

# No One Said It Would Be Easy

■ As seniors remodel their family home to age in place or downsize to an independent, assisted living, or other community setting, they often feel displaced, disoriented, or even depressed. As professionals, we have an increasing responsibility to learn how to support seniors facing such transitions so they experience them with less stress and as respected and meaningful rites of life passage. **BY NAN HAYES, CSA**

As with many of life's changes, late life home transition—such as moving, downsizing, and remodeling to age in place—provides an opportunity for growth and a redefined sense of self and life purpose. By establishing processes where senior clients can express their concerns, regain some control, and focus on the road ahead, Certified Senior Advisors (CSAs)<sup>®</sup> can help seniors and their families turn what is often perceived as a negative aspect of aging into a meaningful life experience with less stress and more positive outcomes.

## The power of place

“There’s no place like home” is a fairly common phrase, but few of us truly consider the significance of that statement when we are attempting to convince our clients or parents to move to a safer, cleaner, more interactive, or healthier environment. Typically, most of us lose sight of what may be important to the senior and are often convinced that our living solutions for them are the only “right” course of action.

And while it is probably true that Mom may fare better in a vibrant assisted living community than in her isolated, remote, rural, deteriorating family home where few support services are available, we need to be aware of how traumatic such a change could be for her.

We should take the time to support the *process* of transition by doing our best to mitigate the stress that comes with such an uprooting.

As we seek to understand the impact of late life home transition, we should begin by recognizing that the importance of “place” affects us right down to our biological makeup. Even at the very core of our being, when only a single amino acid is moved “out of place,” the slightest change can result in a genetic mutation, and in turn, a genetic disease. Our biological connection to place affects our physical as well as our mental makeup. Studies on “grid cells” in our brain indicate that sense of place is hardwired into our memory. Grid cells track our repetitive movements, enabling us to recognize the places we frequent by



creating a “road map” in our brain of our everyday surroundings. This is how we learn to navigate from one place to another to such a degree that we are able to move from table to sink, bedroom to bath, home to neighbor’s, without consciously thinking about it. Navigating familiar places becomes “automatic.” It is only when drastic change takes place or when these cells start to misfire, such as in the early stages of Alzheimer’s disease, that we become disoriented and confused (Jeffery & Burgess, 2006).

In general, our most recognized place is “home.” The term refers not only to location but also to the amount of time we spend in a location and to the social connections associated with that residence. By this definition, it is easier to understand how moving or making a major change to our home environment can cause us to lose not only our sense of place but our sense of self too. We may feel somehow diminished.

### On a scale of 1 to 10

Moving in late life is also associated with a great deal of stress, and these stress factors may have a negative impact on the decision-making ability and the general health of our senior clients. Most of us have moved at least once and can understand the complexities of organizing, downsizing, packing, and moving. Yet for older adults, moving is not only complicated, it is one of the most stressful events in their lives. According to the widely accepted Social Readjustment Rating Scale, or the Stress Scale as it is more commonly known, “moving,” or “relocation,” is not even listed among the top 40 most stressful life events (Holmes & Rahe, 1967). But when the Stress Scale is adjusted for senior adults, “Move to nursing/retirement home” is not only in the top 40, but it is in the top 5. This type of move falls third on the list, preceded only by “Death of a spouse” and “Divorce” (see *Stress Scale: Seniors vs. Other Adults* on page XX).

For older adults this would indicate that anxiety associated with moving is greater even than the death of a friend or a family member, greater than the loss of social identity, and more traumatic than the loss of financial stability.

### Relocation Stress Syndrome

Symptoms of stress associated with changes in environment are specific enough that in 1992 the North American Nursing Diagnosis Association (NANDA) added Relocation Stress Syndrome (RSS) as an official diagnosis. Nursing diagnoses are developed based on a cluster of actual or high-risk diagnoses that are evaluated together and provide an understanding of a medical condition that goes beyond specific pathology to help direct nursing interventions (Herdman, 2008).

The “cluster” of diagnoses that characterize RSS include loneliness, depression, apprehension, anxiety, anger, and in older adults, increased confusion. The greatest incidences of RSS occur just before and during a three-month period following relocation (Beirne, Patterson, Galie, & Goodman, 1995).

In addition, to determine if a patient is “at risk for RSS” the following are evaluated: changes in eating habits and sleeping patterns, demonstration of dependency, changes in cognition, insecurity or lack of trust, decline in self-care, and change in relationship with family members. Risk of RSS increases if there is (1) little or no time to prepare for an impending move; (2) a lack of predictability about the new environment; and (3) little or no time between notification to move and the move itself (Carpento-Moyet, 2006).

