LECTURE 5 Jhe Psychology of CAging STRATEGIES FOR BETTER COPING

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Hello everyone!

Our topic for Lecture 5 is "The Psychology of Aging" with a focus on how to protect ourselves from the negative effects of chronic stress. Let's face it, our daily lives can all too often be described as "stressful." We all find unique ways of handling both the day-to-day stressors and more significant traumas we live through, but the problem is that many of our so-called coping skills are actually making things worse! Together, we will learn what works and what doesn't when it comes to responding to stress.

In this lecture, we will discuss the stress response—the physiological fight-or-flight reaction that occurs in response to a perceived threat. Over time, repeated activation of the stress response is very taxing to our physical, cognitive and mental health. In line with the focus of this program, we will pay particular attention to the effects of being chronically stressed on the brain, which includes actual damage to brain cells in the frontal lobes and memory centers. We have a lot more control over the triggering of the stress response than you may now think. We will discuss the concept of "appraisal" in detail, and you will be impressed at how much more in control you can feel over stressful things that happen to you when you think about them differently.



We will also learn how we can better manage our interactions with others when we are stressed. There is something called the "emotional hijack" that you need to understand, so you can avoid making a stressful situation even worse.

We conclude with an in-depth discussion about one of our most powerful weapons against chronic stress: assertive communication. This is defined as "direct, honest and appropriate ways of standing up for your rights while respecting the rights of others." Too many of us resort to passive-aggressive ways of communicating, simply because we don't have practice with a healthier approach. You will leave this lecture feeling empowered about how to respond the next time someone pushes your buttons!

The insights and tools presented in Lecture 5 provide ways to enhance coping that are crucial for living a life of quality that values healthy, respectful social connections. Remember, learning about brain health isn't just about the mechanics of this three-pound organ between our ears! Discussions about ourselves and our social interactions are vital if we are to achieve true brain health.

Thank you for joining me,

Dr. Karen D. Sullwan

Brain Matters

COMPANION WORKBOOK 5



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tressful life events occur in all of our lives from time to time. Research suggests that older adults can experience prolonged stress due to a higher incidence of events that are beyond one's control, including chronic illness, reduced mobility, caregiving demands and the passing of friends and family. The impact of such life events on physical and mental health can be significant and include depression and cardiovascular disease. Reducing the effect of stress on our well-being requires us to address problems as they arise and identify resources that enhance coping. The frustration, hopelessness and feelings of being overwhelmed that often accompany chronic stress can make it feel impossible to address stressful issues or even know where to begin.

The first step is to identify that a problem exists. Pay attention to your body and thoughts. Internal cues, such as muscle tension, headaches, shallow breathing, sleeplessness and tightness in the chest, nudge us to recognize an unresolved problem needs attention. Feeling worried more often than you are calm and confident is a cue that a problem exists. If you decide that your stress level is too high, consider the following four steps:

Make a list of all the issues that have consumed the majority of your physical and mental energy in the past week. Order the items on the list according to the amount of worry they have caused and how much time you spend thinking about them. Commit to thinking through each issue one at a time so you don't feel overwhelmed.

Identify the coping skills you have been using to date and decide to make some improvements.

Coping skills are tools, activities and strategies for reducing stress and can be healthy (exercise, reading, prayer, and spending time with family and friends) or unhealthy (drinking alcohol, smoking, overeating, withdrawing or denying there is a problem).

Increase healthy

coping by adding new or improved resources to your problem solving "toolbox." Internal resources include learning to say "no" when you feel pressured to do something you'd rather not, seeing the lighter side of a situation, not focusing on the worst that could happen and fostering hope that things can change for the better. External resources include asking for help or support from family, friends and community support such as your church or senior center.

If you continue to feel a high level of stress, reach out to a psychologist or other licensed mental health professional who can help you learn how to manage stress more effectively, identify situations that contribute to chronic stress and develop a plan for taking control and achieving the inner peace we all deserve.

Coping

Strategies

NEXT EXIT

Express yourself.

