

Cultural considerations to consider in serving the Adult Older Population

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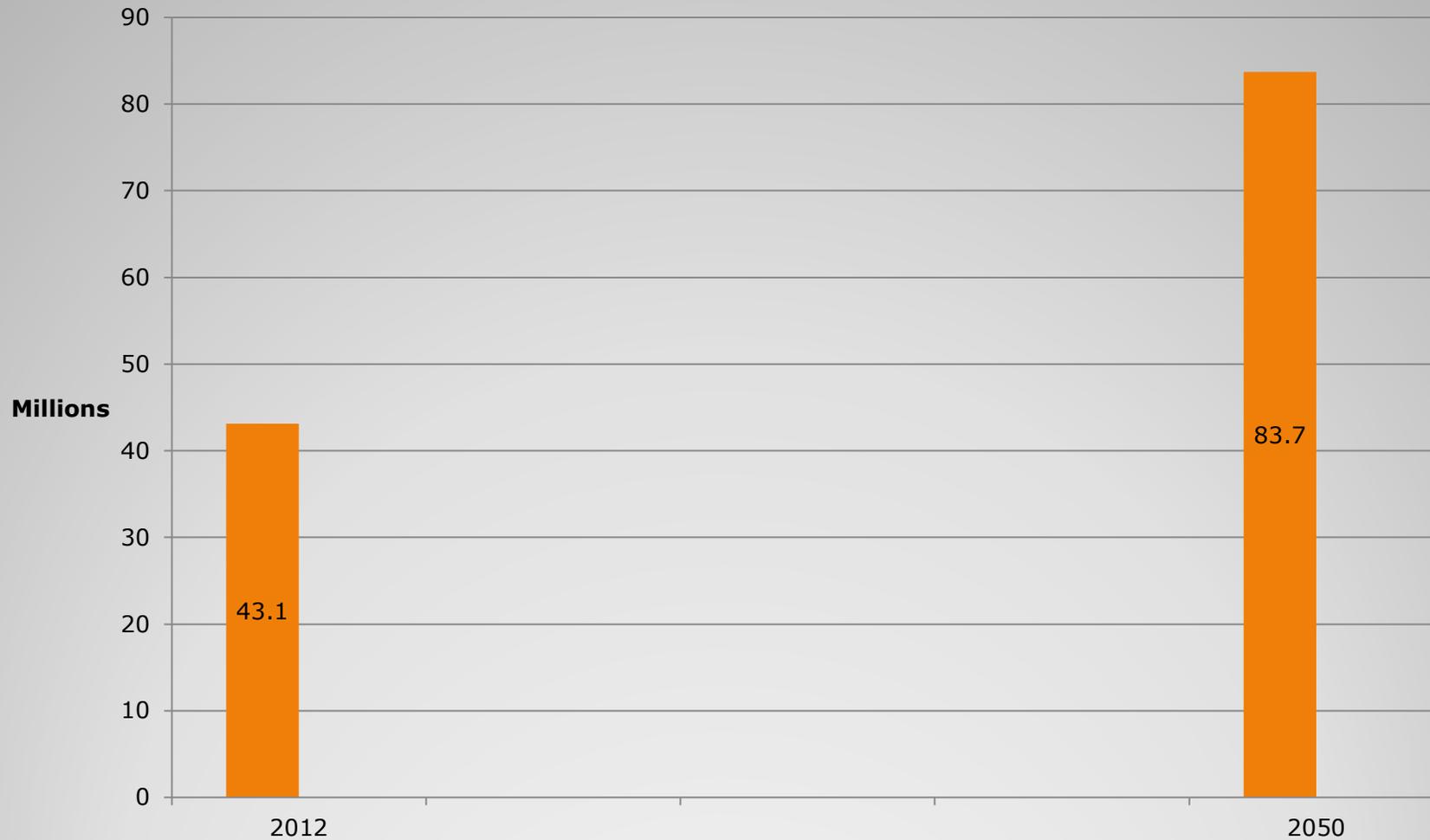
- Identify 3 senses that change as you age and how they change.
- Explain the difference between Alzheimer's Disease and Dementia.
- Identify 3 interventions that are unique when working with an older population.

Training Objectives

- Between 2012 and 2050, the United States will experience considerable growth in its older population. In 2050, the population aged 65 and over is projected to be 83.7 million, almost double its estimated population of 43.1 million in 2012. The baby boomers are largely responsible for this increase in the older population, as they began turning 65 in 2011.

US Census Bureau

Population Aged 65 and Over 2012-2050



US Census Bureau: An Aging Nation: The Older Population in the United States, By Jennifer M. Ortman, Victoria A.

