

University of Nevada, Reno
Sanford Center for Aging/Cooperative Extension
Single Point of Entry Training Module
Lesson Plan

Unit: Communication

Introduction: The Communication lesson is designed to train service providers both staff and volunteers to communicate comfortably and effectively with seniors and their caregivers seeking assistance during screening, assessment, and referral procedures.

Learning Overview:

- (1) Trainees will participate in a session designed to teach and/or enhance communication skills for interaction with older clients.
- (2) Trainees will engage in experiential exercises designed to simulate senior challenges related to communication.
- (3) Role-playing will allow trainees to practice applying newly learned skills.

Unit Objectives: The trainee will develop and refine communication skills in order to improve interaction with seniors and their caregivers to optimize assessment of their needs. Trainees will learn how to adapt their communication style to meet the unique needs of the older adult and/or their caregiver.

Anticipated Outcomes for the Unit:

- Increase listening skills
- Identify the client and/or caregivers' preferred communication style
- Understand various communication techniques
- Interpret and clarify communication with clients, to accurately assess and better meet their needs
- Increased level of comfort for seniors and their caregivers during the communication process with service providers
- Enhanced sensitivity to specifics of working with seniors

Materials:

Provided by the Facilitator:

- Lesson plan handouts (one for each trainee)
- Clipboards and pens-one set for each trainee
- Blank applications for each program discussed
- Plastic bag

Activities:

- Demonstrations involving role play and guided practice
- Utilization of key words and techniques for effective dialogue

- Practice using the Geriatric Social Readjustment Questionnaire and how it predicts life stressors in the senior population
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References:

- Amster, L.E., Krauss, H.H., (1974). "The relationship between life crises and mental deterioration in old age" *International Journal of Aging and Human Development*, V. 5(1), p. 51-55.
- Arviso-Alvord, Lori. (1999). *The Scalpel and the Silver Bear*. Random House, Inc.: New York, NY.
- Finnerty-Fried, P. (1982). "Instruments for the assessment of attitudes toward older persons," *Measurement and Evaluation in Guidance*, Vol. 15 (3), p. 201-209.
- Hall, E.T. (1966). *The Hidden Dimension*. Garden City, New York: Double Day.
- Heine, C., Browning, C.J., (2002). "Communication and psychosocial consequences of sensory loss in older adults: overview and rehabilitation directions" *Disability and Rehabilitation*, Vol. 24 (15), p. 763-773.
- Holmes, T.H., & Rahe, R.H., (1967). "The social readjustment rating scale," *Journal of Psychosomatics*, (11), p. 213-318.
- Hummert, M.L (1994). "Physiognomic cues to age and the activation of stereotypes of the elderly interaction," *International Journal of Aging and Human Development*, Vol. 39 (1), p. 5-19.
- Hummert, M.L, Shaner, J.L., Garstka, T.A., Henry, C. (1998) "Communication with older adults, the influence of age stereotypes, context, and communicator age" *Human Communication Research*, Vol. 25 (1) p. 124-151
- Knight, S. (2002). *NLP at Work*. N. Brealey Publishers: London.
- Lassen, C.L. (1973) "Effects of proximity on anxiety and communication in the initial psychiatric interview" *Journal of Abnormal Psychiatry*, (81), p. 226-232.
- Leahy, R.L. (2002). "A model of emotional schemas" *Cognitive and Behavioral Practice*, (9), p. 177-190.
- Locke, D.C. & Ciechalski, J.C (1995). *Psychological techniques for teachers*. Taylor and Francis Group: Washington D.C.

Madonik, B. G (2001) *I Hear What You Say But What Are You Telling Me?* Jossey-Bass: San Francisco, California.

Sherer, M., Rogers, R.W. (1980). "Effects of therapist's nonverbal communication on rated skill and effectiveness," *Journal of Clinical Psychology*, Vol. 36 (3), p. 696-700.

Weitzman, P.L., Weitzman, E.A. (2003). "Promoting communication with older adults: protocols for resolving interpersonal conflicts and for enhancing interactions with doctors" *Clinical Psychology Review*, (23), p.523-535.

