leaders. Other **suggested** roles on the leadership team are referrals coordinator, training coordinator, and coaches. Depending on the volunteers' gifts and strengths, these roles and titles may vary. For example, the team leader might also be the trainer, or the referral coordinator might also be a coach. You have to clearly define roles as they fit with the team of people that you have.

The Leadership Team Leader:

- Serves as the contact person with their own organization and with outside organizations
- Plans and facilitates the Leadership Team meetings
- Oversees and supports the referrals coordinator and coaches
- Support and helps the Leadership Team members as needed

The Referral Coordinator:

- Helps to identify those who might benefit from a Support Team
- Visits potential Care Receivers and assess the needs
- Keeps open communication with Care Receiver until their team is up and running
- Pulls together potential team members
- Helps setup team leadership and makes the introductions with the Care Receiver

The Training Coordinator:

- Develops and leads Discovery Events
- Oversees the training for each team

- Helps with continuing education for the Support Team's 59 minute meetings

The Coach:

- Is an active participant on the Leadership Team
- Primary contact between the Support Team and the Leadership Team.
- Check-in with the leader(s) monthly.
- Check-in with the Care Receiver monthly.
- Provides the team with support and resources as needed.



Leadership Team - Meeting Format

Leadership Team meetings are encouraged to follow the 59 minute team meeting format.

- Communicate – Check-in with each other on how they are doing in their lives and in their Support Team positions.
- Educate – Spend time learning! Examples, Spiritual gifts (for finding volunteers), Community and/organization's needs (bring in local faith leaders and health professionals), Listening skills, etc.
- Coordinate - Plan work that needs to be accomplished – Overview on each team. What teams might be coming to an end, review current and asses potential teams.

Finding those who need care

Support Teams are a fluid model of care and may begin in a variety of ways. The central focus is always identifying those who need support and then once that is accomplished, the next step is to discover ways to provide that support.



Connecting organizations that can help find Support Opportunities (SO)

Look outside your organization for connecting organizations to help you find Care Receivers **and** Team members. You can also invite people from these organizations to be a part of your leadership team. Some organizations have found it beneficial to partner with each other and have one Support Team Program Leadership Team for multiple organizations.

Some of these organizations could be;

- Faith Based Organizations
- Clubs like Rotary, Scouts, PEO's
- Local Colleges and Technical schools
- Senior Care Facilities
- Hospital Chaplains
- Local Social Services

Support Opportunity Worksheet

The following Support Opportunity Worksheet is a great tool to help your team look within your organization and in your community to see where there are needs that your program can help with.

Take time to have those on your team read through the list of potential Care Receiver opportunities and see how many names that you come up with.



Support Opportunities (SOs)



- People grieving the loss of a loved one
- Those hospitalized: currently or recently
- Those dealing with cancer
- Terminally ill individuals
- People going through divorce
- New community members
- Families and individuals dealing with disability
- Individuals recovering after an illness or injury: at home or in a rehabilitation center
- People who are home-bound or in an assisted living or nursing facility
- Those dealing with chronic illness
- Families adjusting to the birth of a child
- Individuals dealing with disability
- Those experiencing financial difficulties or job loss
- Those in transition: moving, downsizing, or going to an assisted living facility
- People affected by accidents, natural disasters or violence
- Individuals with other critical needs
- Family members of those who are experiencing a life crisis
- Others:



Assessing the care needed

Once you have the name(s) of a potential Care Receiver(s) the next step is to assess their needs. The best way to do this is to visit them. The visit should include the Referral Coordinator, Team Leader(s) if appropriate, and any family and/or current care providers as approved by the potential Care Receiver. Whenever possible it is a good idea to have more than one person from the Support Team program in attendance. This “team” approach to the meeting gives much more dimension to what is being shared and heard.

Introduction to the Care Receivers – 1st Visit

The purpose of the initial visit is to assess:

- Whether a Support Team is 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 Care Receiver desires a Support Team.



The Visit should include the following:

Start the visit getting to know each other.

- Share about yourself, who you are and why you are there. Introduce yourself and whomever is with you, and share why you are there, perhaps referring to the (church’s, synagogue’s, organization, etc.) concern to show support.

Ask the potential Care Receiver to share about their situation and what they feel their needs might be. Give an opportunity for them to tell of their story, and be ready to answer any initial questions they might have.

- Explain the Support Team model as a method of showing care. In a sentence or two, share that a Support Team is a circle of friends who are organize to support a specific individual. Share how Teams can help, such as an occasional meal, transportation to store/doctor, etc. If appropriate, take some time to discuss the document, Is a Support Team Right for Me?
- If you have assessed that a Support Team might be a good fit for this situation, extend an invitation to the potential Care Receiver to receive a Support Team. Never pressure the person to accept a Support Team
 - If necessary set a time for a follow-up visit or phone call to revisit the idea of a Support Team
- If the person has decided to be a part of a Support Team, discuss what needs **might** be met.
- Ask the person for the names of people that they feel might be interested in being on the team. Invite them to think creatively, think of family, friends, neighbors, co-workers, and people in their faith community.
- Plan out the next steps and set a schedule if possible, including a time when they will first meet with the Support Team Leader or some other Team member.

Explaining the Support Team model to the Care Receiver



Important points to think about when you are preparing to visit the potential Care Receiver for the first time:

- Be clear in communicating who you are and why you are there.
- Ask questions and listen.
- Use positive and Inclusive language.

Accepting care

It can be hard to accept help from others. It does not matter if it is from someone you know or a stranger. It is important to let the potential Care Receiver know that they have value, and that your team is for support only and will not take away or take over any part of their life.



In some instances it might help to introduce the process slowly. You can suggest that they “just try it for a short time.” It might also help to agree to one or two small items to help with. As time passes and comfort levels increase the receiver may be more open to more care

At this visit it is good to;

- Build awareness of what support teams are.
- Build motivation by sharing on how people would like to help .
- Share the understanding that this creates new relationships, grows current relationships, and builds community.
- Focus on relationships, not the idea that they need help.
- Let go and listen, really listen and make sure that they know that they are being heard.

