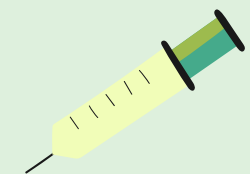









RESILIENCE

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Disclosures

- University of Hawaii NAWSON Faculty
 - Adult & Geriatric Primary Care Program Coordinator
 - Interim Doctor of Nursing Practice Program Director
 - Funded Associate Investigator - Congressionally Directed Medical Research Program (CDRP), Department of Veteran Affairs
 - Clinician/Owner - Balanced Brain
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Objectives

1.

Review What Matters Most from the 5Ms Of Geriatrics

2.

Analyze resilience theories

3.

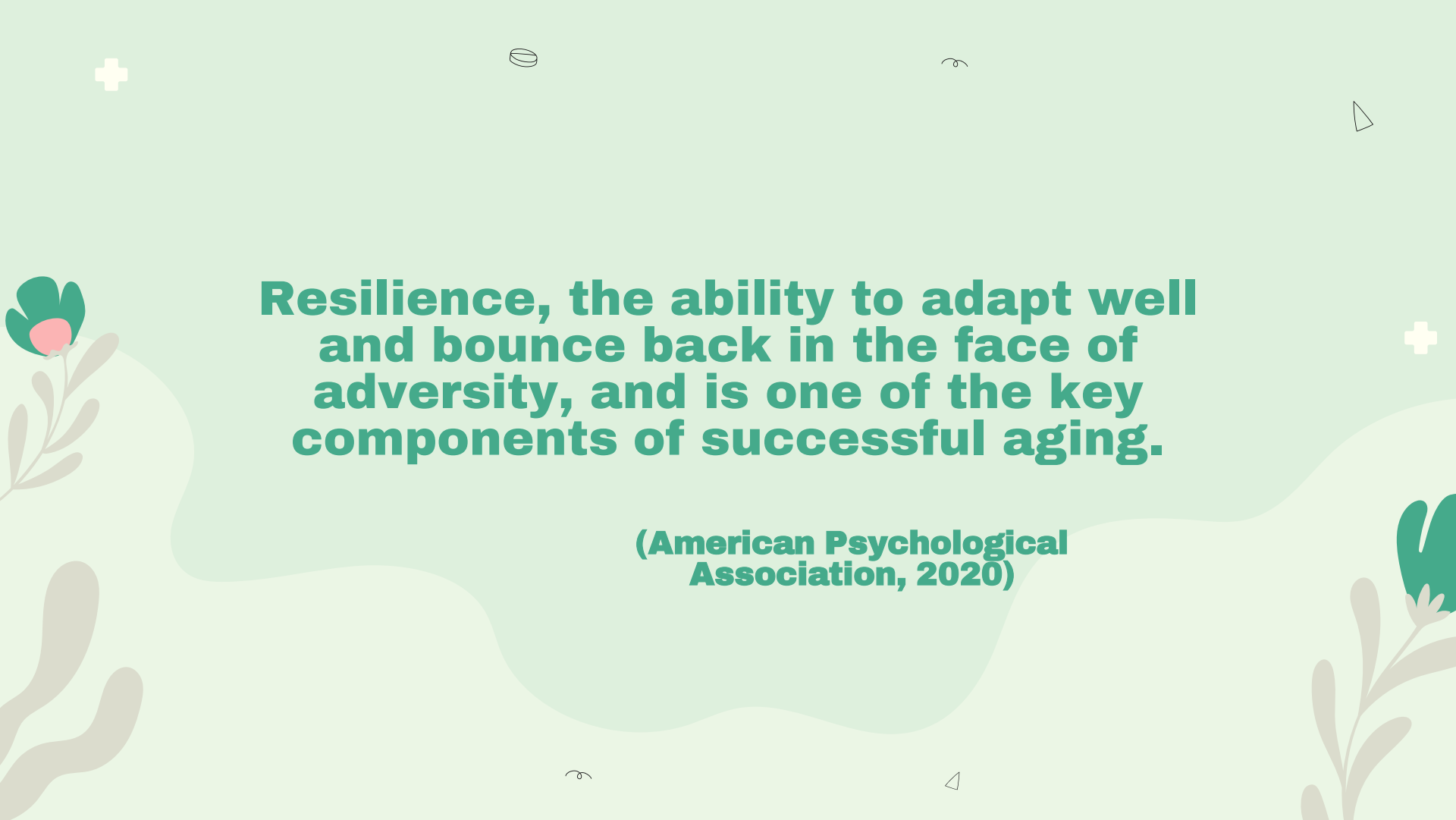
Discuss methods for resilience building in clinical practice

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What is resilience?

