

# **Depression :**

## **What are we doing for our Residents?**

### **Part 2 - Intervention**

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# Ageism

We live in a society that undervalues its elderly. This is one cause of depression in LTC

- People feel discarded by society: loss of meaning
- People buy into the “Golden Years” retirement myth: loss of purpose

A sense of meaning and purpose improves both health and depression

# Ageism (cont)

Expectation of deterioration leads to...deterioration

- Ellen Langer study at Harvard

# Depression Indicators

- Increase or decrease of sleep or appetite
- Loss of usual joy/pleasure
- Loss of interest
- Lethargy
- Isolation (loneliness but not solitude)
- Malaise (“I don't feel good” - vague)

# Depression Indicators (cont)

- Boredom
- Crying
- Irritability
- Suicidal (Wanting to “Just go on and die” vs. “I am ready whenever God calls”; giving away possessions)

# Management Support

CNAs have time to talk and bond with residents

Consistent Assignments

Support formation of bonds...

- Residents with staff
- Residents with other residents

# Management Support

## Distributed Decision-making

### Payoffs:

- Less staff turnover
- Less depression
- Less morbidity

# Simple Antidotes

## ***Laughter***

- Belly laughs heal
- Story of Norman Cousins
- Patch Adams
- Psycho-neuro immunology

# Simple Antidotes (cont)

## ***“Helper's High”***

- People tend to focus on themselves in LTC
- Medical problems, symptoms
- Yet people feel best when helping others
- Prayer
- Call light
- Visiting the “shut-ins”
- Exercise
- SAD and sunlight

# Resident Choices: Bedtime

- Dim lights
- Choice of when to go to bed
- Decrease alarms, alerts, and pages which startle
- Low voices
- Quiet delivery of care & housekeeping services
- Aromatherapy
- Monitor residents q2h, strive not to wake

# Resident Choices: Bedtime (cont)

- Choice of what to wear to bed
- Soothing music
- Choices for rising time
- Morning technique of gentle awakening
- Change floor cleaning times
- Laundry barrel noise

# Resident Choices: Mealtime

- Family style meals
- Buffet dining
- Open time for dining
- Short order breakfast menu
- Four meal dining plan
- Resident “refrigerator rights”
- Neighborhood meals
- Dining alone
- Independent dining
- Open snack bar

# Resident Choices: Hygiene

- Choice of timing for ADLs
- Showers
- Care routines
- Towel bath method  
(Joanne Rader)
- Make toilets easily  
accessible/well marked

# Resident Choices: Daily Activities

- Use of money
- Accessibility of telephone
- Spontaneous trips out of the NH
- Initiating contact with MD
- Weight training program
- Exercise classes

# Resident Choices: Daily Activities

(cont)

- Residents doing their own laundry if they choose
- Treatment options/medications
- Advanced directives
- Power of attorney
- Dressing self

# Need To Be (not just feel) Useful

Story: Man who wanted a job with  
“something bad that could happen”

- Mail delivery
- Helping with newsletter mailing  
(Story: stuffing envelopes during fire alarm)
- Setting tables

Caring for planting beds (Story: man changed when he had responsibility for the front flower bed)

# Need To Be (not just feel) Useful

(cont)

Walking the facility dog

Being a “Welcomer” who helps new residents get acclimated

- Befriends
- Invites to activities, meals

# Resident Council

Resident Council that is solution and implementation focused, not complaint-focused

- “Complaint Meeting”
- Instead: developing solutions and implementing them
- Is empowering, not pleading

Fund-raiser: collecting money = being valued

Story: former realtor who loved selling cookies for resident bingo prize money

# Consultant/Adviser Role 1

Staff interviews resident about what they know or helped with in past

Poses questions about how to deal with problems:

- Living on a budget
- Dieting
- Marriage maintenance/enrichment
- Living long
- Coping with change
- Handling stress
- Dealing with teenagers

# Consultant/Adviser Role 2

Helping teach in-services on above topics as part of staff retention program

- Conveys message that the organization cares about hourly employees
- Assists them in coping with life challenges, reducing call-ins and stress
- Repositions residents as having skills to share

# Simple Pleasures

Depression is a loss of ability to enjoy

- Small pleasures are potentially everywhere
- Expectations of smaller pleasure than normal
- Notice small pleasures

What did the resident used to do?

- Sit in bed a while and listen to the radio?
- Start with a cup of hot coffee?
- Go outside?
- Eat breakfast later, when hungry?

Enable these

# Grieving

## Loss of family members:

- Resident needs time to mourn,
- Thankfulness Orientation, not Loss Orientation

## Loss of “Old self” (can't do what I used to):

Remind them that change is...

- Unwelcome
- Inevitable
- Good

# Grieving (cont)

## Loss of home:

- We live in many homes, this is the latest one
- Need to look for “door opening” not closing

## Loss of driver's license:

- we are brainwashed that driving a car is a necessity; it is a symbol of “independence”, but is not a severe limitation
- Loss of role, stature: take on the role of the “Elder”, not the “Geezer”

# Dislike This Place

Wanting to turn back the clock:  
Remedy is to roll with not against change

Call light frustration:

- Due to dependency
- Is inflated due to frustration with wanting to do “what I want, when I want” (like the rest of us)

# Dislike This Place (cont)

## Solutions:

- Keep records (so they learn it only rarely takes a long time)
- Call early so you can wait 15'
- Realize it is part frustration with loss of independence

# Therapy Basics: Hope

Hope is crucial:

- “You can improve; this will get better”  
(if probably true; for ex. UTI, pneumonia, fracture)

Create things to look forward to

- Next meal
- Next weekend
- Next family visit
- Next activity special

# Therapy Basics: Relationship

- Empathy
- Doing something “special” occasionally
- Residents have few people, if any, who have time to sit and listen and validate the legitimacy of their experience

# Not Depression

- Loss of appetite with progressive wasting in spite of good affect and attempts to eat:  
(Is probably body's process of shutting down)
- Preferring to be by self (especially if this is a life-long preference. Some people are “loners”)
- Talking of having lived a good life and now wanting to get on with the next life

# Case Examples

Grouch told he was the boss; the “Have it your way” approach.

- De-emphasizes the institutional feel of being there
- Creates a climate more like living at home

Phone answerer in Rehab Department

# Case Examples (cont)

## "Buddy" for new move-ins

- Made sure new people got to dining room,
- Were introduced to others
- Reminded people of special activities and outings

## Bird lady: got a parakeet and perked up

- Not an aviary in the lobby (no bond there)
- She cared for it
- Food
- Water
- Trained to talk

# Questions