Interpersonal conflicts and poor communication are two of the biggest sources of stress. Being unable to express your needs, concerns or frustrations worsens a stressful situation and can be toxic to relationships. Improving your assertiveness skills, i.e., standing up for your point of view while also respecting the rights and beliefs of the other person, can go a long way in reducing stress. The keys to assertive communication are using "I" statements to express your feelings without blaming others, using a relaxed and genuine tone and having a willingness to find solutions to the problem.

Making the *Retirement Transition*

BY KAREN D. SULLIVAN, PHD, ABPP



Petirement is sometimes not all it is cracked up to be. For some, the concept of retirement was a survival mechanism to power through years and years of hard work—an end goal to keep you going during the tough times. However, when the very thing you imagined would be so wonderful—no responsibilities, no co-workers, no boss turns out to be different than the vision you had in your mind, people can be left feeling unsatisfied, even lost.

Retirement is ranked 10th on the list of life's most stressful events. Keep in mind positive life events can also be highly stressful (getting married is No. 7 on the list) and like most things in life, everyone is a bit different in how they approach the milestone of retirement.

Social scientists think the adjustment to retirement is largely dependent upon how meaningful a person's occupation was to them. If a person labels their job as highly stressful and just a means to a paycheck, retirement is more likely to be a welcomed transition. For these people, retirement can herald the beginning of a new era of low-stress and more time to pursue healthful hobbies and interests they didn't have the time or energy to engage in before. Conversely for the person who got a lot of personal fulfillment from their career and genuinely enjoyed the hustle and bustle of a demanding occupation, the unstructured days of retirement can feel lacking in meaning and lonely without the camaraderie of co-workers and the pursuit of daily ambitions.

Context matters, inside and out

Research tells us that two additional factors influence one's adjustment to retirement: the context in which a person retired and personality. If you were asked to retire due to an "age policy" or because of poor health, chances are you will find retirement more depressing than if the decision to retire was your own. You will likely adapt much better if you were the main decision-maker than if you felt you were "forced out" due to circumstances beyond your control. People with certain personality characteristics-most notably those who are high in competitiveness and assertiveness—have more difficulty adjusting to retirement probably because work offers a constructive outlet for these traits.

Why the let down for some?

Retirement as a life event carries a lot of expectations of relief and joy, but for some, retirement brings unexpected, and not pleasant, changes in how we feel. Work provides us with a structure to our day. It offers us a built-in social life. We have a title and job duties. It makes us feel important. Without these supports, some people can find themselves with the retirement blues or more officially, an adjustment disorder.

An adjustment disorder is a psychological condition when someone experiences a group of symptoms, including feelings of sadness or hopelessness, and physical symptoms like unexplained headache and fatigue that occur after a stressful life event. An adjustment disorder is not as serious as a clinical depression, but it can reduce quality of life and make you feel less interested in the hobbies and interests you were looking forward to pursuing.

Three strategies for better coping

PAY IT FORWARD. Think about all of the expertise you have built over your years of working! Perhaps a full-time schedule is too much for you these days, and you are genuinely ready for change. That doesn't necessarily have to mean that you stop "working" completely. There are many volunteer organizations that would benefit immensely from someone with your specific skills, talents and insights. Consider contributing your time in a new way through volunteering. It can be as much as five days a week or one hour per week. You get to decide! Volunteering can provide you with a powerful way of stimulating your brain by connecting with others and reducing chronic stress by knowing you are contributing something meaningful to the world.

TALK ABOUT HOW YOU FEEL WITH YOUR PEERS. Even though we have a lot of stereotypes about how people should act and feel once they retire, there are no rules for how you have to feel. Research suggests most people have mixed feelings about this life transition; a combination of both positive and negative emotions. Talking about how you really feel with trusted friends can make you feel less alone and normalize any feelings of stress you may have. Chances are they have similar feelings as you!

CONSIDER TALKING TO A PROFESSIONAL.

If you think you may have the post-retirement blues, especially if they last more than a few months, consider talking with a mental health professional who specializes in older adults. For many, expressing your feelings about retiring with a trained person can be very beneficial. Counseling can offer the benefits of time and space to figure out how you want to make the most out of your newfound time and focus.

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What Can I Do When Someone I Care About Seems Depressed or Anxious?

