



State-approved Curriculum
NURSE AIDE I TRAINING PROGRAM
July 2019
Module S



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Health Care Personnel Education and Credentialing Section
NCDHHS is an equal opportunity provider and employer.

Module S – Psychological Effects of Aging Teaching Guide

Objectives

- Describe the psychological effects of aging
- Explain the nurse aide's role in meeting the basic needs of the resident
- Describe the nurse aide's role in caring for residents with a variety of responses such as the depressed resident, combative resident, and the agitated resident
- Describe the feelings and behaviors of older adults moving into a nursing home

Instructional Resources/Guest Speakers

- **Guest Speaker:** Nurse or social worker from a local long-term care facility; topic: speak about resident adjustment to life in a nursing home and measures used by the facility to assist with adjustment (Teaching Tip #4S).

Advance Preparation – In General

- Review curriculum and presentation materials
- Add examples or comments in Notes Section
- Set up computer/projector

Advance Preparation – Activities

- **Activity #1S The Place That I Call Home:** Duplicate copies of the three-page homework sheets for each student and assign for homework during the class prior to teaching this module. Before class, read the activity carefully because it includes several components and you need to understand the flow of the activity. Slides 26 through 29 will be shown during the activity.

**Module S – Psychological Effects of Aging
Definition List**

Basic Human Needs – elements necessary for survival and physical and mental well-being

Defense Mechanisms – unconscious behaviors that residents (and all of us) may display when stressed.

Omnibus Budget Reconciliation Act (OBRA) – major legislation passed nationally to protect residents in nursing homes and assure they have quality of care and quality of life

Psychological Effects of Aging – an exploration of feelings, emotional stress, physical, psychosocial and psychological adjustments that are part of the aging process

Module S – Psychological Effects of Aging	
<p>(S-1) Title Slide (S-2) Objectives</p> <ol style="list-style-type: none"> 1. Describe the psychological effects of aging. 2. Explain the nurse aide’s role in meeting the basic needs of the resident. 3. Describe the nurse aide’s role in caring for residents with a variety of responses – depressed resident, combative resident, and the agitated resident. 4. Describe the feelings and behaviors of older adults moving into a nursing home. 	
Content	Notes
<p>ACTIVITY #1S: The Place That I Call Home (Individual)</p> <p>Distribute the three-page document to the class as a homework assignment during the class prior to teaching this module. Read the instructor’s guide beforehand.</p>	
<p>(S-3) Psychological Effects of Aging – Definition</p> <ul style="list-style-type: none"> • An exploration of feelings, emotional stress, physical, psychosocial and psychological adjustments that are part of the aging process <p>Psychological Effects of Aging – Importance</p> <ul style="list-style-type: none"> • To function successfully, nurse aides should be aware of basic human behavior and needs and how these behaviors and needs change with aging 	
<p>(S-4) Basic Human Needs</p> <ul style="list-style-type: none"> • Basic human needs – elements necessary for survival and physical and mental well-being • Nurse aides should be aware of ways to meet resident’s basic human needs for life and mental well-being • Note that the term, “physical,” is used in place of the term, “physiological,” when discussing basic human needs 	
<p>(S-5) Physical Needs – Requirements for Sustaining Life (1)</p> <ul style="list-style-type: none"> • Oxygen <ul style="list-style-type: none"> ○ Elevate head of bed ○ Up in chair ○ Assist with breathing exercises ○ Report cyanosis (or blue lip color) 	
<p>(S-6) Physical Needs – Requirements for Sustaining Life (2)</p> <ul style="list-style-type: none"> • Food <ul style="list-style-type: none"> ○ Assist those unable to eat without help ○ Make sure dentures in place ○ Serve food at proper temperature, in a friendly manner, in a pleasant environment, in appropriate amounts 	

