CREATIVE THERAPY, NURSING/RESTORATIVE INTERVENTIONS AND COVID-19 RECOVERY

ISOLATION AND LONELINESS

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OBJECTIVES

- Describe the difference between loneliness and isolation.
- Describe the impact of loneliness and isolation on our patient population.
- Identify warning signs of isolation and failing health in our patient population.
- Identify physical functioning disturbances resulting from isolation.
- Identify strategies to reduce the effects of loneliness and isolation on our patient population.







ISOLATION OR LONELINESS?

- Isolation (Objective) When a person does not have enough people to interact with
- Loneliness (Subjective) Distress over not having enough social relationships or contact with other people





- Social distancing is essential to flatten the curve and preserve life.
- Distancing is likely to increase feelings of isolation and loneliness any population.
- The elderly are far more at risk to develop feelings of loneliness and isolation.





Within our elderly populations, we can expect to see the following:

- Decline in physical mobility
- Decreased autonomy
- Increased vulnerability to infections other than COVID-19
- Cognitive decline
- Exacerbation of chronic health conditions





- Prolonged social isolation physically changes the shape and function of your brain.
 - -Hippocampus
 - -Amygdala

Plasticity?







- NOT ALL PEOPLE ARE AFFECTED IN THE SAME WAY!
- Technology may play an important role in reducing feelings of isolation.
- Not all individuals are tech savvy.
- Social isolation and loneliness DO NOT ALWAYS go together.





- Loneliness is a subjective feeling different for all.
- Social isolation: not being around people or having close connections.

What is meaningful to you?





- Physical SIGNS and SYMPTOMS:
 - -Aches/Pains
 - Muscle Tension
 - -Headaches
 - -Worsening of existing medical condition





- Mental health conditions:
 - -Increased depressive state
 - Drastic mood changes
 - –Anxiety
 - -Paranoia
 - Panic attacks





- Dietary problems
 - -Loss of appetite
 - -Sudden weight gain or loss







- Expressions of generalized NEGATIVE feelings
 - -Worthlessness
 - -Hopelessness
 - -Thoughts of suicide





STRATEGIES

Arts and Crafts

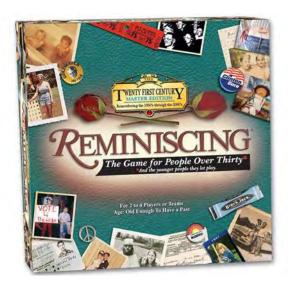
- -Painting
- -Scrapbooking
- -Mosaic works





STRATEGIES

- Games to challenge the mind:
 - -BINGO!
 - -Chess maybe a tournament or perhaps chess lessons
 - -Reminiscing 2-4 players







STRATEGIES

- Developing purpose
 - -Letter writing campaign
 - -Performance of routine duties
 - -Peer to peer support





THE POWER OF TOUCH

OF OUR FIVE SENSES, TOUCH IS THE ONLY ONE THAT IS ESSENTIAL TO LIFE!

- Senior citizens receive the LEAST amount of touch out of any age group
- Mental well-being can often be accomplished by the simple but profound act of gentle, soothing touch
 - Sense of value
 - Our bodies are designed to experience touch





- Touch may help alleviate symptoms of depression
- Touch may help the bereaved (may not be mourning a loved one lost)
- Touch can reduce anxiety among other benefits
 - Pain reduction
 - Improved pulmonary function
 - Lower blood glucose
 - Improve immunity





IMPLEMENTING TOUCH IN DAILY CARE

- Active / Active Assistive ROM in ADL activities
- PROM for those with less mobility
- Light massage to key stress points
 - Hands
 - Feet
 - Calves
 - Shoulders







In supporting MEANING and PURPOSE in life of nursing home residents, the residents' everyday well-being should be a central focus of care and facilitate personally treasured activities. Focused attention should also be given to the meaning-making power of experiencing belonging, recognition, and spiritual connectedness.





- Incorporate function into everyday tasks
 - -Support but don't do for
 - -Create choices not limitations
 - -Encourage participation





• Goals:

- To return to or maintain an individual at their highest practical functioning
 - Physical
 - Mental
 - Psychosocial







- Think MDS and Restorative Nursing Programing!
 - Many of the functional items related to MDS and Restorative lend themselves to creative interventions that could be performed by staff in routine care
 - Don't be afraid to think outside the box
 - -Not formal have fun with it!





- Eating or swallowing
 - -"Happy hour" with snacks and music
 - -Continue to push hydration and nutrition
 - -Can maintain safe distance while still feeling a part of a something meaningful

-Play a "drinking game" - yes, this actually happened!





- ADL: Grooming, Hygiene, and Dressing:
 - Focus on ability
 - -Keep it interactive
 - -When possible, keep to a schedule
 - Provide choices





• Communication:

- Not just functional speech or expression
- -People need to feel heard
- -Provide an opportunity to listen and interact in a meaningful way

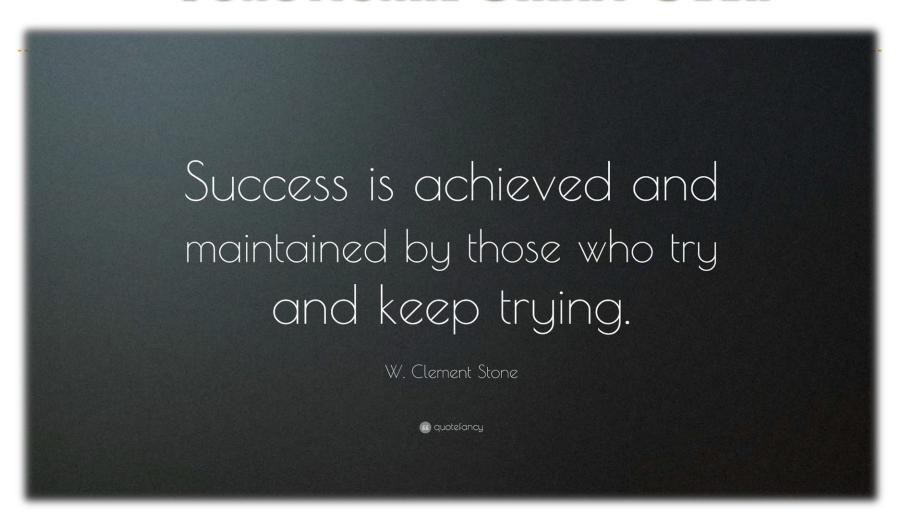




- Locomotion
- Create a competition related to a walking distance goal
- Invent a wheelchair parade
- Encourage appropriate group exercise
 - Engage a resident to teach an exercise class
 - Limit participation to appropriate size for social distancing
 - Group based on like kind ability to foster competition











WHAT ABOUT THERAPY?

- Intervene to reverse physical declines
- Pain reduction techniques
- Provides socialization
- Establish functional programing for Restorative Care
- Participate in ongoing Q&A
- Help to stabilize certain QM's





DISCUSSIONS

- What have you identified as a barrier in your situation?
- What have you witnessed that would benefit the audience?
- Any unique stories or scenarios?

COLLABORATION IS THE KEY TO SUCCESS!