Wood, J.B. (1989). "Communicating with older adults in health care settings: cultural and ethnic considerations" *Educational Gerontology*, (15), p. 351-362.

LESSON:

Begin Lesson:

Communication has a variety of formats including: listening, questioning, verbal language patterns, as well as non-verbal language. Each of these methods is a way to send or receive information from one person to another. However, an ability to communicate in an effective and positive manner, or rather, having “good communication skills” will incorporate all of these forms. These skills will help service providers better assess and either meet these needs or provide valid referrals.

Anticipatory Set:

Today we will explore the different ways we communicate with one another. In some cases, knowledge or awareness of what is being communicated may not exist. There are multiple reasons that this topic is important for assessing the needs of an older person:

1. Good communication ensures that the information gathered during the screening and assessment is accurate.
 2. Good communication builds rapport with the senior and/or their family member, or caregiver. Rapport is essential when determining what services would best suit the person in need.
 3. Good communication builds rapport, which in turn builds trust. To provide a meaningful and valued service we need the consumers of our service to be confident that we are doing the right thing for them.
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Share the Objective:

During this meeting we will be discussing the following *types of communication*:

- a) **LISTENING**
- b) **QUESTIONING AND OTHER COMMUNICATION ESSENTIALS**
- c) **BODY LANGUAGE**
- d) **CUES: PHYSICAL AND LANGUAGE**

We will also be discussing *other factors that contribute to the flow of communication*:

- d) **PROXIMITY AND ANXIETY**
- e) **SENIOR-SPECIFIC CHALLENGES**
- f) **CROSS-CULTURAL COMMUNICATION**
- g) **AGEISM AND STEREOTYPING**
- i) **STRESSORS**

Each unit will include
Input
Modeling and guided practice
Discussion and debriefing

Share the Handout:

- A summary sheet of the various communication concepts as well as appropriate response techniques for each will be handed out to each trainee.
 - Appendix B, the screening instrument to be used to interview seniors, their family member or caregiver will be used during one of the communication exercises.
 - Appendix C the Geriatric Social Readjustment Questionnaire will also be used by trainees during one of the communication exercises.
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Input:

Types of Communication:

a. LISTENING:

Active Listening: Active listening involves communicating one's interest in understanding the client. Active listening includes good eye contact, squarely facing the client physically, refraining from interruption, comfortable proximity or closeness to the interviewee, a pause following a statement which indicates a thought process - versus jumping in with questions, comments, and quick fixes.

Active listening involves a trust in the interviewee, and his/her ability to take responsibility for solving their own problems, and the commitment of the interviewer to follow through with a meaningful closure (Locke, 1995).

Analytical Listening: Analytical listening is an assessment of ideas expressed, and facilitates making choices, decisions or judgments regarding the ideas that have been communicated. Choices are not for resolution, but for interpretation and clarification.

Silence: Silence, while non-verbally conveying interest in what is being said, is a form of non-verbal active listening. This communication technique allows for contemplation

and consideration. It also encourages problem solving. In some languages, silence is considered a “normal” part of communication, and can also indicate respect (Arviso, 1999).

Guided practice:

Some seniors may present challenges to listening due to various physical and mental conditions. The following exercise will demonstrate this.

- Choose a partner.
 - One partner will play the part of a senior who’s speech is difficult to understand due to the recent onset of an illness. This partner will place a candy on the tip of their tongue and attempt to answer the interviewer’s questions.
 - The other partner will use the screener (Appendix B) to interview the client.
 - Once finished, switch roles and repeat.
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Discussion and Debriefing:

1) What listening techniques did you use as the interviewer to help you to understand your partner?

2) As the interviewer, if you had not used any of the listening techniques discussed how accurate do you think the information would be that you gathered from your partner?

3) How did you feel when playing the part of the senior in terms of your ability to communicate your current situation and needs to the interviewer?

4) Did the listening techniques employed by your partner help you communicate more effectively your answers to the screening instrument, despite your physical limitation?

