

GERIATRIC/ADULT MENTAL HEALTH SPECIALTY TEAM

Connections

Spring 2011

A close-up photograph of a butterfly with bright yellow wings and black markings, perched on a yellow, spiky flower. The background is a soft-focus green, suggesting foliage.

Life's Transformations

Like the butterfly, people grow, change & transform

pbH

Creating solutions, One person at a time



Life's Transformations

by L'Oreal Dunn Glenn, MSW

Each year, when spring arrives, we tend to think of life's beginnings. We see baby animals and blooming plants all around us. However, is springtime or anytime, really a true beginning? Don't certain events have to occur during the summer, fall and winter seasons in order for evidence of the "new spring beginning" to occur? Let's propose a new way of thinking. Instead of beginnings, let's consider life's transformation. After all, life happens in cycles. Most of the time one cannot reach points C or D before A and B are complete. Just as we are aware of transformations in nature, we must also be cognizant of changes in the individuals we care for so we can adjust our actions to meet their particular needs. One example of transformation in nature that we are familiar with is the life cycle of a butterfly. Like the butterfly people grow, change and transform.

Before reaching the stage of butterfly, there must be an egg, a caterpillar and a chrysalis. The needs of the future butterfly are different based upon the current stage of development. The same can be said for people. We also undergo life stages. Our needs also change based upon the life stage. In which ways do our needs change during our particular stage of life's transformation? As humans, we are a bit more complex than butterflies. When thinking about human needs, it is important to consider both physical and emotional needs. The psychologist Erikson provides us with a framework in which to dissect emotional human needs during each developmental stage.

As caregivers, how often should we consider the physical and emotional needs of residents during their individual stages of life's transformation? All long-term caregivers are trained to address residents' physical needs. However, the emotional needs are sometimes overlooked.

When the future butterfly is at the egg stage, some important needs are the safety and nourishment of a plant to protect

it as it grows. In comparison to the physical needs of humans, there is not much difference. Babies, toddlers and young children need food and security. As we grow into the adolescent years, our physical needs continue to change and our emotional needs become more complex.

When the future butterfly transitions from the egg to the caterpillar its needs change once again. It was important for the egg to have protection and nourishment. The caterpillar needs lots of plants to eat as this is a time for growth as it prepares for future transformations. Throughout the larval stage, a caterpillar has to shed its skin several times in order to accommodate further growth.

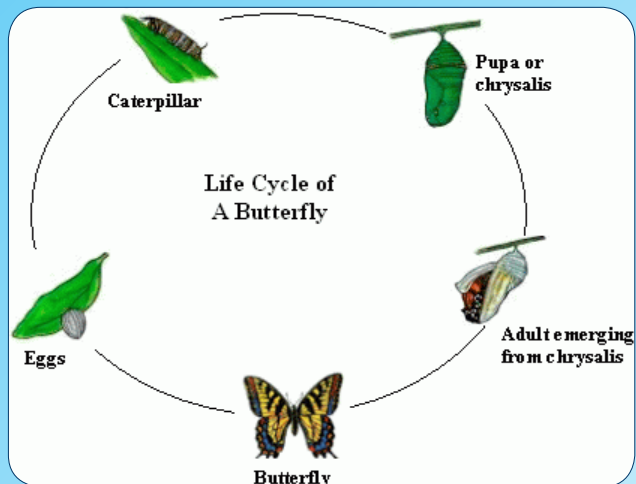
The caterpillar then transitions to a chrysalis. This is a time for change. This time is very unique. Anyone who has parented teenagers would agree that although their physical needs may be less hands-on than that of an infant, they definitely are more emotionally complex in nature. Erikson describes a similar process of preparation during our adolescent years. Teenagers struggle with their identity as they prepare for the type of adult they will grow to become. They struggle with life challenges and grow after learning from adversity.

There is a popular story about a man who came across a chrysalis while walking in his neighborhood park. He noticed the movement of the butterfly struggling to emerge. It appeared to be having trouble so he decided to give it a hand. Using a branch, he pried the chrysalis open. Immediately following release from the protection of its chrysalis, its wings too weak to fly, the butterfly fell to the ground and died. The man's attempt to help only disrupted the growth process of the butterfly. The struggle that nature provides automatically gives an emerging butterfly the strength to fly on its own.

