

# Volunteer continuing education

**Statewide Health Insurance Benefits Advisors (SHIBA)**

## Person-centered counseling and communication tools

- Counseling to support what the client wants
- Counseling guidelines
- Communication tools
- Counseling in difficult situations

**June 2019**

**For volunteer training only – not for distribution**

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## Learning aids and handouts for June training

1. SHIBA Counseling Six-step Intake Script.....p. 13-16
2. Your SHIBA Medicare issues action plan..... p. 17
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## Acronyms

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ACL	Administration for Community Living
BC	Beneficiary Contacts
CLC	Community Living Connections
CMS	Centers for Medicare & Medicaid Services
EOB	Explanation of Benefits
I&R	Information and Referral (NASUAD)
LGBT	Lesbian, gay, bisexual, and transgender
MA	Medicare Advantage
MSN	Medicare Summary Notice
NASUAD	National Association of States United for Aging and Disabilities
OIC	Office of the Insurance Commissioner
OM	Original Medicare
PCP	Person Centered Planning
POM	Program Operations Manual
RTC	Regional Training Consultant
SHIBA	Statewide Health Insurance Benefits Advisors
SHIP	State Health Insurance Assistance Program
SHIP TA	State Health Insurance Assistance Program Training Technical Assistance
STARS	SHIP Tracking and Reporting System
VH	Volunteer Handbook
VRPM	Volunteer Risk and Program Management

## Troubleshooting and sharing time

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Share with your group any questions or information you had about the May topics and any local topics:

- Describe the appeals process for Original Medicare (OM), Medicare Advantage (MA) plans and Medicare Part D drug plans.
  - Differentiate between appeals and grievances.
  - List the steps to elevate a client case that needs further work.
  - Explain how to assist a client with reviewing their statements, Explanation of Benefits (EOB) or Medicare Summary Notice (MSN) using instructions from existing materials provided by Medicare.
  - Coach a client on how to submit an appeal or grievance.
  
  - Local topics:
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## Learning objectives

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After today's training you should be able to:

- Describe what we mean by person-centered counseling. Define or describe what the approach means.
- Describe the six *phases* of a person-centered counseling session.
- Describe some communication techniques to interact effectively with clients.
- List and describe some techniques to deal with clients who exhibit challenging behavior.
- List some of the ways the Volunteer Handbook (VH) and Volunteer Risk and Program Management (VRPM) provide guidance and expectations when working with clients.
- Describe how Language Link can help with client counseling.
- Explain what to do if you experience a safety incident with a client.

## Person-centered counseling

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### Introduction

As a SHIBA volunteer, you have a complex job communicating complicated information. Barriers to understanding the information make your job more difficult.

You will often work with people who are confused and want you to recommend or endorse a specific policy. They may want you to tell them what to do regarding making health insurance decisions. You may find yourself in a situation where the consumer shares personal information or becomes overwhelmed with feelings. You may be the first objective person with whom the consumer has spoken, or you may be the end of a long line of unsuccessful referrals.

To be an effective counselor, you must view yourself as capable of helping others. More importantly, you need the capacity to understand alternative viewpoints and the worldview of others.

As an effective counselor, you must also be aware of your own biases. You need to be keenly aware of your perceptions and not allow those perceptions to dominate your interactions with others. Be respectful of others' realities and differentiate your reality from the reality of those you are helping.

## What is person-centered counseling?

Person-centered therapy, which is also known as client-centered, non-directive or Rogerian therapy, is a counseling approach that requires the client to take an active role in their treatment with the therapist being nondirective and supportive. This derives from work done by psychologist Carl Rogers in the 1940's and 1950's.

In person-centered care, health and social care professionals work collaboratively with people who use services. Person-centered care supports people to develop the knowledge, skills and confidence they need to more effectively manage and make informed decisions about their own health and health care. It's coordinated and tailored to the needs of the individual. And, crucially, it ensures that people are always treated with dignity, compassion and respect.

Source: [www.basw.co.uk/resources/person-centred-care-made-simple](http://www.basw.co.uk/resources/person-centred-care-made-simple)

This outlook and philosophy—often referred to as Person-Centered Planning (PCP)—has been used in psychological counseling, social work and in helping older or disabled people plan for their future care needs. When done thoughtfully, PCP creates a space of empowerment—a level playing field—that allows for consideration of personal preferences as well as health and safety needs, without unnecessarily restricting freedoms. The best person-centered planning helps people to live better lives with support to do the things most important to them.

On the national level, Centers for Medicare & Medicaid Services (CMS) and Administration for Community Living (ACL) have endorsed this approach and on the state level, PCP is a cornerstone of the **No Wrong Door System** model. For more information, search [ACL.gov](http://acl.gov) for "no wrong door" or visit [acl.gov/programs/connecting-people-services/aging-and-disability-resource-centers-programno-wrong-door](http://acl.gov/programs/connecting-people-services/aging-and-disability-resource-centers-programno-wrong-door).

**The No Wrong Door approach is that we help people connect to the right resources at the right time**, including helping them access other services and supports in a way that is as seamless as possible.

The training and philosophy fits well with the SHIBA approach, so from the No Wrong Door training program we have borrowed many of the communication and counseling techniques to help SHIBA volunteers approach their work.

SHIBA is one of many aging programs, such as Community Living Connection, Meals on Wheels, Caregiver Support and Legal Services.

Sources: [acl.gov/programs/consumer-control/person-centered-planning](https://acl.gov/programs/consumer-control/person-centered-planning)  
[and acl.gov/programs/consumer-control/person-centered-planning](https://acl.gov/programs/consumer-control/person-centered-planning)

### **Why a person-centered approach?**

**A person-centered approach is about ensuring someone is at the center of decisions which relate to their life.**

A person-centered process involves listening, thinking together, coaching, sharing ideas and seeking feedback.

### **How does this relate to SHIBA's mission?**

SHIBA provides free, unbiased information about health care coverage and access to help improve the lives of all Washington state residents. We cultivate community commitment through partnership, service and volunteering.

