

Chapter Six

Additional Resources



Chapter One: Working Together Collaboratively

In this section:

- Advisory Committee Terms of Reference

Mind, Body, Spirit Advisory Committee

Terms of Reference

Background

The overall goal of the MIND-BODY-SPIRIT project is to improve the quality of life for seniors in the Strait Richmond area living with mental health and addiction issues or who are socially isolated by linking them to suitable programs. Socially isolated seniors are at a higher risk of developing depression and addictions. The MIND-BODY-SPIRIT grant is being administered by the Dr. Kingston Memorial Community Health Centre (KMCHC) and is funded by Nova Scotia Department of Health and Wellness and the Municipality of the County of Richmond.

Socially isolated seniors are more at risk of negative health behaviours including drinking, smoking, being sedentary and not eating well. They have a higher likelihood of falls and have a four-to-five times greater risk of hospitalization. Research also indicates that social isolation is a predictor of mortality from coronary heart disease/stroke. Social isolation also affects the psychological and cognitive health of seniors and is associated with higher levels of depression and suicide.

The project will include a number of initiatives that will utilize and strengthen a collaborative approach to addressing mental health and addictions of seniors in our communities. It will involve multiple partners and address the issue using a population health approach. The programs and services that will address the gaps in our communities will be based on best practices. Using a grass roots approach, this project will enhance existing assets in our communities while building capacity of both providers and program participants.

The Project Coordinator reports and is accountable to the Managing Director of the Dr. Kingston Memorial Community Health Centre.

The Advisory Committee

Members of the Advisory Committee are committed to a collective impact approach, knowledgeable about their region, view opportunities with an open mind and examine issues through a comprehensive, systems lens. Members of the Advisory Committee will reflect the varied populations within the Strait Richmond Area, including First Nations, Acadian and Gaelic peoples. Some will have direct contact with seniors. Committee members will serve for the duration of the project.

Representatives from other organizations/resources such as the Seniors Take Action Coalition, Strait Richmond Hospital, Emergency Health Services, Public Health and Community Links will be invited as required.

Purpose of the Advisory Committee

The Committee is advisory and not decision-making. Members of the Advisory Committee will provide feedback related to the project, identify opportunities and potential partnerships. They will champion the goals and activities of the MBS project. They will bring forward diverse points of view.

Role of the Advisory Committee

The role of the Advisory Committee is to:

- attend full Advisory Committee meetings (in person or via Skype)
- provide information, act as a sounding board and offer advice for the Project Coordinator (ad hoc and at regular meetings)
- provide feedback on, and ideas for, initiatives related to the goals of the project
- provide linkage and communication among similar and complementary groups and activities within the Strait Richmond Area

Meetings

There will be a minimum of four meetings.

Meetings will be chaired by the Project Coordinator.

The Chair will:

- call and chair meetings
- develop the meeting agenda
- review and revise meeting minutes
- communicate with committee members

Meeting Notes

The recording of meeting notes will be rotated among Committee members, sent to the Coordinator and circulated after each meeting. On occasion, the meeting may be audio recorded with the permission of the members.

Chapter Two: Building Capacity

In this section:

- Art of Facilitation Workshop Evaluation
- Mental Health First Aid One Pager
- Mental Health First Aid for Seniors One Pager
- Mental Health First Aid Sample Evaluation

Art of Facilitation Workshop Evaluation

What was your main reason for taking part in facilitation training? (choose all that apply):

- To better run a program or service
- To better run an organization
- To mobilize/motivate community members
- To learn how to better lead meetings
- Other (please explain)

How long have you worked as a community mobilizer or volunteer in your community?

- 0-5 years
- 6-10 years
- 11-15 years
- More than 15 years

Please indicate what your organization/program/service can potentially contribute to a larger collaboration effort. (choose all that apply):

- Funding
- In-Kind Resources (e.g., meeting space)
- Paid Staff
- Volunteers and Volunteer staff
- Knowledge / Feedback
- Specific Expertise in any area
- Community Connections
- Facilitation/Leadership
- Advocacy
- Communication (e.g. flyers and notices, face-to-face networking, social media)

Areas of development in your community that have a higher potential of happening because of the facilitation training include:

- (choose all that apply)
- Health education
 - Improved services
 - Mental health Support
 - Building social connections
 - Early childhood services
 - Food security
 - Poverty reduction
 - Improved Resource Sharing
 - Increased Knowledge Sharing
 - Community Support
 - Public Awareness
 - Improved Health Outcomes
 - Improved communication
 - Other (please explain)

What areas that you are involved with in your community that you would like to collaborate on with other organizations in Richmond: (choose all that apply)

- Health education
- Improved services
- Mental health Support
- Building social connections
- Early childhood services
- Food security
- Poverty reduction
- Improved Resource Sharing
- Increased Knowledge Sharing
- Community Support
- Public Awareness
- Improved Health Outcomes
- Improved communication
- Other (please explain)

What do you feel is the most important outcome of the work you do in your community as a facilitator? (choose all that apply)

- Health education
- Improved services
- Mental health Support
- Building social connections
- Early childhood services
- Food security
- Poverty reduction
- Improved Resource Sharing
- Increased Knowledge Sharing
- Community Support
- Public Awareness
- Improved Health Outcomes
- Improved communication
- Other (please explain)

What do you feel is the most important outcome of collaborating with other organizations in Richmond County? (choose all that apply)

- Health education
- Improved services
- Mental health Support
- Building social connections
- Early childhood services
- Food security
- Poverty reduction
- Improved Resource Sharing
- Increased Knowledge Sharing
- Community Support
- Public Awareness
- Improved Health Outcomes
- Improved communication
- Other (please explain)

What do you feel is the most important outcome of collaborating with other organizations in Richmond County?

(choose all that apply)

- Health education
- Improved services
- Mental health Support
- Building social connections
- Early childhood services
- Food security
- Poverty reduction
- Improved Resource Sharing
- Increased Knowledge Sharing
- Community Support
- Public Awareness
- Improved Health Outcomes
- Improved communication
- Other (please explain)

Please describe how any current relationships you have with partner groups, organizations, or people was developed:

(choose all that apply)

- We do not have any relationships with other groups/organizations/people outside the community.
- Through a network of committees, task forces, trainings (including the facilitation session), focus groups, or other related activities.
- Our relationship was not developed through a network of committees, task forces, trainings (including the facilitation session), but the network work has deepened our relationship.
- Through a partner of a network partner agencies.
- A mandated the partnership for grant funding.
- Through other community venues/work not related to the network.
- Completely by accident (relationship was not related to work at all, for example we met at a grocery store).
- Other
- Don't Know

Please describe how you hope to build relationships with any new partner groups/organizations/people as a result of the facilitation session:

(choose all that apply)

- Reach out to other groups/people when necessary.
- Eventually take part in collaborative committees, task forces, trainings, focus groups, or other related activities.
- Will deepen relationships through networking coordinated by the Kingston Centre.
- Will deepen relationships by making it a point to reach out to others on a regular basis.
- Through other community venues/activities/events,
- Other (please explain)
- Don't Know

Please describe how you see the nature of your relationships with other organizations/programs/individuals develop as a result of the facilitation session:

(choose all that apply)

- None
- Awareness of what this org/program/individual's role is (e.g. understanding of services offered, resources available, mission/goals).
- Cooperative Activities: involves exchanging information, attending meetings together, informing other programs of available services (example: your org understands how to coordinate services/how to access services from this organization).
- Coordinated Activities: Includes cooperative activities in addition to exchange of resources/service delivery; coordinated planning to implement things such as Client Referrals, Data Sharing, Training Together (example: your organization has coordinated services food systems in the community with this organization).
- Integrated Activities: In addition to cooperative and coordinated activities, this includes shared funding, joint program development, combined services, shared accountability, and or shared decision making (example: a formal program with funding exists between your org and this organization).

I believe the facilitation training I received will:

(choose all that apply)

- Lead to improved services or supports
- Lead to an exchange of resources
- Lead to new program development
- Be informative only
- Improve my organization's abilities
- Will not resulted in any change
- Will result in positive community development

I believe that further collaboration with the groups/individuals I met through the facilitation workshop as well as groups/individuals I already know from outside my own community will:

- Lead to improved services or supports
- Lead to an exchange of resources
- Lead to new program development
- Be informative only
- Improve my organization's abilities
- Will not resulted in any change
- Will result in positive community development



MENTAL HEALTH FIRST AID

If I sprain my ankle, chances are you'll know what to do.
If I have a panic attack, chances are you won't.