BY KAREN D. SULLIVAN, PHD, ABPP

Communicate and Validate

As a loved one, spouse, family member or friend, you are in a great position to support someone who is having a hard time emotionally.

Let them know that you are concerned during a relaxed conversation.

2 Gently tell your loved one that you see his or her pain 2 and want to talk because you care.

3 Invite conversations with open-ended questions.

Don't rush to assume what your loved one is feeling or to offer solutions. Your only job is to listen and let the person know that he or she has a right to these feelings.

5 If you remain significantly concerned after talking with the person, encourage him or her to discuss the symptoms with a primary care physician or ask permission for you to talk to the provider and express your concerns. Symptoms of depression are highly treatable!

Recognizing Mood Symptoms

BY KAREN D. SULLIVAN, PHD, ABPP

ften when we think about mood disorders, like depression and anxiety, we have an image of someone with severe symptoms—someone struggling to get out bed in the morning and racked with nerves to the point that their sleep suffers. In reality, the majority of older adults who are depressed or anxious experience mild to moderate symptoms. These symptoms present a significant risk to well being, including brain health, when untreated. Of major concern to older adult advocates is that professionals without expertise in aging may not recognize mood symptoms, because typically mood symptoms present differently as we get older. Specifically, symptoms of sadness tend not to be as common in those over 65 as other symptoms, such as fatigue, irritability and decreased interest in a loved hobby.



An Often Overlooked Set of Mood Symptoms

One of the hallmark symptoms of depression and anxiety across all ages that does not get discussed nearly as much as it should are the cognitive symptoms. These can include difficulty with paying attention, multi-tasking, problem-solving, decision-making and initiative.

In daily life, we may get overwhelmed quickly when doing complex tasks like paying the bills, be unable to focus on a previously enjoyed pastime like reading, misplace keys and wallet regularly or feel like new information "isn't sticking." Mood symptoms can interfere with quality of life in many ways, including making us less likely to engage in social gatherings (for fear of not remembering a name, for example) or exercise due to low energy and motivation. At its worst, excessive worry about our cognitive abilities can create a vicious cycle, as concern about "losing my mind" can make one even more depressed or anxious which, in turn, makes thinking skills decline even more.

What Causes Cognitive Symptoms?

Cognitive symptoms in mood disorders are likely related to a decrease in the functioning of the frontal lobes. People with depression and anxiety often complain of poor memory, but it is almost always a problem with attention and focus. In the case of depression, we are primed to focus on adverse and disappointing experiences due to something called cognitive bias, which makes us more drawn to life experiences that confirm our negative world view. This then leaves us unable to pay attention to the big picture, and we miss details. Similarly, anxiety can also interfere with attention due to symptoms of hypervigilance that cause one to be so focused on being alert and prepared for a threat that there is no room left to focus other things going on around them.

There Is Hope!

The cognitive symptoms of depression and anxiety are not likely to be permanent and are expected to resolve with successful treatment of mood symptoms. The best place to start is with a comprehensive assessment with a trained professional specializing in aging, like a neuropsychologist. An assessment can determine if mood symptoms rise to the level of a mood disorder, if they are the only cause of cognitive symptoms and what types of treatment would best help the person.

Strategies for Better Coping in a Medical Crisis

BY KAREN D. SULLIVAN, PHD, ABPP

edical crises are emotionally traumatic experiences. Historically, traumatic stress related mood disorders such as Post Traumatic Stress Disorder (PTSD) have been thought of as occurring after an external event, such as war, sexual assault, natural disaster or car accident. However, in the past 10 to 15 years, these stress conditions have been increasingly recognized by psychologists as occurring following any event, including those that happen within us. It is now understood that a range of medical diagnoses, including cancer, cardiac arrest, traumatic fall and stroke are emotionally traumatic. A highly traumatic event is defined as any experience that involves the threat of death or serious injury, particularly when sudden or unexpected, that results in intense fear or feelings of helplessness. If we do not acknowledge traumatic stress symptoms as an aspect of a medical crisis, we miss an opportunity to provide complete care and optimize recovery.

