

ENTERING CARE

-What is it like for Residents

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SWINBURNE UNIVERSITY

Wellbeing Clinic For Older Adults

ECHO

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Welcome to Country

We acknowledge the Dhudhuroa of the Yorta Yorta Nation, the traditional custodians of the lands on which we strive, the peoples of the rivers and the hills of the Goulburn Murray region who walked these lands for generations. We pay our respects to the elders of the past, and the speakers of the first words, who lived in harmony with this country.

We acknowledge the elders of the present, who seek to regain their culture, and to teach the elders of the future their law, their history and their language.

We pay our respects to them and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

We honour their spirit – and the memory, culture, art and science of the world's oldest living culture through 60,000 years.

SWINBURNE UNIVERSITY

WELLBEING CLINIC FOR OLDER ADULTS



- Counselling & Support to Adults, Families & Staff
- Practicum Training of Psychologists, Social Workers & Counsellors
- Areas of work:
 - Counselling: Individuals, Groups, Families & Staff
 - National Telehealth Counselling & Support program
 - Research into different Approaches:
 - DACS funded project to test model of emotional wellbeing in Dementia depression & Anxiety (120 residents over 2 years)
 - NHMRC Funded (ELATE –Elders At Ease) program for residents without Dementia diagnosis (500 residents over 4 years)
 - Group Programs: Reminiscence, Family Support
 - Education & Training: Webinars on Mental Health & Ageing
 - Storywork: Life Stories, Digital Storytelling & PADSIP
 - Volunteers: Befriending: This includes Digital Stories
- Recognizes need for both direct & indirect supportive work

Comparing Life Stages

- <https://www.youtube.com/watch?v=xWJq1SvgWQ0> - Father & Son

It Takes a Village to Raise a Child

- Recognition of Community Responsibility
- Formal Infrastructure – Schools, Parental Support
- Age related Counselling Techniques
- Informal Supports
 - Parent groups
 - Friends/family Support networks
- Supportive Community Attitudes
 - Understanding the nature/stresses of being a parent

Comparing Life Stages

- It also takes a Village to support the Latter Stages of Life
 - Lack of Recognition of Community Responsibility
 - No Formal Infrastructure
 - Few place of learning/preparation
 - Few Friends/family Support networks
 - Unimaginative residential Care
 - Little understanding of Age related Counselling Techniques
 - Lack of Informal Supports
 - Few Support Groups
 - Absence of Supportive Community Attitudes
 - Lack of Understanding the nature/stresses:
 - of becoming older
 - impact/needs of families

What do residents say

- Merle Mitchell

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- Royal Commission:

- <https://www.adelaidenow.com.au/news/national/royal-commission-84yrold-says-residential-care-facility-is-an-institution-not-a-home/video/cc95d897510b8a1bb902ab1673c65a9d>

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- COTA:

- <https://vimeo.com/302517136>

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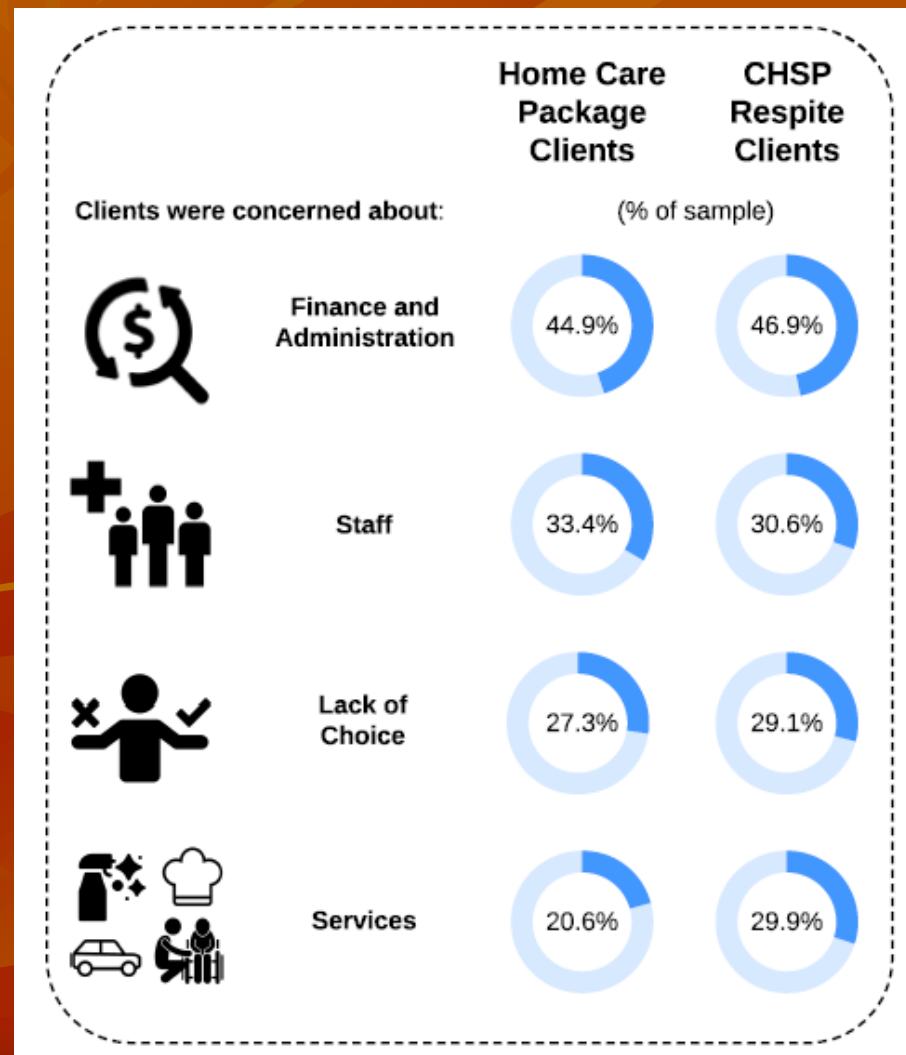
- COVID:

- <https://www.facebook.com/watch/?v=403122007519642>

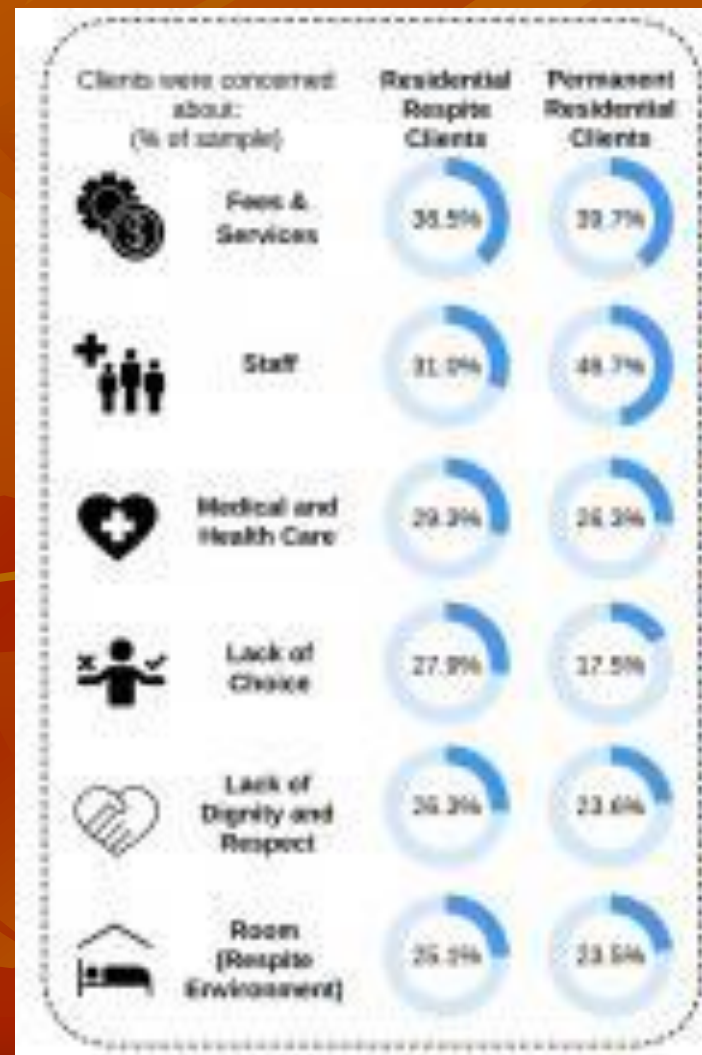
What do residents say

- The Age Care Royal Commision & NARI Reports
<https://agedcare.royalcommission.gov.au/news-and-media/what-its-people-inside-aged-care-system>
- Only around 25% living in a RACF or with a home care package feel that their care needs are always met.
- Staffing: Lack of staff, call bells not being answered, high rates of staff turnover, inadequate training, and agency staff not knowing the resident or their needs.
- Many of the concerns are not raised as an official complaint or even informally because they do not think anything will change.

