

Seniors • At • Home

*a division of Jewish Family and Children's Services
of San Francisco, the Peninsula, Marin and Sonoma Counties*

Nelson Fund Socialization Training Manual

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Goals And Objectives

Goal: Upon completion of this seminar, students will be able to provide social, intellectual, and emotional enrichment and stimulation to elderly clients.

Objectives:

1. List six examples of normal aging.
2. List the five senses and two examples of a normal change in aging in each sense.
3. Define depression.
4. List four symptoms of depression.
5. List four effective communication techniques.
6. List four methods to reveal client's interests.
7. Describe three activities appropriate for clients with dementia or Alzheimer's disease.
8. Describe three activities to optimize physical activities and exercise with elderly clients.
9. State the definitions of Parkinson's disease, Stroke, Diabetes, Chronic Lung Disease, and Cancer.

Introduction

The purpose of this seminar is to help you understand your client and your client's needs in a manner that may be a little different from what you are accustomed. Often we know "what is wrong with the client" and "what tasks to do", but we are not always aware – or perhaps if we are aware, we just don't know what to do- of some of the other very special and important responsibilities that we have. This seminar will focus on these responsibilities: the emotional, social, and intellectual enrichment and stimulation that we provide for our clients.

Enrichment and stimulation can be offered to our clients in many ways. Activities are "things that we do"; and interest is "things that we want to do". Sometimes an activity is something that we are interested in- such as playing cards, gardening, sewing, or reading. Sometimes the activity serves another purpose- getting dressed, prescribed exercise, doing chores. Both activities and interests are important and sometimes therapeutic, and they can represent who we are and what we're about.

Activities can be active or passive, done alone or in the company of others. They enhance the person's sense of dignity and self-esteem by giving purpose and meaning to one's life.

Each client, as a unique and individual person, is a total of all the years and experiences that he or she has had. The normal aging process, the effects of illness and disease (both acute and chronic) and life's experiences (including education, employment, life cycle events, social adjustments and transitions, role changes, economics, family role and status, culture) all contribute to and influence who we become. We will explore these areas as a foundation to understand how we can offer our clients the enrichment and stimulation they need to obtain and/or maintain optimal functioning.

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NAME: _____

DATE: _____

EXERCISE #1
Pre-Test

This will be reviewed in class.

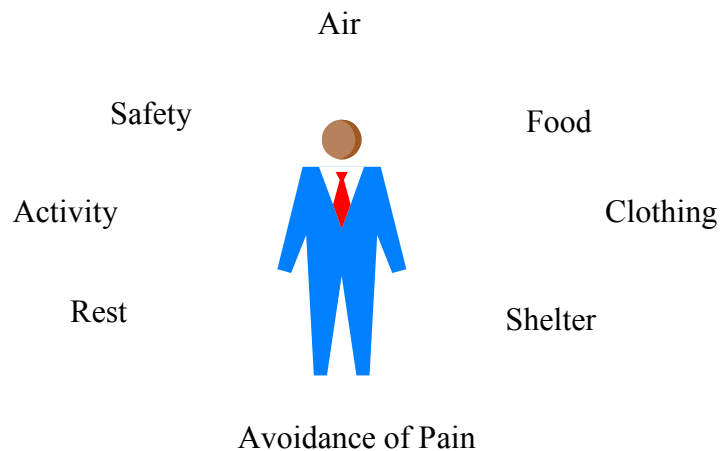
True False

- _____ _____ 1. Physical and/or psychological stress may occur if our Basic Human Needs are not met.
- _____ _____ 2. All people experience the aging process at the same age and at the same rate.
- _____ _____ 3. Most older people are repetitious and have boring stories to tell.
- _____ _____ 4. The five senses – hearing, seeing, smelling, touching and tasting – begin to change at age 65.
- _____ _____ 5. Depression is a normal part of aging.
- _____ _____ 6. As we age become irritable and angry, and have difficulty getting around.
- _____ _____ 7. Communication means talking to another person.
- _____ _____ 8. High blood pressure is another word for emotional stress or tension.
- _____ _____ 9. People with Alzheimer’s disease have little interest in participating in activities.
- _____ _____ 10. When your client participates in an activity, concentrate on the completed task.
- _____ _____ 11. Watching TV is an example of an active activity.
- _____ _____ 12. Physical activities and exercise should be limited with elderly clients.
- _____ _____ 13. To respect the client’s privacy, it is best to ignore family pictures in their homes.
- _____ _____ 14. Mentioning client’s former hobbies and interests should be avoided if they are no longer able to participate in them.
- _____ _____ 15. Elderly people cannot change the way they are because they can’t learn new habits.

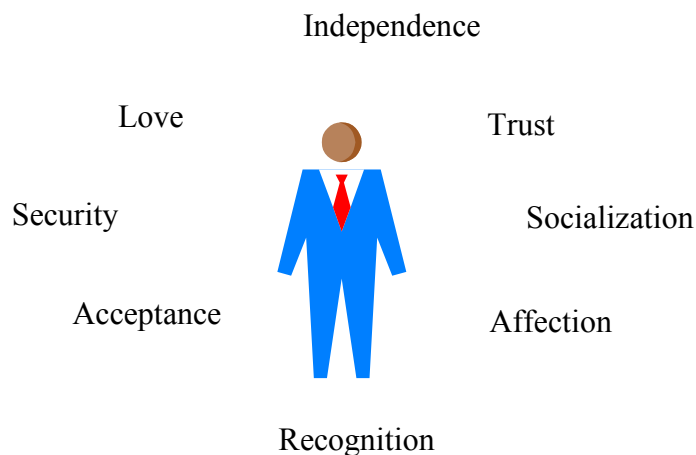
BASIC HUMAN NEEDS

Basic human physical and psychological needs are the needs that every person has- but how much of these needs and how they are met differs not only between each person, but also within ourselves. Nevertheless, if these needs are not met, the result may be physical or psychological stress.

Basic Physical Needs

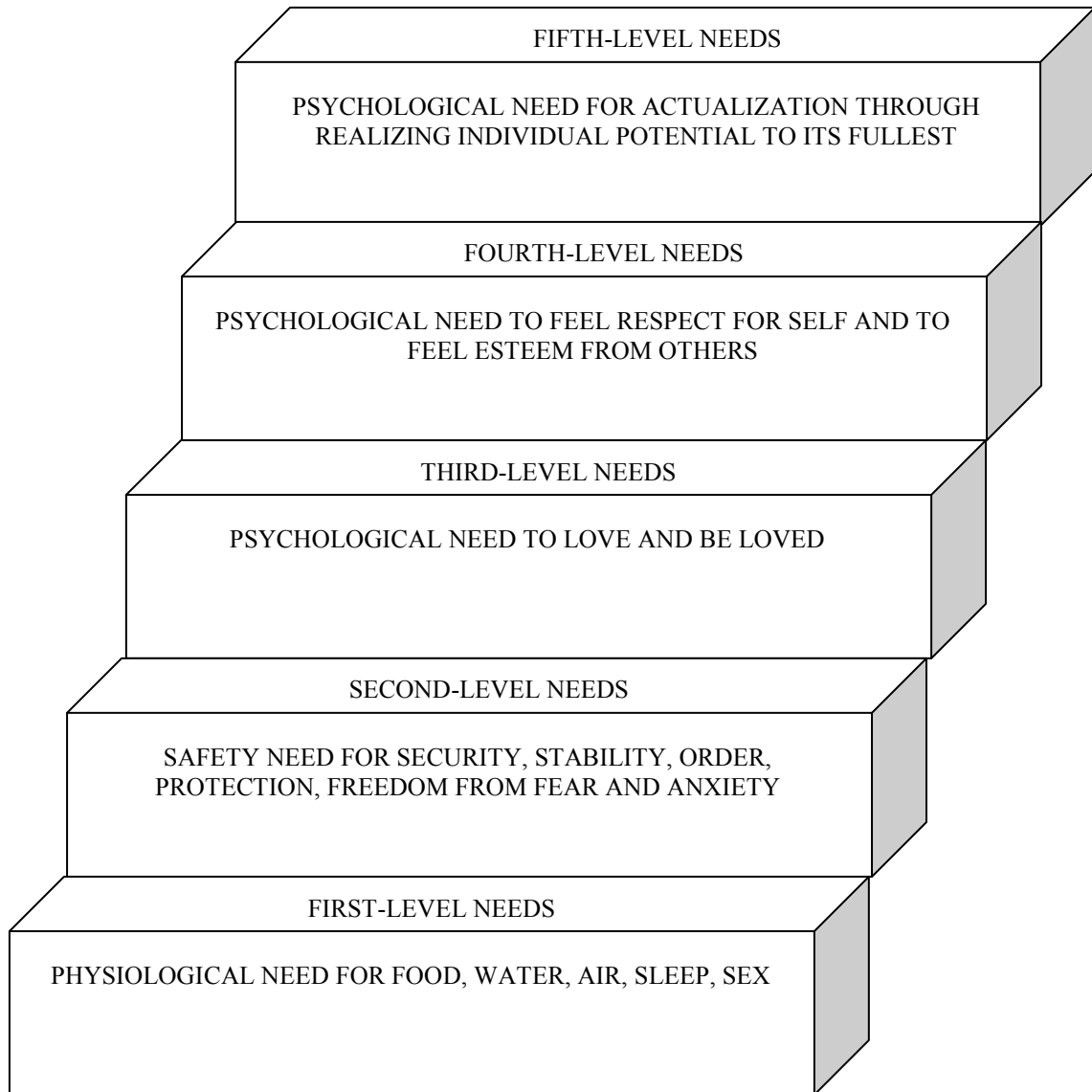


Basic Psychological Needs



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Abraham Maslow believed that in order to be our best, the Fifth Level Needs, we first must meet the lower level needs.



EXPLORING THE AGING PROCESS

- What is NORMAL aging? The normal aging process includes progressive, predictable organic changes that take place in all people in different ways. Ages of onset and rates of change vary from person to person.
- These changes involve significant changes in our sense: hearing, seeing, touching, smelling and tasting as well as important changes in all parts of our body.

WHAT IS FUNCTIONAL STATUS?

