

Promoting Choice, Well-Being and the Protection of All Individuals

SUPPORTING PEOPLE IN THEIR TWILIGHT YEARS

Growing old and gray is one thing most people dread. They long to maintain their youth by keeping a fresh perspective in life, a positive outlook and attitude, keeping themselves fit and healthy and feeding their minds with intellectual stimulation. Some even go to the extent of pursuing artificial means of looking younger such as undergoing cosmetic surgery just so their looks will not reveal how old they really are.

However, the fact of the matter is that everyone ages. For the elderly, they need all the care, support and understanding they can get from the people around them because their advanced age limits their capabilities, leaving them feeling helpless and worse, useless. If before they were productive individuals, now, mostly ailing from certain illnesses, they have no choice but to depend on others to help them survive. In understanding and caring for the elderly, one not only needs to get to know them personally and be patient with their quirks and limitations, but also know about their developmental needs with careful research.

Describe What You Can Do to Help People in Your Care Setting Keep Their Sense of Identity and Self-Esteem. First of all, I will treat them with respect and accept them for who they are. I will not attempt to assist them in things I know they can manage on their own. That way, they will feel that they are still useful. Simple things like the basic activities of daily living such as dressing, grooming, cooking and general housekeeping.

Encouraging them to continue doing things that make use of their talents will indeed boost their self-esteem especially if these are appreciated by the people around them. If one is adept with a certain craft or has talent in performing music,

then the necessary support shall be provided. Engaging the support of the significant people in their lives will tremendously help to raise a flagging sense of identity and self-esteem. What a joy is there than having all your loved ones in awe of the things you do especially well even if you believe you have lost your talent in such a magnificent craft!

Many elderly individuals suffer from depression due to the fact that they are already limited in their capabilities. Some need to undergo therapy just to get by and get on the process of aging. Cognitive Behavior Therapy is one effective approach that can indeed help them. People suffering from psychological problems are assumed to focus more on their flaws that pull them down than on their potentials that may spur them up to success. Aaron Beck agrees that much of our psychological problems are caused by cognitive distortions due to our acknowledged human fallibility. Beck came up with the concept of negative cognitive triad that describes the pattern that triggers depression. In the first component of the triad, the individual exhibits a negative view of himself. He is convinced that he is to blame for whatever pathetic state he is currently in because of his personal inadequacies. Secondly, the individual shows negative view of the world, hence, a tendency to interpret experiences in a negative manner. He nurtures a subjective feeling of not being able to cope with the demands of the environment. Third and lastly, the individual projects a gloomy vision of the future. He can only anticipate failure in the future. Old people who may be sick or neglected by their family may manifest such symptoms (1987).

Beck developed a model to treat depression. He writes that, in the broadest sense, 'cognitive therapy consists of all of the approaches that alleviate psychological distress through the medium of correcting faulty conceptions and self-

signals'. Not every old person suffering from depression may have access to a cognitive behavior therapist. I, as a healthcare worker may volunteer to act as one in seeking the best of health for the elderly. I can take the wisdom gleaned from Beck's Cognitive Behavior Therapy to apply to the elderly people under my care (1975, p. 54).

The goal of Cognitive Behavior therapy is to help the individual realize that reorganizing the way they view situations will call for a corresponding reorganization in behavior. Thought Catching is the process of recognizing, observing and monitoring their own thoughts and assumptions, and catching themselves, especially, their negative automatic thoughts when they dwell on it. Once they are aware of how their negativity affects them, they are trained to check if these automatic thoughts are valid by examining and weighing the evidence for and against them. I could help them correct their negative thoughts by encouraging them to dwell on the positives such as their good qualities that attract good things to them.

Therapy for depressed elderly focuses on their specific problem areas and involves doing activities to deeply process the problem and probable solutions. This can result not in a client feeling better only, but also behaving in more effective ways. Clients feel overwhelmed with all their responsibilities and their inability to attend to all the details of their lives lead them to be depressed. The therapist usually needs to take the lead in helping clients make a list of their responsibilities, set priorities and develop a realistic plan of action:

Because carrying out such a plan is often inhibited by self-defeating thoughts, it is well for therapists to use Cognitive Rehearsal techniques in both identifying and changing negative thoughts. If clients can learn to combat their self-doubts in the therapy session, they may be able to apply their newly acquired cognitive and behavioral skills in real-life situations (Corey 2005, p. 291).

