

SEP 760: Design Thinking

Project Report

Team C02-4

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Introduction:

In the final project of Design Thinking course, we were given a chance to cooperate with patient advisors and medical students from St. Joseph's Healthcare Hamilton (SJHH), to apply the creative problem solving skills and the human-centered design process we learned from the class on projects aiming to solve existing problems faced by people in the domain of healthcare.

User group: people facing a depression problem but not being admitted to the hospital

Our project started with the patient advisor Brenda's interview ***in figure 6 a-c, figure 7 a-f***. Initially, we had a hard time defining the user group, because Brenda had so many experiences in her personal and professional life. As a team, we don't know which issue to focus on, so we started searching for the connectivity between her personal and professional life. At first, enlightened by Brenda's experience of cutting herself when she was a secondary school student, we had tried to define young students with mental health problems as our user group. During the interview, she also talked about her experience as a professional caregiver, about how she tried to understand her client's situation and take care of them in a more human-centered way. Inspired by that we had thought of setting the user group to people who need caregiving services. During another interview, we started asking questions about what made her become a caretaker? This question gave us a focus and connectivity with her mental breakdown which happened in the year 2009 and she was not aware of it until 2014. Also, from the interview, we observed that she is more of a person who likes spirituality, kids, puppies, family, finds happiness in helping others, and taking care of her own self. She made herself busy to get rid of her depressions. Now, we got that mental depression is the key point behind her ups and downs that she faced in her life. So we decided to focus on the people who are going through depression. At first, we had tried to define multiple user groups including Brenda herself and at the same time people with mental health problems. And we even developed an idea on that (***Storyboard 2b***), after discussion with Dr. Fleisig and Brenda on our initial design, we got new insights and enlightenment and polished our ideas again and again, finally, we decided to focus on user group of people facing depression problem but not being admitted to the hospital, as our user group.

Key Insights and Needs:

We did the empathy map (**Empathy map 2**) to find the deeper needs and got some insights like, the people going through depression are unaware of it at the early stages, it is difficult for the family, and friends to understand the mental illness of depressed people, and as depressed people, they want someone to understand, support and show affection on them, basically they need more human interaction. Unsuitable entertainment programs can also be harmful to their mental health. From Brenda's interview, we also figured out the level of depression can also increase by lack of maintaining a good lifestyle that includes a healthy diet, sufficient sleep, and regular physical activities. We also figured out that they might feel insecure, and always consider things from a negative perspective during their hard time i.e mental breakdown. Other important insights include: people have no way to evaluate their own mental health conditions, and might not know what to do when their mental health conditions worsen.

The following are the key needs of a person with depression which we derived from the insights we obtained from different interviews with Brenda:

- Support and understanding of family and loved ones.
- Ways to evaluate mental conditions.
- Quick and effective ways to get help In times of emergency
- External inspirations to keep a positive way of thinking
- Ways to stay physically healthy
- Appropriate entertainment resources to help stay relaxed
- Access to professional advisors

POV, HMW and Design Criteria:

Based on different user groups we had chosen, the user group's key needs, which we derived from the key insights of during all different interviews with patient advisors, we had defined and refined our POV and HMW again and again as shown **in figure 4**. One of the POV's and related HMW's we had come up with include:

- POV: We'd like to explore ways to help Ms. Brenda to use her experiences and expertise to help people in a way that makes her overcome her depression and anxiety.
 - HMW design an app for people with mental health problems to communicate with professionals like Brenda when they need help?
 - HMW provides a way for Brenda to easily organize her everyday tasks of helping people?
 - HMW help or encourage the person to share their inner feelings and open out on issues hindering them with Brenda so that Brenda can help them with experience and professional expertise?

- HMW integrate Brenda's knowledge and experiences into the mental health support mechanism in school.
- HMW find a way to help Brenda overcome the problems she faced as a caregiver?

We later refined our POV and HMW to:

- We'd like to explore ways to help people with mental health problems to control, evaluate and improve their depression and anxiety in a way that helps them live a better life. As shown ***in figure 5***.
 - HMW provides a way to guide people with mental health problems to easily monitor their mental conditions and take appropriate measures when they need external help?
 - HMW design an app for people with mental health problems to communicate with professionals like Brenda when they need help?
 - HMW make people with mental health problems busy every day so as to keep them away from depression?
 - HMW help people with mental health problems easily monitor their mental health status in an easy and accurate way.
 - HMW find a way to help people with mental health problems improve their mental health by integrating certain routine tasks into their daily life?
 - HMW find some way to help people with mental health problems improve their physical health conditions?

With all the questions, initially, we had thought of designing a mobile app for people to reach out to professionals like Brenda for help via phone calls or text when they feel unhappy. But then this idea seemed too crude and unsophisticated to be really useful. After we showed our design to Brenda that day, she had given us a lot of advice on it, including adding an emergency button to the app, so that when things go wrong, and the depressed person can press the button to have someone come to help him immediately. Also, we have got the information about using the "MSIGECAPS" criteria to do mental health condition self-evaluation from a medical student. The criteria are basically related to using a series of simple questions regarding mood, sleep, interest, guilt, energy, cognition, appetite, psychomotor and suicide intention to evaluate the mental condition of a person.

With all these, we started to think of using the mobile app to make a self-evaluation tool for people with mental health problems, so that they can know their mental conditions all by themselves, without turning to professionals like doctors or psychiatrists. Another good thing is, with an app, we can integrate other useful features to meet the key needs we found for people with depression problems. These features include emergency keys to immediately call people for help, ways to chat with a pre-selected list of professionals who understand the situation of people

with depression, providing a preselected list of entertainment resources, including books, movies, and youtube videos with inspiring stories, ways of organize regular physical exercises, such as daily exercise alarm, weekly exercise goal setting, and links to different workout videos.

At that stage, our ideas were still scattered and fragmented. The app idea was still like a tool-box, although we have all the tools to cater for the key needs of our user group, it is still not useful as a tool-box. We need something to connect all the features and functionalities together.

Then we came up with the idea of dividing the key features of our user group based on a different mental health level. Users can then use the self-evaluation feature to do the evaluation to get a mental health level, based on the level, different recommendations will be given to him/her. In this way, all the features are linked together, with the self-evaluation as the backbone connecting other features. In this way, all the features are organized in a way to better meet the key needs of the user group.

Final Design - mobile app "Health Meter - Your Health On your hand"

App Page Design:

The App has six pages, respectively:

1) Home page

After login, the user will come to this page, where the different features of the app are displayed in the form of buttons. These features include:

- Self-Evaluation

This feature is used for self-evaluation of mental health level for the user

- Professional Help: Chat Now

This feature is for the user to chat with professionals.

- Daily Exercises

This feature is for the user to organize their daily exercises so as to stay physically healthy.

- Inspirations

This feature is to provide a list of preselected entertainment resources for the user.

- Emergency Button

This button is for the user to seek immediate help in times of emergency in label 1.



2) Self-Evaluation page:

After the user presses the “Self-Evaluation” button, this page will display.

There are eight questions on this page, including:

- How many hours did you sleep last night?
- You would like to do some exercises today.
- You feel guilty/worthless today.
- You feel very tired today.
- It is difficult for you to concentrate today.
- You lost interest in your hobbies.
- You don't have an appetite today.
- You have thought of committing suicide.

These questions are designed according to the MSIGECAPS criteria. The user can choose to select a certain level best suits his/her own condition by sliding the ball on the slide bar. After finishing, the evaluation, s/he can then press the “Get Evaluation Result” button, and then the app will display the evaluation result page.(For the questions of MSIGECAPS, please refer to the following link

<https://fpnotebook.com/psych/exam/dprsnsrungwthsgecps.htm>)



3) Evaluation Result page:

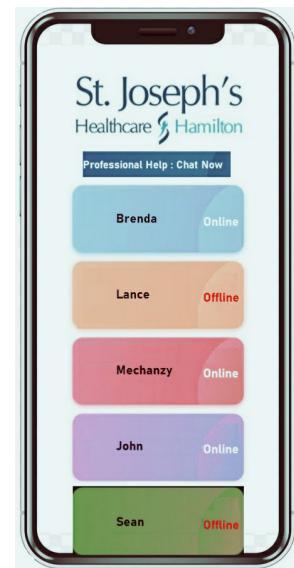
After the user did the self-evaluation, an “Evaluation Result” page will be shown. On the “Evaluation Result” page, there are 3 parts of information, including “Mental Health Level”, “Score Interpretation” and “Recommendation”. The “Mental Health Level” is a value between 1 and 9, indicating the mental health status of the user. The mental health levels from 1 to 3 are categorized as “alerting level”, 4 to 6 as “moderate level”, and 7 to 9 as “healthy level”. Color Association Lense is used to make the result more intuitive and user-friendly by using color code. Alerting levels will be displayed in red, indicating “dangerous” and “urgent”; moderate levels in yellow, indicating “alarming”; and healthy level in green, indicating “safe”.



