COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

OLDER ADULT PROGRAM ADMINISTRATION

DRAFT

Older Adult Recovery Retreat

Introduction

On April 7, 2006 the Los Angeles County Department of Mental Health Older Adult Program Administration and Association of Community Human Service Agencies (ACHSA) co-hosted a half-day retreat focused on older adults in recovery. Dynamic keynote presentations were offered by Mark Ragins, M.D. of The Village, and Ron Schraiber, M.A. of the DMH Office of Consumer Affairs. Retreat participants engaged in five separate workgroups addressing different elements of Recovery: Empowerment, Hope, Meaningful Roles in Life, Self-Responsibilities and Recovery vs. Medical Model. Workgroups had the challenge of translating these concepts in light of the unique needs of older adults.

While the specifics shared by each of the five groups varied somewhat, several themes emerged. The document that follows highlights both the overarching principles and the unique contributions made by each discussion group.

General Themes

Choices

One of the strongest themes to surface during the retreat was the importance of ensuring that older adults have meaningful choices. The "start where the client is" concept was discussed in terms of roles, activities and goals. This core principle was termed "holistic" by one group, and as "having a relationship foundation" by another. However, all groups recognized the critical importance of supporting older adults' involvement in decisions being made about their lives. This means that staff working with older adults must ensure support for older adults' ongoing learning, help for pursuing what is of personal importance, including taking appropriate risks.

Relationships

The importance of relationships, also described as "connectedness", was also a universal theme. It is essential that older adults – like individuals of all ages – receive support and feel safe and accepted. However, we need to be mindful that, for older adults, relationships could mean feeling connected to people or animals, organizations, therapists, or peers. In fact, one group considered the changing nature of the relationship between therapist and the older adult client. The relationship can involve greater mutuality; the therapist could be seen as "a leader among equals", an accepting, nonjudgmental person with whom a client can learn about his/her illness, as well as ways in which to explore and develop goals.

Existential Issues and Spirituality
A third theme of particular relevance to older adults is related to existential issues: how one develops as an older adult, reviewing one's life, dealing with death and dying. This introspective process is seen as closely related to the increasing importance of spirituality for older adults – whether through organized religion and/or to a connection to matters that go beyond oneself.

General Themes
A number of other areas were also identified as essential to the recovery process:

- the importance of sexuality and intimacy
- issues related to independence and dependence
- self-esteem issues related to frailty and dependence
- the need to address changing family roles
- the need to heal relationships with family members
- the importance of involving family members in the person's recovery process
- the opportunity to train and educate the client, caregivers and family members regarding the processes of aging.

Each of these themes rests on our shared conviction that effective treatment requires that the mental health professional and the client embark on a mutual journey, in which the client's strengths, talents, preferences, beliefs, and ideas are the primary determinant of the path taken.

Specific themes shared by the five workgroups are summarized below:

Empowerment

- "Empowerment" is a process leading to a person engaging in the activities of their choice
- As older adults suffer losses empowerment may be hampered
- Strategy: Assist older adults to obtain other human services they might need (e.g., dental care). This could help facilitate empowerment
- Strategy: Become creative when helping older adults in physical decline define themselves- work to change the idea of the "throw away "culture
- Help people make a meaningful contribution throughout their lives -- regardless of their age

Hope

- Hope is fundamentally related to empowerment and spirituality

- Hope is a sense of having something to look forward to, contemplating the question “Why am I here?”

- Hope is a sense of desire to go on living life, the feeling, ”What’s next?”

- Hope can be related to being part of a “chain of being” as a means of expressing spirituality in addition to traditional religious beliefs, although most older adults to identify themselves as religious.
- Hope can come from relationship with others.

- “Stubbornness” – often attributed to older adults -- can be understood as a sign that a person is holding on to their empowerment thereby holding on to their hope

- Strategy: Reconsider the relationship between staff and client: Mutuality of relationship between 2 partners---build sense of self and hope; leader among equals, mutual disclosure

- Strategy: Recognize the importance of client/consumer role models, peer sharing of stories and celebrating survival

- Strategy: Move beyond diagnosis/medical model and become more holistic. Some strategies include
    - Reminiscence Groups
    - Positive Affirmations
    - Involvement in decisions
    - Enough energy to have hope

Meaningful Roles

- Empower older adults to discover what's meaningful for them— provide exposure to multiple options.

- Connectedness comes from connection with others. Connectedness can come from pets, children or through technology (computer).

- Familiarity can come from people, places, routines or rituals. Being able to be in safe familiar places brings comfort.

- Meaning often comes from family roles that may change over time. Different cultures have different roles. Getting involved in the whole family is likely to be the strongest way to facilitate meaningful inclusion

- Without a sense of personal identity people can feel like they are existing -- not living. People can re-develop old talents/gifts or begin new ones.

- Older adults can pursue "unfinished business", or mend fences. They can improve their self healing abilities.

- Spirituality may be a lifelong interest or discovered later in life and doesn't have to be within a religious context. Preparing to die well, looking forward beyond death can be extremely meaningful.

- Stories: grandparent who remains storyteller, goes to church, sits in choir; grandmother who following death of spouse, began cooking with other older women and catering in temple for occasions.

- Strategy: Employ "peer bridgers", helping individuals who are isolated or have a newly diagnosed mental illness

- Strategy: Educate and train caregivers to have a comprehensive understanding of older adults

Responsibility

- Responsibility means ensuring older adults identify, clarify and set their own goals. A willingness to take action, including risks. The ability to evaluate outcome/consequences of choices and deal with them.

- Responsibility requires a willingness to believe in possibility of change and recovery

- Strategy: Educate consumers and his/her support systems about the mental illness and the recovery process and what they can do for their recovery. Set attainable and measurable goals so consumers can achieve and celebrate their progress. Provide consumer with images of “healthy aging” and of successful recovery (and recovery in process)

- Strategy: Reinforce that he/she is “entitled” to ask for help and to advocate for themselves

- Strategy: Encourage consumer to take responsibility by using supportive language and imagery such as : “be in the drivers seat” or “be the captain of your own ship”

- Strategy: Keep focus on the strength of the consumer if they are focused on losses

- Strategy: Making and using a plan to cope with current and anticipated challenges, such as a Wellness Recovery Action Plan (WRAP)

- Facilitate consumer’s grieving of his/her losses , including loss of health and function- but also build acceptance of the need for assistance in some situations

- Cohort issues: Cohorts vary by culture. Encourage sharing of experiences, (saving (depression, rationing) v. discarding). High value on independence makes dependence repugnant. Belief in supremacy of physician, fatalistic view of aging. Shortage of positive role models

- Fatalistic view of what will happen in old age, the expectation of decline in physical and mental functions-“doing about as well as expected”- but not expecting very much

Medical Model vs. Recovery Model

- The Person Centered, Recovery Model encompasses the Medical Model of mental health treatment
- Medi-Cal must accommodate to the recovery model of treatment. We have to strive for a Service Driven System vs. a Diagnosis Driven System
- We have to reach communities traditionally isolated from mental health treatment such as the Latino Community. Can we serve the older adult through the family? Would we be better serving the older adult by strengthening the family as a whole? There needs to be bilingual staff/ peer counselors for older adults
- We need to bring integrity to older adults in a culturally competent manner to assist them with stage of life issues
- Consumers in the Older Adult System of Care need to be represented better. The consumer base of advocacy needs to be expanded. Often times the same few consumers are involved in meetings. Tokenism needs to be avoided. Often times when we ask for the consumer perspective we neglect to get to know who the person is. There is a serious need for client centered services