

**Non-Pharmacological Interventions for Depression**

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**Ageism**

We live in a society that undervalues its elderly. This is one cause of depression in LTC

- People feel discarded by society: loss of meaning
- People buy into the “Golden Years” retirement myth: loss of purpose

A sense of meaning and purpose improves both health and depression

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**Ageism (cont)**

Expectation of deterioration leads to...deterioration

- Ellen Langer study at Harvard

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### Depression Indicators

- . Increase or decrease of sleep or appetite
- . Loss of usual joy/pleasure
- . Loss of interest
- . Lethargy
- . Isolation (loneliness but not solitude)
- . Malaise (“I don't feel good” - vague)

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### Depression Indicators (cont)

- . Boredom
- . Crying
- . Irritability
- . Suicidal (Wanting to “Just go on and die” vs. “I am ready whenever God calls”; giving away possessions)

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### Management Support

CNAs have time to talk and bond with residents

Consistent Assignments

Support formation of bonds...

- . Residents with staff
- . Residents with other residents

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## Management Support

Distributed Decision-making

Payoffs:

- . Less staff turnover
- . Less depression
- . Less morbidity

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## Simple Antidotes

### *Laughter*

- . Belly laughs heal
- . Story of Norman Cousins
- . Patch Adams
- . Psycho-neuro immunology

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## Simple Antidotes (cont)

### *“Helper's High”*

- . People tend to focus on themselves in LTC
- . Medical problems, symptoms
- . Yet people feel best when helping others
- . Prayer
- . Call light
- . Visiting the “shut-ins”
- . Exercise
- . SAD and sunlight

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**Resident Choices: Bedtime**

- . Dim lights
- . Choice of when to go to bed
- . Decrease alarms, alerts, and pages which startle
- . Low voices
- . Quiet delivery of care & housekeeping services
- . Aromatherapy
- . Monitor residents q2h, strive not to wake

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**Resident Choices: Bedtime (cont)**

- . Choice of what to wear to bed
- . Soothing music
- . Choices for rising time
- . Morning technique of gentle awakening
- . Change floor cleaning times
- . Laundry barrel noise

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**Resident Choices: Mealtime**

- . Family style meals
- . Buffet dining
- . Open time for dining
- . Short order breakfast menu
- . Four meal dining plan
- . Resident "refrigerator rights"
- . Neighborhood meals
- . Dining alone
- . Independent dining
- . Open snack bar

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**Resident Choices: Hygiene**

- . Choice of timing for ADLs
- . Showers
- . Care routines
- . Towel bath method (Joanne Rader)
- . Make toilets easily accessible/well marked

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**Resident Choices: Daily Activities**

- . Use of money
- . Accessibility of telephone
- . Spontaneous trips out of the NH
- . Initiating contact with MD
- . Weight training program
- . Exercise classes

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**Resident Choices: Daily Activities (cont)**

- . Residents doing their own laundry if they choose
- . Treatment options/medications
- . Advanced directives
- . Power of attorney
- . Dressing self

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**Need To Be (not just feel) Useful**

Story: Man who wanted a job with “something bad that could happen”

- . Mail delivery
- . Helping with newsletter mailing (Story: stuffing envelopes during fire alarm)
- . Setting tables

Caring for planting beds (Story: man changed when he had responsibility for the front flower bed)

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**Need To Be (not just feel) Useful (cont)**

Walking the facility dog

Being a “Welcomer” who helps new residents get acclimated

- . Befriends
- . Invites to activities, meals

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**Resident Council**

Resident Council that is solution and implementation focused, not complaint-focused

- . “Complaint Meeting”
- . Instead: developing solutions and implementing them
- . Is empowering, not pleading

Fund-raiser: collecting money = being valued

Story: former realtor who loved selling cookies for resident bingo prize money

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### Consultant/Adviser Role 1

Staff interviews resident about what they know or helped with in past

Poses questions about how to deal with problems:

- Living on a budget
- Dieting
- Marriage maintenance/enrichment
- Living long
- Coping with change
- Handling stress
- Dealing with teenagers

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### Consultant/Adviser Role 2

Helping teach in-services on above topics as part of staff retention program

- Conveys message that the organization cares about hourly employees
- Assists them in coping with life challenges, reducing call-ins and stress
- Repositions residents as having skills to share

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### Simple Pleasures

Depression is a loss of ability to enjoy

- Small pleasures are potentially everywhere
- Expectations of smaller pleasure than normal
- Notice small pleasures

What did the resident used to do?

- Sit in bed a while and listen to the radio?
- Start with a cup of hot coffee?
- Go outside?
- Eat breakfast later, when hungry?

Enable these

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## Grieving

Loss of family members:

- Resident needs time to mourn,
- Thankfulness Orientation, not Loss Orientation

Loss of "Old self" (can't do what I used to):  
Remind them that change is...

- Unwelcome
- Inevitable
- Good

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## Grieving (cont)

Loss of home:

- We live in many homes, this is the latest one
- Need to look for "door opening" not closing

Loss of driver's license:

- we are brainwashed that driving a car is a necessity; it is a symbol of "independence", but is not a severe limitation
- Loss of role, stature: take on the role of the "Elder", not the "Geezer"

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## Dislike This Place

Wanting to turn back the clock:

Remedy is to roll with not against change

Call light frustration:

- Due to dependency
- Is inflated due to frustration with wanting to do "what I want, when I want" (like the rest of us)

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### Dislike This Place (cont)

Solutions:

- Keep records (so they learn it only rarely takes a long time)
- Call early so you can wait 15'
- Realize it is part frustration with loss of independence

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### Therapy Basics: Hope

Hope is crucial:

- "You can improve; this will get better" (if probably true; for ex. UTI, pneumonia, fracture)

Create things to look forward to

- Next meal
- Next weekend
- Next family visit
- Next activity special

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### Therapy Basics: Relationship

- Empathy
- Doing something "special" occasionally
- Residents have few people, if any, who have time to sit and listen and validate the legitimacy of their experience

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## Not Depression

- Loss of appetite with progressive wasting in spite of good affect and attempts to eat: (Is probably body's process of shutting down)
- Preferring to be by self (especially if this is a life-long preference. Some people are "loners")
- Talking of having lived a good life and now wanting to get on with the next life

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## Case Examples

Grouch told he was the boss; the "Have it your way" approach.

- De-emphasizes the institutional feel of being there
- Creates a climate more like living at home

Phone answerer in Rehab Department

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## Case Examples (cont)

"Buddy" for new move-ins

- Made sure new people got to dining room,
- Were introduced to others
- Reminded people of special activities and outings

Bird lady: got a parakeet and perked up

- Not an aviary in the lobby (no bond there)
- She cared for it
- Food
- Water
- Trained to talk

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