Unit 2: Interpretation of Medical & Social Needs of Clients
Minimum Number of Hours: Theory 20, Clinical 0

Statement of Purpose:

The purpose of this unit is to examine physical changes, developmental needs, and common disease processes found in the home health care client. The impact of illness on the client’s and family’s physical, emotional and psychological health is also examined. The importance of client and family rights and privacy are emphasized. Effects of terminal illness on the family unit and the role of the HHA in providing a caring and supportive environment are discussed.

Performance Standards (Objectives)

Upon completion of twenty (20) hours of class plus assignments, the learner will be able to:

1. Define the terminology.
2. Identify the basic physical and emotional needs of clients in each age group in the life span.
3. Recognize the role of HHA in maintaining client and family rights and privacy.
4. Relate client and family rights to Maslow’s hierarchy of needs.
5. Discuss how culture, lifestyle, and life experiences of the client and family can influence care provided.
6. Describe common reactions to illness/disability and its effect on the individual and family, including techniques to support adjustment.
7. Describe basic body functions and changes that should be reported.
8. Identify diseases and disorders common in the home care client and their signs and symptoms.
9. Describe common emotional and spiritual needs of terminally ill clients and their families and identify appropriate interventions.

Terminology

- acute
- advanced-directives
- AIDS
- alcoholism
- anemia
- angina
- anxiety
- aphasia
- arthritis
- atherosclerosis
- benign
- bonding
- cataracts
- cerebral palsy
- chronic
- client rights
- congestive heart failure
- conservator
- COPD
- culture
- cystic fibrosis
- defense
- mechanism
- deficit
- denial
- developmental stages
- drug abuse
- environment
- durable power of attorney
- Erickson’s stages
- extended family
- fetal alcohol syndrome
- hemiplegia
- hospice
- ischemia
- malignant
- metastasis
- multiple sclerosis
- paranoia
- paraplegia
- phlebitis
- phobia
- pneumonia
- premature
- puberty
- quadriplegia
- remission
- self-esteem
- spasticity
- stroke (CVA)
- terminal
- withdrawal
Learner Activities/Assignments

1. Group discussion: HHA services for clients of various age groups and how the HHA might provide for them.
2. Role-play a situation where an HHA’s favorite client states to the HHA that he/she wants a new caregiver.
3. Role-play situations where client and family customs, religion, and/or culture affect client care. (p. 43)
4. Group activity: Have students write the five most important things in their life on five different pieces of paper. Then, in the process of describing grief and loss, ask them to give up one important thing at a time and take the pieces of paper from them. Monitor their feelings of loss as they identify with clients who have lost body parts or the use of limbs.
5. Team work exercises: How would an HHA deal with a client who is using an alternative therapy (i.e. Laetrile)?
6. Role-play a situation where a client does not know his terminal diagnosis.

Teaching Strategies

1. Classroom lecture and discussion
2. Handouts: Patient Rights and Responsibilities (p. 42), Developmental Stages (p. 40-41)
3. Role playing
4. Group exercises/activities

References

Title 22, California Code of Regulations, Division 5, Chapter 6, Article 5, Section 74747
Title 42, Code of Federal Regulation, 484.36
UNIT 2: MEDICAL AND SOCIAL NEEDS  
MINIMUM NUMBER OF HOURS: THEORY 20, CLINICAL 0

<table>
<thead>
<tr>
<th>CONTENT OUTLINE</th>
<th>SUGGESTED LEARNING ACTIVITIES</th>
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</table>
| 1. Define the terminology. | Evaluation  
                                 Written test |
| acute            | durable power                 |
| advanced directives | of attorney                  |
| AIDS             | environment                   |
| alcoholism       | Erickson’s stages             |
| anemia           | extended family               |
| angina           | fetal alcohol                 |
| anxiety          | syndrome                      |
| aphasia          | hemiplegia                    |
| arthritis        | hospice                       |
| atherosclerosis  | ischemia                      |
| benign           | malignant                     |
| bonding          | metastasis                    |
| cataracts        | multiple sclerosis            |
| cerebral palsy   | paranoia                      |
| chronic          | paraplegia                    |
| client rights    | phlebitis                     |
| congestive heart failure | phobia               |
| conservator      | pneumonia                     |
| COPD             | premature                     |
| culture          | puberty                       |
| cystic fibrosis  | quadriplegia                  |
| defense mechanism| remission                     |
| deficit          | self-esteem                   |
| denial           | spasticity                    |
| developmental stages | stroke (CVA)              |
| developmental disabilities | terminal |
| drug abuse       | withdrawal                    |

