

Long-Term Care Survey Alert

Quality of Life: Develop a Systematic Plan for Meeting Residents' Basic Human Need for Touch

Get staff with this program for staff to use touch in their various professional capacities.

If your facility is like many, residents may not receive much human touch outside of daily caregiving tasks. You can turn this scenario around, however, by implementing a "skilled touch" program, which can improve residents' comfort and sense of connection to others.

Key: In such a program, "touch becomes a medium for relating to the whole person rather than to the person's condition or disease," says **Ann Catlin, LMT, OTR**, who presented on the topic at the November 2009 American Association of Homes & Services for the Aging annual meeting.

"That's true regardless of the techniques."

Catlin taught AAHSA conferees "focused touch that staff can use on purpose to really enhance a therapeutic relationship." One technique involves "encircling," a "very noninvasive" way of "cradling a person's arm and shoulder." The technique, which Catlin often uses with people who have dementia, helps a person feel reassured and safe, she says. Using the technique, you would:

- "Sit parallel to the person.
- Begin with a handhold or touch on the arm.
- While holding the hand with one of yours, place your other hand on the shoulder, gently cradling it," Catlin explains.
- "Be aware of how you are encircling [the person] with your caring and consciousness."

A social worker talking to a resident who's grieving the loss of a spouse might touch the person's hand or use the encircling hold as a way to reassure the person "and be present through the medium of touch," says Catlin.

Catlin also taught AAHSA conferees a hand-massage technique (see page 62 for instructions).

Must-do: Facilities should look at their state practice acts to see if non-therapists can provide hand massage, advises attorney **Marie Berliner** in Austin, Texas. Nursing aides can use comforting touch to ease a cognitively impaired resident's anxiety about the bathing experience, Catlin tells Eli. The person providing the bath can apply lotion to the resident's hands or back using circular motions for two to three minutes to help calm the individual, she notes.

Massage Therapists Can Go the Person Where They Are

Catlin, who is an OT and licensed massage therapist, teaches massage therapists working in nursing homes to "meet the person where she is at the time." The massage therapists can adapt their massage techniques to work with a person in a wheelchair, bed, recliner, or gerichair, she says. "We have ways of using comfort positioning to support the person during the massage," Catlin adds. "There are also commercially available table top massagers that you can put on a table."

Perks: Massage has documented therapeutic effects, Catlin noted in her presentation. Studies show it increases endorphin levels and lifts the mood by boosting serotonin levels. Massage also lowers cortisol, the stress hormone, she told AAHSA conferees.

Make Sure You Have Permission in the Moment to Touch

When offering or providing touch, you must always have the resident's permission in the moment to be touched, Catlin stressed in her talk. She noted that people with dementia can be very "changeable from moment to moment" in terms of their willingness to be touched.

Permission comes in three forms: You can simply ask someone if it's OK to rub her back for five minutes or take her hand, Catlin says. "If someone can't respond verbally, you can look for nonverbal cues" (see page 63 for a list of behavioral indicators). The third type of permission is based on your intuition that the person is OK with it. "If you are tuned in to the person ... I believe you will know," Catlin relayed in her AAHSA conference presentation. "It's when we are not tuned in or distracted or rushing things that we don't have the ability to tap into our own intuitive guidance system ..."

Most people receiving long-term care are somewhat "touch deprived," Catlin noted, and they typically do respond well to touch once they feel safe with the person providing it and OK in the moment with being touched.

Address Fears About Offering Touch

Some facility staff may, however, have qualms about using touch with residents -- a topic that came up during Catlin's presentation. "Fears of being accused of touching inappropriately permeates our culture," Catlin says. But she thinks the primary cultural fear about touching elderly residents has to do with people's own fear of not wanting to "catch old age" and fear of their own mortality.

Bottom line: Catlin teaches caregivers "to use touch in a very conscious way" in keeping with their roles in the facility. "Using touch can be a way of offering unconditional care," Catlin concludes.

"And it's a reciprocal experience so when the caregiver touches someone with care, the caregiver is too uplifted and touched."