

# Initial RCFE Administrator Certification



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# Online Class Rules

## Navigation Tips and Features of this class:

- This class is narrated.
- The class and each slide is timed. You must wait until the narration for each slide is complete.
- Press the next slide button at the bottom of each slide to go to the next slide.
- You may view and listen to a prior slide by using the back button at the bottom of each slide.

# Online Class Rules

## Navigation Tips and Features of this class:

- Throughout the course, there will be short quizzes. These will prepare you to take and pass the final test.
- The final test is 20 questions that you must pass in order to complete this section of the online Certification course. If you do not pass the test, you will be directed to retake the test.

# DSS Training Requirements

Per DSS requirements, this 2 hour segment of the 20 hour online RCFE Initial Certification Program will focus on:

- ✓ Psychosocial needs of the Elderly
- ✓ Cultural Diversity



# Definitions

“DSS” = Department of Social Services

“AB” = Assembly Bill

“SB” = Senate Bill

“LPA” = Licensing Program Analyst

“RCFE” = Residential Care Facility for the Elderly



# Sources

Many sources were consulted to create this course content. They include:

- Department of Social Services regulations
- Kahsa.org (Kansas Association of Homes and Services for the Aging)
- The National Academy for Psychosocial Health on Aging (“NAPHA”)
- Anxiety Disorder Association of America
- Wikipedia.com
- Substance Abuse and Mental Health Services Administration
- Center for Aging with Dignity at the University of Cincinnati's College of Nursing

# Aging

The elderly population in the United States is growing.

According to the US Census Bureau, the 65+ older population grew over a third during the last decade and is expected to reach 95 million by the year 2060!\*

\*Source:

[acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2019ProfileOlderAmericans508.pdf](https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2019ProfileOlderAmericans508.pdf)

# Aging

As scientists and doctors find new ways to cure illnesses, more people are living longer lives.

In fact, the fastest-growing age group in the U.S. is the 85 years and older group.

This group is projected to more than double from 6.5 million in 2018 to 14.4 million in 2040 which is a 123% increase, per the Administrator for Community Living which is a division of the US Department of Health & Human Services\*.

\*Source:

[acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2019ProfileOlderAmericans508.pdf](https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2019ProfileOlderAmericans508.pdf)

# Aging

Some people age well and embrace the changes. For others, aging is very frightening or depressing.

The more you understand about aging seniors and their psychosocial needs, the better you can make them feel about themselves and the happier your facility environment will be.



# As we age.....

Let's analyze this case scenario from the NAHPA website:

*Mr. Smith is an 83-year old retired salesman residing in New York City. Between the expense of living alone in Manhattan and paying for the medications and co-payments for medical visits to manage his diabetes and emphysema, he just barely meets his monthly expenses. Married for over 50 years, his wife died 6 months ago. Now, without other family or friends, he feels helpless to check his own blood sugars, follow his prescribed diet or go for walks as he did with her. Each night, alone in the quiet of his kitchen, he drinks wine and ponders the value of his life, wondering if it is worth living.*

# As we age....

What kind of psychosocial issues do you think he is facing?

- Loneliness – he has lost his wife
- Financial issues – he is barely able to meet his expenses
- Helplessness – he has no one around to help him
- Isolation – he does not go out for walks anymore
- Possible alcohol abuse

# As we age...

Remember what our typical resident is like...

- o Female between 80 and 85
- o a widow
- o needing some assistance with Activities of Daily Living
- o moving to your facility because their family wanted them closer

# As we age....

Our elderly go through many changes during aging. They can include changes with or in:

- the family
- their sense of worth when they retire
- decline in physical abilities
- awareness of their own mortality
- changes in income
- widowhood
- shrinking social world



# As we age....

They can also face mental health issues, such as:

Depression

Anxiety

Confusion, dementia and  
Alzheimer's disease

Suicide

Substance abuse

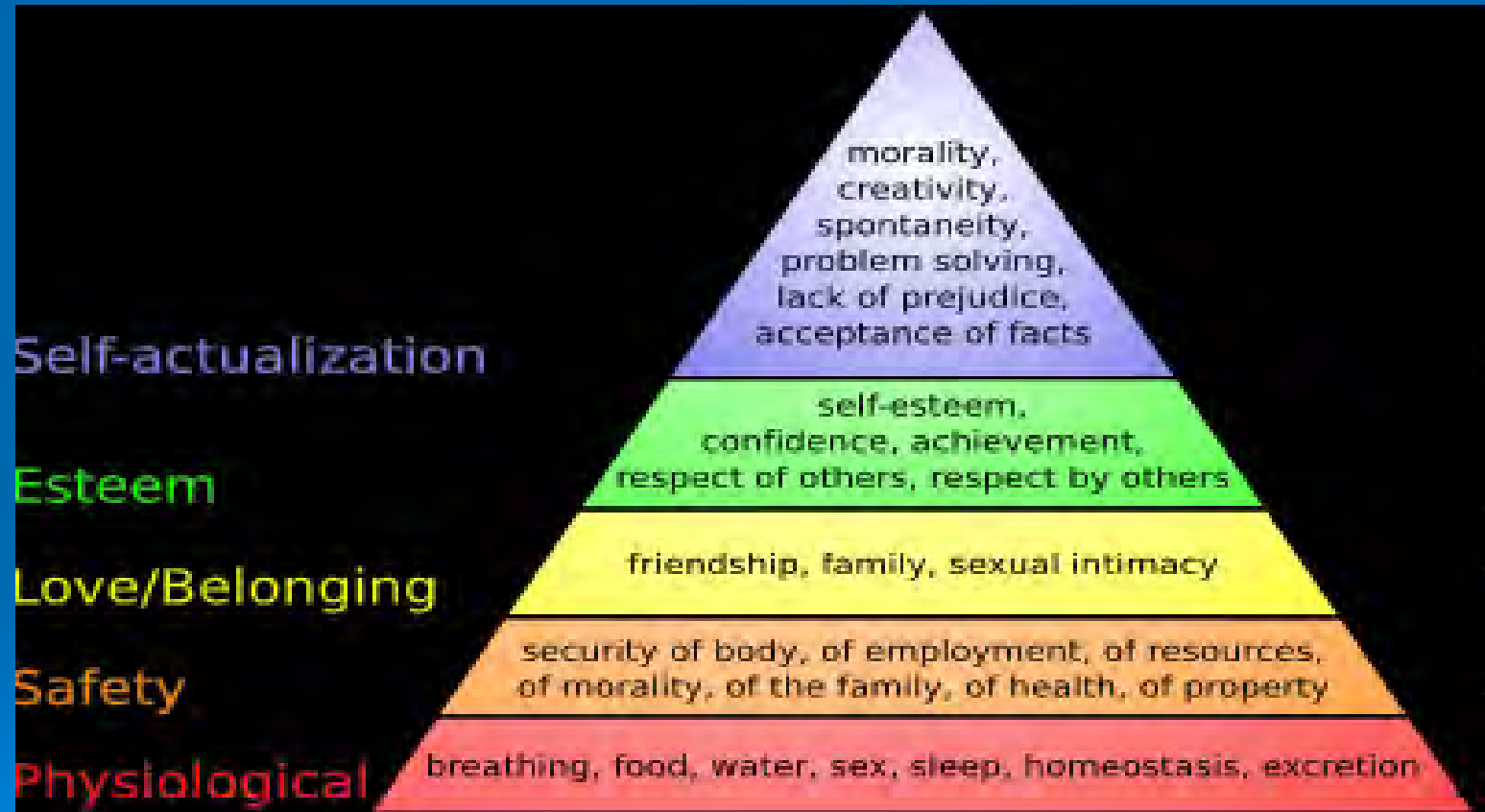


# As we age...

Before we discuss these changes, let's discuss the basic needs of *every* person.

Psychologist Abraham Maslow created a Hierarchy of Needs pyramid that outlines these basic needs (see following slide).

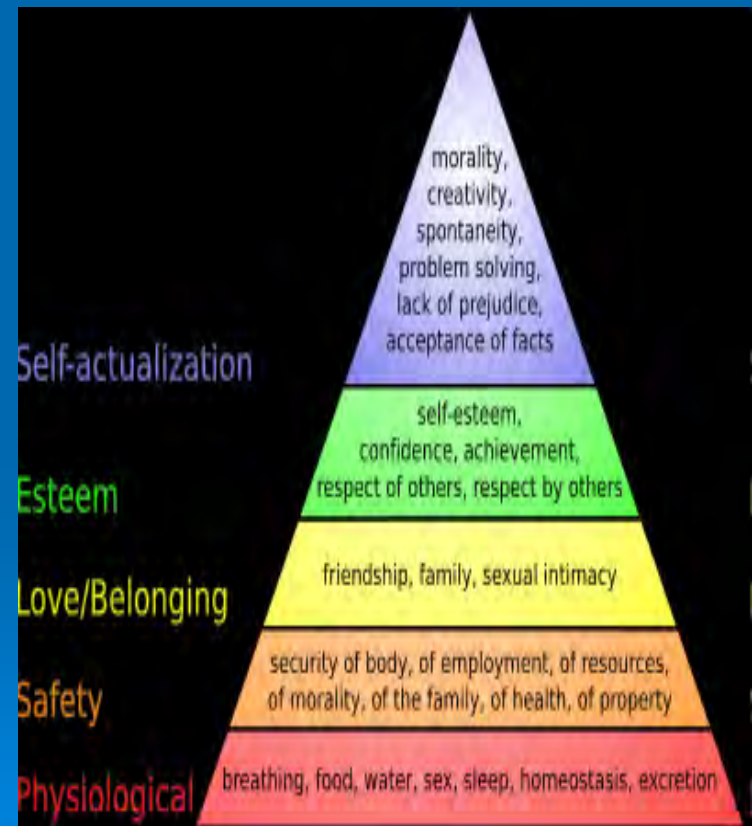
# Maslow's Hierarchy of Needs



# The Deficiency Needs

The lower four layers of the pyramid are what Maslow calls the Deficiency Needs.

They are:  
physiological, safety,  
love and belonging  
and esteem.





# Physiological Needs

With the exception of clothing and sex, the body cannot function without these Needs.

*sex*

Breathing

*Sleep*

WATER

Homeostasis

Clothing

Food

Shelter

# Safety and Security Needs

After the basic needs are satisfied, an individual's safety and security needs take over and dominate their behavior.

These needs include:

Personal security

Financial security

Health and well-being

Safety of family and  
property

# Social Needs

Humans need to feel a sense of belonging and acceptance; they need to love and be loved.



The social needs include:

- Friendship
- Intimacy
- Having a supportive and communicative family

# Esteem

Everyone has a need to be respected, to have self-esteem.

This can be achieved by:

- Having confidence in one's self
- Achieving goals
- Having the respect by others
- Respecting others

# Self-Actualization

- The top of the pyramid, “Self-actualization,” occurs when it is believed that the individual has reached a state of harmony and understanding.
- Maslow describes self-actualization as a person's need to be and do that which the person was "born to do," such as an artist painting.

# Incorporating Maslow's Theory into our Communities

## Physiological:

We provide food, water, shelter and clothing.





# Incorporating Maslow's Theory into our Communities

## Safety and Security:

- 👍 Do we provide personal security?
- 👍 Do we provide health and well-being?
- 👍 Do we provide property safety?

## More difficult to provide:

- 👎 Financial security
- 👎 Safety of family and property

# Needs of love, affection and belonging

How can we help the residents meet these needs?

- ♥ Help them give and receive love
- ♥ Be receptive to their love and friendship
- ♥ Help them interact with other residents, like in activities or outings
- ♥ Invite their families to activities, parties
- ♥ Give them a hug!

# Needs of love, affection and belonging

How do I deal with sexuality? Do I have to tell the family?

If the 2 residents are not cognitively impaired, you need to keep this confidential.

If one or more has dementia, then you must now involve the families.

# Self-esteem

1. Allow the residents as many choices as possible
2. Allow the residents privacy when appropriate
3. Never talk about someone behind their back
4. Help them set goals that are achievable
5. Do not do for them what they can do for themselves
6. Help them contribute to the community
7. Help them improve themselves
8. Help them create a sense of purpose

# Mental Health Issues



# Depression

Possible causes of depression in our residents:

It is important to deal with depression.

