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Circles of Connection: Finding Social Connectedness and Meaning within Group Process

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Finding Social Connectedness and Meaning within Group Process

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Abstract

Social participation is an area of occupation that can increase and enhance an individual's participation in life. This is particularly true in senior housing communities where common issues of aging and adjustment can be addressed while reducing feelings of social isolation. The purpose of this demonstration project was to provide a venue where older adults living at The Redwoods, a senior housing community in Mill Valley, California, could share and develop meaningful strategies for living, and ultimately foster a sense of connectedness, which would affect quality of life. The project's goals were to create and implement a series of process groups to benefit the well-being of the residents of The Redwoods, and to produce a resource manual for Dominican University occupational therapy graduate students in co-facilitating the process groups. The project and manual were used as the basis for a Community Practice Lab during which the students were able to gain experience in the psychosocial occupational therapy skills for which they had been trained, while simultaneously providing the residents with an opportunity for social engagement and meaningful activity. Within the scope of occupational therapy practice, therapists can develop and facilitate psychosocial process groups that promote connectedness and well-being among residents of senior housing communities.

Introduction

It is projected that approximately 19.6% of the population of the United States will be 65 or older by 2030 (CDC, 2003). The substantial population of "baby-boomers" (individuals born between 1946 and 1962) coupled with an increasing life expectancy assures that the number of older adults will continue to grow. An increasing number of these individuals are choosing to relocate to senior housing communities which offer independence and varying levels of care, as well as opportunities for older adults to maintain their identities, establish new friendships, and contribute to the community. However, the transition to a senior housing community is a complex process and many people encounter difficulties finding and sustaining the social connectedness and sense of meaning that lead to quality of life. Without effective supports and resources, the transition to a senior housing community can lead to a decline in physical and psychosocial health in older adults.

The process of transitioning to a senior housing community includes personal integration and adjustment, transference of belongings, and continuity of identity. All of these components are critical to an individual's successful adaptation to a new living situation (Cutchin, Owen, and Chang, 2003). A key factor of successful transition to senior housing communities is prevention of isolation, through provision of opportunities for social engagement and the establishment of meaningful relationships (Park, 2009). Providing a safe and welcoming venue where the challenges and changes experienced by aging older adults in senior housing communities can be shared with peers, allows for finding common solutions and developing a sense of connectedness that

can support and sustain its individual members. Occupational therapists are well suited to consult with senior housing communities.

The Occupational Therapy Practice Framework emphasizes “supporting health and participation in life through engagement in occupation” (AOTA, 2008). In occupational therapy, the term *social participation* is used in reference to *social engagement.* According to Mosey, social participation is one of eight areas of occupation that involves, "organized patterns of behavior that are characteristic and expected of an individual or a given position within a social system" (AOTA, 2008). These patterns of behavior involve interactions with family, peers, and the community (AOTA, 2008). The holistic and client-centered approach of occupational therapists encourages the development of opportunities for older adults to enhance their quality of life through social participation, and identifying and engaging in meaningful activities, which are essential elements of overall well-being.

One such option to enhance quality of life is to engage in *group process*. Group process involves expression of emotional experiences, followed by self-reflection and recognition by group members (Yalom, 1998). Group process can promote meaning and connectedness by enabling group members to share experiences, receive feedback, and develop connections. Older adults living in senior housing communities face the typical challenges of aging such as death and dying, loss, and physical changes, as well as additional factors such as transitioning to a new environment, perceived levels of control and independence, and isolation. Group process has been found to be beneficial in long term care and congregate living situations as it lessens social isolation and focuses on common issues related to aging and community living (Molinari, 2002).

Literature Review

The literature review will explore three areas of research related to the older adult population and potential issues related to the aging process. The first section will address the physical, psychological and social changes that are associated with the aging. The second section will discuss the complexities that older adults encounter in the transition to senior housing communities, and as factors that contribute to or inhibit psychosocial well-being. The final section will focus on resources and interventions that support the salient aspects of social connectedness within senior housing communities.

Challenges Faced by Older Adults

Growing older is an unavoidable process that everyone must experience. The process can be a rewarding one, but it can also come with a variety of psychological and physical challenges. As individuals and health professionals become more aware of issues common to older adults, they can better prepare, prevent difficulties, and adapt to the particular issues faced by each person. In order to understand the challenges and changes that come with aging, it is helpful to associate the phenomenon within the context of a developmental theory.

Psychological challenges

One of the more established theories addressing the psychological challenges across the lifespan is Erik Erikson's theory of developmental stages (Johansson, 2011). Erikson separates the human lifespan into eight different stages, each centered on a specific crisis. Erikson (1980) presents the human growth as a series of conflicts. Each stage is characterized by two opposing states of being, which must be resolved before transitioning to the next stage. In order to fully comprehend the final stage in which most

older adults fall, integrity versus despair, grasping the challenges of the entire life span is critical.

The first stage, occurring during infancy, is basic trust versus mistrust. Basic trust is one's attitude towards oneself and the world around them. Experiences formed from interaction with the child's surroundings during the first year of life builds this trust (Erikson, 1980). The failure to build this trust results in mistrust which must be resolved. The second stage, during early childhood, is autonomy versus shame and doubt. The importance of this stage is the maturation of the child's muscular system. In this stage the child is learning to sit, crawl, stand, and walk. When the child is unable to be successful in these areas, there is a loss of self-esteem, resulting in shame (Erikson, 1980). The third stage, occurring in childhood, is initiative versus guilt. During this period the child develops a sense of independence, the ability to take the initiative, and a conscience (Erikson, 1980). The fourth stage is known as industry versus inferiority. Industry is when children feel as though they want to master a skill or make something useful. Children can play and live in a fantasy world for only so long before there comes a point when they want a purpose to what they are doing. Inferiority is the result of when the child fails to develop that sense; the child would rather play with mom than want to develop his/her knowledge (Erikson, 1980).

Erikson's fifth stage marks the end of childhood proper and the beginning of youth. The conflict becomes identity versus identity diffusion. This is the first stage that takes place during adolescence as young people face physiological and psychological challenges at an accelerated rate. In this stage adolescents are trying to sort out who they are and how to connect to the world around them.

The sixth stage marks the end of childhood and adolescence and occurs in young adulthood. It results in intimacy versus self-absorption. After an individual's sense of identity is established, one begins to seek real intimacy with the opposite sex. The opposite of intimacy is self-absorption, which results in isolation and the longing to be alone (Erikson, 1980). The seventh stage, taking place in adulthood, is generativity versus stagnation. Here the individual has the longing to guide the next generation. Erikson states that "individuals who do not develop generativity often begin to indulge themselves as if they were their own one and only child" (Erikson, 1980, p.103).

The developmental stage assigned to older adults is integrity versus despair (Erikson, 1980). Integrity is the individual's feeling of wholeness. Opposite of that is despair. Erikson states that, "despair expresses the feeling that the time is short, too short for the attempt to start another life and to try out alternate roads to integrity" (Erikson, 1980, p. 104). As people experience the process of aging, they can accept and adjust to the accompanying changes or they can deny them. Healthy aging is difficult to define and often misunderstood as being easy. To the contrary, Bryant, Corbett & Kutner (2001) found that "healthy aging does not mean the absence of limitations but a level of health and adaptation to the aging process acceptable to the individual" (p.928).

For some older adults who have difficulties accepting the changes that may come with advancing years, the process of aging can be a very hard to accept. Adjusting to changes such as decreasing health, the death of a spouse, or moving into a retirement community, can cause a great amount of conflict. Applying Erikson's developmental stages, Johansson asks, "Do we truly believe old age is a developmental stage? Or do we,

in fact, believe it is simply an age of accommodating to progressive losses?" (Johansson, 2011, p.3). Although the elderly may find this season as a time of loss, it is important to focus on the meaning and potential of the time they have left remaining (Johansson, 2011). If the focus remains on losses rather than positives that remain, psychological problems can arise. Psychosocial issues that commonly arise for senior citizens can include depression, bitterness, despair, and motivation. These psychosocial issues can lead to the refusal to participate in rehabilitation (Johansson, 2011). For many older adults, the change in their occupational roles lead to feelings of loss and a decline in well being (Matuska, Giles Heinz, Flinn, Neighbor & Bass-Haugen, 2003) and can result in their withdrawal from social situations and lead to isolation. Matuska et al. (2003), found that it is crucial for older adults to participate in meaningful social and community occupation.

Research supports the necessity to pay attention to continued engagement in meaningful activities. Matuska et al. (2003) evaluated a wellness program designed to promote participation in social situations. Results from the study using the SF-36 Health Survey found that quality of life perceptions were significantly higher in the older adults that participated in the wellness program. Another study, by Horowitz and Vanner (2010), measured the relationship between active engagement in social activities and the quality of life in older adults. The results from the study showed that there is a positive relationship between the quality of life and the older adults' participation in social activities.

Physical challenges

As individuals age their health issues continue to grow. Older adults not only face mounting psychosocial issues, but they can experience physical challenges as well. Bayer states, "most of the important disabling medical conditions, including cardiac failure, stroke, arthritis, Parkinson's disease, Alzheimer's disease and most cancers, are most common in extreme old age and multiple pathology tends to become the norm" (Bayer, 2011, p. 45). As the population of people reaching old and extreme old age continues to grow, health professionals must become aware and educated about the concerns and conditions that can affect the aging. One of the most common physical challenges facing the elderly is vision deterioration and loss (Weber & Wong, 2010). Not only does vision loss make it difficult for older adults to complete tasks, but it can be accompanied by fear and anxiety (Weber & Wong, 2010). As aging bodies begin to decline and lead to physical disabilities and impairments, psychosocial issues also become more prevalent. Older adults may experience a lack of confidence in their abilities as the decline of the skills they once had leads to anxiety and fear. The combination of impaired physical abilities and altered psychological perception is common among the older population and must be addressed in order to promote wellness and quality of life.

Challenges Faced by Older Adults Residing in Senior Housing Communities

Senior housing community is a broad term used in reference to independent and assisted living facilities. It consists of congregate housing, independent living with optional support, nursing homes, and special care units for older adults with significant cognitive impairment (Assisted Living Federation of America, 2009). In addition to the

multitude of terms used in reference to senior housing communities there are varying levels of care ranging from independent with optional support, to 24-hour care. The Assisted Living Federation of America (2009) defines assisted living as, "A senior living option that combines housing, supportive services, and health care as needed. Individuals who choose assisted living enjoy an independent lifestyle with assistance customized to meet individual needs, and benefits that enrich their lives"(Assisted Living section, para.1). In the United States there are 30,000 to 40,000 retirement communities that house one million seniors (Chao, Hagsavas, Mollica, & Dwyer, 2003). With increased life expectancy and the baby-boomer population (those born between 1946 and 1962) approaching retirement, that number is expected to increase significantly. Therefore, it is essential to understand the factors that older adults may encounter when transitioning to a senior housing community.

In order to understand the needs of individuals residing in senior housing communities, it is imperative to understand the factors associated with their decision to relocate to a senior housing community, as well as components of the transition process. Furthermore, it is critical to define what constitutes or inhibits a positive transition. Bekhet, Zauszniewski, and Nakhla (2009) found three emerging themes from interviews with senior housing residents, in which participants were asked why they chose to live in a senior housing community. The factors influencing their relocation to a senior housing community were: (a) pushing factors (coercing, pressing, and repelling) include one's own or spouse's failing health, lack of assistance or support, inability to manage responsibilities, and loneliness; (b) pulling factors (attracting) include location or proximity to family, security, and socialization; and (c) overlapping factors are a

combination of pushing and pulling factors (Bekhet et al., 2009). The aforementioned factors significantly influenced residents' decision to relocate to a senior housing community; however, the transition process is a significant and separate aspect of relocation.

In addition to the complexities associated with aging, individuals transitioning to senior housing communities experience a distinctive set of challenges. Varying quality of health, cognition, level of independence, personality, and whether the transition to assisted living is determined by self-selection or perceived force impacts successful transition to senior housing communities (Bekhet et al., 2009). Whether relocation to a senior housing community is voluntary or involuntary impacts an individual's perceived personal control and affects the outcome of the transition. Individuals who involuntary relocate lack perceived personal control, thus putting them at risk for "relocation stress syndrome" which can contribute to anger, feelings of betrayal, depression, anxiety, reduced life satisfaction, loneliness, falls, and decreased psychological function (Capezuti, Botlz, Renz, Hoffman, & Norman, 2006). Furthermore, Capezuti et al. found that individuals who relocate voluntarily, have adequate information, and have time for preparation tend to have a more positive transition to senior housing communities (2006).

An individual's successful transition to a senior housing community also depends upon integration and adjustment, transference of belongings, and continuity of identity (Rowles & Ravdal, 2002). Other essential factors for successful transition to senior community housing include autonomy, self-identity, meaningful relationships, mutual respect, involvement, comfort, and security (Hammer 1999; Young 1998). However,

researchers have found that social engagement is the most salient factor in a positive transition into a senior housing community (Cutchin, Owen, & Chang, 2003).

Few studies have focused on the construct of social engagement in senior housing communities. Park (2009) defines social engagement as making social and emotional connections with people and the community. Social engagement has implications for health and psychosocial well-being; therefore, its absence could contribute to loneliness and isolation (Park, 2009). Park also noted that although senior housing communities provide opportunities for social engagement, relationships tend to be temporary and less meaningful in comparison to family and peer relationships. Consequently, a lack of social engagement and meaningful relationships may result in inadequate psychosocial well-being (Park, 2009). Isolation is a common aspect of psychosocial dysfunction due to disconnection from past relationships and failed integration into a new social setting (Park, 2009). Findings from Park's study on the domains of social engagement indicated that perceived health, friendliness of residents and staff, and mealtime enjoyment significantly impacted life satisfaction and psychosocial well-being of individuals. Therefore, provision of opportunities for residents to develop meaningful relationships and participate in activities promotes social engagement and overall health and well-being (Park, 2009).

Resources and Programs that Support Connectedness, Wellness and Meaning among Older Adults

In its effort to identify nationwide health improvement priorities, the Federal Government's Healthy People 2020 program recognizes the importance of addressing existing health disparities, maintaining function, and improving the quality of life of older

people (U.S. Department of Health and Human Services, 2011). The recently published National Prevention Strategy: America's Plan for Better Health and Wellness (2011) calls for integrated health care within a coordinated system and achieving optimal well-being. The use of evidence based practices that focus on "individualizing treatments, treating the whole person, promoting self-care and self-healing, and recognizing the spiritual nature of each individual, according to individual preferences" (National Prevention Strategy, 2011, p.20) are seen as a way to deliver better quality of care at a lower cost. The report points to enhanced social networks and social connectedness as ways to help people live healthy, active, less stressful, and independent lives. A linear extrapolation of demographic data shows that 57.7% of Americans will live to age 85 by 2030 (National Prevention Strategy, 2011). It is critical that the health and wellness needs of this growing population of increasingly older adults be addressed.

The role of occupational therapy in healthy lifestyles of older adults

The factors that contribute to health and vitality in older adults include continued engagement in life through physical, social, productive, and spiritual activities. The groundbreaking "Well Elderly" study (Clark et al., 1997) found that occupational therapy provided significant benefits in health, function, and quality of life domains by instituting small, sustainable lifestyle changes. These results were recently replicated and broadened to include a more diverse population within a range of community settings in the "Well Elderly 2" study (Clark et al., 2011). The results of these 6-month lifestyle oriented weekly interventions were especially significant in the areas of vitality, social function, mental health, life satisfaction, and depressive symptomology. The positive changes were achieved by making small changes in daily living and were dependent on

the ability of the occupational therapist to allow for self-direction on both group and individual levels, and skill in "assisting the elders to develop a healthful diet of occupations laden with personal meaningfulness" (Jackson, Carlson, Mandel, Zemke& Clark, 1998, p. 334). Contrary to popular belief that simply staying busy keeps you healthy, the study found that individuals who took part in non-professionally led activities, fared no better than those who received no intervention at all. Skilled occupational therapy, which requires the therapist to be client centered, spontaneous, flexible, and address occupational preferences that have meaning to the individual were the factors which led to positive changes in the lives of older adults.

The holistic approach of occupational therapy can provide opportunities to enhance the health and quality of life (QOL) of older adults. However, few systematic measures reflect the efficacy of both the lifestyle factors and the role of occupational therapy in collaborations with older adults. Among the tools available to occupational therapists is the recently developed Health Enhancement Lifestyle Profile (HELP) self-report questionnaire, which is designed to examine the outcomes of interventions promoting healthy lifestyles with aging (Hwang, 2010). Of the principal components of the HELP instrument, stress management and spiritual participation have the highest reliability coefficients indicating a psychosocial therapeutic opportunity to affect the overall health and well-being of older adults.

Few of the available QOL systematic instruments appear to measure more than health status and therefore ignore many areas of life, such as stress levels and social connectedness that are salient to well-being. More commonly, instruments such as the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) and the

Medical Outcomes Study 36-Item Short Form (SF-36) perform more concrete measurements of condition specific interventions (Angst, Aeschlimann & Stucki, 2001). This indicates both the need and opportunity for the development of rigorous tools to measure psychosocial, spiritual and embodied aspects that contribute to the quality of life.

Enhancing wellness through group process

As more older adults are moving into senior housing communities, opportunities that allow for shared experiences, frustrations, joys, and coping mechanisms can help foster a deeper sense of meaning and connectedness. Group process enables exactly this kind of depth in communication by not being concerned primarily with what is being said, but focusing instead on the "how" and "why". Group process refers to the actual work of the group, which occurs in two tiers (Yalom, 1998). The first tier focuses on the emotional experience of the member, both internally and in relationship with the group. The second tier of group process involves self-reflection and recognition by the members of the work being done. Progression through these tiers has been found to reduce social isolation and enable members to address essential factors of human experience such as Yalom, an existential psychotherapist, determined that individuals had four ultimate concerns including death, freedom, isolation and meaninglessness (Yalom, 1998). Examining the interdependence of life, death and the resulting anxiety can propel one towards a "mindfulness of being" (Yalom, 1998) that opens the individual to new strategies for living and a sense of responsibility for one's own being.

An existential perspective such as Yolom's is particularly useful as older adults address feelings of dread, guilt and anxiety that may come with new surroundings,

changing roles and aging bodies. Process groups are based on the phenomenological perspective of the participants and emphasize flow and what is happening in the moment rather than content or goals (Yontef, 1993). Yalom's common curative factors also have a particular applicability to process groups for older adults by imparting information and giving rise to a sense of belonging and universality that can install hope. Developing skills in socialization, dealing with family, and interpersonal living conflicts also result from the altruism, modeling, and group cohesion that result from the group process (Molinari, 2002). Basing dialogue around these issues gives rise to opportunities for sharing, feedback and honest connections. Ultimately, this leads to authenticity, making the group members mindful of their full potential and able to envision choices of how to live a deeply meaningful life.

The research literature indicates a variety of physical and psychosocial complexities associated with the aging process. The increased life expectancy and population of older adults, the growing rate of individuals relocating to senior housing communities, and issues of whether individuals relocate voluntary or involuntarily all need to be addressed by the constituents involved. Group process has been shown to be particularly effective in long-term care and congregate living situations because of the lessening of social isolation and the focus on common issues related to aging and community living (Molinari, 2002). Successful transition depends on perceived personal control as well as a wide variety of personal factors; however, the salient element in overall well-being is related to social engagement and development of meaningful activities.

