Project Proposal

Working Title: "Enabling and Disabling Communication between Caregivers and Institutionalized Elders Living with Dementia"

In a society that values youth and physical ability, older adults with disabilities may face double the amount of stigma. Older adults living with later stages of dementia, are often institutionalized because they are no longer physically independent. In the public opinion, dementia is dominantly perceived through the medical model. However, no matter how "medical" the disability, the social model is still at work because the stigma that follows disability is a product of society. There is evidence that some people in this group are and often mistreated (elder abuse) or infantilized because of their disability and limited physical capacity. Therefore, it is important to investigate how caregivers interact and communicate with elders living in long term care institutions. Are the caregivers treating them well? Or even if they seem to be treating them well are they unintentionally promoting disabling behaviors by controlling the residents' autonomy? Often times, disabling behaviors can lead to decreased autonomy and lead to a condition known as learned helplessness. This can happen when the caregiver is "over-protective" and the resident feels as if they do not have control. The elders will no longer attempt to assert their autonomy in a task even if they are fully capable of doing so because they are in a state of learned helplessness. This project will focus on identifying enabling and disabling communication strategies between caregivers and residents with dementia and also monitor any possible signs of learned helplessness.

The project will be a qualitative study consisting of five video recordings, each 30 minutes in length taken at a local nursing home. These videos are recordings of meal-time interactions between caregivers and residents. Four of these videos contain footage of residents

who require assistance and cannot feed themselves, while the other video is of a resident who is able to feed herself. These two types of videos will be used to compare interactions of different stages of dementia. Meal-time interactions were chosen because of the high amount of contact between the two groups during these times. Also, meal-times are often considered as social events that are essential parts of daily life. Using ATLAS software, these videos will be thoroughly coded and every interaction between the caregiver and resident will be examined. Once the coding is finished, the codes will then be evaluated into different categories: promoting enabling behavior, disabling behavior, or neutral behavior. After finding the total amount of instances for each category, a statistical test will used to determine whether or not this value is significant.