- loss of a spouse
- loss of independence
- loss of friends
- loss of long-time home
- illness
- reality of dying
- medications



# Depression (cont'd)

Consider this:

You are 85 years old and have fallen recently, requiring a brief hospitalization. Your daughter has just announced that you are moving into a “home”. She is selling the house that you and your recently deceased husband raised the children in, the one filled with so many good memories. All of the antiques will be sold, too, since they will not fit in the new “home”. The car will be taken away since you have had too many fender-benders lately.

# Depression (cont'd)

## Consider this:

You visit the “home”. You have a roommate named Marge, who snores and she looks messy. The care staff hardly speak English. The staff will be telling you what time you will be waking up, what you will have for breakfast, lunch and dinner, when you will be taking a shower (in the evening now since the staff do not have time in the morning).

You hate Bingo but you are forced to play it in the afternoon. You liked a glass of wine at dinner but this facility does not offer alcohol.

# Depression (cont'd)

## Consider this:

You don't know anyone at the facility. Most of them just sit all day and stare at the wall or ask the same question over and over again until the staff tell them to stop. You are lonely and sad. No one comes to visit because they are too busy.

*Doesn't this sound awful and depressing? Yet, this might be how your new resident is feeling!!!! Depressed!*

# Depression (cont'd)

Anyone can feel sad or blue from time to time, but depression is not a normal part of aging – depression is a medical condition requiring treatment.

# Depression (cont'd)

## Signs of depression:

loss of interest or pleasure in usual activities

crying

change in appetite or weight

change in sleeping patterns

slowness, fatigue, loss in energy

thoughts of suicide or death



# Depression (cont'd)

- ◎ If you sense that your resident is battling depression, you must get them help as soon as possible.
- ◎ Their physician will do a thorough physical to rule out possible physical causes.
- ◎ They may also prescribe medications (anti-depressants) for the resident.



# Depression (cont'd)

Some things that may be helpful to say to your resident:

I care about you.

You are not alone.

Do you want a hug?

You are really important to me.



# Anxiety

Anxiety disorders affect an estimated 40 million people annually, says the Anxiety Disorder Association of America.

Anxiety disorders include:

- ❑ Generalized Anxiety Disorder
- ❑ Obsessive Compulsive Disorder
- ❑ Panic attacks and Panic Disorder
- ❑ Phobias and fears
- ❑ Social Anxiety Disorder

# Anxiety (cont'd)

## **Physical symptoms of generalized anxiety disorder:**

Muscle tension, aches, or soreness  
Trouble falling asleep or staying asleep  
Stomach problems, nausea, diarrhea  
Jumpiness or unsteadiness

Tiring easily  
Restlessness

## **Psychological symptoms of generalized anxiety disorder:**

Irritability  
Inability to control anxious thoughts  
Difficulty concentrating  
Fear of losing control or being rejected

Feeling of dread  
Inability to relax

# Suicide

Statistics from the National Council on Aging\* state that:

- Those over 85 years and older have the highest suicide rate of any age group;
- It is over four times higher than the nation's overall rate of suicide; and
- As with most age groups, the majority of elders who kill themselves are male.

Source: [psychologytoday.com/us/blog/understanding-grief/202001/why-do-the-elderly-commit-suicide](http://psychologytoday.com/us/blog/understanding-grief/202001/why-do-the-elderly-commit-suicide)

# Suicide (cont'd)

- \* Risk factors for suicide among older persons differ from those among the young.
- \* In addition to a higher prevalence of depression, older persons are more socially isolated and more frequently use highly lethal methods.
- \* They also make fewer attempts per completed suicide, have a higher-male-to-female ratio than other groups, have often visited a health-care provider before their suicide, and have more physical illnesses.

# Suicide (cont'd)

## What are the Warning Signs?

- ✓ Loss of interest in things or activities that were usually found enjoyable
- ✓ Cutting back social interaction, self-care, and grooming
- ✓ Breaking medical regimens (such as going off diets, prescriptions)
- ✓ Experiencing or expecting a significant personal loss (spouse or other)
- ✓ Feeling hopeless and/or worthless
- ✓ Putting affairs in order, giving things away, or making changes in wills
- ✓ Stock-piling medication or obtaining other lethal means



# Suicide (cont'd)

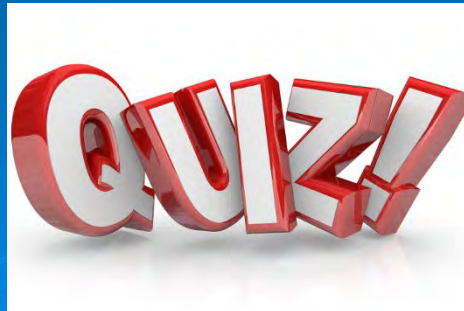
If you have a resident that is talking about suicide or attempting suicide, you must call either their physician or 911 immediately (depending on the circumstance).

You cannot ignore this issue.

# Quiz

This is a short quiz to test your knowledge.

You will not be graded on this quiz – it will help prepare you to take the final test at the end of the course, which you will be required to pass in order to receive credit for this course.



disparity structures affect an estimated 40 million people annually.

## Quiz 1

*Quiz - 5 questions*

Last modified: Sunday, April 30, 2017 at 1:21:18 PM

### Properties

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Allow user to leave quiz: [At any time](#)

User may view slides after quiz: [Any time](#)

Show quiz in menu as: [Multiple Items](#)



Edit in Quizmaker



Edit Properties

# Substance abuse

**Substance abuse** is defined as:

The overindulgence in, and dependence on, a stimulant, depressant, or other chemical substance, leading to effects that are detrimental to the individual's physical or mental health or the welfare of others.



# Substance Abuse (cont'd)

- Substance abuse – including alcohol, illegal drugs and prescription drugs – among persons 60 years or older has become a “hidden” epidemic across the United States, affecting persons of all races, ethnicities and income levels.
- By 2030, the Substance Abuse and Mental Health Services Administration estimates that **one-third of adults 55 years of age and older** will have a substance abuse problem.