Another technique in Cognitive Behavior Therapy is an Alternative Therapy. It focuses on coping options. Clients are encouraged to generate a number of alternative solutions or courses of action to given situations which might render them helpless. This brainstorming welcomes even ridiculous or counter-productive ideas, as the benefits and costs of each alternative is discussed anyway. This exercise makes the clients realize that they can be in control of situations after all (Field 2000).

Finally, in *Dealing with Underlying Fears and Beliefs*, the therapist makes the client go to the core and origin of such beliefs and discuss the vulnerability factors that exist with it. These beliefs are then challenged again using tasks (Field 2000).

Explain What 'Active Support' Means and Give an Example of How You Might Offer This. The term Social Gerontology was originated by Clarke Tibbits in 1954 to delineate that area of gerontology concerned with the effect of social and sociological conditions on the ageing process and the consequences of the process. Social gerontologists are interested in how the older population and the diversity of aging experiences affect and are affected by the social structure. This gives rise to far-reaching problems in health and long-term care, the workplace, pension and retirement practices, company facilities, housing design and patterns of government and private spending:

Already it has led to new specialties in health care and long-term care, the growth of specialized services such as assisted living and adult day health programs and a leisure industry aimed at the older population. Changes in the socio-political structure affect characteristics of the older population and civic engagement initiatives (Hooyman & Kiyak 2005, p. 43).

For instance, the growing availability of secondary and higher learning, health promotion programs and retirement planning offers hope that in the future, older people will be better educated, more secure economically, healthier and more engaged socially than the present generation of the elderly.

The idea of an active lifestyle for the elderly is vital and widely accepted. The World Health Organization defines it to be the 'process of optimizing opportunities for health participation and security in order to enhance the quality of life as people age' (WHO 2004, p. 2). This would include all people – those who are frail, disabled or who require assistance with daily activities. Such a definition changes our view that old age is a period of passivity to that of continued participation in the family, community, religious and political life.

Most services for older people are oriented towards minimizing environmental demands and increasing supports. These services may focus on changing them, the social environment or both. Physical changes such as ramps and handrails and community services such as meals-on-wheels and Escort vans are simple ways to re-establish the older person's level of competence and confidence.

The elderly would be wise to surround themselves with people, especially loved ones. One need not be a recluse. One advice would be – join family activities – parties, picnics, even short trips. This would imbue the old one with greater respect, security and a sense of belongingness. Join a religious organization where one may be assigned to visit the slums and probably aid the underprivileged. One will probably thank his lucky stars that he is not one of them. One can also go back to school and earn that M.A. or Ph.D. Old age is not the end of endeavor. At least, learn something new – any useful skill will do – auto repair, dressmaking, cosmetology, computer science, etc. The list is endless. One can even enter politics, if he can stand the stress. There are many activities one may engage in if he gets involved in community life – typing lessons, dancing lessons, learning to drive are other examples. It's a well-known fact that non-use of certain parts of the body leads to Atrophy.

List Three Kinds of Rights People Have and One Way in Which You Would Ensure That Each Kind Was Met in Your Work.

1) A person has the right to receive considerate care. Be considerate.

2) A person has the right to have his needs met.

3) A person has the right to be free from abuse (American Red Cross 1993).

Any person deserves to be treated with utmost respect regardless of his background. No matter who they are or where they come from, they would appreciate being called by their names. Leveling with them about the care being providing, and involving them in their own care is a must. Adjusting my own language to them to understand clearly my explanations regarding their care is an effort I need to exert especially if they have some disabilities. If they are unable to understand me, then their representative must be informed accordingly.

They will receive equal treatment among other ward I may have under my care, nothing more, nothing less. However, with each one, I will strive to make that person feel special, as if he or she took top priority.

Needs to be met if he or she is under medical supervision, the intervention necessary, and the medication must be administered on schedule. Otherwise, they must follow all the health rules: exercise, eat a balanced diet, and get enough rest and sleep, not to mention brush, floss and gargle every day. They have to consult his dentist and doctor at regular intervals. If they need dentures or eyeglasses, make sure they fit and are comfortable. They have to visit his doctor for check-ups especially when on hormone therapy or the like. Submitting oneself to x-rays are necessary too, upon doctor's advice.