2. Identify the basic physical and emotional needs of clients in each age group in the life span.  

**Handout: A Summary of Developmental Stages (p. 40-41)**

A. Infant  
1. Normal development:  
   - rapid growth  
   - gradual control of movement  

<table>
<thead>
<tr>
<th>Learner Activity #1</th>
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<tr>
<td>Group discussion: Needs of possible clients from various age</td>
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</table>
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<tr>
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<tr>
<td>2. Physical and emotional needs:</td>
<td>groups. Explore services the HHA might provide them. Recognizes and responds to developmental needs of home health clients of different ages</td>
</tr>
<tr>
<td>• total care of physical needs</td>
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<tr>
<td>• bonding/human relationship very important</td>
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</tbody>
</table>

B. Toddler and Preschool:
1. Normal development
   • walking and development of motor skills

2. Physical and emotional needs:
   • can perform some self care skills
   • needs coaching
   • wants to be independent but needs supervision, security

3. General interventions for infants and children:
   • maintain routine
   • consistent guidance and discipline
   • treat child as individual, listen attentively
   • use positive suggestion
   • comfort child who is hurt or upset
   • answer questions simply and directly
   • avoid false reassurance
   • encourage play and activity

C. School age
1. Normal development:
   • physically active
   • enjoys learning

2. Physical and emotional needs:
   • growth spurts
   • relationships and influence of peers

D. Adolescence
1. Normal development:
   • puberty
   • achieves adult size
   • “invincible & immortal”
   • developing self identity

2. Physical and emotional needs:
   • wants to be treated as an adult
   • relationships important

3. General interventions:
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<thead>
<tr>
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</table>
| • maintain communication, listen attentively  
• provide privacy  
• foster independence  
• provide reassurance, support  
• show respect for individual as a person  
• respect importance of peers and their relationships  
• include client in planning of care | |

**E. Early Adulthood**  
1. Normal development:  
   • establishing career  
   • marriage  
   • establishing family/home  
2. Physical and emotional needs:  
   • develop good health habits  
   • establish relationship with spouse  
3. General interventions for adults:  
   • promote independence  
   • provide privacy  
   • support relationship with family  
   • provide for home stability

**F. Middle Adulthood**  
1. Normal development:  
   • involved with raising family  
   • productive in career  
2. Physical and emotional needs:  
   • maintain healthy lifestyle  
   • security for later years

**G. Late Adulthood**

*Refer to Physical and Psychological Changes of Aging: NATAP or DHS Module 13.*

3. Recognize the role of the HHA in maintaining client and family rights and privacy.  
   **Evaluation:**  
   Written test
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<thead>
<tr>
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</table>
| A. The HHA is accountable for knowing and protecting all of the rights of home care clients | Learner Activity #2  
Role play: Favorite client states to the HHA that they want a different caregiver. Consistently promotes and protects client’s and family’s rights |
| B. The rights of the home care client include the following categories:  
1. Dignity & respect  
2. Decision making  
3. Privacy  
4. Financial information  
5. Quality of care |  
**Handout: National Association for Home Care: A model Patients Rights and Responsibilities. (p. 42) for in-depth review of client rights.** |
| 4. Relate client’s and family’s rights and privacy to Maslow’s Hierarchy of Needs | Evaluation: Written test  
Consistently promotes client’s and family’s rights. |
| A. The client’s and family’s rights include:  
1. Basic needs  
2. Security  
• protection of funds  
• respect for personal items  
• stability in scheduling and personnel  
• access to emergency telephone numbers and agency numbers  
3. Belonging  
• inclusion of family and significant others  
• respect of client’s significant others  
• participation in the development and interpretation of the plan of care  
• to receive sufficient data to make informed decisions  
4. Self-Esteem  
• privacy/confidentiality  
• participation in the development and implementation of the plan of care  
• respect of client’s preferences  
• personal recognition and acceptance |  
5. Discuss how culture, lifestyle, and life experiences of client and family can influence care provided. | Evaluation: Written test |
## CONTENT OUTLINE

