

Time is of the Essence for Older Adults in Rural America

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Objectives

- To discuss mental health issues in aging
- To describe a model program of peer counseling for older adults
- Review outcomes of the program
- Explore the replication process of the program

Mental Health Issues in Older Adults

- Grieving multiple losses increases the risk of the development of depression. Grief support.
- Current economic times: increases in anxiety "The big D"
- Changes in health
- Role changes
- Decreased social support
- Chronic pain
- Medications: Multiple meds and side effects
- Life stressors:

Mental Health Issues in Aging

- Depression
- Anxiety: Post traumatic stress disorders with war related memories
- Alcohol and Substance Abuse
- “Unfinished business” prior to death
- Suicide/”Silent Suicides”

Peer Education Sessions

- Loss and change
- The Lonely Person Needs a Friend (Loneliness and isolation)
- The Quick Fix, the Long Pain(alcohol abuse)
- The Blues: Not a normal part of aging (Depression and Anxiety)
- Healthy Life Styles (nutrition, exercise)
- Aged to perfection: Building self esteem (Positive aspects of aging)

Issues in rural area’s

- Isolation: Not only a rural issue
- Transportation: Not only a rural issue
- Stigma of mental illness: Not only a rural issue
- Access to services:
 - Trained mental health providers
- Supportive community of neighbors: Social support is a protective factor in the development of depression
- Peer Counseling is “a mobile mental health service”

Peer Counseling

- Peer counseling is one to one support for older adults dealing with difficult transitions in late life.
- Peer counselors are trained to help someone explore and create solutions, not to become the solution.
- Peer Counselors are an “early warning system” of changes occurring in both physical and mental health.
- A peer counselor is a bridge to other community based services
- Respect for Confidentiality

Training of Peer Counselors

- 14 weeks, 3 hours a week
- “Homework” of journaling, responses to skills training
- Role playing
- Curriculum includes: Normal changes with aging, listening skills, issues of death and dying, grief support, cognitive behavioral therapy and solution oriented therapy components, alcohol use and chemical dependency issues and motivational interviewing, life review and reminiscence.

Cognitive Behavioral Therapy

- Cognitive triad of depression
- 1. Negative view of self
- 2. Negative interpretation of events
- 3. Negative expectations of the future
- Every *Situation elicits a *Response, then a *Decision is made about *Behavior
- All of this is mediated through past experience, sense of self as competent, and the context this is in.

Cognitive Behavioral Therapy

- **Negative thinking gets us in trouble: the way we look at ourselves is central to how we are doing in life**
- **Focus on what people are thinking. What we think influences what we feel and that in turn influences how we behave.**
- **Decisions**
- **“READY, AIM, FIRE”**
- **“READY, FIRE, AIM”**
- **Watch our language: No use of “why, should, ought to, must” Ask “how” questions.**
- **Many problems can’t be solved, but they can be successfully managed**

Cognitive Behavioral Therapy

- Albert Ellis: Rational Emotive Therapy
- A. Activating Event.
- B. Beliefs/ thoughts about the event.
- C. Consequences. (emotions, behaviors and physical symptoms)
- D. Debate beliefs about the event. Challenge to find a new way to view the problem. What can you say to yourself to better cope with the situation? Cognitive restructuring.
- E. Exciting new conclusions.

Solution Oriented Therapy

- **Acknowledge the problem, validate it , and join in finding the solution. Use solution language**
- When you get better vs.. If you get better.
- What action did you take?
- What were the good things that happened?
- Give them credit for any and all efforts.
- Assume change will occur.
- Listen for solution themes
- “This week you will...” (positive language expressing a plan for change and action items)
- **Put the disease in the past tense: You have been or were depressed rather than “you are.”**
- “We are not through this, yet.”

Solution Oriented Therapy

- What is the smallest change you can make.....? (to your regularly repeated actions)
- Envision a future in which your problem is resolved and then act as if that future is possible and likely.

Outcomes of peer counseling

- Decrease in loneliness and isolation
- Decrease of symptoms of depression
- Decrease in anxiety
- Decrease in alcohol intake
- Improved relationships with others
- Improved adjustment to chronic disease
- Reduced hospitalization
- Delayed nursing home placement

Outcomes for Peer Counselors

- Increased knowledge of community resources and services
- Improved communications skills: "I am a better listener and I have learned not to give advice, but how to ask good questions."
- Improved relationships in my own family
- I have helped other people as well as the person I am visiting

Replication Process

- Community assessment
- Collaboration between many organizations
- Funding sources / Grant writing
- Referrals of potential peer counselors and clients
- Recruitment: Local “coffee shop” and faith communities
- Training: “Have notebooks will travel”

Replication

- Matching clients and volunteers
- Issues of confidentiality
- Supervision of the volunteers

- Notebooks: Trainer and Trainee
- CD Rom available that can be personalized to your area resources
- CD Rom of training

Resources

- Elder Network
- 1130 ½ 7th St NW
- Rochester, MN 55901
- Phone: 1-507-285-5272
- Fax: 1-507-285-0884
- www.elder-network.org
- Lauriem@elder-network.org

Time is of the Essence

- The old need very little, but they need that very little very much.
-and what they need is us!
- The gift of time and attention from another person.

Time is of the Essence

- The He of She I wish to be is up to me!
- Within you is the old person you will become. Take very good care of that old person.