2nd Visit With the Potential Care Receiver

When you have the Team Leader(s) and the Team formed and trained it is time to make the 2nd visit with the Care Receiver. It is during this visit that expectations, tasks, and boundaries are set.

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 Care Receiver. This person brings together the Care Receiver, the Leader of the Team and/or another member of the Team. If the Care Receiver has a primary caregiver, you might want to invite her/him to be present.

The 2nd Visit involves the following:

1. Share the joy the Team feels over the opportunity to spend time with the Care Receiver.
2. Introduce the Care Receiver 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 Care Receiver to share ways they feel the Team may be helpful.
4. Review the role of a Support Team. If helpful, use the *Support Team Agreement*.
5. Have the Team Leader share the next steps. Let the Care Receiver know that the Team Leader will call regarding those specifics.
6. The Team Leader should ask the Care Receiver how they would prefer to meet members of the Team, whether one or two at a time over the following weeks, or a gathering of the team.
7. Have both the Team Leader and the Care Receiver share telephone numbers, with discussion about appropriate times to call, etc.



Forming teams

Once you have a basic understanding of the support needed by the Care Receiver it is time to put a team together. In order to form a team you need team members and a team leader(s). The first place to look for team members is from the names provided by the potential Care Receiver. Another way to find members is to hold a Discovery Event.

Discovery Event

A Discovery Event is a planned intentional way to invite people to:

- Identify persons who may benefit from a Support Team
- Consider how and where they may want to care for others
- Learn the benefits of a team approach

Any occasion can be a time and setting for a Discovery Event. As little as fifteen minutes during a civic club meeting, Sunday school class, or any gathering can be a place where persons are led to consider:

- The needs of those who are sick, elderly, or disabled in the community
- The team approach as a workable model for meaningful caring
- If they are able and willing to be a part of a Team
- In what ways they may choose to serve



During this event, it is advantageous to share that by volunteering on a Support Team they are supported and encouraged and that they can 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.



Make sure that potential volunteers understand that they will not be asked to do anything they have not agreed to do. This information 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.



When you have a Discovery Event, make sure that you are prepared to collect the following information:

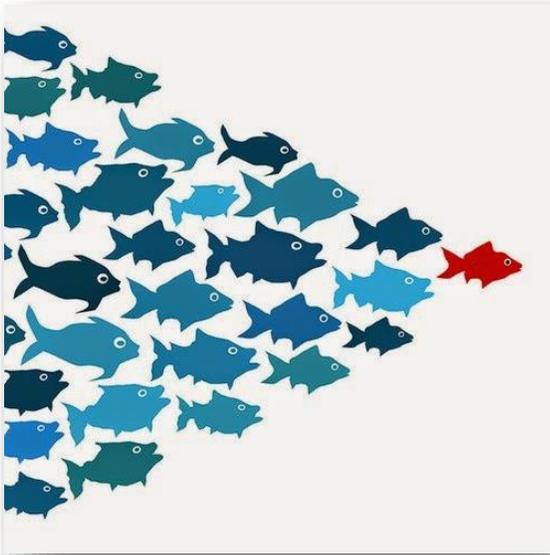


- Names and contact information for people who might benefit from a Support Team
- Name and contact information for people who are interested in volunteering. (It is good to also collect information of what they would like to do)
- Suggestions for possible education opportunities for the 59 minute team meetings



Make sure that you have the 'Next Steps' plan in action **before** you have a Discovery Event. 'Next Steps' is what will happen with the information you have collected and when and how people will be contacted. It is very important to keep people informed of the next steps following the event.





Finding Team Leaders

The Support Team leader needs to be a person who has the ability to organize and coordinate the work of the team. They should be someone who enjoys the role of 'leader.' We highly recommend whenever possible to have co-leaders.

Shared leadership allows for greater collaboration and an ease in coordination. Co-leaders have each other for support and provide more innovative solutions if problems arise. Co-leaders also lighten the load for each other. More can be accomplished with less work.

Sometimes the best way to find a leader is to bring a team together and ask someone(s) to lead. Other times you find the leader first. Look for people with the necessary gifts and personally invite them. When thinking about leaders, think outside the box, be open to different opportunities. Some great leaders have been homebound, college students, and traveling executives.

Team Leader responsibilities

The duties of the Support Team Leader(s) are to:

- Coordinate the work of the Support Team.
- Be the primary contact with the Care Receiver
- Promote positive communication between the team members.
- Plan and facilitate 59 minute monthly team meetings.
- Communicate with the Program Leadership Team monthly.

Team support from the Leadership Team

The Leadership Team helps support each team by:

- Monthly check-ins with the Team Leader(s).
- Resources for continuing team education.
- Support and guidance when concerns or conflict arises.

Finding team members

Being part of a Support Team offers some great benefits to the volunteer.

The volunteer:

- Feels valued
- Feels a sense of accomplishment
- Is building relationships and a supportive community



The first place to find team members is to ask the Care Receiver if they have any family, friends, co-workers and neighbors who might want to be part of the team. The next place to look is civic organizations, faith communities, Senior centers, older teens and young adults in scouting groups, honor societies, and youth groups.

Set a clear understanding on who is actually on the Team. Some people may want to help out, but they do not want to be a part of the training and/or are not interested in attending meetings. They are making the choice to not be a part of the team. Anything that they do is greatly appreciated. The goal is always to support the Care Receiver. However, those who do not want to be trained or attend meetings are not a part of the team.



Training

A vital piece of the Support Team model is making sure that every team and every member on that team goes through training. When the entire team is trained together the members have time to connect and build a caring community. The team members learn the benefits of working as a team. During the training the members set expectations on how they will work together, what Care Receiver needs can be met, and the timeframe that they are committing to serve.