The quality of life of older adults is determined more by their level of functioning and ability to remain independent than by specific diseases. To truly meet the needs of our clients, we must be aware of all the areas in which they function:

- Physical status refers to strength, endurance, mobility and dexterity of an older person.
- Cognitive status refers to the level of consciousness, attention or concentration, language, visual-spatial perception, memory, personality, judgment and problem solving skills of an older adult.
- Emotional status refers to mood, interest or pleasure in activities, the quality of sleep, sense of self-worth and the level of psychomotor activity of an older adult.
- Social status refers to support from interaction with family, friends and the community that an older adult has.
- Environmental status refers to safety, stability, availability of necessary services (i.e., shopping, managing finances, transportation) and personal choice in institutional settings of an older adult.
- Economic status refers to financial resources available and accessible to an older person.

The functional status of an individual is often stated in terms of what the person can or cannot do independently. Tasks are divided into two main groups:

- ADL – *Activities of daily living* are those activities that help individuals fulfill their basic human needs. Examples of these are eating, bathing, dressing, transferring (bed to chair), toileting and continence.
- IADL – *Instrumental activities of daily living* are social and housekeeping activities, telephone, modes of transportation, grocery shopping, meal preparation, housework, taking medication.

NORMAL SENSORY CHANGES

Sensory changes take place in our five senses; sight, hearing, taste, touching and smelling. As we get older, certain changes take place, but not always to all the senses at the same time or at the same ages to all people. Changes in the senses influences greatly how we see and feel about others and how they see and feel about us.

In general, all the senses change in this way: it takes longer for the brain to get a message from the sense; it takes longer for the sense to get the message from the brain and the message must be stronger. In other words, when you are older the senses are weaker and more effort is required to make them work effectively.

SIGHT

Changes start in the eye about the age of 20. People have difficulty seeing objects at close distances (presbyopia) and eye glasses may be indicated.

- It is important that eye glasses are easily accessible and clean.
- People have trouble with their vision as they move from one area to another if there is a change in the amount of light.
 - It is important to take time when moving about in these areas so that the eyes can adjust.
 - Make sure that lighting is evenly distributed.
- Telling the difference between colors, especially the colors blue, green and violet is difficult.
 - These colors may be confused and difficult to distinguish. This misperception may result in safety hazards and accidents.
- More light is needed for the eye to see – almost three times more light is needed than that needed by a teenager. But even though more light is needed, too much light that produces glare is very disturbing to an older person.
 - Do not let the glare from the sun or light bulbs be a problem.
- Depth perception changes. Older people may have a problem telling the distance between steps or how close an object is to the edge of the table.
- Environmental safety is extremely important.
- With aging, there is a higher increase of cataracts, glaucoma and macular degeneration..

Cataract. Heading the list of eye disorders causing blindness, cataract is particularly related to aging. It is said that if we live long enough, most of us will develop cataract. The treatment for cataract is surgery. One of the safest operations a patient can undergo, cataract surgery offers a successful means to restore vision in more than 95 out of 100 cases!

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Cataract is opacity, or clouding of the eye's lens which blocks the passage of light needed for vision. Its underlying cause has not yet been determined. As a cataract develops, it may be noticeable as "spots," ghost images, the impression of a "skim" over the eyes, trouble with lights, among other symptoms; and may be noticeable to others as a milky spot in the normally black pupil of the eye.

Surgery can be done when the person feels that the degree of vision loss caused by the cataract is interfering with normal life activities. Cataract surgery consists of removal by the ophthalmologist of the clouded lens and implanting a new lens. This procedure can now be done in same day surgery.

The following are not "normal" changes in the eye. They are considered "age related"; that is, as we age the frequency of these diseases is increased.

Glaucoma

Often called "the sneak-thief of sight," is an eye disease associated with too much fluid pressure within the eye.

Early diagnosis is essential, for if medical treatment is prompt, the progress of glaucoma can be stopped – but sight already destroyed by glaucoma cannot be restored. Glaucoma accounts for one out of every seven cases of blindness.

In glaucoma, the eye fluid which should be continuously formed and drained is backed up along the outflow route. The increased pressure destroys intricate, sensitive structures of the eye's retina, the rear lining of the eye where visual images are formed. Because symptoms of early glaucoma are often doubtful or even absent, the best defense is a medical eye examination every two years. Symptoms can include blurred vision which comes and goes, the inability to adjust the eyes to darkened rooms, seeing colored rings around lights, and reduced side vision.

In treating glaucoma the ophthalmologist will reduce the pressure within the eye, usually accomplished with prescribed eye drops which improve the outflow process. In some cases surgery is required. To keep glaucoma under control; to preserve good vision, the patient will usually use the eye medication regularly for the rest of his or her life.

Diabetic Retinopathy.

A serious disease of eye's retina and often affecting the eye fluid (vitreous) as well, Diabetic Retinopathy is emerging as the leading cause of blindness. A disease of the retina's blood vessels, and difficult to treat, diabetic retinopathy usually affects those who have been diabetic for many years; but is a potential threat to every diabetic.

Early diagnosis increases the chances of controlling diabetic retinopathy, and every diabetic should consult an ophthalmologist regularly. The method of treatment presently used most often is photocoagulation in which an intense beam of light from a laser is used to seal or "weld" the affected blood vessels. A major research and treatment study is now underway on diabetic

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retinopathy, involving many major medical centers; and methods for clearing the vitreous are undergoing evaluation.

Macular Degeneration.

Macular Degeneration is a major cause of visual disability among older persons. The macula is the small area of the retina which is responsible for fine or distinct vision, such as is required for reading. Degeneration of the macula usually results in a gradual loss of central vision, and is caused by damaged to the blood vessels supplying the retina. Some cases benefit from early treatment with photocoagulation. While there is no effective treatment of established macular degeneration, surrounding or side vision is usually maintained, and with the help of devices called “low-vision aids” many people can continue all their usual activities.

Retinal Detachment.

Retinal Detachment can occur when a hole or “rip” in the retina allows the inner retina layer to separate from the back layer, or “wall” of the retina. Eye fluid can then enter through the break, seep between the layers, and further pressure the inner layer to peel, or detach. Though some retina breaks occur as the result of injury and other causes, most often the break is associated with retinal degeneration accompanying aging.

Symptoms of retinal detachment include seeing a shower of black spots or light flashes, or experiencing a curtain-like blotting of vision. If such symptoms occur, one should immediately consult one’s ophthalmologist, eye clinic or family physician. Early treatment makes possible in 85% of cases the re-attachments of the retina and restored vision. Treatments techniques include direct surgical repair, or other bonding methods using intense heat or light (as in laser treatments), or cold, to join the retina layers.

HEARING

Hearing begins to change at about age 40 and changes rapidly after age 70.

There are several indications that hearing may be diminished:

- Words may be difficult to understand. There is particular difficulty with words with the soft consonants such as sh, ch, z, p, s, and f.
- There may be difficulty hearing high pitched noises. Shouting may make hearing worse and cause pain in the ear.
- A hissing or ringing background noise may be heard continually. Background noises may cause annoyance and distraction.
- Another person’s speech may sound slurred or mumbled.
- The person with a hearing problem may withdraw from social events, TV programs, concerts, or previously enjoyed tasks. Diminished hearing can lead to social isolation.
- The person with diminished hearing may misperceive his environment and act confused, uncooperative and/or unresponsive.

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Presbycusis.

Attributed to aging, but does not affect everyone. Environmental noise, certain drugs, improper diet and genetics may contribute.

Conduction Deafness.

The blockage or impairment of the mechanical movement in the outer or middle ear. The sound waves do not travel. The person's own sounds may seem louder, while external sounds appear muffled.

Central Deafness.

Damage to nerve centers in brain. Sound levels are not affected, but understanding sound is.

Hearing Aids.

Hearing aids can be very useful in improving the social, emotional and communication function in many older people with hearing loss. There are several different kinds and because they are expensive and require an adjustment period, it is recommended that they be purchased on a trial period. The patient needs to be cautioned to buy from a recommended audiological center which is required to inform customers the advantages and disadvantages of the aid.

Some people do not use their hearing aid. Common reasons for this are diminished dexterity, dissatisfaction from the amplification of background noise, and/or embarrassment. Other seniors fail to realize that the aid is really needed.

Tips for Talking to the Hard of Hearing

1. Face the hard of hearing person directly, and on the same level with him, whenever possible.
2. Recognize that hard of hearing people hear and understand less well when they are tired or ill.
3. Speak in a normal fashion without shouting. See that the light is not shining in the eyes of the hard of hearing person.
Of a person has difficulty understanding something, find a different way of saying the same thing, rather than repeating the original words over and over.
4. If you are eating, chewing, smoking, etc., while talking, your speech will be more difficult to understand. Keep your hands away from your face while talking.
5. Reduce background noises when carrying on conversations – turn off the radio or TV.
6. Never talk from another room. Be sure to get the person's attention before you start speaking to him.

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Taste and Smell

The sense of taste begins to decrease at age 55, although there appears to be an increased sensitivity to bitterness. There is a decrease in the flow of saliva, and with mouth breathers, a tendency for the mouth to become dry. These changes alter the taste of food, which must be wet to be tasted. In addition, taste may be affected by poor dental hygiene, gum disease, smoking, dentures and some medications.

The sense of smell declines rapidly after age 60, and by age 80 smell detection is almost half of what it was at its peak. In addition, there is a decline in smell recognition. An older person may have difficulty detecting and/or recognizing the smell of gas, spoiled food, and body odors, such as urine or stool.

Taste and smell work together to make the discrimination and enjoyment of food possible.

Older people may not eat adequately when these senses are impaired.

Pain and Touch

In general, the response to painful stimuli is diminished in older people. Because more texture and pressure is needed to feel, skin and muscular skeletal injuries may go unnoticed and undetected until complications occur. In addition, temperatures must be hotter or colder to be felt, further adding to the potential for injury.

Normal Aging

In addition to the changes that occur with the senses, there are other important changes in the body that influence appearance, behavior and communication.

