Disclosure of Commercial Interests

I have no commercial interests.

PAIN – Lack of Well-Being (Physical, Emotional and Psychosocial) Non-Pharmacological Interventions

Definition

• "Non-pharmacological intervention" refers to approaches to care that do not involve medications, generally directed towards stabilizing and/or improving a resident's mental, physical, and psychosocial wellbeing.





Mutual Goal: Providers & ROP

- •Highest practicable physical, mental, and psychosocial well-being"
 - The highest possible level of functioning and well-being, limited by the individual's recognized pathology and normal aging process.
 - Determined through the comprehensive resident assessment and by recognizing and competently and thoroughly addressing the physical, mental and/or psychosocial needs of the individual

Eden Alternative ® **Domains of Well-Being**

- IDENTITY—being well-known; having personhood; individuality; having a history
 GROWTH—development; enrichment; expanding; evolving
- AUTONOMY—liberty; self-determination; choice; freedom
- SECURITY—freedom from doubt, anxiety, or fear; safety; privacy; dignity; respect
 CONNECTEDNESS—belonging; engaged; involved; connected to time, place, and nature

- **MEANING**—significance; heart; hope; value; purpose; sacredness
- JOY—happiness; pleasure; delight; contentment; enjoyment

Pain - Physical, Emotional, Mental & Psychological

Lack of Well-Being

How Would Lack Of These Manifest?

- IDENTITY—being well-known; having personhood; individuality; having a history
- GROWTH-development; enrichment; expanding; evolving
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Walking Without Purpose

- Providing a space and environmental cues that encourages physical exercise, decreases exit-seeking behavior and reduces extraneous stimulation (such as seating areas spaced along a walking path or garden; a setting in which the resident may manipulate objects; or a room with a calming atmosphere, for example, using music, light, and rocking chairs);
 Providing aroma(s)/aromatherapy that is/are pleasing and calming to the resident; and
 Validating the resident's feelings and words; engaging the resident in conversation about who or what they are seeking; and using one-to-one activities, such as reading to the resident or looking at familiar pictures and photo albums.

Behaviors Not Conducive With a Therapeutic Home

- Providing a calm, non-rushed environment, with structured, familiar activities such as folding, sorting, and matching; using one-to-one activities or small group activities that comfort the resident, such as their preferred music, walking quietly with the staff, a family member, or a friend; eating a favorite snack; looking at familiar pictures;
- Engaging in exercise and movement activities; and
- Exchanging self-stimulatory activity for a more socially-appropriate activity that uses the hands, if in a public space.

Needs Less Stimulation

- •Offering activities in which the resident can succeed, that are broken into simple steps, that involve small groups or are one-to-one activities such as using the computer, that are short and repetitive, and that are stopped if the resident becomes overwhelmed (reducing excessive noise such as from the television);
- Involving in familiar occupation-related activities.

Needs Less Stimulation

- Involving in physical activities such as walking, exercise or dancing, games or projects requiring strategy, planning, and concentration, such as model building, and creative programs such as music, art, dance or physically resistive activities, such as kneading clay, hammering, scrubbing, sanding, using a punching bag, using stretch bands, or lifting weights; and
- •Slow exercises (e.g., slow tapping, clapping or drumming); rocking or swinging motions (including a rocking chair).

Rummages

- Using normalizing life activities such as stacking canned food onto shelves, folding laundry; offering sorting activities (e.g., sorting socks, ties or buttons); involving in organizing tasks (e.g., putting activity supplies away); providing rummage areas in plain sight, such as a dresser; and
- Using non-entry cues, such as "Do not disturb" signs or removable sashes, at the doors of other residents' rooms; providing locks to secure other resident's belongings (if requested).

Withdrawn / Self-Isolating

- Providing activities just before or after meal time and where the meal is being served (out of the room);
- Providing in-room volunteer visits, music or videos of choice;
- Encouraging volunteer-type work that begins in the room and needs to be completed outside of the room, or a small group activity in the resident's room, if the resident agrees; working on failure-free activities, such as simple structured crafts or other activity with a friend; having the resident assist another person;

Withdrawn / Self-Isolating

- Inviting to special events with a trusted peer or family/friend;
- Engaging in activities that give the resident a sense of value (e.g., intergenerational activities that emphasize the resident's oral history knowledge);
- Inviting resident to participate on facility committees;
- Inviting the resident outdoors; and
- Involving in gross motor exercises (e.g., aerobics, light weight training) to increase energy and uplift mood.

