



RESILIENCE IN OLDER ADULTHOOD

Objectives



- Define resilience and its common themes
- Identify and differentiate the biopsychosocial and spiritual characteristics associated with resilience
- Discuss how culture and diversity influence resilience
- Describe interventions used to promote resilience in older adults

Resilience Defined



- “The capability to cope successfully in the face of significant change, adversity, or risk. This capability changes over time and is enhanced by protective factors in the individual and environment.”

(Stewart et al., 1997)

- Resilient behaviors are positive outcomes when risks are present.
- Resilience is connected to successful aging.

- Unfortunately, many images of later adulthood have themes of decline and reduced functioning. However, older adults demonstrate aspects of resilience in their health and functioning.
- In some cases, older adults demonstrate abilities to deal with traumatic and adverse situations in earlier life – such as Holocaust survivors who are part of the podcast that is included within this module.

Common Themes



- Resilience is:
 - ▣ Dynamic and depends on life context
 - ▣ A combination of risk factors stemming from multiple stressful life events and protective factors that decrease the negative influence of risk.
 - ▣ A balance between stress and the ability to cope
 - ▣ Developmental and being successful strengthens a person's competence
 - ▣ Most important in times of life transitions

- Resilience has several themes – and highlight the relationship between resilience, stress and risk. In addition, it is important to understand that resilience is different under various contexts and points in the life course.

Biopsychosocial/Spiritual Characteristics



Biological – innate behavioral characteristics of resilience

- ❑ *Motivation*
- ❑ *Positive temperament*
- ❑ *Problem Solving Skills*
- ❑ *Autonomy*
- ❑ *Social Competence*

*Biological factors can be influenced by the environment.

Psychological – personal traits

- ❑ *Self-esteem*
- ❑ *Self-efficacy*
- ❑ *Hope*
- ❑ *Personal control*
- ❑ *Self-understanding*
- ❑ *Learned optimism*
- ❑ *Positive attachments*

*These characteristics promote successful coping.

Biopsychosocial/Spiritual Characteristics



Social – positive socialization is key to developing resilience.

- Older adults can benefit from their social ties.

- Social resilience is associated with:

- *Flexibility*
- *Empathy*
- *Effective communication*
- *Problem solving*
- *Planning and seeking help*

Spiritual – “how a person seeks to transcend the self in order to discover meaning, belonging, and relatedness to the infinite”

(Conrad, 1999, p. 63)

- Faith communities and traditions can promote resilience.

A Discussion About Resilience Among Holocaust Survivors



Dr. Roberta Greene

- This podcast features Dr. Roberta Greene, Professor Emeritus in the School of Social Work at the University of Texas at Austin.
- Dr. Greene will define resilience and its importance in later life.
- She will also share her experience exploring resilience among Holocaust survivors and the themes that were discovered.
- Click on or copy and paste the weblink below to listen to the podcast:
 - <https://gsu.sharestream.net/ssdcms/i.do?u=3d0baeab0060411>

- This podcast discusses the importance of resilience, and her research that applies a resilience framework to Holocaust survivors.

Resilience in Later Adulthood



High resilience is associated with:

- Better mental and physical health (Wells, 2010).
- Lower perceived stress and higher life satisfaction and optimism (Wagnild & Collins, 2009).
- Higher fruit/vegetable consumption and more physical activity (Perna et al., 2012).

- Older adults have a number of transitions that are faced in later life – changing social roles and relationships, physical and emotional changes, for example. Various studies have identified aspects that are associated with resilience in later life. As a discussion question – how can practitioners help older adults build and enhance skills to foster resilience?

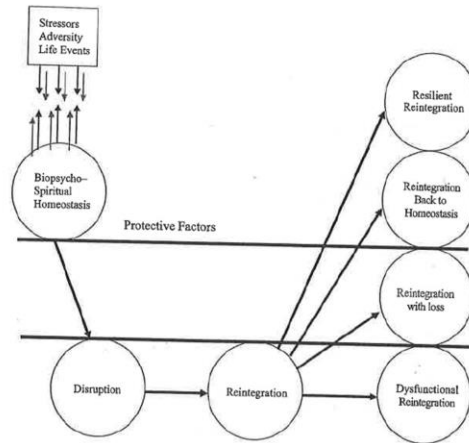
Diversity Aspects



- Power and privilege are protective factors that support resilience.
- Groups to consider when fostering resiliency in older adults include:
 - Lower economic status or social class
 - Female gender
 - Minority race/ethnicity
 - Homosexual orientation
 - Poor physical or mental health

- Unfortunately, social oppressions and poor functioning earlier in life can decrease an older adult's resilience. Those who enter later life with higher biopsychosocial functioning are buffered from some of the social oppressions that can erode a sense of resilience. Discuss how the diverse groups on this slide might have more difficult transitions and functioning in later life?