1. There are changes in the mechanism that control posture, balance, and movement. There is a higher incidence of orthostatic (postural) hypotension. Older people are at an increased risk for falls.
2. The most common chronic condition of older adults is osteoarthritis (degenerative arthritis). Affecting primarily the weight bearing joints, erosion of the cartilage causes pain, immobility and instability increasing the older adult's risk for falls.
3. Older adults are at a higher risk for bone fractures from osteoporosis. Changes in the bone structure can cause bone fractures from minor impact or stress and a fracture may occur for no apparent reason. Certain people are at higher risk than others.
4. It takes longer for the heart and lungs to return to normal after exercise or stress. Physical endurance can be optimized by exercise, activity, and good nutrition, but the need for a slower pace and more time is usually required.
5. Many older people do not adjust well to external temperatures. Impairment in the thermoregulating mechanism renders older adults at higher risk for hypothermia and heat stroke.
6. Changes in the immune system, chewing, swallowing, and cough mechanism contribute to the higher incidence of pneumonia and lung infections in older adults.
7. There may be evidence of loss of urine, or incontinence due to urgency, stress or overflow incontinence. Decreased bladder capacity and prostate problems can contribute to this problem. The fear or reality of incontinence may cause an older person to limit or avoid socialization.
8. The skin of an older person bruises and tears easily and wound healing is prolonged. In combination with impaired pain sensation, an older person, particularly those with diabetes or peripheral vascular disease, may develop severe complications from a minor skin injury.
9. Slower bowel mobility and insufficient water, exercise and fiber in the diet can contribute to constipation. The use and reuse of enemas and laxatives is often counterproductive.
10. There are changes in the nighttime sleeping pattern characterized by less deep sleep and more frequent arousals. Isolation, boredom and depression can promote daytime sleeping which further interferes with sleep patterns.
11. Older people need more time to respond, both verbally and physically. There is a tendency towards more concrete thinking than abstract thinking, and it takes longer to change to a new thought, become acquainted with a new situation, and recognize new actions in response to instructions.

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12. Forgetfulness related to growing old is universal and it does not lead to dementia. The recall of past events is better than more recent events. Memory can be enhanced by retaining methods that include concentration, association and repetition and by the use of memory aids.
13. There are physiological changes that accompany aging which influence the effect of medication in the older person. While absorption of drugs changes little with aging, changes in the manner in which drugs are distributed in and eliminated from the body render the older person at much greater risk of adverse drug events than younger persons.

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EXERCISE #2
Aging Lab

The activities on the tables will offer you the opportunity to experience some of the normal changes that occur with aging.

The instructor will give you further instructions.

ACTIVITY #1
Pupillary Reaction

This activity will reflect the pupil's reaction to light with aging.

Instructions:

1. Hold the flashlight in front of the eyes of several other students.
2. Observe how the pupil responds to the light.
3. Did there appear to be any differences between students?
4. If agreeable, have students record their age or age range.

ACTIVITY #2
Cataracts

In this activity, you will experience the effects of cataracts.

Instructions:

1. Put on the glasses and read from the book.
2. Fill out the form.

What did this feel like?

ACTIVITY #3
Presbyopia

This activity will show the relationship between aging and the ability of the eye to focus on close objects.

Instructions:

1. Students who wear “reading” glasses or glasses for far sightedness should remove them.
2. Open the book and hold it in front of you at a comfortable distance for reading.
3. Measure the distance with the ruler and record. _____
4. Students who wear glasses for “reading” or far sightedness may now put their glasses on and repeat steps 2&3.
5. Record your age (optional) _____

ACTIVITY #4
Macular Degeneration

The purpose of this activity is to experience the effects of macular degeneration.

Instructions:

1. Put on the glasses and read the newspaper.
2. Focus on an object across the room.
3. Observe, or have someone else observe, if you had to turn your head as you tried to read or focus on the object.

ACTIVITY #5
Glaucoma

In this activity, you will experience what it feels like to have glaucoma.

Instructions:

1. Do this activity with a partner.
2. Put on a pair of glasses and look straight ahead; do not turn your head.
3. Have your partner stand behind you and then walk slowly forwards besides you.
4. Keep looking straight ahead, and without turning your head, tell your partner when you can see him/her.
5. Remove the glasses and repeat this activity. Remember, look straight ahead and do not turn your head.

What did you observe?

Were there any differences with the glasses on or off?

ACTIVITY #6
Color Distinction

In this activity, you will experience additional effects of altered color discrimination.

Instructions:

1. Do this activity with a partner.
2. Put on a pair of the glasses.
3. Open the medicine bottle and/or medicine.
4. Pick out several “pills” and identify the colors.
5. Remove the glasses and verify your results.

Did the glasses make a difference?

What?

Why?

What implication does this observation have on safety and independence?

ACTIVITY #7
Color Discrimination

In this activity, you will experience the effect yellowing of the eye lens has upon color discrimination.

Instructions:

1. Look at the box with the cover on.
2. Remove the cover.

Was there any difference in the colors with the cover on/off?

Were some colors more difficult to distinguish than others?

Please replace the cover on the box when you are through with this activity!

ACTIVITY #8
Hearing: High Pitched Sounds

In this activity, you will identify high pitched sounds.

Instructions:

1. Say, or have your partner say, the following sentence out loud:

IT'S TIME FOR YOUR BATH

2. Draw a line through each sound that is relatively high pitched.

ACTIVITY #9

ACTIVITY #9
Taste Perception and Recognition - Sweet, Sour, Salty, and Bitter

The purpose of this activity is to discern taste perception and recognition.

Instructions:

1. While holding your nose closed, take a clean spoon and taste each item and record the results.
2. Take another clean spoon and repeat the above. This time without holding your nose closed.

WITH NOSE CLOSED

ITEM #	THIS TASTES LIKE:	I CAN TASTE BUT CAN'T TELL
A.	_____	_____
B.	_____	_____
C.	_____	_____
D.	_____	_____

WITH NOSE NOT CLOSED

ITEM #	THIS TASTES LIKE:	I CAN TASTE BUT CAN'T TELL
A.	_____	_____
B.	_____	_____
C.	_____	_____
D.	_____	_____

Look under the jar to identify the item.

Was your recognition correct?

Be sure to discard all used spoons in container.

ACTIVITY #10
Light Touch

In this activity, you will experience the changes in light touch with aging.

Instructions:

1. Put on the gloves.
2. Reach into the box.
3. Identify and record each item that you touch – be specific!
4. Open the jars and turn the knobs that are on the table.
5. Try to thread the needle and do some sewing!

These are the items I identified correctly by touch:

ACTIVITY #11
Touch - Smooth and Rough

This activity will explore the sense of touch with rough and smooth items.

Instructions:

1. You will need a partner for this activity.
2. Put on the blindfold and the gloves.
3. Touch each piece of sandpaper and determine which is the smoothest and which is the roughest.
4. Take off the gloves and repeat the above procedure.
5. Record your observations.

ACTIVITY #12
Deep Pressure

This activity will heighten your awareness of an older person's perception of pain and/or discomfort.

Instructions:

Place an "X" in front of the conditions in which an older person might not feel pain or discomfort.

1. _____ CONSTIPATION
2. _____ TOOTH ABCESS
3. _____ PRESSURE SORE
4. _____ FEET BLISTERS
5. _____ BROKEN BONE
6. DO YOU HAVE OTHER EXAMPLES?

ACTIVITY #13
Arthritis

This activity will give you an understanding of what it feels like to have arthritis in the hands and knees.

Instructions

1. Put on a pair of gloves that feel a little tight on your hands. Keep these gloves on while you perform the following:
 - a. Button and unbutton the shirt.
 - b. Open and close the medicine bottles.
2. Firmly wrap the elastic bandages around your knees, bend down and tie or untie your shoe or the shoe that is on the floor.

What did you experience?

ACTIVITY #14
Multiple Sensory Deficits

During this activity, you will experience what it feels like to have multiple deficits.

Instructions:

1. Put on the glasses and the gloves and wrap the elastic bandages around your knees.
2. Fill out the form.
3. Open the medicine jar and take out three red “pills” and two yellow “pills”

What does it feel like?

What can you do or not do?

DEPRESSION IN THE ELDERLY

Depression, or a Depressive Disorder, is an illness that involves the body, mood, and thoughts. It affects the way a person eats, and sleeps, the way one feels about one self, and the way one thinks about things. Depression is not the same as a passing blue mood, moments of sadness, or just “feeling down”. It is not a sign of personal weakness or a condition that can be willed or wished away. Rather, it is condition of feeling sad very often and/or for a long length of time. It is a persistent mood that does not lift, interferes significantly with ordinary life functions or activities, and ultimately may lead to suicide. People with depression can not merely “pull themselves together” and get better. Without treatment, symptoms can last for weeks, months, or years.

Depression in the elderly is a widespread problem that is often not diagnosed and frequently untreated. Many older individuals will not admit to signs and symptoms of depression for fear of being seen weak or “crazy”. Depression has many forms and affects more than 6.5 million of the 35 million Americans who are 65 years of age or older. Not only is there a high incidence of suicide in the elderly, but also depression often significantly impairs the quality of life for the elderly person and their friends and support systems.

The many causes of depression in the elderly come from many different sources. They include:

1. Psychological Factors
 - Unresolved repressed traumatic experiences from childhood or later life may surface
 - Previous history of depression
 - Damage to body image (amputation, cancer surgery, other surgeries, etc.)
 - Fear of death
 - Frustration with memory loss
 - Multiple losses: Loved ones, friends, driving, supportive network, etc.
 - Retirement adjustment
 - Loneliness, isolation
2. Physical factors, including genetics
 - Inherited tendencies toward depression
 - Co-occurring illness (Parkinson’s, Alzheimer’s, Stroke, Cancer, Diabetes, Lung Disease)
 - Vascular changes in the brain
 - Vitamin B-12 deficiency
 - Chronic or severe pain
3. Personality Characteristics
 - Low self esteem
 - Extreme dependency
 - Pessimism

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4. Medications

- Some pain medications (Codeine, Darvon)
- Some medications for high blood pressure (Clonidine, Reserpine)
- Hormones (Estrogen, progesterone, cortisol, Prednisone, anabolic steroids)
- Some heart meds (Digitalis, Propanalol)
- Anticancer agents- chemotherapy agents
- Some Parkinson meds (Levodopa, bromocriptine)
- Some drugs for arthritis (Indomethacin)
- Some tranquilizers/anti-anxiety drugs (Valium, Halcion)
- Alcohol

When taken together, some drugs can interact in adverse ways. This includes all medications- both prescription and over the counter medications.

