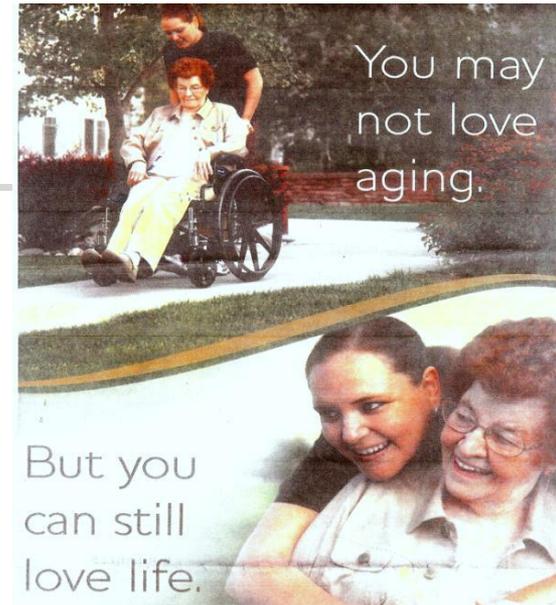


# Identified Roles Reciprocal?

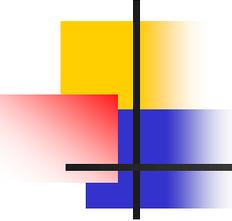
- Senior Living Community
- Caregivers
- Elder
- Family



We all know getting old has its challenges. Physical ailments. Memory loss. Depression. Illness. But there is hope. Because there is ~~Senior Living~~ Senior Living.

At ~~Senior Living~~, we really get to know our residents – their interests, their health issues, their families, their life stories – so that we can support every individual in a safe, enriching environment. One in which every life has meaning and every day has joy.

We advocate for a holistic approach in the care we provide, finding ways each day to keep our residents mentally, physically, socially and spiritually engaged in life. Come take a tour of our lovely, homelike community in ~~Senior Living~~. And discover all that this stage of life can offer.

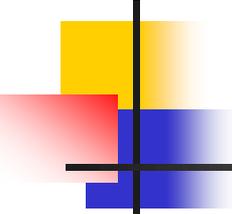


# Caregiver Expectations

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- Culture of Care
  - Shared responsibility- “give” or partner?
  - How does culture prioritize & support BB of resilience
  - Dignity of risk
- Individual caregiver
  - Aging attitudes
  - Positive aging actions/language/etc.
  - Care “giver” or partner

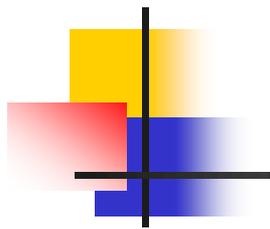
*How does your personal aging journey impact your ability to support healthy aging of others?*



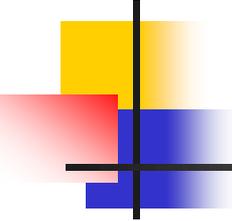
# Ageism Questionnaire

---

1. Do you expect to be healthy and active through your full lifespan?
2. Do you expect to be at least as strong and agile 5 years from now as you are today?
3. Are you intentionally physically active for at least 30 minutes each day?
4. Do you resistance train (with weights, or moderate to heavy lifting during an activity) at least twice a week on a regular basis?
5. In the past 2 weeks have you made joking or serious reference to your physical performance being diminished by age?
6. Do you believe you have the ability to prevent loss of mental function?
7. In the past 2 weeks have you made a joking or serious reference to having a "senior moment" when forgetting a name or fact?



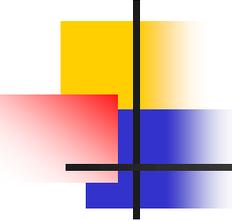
anyone  
can be  
cool, but  
awesome  
takes  
practice.



# Revealing Family Scripts

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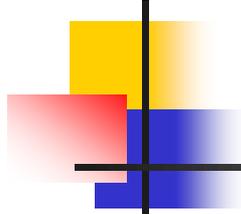
- Limited view of “successful aging”?
  - Whole person approach?
- Response to health challenge
  - Protect, hover, take over (*Eldo’s fall-Clint*)
  - Support, cheerlead
- Conflict over different responses
  - Active vs. passive approach
  - “Dignity of risk” concept – risk tolerance