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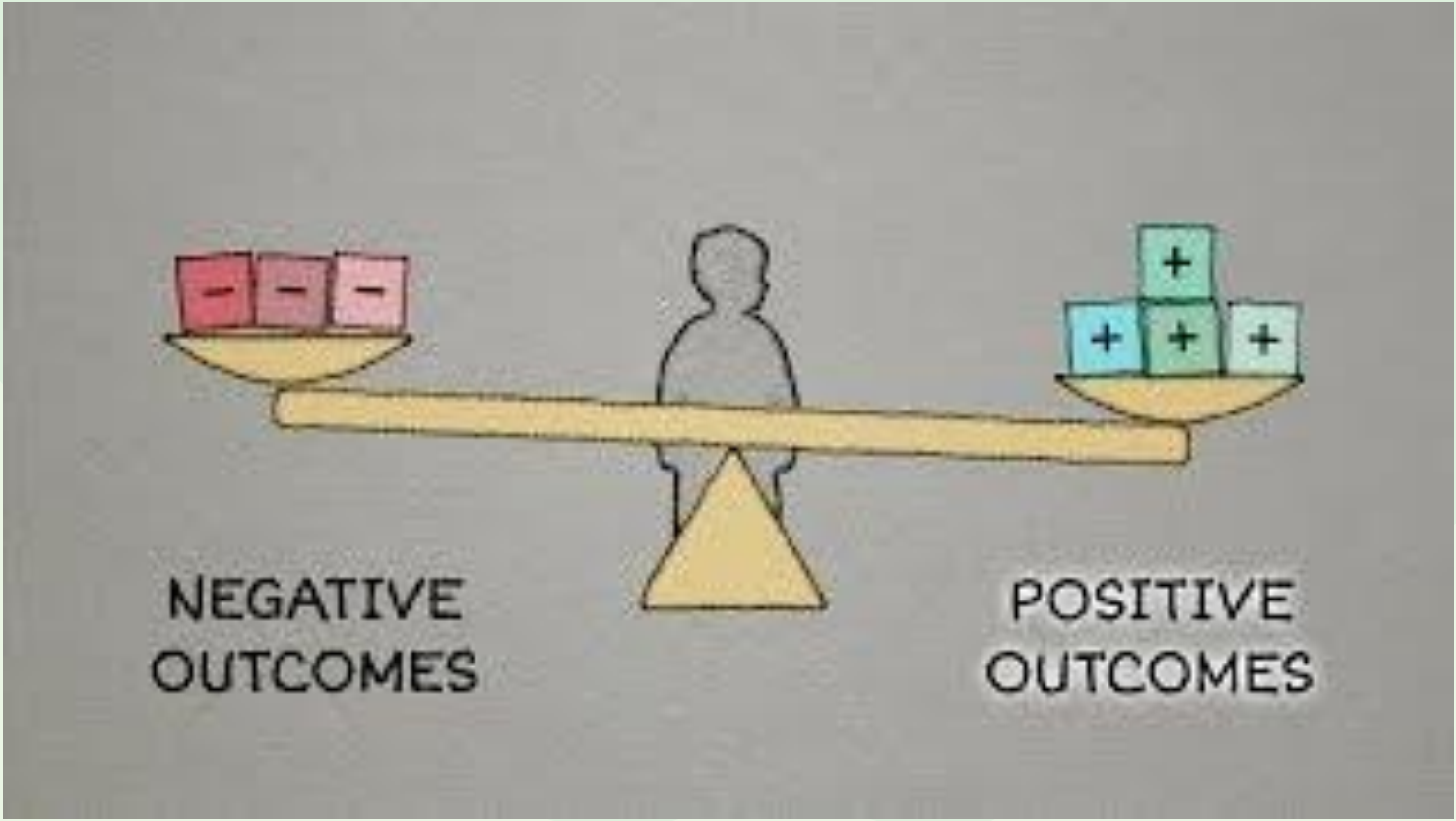
Resilience, the ability to adapt well and bounce back in the face of adversity, and is one of the key components of successful aging.

(American Psychological Association, 2020)