It is not unusual for elderly people to experience sadness, social isolation, and loneliness when faced with the many experiences and changes in their lives. Because many of the symptoms of depression are similar to those caused by other conditions, including dementia, a thorough physical and psychological evaluation is warranted to determine the precise problem. **The following range of symptoms is common in many older people and may be the warning or indication of the needs for professional intervention.**

1. Loss of interest in normally pleasurable activities
2. Persistent, vague or unexplained somatic complaints
3. Memory complaints
4. Difficulty with concentration
5. Social withdrawal
6. Change in appetite
7. Change in weight
8. Sleeping disorder
9. Irritability or demanding behavior
10. Lack of attention to personal care
11. Confusion, delusions, or hallucinations
12. Feeling of worthlessness or hopelessness
13. Thoughts about suicide

Depression is a disease that can be effectively treated by medication, psychotherapy, electroconvulsive therapy (ECT), or any combination of the three. Improved recognition and treatment of depression in later life will make those years more enjoyable and fulfilling for the depressed elderly person, the family, and caretakers.

EXERCISE #3
Myths and Stereotypes

Our perceptions of older adults are influenced by several factors: the characteristics of the older adults with whom we come into contact, our values, customs, and belief systems, and our feelings about and our reaction to our own aging process. Misperceptions and misinformation often lead to fixed, rigid, biased ideas and generalizations known as stereotypes- or to myths, which are beliefs that are not based upon fact and are untrue.

1. What do we observe about older adults?

2. What are our customs, values, and beliefs? How do we differ from one another?

3. How do we feel about our own aging process?

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EXERCISE #4
Exercise – Loss of Roles

- | | |
|---------------------------|--|
| 1. consumer/buyer | 22. religious person |
| 2. friend | 23. sister/brother |
| 3. citizen | 24. lover |
| 4. voter | 25. spouse/significant other |
| 5. homemaker | 26. attractive person |
| 6. mother/father | 27. dancer |
| 7. hostess/host | 28. attractive dresser |
| 8. handyman | 29. student |
| 9. cook | 30. giver (of material goods) |
| 10. gourmet | 31. giver (of help or psychological support) |
| 11. boss | 32. “night owl” |
| 12. helper | 33. swinger |
| 13. advice giver | 34. traveler |
| 14. expert (at something) | 35. athlete |
| 15. reader | 36. bridge player, poker player |
| 16. joker, comic | 37. group member |
| 17. decision maker | 38. sports fan |
| 18. breadwinner | 39. hunter |
| 19. head of household | 40. master of own destiny |
| 20. child | |
| 21. grandparent | |

STEPS TO ESTABLISH TRUST WITH CLIENTS AND THEIR FAMILIES

1. Be on time. Notify the client or agency if late
2. Introduce yourself
3. Know the person's preferred name and use it
4. Be sensitive to impairments such as vision, hearing, and ambulation
5. Respect privacy
6. Keep promises and agreements
7. Tell the person what you are going to do before you do it
8. Offer choices when possible

KEEP IN MIND THE THREE “C’S” OF GOOD CARE

- Confidence
- Caring
- Cheerfulness

Communication

Good, effective communication is a critical part of your role

Communication does not mean just talking or speaking – it is a skill that must be learned and practiced!

What is Communication?

- Exchange of information between people or between people and the environment
- An interaction between people, things, and/or the environment; a sharing of feelings, words, and thoughts.

When Do We Communicate?

- To Learn about others
- To tell information to others (or things)
- To express feelings

How Do We Communicate?

- Communication is presenting something to another person or thing; it is everything that you say and/or do that tries to get the message across.
- It is a combination of what you say (verbal communication), the way you say it, and what you do not say.
- It is what you do while actually saying something (non-verbal communication), such as gestures, mannerisms, posture, eye contact,- things that are considered body language.

Elements Needed to Communicate

- Message: Information sent in a manner that can be understood.
- Sender: First person or thing that communicates.
- Receiver: Person or thing to whom message is sent.
- Feedback: Acknowledgment or indication between sender and receiver that messages are sent or received.

When Does Communication Break Down?

- Sender can't talk
- Receiver can't hear
- Language barrier
- No feedback

SIMPLE COMMUNICATION SKILLS

1. Get organized- have a goal! Know what you are going to write, say, or express before you start. Know what you want to accomplish!
2. Know the client's culture and habits
3. Speak clearly and slowly
4. Do not shout
5. Keep your hands away from your mouth and face
6. Do not chew gum or eat while talking
7. Do not begin to talk until the person can see your face; face the person directly.
8. Listen patiently and actively
9. Give feedback (I understand, or I don't understand). Ask to have the information repeated ask for further explanation or clarification, if necessary.
10. Learn special terms for care
11. Use simple words and sentences; do not combine multiple tasks, thoughts, requests, or time sequences in one sentence.
12. Give ample time for the person to respond; do not rush.
13. Keep your sense of humor
14. Assume a non-threatening position. If the person is in a wheelchair, don't stand over him or her. Instead, kneel or sit next to the person so that he or she can look directly at you.
15. Reduce peripheral (background noise, radio, etc.) noise
16. If the person does not understand what you have said, repeat it once exactly the same way. If the person still does not understand, examine and change your words. Choose a word that is more concrete and less abstract, a word that could prompt an image, if possible. For example, "Do you want to eat?" – "Do you want your food?"; "It is time for your bath"—"It is time to wash with water."
17. Accompany speech with non-verbal cues, such as hand gestures, demonstrate what you want, and/or show an object.
18. Do not answer for the person without the person's permission. Whenever possible, encourage others to address the client directly, and not to ask you the questions.

REMEMBER "KISS":

Kee

It

Slow and

Simple

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COMMUNICATION: SUPPORTIVE VS NON SUPPORTIVE

Cue	Supportive	Nonsupportive
Touching	Occasional touching; Soft touching	No contact; sharp, abrupt touch
Eye Contact	Maintains good contact	Does not look into Person's eyes; looks Elsewhere
Gestures	Nodding agreement; Friendly gestures	Distracting movement; irrelevant pointing
Posture	Relaxed, caring pose Toward other	Tense rigid leaning pose; leaning away
Distance	Close proximity	Sitting; standing far away
Expressions	Frequent smiling; Animated face; Interested expression	Frowning; straight face; scowl/yawning
Voice Volume/Tone	Soft and caring	Too loud, too fast; Unpleasant tone

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EXERCISE #5

What is this client really saying?

1. You are in the home with your client, Mrs. Green. She has had diabetes for many years and has very poor vision. You notice there is a piano in the living room with lots of music sheets from around 1945. She asks you if you remember “the war” and asks where you are from.
2. You are in the home with your client, Mr. George. He watches TV almost all the time, but doesn’t actually select anything special to watch. He never changes the channel, and when you try to, he becomes annoyed. In his garage there is a large assortment of woodworking tools, but it appears that he has stopped using them since his diagnosis of Parkinson’s disease. Mr. George comments on “how poorly furniture is made today” and asks you if you would like to see the table in the living room.
3. You are in a residential care home (Board and Care Home) with your client, Mrs. Smith. Your schedule is MWF 1-5pm. Mrs. Smith’s daughter requested assistance for her mother because when she visits her mother, she is “just sitting around”. Mrs. Smith takes great pride in how she is dressed and groomed- her clothes are clean and fashionable, her hair is nicely styled, and her hands are well manicured. Mrs. Smith lived with her daughter and her daughter’s family until she fell and broke her hip. Since that time, she has had to have someone with her all the time. Mrs. Smith tells you that her daughter has a lot of “free time now” and “I’m so glad you come to visit me- I think I must have been a lot of trouble for my daughter.”
4. You are in the home with your clients, Mr. and Mrs. Black. Through their 65 years of marriage, they have hardly ever been apart, and now seem to be content sitting by each other’s side. They both are alert, and have had a history of falls. Now they are reluctant to leave the house to attend their senior center and be with their friends. They ask you: “Do you think they still play bingo at the center?”
5. You are in the home with your client, Mr. Jones. Before his stroke, he was a volunteer at the Airport- his assignment was assisting Military families. On the wall in the hall are several framed certificates of appreciation from numerous people commending him on his many years of volunteering. Mr. Jones says: “The airport is a big place to get around in. I wonder if those families are all right without me.”
6. You are in the home with your client, Mrs. Evans. She has had several different caregivers since her memory loss and confusion indicated it was not safe for her to be alone. She loves to walk, although she doesn’t seem to know where she is or where she is going. And, she loves to talk about living in Minnesota where she taught physical education. Often when she is walking in the house she will put her coat on and act as though she is outside in the cold weather.

COMMON DISEASES OF THE ELDERLY

CORONARY ARTERY DISEASE

Coronary artery disease (CAD) is commonly known as coronary heart disease or atherosclerotic heart disease. It is the most common cause of cardiac disease in adults and the leading cause of death in this country.

Coronary artery disease is characterized by narrow or obstructed openings in the arteries which causes an interference in the blood to the heart muscle (Myocardium.) This muscle becomes blood starved, and the loss of oxygen can result in various diseases, including angina, myocardial infarction (MI), congestive heart failure, sudden cardiac death, and cardiac dysrhythmias.

CAD most commonly results from atherosclerosis, a form of arteriosclerosis, or hardening of the arteries, found in vessels (such as the aorta, and the coronary, iliac and carotid arteries) that carry blood to the heart, brain, kidneys, arms, and legs. Atherosclerosis impedes coronary artery blood flow by: 1) plaques or thrombi obstruct the artery; 2) blood clots form around plaques; 3) hemorrhages form around plaques; 4) hardened vessels can't dilate properly.

Atherosclerosis begins slowly in childhood and progresses throughout life. Signs and symptoms usually don't appear until middle age or later, when the heart's blood supply can't meet its needs.

RISK FACTORS

Major risk factors that can not be changed:

Hereditary: A family history of CAD increases CAD risk.

Sex: Men develop more CAD than women, and at a younger age; men age 40 to 55 have the highest risk. CAD ranks as the leading cause of death in men over 40, and the chief cause of permanent disability in men under age 65. At about 50, women become as likely as men to develop CAD.

Race: Black women of all ages and black men under age 45 have an increased incidence of hypertension, which increases CAD.

Age: The incidence of CAD increases with age.

Major risk factors that can be changed:

High blood pressure: Consistently high blood pressure (hypertension) poses the most important major CAD risk. Eventually, hypertension leads to Atherosclerosis. The higher the pressure, the greater the risk of developing CAD.

High serum cholesterol levels and high serum triglyceride levels have abrasive actions on blood vessels.

Cigarette smoking: A man who smokes a pack of cigarettes daily stands twice the risk of developing CAD. If he smokes two packs a day, four times more likely. Female smokers have a two to six times greater risk than non smokers.