Velkoff, and Howard Hogan

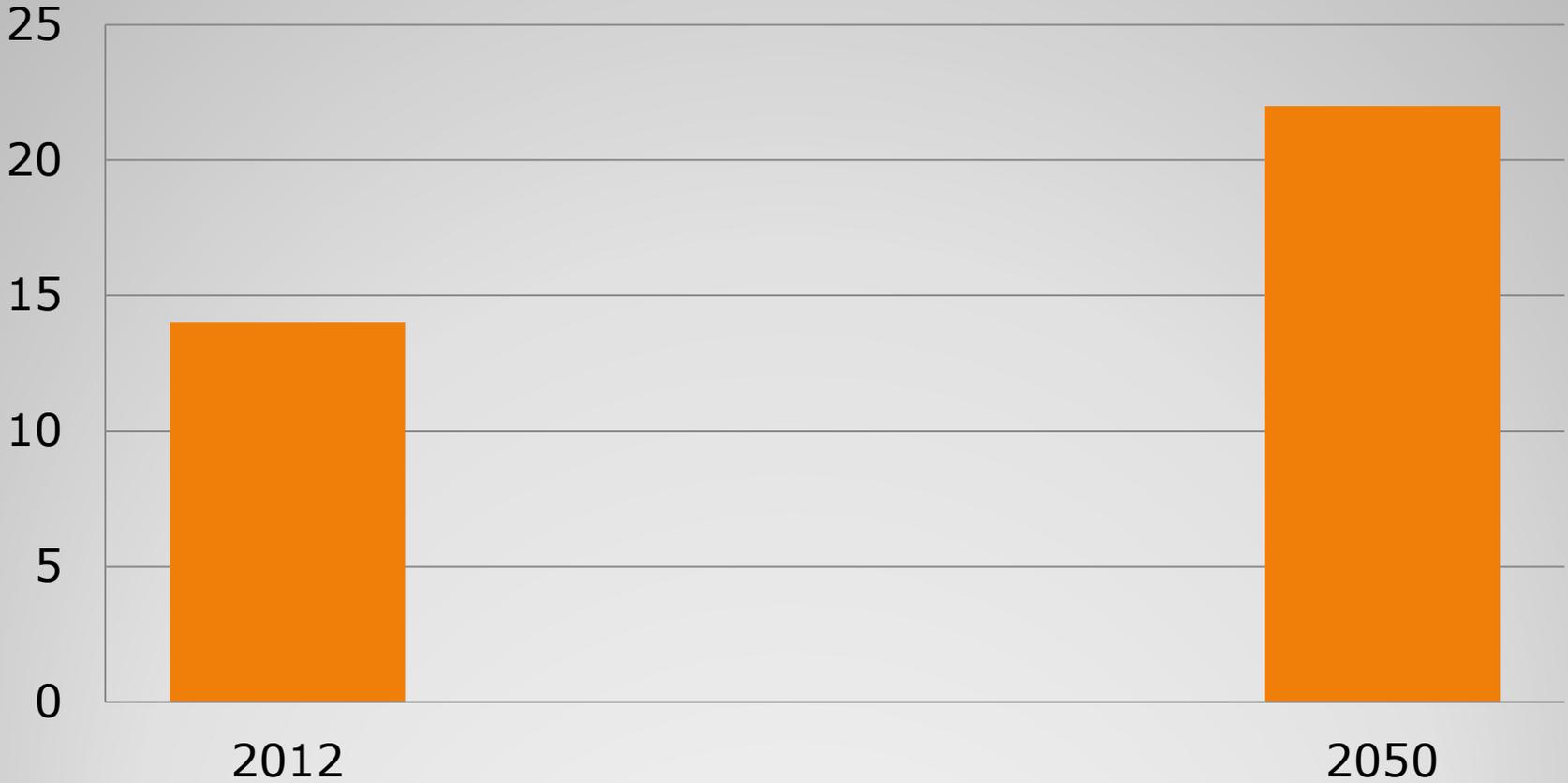
Current Population Reports

Issued May 2014

P25-1140

Population Ages 65 and over 2012 -2050

Percent of total
Population



US Census Bureau: An Aging Nation: The Older Population in the United States, By Jennifer M. Ortman, Victoria A. Velkoff, and Howard Hogan

- Young old (60-64)₁₉₆₂₋₁₉₅₈
- Middle Old (65-84)₁₉₅₇₋₁₉₃₈
- Oldest Old (85+)₁₉₃₇



Different stages of Aging

- Assessment and treatment
 - Patient and able to slow down-adjust to the impairments of age without making them feel ashamed
 - Being a good advocate-knowing when to empower the client to do it for themselves and when to step in and help
 - Life Span 55years old plus
 - Teach how to process grief and loss
 - Issues of Trauma
 - Family stress and acculturation
 - Medical Liaison
 - Community and Family involvement and support
 - Field based services
 - Dementia/Depression/Delirium
 - Substance Abuse

The role of the clinician

Aging Sensitivity Exercise

When you think of aging, what words
come to mind?

