The Role of Therapeutic Use of Self in the Application of Non Pharmacological Interventions

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Abstract:

The Centers for Medicare and Medicaid Services launched a new initiative aimed at improving behavioral health and safeguarding older adults residing in nursing homes from unnecessary antipsychotic drug use. This article is part two of a four-part series on how caregivers working with older adults can implement nonpharmacological interventions. Many different types of nonpharmacological interventions exist, including staff techniques, communication skills, the identification of basic and medical needs, and actual activities, which may be performed alone, one-on-one, or in small groups. To implement nonpharmacological interventions, a trusting relationship must be established. What is done, what is not done, and how one behaves can all precipitate or prevent agitation, anxiety, depression, and apathy in older adults. This article will address the trusting relationship concept that must be actualized for nonpharmacological interventions to be successful.

Keywords: Healthcare | Older Adults | Nonpharmacological Interventions | Caregivers

Article:

This article is part two of a four-part series on the essential techniques caregivers need when implementing nonpharmacological interventions with older adults. Older adults with dementia may exhibit difficult behaviors for which pharmacological intervention may seem a simple and quick resolution. The goal of the initiative by the Centers for Medicare and Medicaid Services (CMS) is to reduce antipsychotic medication use by 15% for older adults and implement nonpharmacological interventions in lieu of or in conjunction with the appropriate use of antipsychotic medications (Bonner, 2013). To implement nonpharmacological interventions for behaviors such as aggression and anxiety, health professionals must understand some of the essential concepts that go beyond providing activities of daily living (ADLs) care and can be used by all staff.

Therapeutic Use Of Self

To effectively implement non-pharmacological interventions, health care professionals must be comfortable with therapeutic use of self. The health care professional is the "tool" used to promote change in a behavior (Edwards & Bess, 1998). The complex, multidimensional concept of *therapeutic use of self* is the "planned use of one's personality, insights, perceptions, and judgments as part of the therapeutic process" (Pendleton & Schultz-Krohn, 2013, p. 12). Rogers (1992) wrote about the use of self in his person-centered care theory, arguing that the caregiver needs to use him or herself to facilitate change in older adults' behaviors. To use oneself, a trusting relationship must be established (Punwar & Peloquin, 2000; Taylor, Lee, Kielhofner, & Ketkar, 2009).

Rapport

One component of therapeutic use of self is to develop rapport with the older adult.*Rapport* means to have a connection with someone. It means to feel similar, such as having the same goals and values, or relate well to each other. Building rapport begins the minute a caregiver meets an older adult. The first few meetings will have the largest impact on the relationship ultimately developed. Rapport helps in building a trusting relationship and vice versa. General methods of developing rapport with older adults include gaining knowledge about them prior to meeting. At the first meeting, caregivers should greet, smile, and extend their hands, introduce themselves, and spend a few moments with the older adult. Eye contact is important; therefore, looking at a laptop, a chart, or other things in the immediate surroundings should be avoided. Caregivers should give their undivided attention to the older adult. It is best to be at the same level as the older adult when communicating; therefore, if the older adult is sitting, the caregiver should also sit. It is difficult for an older adult to look up for any length of time because of the strain it places on the neck. If the older adult is standing, the caregiver should also stand.

Asking where the older adult grew up and about his or her family shows interest (Jootun & McGhee, 2011). It is important to be emotionally present. In interactions with older adults, caregivers should validate the older adults' feelings, goals should be set together, choices should be offered, and positive feedback should be given. Caregivers should not sound judgmental or as if they are reprimanding or scolding the older adult. Caregivers should demonstrate that they are listening through verbal and nonverbal behaviors (Jootun & McGhee, 2011). Medical terms, jargon, slang, or acronyms (e.g., ADLs) that the older adult may not be familiar with should be avoided. To better meet the needs of culturally diverse older adults, caregivers may need to call in a care partner who can translate communications into the patient's native language and interpret situations from a cultural perspective. Another option is to include family members in discussions to fully understand the patient's concerns and to communicate treatment effectively.