Diabetes Mellitus: Men with diabetes have twice the risk than non diabetic men; women with diabetes have three times greater risk than non diabetic women.

Contributing factors:

Obesity

Lack of exercise

Stress

ANGINA PECTORIS (ANGINA)

Angina is chest pain resulting from insufficiency in the blood supply to the heart. This reduction is typically a result of atherosclerotic plaques partially blocking the coronary arteries. The coronary arteries can tolerate a considerable amount of blockage when the heart is at rest. However, during physical activity or stress when the heart works harder, the heart requires more blood, and with coronary artery blockage, the heart may not be able to meet the demand. This insufficiency in blood supply to the heart deprives the heart of necessary oxygen resulting in a cramp like pain, called Angina.

Some activities that can precipitate angina are:

- Walking up a hill
- Walking against the wind
- Running for a bus or airplane, especially associated with anxiety from being late
- A brisk walk soon after eating
- Unaccustomed exertion
- Emotional distress, anxiety or fear
- Overwhelming excitement

The pain from angina may be vague or difficult to describe, such as or a funny feeling or just discomfort. Although there may be pain, burning, or a tight sensation, it usually is not the severe pain of a heart attack. It also usually lasts a few minutes and is relieved by rest.

Rest and Nitroglycerine should relieve the pain. The Nitroglycerine is taken under the tongue, and must be stored away from the light and moisture. The person can take a tablet every five minutes for 15 minutes, not to exceed 3 tablets in 15 minutes. If the pain does not subside or the pain escalates, this may be an indication of a heart attack, and medical attention should be called immediately.

HEART ATTACK (MYOCARDIAL INFARCTION)

A heart attack occurs when the arteries supplying the heart with blood vessels and oxygen become blocked. The loss of blood is what injures your heart muscle. A heart attack generally causes chest pain for more than 15 minutes, but it can be silent and have no symptoms at all.

Heart Attack Symptoms:

These feelings can signal a heart attack:

- A tightening, pressure, squeezing, or aching in the chest or arms.
- A feeling of indigestion
- A feeling of fullness
- A sharp burning or cramping pain
- An ache, weakness or numbness that begins in or spreads to your neck, jaw, throat, teeth, back, shoulder or back of your arms or left arm.
- A discomfort in your neck or upper back, particularly between your shoulder blades.

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Especially if they are accompanied by:

- Breathing problems or shortness of breath
- Nausea and vomiting
- Cold sweats
- Paleness
- Generalized weakness or fatigue
- Anxiety
- Strong, rapid heart beats or palpitations
- Dizziness

What to do:

- Stop what you are doing and lie or sit down
- If your doctor has prescribed it and/or you have a history of angina, take one nitroglycerin under your tongue every five minutes. Do not take more than three tablets in 15 minutes. If the pain is not relieved or this is not what you experience as your typical angina pain, call 911.
- If you have no history of angina, call 911 immediately
- Begin CPR (cardiopulmonary resuscitation) if indicated
- Decide on the fastest method of transportation to get you to an emergency room. If you live in a rural area or an area with heavy traffic congestion, you may get to the hospital faster by someone else taking you. Go to the nearest emergency care facility. Do not drive yourself.
- Unless you have an allergy to Aspirin, or have been instructed otherwise by your health care provider, chew an Aspirin.
- When you get to the hospital, inform the hospital personnel immediately that you believe that you are having a heart attack.

EXERCISE #6

What do you think? What would you do?

1. Your client is rushing to leave the house and complains of chest pain. She says, “This always happens to me when I’m too active – would you please give me my pulse so that I can take my nitroglycerine?”
2. Your client has bad arthritis and usually complains of some pain and stiffness in the mornings when you arrive. Today he tells you that the pain is different – more in the chest and jaw and down the left arm.
3. Your client tells you he has “bad indigestion” although it isn’t after a meal. He looks pale, sweaty and frightened.
4. Your client has had a recent hospitalization for Congestive Heart Failure. Over the past few days she has become progressively more tired, has decreasing energy, seems to breathe with more difficulty (especially after the slightest activity), and her shoes are too tight to put on.

HIGH BLOOD PRESSURE (Hypertension)

High blood pressure is called hypertension. Hypertension does not mean emotional tension. What it does mean is that the pressure, or tension, in your blood vessels is too high.

High blood pressure is a silent killer. There are no symptoms until the pressure is too high, or it causes damage to vital organs, like the heart or kidneys. Everyone needs some blood pressure in his or her arteries. When your heart beats it pumps blood through the arteries (or pipes) to bring nourishment to the tissues. The force of the blood against the walls of the arteries is called the blood pressure. The systolic pressure occurs after the heartbeat and is the higher reading. The lower pressure, or diastolic pressure, is the pressure in the arteries in-between heartbeats. If the arteries become narrowed or clogged, then the heart has to pump harder to deliver the blood to the tissues, and the pressure in the arteries goes up. If the pressure in your arteries is 140/90 millimeters of mercury (mmHg) or more, and remains at that level you have high blood pressure (hypertension).

What Are the Consequences of Uncontrolled Hypertension?

Hypertension can cause strokes, heart attacks, heart and kidney failure.

How Can We Prevent Hypertension?

- Weight reduction
- Eating a low sodium diet
- Minimizing alcohol intake
- Regular exercise

If these lifestyle changes do not control or prevent hypertension, then drug therapy is necessary.

Control of other risk factors that interact with blood pressure is also important. Smoking, high cholesterol, and diabetes accelerate the damage by high blood pressure on the heart and blood vessels. Therefore, it is important to manage and control all of these factors.

Remember, high blood pressure may cause no symptoms. You need to have your blood pressure measured at least once per year. Control of high blood pressure can add years to a happy life!

Stroke (CVA: Cerebrovascular Accident)

The care of a client who has had a stroke may vary greatly from client to client. In addition to other factors, the client's condition is determined by the part of the brain that has been injured, and the amount of damage that has been done. The client may rehabilitate to being independent and no longer requiring assistance, or the deficits may be such that long term assistance is required. In some situations you may be asked to be trained in specific exercises, transfer techniques, and/or the provision of special needs.

A stroke, or CVA, is an interruption in the blood flow to the brain. Approximately 500,000 people a year have a stroke in the US. It is often referred to as "brain attack" because of its' similarity to a "heart attack." which is an interruption in the blood flow to the heart. In both instances an area is deprived of oxygen and the affected area is impaired.

A stroke can be caused by a hemorrhage in the brain, a thrombosis, an embolys, or a tumor. The extent of damage that is caused by the stroke is determined by the area in the brain that is affected and the amount of area involved. Thus, some people suffer "mild" strokes, while others may have a massive, fatal stroke.

There are several important warnings of a stroke:

1. Sudden temporary weakness or numbing of the face, arm, or leg.
2. Temporary difficulty or loss of speech or trouble understanding speech.
3. An episode of double vision.
4. Unexplained headaches or change in the pattern of headaches.
5. Temporary dizziness or unsteadiness.
6. A recent change in personality or mental ability.

Risk Factors:

Certain medical conditions, including high blood pressure, TIA'S (transient ischemic attacks), previous stroke, heart disease (especially arterial fibrillation), diabetes, and carotid artery disease are major risk factors for a stroke

Stroke risk can be reduced by:

1. Controlling your blood pressure
2. Not smoking
3. Limiting alcohol use
4. Lowering cholesterol
5. Controlling your weight
6. Seeking medical attention and accepting treatment for arterial fibrillation.

One of the most important factors related to stroke is seeking medical attention promptly. There is evidence that suggests that the sooner medical attention is obtained and treatment is begun, the more successful the treatment results will be.

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The brain is a complex organ in which one side of the brain controls the opposite side of the body.

Damage to the left side of the brain typically causes impairment to the right side of the body, and results in problems with speech and language skills.

- The comprehension ability of these people is usually better than their ability to speak.
- These people are likely to recognize that there is a problem, and become frustrated and/or depressed.
- They may be slow, anxious and hesitant when approaching the unfamiliar.

Damage to the right side of the brain typically causes impairment to the left side of the body.

- These people may appear unaware that they have any problems.
- Because the speaking ability of these people may appear intact, it is often easy for others to overlook the person's problems.
- These people more commonly have special-perceptual deficits, resulting in problems judging distance, size, position, rate of movement, and form and relations of parts to the whole.
- These people often suffer from "one sided neglect". In this situation, the person cannot recognize or perceive one side of the body or one side of vision.
- Although these people may be able to describe a task in detail, they may not be able to do it. They may become uncooperative, unmotivated, dependent and/or confused when encouraged to perform. These people may be impulsive and act too fast, overestimating their own abilities.
- These people may go beyond what is safe and use poor judgment.

Damage to any part of the brain may cause:

- Problems with "Quality Control". This is the inability to guide and check one's own behavior; doing the right thing at the right time.
- Memory impairment, including decreased retention span and remembering selectively or parts of a message
- Difficulty learning, especially new information
- Difficulty applying information learned from one setting to another
- Emotional lability: Unpredictable and uncontrollable crying and loss of emotional control
- Depression
- Sensory deprivation. Signals from the outside world that are cut off or decreased may result in confusion, delusions, and/or hallucinations

WHAT IS DIABETES?

What are the common symptoms?

- Excessive thirst
- Frequent urination
- Constant hunger
- Loss of weight
- Itching
- Tire Easily
- Changes in vision
- Cuts & scratches heal slowly

BUT some people have diabetes with none of these symptoms!

Normally:

The sugars and starches in the food we eat are converted to a form of sugar called glucose.

With the aid of insulin, the blood stream distributes this glucose to the body cells. There it is converted to ready energy or stored for future use.

Insulin is a natural hormone produced by the pancreas, a large gland that lies behind the stomach.

With Diabetes:

The pancreas fails to produce enough insulin or makes insulin, which is unable to perform all its work.

Glucose then accumulates in the blood, until some of the surplus is eliminated by the kidneys and passed off in the urine.

Hence, sugar in the urine and too much sugar in the blood are signs of diabetes. Unless promptly detected and controlled it can lead to serious illness.

Diabetes Can Be Controlled:

Diabetes is a chronic condition. The sooner it is discovered the better are a person's chances of living a full, productive, satisfying life. The three principal means of control are: 1) carefully planned diet, 2) regulated exercise, and 3) if necessary, injection of insulin which the body lacks. There are also medicines taken by mouth which are sufficient in some cases. Diet and exercise are the first essentials of treatment. Often they are all that are required.

