



Part Two includes a focus on practical applications supporting the building blocks of resilience as we age including methods for engagement and social support, building confidence and self-efficacy, a positive perspective and self-esteem. **BY KAY VAN NORMAN, MS**

PART TWO

Aging
Expectations

Family Resilience



When a parent or loved one needs assistance, most families truly want connection, cooperation, and a positive quality of life for everyone involved. However, the realities of a care journey often trigger more frustration and conflict than harmony. This is the second installment of a two-part article on how aging expectations impact family resilience through a care journey.

Summary — Part One

Part One described how ideas about aging come largely from cultural images of aging and from interactions with older adults — parents, grandparents, community members. A lifetime of experiences and cultural observations inform beliefs about aging and essentially develop “scripts” for how to respond to aging challenges, make health decisions, and create care environments.

Common scripts like, “*It’s normal to become frail with age*” can lead individuals, families, and health-care providers to just stand back and accept frailty, rather than engage proven prevention strategies. Aging scripts can also result in substantially different approaches to recovery — depending on age. Young people with functional challenges are given resources, tools, and encouragement to overcome challenges and

live fully in spite of them, while older adults are often given resources to cope with challenges. This profound difference in mindset can result in very different outcomes after a healthcare challenge.

Aging scripts also influence what family members consider a loving care environment. Care environments often consist of care givers and care receivers. This approach is fertile ground for caregiver burnout, family member resentment, and a sense of dependence on the part of a loved one needing care. In contrast, an environment built as a care partnership acknowledges that each family member's needs are equally important — even when one person's needs are often more urgent.

To bolster a care partnership, the care environment must be focused on supporting resilience and whole person wellness — starting with making a conscious transition from a mindset of illness management (practiced at the hospital) to a mindset of supporting well-being in body, mind, and spirit.

Part Two — Theory into Practice

This article offers practical strategies to evaluate family aging scripts and the existing care environment. It also describes a practical framework for creating an environment of care that prioritizes resilience and actively supports well-being in all dimensions of health.

Expectations, Roles, and Common Conflicts

Ideally families would examine aging expectations and proactively plan for an empowered care environment before a loved one (regardless of age) needed care and support. However, those already on a care journey can improve interactions by examining aging expectations. Some very simple strategies can start the evaluation process.

Free Writing — Aging Expectations: Free writing refers to the process of writing words, phrases, sentences, paragraphs — whatever comes to mind — to describe personal expectations of aging. Try this exercise yourself to experience what value it can bring to clients. Write about what you hope happens as you age and your worst fears of aging. Include your desired care relationships and highest priorities in a care environment, should you ever need assistance. Write without editing or worrying about whether it makes for good reading! It's only meant to indicate what you think about aging. Then consider where your ideas about aging come from. For example, fear of being incapacitated with age comes from somewhere (i.e. societal images, personal experiences, etc.). Examining where expectations, hopes, and fears come from helps bring clarity to this issue.

Expectations can also determine how specific challenges are perceived, directly influencing what a person feels is probable and possible considering the challenge. For example, requiring oxygen every day may result in being largely housebound for one person, while another person may choose to place a portable oxygen tank in the basket of a bicycle and head to town (true story!). Perceptions influence whether the care environment is focused on making a person's world smaller and more manageable, or on using adaptive strategies to support continued engagement in the broader world.

Free Writing — Roles: Now free write words, phrases, sentences, paragraphs — whatever comes to mind — to either describe the current interactions you're having with a loved one needing assistance, or to consider the role you can envision playing in a care journey. This exercise brings clarity to expectations around care relationships.

If you're currently on a care journey, consider specific examples of family interactions and determine what role you took — i.e. cheerleading, documenting deficits, taking over, hands off — and then examine the outcome or feedback from that interaction. Did it result in feelings of appreciation, relief, and inspiration, or did it inspire anger, fear, and deflation? Creating an intentional care environment is much easier when all individuals involved understand how personal expectations of aging impact care relationships and care roles.