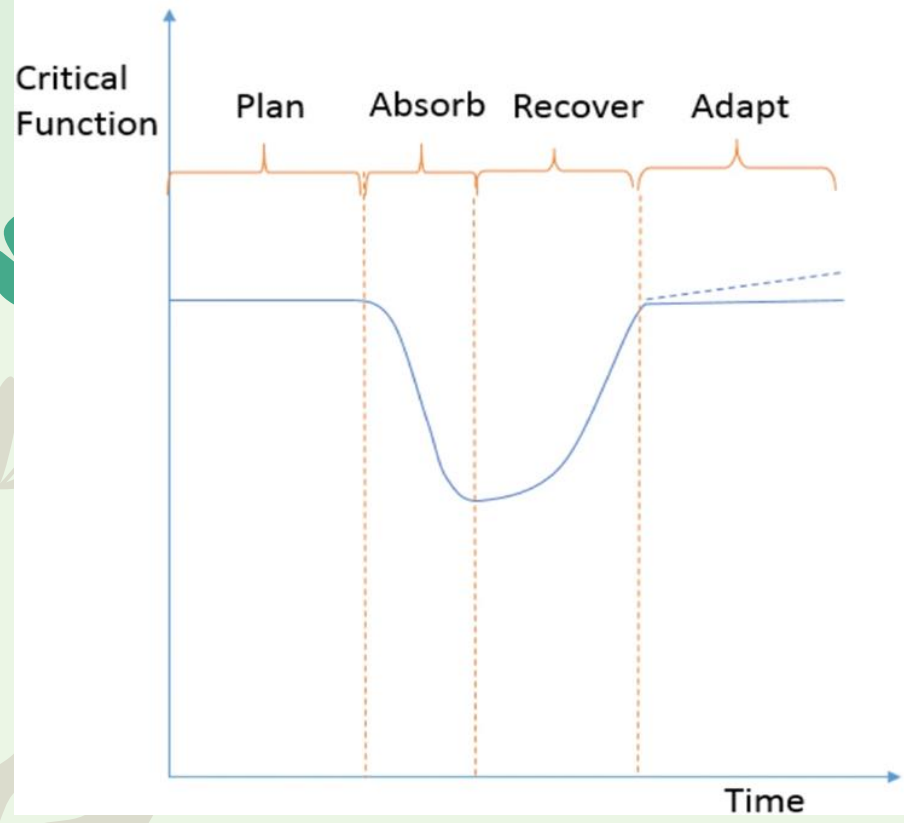




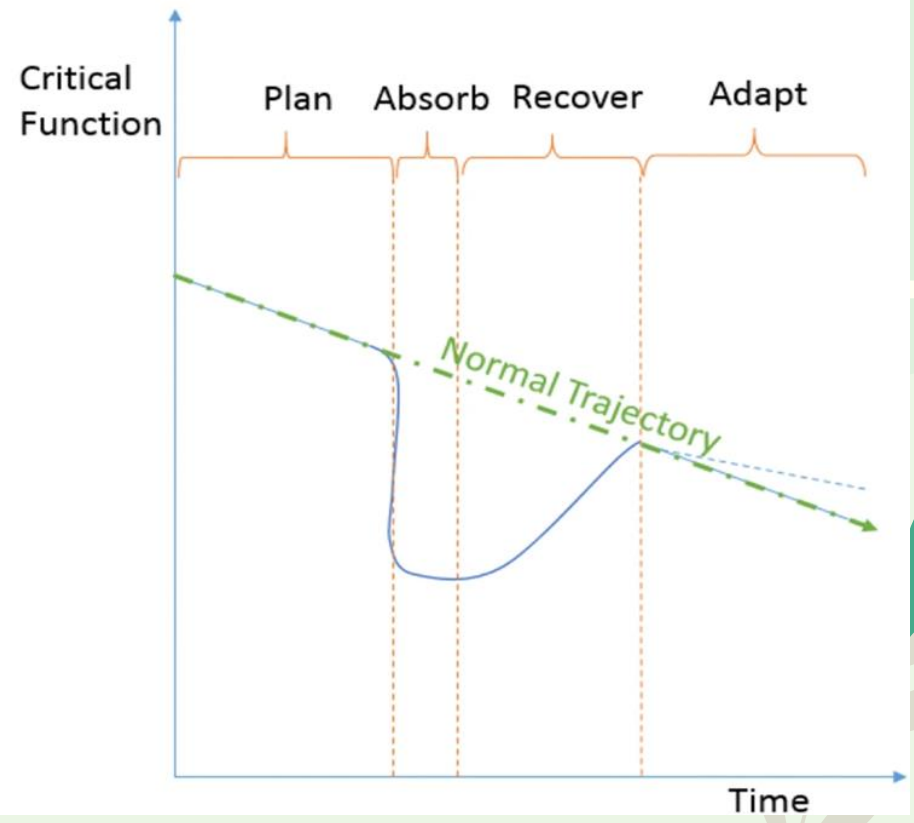




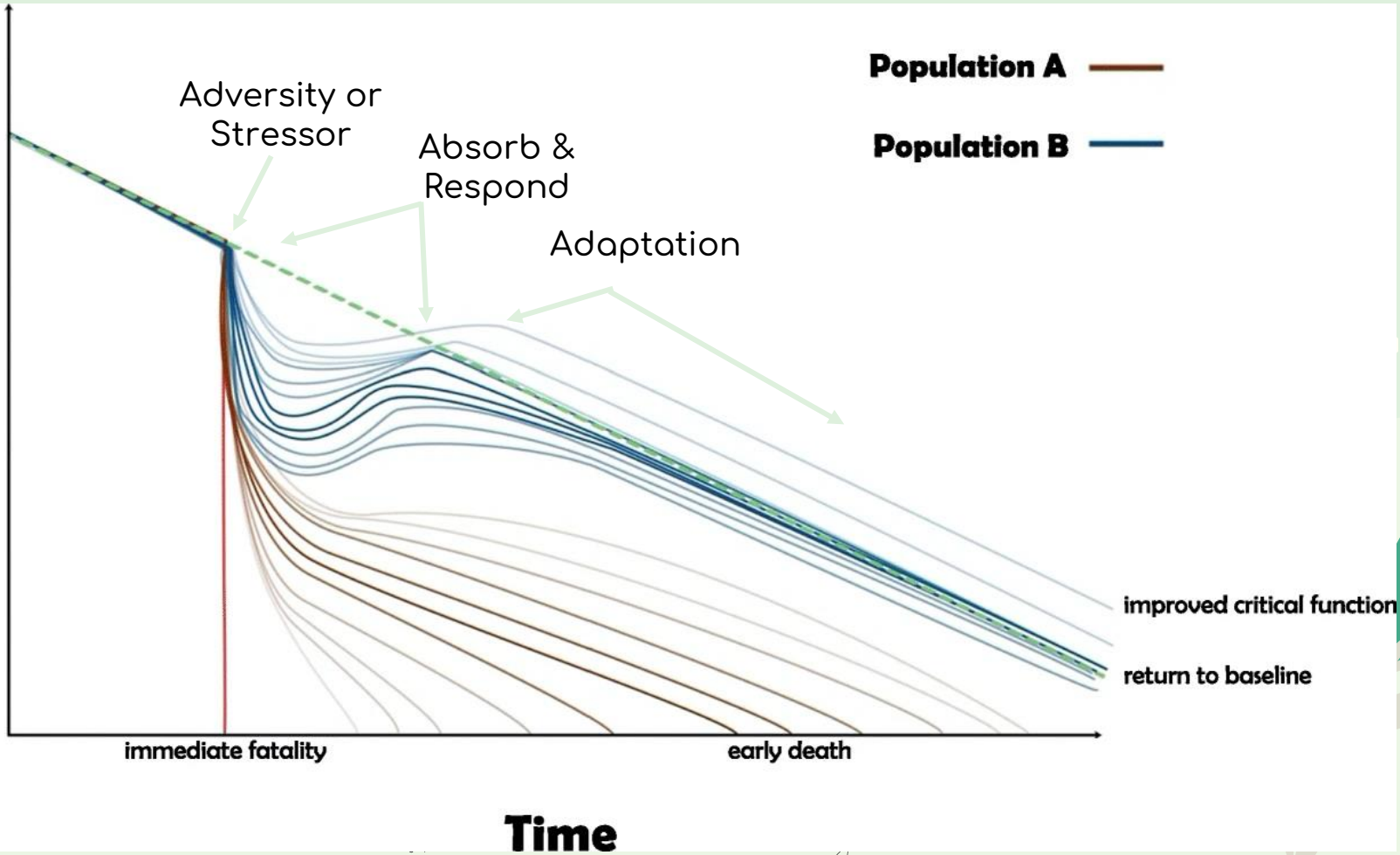
A. NAS Disaster Resilience



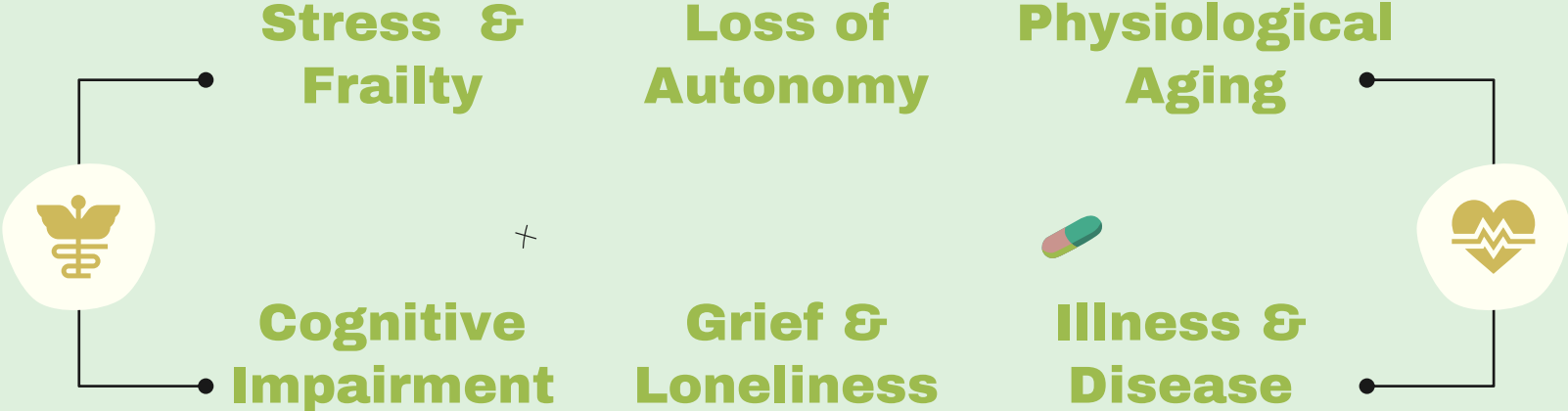
B. Gerontology Application



Critical Function



Geriatric Adversity





Resilience associated with

Decreased depression

Increased life satisfaction

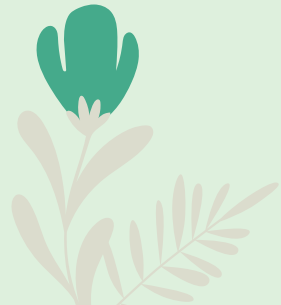
Sense of meaning & purpose

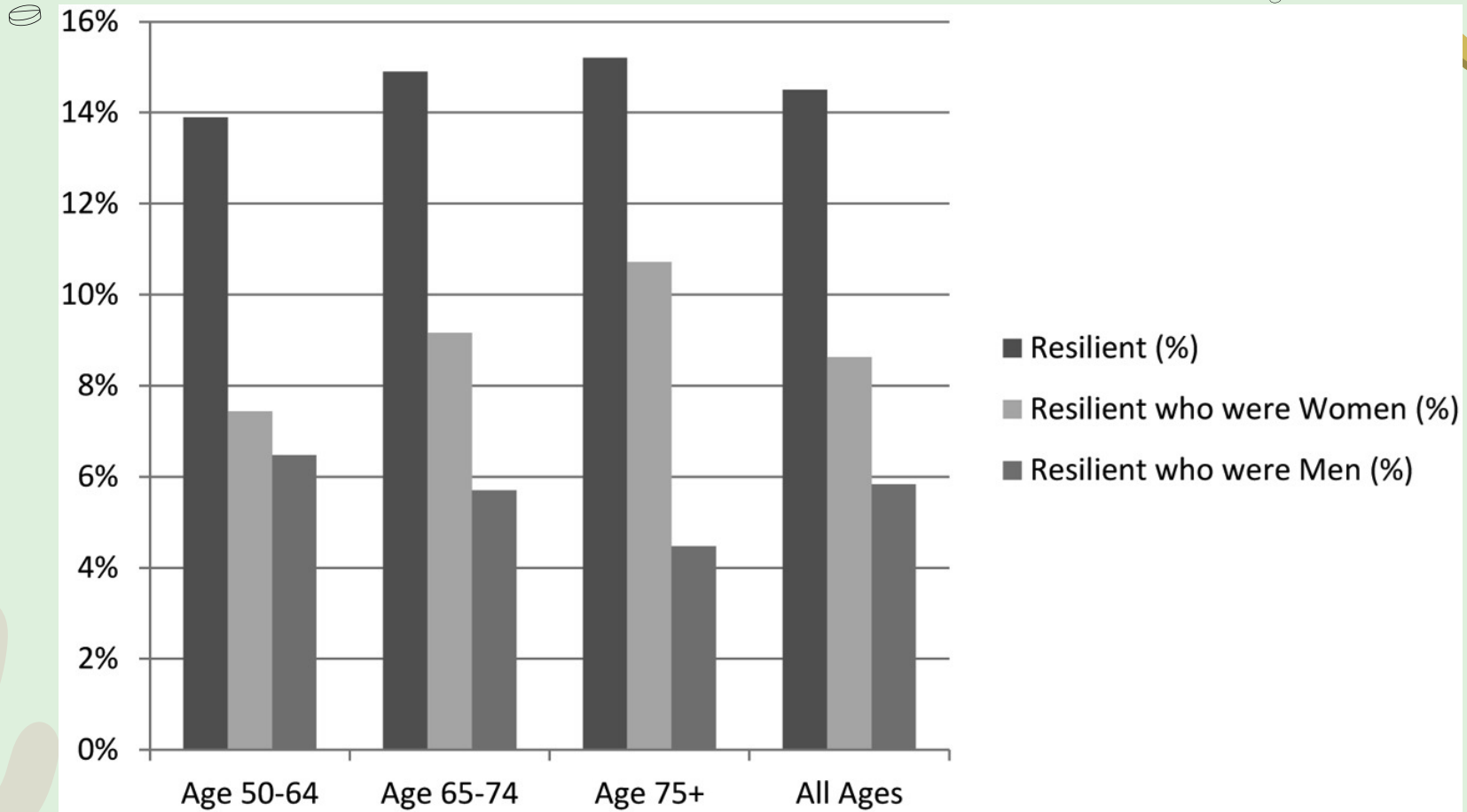


Increased participation in physical activity

Decreased experience of daily stress

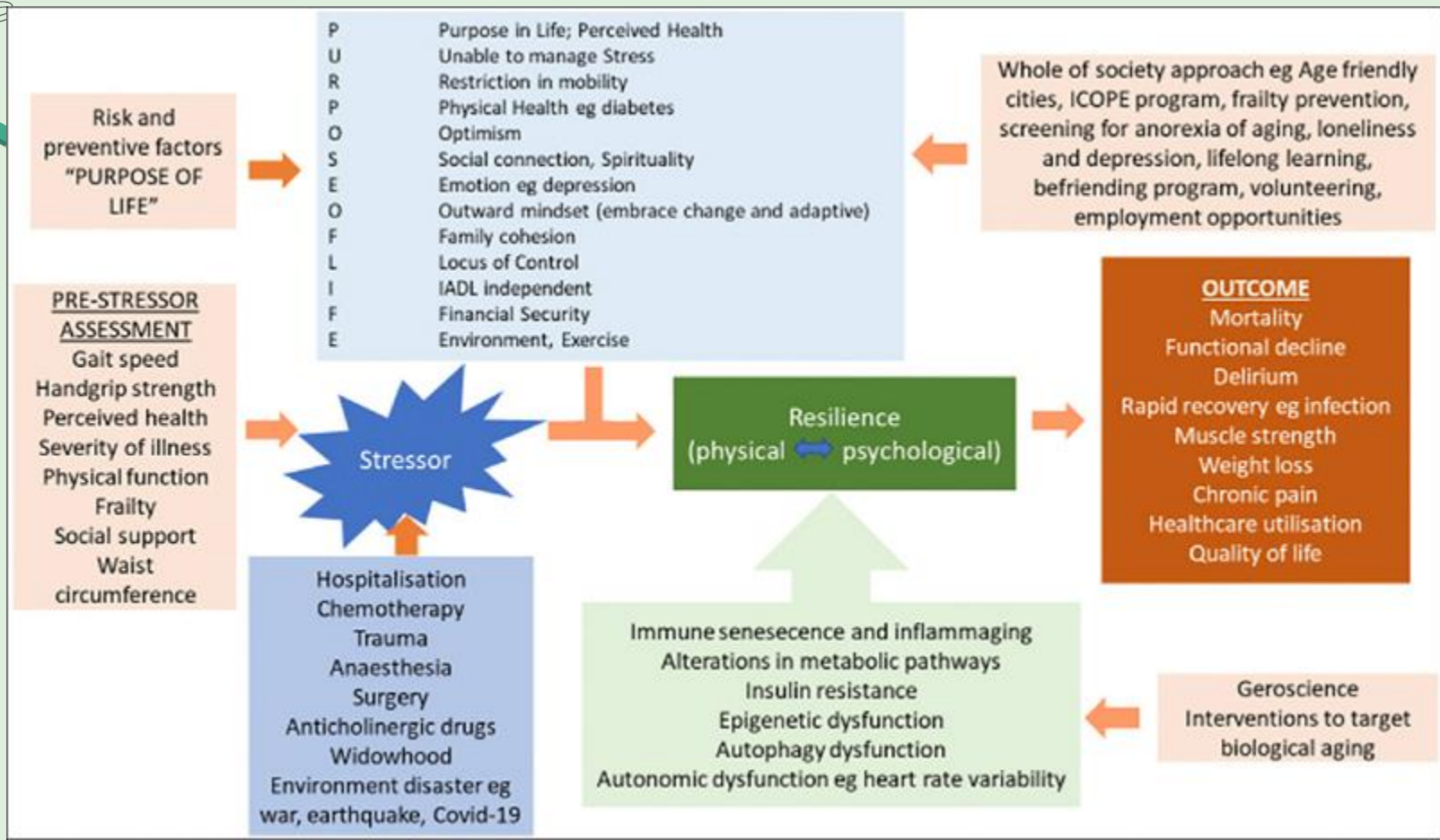
Lower levels of loneliness