Main issues of concern



Main issues of concern



ADJUSTMENT PROGRAMS

- <https://www.thesenior.com.au/story/7931958/researchers-look-to-ease-the-trauma-of-entering-aged-care/>
- Newcastle University researchers are trialling the use of three programs to help make the transition to aged care easier.
- Led by Dr Michelle Kelly, the researchers will evaluate the effectiveness of the three programs when run together.
- The three programs being trialled are the Program to Enhance Adjustment to Residential Living (PEARL), Strategies for Relatives Program (START) and the Dignity of Choice Program.

ADJUSTMENT PROGRAMS

- PEARL PROJECT (Program to Enhance Adjustment to Residential Living)
- Depression rates are high in residential aged care (RAC) facilities, with newly admitted residents at particular risk. New approaches to address depression in this population are urgently required, particularly psychological interventions suitable for widespread use across the RAC sector. PEARL will see therapists, including occupational therapy and psychology students, work one-on-one with residents to help them adjust to living in a different environment and become oriented to the facility. They will help the older person maintain social contacts and engage in their hobbies and interests.

<https://bmcgeriatr.biomedcentral.com/counter/pdf/10.1186/s12877-020-1492-5.pdf>

ADJUSTMENT PROGRAMS

- START PROGRAM (Strategies for Relatives Program)
- **The START program works with family members to give them the skills and tools to help their older loved one transition to residential care**

ADJUSTMENT PROGRAMS

- DIGNITY OF CHOICE PROGRAM
- **Dignity of Choice works with the facility to help upskill staff in person-centred mental health care.**

ADJUSTMENT PROGRAMS

■ DEMENTIA

https://www.researchgate.net/publication/235681046_Moving_in_Adjustment_of_people_living_with_dementia_going_into_a_nursing_home_and_their_families

(International Psychogeriatrics Feb 2013 -Laura Sury, Kaim Burns & Henry Brdarty)

- Successful transitions may be assisted by ensuring that the person with dementia has input into decision making, orientation procedures for the person with dementia and family member prior to and on admission, a “buddy” system for new arrivals, and a person-centered approach.

STORYWORK

“Storywork is learning, celebrating, healing & remembering

Joe Lambert Director of Storycenter (storycenter.org)

- Powerful & empowering
- Making emotional connections
- Link together around value & meaning & identity

Digital Storytelling

“A short first-person video-narrative created by combining recorded voice, still & moving images, music & other sounds”

Joe Lambert Director of Storycenter (storycenter.org)

- Both Process and Product are therapeutic & transformative
- A voice to advocate for change
- Achievable within limited resources
- Technical nature equalises mutual learning
- Creatively versatile & adaptable
- Treasured record to share with a wider

GROUP PROCESS

- Gaining meaning through sharing and bearing witness
- Establishing connections
- “Normalizing” experience
- Strength through support

Issues become separated from the person and can be managed together in a mutual fashion

PADSIP INTERGEN RATIONAL PROGRAMS

- **Forest Hill Primary** (Grade 6 2010) & UA Strathdon
- **Fernhill High School** 2018 & U3A
- **Elwood High** (2 years) with UA Girraween
- **Auburn High School** (previously Hawthorn Secondary College)
continually since 2007 (years 7-9) & UA Elgin St Centre, UA Tandra &
Condare Court, & MECWACARE Trescowthick Centre & City of Boroondara
Community
- **Camberwell High** (several years year 9's) & Boroondara Stroke Support Group
- **Sandringham College** (year 10 & Year 12 VCAL) & Fairview Aged Care, City
of Bayside Community
- **Kids Like Us** (2E school ages 8-18) & Sandy Beach Community Centre &
Sandringham Lions Club
- **Ashwood Special School** & Monash Lions Club, Power Neighbourhood House &
OPAL Waverley Valley Aged Care
- **Yackandandah Primary School** & Yackandandah Health

SUMMARY

Intergenerational Digital Storytelling

- Builds relationships
- Strengthens identities
- Enhances community engagement
- Breaks down ageism

*With the emerging growth in our Aged population,
there is an imperative to build greater intergenerational
communication, understanding & connection.*

<https://vimeo.com/722139511>



New approaches to Care

The Green House model & Eden Model

- ❏ <https://www.youtube.com/watch?v=FQG1ginQ27c>
- ❏ <http://thegreenhouseproject.org/green-house-model>
- ❏ <http://www.edenalt.org/>

