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Improving Influenza Rates Saves Lives

The Right Tool(kit) for Environmental Cleaning

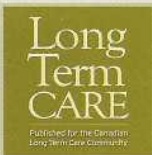
Regaining Continenence



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Mutual-Support Groups:

Building Relationships— Targeting Loneliness and Depression

By Kristine Theurer, MA (Gerontology)

Despite advances in policy and programs to improve the psychosocial well-being of those living in long term care homes, residents continue to report feelings of loneliness, helplessness and frustration with their lack of influence on decision-making. Research has linked loneliness and depression, and a 2010 study by the Canadian Institute for Health Information found almost half those living in care homes have a diagnosis or symptoms of depression.

Loneliness and depression adversely impact the physical health of residents, administrative and operational costs, job satisfaction and burnout, and family and caregiver well-being. They also affect the public perception of the long term care industry. The disparity between the unmet needs of residents and health care cutbacks highlights the need for innovative approaches to address this critical situation.

An emerging body of research is documenting the effectiveness of mutual-support groups in alleviating loneliness and depression in the community, but there is limited evidence of this type of intervention within long term care homes. Based on a mutual-support group model developed by the author, a study was undertaken to explore the potential of mutual-support groups to offset loneliness and helplessness and enhance decision-making within care homes.

The conceptual foundation

In a discussion of the challenges that institutionalized residents face, Berman-Rossi describes the need for a mutual-aid group structure within care homes.¹ He argues that institutions bear the responsibility of providing means to support residents in dealing with institutional stressors, as well as ways to empower them to engage in decision-making processes. The mutual-support structure gives residents a means to

foster resiliency in a supportive environment of their peers. In the current study, Tom Kitwood's model of personhood, along with the 10 helper-therapy principles developed by Riessman, were used as the basis for a mutual-support program designed specifically for long term care residents.^{2,3}

The study

The study was funded in part by the Gerontology Department at Simon Fraser University, the Michael Smith Foundation for Health Research and the Social Sciences and Humanities Research Council of Canada. Six mutual-support groups, called the "Java Music Club," were set up in three care homes in British Columbia, and a qualitative evaluation was conducted over a six-month period.

Over this time, participant reports indicated a decrease in loneliness and an increased sense of belonging. Friendships were observed to develop among residents that extended beyond the mutual-support group meetings. From a total of 65 participants, 96 per cent of those interviewed said they enjoyed the program. Staff also reported positive outcomes. Because of the success of the groups, one of the care homes has implemented four additional mutual-support groups since the conclusion of the study.

Participation of those with cognitive impairment

Almost all participants in the research study had some form of cognitive impairment and close to half had moderate to severe cognitive impairment. Observations of six individuals with indicators of severe cognitive impairment revealed they were comfortable in the groups, even though their communication skills were limited. They were able to respond to concrete questions, engage with the music and remain

Kristine Theurer is an accredited Music Therapist, published author and creator of the Java Music Club. She has a Master of Arts (Gerontology), and has facilitated numerous workshops and presented at international conferences. She can be reached at kristine@javamusicclub.com



attentive to the sharing as it went around the group.

Staff received training and followed a manual, which enhanced their ability to facilitate effective group sessions. In addition, signs of empathy were observed from the more able residents toward those with impairment, and this appeared to contribute to the positive engagement of all participants.

Mutual-support program tools

The format of the *Java Music Club* mutual-support program was developed over a six-year period. Components found to be effective were as follows:

- Education and group facilitator training for staff

- An instruction manual and guide for the groups
- A format that encourages residents to take on the maximum possible leadership
- Prepared guidelines that are read by residents at the start of each group
- Prepared discussion themes selected by the residents that are meaningful to them
- A catchy name (e.g., *Java Music Club*) that attracts residents to the groups
- Inspirational and humorous quotations and readings related to each discussion theme
- Recorded music familiar to residents (for both the older and 'younger' generation that live in most care homes). To maximize participation, the music is matched to the discussion themes and recorded in lower, singable keys with slower tempos.
- Large colour photographs related to each theme. This optimizes the participation of those with greater cognitive impairment.
- An Aboriginal traditional 'Talking Stick' as a vehicle for inclusive discussion

The talking stick is a unique and effective tool for managing discussion in group settings and serves to give each group member a voice. It allows people who are usually silent the opportunity to be heard and those who are more vocal a chance to listen. Furthermore, it provides a visual reminder for group members to respect one another's opinions.

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Supporting each other

Building a culture of positive mutual support within a care home begins with the implementation of resident mutual-support groups that meet at least once a week in each of the units or neighbourhoods (also called villages) within the home. Group guidelines encourage participants to support one another and to be an example to others in the home. On a regular basis, the group sends personalized invitations to more isolated residents in the care home, encouraging them to attend as a special guest.

Over time, a culture of positive mutual support is developed by:

- making a conscious choice to express kindness and appreciation;
- cultivating an attitude of being helpful and inclusive;
- making a commitment to maintain a positive, friendly environment; and
- modelling all of this for those with higher cognitive impairment to maximize their participation.



Photo: Judith Nicholson-Jeffries

Using mutual-support groups to enhance residents' councils

In a new pilot, mutual-support groups are being adapted on a quarterly basis to become 'Resident Village Meetings.' Concerns raised at the Resident Village Meetings will be brought forward to and addressed by the residents' council.

Using elements of the mutual-support group format for the Resident Village Meetings—such as the talking stick and meeting guidelines—is expected to increase participation, representation and inclusion. Clearly delineating the psychosocial role of the mutual-support group, the role of the Resident Village Meetings and the advisory role of the residents' council will improve the effectiveness of each.

Conclusion

This study is one of the first to explore the mutual-support group structure within long term care homes. The research findings have recently been published in the peer-reviewed *Journal of Applied Gerontology*. Implementing mutual-support groups is cost-effective as the program can be facilitated by existing staff and use an existing educational budget. **LTC**

References available upon request.

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