



Miradas Al Pasado

Storytelling Program



Introduction of Program Staff

- ▶ Judy De Leon, LMFT- Program Coordinator
- ▶ Program Supervisor- Angelica Eliazar, LCSW
- ▶ Mariana Lopez, Peer mentor
- ▶ Manuel Chavez Calderon, Peer Mentor
- ▶ Maricela Garcia, Peer Mentor



Outreach

- ▶ We have done presentations and outreach at various locations such as:
 - ▶ IHSS
 - ▶ Senior Housing Complexes
 - ▶ Sourcewise
 - ▶ Community Centers
 - ▶ Wellness and Health Fairs
- ▶ We use a combination of methods to engage clients in these outreach presentations, such as psycho-education about wellness and the use of reminiscence kits.
- ▶ Our outreach material is in English and Spanish



Reminiscence Kits

- ▶ Smell Kit
- ▶ Audio Kit
- ▶ Tactile Sensory Kit
- ▶ Visual Kit
- ▶ We also use natural prompts they already have such as :
 - ▶ Pictures
 - ▶ Videos
 - ▶ Songs
 - ▶ Instruments



Program Activities / Structure

- ▶ Outreach
- ▶ Screening:
 - ▶ SPMSQ- Cognitive functioning
 - ▶ PHQ-9- Depression
 - ▶ GDS-Depression
 - ▶ Life Satisfaction
 - ▶ Loneliness scale
- ▶ **Reminiscing Activities focusing on aspects:**
 - ▶ Personal
 - ▶ Intrapersonal
 - ▶ Socio-Cultural



Program Activities / Structure

- ▶ Document the stories in a typed narrative to give the client
- ▶ Create a visual piece of their choosing to represent their story/ stories
- ▶ Post Tests:
 - ▶ Same as screening plus a treatment satisfaction scale
- ▶ Invitation to a community event held every 6 months



Community Event

▶ We held 5 community Events

- ▶ May 30, 2013 at ADHC
- ▶ Feb 17, 2014 at St James
- ▶ Jan 24, 2015 Mayfair
- ▶ July 22, 2015 Biblioteca Latinoamericana
- ▶ Dec 1, 2015 Biblioteca Latinoamericana

▶ Format of a typical Community Event is:

- ▶ Showcasing of Visuals
- ▶ Certificates and recognitions of participants
- ▶ Testimonials or feedback about the Storytelling program
- ▶ Food/Refreshments
- ▶ Time to mingle with their friends, family and others



Maestros de La Vida- July 12, 2014



Typical MAP client



- ▶ Average Age: 80
- ▶ Female (71 %)
- ▶ Hispanic (86%)
- ▶ Poor English Proficiency (71%)
- ▶ Average years of living in the US: 40
- ▶ ½ of respondents live with Family



Peer Mentors

- ▶ Peer mentors are a key aspect of this program. Having a person of the clients same culture helps with them being able to relate their experiences.
- ▶ Feedback from Peer Mentor
- ▶ Visuals and narratives that have been created with the help of peer mentors.



Client testimonials

- ▶ “I loved the program, it is so nice to be able to hear the stories my mother told you. Who would have thought of doing this. Thank you for all the happiness and importance you gave to my mom. She loved it! Keep up the good work to get more awesome stories.” R. C.
- ▶ “Amazing project and presentation and great event! The art was amazing and beautiful! Maricela thank you so much for everything you have done for my grandma and thank you for giving her the canvases for her painting. The paintings were as beautiful as you! Thank you!” J. G.
- ▶ “This program was wonderful. It’s a great way to connect with generations that come before us. I felt honored to be here with my mother and listen to so many stories of those who are often forgotten and left to be alone.” J.M.



Challenges

- ▶ **Finding the right kind of client**
 - ▶ Many people are interested in having such a program but don't meet necessary criteria once scales are applied
 - ▶ Some people have other complicating factors such as health that impact their ability to participate
 - ▶ Some clients under report their level of distress or symptoms
- ▶ **Lack of services after this level of support**
 - ▶ We are challenged on something that is comparable to this program, that once clients finish, can continue to somewhere that still provides support



MAP aims to Increase protective factors

Protective factor	How MAP addresses to increase this area
Receiving care for mental and physical health problems	If a client needs health or additional mental health treatment we can use CM to refer and link them. We have referred at least 7 of our participants to more intensive mental health treatment.
Social connectedness	We include family members and caregivers to participate if the client so chooses. Also the community events are forums to share with others about their stories. These efforts are in hopes of connecting them with others.
A sense of purpose or meaning	In reviewing their past many seniors felt as though they had lots of achievements and has many successful events in their histories and thus adding to a sense of meaning or purpose.
Skills in coping and adapting to change	There wasn't a measure for this area in the program, however of the clients who did the best in our program went on to find connection through a senior center or have a renewed enthusiasm for what the future holds for them still. Thus managing to cope with the changes in their lives.
Cultural or religious beliefs that discourage suicide	Having a cultural peer, someone that understood their value base, was especially helpful for seniors, since often it is this age group that hold on most rigidly to traditional values and norms. In being able to talk to someone who was very familiar to their background they were able to express themselves more clearly. As part of the PHQ-9, suicide was discussed. Though never an easy discussion, having a peer of the same group certainly made it easier.



Thank you for your attention

Some examples of projects