Statement of Purpose

The purpose of this thesis was to develop and implement a program to facilitate process groups, which would help promote connectedness and mutual support among the residents of The Redwoods, a senior housing community in Mill Valley, California. As life expectancy continues to increase, a growing population will be spending a heretofore not experienced length of time in this latter phase of life. They are, in essence, navigating older adulthood without a map.

In order to meet the goals of the thesis, this occupational therapy demonstration project consisted of two stages. The first stage included collaborating with staff members and a focus group of residents of The Redwoods to envision and develop the core concepts on which the process groups were based. Additionally, a resource manual was developed as a reference guide for group facilitators consisting of Dominican University occupational therapy graduate students enrolled in psychosocial occupational therapy coursework. The manual was the basis for a Community Practice Lab (CPL), which provided the students with an opportunity to gain experience in the psychosocial occupational therapy skills for which they had been trained. In addition to serving as a user friendly guide for students, the resource manual was made available to resident co-facilitators of The Redwoods. The second stage of the project included organizing and training for the student and resident co-facilitators to be involved in the project. This took place after the development of the manual.

This demonstration project was guided by the following questions: 1) What are the concerns of older adults? Focus group discussions with members of The Redwoods have suggested that concerns might include death and dying, loss, access to resources,

finances, health maintenance and decline, and available support. Although the process groups themselves are to be guided by the in-the-moment concerns of their participants, the manual will contain general resources, and information addressing issues around aging, communication, congregate housing, and health. 2) How do process groups promote therapeutic benefits for older adults? Specifically, the effectiveness of the occupational therapy focuses on meaningful activity to enhance social connectedness, health, function, and quality of life.3) What are the qualities of an effective group process? The project developers are interested in identifying the psychosocial qualities and skills that will support an occupational therapist in promoting connectedness and meaning among group members in senior housing communities.

Theoretical Framework

The aging process is accompanied by many physical, psychological, and social changes for most people. How aging individuals make sense of the changing landscape of their bodies and their life circumstances can be more easily brought into focus through the lens of theories developed by social scientists, philosophers and other professionals working within the field of gerontology. Occupational science, an academic discipline upon which occupational therapy is based, emphasizes the relationship between daily occupations and well-being. Existential-humanism, a philosophy that emphasizes freedom and choice, focuses on the individual and the innate desire to find meaning within the context of his or her life. Together, the body of knowledge of occupational science and the theoretical framework of existential-humanism consider the breadth of human experience with the rigor of a scientific, evidence based approach.

Occupational Science

Occupational science is the study of the individual as an occupational being (Yerxa, 2000). It is a basic science developed by a team of University of Southern California faculty and scholars led by Elizabeth Yerxa in 1989. Occupational science is an interdisciplinary field that focuses on the study of human occupation, activities of daily living, and how goal directed activities and patterns of purposeful activity influence the health and well-being of individuals, communities, and nations (Zemke& Clark, 1996). Occupational science aims to understand human occupation through basic scientific research in an effort to generate knowledge and support occupational therapy clinical practice (Clark et al., 1990).

Occupational science was heavily influenced by occupational therapy pioneer Mary Reilly and her graduate students. Reilly's *occupational behavior* frame of reference emphasizes the elements of play and work over the lifespan and identifies play, such as children learning adult roles through play, as a contribution to learning and human development (Yerxa et al., 1989). Occupational science utilizes research to comprehend intrinsic motivation and its influence on how individuals develop interests in roles during play and work, through observation of complex daily routines and how such routines enable human beings to engage in what is necessary or desired as it relates to personality, goals, and culture (Yerxa, 2000). Culture and personal meaning influence engagement in occupation, and requires planning, orchestration, participation, and self-awareness (Clark et al., 1991). Clark asserts that individuals are not preprogrammed to engage in prearranged activities. Every action requires a decision, thus our daily experiences require decision-making that has implications for our overall health and well-being.

Therefore, occupation is a multi-dimensional concept that is influenced by biological, psychological, sociocultural, physical, and symbolic contexts (Clark et al., 1991).

Changes in society and the worldwide population were fundamental elements that influenced the development of occupational science. According to Yerxa (2000) the context for the development of occupational science included the worldwide increase in population of individuals with chronic impairments, decreased resources for people with disabilities, growth in the complexity of daily life, and the global growth of the occupational therapy profession.

Occupational science and occupational therapy

Occupational science focuses on individual abilities and adaptations rather than disabilities. Occupational science research promotes health and wellness by emphasizing education, prevention, and engagement in occupation (Yerxa, 2000). Additionally, occupational science supports occupational therapy with scientific research on human occupation. It encourages occupational therapists to incorporate evidence-based research into their practice, which guides practitioners in choosing the most beneficial and client-centered interventions.

At the forefront of occupational science is the 1994-1996 Well-Elderly Study conducted by the University of Southern California (Clark et al., 1997). Results indicated that of older adults participating in either occupational therapy, a social activities group, or a group receiving no treatment, the occupational therapy led group received the most benefit in physical and social health and functioning (Jackson et al., 1998). The improved quality of life and overall health of occupational therapy participants led to the creation of Lifestyle Redesign, which helps older adults institute changes in their daily routines such

as healthy habits, moderate physical activity, and social activity to maximize health (Clark et al., 1997).

Although researchers have studied the benefits of occupational therapy, it is imperative to consider a client-centered approach. Clark (1993) found through qualitative research that narrative analysis or occupational storytelling connected childhood experiences with adult character and this experience was therapeutic, as it allowed occupational therapists to incorporate activities into treatment that reestablished clients' connections to their former identities. Occupational therapy has established itself as a holistic and client-centered profession. Therefore, it is essential to allow clients an opportunity to connect with previous experiences and identities, to establish the intrinsic motivation that fosters human occupation.

Application of occupational science to proposal project

Occupational science employs an empirical approach to explore and define the components of human occupation and focuses on how intrinsic motivation, personality, and culture influences occupation. This knowledge will have significant implications for our demonstration project at The Redwoods. With the significant growth in individuals transitioning to senior community housing, it is essential to assist residents in reconnecting to previous identities that are often lost in transition to a new environment. It is also critical to assist older adults in rediscovering motivation that will promote engagement in meaningful activities. Process groups will play a pivotal role as older adults will be provided with the opportunity to connect with peers, learn new skills, and problem solve. Through these means, process groups will facilitate education, prevention, social participation, and overall wellness, which are the objectives of occupational

therapy (as an outgrowth of the "science" of occupation). Occupational science as the basis for occupational therapy, points to a variety of philosophies that inform engagement in occupation. Existential-humanism is supportive of the values of occupational therapy.

Existential-humanism

Existential-humanism is a psychodynamic theoretical framework that focuses on the natural desire of each person to find balance and meaning in life. The innate human motivation to explore and master the environment leads each person towards a unique reality in terms of subjective experience. The wisdom and worth that grows out of each person's self-seeking serves not to isolate him or her from others, rather it opens the possibility of authentic connection through shared experience within a group (Bruce & Borg, 2002). The group itself will become stronger as its individual members strive towards self-actualization.

The existential-humanistic paradigm emphasizes the existential conflicts that arise from the facts or "givens" of human existence. These include the "four ultimate concerns: death, freedom, isolation and meaninglessness" (Yalom, 1998, p. 172). The anxiety and loneliness that arise from the human condition are what ultimately lead to the impetus to change. In response to uncertainty, the priorities of the individual become "honesty, integrity, courage and love of a given moment of relatedness" (May, 1981, p. 209). It is necessary to recognize, process, and discard these existential anxieties, in essence to experience a reassessment of priorities, in order to progress towards compassion, authenticity and self-actualization.

Humanism has been referred to as "the American version of Existentialism" (Boeree, 2003, p. 4). It is suggested that humanism is an eclectic set of theories that

presents a lighter, more positive version of existentialism. One American humanist, Abraham Maslow, purported that individuals act with conscious altruism in their desire to reach personal potential and self-actualization. Another humanist, Carl Rogers, accentuated the importance of unconditional positive regard, both towards oneself and towards others, as the access point to the evolution into a functional, healthy person: the true self (Wade & Travis, 2008). Feeling accepted and respected by one's peers and loved ones is a necessary component for personal growth.

Existential-humanism and occupational therapy

At the core of the existential-humanistic philosophy is the concern with the human condition and how people relate to themselves and others as they work towards a meaningful life and self-actualization. This aligns well with the humanistic orientation of occupational therapy, which recognizes first and foremost, the importance of being client-centered. Not surprisingly, the term, "client-centered", was first coined by the humanist therapist Carl Rogers as the central tenet of client interventions (Bruce & Borg, 2002). Occupational therapy is a collaborative endeavor based on the tenet of meeting the person (the client) where they are. It is concerned with "addressing both subjective (emotional and psychological) and objective (physically observable) aspects of performance" (Occupational Therapy Practice Framework, 2008, p. 628). In its *Position Statement on Everyday Occupations and Health*, the Canadian Association of Occupational Therapists states, "The primary goal of occupational therapy is to enable people to participate in occupations which give meaning and purpose to their lives" (McNeil, 2009, p. 323).

Occupational therapists promote meaning and purpose in the lives of individuals by remaining client centered first and foremost. The interests, priorities and life contexts of the individual must be integrated into the therapeutic intervention in order to better support participation in life. When practiced in the context of the individual, occupational therapy can help him or her live life to the fullest.

Application of existential-humanism to proposal project

The efficacy of applying the existential-humanistic framework to our demonstration project is clearly outlined in our thesis title: *Circles of Connection: Finding social connectedness and meaning within group process*. As a result of advances in science and health care, people are living increasingly longer and spending more years in retirement. Many individuals find it necessary or desirable to move into communal housing for seniors as a result of medical needs, loss of a spouse, changes in living circumstances or family pressure. As such, these people will often find themselves facing the dilemmas Yalom defines as the four ultimate concerns: death, freedom, isolation and meaninglessness (1998).

As these older adults attempt to come to terms with their circumstances, process groups can facilitate a sense of belonging, help illuminate that they are not alone in their suffering, provide a venue for learning and practicing new skills (Boree, 2003). The focus of process groups extends beyond social interaction by keeping the focus on meaningful occupation. These occupational domains can focus on issues revolving around changing life roles, areas of occupation, and performance skills and patterns. The challenges and limitations that are borne by the individual provide an opportunity for the group to find common solutions, learn to express themselves, and be of service to others.

Both the social connectedness and the meaningful occupation afforded by the group process will serve to advance the self-actualization of these older adults navigating without a map.

Methodology

Agency Description

This thesis project will be implemented at The Redwoods in Mill Valley, California. Founded in 1972 by the Community Church of Mill Valley, The Redwoods is a not-for-profit, non-denominational senior residential community (The Redwoods, 2011). Three levels of care are offered, consisting of independent living, assisted living, and personalized care. Assisted living and personalized care are categorized as residential living. Residential Living offers dining and housekeeping services that are included in the monthly rent. Tiered support services are also available a la cart such as wake-up and turn down services that include support with dressing and bathing. Personalized care has a registered nurse on staff 24 hours per day, seven days per week, as well as a team of nursing assistants to help with residents' activities of daily living (ADL) needs. The Redwoods utilizes a "whole-person" approach with provision of programs that foster wellness, social participation, and purposeful activities, while also encouraging exploration of life at any age. The goal of The Redwoods is to provide ways for seniors to thrive as they age and to respond to seniors' individual physical, social, emotional, and spiritual needs to foster dignity, usefulness, and opportunities to grow (Redwoods, 2011). The Dominican University School of Occupational Therapy and The Redwoods will collaborate to address and establish social connectedness and meaning

through process groups, thereby providing residents an outlet to address and resolve emotions, thoughts, and issues within everyday life and aging.

Project Design

In ongoing partnership with The Redwoods and the use of a focus group consisting of its community residents, the project developers of this thesis proposal initiated the design and implementation of a demonstration project leading to the creation and facilitation of a series of process groups to take place at the facility. Process groups are particularly well suited to senior living communities because common issues of aging and adjustment can be addressed while simultaneously reducing feelings of social isolation (Molinari, 2002).

The number of residents who indicated an interest in the process determined the number of groups. After some attrition during the first two weeks of the program, a total of 30 residents from The Redwoods engaged in the process group series as participants or facilitators. There were a total of six process groups, each with between four and eight participants including the facilitators. The groups met over a period of eight weeks from February 13 through April 11, 2012. Each group consisted of two co-facilitators: a resident with experience in group facilitation chosen by the staff and focus group of The Redwoods, and an occupational therapy graduate student from Dominican University of California developing skills in psychosocial clinical practice, including group leadership. The students, who were taking part in a Community Practice Lab (CPL) as a part of their occupational therapy psychosocial coursework, were able to gain experience in the psychosocial occupational therapy skills for which they had been trained, while simultaneously providing the residents with an opportunity for social engagement and

meaningful activity. The focus was to foster a feeling of connectedness around issues of aging, and how the community support arising from the group process can affect the quality of daily living and engagement in occupation.

The project developers created a resource manual for use by the resident and student facilitators of the process groups. The manual was used by Dominican University occupational therapy graduate students during their Psychosocial Aspects of Occupation I community practice lab (CPL). The contents included information on group structure, group protocol, stages and patterns that arise from the group process, communication styles, listening skills and psychosocial issues relevant to aging. Additionally, literature and resources were provided on subjects that were identified as being of particular and relevant interest to older adults by the focus group. The manual provided the group facilitators with information which was intended to assist in planning and supporting their group, and elicit a dynamic process that would encourage connectedness, shared solutions for coping and living skills, and a better quality of life.

Target Population

The target population for this demonstration project was older adults residing at The Redwoods who were interested in participating in an eight-week series of process groups. Currently the youngest resident at The Redwoods is 78, the oldest is 104 and the average age is 87. Each group consisted of between two and six resident group members, one resident facilitator, and one occupational therapy student facilitator. Due to limited space and availability of conference rooms, the project limited to a maximum of six groups.

Project Development

This project was developed as an outgrowth of the ongoing Wellness Series at The Redwoods. The need for a program providing opportunities for residents to further explore psychosocial and living-skills issues through group process was identified by a core group of residents of The Redwoods who contributed to the development of the project along with Dominican University occupational therapy students. The program also provided the opportunity for occupational therapy students to implement the listening and process skills that they have studied and in which they have received training.

Ethical and Legal Considerations

The Occupational Therapy Code of Ethics and Ethics Standards guided the ethical and legal considerations of this demonstration project (American Occupational Therapy Association, 2010). The principals of beneficence and non-maleficence were integral in developing this project. The well-being of the of the older adults residing at the Redwoods who were potential participants of the process groups was of primary concern to the project developers and precautions and contraindications were considered and addressed. The principals of autonomy and confidentiality were also critical to the development of this project from its inception. The concept upon which the process groups was based resulted from the partnership between the project developers with a core community focus group and staff of The Redwoods, making this a truly client centered endeavor.

The project developers gained permission from the proper staff authorities from The Redwoods for implementation of the process groups (see Appendix A, Site

Verification Form). The project entailed ongoing contact between Dominican University occupational therapy students facilitating the process groups and residents of The Redwoods who choose to participate in the groups. In the event that groups were to be videotaped or data collected for training or research purposes for Dominican University occupational therapy students and staff, prior consent of all members would have been obtained. Only group members' images would have been known and all data would have been stored in a locked file cabinet in the office of the thesis advisor.

The development of this demonstration project was guided by current evidence-based information and the concepts have been cited as necessary. The resource manual was developed from sources that were cited and appropriate permission was received as required from copyrighted sources. The project developers have taken all care to ensure the competency and veracity of occupational therapy services provided with this demonstration project.

Project Implementation

The implementation of this demonstration project proceeded in two stages. The preparatory stage began in December 2011, with an article co-authored by the project developers and members of the resident focus group published in The Bark, the monthly newsletter of The Redwoods, to provide general information about the process groups. Announcements about the project were made at the Residents' Council meetings in December and January. Additionally, an invitational flyer was sent to all residents in January. On February 1, 2012, a meeting was held at The Redwoods for all individuals interested in learning more about the project. After receiving detailed information about the process groups, individuals wishing to participate were randomly assigned to one of

six groups. A training and introduction meeting for all resident and student co-facilitators took place February 8, 2012 to familiarize them with the project and the manual.

The second stage of the implementation consisted of the series of one-hour meetings of the individual groups beginning on February 11, 2012 from 4:00-5:00 for an introduction and orientation session. Thereafter, process group meetings took place each Wednesday from 4:00-5:00 between February 18 and April 11, 2012.

Project Evaluation

The project developers evaluated the success of the project from the perspective of the residents of The Redwoods by requesting the voluntary completion of pre-post perceived quality of life surveys from all process group participants. The efficacy of the project as a venue for a Dominican University psychosocial CPL, the usefulness of the resource manual, and the level of preparation and training of the student facilitators was assessed during a focus group meeting with the student co-facilitators. The project developers had planned to further evaluate the value of the project during a final focus group with the original member of the focus group and a staff member from The Redwoods. Due to time limitations and inability to coordinate the schedules of all parties involved, this evaluation will take place between a Dominican University representative and staff from The Redwoods.

The efficacy of the project as a venue for a Dominican University psychosocial CPL, the usefulness of the resource manual, and the level of preparation and training of the student facilitators was assessed during a final focus group meeting with the six student facilitators. The outcomes of the meeting indicated that the process group

experience was generally positive with all students agreeing that they grew both as aspiring occupational therapists and in their understanding of older adults. Some of the concerns expressed by the students included that the lack of structure of the groups led to a lack of focus and effectiveness. Without a focal point, some of the groups tended to ramble, turn towards small-talk, or felt forced. It was agreed that a more defined structure for the groups which still allowed for an organic flow of conversation would enhance the benefits to the groups. Another concern was that varying cognitive levels, hearing abilities and understandable speech (accents) limited the effectiveness of the groups. It was suggested that although it was ideal to have the groups be randomly assigned, levels of cognitive and physical abilities should be considered. The resource manual was inconsistently utilized by student facilitators although they did find the information included useful when it was accessed. Reviewing the manual during class time prior to the CPL might increase its utilization and effectiveness. Most of the students felt somewhat prepared by for the process groups based on their coursework and prior experience (based on an average score of 6.33 on a scale of 1 being unprepared and 10 being prepared).

Results

The surveys were given to the group participants during the first and last official meetings of the process groups. The results indicated an increase in all categories, as well as an overall increase in life satisfaction. The level of connection that the participants felt towards others increased by 7% and the overall satisfaction with life increased by 9%. The surveys were not part of a controlled study and therefore their significance cannot be

ascertained. However, the consistency of the data leads to the conclusion that the Circles of Connection process groups had a beneficial effect for their participants.

Limitations

Scheduling conflicts were a barrier throughout this demonstration project. Holidays and the time gap between winter and spring semesters affected recruiting participants and organizing focus group meetings. Additionally, conflicting schedules between the thesis students, student facilitators, focus group members, and the Redwoods director slowed progression on the project implementation and thesis. Once the process groups were planned and scheduled, the implementation was left to the student facilitators as a part of their CPL. Due to differences in class schedules, there was very limited contact between the project developers (second year graduate students) and the student facilitators (first year graduate students) leading the possibility that some of the original construct and intent of the process groups may have been lost.