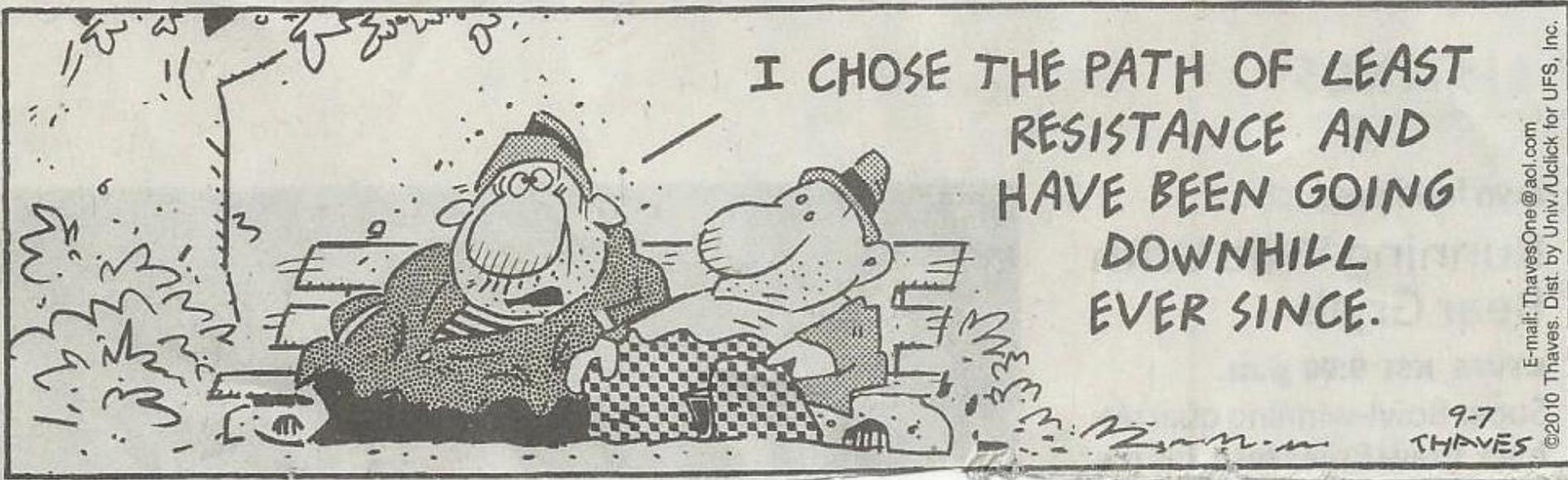
# Elder Scripts

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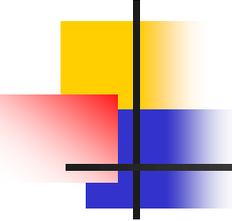
- Limited view of successful aging?
- **Self-image** as a SL resident (consider journey)
  - Reluctant “customer” of wellness ideas by family/ care staff - *emotional whiplash*
  - Social hierarchy related to function (ableism)
  - Acceptance of decline as inevitable
- Physical challenges + reduced self-efficacy  
= behaviors that accelerate decline



FRANK & ERNEST



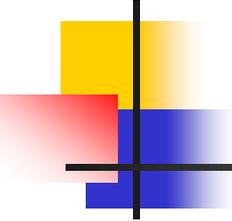
E-mail: ThavesOne@aol.com  
©2010 Thaves. Dist. by Univ./Uclick for UFS, Inc.



# Barriers to Well-being

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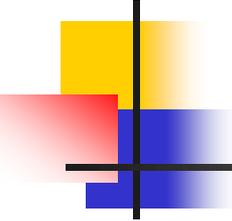
- Destructive coping & family roles gone amok
  - guilt, shame, passive aggression, denial, anger, etc.
  - “helicoptering” = fear, hero/savior
  - “fixed” image of loved one
- Engagement challenges
  - Fear, perceptions, “story”, habit, resignation
  - Difficulty re-negotiating role (dependent, now WELL?)
  - Difficulty activating team dynamic/partnership
    - Inter-dependence



# Evaluate Roles

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- Senior Living roles/interactions
  - Marketing, On-boarding, Ongoing training
  - Care-giving/receiving or care partnership
- Family roles/interactions
  - What is their “defined” role?
  - Can family members *see* growth/new beginnings
- Resident roles/interactions
  - Opportunities to partner
  - Seek growth/potential-*regardless*
  - Shared responsibility for culture of well-being (attitudes/actions toward others)



# Pathway to Change

---

## ***Provide residents, family and care-partners***

- Clear transition from managing illness to supporting well-being
- Expectations for fullest recovery possible (*HAD*)
- Pathway to living fully *in-spite of challenges*