Input:

b. QUESTIONING AND OTHER COMMUNICATION RELATED ESSENTIALS:

Questioning: Questioning allows the interviewer to gain additional information and to understand more fully the content and feelings surrounding the communication. Questioning involves the: who, what, when, and how of the content and meaning of the client's need and perhaps the underlying issues. For example:

Client: "I just can't seem to make ends meet."

Interviewer: "Has something happened to change your circumstances? When did this change occur?"

Reflection : Reflection is the technique of mirroring what the client has said. The mirroring can focus on either content or feelings. This technique encourages self-confrontation and allows the client to more fully understand his own thought processes, feelings, and experiences.

Client: "I can't get anyone to help me."

Interviewer: "It seems you are having difficulty finding someone to help you."

Validation: Validation is the process whereby an interviewer substantiates or verifies the truth of what the person is saying as well as the accompanying emotion. It is also the process whereby the interviewer attempts to genuinely understand what the individual is saying.

"All successful communications require that the point of view of the other person be realistically understood"
(Weitzman, 2003).

Validation helps the individual accept and comprehend the feelings they are having, and it assists in the cognitive processing of emotions, thereby making these emotions seem more comprehensible and more within the control of the individual (Leahy, 2002).

Validation by the interviewer also helps the individual feel less guilty about their emotions, and ensures that there is a receptive audience for the emotions they are expressing (Leahy, 2002).

Client: “I feel stupid for not being able to cook food for myself anymore.”

Interviewer: “It is completely understandable that you are frustrated about not being able to make your own meals.”

Perspective Taking: This technique is mostly an internal process whereby the interviewer attempts to understand how it would feel to be the other person in the situation. It is a skill that the interviewer uses to try and understand the other person’s needs, concerns, difficulties, and perhaps pain in this situation (Weitzman, 2003). Perspective taking is like putting yourself in the other person’s shoes.

Client: “I am embarrassed that I need someone to help me take a bath.”

Interviewer: “I imagine it would be quite difficult to have someone you don’t know very well help you with something that is very personal. I think I would feel the same way if I were you; it would be natural for anyone to feel this way.”

Clarification: This is a technique to check or verify the meaning of a statement.

Client: “Why do I always have to wait around here?”

Interviewer: “You feel you are being ignored or singled out.”

Interpretation: This is a technique that helps the client to explore the underlying feeling behind a statement.

Client: “I’ve never been in this position before.”

Interviewer: “You are embarrassed to have to ask for help.”

Guided practice:

Many times the situation presented by the client is not the real problem. Gentle questioning can usually uncover the larger underlying issues

- Choose a partner to practice your listening skills.
- The interviewee will describe how upsetting it is to have lost his or her means of transportation.
- The interviewer will use questioning, reflection, validation, perspective taking, clarification and interpretation techniques to better understand the communication.

- This understanding can lead to identifying the underlying problem(s).
- Switch roles and repeat the process.

Discussion and Debriefing:

1) How did questioning help you as the interviewer gain better insight into what happened?

2) How did the interviewer's use of reflection help you as the interviewee to understand the feelings you were having?

3) How did the interviewer's use of validation help you as the interviewee to know that your feelings were justified and reasonable, given the circumstances?

4) How did clarifying help you as the interviewer gauge the meaning of what the interviewee was saying?

5) How did the interviewer's use of interpretation help you as the interviewee better comprehend what you were going through?

6) Was the transportation issue related to other aspects such as finances, mobility, or fear of loss of control?

Input:

c. BODY LANGUAGE

It is estimated that 70-90% of communication is non-verbal. Non-verbal communication involves no spoken words. Examples are a wave, nod, or a smile. Non-verbal communication can include things such as a sigh or a laugh. Non-verbal communication should be used to encourage further communication. It should not imply or convey judgment. Three types of non-verbal

communication have been identified in the evaluation of successful therapeutic practice:

Immediacy- “More immediate postures and positions of a communicator are associated with his greater liking of the addressee, and leads the addressee to infer that the communicator likes him more” (Sherer, 1980.) Immediacy can be communicated through increased eye contact and closer interviewer-interviewee distance.