Another limitation included the evaluation process. Surveys were voluntary; therefore, the results may have been skewed, as only the participants who have strong opinions may have completed the surveys, thus leaving some voices unheard. Moreover, it was difficult to identify the true outcomes of process groups, as process groups are existential, not concrete. Therefore it is difficult to identify how a person changes, or when effects might be experienced.

Given that process groups are designed to be intimate in nature, retention was a concern as the loss of just one or two members had a impact on the dynamic of some groups. Additionally, during the student facilitator debriefing, there was mention of some resident co-facilitators' lack of preparation and experience to lead process groups.

The process groups were designed to require both student and resident facilitators to have acquired prior training in group process. However, some student facilitators did not feel there was adequate preparation in group process for the resident facilitators.

Discussion

The planning for this demonstration project required a great deal of flexibility, as the schedules of the Redwoods residents, student facilitators, and project developers had to be taken into account. Consequently, the original vision for the thesis had to be reconfigured to accommodate the temporal educational and experiential context of all parties involved. A final debriefing focus groups was held with the CPL student facilitators on April 26, 2012, which included a discussion of individual experiences and recommendations for future process groups and CPL student involvement.

Recommendations

Based on the findings of this thesis project, the thesis team has three recommendations for further study and consideration for future CPLs and projects. Structure was a common concern of the student co-facilitators, and was considered to be the missing component within several groups. According to the needs assessment determined during the project development in collaboration with three residents of the Redwoods, it was requested that groups flowed organically, without structure or agenda. However, both group participants and the student co-facilitators reported that the lack of structure led to less depth and focus to the process groups than expected. Without a focal point, the groups tended towards more surface, or "coffee table" conversations. Although the goal of the process groups was to provide the participants with a venue to come together for meaningful conversations about topics important to them, it appeared

that more structure or a basic agenda would have provided a level of focus and feeling of safety from which these conversations could begin. Feedback from the student co-facilitators indicated that they believed an agenda with an opening activity or icebreaker and a topic which the group could use as a starting point would have shortened the amount of time spent on "gossip".

As previously mentioned, proper training was a concern for group process facilitation. Requirements of group process must be clearly delineated and a training session should take place before the process groups begin to assure that both the student and the resident facilitators are in accord and can function well as a team in leading their individual groups. In addition, the student facilitators would benefit from additional practice in leading psychosocial groups in their preparatory class work.

The process groups were assigned randomly which was meant to encourage conversations and shared insights among participants who might not normally mingle. However, several of the student facilitators reported during the debriefing focus group, that a disparity in cognitive levels in their groups led to difficulties for serious discussions to take place. Although the intent of widening the circles of connection throughout the Redwoods community will hopefully remain the focus of future process groups, coordination with the staff of The Redwoods regarding grouping individuals with others of similar cognitive should be considered.

Implications for Occupational Therapy

Occupational therapy is a holistic, client centered practice that helps individuals participate in activities that give meaning and purpose to their lives. Social participation is both a purposeful occupation in itself and can help the individuals gain information,

perspective and focus that is useful in other areas of their lives. Older residents living in retirement communities can benefit from engaging in process groups on multiple levels: finding a social outlet; developing a sense of community; addressing hopes, fears and dreams with their contemporaries; finding practical solutions and perspective as they address the challenges of aging; and gaining a sense of support and connectedness that can enrich their lives.

Much of the current emphasis for the health and well-being of older adults is focused on their physical needs and abilities. While this is critical for occupational therapists to consider, the psychosocial aspects of occupational therapy practice should not be disregarded. Process groups are a practical venue for people to experience participation, interdependence, growth, and support in a secure environment. The result of finding social connectedness and meaning through this group process is enhanced participation in meaningful activity and life.

Conclusion

As life expectancy continues to increase, new and innovative ways of coping and living will need to be explored to maximize the quality of life of older adults. Process groups will provide a sense of connectedness, help clarify issues around aging, and elicit strategies for continuing to live a personally meaningful life. Occupational science and the client-centered and humanistic philosophy of occupational therapy recognize that individuals do not need to be externally controlled and that a meaningful life must be based on the context and occupations of the individual (Bruce & Borg, 2002). Existential theory recognizes the need for individuals to confront the most profound concerns of their existence in order to find meaning in their lives. Although the

lack of structure in the original series of focus groups will need to be addressed as noted in the recommendations section of this thesis, providing an opportunity for older adults to examine their lives has value. The intergenerational component that was fostered by having occupational therapy students co-facilitate the process groups was appropriate with beneficial outcomes for both the students and the residents. The social connectedness and shared solutions that develop organically within process groups will enable older adults to better participate in activities that give purpose and meaning to their lives.

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Appendix A: Site Verification Form

Dominican University of California
Department of Occupational Therapy

OT 5110: Thesis Proposal: Site Selection Verification Form

Student Name: Susan Untiedt, Aundrea Roberts & Julianna Bratsberg

Title of thesis project or research: Navigating older adulthood without a map: Finding social connectedness and meaning within group process

Description of thesis project or research: The purpose of this project is to develop a program to facilitate a series of process groups which will help promote connectedness and mutual support among the residents of The Redwoods, a senior housing community, and to develop a resource manual as a reference for group facilitators.

Name of Proposed Site: The Redwoods

Person with whom you will be working: Jim Sanchez
Type of facility: Senior housing community
Address: 40 Camino Alto, Mill Valley, CA 94941
Phone #: (415) 383-1600
Contact Person related to approval at the site: Jim Sanchez
Title: Program Director

Has initial contact been made? Yes
If "yes", describe: Initial contact was made through Dominican University occupational therapy faculty members Ruth Ramsey and Janis Davis and Jim Sanchez of The Redwoods on September 6, 2011. Additional meetings were held between a focus group of The Redwoods residents, Jim Sanchez, Janis Davis and occupational therapy students Julianna Bratsberg, Aundrea Roberts and Susan Untiedt on September 14, September 21 and October 18 to clarify the goals of the collaboration.

What agreements have been made regarding project implementation? An agreement has been reached to initiate a series of psychosocial process groups for the residents of The Redwoods and to create a resource manual to be used as a reference for group facilitators.

Dates for proposed intervention(s) and manual: The resource manual and training session for facilitators will be delivered in January 2012. The process groups will be conducted weekly from February 8 through April 11, 2012.

Potential problems, plans for addressing problems: It is anticipated that demand for the process groups may exceed available meeting locations requiring that attendance be on a first-come first-served basis. A wait list will be developed for future process group series.

Agency Signature _____ **Date** 11/1/2011

Print Name & Title of Agency person Jim Sanchez, Program Director

Faculty advisor signature: _____

Appendix B

Thesis Project Proposal Form

Names: Susan Untiedt, Aundrea Roberts, & Julianna Bratsberg

E-mail addresses: Susan.Untiedt@students.dominican.edu
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Phone Contacts:

Susan Untiedt	(415) 233-1260
Aundrea Roberts	(909) 614-3983
Julianna Bratsberg	(707)322-7127

Thesis advisor information:
Name: Janis Davis
Campus Phone: 415-458-3788
E-mail address: Janis.Davis@dominican.edu

Project Information:
Proposed title of project: Navigating older adulthood without a map: Finding social connectedness and meaning within group process

Contact Person at Agency/Setting: Jim Sanchez

Phone Number of Contact & e-mail: (415) 383-1600 ext. 253; jsanchez@theredwoods.org

Duration of Project: 12 months

What problem will be addressed with this project: The developers of this demonstration project will create and implement a program to facilitate a series of process groups which will help promote connectedness and mutual support among the residents at The Redwoods, a senior housing community in Mill Valley, CA. As life expectancy continues to increase, a growing population will be spending a heretofore not experienced length of time in this latter phase of life. They are, in essence, navigating older adulthood without a map. Older adults who choose to move into senior housing communities frequently have difficulties finding social connectedness which can lead to isolation, anxiety, less involvement in meaningful activities and a decreased quality of life. The purpose of these process groups is to provide a safe environment for the residents of The Redwoods to share their feelings and concerns about this phase of their life, provide mutual support and comfort, and ultimately increase feelings of meaning and quality of life. It is expected that the connectedness and support generated by these groups will translate directly to a greater sense of ease and meaning, and increase the effectiveness with which they are able to engage in their chosen occupations.

The project developers will also create a reference manual for use by the group facilitators to help reinforce skills in listening, communicating, group process and issues that have been identified as being important to older adults. The occupational therapy students who will be utilizing the manual will have the opportunity to apply and refine their psychosocial group skills. The resident co-facilitators from The Redwoods will have the opportunity to practice their own skills and share their experience and knowledge with the student facilitators.

What are current approaches to this problem. The Redwoods currently has a Wellness Series which provides lectures and planned activities on a variety of wellness issues. A monthly calendar of social and educational activities provides opportunities for residents to engage and interact with one another. There are social workers on site to address the psychosocial and living concerns of individual residents.

Description of participants and agency/setting. The Redwoods is a senior housing community promoting active aging and providing multiple levels of housing and care. The participants for this demonstration project are older adults living at The Redwoods who are interested in participating in an eight week process group series to promote connectedness, residents with experience in group leadership who are interested in facilitating the groups, and occupational therapy students participating in their psychosocial community practice labs.

Recruitment Procedure. The first stage in the recruitment process will begin in December 2011, with an article in "The Bark", a monthly newspaper released at The Redwoods, to introduce the project and generate interest. Along with the article, announcements will be made at the Residents Council Meetings in December and January, and fliers will be distributed to all residents in January. A meeting will be held in the third week of January for residents interested in learning more about the opportunity. After they are provided with detailed information about the process groups, interested residents will be randomly assigned to a group.

Setting/Participant Consent Process: No consent form is necessary for participation in the process groups. All participation is voluntary, all information is anonymous, and the residents are not in a vulnerable population.

Consent to video and/or anonymous use of date for research or training purposes may be requested from some of the groups after the onset of the process group series. Signed informed consent forms will be collected from all of the group members before such videotaping or data collection commences.

Procedures. In late January, residents interested in the process groups will attend an information session and be randomly assigned to a group. Residents and occupational therapy students who will be group facilitators will take part in a training session to familiarize themselves with the project and the manual. The process groups will take place on Wednesdays from 3:30-4:30 p.m. starting on February 8 through April 4, 2012 and a closing and evaluation meeting will take place on April 11, 2012. Residents will be provided with a voluntary pre-post quality-of-life survey.

Potential Risk to Participants. There are no potential physical risks to the participants of this project. There is possible risk of emotional distress due to the personal and emotional nature of subjects that may be addressed.

Minimization of Potential Risk. In order to minimize this risk, the group facilitators will be trained to lead the groups in a way that creates a safe and inviting environment for the residents to share their feelings and support one another. The Redwoods also has social workers on staff that is available to provide support as needed.

Potential Benefits to Participants. Participants will benefit from the opportunity to discuss matters that they are facing in older adulthood with other residents. They will be able to share feelings and coping mechanisms with others who are going through a similar experience. Topics such as death, dying, loss, health maintenance, family and community living are possible issues of discussion.

Intended Outcomes of the Project. The intended outcome of the project is to help promote the process of older adults establishing social connections, mutual support and sustaining their quality of life in the senior housing communities. An additional outcome is to provide occupational therapy students and resident facilitators will be training and experience in leading a psychosocial process group and provide experienced resident facilitators the opportunity to mentor students.

What are the Project Deliverables. By the end of our project we plan to have a resource manual available to The Redwoods to assist the facilitators that are leading the groups. The manual will include topics, but not be limited to, topics such as: death, grieving, finances, physical decline, accepting reality, conflict resolution, and mobility in the community. The first series of process groups facilitated by Dominican University occupational therapy students as part of their psychosocial community practice lab will also have been completed

Costs to Participants. There are no costs associated with the process groups which are to be conducted on the site of The Redwoods. However there will be a time commitment of one-hour, once a week for eight weeks required from the participants.

Reimbursement or Compensation to Participants: There will be no reimbursement or compensation for any of the residents at The Redwoods for participating in the project.

Confidentiality of Records:
Check which of the following applies:

__X__ Data will be anonymous – Group members may choose to remain anonymous. No names, images or identifying information will be collected.

__X__ Data will not be anonymous – Group members may choose to be videotaped or have information from the sessions be collected for research or training purposes. Only group members' images will be known. All names or other identifying information will be deleted. The data will be used for training and research purposes for Dominican University occupational therapy students and staff only. Data will be stored in a locked file cabinet in the office of the thesis advisor.

Signatures:
I acknowledge that all procedures will meet relevant local, state, and federal regulations related to the setting and participants. I am familiar with and agree to adhere to the ethical principles set forth by AOTA.

Signature of Applicant — Date: Nov. 30, 2011

Signature of Applicant — Date: Nov. 30, 2011

Signature of Applicant — Date: Nov. 30, 2011

Appendix C

Circles of Connection

Are you interested in going beyond coffee table conversations? You are invited to participate in an eight week program with Dominican graduate students who will partner with experienced resident facilitators to guide small group discussions. This is a unique opportunity to come together and freely express yourself in a safe and supportive environment. Groups will have open agendas and discussion topics will be as broad as the interests of those in the room, as you come together each week for meaningful conversations about topics important to you. This is a great way to connect with others while helping students expand their knowledge and develop the skills they will need to succeed in their profession.

Community Information Meeting
Wednesday, February 1st
7:15pm in the Auditorium

Groups will meet every Wednesday
4:00 - 5:00pm
February 15th - April 11th *(no meeting March 7)*

Appendix D

Circles of Connection

Survey

Below are several statements with which you may agree or disagree. Using the 7-point scale listed, indicate your level of agreement with each item. Please be open and honest in your responding. **Thank you!**

1 = Strongly Disagree
2 = Disagree
3 = Slightly Disagree
4 = Neither Agree nor Disagree (Neutral)
5 = Slightly Agree
6 = Agree
7 = Strongly Agree

I am satisfied with my life.

O 1	O 2	O 3	O 4	O 5	O 6	O 7
Strongly Disagree			Neutral			Strongly Agree

I energetically pursue my goals.

O 1	O 2	O 3	O 4	O 5	O 6	O 7
Strongly Disagree			Neutral			Strongly Agree

I am engaged in my community.

O 1	O 2	O 3	O 4	O 5	O 6	O 7
Strongly Disagree			Neutral			Strongly Agree

I feel connected to others.

O 1	O 2	O 3	O 4	O 5	O 6	O 7
Strongly Disagree			Neutral			Strongly Agree

I can find numerous ways to solve problems.

O 1	O 2	O 3	O 4	O 5	O 6	O 7
Strongly Disagree			Neutral			Strongly Agree

I have someone to share my worries and fears with.

O 1	O 2	O 3	O 4	O 5	O 6	O 7
Strongly Disagree			Neutral			Strongly Agree

I have someone who understands my problems.

O 1	O 2	O 3	O 4	O 5	O 6	O 7
Strongly Disagree			Neutral			Strongly Agree

I am well prepared for my future.

O 1	O 2	O 3	O 4	O 5	O 6	O 7
Strongly Disagree			Neutral			Strongly Agree

Appendix E: Facilitator Resource Manual

Circles of Connection

Finding

Social Connectedness and Meaning

Within

Group Process

Resource Manual

2012

Circles of Connection

Table of Contents

Issues – Older Adults

Circles of Connection:

Finding Social Connectedness and Meaning through Group Process

Welcome to this collaboration between The Redwoods, a senior residential community, and the Dominican University School of Occupational Therapy. This eight week program is designed to provide residents of The Redwoods with an opportunity to explore psychosocial and living-skills issues through group process. It will also provide the opportunity for occupational therapy students to implement the listening and group process skills that they have studied and received training in during their psychosocial coursework.

As a first-year occupational therapy student, you will have the opportunity to interact with older adults in a group setting as they explore issues that are important to them. The group process can promote meaning and connectedness by enabling members to share experiences, receive feedback, and develop connections. Older adults living in senior housing communities face the typical challenges of aging such as death and dying, loss, and physical changes, as well as additional factors such as transitioning to a new environment, perceived levels of control and independence, and isolation.

You will find information relevant to process groups and issues that are of special interest to older adults in this manual. Your role in these process groups will be to facilitate the groups and as such the content of each session will vary by the needs and desires of the group members. The content in this manual is meant to provide you will general reference information that may be addressed during the groups. Your professor may provide you with additional information and protocols based on specific needs that arise during the groups.

Group Process

The definition of group process as we use it in this manual refers to the nature of the relationship between interacting individuals. Group process provides opportunities that allow for shared experiences, frustrations, joys and coping mechanisms can help foster a deeper sense of meaning, support and connectedness. The focus of this communication is not concerned so much with what is being said, but rather with the "how" and "why" it is being said.

The actual work of group process occurs in two stages: The first stage focuses on the emotional experience of the member, both internally and in relationship to the group. The second stage focuses on self-reflection and recognition by group members of the work that is being done.

Why Occupational Therapy Process Groups?

The holistic and client-centered approach of occupational therapy can provide opportunities for older adults to enhance their quality of life through social participation in and engagement in meaningful activities which are which are essential elements of well-being. Group process provides social participation and engagement which promotes meaning and connectedness by enabling members to share experiences, wisdom, and the challenges of aging.

What Is Occupational Therapy?

In its simplest terms, occupational therapists and occupational therapy assistants help people across the lifespan participate in the things they want and need to do through the therapeutic use of everyday activities (occupations). Common occupational therapy interventions include helping children with disabilities to participate fully in school and social situations, helping people recovering from injury to regain skills, and providing supports for older adults experiencing physical and cognitive changes. Occupational therapy services typically include:

- An individualized evaluation, during which the client/family and occupational therapist determine the person's goals,
- Customized intervention to improve the person's ability to perform daily activities and reach the goals, and
- An outcomes evaluation to ensure that the goals are being met and/or make changes to the intervention plan.

Occupational therapy services may include comprehensive evaluations of the client's home and other environments (e.g., workplace, school), recommendations for adaptive equipment and training in its use, and guidance and education for family members and caregivers. Occupational therapy practitioners have a holistic perspective, in which the focus is on adapting the environment to fit the person, and the person is an integral part of the therapy team.

Retrieved from http://www.aota.org

Project Design

Circles of Connection

This description of the project design for Circles of Connection comes directly from the Project Design section of the thesis proposal entitled *Circles of Connection: Finding social connectedness and meaning within group process:*

In ongoing partnership with The Redwoods and a focus group consisting of its community residents, the project developers of this thesis proposal initiated the design and implementation of a demonstration project leading to the creation and facilitation of a series of process groups to take place at the facility. Process groups are particularly well suited to senior living communities because common issues of aging and adjustment can be addressed while simultaneously reducing feelings of social isolation (Molinari, 2002).

The number of residents who indicate an interest in the process will determine the number of groups, but it is anticipated that there will be between four and six process groups, each with six to eight residents, which will meet over a period of eight weeks. Each group will also have two facilitators: a resident with experience in group facilitation chosen by the staff and focus group of The Redwoods, and an occupational therapy graduate student from Dominican University developing skills in psychosocial clinical practice, including group leadership. The focus will be to foster a feeling of connectedness around issues of aging, and how the community support arising from the group process can affect the quality of daily living and engagement in occupation.

