GERONTOLOGY BOOT CAMP
PART I

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http://www.sahp.vcu.edu/departments/gerontology/

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www.dss.virginia.gov/

WATCH: What does a gerontologist do? (4-min video)

https://www.youtube.com/watch?v=acSksD2Y-uY

A PROGRAM FOR PROFESSIONAL CAREGIVERS WORKING IN ADULT DAY CARE SETTINGS

A FOUR-PART WEBINAR SERIES

1

**Part I:
Stereotypes, Ageism, and Biological Aging**

2

Part II:
Psychology of Aging

3

Part III:
Social Aging

4

Part IV:
Spiritual Aging

At the end of this series, YOU will have an increased understanding of:

- The biological, psychological, sociological, and spiritual **norms of aging**.

- Current **trends and research** in Gerontology and its application to work in adult day settings.

- Aging-related **stereotypes and myths** and ability to identify those which perpetuate **ageism**

- How to **educate others** about normal aging processes.

Series Learning Objectives

At the end of this webinar, YOU will have an increased understanding of:

- Aging-related **stereotypes and myths**
- **Ageism** in the context of Adult Day Programs and Person Centered Care
- **Language** and Ageism
- **Biological Aging**

Session Learning Objectives

What is Gerontology?

The study of aging from a holistic biopsychosocial and spiritual perspective
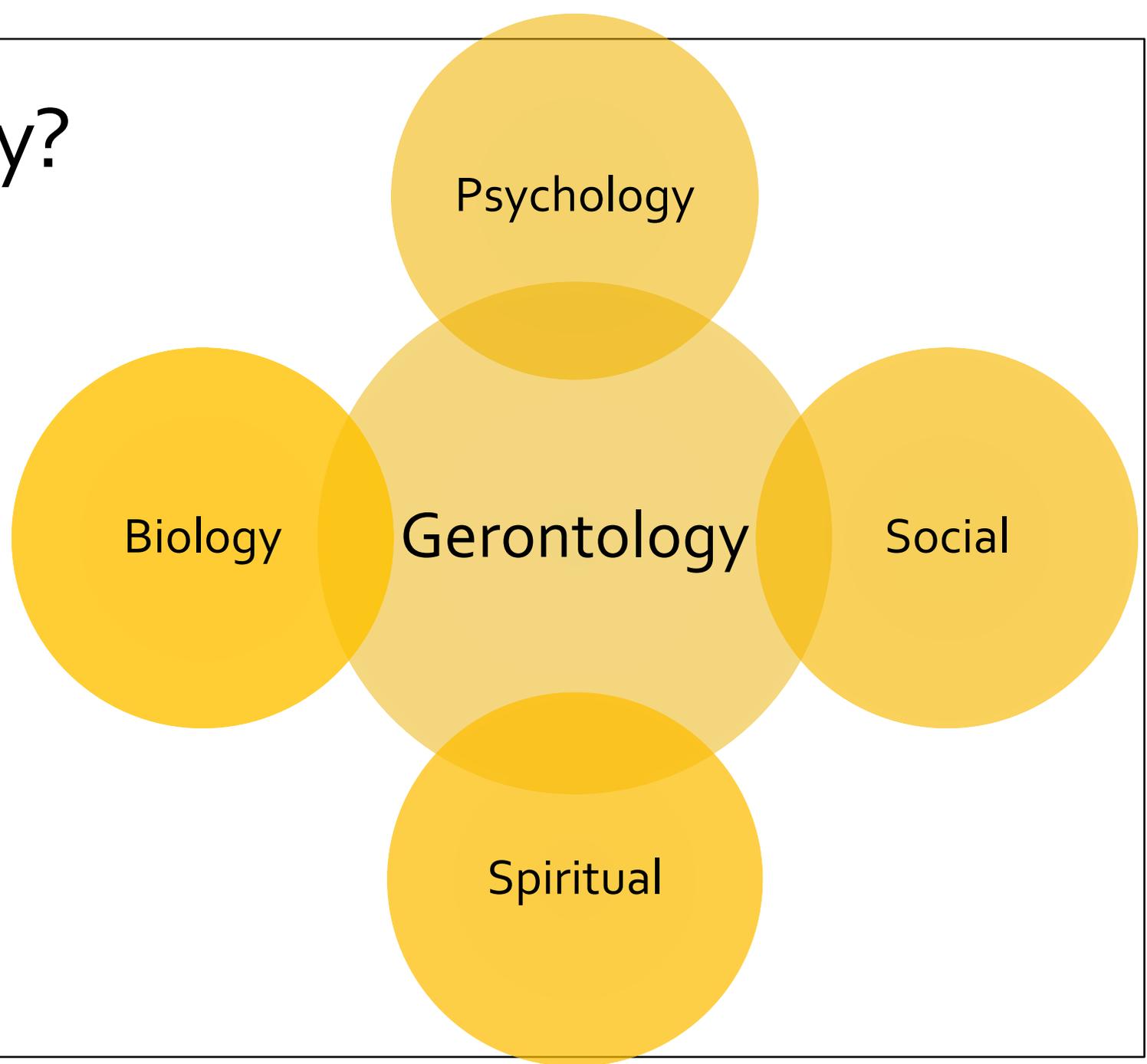
Think about yourself in the future:

How do you see yourself 30 or 40 years from now?

Are the characteristics of your older self mostly **positive** or mostly **negative**?

Common Stereotypes About Older Adults

POSITIVE	NEGATIVE
?	?
?	?
?	?
?	?
?	?