Attention Seeking

 Including in social programs, small group activities, service projects, with opportunities for leadership

Lacks Safety Awareness

- •Observing closely during activities, taking precautions with materials (e.g., avoiding sharp objects and small items that can be put into the mouth);
- Involving in smaller groups or one-to-one activities that use the hands (e.g., folding towels, putting together PVC tubing);

Lacks Safety Awareness

- Focusing attention on activities that are emotionally soothing, such as listening to music or talking about personal strengths and skills, followed by participation in related activities; and
- •Focusing attention on physical activities, such as exercise

Delusions / Hallucinations

• Walk in their shoes FIRST

• Focusing the resident on activities that decrease stress and increase awareness of actual surroundings, such as familiar activities and physical activities; offering verbal reassurance, especially in terms of keeping the resident safe; and acknowledging that the resident's experience is real to her/him

Chronic Pain

- Altering the environment for comfort (such as adjusting room temperature, tightening and smoothing linens, using pressure redistributing mattress and positioning, comfortable seating, and assistive devices);
- Physical modalities, such as ice packs or cold compresses (to reduce swelling and lessen sensation), mid heat (to decrease joint stiffness and increase blood flow to an area), neutral body alignment and repositioning, baths, transcutaneous electrical nerve stimulation (TENS), massage, acupuncture/acupressure, chiropractic, or rehabilitation therapy;

Chronic Pain

- Exercises to address stiffness and prevent contractures as well as restorative nursing programs to maintain joint mobility; and
- •Cognitive/Behavioral interventions (e.g., relaxation techniques, reminiscing, diversions, activities, music therapy, offering spiritual support and comfort, as well as teaching the resident coping techniques and education about pain).

Behavioral Health

- Ensuring adequate hydration and nutrition (e.g., enhancing taste and presentation of food, addressing food preferences to improve appetite and reduce the need for medications intended to stimulate appetite); exercise; and pain relief;
 Individualizing sleep and dining routines, as well as schedules to use the bathroom, to reduce the occurrence of incontinence, taking into consideration the potential need for increased dietary fiber to prevent or reduce constipation, and avoiding, where clinically inappropriate, the use of medications that may have significant adverse consequences (e.g., laxatives and stool softeners);

Behavioral Health

- •Adjusting the environment to be more individually preferred and homelike (e.g., using soft lighting to avoid glare, providing areas that stimulate interest or allow safe, unobstructed walking, eliminating loud noises thereby reducing unnecessary auditory environment stimulation);
- Assigning staff to optimize familiarity and consistency with the resident and their needs (e.g., consistent caregiver assignment);

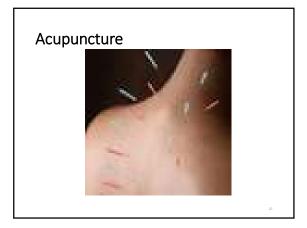
Behavioral Health

•Supporting the resident through meaningful activities that match his/her individual abilities (e.g., simplifying or segmenting tasks for a resident who has trouble following complex directions), interests, and needs, based upon the comprehensive assessment, and that may be reminiscent of lifelong work or activity patterns (e.g., providing an early morning activity for a farmer used to waking up early);

Behavioral Health

- •Utilizing techniques such as music, art, massage, aromatherapy, reminiscing; and
- •Assisting residents with substance use disorders to access counseling programs (e.g., substance use disorder services) to the fullest degree possible.

Complementary Alternative Medicine



Acupuncture

- Decreases pain by increasing the release of chemicals that block pain, called endorphins.
 Stimulated muscle sends a message to the central <u>nervous system</u> (the <u>brain</u> and spinal cord), causing the release of endorphins (<u>morphine</u>-like chemicals produced in our own bodies during times of pain or stress).
 Endorphins, block the message of pain from being delivered up to the <u>brain</u>.
 Treatment for many pain-related conditions

Treatment for many pain-related conditions, including: <u>headache</u>, <u>low back</u>
 pain, fibromyalgia, osteoarthritis and <u>myofascial</u>

Music Therapy

Music and Memory

Aromatherapy

• "Aromatherapy is effective because it works directly on the amygdala, the brain's emotional center," says Mehmet Oz, MD, director of Columbia University Medical Center's Integrative Medicine Center in New York City. "

Which Essential Oils?

•Scents for pain

- Lavender
- Chamomile
- Eucalyptus
- Green apple (scent or eat)
- African marigoldPeppermint

Which Essential Oils?