The developers will also be creating a resource manual for use by the resident and student facilitators of the process groups. The manual will be used by Dominican University occupational therapy graduate students during their Psychosocial Aspects of Occupation I community practice lab. The contents will include information on group structure, group protocol, stages and patterns that arise from the group process, communication styles, listening skills and psychosocial issues relevant group process and aging. Additionally, literature and resources will be provided for subjects of interest that were identified by the focus group. The manual will provide the group facilitators with information which will help them to better plan and support their group, and elicit a dynamic process that will encourage connectedness, shared solutions for coping and living skills, and a better quality of life (Bratsberg, Roberts & Untiedt, 2012, pp. 20-21).

Bratsberg, J., Roberts, A. & Untiedt, S. (2011). *Navigating older adulthood without a map: Finding social connectedness and meaning within group process* (unpublished master's thesis proposal). Dominican University of California, San Rafael, California.

Group Protocol

Circles of Connection

Purpose: Provide opportunities to promote meaning and connectedness among the older adults living at The Redwoods by enabling members to share experiences, receive feedback, and develop connections.

Goals: Increase feelings of connection among participants; promote mutual support and address common concerns of older adults living in senior housing communities.

Group Structure: The facilitators will moderate discussions on subjects that arise organically from the concerns and interests of the group members. The facilitators will provide structure, direction and provide resource materials as appropriate. Groups will consist of two co- facilitators (one resident of The Redwoods and one occupational therapy graduate student) and five or six resident members. Each group session will consist of an opening segment (ice breaker), the discussion, and a closing segment.

Logistics: The groups will take place at The Redwoods on Wednesdays from 4:00-5:00 p.m. for a total of eight sessions. The 2012 meeting dates will be Feb. 15, Feb. 22, Feb. 29, March 14, March 21, March 28, April 4 and April 11.

Data Collection and Assessment

"Supporting health and participation in life through engagement in occupation" (Occupational Therapy Practice Framework, 2008, p.660) is the ultimate goal of occupational therapy intervention. The types of outcomes that can measure the success of groups include quality of life, adaptation, participation, enhancement in occupational performance, and health and wellness. In order to measure the success of the Circles of Connection process groups, data will be solicited from the group participants in the form of a pre-post survey to be administered and collected at the time of the first and last of the series of process group meetings. The outcome of the groups will be considered successful if the participants' perceived levels of satisfaction and connection are higher at the end of the series of process groups than at the beginning.

A seven-point Likert scale survey has been created to assess factors related to satisfaction with life, feelings of connectedness and social engagement. The survey attempts to take a snapshot of the participants' overall sense of community at the beginning and end of *the Circles of Connection* process group meetings. The survey created for this project follows this page.

American Occupational Therapy Association (2008). Occupational therapy practice framework: Domain and process (2nd ed.). *American Journal of Occupational Therapy*, 62, 625-683.

Circles of Connection

Survey

Below are several statements with which you may agree or disagree. Using the 7-point scale listed, indicate your level of agreement with each item. Please be open and honest in your responding. **Thank you!**

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Strongly Disagree			Neutral			Strongly Agree

I am well prepared for my future.

O 1	O 2	O 3	O 4	O 5	O 6	O 7
Strongly Disagree			Neutral			Strongly Agree

Stages of Groups

Initial: Members become acquainted with the group norms and expectations of one another. Concerns about if one will be accepted and liked arise. Unease about disclosure, involvement
and trust are common. Leader acts as role model for active participation and rule development to establish an environment of balance, safety and inclusion.

Transition: More feelings of anxiety around acceptance, safety and competence of leader arise. Ambivalence, resistance and confrontation may occur as members decide to subscribe to the "here and now" value of the group. Leader helps overcome resistance and negative feelings by supporting the members with tact and directness.

Working: High level of trust and cohesion among group. Communication is honest, open and responsible. Common themes emerge and new skills and solutions identified and encouraged. Leader provides balance and identifies patterns and common themes.

Final: Completion and evaluation. Members deal with feelings of ending and separation as they address unfinished business and prepare to dissolve the group. Leader helps to reinforce change and consolidate what has been learned.

Adapted from Cara, E. (2005). Groups. In E. Cara & A MacRae (Eds.*). Psychosocial Occupational Therapy: A Clinical Practice, Second Edition* (pp. 529-564). Clifton Park, NJ: Delmar.

Elements for Creating Caring and Connection within Group Process

- **Belief in the dignity and worth of the individual** – Respect
- **Belief in our clients' innate potential for change and growth** – Each individual can find new meaning and hope in their lives
- **Effective communication** - Listening and empathy for the experience and emotions of the individual. Client-centered therapy and empowerment by truly listening for the real goals and concerns of the client
- **Humor** – Deepening connections and reducing stress by laughing together
- **Values** – AOTA core values: Altruism, equality, freedom, justice, dignity, truth and prudence
- **Touch** – Comforting and consoling when appropriately and respectfully used
- **Cultural Competence** – Cultural self-awareness and knowledge and acceptance of diverse groups

Adapted from Froehlich, J. (2010). Therapeutic use of self. In K. Sladyk, K. Jacobs, & N. MacRae (Eds.). *Occupational Therapy Essential for Clinical Competence* (pp. 245-254). Thorofare, NY: SLACK Inc.

Challenging Group or Individual Behavior

Occasionally challenging behaviors may occur during group interactions. These might include criticism of the group leader or one or more of its members, conflict among members, a non- participating or hostile group member, or other disruptive behavior. Refer to the "Redirecting" page of this manual for specific strategies to deal with difficult behaviors. Often, challenging group behaviors can lead to productive and empowering experiences when handled with reflection and limit setting.

Guidelines for creating and leading productive groups include:

- Whenever possible, involve the group in determining grout norms
- Listen, listen, and listen to find out where people are coming from
- Be respectful of people but not of any negative patterns of behavior
- When a group member is very challenging, you can always ask the group to take a break or discuss a particular topic in pairs while you discuss with that person what you need from him or her in order for him or her to stay in your group
- When workable, use humor to assist in conflict resolution
- Do not assume that someone who appears not to be participating is not gaining things from your group
- Use work or discussion in pairs to foster new interconnections
- Allow a range of behaviors that are not disruptive or distracting
- Always remember as a group leader that you have the right to ask someone to leave your group if he or she is making it impossible for you to lead

(Froehlich, J., 2010, p. 251)

Adapted from Froehlich, J. (2010). Therapeutic use of self. In K. Sladyk, K. Jacobs, & N. MacRae (Eds.). Occupational Therapy Essential for Clinical Competence (pp. 245-254). Thorofare, NY: SLACK Inc.

Yalom's Four Ultimate Concerns

Older people will often find themselves faced with circumstances defined by Yalom as the four ultimate concerns (listed below). By confronting and coming to terms with these conflicts, a sense of meaningfulness, belonging and acceptance can occur.

Death: The conflict between the inevitability of death and the desire to live.

Freedom: The conflict between the desire for structure and its absence.

Isolation: The conflict between the awareness of entering and leaving this world alone and the wish to be part of a larger whole.

Meaninglessness: The conflict between seeking meaning and the lack of concrete meaning in the universe.

Yalom, I. (1998). *The Yalom Reader*. B. Yalom (Ed.). New York, NY: BasicBooks.

Yalom's Curative Factors

How Does Group Therapy Help Individuals?

Installation of Hope: Participants are inspired and have their expectations raised by others who have already experienced a similar situation.

Universality: Recognition of similarity to others and shared deep concerns.

Imparting Information: Suggestions, information and support provided both implicitly and explicitly.

Altruism: A sense of meaning results from transcending the self and giving to others.

Working through unfinished Family Issues: Long term fixed roles and reactions can be explored and challenged leading to growth.

Development of Socialization Skills: Communications skills, responsively, empathy towards others, and being non-judgmental transcend the group to all areas of life.

Imitative Behavior: Opportunity to model behaviors of therapist, other members, and aspects of oneself.

Catharsis: Expressing emotions in a social context leads to group cohesiveness, support and positive outcome.

Facing Existential Factors (the Four Ultimate Concerns): Finding meaning and comfort from relating intimately to "fellow travelers" in the face of the sometimes harsh facts of life.

Group Cohesiveness: Self-esteem, well-being, and the willingness to change and grow result from the sense of belonging to a group.

Interpersonal Learning: Provide a venue for acceptance and interaction regardless of background.

The Group as a Social Microcosm: Each member's interpersonal style will eventually appear within the group process allowing it to be identified and put to therapeutic advantage.

Yalom, I. (1998). *The Yalom Reader*. B. Yalom (Ed.). New York, NY: BasicBooks.

The Group Facilitator

Directing and enabling group activity and participant interactions

Communication Skills

Active Listening: Absorbing content, gestures, expressions while being fully present and concentrated on each communication.

Reflecting: Communicating back to the speaker what has been communicated.

Clarifying: Recounting what the speaker has communicated.

Blocking: Prohibiting communication that is destructive to group process or other members.

Facilitating: Encouraging participation of and communication between members.

Empathizing: Provide feedback that shows an understanding of what the individual has communicated.

Personhood Skills

Courage: Be honest, genuine and non-defensive. Admit mistakes, express fears and be willing to act on hunches. Use "I don't know, let me get back to you" often.

Willingness: Model or exhibit behavior expected of members.

Being Present: Be fully involved in the group interaction and purpose.

Belief in the Group: Value what is being done and happening within the process.

Ability to Cope Nondefensively: Not retaliating or withdrawing from communications or actions perceived as personally or professionally critical.

Self-Awareness: Aware of personal strengths, limitations, goals, values and feelings.

Sense of Humor: Laugh at yourself and with others.

Inventiveness: Be creative and spontaneous.

Adapted from Cara, E. (2005). Groups. In E. Cara & A MacRae (Eds.). *Psychosocial Occupational Therapy: A Clinical Practice, Second Edition* (pp. 529-564). Clifton Park, NJ: Delmar.

Active Listening Techniques

Listening Skill	**Sounds Like**	**What it is meant to do**
Observing	Watch for facial expression & body language, listen for words used, note energy level.	Allows listener to pick up on important information that may be unconscious
Reflecting	"This seems really important to you."	Allows speaker to sort out his/her feelings
Emotion Labeling	"You seem really sad about that."	Allows speaker to put feelings into words
Restating	"So you would like your partner to trust you more."	Shows you are listening, helps verify what speaker means
Encouraging	"Tell me more about that."	Allows speaker to feel safe enough to tell more about his/her situation
Giving Feedback	"It appears to me like this relationship is causing you grief."	Let's the speaker know what you are thinking about the situation, helps share insights, observations, and experiences.
Probing	"What do you think would happen if you were to change?"	Helps draw the person out and go deeper and into more meaningful information
Silence/Effective Pause		Pause for emphasis. Gives a person time to think, diffusing unproductive interaction
"I" Messages	"I know you are upset, I'm sorry we have to stop now."	Ownership of message helps facilitate trust
Redirecting	"Lets talk about something else."	Diffuses an aggressive, agitated, or angry person
Validating	"I appreciate you telling me that."	Shows good will and promotes trust
Summarizing	"So, you are saying you love your parents but you would like them to ease up on the rules at home."	Helps clarify the speaker's situation so that problem-solving can begin

Communication Roadblocks

Blocks to listening	**Sounds Like**
Preaching	"You ought to be more concerned"
Comparing	"Most people don't feel that way"
Mind Reading	"I bet you were feeling scared when that happened."
Directing	"Just quit and go look for another job."
Judging	"You seem to get mad over little things."
Diagnosing	"You seem like you have anger issues."
Identifying	"Oh ya, that happens to me all the time."
Sparring	"C'mon! Give me a break?"
Advising	"If you don't want to be mad, join a support group."
Placating	"Oh, it will work out fine, you'll see."
Prying	"Why?" "When did this happen?"

Setting Limits Assertively

Therapists often find themselves in situations where they must set limits with children, adolescents, or adults. The following are some ways to assertively set limits:

- **Redirect or offer alternatives**
  Try: "It's too late to start painting, but you can use the markers".

- **Compromise**
  Try: "Would you be willing to finish this homework before starting to paint"?

- **Empathetic refusal**
  Try: "I understand that you are feeling angry but I must ask you to move from the door".

- **Broken record**
  Try: "No, I am not comfortable with that". "I'm not comfortable with you doing that".

- **Corrective feedback**
  Try: "Ward, your shorts are clean but not appropriate for the outing. I need you to change".

- **Natural consequences**
  Try: "when you refuse to come to therapy, I can't sign your workman's comp form".

- **Imposed consequences**
  Try: "When you use curse words in therapy you can't go on the outing".

- **Commenting on patterns of behavior and analyzing causes and effects in an effort to find better alternatives**
  Try: "I notice you do well up until the time you have a visit with your doctor. What is that all about?"

Conflict Resolution and De-Escalating Behavior

"SET" Model – Stands for *Support, Empathy, Truth*

Support: When confronting destructive behavior or another crisis, start by making a supporting statement or statement of concern. Example: "I am sincerely worried about how you are feeling". Or "Although I care about you, your behavior is frightening to me at times". The statement should reflect how you feel.

Empathy: "you seem really upset". Or "You must be feeling terrible". Don't offer statements that sound like you pit or feel sorry for the person, only that you realize the person is in pain.

Truth: Recognize that a problem exists and the person is responsible for doing something about it. State it calmly and in a matter of fact way. Avoid blaming or sounding punitive. Example: "here is what happened, and here are the consequences". Or "This is what I can do, what are you going to do"?

Note: If you don't do this correctly, the person has not really absorbed one of the steps. This is how you know:

- If the person shouts "You don't care", they have not internalized Support.
- If the person shouts "You don't know how I feel", they have not internalized Empathy.
- If the person vocalized unreasonable expectations or threats and trys to avoid or shift responsibility, they have not internalized Truth.

Adapted from Handout for OT 3015/5015 Psychosocial Aspects of Occupation I (2011), Dominican University of California. San Rafael, California.

Resolving Conflict

A. Key to resolving conflict is problem-solving: focus on the problem, not the personalities.

B. Mechanism to resolve problems:

Step 1: Identify Problem

- Can be difficult to identify
- Start by identifying concerns
- Spend enough time at this point

Step 2: Analyze the Problem

- Use active listening
- State the problem from different perspectives

Step 3: Develop Alternative Solutions

- Be creative
- Develop several ideas
- Don't criticize at this point

Step 4: Evaluate Possible Solutions

- Will the proposed solution produce desired changes?
- Can the solution be implemented?
- Does the proposal contain serious disadvantages?

Step 5: Implement the Plan

- Gather resources
- Identify key players

Step 6: Follow up on the Solution

- Evaluate your plan

Payne, R.K. (1998). *A framework for understanding poverty*. Baytown, Texas: RFT Publishing Company

Critical De-Escalation Skills

Try to Prevent Escalating Behavior

Recognize that anger is a choice of a wide range of behaviors that could be used to get what one needs in a situation. It is behavior that has benefit for its user. Anger can get people the attention they need, help them escape things they don't want to do, help them gain control over another person or situation, or pump them up when they are feeling small and insignificant.

- Perform a quick self-assessment. A potential helper must ask the following questions:
  Can I avoid criticizing and finding fault with the angry person? Can I avoid being judgmental? Can I keep from trying to control the other person into doing something he or she doesn't want to do? Can I keep myself removed from the conflict? Can I believe that the people using anger have the right to make decisions and choices about how they
  meet their needs and that they have within them the ability to make those decisions? Can I try to see the situation from the angry person's point of view and understand what need or needs he or she is trying to satisfy?

Remember: You can maintain a relationship with this person

- Recognize early warning signs. Many incidents of anger could be prevented if those who are around a person about to become angry notice the subtle change in the person's behavior. Quiet people may become agitated; while louder, more outgoing people generally become quiet and introspective. Paying attention to these subtle changes and simply commenting on the change could help the individual talk about things so he or she wouldn't have to become angry.

How to intervene

- Active listening is the process of really attempting to hear, acknowledge, and understand what a person is saying. It is a genuine attempt to put oneself in the other person situation. More than anything, this involves LISTENING! Listening means attending not only to the words the other person is saying but also the underlying emotion, as well as, the accompanying body language.

Simply providing a sounding board and a willing ear, will help to dissipate a person's anger.

- Acknowledgement occurs when the listener is attempting to sense the emotion underlying the words a person is using and then comments on that emotion. The person may say something like, "You sound really angry right now!" By acknowledging and really trying to understand what the anger person is feeling, that person becomes able to release a lot
  of the aggression.

- Agreeing----often when people are angry about something, there is at least 2% truth in what they are saying. When attempting to diffuse someone's anger, it is important to find that 2 % of truth and agree with it (he or she takes away the resistance and consequently eliminates the fuel for the fire, also called fogging).

- Apologizing is a good de-escalation skill. This is a sincere apology for anything in the situation that was unjust. It's simply a statement acknowledging that something occurred that wasn't right or fair.

This can have the effect of letting angry people know that the listener is sincerely sorry for what they are going through and they may cease to direct their anger at the person attempting to help.

- Inviting criticism is the final of the de-escalation skills. Here the listener simply asks the angry person to voice his or her criticism of the listener or the situation. The person intervening might say something like, "go ahead. Tell me everything that has you upset. Don't hold anything back. I want to hear everything you are angry about."

This invitation will sometimes temporarily intensify the angry emotion but if the listener continues to encourage the person to vent his or her anger and frustration, eventually, the angry person runs out things they have complaints about.

If all else fails:

- Have a plan
- Never get in a position where you cannot escape the situation
- Always allow a space for angry person to escape
- Stay calm-don't allow angry person to feel more powerful
- Be sincere-act as if you are in control

Adapted from Kim Oliver Handout:http://www.upublish.info/Article/Ten-Critical-De-Escalation-Skills/19687

The Language of Negotiation

Payne describes the language of *adult voice* as the voice as the voice of negotiation. Persons raised in poverty often are asked to function as adults without the benefit of learning what an *adult voice* sounds like. They learn to use the *child voice* or the *parent voice,* both of which are less effective than the adult voice. The a*dult voice* that is internalized will more readily use the language of negotiation, which in turn allows issues to be examined in a manner that is non- threatening. Helpers and educators often speak to students and patients in a *parent voice*. This is often resisted by the student or client because it is interpreted as offensive. You can teach children directly how to use the *adult voice* and explain to them that it is an important survival tool for school and work.

The *adult voice*: non-judgmental, free of negative non-verbal, factual, often in question format, and attitude of win-win

- *In what ways could this be resolved*
- *What factors will be used to determine the effectiveness of or quality of….*
- *I would like to recommend*
- *What are choices in this situation*
- *I am comfortable with… uncomfortable with…*
- *For me to be comfortable, I need…*
- *These are the consequences of that choice or action*
- *We agree to disagree*

The *child voice*: defensive, victimized, emotional, whining, losing attitude, and strongly negative non-verbal

- *I hate you*
- *Quit picking on me*
- *You're ugly*
- *You make me sick*

The *parent voice*: authoritative, directive, judgmental, win-lose, demanding, punitive, sometimes threatening

- *You shouldn't or should*
- *It's wrong to do…*
- *That's stupid, immature, out of line*
- *Life's not fair, get busy*
- *Why can't you be like…*

Payne, R.K. (1998). *A framework for understanding poverty*. Baytown, Texas: RFT Publishing.

