

Coaching Professional Boundaries for Caregivers



caregivers

PREVENT  PROTECT  PROMOTE
abuse/neglect *clients* *dignity*

FACILITATOR GUIDE

Developed by:

UW Oshkosh

Center for Community Development, Engagement and Training (CCDET)

Wisconsin Department of Health Services

Division of Quality Assurance

Permission is granted to reproduce these training materials with proper attribution for internal use within healthcare organizations or government agencies at no cost to the training participants. Other reproduction is prohibited without written permission from UW Oshkosh CCDET. All rights are reserved. For information on reproducing these materials, please contact UW Oshkosh CCDET at

caregiver@uwosh.edu

Table of Contents

Learning Points	3
Professional Boundaries	3
The Caregiver–Client Relationship.....	3
Zone of Helpfulness	4
Crossing Boundaries	4
Why Professional Boundaries Are Important.....	7
Activity: Explore Boundary Crossings.....	8
Sharing Personal Information.....	9
Not Seeing Behavior as Symptomatic.....	10
Using Nicknames/Endearments	11
Touch	12
Professional Demeanor.....	13
Accepting Gifts/Favors/Tips	14
Over-Involvement.....	15
Sexual Attraction/Relationships.....	16
Keeping Secrets.....	17
Wrap-Up	18
Training Materials Checklist	19

Learning Points

Let's review the main learning points.

- Identify professional boundaries for caregivers
- Help caregivers maintain a helpful relationship with clients
- Coach caregivers on how to stay in bounds
- Understand why professional boundaries are important

Professional Boundaries



Professional boundaries are guidelines for maintaining positive and helpful relationship with clients or residents. Understanding boundaries helps caregivers avoid stress and misconduct, recognize boundary crossings and provide the best possible care.

There are many ways in which supervisors and managers can reinforce the observance of professional boundaries. Let's start out by discussing the therapeutic role that every caregiver must play with those in their care.

The Caregiver–Client Relationship

The caregiver has a powerful role in the relationship between caregiver and client. This power comes from:

- 1) Control over the services provided to the client
- 2) Access to private knowledge about the client

It's important not to let the balance of power slide heavily onto the caregiver's side of the relationship. Maintaining professional boundaries helps the caregiver maintain a helpful or "**therapeutic**" relationship with the client.

To determine whether or not a caregiver might be crossing a professional boundary, ask yourself the following question: Are the caregiver's actions more about his/her own needs than the needs of the client? If so, the caregiver under your supervision may need coaching on professional boundaries.

Zone of Helpfulness

This graphic depicts the idea of maintaining a therapeutic or helpful relationship with a client, neither over-involved nor under-involved. Staying within the zone helps you to stay “in bounds.”



[Point out the boundary graphic in the participant guide. Reinforce the idea of staying in the zone of “helpfulness” or maintaining a therapeutic relationship, not a social one.]

Crossing Boundaries

To learn more about how to stay in the zone of helpfulness, let’s explore the following chart. The chart gives examples of boundary crossings and offers tips for staying in bounds in specific situations.

Type of Boundary Crossing	Staying In Bounds
<p>Sharing Personal Information: It may be tempting to talk to your client about your personal life or problems. Doing so may cause the client to see you as a friend instead of seeing you as a health care professional. As a result, the client may take on your worries as well as their own.</p>	<ul style="list-style-type: none"> • Use caution when talking to a client about your personal life • Do not share information because you need to talk, or to help you feel better • Remember that your relationship with your client must be therapeutic, not social
<p>Not Seeing Behavior as Symptomatic: Sometimes caregivers react emotionally to the actions of a client and forget that those actions are caused by a disorder or disease (symptomatic). Personal emotional responses can cause a caregiver to lose sight of her role or miss important information from a client. In a worst case, it can lead to abuse or neglect of a client.</p>	<ul style="list-style-type: none"> • Be aware that a client's behavior is the result of a disease or disorder • Know the client's care plan! • If you are about to respond emotionally or reflexively to the negative behavior of a client, step back and re-approach the client later • Note that the client may think their action is the best way to solve a problem or fill a need • Ask yourself if there is a way to problem solve and help the client communicate or react differently
<p>Nicknames/Endearments: Calling a client 'sweetie' or 'honey' may be comforting to that client, or it might suggest a more personal interest than you intend. It might also point out that you favor one client over another. Some clients may find the use of nicknames or endearments offensive.</p>	<ul style="list-style-type: none"> • Avoid using terms like honey and sweetie • Ask your client how they would like to be addressed. Some may allow you to use their first name. Others might prefer a more formal approach: Mr., Mrs., Ms., or Miss • Remember that the way you address a client indicates your level of professionalism
<p>Touch: Touch is a powerful tool. It can be healing and comforting or it can be confusing, hurtful, or simply unwelcome. Touch should be used thoughtfully.</p>	<ul style="list-style-type: none"> • Use touch only when it will serve a good purpose for the client • Ask your client if he/she is comfortable with your touch • Be aware that a client may react differently to touch than you intend • When using touch, be sure it is serving the client's needs and not your own