Relaxation: VanillaRecharge: Peppermint or jasmine

How to Administer

•Short-term exposure to ensure effective •Indirect inhalation via a room diffuser, or the placement of drops of oil nearby.

- Direct inhalation via an inhaler.
- •Massaging of essential oils into the skin.
- •Simple application of essential oils to the skin.

Massage

- •Reduces stress and relieves tension by enhancing <u>blood</u> flow.
- •Reduces the presence of substances that may generate and sustain pain.

Energy work

Reiki

- •Rei (God's wisdom or Higher Power) + ki (life force energy)
- •Treats whole person including body, emotions, mind and spirit creating many beneficial effects that include relaxation and feelings of peace, security and well-being.

How Does Reiki Work?

•The life force is responsive to thoughts and feelings. It becomes disrupted when we accept, either consciously or unconsciously, negative thoughts or feelings about ourselves. These negative thoughts and feelings attach themselves to the energy field and cause a disruption in the flow of life force. This diminishes the vital function of the organs and cells of the physical body.

How Does Reiki Work?

• Reiki heals by flowing through the affected parts of the energy field and charging them with positive energy. It raises the vibratory level of the energy field in and around the physical body where the negative thoughts and feelings are attached. This causes the negative energy to break apart and fall away. In so doing, Reiki clears, straightens and heals the energy pathways, thus allowing the life force to flow in a healthy and natural way.

Reiki Video

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Therapeutic Touch

•Holistic, evidence based therapy that incorporates the intentional and compassionate use of universal energy to balance universal energy to promote balance and well-being.

Process of TT

- Pass their hands over your body from head to toe, front and back, holding them between 2-6 inches from the skin to assess the condition of the human energy field.
- Your response is influenced by several factors, such as how long you have been ill, how much your symptoms interfere with your lifestyle, and your general health status.

Dynamic Phases Of TT

•Centering – bringing the body, mind, emotion to a quiet, focused state of consciousness. Centering is using the breath, imagery, meditation and/or visualizations to open one's self to find an inner-sense of equilibrium to connect with the inner core of wholeness and stillness.

Dynamic Phases Of TT

 Assessing – holding the hands between 2 to 6 inches away from the individual's body while moving the hands from the head to the feet in a rhythmical, symmetrical manner. Sensory cues such as warmth, coolness, static, blockage, pulling, tingling are described by some practitioners.

Dynamic Phases Of TT

 Intervention – Clearing also called unruffling – facilitating the symmetrical flow of energy through the field. Unruffling is achieved by using hand movements from the midline while continuing to move in a rhythmical and symmetrical manner from the head to the feet.

Dynamic Phases Of TT

•Balancing, Rebalancing – projecting, directing and modulating energy based on the nature of the living field; assisting to re-establish the order in the system. Treatment is accomplished by moving the hands to the areas that seem to need attention – energy may be transferred where there is a deficit or energy may be mobilized or re-patterned from areas of congestion.

Dynamic Phases Of TT

• Evaluation/Closure – finishing the treatment – using professional, informed and intuitive judgment to determine when to end the session. Reassessing the field continuously during the treatment to determine balance and eliciting feedback from the individual are cues as to when to end the TT treatment.

Responses to TT

- •Facilitates relaxation and well-being
- Decreases anxiety
- •Alters perception of pain
- •Facilitates natural healing process
- •Relieves stress
- •Stimulate immune system

Who Can Learn TT?

AnyoneBasics in 12 hour workshop

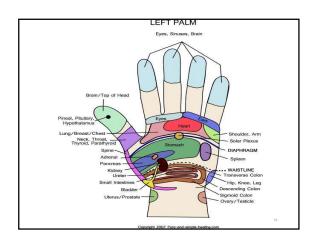
Who Can Learn TT?