Additional methods for building rapport include mirroring. *Mirroring* means getting into rhythm with the older adult, for which several different methods exist (Miller, 2004). *Emotional mirroring* is empathizing with someone's emotional state by being on his or her side. Caregivers must apply good listening skills, so as to listen for key words and problems that arise when speaking with older adults. By doing so, caregivers can talk about the issues and question older adults to better their understanding of what they are saying and show empathy toward them.*Posture mirroring* is matching the tone of an individual's body language, not through direct imitation, as this can appear as mockery, but through mirroring the general message of his or her posture and energy. If the older adult is acting happy and claps his or her hands excitedly, the caregiver may smile and say "wonderful" with enthusiasm. *Tone and tempo mirroring* includes matching the tone, tempo, inflection, and volume of an individual's voice (Jootun & McGhee, 2011; Miller, 2004). Rapport can also be developed through reciprocity, such as offering gifts or doing deeds. Giving gifts is not generally allowed in facilities; however, caregivers may give the gift of time. Finally, *commonality*, which is the technique of deliberately finding something in common with an individual to build a sense of camaraderie and trust, can be sought through discovering shared interests and dislikes and similar lived situations.

Trusting Relationship

Trusting relationships are important to older adults because of their potential vulnerability and reliance on others to meet their needs. Trust provides older adults with security and comfort. This relationship has to be built; it does not automatically occur during an initial encounter and is not guaranteed to continue once it is established (Trojan & Yonge, 1993). The relationship that older adults and caregivers build is influenced by what each individual brings to the interactions, such as past experiences, personalities, and attitudes, in addition to perceived beliefs about the other individual (Gerontological Society of America, 2012). Caregivers must have knowledge about older adults to effectively interact and build relationships (U.S. Department of Health and Human Services, 2011). Rogers (1992) pinpointed one important factor of a trusting relationship as*genuineness* or *transparency* (i.e., the caregiver's willingness to be honest with the older adult and with him or herself). Shulman's (2008) interactional model is in agreement with Rogers in that sharing one's feelings allows the older adult to know where the caregiver stands at all times, which leads to a trusting relationship.

Insight or *perception* is another essential component of a trusting relationship. Caregivers should assess limitations in communication, such as hearing or visual impairment, cognitive changes, and general communication abilities (Giordano, 2000). This assessment helps with problem solving, often resulting in multiple or alternative solutions. It may also include thinking outside the box. Careful clarification of missed information is critical in ensuring accuracy in received information. Caregivers must be careful to avoid making older adults feel as if they are ineffectively communicating with them, which can halt communication (Giordano, 2000).

Trusting relationships require patience and honesty. Patients with dementia may have difficulty communicating verbally and nonverbally (Jootun & McGhee, 2011), and changes in aging, such as the pace at which older adults communicate, require patience (Giordano, 2000). Honesty is demonstrated by doing what is said will be done, as well as answering questions truthfully or asking another source for the requested information if unknown to the caregiver. Being honest may be difficult if the older adult is asking for someone who is no longer alive. A simple, truthful answer is, "I have not seen your father today, but if I do, I will let him know you wish to see him."

Building a trusting relationship can be simple. In addition to the traits listed above, the creation of a new trusting relationship requires monitoring not only the message sent, but also how the message is conveyed. Caregivers should slow down and listen to what the older adult is saying, while also taking an interest in what is being said. As with any relationship, respect for the other individual is necessary, such as showing respect for the older adult's views and demonstrating competency in the topic of discussion. The relationship that is built should be used to allow the caregiver to be an advocate for the older adult. If the older adult has a need, the caregiver should work to facilitate meeting that need (Truglio-Londrigan, Gallagher, Sosanya, & Hendrickson-Slack, 2006).

Several consequences of not developing a trusting relationship exist. Without a trusting relationship, older adults may refuse medications (Rolfe, Cash-Gibson, Car, Sheikh, & McKinstry, 2014), food, and treatments, as well as participation in ADLs or facility activities. Older adults may develop fear, anxiety, apathy, depression, aggression, and sleep difficulties. In addition, they may experience weight loss or socially isolate themselves. They may not feel safe or comfortable in the long-term care facility and may be hesitant to interact with caregivers and tell them their needs and concerns.

How can a trusting relationship be established? Caregivers should be reliable, dependable, and trustworthy. Caregivers can help older adults develop self-esteem by sincerely complimenting them on things they do, how they act, and how they look. Caregivers can ask older adults to help them with a task, making them feel useful. Taking an interest in the older adult's past life, family, career, and other parts of his or her life will also help build the relationship.

