



Aging & Family Resilience

CREATING A CULTURE OF WELL-BEING

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Attitudes and expectations drive culture

- Decline is “normal” and unavoidable with age.
- An illness or disability prevents people from having a full life.
- The best we can do is to endure, manage, and cope with disabilities
- It’s my job to take care of you (you’re diminished).
- It’s your job to take care of me (I’m diminished).
- Low expectations for quality of life.

Which in turn influences daily interactions...

As a caregiver:

- I’ll do everything for you because you can’t. (helpless model)
- You have earned the right to have everything done for you. (hospitality model)
- I don’t expect you to do things for yourself. (devaluation, learned helplessness)
- Your needs are more urgent and more important than anyone else’s. (short-term, crisis model)
- You won’t be around much longer. (crisis/guilt model)
- It’s my responsibility to make sure you get what you need/want. (paternalistic model)
- It’s easier, more efficient if I do things for you. (crisis model, expect disengagement)

Common results- Unintentional devaluing of contributions a loved-one can make to their own well-being; enabling. No support for goal setting or creating a plan of action to move forward.

As a care receiver:

- Now that I’m challenged I need you to do everything for me. (learned helplessness)
- I’m old and/or disabled so I shouldn’t have to do anything for myself. (perceived value in dependence).
- I’m old/disabled - my life is over. (disengagement model)
- My needs are more urgent & more important than anyone’s. (crisis mode)
- I won’t be around much longer, I’m just hanging on. (crisis/guilt mode)
- My age and/or disability have diminished me. (low self-esteem)
- My age and/or disability prevent me from living a full life. (disabled model, lack of confidence)
- There’s nothing to look forward to, I’m not of value to others. (disengagement)

Common results -Fear, loss of confidence, feelings of helplessness and hopelessness. No reason to set goals, no plans for moving forward or living fully in spite of challenges.

In the Care-giver/Receiver Relationship

- The care-receiver’s needs are perceived as more urgent and more important than the needs of other family members.
- The care-receiver no longer has a role in supporting the well-being of others.
- Decisions are made by the care-giver, family members, medical experts – without much input from the care-receiver.
- The focus on illness management actively diminishes resilience.
- Meeting physical needs takes precedence over meeting other needs: emotional, social, intellectual, spiritual and vocational aspects of wellness.

Common results --Caregiver burnout, family member resentments, and a sense of dependence on the part of the care-receiver, diminished individual and family resilience.

Attitudes and expectations drive culture

- Age and/or disability is just one factor and has very little to do with who a person is and what they're capable of
- People with profound disabilities can live full lives
- Focus on possibilities not disabilities
- Adaptive strategies can expand opportunities for self-care
- We are partners in well-being; setting goals for the future, improvement, growth

Which in turn influences daily interactions...

As a care partner providing assistance:

- I want you to do as much as you can for yourself. (capable model)
- I'll help facilitate adaptive strategies. (partnership model)
- Your age and/or disability do not define who you are. (whole-person model)
- Your needs are more urgent sometimes, but everyone's needs are equally important. (long-term, lifestyle model)
- Quality of life is important each day, for everyone involved. (lifestyle model)
- We can work together to accomplish what you need/want to. (partnership model)
- Every moment, every effort is of value. (gratitude/engagement model)

Common Results - Supports confidence in abilities, places value on all contributions a loved-one can make to their own well-being. Supports and seeks a plan of action towards goals. Identifies concrete strategies to move forward.

As a care partner needing assistance:

- I want to do as much as I can for myself. (capable model)
- I appreciate your help when I ask for it. (gratitude model, value independence)
- I have a challenge but can do a lot with adaptive strategies. (engagement model)
- My needs are sometimes urgent, but everyone's needs are equally important. (long-term, lifestyle model).
- My challenges are just single factors in my life – they don't define me. (confidence, whole-person approach)
- I'm a whole person capable of a full life. (independence, self-efficacy)
- I want to get the most out of every day. (engagement, self-efficacy).

Common Results - Feelings of mastery and control, sense of purpose; feels like a valued member of the team. Identifies goals and aspirations, seeks adaptive strategies and partnerships; full life engagement.

In a Care Partnership

- Individual's needs may be urgent but aren't more important than the needs of other partners.
- Each individual – regardless of challenges – understands they have a role in supporting the well-being of others.
- All decisions are made based on a foundation of cooperation and connection between the individual with challenges and the care-partners, family members, medical experts.
- The focus on creating a culture of wellbeing in body, mind and spirit actively builds resilience.
- Addressing needs in all six aspects of wellness: physical, emotional, social intellectual, spiritual, vocational builds resilience.

Common results --Caregiver support, family cooperation, and a sense of independence and well-being in body, mind and spirit by the loved one needing care. Enhanced individual and family resilience.

Care Environment Worksheet Whole Person Wellness

<p>Physical</p> <p>Functional movement- muscle strength, balance, joint mobility, endurance</p>	<p>Things we did today/this week (deposits)</p>	<p>Things we could add</p>
<p>Social</p> <p>Feelings of connection and belonging, mutual social support</p>	<p>Things we did today/this week (deposits)</p>	<p>Things we could add</p>
<p>Emotional</p> <p>Foster hope, optimism, joy. Opportunities to give as well as receive.</p>	<p>Things we did today/this week (deposits)</p>	<p>Things we could add</p>
<p>Intellectual</p> <p>Ignite curiosity, lifelong learning, maximize cognitive function</p>	<p>Things we did today/this week (deposits)</p>	<p>Things we could add</p>
<p>Vocational</p> <p>Opportunities to share gifts, set goals, shared projects</p>	<p>Things we did today/this week (deposits)</p>	<p>Things we could add</p>
<p>Spiritual</p> <p>Foster awe, wonder, gratitude; connection to something greater than self.</p>	<p>Things we did today/this week (deposits)</p>	<p>Things we could add</p>

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