Following a medical crisis, there is a range of "normal" emotional reactions. Most commonly, these include shock ("I can't believe this has happened"), fear (feeling more vulnerable naturally leads to fear), self-blame ("Why didn't I do more to prevent this?") and guilt (remorse that they are burdening their loved ones with caregiving needs). The time to get concerned is when these emotions are very high in intensity, worsen over time particularly three months following the event or interfere with recovery (refusing to do physical therapy).

Four main symptom clusters characterize traumatic stress disorders: re-experiencing (re-living the event in your waking mind or in nightmares, feeling as though the event is happening again), avoidance (avoiding situations, people or thoughts that remind you of the traumatic event), emotional numbness (feeling cut-off from others, reluctance to discuss the event, avoiding reminders of the event) and hyperarousal (feeling "wound up" and "on alert").

Serious mood symptoms that don't go away over time following a medical crisis are associated with poorer outcomes (less physical recovery and less return of independence) and reduced quality of life for both the person directly affected and his or her loved ones, especially caregivers.

Five Tips to Support Emotional Processing Following a Medical Crisis

- Encourage your loved ones to talk about their feelings as soon as they are able. Don't avoid talking about what has happened because you don't want to stress the person. Ask them how they feel. Are they scared, worried or angry? Be mindful to not let talk about procedures and medications be the only conversation topics during a hospital stay or early recovery. Be particularly sensitive if the person has a history of trauma.
- 2. Emphasize safety and security. When unpredictable things happen, we naturally brace ourselves for another blow. This tension can make us feel vulnerable and afraid. During these times, we need reassurance and predictability. Remind the person that they are being well taken care of by experts. Keep a dependable schedule of daily events as best you can. Use as much reassuring touch as the person is comfortable with.

- 3. Normalize tears even if that's not "normal" for that person. Tears contain stress hormones and their release can really help in emotional processing.
- 4. Prioritize sleep. One of the functions of sleep is to help us "make sense" of our daily experiences, especially those that are traumatic in nature. Think of it as free therapy!
- 5. Don't hesitate to call in a mental health professional, particularly if the person makes global negative statements about himself or herself and his or her future. People who strongly endorse statements such as "I have permanently changed for the worse," "I feel alone and different from other people now" or "The world now feels like a scary and unpredictable place" are significantly more likely to meet criteria of mood disorder over the following weeks to months following a trauma.

LECTURE 5

The Psychology of CAging STRATEGIES FOR BETTER COPING

- Lecture series focused on the brain health of older adults
- Evidence-based information and recommendations
- Supported by science and unbiased clinical expertise
- Motivating you to action!

Slide Presentation Begins

LEARNING TOPICS

- The stress response
- Effects of stress on the body and brain
- Stress and the older adult
- The role of appraisal
- Coping skills
- Strategies for improving our well-being

WHY IS THIS TOPIC IMPORTANT

- Stressors are common throughout life and significantly affect all aspects of our health
- Too much or repeated stress can have serious consequences on the brain
- Stress in older adults is associated with more physical and health problems and a decreased sense of well-being and life satisfaction
- Coping skills can be helpful or harmful
- We can learn to respond better!



The STKE Response



In 2016 and 2017, the annual stress surveys by the American Psychological Association reported that 25% of Americans experience high levels of stress (eight or more on a 10-point scale), while another 50% reported moderate levels of stress (a score of four to seven).

Stress can trigger a survival response (fight-or-flight) which allows us to make split-second decisions and be at full capacity to respond.

- Inability to Focus or Concentrate
- Tunnel Vision
- Tightness in Chest
- Butterflies in Stomach
- Need to Urinate
- Sweating



- Dizzy or Light-Headed
- Dry Mouth
- Difficulty Breathing or Swallowing
- Heart Pounding
- Nausea or Diarrhea
- Muscle Tension
- Trembling or Shakiness

WHY DOES THIS HAPPEN?

We perceive something and a part of the brain called the amygdala in the emotional center determines if it is a threat.

If yes, the stress response begins and prepares us by releasing neurotransmitters and hormones via a coordination center in the brain called the hypothalamus.