Dementia Village in Holland - Hogewey,

- ❏ <https://www.youtube.com/watch?v=MW8SP-ZGVCM>
- ❏ <https://www.youtube.com/watch?v=LwiOBlyWpko>

Adult placement schemes– Shared lives plus

- ❏ <http://www.sharedlivesplus.org.uk/>

Music and Dementia

- ❏ <http://www.youtube.com/watch?v=fyZQf0p73QM>

Montessori Approaches

- ❏ <http://www.youtube.com/watch?v=WkJc2Rk6IgA>
- ❏ <https://www.youtube.com/watch?v=Bt78IxxhaaGI&nohtml5=False>

Why an Outreach Model

The nature of the Client population

- There is an underlying assumption that moving into residential care is often stressful, creating emotional distress both to residents and families alike.
- The evidence indicates a high level of loneliness, depression and anxiety faced by those living within the facilities.
- Significant adjustment issues for families, especially with guilt and “relinquishing” a large part of their role
- Staff needing support within a time poor task oriented environment where they cannot easily assist with emotional wellbeing of residents & families.
- Those with a significant diagnosable Mental Health Issue are directed to APAT & DBMAS for assistance. So what about the emotional wellbeing of other residents and families.

Why an Outreach Model Language & Conceptual Framework

- **The nature of the “problems”:** Issues of concern are mainly raised by staff or families, rarely by the person themselves; social isolation & withdrawal, Depression, anxiety, loneliness, adjustment, grief & loss (often disenfranchised), bereavement, existential pain, relationship issues, family conflict, wanting to go home..... Most people that could benefit from a counselling program do not seek it
- **The lack of client’s understanding/language around counselling”:** Fear, used to privacy & guarding secrets, issues seen as normal part of life, difficulty in expressing feelings.
- **Psychological ramps:** Making informed decisions, demonstrating the benefits of talking, time needed to build up trust.
- **Client/Person centred;** The need to find language and concepts, ways of engagement that make sense to the client in their world.
- **Relationship Centred:** The need to focus on relationships: residents staff family

Case Example - Mrs O

Mrs O is 81 was born and lived her whole life in Australia. Mrs O came into aged care some 2 years ago following a hip operation and a stay in a rehabilitation centre. Her husband's was physically and emotionally violent. Mrs O presented highly agitated in initial sessions. She would spend substantial portions of the session crying and this made completing assessments difficult. She often spoke about wanting to leave the facility to return home to live with her husband explaining that she had been married for over 50 years and she missed him.

These experiences meant that Mrs O did not feel comfortable closing her door during the day or locking it at night. she feels isolated at the facility and addresses other residents as "dopey" Mrs O has five adult children but she feels abandoned because they don't call or visit because Mrs O is always negative and emotional.

Case Example - Mr P

Mr P is 79 male who transitioned into RACF approximately 3 years ago. He has no children and due to previous relationship difficulties has no contact with his wife. He is very private and presents with major depressive disorder, rheumatoid arthritis, pain, vascular dementia and Parkinson's. He has little interest in TV and spends his time reading or reminiscing 'in his mind'. He is verbally aggressive towards staff during ADL's. Although the resident has briefly spoken about aspects in his life he struggles to identify further details saying "I don't know"

Issues for older adults

- Purpose, valued role & Meaningful Valued Activity
 - “*Despair is suffering without meaning*” – Victor Frenkl
- Creativity & contribution to society
- Maintaining sense of Self & Self-Efficacy
- Identity building
- Retaining Personhood
- Establishing Trust
- Maintaining Dignity & Integrity
- End of Life Issues
- Building Vertical & Horizontal Connections
 - **Vertical** - With past values and identity
 - **Horizontal** – between people

Issues for older adults

- Loneliness
- Boredom – lack of contribution
- Depression/Anxiety
- Loss of Meaning Purpose & Identity
- Lack of a sense of Belonging: Community, larger society
- Expression and receiving Love
- Feeling like a “nobody” as opposed to being a “somebody”
- Assisting family carers to adjust
- ***There is a continuum of issues ranging from loneliness, isolation and adjustment through to serious mental illness and suicide***