### **Role of the SHIBA advisor**

SHIBA advisors provide information and supported decision-making on:

- Simple and complicated issues
- Part D, Medigap and MA plan options
- Help with other resources including Extra Help

- Navigating when a person has Medicare and Medicaid
- Refer callers to other agencies as appropriate
- Elevate difficult questions or cases to your Volunteer Coordinator (VC) or Regional Training Consultant (RTC)

## For more information

Person-centered Medicare counseling was developed by the Washington SHIBA program in collaboration with the Washington State Unit on Aging. It's based on the National Association of States United for Aging and Disabilities Information and Referral (NASUAD I&R) training from the U.S. Administration on Aging and recreated with permission.

The purpose is to integrate best practices used by No Wrong Door Access Systems with the art and science of Medicare advising.

You may find a person-centered Medicare counseling **webinar** on [My SHIBA \(www.insurance.wa.gov/my-shiba\)](http://www.insurance.wa.gov/my-shiba), which is located in the [SHIBA training toolbox \(www.insurance.wa.gov/shiba-training-toolbox\)](http://www.insurance.wa.gov/shiba-training-toolbox) under SHIBA training videos/webinars ([www.youtube.com](http://www.youtube.com)):  
[www.youtube.com/watch?v=RILoJjTOwEA](http://www.youtube.com/watch?v=RILoJjTOwEA)

Anyone interested in person-centered Medicare counseling workshops can contact Lexie Bartunek who is the Community Living Connections (CLC) Program Manager at [bartuqa@dshs.wa.gov](mailto:bartuqa@dshs.wa.gov) or 360-725-3548. Lexie is the primary contact and will be able to provide any information you may need on this topic.

## Notes

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## Phases of a client contact

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When going through these phases, focus on the client and use a person-centered approach.

The steps will not always go in order. Work with the client at their pace, which may mean going back to the third phase of clarification while giving a referral. The **SHIBA Client Counseling Six-Step Intake Script** is on pages 13-16.

### 1. Welcome

- This phase is the most important. It's where you develop rapport and trust with the client.
- When the client first calls you, they may be confused about where to call and what exactly they're looking for.
- Remember to be supportive, empathetic and warm and promote the client to share openly.
- Let the client know you are there and are willing to help.

### 2. Assessment

- Assessment is when you determine why the client contacted you and what they need help with. This helps the client to express their needs.
- When you ask questions let them know why you are asking certain questions. Also, only ask questions that are relevant to your task.
- Ask questions to see if there's an underlying issue the client does not recognize.
- If a client refuses to answer a question, accept their decision. However, if you suspect abuse, neglect or exploitation, keep trying to get the information.

### 3. Clarification

- Once you establish the reason the client called, ask for clarification to ensure you have a correct understanding.

- This is the perfect time to use paraphrasing and reflection skills (which will be covered in the next section).
- This is an important step, because if you misunderstood the client's needs, then you might waste their time and yours looking at the wrong topics.
- Sometimes the client may ask for clarification. Be honest and open with them.

#### 4. Information giving

This is when you might:

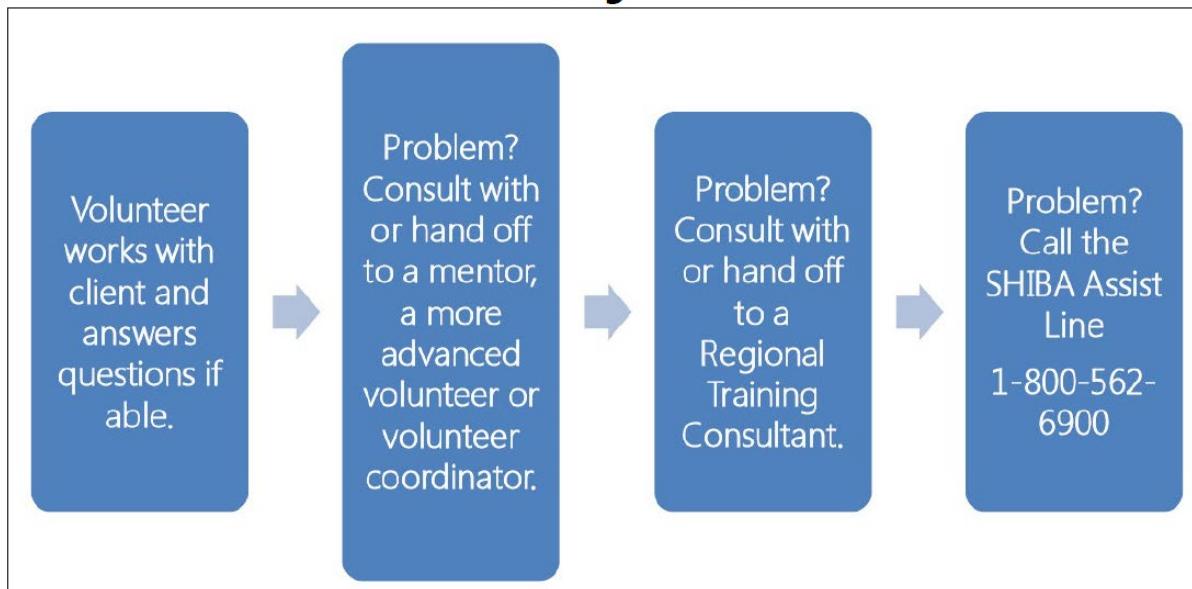
- Explain Original Medicare vs. an MA plan.
- Describe that there are plans that have no premium for people with Extra Help.
- Offer information on reaching their plan to check on a benefit.
- Do a Medicare Plan finder comparison with them.

#### 5. Referral/assistance

- When you *refer* a client, you send them to a different agency or organization. *Assistance* is helping them to contact the other agency to address their problem.
- As a Medicare counselor, your main priority is to provide direct assistance for clients.
- It's important to be familiar with key Medicare resources, such as medicare.gov, prescription drug plan information and Medigap information and have this information ready if you need it.
- Sometimes there isn't a resolution to a client's issue (such as enrolling in Part A and B outside of their special enrollment and general enrollment period).
- Start your problem solving by establishing reasons for the issue.
- The problem solving should result in an **action plan**, a step-by-step process on how to reach the goal. **See page 17.**
- If you need to refer them, give the client choices if you can, but don't load them down with too much information.

- Remember to help clients as much as you can **within the SHIBA scope of work**. Refer when you need to do so using the SHIBA consulting process we outlined in the May 2019 SHIBA training.