The training process helps team members gain an understanding of the benefits of working on a team. Through discussions and interactive activities team members experience how to offer support to persons experiencing loss and grief, best listening practices, the importance of setting boundaries and limits, and much more.

Another reason for training the entire team together is many times 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 any needs they see. Training everyone together as a team will change their focus from I to We.



Keeping Teams healthy

Given a good beginning, what can be done to keep the Team healthy? 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 the Care Receiver;
- Help every member of the Team to be involved;
- Address any difficulties that arise; and,
- Affirm Team Members in their work.

Team meetings

The purpose of the team's monthly meeting is to:

- Communicate and coordinate the work of the team,
- Offer support to the team members,
- Educate members on relevant topics,
- Build community and care among the team members.

These meetings are to be kept short (under an hour) and engaging.

Keeping to the principle of *the 59-minute-or-less* Support Team meeting is strongly recommended. 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.

There should be three parts to every meeting:

- Communicate- Sharing from each member on their lives and their work on the team
- Educate – Opportunities to learn ways to strengthen the knowledge and skills of team members
- Coordinate the work to be done by the team



The Support Team Leader(s) plans and facilitate the Team meetings. The Team Leader, or a designated member of the Team, should connect with the Care Receiver before the meeting regarding specific needs for the month ahead.

The Leader plans the agenda for the meeting. The amount of time given to each item on the agenda 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.

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.”

Additional matters regarding the Support Team’s Meetings

The Care Receiver does 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. You may choose to have an occasional gathering of Team Members and Care Receiver, such as a party or a meal together, but this needs to be a setting other than a Team meeting.

“When you carry out acts of kindness you get a wonderful feeling inside. It is as though something inside your body responds and says, yes, this is how I ought to feel.”

--Harold S. Kushner, Rabbi Laureate of Temple Israel

Next Steps to Get Support Teams Up and Running



3 people I am going to share this information with:

NEXT →



My next steps in creating support teams are:



NEXT →



I will look at our Support Team Opportunities with:

ie³



SUPPORT TEAMS

Team Training Manual



Basic Outline of a Team Training – Facilitators Guide

Training of the team should include the entire team and usually takes about three hours. We highly recommend making the space for the training inviting, by providing water, mints, if appropriate snacks. Make sure that all necessary training materials are prepared and plenty copies are available. The following is a complete Team training with all of the associated materials.

Role of the Facilitator:

- Create a safe and caring atmosphere
- Have all of the material ready and setup before you begin
- Be open and authentic
- It is ok to not have all of the answers
- Guide Participants through the materials, activities and resources
- Encourage everyone to participate as much as possible
- Keep the training on track

Objectives for this training:

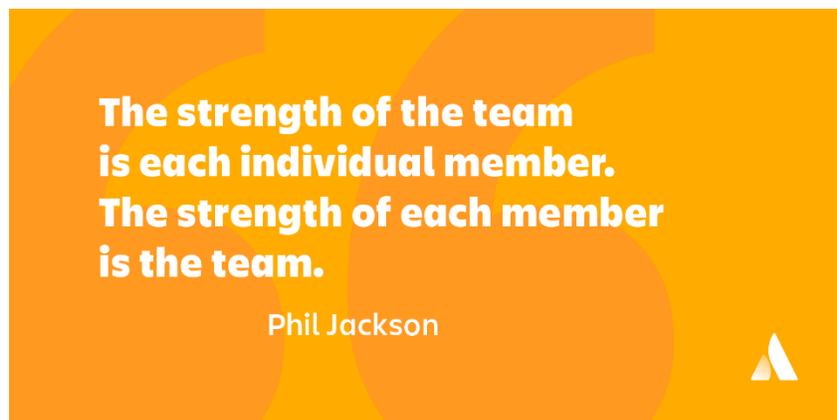
- Establish relationships between members – Build the Team!
- Teach Support Team basics
- Know what a Support Team can and cannot do
- Understanding the benefits of a Team
- Share different ways to care and support
- Building better boundaries
- Encouragement and Support

Training Notes:

It is important to set an example by starting and ending the training on time. It is important to make sure that everyone is heard and all questions are answered. If people have questions or would like to engage in further discussion then time allows, invite them to stay after the training or set a different time for discussion.

If Potential Team Members have been through training before, encourage them to attend the training again, or at least a part of the training. It is during the training that the team starts to develop community and cohesiveness.

If your group is faith based, we encourage you to start and end the training with prayer.



Checklist for planning a Support Team Team Training

Date of Training:		Time of Training:	
Location of Training:			
Trainers:			
Food and Beverage: (This is optional – at the least have water and cups for participants.)			
Have the following materials ready for handouts: (We suggest either binding the handouts or providing a folder for them)			
	Have You Ever?		What Do You LOVE?
	Sample Team Covenant		Boundaries Team Scenarios
	Offering Emotional Support		The Green Bean Casserole Rule
	Basic Concepts about Caring for Support Team Care Receivers		Ten Characteristic of a Healthy Team
	Support Team Stories		Any forms that you would like the Team and Team Members to use
	Support Team Best Practices		
Supplies:			
	Nametags and markers		Pens or pencils
	Note paper		Easel with paper
	Markers for Easel		Tissues
	Sixteen slips of paper, approximately 1" x 4", for each participant		2 or 3 sheets of blank paper on the middle of each table for some of the activities
Notes:			

Team Training

This guided training is designed to give you everything you need to conduct a Support Team, team training. The ***bolded and italicized text*** is the suggested explanations and verbiage to use with the group. Feel free to use this section as you feel best suits your knowledge, gifts and skills.

Welcome

- Be at the door and genuinely greet each person as they enter. Invite the participants to get a name tag, cup of water and find a seat.

Introductions of the Leader and Participants

Welcome to Support Team training. I(we) are so glad that you are here. Today we are taking the steps to becoming a team together. Let's begin our time together by spending some time getting to know each other.

I would like to go around the group and have each of you share your names and a short sentence on how you came to be here today.

Give an overview of the training.