Common Issues of Concern for Older Adults after Retirement

- Loss of Worker Role
- Lack of Time Structure
- Changes in social interactions and relationships
- Loss of purpose or daily meaning
- Financial factors and loss of income
- Decline in social status

Adapted from Cole, M. (2008). Retirement/volunteer and end of life issues. In C. Meriano & D. Latella (Eds.). *Occupational Therapy Interventions: Function and Occupations* (pp. 363-395). Thorofare, NJ: SLACK Inc.

Adams' Research on Changing Investment in Activities in Elders' Lives

Less Interested After 85

Making and creating things

Shopping and buying things

Making plans for the future

Keeping up with hobbies

Entertaining others in my home

Social events with new people

Taking care of people and things

Meeting new people

Concern with others' opinions of me

Feeling I should share opinions and advice

Spending time with others

More Interested After 85

Hearing from family and friends

Spiritual life /prayer

Pleasure in small things

Visit with family

Religious services

Reading, puzzles, computer

Getting together with old friends

Keeping up with current events

Worrying about friends/family's problems

Being a good neighbor

Adapted from Adams, K. (2004). Changing investment in activities and interests in elders' lives: Theory and measurement. International Journal of Aging and Human Development, 58, 87-108.

The Normal Aging Body

As we age there are some physiological changes that affect the body. Some of these changes occur over a long period of time, where as others can occur suddenly.

Changes:

- Fatigued/short of breath
- Loss of muscle tone, elasticity, endurance and strength
- More prone to bone fractures
- Decrease in height
- Develop a stooped posture
- Change of hair color/ baldness
- Skin looses elasticity/becomes wrinkled, dried, and easily bruised

Prevention:

- Healthy diet-High in calcium and vitamin D
- Exercise regularly
- Reduce salt
- Avoid smoking

Adapted from Effects Of Aging On Your Body (2009). In *My Senior Health Care*. Retrieved January 21, 2012, from http://www.myseniorhealthcare.com/Effects-Of-Aging-On-Your-Body.html

Vision Loss

As the body ages, so do the eyes, however there is a difference between the normal changes of the eye and those caused by age related conditions.

Symptoms of normal aging of the eye:

- Losing focus
- Decreasing sensitivity
- Need more light

Prevention:

- Routine eye examinations
- Exercise
- Protect your eyes from the sun
- Avoid smoking

Age related conditions resulting in vision loss:

- Glaucoma
- Macular Degeneration
- Cataracts
- Diabetic Retinopathy

For more information on vision loss:

- www.visionconnection.org
- www.lighthouse.org

Adapted from Faye, E. E., & Sussman-Skalka, C. J. (2002). Vision Loss Is Not a Normal Part of Aging Open Your Eyes to the Facts!. In*Lighthouse*. Retrieved November 21, 2012, from http://www.lighthouse.org/downloads/publications/vision_loss.pdf

Hearing Loss

About half of the population over the age of 85 suffers from some sort of hearing loss. The inability to hear and leave an individual feeling confused, withdrawn from a conversation, or embarrassed.

Signs of hearing loss:

- Having trouble hearing conversations over the phone
- Need to turn up the volume of the television or stereo
- Sense that other people are always mumbling
- Have trouble hearing because of background noises
- Having difficulty following conversations

What you can do if you have trouble hearing:

- Notify people that you are hard of hearing
- Have people face you when they are speaking.
- Be aware of gestures and facial expressions
- If needed, ask someone to repeat themselves.

For more information on hearing loss:

- American Speech-Language-Hearing Association (ASHA)

  www.asha.org
- American Tinnitus Association (ATA)

  www.ata.org
- National Institute on Deafness and Other Communication Disorders (NIDCD)

  www.nidcd.nih.gov
- Self Help for Hard of Hearing People, Inc. (SHHH)

  www.shhh.org

Adapted from Hearing Loss and Aging (2006, March 21). In *Medicine Net*. Retrieved January 21, 2012, from http://www.medicinenet.com/script/main/art.asp?articlekey=20432&page=3

Functional Mobility

Functional mobility is a huge component of independence among older adults. The ability for them to move from one place to another on their own is a factor in their quality of life. Older individuals may struggle with problems affecting their ability to get around. Due to issues such as: muscle weakness, joint stiffness, pain, and disease, moving can become challenging and often times limited. One of the largest factors that limit mobility among older adults is falls.

Tips to maximize mobility:

- Reduce fall hazards at home/ safe environment (remove all loose rugs etc.)
- Exercise regularly to improve muscle strength and endurance.
- Attend a fall prevention course or program
- Wear proper footwear
- Provide necessary walking aids

Mobility Problems (2004, May 4). In *The AGS Foundation for Health in Aging*. Retrieved January 21, 2012, from http://www.healthinaging.org/public_education/eldercare/

Common Medical Conditions in Older Adults

- Cancer
- Cardiovascular Disease
- Congestive Heart Failure
- Cataracts
- Pneumonia
- Chronic Obstructive Pulmonary Disease
- Back Pain
- Lack of Strength
- Osteoarthritis
- Rheumatoid Arthritis
- Other Immune Disorders
- Osteoporosis
- Parkinson's Disease
- Dementia
- Problems of the Prostate Gland
- Depression
- Diabetes
- Stroke
- Urinary Incontinence

Adapted from Day, T. (n.d.). About Medical Care for The Elderly. In *National Care Planning Council*. Retrieved January 21, 2012, from http://www.longtermcarelink.net/eldercare/medical_care_issues.htm#treating

For more information on conditions of aging:

- **Cancer Information Service**
  http://www.cancer.gov/aboutnci/cis
- **FDA for Older People**
  http://www.fda.gov/oc/seniors
- International Council on Active Aging
  http://www.icaa.cc/index.asp
- **U.S. Administration on Aging**
  http://aoa.gov

Adapted from Federal Websites (2012, January 20). In *Eldercare Locator*. Retrieved January 21, 2012, from http://www.eldercare.gov/Eldercare.NET/Public/Resources/Federal_Websites.aspx

Depression

As individuals begin to age, they can start to face an increase in isolation, death of loved ones, and a decrease in their health; often times these factors can lead to symptoms of depression.

Symptoms of depression:

- Decreased energy
- Decrease in appetite/ weight loss
- Trouble sleeping
- Decreased interest in work and hobbies
- Lack of desire for relationships
- Increased use of alcohol and drugs
- Fixation on death/suicidal thoughts or attempts

Causes of depression:

There are many factors that can contribute to depression, as an individual ages the life changes that they may face can greatly contribute to depression. Some possible risk factors and causes of depression may include:

- Health problems
- Isolation
- Reduced sense of purpose
- Fears
- Recent loss

Helping overcome depression:

- Exercise
- Interact with others
- Sleep
- Maintain healthy diet
- Learn something new!
- Create opportunities to laugh

Adapted from Smith, M., Robinson, L., & Segal, J. (2011). Depression in Older Adults and the Elderly. In *Help Guide*. Retrieved January 21, 2012, from http://helpguide.org/mental/depression_elderly.htm#author

Isolation

Isolation and loneliness is a common problem among older adults. As individuals begin to age, lose loved ones, and move into different communities, maintaining a solid social network can be challenging. Isolation and estrangement from other people can lead to depression.

Tips to overcome isolation:

- Make new friends
    - Provides an outlet for emotional support
    - Take risk and allow people to get to know you
- Volunteer in the community
- Join a new club or group
- Take up a new hobby
    - Provides opportunities to connect with other people.
- Adopt a pet
- Reminisce

Adapted from Ponton, L. (2007). Coping With Loneliness: Tips for Seniors. *Psych Central*. Retrieved on January 21, 2012, from http://psychcentral.com/lib/2007/coping-with-loneliness-tips-for- seniors

Coping With Bereavement

In our hearts, we all know that death is a part of life. In fact, death gives meaning to our existence because it reminds us how precious life is.

Coping With Loss

The loss of a loved one is life's most stressful event and can cause a major emotional crisis. After the death of someone you love, you experience *bereavement,* which literally means "to be deprived by death."

Remember **-** It takes time to fully absorb the impact of a major loss. You never stop missing your loved one, but the pain eases after time and allows you to go on with your life.

Knowing What to Expect

When a death takes place, you may experience a wide range of emotions, even when the death is expected. Many people report feeling an initial stage of numbness after first learning of a death, but there is no real order to the grieving process.
Some emotions you may experience include:

- Denial
- Disbelief
- Confusion
- Shock
- Sadness
- Yearning
- Anger
- Humiliation
- Despair
- Guilt

These feelings are normal and common reactions to loss. You may not be prepared for the intensity and duration of your emotions or how swiftly your moods may change. You may even begin to doubt the stability of your mental health. But be assured that these feelings are healthy and appropriate and will help you come to terms with your loss.

Mourning A Loved One

It is not easy to cope after a loved one dies. You will mourn and grieve. Mourning is the natural process you go through to accept a major loss. Mourning may include religious traditions honoring the dead or gathering with friends and family to share your loss. Mourning is personal and may last months or years.

Grieving is the outward expression of your loss. Your grief is likely to be expressed physically, emotionally, and psychologically. For instance, crying is a physical expression, while depression is a psychological expression.

It is very important to allow yourself to express these feelings. Often, death is a subject that is avoided, ignored or denied. At first it may seem helpful to separate yourself from the pain, but you cannot avoid grieving forever. Someday those feelings will need to be resolved or they may cause physical or emotional illness.
Many people report physical symptoms that accompany grief. Stomach pain, loss of appetite, intestinal upsets, sleep disturbances and loss of energy are all common symptoms of acute grief. Of all life's stresses, mourning can seriously test your natural defense systems. Existing illnesses may worsen or new conditions may develop.

Profound emotional reactions may occur. These reactions include anxiety attacks, chronic fatigue, depression and thoughts of suicide. An obsession with the deceased is also a common reaction to death.

Dealing with a Major Loss
The death of a loved one is always difficult. Your reactions are influenced by the circumstances of a death, particularly when it is sudden or accidental. Your reactions are also influenced by your relationship with the person who died.

A child's death arouses an overwhelming sense of injustice — for lost potential, unfulfilled dreams and senseless suffering. Parents may feel responsible for the child's death, no matter how irrational that may seem. Parents may also feel that they have lost a vital part of their own identity.
A spouse's death is very traumatic. In addition to the severe emotional shock, the death may cause a potential financial crisis if the spouse was the family's main income source. The death may necessitate major social adjustments requiring the surviving spouse to parent alone, adjust to single life and maybe even return to work.
Elderly people may be especially vulnerable when they lose a spouse because it means losing a lifetime of shared experiences. At this time, feelings of loneliness may be compounded by the death of close friends.
A loss due to suicide can be among the most difficult losses to bear. They may leave the survivors with a tremendous burden of guilt, anger and shame. Survivors may even feel responsible for the death. Seeking counseling during the first weeks after the suicide is particularly beneficial and advisable.

Living with Grief

Coping with death is vital to your mental health. It is only natural to experience grief when a loved one dies. The best thing you can do is allow yourself to grieve. There are many ways to cope effectively with your pain.

- **Seek out caring people.** Find relatives and friends who can understand your feelings of loss. Join support groups with others who are experiencing similar losses.
- **Express your feelings**. Tell others how you are feeling; it will help you to work through the grieving process.
- **Take care of your health**. Maintain regular contact with your family physician and be sure to eat well and get plenty of rest. Be aware of the danger of developing a dependence on medication or alcohol to deal with your grief.
- **Accept that life is for the living**. It takes effort to begin to live again in the present and not dwell on the past.
- **Postpone major life changes**. Try to hold off on making any major changes, such as moving, remarrying, changing jobs or having another child. You should give yourself time to adjust to your loss.
- **Be patient**. It can take months or even years to absorb a major loss and accept your changed life.
- **Seek outside help when necessary**. If your grief seems like it is too much to bear, seek professional assistance to help work through your grief. It's a sign of strength, not weakness, to seek help.

Helping Others Grieve

If someone you care about has lost a loved one, you can help them through the grieving process.

- **Share the sorrow**. Allow them — even encourage them — to talk about their feelings of loss and share memories of the deceased.
- **Don't offer false comfort**. It doesn't help the grieving person when you say "it was for the best" or "you'll get over it in time." Instead, offer a simple expression of sorrow and take time to listen.
- **Offer practical help**. Baby-sitting, cooking and running errands are all ways to help someone who is in the midst of grieving.
- **Be patient**. Remember that it can take a long time to recover from a major loss. Make yourself available to talk.
- **Encourage professional help when necessary**. Don't hesitate to recommend professional help when you feel someone is experiencing too much pain to cope alone.

Helping Children Grieve

Children who experience a major loss may grieve differently than adults. A parent's death can be particularly difficult for small children, affecting their sense of security or survival. Often, they are confused about the changes they see taking place around them,

particularly if well-meaning adults try to protect them from the truth or from their surviving parent's display of grief.

Limited understanding and an inability to express feelings puts very young children at a special disadvantage. Young children may revert to earlier behaviors (such as bed-wetting), ask questions about the deceased that seem insensitive, invent games about dying or pretend that the death never happened.

Coping with a child's grief puts added strain on a bereaved parent. However, angry outbursts or criticism only deepen a child's anxiety and delays recovery. Instead, talk honestly with children, in terms they can understand. Take extra time to talk with them about death and the person who has died. Help them work through their feelings and remember that they are looking to adults for suitable behavior.

Looking to the Future

Remember, with support, patience and effort, you will survive grief. Some day the pain will lessen, leaving you with cherished memories of your loved one.

Memory loss: 7 Tips to Improve your Memory

Concerned about memory loss? Take heart. Simple steps — from staying mentally active to including physical activity in your daily routine — may help sharpen your memory.

By Mayo Clinic staff

Can't find your car keys? Forget what's on your grocery list? Can't remember the name of the personal trainer you liked at the gym? You're not alone. Everyone forgets things occasionally. Still, memory loss is nothing to take lightly. Although there are no guarantees when it comes to preventing memory loss or dementia, memory tricks can be helpful. Consider seven simple ways to sharpen your memory — and know when to seek help for memory loss.

No. 1: Stay mentally active

Just as physical activity helps keep your body in shape, mentally stimulating activities help keep your brain in shape — and perhaps keep memory loss at bay. Do crossword puzzles. Read a section of the newspaper that you normally skip. Take alternate routes when driving. Learn to play a musical instrument. Volunteer at a local school or community organization.

No. 2: Socialize regularly

Social interaction helps ward off depression and stress, both of which can contribute to memory loss. Look for opportunities to get together with loved ones, friends and others — especially if you live alone. When you're invited to share a meal or attend an event, go!

No. 3: Get organized

You're more likely to forget things if your home is cluttered and your notes are in disarray. Jot down tasks, appointments and other events in a special notebook, calendar or electronic planner. You might even repeat each entry out loud as you jot it down to help cement it in your memory. Keep to-do lists current, and check off items you've completed. Set aside a certain place for your wallet, keys and other essentials.

No. 4: Focus

Limit distractions, and don't try to do too many things at once. If you focus on the

information that you're trying to remember, you'll be more likely to recall it later. It might also help to connect what you're trying to remember to a favorite song or another familiar concept.

No. 5: Eat a healthy diet

A heart-healthy diet may be as good for your brain as it is for your heart. Focus on fruits, vegetables and whole grains. Choose low-fat protein sources, such as fish, lean meat and skinless poultry. What you drink counts, too. Not enough water or too much alcohol can lead to confusion and memory loss.

No. 6: Include physical activity in your daily routine

Physical activity increases blood flow to your whole body, including your brain. This may help keep your memory sharp. For most healthy adults, the Department of Health and Human Services recommends at least 150 minutes a week of moderate aerobic activity (think brisk walking) or 75 minutes a week of vigorous aerobic activity (such as jogging) — preferably spread throughout the week. If you don't have time for a full workout, squeeze in a few 10-minute walks throughout the day.

No. 7: Manage chronic conditions

Follow your doctor's treatment recommendations for any chronic conditions, such as diabetes, high blood pressure and depression. The better you take care of yourself, the better your memory is likely to be. In addition, review your medications with your doctor regularly. Various medications can impact memory.

When to seek help for memory loss

If you're worried about memory loss — especially if memory loss affects your ability to complete your usual daily activities — consult your doctor. He or she will likely do a physical exam, as well as check your memory and problem-solving skills. Sometimes other tests are needed as well. Treatment will depend on what's contributing to the memory loss.

Reprinted from the MayoClinic.com article "Exercise helps ease arthritis pain and stiffness"
(http://www.mayoclinic.com/health/arthritis/AR00009**)**

Brain Fitness Resources

Online Brain Game Websitesgames.aarp.orgwww.braingle.com

- http://games.latimes.com/games/daily-crossword/daily-crossword.aspx
- www.websudoku.com
- www.merriam-webster.com/game/index.htm
- www.lumosity.com

Fun Things to Do to Keep Your Brain Sharp

While not games in the traditional sense, these fun activities will definitely get your brain working and help keep it young.

- **Surf the Internet**. Scientists have shown that middle-aged and older adults who surf the Internet show brain activity that was once only attributed to younger brains, so keep your brain young by surfing the Internet.
- **Aromatherapy**. Aromatherapy provides a sensory opportunity that stimulates your brain, and when combined with other activities, works your brain in ways that keep it from falling dormant.
- **Eat with chopsticks**. Learn to use chopsticks and you will provide your brain with stimulation–and learn a new skill.
- **Journal**. Write down your thoughts, create a poem, or express yourself however you like in a personal journal to help keep your brain thinking and young.
- **Read**. Reading, especially when it is new material, helps keep your mind sharp.
- **Doodle**. NPR explains how doodling helps the brain stay focused when you are engaged in mundane activities. Try doodling to keep your brain active.
- **Write down dreams**. Write down your dreams as soon as you wake up in the morning to help remember your dreams. Examining your dreams can open you up to introspection and give you insight to how your brain is working while you sleep.
- **Music**. Listening to music uses both the right and left brain, and has shown to increase self esteem along with brain strength.
- **Switch hands**. Doing regular activities in a different way keeps your brain working and active. Try using your less dominant hand for simple tasks like eating, brushing your teeth, or writing keep your brain young.
- **Laugh**. Laughing stimulates five different parts of your brain, so laugh often to help keep your brain from aging.

Brain Foods

Add the following "smart" foods to your diet to help maintain a healthy brain!

1. BLUEBERRIES: Blueberries help protect the brain from stress and may reduce the effects of age-related conditions such as Alzheimer's disease or dementia. Diets rich in blueberries improve both the learning and physical abilities. Doctors recommend adding at least 1 cup of blueberries per day in any form -- fresh, frozen, or freeze-dried. Tastes great with oatmeal or salads!

2. WILD SALMON: Salmon are rich in omega-3 essential fatty acids, which are essential for brain function. Wild salmon is recommended for its "cleanliness." Omega-3s also contain anti-inflammatory substances. Other oily fish that provide the benefits of omega-3s are sardines and herring. Eat a 4-ounce serving, two to three times per week.

3. NUTS AND SEEDS: Nuts and seeds are good sources of vitamin E and higher levels of vitamin E correspond with slower decline in brain function as you get older. Add an ounce per day of walnuts, hazelnuts, Brazil nuts, filberts, almonds, cashews, peanuts, sunflower seeds, sesame seeds, and flax seed. If you're on a low sodium diet, buy unsalted nuts.

4. AVODCADOS:Avocados are almost as good as blueberries in promoting brain health. This fatty fruit contributes to healthy blood flow and a healthy brain. Avocados also lower blood pressure, and a lower blood pressure should promote brain health. Avocados are high in calories, so add just 1/4 to 1/2 of an avocado to one daily meal as a side dish.