### Consulting Process



Source: [www.insurance.wa.gov/sites/default/files/2019-04/medicare-paperwork-eob-msn.pdf](http://www.insurance.wa.gov/sites/default/files/2019-04/medicare-paperwork-eob-msn.pdf).

## 6. Closure

- When you've finished your conversation, verbally give an overview of:
  - What you covered
  - Your follow-up steps
  - The steps the client needs to take
  - Future contact details, if needed
- Before ending your meeting, ask the client to express their understanding about what you have completed.
- Depending on the client's needs, you may want to follow-up to ensure they were able to resolve their issue.
- Complete the SHIP Tracking and Reporting System (STARS) Beneficiary Contact Form and any other paperwork at the time of the counseling session or immediately after.

## SHIBA client counseling six-step intake script

SHIBA counselors, before using this script, ask yourself:

- Is the counseling site private and free from distractions?
- Do I have phone, computer and Internet access if needed?
- Have I planned for client access issues (disability, language, etc.)?
- If I need help, do I have the contact information for my volunteer coordinator?

**Following the steps below will help you gather needed information to best assess the client's options:**

- Focus on the client and use a person-centered approach, which is about ensuring someone is at the center of decisions that relate to their life.
- The steps will not always go in order.
- It's ok to put these statements and questions in your own words.
- Work with the client at their pace, which may mean going back to the third step of clarification while giving a referral.

### Step 1: Welcome, introduction and disclaimer

- This phase is the most important. It's where you develop rapport and trust with the beneficiary.
- When the client first calls you, they may be confused about where to call and what exactly they're looking for.
- Remember to be supportive, empathetic and warm, and promote the client to share openly.
- Let the beneficiary know you're there and are willing to help.

***Sample script:***

Hi, I'm \_\_\_\_\_ (*name*) and I'm a SHIBA volunteer. SHIBA provides free, unbiased service to help people understand their health care coverage options.

To help me best identify the programs you may qualify for, I will ask you many questions. You don't have to answer any of these. But the more information you give me, the better I can help you. SHIBA keeps confidential all information our clients give us.

## **QRC: SHIBA client counseling six-step intake script**

If you need help beyond what we do, I may refer you to other groups that we partner with. If I do this, I will give you the contact information for those other groups, and let you know how to get their help.

### ***If needed, here's a disclaimer:***

I'm a SHIBA volunteer. We receive training from the Washington State Office of the Insurance Commissioner, and as volunteers, we give our own time to help people get the Medicare help they need.

## **Step 2: Assessment and asking questions**

- Assessment is when you determine why the beneficiary contacted you and what they need help with. This helps the client to express their needs.
- When you ask questions let them know why you are asking certain questions. Also, only ask questions that are relevant to your task.
- Ask questions to see if there's an underlying issue the client does not recognize.
- If a client refuses to answer a question, accept their decision. However, if you suspect abuse, neglect or exploitation, keep trying to get the information.

### ***Sample script***

What can I help you with today?

### ***Note:***

- *Let clients explain their questions without interruption. You may want to take notes, if this helps you focus and keep track of information.*
- *If clients stop talking and you're not sure you have all the information, you may want to ask questions starting with:*
  - Who
  - What
  - Where
  - When
  - Why
  - How

## **Step 3: Clarification and confirming understanding**

- Once you establish the reason the client called, ask for clarification to ensure you have a correct understanding.
- This is the perfect time to use paraphrasing and reflection skills.
- This is an important step, because if you misunderstood the client's needs, then you might waste their time and yours looking at the wrong topics.
- Sometimes the client may ask for clarification. Be honest and open with them.

## **QRC: SHIBA client counseling six-step intake script**

### ***Sample script***

Okay, let me summarize what I've heard, so we're on the same page.

**Note:** Summarize what the client told you.

Is that correct?

**Note:** If clients say no, go back to Step 2: Asking questions.

### **Step 4: Information giving**

- This is when you might:
  - Explain Original Medicare versus Medicare Advantage plans
  - Describe that there are seven Extra Help plans
  - Offer contact information so they can reach their plan to check on a benefit
  - Do a Medicare Plan finder comparison with them

**Note:** Provide information based on the information the client gives you.

### ***Sample script***

Does this provide you with the information you need?

**Note:** If clients say no, go back to Step 2: Asking questions.

### **Step 5: Referral/assistance**

- When you refer a client, you send them to a different agency or organization. Assistance is helping them to contact the other agency to address their problem.
- As a Medicare counselor, your main priority is to provide direct assistance for clients.
- It's important to be familiar with key Medicare resources, such as medicare.gov, prescription drug plan information and Medigap information, and have this information ready if you need it.
- Sometimes there isn't a resolution to a client's issue (such as enrolling in Part A and B outside of their special enrollment and general enrollment period).
- Start your problem solving by establishing reasons for the issue.
- The problem solving should result in an **action plan**, a step-by-step process on how to reach the goal.
- If you need to refer them, give the client choices if you can, but don't load them down with too much information.
- Remember to help clients as much as you can **within the SHIBA scope of work**. Refer when you need to using the SHIBA consulting process.

## **QRC: SHIBA client counseling six-step intake script**

**Note:** Ask any outstanding Beneficiary Contact Form, client eligibility and demographic questions: If needed, you might return to Step 2 Assessment and asking questions.

**Sample script** (You may have already gathered some of the answers to these by now.)

I'd like to ask a few more questions, if I may. This information helps me do the best job I can to let you know what your options are. You can choose not to answer any of these questions. Ok?

**Note:** If clients say no, explain this again in different words, or give an example. If clients say yes, proceed with asking the Beneficiary Contact Form questions that the client hasn't yet answered. If clients decline to disclose information, let them know that's ok. Remind them you may not be able to let them know all their options.

## **Step 6: Closure and confirming understanding**

- When you've finished your conversation, verbally give an overview of:
  - What you covered
  - Your follow-up steps
  - The steps the client needs to take
  - Future contact details, if needed
- Before you end your meeting, ask the client to express their understanding about what you discussed and completed.
- Depending on the client's needs, you may want to follow-up to ensure they were able to resolve their issue.
- Complete the STARS Beneficiary Contact Form (BCF) and any other paperwork at the time of the counseling session or immediately after.