The Resiliency Model



Richardson, G. E. (2002) The Metatheory of resilience and resiliency. *Journal of Clinical Psychology*, 58, 307-521

Resilience-Enhancing Interventions



- Listen to the stories
- Identify the source of stress
- Acknowledge the loss, vulnerability, and future
- Stabilize/normalize the situation with empathy and affirmation
- Help find the benefits of the adverse event
- Help identify his/her strengths

(Greene & Cohen, 2005)

- Practitioners can help older adults identify those aspects of self that foster a sense of resilience. As part of this process, practitioners need to hear the stories of who the older adults are..... Listening for stress, stamina and survival, mastery, coping. Practitioners can reflect those sources of strength and resilience and help the older adults view their past and present abilities. In addition, using peers (other older adults) in this process can provide a social network and normalize some of the experiences of later life.

Resilience-Enhancing Interventions Cont.



- Talk about resilience
- Promote self-efficacy
- Strengthen his/her problem solving abilities
- Acknowledge spirituality in transcending the immediate situation
- Provide resources for change
- Help him/her take control
- Help build social networks (i.e. senior centers, churches)

(Greene & Cohen, 2005)

Resilience Scale



- Healthcare providers can use the resilience scale to screen older adults for resilience, help them recognize their resilience, and identify ways to strengthen it.
- Wagnild, G. M., & Young, H. M. (1993). Development and psychometric evaluation of the resilience scale. *Journal of Nursing Measurement*, 1, 165-178.
- Click on or copy and paste the weblink below to access the resilience scale:
 - http://www.resiliencescale.com/en/rstest/rstest_14_en.html

Case Study 1



□ Living Alone In Community and Over 85 Years

Old: A Case Study (Pierini & Volker, 2009)

▣ http://www.resourcenter.net/images/SNRS/Files/SOJNR_articles2/Vol09Num01Art11.pdf

Share these case examples and have a discussion about aspects of resilience that are part of these older adults' stories.

Case Study 1 Discussion Questions

- What biopsychosocial and spiritual characteristics did Mary display that are associated with resilience?
- What interventions could be utilized to further increase Mary's resilience?
- Why is it important to identify Mary's resilience?
- What life transitions might Mary be experiencing that could affect her resilience?
- What areas of Mary's life were not discussed by the interviewer that may also contribute to her resilience?

Case Study 2

- Reflections on Hurricane Katrina by Older Adults:
Three Case Studies in Resiliency and Survivorship

(Greene, 2012)

- <http://www.utexas.edu/research/cswr/katrina/Documents/071018%20Greene.pdf>

Case Study 2 Discussion Questions

- What was the impetus in the cases of Katherine, Jerry, and Sally that forced them to display resilient behaviors?
- What type of resilience do Katherine, Jerry and Sally demonstrate ? (ie. dynamic and static)
- What responses of Katherine, Jerry, and Sally demonstrate that type of resilience ?
- Compare and contrast the protective factors of resilience for Katherine, Jerry, and Sally.

References



- Conrad, A. P. (1999). Professional tools for religiously and spiritually sensitive social work practice. In R. R. Greene (Ed.) *Human behavior theory and social work practice* (2nd ed). (pp 63-72). New York, NY: Aldine de Gruyter.
- Greene, R. R. (2012). *Resiliency: An integrated approach to practice, policy, and research*. (2nd ed). Washington, DC: National Association of Social Workers.
- Greene, R. R., & Cohen, H. L. (2005). Social work with older adults and their families: Changing practice paradigms. *Families in Society: The Journal of Contemporary Social Services*, 86(3), 367-373.
- Perna, L., Mielck, A., Lacruz, M., Emeny, R., Holle, R., Breitfelder, A., & Ladwig, K. (2012). Socioeconomic position, resilience, and health behaviour among elderly people. *International Journal of Public Health*, 57(2), 341-349. doi: 10.1007/s00038-011-0294-0
- Richardson, G. E. (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology*, 58(3), 307-321. doi: 10.1002/jclp.10020
- Stewart, M., Reid, G., & Mangham, C. (1997). Fostering children's resilience. *Journal of Pediatric Nursing*, 12(1), 21-31.
- Wagnild, G., & Collins, J. (2009). Assessing resilience. *Journal Of Psychosocial Nursing & Mental Health Services*, 47(12), 28-33. doi: 10.3928/02793695-20091103-01
- Wells, M. (2010). Resilience in older adults living in rural, suburban and urban areas. *Online Journal Of Rural Nursing & Health Care*, 10(2), 45-54.