

# Psychosocial Needs of the Elderly

## Learner's Guide



### **GOAL:**

You will learn the special psychosocial needs of the elderly and strategies that can be used to help you give person-centered care. You will learn how the use of these strategies can make residents happier and healthier—and make them feel better about themselves. It makes the environment of your long-term care community healthier. These strategies can also make your work more pleasant.

### **OBJECTIVES:**

At the end of this training session, you will be able to:

1. Recognize the developmental stage tasks of the older adult.
2. Identify the common adjustments that happen with aging.
3. State seven myths of aging.
4. Discover strategies that caregivers can use to bring joy to the older adult.
5. Describe how a decline in the five senses impacts the older adult's ability to communicate.
6. Discuss tips for communicating with residents.
7. Differentiate between isolation and solitude.

**Take Note:** *You should also review the organization's policies and procedures specific to psychosocial needs.*

### **Learning Strategies:**

To complete this lesson, follow these steps:

1. Read the materials provided in each unit of this lesson.
2. Complete the practice exercise or question for each unit.
3. Complete each activity unless instructed otherwise.
4. Read the lesson review.
5. Complete the final content assessment.

*After completing all of these steps, print two copies of the completed activity forms. Give one copy of the completed activity forms to your Education Coordinator and keep one copy for your records.*

**Related Topics:** *Sensitizing Staff to Growing Old*  
*Basic Communication Skills*  
*Residents' Rights*

## **Introduction:**

The elderly population in the United States is growing. In 1900 there were only three million people over the age of 65 in the U.S. Now there are more than 34 million. It is estimated that by the year 2020, twenty percent of the U.S. population will be older than 65. As scientists and doctors find new ways to cure illnesses, more people are living longer lives. In fact, the fastest-growing age group in the U.S. is the 85 years and older group. This group now represents about 40 percent of the elderly population. Less than 5 percent of the older population is institutionalized at any point in time. However, one in four older adults will spend some of his or her last years of life in a long-term care environment.

Changes in the human body can make life more difficult. Often that is why people enter long-term care communities. For some residents, aging is very frightening or depressing. Others adapt well. The way you work with residents can make them feel better about themselves—and can make your work more pleasant.

## **Unit 1:**

### **Goal:**

You will learn about the theory of developmental tasks of older adults, seven common psychosocial adjustments that happen with aging, seven common myths of aging, and strategies to use to assist older adults through these changes and adjustments.

## **Developmental Tasks of the Older Adult**

Staff that work in long-term care communities have a major role in assisting persons to find satisfaction and a sense of well-being in later life. Staff members need to recognize that their own attitudes toward aging have a great impact on those they care for. Persons who see old age as a progressive decline leading to death may view old age as a “depressing, useless” period leading to helplessness. However, staff members who view aging as a process in life development can see old age as an opportunity to gain new satisfaction and understanding of themselves and others. This provides joy and a sense of purpose. Which of these two pictures do you hope to become?

Several psychosocial theorists have identified stages and tasks for each age group. Erik Erikson’s (1963) work is well known. The stage pertaining to older adults is ego integrity versus despair. The work of this stage is to accept one’s life as meaningful. The older person who reaches ego integrity looks back with satisfaction, and has an acceptance of life and death. Death is seen as a part of life. If this stage is not adequately bridged, the person is in a state of despair—which is failure to accept the meaningfulness of one’s life. When one is in despair, there are feelings of anger, bitterness, depression, inadequacy, failure and fear of death.

Robert Peck (1968) identified specific tasks which the older adult must address. Peck stated that the first task is for the older person to develop satisfaction from himself or herself as a person, rather than from an occupational role or as a parent.

The second task is to adjust to the physical declines of aging, rather than becoming absorbed in health problems or physical limitations imposed by aging. The third task is to have satisfaction when reflecting on one's past life and accomplishments, rather than dwelling on the prospect of death.

Throughout our lifetime, we all face challenges and adjustments in response to life experiences such as coping with losses and change, establishing meaningful roles, exercising independence and control, and finding meaning in life. We find satisfaction in ourselves and our life when we successfully meet these challenges. However, if these tasks are not successfully met, the result is unhappiness, bitterness, and a fear of the future.

### **Common Adjustments Which Occur With Aging**

Growing old is not easy. Changes which come about as people age demand multiple adjustments. These adjustments demand flexibility and stamina. Here are some changes:

**Family changes:** The family unit is a major source of satisfaction for older adults as they enjoy the love, companionship, and achievement of spouse, children, and grandchildren. Their role within the family has changed multiple times in their lifetime. In old age they are cared for by their children versus the other way around.

**Retirement:** This can be a difficult time because our society places so much emphasis on what a person does. Often one's work gives social position and influence, is a source of social contacts, and provides a feeling of satisfaction from productivity.

**Awareness of one's own mortality:** Not only do spouses die—but friends do also. Older adults may also experience health decline. Often, older adults review the significance of their life through reminiscences. They love to tell stories of life events. They need to be encouraged to tell stories. They often are faced with multiple losses at one time.