Many People Have Diabetes:

Today over 4,000,000 Americans have diabetes. Of these at least 1,600,000 do not yet know they have it. More than 50,000,000 Americans now living will develop diabetes during their lives. One person in four – 50,000,000 Americans – is believed to be a “carrier” of diabetes. These can transmit diabetes to their offspring, though they may never develop the condition themselves.

WHAT IS CHRONIC OBSTRUCTIVE PULMONARY DISEASE?

Chronic obstructive pulmonary disease (COPD), also called chronic obstructive lung disease, is a term that is used for two closely related diseases of the respiratory system: chronic bronchitis and emphysema. In many patients these disease occur together, although there may be more symptoms of one than the other. Most patients with these diseases have a long history of heavy cigarette smoking.

Cigarette smoking is the most important risk factor for COPD.

COPD gets gradually worse over time. At first there may be only a mild shortness of breath and occasional coughing. Then a chronic cough develops with clear, colorless sputum. As the disease progresses, the cough becomes more frequent and more and more effort is needed to get air into and out of the lungs. In later stages of the disease, the heart may be affected. Eventually death occurs when the function of the lungs and heart is no longer adequate to deliver oxygen to the body's organs and tissues.

Cigarette smoking is the most important risk factor for COPD; it would probably be a minor health problem if people did not smoke. Other risk factors include age, heredity, exposure to air pollution at work and in the environment, and a history of childhood respiratory infections. Living in low socioeconomic conditions also seems to be a contributing factor.

More than 13.5 million Americans are thought to have COPD. It is the fifth leading cause of death in the United States. Between 1980 and 1990, the total death rate from COPD increased by 22 percent. In 1990, it was estimated that there were 84,000 deaths due to COPD, approximately 34 per 100,000 people. Although COPD is still much more common in men than women, the greatest increase in the COPD death rate between 1979 and 1989 occurred in females, particularly in black females (117.6 percent for black females vs. 93 percent for white females). These increases reflect the increased number of women who smoke cigarettes.

Between 1979 and 1989, COPD death rate increased more in females than in males, particularly in black females.

WHAT IS CANCER?

Cancer develops when cells in a part of the body begin to grow out of control. Although there are many kinds of cancer, they all start because of out-of-control growth of abnormal cells.

Normal body cells grow, divide, and die in an orderly fashion. During the early years of a person's life, normal cells divide more rapidly until the person becomes an adult. After that, cells in most parts of the body divide only to replace worn-out or dying cells and to repair injuries.

Because cancer cells continue to grow and divide, they are different from normal cells. Instead of dying, they outlive normal cells and continue to form new abnormal cells.

Cancer cells often travel to other parts of the body where they begin to grow and replace normal tissue. This process, called metastasis, occurs as the cancer cells get into the bloodstream or lymph vessels of our body. When cells from a cancer like breast cancer spread to another organ like the liver, the cancer is still called breast cancer, not liver cancer.

Cancer cells develop because of damage to DNA. This substance is in every cell and directs all its activities. Most of the time when DNA becomes damaged the body is able to repair it. In cancer cells, the damaged DNA is not repaired. People can inherit damaged DNA, which accounts for inherited cancers. Many times though, a person's DNA becomes damaged by exposure to something in the environment, like smoking.

Cancer usually forms as a tumor. Some cancers, like leukemia, do not form tumors. Instead, these cancer cells involve the blood and blood-forming organs and circulate through other tissues where they grow.

Remember that not all tumors are cancerous. Benign (noncancerous) tumors do not spread to other parts of the body (metastasize) and, with very rare exceptions, are not life threatening.

Different types of cancer can behave very differently. For example, lung cancer and breast cancer are very different diseases. They grow at different rates and respond to different treatments. That is why people with cancer need treatment that is aimed at their particular kind of cancer.

Cancer is the second leading cause of death in the United States. Half of all men and one-third of all women in the US will develop cancer during their lifetimes. Today, millions of people are living with cancer or have had cancer. This risk of developing most types of cancer can be reduced by changes in a person's lifestyle, for example, by quitting smoking and eating a better diet. The sooner a cancer is found and treatment begins, the better are the chances for living for many years.

WHAT IS PARKINSON'S DISEASE?

Parkinson's is a progressive and irreversible disease. While the intellectual skills are not affected and the client can work and participate in many activities, the use of the body becomes progressively impaired. As the medications only take care of the symptoms as the disease progresses, it is important that these clients receive their medications on time. This is usually a long term assignment, and as these clients will need increasing assistance with their activities of daily living, the assignment requires that you have excellent body mechanics and transfer skills. In addition, you must be able to recognize your limitations and inform the agency if and when the assignment exceeds your abilities.

Parkinson's Disease is a slowly progressive disorder of the central nervous system. It is caused by the degeneration of the pigmented neurons in a specific part of the brain called the Substantia Nigra, resulting in a decrease in the availability of dopamine.

The exact cause of Parkinson's Disease problem is unknown.

There are four major symptoms of Parkinson's Disease:

1. Bradykinesia (slowness in initiating movement which may contribute to decrease facial expression, change in speech patterns, small-lettered handwriting, trouble with fine finger movements)
2. Rigidity: Stiffness when the arm, leg, or neck are moved
3. Resting tremor: tremor most prominent at rest, when sitting quietly
4. Loss of postural reflexes: poor balance and coordination.

Secondary symptoms may include depression, emotional changes, memory and sleep problems, changes in speech patterns, urinary and bowel difficulties, low blood pressure upon standing, or problems in chewing or swallowing.

The progression of the disease varies among patients. For some the disease will progress slowly over a 20-30 year period, while progressing much faster for others. Without treatment, pronounced disability occurs in about nine years.

Symptomatic treatment of Parkinson's Disease is usually successful, especially in the early years, although it does not stop the progress or cure the disease. The treatments include:

- Medications: Medication regimes can provide dramatic relief from the symptoms of Parkinson's. The therapy is tailored individually to each person and often takes time to identify the medicine and the dosage that will work best to relieve the symptoms. The goal is to provide the amount and combination of medications that will relieve the symptoms without causing side effects. The side effects may include nausea and vomiting, low blood pressure, involuntary movements, depression and restlessness.

Levodopa is a drug commonly prescribed. It helps replenish the brain's low supply of dopamine, and helps mask the debilitating symptoms for many with Parkinson's Disease. Other drugs include blocking neurotransmitters, which oppose dopamine's action, and

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those drugs that inhibit the enzyme that shuts of dopamine's action. In addition, new drugs that mimic the action of dopamine, called dopamine agonists, are also available and may be used alone or in combination with levodopa.

- **Diet and Exercise:** People with Parkinson's Disease find that eating a well balanced diet is important in maintaining their general health and strength. In some cases the doctor may recommend adjusting the consumption of protein for those taking levodopa, because protein may interfere with the absorption of the drug.

People with Parkinson's Disease find that exercise, especially swimming and walking, helps maintain muscle tone and strength and improves mobility. In addition, physical therapy or muscle-strengthening exercises, in addition to range of motion exercises are often recommended.

- **Surgery:** Pallidotomy and thalamotomy can reduce specific symptoms for some patients. Other surgical options include deep brain stimulation (DBS), which is used in various brain areas according to the patient's individual needs.

WHAT IS ALZHEIMER'S DISEASE?

Alzheimer's disease is a progressive, degenerative disease that attacks the brain and results in impaired memory, impaired thinking, impaired behavior and impaired judgment. It affects an estimated 2.5 million American adults. The incidence of Alzheimer's disease increases with age.

Scientists continue to look for the cause of Alzheimer's disease. For one form of the disease, there is strong evidence that a defect exists in a single gene in a chromosome. In addition, scientists continue to explore areas such as a slow virus and environmental toxins, such as aluminum. Alzheimer's disease cannot be prevented, nor is there a cure or a treatment available to stop or reverse the disease. Medications are available that appear to slow down the loss of memory. Other medications may be helpful in managing some of the most troubling symptoms associated with Alzheimer's disease, such as depression, behavioral disturbances, sleeplessness, and anxiety.

Alzheimer's disease has a gradual onset. In the early stages, the person may try very hard to cover up what might be the obvious symptoms that the disease is present. These symptoms, such as memory loss, loss of intellectual abilities, disorientation to time and place (and eventually to person), lack judgment, and changes in personality and behavior progress to the point where the symptoms interfere with the person's work, social activities, and activities of daily living. Eventually the symptoms render the person unable to assume self-care. How quickly, and to what extent these symptoms occur and progress, varies from person to person. The average life span for people with Alzheimer's disease is about eight years, although many people with Alzheimer's disease live considerably longer.

There is no single diagnostic test for people with Alzheimer's disease. A complete physical, psychiatric, and neurological evaluation should be obtained when symptoms are noticed. New computerized imaging technology may show specific changes in the brain that appear to be consistent with Alzheimer's disease, however a definitive diagnosis of the disease cannot be made until after death. At this time, if the disease is present, microscopic examination of the brain reveals the presence of neurofibrillary tangles and clusters of degenerating nerve endings called neuritic plaques.

Stages of Symptom Progression in Alzheimer's Disease

It is difficult to place a patient with Alzheimer's disease in a specific stage. However, symptoms seem to progress in a recognizable pattern and these stages provide a framework for understanding the disease. It is important to remember they are not uniform in every patient and the stages often overlap.

1. *First stage – 2 to 4 years leading up to and including diagnosis*

Symptoms

- Recent memory loss begins to affect job performance.
- What was he or she just told to do?
- Confusion about places – gets lost on way to work.
- Loses initiative – can't start anything.
- Mood/personality changes – patient becomes anxious about symptoms, avoids people.
- Poor judgment – makes bad decisions.
- Takes longer with routine chores.
- Trouble handling money, paying bills.

Examples:

- Forgets which bills are paid. Can't remember phone numbers.
- Loses things. Can't remember grocery list.
- Arrives at wrong time or place, or constantly rechecks calendar.
- "Mother's not the same – she's withdrawn, disinterested."
- She spent all day making dinner and forgot to serve several courses.
- She paid the bills three times over, or didn't pay for three months.

