

Bonding through Motion

– Program Profile

A Physical Activity Based Approach
for Strengthening Relationships
Between Elderly People and Their Caregivers





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1. **Ezer Mizion** – A highly respected Israel based NGO that helps people in need of rehabilitation, mobilization and homecare services and their families with professional and volunteer services. www.ezermizion.org
2. **ESHEL** – The Association for the Planning and Development of Services for the Elderly in Israel – A joint venture of the American Jewish Joint Distribution Committee Organization and the Government of Israel. www.eshelnet.org.il

Background

The increase in life expectancy results in many of the elderly needing care for longer periods. Therefore, the burden of treatment, which falls upon the main caregiver – usually a spouse or children – is markedly increased. As an elderly person ages and becomes more dependent, relationships change affecting both the elderly person and his caregiver. The “Bonding through Motion” program offers a solution to the difficulties experienced by caregivers in their relationship with an elderly family member.

The elderly person is exposed to ongoing suffering and a constant deterioration in his condition: the range of mobility shrinks to his immediate environment, which leads to passivity, decrease in interpersonal communications, helplessness and frustration.

The family caregiver enters a period of responsibility for personal treatment, whose intensity grows over time. The situation is further exacerbated by its indeterminate length.





This process can potentially bring with it the erosion of all of the following aspects of the lives of the caretaker: a negative impact on work function, decrease in social life, neglect of family life and even self-neglect.

The frustration on both sides ignites the flare-up of an accumulation of anger, outbursts of hostility from the past and even manifestations of physical and mental abuse.

Elderly people in a position of dependence, as well as their caregivers, are in a state of risk. In the past decade an understanding of this phenomenon has led to public recognition of the need to develop solutions to prevent and treat the negative aspects of dealing with an elderly family member.

However, public awareness and recognition that a family member needs assistance are still in their infancy, and the recognition that family members as caregivers should receive assistance from formal service systems is still very weak. This makes it hard to recruit family members for programs meant to support them.

Goals, Program Description

The goal of “Bonding through Motion” is to create an experience of positive connection between the elderly person confined to his house and the family members caring for him, while maintaining his daily level of functioning.

This goal is achieved by infusing significant and enjoyable content into recreation time and by providing caregivers with knowledge and skills in the fields of both interpersonal communications and physical activity.

Program Objectives:

- Decreasing the caregiver’s emotional pressure by providing emotional support

- Maintaining – and even improving – the physical abilities of the elderly person being cared for, as well as their functioning levels in daily life which is achieved by the caregiver's use of the knowledge and skills they acquire during the program
- Improving the communication between the elderly person being cared for and the family member caring for them by using communication improvement tools which the family member receives during the program.



Program Description

For family members caring for parents or elderly partners, a training program is offered which utilizes the format of a workshop consisting of five weekly meetings, each meeting three and a half hours long. In this workshop, they acquire general knowledge on aging and its manifestations, interpersonal communications skills and a series of physical activity exercises which are adapted for elderly people with decreased mobility.

Every meeting consists of a theoretical portion which includes a lecture and/or discussion in addition to experimentation participation, a workshop for learning activity skills and a home practice assignment.

The first meeting is dedicated to an introduction to the world of the home-bound el-



derly person, and to teaching family members how to convince the elderly person to join in and participate in the project. In the same meeting, participants learn exercises for maintaining and strengthening the lower limbs. They begin with warm-up exercises which include passing a foam ball around, relaxation exercises and short games to increase motivation. From there,



participants move on to exercises that strengthen the ankle muscles.

The second meeting focuses on training family members in how to deal with emotional and practical issues which arise when caring for an elderly person. In addition, participants are given exercises to improve and maintain balance and guidance,

along with exercises in how to walk properly with an elderly person who is restricted in his movement. Typical exercises: transition from sitting using aids such as a chair (with or without armrests), mattresses, balls and others.

The third meeting focuses on communication skills with the elderly person, ways to increase mobility around the house while using various aids and adapting the home environment to the elderly person's level of functioning. Exercises: independent walking with or without walking aids, practical exercises for climbing and descending stairs. Aids: walker, 4-point cane, 1-point cane.

In the fourth meeting, the required conditions for implementing the plan at home are taught, workshop participants receive an activation kit including aids, an instruction film, a book of exercises and a summary of what was covered in previous meetings plus guidance in the practice of what was taught so far. At the end of the meeting, participants fill out an anonymous feedback page and a discussion plus summary is held.

The fifth meeting is held individually with each participant at the home of the elderly person for whom they are caring. Participants receive focused instruction suited to the condition of the elderly person being cared for by them.



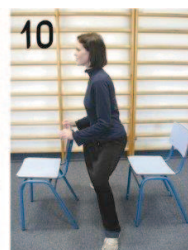
At the end of the workshop, participants continue to implement the program independently, while the program's team continues to accompany them with instruction and follow-up and is available for telephone consultations.

Pilot

The pilot program was held over approximately eight months in two cities. The program team recruited 60 family members and primary caregivers, 30 in each city, including partners, wives and grandchildren of those being cared for. Choice was made using the following criteria:

1. Commitment by caregiving family members to learn and implement what they learned
2. The condition of those being cared for (the degree of confinement to home and the ability to communicate with those around them).