Greater immediacy expressed by the interviewer should convey feelings of acceptance and liking to the interviewee. These feelings will in turn encourage the interviewee to approach and become involved with the interviewer (Sherer, 1980).

Potency- This refers to status differences between the interviewer and the interviewee. Higher status in a relationship is revealed through greater relaxation of posture (Sherer, 1980). Specific nonverbal cues might include an asymmetrical position of arms or legs, a reclining position, or a sideways lean.

Responsivity- This refers to the activity of the interviewer and illustrates that someone is listening, aware, and understanding. Responsivity is nonverbal communication that includes making gestures while speaking and nodding of the head.

Studies have shown that therapists effectively utilizing these three techniques are perceived by their patients as showing empathy, warmth, and genuineness, and overall were considered to be more effective than therapists who did not use these techniques (Sherer, 1980).

d. CUES:

We will examine two types of cues:

- **Eye cues**
- **Language cues and patterns**

Cues are signals that one sends out. The cues may be verbal or non-verbal and may be detected by any of the five senses.

Congruent- cues are two or more signals that occur simultaneously and agree. An example of congruent cues is a person weeping while describing a spouse's death.

Incongruent cues are two or more cues that don't match. An example of incongruent cues is a person smiling while describing a life threatening illness.

Eye Cues: Eye cues are signals sent by a person's eye movement. In right-handed or left brain dominant individuals approximately 75% demonstrate patterns of eye movement; 12% of the remainder are left-handed and mirror right-handed eye movements, while the remaining 13% follow no patterns at all. Some literature suggests those having no patterns may be ambidextrous or have some psychosocial pathology (Madonik, 2001).

Patterns are an indication of the way a person is thinking. Eye patterns can identify the system in which a person is most comfortable communicating. Questions or observations can then be formed in that modality. (See the pictures on the following pages that illustrate each of the patterns described below.)

Visual Constructed- In this pattern, a person is constructing or creating images. If a person were asked to imagine an aspect of the future, this would be an appropriate eye patterns for a right handed person.

Visual Remembered- In this pattern, a person is remembering events or images from the past. If a person were asked to recall what happened in the past, this would be an appropriate eye pattern for the right-handed person.

Visual Defocused- In this pattern, a person is constructing a dream or vision which they have not incurred, but which they have thought about.

Auditory Remembered- In this pattern, a person will look sideways and to the left when remembering sounds they have heard before.

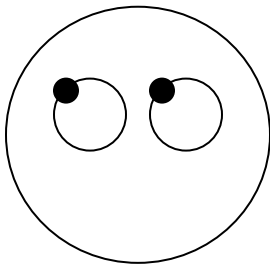
Auditory Constructed- In this pattern, a person will look to the side and left when creating a sound he has never heard before. This might be an acquaintance, but speaking in a different tone of voice.

Auditory, Digital, Inner Dialogue- In this pattern, a person is having an internal conversation or questioning in their head.

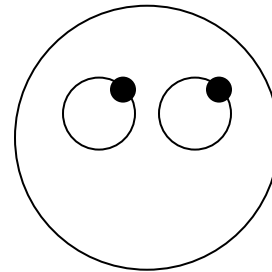
External Feelings and Emotions- In this pattern, a person will look down and to the right (Knight, 2002).

Example: You notice the person you are interviewing continually moves his eyes downward and to the right. You determine external feelings and emotions are the operant communication system; therefore you form your questions and observations in terms of the interviewee's feelings and/or emotions. "It sounds as though you were angry when that happened."

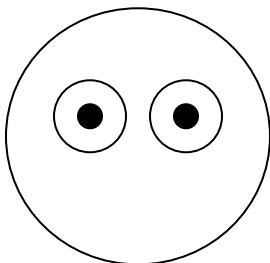
Eyes Up and Right=
Visual Constructed



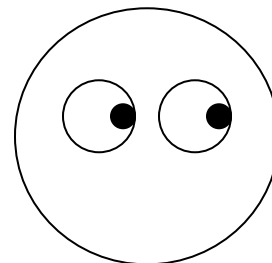
Eyes Up and Left=
Visual Remembered



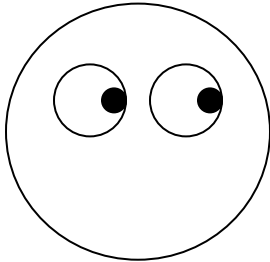
Eyes Straight Ahead=
Visual Defocused



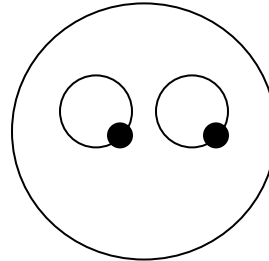
Eyes to the Side and Left=
Auditory Remembered



