



GERONTOLOGY BOOT CAMP

PART III

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August 2017

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 session, YOU will have an increased understanding of:

- **Person-centered Care**
- **Social isolation, social engagement, bullying**
- **Person-centered approach** to social isolation, social engagement and bullying.

Learning Objectives



Social Gerontology

POWER 9 Pyramid from Blue Zones



1. Move Naturally



Right Outlook

2. Know Your Purpose

3. Downshift



Eat Wisely

4. 80% Rule

5. Plant Slant

6. Wine@5



Belong

7. Family First

8. Belong

9. Right Tribe

BELONG

7. Family First



"Successful centenarians in the Blue Zones put their families first. This means keeping aging parents and grandparents nearby or in the home (It lowers disease and mortality rates of children in the home too.). They commit to a life partner (which can add up to 3 years of life expectancy) and invest in their children with time and love (They'll be more likely to care for you when the time comes)."

BELONG

9. Right Tribe



"The world's longest lived people chose—or were born into—social circles that supported healthy behaviors, Okinawans created "moais"—groups of five friends that committed to each other for life. Research from the Framingham Studies shows that smoking, obesity, happiness, and even loneliness are contagious. So the social networks of long-lived people have favorably shaped their health behaviors."

What is
person-
centered care?



Adult Day Care and Person Centered Caring

Beginning to attend adult day programs means that individuals lose “normalcy” in their life – their personal daily routines, interests, and preferences.

Unintentional as it may be, our centers require individuals to conform to our somewhat institutional, efficient routines. The result is the participant's quality of life is compromised.