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<ul style="list-style-type: none"> • Water <ul style="list-style-type: none"> ○ Be sure it is within reach ○ Provide fresh water at periodic intervals during day 	
<p>(S-7) Physical Needs – Requirements for Sustaining Life (3)</p> <ul style="list-style-type: none"> • Shelter <ul style="list-style-type: none"> ○ Provide warmth ○ Dress resident properly for temperature ○ Be aware of drafts and drafty areas • Sleep <ul style="list-style-type: none"> ○ Minimize noise and lights during sleep hours ○ Provide back rubs to relax residents ○ Report complaints of pain to nurse ○ Listen to concerns or worries ○ Leave night light on-if requested 	
<p>(S-8) Physical Needs – Requirements for Sustaining Life (4)</p> <ul style="list-style-type: none"> • Elimination <ul style="list-style-type: none"> ○ Assist with toileting as needed ○ Provide for privacy ○ Change soiled linen immediately ○ Follow routine for bowel and bladder training as required • Activity <ul style="list-style-type: none"> ○ Range of motion exercises as directed ○ Turn and reposition at least every two hours ○ Assist with activity as directed ○ Encourage movement ○ Encourage interesting recreational activities 	
<p>(S-9) Safety and Security Needs</p> <ul style="list-style-type: none"> • Provide for warmth • Establish familiar surroundings <ul style="list-style-type: none"> ○ Explain procedures ○ Talk about their room ○ Keep promises ○ Provide safe environment ○ Promote use of personal belongings • Maintain order and follow routines • Assist to reduce fear and anxiety, check on resident frequently • Avoid rushing and assist resident in gentle manner 	
<p>(S-10) Love and Affection Needs (1)</p> <ul style="list-style-type: none"> • Friendship • Social Acceptance 	

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<ul style="list-style-type: none"> • Closeness 	
<p>(S-11) Love and Affection Needs (2)</p> <ul style="list-style-type: none"> • Meaningful relationships with others • Love • Sexuality 	
<p>(S-12) Love and Affection Needs (3)</p> <ul style="list-style-type: none"> • Belonging <ul style="list-style-type: none"> ○ Need often met by family/support system ○ Friends may meet this need • Nursing staff can become family <ul style="list-style-type: none"> ○ Sit and visit for a few minutes when time allows ○ Display human warmth with gentle touch ○ Show acceptance of resident for unique qualities ○ Promote care in kind, friendly, considerate manner 	
<p>(S-13) Basic Self-esteem</p> <ul style="list-style-type: none"> • Value, worth or opinion of oneself • Seeing oneself as useful • Being well thought of by others 	
<p>(S-14) Self-esteem Needs of the Resident</p> <ul style="list-style-type: none"> • Call resident by name he or she prefers • Praise accomplishments • Discuss current issues • Request resident’s opinion • Show respect and approval • Assist to dress and help with grooming • Encourage independence and socialization • Share goals 	
<p>(S-15) Self-actualization Defined</p> <ul style="list-style-type: none"> • Realizing personal potential including creative activities • Self-fulfillment • Seeking personal growth and peak experiences • A desire to become everything one is capable of becoming 	
<p>TEACHING TIP #1S: Unmet needs</p> <p>Ask students to offer other possible unmet needs at each level that may affect self-actualization in the older adult in addition to the examples from S-16.</p> <p>(S-16) Self-actualization in the Older Adult Self-actualization may be difficult for older adult due to unmet:</p> <ul style="list-style-type: none"> • physical needs such as lack of mobility or pain • security needs such lack of privacy or fear 	

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<ul style="list-style-type: none"> • love and affection needs such as social isolation or lack of family support • Self-esteem needs such as negative feelings about self or lack of confidence 	
<p>(S-17) Encouraging Self-actualization in the Older Adult</p> <ul style="list-style-type: none"> • Encourage resident to meet new people • Assist residents to attend presentations or activities such as guest speakers and musical performances in the facility or on a field trip • Discuss plans for trying something new • Offer praise when resident succeeds at something new • Encourage creativity in music, art, poetry, writing • Offer audiobooks and/or music playlist with playback devices if available • Spend time with resident to discover what activities are meaningful to the resident; ask resident, “What matters to you?” and/or “What matters to you today?” to start a conversation; report information gained to the supervisor to share with other members of the team • Support resident in experiencing treasured activities after resident shares what matters such as enjoying outdoor life with a walk or socializing with others 	
<p>TEACHING TIP #2S: Review of basic human needs</p> <p>Slide 18 shows the basic human needs pyramid with only pictures representing each of the needs. The goal is for the students to recall each of the five needs using the pictures as cues.</p> <p>Stay on Slide 18. The goal of the teaching tip may be accomplished in a group by pointing to each need and asking the group the name of the need or having each student write the name of each need on a sheet of paper (not to be turned in) as you point to each need.</p> <p>Once the needs are identified, move to Slide 19 so students can check their answers.</p>	
<p>(S-18) Review of Hierarchy of Basic Human Needs</p>	
<p>(S-19) Basic Human Needs – Check Your Answers</p>	
<p>(S-20) Spiritual Needs</p> <ul style="list-style-type: none"> • Residents have right to worship and express faith freely <ul style="list-style-type: none"> ○ Respect residents’ beliefs and religious objects ○ Inform residents of the time and place for religious services important to them 	