Aging and "othering"

Who is **aging**? — What does aging have to do with **us**? — Who are we, and who is "the **other**"

We are not educated about normal aging

We fear being dependent

We want to deny our own aging

Why do we "*other*" older people?

We fear being mortal

We don't hear about the benefits of aging

We believe myths & stereotypes
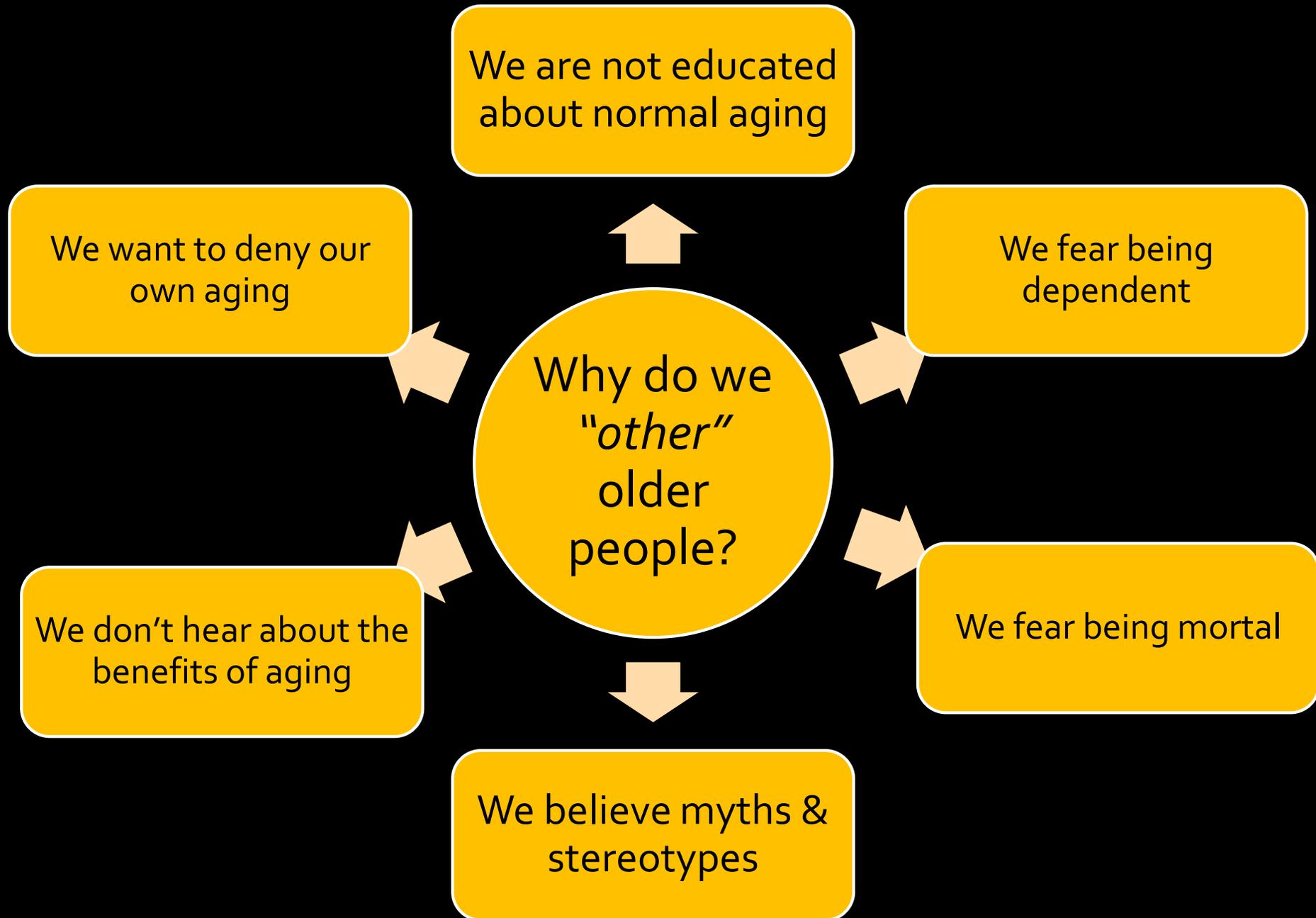
Attitudes about aging

Ageism
- stereotyping and discriminating against individuals or groups on the basis of their age (Butler, 1969)

Aging Anxiety
- the fear of growing old

Gerontophobia
- the fear of older adults

AGEISM: A prejudice in 3 parts

1

Feelings

- It feels hard working with old people – they need so much help (and I have so little time).

2

Beliefs

- Being old means you can't do things for yourself.

3

Behaviors

- It's easier to do things for old people – it saves time and stress!

Language: What we say matters

The language we use is important in providing person-centered care.

Some of our language may unintentionally demean people.

Some of our language is "institutional".

POLL

Which of these terms work <u>against</u> Person Centered Care?

Wing

The Elderly

Admission

Facility

Diaper

Putting it into practice!

EXAMPLE Scenario: An Adult Day Participant is lost and cannot find the bathroom and she is heading in the wrong direction.

What we might say:
- "Where do you think you're going? That is a closet, silly! Come on, sweetie, give me your hand and we'll find the bathroom."