Is the support you provide as a caregiver helping the individual to remain as independent as possible? Or are you providing so much assistance that the person has become debilitated and now incapable of completing any tasks independently?

Once the butterfly emerges, it is considered fully developed. At this stage the goal is to continue life. Eggs are laid and the life transformation cycle continues. This is not so different from our adult and older adult priorities. Erikson describes the focus of adults as concerned with finding partners and creating a legacy to leave behind. Older adults struggle with the notion of integrity versus despair. They may have difficulty with the changes in their social roles, death of a spouse and other loved ones. Older adults reflect back on their lives. They want to review their past to determine whether their life was a success or failure. When older adults look back on their lives as a success, they feel a sense of satisfaction and contentment. When they perceive their life to be a failure they may fear death, have regrets, sense life is too short and may become depressed. How can we support the emotional needs of older adults? When a caregiver takes an extra moment to listen to a life story, it can mean the world to individuals struggling to give their life meaning.

Spring is here. We observe the changes in plant and animal life all around us. The butterfly undergoes an amazing physical transformation. Let's not forget the complex physical and emotional life transformation of the people we care for. Training programs provide skills on caregiving for physical needs. How are you providing care for emotional needs? Take the extra time to assist the individuals you care for in assigning meaning to their lives.



Similar to other insects, the butterfly begins its life as an egg. When a butterfly egg hatches, the young looks very different from the adult. It looks like a very small worm with short legs. It is called a caterpillar or larva.

The larva does nothing but eat. It grows bigger and bigger until it is full size. Then it enters the third stage called the pupa or chrysalis.

When a caterpillar is in the pupa stage, a great change takes place. The worm-like caterpillar turns into an adult butterfly with four large wings and six long legs. Even the mouth parts are different. The caterpillar has strong jaws for chewing leaves. But the adult has mouth parts that coil up under its head like a spring. It can extend these mouth parts into flowers to sip up the nectar.

After mating, the female butterfly lays eggs and a new butterfly life cycle begins.

Thought for the day

“No matter how long the winter, spring is sure to follow.” Proverb

GAST's Favorite Website this Quarter

<http://www.nimh.nih.gov/health/topics/older-adults-and-mental-health>

This National Institute of Mental Health site is devoted to older adults and mental health. Here you can gain more information on psychosis and other mental health topics.

A Special Thank You

by Denise Sexton, BA

National Nursing Home Week is May 8 – 14, 2011. This week spotlights nursing home staff and residents. It provides an opportunity to honor all who contribute to the nation's nursing homes, including residents, staff, family members and volunteers.

As a member of GAST, I am in nursing homes on a weekly basis to provide trainings for staff. I often see residents crying and confused, and family members regretfully leaving their loved ones. I also see hope. The environment is fast-paced and stressful. Just when an observer (such as me) may cynically think, "They're not even going to stop for that poor lady," they do.

Before the 19th century, there were no nursing homes. Those elderly needing care were placed alongside the mentally ill and homeless. During the 19th century, women and church groups began to establish homes for the elderly. Unfortunately, they were very expensive. With the establishment of Medicare and Medicaid, the growth of nursing facilities began, with quality control regulations following several years later.

While this is not meant to be a history lesson, it is important to realize how far the industry has come. At times we may focus on everything that a resident has given up to live in a nursing home. This list may well include independence, privacy, furniture and keepsakes, family and lifelong routines. But think for a moment about what they've gained. Perhaps they have safety, new relationships, laughter, purpose, and nourishment of body and soul. This is where the hope comes in.

There are often times when staff members are not thanked for all they do: for the gentle touch, the compassionate words, the loving smile and for the hope. Residents and their family members often go through an adjustment period. If staff members continue to provide effective and compassionate care, they will earn the trust and respect that residents are yearning to share.

For the residents who have had the routine of a lifetime changed a bit, thank you. For the family members who struggle with their unique situation, thank you. For the staff members who take an extra moment to learn each resident's old routine and somehow work it into a new one, and who squeeze a daughter's or husband's hand and tell them it will be okay, thank you. Thank you for the hope for a golden future.

And happy National Nursing Home Month!