Erdman B. Palmore: ***The Facts on Aging Quiz***

- 1.The majority of old people – age 65-plus – are senile.
- 2.The five senses (sight, hearing, taste, touch, smell) all tend to weaken in old age.
- 3.The majority of old people have no interest in, nor capacity for, sexual relations.
- 4.Lung vital capacity tends to decline with old age.
- 5.The Majority of old people feel miserable most of the time.
- 6.Physical strength tends to decline with age.
- 7. At least one-tenth of the aged are living in long-stay institutions such as nursing homes, mental hospital and homes for the aged.

Erdman B. Palmore:*The Facts on Aging Quiz*

- 8. Aged drivers have fewer accidents per driver than those under age 65.
- 9. Older workers usually cannot work as effectively as younger workers.
- 10. More than three-fourths of the aged are healthy enough to do their normal activities without help.
- 11. The majority of old people are unable to adapt to change.
- 12. Older people usually take longer to learn something new.
- 13. Depression is more frequent among the elderly than among younger people.
- 14. Older people tend to react slower than younger people.
- 15. In general, old people tend to be pretty much alike.

Erdman B. Palmore: *The Facts on Aging Quiz*

- 16.The majority of old people say they are seldom bored.
- 17.The majority of older people are socially isolated.
- 18.Older workers have fewer accidents than younger workers.
- 19.More than 20 percent of the population is now 65 and older.
- 20.The majority of medical practitioners tend to give low priority to the aged.

Erdman B. Palmore: *The Facts on Aging Quiz*

- 21. The majority of old people have incomes below the poverty line, as defined by the U.S. federal government.
- 22. The majority of old people are working or would like to have some kind of work to do, including housework and volunteer work.
- 23. Old people tend to become more religious as they age.
- 24. The majority of old people say they are seldom irritated or angry.
- 25. The health and economic status of old people will be about the same or worse in the year 2010, compared with younger people.

Erdman B. Palmore: *The Facts on Aging Quiz*

- Gloves
- Cotton Balls
- Sunglasses
- Bottle
- Phone

Sensory Exercise

Guidelines when interacting with older adults

Sight
Hearing
Touch
Mobility

Assessment and Treatment

Does the client meet medical necessity and have any functional impairments?

- Medical necessity- Major Mental Health Diagnosis
- Functional impairment- Problems with social support system, social activities, housing, Activity of Daily Living (ADL)/InADLs, employment (meaningful life activities)

Activity of Daily Living (ADL)

- Feeding
- Toileting
- Selecting proper attire
- Grooming
- Putting on clothes
- Bathing
- Walking
- Transferring (such as moving from bed to wheelchair)

Instrumental Activities of Daily Living (IADL)

- Managing finances
- Handling transportation (driving or navigating public transit)
- Shopping
- Preparing meals
- Using the telephone and other communication devices
- Managing medications
- Housework and basic home maintenance

- Knowing when to empower the client to do it for themselves and when to step in and help.

Being a good advocate

- Cultural issues
 - War
 - Immigration and acculturation
- Domestic Violence
- Sexual & Physical Abuse
 - Homeless clients

Issues of Trauma

- Familiarity with medical treatment regimes
- Language Barriers
- Urinary Tract Infections-Delirium

Medical Liaison

- Loneliness
- Isolation
- Problems with Caregivers
- Suicidality

Community and Family Involvement

- Cleanliness
- Boundaries
 - Where to sit
 - How to handle pets
 - How to provide services with others coming in and out of the room
- Hoarding
- Requests for Assistance
 - Help with getting to the toilet
 - Putting away groceries

Field Based Services

- Teach/Learn the differences between the 3 D's
- MMSE
- MOCA
 - •Refer to a neurologist

Dementia / Depression / Delirium

- Stage 1: No impairment
- Stage 2: Very mild decline
- Stage 3: Mild decline
- Stage 4: Moderate decline (mild or early stage Alzheimer's Disease)
- Stage 5: Moderately severe decline (moderate or mid-stage Alzheimer's Disease)
- Stage 6: Severe decline (moderately severe or mid-stage Alzheimer's Disease)
- Stage 7: Very severe decline (severe or late stage Alzheimer's Disease)

Alzheimer's Disease - Stages of Dementia **(Alzheimer's Association)**

- Unimpaired individuals experience no memory problems and none are evident to a health care professional during a medical interview

Stage 1: No cognitive impairment

- Individuals at this stage feel as if they have memory lapses, especially in forgetting familiar words or names or the location of keys, eyeglasses, or other everyday objects. But these problems are not evident during a medical examination or apparent to friends, family, or co-workers.

