

 **Times-Gazette**

---

## When relocation or moving is necessary

By **DIANA SPORE / MHRD**

Posted Jan 15, 2019 at 12:01 AM

The vast majority of older adults want to age in place, remaining in their own homes. Transitions in locations where care is provided, and where one lives can be stressful, even very distressing (traumatic). Types of transitions include: (1) moving from one's home into a smaller residence such as a condo, requiring downsizing, (2) going from home into the hospital and then returning home or being admitted to a nursing home on a short-term basis; (3) relocating from home to long-term or permanent nursing home placement; (4) undergoing relocation in a facility based on changes in one's health status (e.g., moving into a dementia unit) or "payment" status (e.g., shifting from Medicare or private pay to Medicaid).

Certain risk factors may come into play preventing one from continuing to age in place. Issues may arise about increased thought-related impairment and inability to attend to tasks of daily living (e.g., bathing, grooming); the primary caregiver no longer being able to provide care; the older adult no longer being able to live on his own; and lack of supports/services. Other factors include financial burdens, caregiver burnout, transportation issues and safety concerns. Older adults may have faced traumatic experiences (e.g., child abuse) as children, placing them at risk of not handling future stressors well, affecting physical and mental health status, and overall wellbeing. Also, seniors may face potential traumas or distressing experiences related to advanced age, including transitions.

Ideally, conversations between a senior and family members occur before relocation is necessary, or is even contemplated, addressing where he wants to reside if no longer able to live at home safely. Legal documents such as "advance directives" can be set in place to address how aggressive care should be, how one feels about hospice care, and even where one wants to die. A health care power of attorney can be identified, and will be given the power — when the senior can no longer speak for herself — to make decisions about where care will be provided, when moves are necessary.

This article addresses signs indicating when a senior is experiencing significant stress and trauma related to relocation, how to ease the transition process (focusing on moving to nursing homes), and the benefits of trauma-informed care.

Trauma- or stress-related signs associated with relocation can range in severity. Behavior can be affected. Individuals can become angry, restless, irritable and aggressive. Thought-related functioning can be affected; for example, older adults facing stress related to relocation can become confused and forgetful. Changes in weight, appetite and sleeping patterns can result. Seniors can become sad, withdrawn and anxious.

Keys to preventing trauma or stress overload are involving seniors in the planning and decision-making process when possible, accepting and addressing their feelings, and making the new setting home-like and familiar. Seniors should feel they have a choice in decision-making.

When seniors live with dementia, particularly moderate-to-severe dementia, family members will become more involved or may be the final/only decision makers about residential changes. A senior living with dementia may not understand her impairment level, safety issues, or why family caregiver(s) cannot provide 24-hour care requiring nursing skills.

Efforts to ease residential transitions to nursing homes for short-term or long-term placement include:

- Staff should be aware of the resident's "story," routines, likes/dislikes.
- Make the room feel like "home."
- Staff should help with the development of friendships, building of connections.
- When the resident has significant stress- or trauma-related symptoms, consideration should be given to having a mental health professional provide trauma-informed care, whereby the effects of the relocation transition are addressed, effective communication and social skills are promoted. Trauma-informed care may prove to be beneficial, easing sadness, promoting resiliency, improving quality of life and well-being, helping the senior adapt to changes and regain a sense of meaning in life.

- Family members can play a key role in easing the transition by visiting frequently at different times of the day and evening; keeping in close contact with staff and ensuring that they are informed about the resident's routines, requests, concerns, problems; and by monitoring significant changes in their loved one's status (they know the typical behavior of the resident). Strategies for easing the transition to memory care units by individuals living with dementia -- Stringfellow (2018) offers 50 tips for effective transitions, some of which have been adapted here.
- Check out different facilities to find what you consider to be the best fit, take tours, chat with residents and staff, ask staff how they help residents to adjust and adapt.
- Before relocation, ensure that the senior is placed in the most appropriate setting to best meet his/her needs, and think this through carefully and thoroughly.
- Call on your physician to help explain why the move is necessary or recommended.
- Attempt to make the room familiar, to bring in items that trigger positive memories. Concluding Comments

Transitions can be extremely stressful. Getting support, finding meaning and purpose, making connections, and receiving patient-centered and trauma-informed care will make a major difference. The process of adjusting to a new residence can take up to six months, and trauma-related symptoms should be minimized and dealt with. Wherever elders dwell, independence and resiliency should be promoted.

Diana Spore, PhD, MGS, Consultant, is a member of the Mental Health and Recovery Board of Ashland County.