<p>Unprofessional Demeanor: Demeanor includes appearance, tone and volume of voice, speech patterns, body language, etc. Your professional demeanor affects how others perceive you. Personal and professional demeanor may be different.</p>	<ul style="list-style-type: none"> • Clients may be frightened or confused by loud voices or fast talk • Good personal hygiene is a top priority due to close proximity to clients • Professional attire sends the message that you are serious about your job • Off-color jokes, racial slurs, profanity are never appropriate • Body language and facial expressions speak volumes to clients
<p>Gifts/Tips/Favors: Giving or receiving gifts, or doing special favors, can blur the line between a personal relationship and a professional one. Accepting a gift from a client might be taken as fraud or theft by another person or family member.</p>	<ul style="list-style-type: none"> • Follow your facility's policy on gifts • Practice saying no graciously to a resident who offers a gift that is outside your facility's boundaries • It's ok to tell clients that you are not allowed to accept gifts, tips • To protect yourself, report offers of unusual or large gifts to your supervisor
<p>Over-involvement: Signs may include spending inappropriate amounts of time with a particular client, visiting the client when off duty, trading assignments to be with the client, thinking that you are the only caregiver who can meet the client's needs. Under-involvement is the opposite of over-involvement and may include disinterest and neglect.</p>	<ul style="list-style-type: none"> • Focus on the needs of those in your care, rather than personalities • Don't confuse the needs of the client with your own needs • Maintain a helpful relationship, treating each client with the same quality of care and attention, regardless of your emotional reaction to the client • Ask yourself: Are you becoming overly involved with the client's personal life? If so, discuss your feelings with your supervisor
<p>Romantic or Sexual Relationships: A caregiver is never permitted to have a romantic or sexual relationship with a client. In most cases, sexual contact with a client is a crime in Wisconsin.</p>	<ul style="list-style-type: none"> • While it may be normal to be attracted to someone in your care, know that it is never appropriate to act on that attraction • Do not tell sexually oriented jokes or stories. It may send the wrong message to your client • Discourage flirting or suggestive behavior by your client • If you feel that you are becoming attracted to someone in your care, seek help from your supervisor or other trusted professional right away

<p>Secrets: Secrets between you and a client are different than client confidentiality. Confidential information is shared with a few other members of a team providing care to a resident. Personal secrets compromise role boundaries and can result in abuse or neglect of a client.</p>	<ul style="list-style-type: none">• Do not keep personal or health-related secrets with a client• Remember that your role is to accurately report any changes in your client's condition
--	---

Why Professional Boundaries Are Important

Can you think of some reasons why maintaining professional boundaries is important for caregivers?

[Ask the group for some reasons. Document answers on a flip chart. If needed, offer some of the following examples:

- *Assures a therapeutic relationship with clients, rather than a social relationship.*
- *Avoid burnout.*
- *Avoid legal trouble.*
- *Maintain a helpful relationship, not too personal and not too aloof.*
- *Caregivers avoid emotional entanglements*
- *Caregivers treat all clients fairly.*
- *May reduce allegations of caregiver misconduct.*
- *The caregiver is seen as a professional.*
- *Supervisors see the caregiver as competent.]*

Activity: Explore Boundary Crossings

Using what you've learned about professional boundaries so far, we're going to explore some examples of boundary crossings. Using what you've learned about professional boundaries so far, we're going to explore some examples of boundary crossings using the scenarios that follow in the guide.

[Have large group break into small groups. Assign each group a different scenario. Point out the scenario in their handout. If you have a small audience, you may assign each person a scenario.]