Using Person Centered Care to Ease Transition



Support
Engagement

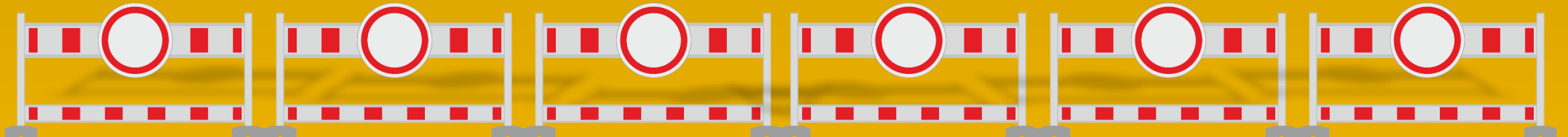
Respect
Choices

Respect and
Support
Personhood

Avoid
institutional
tendencies to
segregate

Respect Privacy

PERSON CENTERED-CARE

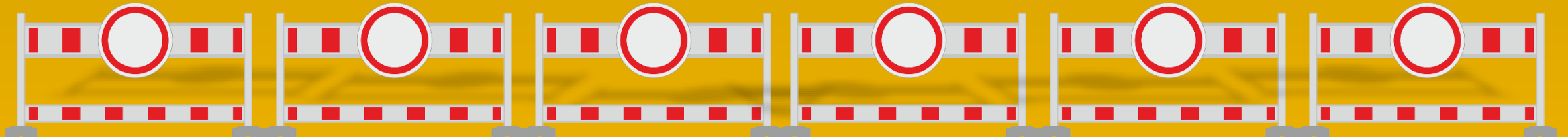


**SOCIAL
ISOLATION**

AGEISM

BULLYING

PERSON CENTERED-CARE



**SOCIAL
ISOLATION**

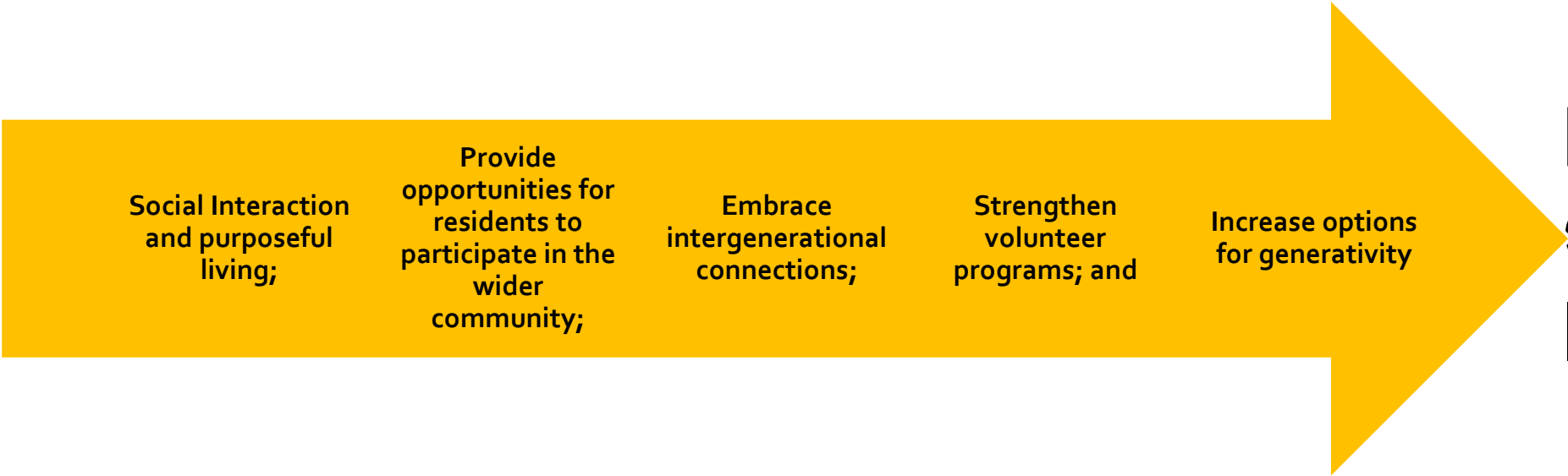
Social isolation & social engagement

Social isolation

- A state in which the individual experiences less social engagement with others than they would like, and they report that this interferes with their quality of life.

Social engagement

- Making and maintaining social and emotional connections with people and the community.



Enhancing Community Involvement

Strong evidence for social engagement

RESILIENCE

- Social connection has been proven to build resilience.

LONGEVITY

- People with strong social connections live longer.

IMMUNITY

- Social connection strengthens your immune system.

HEALTH

- People with strong social connections are less likely to experience depression, cognitive decline, and less likely to fall.

Reasons
why social
isolation
may occur in
adult day
services

There are many people around and
many opportunities for interaction,