2. *Second stage – 2 – 10 years after diagnosis (longest stage)*

Symptoms

- Increasing memory loss and confusion.
- Shorter attention span.
- Problems recognizing close friends and/or family.
- Repetitive statements and/or movements.
- Restless, especially in late afternoon and at night.
- Occasional muscle twitches or jerking.
- Perpetual motor problems.
- Difficulty organizing thoughts, thinking logically.
- Can't find right words – makes up stories to fill in blanks.
- Problems with reading, writing and numbers.
- May be suspicious, irritable, fidgety, teary or silly.
- Loss of impulse control – sloppy – won't bathe or afraid to bathe – trouble dressing.
- Gains and then loses weight.
- May see or hear things that are not there.
- Needs full-time supervision.

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Examples:

- Can't remember visits immediately after you leave.
- Repetitive movements or statements.
- Sleeps often; awakens frequently at night and may get up and wander.
- Perceptual motor problems. – Difficulty getting into a chair, setting the table for a meal.
- Can't find the right words.
- Problems with reading, numbers – Can't follow written signs, write name, add or subtract.
- Suspicious – May accuse spouse of hiding things, infidelity; may act childish.
- Loss of impulse control – sloppier table manners. May undress at inappropriate times or in the wrong place.
- Huge appetite for junk food; forgets when last meal was eaten, then gradually loses interesting food.

3. *Terminal stage – 1 – 3 years*

Symptoms

- Can't remember family or recognize image of self in the mirror.
- Loses weight even with good diet.
- Little capacity for self-care.
- May put everything in mouth or touch everything.
- Can't control bowels, bladder.
- May have seizures, experience difficulty with swallowing, skin infections.

Examples:

- Looks in mirror and talks to own image, or may be frightened.
- Needs help with bathing, dressing, eating and toileting.
- May groan, scream or make grunting sounds.
- May try to suck everything.
- Sleeps more

MANAGING DIFFICULT BEHAVIORS

Suspicion: As people with AD begin to deal with their illness, they often become suspicious or paranoid. Do not argue with them as this just increases defensiveness. Instead, offer calm reassurance. Be understanding.

Agitation: Dementia clients can become agitated, combative, even violent. Feeling insecure or frustrated, encountering new people or places, changes in routine can all trigger this behavior. Even watching television can cause extreme anxiety as people with AD lose their ability to distinguish fiction from reality. Try to recognize the triggers and eliminate them. Once behavior like this begins, your calm response and slow soothing tone can help minimize the behavior. **Physical restraints are not permitted.**

Depression: It is understandable that people who are losing independence and the ability to manage their lives become depressed. Feelings of failure and fear can cause them to become withdrawn. Be aware of these behavior and mood changes. Report depression to your supervisor, as medications may help. Try to note the triggers or events that cause changes in mood. Always encourage and reward activities that improve moods and attempt to reduce situations that cause withdrawal. Find ways to help foster social relationships, such as group activities. Listen to them, as they will often share their feelings. Respect the right to feel sad; offer comfort and concern.

Perseveration or Repetitive Phrasing: People with dementia may repeat words, phrases, or questions over and over again. They may also repeat an action or task, such as licking lips, tapping fingers, folding or cleaning things. Be patient with these repetitious behaviors; remember that the person probably is unaware of what he or she is doing. If questions are asked repeatedly, respond each time in the same words.

Pacing and Wandering: Pacing and wandering can have many causes – restlessness, hunger, disorientation, the desire to use the restroom or

even forgetting how or where to sit down. Nighttime wandering might be reduced by minimizing daytime napping. Exercise may reduce restlessness. Let people pace and don't restrain them, but do keep an eye on them. Pacing is dangerous when it takes people outside the safe environment. If people attempt to leave, redirect their attention to something they enjoy.

To reduce the chance of wandering outside the home or facility:

- Create a safe place for pacing. Remove clutter and create clear paths, making certain floors are not slippery. Remove throw rugs that are not secure.
- Place stop signs on doors to remind them not to exit or have alarms on exits to indicate the door has been opened. Locks placed either very high or very low may prevent exiting. Remember to keep a key nearby in case of emergency. Never leave a person in a locked house or room.

In the event someone does wander away:

- Have a current photo to help identify the person
- Make certain neighbors have a photo and a number to call if they see the person
- Have identification cards or bracelets and clothing labels on every person with AD.

Hallucinations (seeing things that are not there) **or delusions** (thoughts believed to be true which are not): Most hallucinations and delusions are harmless and can be ignored. Respond with reassurance if people seem agitated or worried. Disputing or challenging serves no purpose and can make matters worse. Remember that the feelings are real to the person with AD. Again, redirecting people to other activities or thoughts can be very useful. Be calm and reassure them that you are there to help.

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If someone attacks you verbally or accuses you of stealing or other mischief, do not take it personally. Remember, it is the disease and not the person. If someone becomes violent, stay out of the way. Block but do not hit. Stay calm and observe from a safe distance; violent behavior usually subsides quickly. Get help if necessary. **Always** report this behavior.

Sundowning: When a person with AD becomes restless and agitated in the late afternoon, evening or night it is called sundowning. The best ways to reduce this restlessness are:

- Avoid stressful situations during this time, limit activities, appointments, trips, and visits.
- Play soft music.
- Set a bedtime routine and keep it.
- Recognize when sundowning occurs and plan a calming activity just before.
- Eliminate caffeine from the diet.
- Give a slow back massage.
- Try to redirect the behavior or distract the person with a simple, calm activity like looking at a magazine.
- Maintain a daily exercise routine.
- Avoid using physical restraints.

Catastrophic Reactions: When a person with AD overreacts to something in an unreasonable way it is called a **catastrophic reaction**. Many situations can cause these reactions, and they differ from person to person. Again, it is important to get to know the people you care for. This allows you to avoid situations that cause these reactions and to redirect them to activities you know they enjoy. As a general rule, these reactions are caused by four things:

- Fatigue
- Change of routine, environment, or caregiver.
- Over stimulation, including noise, too much activity, difficult choices or tasks.
- Physical pain or discomfort, including hunger or need for toileting.

**BASIC COMMUNICATION AND MANAGEMENT TECHNIQUES
FOR WORKING WITH PEOPLE WITH ALZHEIMER’S**

1. Never assume that the person cannot understand what is being said.
2. Use creativity and flexibility; if one approach does not work, be ready to try another.
3. Create a calm environment and establish routines.
4. Create a safe environment; remove all hazards that could be dangerous.
5. Simplify each task and activity as much as possible, breaking them into easy steps.
6. Do not frighten the person by approaching or talking from behind.
7. Discuss only concrete actions and objects; avoid the abstract.
8. If it is necessary to repeat statements, use the same words. If this does not work, try to rephrase the sentence using more concrete words.
9. Present only one idea at a time; do not try to give too much information in one sentence - use short sentences; give simple messages.
10. Concentrate on the present; avoid the past and the future.
11. Do not offer choices that make decisions difficult.
12. Avoid situations which may bring about frustration or anger.
13. Anticipate the person’s needs.
14. Do not argue with the person. Agree, if possible, distract and divert.

Remember the Kiss!	Remember!	Remember Add!
Keep It Short And Simple	Safety And Comfort	Agree Distract Divert

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This unit will focus on providing social, intellectual, and emotional enrichment and stimulant to your clients.

ACTIVITIES

When considering activities for your client, it is important to keep in mind the following.

Goals:

- Activities should promote optimal independent function. Remaining skills should be maximized.
- Activities should be age appropriate and confirm dignity.
- Activities should encourage pleasure.
- All activities are individual specific.
- Activities should be meaningful.
- Tasks should be broken down into simple steps.
- The complexity, degree of involvement, and pace of the activity should parallel the level of function of the client.
- The activities should be varied: active and passive, structured and spontaneous, old and new experiences, individual and partnered.
- Incorporate reality orientation daily.

Guidelines for Successful Activities:

- Use concrete activities.
- Integrate activities into the every day routines.
- Schedule specific activities for the time of the day when the client's is most alert and has the most energy.
- Use visual cues frequently.
- Reduce background noise.
- Eliminate unusual or unfamiliar inappropriate sounds and smells.
- Focus on enjoyment and pleasure, not teaching, learning, or task completion.
- Give encouragement, praise, and touch.
- Be alert to and aware of each client's individual sign that the activity is not working: Looks confused and/or perplexed; Fidgets; Gets up and walks away; Gets upset or angry; etc.

REMEMBER! THE GOAL OF THE ACTIVITY IS NOT THE PRODUCT OR COMPLETED TASK. THE GOAL IS THE PROCESS OF PARTICIPATION, ENJOYMENT, AND STIMULATION!

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EXERCISE #7
Do You Really Know Your Client?

1. Name _____
2. Age and/or Date of Birth _____
3. Diagnosis and Health Problems
4. How long has this client needed help? When did help begin?
5. What are my client's interests?
6. How does my client spend a typical day when I am here?
7. What does my client do in leisure time when I am not here?
8. What did the client do to keep busy- or how did he/she spend the time before I came?
9. What do I offer the client in the way of social, intellectual, and sensory stimulation?
10. Does the client participate in these activities alone, with me, and/or with others?
11. What is the client's contact with family and/or friends?
12. Is the client currently working? _____ What kind of work?
13. If the client is not working, what was his/her occupation/profession?

PLANNING ACTIVITIES – REVIEW

When planning activities think about:

- The Person
- The Activity
- Your Approach
- The Environment

The Person

- Consider the person's likes and dislikes, strengths and abilities, and past interests
- What skills and abilities does the person have?
- What does the person enjoy?
- Does the person begin activities without direction?
- Does the person have a physical condition that will influence the activity?

The Activity

- Make activities part of your daily routine
- Focus on enjoyment, not achievement
- Stress involvement
- Relate activity to work life
- Look for favorite activities
- Modify activities as needed
- Consider the time of the day
- Adjust activities to the person's functioning

Your Approach

- Offer support and supervision
- Concentrate on the process, not the product
- Be flexible, realistic, relaxed and patient
- Provide encouragement and praise
- Help get the activity started
- Break activities into simple, easy to follow steps
- Assist with difficult parts of the task
- Let the person feel included and needed
- Stress a sense of purpose or importance relevant to the client
- Don't criticize or correct the person
- Encourage self-expression
- Involve the person through conversation
- Foster independence and dignity
- If the activity does not work, readapt and/or try later

The Environment

- Make activities safe
- Change the surroundings to encourage activities- visual cues, etc
- Minimize distractions that can frighten or confuse

EVALUATING YOUR PLAN

Make notes or keep a journal about what worked and what didn't work. Ask yourself:

1. Which activities worked best and which didn't? Why?
2. Were there times when there was too little or too much going on?
3. Were activities spontaneous or planned?
4. Were activities enjoyable and easily completed?
5. Is the person becoming bored and/or irritable?

