When Seniors Move: Coping with Transfer Trauma

Chris Cooper - January 25, 2017 10:57 AM

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People of all ages can experience transfer trauma (or relocation stress syndrome) when moving to a new home. But the elderly can be particularly susceptible, with severe physical and psychological effects. As a caregiver or caretaker of a loved one, it's important that you learn about the signs and potential repercussions of transfer trauma so that the impact can be minimized or prevented altogether.

Transfer trauma may occur when an older person is moved from their home to a long-term-care facility or when they are relocated within the same facility. Symptoms can show up before and during a move, as well as for several months afterward, and will vary in severity depending upon the individual and their circumstances.

3 Types of Symptoms

Tracy Green Mintz, LCSW, an expert in relocation stress syndrome, has categorized the symptoms into three clusters: mood, behavior and physiology. Elderly people who are suffering from cognitive impairment, such as dementia or Alzheimer's disease, are prone to more serious symptoms. For such patients, the loneliness and confusion that stem from being disoriented in a new environment tend to exacerbate the situation.

Mood symptoms come on because the senior doesn't know or understand what's happening to them. Common feelings experienced by a person with transfer trauma include:

- Sadness
- Depression
- Anger
- Anxiety
- Irritability
- Tearfulness

A number of challenging behaviors may also be exhibited, such as:

- Combativeness
- Wandering off
- Drug seeking
- Screaming
- Withdrawal/isolation
- Drinking or smoking
- Complaining
- Refusing care/medications

Typical physiological symptoms include:

- Mental confusion
- Rapid heartbeat
- Indigestion/nausea
- Falling
- Sleeplessness
- Weight loss or gain
- Increased pain
- Poor appetite
- Irritable bowel syndrome

Left untreated, relocation stress can take a physical toll and lead to long-term debilitating effects. A senior's ability to function may permanently decrease, and studies have shown that the mortality rate of patients with relocation stress can triple if caregivers don't properly address the issue.

Assessing the Risks

Risks are involved with any major move late in life, but certain situations can be more danger-prone than others. As one example, elderly patients who move from their homes to a residential facility are more vulnerable than those who simply switch rooms where they have been living for some time. Relocation can be especially difficult for those who believe they are still capable of living independently and thus don't see the need for the move. For this reason, Alzheimer's patients are significantly more at risk, as their memory loss can inhibit their ability to understand why they have been moved.

While certain people are definitely more susceptible, it's critical to understand that relocation stress syndrome can affect anyone. Since many of the symptoms highlighted above do not specifically point to transfer trauma, it's imperative that family members remain aware of this potentially devastating issue whenever planning a move.

Preventing Transfer Trauma

The "how" of preventing relocation stress syndrome relates to the most common cause of move-related suffering: loss of control over one's own life. When this is successfully addressed, seniors have shown an increased ability to move. When it comes to your loved one, some key actions that you can take to minimize trauma include:

- Involving the senior in decision-making and planning
- Providing them with an opportunity to ask questions and discuss concerns
- Honoring their preferences and allowing them to maintain control
- Maintaining their daily routine as much as possible.
- Safeguarding their personal possessions
- Involving them in setting up their new room or apartment
- Making their new home resemble the old one as much as possible
- Helping them become acclimated to their new surroundings

If they are not able to actively participate, it's important that you remain attentive to their concerns. Being an active listener and answering questions can be a tremendous help in preventing or alleviating the confusion that can come with moving homes. It's also helpful to spend ample time with them while they are acclimating to their new environment. The presence of familiar faces can help them adjust to their new homes and reduce stress.

Finally, it's important to understand that it takes time for a person to adjust to a new home. The amount of time varies based upon circumstances, but it generally takes at least 30 days for someone to feel fully at home in a new environment. You can help ease the adjustment process by providing the staff with information about your loved one's background, habits, preferences and routines, and incorporating them as much as possible into their new home.

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How to Reduce Transfer Trauma for a Person With Dementia

By Kim Warchol from https://www.crisisprevention.com/Blog/November-2010/A-Real-Issue-for-Many-Individuals-With-Dementia

What is Transfer Trauma?

Transfer trauma is a term used to describe the stress that a person with dementia may experience when changing living environments. Transfer trauma is more commonly seen in the person with early stage dementia and when one is moving into a facility from their lifelong home.