**Widowhood:** This affects more women than men, as women tend to live longer. Adjusting to the loss of someone you have shared life with is often difficult. Many older women have lived family-oriented lives and have been dependent on their husbands. They find themselves in new roles—such as financial manager—that they need to learn.

**Declining physical reserves:** As all of us age, the wear and tear on our bodies causes changes to occur. Fatigue sets in. Our responses become slower, and our appearance

changes. Chronic illness affects body systems. The fear of loss of independence is great. Being independent is a strong value for most.

**Changes in income:** Often retirement income is less than half the income earned when the person was fully employed. Social security income for many is the main source of income. If a spouse dies, the income is usually further decreased. This decrease can cause significant adjustments in a person's social and leisure activities.

**Shrinking social world for some:** Loneliness commonly occurs as a spouse or friend becomes ill or dies. Children and grandchildren are often very busy and may live at a distance. Often older adults choose not to drive—further limiting their socializing. Senses, such as hearing and seeing, diminish, making communication difficult.

Think of an aging family member or friend. Which of the changes listed above do you think he or she is experiencing? Adapting to these changes is often more demanding than adapting to physical changes and chronic illness.

### **Myths of Aging**

There are several beliefs about older adults that are generally not true. They are:

- Old people are sick and disabled.
- Most old people are in nursing homes.
- Senility comes with old age.
- Old people are unhappy.
- Old people get very tranquil or very cranky.
- Old people are not interested in sex and are not able to have sexual intercourse.
- There are few satisfactions in old age.
- By age 70, psychological growth is complete.

Generally these myths are not true. Many older adults experience good health and much joy and satisfaction in their achievements and the achievements of those they love.

### **Strategies Caregivers Can Use to Bring Joy to the Older Adult**

Caregivers can bring joy to older adults through the following actions:

- Learning about a resident's family, work, hobbies, achievements, and life experiences.

- Listening to residents sincerely with interest.
- Building on lifelong interests and offering new activities/experiences for pleasure. Residents' pleasure is expanded by visiting with staff, attending activities of their choice, seeing children, and going to religious services in the organization. Services via audio or video equipment are another alternative.
- Accepting the resident's discussion of their regrets and dissatisfactions. Assisting them to put these in perspective—looking at their whole life and accomplishments.
- Encouraging reminiscence and encouraging families to reminisce.
- Using humor to lighten the moment. Remember, humor must be appropriate.
- Recognizing the unique gift of life each person has gained through his or her life experience.

**Unit 1: Practice Activity**

Psychosocial Tick-Tack-Toe: Select by circling three of the myths of aging listed in a vertical, horizontal, or diagonal row.

Old people are unhappy	Family changes	Retirement
Changes in income	Senility comes with old age	Declining physical reserves
Widowhood	Awareness of own mortality	Old people are sick and disabled

## **Unit 2:**

### **Goal:**

You will learn about the changes that occur in the five senses of older adults and the adjustments you can make to help overcome these changes.

### **How Decline in the Five Senses Impacts Older Adults' Ability to communicate:**

(Note: Although this section mostly talks about elderly residents, the information applies to residents of all ages who are facing special needs.)

People are social beings. Through social interactions, we share our joys and burdens, paint our perceptions, and maintain our links to reality. Older people face obstacles to communication. Declining hearing and sight cause great problems for the older adult.

As people get older, their senses decline. The five senses that we often think about are sight, hearing, taste, smell, and touch.

Some medications and illnesses can make the senses weaker. If you forget about this—for example, by not speaking loudly enough to be heard—residents may remind you. But the more they have to remind people to speak louder, or the less they are able to hear, the more likely they are to withdraw and not interact with their surroundings.

When you're working with residents who have sight or hearing problems, keep the following tips in mind to help them lead fuller lives. How many of these suggestions have you already tried?

#### **Sight:**

Many changes happen to the eye with aging. The iris, (a muscle which controls the size of the pupil) hardens, the lens yellow, and depth perception and ability to focus are not accurate. These changes require better lighting without glare, limited use of colors such as blues, greens, and violets, and greater awareness of heights of curbs and steps. Older persons may be unstable when first getting up, or may have problems with gait or balance due to vision changes. Because of these changes, even residents who wear contact lenses or thick glasses may not see very well. You can help by:

- Identifying yourself each time you enter a resident's room, because he or she may not be able to clearly see you.
- Providing extra-large type on calendars or books for those residents needing these aids.
- Writing things down in large, clear lettering using a dark-colored pen on white or light yellow paper.
- Making sure residents wear their glasses when they are awake.

- Telling residents when you move an object from a familiar place.
- Describing the location of food on the plate as if it were a clock when serving food.
- Using color contrasts to make images stand out.
- Identify curbs or edges of steps with contrasting floor color.