EXERCISE #8
Activity Possibilities

Memory activities stimulate recall of information. These activities challenge the memory and assume that the client can listen, remember, use some degree of abstraction, and respond. They are not done with people who are cognitively low functioning.

1. Charades
 2. Word games
 3. Picture bingo, number bingo, card bingo
 4. Current events; relate present news to past experiences
 5. Elder trivia
- What are some examples of clients who might benefit from these activities?

ADL activities are those activities of daily living the clients have engaged in all their lives. They may be able to do these after many other abilities are gone; they give a feeling of purpose.

1. Simple food preparation, stirring ingredients for baking, peeling/chopping fruits and vegetables.
 2. Folding laundry.
 3. Sewing buttons and sample stitching.
 4. Wiping tables.
 5. Indoor and outdoor gardening.
 6. Washing and drying dishes; help set table.
- What are some examples of clients who might benefit from these activities?

Arts and Craft activities allow self-expression and creativity. It is assumed that the client has the appropriate level of manual dexterity.

1. Painting – watercolors.
 2. Drawing – pencil, colored pencils, chalk, markers, crayons.
 3. Filling in drawings (coloring books, etc.).
 4. Cutting or tearing out pictures from magazines; pasting.
 5. Stickers (store bought or return address labels).
 6. Play dough; clay.
 7. Mosaics or a collage from paper, stones, buttons, leaves, etc.
- What are some examples of clients who might benefit from these activities?

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Exercise and Physical activities maintains physical well-being, mobility, and body sense.

1. Dancing solo, partnered, or with a broom, etc.
 2. Stretching, range of motion within allowed limits.
 3. Walking.
- What are some examples of clients who might benefit from these activities?

Sensory activities are especially important for the clients with Alzheimer's disease because these individuals may be isolated and also may misperceive their environment. Sensory involvement and stimulation are effective techniques to maximize interest and involvement in the client's surroundings.

1. Music and sticks, rhythm instruments, spoons, etc.
 2. Manicure, facials, massages.
 3. Pick petals off flowers; smell flowers.
 4. Touch fuzzy, silky satin, corduroy, wool, nubby fabrics.
 5. Rub sandpaper.
 6. Listen to birds, ducks, etc.
 7. Touch, smell and/or select fruits and vegetables and herbs.
 8. Playing with or touching sand.
- What are some examples of clients who might benefit from these activities?

Clients who have difficulty focusing, difficulty concentrating, difficulty completing a task, and are easily distracted often need individual attention. Musical, sensory, and physical activities are appropriate with these clients:.

1. Rolling a ball (nerf, small hard rubber, tennis) or bean bag across the table.
2. Working with soft clay.
3. Sorting cards, buttons two colors, large and small size), thread, nuts, etc.
4. Sorting socks (two colors).
5. Filling containers or muffin tins with items.
6. Sanding wood.
7. Winding yarn.
8. Simple, large puzzles.
9. Watering with a hose.
10. Looking at pictures in magazines and prompting associations.
11. Singing, dancing.
12. Wiping tables.
13. Sweeping, raking, carpet sweeping.
14. Pets, small animals.
15. Folding laundry.

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- What are some examples of clients who might benefit from these activities?

REMEMBER! THE GOAL OF THE ACTIVITY IS NOT THE PRODUCT OR COMPLETED TASK. THE GOAL IS THE PROCESS OF PARTICIPATION, ENJOYMENT, AND STIMULATION.

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EXERCISE #9

These are the same clients we discussed in Exercise #5. In the exercise we are to do now, read about each client again. This time, based upon your observations, what can you do to provide intellectual, social, and/or emotional enrichment and stimulation?

1. You are in the home with your client, Mrs. Green. She has had diabetes for many years and has very poor vision. You notice there is a piano in the living room with lots of music sheets from around 1945. She asks you if you remember “the war” and asks where you are from.
2. You are in the home with your client, Mr. George. He watches TV almost all the time, but doesn’t actually select anything special to watch. He never changes the channel, and when you try to, he becomes annoyed. In his garage there is a large assortment of woodworking tools, but it appears that he has stopped using them since his diagnosis of Parkinson’s disease. Mr. George comments on “how poorly furniture is made today” and asks you if you would like to see the table in the living room.
3. You are in a residential care home (Board and Care Home) with your client, Mrs. Smith. Your schedule is MWF 1-5pm. Mrs. Smith’s daughter requested assistance for her mother because when she visits her mother, she is “just sitting around”. Mrs. Smith takes great pride in how she is dressed and groomed- her clothes are clean and fashionable, her hair is nicely styled, and her hands are well manicured. Mrs. Smith lived with her daughter and her daughter’s family until she fell and broke her hip. Since that time, she has had to have someone with her all the time. Mrs. Smith tells you that her daughter has a lot of “free time now” and “I’m so glad you come to visit me- I think I must have been a lot of trouble for my daughter.”
4. You are in the home with your clients, Mr. and Mrs. Black. Through their 65 years of marriage, they have hardly ever been apart, and now seem to be content sitting by each other’s side. They both are alert, and have had a history of falls. Now they are reluctant to leave the house to attend their senior center and be with their friends. They ask you: “Do you think they still play bingo at the center?”
5. You are in the home with your client, Mr. Jones. Before his stroke, he was a volunteer at the Airport- his assignment was assisting Military families. On the wall in the hall are several framed certificates of appreciation from numerous people commending him on his many years of volunteering. Mr. Jones says: “The airport is a big place to get around in. I wonder if those families are all right without me.”
6. You are in the home with your client, Mrs. Evans. She has had several different caregivers since her memory loss and confusion indicated it was not safe for her to be alone. She loves to walk, although she doesn’t seem to know where she is or where she is going. And, she loves to talk about living in Minnesota where she taught physical education. Often when she is walking in the house she will put her coat on and act as though she is outside in the cold weather.

YOUR ROLE AS A CAREGIVER

Stress may be defined as the response of the mind and/or the body to any demand. Stress is not simple nervous tension. It is the “wear and tear” our bodies experience as we adjust to our continually changing environment. It has physical and emotional effects on us and can create positive or negative feelings. This generalized response develops within us; it may be the cause or the result of certain events or feelings.

As a positive influence, stress can help complete an action; it can result in a new awareness and an exciting perspective.

As a negative influence, it can result in feelings of distrust, rejection, anger, and depression, which in turn can turn into health problems such as headaches, upset stomach, rashes, insomnia, ulcers, high blood pressure, heart disease, and possibly contribute to strokes.

When we experience certain events – such as the death of a loved one, the birth of a child, a job change, or a new relationship, we experience stress as we readjust our lives. In so adjusting to different circumstances, stress will help or hinder us depending upon how we adjust to it.

Stress varies among individuals. What is stressful for one person may not be stressful to another. It also varies within us from time to time: what is stressful at one time may not cause us stress at another time.

Each person has a unique, individual way of feeling and responding to stress. Identifying the stressors in your life, recognizing your responses, and developing a plan to handle stress, will help your well being!

EXERCISE #10
What Are Your Signs and Symptoms of Stress

Each person reacts to stress in different ways. Put an “X” next to the signs and symptoms that affect you. Can you identify your FIRST indication of stress?

PHYSICAL

- Fatigue
- Muscle tension
- High blood pressure
- “Knot in stomach”
- Headaches
- Backache
- Elevated pulse
- Weight loss or gain

BEHAVIORAL

- Irritable
- Cynical
- Defensive
- Insomnia
- Hyperactivity
- Increased eating or smoking
- Increased use of drugs or alcohol
- Sudden or radical changes in habit patterns

MENTAL

- Unable to concentrate
- Forgetfulness
- Loss of perspective
- Excessive “daydreaming”
- Poor judgment
- Unrealistic expectations of self and/or others

EMOTIONAL

- Anxiety
- Depression
- Emotional outbursts
- Guilt
- Emotional fatigue
- Hostility

TAKING CARE OF YOURSELF

1. Know your limits. Do not extend yourself beyond which you are truly physically and emotionally capable and willing.
2. Maintain your basic human needs.
3. Allow time to rest, diversion, relaxation, and privacy.
4. Develop good communication techniques.
5. Ask for support from your supervisor or referring agency; do not be afraid to ask questions or admit your feelings.
6. Attend educational seminars and training to obtain new knowledge and reinforce prior learning.
7. Be realistic about what you can accomplish.
8. Develop and/or maintain a sense of humor.
9. Learn to recognize early signs of stress and develop a plan for how to handle it.
10. Know your strengths and weaknesses.
11. Learn by your mistakes and acknowledge your successes!
12. Know that not every job is right for every person. The better you know yourself, the easier it will be to avoid or handle stress, and the more likely you will be to obtain job satisfaction.

Exercise #11

Name _____ Date _____

Post-Test

True False

- _____ _____ 1. Physical and/or psychological stress may occur if our Basic Human Needs are not met.
- _____ _____ 2. All people experience the aging process at the same age and at the same rate.
- _____ _____ 3. Most older people are repetitious and have boring stories to tell.
- _____ _____ 4. The five senses – hearing, seeing, smelling, touching and tasting – begin to change at age 65.
- _____ _____ 5. Depression is a normal part of aging.
- _____ _____ 6. As we age become irritable and angry, and have difficulty getting around.
- _____ _____ 7. Communication means talking to another person.
- _____ _____ 8. High blood pressure is another word for emotional stress or tension.
- _____ _____ 9. People with Alzheimer’s disease have little interest in participating in activities.
- _____ _____ 10. When your client participates in an activity, concentrate on the completed task.
- _____ _____ 11. Watching TV is an example of an active activity.
- _____ _____ 12. Physical activities and exercise should be limited with elderly clients.
- _____ _____ 13. To respect the client’s privacy, it is best to ignore family pictures in their homes.
- _____ _____ 14. Mentioning client’s former hobbies and interests should be avoided if they are no longer able to participate in them.
- _____ _____ 15. Elderly people cannot change the way they are because they can’t learn new habits.