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<ul style="list-style-type: none"> ○ Assist resident to attend religious services ○ Provide privacy for visits by members of the clergy 	
<p>(S-21) Sexuality</p> <ul style="list-style-type: none"> • Expressed by individuals of all ages; sexual needs and desires continue throughout life • May be expressed in a variety of ways such as sexual intercourse, caressing, touching, holding hands, masturbation • Some ways to show feminine or masculine qualities is through choice of clothing styles and colors, hairstyles, hobbies and interests, sexual habits, and gestures • Illness, disability, or living environment may affect needs and desires 	
<p>(S-22) Resident Sexuality – Nurse Aide’s Role (1)</p> <ul style="list-style-type: none"> • Assist to maintain sexual identity by dressing resident in clothing of choice • Assist with personal hygiene • Assist to prepare for special activities by dressing up (selecting attractive clothing, styling hair in a special way, applying cosmetics, wearing a special perfume or aftershave) • Help to develop a positive self-image • Respect resident’s sexual orientation and gender identity <ul style="list-style-type: none"> ○ Use transgender resident’s chosen name and pronouns such as he, she, or other pronoun of choice ○ Encourage resident to talk about their “family members of choice.” ○ Avoid assuming all residents are heterosexual or straight – it deprives residents of dignity and respect 	
<p>(S-23) Resident Sexuality – Nurse Aide’s Role (2)</p> <ul style="list-style-type: none"> • Show acceptance and understanding for resident’s expression of love or sexuality (provide privacy, always knock before entering a resident’s room at any time, assure privacy when requested) • Accept the resident’s sexual relationships • Respect <i>Do Not Disturb</i> signs • Refrain from gossiping and breaking confidentiality about resident’s sexuality • Avoid viewing expression of sexuality as disgusting or cute – it deprives residents of dignity and respect • Provide protection for the non-consenting resident • Be firm but gentle in your objection of a resident’s sexual advances 	
<p>(S-24) Developmental Tasks of Aging – Skills</p>	

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<ul style="list-style-type: none"> • Certain skills that must be mastered during a stage of development • Late adulthood tasks include <ul style="list-style-type: none"> ○ Adjustment to retirement, reduced income, death of friends, death of spouse, physical changes, loss of independence ○ Creating new friendships and relationships ○ Loss of vitality ○ Integrating life experiences ○ Preparation for death 	
<p>(S-25) Developmental Tasks of Aging – Issues</p> <ul style="list-style-type: none"> • Issues involving care of elderly that may arise <ul style="list-style-type: none"> ○ Amount of care needed ○ Cost ○ Nutritional needs ○ Relationship with family/support system ○ Location of family/support system ○ Medical care needs ○ The elderly person may experience changes in lifestyle – living with a group of people, less independence, structured lifestyle, less privacy, difficulty adapting to change ○ Decision made by individual or family for long-term care may cause stress 	
<p>(S-26) ACTIVITY #1S: The Place That I Call Home (Individual activity)</p> <p>Refer to instructor’s guide beginning on Page 18-S. Slides 26, 27, 28, and 29 will be shown during the activity. Stay on slide 26 until the instructor’s guide says to go to slide 27.</p>	
<p>(S-27) Activity Slide (instructor’s guide on Page 18-S)</p>	
<p>(S-28) Activity Slide (instructor’s guide on Page 18-S)</p>	
<p>(S-29) Activity Slide (instructor’s guide on Page 18-S)</p>	
<p>(S-30) Home as a Castle</p> <ul style="list-style-type: none"> • Most older adults view their home as their castle and have lived in their current home for 20 years 	
<p>(S-31) An Older Adult’s Home</p> <ul style="list-style-type: none"> • To an older adult, a home may represent <ul style="list-style-type: none"> ○ Independence ○ A link to the past ○ A part of his/her identity ○ The center for family gatherings ○ A connection to the neighborhood ○ Symbol of position in the community ○ A place to maintain autonomy and control 	