The evaluation result is also shown in the “Score Interpretation” part accordingly, namely “Alerting Level”, “Moderate Level” and “Healthy Level”. The recommended actions to take are shown in the “Recommendation” part. For “Alerting Level”, the recommendation is “Immediate Hospitalization”, and we also display the “Emergency” button for the user to press; For “Moderate Level” the recommendation is “Seek Professional Help”, and the “Professional Help: Chat Now” button is displayed to direct the user to the professionals; For “Healthy Level”, the recommendations are “Regular Exercises, Relax”, and the “Inspiration” button is shown to direct the user to the “Inspiration” page for pre-selected entertainment resources.

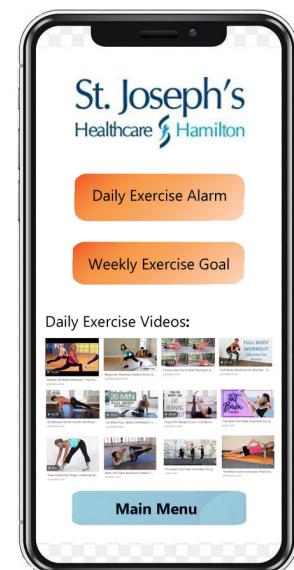
4) Professional Help: Chat Now

The “Professional Help: Chat Now” page provides a way for the user to reach out to a list of pre-registered professionals, like Brenda, who have experience or professional knowledge about mental health problems. They know what it is like to undergo depression and what people with depression need. Through texting or phone call, they will be able to provide guidance to the users to help them overcome their mental frustrations and guide them back to their normal life. On the page, the “online” status of the professionals is shown to tell the users if a specific professional is available or not to answer their chat request.



5) Daily Exercise page:

The “Daily Exercise” page helps users organize their physical exercises activities conveniently. With regular exercises, users will be able to stay physically healthy, which is helpful to stay away from depression. Users can use this page to set daily exercise alarm, which reminds them to do exercises on a daily basis. Weekly exercise goal can also be set here, which will help the user set up a regular exercise plan. The app keeps tracking the exercise data, and show them to the user to remind them how far away the weekly goal is everyday. Daily workout videos are also shown on the page to provide different kinds of daily exercise the user can choose to do.

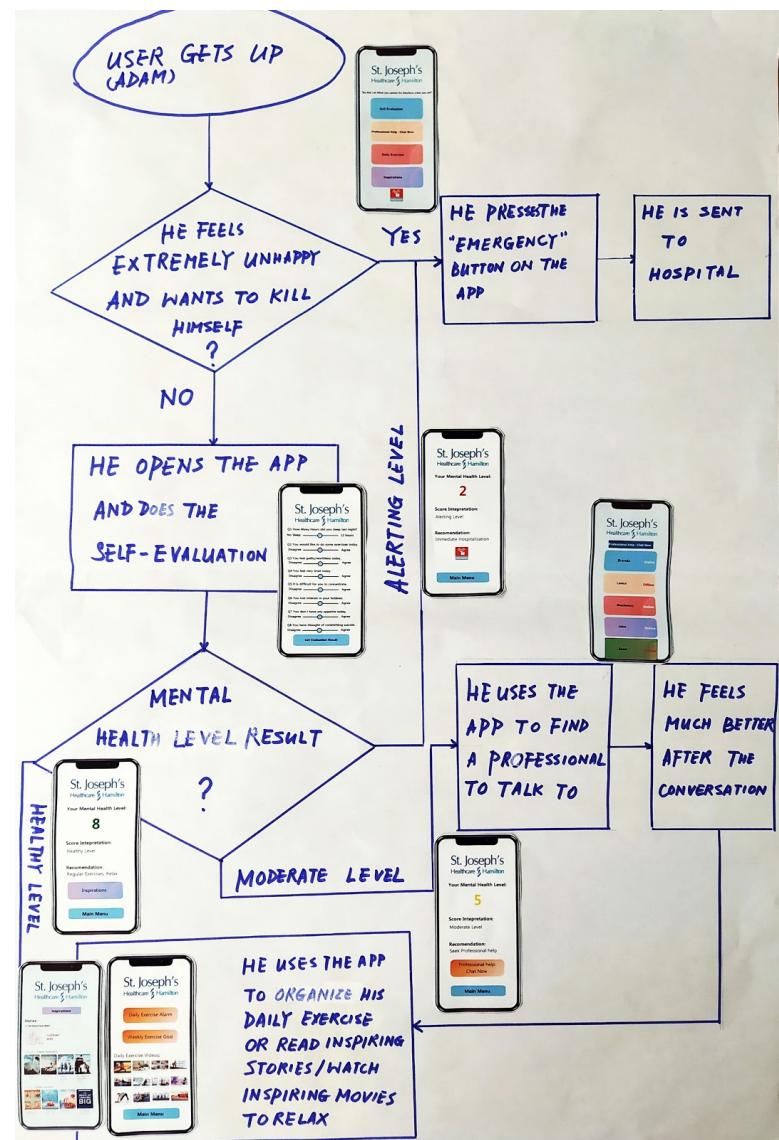
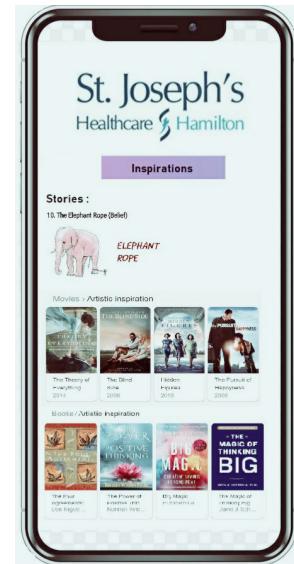


6) Inspirations page:

"The Inspirations" page includes different types of selected entertainment resources, including books, movies and online videos. These resources not only provide ways for users to stay calm and relaxed, but also provide external inspirations for them to help drive away their negative perspectives. The contents of the books, movies and online videos recommended here are carefully screened, so that there are no violent contents/scenes to avoid affecting users' emotion, also they all contain inspiring stories which helps users to stay thinking positively.

Use of the App:

The flowchart of how to use the app is shown on the right. Imagine Adam has depression problem and is using the app. When he gets up one day, if he feels very unhappy and that is stopping him from doing anything, he can choose to press the "Emergency" button on the app, which will connect him to the '911' center, and someone will be sent to help him and he will be taken care of appropriately (probably be sent to the hospital). If this is not the case, he can use the app to do the self-evaluation, and then he will be able to know his mental health status. Based on different results, the app will give him different recommendations: for "Alerting level", he will be recommended to press the "Emergency" button to ask for immediate medical help; for "moderate level", he will be recommended to communicate with professionals via phone call or texting; for "healthy level" he



will be recommended to use the “Daily Exercises” page and the “Inspiration page” to do regular exercises and relax.

Benefits of the Design:

The following are the benefits for our user group with our design:

- provide ways for people to do the mental health condition evaluation by themselves.
- provide ways for the loved ones of the patient to do the evaluation and provide support for them.
- provide guidance for the patient in different situations, including emergency, moderate, and healthy mental health conditions
- provide a preselected list of entertainment resources, including books, movies, and videos for the patient.
- provide ways for the patient to organize daily exercises, so as to stay physically healthy
- provide ways for the patient to communicate with professionals who really understand their situation.

Design Journey

- Our project journey **i.e figure 1&2**, started with interviewing the patient advisor i.e label A.
- At label B, we received a diversified information so it was hard for us to find a focus point.
- At label C, we realised that we didn't focus on specific problems for specific users. We figured out that the POV and HMW are not relatable i.e label D.
- At label E, we then got the user feedback from Brenda and started our journey from the first and searched for the connecting point in the Brenda's interview . This is our “aha moment”, through this we found out the specific user and specific problem in label F.
- At label G, we realized that the design is more of app centered rather than human centered, that made lack of connectivity with app features and faced hard time in designing the storyboard blocks/scenario alignments as shown **in the figure 3 storyboard evidence**, as a result we have designed more than 3 storyboards but still not satisfied with the flow of the blocks/scenario alignment, that's our oh-crap moment.
- Later, we realised that to keep the flow we have to make the design simple and focus on user's need at label H.
- At label I, we have inputted more insights through our team's brainstorming by asking questions like does this app is enough? Will it give a possible recovery? And There are many features in the app but does the user uses

all? Based on this questions we added and removed the app features, that's our aha moment.