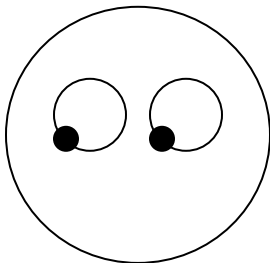
Eyes to the Side and Left=
Auditory Constructed



Eyes Down and to the Right=
Auditory, Digital, Inner Dialogue



Eyes Down and to the Right=
External Feelings and Emotions



Eye patterns are generalities. A person may diverge from generalities for a number of reasons. As previously mentioned, cross-dominance in the left brain and right brain may lead to variations in the patterns. A person may have had an atypical model. Variations in eye cues may be due to misinterpretations of a person's dominant right side of the brain rather than a psychosocial disorder.

In the not too distant past, elementary school teachers would often insist on a student writing with his or her right hand regardless of this inclination or proclivity for left-handed use. Often, the first clue as to a person's dominant side is the hand one writes with. Therefore, the prudent

interpreter of eye patterns will retain his or her objectivity and not rush to judgment.

Language Cues and Patterns: Patterns are important in communication because a person feels comfortable when communicating in his preferred pattern. A comfortable communication pattern is particularly important when dealing with seniors who may have physical and mental challenges or may be under significant stress.

Visual Indicators: A person with a visual preference will often use vision related experiences and examples. For example: “He was as red as a beet.” “I was so angry I was seeing red.” “He was a far-sighted genius.” Some responses could be: “That must have looked frightening to you.” “Did you see the meaning of...” “He must have been a sight for sore eyes.” “What kind of picture came to mind when...”

Auditory Indicators: A person with an auditory preference will use words and expressions that indicate sound. For example: “I hear you.” “Call me anytime.” “It sounded like a freight train.” Some responses could be: “From what I’ve heard...” “In listening to your ordeal, you must have wanted to scream.” “It sounds as if you wanted to explode at that point.”

Feelings, Emotions, and Kinesthetic Indicators: A person with this preference will often use sensory-based descriptions. For example: “It hit me like a brick wall.” “I smell a rat.” “It was touch and go.” (Madonik, 2001). Some responses could be: “That must have been a touching moment for you.” “Do you sense you came out smelling like a rose on that one.” “That must have felt like a Mack truck hitting you.” “You must have been saddened when that happened.”

Guided Practice:

- Choose a partner.
- Describe your best vacation. Detail what made it so special. Be sure to include descriptions of the who, what, when, and how of the vacation.
- Switch roles and repeat the process.
- Evaluate the pattern of communication each of you used to describe your vacation.

- What is your opinion as to your partner's pattern?
 - How did you arrive at that conclusion?
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Discussion and Debriefing:

1) What words stuck out in your mind as defining both you and your partner's preferred pattern of communication?

2) Were you more aware of your preferred pattern after the lecture on various types of patterns?

3) Would you find it difficult to communicate with someone in a pattern you weren't comfortable or familiar with?

4) How would it make you feel to have to communicate in an unfamiliar or "foreign" pattern?

Input:

e. PROXIMITY AND ANXIETY:

A review of the literature indicates a strong correlation between proximity and anxiety in a psychiatric setting. (Lassen, 1973). Edward Hall described eight interpersonal proximities from "intimate-close" to "public-far" within the general populace (Hall, 1966). In American culture, "personal distance-far" is 2 ½ to 4 feet, "social distance-close" is 4 feet to 7 feet, and "social distance-far" is 7 to 12 feet. Cultural differences in interpreting both verbal and nonverbal communication may interfere in the flow of information depending on the interviewee (Wood, 1989).