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<p>(S-32) Relocation from the Home</p> <ul style="list-style-type: none"> • Sometimes the older adult must relocate from the home due to: <ul style="list-style-type: none"> ○ Decrease in finances ○ Decline in physical or mental state resulting in the need for more assistance ○ Inability to manage the home ○ Lack of social support ○ Increasingly unsafe neighborhood 	
<p>(S-33) Reaction to Relocation</p> <ul style="list-style-type: none"> • Individual people will have individual reactions to relocation from the home depending upon <ul style="list-style-type: none"> ○ Degree of choice that the older adult had ○ Degree of preparation that the older adult had ○ Degree of sameness of the new location with the previous location ○ Degree of predictability of the new location ○ Number of additional losses that occurred in older adult's life – loss of loved one, loss of health, loss of finances, loss of roles 	
<p>(S-34) Moving to a Nursing Home</p> <ul style="list-style-type: none"> • Admission to a nursing home <ul style="list-style-type: none"> ○ About 1/3 of men and over 1/2 of women who turn 65 are expected to live in a nursing home before they die ○ The older adult may fear life in a nursing home more than his/her own death ○ Older adults often view admission to a nursing home as a series of losses and being forced into unpredictable surroundings in which the only certainty is further loss ○ Admission is often involuntary and traumatic for the older adult and initiated by a family member 	
<p>(S-35) Sudden Admission to a Nursing Home</p> <ul style="list-style-type: none"> • How does the older adult feel when he/she is suddenly admitted to a nursing home? <ul style="list-style-type: none"> ○ Typically experiences a great deal of stress and feels a sense of loss, fear, isolation, confusion, and being out of control ○ May feel relief over the move – no more caring for the home, no more cooking, no more cleaning, and no more shopping ○ Event is often viewed as the ending of one phase of the older adult's life and the beginning of the final phase 	
<p>(S-36) Nursing Home as an Accidental Community</p>	

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<ul style="list-style-type: none"> • May be perceived as an accidental community where people with different interests, tastes, cultural backgrounds, social classes, educational backgrounds, former occupations, and income live together in a blended living arrangement in an institutional setting with dozens or even hundreds of people 	
<p>(S-37) Life in a Nursing Home – Residents</p> <ul style="list-style-type: none"> • Residents of a nursing home represent a wide range of ages, may stay for a short time or a long time, have a variety of diagnoses, vary in their degree of functional impairment or disability, vary in their level of cognition, and are 75% female 	
<p>(S-38) Life in a Nursing Home – Routines and Schedules</p> <ul style="list-style-type: none"> • Fixed routines and schedules for personal care (baths and showers); meals, medications, wake times, and bedtimes used in most nursing homes to accommodate needs of all residents • Older adult’s life is built on previously established social roles and personal routines • Personal routines and schedules may collide with institutional schedules, causing conflict • Examples – John has always been the king of his household and now has discovered that he must do what he’s told; George is expected to eat breakfast at age 76 years of age for the first time in his life; Mary can no longer read her morning paper before breakfast 	
<p>(S-39) Life in a Nursing Home – Limited Space</p> <ul style="list-style-type: none"> • Personal space is limited and reduced to a few square feet around the bed • Storage space is limited 	
<p>(S-40) Life in a Nursing Home – Lack of Privacy</p> <ul style="list-style-type: none"> • Resident may live in a shared bedroom with no choice of roommates and no control over who stays in other bed – could be someone dying, a resident who is confused, or even a series of roommates • May feel violated if confused residents invade their personal space or take personal items 	
<p>(S-41) Life in a Nursing Home – Lack of Privacy</p> <ul style="list-style-type: none"> • At home <ul style="list-style-type: none"> ○ Older adult could lock the door and choose whether to answer a knock at that door ○ May also choose whether to let the individual come through the door 	

