

A Matter of Balance Lay Leader Model Master Trainer Session



MANAGING CONCERNS ABOUT FALLS

Thursday, April 2, 2009
8:30 a.m. - 4:30 p.m.

Friday, April 3, 2009
8:30 a.m. - 2:30 p.m.



The Senator Inn
284 Western Avenue
Augusta, ME 04033

This two-day training session will provide you with information and materials to coach *A Matter of Balance: Managing Concerns About Falls* in your community. As a result of the training, you will become a Master Trainer prepared to:

- Recruit and train volunteers to lead *A Matter of Balance* classes
- Coordinate the program in your community
- Market the program to older adults
- Evaluate outcomes

What is A Matter of Balance?

A Matter of Balance is specifically designed to reduce fear of falling, stop the fear of falling cycle, and improve activity levels among community-dwelling older adults. The program includes eight two hour classes presented by trained coaches using an extensively detailed training manual and two instructional videos. *A Matter of Balance* uses practical coping strategies to reduce fear of falling and to diminish the risk of falling including group discussions, mutual problem solving, exercises to improve strength, coordination and balance, and home safety evaluation. This structured group intervention works best with 10 – 12 participants.

Outcomes

97% of older adults taking *A Matter of Balance* are more comfortable talking about fear of falling and increasing their activity. Research outcomes include improved falls management and exercise level up to twelve months after taking the class.

Registration fee is \$1500 for the first person from an organization and \$750 for each additional person from the organization. The fee includes materials, breakfast, lunch and refreshments. Space is limited to 20 participants. **Registration deadline is March 5, 2009.**

PLEASE NOTE: Registration form, payment, and signed License Agreement must be received before you will be registered for the training session.



Registration Form

Augusta, ME
April 2-3, 2009

Name
Job Title
Organization
Mailing Address
City, State, Zip
Phone
Fax
E-mail

Breakfast and lunch provided both days of the training. Please list special dietary considerations:

Enclosed is my check for \$_____ made payable to Partnership for Healthy Aging.

VISA MasterCard

Card Number _____ Exp. ____/____

Name/Signature _____

Please mail completed form with payment and License Agreement by March 5 to:

Partnership for Healthy Aging
465 Congress Street, Suite 701
Portland, ME 04101

Or fax registration to 207-541-7540 with check to follow by mail.

For more information please contact Sandy Goudreau, (207) 775-1095 or GOUDRS@mmc.org

A Matter of Balance: Managing Concerns about Falls Master Trainer Job Description

Definition: A Master Trainer is responsible for teaching the A Matter of Balance (MOB) curriculum to coaches and providing them with guidance and support as they lead the Matter of Balance classes.

Criteria for Leadership:

- Experience and interest in working with older adults
- Knowledge about the special needs of older adults
- Good communication and interpersonal skills
- Experience with group process and facilitation
- Comfortable teaching, leading group discussion and role play
- Willingness to learn about and support the principles and protocols of evidence-based programs
- Enthusiastic about being a member of a team
- Dependable
- Able to use audiovisual equipment (TV/VCR, overhead projector)
- Able to perform range of motion and low-level endurance exercises and to demonstrate A Matter of Balance exercises
- Able to carry up to 20 lbs
- Life experience valued with an education or health care background a plus

Training Expectations:

- Attend a two day Master Trainer session and earn A Matter of Balance Master Trainer Certification
- Participate in annual Master Trainer Update
- Agree to provide training sessions for A Matter of Balance volunteer coaches

Classroom Responsibilities:

- Prepare for coach training sessions by reviewing the Matter of Balance manual and materials
- Maintain fidelity to the program by presenting the curriculum according to the directions, training and materials provided
- Encourage interactive discussion about the concepts and skills presented
- Demonstrate the exercises as outlined in the Matter of Balance Program
- Encourage socializing, sharing, and problem-solving among the coaches
- Conduct coach satisfaction survey at the end of training
- Have fun!

Matter of Balance Master Trainer

Job Description- page 2

Mentoring Responsibilities:

- Assess each coach's understanding, ability and comfort with leading A Matter of Balance classes
- Be available to answer questions and provide support for coaches
- Observe and evaluate the volunteer coaches using the Coach Observation tool and process
- Encourage and collect feedback from coaches using the Coach Feedback form
- Collaborate with healthcare professionals to provide a therapist or healthcare professional visit to the A Matter of Balance class using the Guest Therapist Handbook as a resource.
- Pair experienced coach with a new coach whenever possible

Confidentiality, Communication, & Record Keeping:

- A Matter of Balance coach and participant information is confidential. Each Master Trainer is required to sign "A Pledge of Confidentiality"
- Master Trainers are encouraged to record "lessons learned" and identify opportunities for improvement.

