





Strategies for Aging Services Pros: Addressing Relocation Stress Syndrome

Presenters



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Session Objectives

Upon completion of this session, participants should be able to:

- Understand the risk factors and characteristics of relocation stress syndrome.
- Discuss the three phases of relocation stress syndrome.
- Develop a person-centered care plan for relocation stress syndrome.







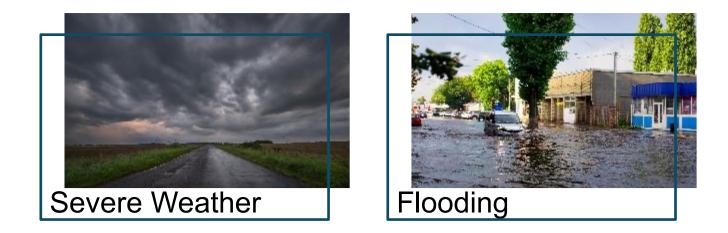
Understanding Relocation Stress Syndrome

What is Relocation Stress Syndrome?

Relocation Stress Syndrome can be characterized as a set of symptoms that can occur when an older adult moves from one living situation to another. Additionally, the transition can be complicated by chronic diseases, cognitive impairment, dementia, mobility, and sensory deficits.



Left in the Dark









Relocation Stress Syndrome





Relocation Stress Syndrome







Transfer Trauma







Risk Factors

- Individuals with limitations getting around independently
- Individuals with impaired cognitive function (e.g., dementia)
- Individuals living alone, struggling with routine home maintenance, or feeling unsafe in the home environment
- Women
- Widows
- Residents in long-term care facilities at risk of closing down
- Natural disasters that require residents of long-term care facilities to relocate



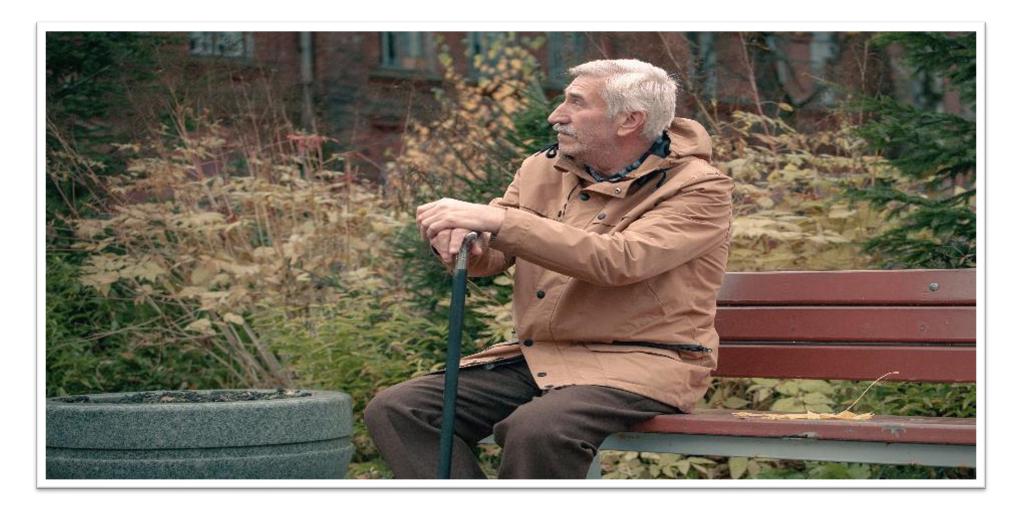


Risk Factors

- Cognitive impairment
- Long-term care facilities
- · Little to no failure support
- · A diagnosis that includes dementia



Health Effects





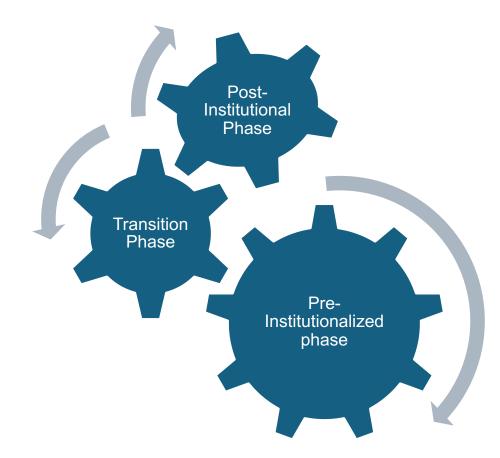


Pre-Location Questions

- Could you describe the information that you would like to prepare for this move?
- Is your family assisting with the move?
- Were you provided with a list of items that you could bring to the new location?
- Was the staff able to answer questions on the upcoming move?



Three Phases of Relocation





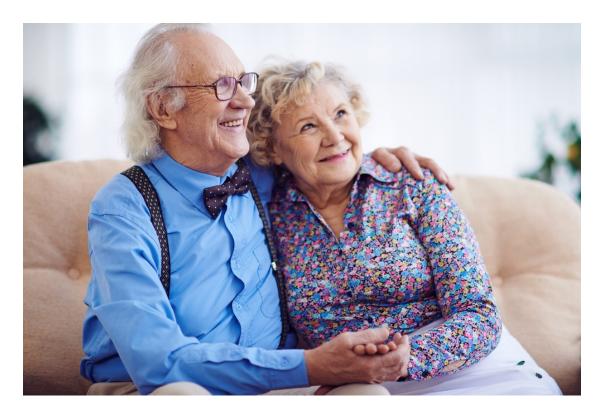
Pre-Location

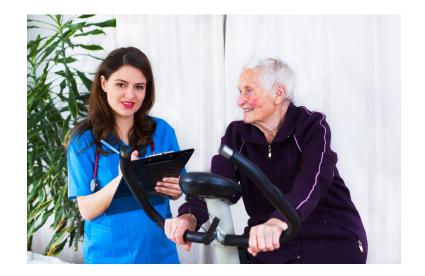
- Informational meetings
- Encourage participation
- Create a sense of home
- Grant autonomy
- Address concerns
- Avoid ageism
- Seek professional assistance





