

# Some Practice Thoughts Concerning Aged Counselling:

From my recent years of experience in aged care I believe it is important to keep my counselling focus simple and apply all my experience and understanding to the task in hand and obviously applying my skills to each individual resident. For the last six years I have spent my time counselling in an aged care facility where I have played a variety of roles which I will reflect on and share with you in this document.

**BY SUSAN VINEY**

## New Settlers Program

This program commenced in May/ June 2011. It was financed by the Commonwealth Government and its vision was to meet with a small group of newly arrived residents for one hour weekly to encourage their ability to share, express their voices and give an intentional opportunity to connect with each other within the aged care community. The program comprised of six sessions.

### Session 1

Building rapport and trust, empowering the residents, confidence building through activities e.g. the self-selection of strength cards as an affirmation exercise.

### Session 2

Further connection activities being inclusive of the visually impaired resident. Building on issues raised the previous session - loss of independence, dealing with frustration, asking for and





accepting help, identification of the impact of grief and loss in its widest sense.

### Session 3

Relaxation exercise that could be used in circumstances where destructive thoughts, worrying situations, particularly identification of times where decisions are made that are beyond their control, e.g. by medical personnel and/ or family members. The group shared the strategies which they have employed in these circumstances - in other words building on their strengths and past life experiences.

### Session 4

I visited the residents in their own room. The purpose of this was to build stronger relationships, hear family stories, identify mementos of importance in the room and to validate their contribution to their family/ community and to identify what they can give of their gifts and skills wherever possible to the residence.

### Session 5

Time of reconnection – identification of what is important in their lives - family, friends, pets, connection with staff and activities provided. Positive self-talk was encouraged along with the reaffirmation of their diverse coping strategies.

### Session 6

The final session focussed on the preparation of the list of responses that they had compiled to be given to incoming residents and families to aid in their inclusion into the residence at the commencement of their "new" lives. Strong encouragement was given to use their "voice" to overcome the possibility of institutionalisation, an aspect I will build on later in this article.

My review of this process, coupled with that of the staff and facility manager as shared with me, and the program coordinator was that the members of the small group really gained from this process and developed greater confidence and relationship skills which were employed and observed within the facility.

## Focus Group Concept

In 2012 a Focus Group, of eight members selected from one cottage were brought together to draw up the residents' responses to the Facility Mission Statement. This statement was to be made widely available to incoming residents and their families. The following are the major points compiled by this group.

- Importance of joining into the facility activities
- Respect for one another
- Not to be offensive in any way to fellow residents

- Acceptance of each individual resident as they are and being respectful of their individual circumstances
- Keeping in touch with the world outside, especially family, friends and activities.
- Maintaining independence (as far as possible and for as long as possible)
- To keep doing what you enjoy doing for as long as you can maintain the activity(s)
- Importance of making your own decisions/choices.
- That the ambience of the residence should be respectful, comfortable, safe and welcoming.

## Conclusion

The precis of this was included in the Facility Mission Statement- again the importance was in the time to meet, to share and vocalise the residents' opinions. These would not have been garnered except for this community opportunity and the welcoming of this by the Facility leadership staff.

Before we look at the development of the individual visit aspects of this article, I felt that it would be important to remind us of the issues facing the ageing in our communities, given the emphasis on "positive ageing" in today's world.

- The facing of physical changes including physical appearance and mobility
- Sense of personal control over life choices
- The current perceptions, stereotypes of ageing - how this affects self-perceptions and behaviours
- Impact of diminishing or impaired faculties
- Impact of Alzheimer's and dementia

on the residents being included and on the residence in general

- The ability to draw on life experience focussing on problem solving capability and life wisdom
- The concept of lifelong learning - the importance of implementing the significant growth of understanding of neuroscience in aged care and especially its application.

At this point let us not discount Erikson's perspective:

- Ego Integrity V's Despair - this contains the out workings of:
- A mixture of triumph and disappointment
- The understanding of serenity and contentment: in other words the finding of soul harmony- words which I find are a wonderful descriptor.
- Because of the way in which the individual's life has unfurled, the interpretation of life events may either be a positive or negative perspective, more obvious in some than others. My experience has shown me that as people age they become more of what they always were, but this is never set in concrete e.g. how they think, feel or learn and change. But the residents themselves need to find that desire to choose new ways.

- The ability to accept themselves and to self-regulate emotionally
- To use their time to reminisce and review their life, drawing from it positive or negative reflection, again dependent on many factors.

The benefits and outcomes of individual visits to residents:

When I instigated the opportunity for individual visits to newly transitioned residents, the following were the underlying premises in my mind.