BUT
relationships can be:

Short-term

Lacking intimacy

Lacking meaning

How can you take a person centered approach to social engagement?

| Domain | What I can do to be more person centered? | How I can do this? |
|--|---|--|
| Maintaining relationships with family, friends, and significant others | <i>e.g.: I can act welcoming to all visitors.</i> | <i>By always smiling and getting to know visitors so I can greet them by name.</i> |
| Reciprocity of relationships (having a say in what goes on) | | |
| Social activity participation (scheduled and unscheduled activities) | | |
| Mealtime enjoyment | | |
| Friendliness of staff | | |
| Friendliness of other residents | | |

Another Dimension of Community Involvement...

Being Civically Engaged Enhances Well-Being!

Greater Life Satisfaction

Higher Self Esteem

Sense of Control

Better Physical Health

Less Depression

Implications for Longevity

How to
encourage
civic
engagement

Back to
School Supply
Drives

Opportunities
for
volunteering
time

Food Bank
Collections

Group trips to
polling
stations

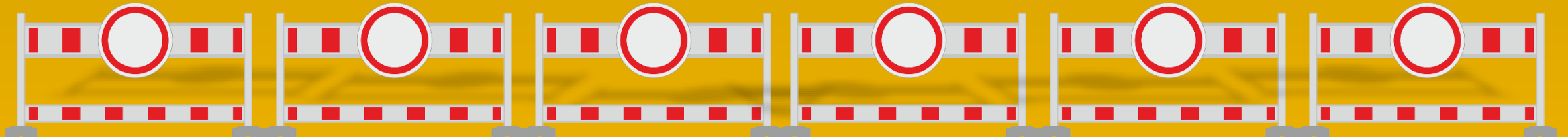
Blankets for
Babies

Donations for
Animal
Shelters

Military Care
Packages

Toy
Collections at
Holiday Time

PERSON CENTERED-CARE



BULLYING

Imagine this
scenario...