In the interactive training today we are going to explore:

- ***What Support Teams are***
- ***Characteristics of a Support Team***
- ***A team covenant***
- ***What we can and cannot do on a team***
- ***Ways to care***
- ***Setting Boundaries***
- ***The importance of team meetings***
- ***Support and follow-up***

Support Team Overview

What are Support Teams?

- **Support Teams are a group of volunteers who are invited to do what they love to do, when they have time to do it, in a coordinated way.**
- **Characteristics of a Support Team are:**
 - **A clearly identified team of volunteers**
 - **A defined mission or person(s) to focus on**
 - **A regularly scheduled meeting, giving time to communicate, educate, coordinate and build community. All members are required to commit to attend a monthly meeting.**

Have you ever activity – Refer to handout.

Please take a minute or two to complete the Have you ever? Handout. (give participants 2 minutes to complete handout)

Ask Participants to share what they put down.

After some of the participants have shared ask the group:

How different would that time have been for you if you had group of friends, neighbors, family members come together in a coordinated way to support and care for you?



Have You Ever?

Been in the Hospital

Had a baby

Struggled with depression

Had cancer

Lost a loved one

Struggled with anxiety

Moved

Required long term medical treatments

Broken a Bone

Hurt your back

Lived far away from your family

Were unable to drive

**How would the
experience been
different if you had
a Support Team?**



What do you LOVE - Activity handout

Please take a minute or two to complete the What do you LOVE? Handout. (give participants 2 minutes to complete handout)

Ask Participants to share what they put down.

After some of the participants have shared ask the group:

How can you share what you LOVE to do on a Support Team?

What do you love to do?

To do what you love is one of the great pleasures in life.

COOKING 

READING 

DRIVING 

CRAFTING 

SPENDING TIME WITH FRIENDS 

TAKING CARE OF PETS 

OTHER IDEAS?

GARDENING 

SINGING OR PLAYING AN INSTRUMENT 

SHOPPING 

ORGANIZING 

GOING TO THE MOVIES 

BAKING 

How can you share your passion on a support team?

Support Team Program Overview

People need Support. Our community is composed of many people in need of support, now more than ever. The number of people with long-term illness is increasing, many people do not have family nearby, loneliness is on the rise, and much more.

There are people who want to care. Those with personal experience with loss or with an illness, those who are committed to following their faith, those who are looking for personal growth and enrichment that come from sharing their time and gifts with others. There are also those who are friends or know someone who needs a little support. Just think about what brought each of you here today.

Why teams work – Team Building Activity

I want one person at each table to place something on the table from his/her pocket or purse. It can be anything, the more unique the better!

After every table has something on it.

I would like to invite one person to be a scribe for the group. Now I want everyone at each table to brainstorm all the ways that the item you have just selected could be used. Be creative, "think outside the box."

(After three or four minutes, have each table share the item and the list of the different ways that they can use the item.)

How was the experience of working as a group on this activity? Would you have had the same list if you had to do this individually? What dynamics did you notice? (i.e. more fun, more ideas, bonding, creativity, more energy.)

"You've just experienced some of the dynamics of a team! Working as a team can be more fun, 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.

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;***
- ***Support Teams offer flexibility. Members offer the time they have to give, which translates to a variety of times the Team is available***
- ***Support one another in the common mission of the Team;***
- ***Team Members are accountable to each other***
- ***Have their caring coordinated by a Team Leader(s).***

Support Team Models

The Support Team structure is very fluid and adaptable. The team model can be modified to fit practically any situation. There are 4 basic types of teams.

1. Individual Support Team: This type of team provides care for an individual. The volunteers try to meet the various needs for that person. They might give rides, take meals, help with laundry etc. Each person on the team usually has a different task.

2. Task Specific Support Team. Another type of team is a task-specific team. This is where everyone on the team does one specific task. Examples are a transportation team that provide rides to doctors, shopping, etc. or a meal team that cooks and delivers meals. Some other examples are, a team that does small repairs around the home or one that shovels snow.

3. Facility Support Team: Facility Support Teams are connected to a specific facility, a senior care home or a special needs living facility, for example. In this scenario the team serves the people in the facility. Some things they might do are, visiting the residents in a senior care facility. Planning birthday parties

or special activities for those in a special needs home. Note that these teams cannot meet all of the needs of an entire facility. They need to choose what they can do based on the members abilities and the time that they have available.

4. Peer Support Team: The peer Support Team is composed of people with similar life situations and usually meet once or twice a month. Some examples are those who have survived cancer, or those who have lost a loved one.

Support Team Structure

(share specifically on your organizational structure.)

We have a specific structure to our Support Team Program. We have:

- ***Leadership Team***
- ***Support Team Leader(s)***
 - ***The Team Leader(s) stays in touch with the Care Receiver regarding changing needs and any concerns the might have.***
 - ***The Leader(s) plans the agenda for Team meetings and presides at the meetings***
 - ***The Leader(s) coordinates the work the Team has planned to do.***
- ***Support Team Member***
- ***Care Receiver***

Overview of a Team

A Support Team consists of:

- ***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),**
 - **Do specific planning for upcoming weeks (coordinate).**

What Support Teams can do

Support Teams provide:

- **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 requests for prayer, listening with acceptance and non-judgment to their spiritual concerns and struggles, always respecting the Care Receivers spiritual journey.**

What Support Teams cannot do

There are some things that no member of a Support Team can do. For the safety of the Care Receivers, and the protection of the volunteers, the following points are non-negotiable. If there are concerns for the Care Receiver then professional assistance needs to be enlisted. This includes emergency transportation.

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

Please note that even if you are a medical or financial professional, you are not THIS PERSONS professional and you cannot provide any advice or medical care.

Creating a team covenant

When I say the word "covenant" what comes to mind? (Let participants share their ideas. Their answers may include words such as promise, agreement, contract, etc.)

A covenant is an agreement. We are going to create a covenant for our Team, an agreement on how our Team will work together.