Please choose one person to take notes about your discussion and report back to the larger group at the end of your discussion. When you look at the examples, please discuss:

- What observations can you make about the situation?
- As a supervisor, how would you coach the caregiver in the situation?

You'll have about 10 minutes for discussion. You can begin now.

[Before asking each group to report back, read the scenario to the whole group—point out the scenario in their participant guide also. Each scenario contains possible observation examples and coaching points if needed.]

Sharing Personal Information

Polly is a 28 year-old home health aide with two children. Bess, a 90-year old widow, is one of Polly's patients. Polly is going through a divorce and seems to be on an emotional roller coaster lately. Polly feels better when she can talk about her situation. Recently, she has begun to share her experiences with Bess, including details of her ex-husband's infidelity, his failure to pay child support, her dire financial situation, and her children's unhappiness. Bess seems to be a sympathetic "ear" for Polly and listens attentively when Polly shares her experiences.

[Possible Discussion Points:

- *Polly is treating Bess as a friend.*
- *Polly's focus on her own problems may result in neglecting some of Bess's cares.*
- *Bess may worry about Polly's situation.*
- *Bess may try to help Polly by offering money, food or other necessities.*
- *Polly's detailed accounts may offend Bess.*
- *Bess might complain to Polly's boss.*

Possible Coaching Points:

- *Offer Employee Assistance Program (if available) to Polly.*
- *Ask, "When you share your problems with Bess, might it cause her to worry?"*
- *Ask, "What is your measuring stick for sharing information with those in your care?" (Some caregivers share only good news.)*
- *Try role play to give Polly some language/responses to Bess's questions without giving Bess too much personal, negative information.]*

Not Seeing Behavior as Symptomatic

Carlos, a 40 year-old CNA in a nursing home, often provides cares for Jerry, a 72 year-old resident with Alzheimer's disease. Carlos has come to Jerry's room to assist him to the dining room for supper.

CNA Carlos says to Jerry, "It's dinnertime. Are you ready to go?" Jerry smiles at Carlos and says, "Ready." But then Jerry returns to watching TV. Carlos brings Jerry's walker to him, but Jerry continues to stare at the TV.

After several attempts to get Jerry up, Carlos becomes angry. He walks out of Jerry's room, muttering to himself, "The heck with Jerry, he can just go hungry tonight. I hate it when he ignores me like that! He knows it's dinnertime. He's just trying to annoy me!"

[Possible Discussion Points:

- *Carlos is assuming that Jerry understood his words and intentions.*
- *Jerry may be experiencing aphasia, the inability to understand written or spoken words.*
- *Although Jerry repeated the word "ready," he doesn't recall what it means.*
- *Carlos' conduct could result in Jerry being neglected, going hungry.*
- *Carlos did not consider the possibility that Jerry's response was a symptom of his illness.*
- *Carlos' impatience affected the quality of Jerry's care.*
- *Jerry senses Carlos' frustration and becomes agitated.*

Possible Coaching Points:

- *More training for Carlos in recognizing the signs of aphasia.*
- *Review the care plan with Carlos if there are successful approaches to Jerry listed there.*
- *Talk about alternatives to getting dinner for Jerry: bring dinner to his room; re-approach later.*
- *Use the moment to reinforce the need for caregivers to share challenging situations or changes in a resident's behavior with the supervisor. Sometimes direct caregivers are the first to recognize changes in behavior.]*

Using Nicknames/Endearments

Edward Maxwell is an 85 year-old resident of a nursing home. Professor Maxwell taught American History at the UW-Stout for many years and after retirement traveled widely with his wife. However, he is no longer able to care for himself and must rely on nursing home staff to assist him with eating, toileting, bathing, etc.

A new CNA, Melanie, age 19, enters Professor Maxwell's room and says, "Good morning, Sweetie. Are we ready for our bath?" Professor Maxwell says to Melanie in a gruff voice, "I'm not having a bath today, young lady. Get out of my room!" Melanie leaves, wondering why it's her bad luck to get stuck with such a crabby old man!