GAST Training Highlight:

New to the GAST Catalog Psychosis Simulation Experience

Are staff at your facility still talking about how much they were moved by participating in the Virtual Dementia Tour simulation experience?

In 2011, GAST debuted the Psychosis Simulation Experience. Just as staff had the opportunity to briefly step into the shoes of residents diagnosed with dementia, they now have the opportunity to increase empathy for residents who experience psychosis.

Psychosis is a general term used to describe a mental state of lost contact with reality. Being in a state of psychosis affects one or more senses. People may have these experiences temporarily as seen in some cases of delirium, dementia, and other mental and physical health conditions. Psychosis can also become more chronic in nature as seen in some cases of schizophrenia and chronic substance abuse. During this training, participants will be exposed to simulated psychosis and will encounter what some people may experience during a psychotic episode. Past participants report feeling more compassion towards individuals with mental illness following this training. At its conclusion, caregivers may become more sensitive to residents who experience psychosis.



Special Note: Individuals with a history of having had a psychotic episode or of hearing voices are discouraged from participating in this training.

Available Training Topics

Spring has sprung! Contact us to schedule training from our new 2011 catalog today. Training topics include...

- Environmental Issues in Behavior
- Managing Non-Aggressive Challenging Behavior
- Managing Paranoia, Suspicion and Accusations
- Alternatives to Restraints
- Dementia Care: Using Life Stories
- Frontal Temporal Lobe Dementia
- Therapeutic Responses to Auditory Hallucinations
- Psychotropic Medications: Mood Stabilizing Medications
- YOU: Where Teamwork Starts
- What Ancillary Staff in Long-term Care Communities Need to Know About Interacting with Residents

GAST Training Contact Information

Please see our website at www.pbhsolutions.org/gast to see our Training Catalog with a description of all of our trainings and to view archived editions of GAST Connections.

Contact a GAST staff member at 704-721-2700 to schedule a training for your community or facility.

Who is GAST?

The PBH Geriatric/Adult Mental Health Specialty Team provides educational and consultative assistance to staff in long-term care facilities (nursing homes, adult care homes and family care homes) to enhance their understanding of the various mental illnesses experienced by residents. GAST can also provide education and support to caregivers of older adults (age 60 and up) with mental illnesses in private residential homes, if the older adult is at risk for psychiatric hospitalization. Consisting of five professional staff, including two master's prepared therapists, two registered nurses and a qualified mental health professional, GAST provides quality educational services FREE OF CHARGE. For more details about GAST, please call 704-721-2700 and ask for a member of the Geriatric/Adult Mental Health Specialty Team. You can also visit our website at www.pbhsolutions.org/gast.

Update on Virtual Dementia Tour™

By Dawn Lillard, RN, BSN

The PBH Geriatric/Adult Mental Health Specialty Team presented its first Virtual Dementia Tour™ (VDT) in June 2010. As of April 13, 2011, we have conducted a total of 19 VDT experiences for 358 participants. The average number of simple tasks completed per participant is 2.6 out of a possible 5.

At first glance, you might look at an average of only about 50% completion of tasks and think that looks like failure. So when you hear that we are pleased with this number, you may want an explanation.

To understand, let's review what VDT is. VDT is a program created by P.K. Beville used to simulate the symptoms of age-related dementia and to help caregivers develop empathy for persons with dementia. This is accomplished by first "garbing" the participant with gear that simulates the physical symptoms of aging.

"Garbing" includes the use of yellow-tinted goggles with both peripheral and central vision blocked to mimic the effects of eye conditions such as macular degeneration, glaucoma and yellowing of the lens. Gloves are placed on the hands of each participant and then fingers are taped together making it difficult to grasp objects and use their hands as might be caused by arthritis. Next, the painful sensation of peripheral nerve damage is simulated by placing prickly inserts in their shoes.

There are a variety of other dementia sensitivity training exercises that use techniques similar to what are described above. However, VDT is unique in that it also seeks to simulate the cognitive effects of dementia, which can include memory loss, confusion, inability to concentrate, agitation and the inability to carry out simple tasks. Headphones that play a constant loop of a combination of environmental noises, static fuzz, sporadic loud sirens and beeps complete the "garbing" process for the participant. The noises help to create a chaotic mental state, similar to what persons with dementia may experience.