This covenant will help us:

- **Establish clear expectations for the Team**
- **Keep the Team focused and productive**
- **Hold Team Members accountable to each other**
- **Divide tasks among Team Members**

What things might be important to working together in this group?

(Write down all of their responses on a white board or easel. Ask someone in the group to be a scribe for this activity so that you have the notes when you create the covenant.)

(Hand out the covenant page. Discuss the handout and add to it all of the ideas that you have brainstormed in this activity)

Can we all agree to work together with the covenant that we have put together today?

It is good to remember that the Covenant is a way of agreeing to what it means to be a part of a Support Team. The COVENANT is an agreement to how the team had decided to work together. It is NOT a list of rules.

Support Team Covenant

As a member of my Support Team, I agree 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
- I will do my best to communicate openly with our Care Receiver and work through any problems that may arise.
- I will keep all information regarding our Support Team and our Care Receiver confidential and within the team.
- I will be accountable to my team regarding my Support Team involvement.

Avoid direct financial involvement with our Care Receiver.

I will not pay bills, loan or give money to our Support Team Care Receiver(s). If the Support Team Care Receiver 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 Care Receiver.

I will not dispense prescribed or over the counter medications or provide direct medical care or advice. I will refer such needs to the Support Team Leader to pass on 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 Care Receiver and let them know of my decision in order to sustain trust with other Team Members.

Signed

Date

How to Support the Care Receiver

We have already discussed the three basic types of Support for Support Teams. They are physical, emotional and sometimes spiritual. It is necessary to make sure that you are listening to the needs and preferences of the Care Receiver.

Have a participant read the handout – The Green Bean Casserole Rule

Would anyone like to share their thoughts about what we just heard?

Now we have an activity that will help us better understand what a Care Receiver might be going through.

Offering Support to Persons who have experienced Loss and Grief Activity

(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 Care Receiver 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 Care Receiver, 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 to “not play.” **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 (4 slips in each of 4 different colors, if possible) 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, co-worker, 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 Care Receiver 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, you are to be present, listening and caring in ways that assure the Care Receiver that you are a person with whom they can share their feelings.

Don't try to "fix" what the Care Receiver 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 Care Receiver may not fully recognize all that they're losing – all that the loss of income means, or how important co-workers were to them.***

Remember that you have no way of knowing what the Care Receiver is feeling about the loss. You may think that having to quit a job would be extremely painful, when the Care Receiver 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 Care Receiver.

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 Care Receiver. Again, honor the Care Receivers's feelings.

Main Point #2: Accept and honor where your Care Receiver is emotionally, and walk with her/him at the pace she/he sets.

Picture yourself walking beside your Care Receiver, really walking with them. 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 Care Receiver.

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: There are no magic words that can answer the struggles illustrated in this exercise. So, simply try to listen carefully, and see your Care Receiver as your teacher.

What can your Care Receiver 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 Care Receiver? Or, if you have had a similar experience, don't assume that the way you handled it is how your Care Receiver 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 Care Receiver teach you related to your own personal growth?

For those of you who did not lose a lot of things, how did you feel when others at your table lost everything? Did you feel lucky? Guilty? Relieved? Overwhelmed? Do not forget that sometimes there are strong emotions for those who are Supporting and caring for someone who has experienced grief and loss too.

Bring the exercise to a close.

Remember that you haven't actually 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 Care Receiver 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. Be aware that all this is a natural part of grief experiences.

How will you and other Team Members plan to care for one another?
Give some time to discussion for the whole group on this topic.

Boundaries

Boundaries represent physical and emotional limits that you don't want other people to cross. Boundaries are important because they help us to feel safe in relationships. They are a way to help understand how best to interact with us. Setting boundaries will help others feel safe around you and allow you to feel safe. It is a way to exhibit self-respect, thereby increasing the respect shown to you by others.

In a Support Team there are several different boundaries that need to be set. Team members need to set boundaries on what they will do, when they can do it and how they will work together as a team. The Care Receiver needs to set boundaries on what they will and will not be comfortable having help with.

Just Say No Activity

I am going to give you 1 minute to share at your table a time when saying no is a positive response.

After the minute, ask participants to share some examples from their tables.

The best way to handle boundaries is to communicate openly, honestly and immediately. No can be a positive word. So understand that it is ok to say NO.

Team members and the Care Receiver need to feel safe enough to be able to share if boundaries are not being respected.

Leading the Orientation Component on Setting Boundaries and Limits

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.

Provide the participants a copy of the Support Team Scenarios.

I want each group to select someone who will read the Scenarios and a Scribe to record your solutions.

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.

Assign a scenario to each small group or table.

First, the reader is to read the scenario aloud, the whole group discusses the possible responses, and the Scribe takes notes for reporting. You'll have approximately 5 minutes.

After 5 minutes gather the group back together and have each group report to the larger group what their scenario was and what they felt was the best way to handle it. As leader, you are encouraged to reinforce the main points of the scenarios. 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 Care Receiver. Information on this is on the following leaders guide to this activity.

Scenarios – Boundaries and Limits Exercise

Scenario One

You have been with your Care Receiver for almost a year. Several times in the past, your Care Receiver 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 Care Receiver calls you one morning at 6:30 a.m. 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 Care Receiver for only a month. You meet the Care Receiver'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 Care Receiver 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 people. 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?

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Leaders Guide

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.

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.
- The Team may decide what role it will have in directing the Care Receiver 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.
- 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 Care Receiver the nature of the Team's work, which involves all members of the Team being involved in caring.

Scenario Six: *Main Points*

- 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.

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59 Minute Monthly Team Meetings

The Support Team meeting is a crucial part of being on a Support Team. The Support Team meeting is a time to build community within the team, share joys and concerns, and learn ways to grow and care for their Care Receiver.

Why 59 minutes? It is important to share community and support and it is vital to be productive. It is also essential to respect everyone's time.

Find a time and a place that works best for everyone on the team. Be creative, for example meet at a coffee shop on a Saturday morning, or an ice cream shop on a Sunday afternoon. How about meeting at a park, or rotate between members' homes?