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<ul style="list-style-type: none"> • At nursing home <ul style="list-style-type: none"> ○ Resident cannot lock door ○ A knock on the door signifies that entry is being announced, instead of person requesting to come into room 	
<p>TEACHING TIP #3S: Knock, Knock, Knock</p> <p>Ask students:</p> <ul style="list-style-type: none"> • Think about the simple difference between the knock, knock, knock at a door – at a person’s home, versus a resident’s room. • Think about the significance of choice – whether the person chooses to answer the door or not, at home; and how that choice is often totally taken away when an older person moves into a nursing home. 	
<p>(S-42) Life in a Nursing Home</p> <ul style="list-style-type: none"> • Cognitively impaired residents are housed with cognitively intact residents <ul style="list-style-type: none"> ○ Cognitively intact and cognitively impaired residents share the same dining hall in most nursing homes and may be a shock to the cognitively intact (such as residents drooling or spitting) ○ Programs and activities are often the same for cognitively intact and cognitively impaired residents, and often very simple and very basic – and not very challenging ○ Residents may be frightened by erratic screams, moans, or repetitive sounds from other residents 	
<p>(S-43) Adapting to Life in a Nursing Home (1)</p> <ul style="list-style-type: none"> • The cognitively intact older adult adapts to life in a nursing home in one of three ways <ul style="list-style-type: none"> ○ Becomes depressed or may regress, withdraws from others and only shows interest in events that affect own personal, physical self, OR ○ Becomes narrow-minded, uncooperative with staff, and fights all attempts to be included into normal, standard routine of nursing home activities, does not view nursing home as home, OR ○ Determined to make the best of his or her stay in nursing home and claims to prefer it to life before admission 	
<p>(S-44) Adapting to Life in a Nursing Home (2)</p> <ul style="list-style-type: none"> • Important to realize that a normal response to sudden placement into a nursing home, such as depression, 	

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<p>withdrawal, or moodiness, is often viewed as poor adjustment to nursing home life</p> <ul style="list-style-type: none"> • Nursing home staff may unfairly and prematurely label the resident as difficult or a troublemaker 	
TEACHING TIP #4S: Guest Speaker	
A nurse or social worker	
<p>(S-45) Life in a Nursing Home – Nurse Aide’s Role (1) (by Individualizing the Admission Process)</p> <ul style="list-style-type: none"> • Staff can decrease resident’s doubts and fears of unknown, and increase feelings of control by providing newly admitted residents with orientation to facility <ul style="list-style-type: none"> ○ Find out how each resident wishes to be addressed (Mr., Mrs., Ms., Dr.) and preferred name (first name, middle name, last name, nickname); use with all subsequent introductions and verbal communications with resident ○ Provide each resident with map of facility, a personalized tour, and visual points of reference to help get used to facility ○ Introduce resident to staff and other residents ○ Provide initial explanations of routines and procedures ○ Always explain what is being done, reason it is being done, and where resident is being taken ○ Learn about resident’s previous lifestyle, environment, and routines so that nurse can add to nursing care plan 	
<p>(S-46) Life in a Nursing Home – Nurse Aide’s Role (2) (by Personalization and Links to Past)</p> <ul style="list-style-type: none"> • Older adults must part with many important objects when relocating to a nursing home; familiar objects and keepsakes are links to resident’s background and relationships <ul style="list-style-type: none"> ○ Encourage as much personalization of space as possible to provide sense of continuation of life; items may include a piece of furniture, figurines, pictures of family members, books, children’s art work, etc.; be tolerant of clutter ○ Let resident have plenty of time to decide on placement of keepsakes; may keep resident’s thoughts and attention for one or two weeks; only after resident has organized living space can he/she 	

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<p>direct their energies to new people and new places in facility</p> <ul style="list-style-type: none"> ○ Provide praise for personalization of resident’s space 	
<p>(S-47) Life in a Nursing Home – Nurse Aide’s Role (3) (by Privacy and Respect for Personal Space)</p> <ul style="list-style-type: none"> • Lack of privacy and personal space, can increase stress and anxiety for resident; can be displayed in form of illness, aggression, anger, submissiveness, and withdrawal; when resident’s privacy, personal space, and personal belongings are respected, can relate better to others, feels more secure, and maintains identity • Remember that each resident needs down time or time to relax and get away from people <ul style="list-style-type: none"> ○ Always knock on resident’s door and wait to be invited in before entering ○ Approach resident slowly and maintain a degree of physical distance when possible ○ Ask resident for permission before touching belongings or going into closet and drawers ○ Never read resident’s mail unless requested to do so ○ Keep the resident’s personal belongings safe, yet available for use 	
<p>(S-48) Life in a Nursing Home – Nurse Aide’s Role (4) (in Providing Emotional Support)</p> <ul style="list-style-type: none"> • Be aware of resident’s reasons for admission (death of spouse, declining health) and understand these stressors directly affect behavior and reactions to nursing home life; also, remember it is difficult to change lifelong habits, schedules, and rituals <ul style="list-style-type: none"> ○ Realize major changes that resident is expected to handle in short period of time and empathize ○ Recognize losses – home and familiar surroundings, belongings, former neighbors, former routines and lifestyles, declining health, and possible loss of loved ones ○ Recognize adjustments – to a confined living space, living near others, possibly having to share a bedroom with a stranger, new routines, services, and facility staff watching his/her every move ○ Encourage resident to have as much control as possible; encourage to participate in planning of daily schedule ○ Encourage resident to set own pace and prioritize daily activities 	