Stress hormones are released (primarily adrenalin and cortisol through the kidneys), which increases our blood pressure and blood sugar to help prepare our body for intense muscular action (muscles, heart, lungs, etc.).

Once the threat has passed, the body returns us to baseline over a brief amount of time.

Stress hormones are only intended for short bursts



What happens when stress is constant?

- Overwhelmed
- Irritable
- Resentful
- Depressed
- Trouble falling asleep
- Tired
- Repeat sicknesses

Holmes-Rahe Stress Inventory The American Institute of Stress

LIFE EVENT	LIFE-CHANGE EVENT
Death of Spouse	100
Divorce	73
Marital Separation	65
Jail Term	63
Death of a Close Family Member	63
Personal Injury or Illness	53
Marriage	50
Being Fired	47
Retirement	45
Pregnancy	40
Change in One's Financial State	38
More Arguments with Spouse	35
Change in Work Responsibilities	29
Son or Daughter Leaving Home	29
Trouble with In-laws	29
Beginning or Ending School	26
Change in Living Conditions	25
Trouble with One's Boss	23
Change in Work Hours or Conditions	20
Change in Eating Habits	15
Vacation	13
Christmas	12

A score of 300 or higher puts a person at risk of illness.

150-299 shows a moderate risk of illness.

A score of less than 150 predicts only a slight risk of illness.

Chronic exposure to stress hormones affects our health on every level



Fatigue Muscle tension/pain Headaches Upset stomach Trouble sleeping Diabetes High blood pressure



MENTAL

Anxiety/restlessness Lack of motivation/focus Irritability/anger Depression



BEHAVIOR

Overeating/ undereating Too much alcohol Social withdrawal

WHAT ARE THE CONSEQUENCES OF CHRONIC STRESS ON THE BRAIN?

SHORT TERM

Decreases in attention/concentration and problem solving

Limited attention resources

Attention is the gateway to memory

LONG TERM

Cortisol damages cells in prefrontal cortex and the memory centers of the brain (hippocampus has the most stress hormone receptors) and causes premature brain aging

Increases risk of cerebrovascular disease

Chronic stress causes neurons to shrink or grow, but not necessarily to die (Davidson & McEwen, 2012)





Control



Chronic stress



Prefrontal cortex and hippocampus

BEWARE OF THE EMOTIONAL HIJACK!





STRESS and the Older Adult

AVERAGE STRESS LEVEL BY GENERATION



BASE: ALL QUALIFIED RESPONDENTS 2015 (Echoes/Millennials n=1190; Xers n=649; Boomers n=1130; Matures n=392)

Q605 On a scale of 1 to 10 where 1 means you have "little or no stress" and 10 means you have "a great deal of stress," how would you rate your average level of stress during the past month?

Some stressors are unique to older adults

(Stokes & Gordon, 2003)

TEN MOST COMMON STRESSORS FOR NON-INSTITUTIONALIZED HEALTHY OLDER ADULTS

Stressor	Number (<i>N</i> = 200)	%	
Slowing down	118	59	
Concern for world conditions	107	54	
Time too short with children or grandchildren	83	42	
Thinking about own death	76	38	
Change in sleeping habits	73	37	
Decreasing number of friends or losing friends	73	37	
Constant or recurring pain or discomfort	72	36	
Wishing parts of life had been different	65	33	
Feeling of remaining time being short	64	32	
Decreasing mental abilities	64	32	

50-70% of all primary care visits in older adults are related to chronic stress

Physical and mental health are reciprocal, each one affecting the other

Heart disease and depression example

Symptoms of chronic stress in older adults are often disregarded because they are assumed to be "normal" considering the number of medical conditions or life events that accompany aging.



CAREGIVERS AS MODELS OF CHRONIC STRESS IN THE OLDER ADULT (Gouin et al., 2012)

Caregivers have poorer responses to vaccines, impaired ability to fight viruses, more inflammation throughout the body, accelerated cellular and immune system aging, more hypertension and hyperlipidemia, diabetes, and infectious diseases.

In a four-year longitudinal study, strained caregivers had a 63% higher risk of mortality than comparable community controls *(Schulz & Beach, 1999*).