Why we do it:
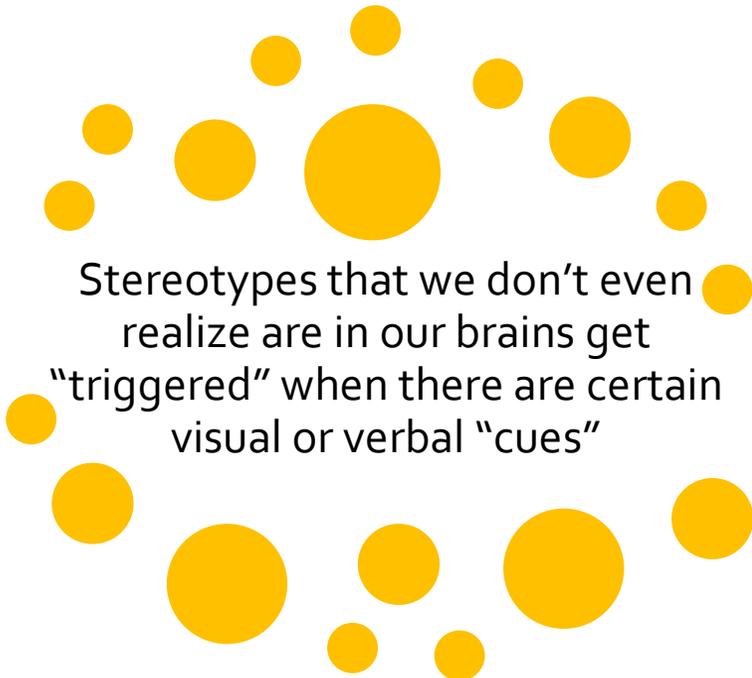- Highly Caring, "Keeping it light"

Why it's ageist:
- Infantilizing, causes embarrassment

What we can say instead:
- "Mrs. M., it looks like you are having a little difficulty finding the restroom. All these doors look alike. I would be happy to walk that way with you if you would like."
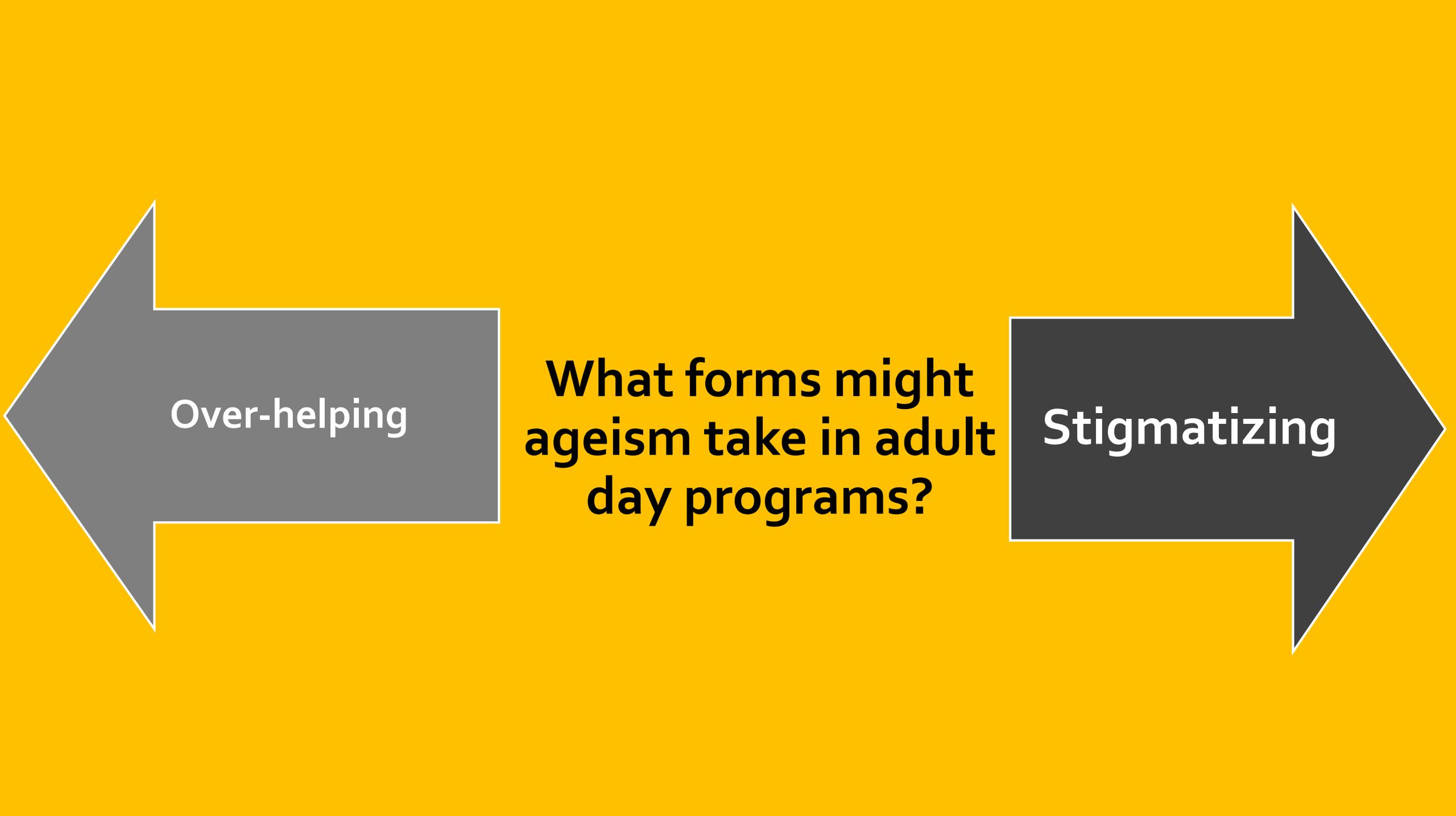
Stereotype Activation in Adult Day Programs

Stereotypes that we don't even realize are in our brains get "triggered" when there are certain visual or verbal "cues"

These "cues" can include:

- Seeing many older adults who are frail (social segregation by age)
- Hearing a typically old sounding voice (thin, or quavery)
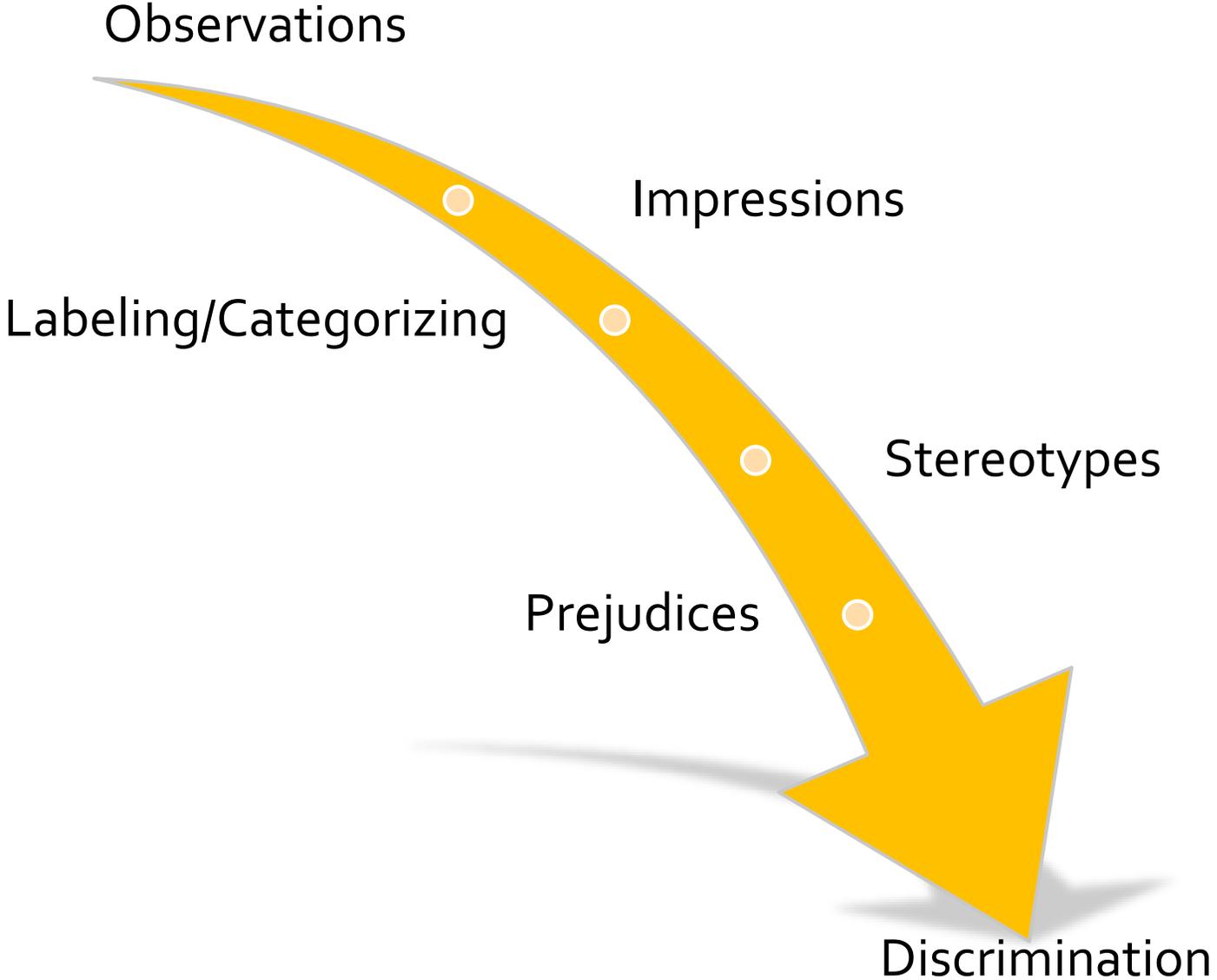- Seeing many older adults who are/appear to be inactive

A closer look at the process of ageism

Observations

Impressions

Labeling/Categorizing

Stereotypes

Prejudices

Discrimination

Ageism in Adult Day Programs

Observation:

Many older adults in the adult day program seem confused.

Impressions:

Confused participants remind me of children sometimes.
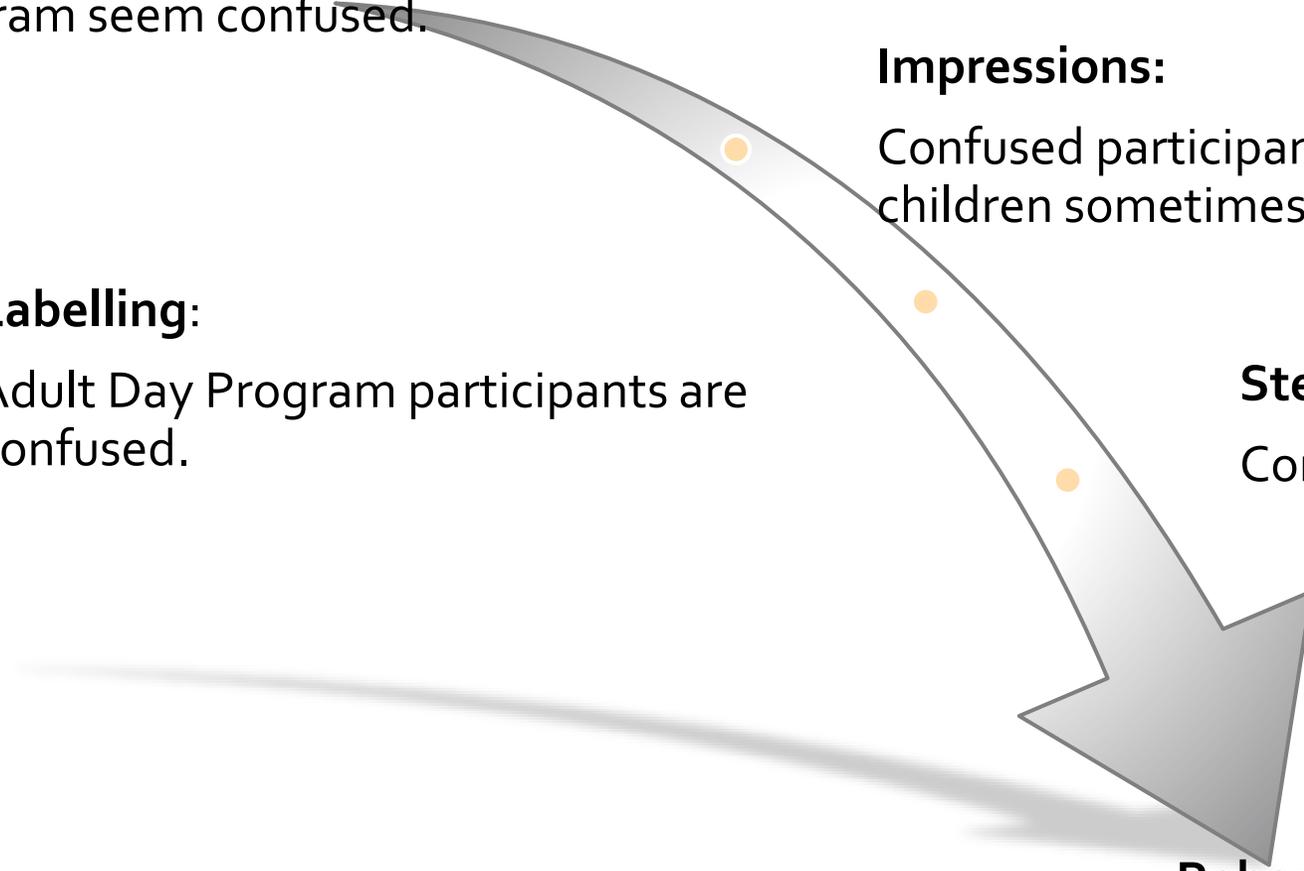
Labelling:

Adult Day Program participants are confused.

Stereotype:

Confused people are childlike.

Behavior:

Treating confused participants (or all participants) like they are children rather than adults.

Remember:
Ageism ≠ Person Centered Care

AGEISM	PERSON CENTERED CARE
Old people are all alike.	I will learn your story and find out who you are.
I already know what you need because you are old.	I will ask you what you want.
Old people are not as desirable as young people.	Everyone is a unique person of worth.
Old people don't run this show – we do.	This is an extension of the participants' homes and I am an invited guest.

Ageism hurts us all

Our lifetime exposure to **ageist stereotypes, biases and negative language**, puts us at increased risk of developing **internalized ageism**.
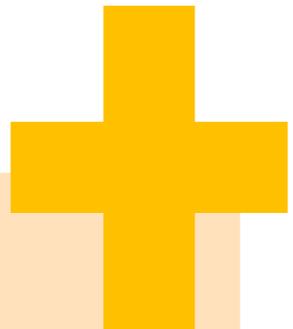
It's well established that internalized ageism is associated with negative health outcomes such as:

- Lower life expectancy
- High blood pressure
- Reduced self-esteem
- Reduced motivation
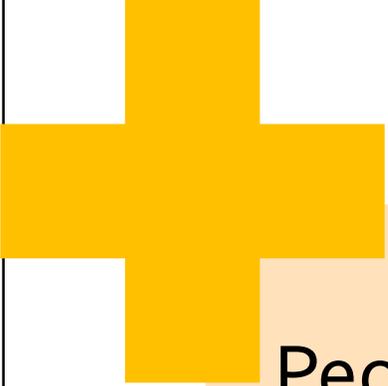
Can ageism really shorten your life??

Not only are negative stereotypes hurtful to older people, but they may even shorten their lives.

Study of adults 50+ years old:

people with more **positive self-perceptions** of aging lived **7.5 years longer** than those with negative self-perceptions of aging.

On the other hand..

People's **positive beliefs** about and **attitudes** toward older adults appears to boost their mental health.
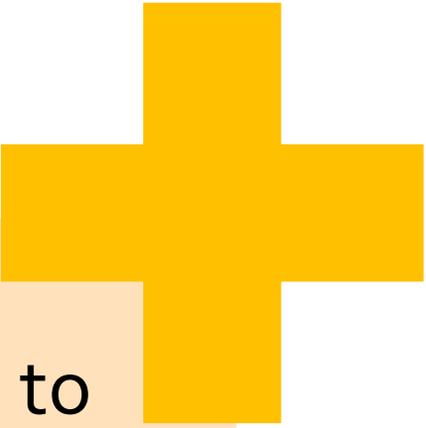
Older adults exposed to **positive** stereotypes have significantly better **memory** and **balance**, whereas *negative self-perceptions* contributed to *worse memory* and feelings of *worthlessness*.

POLL:

What can we do to help disrupt ageism in adult day programs?

Change	Educate	Speak and act	Support	Be
Change our language	Educate ourselves and others about Myths/Stereotypes	Speak and act with intention	Support all individuals through person centered care	Be gentle with ourselves and others

Biological Aging

POLL:

Aging is a disease

True   False

What's the problem with seeing
AGING AS A DISEASE?