Next, the "tour" begins. The VDT facilitator gives each participant five simple tasks to complete. Simple tasks become not-so-simple when the participant is hindered by limited motor skills, blurred vision and incessantly



VIRTUAL DEMENTIA TOUR™
YOUR WINDOW INTO THEIR WORLD

distracting noises. Participants are often humbled and frustrated by this experience and may even give up in anger or defeat. The goal is for the participant to better understand the plight of the person with dementia and encourage the participant to provide more sensitive care.

While participants are attempting to complete the five tasks, they are being observed by one or more of our staff members who are noting behaviors and the number of tasks successfully completed. It is expected that participants will be unable to complete all the tasks they were asked to complete. We want them to understand the pressure that caregivers place on those with dementia by expecting them to do everything we ask, just as we ask. Participants are often observed talking to themselves, just as residents with dementia may do. This is a means of self-soothing and we should allow persons with dementia to do this.

After a specific amount of time, the participants are degarbed and debriefed. The behavioral observations the GAST team member has made are discussed with the participants, as well as the personal experience of the participants.

Both pre-tour and post-tour data are collected from each participant to help us in assessing our effectiveness. Some of the ratings measured include the participant's current state of relaxation, how capable the participant feels physically of carrying out simple tasks, and how well the participant feels he understands the emotional needs of elders with dementia. Here are some interesting observations from the data collected through February 2011.

	Pre-tour	Post-tour
• Participants rated themselves as very relaxed or relaxed	55%	21%
• Participants rated themselves as very capable or capable of carrying out simple tasks	92%	20%
• Participants felt incapable of carrying out simple tasks	2%	21%
• Participants strongly agreed that they understood the emotional needs of elders with dementia	19%	68%
• Participants thought it would be unbearable for a person with dementia to get through the day	9%	49%



So, what about our original statement indicating participants completed only about 50% of their assigned tasks? It should now make sense that this is what we want to happen, so that participants clearly feel the impact of a simulated dementia experience. We believe (and the outcome measures support) that our Virtual Dementia Tour™ is making a positive difference in how caregivers empathize with persons who have dementia.

VDT Honor Roll

It takes time, energy and commitment for a community to offer the Virtual Dementia Tour™. VDT is so much more than a one hour class. Four GAST staff members come to your community to set up and conduct the tour. The space must be a certain size and configuration. Participants must arrive on time for their pre-scheduled times in order for the tour to run smoothly. This is why we ask for a face-to-face pre-tour appointment with the staff development coordinator to make sure everyone knows what is needed and expected prior to and on the day of the tour.

GAST would like to acknowledge the following communities who have invested their time and energy by scheduling and completing a VDT (June 2010 through April 2011). Thank you for allowing your employees to take part in this unique, experiential training. Communities who complete a VDT in the future will be acknowledged in future editions of GAST Connections.

Sharon Towers, 25 participants

Lexington Health Care, 16 participants

Autumn Care of Marshville, 24 participants

The Court at South Park, Day 1, 25 participants

The Court at South Park, Day 2, 23 participants

Olde Knox Commons at The Villages of Mecklenburg, 15 participants

Forrest Oakes Healthcare Center, 14 participants

Woodridge Assisted Living Facility, 22 participants

Weddington Park, 15 participants

The Parc at Sharon Amity, 27 participants

Rehabilitation and Nursing of Monroe, Day 1, 19 participants

Rehabilitation and Nursing of Monroe, Day 2, 19 participants

Olde Knox Commons at The Villages of Mecklenburg, 9 participants

The Haven in Highland Creek, 14 participants

The Laurels in Highland Creek, 12 participants

White Oak of Waxhaw, 17 participants



Tell us what you want...

Is the information you read in GAST Connections publication helpful? Are you receiving it? What else would you like to see? Please give us your feedback and comments by sending us an email at gast@pbhsolutions.org.



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Please share your copy of the GAST Connections with others in your facility:

___ Administrator

___ Activities

___ Social Work

___ Admissions/Marketing

___ DON/Nursing

___ Resident Care Director

___ Resident Council

___ Family Council

Finally, post it on the bulletin board!