



“The key to community based care for high-risk elderly”

# Castlegar Gatekeeper Program

## Training Manual

February 2006

# CASTLEGAR GATEKEEPER TRAINING MANUAL

The Gatekeeper Program was originally developed and written by  
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Modified to meet Canadian Gatekeeper Program. (Trail, BC)  
by The Castlegar Gatekeeper Training Program, part of the  
Castlegar Community Response Network,  
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The Castlegar Gatekeeper Training Program was initiated with funds from Columbia Basin Trust, and is part of the Castlegar Community Response Network (CRN).

To book a FREE training presentation, or for more information on the Gatekeeper Program or the Castlegar CRN, please contact the coordinator.

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To make a referral, please call the Crisis Line  
24 hours a day  
7 days a week  
Telephone 1-800-515-6999

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## **INTRODUCTION**

Many seniors over the age of 65, who live in the Castlegar Area and surrounding communities, reside in their own homes or apartments. They are living active, independent lives. The ability of these older people to maintain their independence becomes compromised as they experience increasingly serious and interrelated problems in the areas of social, emotional, mental, environmental and physical functioning. It has been our experience that at-risk elderly do not self refer. If they receive help, it is because someone else intervenes on their behalf. There are significant numbers of isolated at-risk elderly who have no support systems such as family or friends to act on their behalf, as they begin to experience serious difficulties.

The public school system continues to play a “gatekeeper” role in identifying troubled children, especially when families cannot or will not do so. We do not expect children to self refer.

In the last 15 years, we have seen a vast increase in the numbers of employee assistance programs in the workplace. These programs identify troubled adults who often do not self identify, whose families are unable or unwilling to access them and whose work performance is a major symptom of their problems. What system do we have in place to identify and assess at-risk elderly, who cannot self refer and have no family support system in our community? How do we prevent a crisis situation from occurring in an older person’s life, when ability to function is already compromised?

The Castlegar Gatekeeper Program is designed to systematically locate and identify high-risk elderly, particularly those who are isolated, living alone, and in need of

some type of assistance to maintain their independence. The role of the gatekeeper is critical to the success of our program. It organizes the fabric of the community to identify elderly people who most need help. We need you to make this program a success.

This manual has been designed to assist you in identifying older persons who may be in need of social, medical, mental health or other services. Welcome to the Gatekeeper Program and thank you for your participation!

## **NEED FOR GATEKEEPER TRAINING?**

Aging programs have typically relied on traditional case finding efforts through the use of public information techniques (i.e. radio, posters, brochures) to reach older people in need of assistance. The expectation is that those in need will call and ask for help. These efforts have proven to be successful in serving higher functioning older adults who are able to seek help on their own and those with a family support system who calls on their behalf. However, such efforts have not been successful in reaching those most isolated in the community. There are a number of reasons why high-risk elderly are reluctant or **resistant** to seeking assistance. Resistance is often a cover-up for pervasive feelings of shame, suspicion, and fear. Many older people are afraid of losing what control they maintain over their lives. Some may be fearful that if someone finds out how poorly they are functioning, they will be placed in a care facility. Moreover, it is often the very nature of the problems people suffer from – memory loss, depression – that render them incapable of understanding that problems exist and that they are in danger of not being able to remain home.

Gatekeepers are non-traditional referral sources because, through their regular daily or business activities, they come into contact with isolated elderly who will not or cannot self refer. Training prepares Gatekeepers to identify and refer at-risk elderly, and their natural position for contact with isolated persons makes the Gatekeeper function invaluable.



## **WHO ARE GATEKEEPERS?**

An apartment house manager made a referral concerning a 72-year-old single male who was becoming isolated and “forgetful”. He recently had a small fire in his apartment when he forgot an aluminum pot on the stove.

A bank teller phoned Gatekeepers concerned about an 83-year-old customer who had come to the bank demanding to withdraw funds from an account he had closed two days prior. He refused to believe the evidence they produced and accused the bank of stealing his money.

The BC Assessment office called Gatekeepers after one of the property appraisers, while appraising the residence of a 66-year-old widowed woman who lived alone, was told by her, “I just want to lie down and never get up”.

