

# Home-Based Therapy Addresses Fear of Falling

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BY ROXANNA GUILFORD-BLAKE

FROM THE ANNUAL MEETING OF THE AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY

SAVANNAH, GA. – An innovative intervention combining exercise and exposure therapy addresses the out-sized fear of falling that limits many seniors' activities.

Fear of falling, a debilitating but undertreated condition, is generally correlated more with anxiety than with physical disability. However, the proposed intervention called ABLE – Activity, Balance, Learning, and Exposure – might help solve the problem.

A quarter of the elderly report moderate to severe fear of falling; about 10% of those avoid activities as a result of that fear, Julie Wetherell, Ph.D., reported during a symposium on anxiety at the meeting. She noted that fear of falling has been described in many epidemiologic studies.

Fear of falling actually increases the risk of falls, she reported. In fact, those with no falls but high fear have a nearly fivefold increased risk of nursing home admission, even after controlling for age and disability. It also increases the risk of depression.

The condition often goes undetected and therefore untreated. Seniors are reluctant to discuss concerns about falling and they may be unwilling to seek help for the anxiety because of the stigmas related to mental health issues.

That the fear is rooted in an objective risk also makes identification and treatment more challenging. Nevertheless, Dr. Wetherell, who is with the department of

psychiatry at the University of California, San Diego, noted that fear of falling is more closely correlated with symptoms of anxiety than with physical symptoms.

Community-based exercise and fall-education programs are available, but seniors who are unwilling to leave their homes as a result of their fear don't have access to them. Moreover, families often reinforce the avoidant behavior.

Dr. Wetherell offered a case study to illustrate some of these issues. An 85-year-old woman who had fallen twice in the past 3 years, once in the last year, was diagnosed with osteoporosis. The intervention consisted of her doctor telling her "don't fall." She went online to find balance exercises, but she won't leave the house alone. Her daughter pays someone to accompany her when she goes out, which is reinforcing the avoidant behavior.

When Dr. Wetherell tried to discuss treatment, the woman turned her down because she was a psychologist. "My problem isn't in my head, it's real," the woman said.

The woman did not receive an intervention.

Dr. Wetherell's proposed ABLE plan addresses several of those barriers. It includes exercise, a medication review, and a home safety evaluation. The intervention is delivered in the home by a physical therapist, not a mental health professional. Families and caregivers are encouraged to participate.

Delivery by the physical therapist is key: It helps avoid the "it's not in my head" reaction illustrated by the first case study. As part of the intervention, the patient creates a hierarchy of activities, such as walking to the driveway alone, walking with a full cart of groceries through a

parking lot, getting in and out of a car alone, and so on. Then the patient rates, on a scale of 0-10, which of the activities are the most anxiety provoking.

The therapy starts with situations rated 5-6. The patient is asked to perform one of the activities in the presence of the therapist and then with a friend or family member between sessions. This is continued until the anxiety is only mild; then the process begins with the next items on the list.

Dr. Wetherell presented another case, this time one in which the ABLE intervention seemed to have been effective. A 79-year-old man had multiple medical problems and in addition to his fear of falling, he had symptoms of generalized anxiety disorder and depression. He wouldn't leave his home, nor would he use an assistive device.

After four sessions over 4 months, he showed marked improvement. (Sessions should be more frequent, but medical issues interfered in the case of this particular patient, Dr. Wetherell noted.) The man had fallen 10 times in past year, but fell only twice during treatment. His exercise capacity doubled, and his gait and balance improved. Moreover, he eventually started going out of his home.

As a result of the exposure therapy, the man, a 30-year Marine veteran, resumed a task he once loved: speaking to Marine recruits at Camp Pendleton. He now agrees to use a cane and let two younger Marines ("his honor guard") escort him to and from the podium.

In an interview, Dr. Wetherell said that, pending funding, she hopes to start recruiting for a larger pilot soon.

Dr. Wetherell has received research support from Forest Laboratories. ■

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## Caregivers of 'High Need' Elders Require Support, Validation

BY SUSAN BIRK

FROM A JOINT CONFERENCE OF THE AMERICAN SOCIETY ON AGING AND THE NATIONAL COALITION ON AGING

CHICAGO – Research on the psychology of loneliness is helping a large non-profit organization better address the needs of socially isolated elders living in the community and, indirectly, reduce stress and burnout among the staff and volunteers who serve them.