Mental Health First Aid is offered to someone with an emerging mental health problem or in a mental health crisis until appropriate treatment is found or the situation is resolved.



1 in 5 Canadians will be living with a mental health problem this year.



“This was an incredible course. It gave me concrete tools that I can use to help people.”

Course participant

Anyone Can be Trained to Help

The 12-hour evidence-based MHFA Basic course has been proven to give participants:

- ▶ Confidence and skills to engage someone with an emerging mental health problem or in a mental health crisis
- ▶ Greater recognition of mental health problems
- ▶ Improved mental health for themselves

MHFA Canada is a program of the Mental Health Commission of Canada (MHCC). The MHCC collaborates with hundreds of partners to change the attitudes of Canadians toward mental health problems and illnesses and to improve services and support. Over 400,000 people in Canada have been trained in MHFA.

To learn more about the MHCC: www.mentalhealthcommission.ca

Suite 1210, 350 Albert Street, Ottawa, ON K1R 1A4 • Tel: 613.683.3755 • Fax: 613.798.2989
info@mentalhealthcommission.ca • www.mentalhealthcommission.ca

[@MHCC_](https://twitter.com/MHCC_) [f/theMHCC](https://facebook.com/theMHCC) [y/1MHCC](https://youtube.com/1MHCC) [@theMHCC](https://instagram.com/atheMHCC) [in/Mental Health Commission of Canada](https://linkedin.com/company/Mental-Health-Commission-of-Canada)

TOPICS COVERED IN MHFA BASIC

- ▶ Substance-related disorders
- ▶ Mood-related disorders
- ▶ Anxiety and trauma-related disorders
- ▶ Psychotic disorders

CRISIS FIRST AID INTERVENTIONS FOR

- ▶ Overdose
- ▶ Suicidal behaviour
- ▶ Panic attacks
- ▶ Psychotic episode
- ▶ Acute stress reaction

To learn more, register for a course or become an instructor:

- ▶ mhfa@mentalhealthcommission.ca
- ▶ 1-866-989-3985 
- ▶ www.mhfa.ca

Additional versions of MHFA are available. Visit our site to learn more.



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

**Mental Health
First Aid Canada**





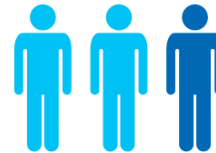
MENTAL HEALTH FIRST AID SENIORS

Supporting the mental health of Canada's aging population

Mental Health First Aid Seniors trains participants to effectively respond to an emerging mental health problem or crisis, until the situation is resolved or appropriate treatment is found.

AIMS OF THE 14 HOUR TRAINING

- ▶ Recognize the symptoms of mental health problems or crises as they develop
- ▶ Provide initial help when dealing with a mental health problem or crisis
- ▶ Guide a senior and/or caregiver toward appropriate professional help
- ▶ Provide strategies and resources to support both seniors and their caregivers



A recent study of residential facilities revealed **31%** of residents showed signs of depression.

10 seniors (60+) die by suicide every week in Canada.

Adults 65 years and over with mental health problems and illnesses can account for as many as one-quarter of emergency department visits.



"[Mental Health First Aid Seniors] was a real eye-opener for me. I learned so much. I will now have a more open view on what a substance-related disorder could be."

Course participant

Who should train in MHFA Seniors?

Service providers and informal caregivers, including:

- ▶ Spouse/partner
- ▶ Family members
- ▶ Friends and neighbours

TOPICS COVERED

- ▶ Seniors
- ▶ Mental Health First Aid
- ▶ Substance-related disorders
- ▶ Mood-related disorders
- ▶ Anxiety and trauma-related disorders
- ▶ Dementia
- ▶ Delirium
- ▶ Psychosis

CRISIS FIRST AID INTERVENTIONS FOR

- ▶ Substance overdose
- ▶ Suicidal behaviour
- ▶ Panic attack
- ▶ Acute stress reaction
- ▶ Psychotic episode
- ▶ Delirium

To learn more, register, host a course or become an instructor:

- ▶ mhfa@mentalhealthcommission.ca
- ▶ 1-866-989-3985
- ▶ www.mhfa.ca



Mental Health First Aid Canada is a program of the Mental Health Commission of Canada (MHCC). The MHCC collaborates with hundreds of partners to change the attitudes of Canadians toward mental health problems and to improve services and support. Over 300,000 people in Canada have trained in MHFA.