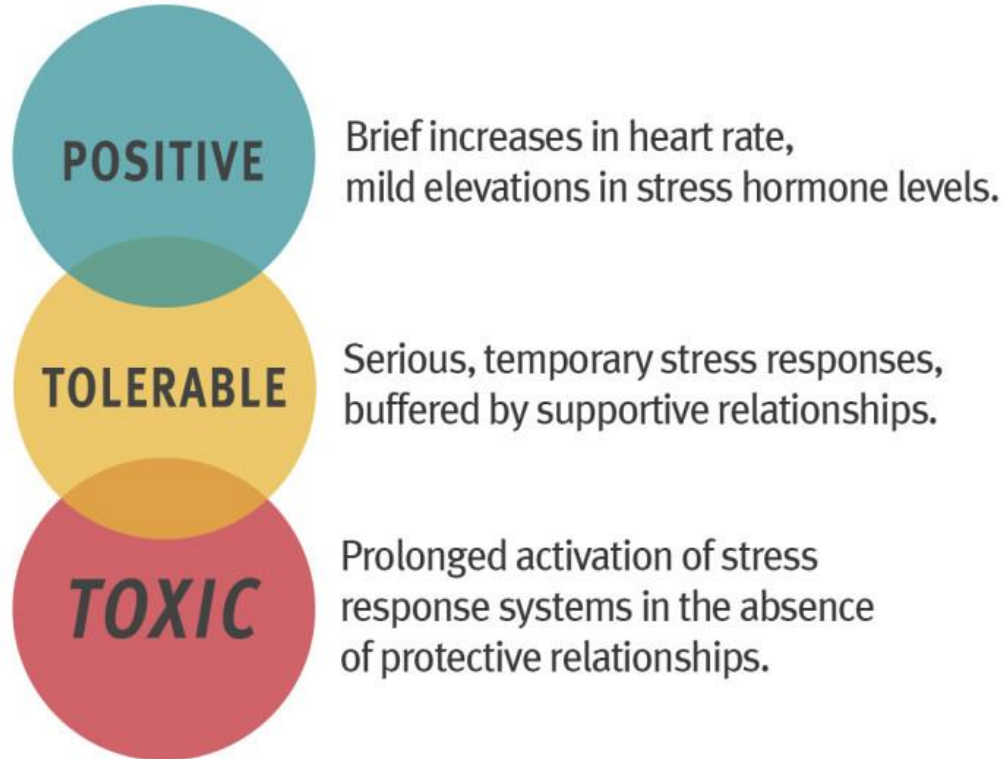
Assessing Resilience



Characteristics of Resilience

Mental	Social	Physical
Adaptive coping styles	Community involvement	ADL independence
Gratitude	Contact with family and friends	High mobility
Happiness	Self-rated successful aging	Physical health
Lack of cognitive failures	Sense of purpose	Self-rated successful aging
Mental health	Social support and connectedness	
Optimism/hopefulness	Social support seeking	
Positive emotions/regulation	Strong, positive relationships	

Stress Response





Factors Impacting Resilience



Biomarkers


