

MOVING TO LONG TERM CARE

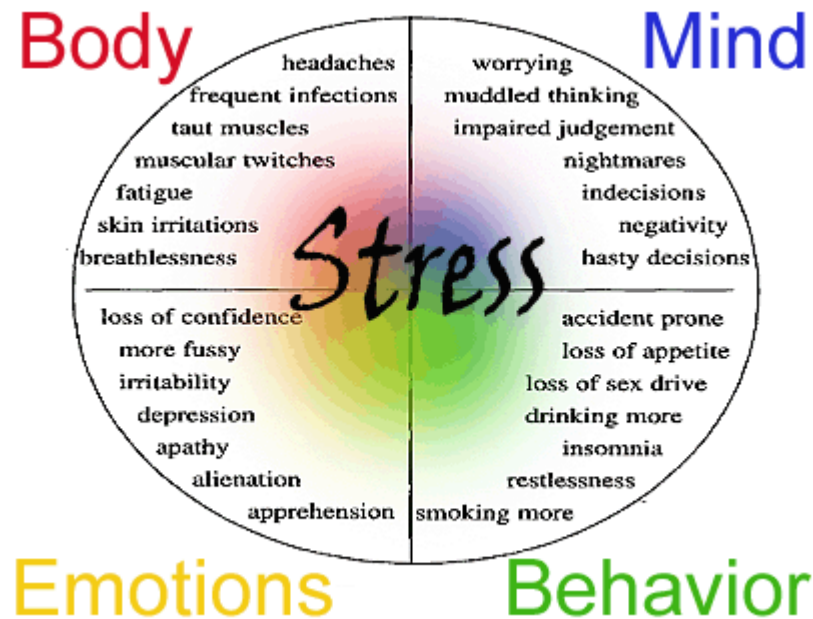
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LET'S TALK ABOUT LIFE CHANGING EVENTS

- For people without cognitive challenges, moving or changing residence can cause significant stress. In a list of the 100 top life stressors, moving is in the first 50 of these.
- So...what would it be like for someone who has dementia? What would it be like for their family?

It would affect all these facets of a person:



The move is not just stressful for the new resident but for the family as well.

Coming to terms with the change can take several weeks, months or years.

We need to think of it as a journey, not a process...



- Research on the effects of moving into a personal care home has been inconclusive.
- For some people the move can be positive.



- For some residents the move has been positive as they experience:
- Improved psychosocial well being
- Have an increased sense of security
- Have greater activity and social engagement
- Have higher levels of alertness
- Have improved nutritional status



- However for other people the move has been less positive.



When the move is less positive

- The person is generally dissatisfied
- The person has increased dependence
- The person feels powerless
- They have decreased self-esteem
- They are depressed
- They feel increasingly socially isolated

Why would this be?

The most important consideration is that the individual's sense of themselves is changed by dementia and this effects their feeling of what home means.

Residents may lose the ability to act independently and make choices so they end up living by our definitions and preconceived notions.

The person's dementia can make the move more challenging.

- The biggest complaint from new residents in long term care is they feel like their choices have been removed.
- It is important for residents to feel a sense of autonomy and empowerment.



How can we empower new residents?

- We need to keep in mind that people we are admitting to a long-term care setting are adults with unique needs and we need to meet them 'where they are at.'
- What does meeting someone where they are at mean? How would we do this?

- Meeting someone where they are at is essential in making a new resident feel that they have an ally when they enter a long-term care setting.
- The new resident might not remember meeting me but I remember meeting them.
- I need to break down the 'process' and make the journey worthwhile or as least stressful as I can.

It is important to 'demystify' how it all works.

- Families are already struggling with various emotions when they make a decision to have someone placed in a long-term care facility.
- How many of us feel guilty when we have to look at alternatives for our loved ones as we can no longer meet their needs in our home setting?

- Have any of you promised your parents, spouse, sister, brother or in-law that you will not place them in a personal care home?
- What happens emotionally for us as caregivers when we find that we can no longer maintain this person in their or our home?
- Family members need an ally too.

- Most residents with dementia experience significant difficulties in the first few weeks after the move.
- **What do you think some of the challenges would be?**

- Loss of privacy because the spaces are more public than what a person might be used to.
- Confinement because they are now living in a communal setting and so close to others.