What is elder bullying and how common is it?

Bullying

- *Intentional* use of unequal power to intimidate another person.

Relational aggression

- *Intentionally* damaging someone's relationships or social status.

Social bullying

- Spreading rumors about another person, purposely leaving someone out of an activity or group, encouraging others to shun them, or embarrassing a person in public.

Elder-to-Elder aggression

- Negative and aggressive physical, sexual, or verbal interactions between long-term care residents that is unwelcome and has high potential to cause physical or psychological distress.



Why does elder bullying occur?

We fear
change

We feel
powerless

We want to
deny that we
may become
frail ourselves
(ableism)

We lack empathy

ONCE

IS

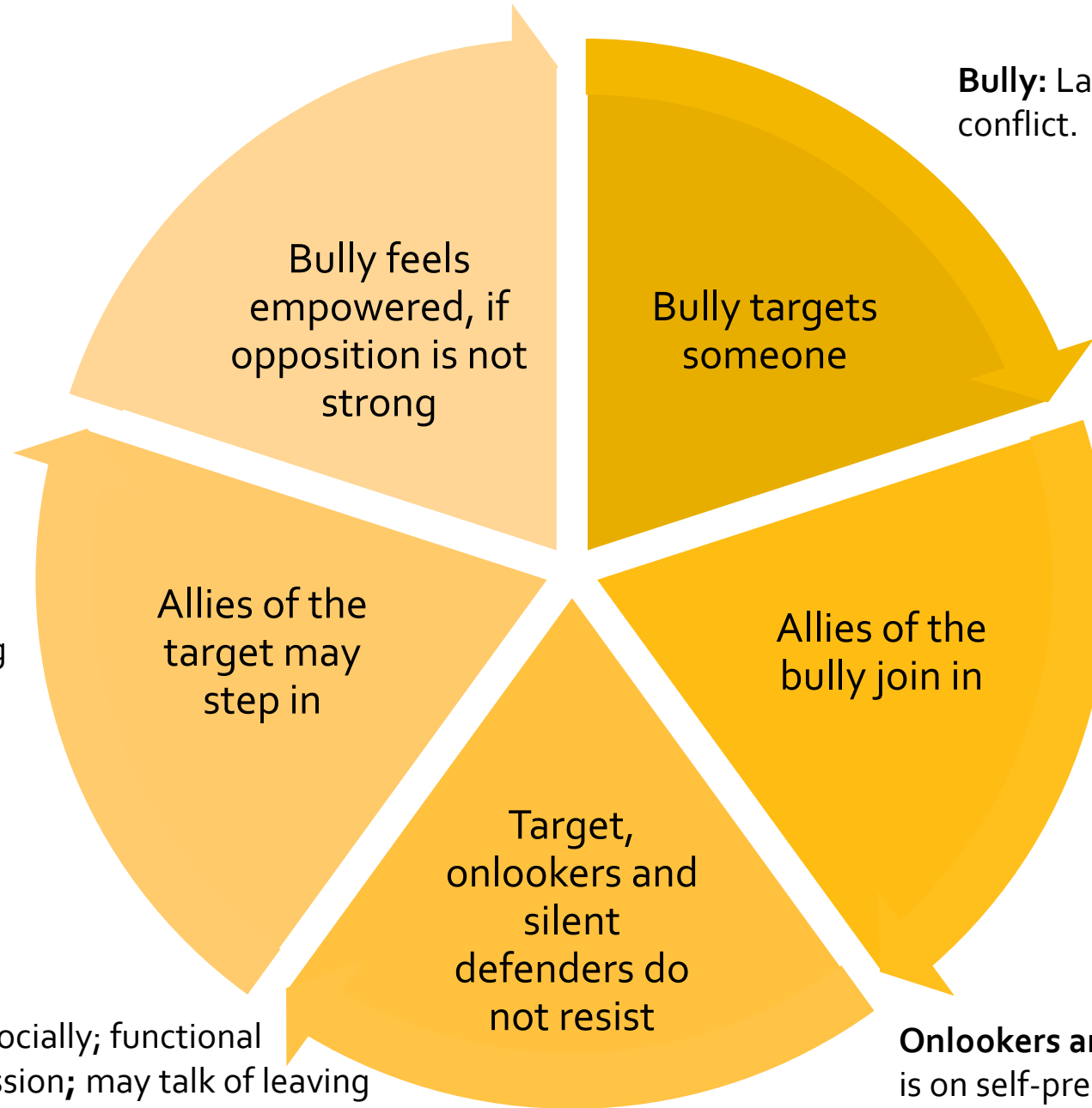
ENOUGH

IT'S NOT
THE
FREQUENCY
THAT MATTERS

What should you watch for?

Allies of the target: They stand up for the person being targeted.

Target: May withdraw socially; functional changes; anxiety/depression; may talk of leaving



Bully: Lacks empathy, stirs up conflict.

Onlookers and silent defenders: Their focus is on self-preservation.

Intervene to redirect negative behavior.

Intervene to change the social dynamic by participating directly (sometimes coming in with a cheery attitude will change the atmosphere almost instantly).

Ask to speak privately to the person doing the bullying and let them know that their behavior is not acceptable.

Help the person being bullied to participate by connecting them with another group or activity.

Share concerns with team leaders and managers (don't stay silent about your concerns) and ask for help.

Share concerns with family members.

Have a center-wide policy of civility and zero-tolerance for bullying.

Put on educational programs for participants about elder-to-elder bullying.

Not side with one participant over another.

What can staff do to intervene in this cycle in a person centered way?

Being an Advocate

Support and inform others about the **Rights of Participants**

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Helping individuals to feel that their voice is heard

Keeping yourself informed in order to educate others

Know your resources

You are here.



COMPASSION FATIGUE: SIGNS

- Feeling hopeless.
- Insomnia.
- Excessive blaming.
- Bottled up emotions.
- Isolation.
- Addiction.
- Neglecting yourself.
- Financial problems.
- Chronic physical ailments.
- Apathy.
- Preoccupation.
- Violent thoughts.