5. WHOLE GRAINS: Oatmeal, whole-grain breads, and brown rice can reduce the risk for heart disease. Every organ in the body is dependent on blood flow. If you promote cardiovascular health, you're promoting good flow to the organ system, which includes the brain. Eat 1/2 cup of whole-grain cereal, 1 slice of bread two-thee times day, or 2 tablespoons of wheat germ a day.

Retrieved from http://www.webmd.com/diet/guide/eat-smart-healthier-brain

Exercise for Seniors

Get Moving…Reap the Rewards

Even adding minimal amounts of physical activity can pay huge dividends for seniors. The immediate benefits of exercise are widely understood. Even a marginal increase to physical activity can improve your appearance, strength, balance, mobility, and overall mood.

But making exercise part of your daily routine can significantly impact your long-range health as well, combating conditions such as heart disease, arthritis, diabetes, high blood pressure and more. Those who are active also benefit from fewer hospitalizations, lower medication use, and generally have the ability to live independently longer.

Increasing physical activity also allows you to continue enjoying the things you currently like to do, such as activities with grandchildren, gardening, walking the dog, cooking or even basic tasks like tying your shoes, carrying your groceries, or climbing steps.

A sedentary lifestyle can have major health risks. Yet, some seniors view age and physical ability as exercise deterrents. They often fear having to join health clubs or participate in strenuous routines that could cause more harm. But even simple movements can greatly improve short and long-term health for anyone at any age.

Before Beginning

Prior to exercising, consult a doctor first to access your physical abilities and to address any potential issues. Experts also suggest beginners start with low-intensity exercises with minimal effort in order to gradually work their way up to a higher level.

Keep a log of activities and set goals, which will allow you to celebrate your achievements, keep on track, and strive to improve. Make your goals specific (ex: I want to swim five laps in five months) and set both short and long-term goals.

When tracking your activities, be sure to note how long you did each exercise, which will help you monitor progress. Finally, be sure you have proper exercise equipment such as quality shoes that will not cause injury. Immediately stop exercising if you experience any pain, dizziness or cramps.

Find What Works

Experts suggest seniors strive for regular physical activity at least once per day. The National Institute on Aging suggests finding activities that fit into your daily life and choosing activities that match your interest, budget and health.

Most seniors focus on one area of exercise, but adding variety can pay big dividends. There are four types of exercises:

1. Endurance
2. Strength
3. Flexibility
4. Balance

Endurance activities include

- Walking
- Yard work
- Dancing
- Aerobics classes
- Jogging
- Swimming, water exercises
- Biking
- Climbing stairs or hills
- Playing tennis or basketball

Strength activities include

- Lifting weights
- Resistance bands
- Pilates

Balance activities include

- Yoga
- Heel-to-toe walk
- Standing on one foot
- Tai Chi

Flexibility activities include

- Shoulder and upper arm stretch
- Calf stretch
- Yoga

According to the National Institute on Aging, seniors should strive to complete 30 minutes of endurance activity every day. Strength exercises should be rotated to meet all of the major muscle groups on two or more days a week for 30 minutes each. The same muscle groups should not be targeted on consecutive days. For example, target arms and shoulders one day, then legs the next day.

You may also find that you want to work with a personal trainer who can help you set goals and keep you motivated. Survey your friends and family to see if they know a qualified trainer or contact your health care provider. Many trainers specialize in working specifically with seniors.

These lists were compiled by the National Institute on Aging. For more exercise tips, visit www.nihseniorhealth.gov.

Making Progress

After just a few weeks of regular physical activity, you'll recognize the results. You'll be stronger, have more energy, and be able to do things easier.

To build on your progress, try increasing the amount and frequency of physical activity and by adding different exercises. You can also be creative by:

- Taking dance lessons
- Joining a bowling team
- Participating in water aerobics classes
- Viewing exercise videos available at the local library

You can also make exercising more fun by finding a partner, listening to music, or competing with a friend. Or, find ways to work activities into your daily life, such as doing leg lifts or arm workouts while watching TV.

Holiday Retirement communities often have classes for seniors. Contact a community near you to learn more. Other online resources for senior fitness include: silversneakers.com, aarp.org, and helpguide.org.

Holiday Retirement. (2012). Exercise for seniors. Retrieved from http://www.holidaytouch.com/Retirement-101/senior-living-articles/activities-and-lifestyle/exercise-for-seniors.aspx

Volunteering: It's Good for Your Health

Giving back can improve brain functions, overall well-being.

Retirement often brings coveted free time for many seniors who have spent the majority of their lives juggling family, careers, and other responsibilities. Many seniors also desire purposeful ways to fill this sudden influx of freedom, and one of the most gratifying avenues is volunteering. Not only does volunteering benefit communities and help worthy organizations subsist, but it can also have a profound mental and physical impact on volunteers themselves.

Studies have shown that volunteering can:

- Lower mortality rate: A study that appeared in the Journals of Gerontology indicated that "those who gave social support to others had lower rates of mortality than those who did not, even when controlling for socioeconomic status, education, marital status, age, gender, and ethnicity."
- Reduce the risk of Alzheimer's disease: Volunteers often report a greater satisfaction and quality of life than non-volunteers, and researchers from Rush University Medical Center in Chicago conducted a study that revealed "individuals who report a greater purpose in their lives appear less likely to develop Alzheimer's disease or its precursor, mild cognitive impairment."
- Improve brain functions: Another study tracked women ages 65 and older who volunteered in Baltimore schools. Participants were examined, including via magnetic resonance imaging (MRI), prior to volunteering and again six months later. Researchers discovered that "older adults participating … made gains in key brain regions that support cognitive abilities important to planning and organizing one's daily life."
- Prevent frailty: Researchers at UCLA sought to determine if "productive activities – specifically volunteering, paid work and child care – prevent the onset of frailty. This condition is marked by weight loss, low energy and strength, and low physical activity." The researches tracked 1,072 healthy adults ages 70-79 and found that, "After three years, participants in all three activities were found to be less likely to become frail. After accounting for levels of physical and cognitive function, however, only volunteering was associated with lower rates of frailty."

Volunteering can also pay immediate dividends by increasing sense of accomplishment and purpose, improving social skills, and helping people stay connected to the world around them.

How to get involved

Opportunities to volunteer are endless. Helpguide.org offers a few key suggestions while searching for a suitable volunteer position. The first is to identify your volunteer preferences. Do you like to work with people or behind the scenes? How much time are you willing to volunteer and what type of role would you like to take on? Next, determine your skills and the causes that interest you. Helpguide.org offers the following list of places to find volunteer opportunities:

- Community theaters, museums, and monuments
- Libraries, schools and senior centers
- Retirement communities

- Service organizations, such as Lions clubs or Rotary clubs
- Youth organizations, sports teams, and after-school programs
- Historical organizations and national parks
- Places of worship such as churches or synagogues

The following databases may also help you locate volunteer opportunities in your area:

- Volunteer Match
- Volunteering at Housing and Urban Development
- Idealist.org
- Network for Good
- Volunteer Solutions by Truist
- 1-800-Volunteer (865-868-337)

Once you've identified a volunteer opportunity, be sure to ask the organizers any questions you may have and pay a visit to the organization, or place you wish to volunteer, in order to determine if the position is ideal for you.

Finding the ideal opportunity will ensure you are getting the most out of your experience. Most importantly, remember that volunteering should be an enjoyable endeavor. When you take pleasure in giving to others, the rewards are often twofold.

Holiday Retirement. (2012).Volunteering: It's good for your health. Retrieved from http://www.holidaytouch.com/Retirement-101/senior-living-articles/activities-and-lifestyle/volunteering-is-good-for-your-health.asp

Empathy: A Key Relationship Skill

The basis f emotional closeness in a relationship is empathy, the foundation of the experience of "we" rather than just "I" or "you." If you sense that your partner, friend, or loved one really feels how it is for you, you feel less stressed, plus closer and more trusting, and more inclined to give empathy to him - and the same is certainly true for him with regard to you. Fundamentally, empathy is a skill, like any other, and you can get better at it.

Empathy is not agreement or approval. It is simply understanding, the intuitive sensing of another person's underlying feelings, wants, and psychological dynamics - looking at the world from behind the other's eyes. "What would I be feeling if I were him or her?"

Empathy is the expression of four basic skills:

- Pay attention
- Inquire
- Dig down
- Double check

Pay Attention

Attention is like a spotlight, illuminating its object - and you can get better at attention in several ways:

- Calm yourself.
- Consciously choose to give your attention over to your partner for a time.
- Just listen, without developing your case against what the other is saying.
- Keep the focus on the other's experience, rather than on circumstances or beliefs or ideas

Inquire

Empathy is a process of discovery. You study what is under one stone. Then you ask an open-ended question, such as the ones below, that turns over another.

Can you say more about that?
How was it for you?
How do you feel about him/her?
What do you mean when you say that?
What is your gut feeling about that?
What is really bothering you?
What was the most upsetting part of all?
What do you wish would have happened instead?
How was this compared to that last time something similar happened?

Dig Down
The personality is layered like a parfait, with softer and younger material at the bottom. The empathic listener:

- Tries to get a sense of the softer feelings - hurt, fear, or shame - that are usually behind anger or a tough facade.
- Imagines the insecure, scared, suffering person behind the other's eyes.
- Wonders how childhood and other experiences could have affected his or her thoughts, feelings, and wants today.
- Considers the underlying, positive wants - e.g., safety, autonomy, feeling valued- the other is seeking to fulfill, although perhaps in ways one doesn't like.
- Inquires gently about the deeper layers - without trying to play therapist. This must be done carefully, usually toward the end of a conversation, without making it seem like the here-and-now elements in what the other is saying are unimportant, especially if they are about you.

Double Check
When we receive a communication, we need to tell the sender, "Message received." Otherwise, he or she will tend to keep broadcasting, ever more powerfully, in an effort to get through. Try questions like these:

Let me repeat that back what I hear. Are you saying that _____?
I'm not sure that I fully understand this, but is it like _____?
Is the key point that _____?
Is it correct that you felt _____?
So the part are _____, _____, and _____, correct?

Rewards of Empathy
With a better idea of the feelings and wants of our friends and loved ones, we are more able to solve problems together. It's like dancing: a couple shines when each person is attuned to the other's mood and rhythms and intentions.

Additionally, when our loved one or friend feels understood, he or she is more willing to extend understanding in turn. Once pure survival needs are handled, the deepest question of all in any important relationship is, "Do you understand me?" Until it is answered with a "Yes," that question will keep troubling the waters of any the relationship

But when understanding is continually refreshed by new empathy, connections are constantly re- knit, strengthening the fabric of the relationship.

Hanson, R. (2012). Empathy: A key relationship skill. Retrieved from http://ww.nurturemom.com/Web_store/News/1005coulmn.shtml

Making and Maintaining Relationships

Relationships are essential for good health. Spending time with people keeps you from getting lonely and it reduces stress. It gives you a sense of self-worth. Having friends reinforces the idea that you're a good person to be around. So where does relationship building start? First, you need to grasp this important key. Friendship starts with you and with that in mind here are some things to remember.

1. **Stay connected.** Take time to answer phone calls, return e-mails, and spend time with friends and family. Let them know you care.
2. **Don't be shy.** If you meet somebody you like invite them over or out for coffee. Strike up a conversation in the grocery line. Some people might find that to be weird, but what the heck, they probably wouldn't be good friends anyway.
3. **Don't spend a lot of time with people who add stress to your life** unless of course you have to. Life's too short for that. You need to be there when a friend is in need, but when that need is 24/7, they probably need more help than you are going to be able to give them.
4. **Be happy about your friends' success and they will be happy about yours.** Be jealous about your friends' success and you'll spend a lot of time alone.
5. **Learn to Listen.** A good rule of thumb is to listen more than you talk. I had a friend who never knew much about me, because he never bothered to listen to me. It was all about him. We are not friends any more.
6. **Keep improving.** One of the ways could be by complaining less, and being less critical of other people's faults.
7. **Don't overwhelm people.** Limit the phone calls and emails and visits. We all have other things going on in our lives. Have enough friends to spread the good will around.
8. **Finally, take time to say thank you** to your friends and family. Be sure to let them know how important they are to you. I don't have to tell you that maintaining relationships
   takes a commitment, but we're not built for isolation. We are wired by God to be connected and dependent on others.

Rose, J. (2011). Making and maintaining relationships. Retrieved from http://significantinsights.com/making-and-maintaining-relationships

Social Interaction May Be as Vital as Physical Activity for Seniors

- Multiple recent studies have revealed an increasingly stronger link between social interaction and mental and physical well-being for seniors.
- Seniors can be more susceptible to isolation.
- Upon reaching retirement age, opportunities for socialization often decrease, especially if the senior must rely on others for transportation.
- Research indicates that an active social lifestyle helps maintain a sharp mind, connectedness to the world, increased feelings of happiness, and a sense of belonging.

Various studies have shown that socializing can produce the following positive effects:

Improved mental health: Symptoms of depression and memory problems affect many seniors. In fact, approximately seven million people over the age of 65 experience symptoms of depression, and it is estimated that dementia touches one in seven Americans over the age of 71. Having consistent human contact and interaction can reduce both, recent studies revealed.
One such study, appearing in the Annals of Family Medicine, gathered 193 seniors with depressive symptoms and provided either individualized physical activity or social visits for six consecutive months. Researchers concluded that: "Social contact may be as effective as physical activity in improving mood and quality of life" and "social participation and social support networks are paramount to long-term positive outcomes and psychological well-being for older people."

Another study that appeared in The American Journal of Public Health demonstrated that seniors aged 50 to 60 who were socially active had slower rates of declining memory. "The working hypothesis is that social engagement is what makes you mentally engaged," Lisa F. Berkman, the study's senior author, told the New York Times. The American Academy of Neurology studied the relationship between dementia, stress, and socialization and found that "people who are socially active and not easily stressed may be less likely to develop dementia".

Improved nutrition: The need for proper nutrition is vital for seniors, but healthy habits can be difficult to maintain when living alone. Approximately 35 percent of older adults suffer from malnutrition. A study among hospitalized seniors discovered a correlation between food intake and social interaction: "patients ate more when social interactions were friendly and lively".

Improved physical health: Multiple studies have also revealed that an active social life can boost the immune system, lower blood pressure, and reduce physical pain that is reinforced by depression.

Strength in numbers: When it comes to socializing, the more the merrier. According to a recent AARP article “the number of Americans without any close confidants has risen dramatically in the past 20 years” and “even though Americans are closer to their spouses than ever before, that kind of intimacy can work against us if we allow ourselves to ‘cocoon within the relationship." Plus, seniors in large groups are more likely to encourage healthy habits among each other, including exercise.

How Can Seniors Stay Connected?

Many seniors have family members or other caregivers who periodically interact with them, but that is often not adequate socialization. While it’s comforting for seniors to know their needs are met, sufficient social interaction includes participation or consistently engaging with others, primarily with peers.

Below are avenues for seniors to stay socially connected:

- Volunteer
- Join clubs and groups
- Visit senior centers
- Move to retirement communities
- Stay connected with friends and family
- Get a pet
- Attend a church
- Learn new skills
- Learn to use the Internet

It is not uncommon for seniors to resist change, and some may need gentle encouragement to get more socially involved, but the benefits of an active social lifestyle reach well into the future.

Holiday Retirement. (2012). Studies connect socializing with quality of life. Retrieved from http://hunters-glen.com/Retirement-101/senior-living-articles/health-and-wellness/socializing-linked-with-quality-of-life.aspx#

Making a Successful Transition to Assisted Living

Moving is hard. It can make anyone feel overwhelmed and stressed. However, these feelings are generally temporary and disappear after you establish your own routine.

- Give it time and you will adjust.
- It is normal to stay in your apartment at first.
- Introduce yourself to other residents.
- Participate in activities.
- Talk to Clergy.
- Talk to a neighbor or close friend.
- Stay busy.
- Introduce yourself to other residents.
- Give yourself time to adjust.
- If you feel you are taking longer to adjust than what you consider normal, try discussing your concerns and feelings with the administrator or director of the residence.

American Health Care Association. (2005*).* Making a successful transition to assisted living. Retrieved from http://www.longtermcareliving.com/transition/almove/index.htm#advice

Tips to Ease the Stress After Moving into Assisted Living

After the Move:

- Realize that Relocation Stress Syndrome (RSS) is real and common no matter how old you are.
- Understand that everyone is different and some people may show no signs where others may be affected for the first couple of days even months.
- Be aware of the signs of RSS such as anxiety, depression, disorientation, and exhaustion. Keep in mind these can be exacerbated by dementia, mental impairment or poor physical health
    - Mental stress - overwhelming details, new phone numbers, canceling and ordering new services, cost issues.
    - Emotional stress - leaving long time familiar home with lots of memories, anxiety about friends & family. Feelings of loss.
    - Physical stress - packing, lifting, sorting, cleaning.

- Be aware that you (the caregiver) may be feeling sad or guilty and this is normal.
- You can hire a home care aid to help your parent through the confusion of moving to the new place who can actually stay with them 24 hours a day for the first week or so.
- Encourage them to retain patterns from home, such as subscribing to the newspaper, having afternoon tea, or taking walks.
- Invite family and friends over to dinner in the private dining room of their "new home."
- Friends and family should take care to treat the senior the same way they did before. Come to visit daily if that is what you did when they were home. Eat Sunday dinner with them if that routine. The only thing that has changed is their address.

- There is usually a resident run 'welcome committee' that will help new residents to fit in and, well, feel welcome. They will network to find people with similar interests to introduce them to. They can also have meals with the new resident to get over the hurdle of "who is going to sit with me?" They can also suggest clubs or groups they may be interested in.
- Be sure to read welcome packets that will list important names and numbers as well as community 'rules.'
- Meet all the managers and know their role and how to get in touch with them.
- Get to know the resident program director. This person knows everyone in the building and can help with introductions and encourage participation in activities.
- Visit often; bring grandchildren and pets when you can.
- Stay positive and remember why you and your loved on together made this decision.

Sneddon., L. (2011). Tips to ease the stress after moving into assisted living. Retrieved from http://www.seniorlivingexperts.com/tips-to-ease-the-stress-after-moving-into-assisted-living

Protect Yourself: Ten Terrific Tips

We've gathered 10 tips for protecting yourself and your privacy from those nasty folks trying to grab your savings.

1. Do Not Call Registry

Avoid telemarketers by signing up with the national **Do Not Call Registry**, run by the **Federal Trade Commission**. You can register cell phones and home phones (but not business lines) by calling toll free **888-382-1222** or going to **donotcall.gov**. Once you register, telemarketers have
31 days to stop calling. Your registration will last for at least five years. A free service.

2. Screen out telemarketers

Buy an inexpensive answering machine and use it to screen you from telemarketers. Let your friends know about the machine – and that they should leave you a message. You can pick up when you hear their voices.

3. Get unlisted at Google

Find out if your name and address are publicly available by entering your phone number in the **google.com** search box. Use the format xxx-xxx-xxxx to enter the number. It's easy to remove your listing.

4. Skip your mailbox for outgoing mail

The bad guys actually go out and steal mail, looking for outgoing checks which they can alter and for personal identity information. Give outgoing mail to your carrier, put it in a locked mailbox or take it to the post office.