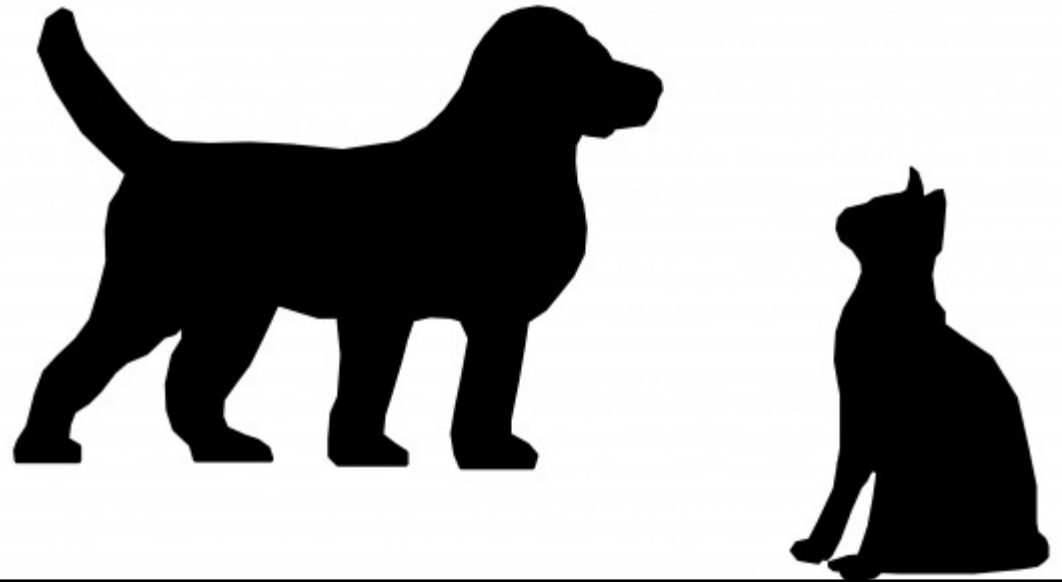


- Loss of access to a kitchen and what a person considers 'comfort food.'
- Organizational rules and regulations make daily activities regimented and the activities are always happening within a communal setting.

- Seeing others receiving care might raise concerns about privacy and dignity.
- There is a small space with a limit on personal belongings.



- If a person no longer is able to do things they did at home – caring for a pet, doing household chores – they may feel a loss of a sense of purpose.



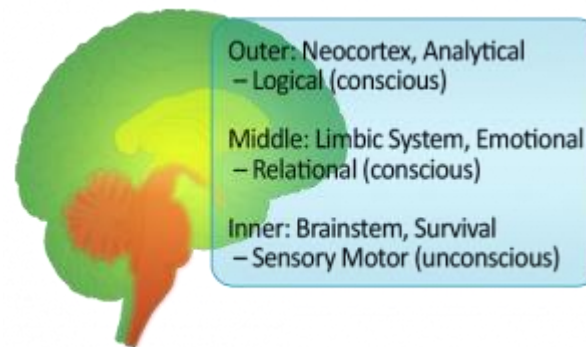
- Recent studies show a mortality rate of greater than 50% within the first three months for those persons who transition into a long-term care setting. (2019, Life Care Funding Inc. *Death rates following Nursing Home and care Facility placement.*)

- One study found that residents' cortisol levels (stress hormones) were increased one week after moving in and then decreased one month later as they settled in. But it can take as long as one year for someone to 'settle in.'

- Cortisol is the stress hormone and scientists have been telling us for years that increased cortisol levels interfere with learning and memory.



- That stress hormone – cortisol? It is released in response to fear or stress so we have flight, fight or freeze responses.



- Quality of care can be improved by preparing residents for relocation, and by identifying and alleviating the stressors that are associated with major life changes.



- Residents will need an opportunity to settle in, to 'fit in' and to find meaning in their new setting.
- This will give residents a chance to create a sense of 'home.'