"The need for physical distance between persons as they communicate is defined primarily by cultural orientation" (Wood, 1989). If the interviewer feels a need to get closer than that which the interviewee is comfortable with, anxiety may result. The meaning and usage of eye contact varies as well throughout different cultural groups. In

America, direct eye contact is an important aspect of effective communication.

However in some cultures, direct eye contact may be thought of as disrespectful, threatening, or even insulting (Wood, 1989). For example, in Navajo culture looking directly into another person's eyes is considered rude (Arviso, 1999). Whereas in American culture this might signify that someone is remote, disinterested, or disrespectful, in Navajo culture avoiding eye contact is viewed as respecting another person's space.

Providers in the course of their work will find themselves in the 4 to 12 foot range. As communication becomes more specific and personal, the distance may decrease. It is important to give people a comfortable space in which to communicate.

Guided Practice:

- Choose a partner that you don't know or the least well-known participant. Stand within two feet and tell your partner about your career.
- Take 60 seconds (the instructor will let you know when the time is up).
- Switch and have your partner take 60 seconds to describe his or her career.
- Separate yourselves by 5 feet. Continue to discuss your career.
- Switch and have your partner discuss his or her career.
- Separate by 12 feet and continue discussing your career.
- Switch and continue.

Discussion and Debriefing:

1) How comfortable did you feel at each distance?

2) Which, if any, of the distances felt uncomfortable, and why?

3) How did the communication and the information you were able to convey benefit or suffer at each of the various distances?

Input:

F. SENIOR SPECIFIC CHALLENGES:

Many seniors bring challenges to the interview process. Among the challenges are hearing and vision impairments, dual sensory impairment, memory loss, and significant stressors such as financial concerns, loss of independence, or loss of companionship. Significant as well are characteristics particular to this cohort of people living and aging in America, for which certain communication techniques are necessary.

Visual Impairment: In older adults, central or peripheral vision losses result in a multitude of problems including intolerance to variations in lighting, or dependence on high levels of lighting, reduced contrast sensitivity, inability to see fine detail of large and low contrast objects, difficulty visualizing distant objects, discriminating detail, adapting to darkness, and distinguishing between different colors (Heine, 2002).

With the addition of lip-reading, all of these factors play an important role in successful communication (Heine, 2002). People with severe vision loss can therefore not pick up on nonverbal cues such as gesture, facial expression, and body posture; the result of this restrictive communication in many instances are serious psychosocial problems such as decreased self-esteem, depression, and loneliness (Heine, 2002).

Hearing Impairment: “Hearing impairment is a common condition ranking third amongst the most prevalent chronic conditions affecting the physical health of older people” (Heine, 2002). Decreased central auditory processing and difficulty with being able to discriminate speech presents serious communication problems for older adults with some sort of hearing impairment. Hearing-impaired adults often hear blurred or unclear speech and are unable to gain pleasure from auditory-based situations such as music or the radio.

Dual Sensory Loss: This type of impairment refers to the co-existence of both a vision and hearing impairment, which occurs as a result of the aging process. “Dual sensory loss is an acquired disorder and is often unrecognized and under-reported” (Heine, 2002).

Impairment and Quality of Life: “People with poor sensory ability feel more limited as individuals and isolated from those around them” (Heine, 2002). Because many of them can no longer do the things they enjoy, they often feel vulnerable, less self-confident, depressed, and incapable of adjusting to new circumstances. Also they often feel frustrated, hopeless, embarrassed and in many instances that they have lost their privacy and sense of independence. It is clear that the social and emotional changes that are the result of some sort of physical impairment lead to long term lifestyle changes and a diminished quality of life (Heine, 2002).

“For an older person with acquired sensory loss, the onset of a vision or hearing impairment is a profound experience affecting functional independence, health, and life satisfaction” (Heine, 2002). And in many instances it may be the reason the person needs referral for some type of service. Successful communication is therefore crucial at this juncture in order to mediate the effects of the sensory loss and help the person find the service they need to maintain good psychosocial performance.