- In the past when I had met with residents in their "home/ room" they had responded very openly and warmly to me, therefore establishing rapport and relationship quickly and surprisingly deeply. When I visited them again as a follow up they may not have remembered me, but reconnection was accomplished easily.
- Often, they immediately spoke of the journey that had brought them to residential care. These may have included a time, long or short, in hospital that precluded them from returning to their homes, their spouses and family. These often were the most painful conversations, shared with tears, apologies and expressions of wishes that this had not happened in this way. Expressions were shared of the time when personal choices and decisions were stripped away from them, even though they knew that it was the correct decision. These were, in my opinion, the hardest conversations to share.
- This especially applies to those with Alzheimer's and Dementia. I often have had the opportunity to speak to family members grieving for the person they knew and loved who was no longer. The included the grief of losing the relationship and companionship, after many, many years, and all the lifelong experiences that they had shared. If the resident was still able to converse, the same life stories would emerge. It is important, I believe to share as much as possible for as long as opportunity permits, with the resident getting to "know" the counsellor and to be known and recognised for as long as possible. In my experience visits are of the "moment" enjoying the story, the laughter, the interaction, the cuppa. These are the vital connections. As counsellors in this situation we need to exhibit patience, grace and calm, along with willingness to listen to the same story many times if that is what needed by the resident.

- In turning to the past and in the telling of it, there is the opportunity to sustain a sense of personal continuity, recapturing a sense of meaning and purpose in the new life they need to create in their new "home". Counsellors need to value and validate the moment of this opportunity when it is presented.
- At the time of transition to residential care, I clearly hear two different outpourings. The first is positive- I chose to come here (or wherever I could procure a room). I am happy here; my family is now free to continue their life without the burden of care I pressed upon them. I know or have already had experience of being well cared for, being showered, having good food, being with others or not as I choose, or having my medications taken care of. At this point it becomes clear, but it may change as the time of residence lengthens. If previously they have been a connected person, they will try to be connected to the activities, other residents and carers. If they have never been an outward looking and lesser connected person they may choose to stay in their room, but deeply value the care of those who look after their needs, which they often express.
- It is my experience that in more recent years as the criteria for aged care admittance has changed, fewer residents have had the capacity to initiate activities and interactions, hence placing greater emphasis on the need to use lifestyle and activity carers to offer enjoyable and stimulating daily activities.
- The other aspect shared with me is more negative. Residents must come to terms with loss of autonomy over their lives, their homes if they still own one, their units/flats that they have lived in, the possessions that are precious to them and most importantly in their lives, financial and legal matters. Conflict in these areas can cause great stress to the resident.
- Institutionalisation is something carers and the leadership of these facilities need to be aware of. As was shared with me, for some the only other previous institution these residents have been in was a school, very many years ago, and they may regress to that "obedient" behaviour where individual voices were not encouraged or accepted. They did as they were told and did not use their individual cognitive powers.
- As a counsellor to those in transition to aged care, I trust I could encourage their active participation, to affirm the strengths shown by the residents in their conversations with me, support them to draw on what they had used in their lives and how to use those skills in the present circumstances. Of course, this is dependent on their personal mindsets and all that we have so far shared in this document. Everyone is vastly different and each one must be met at their own place of connection. I acknowledge that counselling with the aged is a complex skill and must be aided by warmth and grace, enhanced I trust by my arriving accompanied by a walking stick- a good beginning conversation piece if the resident wishes to refer to it. It enables us to have a good moment of laughter!!!
- Because I quickly say that I am not employed by the facility this gives them the freedom to be open and honest in their responses. I do maintain a good relationship with the Facility Manager, needing to build new rapport whenever that person changes. I would share any information with the relevant person at the facility if, as professionalism dictates, the resident was intending to harm themselves or someone else.

## Conclusion

There are certain aspects of counselling the elderly, in that transitional moment, that stand out to me. As we live our own lives it is vital to build a strong,

solid and caring community around us, whatever shape or form it may take. If it is intergenerational I believe that is vitally important as peers will die and leave us isolated and lonely. As we all know, the importance of strong, interdependent relationships, well enhanced communication skills and abilities and the development of a sense of security within us is vital. The holding onto, or the finding of faith, will give us the strength that is needed to age more positively. Our role in standing with others in life's transition moments, especially those where sadness and brokenness are clearly apparent, is important. Counsellors can enhance moments of positivity and connection, leaving behind a glimmer of God's joy and hope in the moment.

## Sue Viney

Sue has been married to Rod for close to 50 years and they have a son and daughter and two lively granddaughters, the joy of their lives. Sue's background is in many years of primary classroom teaching which broadened into secondary and tertiary. Sue lectured at Tabor College in Hobart for ( need to check the number Sharon)- a time of her life she really loved.

In 2002 ( check this also) Sue founded ,at God's behest, the Christian Counsellors Association of Australia, Tasmania and was their President for more than 7 years, serving on the Board for all this time. She is still connected to CCAA Tas and holds them close to her heart. In 2014 both she and Rod received an OAM for their service to the community, in Sue's case partly for the establishment of CCAA Tas.

Currently Sue counsels in whatever way God desires and finds this period of her life a time of "soul harmony", peace and shalom.