ADULT AGE SPECIFIC

Self Learning Module

For Clinical Staff

Revised: 6/10 Rebecca Heffler, RN, MN
Betty Dodson, RN, MSN, CNS
Adult Age Specific
Self Learning Module

Instructions:

- Review the objectives
- Read the module content
- After reading the module, please go to Mosby’s Skills and complete the Self Learning Adult Age Specific Post Test.

Course Objectives:

At the completion of this self learning module the user will be able to:

1. Identify age ranges throughout the adult lifespan to be able to target specific issues that arise.

2. Identify events that may occur during different adult age ranges that can precipitate a crisis event in their personal life.

3. Identify nursing interventions that can be implemented to assist adults with coping with crisis events in their personal life.

4. Identify nursing interventions that can be implemented to provide support for adults who encounter crisis events in their personal life.
CARE OF THE ADULT PATIENT

YOUNG ADULTHOOD (20-30)

Young adults seek companionship and love with another person or they become isolated from other people. They are concerned with getting started in an occupation, deciding about military service, developing parenting skills, and the overall development of a personal life style in a social context. Young adults are at the prime of their physical development as characterized by strength, energy and endurance.

Possible Crisis Events:
- failure to graduate from high school/college
- entering military service/avoiding service
- inability to find a satisfactory career
- poor performance in a chosen career
- purchase of a home; marriage
- birth of first child; financial difficulties
- conflict between career and family goals
- discipline problems with children
- illness of a son or daughter; or inability to manage the various demands of the parental role.

Interventions:
- ask the patient if they have any questions or concerns
- give them answers to questions in a factual, non-judgmental manner
- support patient strength, i.e., going to school, getting a job, starting a family
- accept their chosen lifestyle and assist with necessary adjustments relating to health
- support change as necessary for health

MIDDLE ADULTHOOD (30-45)

In normal development, adults are productive, performing meaningful work and raising a family. They are dealing with new responsibilities, increasing productivity and developing socioeconomic consolidation.

In middle age there is a re-examination of earlier life choices (mate, career, and children) and reworking of earlier themes (identity, intimacy). Goals are usually clearer and more specific and the middle age adult can enjoy a rich personal life. There may be added responsibilities of assisting aging parents. It is a time of re-evaluating and consolidating ones relationship with spouse/significant other and/or adjusting to loss due to death or divorce.
Possible Crisis Events:
- rejection by rebellious adolescent children
- divorce
- setback in career
- conflict at work
- financial concerns
- moving associated with career advancement
- unemployment
- regret over earlier decisions regarding marriage and children
- dissatisfaction with goals achieved
- marital problems/extra-marital affairs

Interventions:
- recognize how their health status may affect the patient’s role as a parent or spouse, their professional identity and their role as a wage earner
- identify issues associated with separation from young children
- when indicated, supply adequate information to encourage necessary compliance and lifestyle changes in chronic illness.

PROBABLE MID-LIFE CRISIS ISSUES (38-45)
- coming face-to-face with one’s own mortality
- accepting the discrepancy between life’s goals and probable attainment
- acceptance of the limitation of new opportunities
- change in orientation from time lived to time left to live

LATER ADULTHOOD (45-65)
There is a shift in life structure in light of changes in family and work responsibilities and a need to develop mutually rewarding relationships with grown children. There is an increase of leisure time and a desire to use it productively. Likewise, there is frequently an ongoing quest for more knowledge and education which is compatible with the scientific data that IQ scores can increase at least into the mid-fifties.

Possible Crisis Events:
- these adults are concerned with adjusting to physiological changes of middle age as well as adjusting to children reaching adulthood and leaving home.
- they will ultimately have to deal with an “empty nest” syndrome when the last child moves out
- there is a beginning awareness of physical decline, chronic illness of self or spouse, and the death of friends.
- decisions may need to be made regarding retirement, the use of leisure time and/or a new career.
there may be a change in living conditions such as a home to an apartment or condo.
there may be conflict with adult children, divorce or death of a spouse
physical or mental illness may lead to socioeconomic failure, a feeling of hopelessness or even addictions
they may have to make major decisions about the care of aging parents including prolonged illness and death.

Interventions:
• assist the patient in planning for anticipated changes in life and recognizing risk factors related to health
• understand that hospitalization may exacerbate an older adult’s fear of loss of physical strength and debilitation
• focus on their strengths rather than their weaknesses
• try to normalize their concerns.

REFERENCES:

Originally adapted from and added to document created by St. Vincent Hospital Department of Social Services, Los Angeles, California.