### A. Family units – individuals who live together, usually related by blood or marriage.

### B. How they can differ
1. Variation in family units.
   - ages
   - roles
   - relationships
2. Culture – values, beliefs, and customs within a society
   - different cultures
   - effect of culture on the family unit
   - effects of customs on health practices
3. Religions
   - different types
   - effects of customs on health practices:
     - clothing
     - hygiene
     - ceremonies
     - diet
4. Life experiences
5. Ethnicity
6. Economic status

### C. How differences can change responses to illness or disability
1. Variables that can affect response
   - seriousness of illness
   - length of illness
   - expected outcome
   - other family member with illness
   - differences in individual’s response to illness
   - interests, likes and dislikes
   - temperament or disposition
   - physical and mental capabilities
   - goals and values

### D. Support individual and family customs, differences, preferences. Report practices that may be harmful to the client or family.

### SUGGESTED LEARNING ACTIVITIES

<table>
<thead>
<tr>
<th>Learner Activity #3</th>
<th>Role play situations (p. 43)</th>
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<tbody>
<tr>
<td></td>
<td>Works effectively with the given family unit, different cultures and religions</td>
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<tr>
<th>Learner Activity #4</th>
<th>6. Describe common reaction to illness/ disability and its effects</th>
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## UNIT 2: MEDICAL AND SOCIAL NEEDS
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<tr>
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<tr>
<td>on the individual and family, including techniques to support adjustment.</td>
<td>Group activity: Students write the 5 most important things in their life on 5 pieces of paper. Ask to give up one at a time and discuss feelings of loss</td>
</tr>
<tr>
<td>A. Common reactions of individuals to illness/disability</td>
<td>Evaluation</td>
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<tr>
<td>1. Denial</td>
<td>Written test</td>
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<tr>
<td>2. Resentment, anger, impatience</td>
<td>Recognizes common reaction and assists clients and families in coping with illness and disability</td>
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<td>3. Depression, grief (loss)</td>
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<td>4. Dependency</td>
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<td>5. Fear</td>
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<td>6. Acceptance</td>
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<tr>
<td>B. Common reactions of caregiver/family to illness/disability</td>
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</tr>
<tr>
<td>1. Resentment (can lead to abuse)</td>
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<tr>
<td>2. Frustration (can lead to abuse)</td>
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<tr>
<td>3. Becoming overprotective</td>
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<td>C. Factors that influence reactions</td>
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<tr>
<td>1. Previous experiences with own or others’ illness/disability</td>
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<tr>
<td>2. Impact on lifestyle</td>
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<tr>
<td>3. Developmental age</td>
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<td>4. Coping mechanisms</td>
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<td>D. Common effects of illness</td>
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<tr>
<td>1. Acute vs. chronic</td>
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<td>2. Physical</td>
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<td>3. Role</td>
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<td>4. Social</td>
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<td>5. Financial</td>
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<td>E. Individual and family adjustment to illness/disability:</td>
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<tr>
<td>1. Controlling symptoms</td>
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<td>2. Adjusting to the course of the disease (downward, plateau)</td>
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<td>3. Allowing time for care (i.e. diabetic testing, colostomy irrigation)</td>
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<td>4. Preventing crisis (medic alert bracelet, emergency telephone numbers)</td>
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<td>5. Maintaining social contacts (reduced mobility, feeling of not being socially acceptable)</td>
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<td>6. Coping with financial impact (inability to work, cost of medial care)</td>
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<td>7. Maintaining lifestyle</td>
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### CONTENT OUTLINE