In recent studies, scientists continue to debate whether or not RSS is an actual syndrome or simply a combination of observable symptoms. But even as additional research is conducted, we must recognize that a change in home environment does have a

## » Stress Scale: Seniors vs. Other Adults

| SENIOR ADULT LIFE EVENT (60+)                  | “STANDARD” STRESS SCALE                   |
|--|---|
| 1. Death of spouse                             | Death of spouse                           |
| 2. Divorce                                     | Divorce                                   |
| 3. Move to nursing/retirement home             | Marital separation                        |
| 4. Marital separation                          | Jail term                                 |
| 5. Death of close family member                | Death of close family member              |
| 6. Major physical problems                     | Personal injury or illness                |
| 7. Marriage or remarriage                      | Marriage                                  |
| 8. Realizing a personal lack of dreams/purpose | Fired at work                             |
| 9. Financial loss of retirement money          | Marital reconciliation                    |
| 10. Forced early retirement                    | Retirement                                |
| 11. Unable to drive                            | Change in health of family member         |
| 12. Marital reconciliation                     | Pregnancy                                 |
| 13. Retirement                                 | Sex difficulties                          |
| 14. Spouse confined to retirement home         | Gain a new family member                  |
| 15. Change in health of family member          | Business readjustment                     |
| 16. Gain a new family member                   | Change in financial state                 |
| 17. Change in financial state                  | Death of close friend                     |
| 18. Death of close friend                      | Change to a different line of work        |
| 19. Difficulty in getting medical insurance    | Change in number of arguments with spouse |
| 20. Change in number of arguments with spouse  | A large mortgage or loan                  |
| 21. Mortgage over \$100,000                    | Foreclosure of mortgage or loan           |
| 22. Foreclosure of mortgage or loan            | Change in responsibilities at work        |
| 23. Sense of not being needed                  | Son or daughter leaving home              |
| 24. Outstanding personal achievement           | Trouble with in-laws                      |
| 25. Spouse begins or stops work                | Outstanding personal achievement          |

Source: T. H. Holmes and R. H. Rahe, “The Social Readjustment Rating Scale,” *Journal of Psychosomatic Research* 11(2).

significant impact on our senior clients, and that in many instances this change may be further magnified by other losses (Mallick & Whipple, 2000).

### Compound loss

The third-place position of “Move to nursing/retirement home” on the Senior Stress Scale is very significant; however, one could

argue that it is not the moving process itself that generates stress or anxiety, but the loss of independence that many seniors still associate with living in a nursing home or assisted living environment. According to AARP, this is the No. 1 fear among adults over the age of 65. Other losses common to those who are confronted with a sudden relocation include death of a spouse, loss of health, diminishing

mental acuity, or changes in mobility, such as the inability to drive. “Loss” has many symptoms in common with RSS, and when the two are combined, incidents of depression, anxiety, and withdrawal may be amplified, and many individuals face a downward spiral. It’s also important to remember that even when seniors who are still functionally independent downsize to a retirement home such as a townhome, apartment, or condominium, they can still experience a significant amount of stress.

Consider the case of Marge, age 82. In the past year she lost her husband, and then moved away from her friends, neighbors, and all that was familiar to an apartment near her daughter’s house. Before her move, she downsized her home by about 50 percent. She recalls how difficult that was: “The hardest part was trying to decide what to take and what to let go. I know there were a lot of old things and much of it wasn’t important, but it wasn’t just mine. It was *ours*. I wanted him to have a say in what I kept and what I got rid of.”

Since the move, Marge hasn’t had the energy to finish unpacking. She recently lost a significant portion of her savings due to changes in the economy, and she received the news from her doctor that her health is declining and she will soon lose her ability to remain active without assistance. Marge has decided, along with her family, that it is time to move again. This time to an assisted living community.

Marge has arranged a meeting with a “move coordinator” from the new community. They discuss how much Marge needs to downsize as she gets ready for her new place. Marge hangs her head. “I just can’t do it,” she says.

“But Marge,” encourages the coordinator, “there is simply not enough room for all these things in your new place. Besides, you will be taking all your meals in the dining room. We should try to donate some of your kitchen items.”

Marge shrugs. She keeps looking down. “I just can’t do it,” she whispers. “Everything is gone. I just can’t let go of one more thing. Haven’t I lost enough already?”