• Commitment to a minimum of a one year mentoring opportunity under the support of a Qualified Therapeutic Touch Teacher (QTTT). Once the Therapeutic Touch mentoree/practitioner has committed to any of the mentoring opportunities of their choice there is:

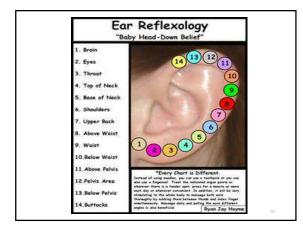
- regular contact.
- consistent practice of TT (at least twice/week) with
- biannual knowledge and skills update with a Qualified Teacher

Reflexology

- Application of pressure to areas on the feet, hands and ears
- Use charts to guide them as they apply pressure to specific areas
- Several studies funded by the National Cancer Institute and the National Institutes of Health indicate that reflexology may reduce pain and psychological symptoms, such as anxiety and depression, and enhance relaxation and sleep.
- Studies also show that reflexology may have benefits in palliative care of people with cancer













- •Wheelchair exercises
- Walking
- Range of motion
- •Aerobic, low impact, water (hydrotherapy)
- Stretching & strengthening are effective exercises for improving pain & function (all may be done in a chair)
 Tai chi, Pilates, yoga,

MINd-body therapies

Biofeedback

- Technique you use to control your body's functions, such as your heart rate.
- Connected to electrical sensors that help you receive information (feedback) about your body (bio). You focus on making subtle changes in your body, such as relaxing certain muscles, to achieve the results you want, such as reducing pain.
- Gives you the power to use your thoughts to control your body, often to improve a health condition or physical performance.

Types of Biofeedback

Brainwave

- Breathing
- •Heart Rate
- Muscle
- •Sweat glands
- •Temperature

Biofeedback Devices

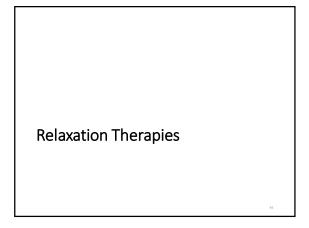
- Interactive computer or mobile device programs
- •Wearable devices

Reasons to Use

- Anxiety or stress
- Asthma
- Attention deficit
- hyperactivity disorder (ADHD)
- Chemotherapy side effects
- Chronic pain
- Constipation
- Fecal incontinence • Fibromyalgia
- Headache
- High blood pressure • Irritable bowel syndrome
- Motion sickness
- Raynaud's disease
- Ringing in the ears (tinnitus)
- Stroke
- Temporomandibular joint disorder (TMJ)
 Urinary incontinence

Benefits

- It's noninvasive.
- It might reduce or eliminate the need for medications.
- It might be a treatment alternative for those who can't tolerate medications
- It might be an option when medications haven't worked well.
- It might be an alternative to medications for some conditions during pregnancy.
- It helps people take charge of their health.



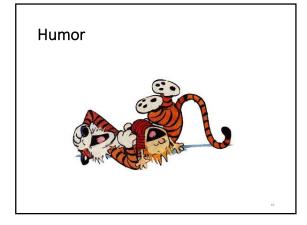


Distraction

- Person-directed
- Individualized
- Ideas
- PhotographyReminiscence
- Life Stories
- Silence

Distraction

Visits, telephone calls, Skype, Zoom
Friends, family, health care professionals, staff, community organizations



More ...

Activities (pleasurable, hobbies)
Bathing alternatives – Bathing without a Battle (Barrick et al., 2002)

More ...

Sleep hygiene
Spirituality / religion / faith
Transcutaneous Electrical Nerve

•Stimulation (TENS)

Environment

- •Lighting, sound, temperature, smells
- Decrease stimulation
- •Comfortable seating (arms, back support)
- •Mattress (pressure redistributing)
- Positioning/repositioning (neutral body alignment)
- •Smooth & tight linens
- Placement of furniture

Speaker Information

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Resources

- http://www.everydayhealth.com/painmanagement/photos/8-alternativetreatments-for-pain-management.aspx#01
- http://www.webmd.com/painmanagement/guide/pain-managementalternative-therapy?page=3
- •<u>https://www.nlm.nih.gov/medlineplus/ency/</u> article/002064.htm

Resources

- <u>http://www.aarp.org/health/alternative-</u> <u>medicine/info-11-</u> <u>2008/drug_free_remedies_chronic_pain.htm</u>
- <u>https://www.theacpa.org/treatment/comple</u> mentary-and-alternative-medicine-cam
- http://www.arthritis.org/living-witharthritis/treatments/natural/othertherapies/aromatherapy-pain-relief.php

Resources

- https://www.psychologytoday.com/blog/ove rcoming-pain/201201/chronic-pain-andaromatherapy
- http://therapeutic-touch.org/
- •http://www.reiki.org/faq/whatisreiki.html
- http://www.mayoclinic.org/healthylifestyle/consumer-health/expertanswers/what-is-reflexology/faq-20058139

Resources

•CMS. Advanced Copy. Appendix PP