[Possible Discussion Points:

- *Melanie reminds Edward of his students, who always addressed him as Professor, not Sweetie!*
- *Edward is offended by Melanie's overly familiar manner.*
- *Melanie's question may seem condescending or demeaning to Edward.*
- *Melanie's use of an endearment diminishes her professionalism in Edward's eyes.*
- *Edward resents having to rely on strangers for personal cares.*
- *Melanie meant her endearment to convey her caring nature—it had just the opposite effect.*
- *In Edward's day, calling someone "sweetie" intended something more, as in "sweetheart."*

Possible Coaching Points:

- *Suggest alternative/more respectful ways to approach residents.*
- *Talk to Melanie about adult to adult communication rather than the adult to child style that Melanie used.*
- *Meet people where they "are." Stress the importance of knowing the resident's life history.*
- *Find out how Edward prefers to be addressed.*
- *Consider the intimate nature of bathing. Ask Melanie to put herself in Edward's shoes, how would she feel if a man she didn't know had to help her with her bath?*
- *Talk about how easily terms of endearment may be misunderstood.]*

Touch

Michael is a 30 year-old caregiver in a CBRF. Marla is a 25 year-old woman with cerebral palsy and a cognitive disability. Unknown to Michael, Marla was assaulted several years ago by a former boyfriend.

One day, Michael walks into the kitchen and sees Marla, crying softly over her breakfast. Michael bends down and places his arm around Marla who suddenly begins to scream and cry harder. She shrinks away from Michael and looks at him with fear in her eyes. The owner of the CBRF comes out of his office and wants to know what Michael has “done” to Marla.

[Possible Discussion Points:

- *Michael didn't stop to consider how Marla might react to his touch.*
- *Michael intended his touch to be comforting.*
- *Although Marla knew Michael and liked him, his touch startled her.*
- *Marla was reminded of her rough treatment by an abusive male in her life.*
- *Marla may have thought Michael was making a sexual advance.*
- *Caregivers must be aware that clients might perceive an intimate gesture as a sexual advance.*
- *Michael never intended to startle or injure Marla, but his uninvited touch was mistaken for something else.*
- *Although Michael did not intend to harm Marla, it may create questions in his boss's mind.*

Possible Coaching Points:

- *Provide training on the impact of sexual assault on victims.*
- *Ensure that Michael knows Marla's history. (Is her care plan accurate and up-to-date?)*
- *Discuss being sensitive to the unique issues that come up between caregivers/clients of the opposite sex.*
- *Even the best intentions can be misunderstood.*
- *You, as the supervisor, should take responsibility for judging the situation too quickly.*
- *Help Michael think of alternative approaches to soothe Marla.]*

Professional Demeanor

Susie is a 22 year-old CNA at a nursing home in a small town. She is from a large family with four older brothers and a younger sister. As a child, Susie developed an aggressive and loud manner in order to stand up to her older siblings. But her loud voice and “salty” language have now landed Susie in trouble with her supervisor.

In the last few months, three different residents have complained that Susie is being verbally abusive to them. Susie can’t understand it—she always gets her cares done on time and even helps out others. She really cares about the residents, but she doesn’t see any reason to pretend to be something she’s not!

[Possible Discussion Points:

- *Susie has applied her personal demeanor to her professional life.*
- *She has failed to see herself as others see her.*
- *Residents feel threatened by her loud voice and aggressive mannerisms.*
- *Susie’s youth and inexperience may contribute to her lack of professional demeanor.*
- *Susie doesn’t realize that some people are offended by her profanity.*
- *Susie’s demeanor has protected her in her personal life. It’s hard to put on a different face.*
- *Susie’s demeanor may result in her losing her job or being charged with caregiver misconduct.*

Possible Coaching Points:

- *Review the policy/work rule that prohibits profanity.*
- *Help Susie consider that some people are offended by profanity.*
- *Teach Susie that when she uses a loud voice, some people think she is angry or mean.*
- *Suggest that Susie “mirror” the resident’s tone of voice, e.g. when the resident speaks quietly, she speaks quietly.*
- *Susie must understand that good interpersonal skills are as important as clinical skills.*
- *Examine your own response to residents. Are you a good role model?]*

Accepting Gifts/Favors/Tips

Heidi is a 40 year-old personal care worker who travels to the homes of several clients each week. One of her clients is Marion, a 79 year-old single woman. Marion has no children but enjoys the company of her niece, Darla, on holidays.