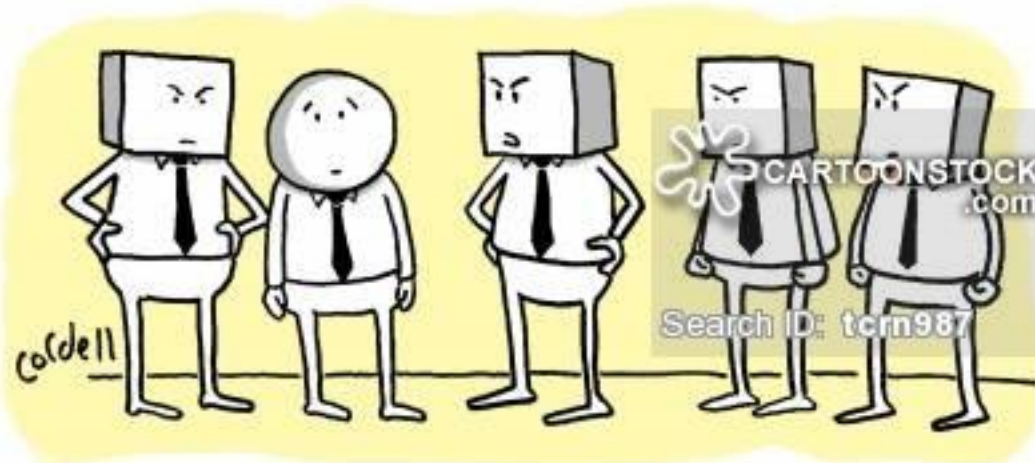


A decorative graphic featuring a black musical staff with several colorful musical notes (red, purple, yellow, green, blue) scattered across it. The notes are stylized and appear to be floating or moving across the staff.

THREE THINGS WE CAN DO TO MAKE THIS BETTER FOR RESIDENTS

- **Tend and befriend:** being a friend helps reduce cortisol and increases oxytocin
- **Laughter:** reduces cortisol – “I am fat and sassy”
- **Music:** know a tune that most everyone can relate to? *When I get older...losing my hair...*

- We want to remember and understand that ‘moving in’ is stressful and we have a role in trying to reduce that stress.
- What are the challenges to ‘fitting in’?



“What’s wrong with you?”

- It is a very important thing to feel that you're welcomed somewhere...the person living with dementia doesn't always remember me but **I remember them...**from my pre-admission visit with them.



Welcome!

- Residents, especially those with dementia, are challenged to maintain old relationships while developing new ones....



- Relationships with staff are fundamental!
- Do we consider this for our residents? Or do we think that because they have dementia this does not matter?



Meal times can be challenging as choice has been removed and they are served directly. If I can only say “tea” but what I want is coffee, I might get only tea for the rest of my life in your facility!!



Why are meal times challenging?

- We expect residents to sit and wait to be served...
- Are people with dementia able to wait well?
- Why do we ask them to do this?
- How do you feel when you are asked to wait?
- How can this be made better for residents?

WAIT PLEASE

Loading...

- Not knowing what to expect next in the day may have a resident experience feelings of rejection, social exclusion, loneliness and low self-esteem.



- We place people living with dementias all together on a unit which marginalizes them. For people who are higher functioning but still living with dementia, this can be frustrating as they might feel that the memory problems their neighbours are experiencing will affect them.



- Residents who live in secure units are particularly vulnerable as the majority of them rarely leave the units.



- The Law Commission of Ontario in 2009 noted that these residents are particularly vulnerable to potential injustices.



- They eat their meals on the unit.
- Their main activities are on the unit.
- Their doctors come to see them on the unit.
- They do not have access to a phone except at the nursing station where they need permission from staff to use it.



- Moving into a long-term care setting can change a person's self-image from private and independent to living in a protected and communal setting where disability, sickness and death are inevitable daily realities.



Family caregivers have noticed:

- A worsening of cognitive functions
- Deterioration of mood and behaviours
- Sense of vulnerability and emotional insecurity
- Increased depressive symptoms
- Feelings of loneliness and increased suspiciousness

- New onset of collecting behaviours sometimes referred to as “hoarding:
- Panic attacks
- Passive suicidal thoughts

KILL THE SADNESS



- Understanding the emotions around a transition would help alleviate further anxiety.
- So families would appreciate support in the following ways:

- Someone who's been there and can share some insight as to how they will feel throughout the process



- About the different phases the resident will go through once admitted to a long-term care facility.



- Transparency in the journey.
- What can they expect?
- What are they responsible for?
- How do we ensure they are members of the 'care providing' team?
- How do we enable advocacy so that family members can still be 'present' for the person living with dementia?

Families have the right to know:

- That they will be supported as they support their family member.
- That they are the advocates for the resident.
- That when it comes to the resident's life experience, *they* are the experts.
- That they will be informed of the care plan for the resident.

GETTING TO KNOW ME

- Families as well as residents can share information about themselves which makes it easier for the care facility staff to relate better to the resident.
- What information can they share that helps staff to see the 'specialness' of this new resident? That helps staff understand their preferences? That helps staff respect their choices?

- Families need to feel confident and safe in the long term care facility's environment so that together we can assist the resident with their transition, while respecting their uniqueness and beauty.

QUESTIONS?