To learn more about the MHCC: www.mentalhealthcommission.ca

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Mental Health Commission of Canada

Commission de la santé mentale du Canada

Mental Health First Aid Canada



To help us understand who is receiving training and the impact it may have in our communities, we invite you to answer the following questions.

Participants may be contacted in future for a brief follow-up.

1) Name:

2) Age:

24-34 35-44 45-54 55-64 65-74 75+

3) Gender:

Male Female Transgender

4) Community:

5) Phone number:

6) Have you had any previous mental health training?

YES NO (explain)

7) Have you or someone you know experienced a mental health issue? What other types of mental health training would you be interested in receiving?

8) Additional comments:

Thank-you for your participation.

Chapter Three:

Increase Knowledge and Create a Cultural Shift

In this section:

- Safer Language One Pager
- Conference Planning Checklist: Everything You Need to Know
- Sample Budget for Conference
- Telile Sessions: Complete List of Programming

Reference Guide - Safer Language

Combating stigma related to mental illness, suicide, and substance use starts with how we use language – something that continuously evolves. That’s why we must all be aware of any outdated language being used in the media and around us every day. Everyone can be a champion against stigma when advocating the use of accurate and respectful language. So, as you communicate with others, be mindful of the impact of your language.¹

Stigmatizing	Respectful
It drives me crazy .	It bothers/annoys/frustrates me.
This is nuts .	This is interesting/strange/peculiar/funny .
This individual suffers from depression.	They live with/are experiencing depression.
Mentally ill or insane person	Person living with a mental health problem or illness
Committed suicide, successful suicide	Died by suicide
Failed or unsuccessful suicide attempt	Attempted suicide
Substance abuse	Substance use or substance use disorder
Everyone who is a junkie...	Everyone who uses substances...
They used to be an addict .	They are in recovery .

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¹ Note: This brochure is a living document and is subject to regular updates.

Conference Planning Checklist

Everything you wanted to know about organizing a conference and were afraid to ask...

- Who needs to be involved
- Developing a timeline
- Set up the planning committee - Terms of Reference, someone needs to have the overall responsibility
- Set the Date- Need to check out possible conflicts and best time for an event
- How you choose the theme
- Book presenters, workshop facilitators
- Venue and Location Information
- Develop a Budget
- Registration Process- will you use something online like eventbrite, or old fashioned telephone and e-mail
- Promoting the Event, Media.
- Acknowledging donors and funders
- Door Prizes
- Do you need Insurance
- Are you assisting with travel to the venue
- Looking for a Caterer
- How will you evaluate
- Technical Requirements
- Managing the Actual Day of the Event - what we need to keep in mind



Sample Conference Budget



Revenue	Estimated	Actual
Total		
Item	Projected Cost	Actual Cost
Staff Costs		
Keynote Presenter Fee		
Keynote Expenses		
Lunch for participants based on 150 participants @ 14.00		
Refreshment Breaks 150 participants @3.00 times two		
Venue Rental		
Printing and Advertizing		
Tablecloth rental/laundry		
Transportation		
Honorariums for workshop facilitators and panelists		
Other Expenses		
Total		

Telile: Mind, Body & Spirit Programming



Click the program to watch the video.

- [Around the Dinner Table](#)
- [Chair Yoga with Helen Slade](#)
- [Eating for Health - Nutrition for Seniors, segment #1](#)
- [Eating for Health - Nutrition for Seniors, segment #2](#)
- [Feeding the Soul Conference: Mind Over Matter, Keynote Speaker Pam Mood](#)
- [Feeding the Soul Conference: Brain Health as We Age, speaker Jean MacQueen](#)
- [Seniors Connecting through Technology](#)



Chapter Four: Innovative and Creative Approaches

In this section:

- Around the Dinner Table Program Guide
- Friendly Visitor Evaluation Guide
- Villa Vignettes Telling Resources

AROUND THE DINNER TABLE Program



INVITATION

We would like to ask your organization to take part in a MIND-BODY-SPIRIT Project pilot session for the *Around the Dinner Table* program. For more information please contact project coordinator Dawn Ostrem at mindbodyspiritpc.dkmchc@gmail.com or call 902-631-5890

“The table is one of the most intimate places in our lives.