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<thead>
<tr>
<th>F. Strategies the HHA can use to help individuals and families cope</th>
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<tbody>
<tr>
<td>1. Encourage and support individual and family members</td>
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<td>2. Perform supportive tasks</td>
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<td>3. Encourage socialization</td>
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<td>4. Use positive reinforcement and focus on self-worth of the individual</td>
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<td>5. Avoid false reassurances</td>
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<td>6. Allow individuals to express feelings without being judgmental. The HHA should not tell the client or family what they should do or feel.</td>
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</table>

| 7. Describe basic body functions and changes that should be reported. |

**Review Body Systems and Functions, NATAP or DHS Module 13.**
**Review Signs and Symptoms to Report, NATAP or DHS Modules 4 and 12.**

| 8. Identify disease and disorders in the home care client and their signs and symptoms. |

Common conditions in different age groups

**A. Infants and toddlers**

1. Congenital conditions
   - Cystic fibrosis
     * s/s: respiratory difficulty; digestive disorders
   - Cerebral Palsy
     * s/s: tremor, uncontrolled muscle movements
   - Prematurity
     * s/s: small size, little body fat, temperature & breathing problems
   - Downs Syndrome
     * s/s: slow development, characteristic appearance

| CONSISTENTLY IDENTIFIES ABNORMAL SIGNS AND SYMPTOMS AND REPORTS THEM TO THE NURSE |

| EVALUATION: WRITTEN TEST |
UNIT 2: MEDICAL AND SOCIAL NEEDS  
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<tr>
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</table>
| • Fetal alcohol/drug syndrome  
s/s: irritability, short attention span  
• Heart conditions  
s/s: fatigue, cyanosis  
2. Respiratory conditions  
  • asthma  
s/s: wheezing, shortness of breath, fatigue  
  • pneumonia  
s/s: fatigue, cough, fever  
3. Infectious diseases  
  • chicken pox, impetigo:  
s/s: rash, swelling, warmth |

B. Childhood and adolescence  
1. Head and spinal injuries  
s/s: loss of function  
2. Malignancies (leukemia)  
s/s: fatigue, changes in body functions, bleeding, pain  
3. Diabetes  
s/s: frequent urination, thirst, increased appetite, weight loss, fatigue

C. Adulthood  
1. Multiple sclerosis  
s/s: weakness, loss of coordination and balance, blurred vision  
2. Rheumatoid arthritis  
s/s: joint pain, swelling of joints, fatigue  
3. Postpartum  
s/s: weakness, surgical incisions  
4. Post-surgical  
s/s: weakness, surgical incisions

D. Elderly  
1. Urinary tract infection  
2. Upper Respiratory Infection  
3. Accidents

*Review Needs and Changes in the Elderly, Disorders of the Elderly, NATAP Unit 14 or DHS Module 13.*
# UNIT 2: MEDICAL AND SOCIAL NEEDS