In cases where abuse or neglect is suspected, these have to be reported to the proper authorities. No person deserves to be hurt and taken advantaged of and if

someone I know has the symptoms of abuse, then I am obligated to protect them by reporting the case to be further investigated upon.

List Three Codes of Practice or Policies in Your Setting that Would Be Important to Read When Making Sure You Respect People's Rights.

Safety First: Keep a Person Free from Harm by Preventing Injuries. Since elderly people may be prone to falls due to a less stable gait or maybe even the incapacity to move their way around, safety measures must be ensured to protect them. The environment must be kept accident-proof by installing facilities such as handrails, floors with rubber strips to avoid slips, furniture with rounded edges, etc. Staff or family members caring for the elderly must be vigilant in anticipating possible sources of accidents without being too paranoid. For example, if an elderly woman is awaiting a phone call, it would be wise to offer her a chair near the telephone instead of her rushing to it the minute it rings.

Open Two-Way Communication. Communication is essential to human interactions especially with the elderly who need to still be in touch with others. My setting should encourage open communication. Caregivers should be available to talk, listen and respond to a person's thoughts and feelings and in turn, the elderly wards get to listen to their caregivers' thoughts, opinions and information about their health. Communication is not limited to positive feedback. Complaints of the elderly are also welcomed, acknowledged and acted upon by the staff.

Dignity: Treat Each Person with Respect at All Times. The Golden Rule of doing unto others what you want them to do unto you apply in every situation. Respect begets respect, and certainly the elderly deserve it. Be courteous and polite to them, giving them preferential treatment over younger, more able wards. Treating them gently, knowing they can be fragile in their old age will be much appreciated.

Allowing them their privacy by not barging in their bedrooms, intruding into their private time with the significant people in their lives, not touching their belongings or mail without their permission are ways of upholding their dignity as persons.

Describe What the Data Protection Act Says About Keeping Information

Confidential and Explain How This Might Affect Your Work. I am bound by my commitment to confidentiality that I keep information regarding my ward's case to myself and to those likewise entrusted with it such as immediate family members. Due to its confidentiality, there are times when I would need a great deal of self-control in keeping myself from divulging such information especially if I feel it would be useful. For instance, if the information tagged as confidential is the gravity of the person's disease, necessitating that the number of visitors be kept to a minimum, and then well-meaning people keep dropping by to see him and asking him how he is, I would be in a dilemma if I should divulge the truth or just keep mum about it as if everything is alright. I might just be able to refer them to the doctor or the immediate family and exit gracefully. I must be able to keep a poker face so that my feelings or thoughts will not be transparent to them.

List Five Laws or Codes to Do with Preventing Discrimination against People:

All human beings are born free and equal in dignity and rights.... Everyone is entitled to all ... rights and freedoms ... without distinction of any kind.... All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination ... and against any incitement to ... discrimination.... Everyone has the right to a standard of living adequate for ... health and well-being .. Including ... the right to security in the event of ... disability (The Universal Declaration of Human Rights).

This says it all. It upholds the dignity of all human beings and their right to be treated fairly. Levine's clinical work with students with learning disabilities has also indicated that a recognition of and capitalization on their specific strengths of mind fosters their development, whereas a focus on their specific weaknesses compromises their development. This would be a good guiding principle when dealing with the elderly.

In doing so, their self-esteem is built up and they are empowered to push themselves towards their optimal potentials even in their advanced age (2002).

Dickins identifies essential elements valued by settings upholding anti-discriminatory practices as:

Diversity and the valuing of all differenced. A setting whose practice is antidiscriminatory will celebrate and value differences in identities, cultures, religions, abilities and social practices.

Self-esteem and positive group identity A setting will recognize the impact of discrimination, the social inequalities and their effect on the elderly and their families. Such a setting will identify and remove practices and procedures that discriminate. Fulfillment of individual potential A setting will value children and adults for their individuality and ensure a sense of belonging that promotes self-esteem. It will respect where each person comes from, what they achieve and what they bring to the learning situation.

The full participation of all groups in society A setting will appreciate the importance of what is learned and what can be unlearned in the later years and recognize the wider aim of life skills, work and education to lay the foundations of a more just and equitable society (Dickins 2002, p. 18).