**Sample script**

Let me summarize what I've heard, so we're on the same page.

**Note:** Summarize what the client told you. Take this step if the client gave you a lot more information when answering the Beneficiary Contact Form questions.

Is that correct?

Thank you.

**Note:** Finish phone call or in-person session, provide any necessary information to the client, make any needed follow up calls and complete the STARS BCF.

## Your SHIBA Medicare issues action plan

*Help with determining next steps and referrals*

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Thank you for working with the Statewide Health Insurance Benefits Advisors (SHIBA) to assist with your Medicare planning. We offer free, confidential and unbiased help to understand and navigate health care coverage and Medicare.

Client name: \_\_\_\_\_ Date: \_\_\_\_\_

Please keep this step-by-step action plan for your records.

My primary Medicare-related questions, issues or concerns are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Your recommended action plan is:

Recommended completed by date	Action and comments	Actual completed date

### Notes:

SHIBA Volunteer Name: \_\_\_\_\_

If you have questions, call SHIBA at 1-800-562-6900 or locally at: \_\_\_\_\_

## Techniques for communicating effectively

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We use these techniques so we can best support the client's decision-making.

### Active listening

- A way to listen and speak to the client by focusing on what the client is saying and what they need.
- Avoid becoming distracted. Often when listening to others we can become distracted and try to think ahead about how we will respond to the client.
- When speaking to a client in person, maintain eye contact or a similar technique (such as nodding your head, smiling, agreeing by saying "yes" to encourage them to continue).
- If you're speaking over the phone, avoid working on other tasks while the client is speaking.
- This technique is important because the client may be asking for one thing, but needs help with another topic.

### Minimal encouragers

- When speaking to clients, we may use verbal cues to let them know we're listening and encourage them to continue talking.
- These are especially important when speaking to clients over the phone because they're unable to note our non-verbal cues.
- Some examples of *minimal encouragers* are: "Uh-huh," "I see" or "Oh."

### Paraphrasing

- This is the ability to summarize, in your own words, what another stated. Paraphrasing should focus on main points and feelings.

- Paraphrasing back to a client allows them to hear their story and for you to translate into accurate Medicare terms and clarify your understanding of the situation.
- When touching on a key point, you can ask the client to explain the situation in more detail.

## Reflection & emotion labeling

- *Reflection* can help the listener identify with the client's emotions. This is different from paraphrasing which looks at content. Reflection looks at the emotions.
- You can use this to help identify how the client is feeling and they can correct your perceptions of how they feel.
- *Emotional labeling* validates what the client is feeling such as, "this is a frustrating transition time just when you think it will be easy."

## Open-ended questions

- Open-ended questions *cannot* be answered by a one-word answer.
- Open-ended questions allow the client to give you details about their situation that they may not have said if you asked them a yes or no question.
- Closed-ended questions (yes or no, simply answered questions) may be more appropriate at times.
- If in doubt, use an open-ended question when you speak to a client.

Both open and closed questions are necessary, but at different times and for different purposes. To get someone to *open up*, ask an open question. To have someone *close in* on the details, ask a closed question. Neither open nor closed questions are foolproof. Talkative people can give lengthy answers to closed questions.

## A Few Thoughts on Questioning...

Many people have difficulty questioning one kind of person or another. Here are three techniques that will be helpful.

- **Explain why you are asking questions.**

People are usually more willing to answer questions when they understand the reason behind them. Explain the *business* reason behind your questions. That will let the consumer know you are asking questions out of necessity, not because you are nosy or intrusive.

- **Use more open questions and fewer closed questions.**

Closed questions give reserved people the "out" they are looking for. As long as you ask questions that require only yes or no answers, they do not *have* to say much. If you encourage one-word answers that is what you are likely to get. So instead, discourage one-word answers by asking primarily open questions.

- **Keep your own comments few and short.**

Most of us feel uncomfortable when we ask questions and get only grudging answers. We want the conversation to flow and instead, it lurches. So what do we do? To fill the gaps in the discussion, we start talking more than we should or need to. This is a mistake. It lets the other person do what he or she wants to do which is keep quiet.

## Effective pauses

- Sometimes pausing in a conversation allows the client to get their thoughts together and to expand on something they just said.
- Pauses should last only a few seconds, not for extended periods of time.
- Pauses are effective when the client seems frazzled, rushing or may need to gather their thoughts.

## Empathy and sympathy

- *Empathy* is the ability to look at a person's situation and try to understand how you would feel in their shoes.
- *Sympathy* is feeling bad for someone.
- *Empathy* can help us to understand why the client feels and acts a certain way, while *sympathy* can belittle the client and make them feel judged.

## Prioritizing

- Many clients will contact a Medicare counselor with complicated claims, coordination of benefits or other difficult Medicare issues. *Prioritizing* is the ability to narrow down which needs are the most urgent and important.
- Based on what the client needs, you'll need to prioritize which steps get accomplished first to resolve the issue.
- You can help them create a "to-do" list with the most important steps first, or only include the first two or three steps.

## Guiding

- When speaking to clients, encourage them to discuss in full detail their concerns. However, when they go off topic, you may need to guide them back to the subject.
- Always be polite and respectful when redirecting the client back to the main point.
- Use phrases such as, "Can we go back to ..." or "Can you tell me more about ..." to get back to the topic at hand.

## Tone and speed

- When speaking to clients, try to match their tone and speed of speech. This may help them develop rapport with you, or it might give you insight into how the client processes information.
- Sometimes clients may become upset and speak in a loud and fast voice. In these instances, it's important to slow your voice and lower your tone to help calm them.

## Simplicity

- Medicare uses terms and jargon, such as MSN (Medicare Summary Notice) and Part D plan (prescription drug plan).
- When speaking to clients, use correct Medicare language and if you need to, explain what you are talking about.
- Use simple vocabulary to help ensure the client fully understands what you're telling them. If the client is confused, clarify using simpler terms.

## Communication tips

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### **What to avoid when speaking with clients**

Avoid the following behaviors when speaking with clients:

- Commanding
- Threatening
- Imploring
- Personalizing solutions
- Lecturing
- Judging/criticizing
- Arguing

Doing any of the above behaviors can bias the client's decision. Let them decide for themselves.