It is there that we give ourselves to one another. When we say, 'Take some more, let me serve you another plate, let me pour you another glass, don't be shy, enjoy it,' we say a lot more than words express. We invite our friends to become part of our lives. We want them to be nurtured by the same food and drink that nurture us. We desire communion. Every breakfast, lunch, or dinner can become a time of growing communication with one another.”

—Henri Nouwan, *Bread For The Journey*

About AROUND THE DINNER TABLE



The purpose of *Around the Dinner Table* program is for groups involving seniors to grow their social circles by including those who will benefit from new social connections. This social activity, to improve well-being, is captured in meaningful conversations around food. The program is based on a story sharing circle, which creates opportunities for rich conversations.

How it works?

An group meets regularly to host a potluck dinner of about 8-10 people.

The location can be anywhere (seniors' club, school or community hall kitchen or private homes). A person or couple is chosen to host the gathering and make a special dish. The recipe can be special for any reason that is meaningful to the host(s), such as being a family recipe, international dish, special occasion meal, or other. The dinner guests are

encouraged to invite someone new to the regular social circle. Once the meal begins, the host(s) tells the story about his or her dish (see *Story Prompts*). After the story is finished other dinner guests are invited to comment or ask questions (see *Discussion Questions*).



Keys to success

- It is important to keep time so the conversation moves along promptly. If everyone is able to take part in the discussion it will create an open and friendly environment.
- Inviting new dinner guests opens the group up to newcomers in an inviting way. Newcomers will also feel more welcomed when they know they are not the only new members to the circle. Each new guest is then able to continue with the program and invite guests of their own.
- The setting is informal and inviting. People that are sharing their experiences are encouraged and supported. For example, there is no need to debate opinions or perspectives in this setting. All can be shared and acknowledged even if they are not agreed with. Please follow the *Discussion Commitments* format.

STORY PROMPTS

- One person, couple or pair will host each *Around the Dinner Table* session and provide a dish/recipe that is meaningful to them in some way (family recipe, special occasion meal, shared recipe, international dish, etc.).
- Host(s) present the dish by using the following suggested prompts (approx. 10-minute timeframe):
 - Why did you choose to share this recipe today?
 - Who did you learn this recipe from (may speak further about the relationship)?
 - When did you first learn this recipe (may talk about what else was going on in your life during this time)?
 - Where were you when you ate this meal (describe the typical scene)?
 - What was usually happening when this meal was made? (special occasion, visitors, vacation, etc.).
 - How does remembering/sharing this recipe make you feel?

DISCUSSION QUESTIONS

- Discussion questions for each guest around the table while/after the meal is presented (approx. 5-minute timeframe each).
 - What did you find interesting about X's explanation about how this recipe was discovered by him/her?
 - How did their story make you feel?
 - What can you add about your own past experiences that are related to X's presentation?
 - What words of support/encouragement can you share with X (if applicable)?
- Recipe can be provided for members to take home.
- Next member is chosen to present recipe at next gathering.
- Dinner guests will determine if the program is something they want to continue to take part in. (*NOTE: as the program grows the "dinner guest" component may diminish.*)

DISCUSSION COMMITMENTS

RESPECT

- Everyone's story is valid; it's not about competition.
- Be non-judgmental—no negative facial expressions, body language, or sounds that indicate disinterest or disapproval.

CONSIDERATION

- Let each person talk until they are finished presenting their comments before jumping in with comments or questions.
- It's a good idea for participants to keep a notebook or paper to write down thoughts they do not want to forget for when it is his or her turn to speak.

BE POSITIVE

- Start with something positive and supportive; what did you like about X's story?

ATTENTION

- Anything that can cause interruptions should be dealt with. Cell phones OFF during the discussion.
- It is sometimes uncomfortable sharing memories so those who are speaking deserve your undivided attention.

EMOTIONS

- Challenging ones may come up. Passion (anger, sadness, inspired, dreams) are OK and don't need to be apologized for.

SILENCE

- Silence is OK. If someone is struggling with what to say, don't make him or her feel rushed.
- While discussion is encouraged, some members may not feel comfortable speaking that is fine.