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<ul style="list-style-type: none"> ○ Encourage resident to participate in facility activities when ready to do so 	
<p>(S-49) OBRA</p> <ul style="list-style-type: none"> • Do you remember when Ms. Smith, the state surveyor, knocked on your door when you were a resident of Happy Care Nursing Home? • There actually are Ms. Smiths in our State who inspect nursing homes • Recall learning about OBRA and how OBRA was major legislation that was passed to protect residents in nursing homes and to assure that they would receive quality care and have a quality life • The law requires States to have a survey and certification process in place, whereby each nursing home is surveyed annually to determine compliance with federal regulations • The survey is unannounced and performed annually to review quality of care as indicated by an evaluation of criteria including medical, nursing, and rehabilitative care; dietary services; infection control; pharmacy services; physical environment; incidents of abuse, neglect, and exploitation; and resident-centered care planning • Variety of methods are used during survey – observations of staff providing care, resident/family interviews, evaluation of environment for safety and cleanliness, and records review • Based on findings of the state surveyors, the nursing home can get a clean bill of health and found to be in compliance; or may be subject to fines, denial of federal funds, or at the extreme – closed 	
<p>(S-50) OBRA Empowers Nursing Home Residents</p> <ul style="list-style-type: none"> • The regulation of nursing homes focuses on quality of life for residents and emphasizes their individual rights. Because of OBRA, nursing home residents are more empowered and have a greater say in their own quality of life. 	
<p>(S-51) Caring for Residents Who Are Depressed</p> <ul style="list-style-type: none"> • Recognize reasons for depression <ul style="list-style-type: none"> ○ Loss of independence ○ Death of spouse or friend ○ Loss of job or home ○ Decreased memory ○ Terminal illness • Recognize common signs and symptoms of depression <ul style="list-style-type: none"> ○ Change in sleep pattern 	

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<ul style="list-style-type: none"> ○ Loss of appetite and weight loss ○ Crying ○ Withdrawal from activities ○ Appearing sad ● When the resident is depressed <ul style="list-style-type: none"> ○ Listen to feelings ○ Encourage to reminisce ○ Involve in activities ○ Encourage friends and family to visit ○ Report changes in eating, elimination or sleeping patterns ○ Avoid pitying the resident ○ Help to focus on reality ○ Monitor eating and drinking ○ Promote self-esteem ○ Report observations to supervisor ● Recognize defense mechanisms – unconscious behaviors that resident may display when stressed 	
<p>(S-52) Defense Mechanisms (1)</p> <ul style="list-style-type: none"> ● Projection – blaming others ● Rationalization – false reason for situation ● Denial – pretending a problem does not exist ● Compensation – making up for a situation in some other way 	
<p>(S-53) Defense Mechanisms (2)</p> <ul style="list-style-type: none"> ● Displacement – transferring feelings about the one person to another person ● Daydreaming – escape from reality ● Identification – idolizing another and trying to copy him/her ● Sublimation – redirecting feelings to constructive activity 	
<p>(S-54) Caring for Residents with Developmental Disabilities – Nurse Aide Role</p> <ul style="list-style-type: none"> ● Diagnoses may include mental retardation or cerebral palsy ● Treat the individual with respect and dignity ● Encourage residents to make personal choices, do as much as possible for themselves, use age appropriate personal skills, achieve their potential, interact with others ● Do not act as resident’s parent, create dependency, label or categorize residents ● Provide privacy ● Build resident’s self-esteem 	