It's still ok to give facts that can help to guide their decision.

### **Some tips for dealing with difficult clients while on the phone:**

- SHIBA does not want you as a volunteer to feel uncomfortable or threatened. It's not ok for clients to be abusive to you.
- If a client is becoming hostile, yelling, threatening or cursing, you can say politely:
  - (Salutation or name) if you continue to yell at me, I will not be able to continue with this call and will have to hang up.
  - If you need to hang up, tell your VC. Document the information in STARS.
  - Check with your RTC, VC or SHIBA staff if you would like some guidance and suggestions for dealing with difficult behavior.
  - **See pages 25-26 for a reference on how to deal with challenging behavior.**

## **Be flexible in your communication style**

As a counselor, you'll meet people from different cultures and backgrounds. When speaking to others remember:

- Be specific in what you say.
  - Listen carefully to what the client is saying.
  - Emphasize key words.
  - Be aware of any assumptions you may have.
  - If talking in person, you may use body language to make points.
  - Ask the client to explain in their words what you said, or to tell you the next steps they'll take.
  - If understanding is difficult, use an interpreter or **Language Link**. It is best to use someone who's not related to the client.
- See page 32** of this packet for more information.

## **Cultural sensitivity**

We would like to give more time to the topic of cultural sensitivity or humility, but it's too broad of a topic for the time frame we have available.

See the **Advanced resources** section of this packet on pages 41-42 for advanced research and contact your VC for more suggestions.

## Helping clients when their behavior is challenging

If clients:	Think about doing this
Seem to have any challenging behaviors:	<ul style="list-style-type: none"> <li>• Know that your talk may take longer than usual. Stay patient!</li> <li>• Model calm behavior. Move your talk forward and stay focused.</li> <li>• Invite clients to have another person present (family member, friend, case worker, etc.) but trust clients' choices. They have the right to make the final choice.</li> <li>• Acknowledge reactions and problems, but don't delve into them or try to solve them.</li> <li>• Think about having more than one talk. Provide written resources.</li> <li>• Get help and support from your local team and Regional Trainer if needed.</li> <li>• Don't take on clients' problems. Help where you can and set boundaries.</li> </ul>
Seem to have trouble with facts, or trouble focusing	<ul style="list-style-type: none"> <li>• Be simple, truthful, and not mocking. Be brief, and repeat your point if needed.</li> <li>• Ask clients whether a family member or friend can join you. If there is none, think about a referral to Senior Information and Assistance.</li> <li>• Provide written resources.</li> <li>• Respect clients' choices.</li> </ul>
Seem afraid, or seem to have changing feelings	<ul style="list-style-type: none"> <li>• Stay patient and calm, and use a kind tone.</li> <li>• Acknowledge clients' feelings, then steer gently back to the health care coverage question which brought clients to SHIBA.</li> <li>• Keep your limits clear by making good referrals.</li> </ul>
Seem insecure	<ul style="list-style-type: none"> <li>• Be accepting.</li> </ul>
Make confused plans, or talk about delusions	<ul style="list-style-type: none"> <li>• If clients make confused plans, stick to one plan. Write steps so client can see them.</li> <li>• If clients voice delusions, ignore or change the subject, and don't argue.</li> <li>• Ask clients whether a family member or friend can join you. If there is none, think about a referral to Senior Information and Assistance.</li> <li>• Provide written resources, and respect clients' choices.</li> </ul>
Seem very fired up	<ul style="list-style-type: none"> <li>• Limit input.</li> <li>• Focus on slowing down your talk and doing each step in order.</li> </ul>

If clients:	Think about doing this
Seem easily upset	<ul style="list-style-type: none"> <li>• Recognize clients' feelings, and allow retreat.</li> <li>• Focus on slowing down your talk and doing each step in order.</li> </ul>
Seem withdrawn	<ul style="list-style-type: none"> <li>• Start to talk with them.</li> </ul>
Seem to show poor judgment	<ul style="list-style-type: none"> <li>• Don't expect all clients to think things through the same way.</li> <li>• Ask clients whether a family member or friend can join you. If there is none, think about a referral to Senior Information and Assistance <a href="http://www.dshs.wa.gov/ALTSA/resources">www.dshs.wa.gov/ALTSA/resources</a>.</li> <li>• Provide written resources, and respect clients' choices.</li> </ul>
Talk of suicide or threats to others	<ul style="list-style-type: none"> <li>• STAY CALM</li> <li>• Know the facility's (sponsor office, outreach site, etc.) emergency plan</li> <li>• If you have phone access, call 9-1-1; know the local crisis line phone number</li> <li>• Afterwards, report the issue to your volunteer coordinator and regional trainer</li> </ul>
Seem to have growing anxiety	<ul style="list-style-type: none"> <li>• Acknowledge clients' feelings, then steer gently back to the health care coverage question which brought clients to SHIBA.</li> <li>• Keep your limits clear by making good referrals.</li> <li>• Break down the process into small steps, and focus on one task at a time.</li> </ul>
Seem depressed	<ul style="list-style-type: none"> <li>• Acknowledge clients' feelings, then steer gently back to the health care coverage question which brought clients to SHIBA.</li> <li>• Keep your limits clear by making good referrals.</li> <li>• Assure clients that you and they can work together to help them understand choices, and affirm clients for making choices.</li> </ul>
Need help with prescription drug access	<ul style="list-style-type: none"> <li>• Compare clients' needs to plan coverage, including any tiers or step-therapy.</li> <li>• Ensure clients understand costs, and give resources about other ways to pay, such as Part D Extra Help and the ideas in the <i>Paying for Prescription Drugs</i> publication. Search for this document at <a href="http://www.insurance.wa.gov">www.insurance.wa.gov</a>.</li> <li>• Ask if clients have a back-up plan for any problems getting prescriptions filled.</li> <li>• If clients with Part D has less than a 3-day supply, follow complaint process.</li> </ul>

Source: CMS Tip Sheets and Fact Sheets; NAMI of DuPage County, IL

## **Communication techniques practice scenarios**

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With a partner, **practice some of the techniques for communicating effectively covered on pages 18-22.** Use the scenarios below or make up your own. One person will be the client and read the scenario. The other person will be the advisor and practice communication techniques.