## ***Prioritize resilience***

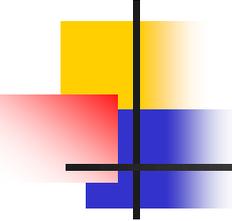
- Self-efficacy
- Self-esteem
- Gratitude
- Hope, Optimism
- Mastery
- Social connection
- Purpose

# Conscious Reframing



Mary -87

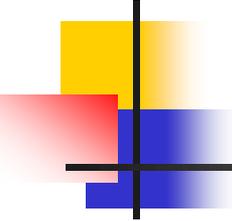
- What does a specific challenge “mean”
  - How it’s perceived - expectations drive outcomes
  - What do you entertain as possible?
  - Adaptive strategies to engage fully – or make world smaller?  
*\*interdependence*



# Rules of Engagement

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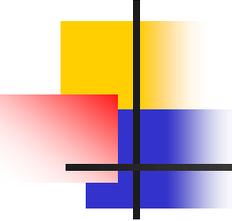
- Take age out of the equation to support well-being, regardless of challenges
  - What would a young person with same challenges be encouraged to do/not do?
- Focus on possibilities, not disabilities
- Facilitate shift from “customers” of illness management services to wellness partners
- Facilitate shift to shared responsibility for culture of well-being (emotional residue)



# Re-negotiate Roles

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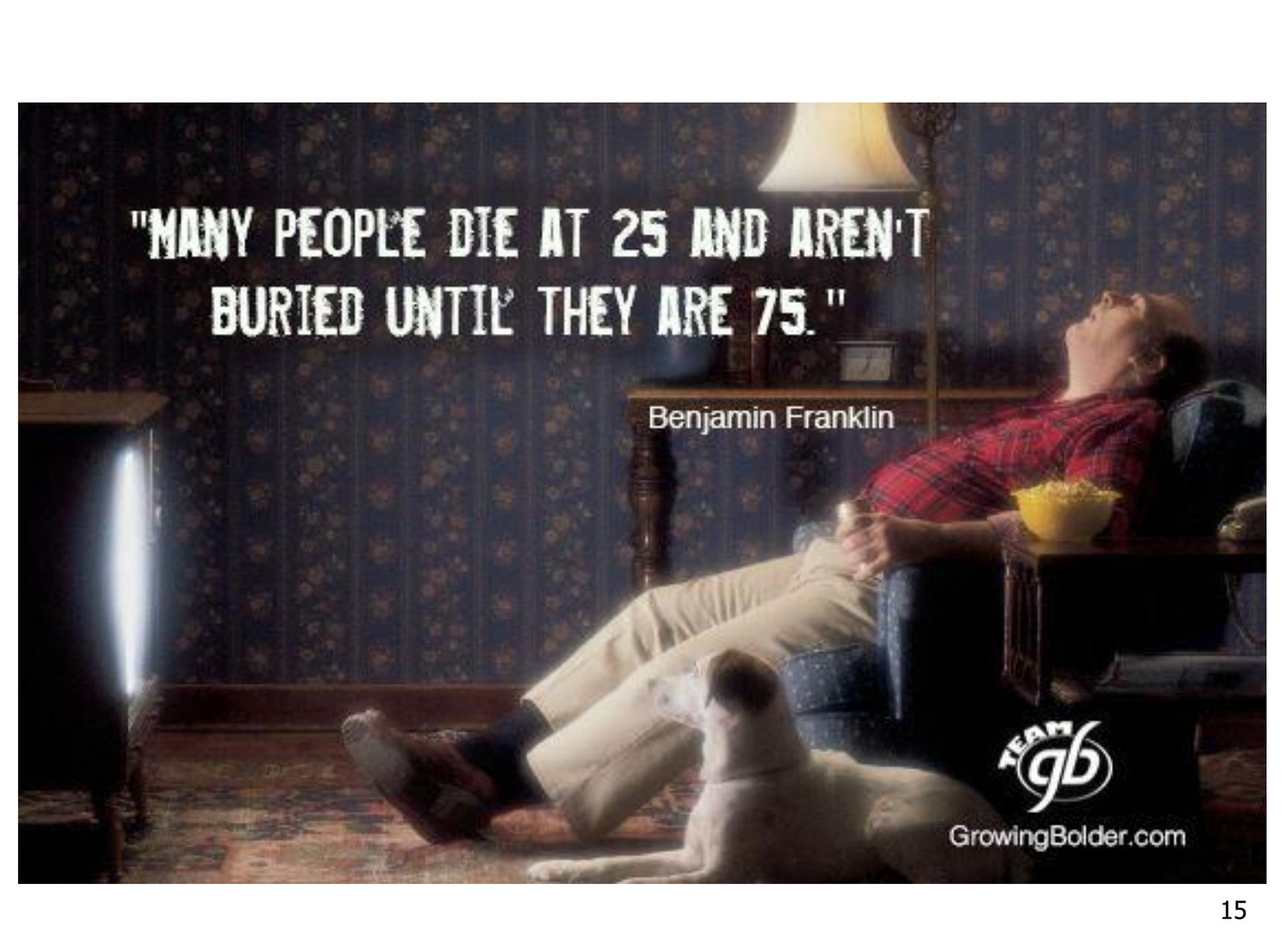
- What do residents like/dislike about current roles/interactions with family and care-partners?
  - Do family members/care partners answer the same questions they're asking elders? Medical directives, etc.
  - Supportive or prescriptive?
- What do family members like/dislike about current roles/interactions with elder and care-partners?
- Care-partner likes/dislikes about roles/interactions