A customer contact supervisor from Fortis called expressing concern for a 79-year-old female customer living alone in a one-bedroom home. She had been a customer for over 40 years and paid her utility bill faithfully, except that she had failed to pay for the past two months. When contacted by them on the phone she sounded “very confused” and unable to comprehend the nature of the problem.

A postal carrier from Canada Postal Service phoned concerning an elderly man of unknown age and living alone whose mail had been accumulating in the mailbox for three days. No one answered the door when the mail carrier knocked.

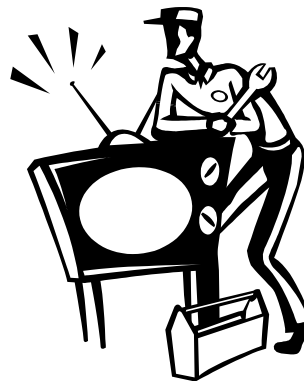
The police department phoned regarding a man in his 80's who, at 3:00 a.m. the previous night, experienced an episode of confusion and went walking outside wearing only his underwear. This frightened a babysitter in the neighborhood, who called the police. The man was returned home to his wife.

All of these referral sources have something in common. They are all participants in the Gatekeeper Program. Gatekeepers are employees and volunteers of corporations, businesses and other organizations, and any concerned community members who have contact with the most isolated in our community.



The Gatekeeper system may include:

- Residential property appraisers
- Apartment and mobile home court managers and owners
- Police, ambulance and fire department
- Telephone and other utilities personnel
- Postal carriers
- Pharmacies
- Bank personnel



- Meter readers, repair personnel
- Any retail outlet/service organization people.

Gatekeepers in rural areas have their own unique mix of potential Gatekeepers, who can include:

- Mail and newspaper carriers
- Telephone and other utility company personnel

- Ministers
- Hairdressers and barbers
- handyDart, taxi and bus drivers
- Grocery store clerks, etc.



- Restaurant and coffee shop personnel
- Service club members

## YOU!!

### ROLE OF THE GATEKEEPER

The role of the Gatekeeper is to recognize signs and symptoms which may indicate an elderly person is in need of assistance, and to make a referral to the Crisis Line or the appropriate agency. We do not expect Gatekeepers to assume the role of a social worker or counselor. All we request of Gatekeepers, while conducting their daily or business activities, is to keep a watchful eye.

The role of The Gatekeeper in identifying older people in trouble or potential trouble is essential. Without your help, we would be unable to assist these individuals in maintaining the independence they treasure so much.

### SKILLS OF THE GATEKEEPER

Gatekeeper skills involve showing the same kindness, courtesy and concern you would normally extend to an elderly person during the course of your regular business activities.

**Listening** and **observing** are the key ingredients in identifying older people who may be experiencing difficulties. Your willingness to be **aware** and **alert** while in the presence of an older person is greatly appreciated.

When dealing with an older person who is extremely agitated or emotionally distraught, using a calm voice, providing gentle reassurance or support and avoiding

arguments will help. In other situations where you may encounter an extremely angry, hostile person, try not to take it personally. These reactions may be indications of underlying emotional or mental problems.



## **ETHICAL CONSIDERATIONS AND THE ELDERLY**

We believe that **all** of us have an obligation to help those most in need. Attending to the needs of frail, vulnerable elderly is everyone's responsibility.

Forcing assistance on an older person is **not** our goal. However, the high-risk elderly in our community deserve to be informed of alternatives and options that will preserve their independence and enhance their quality of life. The Gatekeeper approach does not interfere or violate an older person's right to privacy or right to seek assistance. To the contrary, the role of the Gatekeeper provides the **essential link** and it **accesses** at risk elderly to **opportunities** that were previously non-existent to people who would otherwise "slip through the cracks".

Gatekeeper training, being a *Good Samaritan*, offer protection from misguided legal recourse. A gatekeeper acting in good faith is not going to be held legally responsible for being concerned enough to make a referral.

## **CONFIDENTIALITY**

Maintaining confidentiality of both the Gatekeeper and the elderly person is extremely important. Confidentiality means that when one person shares and entrusts information with another person, that confidence must be protected.

A Gatekeeper may not want the elderly person to know who referred them. He or she may have concerns that if the referral is known, it may hamper a business or

social relationship with the older person. If a Gatekeeper asks to remain anonymous, that request will be honored.