- Realized the app should be logical and also we checked it with brenda's feedback that we received earlier. As per her feedback we included some of our insights as solutions for her needs. For example, emergency button, professional chat and evaluation system at label J.
- At label K, we also further explored the features in depth by asking questions like can this app would be useful for the persons who are not able to use mobile phones? How can we make it more user friendly? How can we make the evaluation survey result to display in a symbolic manner? it is our aha moment we used color association lenses to make it more user friendly.
- At label L, we collected Brenda's feedback and we made sure that we understood the problems, needs and the user's mindset.
- As we done with project process it is easy for us to put everything in a poster, although we had a hard time in aligning things back and forth. However, we tackled it through organizing the information in a proper manner by keeping in mind that this poster will make sense for a random person to understand our design? **I.e figure 5.**
- We were happy to know that some of the features like evaluation. Professional chat and emergency button are helpful for Brenda.
- In label M, on the final day, we presented our prototype to the patient advisor Brenda without asking a question "what do you feel about it?", instead we observed her satisfaction while exploring our designed application solution.

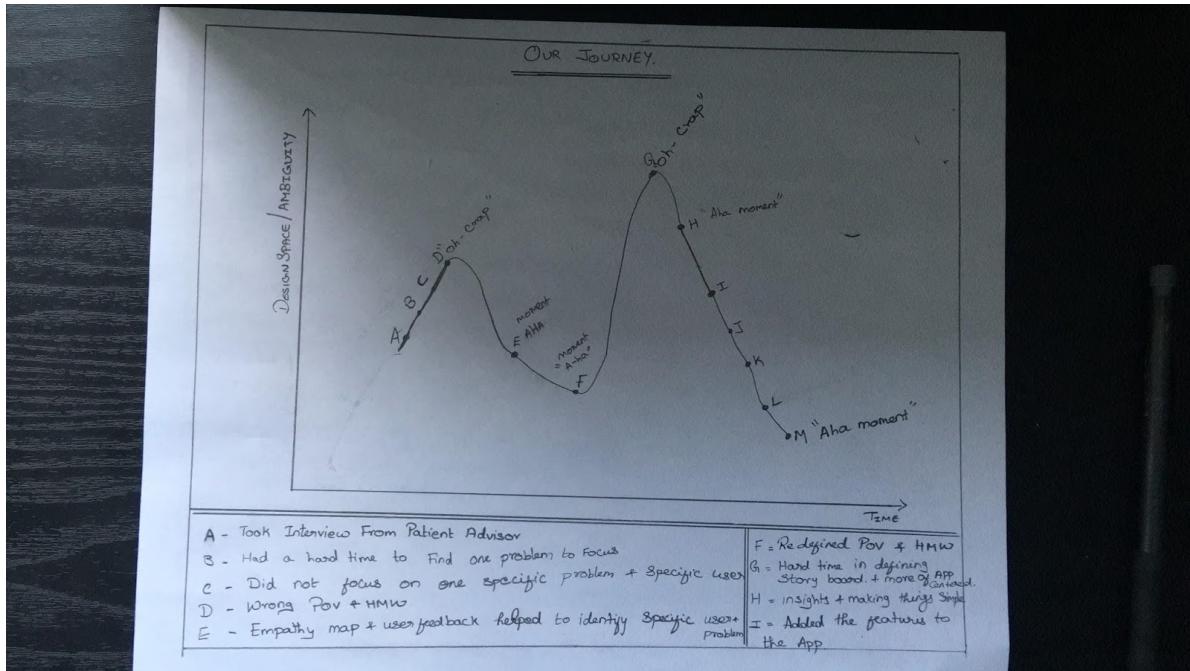


Figure 1: Project Journey

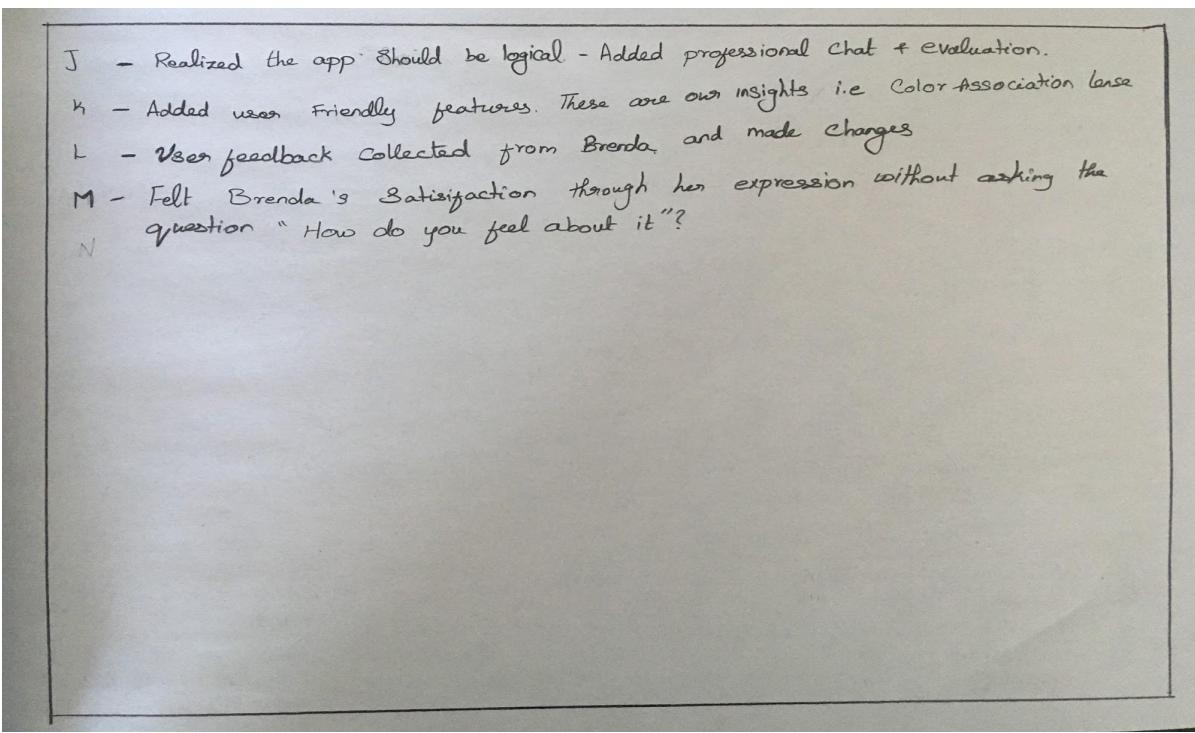
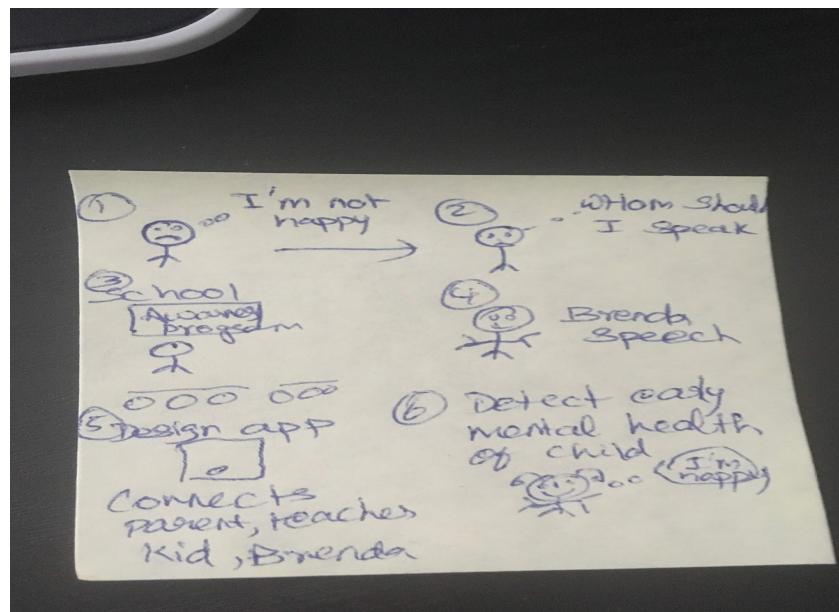
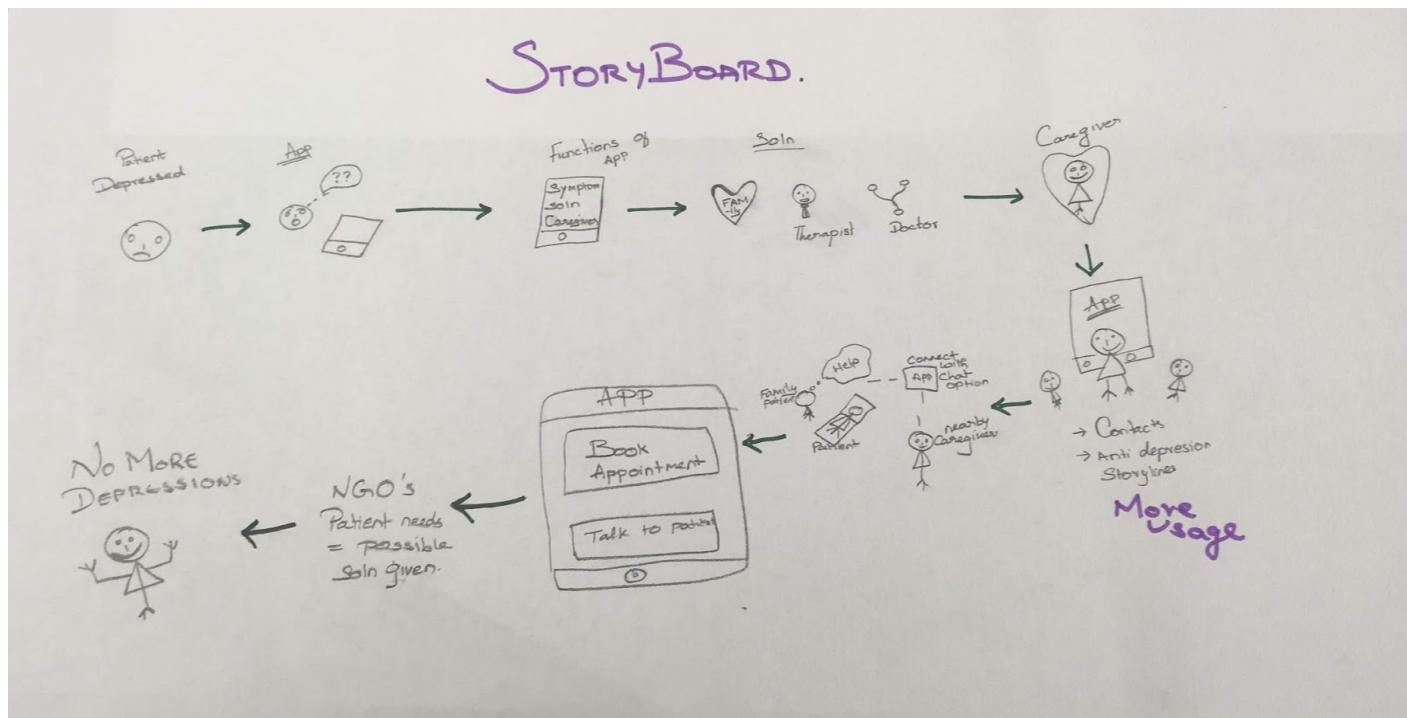