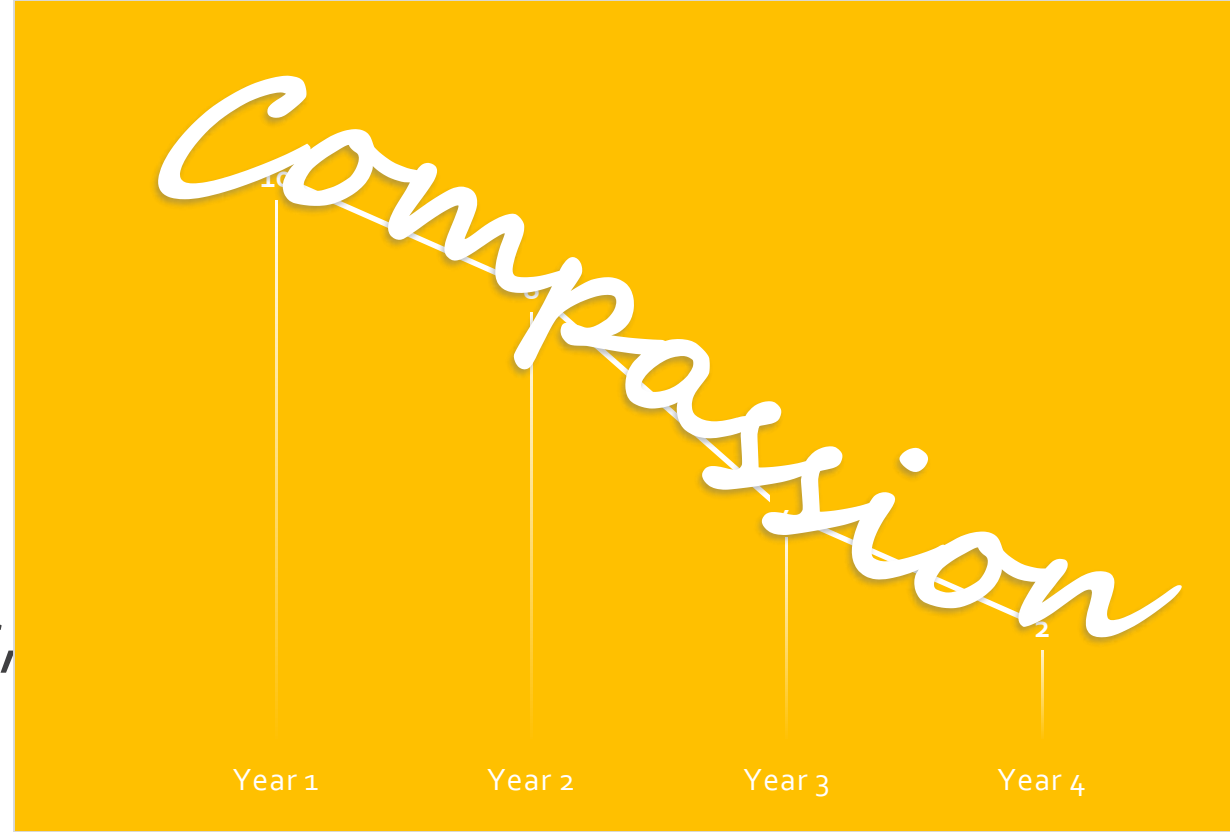
Compassion Fatigue

"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet."

--Remen, 1996

COMPASSION FATIGUE, known as **secondary traumatic stress (STS)**, is a condition characterized by a gradual lessening of compassion over time.

It is common among individuals that work directly with trauma victims such as nurses, psychologists, and first responders.



This can have detrimental effects on individuals, both professionally and personally, including

- a **decrease in productivity**
- the **inability to focus**
- the **development of new feelings of incompetency and self-doubt**

