

“Listen to Everyone” How-To Guide

CGP Community Stories

Getting Started

The Materials

Download from CGP Community Stories Google Drive Folder or flash drive:

- Audio Clips
 - Pick one of our themes to use, or use your own oral history material
- Facilitator Guide
 - Includes transcripts, suggested question prompts, and information on oral histories.
- Large Print Transcripts
 - Allow participants to read along or reflect back on stories

What you’ll need to provide:

- Device that has the audio files:
 - Smartphone
 - iPod
 - Mp3 player
 - CD
 - Or, laptop
- Device to hear the audio files:
 - Phone speaker
 - External speaker (Bluetooth or wire hookup)
 - Headphones (you can purchase a multiple jack adaptor to plug in more than one set of headphones, so facilitator and participant can both listen)
 - Or, CD player

The People

These titles will be used throughout the guide, to distinguish roles.

- Facilitator – This person leads the program (most likely the volunteer, caregiver, friend, or family member). They read from the Facilitator Notes, play the audio, and lead the discussion.
- Participant – This person takes part in the program (most likely the adult home resident). They listen to the audio and engage in conversation.

The Process

Note: Not all of these steps will apply if you’re using this program with a friend or family member, or have an existing relationship with the adult home.

I. Before the Visit:

1. If you have a site in mind (local nursing home, adult day center, etc.), you will need to establish a relationship with the staff there to let them know what the program is and how it will affect their residents and staff. We’ve provided a sample letter in our supplementary materials. “Listen to Everyone” can be a great addition to their existing programming, but it does involve staff support. For example, staff will need to identify which residents would like to participate.

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2. If the adult home staff think it would be necessary or helpful, we have provided a draft letter that explains the program to residents’ family members. This can be sent out before the program starts to give people the option to opt out.
3. Have your materials ready before you make your visit. You may want to select a theme in advance to encourage the most engagement. Download audio from that theme onto your preferred device and have the facilitator guide and large print transcripts ready (preferably printed).
4. Familiarize yourself with the material you’re planning on using. Reading through the transcripts and question prompts will give you a sense of what subjects are covered, and what clips might work best with participants.

II. The Visit

1. Arrive at the site and introduce yourself to staff.
2. Ask a staff member to help by finding a resident who would like to participate. They will have a better sense of who is having a good day or would enjoy having a conversation.
3. Find a quiet space with seating. Be aware of what needs you have in terms of outlets or tables for your audio device. Be sure that the resident is comfortable.

III. Introduction

1. Introduce yourself, say who you are and why you’re there.

Ex: Hi, I’m _____. I’m volunteering/working with _____ [organization/group, as applicable]. I’m here today to share some stories and have a conversation with you. The stories come from oral history interviews of people in _____ [your geographical area, as applicable - or say Cooperstown if you’re using CGP stories]. This isn’t an interview, and we’re not recording anything. We’re using stories that have already been recorded. It’s like listening to a radio piece together, and then talking about it.

2. Make sure the person feels comfortable. This will most likely include spending a little time chatting and getting to know the person. Small talk can make the conversation feel less like an interview. Sharing some information about yourself, although optional, can make it more of a two-way exchange.

IV: The Conversation

1. Set up your equipment and select your first clip to play. Try to start with one that is more humorous and generally relatable. Share the description of the clip written on the facilitator guide to provide some context (doesn’t have to be word-for-word).

Ex: We’re going to listen to an interview with Earle Peterson from 2013. [Read bio]

2. If the participant has hearing challenges, there are a few things you can do:
 - Using headphones instead of external speaker
 - The facilitator can read out loud from the transcript
 - Participants can read directly from the transcript

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3. Play the clip. Be sure that the participant is comfortable and can hear the audio.
4. Engage in conversation based on the story and the larger theme. The suggested question prompts are optional. Based on the participant’s comfort level and engagement in the conversation, you can follow where they lead and direct questions accordingly. Anything you’ve learned about them from caregivers or past conversations can help you target your conversation to their experience and interests. If the participant isn’t responding to questions, feel free to just play the clips and enjoy them together without focusing on the dialogue.
5. Be mindful of how the participant is doing when deciding how many clips to play and how many questions to ask. Too many can wear people out. Feel free to share some of own thoughts and experiences to make it a more authentic conversation, but be careful to do this sparingly and not dominate the discussion. Most sessions typically last 20 to 30 minutes.
6. Thank the participant for taking the time to talk with you. Answer any questions they may have about the program.

Some things to be aware of:

- The same approach might not work with every person—flexibility is key.
- If you are going into an adult home, be sensitive to the schedules of the staff and residents.
- If you’re not comfortable with playing audio on the device you bring, you may want to have another volunteer to help. Just be sure you don’t overpower the participant, and try not to make it feel like the participant is under questioning.
- There is trust involved in this process, and when you’re first starting out you won’t have that trust established. Some participants will hear “oral history” and “interview” and assume that they are being recorded or that a report is being written. You can reassure them that it is just a conversation program and nothing is being recorded, but if they are still uncomfortable you may want to stop or just listen to the clips without asking questions.
- Facilitators should also be aware that the oral histories and conversations may occasionally bring up painful subjects and memories. If a participant becomes emotional or seems at all upset, be sure to let staff or other caregivers know. They will need to provide support that will last longer than your visit. The vast majority of interactions are very positive and do not raise painful recollections, and as you get to know a participant you learn what material they will be comfortable with.