The purpose of the meeting is to:

- ***Communicate – Community Building and reflections on your team experience (allow around 15-20 minutes)***
- ***Educate – Learn new and/or different ways to care (allow around 15-20 minutes)***
- ***Coordinate – Plan the work for the coming month(allow around 10 minutes)***

Closing Circle and Next Steps

Gather everyone in a circle

- Invite members to share one new thing that they learned today.
- If time allows ask members to share one special idea, activity, or experience that they will take away.
- Announce the next steps (i.e., meet with Care Connecting with the Care Receiver)
- Thank the members for attending

Resources for the Leadership Team



Support Team Best Practices

UAB Support Team Network – Support

<https://supportteams.org/>

A Best Practice is a method or technique that has consistently shown results superior to those achieved with other means, and that is used as a benchmark.

1. Do what YOU LOVE.

What do you enjoy doing when helping someone? It's different for everyone. Focus on doing what you love on a team.

Leave the rest of the work for your teammates. Support Teams last longer, are more effective, and people experience more joy when everyone is doing what they love to do.

2. Do what YOU CAN.

Not everyone has the same amount of time to give monthly on a Support Team. Remember we aren't competing with one another to see who can do the most. Just do what you can when you can, and be thankful you have a team who has your back.

3. Coordinate with others – The 59 minute meeting rule.

Support Team meetings are efficient and life giving. None of us have time to waste in meetings. Start and end on time. No summarizing for latecomers, just keep moving forward. Appoint a time keeper and stay focused on your agenda.

4. An agenda for every team meeting.

- Communicate–share your stories about how it went this past month and what you learned;
- Educate–determine what community resources/information you need to learn more about as a team to help your Support Team Care Receiver more; and
- Coordinate–who is going to do what for the next month, then have a communication plan to let each other know about other needs when they arise.

5. Set clear team boundaries.

- Money–Do not loan, give money, or pay for things for your Support Team Care Receiver. Money changes relationships.

- Medicine–Do not be responsible for giving medicine, or filling pill boxes for your Support Team Care Receiver. The risk for harm is too great.
- Medical Advice–Do not offer advice. Encourage communication with medical team.

6. No guilt trips allowed.

If you need leave your team, tell your team leader, team, and Support Team Care Receiver that you need a break or to stop.

Your team is to respond with the words, “Thanks for what you have done, if you ever want to come back, just let us know.” Begging people to stay is not allowed. We are all adults and we will trust you know what is best for you.

7. Green Bean Casserole Rule.

Ask what your Support Team Care Receiver loves to eat, as well as what you enjoy cooking. Both are important.

This principle also applies to every task we do for our Support Team Care Receiver. We call this R-E-S-P-E-C-T.

8. Listen without fixing.

When offering emotional support, resist the temptation to try to fix it. Instead, ask an extra question to understand more from his or her perspective. Listening without fixing is more healing than your most brilliant solution.

9. Team Leaders delegate.

Effective Team Leaders understand that delegating tasks to team members, instead of doing it themselves, creates healthy teams that last.

10. Spiritual support doesn't always mean what you think.

My job is not to get YOU, to use MY words, to describe YOUR faith, so that I feel better, about where YOU are spiritually.

Rather, spiritual support is when I listen to YOUR words, to describe YOUR faith, so that I understand better, what gives YOU hope.

Discovery Exploration Form

Name:	
Address:	
Phones:	Home:
	Cell:
Email:	

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

_____ I want to be on a Support Team.

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

_____ I'm willing to consider being a part of a Team that gives leadership and direction to Support Team development.

Do you know of a person(s) who may benefit from a Support Team

Name:
Contact Information:
Additional Comments

Name:
Contact Information:
Additional Comments

Name:
Contact Information:
Additional Comments

Other comments:

Support Team - Referral Form

Today's Date:		
Name of Referred:		
Street Address:		
City:	Zip	
Home Phone:	Cell Phone:	
Email:	Birthday:	Age:
Primary Contact:		
Relationship:		
Phone:	Email:	
Secondary Contact:		
Relationship:		
Phone:	Email:	
Other Important Information:		
Ways in which you feel a Support Team might provide help:		

Support Team Assessment Form

Today's Date:		
Name of Referred:		
Street Address:		
City:		Email:
Home Phone:		Cell Phone:
<input type="checkbox"/>	Is the potential Care Receiver open to support from a team?	
<input type="checkbox"/>	Have you discussed "Is A Support Team Right for Me?" handout	
<input type="checkbox"/>	Have you reviewed the Support Team Agreement Form	
<input type="checkbox"/>	Are they ready to start working with a Support Team	
Support interest		
<input type="checkbox"/>	Transportation to doctor/clinic	Errands
<input type="checkbox"/>	Meals	Respite relief for Care Giver
<input type="checkbox"/>	Yard work	Receive notes, cards
<input type="checkbox"/>	Shopping (grocery, etc)	Scheduled visits to share and care
<input type="checkbox"/>	Household Chores List Chores:	
<input type="checkbox"/>	Social Outings	Spiritual Support
<input type="checkbox"/>	Prayers	Scheduled Phone Calls
<input type="checkbox"/>		
<input type="checkbox"/>		
Notes:		

Support Team Sample Contact Sheet

Team Member:
Month:

Date	Type of Contact <small>(Visit, Phone, Email, Mail)</small>	Amount of time spent	Notes



Integrating Support Teams with Stephen Ministries

Many congregations participate in the Stephen Ministry program. Stephen Ministers provide one-to-one Christian care to those facing crisis, loss, or who are going through life challenges. Stephen Ministers are extensively trained in listening and caring skills. Stephen Ministers usually meet with their Care Receivers weekly for about an hour.

Stephen Ministers do not provide practical support for their Care Receivers.

Stephen Ministers can be Team Leaders, Referrals Coordinators, Coaches and Team members.