Thought to be related to immune dysregulation due to chronic stress

NOTES

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The role of appraisal



When a potential threat is perceived, our brain makes two rapid judgments:




COMMON APPRAISALS

- We all pay more attention to threatening vs neutral information
- We interpret neutral information according to our mood
- The more uncontrollable, unpredictable or interpersonal an event, the more stress we feel





TWO MAJOR TYPES OF COPING SKILLS: APPROACH AND AVOIDANCE

Approach (Decreases stress)

Positive reinterpretation Focus on change within your control Seek information Restraint Planning Acceptance Avoidance (Increases stress)

Putting it in a "box" Numbness Social isolation Withdrawal Aggression Escapism Resignation

IS THE COPING OF OLDER ADULTS UNIQUE?

- Most older adults have strong life coping skills from adaptation across a lifetime of stress (Aldwin, 1994).
- Older adults, on the whole, continue to report that seeking mental health help is an indication of weakness (Snarksi et al., 2010).
- This is further exacerbated by the shortage of health care and mental health care providers specializing in older adults (Panchana, Emery, Konnert, Woodhead, & Edelstein, 2010)
- Spirituality is reported as very important for coping by over half of older adults (Chen, Cheal, & Herr, 2007; Newport, 2006)

NOTES	

Older adults appraise health events as more threatening and rely more on cognitive avoidance to manage them.

Financial events were more likely to be viewed as challenging and responded to with problem-solving coping.

Interpersonal events were appraised as least challenging and least threatening except interpersonal conflict which tended to elicit avoidance *(Harnish, Aseltine, & Gore, 2000).*

Chronic stressors are associated with more depression and drinking.



KNOW THY SELF

- Explore how you react to stress and what specifically stresses you
- What are your appraisals?
- How capable do you believe you are when handling stress?
- What are YOU bringing to the experience?



Am I perceiving this accurately?

When in doubt, ask for clarification!



DON'T REACT. WAIT TO RESPOND.

Don't react right away (remember your "thinking mind" has been temporarily hijacked)

Consider your options



DON'T BE AN OSTRICH



- Beware of avoidance!
- Remember avoidance leads to more anxiety and intrusive thoughts
- Acknowledge your feelings without rushing to change them
- Learn to sit with the "negative emotions"
- Focus on finding a solution, what you can do
- Remember, and so this too shall pass...

The sweet spot of communication: **Be assertive**

Defined as "direct, honest, and appropriate ways of standing up for your rights while respecting the rights of others."



MEMORIZE AND PRACTICE THESE

"I'm just not comfortable with that."

"Let me think about it."

- "No, thank you, but I don't have the time for that."
- "I could use some help."
- "I don't appreciate it when you _____. Please stop now."
- "I don't like when you____. I'd prefer you ____."
- "I respect your opinion, please respect mine."

FIND THE BENEFIT

- About 50% of older adults reported some benefit from having confronted serious health, interpersonal, and financial problems.
- Finding benefit is one way in which individuals can re-construe adverse events and imbue meaning and coherence to threatening situations *(Moos, 2006).*

What did you learn?

How will you be better prepared for a similar event next time?

NOTES	

Practice Stress Prevention

- Prioritize sleep
- Exercise: Endorphins are our friends!
- Practice gratitude



Self-actualization

desire to become the most that one can be

Esteem

respect, self-esteem, status, recognition, strength, freedom

Love and belonging friendship, intimacy, family, sense of connection

Safety needs

personal security, employment, resources, health, property

Physiological needs air, water, food, shelter, sleep, clothing, reproduction

Maslow's hierarchy of needs

REMEMBER OUR TWO RAPID JUDGMENTS

How dangerous is this?

How prepared am I to handle it?



SEEK PROFESSIONAL HELP, IF YOU NEED IT

33% of Americans never discuss ways to manage stress with their healthcare provider (APA, 2017). Psychologists, psychiatrists, counselors, social workers, and clergy help older adults who are having problems with stress via:

- Cognitive-behavioral therapy (CBT), which helps us to uncover and change negative thoughts or points of view that are causing and prolonging stress and anxiety.
- Relaxation training, which may include progressive muscle relaxation, deep breathing, meditation and mindfulness.
- Supportive therapy, in which the person listens to and validates feelings.
- Medications that increase serotonin (e.g. SSRI's including Prozac) also help to grow new brain cells.