Marion seems very lonely to Heidi. It's clear that Marion looks forward to the caregiver's visits. For the past few months, Marion has been insisting that Heidi take gifts from her. It started with a few small things, like a candle that Heidi admired. Now, Marion is offering Heidi her dining room table and chairs. Marion jokes that if Heidi doesn't take them, she will think that Heidi doesn't love her anymore. Heidi finally agrees to take the table and chairs, justifying that the furniture will get more use at her house.

[Possible Discussion Points:

- *Marion might feel that she needs to give Heidi gifts in order to keep her.*
- *By accepting the gifts, there may be a perception that a patient can buy better quality of care.*
- *Marion's other caregivers may feel resentment if they don't receive gifts.*
- *Heidi has allowed the relationship to become personal by accepting gifts.*
- *What happens when Marion's niece Darla comes for Christmas? Will she think that Heidi is trying to take advantage of her aunt?*
- *Every facility has a gift policy—Heidi doesn't seem to know it!*
- *Heidi should have told her supervisor the first time Marion offered a gift.*
- *Heidi's supervisor might fire Heidi for taking unauthorized gifts, against the agency's policy.*
- *Heidi was not prepared to decline Marion's offer gracefully.*

Possible Coaching Points:

- *Review your agency's gift policy with Heidi.*
- *Help Heidi come up with language to gracefully decline gifts.*
- *Discuss Heidi's motives-she's justifying taking gifts.*
- *Talk about the dangers of accepting even small gifts—puts Heidi on a “slippery slope”.*
- *Ask Heidi to think about what Marion's family might think of the gifts. Could they accuse Heidi of defrauding Marion?]*

Over-Involvement

Kia is a 25-year old hospice aide. About six months ago, she began to care for a terminally ill patient, Harry, in his home. Harry's wife, Brenda, is such a trooper and both of their children and grandchildren visit frequently. Kia admires Harry and his family—they seem like such a nice, loving group.

Last month, Harry insisted on inviting Kia to a family birthday party at Harry and Brenda's home. Kia felt flattered that Harry invited her—she's feeling a little like family. Not only did Kia attend the party, but she stopped by on her day off to help Brenda prepare the meal and do a little vacuuming. Brenda asked Kia to pick up the birthday cake before the party, which Kia was happy to do.

Last week, Harry took a turn for the worse and Kia knows the end is very near. Although Kia has 5 years experience in caring for hospice patients, she finds herself very depressed at the thought of Harry's death. She will miss Harry and his family very much.

[Possible Discussion Points:

- *Kia allowed the family to see her as more than a caregiver.*
- *Kia was attracted to the family and welcomed their interest in her.*
- *Maybe this loving family fills a need in Kia.*
- *Because Kia will no longer serve the family after Harry dies, it may cause Brenda and other family members to feel additional feelings of loss and pain.*
- *Brenda also seemed to be taking advantage of Kia (picking up the cake.)*
- *Kia might miss important medical signs because the prospect of Harry dying causes her pain.*
- *Kia has lost her therapeutic relationship and crossed into a personal relationship.*
- *As a hospice aide, Kia cannot afford to mourn for each client as if they were family.*

Possible Coaching Points:

- *Refer to Employee Assistance Program or other counseling if Kia seems depressed; provide training on the grieving process.*
- *Discuss whether Kia's clients are meeting a personal need in her life.*
- *Review therapeutic relationships with Kia. Has she moved from a helpful relationship to an over-involved relationship?*
- *Pair Kia with a more experienced aide to talk about setting boundaries.*
- *Check back with Kia frequently-this job may not be a good fit.]*

Sexual Attraction/Relationships

Sheila is a 32 year-old CNA who works in a CBRF that serves clients undergoing rehabilitation for addiction to controlled substances. One of the CBRF residents is Ray, a 25 year-old man with an addiction to prescription pain killers.

Lately, Sheila finds herself “dressing up” more for work than usual and spending more time with Ray than other residents. Ray enjoys jogging, so Sheila now stays late to jog with him. Sheila tells herself that she’s being supportive of Ray. He seems to appreciate Sheila’s efforts, and wants to hug Sheila more often. He asked her if she would like to go have pizza next week, just the two of them.

Yesterday, one of the other residents asked Sheila if she was “going steady” with Ray. Sheila’s supervisor overheard the comment and now Sheila is worried that her supervisor will misunderstand her relationship with Ray.