The Stephen Ministry Leaders are an excellent resource for continuing education for teams during their meetings. They have the training and materials to cover; listening skills, dealing with grief, keeping boundaries, confidentiality, and many other topics.

If you have Stephen Ministries in your congregation, we highly encourage you to meet with their Leaders and explore the many different ways that you can work together to support each other and provide the best possible care together for your Care Receivers.

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 pace they are walking.

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."

3. Embrace the role of student in your relationship with others 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.





The Green Bean Casserole Rule

By: Rev. 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 Care Receiver. "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 Care Receiver 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 Care Receiver if he or she wants what you have to offer.

Respect the wishes of the Care Receiver even if you think you know what is best. The need may be there but if the Support Team Care Receiver 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 Care Receiver's?"

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

So, the next time you start to do something for a Support Team Care Receiver 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.



Basic Concepts about Caring for Support Team Care Receiversⁱⁱⁱ

Visiting a Care Receiver 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 facing struggles in their life 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 the person you are visiting.

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 illnesses or struggles often ask, "Why me?" You may feel you are supposed to have an answer, one that will make them "feel better." But familiar clichés 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 their emotions.

Too often, because of our own discomfort with struggles, 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 or are experiencing tough life struggles, 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. Try to be open to wherever 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 what they are going through. 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 with others. 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.

Top Ten Characteristics of a Healthy Care Team

Adapted from Care Team Leadership Training Conference Guidebook



1. Guilt free service

Team members recognize the need for persons to take a break, take care of themselves, and not feel obligated to be involved on the Team. Motivation comes from wanting to make a difference in someone's life without losing touch with one's own life and needs.

2. An openness to learning

Effective teams realize that every Care Receiver is different. What worked last time may not work this time. This openness to learning includes learning from your Care Receiver, other team members and continuing education.

3. Problems are addressed as they arise

When problems arise among team members or with the Care Receiver, the concerns are discussed openly, and as soon as possible. If problems persist, the team can contact the Leadership Team and/or professionals for guidance.

4. Boundaries and limits are set

Instead of trying to fix a Care Receiver's problems, the team notes the needs that are present and determines what they can and cannot do.

5. Keep a Team based mindset

Support Teams is a **team** approach to caring and supporting others. Everyone gives what they can together and shares the responsibility with the team. Leaders delegate and encourage all team members to share in the care and support.

6. Meaningful work is discovered

Nothing is more frustrating than having people willing to help and nothing for them to do. Effective teams explore ways for their team to make a difference in creative and supportive ways that utilize the interests and skills of each member.

7. No secrets

Healthy teams recognize the importance of communication with one another. This is done through the Team meetings, emails, phone calls and any other way that the team finds works for them. Team Members do not keep things they are doing for/with a Care Receiver a secret from other members. Members are accountable to and for each other.

8. Meetings are short and productive.

An effective team meets monthly and the meeting is well planned and does not go past 59 minutes. This meeting is a cornerstone of the team. The meeting offers time for members to reflect on their experiences, learn something new together and coordinate the upcoming care for the Care Receiver.

9. Trained and ready

When the team is formed and as new members are added to the team, they are expected to attend training before they begin serving. This ensures that everyone has the same understanding on how the team will work together.

10. An open door

Invite people to join your team. As long as there are tasks to do, and support to give, the more hands the better is a good attitude to have!

Common Pitfalls to Avoid On Your Support Team^{iv}



1. Some of your team members want to be on the team but do not want to go through training.

They may already know a lot about the chronic illness and/or struggles of your Care Receiver. Help them to see that understanding the Support Team process is critical for everyone. The training also builds a strong supportive community within the team. This community is vital to the team's success. They need to be trained to be on the team.

2. Making monthly meetings a priority.

Make your meetings one that members WANT to attend. Send out reminders and ask for response as to who will be there. Publish the agenda ahead of time. Follow-up with those who missed the meeting. Share meeting content and also a gentle reminder of the importance of the team meeting. Keep meetings to 59 minutes or less.

3. The Care Receiver is left out of the planning process

Interview them ahead of the meeting and report upcoming needs in the meeting. The Care Receiver should not come to meetings.

4. Everyone is sure they know what is best for the Care Receiver.

As a Support Team member, your job is to be there, listen, support, explore options, not to give advice.

5. Everyone compares what they are doing to everyone else on the team.

Offer whatever you can, and set your own limits. You are not in competition with other team members. Everyone has different passions and time restraints.

6. No one knows what other Support Team members are doing

Communicate through the leader whenever you do something for the Care Receiver.

7. The Support Team Leader(s) does most of the care.

As the Leader, it may be easier to meet the needs yourself at first, but you will quickly burn out and your team will become discouraged from lack of involvement. Delegation and coordination are the Leader's most important jobs. Share the care!

TIPS FOR SUCCESSFUL REFLECTION AT TEAM MEETINGS



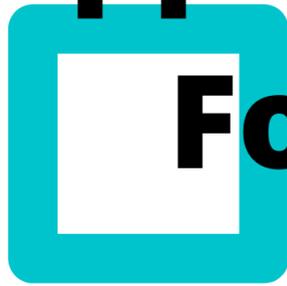
- Take time to let each person share what his or her experience was like with the Care Receiver during the month. Share frustrations and hear one another fully. Talk about good things that happened and progress that was noteworthy. Support one another, encourage one another, and celebrate "baby steps" the team makes together.
- Discuss how this experience is changing your perspective on issues. What are you learning about yourself?
- 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 on what each team member can do rather than how the team can change the Care Receiver. You are the only person you can change!