# Family-wide plan

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- What supports/blocks a family “shift”?
  - Unfinished business/family dynamics
  - Uncertain pathway to new roles
- Opportunity for SL to facilitate connection with family counselors
- Wellness Directives
  - Value placed equally on all areas of well-being (or medical model/physical dominance)?
  - Family member examples of personal well-being?



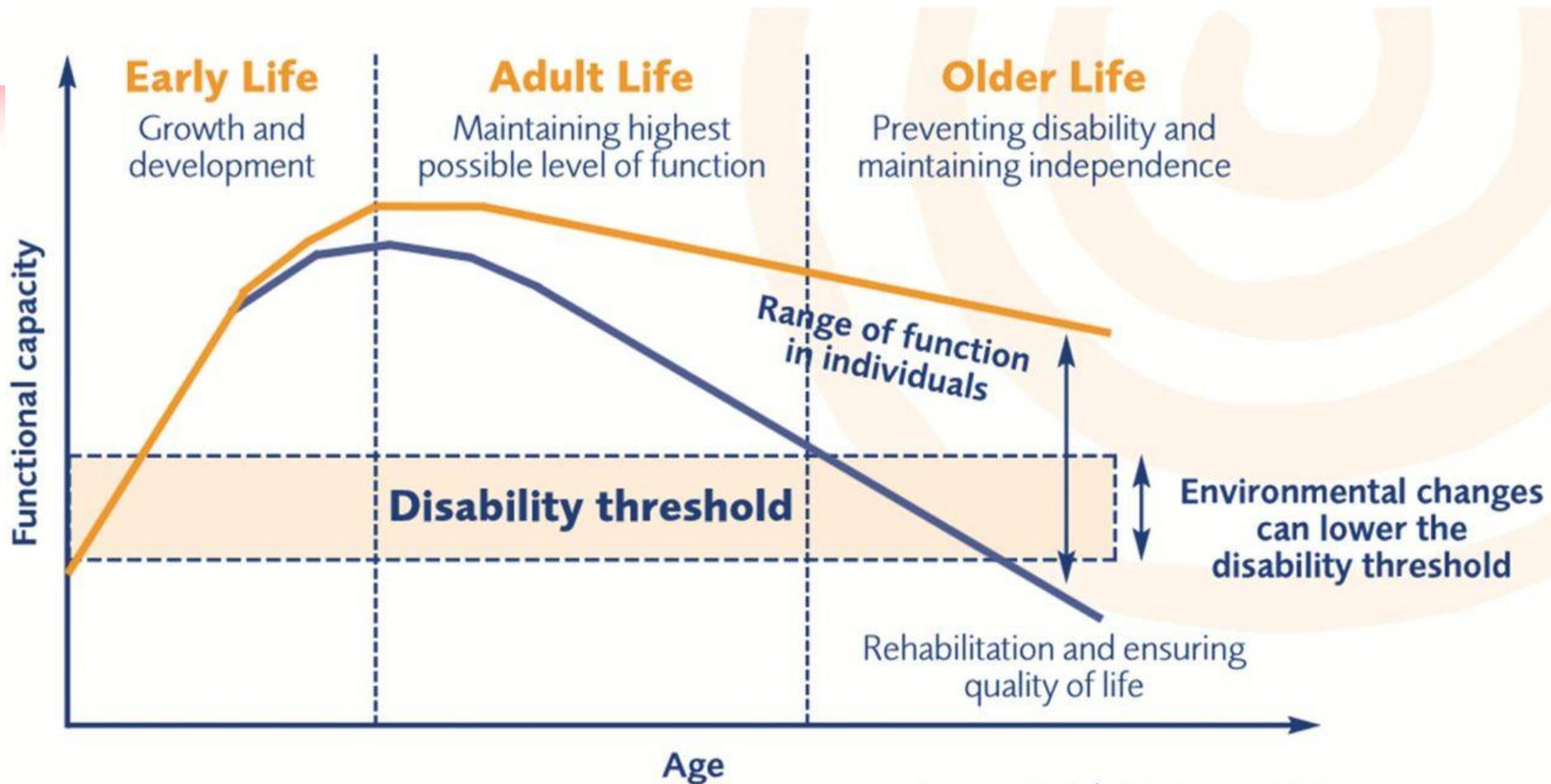
"MANY PEOPLE DIE AT 25 AND AREN'T  
BURIED UNTIL THEY ARE 75."