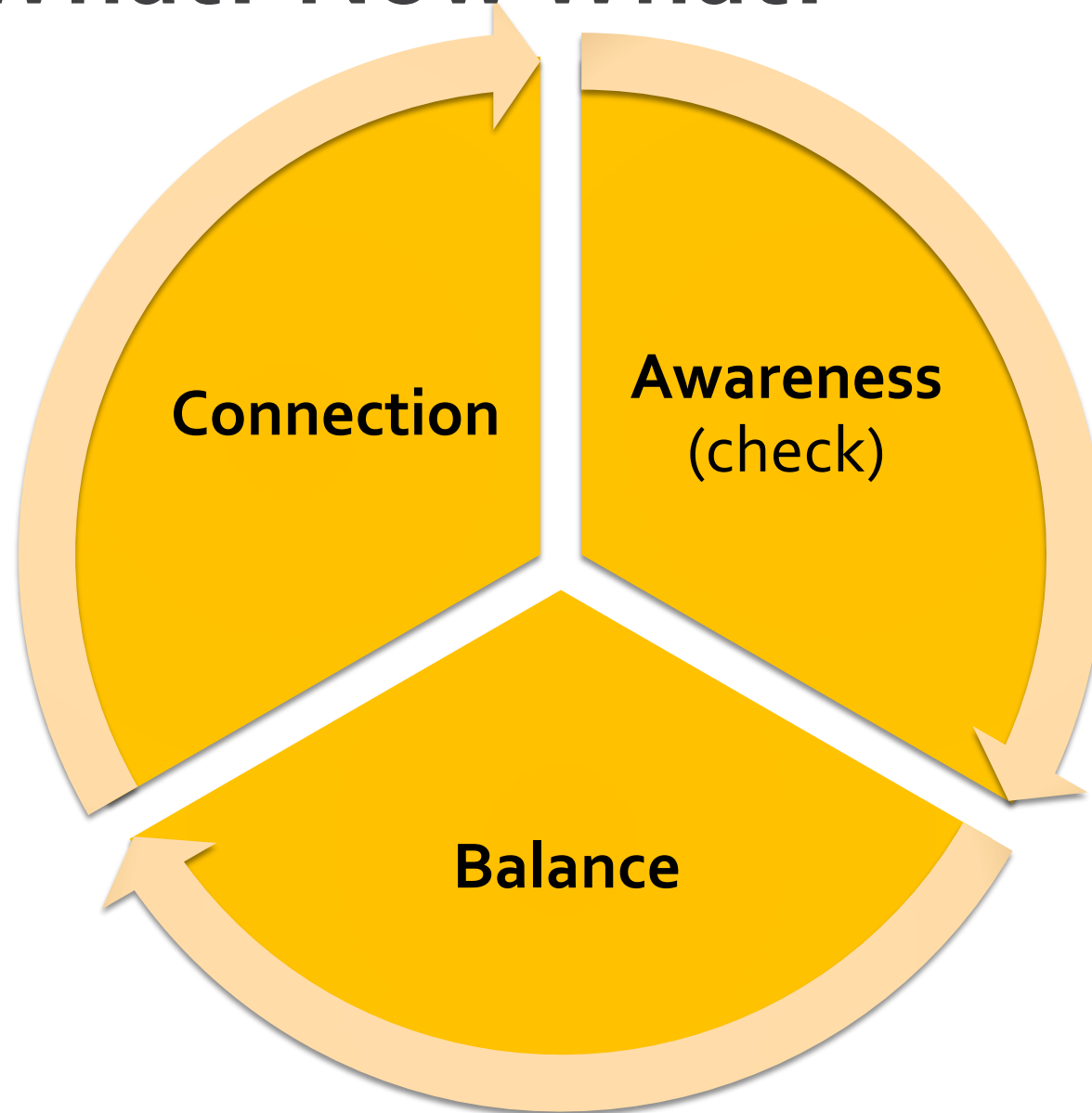
COMPASSION FATIGUE

Is a gradual lessening of compassion that can result from repeated exposure to traumatized clients or an intense emotional experience with a single traumatized client or individual in her or his care.