TIPS FOR SUCCESSFUL EDUCATE EXPERIENCES

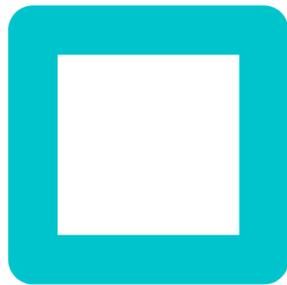
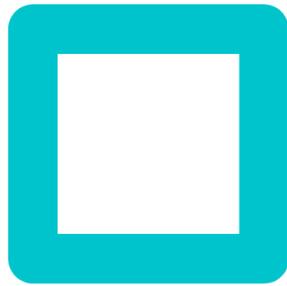


- As an example, the Team may have a new Care Receiver who has Alzheimer's Disease. Some members of the Team may know very little about this disease. Plan to invite a nurse, social worker, physician, or representative from a local Alzheimer's Association to share information and answer questions. A family 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 person doing the training the amount of time available for both the presentation and questions and answers. Schedule the education time at the beginning of the meeting, allowing the guest resource person to leave following it.
- 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 for continuing education.

Support Team



Forms



Support Team Member Information

Name:	
Address:	
Phones:	Home:
	Cell:
Email:	

Availability -- What are the best days and times for you to help

Check here if your time commitment varies and you are not able to commit to a specific time

Day/Time	Monday	Tuesday	Wed	Thurs	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evening							

Identifying My Strengths – What would you genuinely like to offer? It is ok not to like something. Add your own strengths and interests on the back of this form.

In Dealing with	I'm terrific	I'm good	I'm fair	Don't call on me
Cooking				
Cleaning House				
Driving/Transportation				
Fixing Things				
Organizing				
Listening				
Shopping				
Talking on phone				
Yard Work/Gardening				
Visiting				

Sample Support Team Member Covenant

Support Team Covenant

As a member of my Support Team, I agree 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.
- I will do my best to communicate openly with our Care Receiver and work through any problems that may arise.
- I will keep all information regarding our Support Team and our Care Receiver confidential and within the team.
- I will be accountable to my team regarding my Support Team involvement.

Avoid direct financial involvement with our Care Receiver.

I will not pay bills, loan or give money to our Support Team Care Receiver(s). If the Support Team Care Receiver 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 Care Receiver.

I will not dispense prescribed or over the counter medications or provide direct medical care or advice. I will refer such needs to the Support Team Leader to pass on 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 Care Receiver and let them know of my decision in order to sustain trust with other Team Members.

Signed

Date

Support Team Care Receiver Agreement Form

This document allows you, to have an understanding of the role of a Support Team.

Please place a check mark beside each statement below.

_____ 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

Witness and Date

Is a Support Team Right for Me?

Questions for individuals and families considering a Support Team

What is a Support Team?

A Support Team is a group of volunteers who come together to share what they love to do with those that need a little extra support.

What does a Support Team do?

The support that a team can provide is based on what your needs are and what the team is able to offer based on their availability and skills.

Some examples are:

- Practical Support – transportation to the doctor, some meals, some help with household chores or yard work, shopping and errands.
- Emotional Support – Time together, phone calls, notes and cards.
- Spiritual Support – Willing listeners who will respect your faith journey. If you do not want to talk about faith issues, no one will force or pressure you.

You may have some of the above needs or you may have other needs. You are in charge of what the Support Team will provide. The team will help with what you need IF they are able.

What kind of training does the Support Team receive?

Each Team Member is committed to completing a team orientation. In this training the members learn to work as a team, how to set limits/boundaries, and confidentiality. They also experience practical training on best practices in providing practical, emotional and spiritual support.

What about confidentiality?

Team members are taught not to share any information about you, your situation or your team outside of the team without your express permission. It is important for you to share your wishes regarding confidentiality.

When I have a need, how do I access the team?

Every team has a leader or co-leaders. The Leader(s) are who you will contact wherever a need arises.

How much does a Support Team cost?

There is never any charge for services provided by a Support Team. Team members volunteer because they want to help and make a difference in someone's life. In turn, by allowing them to help, they experience a special meaning and purpose in their lives.

What kinds of things cannot be done by a Support Team?

Your team members are not allowed to loan or give you any money in any way. Team members are not allowed to dispense medicine, change bandages, or provide **any** medical services. If at some point, you need help with something your team cannot do, they will be honest with you and help you explore other options.

How can I stop having a Support Team?

You may end the relationship at any time. Simply contact your Support Team Leader(s).

What can I do to support my team?

Make sure that you are very clear when you express what you need. Be honest with the members of your team. Let the Team Leader know you needs as far in advance as possible.

Support Teams

Stories



Sacred Moments

By Rev. 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 Care Receiver, Ruth, had died of Alzheimer's disease and cancer just three weeks earlier.

Practical Needs

They remembered the things they had done for their Care Receiver and her husband. One man in his thirties talked about his role on the team had been cleaning their Care Receiver'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 Care Receiver'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 Care Receiver. "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)."

A Unique Caring Community

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!

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 Care Receiver'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!"

Resources

Support Team Network		www.supportteams.org
Meal Train		www.mealtrain.com
Caring Bridge		www.caringbridge.org
Signup Genius		www.signupgenius.com
Shared Google Calendar		https://calendar.google.com/
Doodle – Meeting scheduler		Doodle.com
Zoom – Online meeting source		Zoom.us

Book:

Capossela, Cappy and Warnock, Sheila. **Share the Care: How to Organize a Group to Care for Someone Who is Seriously Ill.** Fireside, 2004.

"Share The Care" offers a unique group approach that can turn a circle of ordinary people into a powerful caregiving team. "Share The Care" includes guidelines, suggestions, examples and worksheets that provides the framework for a successful team approach. This book provides a great listing of resources.

ⁱ <https://www.cigna.com/newsroom/news-releases/2018/new-cigna-study-reveals-loneliness-at-epidemic-levels-in-america>

ⁱⁱ Care Team Leadership Training Conference Guidebook 1998, Support Team Network, 125 West Pavilion
615 18th Street South Birmingham, AL 35249-6555

ⁱⁱⁱ Submitted by Bill Parish, Support Team Leader, St. Francis Xavier Catholic Church. Original source unknown. Adapted. – <https://supportteams.org/>

^{iv} Adapted from, The Care Team Network’s Leadership Training Conference Guidebook, 1998