Ongoing Evaluation

Evaluations don't stop once a care environment and family roles are in place. Regular check-ins help ensure family members are getting the help they need and want to be successful in their roles. In addition, there must be a well defined pathway to renegotiate roles as time passes or circumstances change. Family members in a care partnership function as a team so even when one person's needs are sometimes *more urgent*, they are *not more important* than the needs of other family members.

Common Conflict

One common point of conflict between family members stems from differing levels of risk tolerance. Professionals in disability services have long recognized the concept of "dignity of risk" in relation to quality of life for people with disabilities. Dignity of risk refers to an adult's right to make choices based on their personal risk tolerance. Having a physical challenge or disability does not negate the right to choose, but this issue can result in power struggles

as family members become involved who may have dramatically different ideas about acceptable risk. Family members with a very low risk tolerance may advocate for a “safety bubble,” while those with a high risk tolerance may advocate for autonomy in the face of risks. To mitigate conflict, this concept must be acknowledged and openly negotiated with all care partners.

Evaluate the Care Environment

An existing care environment can be evaluated from the following perspective: How well does it meet basic human needs for autonomy and control, and giving as well as receiving? Does it trigger or stifle building blocks of resilience like optimism, purpose, and self-efficacy? What specific elements in the care environment support whole person well-being as defined by health in the physical, social, emotional, intellectual, spiritual, and vocational dimensions of wellness?

RHYTHM OF THE DAY

A care environment usually has an identifiable culture of care and daily rhythm that determines how it looks and feels. Recording daily interactions on simple worksheets can help determine how much time is focused on medical management vs. supporting well-being, thus revealing the predominant culture of care. See figure 1 for a sample worksheet.

EMOTIONAL RESIDUE

When evaluating a typical day, keep in mind that each interaction with a loved one leaves an “emotional residue” (positive, negative, or neutral). Each interaction can be an opportunity to either enhance or detract from wellness goals.

During shift changes, Mom’s care staff described things like bathroom “successes or failures” and other deficit-focused information in front of Mom. They insisted it was medically necessary to relay this information and I insisted that it had a negative impact on Mom’s well-being. We created a form so information could be recorded and the transition time could be devoted instead to sharing information about what books or movies they had enjoyed together or what made Mom laugh or feel excited and engaged that day. Shift changes became an entirely different experience for Mom. Instead of looking embarrassed, she happily helped describe positive things she had enjoyed that day.

This example of emotional residue in action illustrates

the adage that *people may not remember what you said or did, but they will always remember how you made them feel*. Committing to positive language and actions and viewing each interaction through the lens of the emotional residue will help build a culture that supports self-esteem, self-efficacy, and resilience.

For more detailed checklists and worksheets to evaluate a care environment, download the free *Aging and Family Resilience* Starter Tool kit at www.kayvan-norman.com.

Creating the Care Environment

Following the lead of the Disability Movement approach (focusing on possibilities — not disabilities), families can intentionally craft an environment that supports resilience and whole person wellness by rejecting negative expectations, embracing goals and purpose, and living fully *regardless of challenges*.

RULES OF ENGAGEMENT

The following guidelines will help care partners maintain an empowered care environment throughout the care journey:

- Commit to sharing the responsibility for a culture of well-being, one where all family members (including the person requiring extra care) are asked to contribute to the best of their ability.
- Agree on the common language, approach, and specific strategies that will be used to support a care environment focused on well-being.
- Emphasize a sense of “self” apart from medical conditions or functional status by prioritizing emotional well-being appointments — they are just as important as medical care appointments.
- Support a loved one’s ability to be as independent as possible while also encouraging him/her to ask for assistance when necessary to achieve goals.
- Don’t let a health setback become a new set point! After a hospitalization or health crisis, make a deliberate shift from managing illness (crisis mode) to supporting well-being in all aspects of health.
- Respond to a health challenge by creating a recovery mission statement and goals.
- Take age out of the equation by employing the same resources, tools, and encouragement a young family member with similar challenges would

receive to reclaim a fully engaged and meaningful life.