Telehealth Program – What we have learnt so far

- **Types of clients:**
 - Self-referrals
 - Families referring family members/themselves
 - Staff referring staff/themselves
- **Presenting Issues:**
 - Loneliness, isolation, depression, anxiety, stress
 - Adjustment and issues related to living in institutional environment
 - Complex family dynamics
 - Some short contacts – resourcing & referring
- **Practitioner Experience - Benefits**
 - Potential for more human engagement
 - Non-clinical setting
 - Listening and collaboration
 - More equality – human to human
- **Practitioner Experience – Limitations**
 - Practical & Technical issues
 - Unfamiliarity
 - Sensory issues
- **General Issues:**
 - Who is the client
 - Confidentiality
 - Ethical dilemmas
 - Risk issues
- **Research Questions:**
 - Is there a need and what is it
 - Effectiveness of intervention and what elements are helpful – facilitating therapeutic conversations

Services offered to older adults

- Individual Support - especially around Admission
- End of Life Issues – reflection & legacy
- Groups- Reminiscence
- Assisting Families – Individual & Group
- Assisting Staff
- Maximize links with Community
- Look at structural, systemic & cultural factors

Approaches Used

- Supportive Counselling
- Reminiscence/Narrative Therapy
- Adapted CBT –
 - Thoughts, Feelings, Sensations together
 - Behavioural Activation

Normative Narrative Practice

The Framework

- It is **Normative** as opposed to pathological. Issues can be usefully seen as a “normal” consequence of their person’s relationship with the environment.
- **Narrative** in its focus on a person’s life story and on reminiscing as a process of focus and interaction: An **Invitation** for the person to **share their story** wherever they want to start
- **The Practice** is about use of the **Relationship** between the person and the counsellor as the main tool of intervention rather than any particular therapy in itself. **The Use of Self** and **uniqueness** and the “**sacredness**” of the meeting of two human beings

Normative Narrative Practice Systemic Approach

- These 3 elements: **Normative, Narrative and Use of Self** are combined within a **Systemic Approach**, where the person is seen with the context of his/her environment
- **Working with Individuals, families & staff**
- **Use of Groups:** Carers & Reminiscence
- **Viewing Facility as a community-** Strengthening a sense of belonging

Normative Narrative Practice

- ▣ Normative vs Pathological
- ▣ Life Story & Reminiscence
- ▣ Relationship centred vs Person centred
- ▣ Use of Self as a major tool
- ▣ Systemic Approach
 - Person in context/environment
 - Relational focus

Normative

- ❑ Normal consequences of change
- ❑ Not judged as needing correction
- ❑ Exploring issues as equals and as “experts”
- ❑ Working collaboratively together
 - Side by side
 - Not as an encounter on opposite sides
- ❑ Validating personal experience
 - Bearing Witness

Principles

- ▣ Duality of Experience – the story of survival
- ▣ “Thicken” the Multi-story
- ▣ Bearing Witness
- ▣ Connection with the wider world
 - – “Catharsis” – beyond the self – “Ubuntu”
- ▣ A Safe Place to Stand
- ▣ The Person is not the problem
- ▣ Living with Mr P
- ▣ The Absent but implicit
- ▣ Definitional Ceremonies
- ▣ Therapeutic letters
- ▣ Ground Hog Day Therapy
- ▣ Going Fishing
- ▣ The stuck turntable needle

The Whatever it Takes Theory

- Uno Therapy
- Recipe Book
- Walking in the garden
- Entering the world outside
- Reminiscence about anything: object, photo, past, present
- Cycling without Age: <https://cyclingwithoutage.org>
- Coffee therapy
- Knitting therapy
- Gardening
- Music, reading, books, poetry
- Art
- Intergenerational programs

“Engaging to develop trust”

The Swinburne Wellbeing Clinic for Older Adults

- Counselling:

<https://vimeo.com/209147841/2eea5d110d>

- Group Programs:

<https://vimeo.com/209147370/7873312ac7>

REFLECTIONS ON CASE STUDY

- Information: Hallucinations??., lack of sleep other medical issues?
- Broader approach to look life story:
 - Provides better understanding of behaviour
 - Behaviour as a communication of unmet need
 - Provides more options for intervention
 - Strengthens vertical connections and past values
- Look for point of connection
- Wind & sun analogy -Aesop's fable:
<https://strategyandstorytelling.com/blog/the-sun-amp-the-wind-how-to-persuade-with-empathy>

REFERENCES

- The Heart of Care - Voices of Carers - An anthology edited Richard Freadman
- Moving in to Residential Care - A Practical Guide for Older People & Their Families Colleen Doyle & Gail Roberts
- Still Caring - Practical Advice & Information to empower and encourage those with a relative in residential care - Lyndis Flynn & Margaret Shelton