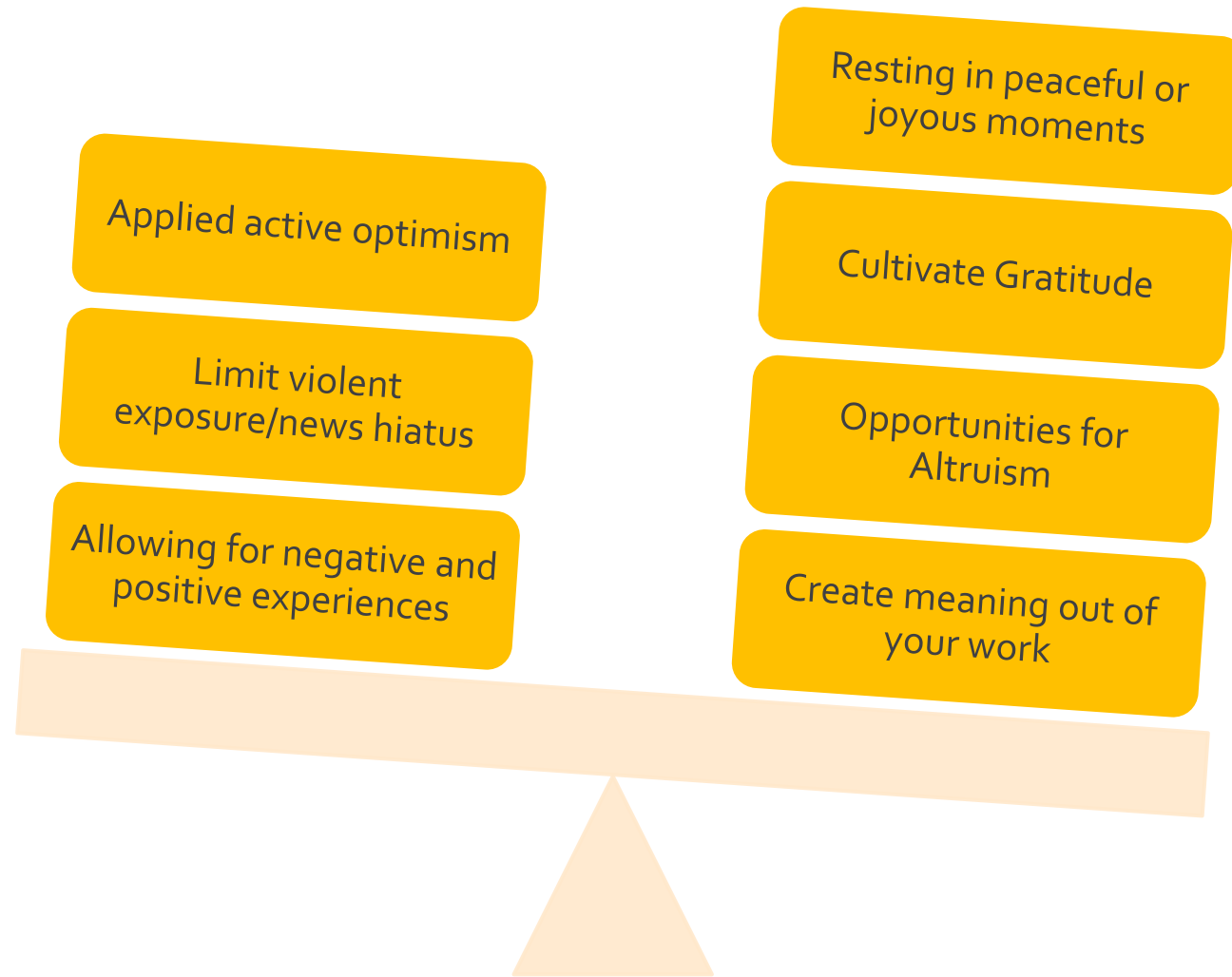
Results when an individual feels overwhelmed by care related tasks and is characterized by **negative attitudes** and **lowered levels of commitment**.

Both can lead to feelings of hopelessness and depression, as well as physical complaints such as headaches, gastrointestinal disorders, muscle tension, susceptibility to colds and the flu, and sleep disturbances (Rothschild, 2006).

What? So What? Now What?



Balancing



(Adapted from Harkness & McFarland, 2015; Harrison & Westwood, 2009; Pearlman & Saakvitne, 1995, Rothschild, 2006)



Strengthen Connections

- Evolve non-professional activities
- Turn to friends and family
- Avoid isolation
- Incorporate things you enjoy into your day
- Differentiate activities

(Adapted from Harkness & McFarland, 2015; Harrison & Westwood, 2009; Pearlman & Saakvitne, 1995, Rothschild, 2006)

Resources for further exploration

Person-Centered Care and Culture Change

- Pioneer Network <https://www.pioneernetwork.net/>
- Eden Alternative <http://www.edenalt.org/>

Social Gerontology

- 40 Issues for an Aging Society by J. James Cotter <http://jjamescotter.com/>
- Virginia Ombudsman: <http://www.elderrightsva.org/>
- Virginia Department for Aging and Rehab Services: <https://www.vadars.org/>

THANK YOU