### **Hearing:**

Hearing loss is often progressive with aging. High frequency sounds are the first to be lost. Some residents wear hearing aids. Others either cannot or will not wear them. Some are totally deaf. These changes require the caregiver to communicate in different ways. Some examples of changes may be these scenarios:

- If residents can't hear at all (and if you or they don't know sign language), you will have to learn how to signal them about what they want or need. This may mean pointing to things or it may mean writing things down. Each hearing-impaired resident deals with this in a different way. Learning to work with each individual requires patience.
- Hearing –impaired residents may not hear you enter their rooms, so they can be easily startled. Keep this in mind and try to signal them as you enter, perhaps by turning on the overhead light if it is off.
- If there is background noise, hearing-impaired residents will have even more trouble hearing conversation. Limit background noise by closing the door and turning down the television or radio while you are talking to them.
- If residents have trouble hearing, look directly at them, lower the pitch of your voice, and speak loudly, clearly, and a bit slower—but do not yell. Try not to become frustrated if you have to repeat yourself. Many residents can understand you better if they can look at your face, and especially your mouth, as you speak. Because high pitched sounds are lost first, often it is helpful to lower the pitch of the voice.
- Speak in short, concise sentences. Give only one direction at a time. Don't shift topics. At times, you may need to question the resident to be sure he or she understands you.
- If a resident has hearing aids, make sure he or she wears them. Also make sure the aids are in good working order. Learn how to turn the volume up and down, and learn how to replace the batteries. Hearing aids are very expensive, so handle them with respect.
- Be aware of your facial expressions—match your facial expressions to your message.

### **Taste, Smell and Touch:**

Taste and smell are diminished due to a decreased number of taste buds and a decrease in the number of cells for smell. This makes it even more important to allow the resident to eat foods they enjoy (and can taste) and whenever they wish.

The sense of touch is reduced in older adults because of reduced ability to sense pressure, pain, and variance in temperature. Safety with food temperatures, food containers such as coffee cups, and warming appliances is crucial. But, just because the sensation of touch is diminished, it does not mean the resident has a reduced need for hugs and expressions of affection.

### **Meal Time and the Senses:**

Meal time can be complicated if residents have problems with their five senses. They may not be able to smell or taste food. And, if they can't see it, they may become confused or unsure about what it is. If you're working with a resident at meal time and she/he seems confused about what is on her /his plate, find a polite way to help that person figure it out. For example, to say something like the following may be helpful: "Oh, look, carrots! That is one of my favorite foods." This may stimulate the resident to eat.

### **Tips for Communicating with Residents:**

There are ways to communicate and interact with elderly and ill residents to maintain their dignity.

- Include residents in conversations. Don't talk about them as if they weren't in the same room.
- Speak to residents the same way you would speak to any adult. Even if a resident's behavior is sometimes childish, they are still a grown-up and will feel insulted if you speak to them as if they were a child.
- When possible, sit next to a resident instead of across the table from them. If you sit across from someone, sometimes it can seem threatening or unfriendly.
- Speak loudly and clearly so the resident will understand you—but do not yell.
- When talking to a resident, be aware of your facial expressions. Even if you're saying something kind, it doesn't make the resident feel good if you're frowning at the same time.
- Give residents time to respond to questions. Remember that some may get easily confused, and some may take a little longer than others to do things.

**Isolation or Solitude:**

You may notice that certain residents don't seem to want to get involved in activities. This may be because they are having trouble seeing or hearing. You may be the first person at the organization to notice this problem. If you notice a resident who doesn't want to get involved because they are having trouble seeing or hearing, mention it to your supervisor so that adaptations to care can take place. A balance of social time and time alone is important to the older adult—just as in other stages of life. The amount of time a person wants to spend socializing or alone varies based on one's personality. Some residents will want more time alone than other residents. During times of solitude, one gains insight into oneself, others, and the environment. During periods of solitude, we have time to reflect and interpret events that have happened to us. Solitude differs from social isolation. In social isolation, one is cut off or does not have opportunities for social activity. In solitude, one is in reflection and putting events in perspective. We need to provide activities for our residents, but we also need to be sensitive to their need for time alone.

**Unit 2: Practice Activity**

Is the following statement true or false? Circle your answer.

You should try to include residents in conversations that take place in front of them.

True

False

**Lesson Summary:**

The way you deal with people of different ages varies. Obviously, you would treat a 5 year old differently than you would a 60 year old. Most of the residents you deal with in your long-term care community are elderly, so there are special ways to communicate with and care for them. Meeting the residents' psychosocial needs can make residents happier and healthier, which can also make your work much more pleasant.

To continue with this lesson, please complete the following individual or group activities.

## Psychosocial Needs

Individual/Group Activity

### Activity 1

**Directions:** Reflect on a favorite resident in your organization and answer these questions. (If you are new or have not had much contact with a resident, go visit with someone and then answer these questions). If you are working in a small group, share your answers with the group.

1. What are the joys in his or her life?
2. What are his or her regrets?
3. What losses has he/she suffered?
4. What sensory problems does he/she have, and how is this affecting his/her life.
5. What activities does he or she enjoy?
6. What can I do to make his or her life more meaningful?

# Psychosocial Needs

Individual/Group Activity



## Activity 2

Depression is a common late life experience, effecting nearly five million of the 31 million Americans aged 65 or older. Both major and minor depression are reported in 13% of Community dwelling older adults, 24% of older residents and 43% of both acute care and nursing home dwelling older adults. Contrary to popular belief, depression is not a natural part of aging. Depression is often reversible with prompt and appropriate treatment. However, if left untreated, depression may result in the onset of physical cognitive and social impairment as well as delayed recovery from medical illness and surgery, increased health care utilization and suicide.