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<tr>
<td>9. Describe common emotional and spiritual needs of terminally ill clients and their families, and identify appropriate interventions.</td>
<td><strong>Learner Activity</strong> Role play talking to a dying patient about their prognosis</td>
</tr>
<tr>
<td><strong>Review Death and Dying, NATAP or DHS Module 16.</strong></td>
<td><strong>Evaluation</strong> Written test</td>
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<tr>
<td>A. Terminal illness</td>
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<tr>
<td>1. Understanding family systems</td>
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<td>• Impact of illness on family</td>
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<tr>
<td>• Reaction of community to illness</td>
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<tr>
<td>• Impact of community’s reaction on patient/family</td>
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<tr>
<td>• Expectation of patient/family regarding treatment outcomes</td>
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<tr>
<td>2. Review Kubler-Ross stages</td>
<td></td>
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<tr>
<td>• denial, anger, bargaining, depression, acceptance</td>
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<tr>
<td>• How to respond to the different stages</td>
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<td>3. Understanding the emotional needs of the patient</td>
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<tr>
<td>• need to be normal</td>
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<td>• need for meaningful relations</td>
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<td>• need for love</td>
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<td>• need for recreation</td>
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<td>• need for safety and security</td>
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<td>• special fears and anxieties</td>
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<td>4. Caring for the emotional needs of the dying patient</td>
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<tr>
<td>• communication skills</td>
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<td>• listen attentively</td>
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<td>• honesty</td>
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<td>• hope</td>
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<td>• concern and acceptance</td>
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<td>• support and comfort</td>
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<td>• special communications of the dying patient</td>
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<td>• common themes</td>
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<td>5. Caring for the physical needs of the dying patient</td>
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<tr>
<td>• offer opportunities for independence in care</td>
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<td>• offer assistance as needed</td>
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<tr>
<td>• differentiate between “necessary” and “optional” care for the dying client</td>
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<tr>
<td>• comfort care measures</td>
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<td>6. Special needs of the family</td>
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<td>• reassurance</td>
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<td>• self-care for the caregiver</td>
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<td>• acceptance of feelings</td>
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<td>• need for support systems</td>
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<td>• dealing with minor children</td>
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<td>• dealing with conflict</td>
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<td>7. Home care considerations</td>
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<td>• flexible routine to accommodate family</td>
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<td>• protect privacy and promote independence</td>
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<td>• encourage verbalization</td>
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<td>• encourage family participation</td>
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<td>8. Resources</td>
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<td>• social workers</td>
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<tr>
<td>• clergy</td>
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<td>• hospice</td>
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<td>• bereavement support</td>
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<td>9. Postmortem care</td>
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**Refer to Postmortem Care, NATAP Unit 15 or DHS Module 16**

10. Closure for the HHA
• support group/services
• attendance of funeral
# Unit 2: Interpretation of Medical & Social Needs of Clients