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<p>(S-55) Caring for Residents who are Stressed – Nurse Aide Role</p> <ul style="list-style-type: none"> • Listen to concerns • Observe and report nonverbal messages • Treat with dignity and respect • Attempt to understand behavior • Be honest and trustworthy • Never argue with residents • Attempt to locate source of stress • Support efforts to deal with stress 	
<p>(S-56) Caring for Residents Who Are Demanding – Nurse Aide Role</p> <ul style="list-style-type: none"> • Attempt to discover factors responsible for behavior • Display a caring attitude • Listen to verbal and nonverbal messages • Give consistent care • Spend some time with the resident • Agree to return to see the resident at a specific time and keep your promise 	
<p>(S-57) Caring for Residents Who Are Agitated – Nurse Aide Role</p> <ul style="list-style-type: none"> • Encourage to talk about fears • Remind resident of past ability to cope with change • Encourage to ask questions about concerns • Involve in activities that promote self-esteem • Observe for safety and to prevent wandering • Assign small tasks • Use reality orientation 	
<p>(S-58) Caring for Residents who are Paranoid – Nurse Aide Role</p> <ul style="list-style-type: none"> • Reassure the resident that you will provide safety • Realize behavior is based on fear situations • Avoid agreeing or disagreeing with comments • Provide calm environment • Involve in reality activities 	
<p>(S-59) Caring for Residents who are Combative – Nurse Aide Role</p> <ul style="list-style-type: none"> • Display a calm manner • Avoid touching the resident • Provide privacy for out-of-control residents • Secure help if necessary • Do not ignore threats • Protect yourself from harm 	

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• Listen to verbal aggression without argument	

Activity #1S – The Place That I Call Home Instructor Guide

The Day Before the Activity

Duplicate and distribute the three-page homework assignment (The Place That I Call Home Homework) during the class prior to teaching this model. Students are to complete the assignment and bring in the following class day.

Discussion About Their Assignments Segment

Ask the students to retrieve their assignment. Begin by asking them to describe their homes. Be very complimentary and positive with remarks.

Next, ask for student volunteers to share answers to each of the questions on page three (3) of their activity document. Use the questions on page three (3) to elicit responses from the students about their homes and life in their homes:

- Do you enjoy living in your home?
- What do you love most about your home?
- When you are home, where do you go when you want to be alone?
- When friends or relatives come to see you at your home, do they knock on your door or just go into your home without knocking?
- When a stranger wishes to see you at your home, does he/she knock on your door or just go into your home without knocking?
- Do you sometimes not want to see anyone or be bothered and therefore not answer your door or answer your phone?
- How often do you go out to eat?
- Do you usually eat alone or with someone?
- Do you prepare your own food and go to the refrigerator for a snack whenever you are hungry?
- Do strange noises scare you at night?
- When you bathe – do you shower or take a bath?
- If you were forced to move from your home and could bring only five things with you, what would those five things be?

Throw Away Homes and Entry into the Nursing Home Segment

After the discussion, ask the students to separate the pictures of their homes from page three (3). Walk around the room and collect the two pictures of the homes from each of the students and ceremoniously walk over to the trashcan and throw the pictures away, without saying anything. Show slide number 27 of the PowerPoint and then make the following announcement:

“You have just had a stroke and can no longer care for yourself. Your speech is slurred and you cannot move your right arm and right leg. Your family has arranged for your placement into Happy Care Nursing Home, and it is uncertain how long you will be staying, or if you will ever return home again.”

Show the next slide (slide number 28). Continue reading the announcement:

“You are transported to your room by stretcher and think to yourself, ‘This can’t be right – there is a stranger in the bed next to the window.’ Look at the picture of your room and notice the empty bed (slide number 29). That is your bed. That is your room. This is your new home.”

Set the Stage for the Mental Imagery Scenario

Turn the lights out in the room and tell the students to:

- put down their pencils and pens
- relax
- get in a very comfortable position
- close their eyes, and
- think about what you are saying to them

When the students appear relaxed, begin reading the following statements in a very quiet, soothing manner:

Mental Imagery Scenario

You have just been placed in your bed. You are dressed in a hospital gown. Your nurse has completed your admission assessment and you are tired. You look forward to a nap.

Suddenly, a nurse aide comes into your room, pulls back the privacy curtain and says in a cheery voice, “Hey, Sweetie. It’s time for crafts. Let’s go.”

Keeping your eyes closed, you whisper in a slurred voice, “Tired. Want to rest. No crafts.”

The nurse aide leans over and shouts in your ear, “Huh? What did you say, Sweetie? I didn’t understand you.”

You are tired, you want to rest, and now this stranger is yelling in your ear. Doesn’t she realize that you had a stroke and did not lose your hearing?

Your eyes are no longer closed. You are looking at this person.

Suddenly, the nurse aide grabs you by the shoulders and twists you around in bed to a sitting position. She drags you across the bed and plops you into a wheelchair.

How are you feeling?

The nurse aide wheels you down to the activity room and places you in front of a table with string and beads. She locks the brakes and says, "I'll be back in 30 minutes."

There you sit – for 30 minutes. Your back hurts. Your arm hurts. You have to go to the bathroom. No one checks on you.