Maintaining confidentiality of the older person is equally important. If requested, we will inform the Gatekeeper that the older person's situation has been evaluated. We can not provide other information without the person's permission. If there is a need, we will make every effort to get the older person's permission to discuss their situation with you.



## REASONS TO REFER

Observation of an older person's appearance or behavior, and changes in a person's routine patterns may alert you as a Gatekeeper that the person is in trouble or potentially at-risk. There are a number of situations and symptoms which would indicate a need for referral. The most common indications are listed in this section. Any one or combination of these could be directly observed by the Gatekeeper.

**Personal Appearance** – Neglect in the area of self care is often a sign that the older person is experiencing difficulties. Gatekeepers may notice the following:

- Unkempt appearance
- Dirty or uncombed hair
- Unshaven
- Dirty clothes
- Inappropriate clothing for weather
- Body odors

**Condition of the home** – The appearance of an older person's residence may reflect an inability to care for self or loss of interest. Gatekeepers' may observe:

- Exterior and/or interior of home in poor repair
- Old newspapers lying around
- Calendar on wrong month or year
- Little or no food
- Strong odors
- Many pets. Animals appear neglected
- Garbage or litter
- Walks not shoveled

**Physical Losses** – Physical changes or losses, and chronic or acute illnesses can sometimes affect the older person's emotional or mental status and impair ability to function. Indications may include sudden or recent:

- Loss of hearing or sight
- Chronic or acute physical illnesses
- Inability to move easily
- Loss of bowel and bladder control

**Mental or Emotional State/Health** – Often experience mental or emotional problems for the first time after the age of 60. Problems in these areas can seriously undermine an older person’s ability to cope and function. Gatekeepers should note the following concerns:

*Mental State:*

- Confusion
- Disorientation
- Inappropriate responses
- Forgetfulness
- Repetitiveness while talking
- Seeing, hearing, smelling, tasting, feeling things that are not there
- False irrational beliefs which persist but are not real or true
- Suspiciousness, lack of trust
- The suspicion or unwarranted belief that one is being harmed or mistreated
- Alcohol abuse

*Emotional State*

- Complains of not eating
- Complains of difficulty sleeping – early morning awakening
- Exhibits anger, irritability, hostility toward you, self or others
- Appears nervous or fidgety
- Suspected abuse, neglect or exploitation of the older person
- Recently suffered a loss through separation or death of friends or family members
- Appears sad or blue – may state “I don’t care anymore, there’s no use going on”

**Social Problems** – Isolation can profoundly affect an older person’s well-being. Areas of concern include:

- Homebound
- Lack of social relationships
- No mention of family or friends

**Economic Problems** – Economic problems can create a variety of hardships for elderly people. Significant examples may include:

- Inability to manage finances
- No means of support
- Low income

**Personality Changes** – Personality changes may indicate the onset of physical, mental or emotional problems. Gatekeepers may notice:

- Marked change, gradual or sudden, in the person’s overall ability to function
- Increased withdrawal or isolation
- Disheveled appearance
- Suspiciousness – anger
- Unusual or bizarre behavior

**Caregiver Stress** – There is often a natural resistance on the part of a caregiver to accept help for a spouse or relative suffering from diseases such as Alzheimer’s. Trying to handle this burden and responsibility alone can be overwhelming and lead to depression or physical problems. The care giving role can be particularly difficult for seniors. Indications of stress may include:

- An increase in use of alcohol or alcohol abuse by the caregiver
- Caregivers may convey the message that a loved one’s condition is getting worse in spite of their best efforts
- Caregiver is becoming impatient, irritable and frustrated with the person they are caring for
- Caregiver has no support system providing assistance or relief from care giving
- Caregiver may complain of feeling exhausted or overwhelmed by the burden of care, but unwilling to reach out for help
- Caregiver may state – “I should be able to handle this alone – it’s selfish to think of my own needs”

**Suicide** – The actual number of people who complete suicide is higher in the 60 and over age group than any other group. Subtle statements or direct threats to harm self or others should be reported immediately.