While there are many instruments available to measure depression, the Geriatric Depression Scale (GDS), first created by Yesavage et al, has been tested and used extensively with the older population. It is a brief questionnaire in which participants are asked to respond to the 30 questions by answering yes or no in reference to how they felt on the day of administration.

**Directions:** You are an 88 year-old resident with severe congestive heart failure that limits your tolerance to activities. You also have macular degeneration, a common vision impairment which interferes with your ability to see things directly but your peripheral vision is good. This makes it difficult to read, watch television, or do your favorite hobby, scrap booking. However, you can knit and crochet just by “feeling” the yarn or thread and remembering the steps. Your spouse died two years ago and your two children live in other states although your daughter calls at least once a week. Take a few minutes to “become” this “person” and then take the Geriatric Depression Scale. *Circle either yes or no for each question.* If you are working in a small group, share your answers with the group.

### Geriatric Depression Scale

- |     |  |            |           |
|-----|--|------------|-----------|
| 1.  | Are you basically satisfied with your life?                        | Yes        | No        |
| 2.  | Have you dropped many of your activities and interests? <b>Yes</b> | No         |           |
| 3.  | Do you feel that your life is empty?                               | <b>Yes</b> | No        |
| 4.  | Do you often get bored?  | <b>Yes</b> | No        |
| 5.  | Are you hopeful about the future?                                  | Yes        | <b>No</b> |
| 6.  | Are you bothered by thoughts you cannot get out of your head?      | <b>Yes</b> | No        |
| 7.  | Are you in good spirits most of the time?                          | Yes        | <b>No</b> |
| 8.  | Are you afraid that something bad is going to happen to you?       | <b>Yes</b> | No        |
| 9.  | Do you feel happy most of the time?                                | Yes        | <b>No</b> |
| 10. | Do you often feel helpless?  | <b>Yes</b> | No        |

(September 2007)

Kansas Association of Homes and Services for the Aging

- |   |            |            |
|---|------------|------------|
| 11. Do you often get restless and fidgety?                          | <b>Yes</b> | No         |
| 12. Do you prefer to stay at home rather than go out and do things? | Yes        | No         |
| 13. Do you frequently worry about the future?                       |            | <b>Yes</b> |
| No  |            |            |
| 14. Do you feel you have more problems with memory than most?       | <b>Yes</b> | No         |
| 15. Do you think it is wonderful to be alive now?                   | Yes        | <b>No</b>  |
| 16. Do you feel downhearted and blue?                               | <b>Yes</b> | No         |
| 17. Do you feel pretty worthless the way you are now?               | Yes        | No         |
| 18. Do you worry a lot about the past?                              | <b>Yes</b> | No         |
| 19. Do you find life very exciting?                                 | Yes        | <b>No</b>  |
| 20. Is it hard for you to get started on new projects?              | <b>Yes</b> | No         |
| 21. Do you feel full of energy?                                     | Yes        | <b>No</b>  |
| 22. Do you feel that your situation is hopeless?                    | <b>Yes</b> | No         |
| 23. Do you think that most people are better off than you are?      | <b>Yes</b> | No         |
| 24. Do you frequently get upset over little things?                 | <b>Yes</b> | No         |
| 25. Do you frequently feel like crying?                             | <b>Yes</b> | No         |
| 26. Do you have trouble concentrating?                              | <b>Yes</b> | No         |
| 27. Do you enjoy getting up in the morning?                         | Yes        | <b>No</b>  |
| 28. Do you prefer to avoid social occasions?                        | <b>Yes</b> | No         |
| 29. Is it easy for you to make decisions?                           | Yes        | <b>No</b>  |
| 30. Is your mind as clear as it used to be?                         | Yes        | <b>No</b>  |

**Total:** Please add all bolded answers (worth one point) for a total score\_\_\_\_\_.

**Scores:** 0-10 Normal      11-20 Moderate Depression      21-30 Severe Depression

## Lesson Assessment

Directions: Circle the best answer.

1. Which of the following is NOT one of the five senses discussed earlier? (Unit 2).
  - a. Sight.
  - b. Smell.
  - c. Humor.
  - d. Hearing.
  
2. The fastest growing group in our population is those: (Unit 1)
  - a. Over 85 years of age.
  - b. Under 20 years of age.
  - c. From 20 to 40 years of age.
  - d. From 60 to 70 years of age.
  
3. By 2020, it is estimated that what per cent of the U.S. population will be over age 65? (Unit 1)
  - a. 5 per cent.
  - b. 20 per cent.
  - c. 75 per cent.
  - d. 90 per cent.
  
4. Your own attitude toward aging and elderly people: (Unit 1)
  - a. Is not important when working in this occupation.
  - b. Will have an impact on those persons you care for.
  - c. Should be to view old age as depressing and useless.
  - d. Should be to view old age as a progressive decline to death.
  