[Possible Discussion Points:

- *It is never ok to have a romantic/sexual relationship with a client.*
- *Sheila’s focus on Ray may leave other clients neglected.*
- *Sheila’s change in dress indicates that she is crossing a boundary.*
- *Staying after work, extending her hours indicates that she is becoming over-involved.*
- *Increased/ unnecessary touch can be an indicator of sexual attraction.*
- *Ray’s rehab could be negatively affected if Sheila quits her job or is no longer interested in Ray.*
- *The focus has shifted from a helping professional relationship to a personal one.*
- *Sheila is in denial about the relationship, e.g. being worried that her supervisor will “misunderstand.”*
- *Sheila could lose her job or be charged with caregiver misconduct.*
- *Residents and patients in certain long-term care settings cannot legally consent to sexual contact.*

Possible Coaching Points:

- *Talk about the legal ramifications and facility policies.*
- *Tell Sheila it is never okay to have a romantic/sexual relationship with a client under any circumstances.*
- *Explore whether Sheila is using Ray to meet a personal need; refer to EAP or counselor.*
- *Discuss therapeutic, helpful relationships; Sheila has become over-involved and is justifying her behavior.*
- *Consider the negative impact on Ray’s therapy if Sheila becomes disinterested or changes jobs.*
- *Talk about Ray becoming distracted from his focus of dealing with his addiction. Consider reassigning Sheila.]*

Keeping Secrets

Gloria is a 78-year old woman with Alzheimer's-related dementia and hypertension who receives services from a home health agency. During a recent home visit, the agency RN supervisor noted that Gloria's dementia is progressing to a point where she may soon need full-time skilled nursing care. Gloria is very upset at the prospect of leaving her home and refuses to consider a different living arrangement.

Yesterday, home health aide David, arrived at Gloria's home and discovered a burned dish towel in the kitchen sink. When David asked Gloria what happened, she said that someone must have left the dish towel on the burner. David also noticed that Gloria has forgotten to take her medication again.

Gloria begs David not to tell anyone about the towel or the meds. David isn't sure what to do. He wants to respect Gloria's rights and maintain patient confidentiality, and he doesn't blame her for wanting to stay at home.

[Possible Discussion Points:

- *Patient confidentiality does not include failing to report changes in a client's condition.*
- *David's sympathetic view of Gloria's situation could result in harm to Gloria.*
- *If David reports Gloria's situation accurately, the agency can suggest some safety measures (a marked pill box, disconnecting the stove—using the microwave instead.)*
- *It's hard to make decisions that will make the patient unhappy.*
- *If Gloria is hurt or has a stroke, e.g., David will feel guilty.*
- *David could be charged with caregiver neglect for failing to report.*

Possible Coaching Points:

- *Patient confidentiality does not include failing to report changes in a client's condition. David's first responsibility is Gloria's safety.*
- *Use this opportunity to reinforce the importance of immediately reporting any changes. Caregivers are the "eyes and ears."*
- *Help David think of language to use when Gloria asks him to keep secrets.*
- *Consider sending a social worker to speak with Gloria about living arrangements; this is beyond David's job responsibilities.]*

Wrap-Up

Let's review the main learning points.

- Identify professional boundaries for caregivers
- Help caregivers maintain a helpful relationship with clients
- Coach caregivers on how to stay in bounds
- Understand why professional boundaries are important

NOTE: This material was developed by the Wisconsin Department of Health Services-Division of Quality Assurance and the UW Oshkosh Center for Community Development, Engagement and Training (CCDET) as part of the federal Caregiver Abuse and Neglect Prevention Project.

This publication was made possible by Grant Number 90MA0006/01 from the U.S. Department of Health & Human Services, Administration on Aging. Its contents are solely the responsibility of the University of Wisconsin Oshkosh and do not necessarily represent the official views of the USDHHS Administration on Aging.

Training Materials Checklist

For this training, you will need:

- Laptop computer (recommended)
 - MS PowerPoint (*PPT Viewer can be downloaded for free at Microsoft.com*)
 - LCD Projector (recommended)
 - Screen for viewing the PPT (recommended)
 - Flip chart and markers
 - Printed Participant Guides
 - Pens or pencils
 - Evaluation (optional)
 - Certificate of completion (optional)
- Note: It is strongly recommended that the PPT be viewed using an LCD projector. If that option is not available, the PPT may be downloaded and printed as a handout.