

May 2017 Bulletin: Aging and People with Developmental Disabilities

Jean Vanier says: "L'Arche is based on body and on suffering bodies. And so they are seen as useless, and so we welcome those who apparently are useless. And it's a suffering body which brings us together. And it's attention to the body. You see, when somebody comes to our community and is quite severely handicapped, what is important is to see that the body is well. Bathing, helping people dress, to eat. It's to communicate to them through the body. And then, as the boy can become comfortable, then the spirit can rise up. There's a recognition. There's a contact. There's a relationship."

"...The way one can put one's arm around the shoulder of some. It's not to possess them. It's not to hold on to them. It's to reveal. And I say this now, you know, it's super getting older. And very quickly, people in my home now say to me, 'You're looking tired.' And, after 70, they told me, 'You don't have to do the washing up anymore.' So, the very fact that I'm getting older and weaker have brought them closer to me and they come up to me and hug me. Janine, who was a very violent woman, and gradually became very peaceful, sometimes puts her hand on my head and says, 'Poor old man.'"

What is the reality of aging for us in L'Arche? Should it be something feared? embraced? what? Is it something about who we are and our mission?

Empathy

The servant leader strives to understand and empathize with others. People need to be accepted and recognized for their special and unique spirits. One assumes the good intentions of co-workers, colleagues and core members and does not reject them as people, even when one may be forced to refuse to accept certain behaviors or performance. The most successful servant leaders are those who have become skilled empathetic listeners.

Unlike physical and cognitive aging, there is no identifiable point where people start to break down spiritually-and no reliable prescription if it happens. Studies have found that those who attend religious ceremonies live longer, although who can say if the active ingredient is the spiritual part and not, say, the routine or the power of social networks.

We tend to think of spirituality in terms of meditation or perhaps prayer, a private inward journey. **To Vanier, that is only half the story. A second current nudges us in the opposite direction, out of ourselves and into meaningful contact with others. In effect, at a phase of life when many people start closing themselves off, Vanier counsels opening up. Instead of spending our later years cementing our own comfort within tiny tribes, we should be reaching out. In what one could call an adaptation response of the soul, empathy begets empathy.**

Do you see any benefit to Jean Vanier's counsel - to open ourselves up, to go out of ourselves, to enter into meaningful contact with others, to reach out...? Give an example of how this has impacted the life of an elderly core member.

What challenges are you facing in your community related to aging members beyond the need for accessibility of housing, equipment etc? Do you have specific questions you'd like to address to the group?

People with a developmental disability or mental health diagnosis will likely have specific concerns and issues as they age that may be different than that of an older adult without a developmental disability or mental health diagnosis.

- People with developmental disabilities are living longer as they typically have better health care and supports than earlier generations. Older adults with developmental disabilities have unique health care needs. The normal aging process is often complicated by a lifetime of reduced mobility, poorer general health, medications, surgeries, etc. It is not uncommon to experience symptoms such as pain, arthritis, joint problems, and fatigue at a younger age.
- The more severe the developmental disability, the greater risk – and earlier onset – of the diseases commonly associated with aging. Many health practitioners are not prepared for these unique challenges. This includes a lack of knowledge about aging in persons with developmental disabilities, lack of available services in a system that has generally concentrated on services for younger people, and lack of available information on good health habits for these older adults.
- Some of the challenges of aging associated with this population include:
 1. Reduced levels of social interaction with age. This normal process may mimic the symptoms of dementia to a health care professional.
 2. Difficulty communicating visual and auditory decline, resulting in isolation, anger, and/or depression.
 3. Adults with Down syndrome are very vulnerable to hypothyroidism, which is frequently misdiagnosed as Alzheimer's disease.
 4. Older men with developmental disabilities may experience reduced ability to urinate but not be able or willing to tell anyone. The resulting discomfort frequently leads to behavioral changes.
 5. Older women have an increased risk of UTI due to urine retention and not wiping properly.
 6. Menopause is often not considered by health care professionals in their treatment of older women with developmental disabilities.
 7. Increased likelihood of multiple medication, and medications that are not commonly used by the general population such as psychotropics.
 8. Earlier onset of sensory impairments and mobility challenges, often resulting in a physical environment that is more difficult to navigate.
 9. Adults with developmental disabilities experience the same changes associated with aging but at an earlier age than the general population.
 - ✓ Individuals with down syndrome and cerebral palsy can experience age related changes 15 years sooner than GP
 - ✓ Individuals with other developmental disabilities can experience age related changes 5 years sooner
 - 10 People undergo digestive changes. Food goes more slowly down the esophagus and stomach holds less food. People are often less active and experience constipation.
 - 11 Heart enlarges, blood vessels stiffen and the heart has to work harder, especially in individuals with Down Syndrome.
 - 12 Bones decrease in size and density and become more susceptible to breaks and fractures. Decreased joint mobility and flexibility is particularly a problem in individuals with cerebral palsy

Of the twelve challenges listed above, imagine that the core members in your home (community) are having difficulty with four of them. Describe what you would specifically do as a leader to address the challenges. Consider the role of health care professionals, assistants and the community as a whole. Come prepared to share. If you've personally addressed some of these issues in your role, you may choose to share that as well.

Additionally, have you encountered other issues related to aging not referenced above? Do you have any wisdom/experience that you'd like to share?