Figure 2 : Label Description Of Project Journey

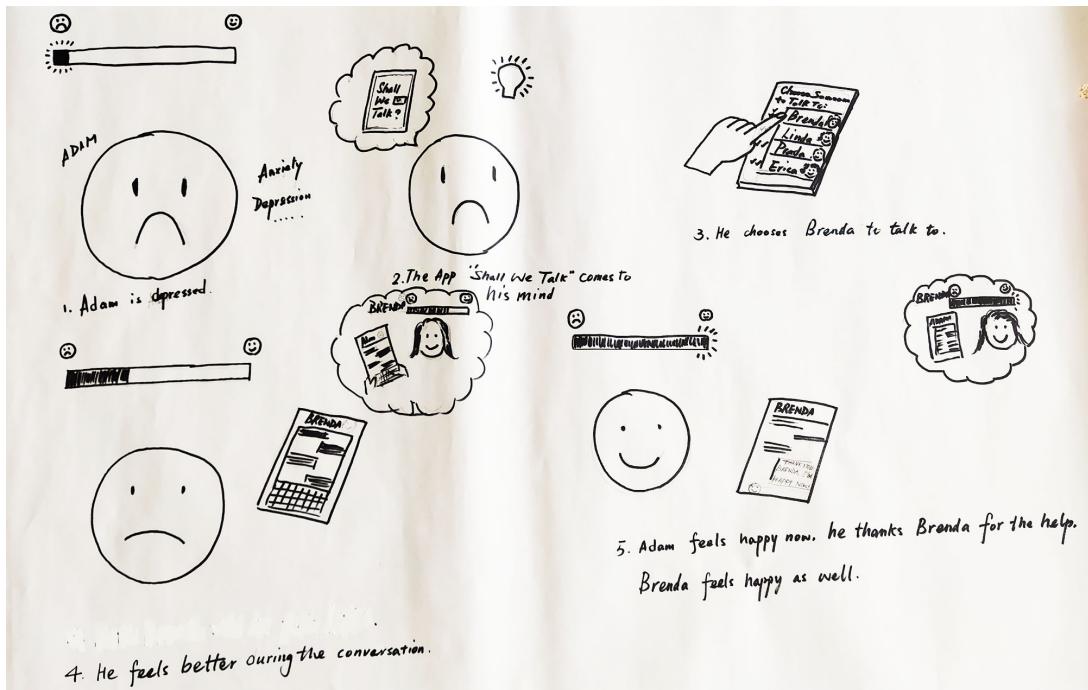
Storyboard Evidence:



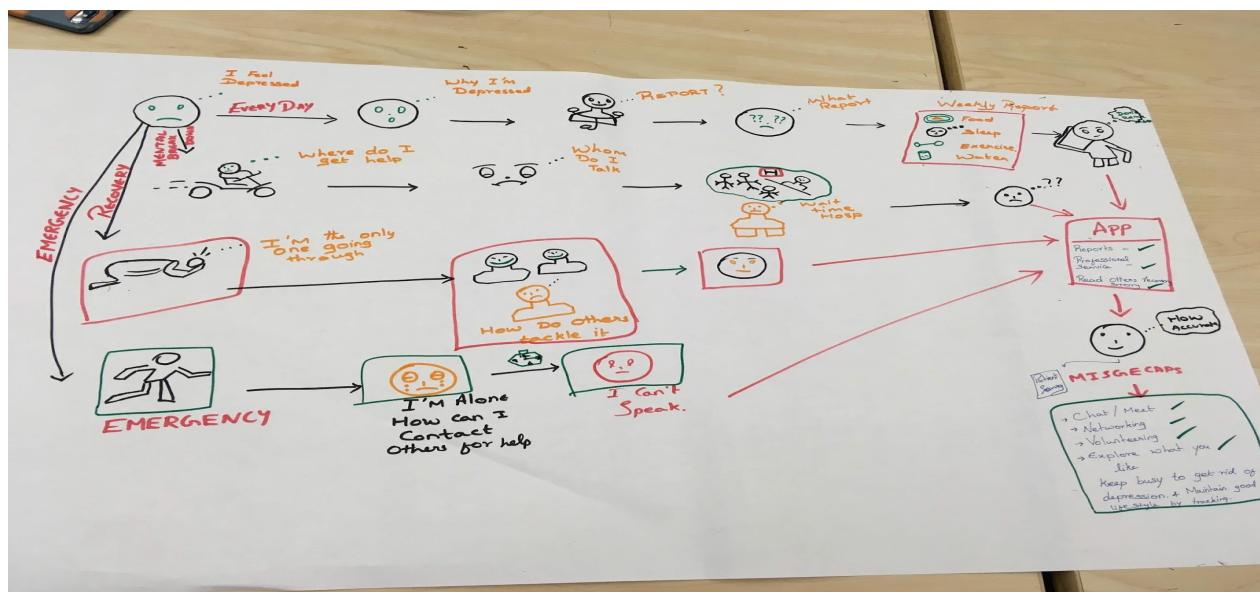
Storyboard 1



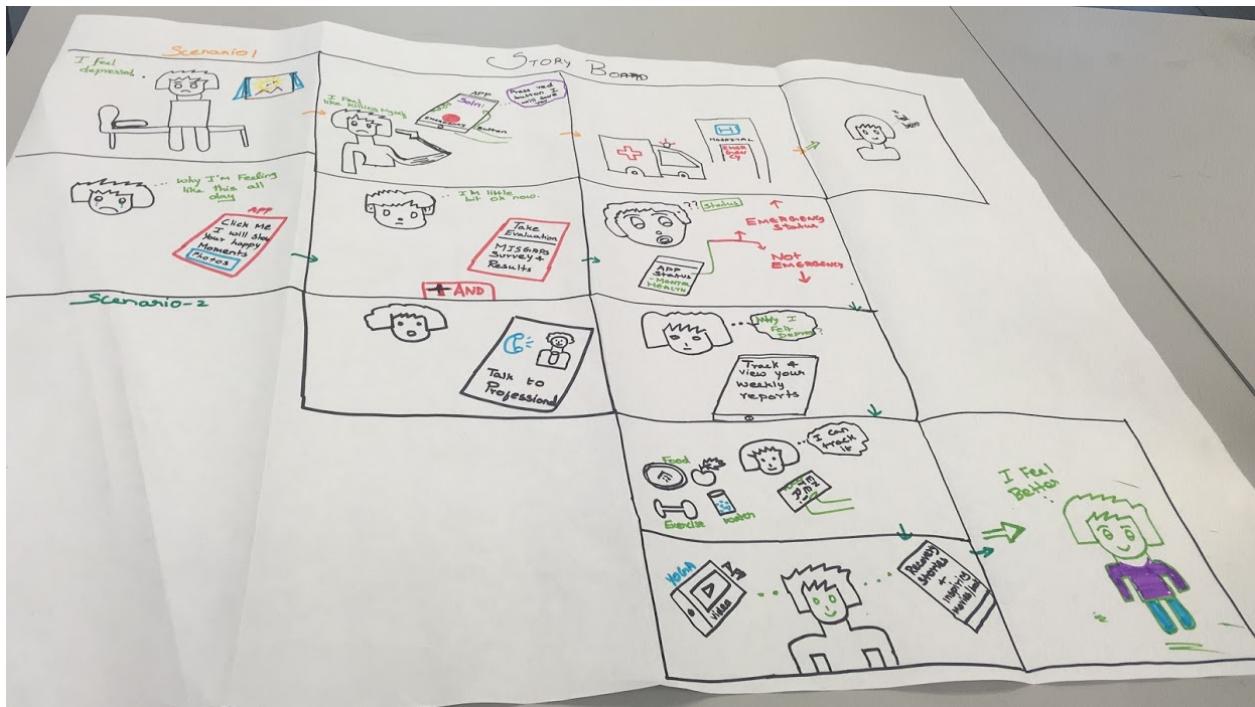
Storyboard 2a



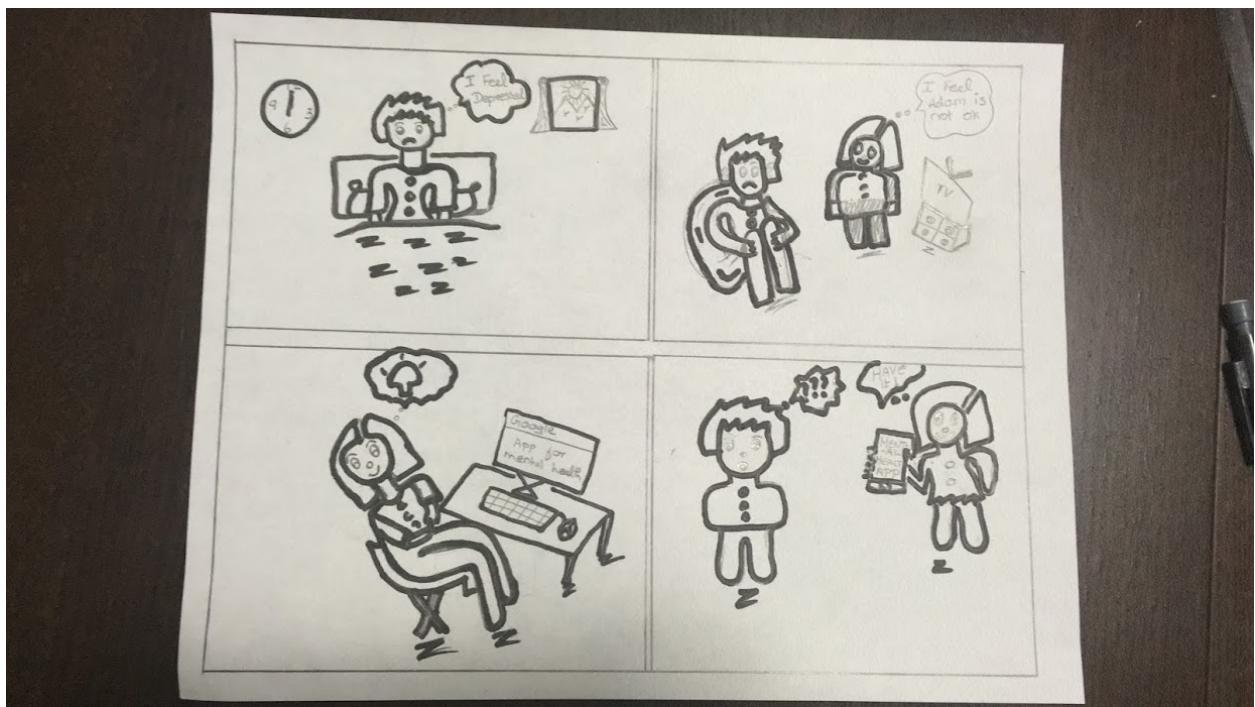
Storyboard 2b

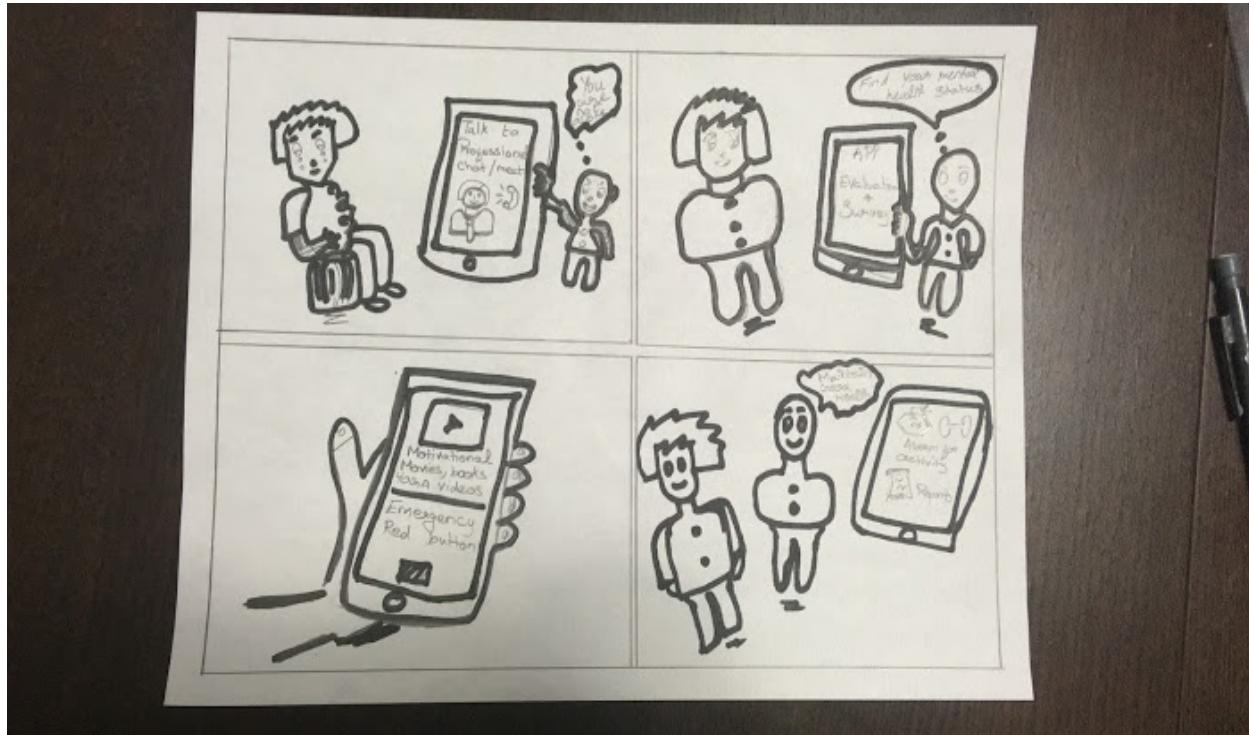


Storyboard 3

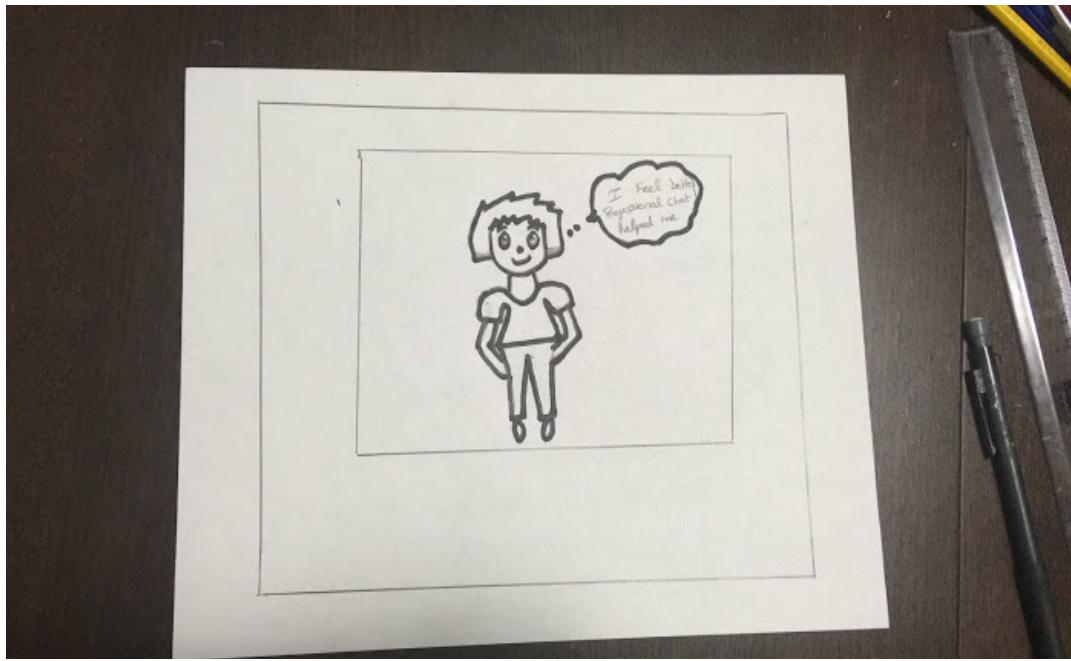


Storyboard 4





Storyboard 5b



StoryBoard 5C

Empathy Map Evidence:

Surface Needs	Say/Do	Think/Feels	Deeper Needs
• Need to avoid the potential danger of her mental illness	Need to keep herself busy all the times	Afraid of being idle and alone	• Needs the Feeling of security
• Need people to celebrate with her on her graduation	Graduated from Mohawk College, but no celebration	No one cares about her	• Needs the recognition of her own value
• needs to be engaged in activities of interaction with people	Comfortable of being involved in helping people	She likes to help others	• Needs the support of her loved ones
• needs to keep moving	Don't stay in the same place too long	Afraid of thinking of bad things	• Needs the feeling of being successful
• needs to support her family	Need to prepare meals for the whole family	She loves/cares about her family	• Needs to overcome her mental illness, in order to stay mentally healthy
• needs the encouragement	Likes to read books of brave women	She loves the success story of women	• Needs the feeling of being loved
• Needs practical ways to fight away her negative thoughts	She writes a poem when she is super happy or angry	This makes her feel better	• Needs of education of mental health to both parents and students
• Needs to spend more time with the loved ones	She likes to do grocery shopping with her husband	She likes to spend time with her loved ones	
• Needs to take care of elderly people	The reason she became a PSW is her grandmother's affection	She likes elderly people	
	She cut herself when young, and her mother just told her to stop doing that without trying to find out the problem	Lack of understanding still exists between parents and children	

Empathy map 1

Quotes(say/do)	insights	Needs
"She cut herself when young, and her mother just told her to stop doing that without trying to find out the problem"	1) Family and loved ones may not understand the mental health conditions of the patient 2) Patients may not know what to do in times of emergency 3) Patients have no way to evaluate their own mental health conditions	1) Need of involvement and understanding of family members, as may need supports of the loved ones. 2) There needs to be ways for people to evaluate their own mental situation. 3) In times of emergency, there should be some "stop" button which can stop people from hurting themselves in an irreversible destructive way.
"She felt unhappy but nobody in the family understand her situation, until one Friday night she tried to end her own life"	Patients may consider everything from a negative perspective	Needs external inspirations to keep her thinking positively
"She always thought of bad things when staying alone" "She Likes to read books of brave women"		
"When she did not feel happy, she ate more, health problem becomes a problem, which made her feel more unhappy"	1)Health problem can be very important for people with depression problem 2)Keeping physically healthy is important for maintaining mentally healthy	Needs to have a way to help the patients stay physically healthy