Communication techniques include the following:

- Paraphrasing
  - Reflection & emotion labeling
  - Guiding
  - Prioritizing
  - Asking open and closed questions
  - Tone and speed
- 
- This is an opportunity to practice your counseling and advising skills.
  - We are not focusing on right or wrong answers, though you should provide correct information and follow SHIBA escalation protocols in terms of practicing handing the question over to someone if you don't know the answer.

### **Scenario 1**

I work part time and I am on call, so I never work the same number of hours each month so I can't really tell you what my income is each month, because it changes all the time. I don't know how to answer your question about my monthly income because it's never the same.

### **Scenario 2**

I signed up for this Medicare Advantage plan, just because they had dental coverage, and I went to a dentist that is on their list and I called the dentist about four times to make sure they would take me and I still got a bill for

over \$600. I can't pay that kind of money. What am I going to do? These plans are so complicated and frustrating that I can't understand them. Every time I call the plan to ask questions, I can't understand their answers and it really makes me mad.

### **Scenario 3**

So, I got this letter that says I haven't paid my premiums and I am going to get dropped and I know I have always paid all of my bills so I think it must be a scam.

### **Scenario 4**

I was told to call you about comparing my Part D plan because it's Medicare Open Enrollment period. I take a lot of prescriptions, like for my blood pressure and for diabetes, probably I take around 14 different prescriptions. I don't really like my doctor, but she is pretty close to where I live and I can't drive anymore, so I am really stuck. I also wish I could change to a different pharmacy. Bill, who works at the CVS near me isn't really very nice, I think he doesn't like me and he is always in a hurry when I try to ask questions. My daughter wants to come when I talk to you about drug plans, but she works all the time, so I don't know if she can make it.

### **Scenario 5**

Thanks for sending me that comparison of the three plans. I really can't see what the differences are between them and I don't know how to make the choice. You know all about this stuff. If I was your mom, which one would you tell me to sign up for?

### **Scenario 6**

You may build your own scenario. An example could include working with a client to fill out a SHIBA form such as the **Action Plan on page 17**.

## Professional distance and boundaries

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### Why professional distance is necessary

Counseling is an intensely personal, as well as professional, encounter. Professional distance is necessary when you consider that clients are asked to share aspects of themselves, which are deeply personal (money and health status) and which they may never have expressed.

When hearing the term "professional distance," you might think it means to be cold and uninvolved. Actually, it means just the opposite! However, over-involvement on an emotional level can cause you to lose your objectivity and then you cannot exercise proper judgment in your dealings with those you are trying to help.

### Knowing when to let go

At times, people may have more issues, questions and problems than you are equipped to handle. This can be especially true when helping people with very complicated health insurance matters. For them, a referral to an agency specializing in their issues is the best direction. Therefore, you need to know what resources are available within the sponsor agency and in the community.

### Boundaries

To be a successful SHIBA volunteer, you need to establish personal boundaries. This means allowing clients to be responsible for their own decisions. Your job is to share information relevant to the client's unique situation and let the client make their own decision.

Boundaries can have a tendency to blur if you are not aware of your own needs. It's a well-accepted fact that people who get involved as counselors, whether professionally or as volunteers, do so out of the desire, and sometimes the need, to help others. When the need to help becomes more important than setting appropriate boundaries, the professional relationship blurs.

## **Signs of blurred professional boundaries include:**

### **1. Feeling sympathy versus empathy**

While it is perfectly acceptable to imagine another person's feelings and be sympathetic, it is not useful when that blurs into actually sharing the client's emotions.

### **2. Trying to take away pain**

When boundaries blur to the extent that you share another's emotions, especially if they are painful, the tendency is to try to extinguish that which is painful - even when it may be in the best interest of the client to allow the feeling and expression of those emotions.

### **3. Wanting to please**

This occurs when you try to **please** the client rather than **help** the client. It often leads to doing for the client what the client should learn to do for them self. This can take the form of lending money, providing transportation, giving a home phone number and/or taking calls at home.

### **4. Too much personal time**

This includes using personal time to counsel clients, filling out Beneficiary Contact Forms, thinking or worrying about clients, for example carrying them around in your head.

### **5. Self-Disclosure**

In some cases, self-disclosure may be appropriate, but you need to be careful that the purpose of the self-disclosure is for the client's benefit. Shifting the focus from the consumer to you is a danger.

### **6. Giving or receiving significant gifts**

The SHIBA (VH) specifically states: "As a SHIBA volunteer, you cannot directly or indirectly ask for, give, receive or agree to receive any compensation, gift, reward or tip from any source except from the State of Washington or your sponsor agency for your volunteer service. You cannot ask for a fee or other compensation for providing services to clients. You also cannot use your status in the program for personal gain or private advantage."

## SHIBA's expectations

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SHIBA staff and volunteer advisors are expected to counsel with respect and understanding while working with a wide variety of people. You need to work with clients to help them to understand what they want and to accomplish what is important to them. For example, you may want to ask them, "Is it important for you to stay with your doctor?" or perhaps, "Do you prefer to stay with your current drug plan?" You can do this and SHIBA is providing some tools to help—especially when you are feeling outside of your comfort zone.

Refer to the VH, VRPM, Program Operations Manual (POM), and STARS handouts to review and consider the following while focusing on person-centered counseling:

- Dialogue to strengthen the team. Remember, our work is important.
- Review the values of the organization.
- We serve many. We have an aging demographic.

### Volunteer Handbook

[www.insurance.wa.gov/sites/default/files/documents/volunteer-handbook\\_0.pdf](http://www.insurance.wa.gov/sites/default/files/documents/volunteer-handbook_0.pdf) or go to My SHIBA and search for "volunteer handbook."

- VH page 44: SHIBA strives to develop a volunteer population that mirrors the diversity of the community in which it operates. (VRPM Policy 3.2)
- VH pages 55-59, 64: Non-discrimination and anti-harassment
- **Discrimination** – The act of favoritism or making a difference in the treatment of someone based on their race, creed, color, religion, gender, national origin, age, sexual orientation, gender, identity/expression, familial status, marital status, physical or mental disability or veteran's status.