Evaluation of the Friendly Visitor Program: Pilot (MBS Project)

PARTICIPANT

Demographic Information:

Community _____

Age (Year of Birth) _____

Gender _____

Marital Status _____ (If widow(er), for how long? _____)

Ethnic Background _____

Language Spoken _____

PRE-PROGRAM ASSESSMENT

How would you rate your health?

1 2 3 4 5 (1 = poor, 5 = excellent)

Do you ever feel lonely?

1 2 3 4 5 (1 = never, 5 = often)

Do you worry about your health?

1 2 3 4 5 (1 = never, 5 = often)

Are you content with your friendships and relationships?

1 2 3 4 5 (1 = not at all, 5 = very much)

Do you feel comfortable asking for help when you need it?

1 2 3 4 5 (1 = not at all, 5 = very comfortable)

What kinds of support do you need?

Emotional 1 2 3 4 5 (1 = never, 5 = often)

Informational 1 2 3 4 5 (1 = never, 5 = often)

POST-PROGRAM ASSESSMENT

How would you rate your health?

1 2 3 4 5 (1 = poor, 5 = excellent)

Do you ever feel lonely?

1 2 3 4 5 (1 = never, 5 = often)

Do you worry about your health?

1 2 3 4 5 (1 = never, 5 = often)

What kinds of support did you receive from your Friendly Visitor?

Emotional 1 2 3 4 5 (1 = none, 5 = a lot)

Informational 1 2 3 4 5 (1 = none, 5 = a lot)

Were there other kinds of support you received from your Friendly Visitor?

If the Friendly Visitor Program was available on a permanent basis, would you participate?

Yes _____ No _____ Maybe _____

Do you know others who would be interested in the Friendly Visitor Program?

Yes _____ No _____

If possible, please provide names and contact information for others who might be interested in the Program:

VOLUNTEER VISITOR

Demographic Information:

Community _____

Age (Year of Birth) _____

Gender _____

Marital Status _____

Ethnic Background _____

Language Spoken _____

PRE-PROGRAM ASSESSMENT

What motivated you to become a Friendly Visitor?

How much experience do you have with older adults?

1 2 3 4 5 (1 = none, 5 = a lot)

POST-PROGRAM ASSESSMENT

Did you have enough training/support in your role as Friendly Visitor?

1 2 3 4 5 (1 = Poor, 5 = Excellent)

What other information or supports would have been helpful?

Did you enjoy participating in the Friendly Visitor Program?

1 2 3 4 5 (1 = not at all, 5 = a lot)

If the Program becomes permanent, would you be interested in continuing to be a Friendly Visitor?

Yes _____ No _____ Maybe _____

Do you know others who might be interested in becoming a Friendly Visitor?

Yes _____ No _____

If possible, please provide names and contact information for potential Friendly Visitors:

Villa Vignettes: Story Telling Resources

[The Use of Folktales in Healing](#) / Carol Farkas

[Journey Down the Healing Path Through Story](#) / Allison Cox

[How Reminiscence Therapy Improves the Lives of Alzheimer's Patients](#) / Mark Huntsman

[Celebrating Senior Storytellers](#) / Gene Mitchell

[Connecting Across the Years: Storytelling in Assisted Living Centres](#) / Kathy Murphy

[When a Senior Can't Remember a Story, Let Them Make It Up](#) / Anne-Marie Botek

[How the Brain Stores Memories](#) / Daniel Glaser

[Storytelling for People with Dementia and Memory Care Issue](#) / Glenda Bonin

[Grandma Storytellers Transmit Culture to Future Generations](#) / Weonjae Park

[Lights, camera, action: Seniors share stories on camera](#) / Nancy Russell

Helpful Tips / Collecting Stories

[What is Reminiscence Therapy?](#)

[Storytelling Therapy for Seniors](#) / Michelle Rodriguez

[Shaping Your Story](#) / Norma Cameron *

[Helping Seniors Shape Their Story From a Photograph](#) / Rani Sanderson *

[Remember When](#) / Steve Otto *

[The Memory Basket Exercise](#) / Teresa Clark *

[Great Questions for Anyone](#) / StoryCorps

[Life Story Worksheets](#) / The Legacy Project

[Storytelling Wisdom ... A Few Tips](#) / Norma Cameron *

[Creating a Little Story is Among the Best Memory Techniques](#) / Real Memory Improvement

*the contributors marked with * should be credited for their work, when their exercises below are used and shared*