Empathy

Empathy is another component of a trusting relationship. It is the ability to put oneself into the mental shoes of another individual to understand his or her emotions and feelings. Literally, it means "in feeling" (Oxford Dictionary, n.d.)—the capability to appreciate, understand, and accept another person's emotions. Empathy is not sympathy, pity, or feeling sorry: it is one of the most vital building blocks in creating a trusting relationship, and in health care, it can increase patient compliance, thus improving health care outcomes (Hojat, 2012). Empathy starts

with good communication techniques, such as those stated above: paying attention, active listening, positive body language, eye contact, and not fidgeting.

Several techniques can be used to show empathy toward others and their situations, such as reflecting upon what the other individual said, which helps demonstrate understanding. It gives the other individual a chance to elaborate further on the feelings being experienced and demonstrates the caregiver's concern for the other individual. Some examples of reflecting include saying "I see this is upsetting to you," "You look a little sad right now," or "This is hard to talk about, isn't it?" Another method is to validate, or justify, the other individual's emotions to help convey acceptance and respect for the feelings the older adult is experiencing. For example, "I can understand why you would be upset under these circumstances," "Anyone would find this difficult," "Anyone would have felt the same way," or "Your reactions are totally normal" are validating statements.

A staff member may also want to offer personal support. Offering personal support goes beyond words to enhance rapport by letting the older adult know the caregiver wants to help. For example, the caregiver could say, "I want to help in any way I can. Please let me know what I can do to help." Caregivers should engage older adults in a partnership. A sense of partnership helps older adults feel that they can be part of the solution, and that caregivers are willing to help. An example is stating, "Let's work this out together," or "After we talk a little more, perhaps we can work out some solutions that may help."

Finally, respect should be shown at all times. Showing respect by focusing on the positive aspects of the situation further enhances rapport and fosters effective coping skills. For example, the caregiver could say, "Despite your feeling so bad, you are coping well. That is quite an accomplishment. I am very impressed."

Energy

Everyone has a life outside of work, and at times, it seems as though there are not enough hours in the day or enough energy to accomplish everything. Caregivers may come to work tired, both physically and emotionally. It is difficult working with older adults with cognitive impairment who may display behaviors that are challenging or have physical disabilities. Caregivers may have increasing demands at home and work or health issues that conflict with their efforts to work. At some point, caregivers tend to run out of energy. The external display of this loss of energy to older adults can affect them. Showing fatigue or discomfort in front of older adults may make them feel sorry for their caregivers and hesitant to ask for something they need. This display of lost energy may give them a negative view of caregivers, the agency, or the facility in general. If obtaining assistance from a caregiver appears as if it is a chore, older adults may feel as if they are a burden. It may seem difficult for caregivers to use therapeutic use of self when fatigued, but showing fatigue to older adults should be avoided. Several ways exist to hide fatigue while working, such as moving about in an even-paced manner. Caregivers should

monitor their body language for slumped shoulders, dragging feet, and lowered head position. Other behaviors to avoid include sighing, groaning, making unpleasant facial expression, grumbling, and complaining to another care partner or the older adult. If the older adult detects that the caregiver is tired, an appropriate response may be “I love working here and love to give all of myself; I will rest when my shift is over.”

Caregiver Dynamics

Caregiver dynamics is a theory involving the ability to continue providing care whether or not a trusting relationship exists (Williams, 2008). It has four components. The first is *commitment*, which requires the caregiver to be a supportive presence whether or not a connection with the older adult is experienced. The second is *enduring responsibility*, which means to have the determination to provide care despite difficulties. Difficulty providing care is particularly common when working with older adults with behavioral problems. The third is *making the patient the priority* by placing his or her needs first. The last is *supportive presence*, which involves providing comfort, encouragement, and positive attitude when nothing else can be done. A caregiver may be the most educated and qualified individual in the department, but unless a positive relationship with the older adult has been developed, it is all for naught.

Conclusions

Staff who are capable of using themselves in a therapeutic manner will be positioned and qualified to implement nonpharmacological interventions and reduce reliance on the inappropriate use of antipsychotic medications. Not only will this reduction help meet the requirements of CMS, but it will also improve the quality of life for older adults who are highly dependent on their care partners. Part three of this four-part series will describe several nonpharmacological interventions, how to implement them, and the evidence supporting them.

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