## Volunteer Risk and Program Management

[www.insurance.wa.gov/sites/default/files/documents/shiba-vrpm-policy-manual.pdf](http://www.insurance.wa.gov/sites/default/files/documents/shiba-vrpm-policy-manual.pdf)

- 3.2 SHIBA strives to develop a volunteer population that mirrors the diversity of the community in which it operates.
- 3.22 Non-Discrimination
- 3.98 Harassment
- 4.1 Information procedures
- 4.2 Internet protocol

## Program Operations Manual

[www.insurance.wa.gov/sites/default/files/2018-10/shiba-program-operations-manual.pdf](http://www.insurance.wa.gov/sites/default/files/2018-10/shiba-program-operations-manual.pdf)

- Page 70                      Harassment and abuse
- Page 93                      Information procedures
- Pages 101-102              STARS

## Language Link

Language Link is a service all SHIBA volunteers can use to talk to clients who speak languages other than English. For more information on working with clients and a Language Link interpreter, check [My SHIBA \(www.insurance.wa.gov/my-shiba\)](http://www.insurance.wa.gov/my-shiba) at [www.insurance.wa.gov/language-link-services](http://www.insurance.wa.gov/language-link-services) or by searching for Language Link.

## STARS

[acl.entellitrak.com/etk-hhs-acl-prod/page.request.do?page=page.starshome](http://acl.entellitrak.com/etk-hhs-acl-prod/page.request.do?page=page.starshome)

We will provide a **STARS tune-up training in July 2019**, so we will not cover the topic this month unless you have questions.

## Safety for counselors and clients during counseling

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### Safety guidelines

- Trust your instincts. Don't disregard hunches or feelings that your safety may be at risk.
- Be sensitive to boundary issues.
- Don't take risks.
- Call for help.
- Have a buddy system.
- Know where the room and building entrances and exits are.
- Think about where you sit in relation to the exits and the client.
- Use agency safety protocols including signing in and out and checking in with other staff.
- Have a phone and emergency numbers nearby.
- Never meet in a client's home.
- Report any issues to your supervisor, agency director or safety staff.
- Fill out **incident reports** as required. See the next section for more information.

*Sources:*

[www.nationalcounsellingsociety.org/blog/be-safe-out-there/](http://www.nationalcounsellingsociety.org/blog/be-safe-out-there/)

[www.theprofessionalpractitioner.net/index.php/articles/19-article-some-thoughts-about-personal-safety-for-therapists-by-sally-despenser](http://www.theprofessionalpractitioner.net/index.php/articles/19-article-some-thoughts-about-personal-safety-for-therapists-by-sally-despenser)

## Incident reporting

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The State Health Insurance Assistance Program Training Technical Assistance (SHIP TA) Center has an “Incident reporting form” in their VRPM documents. **SHIBA’s Incident Reporting starts on the next page.** Check with your VC for appropriate forms at their agency or use the below form to organize your thoughts and follow-up immediately with an official report with your VC.

**Go to the SHIP TA Resource Library** and conduct an “Exact Match” keyword search for VRPM resources.

*Sources:*

[portal.shiptacenter.org/ship-operations/volunteer-engagement/](http://portal.shiptacenter.org/ship-operations/volunteer-engagement/)

[portal.shiptacenter.org/resource-published/r2/vrpm-risk-management-health-safety-resources/](http://portal.shiptacenter.org/resource-published/r2/vrpm-risk-management-health-safety-resources/)

[portal.shiptacenter.org/media/2806/incidentreportingprocedures-template-32817-final.doc](http://portal.shiptacenter.org/media/2806/incidentreportingprocedures-template-32817-final.doc)

[portal.shiptacenter.org/media/2807/incidentreportingform-template-32817-final.doc](http://portal.shiptacenter.org/media/2807/incidentreportingform-template-32817-final.doc)

## SHIBA incident reporting procedures

### Reporting

Volunteers must report all injuries and accidents they're involved in or witness, such as injuries to participants at events or counseling sessions.

1. Volunteers should notify their supervisor by phone as quickly as possible when the incident response involves first-responder agencies such as the police, emergency response units, paramedics or the fire department.
2. Volunteers should complete an **Incident Reporting Form** to record relevant information for incidents that meet any of the following criteria:
  - The response to the incident involves first-responder agencies such as the police, emergency response units, paramedics or the fire department.
  - The volunteer or program participant receives medical care, or is advised by a staff person affiliated with the SHIBA program to seek medical care.
  - The incident involves, or is likely to involve, an insurance claim.
  - The incident involves an allegation or strong suspicion of physical, sexual or financial abuse.
  - The incident involves the loss or theft of client or agency property.
  - The incident involves harassment, a serious error in judgment, or a misstep, including offensive or inappropriate remarks and behavior.
  - The incident involves the violation of a state or federal law.

The **Incident Reporting Form** collects information on the time and location of the incident, a description of the incident, the parties involved and the extent of the volunteer's involvement in the incident.

3. Volunteers should submit the completed Incident Reporting Form to their volunteer coordinator or other designated agency staff as soon as possible.

## Staff Response

The VC coordinates staff response to the incident based upon what immediate steps were or were not already taken at the scene of the incident. Take one or more of the following **immediate actions** as needed:

- Call 911 in response to medical emergencies
- Contact police in response to automobile accidents and criminal activity
- Notify relevant authorities (e.g., police, public health, elder abuse, etc.)
- Photograph or otherwise document the incident site
- Notify staff at the volunteer worksite

Take one or more of these **follow-up steps** as soon as possible, depending upon the type of incident:

- Contact affected parties or witnesses
- Notify the VC or other designated agency supervisor
- Notify senior management in your agency
- Notify the state SHIBA program office
- Notify an insurance carrier
- Take other steps as needed to resolve the incident

## SHIBA Incident Reporting Form

Use your SHIBA sponsor agency's incident reporting form and procedures to report any of the following incidents. If your sponsor agency does not have an incident reporting form, use this form to report any incident involving a SHIBA volunteer, including:

- Injury to the volunteer, client or program participant
- Accidents, including auto accidents
- Property damage, including damage to equipment
- Lost possessions, files or equipment
- Abuse of a beneficiary or other person
- Harassment and offensive remarks
- Error in judgment

### General Information

Agency/Organization name: \_\_\_\_\_

Contact person/Volunteer supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