Which Way Will YOU Choose?

"Problems are not the problem; coping is the problem."

-VIRGINIA SATIR



INCREASE STRESS

Don't acknowledge that you are upset

Stuff your feelings with passiveaggressive communication

Negative self-talk

Deny any responsibility for your part

Have a few drinks

Eat high sugar, high fat foods

Isolate yourself

Make blanket negative statements

Think about the stressor over and over

Feel so overwhelmed by anger that you cannot make a plan for moving on

DECREASE STRESS

Give specific names to your feelings

Respectfully express your feelings with assertive communication

Make positive coaching statements to yourself

Focus on what you can do differently next time

Seek support from a trusted friend

Do something physical

Spend time with people who make you feel good

Find the "silver living" of wisdom or humor

Take 10 deep belly breaths to get a brief distraction

Pray or meditate to find your center to support a problem-solving mindset

THE FEELINGS WHEEL

Dr. Gloria Wilcox designed The Feelings Wheel in 1982 to help people learn to recognize and communicate their feelings. It depicts the full range of human emotions, both positive and negative, bold and nuanced. Learning to acknowledge our emotions, name them and share them with others is critical for developing emotional intelligence and healthy relationships. Often, when we feel stressed, we are experiencing a combination of emotions, and it can feel cathartic to label each component. The next time you feel overwhelmed, use The Feelings Wheel to clarify and communicate your emotions and see how much better you feel!





"START EACH DAY WITH A GRATEFUL HEART." Psalm 107:1 Gratitude is a feeling of appreciation or thanks. All spiritual faith traditions emphasize gratitude as a path to happiness and personal satisfaction. The field of positive psychology suggests that one effective way of fostering gratitude is to make a daily commitment to record the moments that enrich our lives. Writing down three things every day that you are grateful for has been shown to:

- Increase feelings of optimism and contentment
- Help us focus on the positive in a stressful situation
- Relieve depressive symptoms
- Make us feel more alert, determined and likely to help others
- Improve physical health and sleep quality

Write down three items of gratitude every day, the more specific, the better!

	white down three items of gratitud	e every day, the more specific, the better:
1	2	3
7	8	9
13	14	15
19	20	21
25	26	27

friendship PURPOSE vision DONATE celebrate UNITE humanity HOPE GIVE AND ASSION GIVE AND ASSION COURAGE Faith SHARE ASK abundance family

		thank you
4	5	6
10	11	12
16	17	18
22	23	24
28	29	30
	WO	RKBOOK 5

SMALL GROUP DISCUSSION TOPICS

Do you think your response to stress has changed as you've aged? How?

Discuss the two main types of coping—approach and avoidance—and provide examples of each.

3

Are you more likely to be passive or aggressive when it comes to conflict resolution? What are some barriers to being assertive?

Practice saying the assertive communication phrases offered in the lecture and discuss how it feels.

How can you practice stress prevention in your daily life?

BRAIN TRIVIA

COMPANION WORKBOOK 5

1. In 2016 and 2017, the annual stress surveys by the American Psychological Association reported that _____% of Americans experience high levels of stress, while another _____% reported moderate levels of stress.

2. Dr. Sullivan explained that the body has many different responses for stress. List a few responses that you have experienced when feeling stressed.

3. What are the two main stress hormones released by the body?

4. Circle all of the effects that stress hormones have on the body:

Increase in blood pressure	Decrease pain sensitivity	Increase running speed

Decrease serotonin Slows down thinking Increase blood sugar

Suppress immune system Heightened memory and attention

5. List the long-term effects of constant stress in the correct categories below:

PHYSICAL	MENTAL	BEHAVIOR

6. Draw lines to categorize the short-term and long-term consequences of chronic stress on the brain.

	Limited attention resources
SHORT TERM	Increases risk of cerebrovascular disease
LONG TERM	Decreases attention/concentration
	Cortisol damages cells and causes premature brain aging

BRAIN TRIVIA



COMPANION WORKBOOK 5

7. Dr. Sullivan discussed the ten most common stressors for healthy older adults. Which of these stressors have you experienced?