5. Erikson's developmental stages of aging include one for the oldest age group. The developmental task of this group is: (Unit 1)
  - a. To master the tasks of the previous stages.
  - b. To enjoy life in the face of physical discomforts.
  - c. To accept one's life as meaningful and accept that death is part of life.
  - d. To disengage from middle age roles and invest in the roles of older adults.
  
6. When you enter the room of a resident who has trouble seeing, you should: (Unit 2)
  - a. Talk loudly.
  - b. Talk softly.
  - c. Identify yourself.
  - d. Treat him or her like a child.

7. When speaking to an older person who has difficulty hearing, which of the following would be most helpful? (Unit 2)
  - a. To stand behind the resident.
  - b. To exaggerate lip movements.
  - c. To lower the pitch of the voice.
  - d. To raise the volume of the voice.
  
8. Reminiscence can: (Unit 2)
  - a. Promote depression by contrasting past and present.
  - b. Limit the ability of the older adult to enjoy the present.
  - c. Allow the older adult to ignore harsh realities of the present.
  - d. Help the older adult find satisfaction by sharing the life history.
  
9. Times of being alone and in solitude: (Unit 2)
  - a. May be preferred by some older adults.
  - b. Should not be allowed for any older adults.
  - c. Should be strictly enforced for the older adults.
  - d. Are only helpful at certain times of the older adult's life.
  
10. Eighty-year-old Mrs. Brown is widowed and laments about "losing friends all the time". She sighs and questions if her life had meaning. The nurse's best response is to: (Unit 2)
  - a. Ignore the comment.
  - b. Refer Mrs. Brown for counseling.
  - c. Suggest Mrs. Brown develop new interests.
  - d. Ask Mrs. Brown to describe her past experiences.

# Psychosocial Needs

## Presenter's Guide

### **Purpose:**

The elderly population in the United States is growing. In 1900 there were only three million people over the age of 65 in the U.S. Now there are more than 34 million. It is estimated that by the year 2020, twenty percent of the U.S. population will be older than 65. As scientists and doctors find new ways to cure illnesses, more people are living longer lives. In fact the fastest-growing age group in the U.S. is the 85 years and older group. This group now represents about 40 percent of the elderly population. Less than 5 percent of the older population is institutionalized at any point in time. However, one in four older adults will spend some of their last years of life in a long-term care environment.

Changes in the human body can make life more difficult. Often that is why people enter long-term care communities. For some residents, aging is very frightening or depressing. Others adapt well. The way you work with residents can make them feel better about themselves—and can make your work more pleasant.

### **Goal:**

The participant will learn the special psychosocial needs of the elderly and strategies that can be used to provide person centered care. The participant will learn how the use of these strategies can make residents happier and healthier—and make them feel better about themselves. These strategies scan also make the work more pleasant.

### **Objectives:**

At the end of this training session, you will be able to:

- Recognize the developmental stage tasks of the older adult.
- Identify the common adjustments that happen with aging.
- State seven myths of aging.
- Discover strategies caregivers can use to bring joy to the older adult.
- Discuss how a decline in the five senses impacts the older adult's ability to communicate.
- Discuss tips for communicating with residents.
- Differentiate between isolation and solitude.

**Related topics:**      *Sensitizing Staff to Growing Old*  
                                 *Basic Communication Skills*  
                                 *Residents' Rights*

### **Learning Activities:**

To complete this session, participants should:

1. Attend a discussion session about psychosocial needs given by a staff member or guest speaker and/or read the *Psychosocial Needs Learner's Guide*.
2. View a video tape about psychosocial needs of the elderly.
3. Complete the Individual/Group Activity.
4. Complete the Lesson Assessment.
5. Review your organization's policies and procedures on psychosocial needs.

*After completing all of these steps, the participant should print two copies of the completed activity forms. One should be given to the education coordinator, and the second copy should be retained by the participant.*

### **Overheads:**

1. Erikson's and Peck's Developmental Tasks for Older Adult.
2. Challenges and Adjustments in Response to Life Experiences.
3. Adjustments of Aging.
4. Myths Marking the Older Adult.
5. As Caregivers We Can Help By...
6. The Five Senses.
7. Loss of Sight—You Can Help By...
8. Hearing Loss—You Can Help!
9. Communicating with residents.

### **Answers to Lesson Assessment**

1. Answer: **c**  
*Rationale:* All of the others are senses. Additional senses are tasting and touching.
2. Answer: **b**
3. Answer: **b**
4. Answer: **b**  
*Rationale:* Our own attitudes are very important, and are easily detected by those that we care for and work with closely.
5. Answer: **c**  
*Rationale:* While all of the answers are things that older adults do, the third

choice is the one that Erikson said was specifically the task of the older adult. It does include that accepting death as part of life is important.

6. Answer: c

*Rationale:* Tone of voice has nothing to do with seeing. Adults should never be treated like children.

7. Answer: c

*Rationale:* Because the high pitched sounds are lost first when hearing is lost, It may be helpful to lower the pitch of the voice, as the lower pitched sounds may be easier to hear.