"…If aging is a disease, then everyone's going to come down with it, and you can make a lot of money selling a cure. When in fact **aging is a natural process** that conveys **enormous benefits** along with all of the debility that we associate with it… But as long as aging is a "problem," then it can be commodified and we can sell people remedies, drugs and treatments to prevent what is not preventable and what is not a medical condition."

Ashton Applewhite

-Writer and Activist

What is aging?

- The lifelong **natural** process of **growing** older
  - Characterized by growth, decline, and adaptation

- Many **physical changes** are visible—but **biology is only part of the picture**
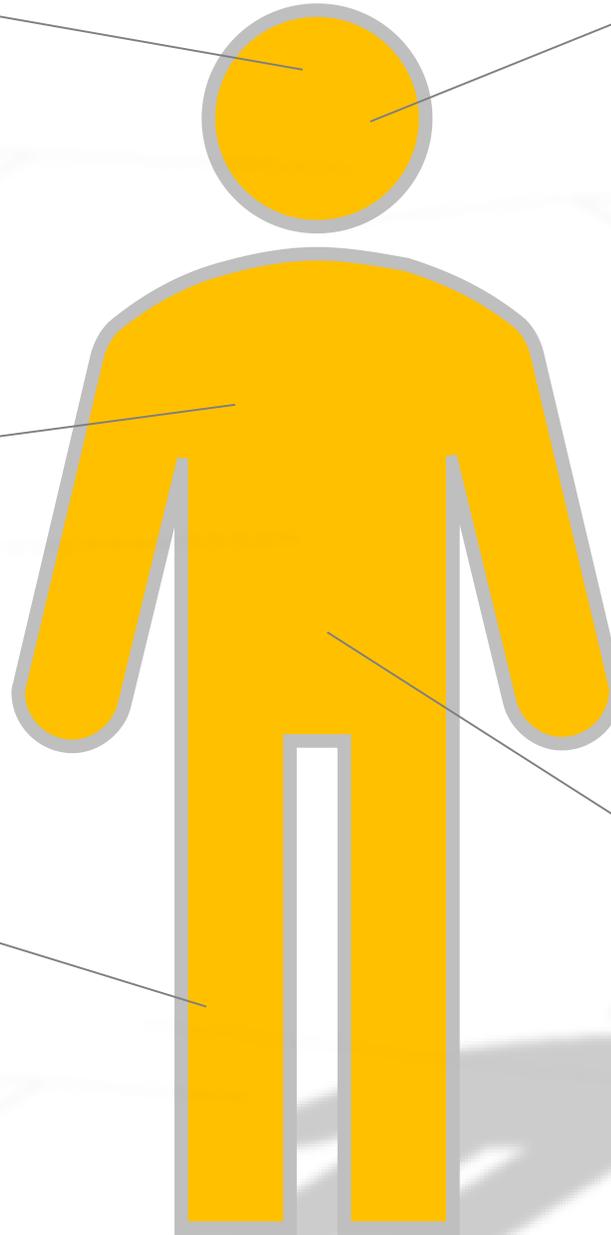
- Skull thickens
- Brain size decreases
- Hair grays, thins; men may go bald

- Wrinkles form
- Ability to see close objects diminishes
- Ability to hear high frequency sounds diminishes

- Stroke volume diminishes
- Vital capacity in lungs declines

- Bones become less dense
- Joint cartilage breakdown from wear and tear

- Kidneys filter blood more slowly
- Bladder capacity declines
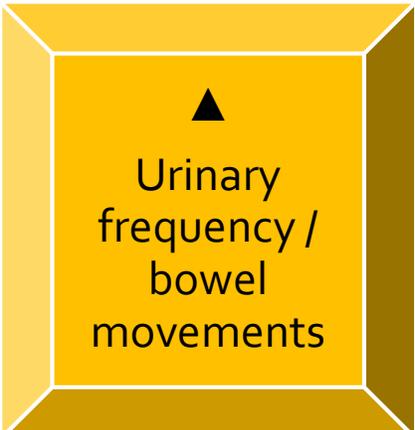- Men: Testosterone decreases
- Women: Menopause

POLL:

Age is just a number

True False

Normal Changes in Body Function

► Movement, posture & stability

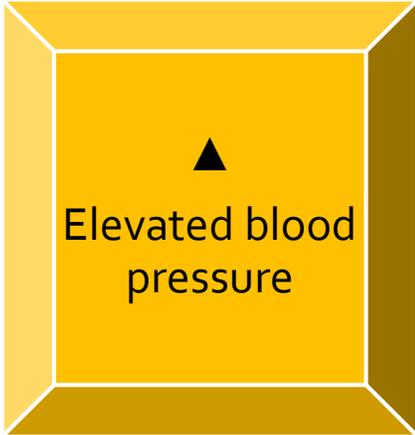▼ Breathing becomes more difficult

▲ Urinary frequency / bowel movements

▲ Elevated blood pressure

POLL:

Falls are common among older adults

True False

POLL:

The risk of injury outweighs the benefits of exercise for older adults.