Benjamin Franklin



[GrowingBolder.com](http://GrowingBolder.com)

# Life-course perspective for maintenance of the highest possible level of functional capacity.

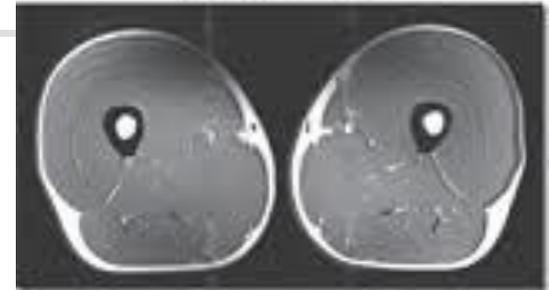


Linda P. Fried *The Gerontologist* 2016;56:S167-S177

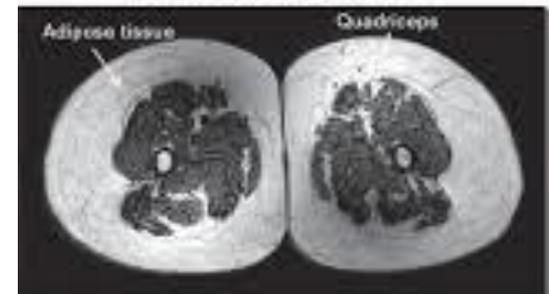
# Proactive Discussions

- Ageless Attitude
  - Personal beliefs
  - Dominant “culture”
- Successful aging
  - Proactive vs. reactive
  - Intentions vs. actions
- Functional ability
  - Building reserves – frailty is not “normal”
  - Seeking fullest possible recovery