Guided Practice:

- Choose a partner.
- The interviewer will sit 7 feet away from the client. The interviewer will hold his or her hands tightly over their ears.
- Using the screener (Appendix B), complete the first 5 questions on the form. You may remove your hands from your ears to note the answers. But be sure to return your hands to your ears prior to asking the next question.
- The client will answer the questions in a low voice. This exercise is not intended to be tricky, but rather to simulate the difficulties of the hearing impaired and those they communicate with.
- Switch roles and repeat the process.

- Take the plastic bag provided and double it over, and put it over the pre-screener. Complete the remainder of the questions on the pre-screener.

Discussion and Debriefing:

1) How did you feel when you were the interviewee trying to understand what the interviewer was asking you?

2) How did you feel trying to read the pre-screener instrument covered with the plastic bag?

3) What techniques or communication skills used by the interviewer would have helped you in the interview process?

Here are some strategies to facilitate successful communication with people who have some sort of sensory impairment:

- Decrease background noise
- Reduce reverberation, glare, and distractions
- Shorter distance between speakers
- Repeat the message
- Slow down pace of speech
- Speak clearly
- Simplify the message
- Use nonverbal techniques

Input:

Cohort Communication Factors: “Many members of the current generation of older adults, particularly women, believe that the way to preserve relationships with social network members and to minimize social stress is by avoiding conflict and suppressing anger when conflicts arise” (Weitzman, 2003). Yet this sort of repressive coping style, otherwise known as alexithymia, over time increases stress, thereby increasing the risk for stress-related illness within this particular group. This characteristic can be

applied to communication styles as well. It might be helpful at the beginning of an interview to try and dispel the myth held by many older adults that conflict avoidance is health protective.

This can be done through techniques mentioned earlier such as validation, active listening, and reflection that all encourage the interviewee to feel comfortable discussing their feelings. Also worth mentioning are the social norms and beliefs held by the older adult that may affect communication.

For example, one's beliefs about questioning an authority figure, such as a doctor, may influence the way a person behaves in that situation. The person you are interviewing may have come into the interview with preconceived ideas about who you were or who you represent. Establishing comfort, trust, and rapport with your interviewee is therefore of the utmost importance.

g. CROSS-CULTURAL COMMUNICATION:

An important aspect of effective communication is the acceptance of and respect for cultural differences (Wood, 1989). To ignore these individual differences is to completely ignore a majority of the richness and diversity of the aging process (Wood, 1989). Here in Nevada the population of ethnic minorities is growing at a rapid rate.

It is essential to practice good cross cultural communication skills if we want to successfully refer older adults to the appropriate service and care they need. Some terms necessary to understanding the concept of successful cross-cultural communication are the following:

Ethnicity: Connotes a common history, a shared culture, a sense of "peoplehood;" ethnic groups are identified on the basis of race, religion, or national origin (Wood, 1989).

Culture: Culture refers to the socially transmitted beliefs, institutions, and behavior patterns that are characteristic of a unique population group (Wood, 1989).

Minority Status: Is experienced by members of a population group who are disadvantaged in terms of certain socioeconomic opportunities, and are usually singled out

for differential treatment based on the way they look or certain cultural characteristics they share (Wood, 1989).

Also important to consider are certain factors that have been identified as contributing to successful communication with older adults from different ethnic backgrounds:

Setting: Caucasians traditionally enter the health care system through different routes than minority groups.

Mainstreaming: Members of older ethnic minorities are less likely to feel well integrated with mainstream society than are younger members of the same group (Wood, 1989).

Socialization: Because many older adults from different backgrounds may have been socialized in different cultures, they may be suspicious of the Western model of health care and treatment. This may lead to interviewees not telling the truth about their situation because they don't trust the agency the interviewer comes from.

Intimidation: Older ethnic group members frequently lack skills for negotiating through bureaucratic processes, and may be reluctant or afraid to seek out help.

Respect: Although a person who is now of a lower socioeconomic situation due to their "minority status," their role and importance within their own group may be much different. Failure on the part of the interviewer to recognize the influence and status of the interviewee may result in the interviewee's unwillingness to communicate important information (Wood, 1989).