Practicing anti-discriminatory approaches involve a thorough understanding and acceptance of diversity. One needs to examine personal prejudices and work towards unlearning such prejudices and promoting positive values for everyone concerned:

Gathering a repertoire of strategies to ensure settings are welcoming, non-threatening and stimulating places to be where children and families are valued because of their differences and not in spite of them (Dickins 2002, p. 20).

Of course, constantly monitoring, evaluating and adjusting practice and procedures to be appropriate to a variety of cases must be strived for.

Give Three Examples of Types of Harm or Abuse that People You Care For Might Be At Risk of Suffering. Neglect: some elderly may be considered by their family members as a burden to care for because they are not productive and therefore not contributing to the family anymore. Hence, they may be taken for granted as in forgotten to be bathed, fed, taken out to breathe fresh air, given medication for their illnesses, not brought to the doctor for check-ups, entertained or talked to leaving the

poor elderly feeling abandoned and uncared for. The symptoms of neglect are evident in that they appear to be unclean, famished and malnourished, sickly and generally unhealthy.

Emotional Abuse: neglect can lead to emotional abuse in that the elderly's hurt feelings are not taken into consideration. On top of that, family members may be rude to them due to impatience at their slow movements or total dependence on them. They may be verbally abused especially when tensions run high in caring for them. Their emotional health is not given priority because for some, they may be thought of as useless and forgetful of episodes that cause pain.

Exploitation: the elderly may be taken advantaged on, especially in money matters. Younger, guile relatives may cheat them in handling their finances thinking these old folks will not remember details of financial transactions.

When Recoding Information About Abuse What Must You Try to Do and What Should You not Do? Abuse can come in many forms as long as it harms or mistreats an individual on purpose. It can happen in all parts of society, and abusers may be male or female, of any age, may be members of any race, or practice any religion. I am aware that in my setting, I should be alert for signs of abuse directed towards the people I care for, as the abuser could even be someone they know very well.

Should I have suspicions of ongoing abuse, I have the legal responsibility to report it to the proper authorities. Before doing so, I must gather enough evidence to support my claim. Recording observed signs of abuse and anecdotal evidence will indeed help in the investigation. If I suspect physical abuse, the signs manifested on my ward's body may be burns, bruises, reddened areas that do not go away, scratches, cuts or bite marks. Emotional abuse may be manifested in people who may not make eye contact, is withdrawn, sad or fearful or may shield himself. And a

sexually abused individual may have bruises, scratches and cuts around the breasts, buttocks or genitals. The abused may have vaginal or rectal bleeding or may refuse personal care (American Red Cross 1993). However, an abused person may also not exhibit any of these signs, which will be difficult for me to prove that the abuse happened. He or she may even be very protective of his or her abuser for fear of being abused further, or may be because the abuser is a known and trusted person. In any case, it would help if I share the information I have with my superiors or a very trusted member of my ward's family. I need to be careful of appearing judgmental or accusative of the suspected abuser because it may backfire to my ward again. Confidentiality is a key, and choosing the right people to divulge such information should be done with discernment.

Being in a disturbing situation, I believe that reporting the abuse may help my ward out of a dangerous situation. On the other hand, the abuser should also learn that controlling another person by harming him or her will have dire consequences on himself. Hopefully, this will prevent him from further abusing others.

Of course in reporting the abuse, I should refrain from implicating the abused by making it appear that it was he or she who told me. His or her protection and safety is of utmost priority.

In What Ways Can You Ensure You Work in an Anti-Discriminatory Way? Ageism or the negative attitudes towards the elderly is a form of prejudice resulting in discriminatory behavior against them. For example, in companies, older, experienced workers are encouraged to retire early because of the stereotypes regarding older people's abilities and productivity. Instead, the frame of mind I should have is to focus on people's skills and experience rather than age when delegating tasks.

Another area where discrimination abounds is religion. I must keep an open mind and heart in acknowledging, accepting and respecting religions other than my own. Should my ward request for a religious service, then I must exert all efforts to arrange for one. Food restrictions on some religions must also be observed, such as not serving pork to Muslim wards.

During the holidays, if I have Jews and Christians under my care, then we will celebrate both Hanukkah and Christmas. It can be a stretch giving in to requests related to religion, and even culture, but if I am to provide quality care, then I should be blind to differences and instead focus more on our similarities as human beings. Diversity must be embraced in order for harmony to prevail.

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