# Substance Abuse (cont'd)

Why is substance abuse dangerous in the older adult?

- Higher incidence of health problems
- Greater number of prescribed medications
- Lowered tolerance for medications
- Underlying diseases/conditions
- Increased chance of falls
- As we age, we become more sensitive to the effects of alcohol, requiring less alcohol to become intoxicated.





# Substance Abuse (cont'd)

Why is substance abuse dangerous in the older adult?



Medical conditions, such as high blood pressure, angina (chest pain), diabetes and ulcers - all common in seniors – can become worse with alcohol and drug use.

# Medication interaction

- ✓ Many types of medications – prescription and over-the-counter – can cause drowsiness and affect coordination.
- ✓ If a person is abusing alcohol or medications, memory loss can occur; the person may forget they have taken their medications properly or take too much unintentionally.

# Substance Abuse (cont'd)

Types of substance abuse and misuse:

- ❖ Alcohol
- ❖ Illegal drugs
- ❖ Prescription drugs



# Alcohol Abuse

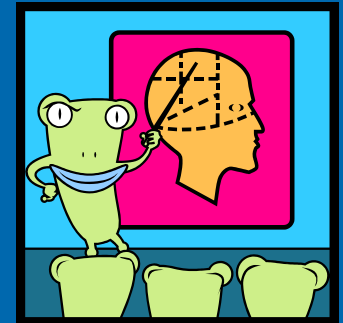


**Alcohol abuse** means having unhealthy or dangerous drinking habits, such as drinking every day or drinking too much at one time. If a person continues to abuse alcohol, it could lead to alcohol dependence, otherwise known as **alcoholism**.

# Alcohol Abuse

The neurotoxic effects of alcohol can cause brain damage. Seniors appear to be more vulnerable to this than younger adults.

Symptoms are similar to Alzheimer's Disease: confusion, short-term memory loss, diminished verbal skills and loss of problem solving skills.



This can become permanent after long-term abuse. Even short term use can cause memory loss or confusion.

# Alcohol Abuse



- ☠ Alcohol increases the incidence of gastrointestinal disturbances;
- ☠ Alcohol increases coagulation disorders;
- ☠ Alcohol increases cardiovascular issues; and
- ☠ Alcohol increases the chance of getting an infection.....

thus leading to illness and possible hospitalization.



# Alcohol and the Older Woman

- ❑ Fewer women drink than men, but of those who drink heavily, the consequences appear sooner and are more severe than in males.
- ❑ Older women become intoxicated faster from smaller amounts of alcohol.
  - ❑ Women have a lower total body water content than men of comparable weight;
  - ❑ Women have reduced stomach enzymes responsible for metabolizing alcohol;
  - ❑ Both of these result in a higher blood alcohol content.

# Possible Sources of Alcohol



- ✓ Alcoholic beverages
- ✓ Tonics and elixirs (some of these can contain up to 30% alcohol!)
- ✓ Cold medicines (the majority contain 25% alcohol)
- ✓ Pure extracts used for cooking (i.e., vanilla)
- ✓ Mouthwash
- ✓ Aftershave
- ✓ Rubbing alcohol
- ✓ Alcohol in food (brandied cakes, alcohol-filled chocolates)

# Prescription Drugs

The nonmedical use or abuse of prescription drugs is a serious and growing public health problem in this country.

The elderly are among those most vulnerable to prescription drug abuse or misuse because they are prescribed more medications than their younger counterparts.



We will review the commonly prescribed medications later in this course.

# Commonly Abused Opioids, Stimulants and Sedatives

**Opioids and narcotic analgesics** are typically prescribed to relieve acute pain such as that from cancer or surgery.

Common opioids include:

Darvocet

Dialudid

Percocet

Drugs with Codeine

Vicodin

Methadone

Demerol

Morphine



# Commonly Abused Opioids, Stimulants and Sedatives

**Sedatives** and hypnotics, such as barbiturates, depress the central nervous system and are frequently used to treat anxiety, panic disorder or insomnia.

Commonly prescribed sedatives:

Ativan

Klonopin

Librium

Halcion or Restoril (nighttime)

Valium

Xanax

# Commonly Abused Opioids, Stimulants and Sedatives

According to the American Geriatric Society\*, emergency room visits attributed to benzodiazepines for adults 65 and older total over 16,000 per year and these drugs were often used in combination with alcohol.

Most deaths from benzodiazepines are caused by combined use with alcohol.

\*Source: [madinamerica.com/2020/03/benzodiazepines-linked-emergency-department-visits/](https://www.madinamerica.com/2020/03/benzodiazepines-linked-emergency-department-visits/)



# Possible reasons for abuse or misuse

# Chronic Pain

Chronic pain can be caused by:

- Fibromyalgia
- Cancer
- Back pain
- Chronic pancreatitis
- Hepatitis
- Gallstones
- Osteoporosis
- Arthritis
- Bone fractures
- Muscle spasms
- You name it!



# Emotional/psychological pain

A resident could abuse substances to try to block:

- ☐ Loneliness
- ☐ Death of their spouse
- ☐ Loss of independence
- ☐ Loss of family
- ☐ Loss of friends
- ☐ Impending or fear of death
- ☐ Loss of sight or hearing
- ☐ Previous abuse issues from their past (sexual abuse)
- ☐ You name it!

# Medication Mismanagement

This can include:



- ✓ Taking the wrong medication
- ✓ Taking too much of the medication
- ✓ Taking someone else's medication
- ✓ Mixing alcohol with pills
- ✓ Mixing medications (i.e., warfarin with Advil)
- ✓ Forgetting if or when they took the medication
- ✓ Poor eyesight

# Helping our Residents

Let's revisit how we can help our residents with their psychosocial needs:

1. Introduce the new resident to other residents with similar backgrounds, likes, etc.
2. Find out what types of activities the resident would like to participate in – and have them!

# Helping our Residents

3. Create a purpose for your resident. If they were a chef in their previous life, have them assist you in preparing menus or food, if possible.
4. Assist your resident to vote – this is a way for them to feel like they are a valued, productive part of society.
5. Allow the resident to make as MANY choices in their daily life as possible.