The length of time and severity of the transfer trauma is quite individual. For some, the stress associated with the move may be fairly significant, and for others mild or not at all. For some, the stress may last for a few days, and for others a few weeks.

This stress is usually temporary in nature and relieved as the individual builds friendships, gains trust, and develops a sense of purpose and belonging in their new community.

Complications of Transfer Trauma

If transfer trauma is not immediately identified and reduced, there can be significant negative consequences such as the person being a very high elopement risk. And if this trauma extends for any period of time the person may be at risk for isolation and depression, anxiety, resistance to care, and similar behavior disturbances.

These behavior disturbances may then be treated with the typical psychotropic drug therapies which come with many side effects.

Therefore, our recommendation is for all communities to be aware that many individuals with dementia will experience transfer trauma when they move in to long-term care, and therefore there should be a proactive plan in place to minimize its effects and duration.

Recommended Interventions

All staff must be trained to both build a strong relationship with the new resident and to help residents build peer relationships. We must also try to facilitate a sense of real purpose and belonging by encouraging the residents to do as much for themselves as desired and to make themselves at home.

For example, residents should be encouraged to use the laundry facilities, make themselves a cup of coffee, get their own cereal in the morning, straighten up their room, turn the TV on to watch the baseball game, host a family party in the private dining area, tend the garden, deliver the mail, etc. Whatever they desire, they should be enabled to do. This is what helps make the facility their home.

The family may also experience stress and guilt during the first couple of weeks after they have made the decision to move their loved one into the community. This is quite normal.

Often in the early stage of dementia, a person does not recognize their own deficits. In fact, they believe that they're still capable of caring for themselves, when in reality they are not. Lack of safety is usually an initial sign and a reason many families choose to move their loved ones into a community.

This lack of awareness and recognition of deficits by the person with dementia puts added stress on the family. I have seen many residents call their families and say, "Why have you done this to me? I disagree with this decision. I am fully capable of living at home. I don't want to stay here anymore."

The family has the tall task of staying the course. A lot of resolve is required to not bend or waiver in the decision. Families often know the time has come for their loved one to live in a supervised, specialized community. However, staying true to this decision can be challenging.

Therefore, at the same time that we provide the new residents with a living environment which promotes their individuality and their functional and emotional potential, the family must be educated and supported. We recommend communicating with the family early and often on a one-to-one basis. And, we recommend that your facility host an Alzheimer's Support Group in which families can receive support and guidance from others who have experienced the guilt and stress of moving someone into a long-term community. There is much power in families sharing with one another.

The Role of the Therapist in Reducing Transfer Trauma

If the transfer trauma causes a decline in function or safety, this opens a window of opportunity for the therapist to serve.

An occupational, physical, or speech therapist may be required to perform an assessment followed by establishing a plan to maximize the person's functional potential with emphasis on reducing the behaviors.

This of course requires the therapist to get to know the person inside the patient. The person's complete Life Story should be obtained in order to determine how to build a customized treatment plan that encompasses their individuality.

For example: A resident may withdraw and refuse ADL care. This may lead to maximum or total assist. The therapist should evaluate and observe the person in the environment, as that might identify that the care staff is not incorporating the person's routines and preferences and therefore is feeding into the concept of "this is not your home" or "you have no control or choice here."

Treatment would therefore include educating caregivers on how to create a daily routine that mirrors the person's past preferences and routines, in addition to teaching the caregivers how to adapt the task and the environment for maximum self-performance (incorporating Allen Cognitive Level assessment results).

In my experience in which the interdisciplinary team understood the steps to reduce transfer trauma, we were very successful. Rarely did a person's transfer trauma symptoms last longer than 30 days. During these 30 days we were on high alert for elopement risk and we also worked hard to create an individualized plan of care and a daily routine that had meaning and purpose for the new resident. We were almost always successful.

One of the greatest elements to our successful intervention protocol was friendship. Just as WE all need a friend to share conversation, laughter, and sorrow, so does the person with dementia. And, they will need this even more when thrust into an unfamiliar place to live.

Yes, we helped the new resident establish friendships with other residents of the community. This was a big part of our team's efforts. But most importantly, it all began with the recognition that any time any of us had to spend with the new resident was first and foremost an opportunity to make a new friend.

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