5. Opt out

Incoming credit card and insurance offers (another identity theft risk) can be stopped by signing up at **optoutprescreen.com**. You can sign up for five years online. For a lifetime term, print out a form letter, sign and mail it. Or sign up by calling toll free **888-567-8688**. A free service.

6. Avoid junk mail

Sign up with the **Mail Preference Service** and be excluded from mailings of **Direct Marketing Association** members. See **dmaconsumers.org/offmailinglist.html** to sign up or get more information. $1 charge per address.

7. A free credit report every four months

By law, you can obtain a free credit report annually from each of the three large credit bureaus. Monitor your reports to spot unauthorized activity and find and correct errors, and maybe even improve your credit score. Ask for a report, from a different bureau, every four months. See the free official government-authorized **annualcreditreport.com** website or call toll free **877-322-8228**. Note: You will need to provide your Social Security Number. Avoid online look-alikes, which are loaded with fees.

8. Freeze your credit files

Placing a "security freeze" on your credit data makes it unavailable to lenders and others. Freezes make most sense for people who do not expect to apply for a loan or other new credit. Freezing and unfreezing your files costs money ($10 for each bureau to freeze, for example). For more information see **privacy.ca.gov/sheets/cis10securityfreeze.htm**.

9. Watch out for lightweight credentials

A week at summer camp is more work than obtaining some lofty-sounding "credentials." The New York Times highlighted *"Certified Senior Advisor," "Certified Retirement Financial Advisor," "Registered Financial Gerontologist"* and *"Certified Retirement Counselor"* among titles that can be earned in just a few days and detailed how these titles have proliferated. Why obtain such a credential? To sell more easily to seniors!

10. Shred it and forget it

"Dumpster-divers" dig through trash to find personal information. They use (or sell) the information for stealing identities and credit. So use a shredder (cross-cut or confetti) on all paperwork that contains personal information before you discard it.

The Elder Financial Protection Network

Elder financial abuse is very much on the rise. According to the **National Council on Aging**, between one and two million Americans age 65 and above have been injured, exploited or otherwise mistreated by someone on whom they depend for care or protection – including both family members and friends.

The **Elder Financial Protection Network** or **EFPN** – a coalition of financial institutions, public and private agencies committed to fighting elder financial abuse – warns that financial exploitation of seniors can take many forms.

Some seniors are befriended by con-artists. Some are deceived by bogus sweepstakes, lotteries and telemarketing scams. Some are pressured into making monetary gifts. Many seniors risk losing their homes through unfair or misleading home equity agreements or become victims of unscrupulous home repair contractors, trust mills, or peddlers of inappropriate financial products and services.

The **EFPN** has identified several steps that might assist seniors in protecting themselves from becoming victims of financial exploitation and abuse:

- If you think someone is trying to take control of your finances, speak to someone you trust or call the **Marin County Adult Protective Services** at **(415) 507-2774**.
- Never give any personal information to a stranger who calls you by phone.
- Never pay in advance to receive sweepstakes or lottery winnings.
- Get to know your banker and the people who handle your finances. They are legally required to protect you by looking out for suspicious activities that may impact your account.
- As a means of keeping a clear paper trail, make payments with checks or credit cards instead of with cash.
- Before making a decision that affects your finances, ask for written details and get a second opinion.
- Before hiring anyone, check out his or her references and credentials.
- Consult with a trusted financial advisor or attorney before signing any document that you don't fully understand.

H.E.L.P. (2011). Retrieved from http://www.help4srs.org/financial/planning

Keep Your Social Security Number Secure

Question: I always thought that my Social Security Number was my most acceptable ID. Why do I often see it printed with "Xs" in place of the first 5 numbers?

Answer: Although SSNs continue to be very acceptable forms of identification, they are neither as confidential nor as private as they once were. The first SSNs were created in 1936 to record workers' employment earnings. Since only one person could be assigned a specific SSN, it was considered to be a perfect ID. With time, its purpose kept growing.

Currently, SSNs are required for birth and death certificates, property records, tax-lien records and court files. Public records, which also require their inclusion, are increasingly being posted online, making them available to anyone with Internet access.

Since both government agencies and private businesses have implemented computer records for their filing systems, SSNs are considered an accessible piece of consumer data for identity thieves. Such thieves often access the credit history, bank and charge accounts, and utility accounts that are identifiable by each specific SSN.

Different states have taken severe actions to significantly reduce the inappropriate display and misuse of their residents' SSNs. In California, it is now illegal for both government and private businesses to:

- Post or publicly display SSNs.
- Print SSNs on identification cards or badges.
- Require people to transmit a SSN over the Internet unless the connection is secure or the number is encrypted.
- Require people to log onto a website using a SSN unless a password is also required, and,
- Print SSNs on anything mailed to a customer unless required by law, or the document is a form or application.

Existing law also prohibits the county recorder from displaying more than the last four digits of a SSN on a document that is filed and, therefore, available for public view.

Protect your SSN:

There are several ways to protect your SSN:

1. Never print your SSN on your checks, business cards, address labels or other identification information.
2. If you do not need to carry your SSN with you, don't.
3. Pay attention to the **Personal Earnings and Benefits Estimate Statements** that Social Security mails to you each year. If incorrect information is reported, notify it immediately.

If you believe that someone else is using your SSN, immediately contact the **Federal Trade Commission** at **877-438-4338**. You may also telephone the following credit reporting agencies to reduce the likelihood of future abuse:

- **TransUnion: 800-680-7289**
- **Equifax: 888-766-0008**
- **Experian: 888-397-3742**

Ironically, you will need to provide your SSN to each of these agencies to ensure that they can find your file.

More Information:

For more information, see the SSA booklet ***"Identity Theft and Your Social Security Number"***
at **ssa.gov**, and in the search button type *"Identity Theft."*

H.E.L.P. (2011). Retrieved from http://www.help4srs.org/financial/planning

Aging Preparedness

What about planning for aging? To plan for aging, most people have a financial plan on how they will pay their bills. That is an important start. In addition, each older adult should also put together an **Aging Preparedness Kit**, tools that can help a person (even an unlucky one) have better control of the future, and obtain results they want.

Your **Aging Preparedness Kit** should contain the six items we list below:

1. **A Power of Attorney for Health Care**. In this legal document, you name trusted family members or friends to take charge of your medical care if you become incapacitated and cant remain in charge. Who should you name? The best person is a person you can communicate with and who
   - Will be available when needed
   - Will be able to ask questions and get good answers from medical professionals
   - Will make the medical care decisions that you would make (whether or not they agree with you)
   - Will be able to stand up for you, be your advocate, and deal with others who disagree with you)

Good forms are easy to find. The **California Medical Association's** version is readily available from the CMA and many hospitals and doctors. H.E.L.P. also can provide to you a simplified form.

2. **Communication With Your Helpers**. The people you name in your Power of Attorney for Health Care need to know what you want and care about, so they will know what to do for you. You need to think about and communicate what you want, and what is important to you. You can do this by just talking, or by writing your thoughts down in your Power of Attorney for Health Care or in another document. Who should you name? The person should have good financial skills and, most importantly, should be a person you can trust to manage your finances for your benefit (not theirs). Good forms are not easy to find, see a qualified attorney for this important document.

3. **An Estate Plan**. This is the way you spell out what will happen to your assets when you die. The approaches can involve a will, beneficiary naming, joint ownerships, trusts, and other tools. This is also where you plan to minimize or avoid the impact of estate and gift taxes.

4. **A Plan for Long-Term Care**. In creating this plan, you answer the questions: If I need care, where do I want to receive it? Who will provide the care? How will I pay for it (savings, insurance, government help)? In doing this planning, you look at whether your home is safe, or can be made safe, for you. You also consider the question of moving to a retirement community or assisted living setting. You also need to consider your potential care-providers (family members, friends, paid helpers) -- what arrangements will work, and for how long? Look at the cost of care, your monthly income and your savings. Get a good understanding of the help the government will give and will not give. Learn more about long-term care insurance, and decide whether it makes sense for you.

5. **A Plan for Your Funeral and Burial**. You create this plan so that, when you die, your family and friends will know what you want to happen. So that you get what you want, even at the end. Be sure to clearly communicate your wishes.

Remember: In aging, planning ahead can help minimize the consequences.

H.E.L.P. (2011). Aging preparedness. Retrieved from http://www.help4srs.org/legal/

Fact Sheet: Estate Planning

Who shall inherit assets upon the owner's death is often determined by:

- Joint tenancy ownership supersedes other arrangements, so assets a person holds as joint tenant, if any, will be transferred on death to the surviving joint tenant(s).
- Other assets for which a person has named a beneficiary or made a pay-on-death (or transfer-on-death) arrangement will be transferred to the surviving person(s) the person has named.
- If a person has a Living Trust, the assets owned by the Trust will be transferred according to the terms of the Trust. The main reason for having a Living Trust is to avoid probate with respect to real estate.
- A person's remaining assets will be transferred according to the terms of the person's will.
- If a person dies without a valid will, the person is "intestate." In that case, the person's remaining assets would be transferred according to the California intestacy laws.

Probate

Probate is a court proceeding to pass the probate estate of a deceased person to the deceased person's heirs. The probate estate consists of the person's assets that do not have joint tenancy, beneficiary naming, pay-on-death, transfer-on-death, living trust or other probate avoiding arrangements in place.

In some cases probate is not required, even though probate avoiders are not in place for all of the deceased person's assets. Probate is not required when the probate estate is going to a surviving spouse or when the value of the probate estate is $100,000 or less. In each of these situations, simplified procedures are available for passing assets without probate. In some cases, a simplified court proceeding may be required.

Wills

A Will allows the person to name those who will receive the person's probate estate and to name an executor (the person who will manage and distribute the probate estate). Assets for which probate avoiding arrangements are in place are not included in the probate estate, and thus not impacted by a Will.

Revocable Living Trusts (Living Trusts)

The primary reason to create a revocable living trust (Living Trust) is to avoid probate. There are different ways to avoid probate, depending on the nature of the assets under consideration; a Living Trust is particularly useful for real estate.

Among other things, a Living Trust allows a person to name those who will receive the person's trust assets upon the person's death, and to name the trustee (the person who will manage and distribute the trust assets upon the person's death and who will manage the trust assets if the person becomes unable to do so).

More on Trusts

- If possible, the Living Trust should name at least two successor trustees in sequential order.
- The Living Trust should include a trustee succession test that will work in the context of the laws regarding the privacy of health information (the federal Health Insurance Portability and Accountability Act, or "HIPAA," and the California Confidentiality of Medical Information Act)
- For married couples, where each spouse is a co-trustee, the Living Trust should provide that either co-trustee may act alone if the other is unavailable or incapacitated.
- The Living Trust should include a provision addressing the resignation of the initial trustee(s).
- For changes in the law, gifting and other purposes, consider including a provision in the Living Trust allowing the Agent under a durable power of attorney for financial matters the power to amend and revoke the Living Trust.
- For married couples with a Living Trust, after the death of the first spouse the surviving spouse should meet with an attorney regarding administration of the trust and estate.

About Will and Trust Contests

Estate planning arrangements can become the subject of challenges, commonly known as will and trust contests. To succeed, a challenge must show incapacity, undue influence or a failure to follow legal formalities in creating the will or trust. The job of an attorney preparing estate planning documents is to make sure not only that the formalities are followed, but that the plan for distribution of assets in the will and/or trust is the independent, knowing wish of the person.

H.E.L.P. (2011). Fact sheet: Estate planning. Retrieved from http://www.help4srs.org/legal/

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For 3 decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Vision

A society in which all people live long, healthy lives.

Mission

Healthy People 2020 strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Overarching Goals

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

Retrieved from http://healthypeople.gov/2020/about/default.aspx

National Prevention Strategy: America's Plan for Better Health and Wellness

Implementation Strategies of the 2010 Affordable Care Act (Obama Care)

The recently published National Prevention Strategy: America's Plan for Better Health and Wellness (2011) calls for integrated health care within a coordinated system and achieving optimal well-being. The use of evidence based practices that focus on "individualizing treatments, treating the whole person, promoting self-care and self-healing, and recognizing the spiritual nature of each individual, according to individual preferences" (p.20) are seen as a way to deliver better quality of care at a lower cost. The report points to enhanced social networks and social connectedness as ways to help people live healthy, active, less stressful and independent lives. A linear extrapolation of demographic data shows that 57.7% of Americans will live to age 85 by 2030. It is critical that the health and wellness needs of this growing population of increasingly older adults be addressed.

Retrieved from http://www.healthcare.gov/prevention/nphpphc/strategy/report.pdf

Marin County Resources and Supports

Golden Gate Transit - Bus Service

1011 Andersen Drive

San Rafael, CA 94901

Phone: 511 (say "Golden Gate Transit")

Website: www.goldengate.org

Provides daily bus service within Marin, Sonoma, San Francisco and Contra Costa counties.

Whistlestop (also known as the Marin Senior Coordinating Council)

930 Tamalpais Avenue

San Rafael, CA 94901

Phone: 415-456-9062

Email: info@whistlestop.org

Website: www.whistlestop.org

Founded in 1954 as Marin Senior Coordinating Council, Whistlestop promotes the independence, well-being and quality of life for older adults and people living with disabilities in Marin County. Whistlestop's Active Aging Center provides comprehensive, client-centered programs under "one roof" to include nutritious meals, educational classes, multicultural gatherings and helpful information and referral services. Whistlestop also provides specialized transportation services through Marin Access.

Northern California Senior Legal Hotline

Sacramento, CA 95814

Phone: 800.222.1753

Email: seniorhotline@lsnc.net

Website: www.seniorlegalhotline.org

A non-profit organization that offers free legal advice over the phone to seniors age 60 and over.

Mill Valley Parks & Recreation

180 Camino Alto

Mill Valley, CA 94941

Phone: 415.383.1370

The mission of Mill Valley's Department of Parks and Recreation is to provide opportunities for quality recreation and leisure experiences for all of our citizens, providing programs, facilities, resources and professional support services.

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County of Marin. (2012). Retrieved from http://www.marin.org

Glossary of Terms

The glossary includes terms commonly used in long term care insurance policies.

Accelerated Death Benefits

Some life insurance companies offer life insurance policies with a special feature that allows payment of the death benefit when the insured person is still alive. Such payment usually is limited to situations in which the individual is terminally ill. The benefits are available to cover the costs of long term care services.

Activities of Daily Living (ADL)

Physical functions that an independent person performs each day, including bathing, dressing, eating, toileting, walking or wheeling, and transferring into and out of bed.

Acute

A sudden and severe condition.

Adaptive/Assistive Equipment

An appliance or gadget which assists user in the operation of self-care, work or leisure activities.

Administration on Aging

An agency of the U.S. Department of Health and Human Services. AOA is an advocate agency for older persons and their concerns at the federal level. AOA works closely with its nationwide network of State and Area Agencies on Aging (AAA).

Adult Day Care Center

A community based program offering structured activities and meals. Some health services may be offered for an additional fee. Transportation may be provided. Most programs operate during the week and can be attended full or part-time.

Adult Day Health Care

Provision of care and services in a residential health care facility or approved extension site, on an outpatient basis, under the medical direction of a physician. Services are in accord with a comprehensive assessment of care needs and individualized health care plan.

Advanced Directives

A written statement of an individual's preferences and directions regarding health care. Advanced Directives protect a person's rights even if he or she becomes mentally or physically unable to choose or communicate his or her wishes.

Age-Associated Memory Impairment

Mild memory loss that increases with age. Mild memory loss is normal and should not be confused with forms of dementia, which are progressive and affect every day living.

Alzheimer's Disease

A progressive and irreversible organic disease, typically occurring in the elderly and characterized by degeneration of the brain cells, leading to dementia, of which Alzheimer's is the single most common cause. Progresses from forgetfulness to severe memory loss and disorientation, lack of concentration, loss of ability to calculate numbers and finally to increased severity of all symptoms and significant personality changes.

Ambulate

To walk.

Aphasia

The loss of ability to express oneself and/or understand language.

Apraxia

Inability to carry out a complex or skilled movement due to deficiencies in cognition.

Area Agencies on Aging (AAA)

Local government agencies which provide or contract for services for older persons within their area.

Assessment

Determination of a resident's care needs, based on a formal, structured evaluation of the resident's physical and psychological condition and ability to perform activities of daily living.

Assisted Living

Senior housing that provides individual apartments, which may or may not have a kitchenette. Facilities offer 24 hour on site staff, congregate dining, and activity programs. Limited nursing services may be provided for an additional fee.

Audiologist/Audiology

Health care professionals specializing in the measurement of hearing and the correction of hearing impairment or hearing loss.

Bed Sores

See Pressure Ulcers

Bedfast

To be bed ridden.

Board and Care Homes

These are group living arrangements that are designed to meet the needs of people who cannot live independently, but do not require nursing facility services. These facilities offer a wider range of services than independent living options. Most provide help with some of the activities of daily living. In some cases, private long-term care insurance and medical assistance programs will help pay for this type of living.

Caregiver

Any individual who takes care of an elderly person or someone with physical or mental limitations.

Case Management

A system in which one individual helps the insured person and his or her family determine and coordinate necessary health care services and the best setting for those services.

Case Mix

A formulative method used in some states to determine patients' needs for health care resources within a nursing facility. The assessment is based in part on functional ability to perform activities of daily living (ADLs), medical and psychiatric diagnosis.

Center for Medicare and Medicaid (CMS)

Formerly the U.S. Health Care Financing Administration, CMS is an element of the Department of Health and Human Services, which finances and administers the Medicare and Medicaid programs. Among other responsibilities, CMS establishes standards for the operation of nursing facilities that receive funds under the Medicare or Medicaid programs.

Certificate of Medical Necessity

A document completed and signed by a physician to certify a patient's need for certain types of durable medical equipment (i.e. wheelchairs, walkers, etc.).

Certified Home Health Care

An entity that provides, as a minimum, the following services which are of a preventative,

therapeutic, health guidance and/or supportive nature to persons at home: nursing services; home health aide services; medical supplies, equipment and appliances suitable for use in the home; and at least one additional service such as, the provision of physical therapy, occupational therapy, speech/language pathology, respiratory therapy, nutritional services and social work services.

Certified Nursing Assistant (CNA)

The CNA provides personal care to residents or patients, such as bathing, dressing, changing linens, transporting and other essential activities. CNAs are trained, tested, certified and work under the supervision of an RN or LPN.

Chronic

A lasting, lingering or prolonged illness or symptom.

Chronic Disease

A disease which is permanent, or leaves residual disability, or is caused by nonreversible pathological alteration.

Chronic Obstructive Pulmonary Disease (COPD)

A group of chronic respiratory disorders characterized by the restricted flow of air into and out of the lungs. The most common example is emphysema.

Cognition

The process of knowing; of being aware of thoughts. The ability to reason and understand.

Cognitive Impairment

A diminished mental capacity, such as difficulty with short-term memory.

Co-morbidities

Multiple disease processes.

Companion Care

Nonmedical services that are provided in the patient's home. Examples include, but are not limited to: helping the senior with everyday activities, making meals, grooming, ensuring safety, etc. No medical care is provided.

Congestive Heart Failure (CHF)

A common type of heart disease characterized by inadequate pumping action of the heart.

Conservator

Person appointed by the court to act as the legal representative of a person who is mentally or physically incapable of managing his or her affairs.