Grip strength, body weight, muscle mass, bone density, heart rate variability

Cognitive Function

Depression, delirium, dementia assessments

Disease burden

Severity of illness and disease



Metabolic & Hormonal




HgbA1c, lipids, vitamin d, testosterone

Physical Function

ADLs, IADLs, Frailty

Social Determinants

Community, spirituality, resources, economic stability



Resilience Assessment Tools

Ego Resiliency Scale

- Initially for young adults and subsequently applied to older adults.

Making it CLEAR (MiC)

34 items - individual & environmental resilience. Validated in older patients discharged from hospital.

The 25- and 14-item Resilience Scale

Measure of resilience for adults across the life span.

Hardy-Gill Resilience Scale

Nine questions based on most stressful life event they experienced in the past five years.

Dispositional Resilience Scale

- 45-item questionnaire that includes 15 commitment, 15 control, and 15 challenge items. Modified to be appropriate for older adults.

Resilience Scale for Adults (RSA)

Self-report scale - intrapersonal and interpersonal protective factors that promote adaptation to adversity.

Connor-Davidson Resilience Scale

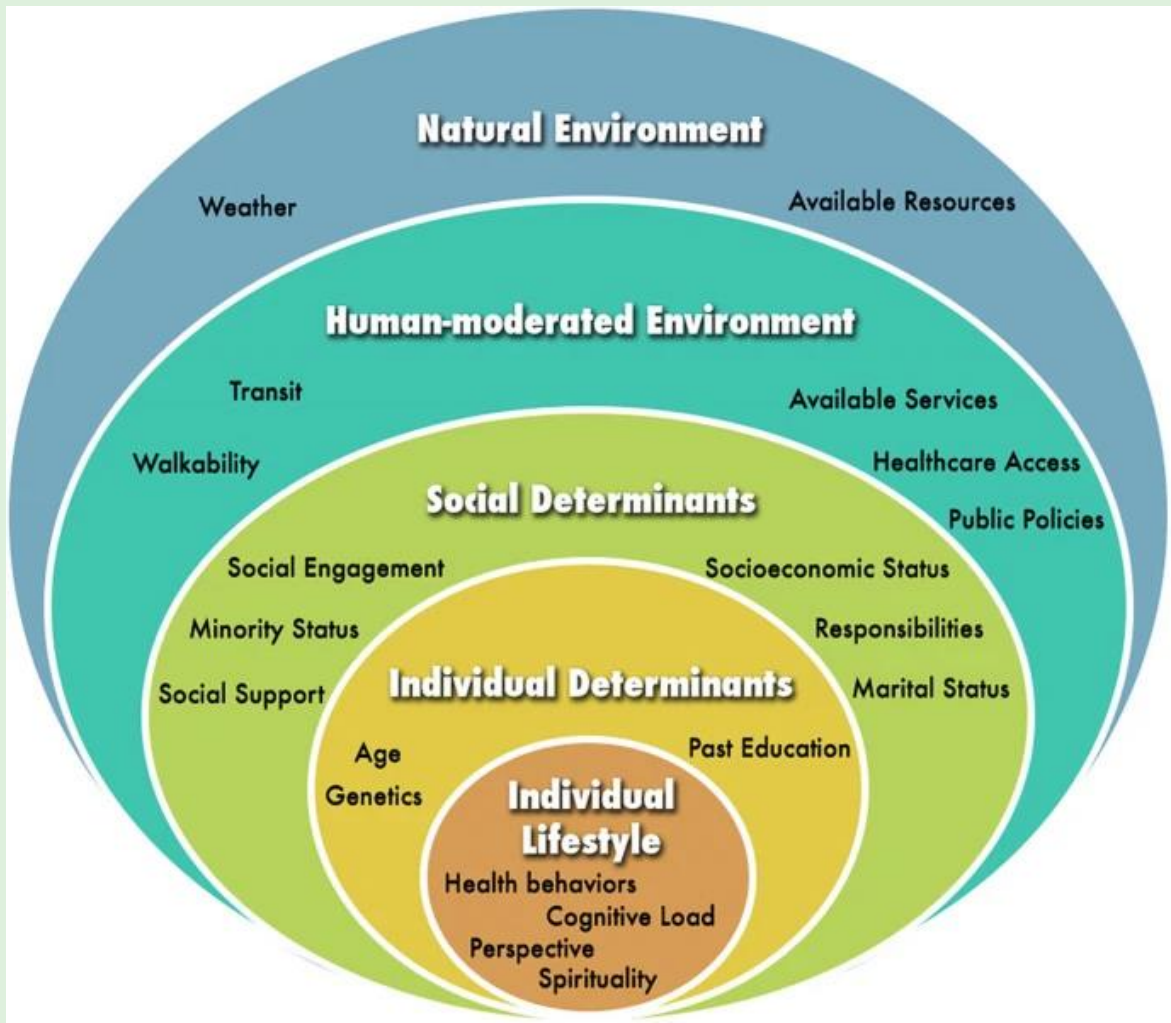
25 items, each of which is rated on a 5-point scale.