"She mentioned that she doesn't want to watch the Hockey game with her husband, as she will breakdown. She mentioned need to be wise on choices of TV programs "	Unsuitable entertainment programs can have negative effects on the mental health of patients	TV/entertainment programs need to be well selected for her in order to keep her mentally healthy
"She mentioned that when she went to see the psychiatrist, the first one was not professional enough, fall asleep when she was talking."	Important to talking to professionals who really understand the situation of people with mental health problem	There is a need to provide the patients with a list of professional who really understand the situation of people with mental health problem.
"She mentioned that before admission to the Psychiatry services, she had been waiting for many years."		There should be some kind of ways for people to control their mental health problem during the long waiting time.

Empathy map 2

Our initial POV and HMW statements:

Point-of-View Statement (POV):

We'd like to explore ways to help Ms. Brenda to use her experiences and expertise to help people in a way that makes her overcome her depression and anxiety.

How-We-Might Statement (HWM):

- 1) HMW design an app for people with mental health problems to communicate with professionals like Brenda when they need helps?
- 2) HMW provide a way for Brenda to easily organize her everyday tasks of helping people?
- 3) HMW help or encourage the person to share their inner feelings and open out on issues hindering them with Brenda so that Brenda can help them with experience and professional expertise?
- 4) HMW integrate Brenda's knowledge and experiences into the mental health support mechanism in school.
- 5) HMW find a way to help Brenda overcome the problems she faced as a care giver?

POV and HMW statements 1

Point-of-View Statement (POV):

We'd like to explore ways to help people with mental health problems to control, evaluate and improve their depression and anxiety in a way that helps them live a better life.

How-We-Might Statement (HWM):

- 1) HMW provide a way to guide people with mental health problems to easily monitor their mental conditions and take correct measures when they need external help?
- 2) HMW design an app for people with mental health problems to communicate with professionals like Brenda when they need helps?
- 3) HMW help or encourage the person to share their inner feelings and open out on issues hindering them with Brenda so that Brenda can help them with experience and professional expertise?
- 4) HMW help people with mental health problems easily monitor their mental health status in an easy and accurate way.
- 5) HMW find a way to help people with mental health problem improve their mental health by integrating certain routine tasks into their daily life?

POV and HMW statements 2

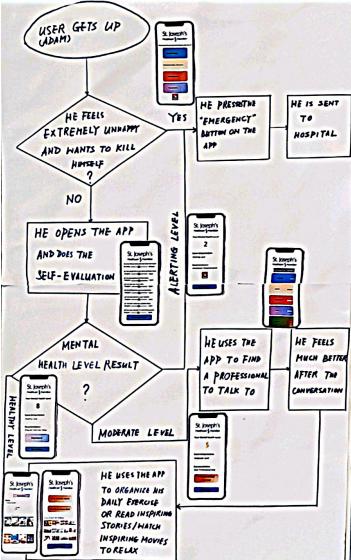
Figure 4: Our Initial Empathy Map, POV and HMW statements

New APP Design, Prototype, Storyboard, POV AND HMW Statements:

POV

We would like to explore ways to help people with depression problem to evaluate, control and improve their depression and anxiety on a daily basis in a way that helps them live a better life.