Continuing Care Retirement Communities (CCRCs)

Housing communities that provide different levels of care based on the needs of their residents -- from independent living apartments to skilled nursing in an affiliated nursing facility. Residents move from one setting to another based on their needs, but continue to remain a part of their CCRC's community. Typically CCRCs require a significant payment (called an endowment) prior to admission, then charge monthly fees above that.

Custodial Care

Board, room and other personal assistance services (including assistance with activities of daily living, taking medicine and similar personal needs) that may not include a skilled nursing care component.

CVA

Refers to a cerebrovascular accident or stroke in which an area of the brain is damaged due to a sudden interruption of blood supply.

Decubitis

See Pressure Ulcers

Dementia

Progressive mental disorder that affects memory, judgement and cognitive powers. One type of dementia is Alzheimer's disease.

Developmental Disability (DD)

Refers to a serious and chronic disability, which is attributable to a mental or physical impairment or combination of mental and physical impairments. Those affected have limitations in three or more of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity of independent living, economic self-sufficiency. Those who have a developmental disability often require long-term treatment and care-planning.

Diagnostic Related Groups (DRGs)

DRGs are used to determine the amount that Medicare reimburses hospitals for in-patient services. The hospital is reimbursed a fixed amount based on the DRG code for the patient.

Discharge Planner

A social worker or nurse who assists patients and their families with health care arrangements following a hospital stay.

Distinct Parts

Separate units in a nursing facility where beds are available only for people whose care is paid for by a specific payment source, such as Medicare.

Durable Medical Equipment (DME)

Durable medical equipment, as defined by Medicare, is equipment which can 1) withstand repeated use, 2) is primarily and customarily used to serve a medical purpose, 3) generally not useful to a person in the absence of an illness or injury, and 4) is appropriate for use in the home (e.g. wheelchairs, hospital beds, walkers).

Durable Power of Attorney for Health Care (DPAHC)

A legal document in which a competent person gives another person (called an attorney-in-fact) the power to make health care decisions for him or her if unable to make those decisions. A DPA can include guidelines for the attorney-in-fact to follow in making decisions on behalf of the incompetent person.

Dual Eligibles

Someone who is qualified for both Medicaid and Medicare.

Dysphagia

A swallowing disorder often depicted by difficulty in oral preparation for swallowing. The person has difficulty moving material from the mouth to stomach.

Edema

A collection of fluid in the tissues which causes swelling.

Eden Alternative

Concept for skilled nursing facilities that embraces children, nature and animals to be part of facility life.

Emergency Response Systems

Electronic monitors on a person or in a home that provide automatic response to medical or other emergencies.

End Stage Renal Disease (ESRD)

Medical condition in which a person's kidneys no longer function, requiring the individual to receive dialysis or a kidney transplant to sustain his or her life.

Enriched Housing

A licensed adult care facility established and operated for the purpose of providing long-term residential care to five or more adults, primarily persons 65 years of age or older, in community- integrated settings resembling independent housing units. Such programs must provide or arrange for the provision of room, board, housekeeping, personal care and supervision.

Exclusion

Any condition or expense for which a policy will not pay.

Fee for Service

Method of charging whereby a physician or other practitioner bills for each encounter or service rendered. This is the usual method of billing by the majority of physicians.

Fee Schedule

A listing of accepted charges or established allowances for specified medical, dental, or other procedures or services. It usually represents either a physician's or third party's standard or maximum charges for the listed procedures.

Fiscal Intermediary (FI)

Private health insurance company under contract with the Health Care Financing Administration (HCFA) to handle claims processing for Medicare Part A.

Foley Catheter

A tube which is inserted into the urinary bladder in order to drain urine. The urine drains through a tube and is collected in a plastic pouch.

Free-Look Period

After purchasing a policy, you usually have 30 days to review it. You may cancel the policy for a full refund during this time.

Geriatrics

The branch of medicine that focuses on providing health care for the elderly and the treatment of diseases associated with the aging process.

Gl Tube

A tube inserted surgically through an opening in the stomach. GI tubes offer another means of nutritional sustenance for those individuals unable to take these substances by mouth.

Grace Period

Thirty days after the premium is due before the policy lapses.

Grandfather

A legal term that means all existing conditions that were present at the time of a law, legal agreement, or ordinance do not have to be changed since they were there when the conditions were legal.

Guardianship

An extreme measure that severely restricts the legal rights of an elder based on a court's finding of legal incompetence. Another individual is assigned the responsibility of handling the elder person's legal affairs.

Health Care Directive

A written legal document which allows a person to appoint another person (agent) to make health care decisions should he or she be unable to make or communicate decisions.

Health Care Power of Attorney

The appointment of a health care agent to make decisions when the principal becomes unable to make or communicate decisions.

Health and Human Services, Department of

An executive department of the federal government that is responsible for the oversight of the Medicare and Medicaid programs.

Health Maintenance Organization (HMO)

An organization that, for a prepaid fee, provides a comprehensive range of health maintenance and treatment services (including hospitalization, preventive care, diagnosis, and nursing).

Home Health Agency (HHA)

An agency that provides medical services in a home setting. Services may be provided by a nurse, occupational, speech or physical therapist, social worker, or home health aide.

Home Health Aide
A person who provides personal care such as bathing, dressing and grooming. May include light housekeeping services.

Hospice

Hospice/palliative care is provided to enhance the life of the dying person. Often provided in the home by health professionals, today there are many nursing facilities and acute care settings that also offer hospice services. Hospice care, typically offered in the last six months of life, emphasizes comfort measures and counseling to provide social, spiritual and physical support to the dying patient and his or her family.

Hospice Care

The provision of short-term inpatient services for pain control and management of symptoms related to terminal illness.

Indemnity Benefit

A flat payment made directly to the policyholder, rather than to the provider for services rendered.

Inflation Protection

One of several mechanisms that can be built into insurance policies to provide for some increase over time of the daily benefit to account for inflation. Addition of this feature to a policy can be important depending on your situation, but it also raises the price of the policy.

Intermediate Care Facility/Mentally Retarded (ICF/MR)

A licensed facility with the primary purpose of providing health or rehabilitative services for people with mental retardation or people with developmental disabilities.

Incompetence

Determined by a legal proceeding. Requires that the individual is incapable of handling assets and exercising certain legal rights.

Incontinent

Partially or totally unable to control bladder and/or bowel functions.

Inpatient

A patient who has been admitted at least overnight to a hospital or other health facility (which is, therefore, responsible for the patient's room and board) for the purpose of receiving a diagnosis, treatment, or other health services.

Instrumental Activities of Daily Living (IADL)

An index which measures a client's ability and degree of independence in cognitive and social functioning, such as shopping, cooking, doing housework, managing money, and using the telephone.

IV/Infusion Therapies

The way that liquid solutions or liquid medications are administered directly into the blood stream through an intravenous catheter inserted in a vein in the body. Infusion therapies can include total parenteral nutrition, antibiotics or other drugs, blood, and chemotherapy.

Lapse

Allowing insurance coverage to expire by not paying premiums.

Length of Stay

The time a patient stays in a hospital or other health facility.

Level Premiums

The uniform raising of premium rates for an entire class of insurance with permission from the state Insurance Commissioner.

Living Will

A legal document in which a competent person directs in advance that artificial life-prolonging treatment not be used if he or she has or develops a terminal and irreversible condition and becomes incompetent to make health care decisions.

Long Term Care (LTC)

The broad spectrum of medical and support services provided to persons who have lost some or all capacity to function on their own due to a chronic illness or condition, and who are expected to need such services over a prolonged period of time. Long term care can consist of care in the home by family members who are assisted with voluntary or employed help, adult day health care, or care in assisted living or skilled nursing facilities.

Long-Term Care Facilities

A range of institutions that provide health care to people who are unable to manage independently in the community. Facilities may provide short-term rehabilitative services as well as chronic care management.

Long Term Care Insurance

A policy designed to help alleviate some of the costs associated with long term care. Benefits are often paid in the form of a fixed dollar amount (per day or per visit) for covered expenses and may exclude or limit certain conditions from coverage.

Long Term Home Health Care Program

A coordinated plan of care and services provided at home to invalid, infirm, or disabled persons who are medically eligible for placement in a hospital or residential health care facility for an extended period of time, but such a program was unavailable. Such a program is provided in the person's home or in the home of a responsible relative or other adult, but not in a private proprietary home for adults, private proprietary nursing home, residence for adults, or public home.

Managed Care

A method of financing and delivering health care for a set fee using a network of physicians and other providers who have agreed to the set fees.

MDS (Minimum Data Set)

A core set of screening and assessment elements, including common definitions and coding categories, that form the foundation of the comprehensive assessment for all patients of long term care facilities certified to participate in Medicare and Medicaid. The items standardize communication about patient problems and conditions within facilities, between facilities and outside agencies.

Medicaid

The federally supported, state operated public assistance program that pays for health care services to people with a low income, including elderly or disabled persons who qualify. Medicaid pays for long term nursing facility care, some limited home health services, and may pay for some assisted living services, depending on the state.

Medicaid-Certified Bed

A nursing facility bed in a building or part of a building which has been determined to meet federal standards for serving Medicaid recipients.

Medical Records Director/Coordinator

Plans and directs the activities and personnel of the department. Coordinates the management of resident medical records and the clerical needs of the nursing department.

Medically Necessary

Medical necessity must be established (via diagnostic and/or other information presented on the claim under consideration) before the carrier or insurer will make payment.

Medicare

The federal program providing primarily skilled medical care and medical insurance for people aged 65 and older, some disabled persons and those with end-stage renal disease.

Medicare Part A

Hospital insurance that helps pay for inpatient hospital care, limited skilled nursing care, hospice care, and some home health care. Most people get Medicare Part A automatically when they turn
65.

Medicare Part B

Medical insurance that helps pay for doctors' services, outpatient hospital care, and some other medical services that Part A does not cover (like some home health care). Part B helps pay for these covered services and supplies when they are medically necessary. A monthly premium must be paid to receive Part B.

Medicare-Certified Bed

A nursing facility bed in a building or part of a building, which has been determined to meet federal standards for serving Medicare patients requiring skilled nursing care.

Medicare Supplemental Insurance

This is private insurance (often called Medigap) that pays Medicare's deductibles and co-insurances, and may cover services not covered by Medicare. Most Medigap plans will help pay for skilled nursing care, but only when that care is covered by Medicare.

Medigap Insurance

A term commonly used to describe Medicare supplemental insurance policies available from various companies. Medigap is private insurance that may be purchased by Medicare-eligible individuals to help pay the deductibles and co-payments required under Medicare. Medigap policies generally do not pay for services not covered by Medicare.

Nasogastric Tube (NG Tube)

A tube that passes through a patient's nose and throat and ends in the stomach. This tube allows for direct "tube feeding" to maintain the nutritional status of the patient or removal of stomach acids.

Nonforfeiture Benefit

All tax qualified policies offer a nonforfeiture benefit which provides a return of some premiums paid or a reduced benefit if the policyholder stops paying the premiums after some period of time.

Nursing Facility (NF)

Nursing facilities are licensed to provide custodial care, rehabilitative care, such as physical, occupational or speech therapy or specialized care for Alzheimer's patients. Additionally, nursing facilities offer residents planned social, recreational and spiritual activities.

Nursing Home

A facility licensed with an organized professional staff and inpatient beds and that provides continuous nursing and other health-related, psychosocial, and personal services to patients who are not in an acute phase of illness, but who primarily require continued care on an inpatient basis.

Nurse, Licensed Practical (LPN)

A graduate of a state-approved practical nursing education program, who has passed a state examination and been licensed to provide nursing and personal care under the supervision of a registered nurse or physician. An LPN administers medications and treatments and acts as a charge nurse in nursing facilities.

Nurse, Registered (RN)

Nurses who have graduated from a formal program of nursing education (two-year associate degree, three-year hospital diploma, or four-year baccalaureate) and passed a state-administered exam. RNs have completed more formal training than licensed practical nurses and have a wide scope of responsibility including all aspects of nursing care.

Occupational Therapist

Occupational therapists evaluate, treat, and consult with individuals whose abilities to cope with the tasks of everyday living are threatened or impaired by physical illness or injury, psychosocial disability, or developmental deficits. Occupational therapists work in hospitals, rehabilitation agencies, long-term-care facilities, and other health-care organizations.

Ombudsman

The Ombudsman Program is a public/government/community-supported program that advocates for the rights of all residents in 24-hour long-term care facilities. Volunteers visit local facilities weekly, monitor conditions of care and try to resolve problems involving meals, finances, medication, therapy, placements and communication with the staff.

Outline of Coverage

A description of policy benefits, exclusions and provisions that makes it easier to understand a particular policy and compare it with others.

Outpatient

A patient who receives care at a hospital or other health facility without being admitted to the facility. Outpatient care also refers to care given in organized programs, such as outpatient clinics.

Patient Assessment

Also called resident assessment. A standardized tool that enables nursing homes to determine a patient's abilities, what assistance the patient needs and ways to help the patient improve or regain abilities. Patient assessment forms are completed using information gathered from medical records, discussions with the patient and family members, and direct observation.

Period of Confinement

The time during which an individual receives care for a covered illness. The period ends when the individual has been discharged from care for a specified period of time, usually six months.

Private Pay Patients

Patients who pay for their own care or whose care is paid for by their family or another private third party, such as an insurance company. The term is used to distinguish patients from those whose care is paid for by governmental programs (Medicaid, Medicare, and Veterans Administration).

Program of All-Inclusive Care for the Elderly (PACE)

PACE programs serve individuals with long term care needs by providing access to the entire continuum of health care services, including preventive, primary, acute and long term care. A basic tenet of the PACE philosophy is that it is better for both the senior with long term care needs and the health care system to focus on keeping the individual living as independently as possible in the community for as long as possible.

Personal Care

Involves services rendered by a nurse's aide, dietician or other health professional. These services include assistance in walking, getting out of bed, bathing, toileting, dressing, eating and preparing special diets.

Physical Therapy

Services provided by specially trained and licensed physical therapists in order to relieve pain, restore maximum function, and prevent disability or injury.

Post Claims Underwriting

A practice whereby a claim is denied on the basis of the individual's health status at the time the policy was purchased. Most reputable companies do medical underwriting at the time a policy is sold, rather than at the time a claim is submitted.

Power of Attorney

A legal document allowing one person to act in a legal matter on another's behalf pursuant to financial or real-estate transactions.

Pre-Admission Screening

An assessment of a person's functional, social, medical, and nursing needs, to determine if the person should be admitted to nursing facility or other community-based care services available to eligible Medicaid recipients. Screenings are conducted by trained preadmission screening teams.

Preexisting Conditions

Medical conditions that existed, were diagnosed or were under treatment before an insurance policy was taken out. Long term care insurance policies may limit the benefits payable for such conditions.

Pressure Ulcers

A breakdown of the skin, to which older, bed-ridden persons are especially susceptible. Also referred to as pressure sores or decubitis ulcers. For bed-ridden persons, prevention includes turning every two hours.

Prospective Payment System (PPS)

Method by which skilled nursing facilities are paid by Medicare.

Provider

Someone who provides medical services or supplies, such as a physician, hospital, x-ray company, home health agency, or pharmacy.

Psychotrophic Drugs

Antidepressants, anti-anxiety drugs, and anti-psychotic drugs used for delusions, extreme agitation, hallucinations, or paranoia. They are often referred to as mind or behavior altering drugs.

Medicare Beneficiaries (QMB)

A federally required program where states must pay the Medicare deductibles, co-payments as

well as Part B premiums for Medicare beneficiaries who qualify based on income and resources.

Quality Assurance Director

Coordinates quality assurance programs and policies for the facility. This person is responsible for quality assurance only and must be a licensed nurse.

Range of Motion (ROM)

The movement of a joint to the extent possible without causing pain.

Reasonable and Necessary Care

The amount and type of health services generally accepted by the health community as being required for the treatment of a specific disease or illness.

Resident

A person living in a long-term care facility. Since nursing facilities are licensed health care facilities, residents are often also referred to as patients.

Resident Assistant (RA)

RAs generally work in assisted living residences and provide direct personal care services to residents, but they are not certified CNAs. Depending on the state, this position is also available in some nursing facilities.

Resident Care Plan

A written plan of care for nursing facility residents, developed by an interdisciplinary team which specifies measurable objectives and timetables for services to be provided to meet a resident's medical, nursing, mental and psychosocial needs.

Residential Care Facility

Group living arrangements that are designed to meet the needs of people who cannot live independently, but do not require nursing facility services. These homes offer a wider range of services than independent living options. Most provide help with some of the activities of daily living. In some cases, private long-term care insurance and medical assistance programs will help pay for this type of service.

Respiratory Therapy

Assists patients with breathing difficulties to reduce fatigue and increase tolerance in performing daily activities.

Respite Care

Scheduled short-term nursing facility care provided on a temporary basis to an individual who needs this level of care but who is normally cared for in the community. The goal of scheduled short-term care is to provide relief for the caregivers while providing nursing facility care for the individual. Short-term stay beds used for respite care must be distinct from general nursing facility beds.

Senior Housing

Independent living units, generally apartments. Any supportive services, if needed, are through contract arrangement between tenant and service provider.

Senile Dementia

Dated term for organic dementia associated with old age. Now referred to as dementia and/or Alzheimer's.

Side Rail

Rails on a hospital-type bed that are meant to protect a patient.

Skilled Nursing Care

Nursing and rehabilitative care that can be performed only by, or under the supervision of, licensed and skilled medical personnel.

Skilled Nursing Facility (SNF)

Provides 24-hour nursing care for chronically-ill or short-term rehabilitative residents of all ages.

Speech Therapy

This type of service helps individuals overcome communication conditions such as aphasia, swallowing difficulties and voice disorders. Medicare may cover some of the costs of speech therapy after client meets certain requirements.

Sub-Acute Care

A level of care designed for the individual who has had an acute event as a result of an illness, and is in need of skilled nursing or rehabilitation but does not need the intensive diagnostic or invasive procedures of a hospital.

Sub-Acute Care Facilities

Specialized units often in a distinct part of a nursing facility. Provide intensive rehabilitation, complex wound care, and post-surgical recovery for persons of all ages who no longer need the level of care found in a hospital.

Subsidized Senior Housing

A program that accepts Federal and State money to subsidize housing for older people with low to moderate incomes.

Supplemental Security Income (SSI)

A federal program that pays monthly checks to people in need who are 65 years or older or who are blind or otherwise disabled. The purpose of the program is to provide sufficient resources so that anyone who is 65 or older, blind, or otherwise disabled, can have a basic monthly income. Eligibility is based on income and assets.

Tax Qualified

The tax deductibility of long term care insurance premiums depending upon meeting the federal government's threshold of personal adjusted gross income.

Total Parenteral Nutrition (TPN)

TPN is typically administered through a large vein in the body because of its high concentration of ingredients. Individuals who are unable to eat or who do not receive enough calories, essential vitamins, and minerals from eating can receive enough nutrients from TPN to maintain their weight. This type of nutrition requires a doctor's order.

Ventilator

A ventilator, also known as a respirator, is a machine that pushes air into the lungs through a tube placed in the trachea (breathing tube). Ventilators are used when a person cannot breathe on his
or her own or cannot breathe effectively enough to provide adequate oxygen to the cells of the body or rid the body of carbon dioxide.

American Health Care Association (2005). http://www.longtermcareliving.com/glossary