Brief Resilient Coping Scale

Short unidimensional scale that aims to assess ability to cope with stress adaptively.



Fostering Resilience



Prepare, Absorb, Recover, Adapt

Table 1 Resilience metrics for older adults

From: [System models for resilience in gerontology: application to the COVID-19 pandemic](#)


	Prepare	Absorb	Recover	Adapt
Physical	Good state of health	Functioning systems available to respond	System works to restore lost function	Optimal value of lost function attained or improved upon
<i>Metric</i>	<i>Blood pressure, mobility, grip strength etc.</i>	<i>Immune system, other body attributes</i>	<i>Is recovery occurring, are system attributes improving?</i>	<i>Blood pressure, mobility, grip strength etc.</i>
Informational	Registered for relevant services and alerts	Identify problems, engage with appropriate agencies to resolve	Use the resources for needed support	Resource management
<i>Metric</i>	<i>Number and relevance of services signed up for</i>	<i>Does individual confront and address problems?</i>	<i>Output of resources according to disruption (money, assistance)</i>	<i>Do the resources meet the need over time?</i>
Cognitive	Awareness of baseline health and needs	Recognize new challenges and seek information and recommendations	Decision making and behavioral change to respond to new circumstances	Sustained behavioral changes
<i>Metric</i>	<i>Is individual aware of events? Does individual know baseline expectations for health?</i>	<i>Does individual recognize and act on emerging problems?</i>	<i>What behavior changes are committed to adjust to new circumstances?</i>	<i>Are the adaptive changes maintained over time?</i>
Social	Groups of friends and acquaintances	Social ties engage to ensure individual is reacting to disruption	Social ties provide resources and support	Social ties are retained despite new circumstances
<i>Metric</i>	<i>How many people does individual speak to in a week?</i>	<i>How many people contact individual in a week?</i>	<i>How many social ties able to provide support?</i>	<i>Percentage of ties independent of a specific context</i>



Fostering Resilience



Connections

Relationships,
socialization



Cognitive Processing

CBT/CPT, fostering positive/optimistic perspective, acceptance, adaptability, reflection




Self Care

Mindfulness, gratitude, activities that foster joy & happiness

Self Regulation

Stress response, emotional-physiologic regulation, coping skills






Purpose

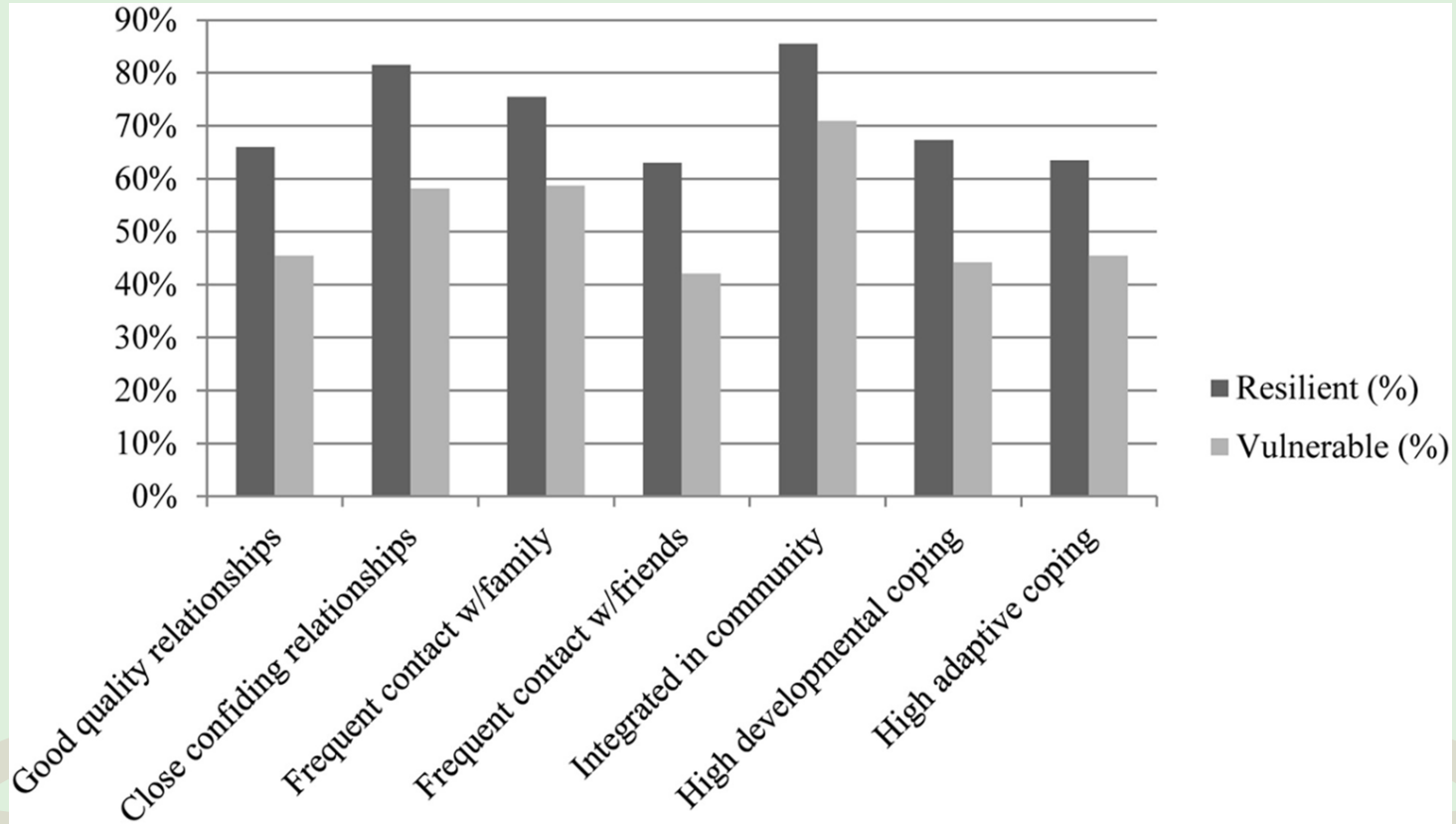
Meaning and value, goals, helping others, self discovery