# Helping our Residents

6. Listen to your residents. Have meaningful conversations about their life – past and current.
7. Encourage family members and friends to visit or call if they cannot visit.
8. Take the resident to church or other house of worship, if possible.
9. Seek medical attention for them if they are suffering from depression or anxiety.

# Helping our Residents

- 10. Be patient and understanding.
- 11. Be empathetic and compassionate.
- 12. Learn about the resident's family, work, hobbies, achievements and life experiences.
- 13. Use humor to lighten the moment, if appropriate.
- 14. Encourage reminiscing.

# Understanding Different Cultures



# Why?

Why is it important for us to know about different cultures? Shouldn't we just treat everyone equally?



# Why?

The answer is that is extremely important to treat everyone as an **individual** and get to know their cultural and religious backgrounds, choices and preferences so we can provide the best, *individualized* care we can.

# Why?

According to the Administration on Aging\*:

- Racial and ethnic minority older adult populations have increased from 7.5 million in 2008 (19% of the older adult population) to 12.3 million in 2018 (23% of older adults) and are projected to increase to 27.7 million in 2040 (34% of older adults).

\*Source:

[acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2019ProfileOlderAmericans508.pdf](https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2019ProfileOlderAmericans508.pdf)



# Why?

Examples of cultural education:

Would you want to serve pork to a Jewish or Muslim resident? No.

Is it appropriate for a female to touch a very religious Jewish man whom she does not know? No.

# Why?

It is also important to know the etiquette of each culture and religion - in terms of personal space, physical touch, eye contact and hand gestures because they can vary from one culture to the next.



# Why?

For example, the Center for Aging with Dignity at the University of Cincinnati's College of Nursing says that, while eye contact is common in face-to-face interactions, consider these differences:

- European Americans typically use direct eye contact when speaking with people.
- Some Native Americans consider direct eye-contact impolite or disrespectful.
- Latinos may view eye contact as a sign of aggression.
- Many Asians consider eye contact inappropriate between men and women.

# How?

So how do we become more understanding?

1. Learn about different cultures in order to be respectful;
2. Learn about different religious preferences in order to be respectful;
3. Learn about how different faiths and cultures view death and dying; and
4. Practice patience, tolerance and understanding even if *you* do not believe what *they* believe.

# NOTE

*Your facility must state and honor your commitment to diversity and be welcoming to ALL clients, regardless of sexual orientation, gender identity, race, ethnicity, disability, religion and more. Remind your staff and volunteers that while they are entitled to their own beliefs, discriminatory language or behaviors will not be tolerated!*

# Culture

What is “culture”?

Culture is a pattern of ideas, customs and behaviors shared by a particular people or society.\*

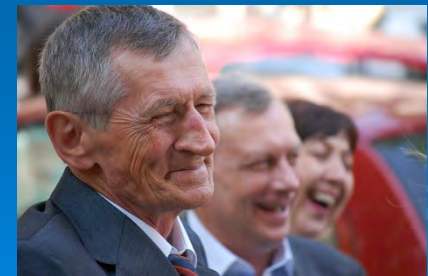
\* Source: <http://www.kidsnewtocanada.ca/mental-health/developmental-disability>



# Culture

Culture is also defined as:

*“....patterns of human behavior that include the language, thoughts, actions, customs, beliefs and institutions of racial, ethnic, social or religious groups. Every culture has beliefs about health, disease, treatment, and health care providers.”*



# Culture

People from the many immigrant cultures, as well as American Indians, bring their beliefs, and the practices that accompany them, into the health care system and these can cause challenges to us as caregivers.



# Cultures

The different cultures and groups we will be learning about in the course include:

- Chinese
- Japanese
- Black/African American
- Indian
- Vietnamese
- Korean
- Hispanic/Latino



# Religion

The different religions we will be learning about in the course include:

- Christianity
- Hindu
- Buddhism
- Judaism
- Islam



# CULTURES

# Chinese Culture

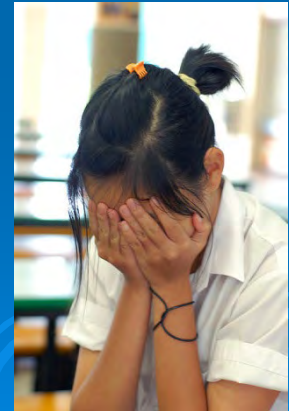
- Traditional Chinese values place the family and society over the individual.
- Many American-born Chinese may not be as traditional but still hold values of respect for elders and authority.
- The oldest son has obligations toward the family and is expected to respect and care for parents.



# Chinese Culture

It is not uncommon for the Chinese American older adults to hesitate to make direct eye contact, ask questions or voice concerns in order to avoid inconveniencing others or appearing disrespectful.\*

\*Source: [Asiamarketingmanagement.com](http://Asiamarketingmanagement.com)



# Chinese Culture

- The oldest person in a family or an organization has the most respect, honor, and dignity;
- The young people will call an older person "Ye Ye" (grandfather), and "Nai Nai" (grandmother), "Tai Tai" (aunt), and "Shu Shu" (uncle) as a sign of respect even if that person is not family by blood;
- Children take care of parents personally when they need care;

# Chinese Culture

- Sending a parent to an assisted living or skilled nursing facility would be considered an act of betrayal to the family;
- It is very common to see adult children living with their parents; and
- The Chinese people do not like a person to talk about himself or brag.

# Chinese Culture

- Many Chinese still believe in and practice traditional Chinese medical treatments, such as acupuncture, cupping, herbology and medication/exercise.\*
- Physicians are expected to make decisions and give instructions for their patients.\*

\*Source: CDC.gov

# Chinese Culture

In Chinese culture, patients are often not told the life-threatening aspects of a serious illness such as cancer; the family is usually told, though.

Family members often wish to care for their loved one at home, if possible.

Source: "The Chinese Approach to Death and Dying" by the International End of Life Doula Association

# Chinese Culture

- *Some* believe that if the patient dies at home, this may have harmful effects on children in the home.
- In these instances, relatives may wish the patient to die in a setting other than the home, such as a hospital or hospice.
- The family may wish to be at the bedside of a hospitalized dying patient.