- Multiple and/or recent losses
- An elderly person may state “There’s no use going on – everyone would be better off without me”
- Alcohol abuse or medication misuse.
- Increased isolation
- Talk of giving personal possessions away
- Putting personal and business affairs in order
- Exhibits any of the symptoms presented in Emotional State section

**Financial Abuse** – is the misuse of a senior’s funds and/or assets: obtaining property and funds without that person’s knowledge and full consent, or in the case of a senior who is not competent, not representing or acting in that person’s best interest. The abuser is usually a spouse or partner, family member (often adult children) caregiver, friend or trusted person in the senior’s life. Financial abuse is often accompanied by other abuses. Examples are as follows:

- Theft of cash, credit or bank cards, mail
- Unpaid loans, or repeated borrowing
- Selling seniors property or possessions without permission
- Forcing senior to change Will or Power of Attorney
- Cashing in person’s RRSP without permission
- Taking or withholding pension, etc.
- Forcing senior to sign over house/car
- Establishing “joint account” and using money without senior’s knowledge or permission
- Believing a parent’s assets, money, and property should be theirs.

## **DEMENTIA**

Dementia does become more common with age, although, even in the very old, it is abnormal and pathological. According to Berger, “Dementia is the irreversible loss of intellectual functioning caused by organic brain damage or disease. It is characterized by a deterioration of intelligence and behavior”. Dementia is not a mental illness. According to Rybash, “brain chemistry is altered and brain cells die”. It is important to have a medical diagnosis, to rule out any possible reversible causes of dementia. As Gatekeepers, it is important to be aware of the symptoms, which may include:

- Memory loss
- Apathy (lack of concern)
- Behaving in extremes
- Depression
- Anxiety
- Agitation
- Paranoia
- Hallucinations/delusions
- Wandering
- Loss of calculation/abstract thought
- Incontinence
- Increased dependency
- Immobility
- Agnosia (can’t recognize people or things)
- Aphasia (loss of language ability)
- Seizures or coma

## **PROTOCOL FOR MAKING A REFERRAL**

The following guidelines have been established for making referrals:

1. Volunteer crisis line workers will take referral information 7 days a week, 24 hours a day. **Crisis Line 1-800-515-6999**  
You may also choose to contact a “Designated Agency” directly, business hours only.

**Home and Community Care (250) 365-4300**  
**Castlegar Mental Health (250) 304-1846**  
**BC Community Living Authority (250) 365-8558**

2. When making a referral to the Crisis Line, or a designated agency, tell them you are a Castlegar Gatekeeper, as there are different protocols for various calls to the crisis line. A copy of the questions you may be asked are on the next page. The more information you can provide the better.
3. Inform the volunteer if you want to remain anonymous. You may still request to be contacted to inform you that there has been follow-up.

## **WHAT HAPPENS TO GATEKEEPER REFERRALS?**

Upon receiving your referral, the crisis line worker will refer your call to the appropriate designated agency (D.A.). The D.A. will conduct a comprehensive assessment of the client and home. The Staff of these agencies are highly skilled in establishing relationships with the elderly and overcoming the initial resistance which might be expressed by many older persons who can be suspicious, hostile and fearful. Cultivating rapport and trust is imperative because it provides the conduit for completing an assessment, service plan and continuity of care. If needed, psychiatrists or physicians are available to assist with the evaluation and service plan. The goal is to involve the senior in the decision of which community supports are best for the senior. There are a number of in-home community-based services that can be utilized to maintain the older person’s independence and avoid unnecessary institutionalization. Some of these services may include, Friendly Visitors, Home Support, Meals On Wheels, respite services, Lifeline, and/or transportation. When an older person is admitted to any of these programs, primary ongoing case management responsibility is maintained to ensure continuity of care.

## **SUPPORT FOR YOU – THE GATEKEEPER !!**

It is important for Gatekeepers to keep in mind that serious and complex problems do not develop suddenly or overnight. More often than not, multiple losses that people experience which impair ability to function often develop slowly and gradually over the course of several years. Thus, resolving chronic and complicated problems of older people requires considerable efforts over a long period of time.

Given the severity of some situations, it is vital for Gatekeepers to recognize that 100% success cannot be realistically achieved. Sometimes the problems we encounter cannot be totally resolved or even changed. However, there is a strong belief that if *anyone can make the difference*, collectively we all have the expertise and commitment to do so.