Transition Phase













Section F Preferences for Customary Routine Activities

M1100. Patient Living Situation Which of the following best describes the patient's residential circumstance and availability of assistance?							
		Availability of Assistance					
Livi	ng Arrangement	Around the Clock	Regular Daytime	Regular Nighttime	Occasional/ Short-Term Assistance	No Assistance Available	
		↓Check one box only↓					
A.	Patient lives alone	01	02	03	□ ₀₄		
B.	Patient lives with other person(s) in the home	□ ₀₆	□ ₀₇	08	□09	□ ₁₀	
C.	Patient lives in congregate situation (for example, assisted living, residential care home)	□ ₁₁	□ ₁₂	□ ₁₃	□ ₁₄	□ ₁₅	

Focused Assessment

- Race/Ethnicity
- Payor source
- Referral source
- Self-care and mobility assessment
- · Pain
- Risk for rehospitalization



Culturally Competent Care

- "Culture" is the conceptual system that structures the way people view the world—it is the particular set of beliefs, norms, and values that influence ideas about the nature of relationships, the way people live their lives, and the way people organize their world.
- "Cultural Competency" is a developmental process in which individuals or institutions achieve increasing levels of awareness, knowledge, and skills along a cultural competence continuum. Cultural competence involves valuing diversity, conducting self-assessments, avoiding stereotypes, managing the dynamics of difference, acquiring and institutionalizing cultural knowledge, and adapting to diversity and cultural contexts in communities.



Person-Centered Care







Best Practices In Action

- Identify individual's needs based upon assessment and preferences
- Develop a person-centered plan of care
- Evaluate individual's response to interventions
- Revise plan as necessary







Takeaways, Tips and Resources

- · The importance of function is crucial
- Client involvement in the plan of care to strive for optimal outcomes
- Transition of care communication is essential for success
- The importance of the role of function in overall health





Temporary Care Plan

Transfer Stress

Resident Name: _____

Transfer Date: _____

Problem	Goal	Interventions
Resident is at risk for signs/symptoms of Transfer Stress related to the moving to a new unit with the potential for: Depression/sadness Anger/irritability Withdrawn Weight fluctuation Increased anxiety/apprehension Verbalization of insecurity, dependency, increased need for reassurance Wandering Increases in behaviors Sleep pattern change Decreased appetite Loss due to roommate, friends and staff Potential for falls Insecurity Other	 Resident will maintain current functional status and will have minimal to no signs and symptoms of Transfer Stress Resident will verbalize concerns regarding transfer to a new unit. Resident will participate in the transfer process 	 Encourage presence of resident support persons as transfer process continues. Provide the opportunity for resident/family to verbalize fears and concerns Acknowledge the resident's right to participate in their plan of care Ensure the resident is involved in all aspects of their transfer Assign primary staff person for the resident to relate to during the transfer process. Attempt to maintain continuity of direct care givers. Monitor for changes in behavior (examples withdrawn, crying, aggression, isolating). Monitor for any change in condition (examples weight, ADL's, skin)









Strategies to Educate Caregivers for Implementation

Educational Needs of the Nursing Staff

Ongoing Training

- How often do we have educational opportunities?
- Are we only doing the "required" training?
- Are we PROACTIVE or REACTIVE?
- · How are we verifying competency?





Training Implementation

- The Importance of of planning and preparation (required and beyond).
- How to be successful (moving into the virtual training world).
- Visiting In-person training options.
- Emphasizing a change in perspective on care (restoring independence!).
- Ongoing surveillance and maintenance.
- Equipped with ongoing tools for success



"Well-trained and dedicated employees are the only sustainable source of competitive strength"

- Robert Reich



Example: Training Plan in Action

Client/Patient Example:

- Client condition
- Client stress situation
- Client impact
- Support tools utilized

Professional Care Team Training:

- How is training provided?
- How are skills tested/maintained?
- What is gained in a long term program?











Question and Answers

Let's Connect!



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Helpful Resources

- Costlow K, Parmelee PA. The impact of relocation stress on cognitively impaired and cognitively unimpaired long-term care residents. Aging Ment Health. 2020 Oct;24(10):1589-1595. doi: 10.1080/13607863.2019.1660855. Epub 2019 Aug 30. PMID: 31468988; PMCID: PMC7048638.
- <u>Relocation Stress Syndrome (sdstate.edu)</u>
- Scheibl F, Fleming J, Buck J, Barclay S, Brayne C, Farquhar M. The experience of transitions in care in very old age: implications for general practice. Fam Pract. 2019 Nov 18;36(6):778-784. doi: 10.1093/fampra/cmz014.
 PMID: 31219151; PMCID: PMC6859521
- What Is Transfer Trauma and How to Reduce It | U.S. News (usnews.com)
- Polacsek M, Woolford M. Strategies to support older adults' mental health during the transition into residential aged care: a qualitative study of multiple stakeholder perspectives. BMC Geriatr. 2022 Feb 24;22(1):151. doi: 10.1186/s12877-022-02859-1. PMID: 35209848; PMCID: PMC8866554.
- How Relocation Stress Syndrome Impacts the Elderly SeniorNews



Thank You!







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