Source: “The Chinese Approach to Death and Dying” by the International End of Life Doula Association



# Chinese Culture

So, do you think it would be wise to have a conversation with a Chinese resident and their family about hospice?

The answer would probably be no, that they would not like to discuss this; in fact, it actually could be very offensive to them.

# Chinese Culture

- White is the color for mourning; wearing all white or all black may be considered bad luck by some Chinese.
- Families may not wish to allow autopsies, and are often unwilling to donate body parts.

# Quiz

This is another short quiz to test your knowledge.

Just like the first one, you will not be graded on this quiz – it will help prepare you to take the final test at the end of the course, which you will be required to pass in order to receive credit for this course.



## Quiz 2

*Quiz - 5 questions*

Last modified: Monday, April 5, 2021 at 11:08:40 AM

### Properties

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Edit in Quizmaker



Edit Properties

# Japanese Culture

Like the Chinese and Koreans, the Japanese expect children to dutifully tend to their parents.

According to the BBC\*, senior citizens aged 65 and above account for more than 28% of its population in Japan.

Source: [bbc.com/future/article/20200327-what-the-Japanese-can-teach-about-super-ageing-gracefully](https://www.bbc.com/future/article/20200327-what-the-Japanese-can-teach-about-super-ageing-gracefully)

# Japanese Culture

According to the National Institutes of Health, the 60<sup>th</sup> birthday is a very special birthday, as is the 77<sup>th</sup>, 88<sup>th</sup>, and 99<sup>th</sup>.

In addition, Japan celebrates a “Revere the Elder” day on which city mayors give money to people who are over 80 years old.



# Japanese Culture

- In Japan, it is extremely important not to show one's grief when someone dies.
- Death should be seen as a time of liberation and not sorrow, and one should show strength and acceptance.
- The Japanese do not want to make someone else uncomfortable.

Source: [Dimensionsofculture.com](http://Dimensionsofculture.com)

# Black/African American Culture

The Centers for Disease Control (“CDC”) published an article outlining a study on aging well amongst South Carolina African Americans and whites.

They found that African Americans considered “aging well” means “being cognitively intact, free of serious mobility impairment or other health problems, and independent.”

# Black/African American Culture

The article also discussed faith. They found that an active spiritual life was very important to their well-being.

Several stated that being a “faithful church member”, “going to church” and “leading Bible study” were all important to aging well.

# Black/African American Culture

The study also concluded that they felt that **not** taking medications was a sign of aging well (the study didn't distinguish between over-the-counter medications and prescription medications).

This is important to understand if the resident is consistently refusing medications.

# Black/African American Culture

Liz Seegert, a senior fellow at the Center for Health, Media & Policy at Hunter College, NYC, wrote an article titled “Culture an important factor in ‘successful’ aging”\*.

The following slides outline her findings.

\*Find this at: [healthjournalism.org/blog/2013/11/culture-an-important-in-gauging-successful-aging/](http://healthjournalism.org/blog/2013/11/culture-an-important-in-gauging-successful-aging/)

# Black/African American Culture

“Depression is one of the most prevalent psychiatric diagnoses among the elderly, increasing morbidity, disability, and suicide risk,” she said. “Older black adults suffer more from psychological distress than do whites, due to a lifetime exposure of racism, prejudice, poverty and violence and they have fewer psychological, social and financial resources.” Depression rates among older black Americans range from 10-30% according to clinical studies, but research on this topic is limited.



# Black/African American Culture

She also found that families figure strongly in successful aging, especially in African-American cultures. “They are expected to take care of their elders”.

How is this going to affect their moving into an RCFE?

# Indian (Near East) Culture

- In India, elders are the head of the family and greatly respected.
- In fact, many Indians live in joint family units with the elders being supported by the younger members of the family.
- Disrespecting the elders of the family or sending them to an RCFE has a social stigma in India.

# Indian (Near East) Culture

- Avoid standing with your hands on your hips in front of an Indian; this is seen as an aggressive gesture.\*
- Indians are very polite so they have great difficulty saying no.\*
- Hindus not only wash their hands before and after a meal, but also rinse out their mouths before eating.\*

\*Source: Behave Yourself by Michael Powell

# Indian (Near East) Culture

- Do not offer anyone else, even a close friend or partner, food from your plate. This would be viewed with disgust.\* (Good to know if you are assisting residents with eating!)
- Food is eaten with the right hand; the left hand is viewed as unclean.\*
- Many Hindus, Sikhs and Muslims avoid all physical contact between the sexes, including handshakes.\*

\*Source: Behave Yourself by Michael Powell

# Indian (Near East) Culture

- The following gestures are considered rude and should be avoided\*:
  - Winking
  - Whistling
  - Pointing or beckoning with your fingers
  - Touching someone's ears
  - Pointing your feet at someone.

\*Source: Behave Yourself by Michael Powell

# Indian (Near East) Culture

Many Indians are Hindu.

Hindus believe in cremation, which is a ritual designed to do much more than dispose of the body; it is intended to release the soul from its earthly existence, according to Mailerindia.com.

Traditionally, Hindus prefer to die at home rather than in a hospital.



# Vietnamese Culture

- Most Vietnamese people, regardless of religious denomination, practice ancestor worship and have an ancestor altar at their home or business, a testament to the emphasis Vietnamese culture places on respect.
- In communication, they seek agreement and compromise; they dislike arguments or confrontation.

Source: Wikipedia

# Vietnamese Culture

The New York Times published an article titled “As Parents Age, Asian-Americans Struggle to Obey a Cultural Code”. According to the article:

In Vietnam, children must stay home and care for their aging parents. Elders “don’t want nursing home,” the interviewee said: Being in a nursing home creates “trouble in the head.”

Vietnamese families consist of extended family, including grandparents, parents and children.