Flowchart



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graph TD
    A([User Gets Up (6 AM)]) --> B{He feels extremely unhappy and wants to kill himself?}
    B -- NO --> C[He opens the app and does the self-evaluation]
    C --> D{Mental Health Level Result}
    D -- Moderate Level --> E[He uses the app to find a professional to talk to]
    E --> F[He feels much better after the conversation]
    F --> G[He uses the app to organize his daily routine or read inspiring stories/watch inspiring movies/take a walk]
    D -- Alerting Level --> H[He presses the emergency button on the app]
    H --> I[He is sent to hospital]
  
```

Key Insights

- Family and loved ones may not understand the mental health conditions of the patient
- Patients may not know what to do in times of emergency
- Patients has no way to evaluate their own mental health conditions
- Patients may consider everything from a negative perspective
- Health problem can be very important for people with depression problem
- Keeping physically healthy is important for maintaining mentally healthy
- Unsuitable entertainment programs can have negative effects on the mental health of patients
- Important to talk to professionals who really understand the situation of people with mental health problem

StoryBoard



User Groups

People with depression problem but not serious enough to stay in hospital / their family living with them.

Key Needs

- Need of involvement and understanding of family members, as may need supports of the loved ones.
- There needs to be ways for people to evaluate their own mental situation.
- In times of emergency, there should be some "stop" button which can stop people from hurting themselves in an irreversible destructive way.
- Needs external inspirations to keep her thinking positively
- Needs a way to help the patients stay physically healthy
- TV/entertainment programs need to be well selected for her in order to keep her mentally healthy
- There is a need to connect the patients with professionals who really understand the situation of people with mental health problem.

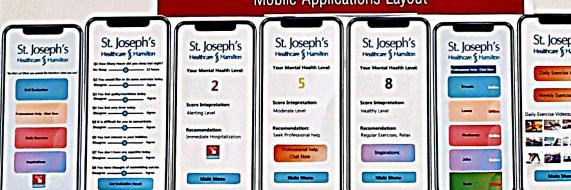
Benefits

- Provide ways for people to do the mental health condition evaluation by themselves.
- Provide ways for the loved ones of the patient to do the evaluation and provide support for them.
- Provide appropriate guidance to improve mental health for patients under different conditions.
- Provide a well selected list of entertainment resources, including book/video ideas for the patient.
- Provide ways for the patient to organize daily exercises, so as to stay physically healthy.
- Provide ways for the patient to communicate with professionals who really understand their situation.

Next Steps

- Implement the app as designed and make it more user-friendly.
- Insert "happy moment" photos and the achievements of the patients inside the app will make them feel better.
- Make this app easier to access for the staff members of the hospital as well as the patients.
- Promote the app by talking to other hospitals and staff members of NGOs to bring it to notice of more people in-need.

Mobile Applications Layout



Acknowledgement

- We would like to thank all the patient advisors to take effort and provide us information.
- Special thanks to Brenda as she was there for us when we needed her.
- Thank you Professor Robert for making all the arrangements and providing us a good platform for exploration.
- Thanks to the medical students who were there to provide us professional information about medical needs of patients.

Figure 5 : Poster

Interview Evidence:

1) From Vinethaa

Patient Advisor → Brinda