### Breaking the cycle

*Stress* is defined as a condition experienced when a person perceives that “demand” exceeds the personal and social resources they can assemble. In other words, we experience stress when we feel “things are out of control.” As providers, CSAs have the opportunity to help reinstate a sense of order, a sense of control, to the events our senior clients find stressful. We can do this by providing support before, during, and after transitions. We can offer choices to our clients and help them focus on achieving positive outcomes and maintaining their sense of self in the midst of chaos.

One of the biggest mistakes we make as adult children and service professionals is to become so caught up in the process of “helping” that we forget to give parents and clients a *voice*. When concerned that too many choices may confuse or overwhelm, we may often go too far the other way and unintentionally neglect to treat seniors as functional, responsible adults. We must understand that when we remove a person’s ability to choose or make decisions on his or her own behalf, we eliminate a fundamental process that would otherwise help a senior maintain a sense of control over unfamiliar situations.

Of course cognitive issues, as well as illnesses such as depression, may make it difficult for older adults to make choices or to even voice their fears and opinions. Yet even in those situations we have the opportunity to extend a “sense of choice” by offering a few simple options with outcomes that are always acceptable. In this way, the older adult is always able to choose. “I will write up the contract. Shall I fax it to you or put a copy in the regular mail?” In this example, either outcome is



favorable to both parties. If the client does not make a choice but defers the decision to you that is perfectly acceptable. By simply providing options, you have created for the client a sense of being involved in the process, *of being important* to the process. “Would you like to get three moving company quotes or just two?” “Which charity do you prefer when donating the dining room table—charity A or charity B?”

### Focus on the road ahead

Mental health professionals use cognitive behavioral therapy (CBT) to help patients understand the relationship among three factors: thoughts, behaviors, and emotions. Experts who implement CBT are often trying to teach patients that they can’t control everything, but by making positive adjustments to even one of the three factors, they may positively impact the other two (Cox & Oyley, 2011). By using similar strategies and inviting senior clients who are moving or remodeling their homes to rethink negative perceptions, we may positively impact the thought process and, in turn, help them feel less overwhelmed. Consequently, they may be more likely to stop “applying the brakes” and be better able to make their own decisions, such as choosing a new residence, tackling years of clutter, or addressing health and safety issues in their own home.

As we work with senior clients in transition, it is important that we remind them the process they are embarking on is just one more step along life’s path. As our society “lives younger longer,” moving or remodeling in late life should be considered an accepted rite of passage. It is the “next phase” in a growing series of life stages to be recognized and honored. Creating a new home environment is something we celebrate in earlier years—such as renting a first apartment or purchasing a starter home, planning an addition for a growing family, or leasing a retirement property. Although the reasons that seniors transition to a new home environment are not always ones for celebration, at the same time, like housing changes when we are younger, the senior’s transition does not have to be viewed as an end to things, but as a beginning. This beginning may carry a range or combination of feelings depending on the situation, from excitement about enjoying retirement to relief, bittersweet, sadness, or grief. We can support our senior clients and their families in seeing and accepting this new life stage as a time to find new opportunities or roles, deeper and new relationships, and greater life meaning, understanding, and purpose. (See *What’s Right about Getting Older?* in this issue.)

During the last decade, educators for home transition service professionals have been promoting a philosophy of “rightsizing”—as opposed to “downsizing”—in order to help senior clients move forward (Hayes, 2004). Professionals learn to help seniors focus on the things that are important for their *next* home, instead of dwelling on the things they are giving up. Older adults learn to identify what is really essential among their many possessions, whether for health, safety, or emotional reasons. By reinforcing this more positive behavioral approach, combined with organizing and planning techniques, service providers are able to create a more positive emotional experience for their clients. In addition, caregivers and

staff at many senior living communities are encouraged to involve family members, to assess both the family's and the senior's perceptions about a transition to community, and to apply appropriate interventions to mitigate the impact of relocation stress, depression, and anxiety.

### Maintaining a sense of self

As an individual's home becomes something they no longer recognize, it is important to help them maintain or regain their sense of place as well as their sense of self. As professionals, when CSAs encourage senior clients to express their personal fears, to surround themselves with familiar things, and to reconnect with a community, we may help them more quickly assimilate to new environments.

Beverly Roman, an international corporate relocation expert, says it well: "The best aid to decreasing symptoms [of relocation stress] is communication and understanding the

fears within the person" (Roman & Howells, 2004).

To some professionals, making time to simply listen to clients' concerns may not always seem to be the most practical form of service, but *listening* may just provide the key needed to understand a client's or

a parent's perspective. Once fears, including death-related fears, are revealed in a trusted environment, they may be acknowledged and managed more effectively, thus removing obstacles and encouraging progress.