### Information about the Affected Person or Organization

Check one:

- Volunteer       Beneficiary/Client       Program participant  
 Paid staff       Other

Affected party's name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

**Incident Reporting Form Page 1 of 3**

## Information about the Volunteer (if not the affected party)

Volunteer's name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

## Information about the Incident

Check all that apply:

- Injury       Accident       Property damage  
 Lost possession     Abuse       Offensive remark  
 Harassment       Error  
 Other (please describe) \_\_\_\_\_

Date of the incident: \_\_\_\_\_ Time of the incident: \_\_\_\_\_

Location of the incident: \_\_\_\_\_

Describe what happened, how it happened, factors leading up to the incident, what was said or observed (attach separate sheet, if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

Witness name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of physician consulted (if applicable): \_\_\_\_\_  
Telephone number: \_\_\_\_\_

Name of hospital or clinic (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

Was incident reported to the police?  Yes  No  
Police contact (if applicable): \_\_\_\_\_

### **Incident Reporter Information**

Reporter's name: \_\_\_\_\_  
Reporter's title (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Notes

## Advanced study resources

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These resources are supplemental to this month's topic and provide more in-depth content and information.

### **Advocacy & Services for LGBT Elders**

[www.sageusa.org/](http://www.sageusa.org/)

Advocacy services for lesbian, gay, bisexual and transgender elders.

### **Aging and Disability Resource Centers Program/No Wrong Door System**

[acl.gov/programs/connecting-people-services/aging-and-disability-resource-centers-programno-wrong-door](http://acl.gov/programs/connecting-people-services/aging-and-disability-resource-centers-programno-wrong-door)

### **Approaching Clients with Cultural Humility (webinar)**

- [www.nasuad.org/community-opportunities/events/approaching-clients-cultural-humility](http://www.nasuad.org/community-opportunities/events/approaching-clients-cultural-humility)
- [www.ncoa.org/event/cultural-humility/?Utm source=email&utm medium=newsletter&utm campaign=chaenews](http://www.ncoa.org/event/cultural-humility/?Utm_source=email&utm_medium=newsletter&utm_campaign=chaenews)

### **CultureCard: A Guide to Build Cultural Awareness**

[store.samhsa.gov/system/files/sma08-4354.pdf](http://store.samhsa.gov/system/files/sma08-4354.pdf)

### **Cultural competency**

[www.sageusa.org/your-rights-resources/cultural-competency/](http://www.sageusa.org/your-rights-resources/cultural-competency/)

### **It's what they say and how they say it: Counseling communication skills**

[www.smpresource.org/Handler.ashx?Item ID=7E4852D2-8D55-4993-9E70-203F3EA0298B](http://www.smpresource.org/Handler.ashx?Item_ID=7E4852D2-8D55-4993-9E70-203F3EA0298B)

**Key Message and Tips for Providers: Person-Centered Service Plans**

[www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/key-messages-Person-Centered-Service-Plans-\[September-2015\].pdf](http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/key-messages-Person-Centered-Service-Plans-[September-2015].pdf)

**Medicare and transgender people (webinar)**

[www.youtube.com/watch?v=bffXKy4zAOo](http://www.youtube.com/watch?v=bffXKy4zAOo)

**National Association of States United for Aging and Disabilities**

[www.nasuad.org/](http://www.nasuad.org/)

**NASUAD (National Association of States United for Aging and Disabilities) conference archives**

[www.nasuad.org/initiatives/national-information-referral-support-center/airs/airs-annual-conference-and-national-3](http://www.nasuad.org/initiatives/national-information-referral-support-center/airs/airs-annual-conference-and-national-3)

**Person-Centered Care Planning and Practice Recommendations (call)**

[www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2018-03-20-Dementia-Care-Improvement.html](http://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2018-03-20-Dementia-Care-Improvement.html)

**Person-Centered Counseling**

**Video Segment 1: Introduction: Person-Centered Counseling**

Requires login to view full video

[sk.sagepub.com/video/person-centered-counseling](http://sk.sagepub.com/video/person-centered-counseling)

**Person-centered Medicare counseling: integrating the “No Wrong Door” approach to Medicare advising (webinar)**

[www.youtube.com/watch?v=RILoJjTOwEA](http://www.youtube.com/watch?v=RILoJjTOwEA)

**Person Centered Planning**

[acl.gov/programs/consumer-control/person-centered-planning](http://acl.gov/programs/consumer-control/person-centered-planning)

**Sometimes You’re a Caterpillar (YouTube Video)**

[www.youtube.com/watch?v=hRiWgx4sHGg&list=PLintvqguD92OdHD8lyHi a5B7lgYIxPnMI&index=2&t=0s](http://www.youtube.com/watch?v=hRiWgx4sHGg&list=PLintvqguD92OdHD8lyHi a5B7lgYIxPnMI&index=2&t=0s)

## Reminders and future training

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### Training Evaluation

Please fill out the training evaluation. We value your feedback!

### 2019 and 2020 training

July	Fraud, SMP and STARS tune up
August	No training
September	Open enrollment
October	How to afford drug costs
November	Accessing supplemental benefits
December	No training
January 2020	Welcome to 2020
February	TBD

**Topics are subject to change.**

### Content ideas

If you have ideas, include them on your evaluation form and return it to your RTC.

Thank you for all the great feedback! This information is shared with and reviewed by the SHIBA staff. Your ideas and comments are helpful in supporting our curriculum development and training planning.

## Notes

# Continuing education evaluation

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Date of Training: \_\_\_\_\_ Training Location: \_\_\_\_\_

How can SHIBA improve the monthly trainings?

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What additional trainings within our SHIBA scope would you like to see?

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What SHIBA training materials — including Quick Reference Cards (QRCs) — would you like to see added to My SHIBA?

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Other: \_\_\_\_\_  
\_\_\_\_\_

**Optional:** If you would like to be contacted, please provide your name and contact information. Someone in our office will contact you. Thank you!

Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**If you prefer to give electronic feedback about curriculum or training, please contact:** Diana Schlesselman: [dianas@oic.wa.gov](mailto:dianas@oic.wa.gov) or Liz Mercer: [lizm@oic.wa.gov](mailto:lizm@oic.wa.gov).

**Thank you!**

