

## Helping Your Elder Adjust to a Residential Facility

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After grappling with the difficult tasks of caregiving to your loved one at home, you may find it necessary to place him/her into a residential care facility. Once you have selected the appropriate facility for your elder, be it an assisted living facility or nursing home, all of you will have to deal with the challenges of adjusting to new routines.

Some facilities have a "30 Day Rule" which allows them to decide whether your elder "fits in" with their facility. The 30 Day Rule seems more than fair to me. If a patient is going to show signs of adjustment the facility will be able to make the appropriate decision. This protects them from having to keep people they absolutely can't manage in their environment and who might injure other residents.

The vast majority of people with dementia have difficulty with adjusting to a new home environment. For at least two weeks the person can't find things, is besieged with new people and routines and has feelings of frustration and/or anger. There are some ways to help your loved one adjust:

1. Expect agitation for 2-3 weeks. You might ask your elder's doctor for a light prescription for Risperdal, Haldol, or Seroquel and use it for a few weeks (in a VERY light dose) BEFORE the placement. The patient may be confused, but not upset and agitated.
2. Do not necessarily avoid visiting for two weeks, even though the facilities suggest this. Follow a formula something like the following:
  - A. Expect the person to be agitated and angry, but stop beating yourself about it. You did what had to be done. Your loved one needs to grieve. To expect happiness is unrealistic.
  - B. Plan a BRIEF visit. 10-15 minutes will be enough for you to know your loved one is well-cared for and to give them reassurance. A 3-hour visit is going to cause agitation. If the loved one demands to be taken home, DON'T try to explain. Look at your watch and say, "I have to go now." It will break your heart, but will minimize the behavior after a few times. Many patients start the "take me home" stuff after a 30 minute visit when they get tired. Take it as an indication that it is time to go.
  - C. Take something to do. Do their nails, have a snack, listen to a new piece of music or share an activity. Once you are done, it is time to go. Have the staff divert your loved one to an activity such as a meal.
  - D. Call before you come so you know what kind of day your loved one is having. If you know they are agitated and having a bad day and if you can't face it without becoming upset, don't go when they are agitated . . . or go later.

- E. Talk with the staff. Smile. Find the staff doing something right and complement at least one on each visit. There is nothing worse than the family who comes in with their microscope looking for flaws. They will become apparent soon enough -- we are talking working with demented adults here.
- F. Know that the facility and staff have no magic for dealing with behavior problems. If it was difficult to manage at home, it will be worse in the care facility -- especially with 7+ other people who are also demented.
- G. Before you leave, talk with an administrative staff member to see how things are going and what you (as a team) can do to improve care throughout the adjustment.
- H. I can not stress this too much: select an activity-based program! And, if your loved one is not a socializer, make sure the staff knows to let him have some time to himself daily and introduce him slowly to the group.
- I. Last, do not let the adjustment period dissuade you from the placement. It most likely will work out.