2009 - Mental Breakdown - Got back to busy - decided voluntary - Social worker (2009 - 2014) self esteem group - involved in church to move forward - DBT program - Once a week psychologist - interpersonal effectiveness - watch news, prepares non-depressive TV shows - volunteer at church - background is homicide - meal prepares for ~~few~~ clients - very attached to them - 30 years of married - 2 adult child - 27 & 26 son - have mental illness from childhood - Grade 7 cutting herself - lack of parents acknowledge they don't inquire much - 15 moved hamilton from windsor - 1980 married - 1983 - Son born - Homeworker program Mohawkay day - make sure exercise, eat well, mental peace, - at age 59 realized lifestyle is important to be healthy.

2009 - 18 son - ~~under~~ - imprisoned - House old community - 10 year old grandson with autism - loves kids though fast down app comes - Page 10
- protest things goes lit in life

Figure 6a: Notes Part 1

Challenges in Caregiver:

environments are different - not happy with treating patients improperly

Every experience made her stronger, learning something, made her grow:

helped the most:

- staying engaged
- understanding
- communication
- not easy to explain yourself to others

DBT program

- ↳ Mindfulness,
- important to yourself + understanding others

which transition is most difficult

The day of graduation

There is no recognition (X)

→ live better

Communication better (breakdown)

→ Early detection + family

education. ↳ questions.

professional support

guidance courses

Teaches

Patient doesn't know what they need.

→ Intuitions (X)

dignity.

Figure 6b: Notes Part 2

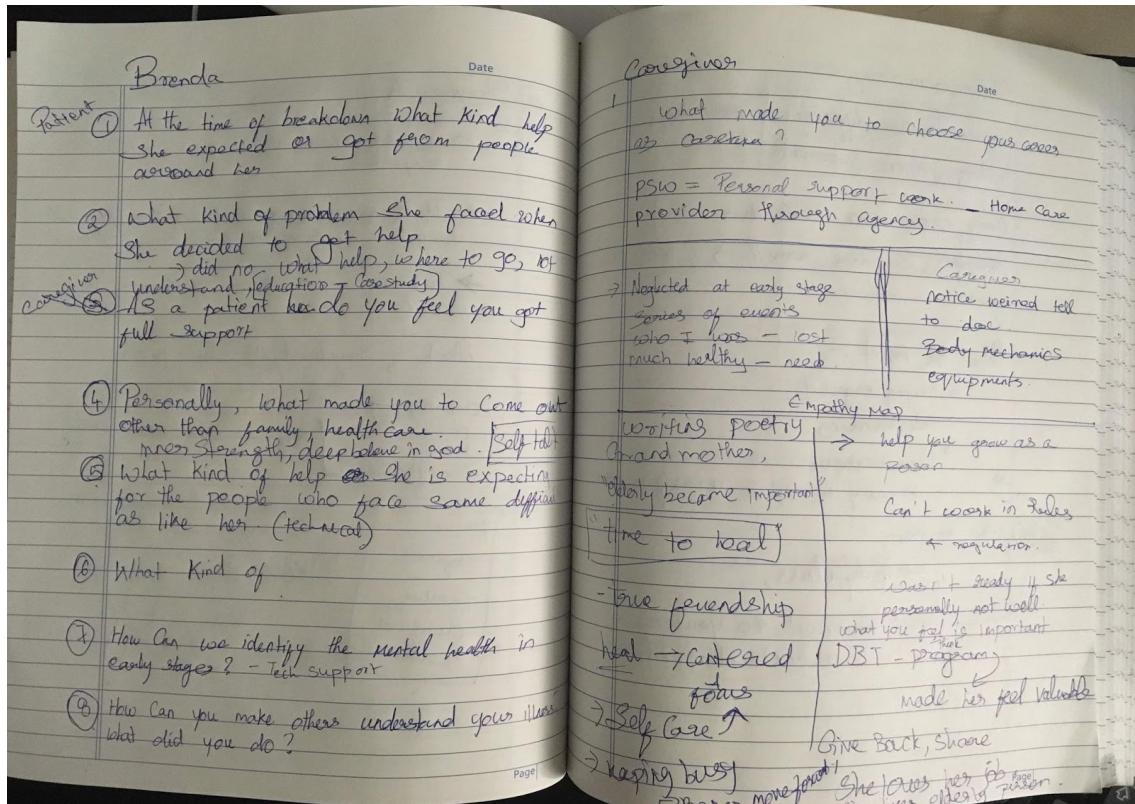


Figure 6c: Part 3

2) From Ken:

Bronda patients.

- identify experiences can be delved in depth
 = occasions pattern hospital
 - can mental
 ↙ adjust. mental health, next position
 intimacy /

next better assists physician,

2009 mental breakdown, busy, back to work,
 social worker - meditation

2010. ↗ back to work program
 ↗ church ⇒ got back to work
 - self BP program psychiatrist.
 inter-personal effectiveness ⇒ soft place.
 was treated illness → every day
 watch TV & wise on choices
 ↙ volunteering on church
 - home care 3-5 hrs house keeping, attach to clients
 married, 39 years, late husband
 2 - adults children, 3♀, Son 2♂ girl.
 - grade 7, cut by herself
 2015. ↗ Retirement ⇒ Vocational school
 ↙ Windsor

1980 married = Mawhal collage, ⇒ got home care certif.

1 rest.
 ↙ eat more

59 - life style ⇒ stay health.

2001, move, son arrested at 18.
 daughter 10 year old,

Figure 7a: part 1

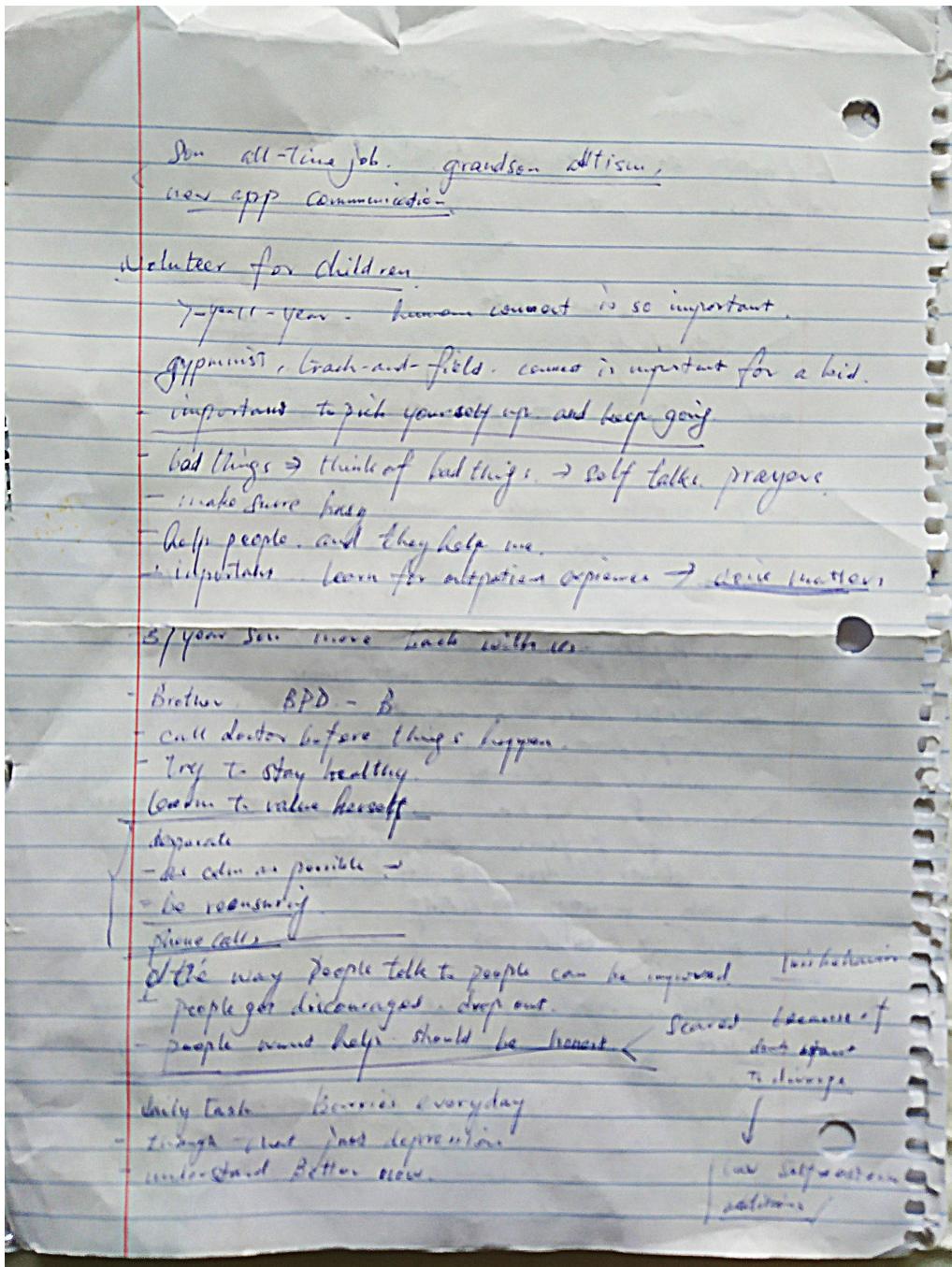


Figure 7b: part 2

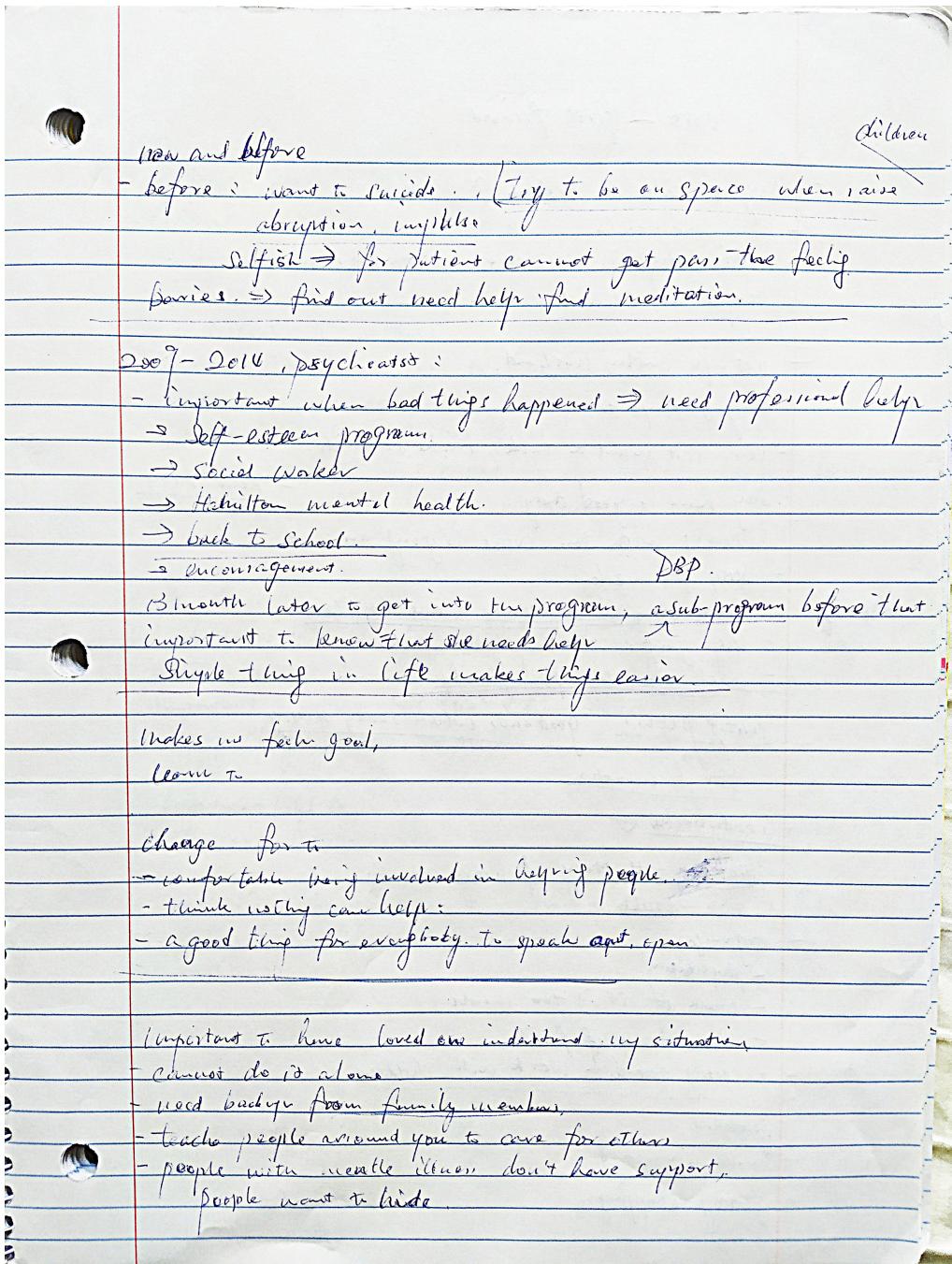


Figure 7c: part 3

- 0010 - first friend
- try to talk to friends?
 - in women's
 - friendship is not same... as friends are people in church
 - ↑ get up with husband.
 - ↖ say goodbye to
 - Son just want to talk, make sandwich.
 - say have a good day. - keep busy
 - shopping with son, what is going on.
 - busy for week.
 - don't stay in the same place too long.
 - keep going, make phone calls.
 - meal available for family
- Security
- writing poems good ones when really angry.
 - for 6 months
 - ready books
 - books: full story of brave women, truth
 - organizer:
 - physician
 - check if it is too much
 - take care of family
 - crossing guard. - work with children
- weekend
- was waken up at 8
 - grocery shopping

Figure 7d: part 4

- grandson, rearrange everything..
 - thing he does is totally new to us
 - nicely dressed & for grandmother
- Sisters & brothers.
- close at teenagers, need to take care of them.
 - ~~sister~~ accountant
 - mother nurse, father sales man
 - younger sister, being raped by her father, berenice bentonson
 - youngest brother: ♂, younger than her,
 - care giving experience..
 - you are important just by being you.
 - lack desire to understand where they are
 - stand at the same level of patient
 - important to find what the patient needs.
 - helping things as simple as possible :)
 - help people like to
import for caregiver
 - ~~the~~ client gave her drive to continue to be caregiver.
 - hardest part is to say goodbye to clients.

Figure 7e. Part 5



Fig 7f. Part 6