To encourage clients to discuss any fears or concerns, CSAs might open a conversation with a senior or their adult children by saying, "I've worked with a number of people in your similar circumstance. Some are excited about this change (or move, or remodel, etc.) and some are nervous, but all have a question or

### » A Team Approach

As the number of seniors seeking age-restricted housing continues to climb, many national organizations have chosen to educate their member networks and to encourage a coordinated care approach for traditional relocation experts, such as realtors, contractors, and movers.

In 1992, the National Association of Realtors (NAR) adopted the [Senior Real Estate Specialist \(SRES\)](#)<sup>®</sup> program to increase the knowledge and understanding of senior issues among licensed active realtors. Around the same time, the National Association of Home Builders (NAHB) established its [Certified Age in Place Specialist \(CAPS\)](#) program. Some state moving associations, such as the [Illinois Mover and Warehouseman's Association \(IMAWA\)](#), have added senior-specific learning programs to their curriculum, and specialists such as the [Caring Transitions](#) franchise network have gone one step further and now require their agents to earn industry certifications, including the [Certified Relocation and Transition Specialists \(CRTS\)](#)<sup>®</sup> and the [Certified Senior Advisor \(CSA\)](#) designations.

In 2008, the [MoveSeniors.com](#) online database expanded its professional network to recognize these programs and to further its goal of providing knowledgeable and qualified assistance for older adults and their families.

two. Is there anything you would like to ask or talk about at this stage?" Even if the client doesn't respond at that moment, you have demonstrated that (1) you have experience and (2) you are willing to listen and support them. Both can be immensely comforting to your client.

As senior clients settle into a newly remodeled home or an assisted living

For more information on later life transitions, click [here](#) to see a webinar by Nan Hayes, [How to Manage Home Transitions with Ease](#), at Member Resources >> Webinars & Videos in the CSA Member Portal.



apartment, nursing home, or other residence, their sense of place may be greatly enhanced if they are encouraged to furnish it with the familiar. Researchers have found that residents who were allowed to choose favorite objects to surround themselves with had an increased sense of control and less stress regarding their relocation (Everly & Mitchell, 1999).

New industry learning encourages families and professional organizers to practice “mirror placement”—that is, to duplicate the furniture arrangement and juxtaposition of items to mimic the original home environment as much as possible (Hayes, 2004). Progressive communities also offer new services to help senior residents unpack and settle in more immediately so they are not living among boxes and packing material. Family members are discouraged from replacing Mom’s favorite ottoman or well-worn sheets with “nicer ones” until she is completely comfortable in her new home and ready to accept more changes—and they’ve made sure that Mom really wants new items (her power of choice for herself).

Like any significant life event—including getting married, going off to college, or becoming a new parent—the amount of preparation and support afforded to individuals as they start to manage home transitions will have a direct impact on the end result: the more planning and support, the better the outcome. And while it is a fact that most individuals cope with late life changes the same way they managed other changes in their lifetime, as a new era of professionals, CSAs have the opportunity to introduce new insights and new techniques. We can lend a sense of control and dignity to the home transition process, which in many cases will mitigate stress and result in more positive outcomes for our senior clients and their families. ■

## » Online Resources for Senior Home Transitions

AARP: <http://www.aarp.org>

Alzheimer’s Association: <http://www.alz.org>

American Psychological Association, Office on Aging: <http://www.apa.org/pi/aging>

American Psychological Association, *Guidelines for Psychological Practice with Older Adults*: <http://www.apa.org/about/governance/council/policy/older-adults.pdf>

Benefits Check Up (web-based service to screen for benefits programs for older adults): <http://www.benefitscheckup.org/>

Caring Transitions: <http://www.caringtransitions.net>

Certified Transition Specialists: <http://www.crtscertification.com>

Institute for Challenging Disorganization: <http://www.challengingdisorganization.org/>

MoveSeniors: <http://www.moveseniors.com>

National Academy of Elder Law Attorneys: <http://www.naela.com/>

National Association of Professional Geriatric Care Managers: <http://www.caremanager.org/>

National Association of Professional Organizers: <http://www.napo.net>

National Institute on Aging: <http://www.nia.nih.gov/>

National Institute of Mental Health, *Older Adults and Mental Health*: <http://www.nimh.nih.gov/health/topics/older-adults-and-mental-health/index.shtml>

Senior Real Estate Specialists: <http://www.seniorsrealestate.com>



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