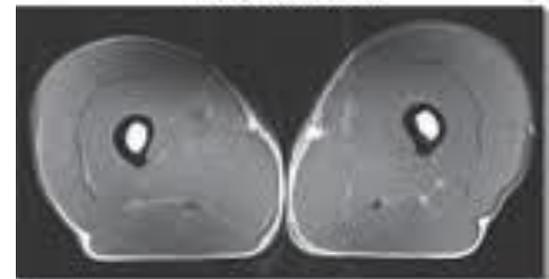
40-year-old triathlete



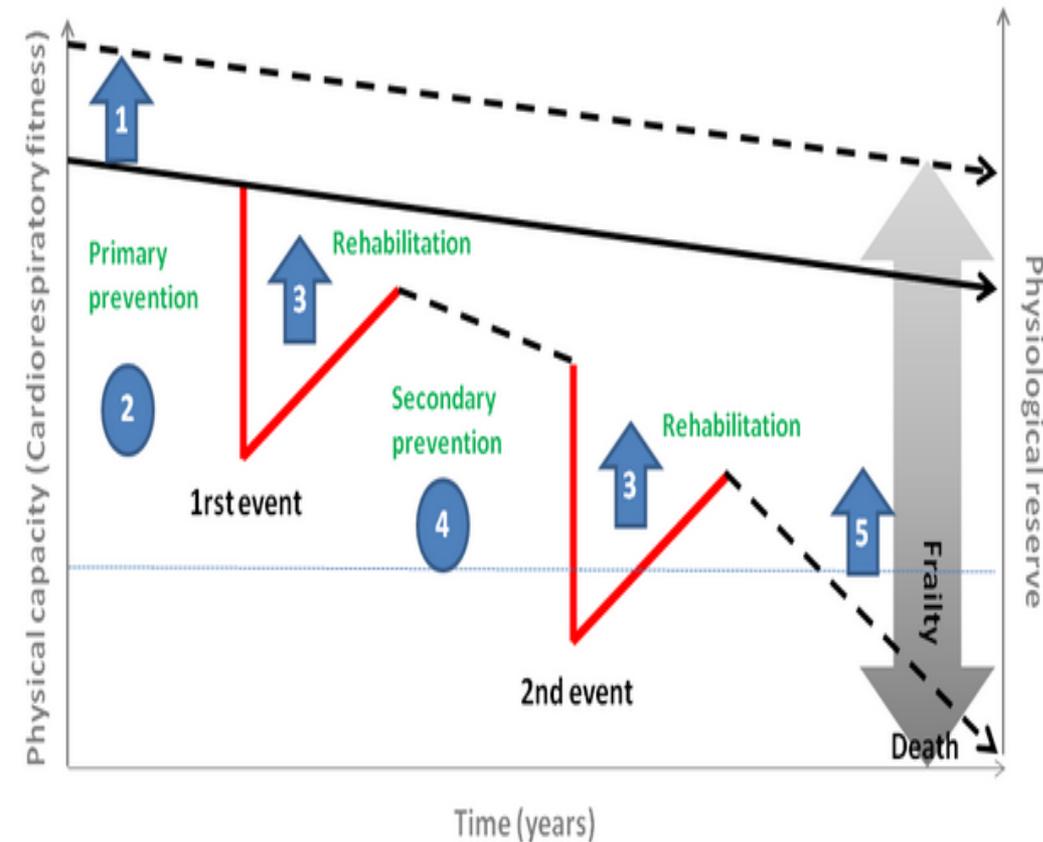
74-year-old sedentary man



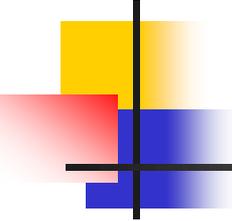
70-year-old triathlete



# Team Plan



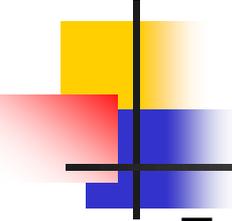
- Consciously ***choose*** full recovery – and/or to reach higher
- What will it take to get there (interdependence)
  - Resident role
  - Family role
  - SL Community/Care Partner role



# Engagement Triggers

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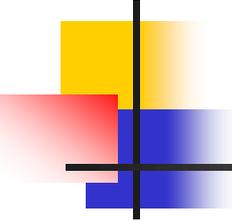
- Provide specific opportunities for families
  - Help intervene in HAD
  - Examine “scripts” – access to family counselors
  - Prioritize emotional well-being appointments
    - seek positive emotional “residue”
- Ask residents to support family well-being
  - Dr. Landry’s fireside chats
  - Sharable new info/research blurbs
    - Sitting “disease”, Strength vs. Power, brain science/tools



# Triggers (cont)

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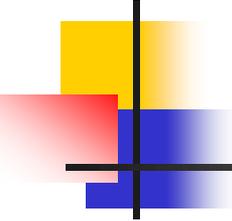
- Family/resident working together towards a common goal or purpose
  - family photo album,
  - “Virtual” group activity (walking to reunion)
  - Outreach to the broader community
- Facilitate care partnerships
  - Ongoing training/support
  - Facilitate resident sharing wellness messages w/family
  - Sharing wellness opportunities community outreach



# Community Outreach

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- Team approach (family, resident, care-partner) to address need in broader community
  - Sharing ideas among MPL partners
    - youth programs – walking, reading, etc.
    - animal shelters, food bank, etc.
- Purpose project liaison or “office” in SL
  - Ideas into action
  - Pathway for care-partners, family, residents
  - Mobilizing support – community connections
- Stepping stones to engagement (video)

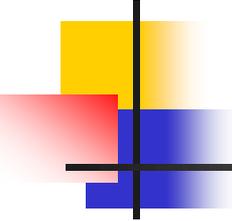


# Call to Action

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- *Intentional* culture of elder-hood/adaptation/possibilities
- Shared responsibility for culture/relationships
  - What are ***you*** personally thinking and doing TODAY to embrace potential for ***self and others***
  - Power of purpose as an “equalizer” (disability/challenge irrelevant)
  - Resident opportunities to support family, other residents, and community well-being
  - Stepping stones all stages of change
- Accomplish together what we can't do alone





# Feedback

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Movement minutes

Email Kay at [brilliantaging@gmail.com](mailto:brilliantaging@gmail.com)