Suddenly, your wheelchair brakes are unlocked, and you are jerked backwards. You think to yourself - what is happening to me? Where am I going now? The hallway seems vaguely familiar. With a sharp turn to the right, you are whisked into your room – and very roughly put back to bed.

Before you have a chance to tell the nurse aide that you have to go to the bathroom, she is gone – out of the room. You ring your bell. No one comes. You ring your bell. No one comes. You ring your bell and finally someone hurries into the room. "What do you want now? I was just in here. If you don't stop ringing that bell, I'm going to take it away from you."

You are scared. You try to form the word, bathroom, but it takes too long. You look at your nurse aide and she looks at you. She says to you in a very hateful voice, "Look, I have 15 other patients. What do you want?" You try to form the word, bathroom again – and finally, manage to say, "ba-." It's too late, though - she is gone.

You've got to go to the bathroom. You can no longer wait. You are incontinent.

You ring your bell. No one comes. You ring your bell. No one comes. You ring your bell. Finally, the nurse aide returns and states, "OK, now what? You have been nothing but trouble since you got here."

She suddenly realizes that you are incontinent. "Oh great, you wet the bed. It looks like I'm gonna have to put a diaper on the little baby. I'll go get a clean sheet. I'll be right back."

Thirty-eight minutes later, the nurse aide returns. "Sorry it took so long. It was time for my lunch break," she explains to you.

Without saying a word, she raises the bed high and roughly rolls you over. You are scared. You think you are going to fall out of bed. You try to grab the rail and accidentally scratch the nurse aide's arm. She yells, "Ouch. What did you do that

for?” She curses at you and roughly turns you back over onto your back. She lowers the bed and whispers in your ear, “OK, just be that way. You can just lie there for a while. I’ll change the little baby after I go smoke my cigarette.” The nurse aide lifts the call bell and loops it over the light – out of your reach. She turns and leaves the room.

You close your eyes. You are tired. You are wet. You are sad. You are frightened. What is that? Is it a tap on the door? Yes, it is. It is the first time someone has knocked on the door since you have been admitted to the nursing home. Your roommate hollers out, “Come on in.”

A woman walks in; another stranger. She walks over to you and states, “Hello, I’m Mary Smith and I am a state inspector. How are they treating you here?”

For the first time since you have been admitted, you attempt to smile. The end.

Discussion and Wrap-up of Activity

Use the following questions as a basis for discussion and wrap-up for the activity. You may want to add more.

- Would you like to live at Happy Care Nursing Home?
- Would you like for your mother to be admitted to Happy Care Nursing Home?
- Would you like for your daughter or son to be admitted to Happy Care Nursing Home?
- Would you like to be cared for by the nurse aide in the scenario?
- Were you neglected or abused?
- What are some examples of how the nurse aide abused you?
- How would you like for the story to end – happy or sad? What would you want to have happen to the nurse aide? Do you go home?
- Go back to page three (3) of your homework and read over your answers. How might living in a nursing home change some of the answers?
- What did you think of this activity?

The Place That I Call Home Homework (Page 1 of 3)

Think about where you are currently living. Draw a picture of the outside of your home and your yard. Be sure to include plants, trees, pets, a sidewalk, your car, garden, fence, mailbox, porch swing, birdhouses or other things a person would notice if he/she would ride by your home.



The Place That I Call Home Homework (Page 2 of 3)

Think about where you are currently living. Draw a floor plan of the inside of your home. Be sure to include all rooms, doors, windows, indoor pets, televisions, telephones, closets (page 2 of 3)



The Place That I Call Home Homework (Page 3 of 3)

Think about where you are currently living. Answer the following questions regarding the place that you call home.

1. Do you enjoy living in your home?
2. What do you love most about your home?
3. When you are home, where do you go when you want to be alone?
4. When friends or relatives come to see you at your home, do they knock on your door or just go into your home without knocking?
5. When a stranger wishes to see you at your home, does he/she knock on your door or just go into your home without knocking?
6. Do you sometimes not want to see anyone or be bothered and therefore not answer your door or answer your phone?
7. How often do you go out to eat?
8. Do you usually eat alone or with someone?
9. Do you prepare your own food and go to the refrigerator for a snack whenever you are hungry?
10. Do strange noises scare you at night?
11. When you bathe – do you shower or take a bath?
12. If you were forced to move from your home and could bring only five things with you, what would those five things be?