8. Answer: d

*Rationale:* Allowing the resident to share stories about the past makes him or her feel valued and worthwhile. It may give that person satisfaction by feeling that they are contributing to someone else's life.

9. Answer: a

*Rationale:* Solitude and time alone are individual with each resident. Some may need more time to reflect and more time spent alone.

10. Answer: d

*Rationale:* Often, when a person feels that someone is willing to listen and to honestly share their stories, they feel relieved, and their feeling of self-worth improves. Using active listening to interact with Mrs. Brown gives her value as a person.

### **More information:**

The following are resources your staff members can read for more information about the psychosocial needs of the elderly, or these materials can be used as resources when presenting an in-service.

## Articles

- Cohen, A. (2005). Diabetes has taken a toll on your resident's vision *Nursing 2005*. May. Pp.44-47.
- Demers, K. (2004). Try this: Best practices in nursing care to older adults. Hearing screening. *Medsurg Nurse*. June. P. 13.
- Garavaglia, B. (2004). Unmasking the hidden problem of depression among LTC residents. *Long-Term Care Interface*. October. P 43-46.
- Hall, R. (2003). Identifying geriatric residents at risk for suicide and depression. *Clinical Geriatrics*. October. P. 11.
- Hendrix, C. (2003). The use of the MDS to identify depression in the elderly. *Journal of the American Medical Directors Association*. November/December. P. 4.
- Loewenstein, M (2003). The art of nursing *Nursing 2003*. December. P. 49.
- King, A. (2004). Hearing and the elderly: a simple cure. *Geriatric Medicine*. June. P. 34.
- Marcus, J. (2005). Prime time strategies for pleasing the aging palate. *Dietary Manager*. June. Pp. 18-24.
- Naylor, M. (2003). Delirium and depression often overlooked. *American Journal of Nursing*. May. P.116.
- Porter, B. (2005). Six things I learned when Mom was ill. *RN*. July. Pp. 43-45.
- Torrisi, D. (2005). Reflections. *American Journal of Nursing*. May. P. 39.
- Vasilion, L. (2004). Choice: A growing trend in food service. *Dietary Manager*. October. Pp. 11-14.

## Books

Dychtwald, K. (1999). *Healthy aging*. Gaithersbury, MA: An Aspen Publication.

Eckford, L. (2002). *Beating the senior blues*. Oakland, CA: New Harbinger Publications, Inc.

Gibson, F. (2004). *The past in the present: Using reminiscence in health and social care*. Baltimore, MD: Health Professions Press.

Kriseman, N. (2005). *The caring spirit approach to eldercare*. Baltimore, MD: Health Professions Press.

Pillemer, K. (2000). *Social integration in the second half of life*. Baltimore, MD: The Johns Hopkins University Press.

Thomas, W. (2004). *What are old people for?* Action, MA: VanderWyk And Burnham.

## Web Sites

AARP

[www.aarp.org](http://www.aarp.org)

Administration on Aging

[www.aoa.gov](http://www.aoa.gov)

Independent Sector

[www.independentsector.org](http://www.independentsector.org)

Merck Manual of Geriatrics

[www.merck.com/pubs/mmanual\\_ha/secl/ch03/ch03a.html](http://www.merck.com/pubs/mmanual_ha/secl/ch03/ch03a.html)

National Council on Aging (NCOA)

[www.ncoa.org](http://www.ncoa.org)

Senior Corps

[www.seniorcorps.org](http://www.seniorcorps.org)

**Note:** Instructor should review F Tags 241, 242, 245, 246, and 250 in Guidance to Surveyors in State Operations Manual before presenting this in-service.

[www.cms.hhs.gov/manuals/Downloads/SOM107ap\\_pp\\_Guidelines\\_ltcf.pdf](http://www.cms.hhs.gov/manuals/Downloads/SOM107ap_pp_Guidelines_ltcf.pdf)

## Videotapes:

*Age happens.* (28 minutes.) 2000. \$99. Available from Aquarius Health Care Videos at 888-440-2963 or [www.aquariusproductions.com](http://www.aquariusproductions.com).

This program focuses on the psychological and physiological aspects of aging, and factors that assist older people in maintaining their health and functional independence.

*Aging Successfully.* (31 minutes.) \$250. purchase, \$55. rental. Available from Terra Nova Films at 800-779-8491 or [tnf@terranova.org](mailto:tnf@terranova.org).

Systematic examination of old age is a new field inspired by the unprecedented number of people living long enough to become elderly. Rigorous research on the part of the Berlin Group under Paul Baltes has produced an extraordinary body of knowledge about the psychological aspects of aging. This video presents much of what is now known about the effects of aging on cognition. Segments of the assessment used by the Berlin Group allow students to better understand the scope of the research with graphics and engaging vignettes of appealing elders leading fulfilled lives, the video introduces viewers to the Selection, Optimization, and Compensation model of life span adaptation developed by Paul and Margret Baltes and their colleagues.

*Aging well: Memory and movement.* (27 minutes). 2000. \$179. Available from Insight Media 800-233-9910 or [www.insight-media.com](http://www.insight-media.com).