Participants were located by approaching families in which the elderly person is known to the operating organization, because he/she is receiving treatment at home, having been found eligible to receive home nursing care benefits by the National Insurance Institute. The contact was coordinated with the city's social services and was done by phone, with an invitation sent in the mail, in addition to holding an informational evening for the family members who had applied to participate in the program.



Recruitment of family members was a challenge in its own right, as it involved making them aware of the benefits and overcoming barriers, as well as securing the readiness

of the primary caregiver to participate in the meetings, despite the heavy load he was already carrying, his lack of free time and reluctance to leave the elderly person being cared for long periods of time.

The workshop was run by two hosts: The first – a physical education professional, who specializes in physical activity for the elderly; the second – a social worker who focused on the inter-

personal communications.

The pilot program was accompanied by evaluation research performed by an independent research institution.

The connection between the program's participants and the operating organization continues even after the formal end of the workshop. At the organization's initiative, program participants are invited to refresher meetings and some become aware of and participate in additional activities which the organization offers.

What did we learn?

– Lessons from the pilot program

Lessons are based partly on the research results and partially on conversations, observations and impressions by the program team.

1. In addition to the factual knowledge gained, the meetings strengthened the family member's feeling of value and the importance of the role they are fulfilling towards the elderly person for whom they are caring.
2. Group meetings with peers sharing the same role created a feeling of belonging to a team which shares common experiences, allowing mutual consultation and sharing of difficulties.
3. Most of the elderly people being treated showed a high level of ability in performing physical exercises. The difficulty was in performing ballet exercises leading towards better balance and stability, as well as techniques in independent dressing. These exercises were implemented to combine motion and application of strength.



4. Family members – mainly the elderly person’s children – discovered through the program how to better understand the process of aging and its implications regarding themselves and their elderly parent. They also reported that the tools they received notably improved communication with the parent, especially since the basis for communications was positive and did not focus on the elderly person’s ailment and functioning difficulties.
5. There were no significant differences, in any aspect, between the ultra-Orthodox group and the mixed group, aside from the fact that among the ultra-Orthodox group there were more grandchildren to care for the elderly person than in the corresponding group.



Case Illustrations

M is 60 years old, and an only child to his mother, who is past the age of 80, has limited motion and mobility and suffers from pain in her knees and back. M is the primary caregiver for his mother and visits her once a week to assist in those areas which are not addressed by the paid caregiver.

M described his feelings at the end of the training and the experience: “One aspect is the exercises, but the second aspect is to better know the elderly person. The combination between the two aspects helps me help my mother and feel closer to her”.

M’s mother says “Since we began the exercises I feel like it’s better for me, I wait each week for him to come”.

The testimony of a daughter, caring for her mother, on her experience participating in the program, convincingly expresses the benefit she gained. Her testimony:

"When I learned of the "Bonding through Motion" workshop to improve the physical abilities of confined or limited patients and especially that the workshop was meant for family members caring for them, I decided to investigate further. I looked in on a session and I was hooked..."

"As a daughter to a mother who was diagnosed with dementia 5 years ago, I looked for ways to get my mother to be more active.

"I'll begin by saying, Mother was a very social, assertive and active woman. She swam twice a week at the pool for years and managed her house expertly. Until she got sick. Today, the situation is completely different. Mother barely leaves the house. She doesn't have the desire to do so. At home, the entire burden lies upon us, her daughters. We take care of the shopping, food, various payments, etc. Most of the day, Mother sits on the couch or sleeps. As a result, she has gained weight and tires quickly every time she does leaves the house or from any activity. This is when the "Bonding through Motion" program entered hers and our lives.



"I was afraid that Mother would resist but, to my great surprise, she was very excited, on the condition that I "exercise" together with her. Mother surprised us and had a lot of fun.

"This is how we increasingly discovered her potential. We turned an hour of sitting on the couch to activity time, accompanied by laughter and joy.

"The stimulation worked. During the exercise, Mother recalled from her past other exercises we could do, which increased her self-confidence and motivation to cooperate with us. Later, the grandchildren and great-grandchildren, who came to visit, quickly noticed the ball and rubber bands for muscle strengthening and wanted to join in the fun. Visiting hour became more significant with purpose and pleasure for everyone..."

What next?

Following the success of the experiment, there are planned – several already in motion – a number of activities as a part of the mission of spreading the program to the entire caregivers' population in Israel:

1. Producing instructional kits including a disc with the range of exercises, using text descriptions as well as pictures, as well as an instruction manual on the subject of positive communication.
2. Training a troop of 25 physical education teachers, experienced in working with the elderly, throughout Israel, who will integrate into the program by providing private instruction at the elderly person's house for family members who join the program.
3. Building an online instruction option for family members located on a designated "Caring Family" internet website. Clicking on the option will enable family members can learn the principles of "Bonding through Motion", thus implementing the program independently.
4. Hold a national symposium for social workers and other professionals who provide service to the elderly, in order to expose them to the program so that they may suggest it to caregiving family members.
5. Developing a tailored program for families treating elderly people with dementia.
6. Developing additional content for interaction between the family and the elderly: music, gardening, handiwork, contact etc.





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