Stage 2: Very mild cognitive decline

Early-stage Alzheimer's can be diagnosed in some, but not all, individuals with these symptoms

- Friends, family, or co-workers begin to notice deficiencies. Problems with memory or concentration may be measurable in clinical testing or discernible during a detailed medical interview. Common difficulties include:
- Word- or name-finding problems noticeable to family or close associates
- Decreased ability to remember names when introduced to new people
- Performance issues in social or work settings noticeable to family, friends, or co-workers
- Reading a passage and retaining little material
- Losing or misplacing a valuable object
- Decline in ability to plan or organize

Stage 3: Mild cognitive decline

- At this stage, a careful medical interview detects clear-cut deficiencies in the following areas:
- Decreased knowledge of recent occasions or current events
- Impaired ability to perform challenging mental arithmetic-for example, to count backward from 100 by 7s
- Decreased capacity to perform complex tasks, such as marketing, planning dinner for guests, or paying bills and managing finances
- Reduced memory of personal history
- The affected individual may seem subdued and withdrawn, especially in socially or mentally challenging situations

Stage 4: Moderate cognitive decline (Mild or early-stage Alzheimer's disease)

- Major gaps in memory and deficits in cognitive function emerge. Some assistance with day-to-day activities becomes essential. At this stage, individuals may:
- Be unable during a medical interview to recall such important details as their current address, their telephone number, or the name of the college or high school from which they graduated
- Become confused about where they are or about the date, day of the week, or season
- Have trouble with less challenging mental arithmetic; for example, counting backward from 40 by 4s or from 20 by 2s
- Need help choosing proper clothing for the season or the occasion
- Usually retain substantial knowledge about themselves and know their own name and the names of their spouse or children
- Usually require no assistance with eating or using the toilet

**Stage 5: Moderately severe cognitive decline
(Moderate or mid-stage Alzheimer's disease)**

Memory difficulties continue to worsen, significant personality changes may emerge, and affected individuals need extensive help with customary daily activities. At this stage, individuals may:

- Lose most awareness of recent experiences and events as well as of their surroundings
- Recollect their personal history imperfectly, although they generally recall their own name
- Occasionally forget the name of their spouse or primary caregiver but generally can distinguish familiar from unfamiliar faces
- Need help getting dressed properly; without supervision, may make such errors as putting pajamas over daytime clothes or shoes on wrong feet
- Experience disruption of their normal sleep/waking cycle
- Need help with handling details of toileting (flushing toilet, wiping, and disposing of tissue properly)
- Have increasing episodes of urinary or fecal incontinence
- Experience significant personality changes and behavioral symptoms, including suspiciousness and delusions (for example, believing that their caregiver is an impostor); hallucinations (seeing or hearing things that are not really there); or compulsive, repetitive behaviors such as hand-wringing or tissue shredding
- Tend to wander and become lost

Stage 6: Severe cognitive decline (Moderately severe or mid-stage Alzheimer's disease)

This is the final stage of the disease when individuals lose the ability to respond to their environment, the ability to speak, and, ultimately, the ability to control movement.

- Frequently individuals lose their capacity for recognizable speech, although words or phrases may occasionally be uttered
- Individuals need help with eating and toileting and there is general incontinence of urine
- Individuals lose the ability to walk without assistance, then the ability to sit without support, the ability to smile, and the ability to hold their head up. Reflexes become abnormal and muscles grow rigid. Swallowing is impaired

Stage 7: Very severe cognitive decline (Severe or late-stage Alzheimer's disease)

- Exploring Death & Grief
- Loss of friends and family
- Loss of independence
- Spirituality

Latino Families

Live with family members

Limited English

Staff younger than clients

- Clients treat staff like the expert

Talamantes.M, MS & Sanchez-Reilly, S. MD: Health and health care of Hispanic/Latino American Older Adults
[Http://geriatrics.stanford.edu/ethnomed/loatino/](http://geriatrics.stanford.edu/ethnomed/loatino/). In Periyakoil VS, eds. eCampus Geriatrics, Stanford CA, 2010

African American

- Extended Kin relationship
- Increased medical issues due to race related stress

<https://www.apa.org/pi/aging/resources/african-american-stress.pdf>

Life Review & Reminiscence Therapy

Questions?

Thank you