

Aged Care - A Person Centred Approach

Notes prepared by Peter Trask, psychologist, at request of Aged Care Facilities Manager.

Motivation

Often it is useful to look at motivation and one well known theory is called Self Determination Theory, developed by Deci and Ryan. It considers - in order of importance - (1) autonomy; (2) competence; and (3) relatedness to others.

How do our aged care processes and protocols support these fundamental human aspirations?

Autonomy	Perhaps more than any other aspiration or goal, regardless of age (unless with dementia, learned helplessness or traumatised), humans strive for autonomy. To have the freedom to choose, how they express themselves, what they wear, what they do, what they eat, who they associate with, etc. Freedom of expression, association, movement, etc.
Competence	Humans are motivated to both gain competence and be recognised for it. To feel good about themselves and how they can use their skills to help or support others.
Relatedness to others	Be connected, close to, able to nurture and participate in human relationships. To have and to participate in conversations, feeling valued and included, listened to, to be treated with respect and age appropriately (not patronised), to feel equal or important, etc.

Happiness

One theory of happiness is that it

Happiness = (1) positive relationships + (2) a meaningful life + (3) pleasure. In that order of importance.

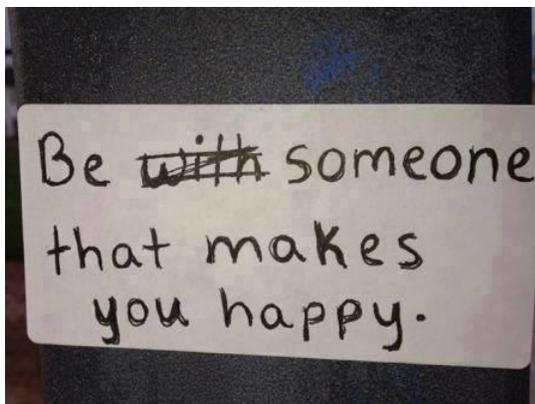
In this context, how can we encourage the happiness of our residents?

Positive relationships	Also referred to above. This relates to their family of origin (which we have limited influence over) but also relates to the positive relationships they can forge, nurture and sustain in their age care facility. With peers, and importantly, with staff and carers.
A meaningful life	Sadly, that may not have been so for many. Or conversely, has now been compromised for some. How can we compensate and/or provide them with activities and treatment that is meaningful, useful, stimulating, dignified, inclusive, achievable, confidence building, fun, etc?
Pleasure	The common metaphor is to get together, bake the cake together and enjoy the pleasure of eating it together too! So happiness is never just the pleasure, but is what comes before, and can be enjoyed later. The pursuit of pleasure alone, without being buttressed by positive relationships and meaningful activities or goals, leads to dissatisfaction, boredom, learned helplessness and dependence, addiction, and other unhelpful outcomes. Do we overdo pleasure in our aged care facilities without sufficient considerations for some of the other contextual factors first?

It makes SENSS

Good mental health is achieved by optimising each of the following areas.

Sleep	Where possible, achieving this naturally without medication. Dependence on sleep medication disrupts REM sleep, affecting memory processing and if stress is present, reduces the release of cortisol from the hippocampus. Sleep hygiene is fundamental to good mental health and the maintenance of optimal cognitive functioning.
Exercise	Never too old. Under supervision of course. Nevertheless, important for all.
Nutrition	A balanced diet. Nutrition affects mood and so many other mental health aspects. We do our best, but hopefully provide access to good food where possible, and regularly encourage our residents to have fruit, plenty of vegetables, and clean water.
Social	See above, per relationships. So important.
Spiritual	May range from access to religious practices, to prayer, to meditation, to 'connecting with something bigger than themselves' (eg. nature, the starry sky, the beautiful sunset, etc), to gardening, choir, music, absorbed in wood-work, art, painting, etc. How can we nurture and support for our residents?



Conversations

Effectively, most people will participate if we factor in the aforementioned.

Furthermore, people want to feel psychologically **safe** to participate (not be embarrassed, ridiculed, exposed as lacking competence, being disrespected, dishonoured, ignored, shut-down) equally, calmly, etc.

Feeling in **control** (refer autonomy) is also a big factor, to contribute or not in a group, to be able to contribute later via another means if they feel anxious or overwhelmed, etc.

Importantly, we must be mindful that the technical methods we take for granted now may be intimidating for residents, so rather than assuming we know how to facilitate best, why not pilot with a representative group of residents to work out how best to run such interactive and data collection sessions. Seek first to understand, then be understood!