True False

2008 Physical Activity Guidelines for Americans
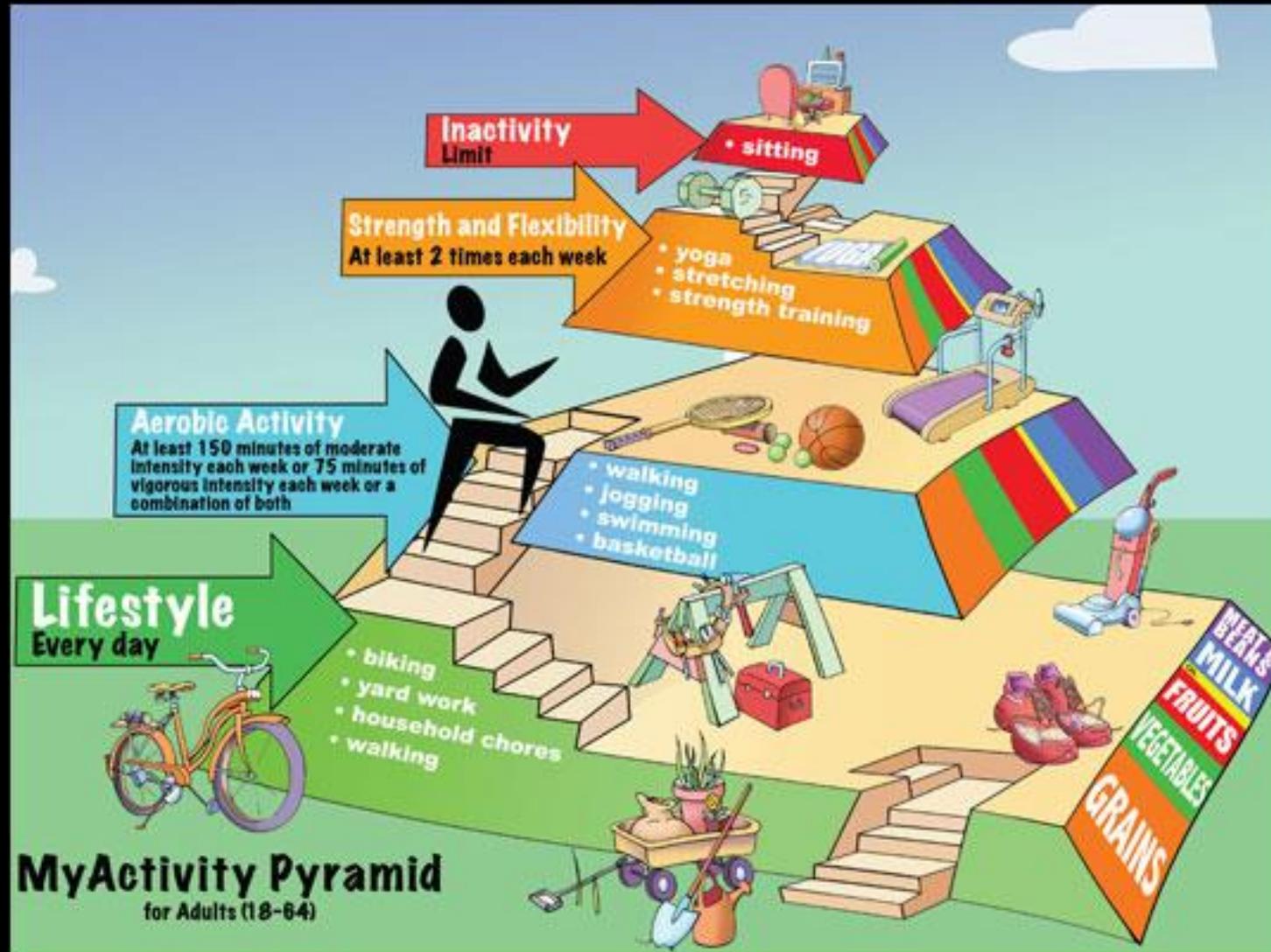
Creative strategies encouraging activity

01

Walking Club

02

Exercise: chair yoga, stretching, resistance bands, chair dancing, kick the ball, light hand weights

