To the Editor:

It was with great interest that we read Slama and Bergman-Evans’ article, “A Troubling Triangle: An Exploration of Loneliness, Helplessness, and Boredom of Residents of a Veterans Home” (Volume 38, No. 12, pp. 36-43). Because a startlingly high percentage of the geriatric population suffers from depression (Koenig, George, & Peterson, 1998), their findings have implications regarding the daily treatment of nursing home residents.

Behavioral theorists posit that depression results from a loss, decrease, or absence of rewards, or from the inability of the person to obtain reinforcement within his or her environment (Nezu & Nezu, 1989). The nursing home resident may be stuck in a cycle of passive, repetitive, and unrewarding behavior such as watching television or participating in activities that are planned without regard for individual interests.

Therefore, the goal of behavior therapy is to identify pleasurable behaviors and increase their frequency and intensity. This can be accomplished through a variety of techniques including activity schedules and self-reward. In the former, the resident’s activity patterns are monitored for the degree of pleasure and mastery experienced in various activities throughout the day. Those activities the resident found enjoyable are combined with activities that previously were enjoyable but infrequently engaged in, and are scheduled throughout the day. For example, if a resident enjoys reading and speaking with loved ones by telephone, these activities are increasingly “prescribed.” Concurrently, activities that are minimally reinforcing (e.g., sitting in solitude) are reduced in frequency and intensity. In self-reward, the resident is taught to use positive affirmations and to provide tangible reinforcement for positive behaviors. For example, if a resident takes a walk, the resident may provide himself or herself with positive self-statements regarding the accomplishment and schedule a pleasurable activity as rewards.

To address feelings of depression, loneliness, and boredom present in many nursing home residents, long-term care facilities must devise curricula encompassing a range of stimulating activities. The focus of the Eden Alternative (Thomas, 1996) program on the individual's needs and interests is a promising step toward reducing psychopathology in the geriatric population.

REFERENCES

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Response:

Loneliness and depression are troubling emotional challenges experienced by many residents of nursing homes. These and other distressing maladies often coexist (Krohn & Bergman-Evans, 2000). Unfortunately, emotional conditions often have been undiagnosed, medicated, or simply ignored. The common sense, person-centered techniques suggested in the Letter to the Editor by Storch and Ehrenfeld certainly are complementary to the Eden Alternative Model (Thomas, 1996). By including interventions that humanize the nursing home experience in plans of care, the lives of the members of this very important, but often forgotten, population will be enhanced.

REFERENCES

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