If you have questions or concerns about any aspect of the Gatekeeper program, please contact the program coordinator. She will offer you support, including obtaining answers to any questions or concerns you may have.

One means of support is to join the Castlegar Community Response Network (CRN). The CRN is a group of individuals and agency representatives that get together once a month to discuss issues around vulnerable adults; preventing abuse, neglect and self-neglect, providing a forum for discussion. A perfect place to give and receive feedback on Gatekeeper situations. We'd love to have you, once or every time, you choose.

The CRN meets on the third Tuesday of each month at noon. Location varies. Contact coordinator for more information.



**Community Response Network,**

**Sandi McCreight, coordinator**  
**(250) 365-7678**



**Gatekeeper Training Program**

**castlegarcrn@hotmail.com**

## **BENEFITS OF GATEKEEPING**

Serving as a Gatekeeper is an excellent means of establishing good public relations. In addition, taking part in a cooperative effort to maintain the dignity and independence of high-risk elderly can be a personally rewarding and satisfying experience.

Thank you for your time. Please take this information back to your associates, friends and neighbors. Let's train all citizens, in all our communities, to be Gatekeepers. Together, we can make a difference.



**“The Little Boy and the Old Man”**

Said the little boy, "Sometimes I drop my spoon."  
Said the little old man, "I do that too."  
The little boy whispered, "I wet my pants."  
"I do that too," laughed the little old man.  
Said the little boy, "I often cry."  
The old man nodded, "So do I."  
"But worst of all," said the little boy, "it seems  
Grownups don't pay attention to me."  
And he felt the warmth of a wrinkled old hand.  
"I know what you mean," said the little old man.

by Shel Silverstein.



**Castlegar Gatekeeper Program**

**Respectfully caring for our Seniors**

**This Gatekeeper Program was initiated with funds from Columbia Basin Trust  
and is part of the Castlegar Community Response Network (CRN).**



**Castlegar Community Response Network**  
"Stopping Adult Abuse, Neglect and Self-Neglect - Together!"  
Supported by the BC CRN Foundation. [www.bccrns.ca](http://www.bccrns.ca)

For information on the **Gatekeeper Program** or the **Community Response Network**,

Please contact the program coordinator,

Sandi McCreight (250) 365-7678 Email: [castlegarcrn@hotmail.com](mailto:castlegarcrn@hotmail.com)

**CASTLEGAR GATEKEEPER PROGRAM**

## REFERRAL FORM

Date of Referral:	Caller's Name:
Time of Referral:	Phone Number:
Taken by:	Gatekeeper: <input type="checkbox"/> Yes <input type="checkbox"/> No
Status of Referral: <input type="checkbox"/> Emergency <input type="checkbox"/> Non-Emergency	Anonymity Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No

### CLIENT INFORMATION

Name:	Directions to Home/Whereabouts:
Address:	Telephone:
City:	Type of Dwelling: <input type="checkbox"/> H <input type="checkbox"/> APT <input type="checkbox"/> T
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Approx. Age: <input type="checkbox"/> Other _____
Language Spoken:	Marital Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W
Is the older adult aware of the referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Would they be receptive to assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Significant others that the Gatekeeper is aware of: <input type="checkbox"/> None Known	
Name:	Name:
Address:	Address:
Phone #:	Phone #:
Relationship:	Relationship:

### REASON(S) FOR REFERRAL (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Personal Appearance    | <input type="checkbox"/> Physical Losses     |
| <input type="checkbox"/> Condition of Home      | <input type="checkbox"/> Social Problems     |
| <input type="checkbox"/> Mental/Emotional State | <input type="checkbox"/> Personality Changes |
| <input type="checkbox"/> Economic Problems      | <input type="checkbox"/> Caregiver Stress    |
| <input type="checkbox"/> Safety Issues          | <input type="checkbox"/> Other               |

# CASTLEGAR GATEKEEPER REFERRAL FORM

## REASON(S) FOR REFERRAL CONTINUED

Comments/Observations:

## INTAKE/RESPONSE OUTCOMES

Date:	Date:
Outcome:	Outcome:
Referred To:	Referred to:
Date:	Date:
Outcome:	Outcome:
Referred To:	Referred To:

Gatekeeper  
Informed:

Yes

No

How?

Phone

Letter