# Vietnamese Culture

- Mental illness is a stigma in the Vietnamese culture. Many people view mental illness as a supernatural phenomenon that can bring bad luck or shame to the family.\*
- Depression and post-traumatic stress disorder are common due to loss of family members, language and cultural barriers, social isolation and separation from family.\*

\*Source: University of Minnesota, Health Literacy & Cultural Competency

# Vietnamese Culture

- The Vietnamese have a high respect for physicians and physician decisions.\*
- Some Vietnamese will prefer to use herbal medications from China to care for illness rather than conventional medications.\*
- Many Vietnamese who lived during the Vietnam war, are still experiencing physical and psychological effects.\*

\*Source: University of Minnesota, Health Literacy & Cultural Competency

# Korean Culture

- The family is the most important part of Korean life.\*
- Just like with other Asian cultures, the elders are extremely well respected.\*
- The eldest son has special duties including first his parents, then his brothers from older to younger, then to his sons, then to his wife, and lastly to his daughters.\*

\*Source: Zkorean.com

# Korean Culture

- Koreans believe that direct eye contact during conversation shows boldness, and out of politeness they concentrate on the conversation, usually avoiding eye-to-eye contact.\*
- Koreans also believe that writing a person's name in red ink is tantamount to saying they are dead or will die soon. (Put down the red pen!)\*

\*Source: Zkorean.com



# Korean Culture

- When you receive something (a present, a cup, a pen, etc.) from an older person, you should use two hands when receiving it, with a bow. If it's small enough for one hand, use one hand to receive it and the other under your forearm or your lower chest (for support). When you are shaking hands with an older person, use two hands.

\*Source: Zkorean.com

# Korean Culture

- The number four is considered unlucky. It is treated the same way as the number 13 in western countries -- no 13th floor, etc. \*
- In Korea, the surname (family name) is given first. First names are seldom used in addressing another – make sure you ask the resident and/or family how to address this resident.\*

\*Source: Zkorean.com

# Korean Culture

- When eating with Koreans, refrain from blowing your nose or coughing. If you have to cough, turn away.\*
- Rather than pouring their own drinks, Koreans pour for one another. It is a bad breach of etiquette to pour your own drink.\*
- The eldest at the table eats first.\*

\*Source: Zkorean.com

# Hispanic/Latino Culture

- The Latino older adult population is expected to grow 3.9% each year from 1990 to 2050, and Latinos will comprise nearly 16.4% of the older adult population by 2050.\*
- Many Latino older adults believe in the retention and use of the Spanish language.\*

\*Source: University of Minnesota, Health Literacy & Cultural Competency

# Hispanic/Latino Culture

Note: It is essential for health care providers to remember that there are great cultural differences between Latino groups – Mexican, Colombian, Spanish, etc. so it is important to research the specific country's cultures and groups.

# Hispanic/Latino Culture

- It is common in the Latino culture for relatives to live together.\*
- According to a University of Missouri–Kansas City elder study, Mexican Americans tend to see themselves as "old" much earlier in life than other groups (at about 60 years of age, as compared to 65 and 70 for black and white Americans, respectively). Mexican Americans were also found to expect fewer remaining years of life than any of the other groups.

\*Source: University of Minnesota, Health Literacy & Cultural Competency



# Hispanic/Latino Culture

Per the National Center of Elder Abuse, Latino elders may not perceive financial exploitation as abuse because interdependency is common in Latino families.

Financial elder abuse, therefore, may be more difficult to identify and prove.

# Hispanic/Latino Culture

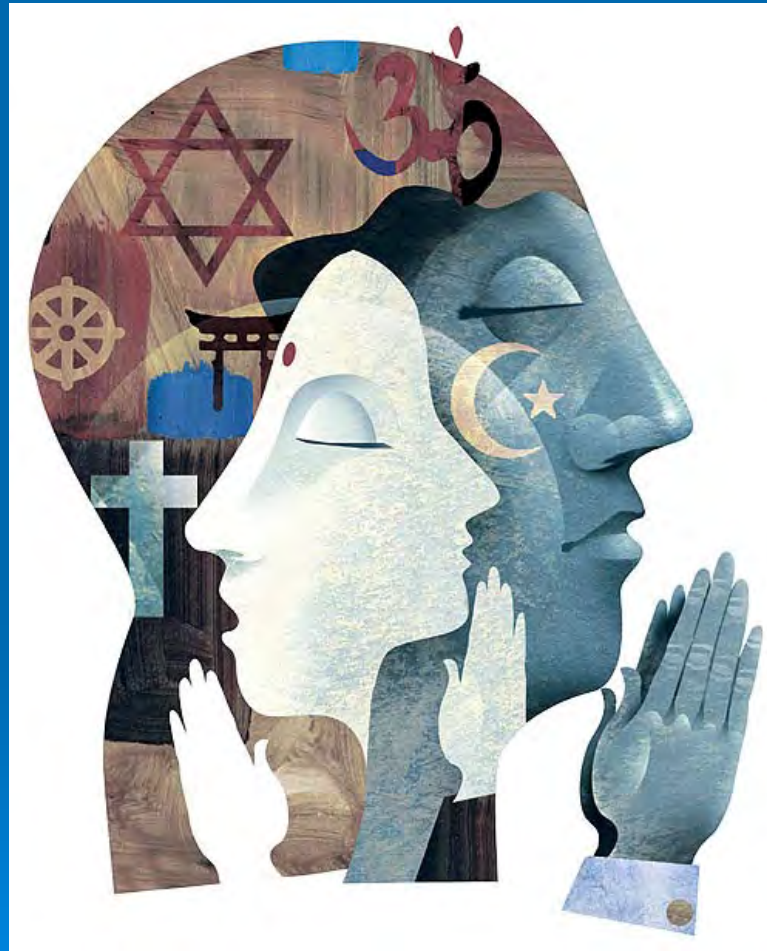
- Unlike in Asian countries, it is up to the daughter to take care of her parents.
- In Latino cultures depression manifests itself in physiological symptoms, such as headaches.
- Latinos as a group, however, appear to be reluctant to seek mental health services.

# Hispanic/Latino Culture

In an article titled “Aging in America: The Latino Perspective\*” by Professor Jacqueline Angel, she found that many Latinos spend their working lives in low-paying jobs that preclude saving for retirement. Even those who are eligible for Social Security often receive low benefits and rely heavily on publicly funded programs such as Medicaid that are at risk of continuing cutbacks and restructuring.