Physical Health

Diet, physical activity, disease management, adequate sleep and rest



Develop Socialization & Coping



Challenges & Barriers to Resilience in Practice

**Broad
definition of
resilience**

**Varying
resilience
antecedents**

**Studies are
correlational**

**Assessment
tools mainly
utilized in
research
settings**

**Resilience is
highly
individualized**

**Competing
Clinical
Priorities**

5M Model as Framework for Resilience Building

THE GERIATRICS **5Ms**

MMULTICOMPLEXITY

...describes the whole person, typically an older adult, living with multiple chronic conditions, advanced illness, and/or with complicated biopsychosocial needs



Geriatrics health professionals focus on these 4Ms...

MMIND

- Mentation
- Dementia
- Delirium
- Depression

MOBILITY

- Amount of mobility; function
- Impaired gait and balance
- Fall injury prevention

MEDICATIONS

- Polypharmacy, deprescribing
- Optimal prescribing
- Adverse medication effects and medication burden

WHAT MATTERS MOST

- Each individual's own meaningful health outcome goals and care preferences



MATTERS MOST

- | | |
|-----|---|
| 23. | Communication: For older patients who may have caregivers present, and particularly for those with cognitive, sensory, or functional impairment, use communication techniques to demonstrate cultural sensitivity and respect, including appropriate body language and thoughtful seating arrangements to avoid marginalization. |
| 24. | Psychosocial and spiritual needs: Identify the psychological, social, and spiritual needs of an older patient and/or caregiver, recognize signs of caregiver stress, elder neglect, and elder abuse, and collaborate with interprofessional team members, such as social workers and chaplains, to identify appropriate resources. |
| 25. | Symptom assessment: Assess non-pain and pain symptoms in an older patient, and collaborate with interprofessional team members, including those from nursing, pharmacy, and palliative care, to reduce suffering through non-pharmacologic and pharmacologic treatments, based on the patient's goals of care and safe prescribing principles. |
| 26. | Patient Priorities: Elicit what matters most to an older adult, and work with the patient and team to honor these priorities. |
| 27. | Advance care planning: Distinguish among healthcare proxies, advance directives, and life sustaining treatment orders, in the context of the laws of the state in which one is training. |


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How have you fostered your resilience in the past week?

① Click **Present with Slido** or install our [Chrome extension](#) to activate this poll while presenting.

Resources

 Inbrief: The Science of Resilience. Center on the Developing Child at Harvard University. (2023, July 13). <https://developingchild.harvard.edu/resources/inbrief-the-science-of-resilience-2/>

Klasa, K., Galaitsi, S., Wister, A., & Linkov, I. (2021). System models for resilience in gerontology: Application to the COVID-19 pandemic. *BMC Geriatrics*, 21(1). <https://doi.org/10.1186/s12877-020-01965-2>

MacLeod, S., Musich, S., Hawkins, K., Alsgaard, K., & Wicker, E. R. (2016a). The impact of resilience among older adults. *Geriatric Nursing*, 37(4), 266–272. <https://doi.org/10.1016/j.gerinurse.2016.02.014>

Merchant, R. A., Aprahamian, I., Woo, J., Vellas, B., & Morley, J. E. (2022). Editorial: Resilience And Successful Aging. *The journal of nutrition, health & aging*, 26(7), 652–656. <https://doi.org/10.1007/s12603-022-1818-4>

Taylor, A. M., Ritchie, S. J., Madden, C., & Deary, I. J. (2020). Associations between Brief Resilience Scale scores and ageing-related domains in the Lothian Birth Cohort 1936. *Psychology and aging*, 35(3), 329–344. <https://doi.org/10.1037/pag0000419>

Tinetti, M., Huang, A., & Molnar, F. (2017). The Geriatrics 5M's: A New Way of Communicating What We Do. *Journal of the American Geriatrics Society*, 65(9), 2115. <https://doi.org/10.1111/jgs.14979>

 Wu, S. T., & Chen, C. Y. (2017). Relationships between social support, social participation, and active aging for and in aged people. *Journal of Gerontechnology and Service Management*, 5(4), 331–352.