## Handout: A Summary of Developmental Stages including Erickson’s Stages

<table>
<thead>
<tr>
<th>STAGE</th>
<th>TASKS/ PHYSICAL CHANGES</th>
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</table>
| INFANCY                | **TRUST vs. MISTRUST**  
Birth to approximately 18 months  
This stage is the most significant psychosocial stage. The quality of the relationship between infant and primary caretaker is important. When primary needs for food, warmth and sleep are met, a sense of love, security and trust begin.  
**Physical Changes:** Baby first learns to control, head, then mid-body, then arms and legs, then hands and feet, then fingers and toes. Goes from being totally dependent to walking. |
| TODDLER                | **AUTONOMY vs. SHAME/Doubt**  
Approximately 18 months to 3 years  
With trust, the infant can now discover his own behavior. The toddler becomes assertive and wants to explore himself and his environment.  
**Physical Changes:** Child is able to walk and reach and is “into everything.” Child is curious and wants to feel and taste things. |
| PRESCHOOL              | **INITIATIVE vs. GUILT**  
Approximately 3 to 6 years  
Language and good locomotion gives the youngster ability to expand imagination. The development of conscience begins.  
**Physical Changes:** Fine motor skills develop. Begin to hold and use crayons and pencils. Scribbling progresses. Child is able to help dress self and wash face and hands. Becomes aware of sexual organs. |
| SCHOOL AGE             | **INDUSTRY vs. INFERIORITY**  
Approximately 6 to 12 years  
The school child begins to differentiate between work and play. He learns to enjoy his work for the pleasures he gains from it. Need for acceptance by peers.  
**Physical Changes:** Child learns to write, hop, draw, skip, dance, and to make things with own hands. |
| ADOLESCENCE            | **IDENTIFY vs. DIFFUSION**  
Approximately 12 to 20 years  
The adolescent is learning about who he is, where he wants to go, and what he wishes to do with his life. Withdrawal from family begins.  
**Physical Changes:** Physical growth, weight increases, muscles and bones change and sexual characteristics develop. |
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<tr>
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<tbody>
<tr>
<td><strong>YOUNG ADULT</strong></td>
<td>The young adult is concerned with establishing sexual intimacy which is usually centered around marriage. Final career choices become important.</td>
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<tr>
<td>INTIMACY vs. ISOLATION</td>
<td><strong>Physical Changes:</strong> Attains adult stature and development. Generally health and physical abilities are good.</td>
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<td>Approximately 20 to 40 years</td>
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<tr>
<td><strong>ADULTHOOD</strong></td>
<td>The concern in middle adulthood is to contribute something of lasting value to youth and society. Adjusting to a change in sexual activity becomes important.</td>
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<td>GENERATIVITY vs. STAGNATION</td>
<td><strong>Physical Changes:</strong> Decrease in metabolism with age and physical activity, changes in vision and hearing, wrinkles, graying.</td>
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<tr>
<td>Approximately 40-60 years</td>
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<td><strong>SENESCEENCE</strong></td>
<td>Accepting one’s life for what it was and enjoying what has been promotes integrity. Feeling useful and enjoying respect are important.</td>
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<td>INTEGRITY vs. DESPAIR</td>
<td><strong>Physical Changes:</strong> Loss of height, decline in muscle mass, superficial body fat, decline in overall body functions.</td>
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<td>Approximately 60 years and older</td>
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As a patient you have the right to:
- Be treated with respect, consideration and full recognition of dignity and individuality, including privacy in treatment, care for personal needs, and respect for property.
- To be free from mental, physical, sexual and verbal abuse, neglect and exploitation.
- Be informed of your rights in a manner that you understand.
- Exercise your rights to voice grievances regarding services, care of treatment without fear of reprisal, discrimination or unreasonable interruption of care of services.
- Have a family or guardian exercise your patient rights if you have been judged incompetent.
- Be fully informed of services available from the Agency under the terms of Medicare, Medi-Cal, and/or insurance.
- Be informed, in advance about the care to be furnished, and any costs you may incur.
- Receive care by personnel that are fully qualified to perform the functions for which they are employed.
- Participate in the planning of your care or treatment and planning changes in your care or treatment.
- Be fully informed by your physician (unless medically contraindicated) of your illness, additional diagnosis and prognosis.
- Be taught about your illness so that you and your family can make informed decisions and help in recovery and care.
- Refuse treatment care or services at any time and be informed of the consequences of that refusal.
- Choose whether or not to participate in research, investigational, experimental studies, or chemical trials.
- Be assured of confidentiality in treatment of personal and medical records; and to approve or refuse the records release to individuals outside Marshall Home Care except in the case of transfer to another health facility for the continuation of care, as required by law or for third party payment contracts.
- Formulate an advanced directive and to have practitioners who provide care comply with these directives.
- Appropriate assessment and management of pain.
- Have communication needs met in a language or form understandable to you.

As a patient you have the responsibility to:
- Remain under a doctor’s care while receiving agency services.
- Provide the agency with complete and accurate health information and to report any unexpected changes in the patient’s condition.
- Sign the required consents prior to care being given or received.
- Ask the questions about care or services if you need further understanding or clarification.
- Treat agency staff and other personnel with respect and consideration.
- Notify the agency when you can not keep appointments.
- Accept the consequences of refusal of treatment or choice of non-compliance.
- Participate in the planning of your care.
- Provide a safe environment for the agency staff.
- Provide the agency with a copy of advanced directives, if applicable.
- Meet financial commitments by promptly meeting any financial obligation agreed upon with the organization.

The Department of Health Services maintains a toll-free number for questions or concerns regarding Home Health Agencies or to lodge complaints concerning the implementation of the advanced directive requirement. You may contact the Department of Health Services 24 hours a day seven days a week at 1-
800-554-0354. You will not be subject to any reprisals or discrimination.
Unit 2: Medical and Social Needs of the Client
Learning Activity: Family Customs, Religion, Culture and Client Care.