03

Working in raised gardens

04

Helping with household chores
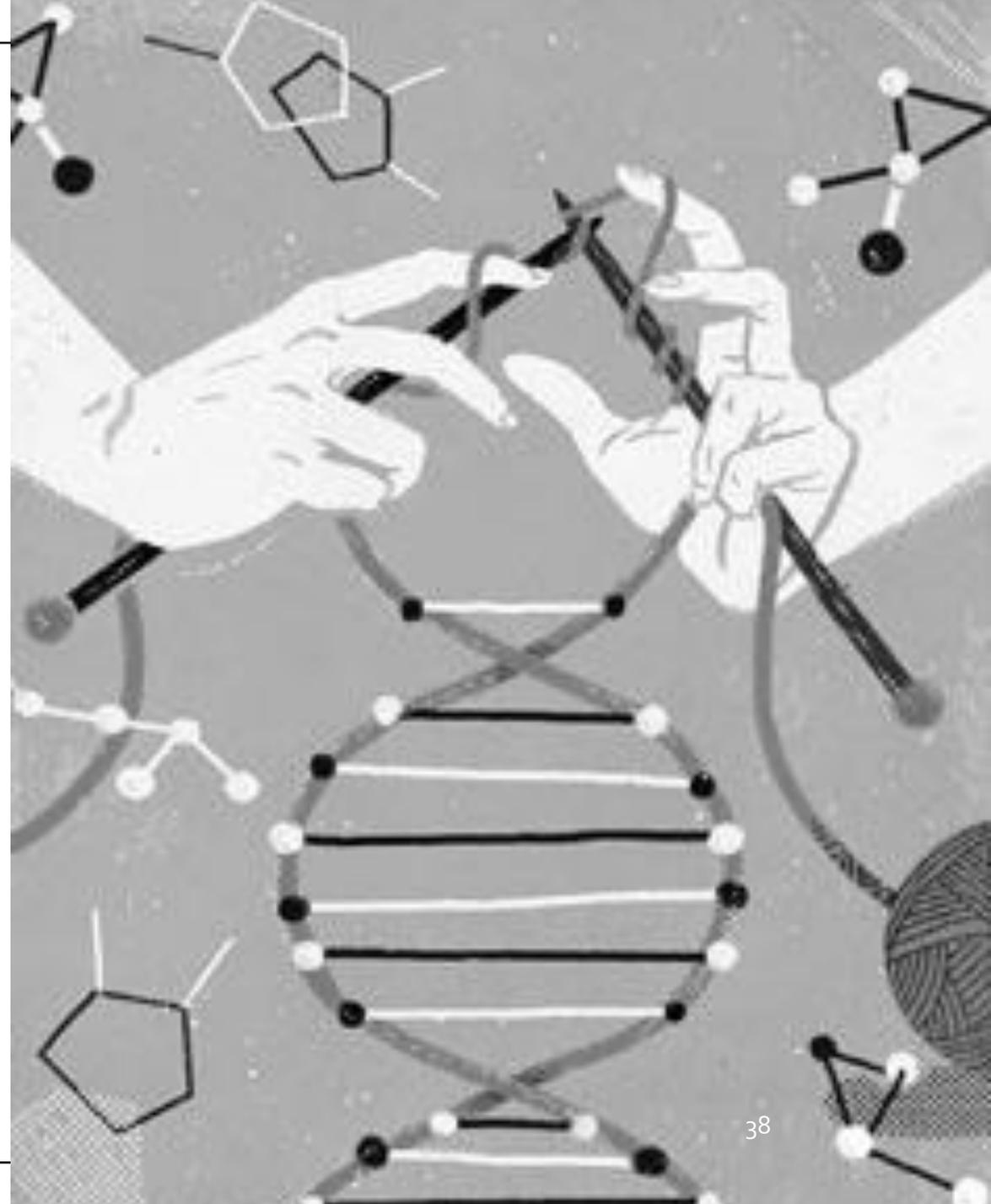
05

"Olympic" games

What does healthy aging *look* like?

Nature **vs.** *Nurture* ?

Functional changes and development as we age depend on:

- Genetics

- Lifestyle / Experience

- Environment

Why and *How* do we age?

Wear and Tear	Aging is **encoded** in our DNA
- Aging as events that occur **randomly** and **accumulate** over time - Progressive cell damage caused by: anxiety, disease, toxins, free radicals, radiation, stress… - Vital systems sustain damage over lifespan "Use it or lose it"	- Predetermined, innate biological clock - Genetically **programmed** process of cell death

POLL:

If we eliminated disease, we could live forever.

True   False

What about Nutrition?

- Nutritional needs of older adults are similar to the general population, but there are some changes with age:
  - Body composition (less muscle mass and more body fat)
  - Decreased energy needs
  - Food intake may decline with age and decreased mobility

Hydration?

- Water is the nutrient our body needs the most.
- Water content of the body decreases with age.
- Some alternatives to liquids that still promote hydration include:
  - Popsicles, sherbet, ice cream, frozen yogurt bars, fruit

Resource: www.choosemyplate.gov/older-adults

Risk Factors for inadequate nutrition

Malnutrition	Dehydration
Inadequate food intake	Decreased thirst perception
Social isolation	Lack of access to fluids
Depression	Difficulty swallowing
Oral health	Fears of incontinence
Polypharmacy (multiple drugs)	Diarrhea
Cognitive and physical impairments	Vomiting
Low income	Fever
Incontinence	

Creative strategies encouraging hydration and nutrition

Nutrition

- Properly seasoning meals
- Attractive presentation of food
- Movie time with snacks
- Frozen fruit smoothies for dessert
- Have soft food options available

Hydration

- Offer foods with high water content:
  - blueberries, watermelon, grapefruit, pineapple, cucumbers, tomatoes
- Scheduled activities: Teatime, Mocktail Hour, Thirsty Thursday
- Hydration Stations with infused water displays

POLL:

Heart disease is a man's disease.

True   False

Intimacy and sexual expression

What is intimacy?

Commitment

Interdependence

Emotional intimacy (including positive regard)

Cognitive intimacy (including thinking about the intimate)

Physical intimacy (from closeness to intercourse)

Sexual and intimacy needs are met through relationships with others, including family, friends, and long-term sexual relationships.

Our identity and sense of self is shaped and maintained through these relationships, and they become are part of our life experience.

SO, the way we express our sexuality is a part of our identity, contributes to our unique individuality, and must be maintained throughout our lives.

Benefits of Intimacy and Sexuality

Intimacy in relationships is associated with **greater life satisfaction**, and physical and psychological **well-being**

Sexual intimacy can **prevent loneliness**, increase positive sense of self, and impact one's personal identity

Those engaged in intimate relationships exhibit:

- Greater independence
- Better cognitive functioning
- Longer life expectancy
- Decreased risk of cancer and cardiovascular disease

Oral History Memory Books	Shadow Boxes	"Speed Dating"	Establishing a "welcome committee"	Staff/Participant Bios

Creative ways for developing meaningful relationships

Resources for further exploration

Ageism and Stereotypes

- VCU Gerontology: Look for #DisruptAgeism
- Ashton Applewhite: This Chair Rocks
- Leading Age article on language: tinyurl.com/ycqcwoot

Biology of Aging

- Nutrition: www.choosemyplate.gov/older-adults
- Activity: www.cdc.gov/physicalactivity/basics/older_adults/index.htm

THANK YOU