Staying healthy and flexible is important at any age. In this video, doctors cover such topics as countering memory loss, steps to take to remain active, healthy, and engaged; and the practice of tai chi by the elderly to maintain flexibility and balance.

*Aging with Grace.* (20 minutes). \$159. purchase, \$50. rental. Available from Terra Nova Films at 800-779-8491 or [tnf@terranova.org](mailto:tnf@terranova.org).

Several older adults talk with sensitivity and wisdom about how their perception of themselves and their roles have changed (or not changed) as they've grown older. Topics covered include: work and retirement, limitations, loss of independence, acceptance and serenity. Includes Viewer's guide.

*As time goes by.* (24 minutes). \$149. purchase, \$60. rental/day. Available from Fanlight Productions at 800-937-4113 or [www.fanlight.com](http://www.fanlight.com).

(September 2007)

Kansas Association of Homes and Services for the Aging

It is a misconception that our needs for intimacy fade as we age. The seniors profiled in this documentary openly share their experiences with love, romance, and growing older.

*Caring for nursing homes residents with impaired vision.* (20 minutes). \$75. purchase, \$35. rental. Available from Terra Nova Films at 800-779-8491 or [tnf@terranova.org](mailto:tnf@terranova.org).

This video communicates basic information about the types of vision loss common to older people and the impact these losses have on the resident's ability to maintain independence. Using special effects with the camera, viewers are shown how residents with vision impairments are actually seeing the world around them. This video is a valuable resource for all long term care facilities to use in their staff training and in-service programs.

*Depression older adults.* (30 minutes). \$185. purchase, \$60. rental/day. Available from Fanlight Productions at 800-937-4113 or [www.fanlight.com](http://www.fanlight.com).

This video explores the prevalence of depression among the elderly, its causes, and approaches to treatment. The video features interviews with residents as well as commentary from professionals.

*Greenhouse project.* (25 minutes). 2003. \$1,245. Available from Aquarius Health Care Videos at 888-440-2963 or [www.aquariusproductions.com](http://www.aquariusproductions.com).

Essential for all those working with the elderly. The growing numbers of elderly in America are starting to demand and expect change in their care. It is clear that we must alter the way we think about, regulate and deliver services to people who are frail, disabled, or elderly. This video focuses on the future of elderly care in residential long-term care facilities. It is founded on the idea that the physical and social environments in which we deliver long-term care can and should be warm, smart, and green.

*I only hear you when I see your face.* (10 minutes). \$69.95 purchase, \$35. rental. Available from Terra Nova Films at 800-799-8491 or [tnf@terranova.org](mailto:tnf@terranova.org).

This helpful video illustrates simple rules to remember when communicating with hearing impaired residents. The video demonstrates visual techniques which make it easier for the resident to understand and follow instructions. The results are dramatic. The job of the nursing staff is made easier and the residents feel less anxious and isolated because they can participate more fully in their own treatment.

*I'm pretty old.* (20 minutes). \$135. purchase, \$45. rental. Available from Terra Nova Films at 800-779-8491 or [tnf@terranova.org](mailto:tnf@terranova.org).

This video helps staff members make the connection between resident quality of life and their own care-giving behaviors, and is filled with relevant vignettes for all departments.

*Let's face it—women explore their aging faces.* (26 minutes). \$99. purchase, \$45. rental. Available from Terra Nova Films at 800-779-8491 or [tnf@terranova.org](mailto:tnf@terranova.org).

This video is a touching and honest glimpse into the intimate self-exploration of several women in their 40's, 50's and 60's. As they face the natural reality of sagging bags, lines, and wrinkles, they reflect on the impact these physical changes have on their bodies, but also on their attitudes about themselves, and on the way they are perceived by society. As these women look deeply at themselves, they wrestle with many powerful issues, including, self-esteem, resentment, face-lift considerations, and societal pressures, and coming to terms with themselves "as-is".

*Meaningful work: A guide to helping residents find meaningful activity.* (23 minutes). \$129. Available from Geriatric Video Productions at 800-621-9181 or [www.geriatricvideo.com](http://www.geriatricvideo.com).

Residents in long-term care need to feel necessary and involved in their world. This practical program explains the benefits of activity, describes how staff can make meaningful activities a natural part of the routine of care they provide. It will also explain how staff and your organization can develop programs that maximize long-term care resources while offering residents a fulfilling experience.

*More than skin deep.* (27 minutes). \$149. purchase or \$60. rental/day. Available from Fanlight Productions at 800-937-4113 or [www.fanlight.com](http://www.fanlight.com).

A film about aging, self-esteem, and hair dressing. Through the insights of six nursing home residents, it takes an evocative look at the connections between aging with dignity and looking good.

*Mental health and older adults series (eight videos)*. (20 minutes each). \$139. purchase, \$40. rental per video. If entire series is purchased, \$104. per video. Available from Terra Nova Films at 800-779-a8491 or [tnf@terranova.org](mailto:tnf@terranova.org).

A wonderful and professional job. The material is logical, sequential, and easy to follow—each tape can stand alone as a separate entity. This material should be part of every aging or gerontology reference library.