8. FILL IN THE BLANKS:

Fifty to 70 percent of all primary care visits in older adults are related to______.

Caregivers have poorer responses to vaccines, impaired ability to fight______ more inflammation throughout the body, accelerated cellular and immune system aging, more ______, diabetes and infectious diseases.

9. TRUE OR FALSE:

_____We interpret neutral information according to our mood.

_____We pay more attention to neutral information vs threatening information.

_____The more uncontrollable or interpersonal an event, the more stressed we feel.

10. What are the two major categories of coping skills? Which of the two increases stress and which decreases stress?

11. List the coping skills below that you have used for dealing with stress:

FILL IN THE BLANKS USING THE WORDS BELOW:

weakness	depression	spirituality	avoidance	coping skills	threatening
12. Most older adults have strong life from adaptation across a lifetime of stress.					
13		is repor	ted as very im	portant for copi	ng by more than half of older adults.
14. Older adı	ults, on the who	ole, report seek	king mental he	alth help is an in	dication of
	ults appraise he				and relied more on cognitive
16 . Chronic s	tressors are as	sociated with r	more		and drinking.
17. What does avoidance of stressful situations cause over time?					
18. What is t	18. What is the definition of being assertive in communication?				

19. Dr. Sullivan recommends you practice several phrases to improve communication. List the ones you find the most useful for you.

20. TRUE OR FALSE

_____About 50% of older adults reported some benefit from having confronted serious health, interpersonal and financial problems.

_____Finding the benefit is one way to re-construe adverse events and add meaning and understanding to threatening situations.

Exercise and sleep do not help prevent stress.

___Fifteen percent of Americans never discuss ways to manage stress with their healthcare providers.

BRAIN TRIVIA ANSWERS



1. 25%, 50%

2. Answers may include any of the following: inability to focus or concentrate, tunnel vision, tightness in chest, butterflies in stomach, need to urinate, sweating, dizzy/ light-headedness, dry mouth, difficulty breathing and swallowing, heart pounding, nausea/diarrhea, muscle tension, trembling, shakiness

3. Adrenalin and cortisol
4. Increase in blood pressure, decrease pain sensitivity, decrease serotonin, increase blood sugar, suppress immune system, heightened memory and attention

5. PHYSICAL: fatigue, muscle tension/pain headaches, upset stomach, diabetes, high blood pressure MENTAL: anxiety/restlessness, lack of motivation/focus, irritability/anger, depression BEHAVIOR: overeating/ undereating, too much alcohol, social withdrawal

6. SHORT TERM: Limited attention resources, Decreases

attention/concentration Long Term: Increases risk of cerebrovascular disease, Cortisol damages cells and causes premature brain aging

7. Any of the following top 10 stressors: slowing down, concern for world conditions, time too short with children or grandchildren, thinking about own death, change in sleeping habits, decreasing number of friends or losing friends, constant or recurring pain or discomfort, wishing parts of life had been different, feeling of remaining time being short, decreasing mental abilities 8. chronic stress, viruses, hypertension

9. TRUE FALSE TRUE

10. Approach (decreases stress) and Avoidance (increases stress)
11. Any of the following coping skills: positive reinterpretation, focus on change within your control, seek information, restraint, planning, acceptance, putting it "in a box," numbness,

COMPANION WORKBOOK 5

social isolation, withdrawal, aggression, escapism, resignation **12.** coping skills

- **13.** spirituality
- **14.** weakness
- **15.** threatening, avoidance
- 16. depression

17. More anxiety and intrusive thoughts

18. Assertiveness is defined as direct, honest, and appropriate ways of standing up for your rights while respecting the rights of others.

19. Any of the following:

"I'm just not comfortable with that."

"Let me think about it."

"No, thank you, but I don't have the time for that."

"I could use some help."

- "I don't appreciate it when you . Please stop now."
- "I don't like when you_____. I'd prefer you _____." "I respect your opinion, please

respect mine."

20. TRUE TRUE FALSE FALSE

COMPANION WORKBOOK 5

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1

2

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