This License Agreement is between your organization and Partnership for Healthy Aging. Please complete the form listing the name of your organization in the blank spaces, have the lead of your organization sign and date the bottom right-hand side of page 2, and list the names of the Master Trainers to be covered under your license on page 3.

License to Use
A Matter of Balance/Lay Leader Model

THIS AGREEMENT is entered into this ____/____/2009, by the Geriatric Resource Network d/b/a Partnership for Healthy Aging (“PFHA”), a non-profit corporation incorporated in the State of Maine with a principal business at 465 Congress St., Suite 701, Portland, Maine, 04101 and _____, located at _____.

(Organization Name) (Organization Address)

Whereas, the PFHA holds title to training materials including a comprehensive facilitator manual entitled “A Matter of Balance: Lay Leader Model” (“MOB”); and

Whereas, _____ desires to acquire the right to use MOB in order to, among other things, train Volunteer Lay Leaders to serve as MOB Coaches;

NOW, THEREFORE, in consideration of their mutual premises and the mutual undertakings herein contained, the parties agree:

1. *Grant of License:* PFHA hereby grants to _____ the non-exclusive, non-transferable right to use MOB in accordance with the Master Trainer Manual, Master Trainer Job Description, MOB Coach Job Description, MOB Coach Manual, and evaluation tool as they may reasonably be amended from time to time by PFHA. Appropriate outcome measurement parameters for this program are the following: Falls Efficacy, Falls Management, Falls Control, and Exercise Level. PFHA does not make any other assurances regarding other outcome measures.

2. *Restrictions.* Licensee shall not (a) sell, distribute or sublicense MOB or any portion thereof, (b) modify or adapt MOB, or (c) translate, reverse engineer, or create any derivative work of MOB. Licensee shall only use MOB in the manner authorized. Copies of materials are to be made only to extent necessary to conduct program with seniors.

3. *Credit.* Any publication of MOB, or any adaptation thereto, whether in print, video or computer-based publication, shall bear the following credit:

This program is based on “Fear of Falling: A Matter of Balance” Copyright © 1995 Trustees of Boston University. All rights reserved.

Used and adapted by permission of Boston University.

Inquiries regarding the original program may be directed to Boston University, Health & Disability Research Institute, 53 Bay State Road, Boston, Massachusetts, 02215. A Matter of Balance was created with support from the National Institute on Aging.

A Matter of Balance Lay Leader Model was developed by a grant from the Administration on Aging (#90AM2780).
©All rights reserved, MaineHealth’s Partnership for Healthy Aging.

4. *Indemnification.* To the extent permitted by law, _____ shall at all times during the term of this License and thereafter, defend and hold PFHA, its trustees, officers, employees, agents and affiliates (together, “indemnitees”) harmless from and against all claims, suits, demands, liability and expenses, including legal expenses and reasonable attorneys’ fees, arising out of any negligent act or omission of _____ pursuant to this Agreement.

5. *Responsibility for Acts or Omissions.* _____ agrees to accept and be responsible for its own acts or omissions, as well as those acts or omissions of its employees, agents and independent contractors and nothing in this Agreement shall be interpreted or construed to place any such responsibility on PFHA.

6. *EXCLUSIONS.* IN NO EVENT SHALL PFHA BE LIABLE FOR SPECIAL, INCIDENTAL, CONSEQUENTIAL, PUNITIVE OR TORT DAMAGES, INCLUDING, WITHOUT LIMITATION, ANY DAMAGES RESULTING FROM LOSS OF USE, LOSS OF DATA, LOSS OF PROFITS OR LOSS OF BUSINESS ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT, THE USE OF THE MOB OR OF ANY OTHER OBLIGATIONS RELATING TO THIS AGREEMENT OR THE MOB, WHETHER OR NOT LICENSOR HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. THE MOB AND ALL ASSOCIATED MATERIALS THAT ARE THE SUBJECT OF THIS AGREEMENT ARE DELIVERED “AS IS” IN EVERY RESPECT.

7. *Term of Agreement.* This agreement will remain in effect until cancelled by either party upon 30 days prior written notice. If agreement is cancelled by PFHA, then _____ agrees that it will terminate use of the MOB.

IN WITNESS WHEREOF, the parties hereto, each acting under due and proper authority, have set their hands and seals as of the date first above written.

**MaineHealth’s Partnership for
Healthy Aging**

Signature

Peggy Haynes, Director

Printed Name and Title

207-775-1095

Phone

Date

Your Organization Name

Signature

Printed Name and Title

Phone

Date

Master Trainer(s) covered under this license:

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____