- Embrace potential and adaptive strategies in the face of challenges.
- Remember to put in efforts without expecting a *specific outcome* — an important aspect of care partnerships is the element of choice for all partners.

A Practical Solution

The *Vitality Portfolio*® model offers a framework for supporting personal lifelong vitality. This same framework provides a practical solution to help families build a culture of care focused on well-being. It outlines the importance of making a vitality plan and describes the need to balance vitality assets and make regular vitality deposits. See figure 2.



Figure 1 – Sample worksheet

Whole Person Wellness

Physical Functional movement- muscle strength, balance, joint mobility, endurance	Things we did today/this week (deposits)	Things we could add
Social Feelings of connection and belonging, mutual social support	Things we did today/this week (deposits)	Things we could add
Emotional Foster hope, optimism, joy. Opportunities to give as well as receive.	Things we did today/this week (deposits)	Things we could add
Intellectual Ignite curiosity, lifelong learning, maximize cognitive function	Things we did today/this week (deposits)	Things we could add
Vocational Opportunities to share gifts, set goals, shared projects	Things we did today/this week (deposits)	Things we could add
Spiritual Foster awe, wonder, gratitude; connection to something greater than self.	Things we did today/this week (deposits)	Things we could add

Visit www.kayvannorman.com for more downloadable worksheets

MAKE A VITALITY PLAN

The vitality plan for a care environment includes the strategies I've outlined above: making a conscious shift from managing illness to supporting well-being, evaluating expectations and family roles, and creating a mutually supportive care partnership.

BALANCE VITALITY ASSETS

Core, wellness, and functional assets contribute to the personal well-being of care partners, and provide a roadmap for creating an empowered care environment for a loved one.

Engaging Core Assets: An ageless attitude and resilience are core assets that help forge the basic approach to dealing with life's challenges. Support an ageless attitude in a care environment by consciously rejecting negative expectations of aging and focusing on helping a loved one maximize their potential — *regardless of challenge or age*. This includes rejecting frailty as a "normal" consequence of aging, and meeting functional challenges with adaptive strategies to continue living fully.

Help trigger resilience by actively supporting the building blocks of resilience: engagement and social support, confidence and self-efficacy, a positive perspective, and self-esteem. Strategies include:

- Identify and celebrate past examples of individual and family resilience.
- Foster future successes through problem solving and goal setting.

- Support self-help and care partnerships that uplift opportunities for each partner to give as well as receive.
- Engage a sense of hope, gratitude, and optimism.
- Cultivate acceptance without defeatism.
- Nurture self-esteem through life-story, shared reminiscence, and ongoing opportunities for growth and creativity.

Whole Person Wellness: The Wellness Wheel is a visual reminder to make regular deposits into each of the six dimensions of well-being: physical, social, emotional, spiritual, vocational, and intellectual. Making regular intentional deposits in all dimensions actively supports physical competence and emotional agility in the face of challenges. It also sparks vocational engagement (sharing one's gifts with others), social connections, intellectual curiosity, and spiritual connections.

Functional Assets: The *Vitality Portfolio*® Model uplifts the functional assets of strength, endurance, and mobility that support functional independence. A commitment to optimize physical function regardless of challenges can help families prevent a health setback from becoming a new health *setpoint*.

Aging services professionals can help clients and families start conversations about how aging expectations impact family resilience. Families can craft a plan for an empowered care environment long before caring turns into a transactional relationship of care-giving and care-receiving. Care partnerships that focus on well-being rather than illness management can help prevent or mitigate many of the negative outcomes related to family care journeys. •CSA

FIGURE 2



Kay Van Norman, president of Brilliant Aging, is an internationally known author, writer, and thought leader in healthy aging. Her work has directly impacted both the Active Aging Movement and Whole Person Wellness models in senior housing. Kay also created the *Brilliant Aging Content License* offering online access to innovative healthy aging resources. www.kayvannorman.com

RESOURCES

Visit www.kayvannorman.com to download FREE helpful resources including the Aging and Family Resilience Starter Tool Kit, and the Vitality Portfolio® Starter Tool Kit.