Group Exercise:

The following scenarios may be role-played or used as discussion items for the whole class for the purpose of exploring the Home Health Aide’s attitudes, roles, and responsibility in caring for clients with varying family situations and cultural backgrounds.

1. While the HHA is caring for an elderly client in her home, the client’s daughter arrives. Seeing that her mother is requiring some assistance with personal care, the daughter makes the statement that “this can’t go on, I am going to put my mother in a nursing home where she will get proper care.” Although the client says nothing in response at the time, after the daughter has left the home the client tells the HHA that she is not willing to go to a nursing facility, and that if she is going to die she wants to die at home.

2. A Spanish speaking family has arranged for the HHA to assist the elderly grandmother after a recent hospitalization. When the HHA arrives at the home, the elderly woman asks that the aide prepare a medicinal tea that her curandera, (medicine person/healer) has brought to help her get well.

3. In a home visit to assist an elderly Hmong woman who is severely crippled with arthritis, the HHA notices that the school-age grandson who lives in the same house has two large burns on his chest. When the HHA asks what happened, the grandmother states that the father put fire on his son’s chest to drive out the evil spirit which is making the grandson sick.

4. The HHA is assigned to provide care to a home care client who has recently been discharged from the hospital following surgery. The client is 40 years old and is developmentally disabled with a functioning level of about 8 years of age. He lives with his aging mother who has congestive heart failure and is blind.
Unit 2: Interpretation of Medical & Social Needs of Clients, Sample Items

1. An example of positive reinforcement is when the Home Health Aide says to the client
   A. “You’ll feel better in the morning.”
   B. “Don’t cry – you know it doesn’t do you any good.”
   C. “I like the way you are trying to sit by yourself today.”
   D. “Honey, you remember what the doctor said; you have to push yourself a little.”

2. The HHA is caring for a client who has terminal cancer. Personal care activities should be focused around
   A. the client’s comfort and preference
   B. the spouse’s work schedule
   C. the client’s rehabilitation and independence
   D. the client’s children’s fear of loss

3. Typical characteristics of the toddler phase of development include
   A. following instructions and sharing
   B. complete language and cooperative play skills
   C. a need for privacy and modesty
   D. interest in explanations and beginning language skills

4. Following the death of a client, it would be acceptable for the HHA to
   A. seek bereavement support
   B. ask the family for a special memento
   C. offer advice to the family regarding funeral expenses
   D. request and autopsy

5. Which of the following actions is considered unethical behavior for the HHA
   A. using the client’s money to purchase client’s groceries
   B. using the client’s car to drive the client to the doctor
   C. using the client’s telephone to report client data to the Home Health agency
   D. using the client’s money to purchase lunch for the client and HHA

6. The HHA is informed that the client has been diagnosed with a chronic illness. The HHA can help the client keep from becoming socially isolated by
   A. determining specific times for family visits and who should attend
   B. helping the client arrange an activity with his friends
   C. keeping the television on continuously
   D. removing the telephone from the client’s area

7. The right to receive considerate and respectful care in the home is a statement taken from the
   A. Durable Power of Attorney for Health Care
   B. Omnibus Budget Reconciliation Act
   C. Home Care Bill of Rights
   D. Living will

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8. At times, clients verbalize beliefs which the HHA does not agree with. The HHA should
   A. immediately leave the home care client’s home and report to the agency office
   B. tell the client their belief is wrong
   C. respect the client’s belief
   D. pretend to believe the same way as the client

9. When people have a positive sense of self esteem, they are most likely to feel
   A. unhappy
   B. depressed
   C. hostile
   D. cheerful

10. The HHA finds out that a regular client wishes to have a new caregiver. The HHA should
    A. go to the client’s home and ask why they want a change of caregiver
    B. respect the client’s right to request a different caregiver
    C. persuade the client to change their mind
    D. file a grievance against the client