Anna M. Walters, R.N., program director for the Chicago chapter of Little Brothers–Friends of the Elderly, explained that just over a year ago, Dr. John T. Cacioppo spoke to the organization about his work in the emerging field of social neuroscience. Ms. Walters reviewed the impact of that talk on her organization in a session she led with Dr. Cacioppo.

Dr. Cacioppo asserted that the feeling of loneliness is a "pain signal" that tells an individual that he or she is becoming disconnected from others. Biologically, the signal has helped the human species survive by motivating people to maintain contact.

People who fail to respond to the loneliness signal by finding meaningful connections risk a host of psychological and physical consequences, said Dr. Cacioppo, who is the director of the center for

cognitive and social neuroscience at the University of Chicago. His and other studies have shown loneliness to be a major risk factor for morbidity and mortality, he added.

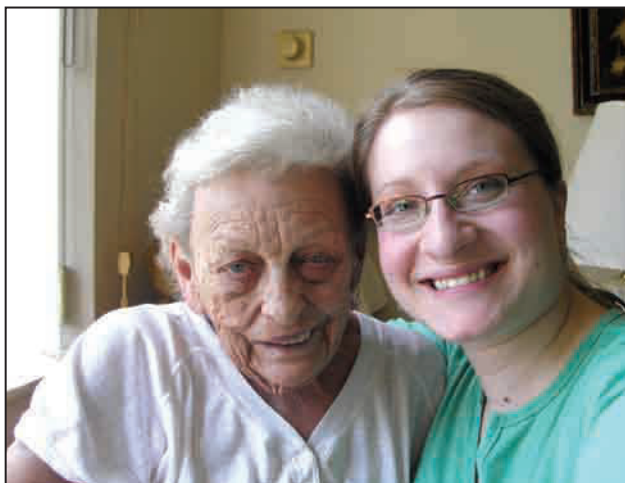
Ms. Walters said that Dr. Cacioppo's work led her to understand why some elders seem to be impervious to the support, friendship, and social opportunities offered to them through Little Brothers,

whose mission is to relieve isolation and loneliness in adults older than age 70. "I had assumed we were making an impact with all our elders who met our criteria," she said.

But she described "high need" elders as "intrinsically lonely" people who tend to maximize the negative and minimize the positive aspects of their lives. Their behavior can include lying, rudeness, and manipulation.

"Regardless of their level of isolation, regardless of how much we do for them, we can never do enough," she said.

These individuals are on high alert for



Staff at the Chicago chapter of LBFE are taught to communicate compassionately but clearly with elders.

the danger of social rejection, and that state of fear becomes a self-fulfilling prophecy, Ms. Walters said. Some of these individuals also may be suffering from depression or bipolar disorder.

She contrasted these individuals with the "extrinsically lonely" whose loneliness is primarily situational; for example, those for whom transportation is a problem or those who have outlived all of their friends. When friendship is offered to them, such extrinsically lonely individuals typically blossom.

"I began to think ... that when we cannot do enough [for high-need elders],

one of the most important things I can do is to acknowledge and validate the staff and the volunteers," Ms. Walters said. Knowing that dealing with these elders can be emotionally draining, Ms. Walters now makes a point of telling the caregivers that their difficulty in connecting is not their own failing. Realizing that, the caregivers develop more realistic expectations.

Ms. Walters also has begun to provide training programs on issues such as depression, hoarding, cultural and generational differences, and undeveloped relationship skills. Monthly support groups help staff and volunteers cope with stress, anxiety, and grief.

The program also offers guidance on maintaining healthy boundaries with elders who persistently focus on the negative and make unreasonable demands.

Ms. Walters counsels her staff to communicate compassionately but clearly with these high-need individuals about reasonable expectations. The overall message she tries to give to staff and volunteers is that "you are doing everything you can do. There are some issues we cannot fix, and that's okay," she said.

The Chicago chapter of Little Brothers–Friends of the Elderly served 1,100 elders in 2009 (mean age, 83 years).

More information about LBFE is available at [www.littlebrotherschicago.org](http://www.littlebrotherschicago.org). ■

COURTESY, LITTLE BROTHERS FRIENDS OF THE ELDERLY CHICAGO CHAPTER