\*Find this at: [news.utexas.edu](http://news.utexas.edu)

# Religious Preferences



# Religious Preferences

In order to help our residents meet their religious and spiritual needs, **we** need to be educated about the different religions and denominations.

The following slides outline the different religious beliefs.

# Religions

A list of the world's most popular religions:

**Christianity**

**Hindu**

**Buddhism**

**Judiasm**

**Islam**



# Christianity

- ❑ Christians typically attend services on Sundays.
- ❑ Catholicism is the most popular form of Christianity.
- ❑ Most Christians participate in communion.
- ❑ Christians celebrate Christmas, the day of Christ's birth, and Easter, the celebration of his rising from the dead.



# Seventh-Day Adventists



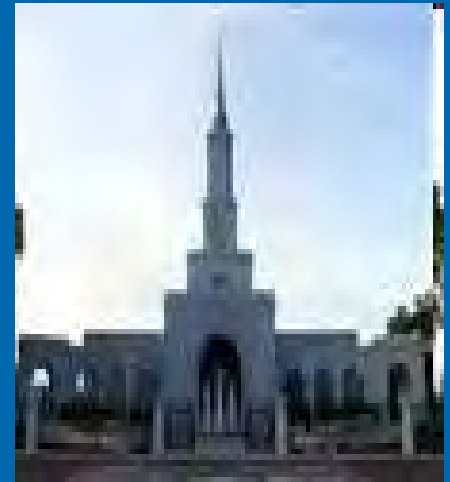
- ❑ They believe that the seventh day of the week, Saturday, is the biblical Sabbath; thus they worship on Saturday's.
- ❑ They believe that Saturday is intended as a day of rest.
- ❑ They may participate in communion.

# Jehovah's Witness

- ❑ They believe in actively sharing their faith.
- ❑ They do not celebrate birthdays or other non-religious holidays (such as Halloween).
- ❑ Blood transfusions are considered wrong, but all other medical treatments are acceptable.

# Latter-day Saints

- ❑ Otherwise known as Mormons.
- ❑ They believe that good works are integral to the faith through monthly fasts and fast offerings to the needy, to show their obedience and love for God.
- ❑ Mormons believe that the Bible is sacred and they add three other documents to their canon.



# Buddhism



- ❑ Devotion is an important part of the practice of most Buddhists. Devotional practices include bowing, offerings, pilgrimage and chanting.
- ❑ They believe in the teachings of the Buddha.
- ❑ Not all Buddhists are vegetarians.

# Islam

- ❑ Muslims believe that God revealed the message of Islam through the Prophet Mohammed.
- ❑ Their book is called the Holy Qur'an.
- ❑ They pray 5 times a day facing east toward Mecca.
- ❑ They fast during the month of Ramadan; they do not eat or drink from dawn until dusk.
- ❑ Strict Muslims do not drink or eat pork.





# Judaism



- ❑ Jews believe in the teachings of the Torah, their religious book.
- ❑ They do not celebrate Christmas, but they celebrate Hanukkah which is in December.
- ❑ They visit the temple on Saturdays.
- ❑ Strict Jews do not eat pork or seafood and may be kosher.
- ❑ Their major holidays are Rosh Ha-Shanah, Yom Kippur, Passover and Hanukkah.

# Judaism

- There are 3 types of Judaism: Orthodox, Conservative and Reform.
  - Orthodox Jews follow the teachings of the Old Testament very literally, keep kosher (strict dietary rules) and many do not work on the Sabbath (Friday at sundown to Saturday at sundown). Men are the authority in the family.
  - Conservative and Reform denominations are not as strict.

# Hinduism

- ❑ Hinduism is the predominant religion in India.
- ❑ At home, Hindus often create a shrine with icons dedicated to their chosen form(s) of God.
- ❑ Hindus may chant mantras on a daily basis.
- ❑ Observant Hindus do not eat cow or pork, and may be vegetarian.



# Conclusion

The **A.W.A.R.E.** model, developed by Allyse Sturdivant, helps with cross-cultural communications:

**A** is for **ACCEPT** someone's behavior without judging it based on what that behavior means in your culture.

# Conclusion

**A.W.A.R.E. :**

**W** is for **WONDER** what someone's behavior means in his or her culture, rather than what it means in your culture.

**A** is for **ASK** what it means to the person, showing a respectful interest.

# Conclusion

**A.W.A.R.E. :**

**R** is for **RESEARCH** the person's culture so you are able to place their behavior in the context of their cultural world view.

**E** is for **EXPLAIN** what their behavior means in your culture. Help them learn new behaviors that will help them function in your culture.



# Conclusion

Key points to remember as you interact with people:

1. Being sensitive to generational and cultural differences involves empathy and understanding.
2. Many older people may not share the same values, beliefs, attitudes or experiences as we do. We need to be sensitive to how we interact with and respect others.

# Conclusion

Key points to remember as you interact with people (cont'd):

3. Respect and appreciate diversity.
4. People feel respected and valued when asked about their opinions.
5. Sharing stories is a great way to connect with others and discover similarities, regardless of differences.

# Proceed to Test

You have completed the class presentation and now you must take the 20 question Final Test.

You must score at least 70%, which is 14 or more correct answers, to pass the test. If you do not pass the test, you will be redirected to take the test again.

Proceed to the next slide to begin your Final Test.

**Good Luck!**

The fastest growing age group is the 18-24 year-old  
adult group.

100%

## Final Test for Psychosocial Needs

*Quiz - 20 questions*

Last modified: Sunday, April 30, 2017 at 1:23:33 PM

### Properties

On passing, 'Finish' button: [Goes to next slide](#)

On failing, 'Finish' button: [Goes to slide](#)

Allow user to leave quiz: [At any time](#)

User may view slides after quiz: [Any time](#)

Show quiz in menu as: [Multiple Items](#)



Edit in Quizmaker



Edit Properties

# Completion

Congratulations on completing this online class for your RCFE Administrator Certification.

You are now ready to proceed to the next section.



THANK YOU !

**Thank You for taking our  
Certification Course.**

We hope you will enroll in our live  
classes or online classes in the future.