- *Older Adult Development*
- *Grief, Loss, and Older Adults*
- *Mental Health Problems of Older Adults*
- *Therapeutic Reminiscence*
- *Communicating with Oriented Older Adults*
- *Communicating with Moderately Confused Older Adults*
- *Communicating with Severely Confused Older Adults*
- *Antipsychotic and Antidepressant Medications and Side Effects*

*Myths and realities of aging*. (60 minutes). 1993. \$99. Available from Insight Media at 800-233-9910 or [www.insight-media.com](http://www.insight-media.com).

This video examines ageism in its many forms. Experts describe how people learn about aging and debunk common myths, such as the idea that most older people are ill or sexually inactive after age 60.

*Sensory changes in the elderly*. (19 minutes). \$89. purchase, \$39. rental. Available from Terra Nova Films at 800-779-8491 or [tnf@terranova.org](mailto:tnf@terranova.org).

This training program is designed as an overview of the most common sensory changes in older people. Suggestions of correction and/or compensator interventions are offered. A study guide is included with the video.

*The personals.* (37 minutes). \$199. purchase, \$60. rental/day. Available from Fanlight Productions at 800-937-4113 or [www.fanlight.com](http://www.fanlight.com).

This Academy Award winning video follows a drama group for senior citizens, as they create and perform a play about looking for dates through the personal ads.

### **KAHSA Lending Library** (For KAHSA members only)

*Compassionate touch: Benefits and effects in long-term care.* (23 minutes). An award winning video which shows how to relate to residents “from the heart through the hands”, and illustrates physical and psychological benefits of attentive touch in residential care.

*I'm pretty old.* (25 minutes). Will assist staff training in empathizing with their residents need to maintain some independence and control in their lives. It can serve as an excellent springboard for discussion about resident's rights.

*Promoting quality of life: An introduction for staff members in long-term care.* (15 minutes). This video-based training program helps staff members make the connection between resident quality of life and their own care-giving behaviors. It is filled with relevant vignettes and highlights staff from all departments.

*The world through their eyes: Understanding vision loss.* (22 minutes). This educational video tape and curriculum is designed to help staff learn about the kinds of vision loss, their causes and implications, understand what low vision devices can or cannot do, and reinforce and understand various care techniques.

*Relationship: The heart of life and long term care.* This booklet explores the feelings of thousands of elders across the country entering nursing homes each day. Many, if not most, feel that to go into a nursing home is simply to wait to die rather than to enter into another stage of life to be fully lived. Guidelines are presented for developing relationships in nursing homes and how to turn things around.

*Erickson's Developmental Tasks*  
*Of the Older Adult*

Ego integrity vs. despair

- Integrity = acceptance of a meaningful life.

\*

- Despair = feelings of anger, bitterness, depression, inadequacy, failure and fear of death.

## *Challenges and Adjustments in Response to Life Experiences*

- Coping with losses and change.
- Establishing meaningful roles.
- Exercising independence and control.
- Finding meaning in life.

## *Adjustments of Aging*

- Family changes.
- Retirement.
- Awareness of own mortality.
- Widowhood.
- Declining physical reserves.
- Changes in income.
- Shrinking social world for some.

Adapting to these changes is often more demanding than adapting to physical changes and chronic illness.

## *Myths Marking the Older Adult*

- Old people are sick and disabled.
- Most old people are in nursing homes.
- Senility comes with old age.
- Old people are unhappy.
- Old people get tranquil or very cranky.
- Old people are not interested in sex and are not able to have sexual intercourse.
- There are few satisfactions in old age.
- By age 70, psychological growth is complete.

*As Caregivers we can help by:*

- Learning about our residents.
- Listening to residents with interest.
- Building on lifelong interests.
- Accepting the residents' regrets and dissatisfactions.
- Encouraging reminiscence.
- Using appropriate humor.
- Recognizing the gift of each resident.

## *The Five Senses*

- Sight
- Hearing
- Taste
- Smell
- Touch

## *Loss of Sight—You Can Help By...*

- Identifying yourself when you enter a resident's room.
- Providing extra-large type on calendars or books.
- Writing things in large, clear lettering using a dark-colored pen on white or light yellow paper.
- Making sure residents wear their glasses.
- Telling residents when you move an object from a familiar place.
- Describing the location of food on the plate as if it were a clock when serving food.
- Using color contrasts to make images stand out.

## *Hearing Loss---You Can Help!*

- If residents can't hear at all, you may point to things or write them down.
- Try to signal residents as you enter their room.
- Eliminate background noise.
- Look directly at the resident, lower your voice, and speak loudly, clearly, and a bit slower.
- Speak in short concise sentences.
- If a resident has hearing aids, make sure he or she wears them.
- Be aware of your facial expressions—  
Match your facial expression to your message.

## *Communicating with Residents*

- Include residents in conversations.
- Speak to residents the same way you would speak to any adult.
- Sit next to a resident instead of across the table.
- Speak loudly and clearly---but do not yell.
- Be aware of your facial expressions---match your message.
- Give residents time to respond to questions.