Conflicting Views of Illness: The beliefs in the nature and cause of illness, as well as what would be an appropriate treatment vary significantly from group to group. This may cause conflict in communication, especially in the choice of treatment, which may ultimately affect the outcome of care (Wood, 1989).

Sources of Stress: Differences in the beliefs about the nature of specific diseases might be a factor in differing sources of stress that contribute to those diseases. For example, a study found that chronic financial strain was

related to the health perception of older caucasians, while crises within the support networks affected the health perceptions of older blacks (Wood, 1989).

Compatible Care: The most important factor to understand when making a referral however, is the availability and access for minority group members to culturally compatible health care. Considerations important in determining compatibility include location in the ethnic community, language match of the providers, and modification of the treatment to accommodate variations in ethnic culture (Wood, 1989).

Guided Practice:

Scenario:

- A middle-aged man comes into your office looking visibly upset and somewhat disoriented.
 - He is mumbling in Spanish and looking increasingly distressed
 - He is approaching you, and you yourself do not know Spanish.
 - Discuss with your partner what you would do to get this man some help.
-

Discussion and Debriefing:

- 1) What was your initial reaction when you realized the man did not speak any English?
- 2) What did you do to help him?
- 3) What alternatives existed in addition to what you decided to do for the man?
- 4) What resource (if any) would have helped you in this situation?
- 5) How do you think this man would have felt during this encounter?

h. AGEISM AND STEREOTYPING:

Ageism: Significant factors in communication with all people are that of prejudice and judgment. Older adults in this country are faced with a unique type of their own prejudice, Ageism. Ageism is defined as the “pejorative

image held of someone who is old, simply because they are old” (Finnerty-Fried, 1982).

Perceptions within American culture about declining abilities associated with old age have created widespread negative stereotyping of older adults (Finnerty-Fried, 1982). Anytime one goes into an interaction with a preconceived notion about who a person is or what they are capable of, the communication can suffer greatly.

Patronizing Speech: Stereotyping occurs with older adults when younger people assume certain things about the older person. Some of these negative stereotypes include thinking an older adult is severely impaired, hopeless, a hermit, self-centered, vulnerable, or elitist (Hummert, 1994). Many times these negative stereotypes revolve around the assumption that because the person is old, they must suffer from some sort of physical, cognitive, or mental deficit (Hummert, 1994).

It is these stereotypes that serve as precursors for the patronizing speech that is often found in communication with older adults. This style of speech is characterized by more simplification, clarification, diminutives, control strategies, and a demeaning emotional tone than would occur in normal adult speech (Hummert, 1998). Some examples of these types of patronizing speech are as follows:

- Simplification*: short sentences, childlike vocabulary
- Clarification*: loud speech, slow speech, careful articulation
- Diminutives*: calling a stranger “honey”
- Demeaning Emotional tone*: speaking in “baby-talk”

These inappropriate accommodations are particularly detrimental in the interview process for a number of reasons. It is unlikely that the interviewer will be successful in establishing rapport with the interviewee in this situation. Therefore no trust will be established, and referral to the appropriate source will be virtually impossible because most likely the interviewee will retract and not want to engage in the interview process.

Even more harmful though is how this type of communication reinforces negative stereotypes of aging

and may make the older adult feel dependent and incompetent (Hummert, 1998). It is therefore imperative that the interviewer not make any judgments about the person they will be interviewing prior to the interview. Likewise, attention and consideration needs to be paid towards the concept of ageism, and how it might factor in to the interviewer's perception of older adults.

i. STRESSORS

For most seniors, stressors accumulate at an accelerated rate as they age. When managing crisis situations with older adults, it is crucial to have a firm understanding of what stressful life events may have instigated the crisis experience.

The Geriatric Social Readjustment Questionnaire was modeled after the Social Readjustment Rating Scale (Holmes & Rahe, 1967), however it was designed to represent the unique life events that may characterize the experience of an older adult and not necessarily a young adult. The GSRQ is used as a way to predict mental deterioration in older adults based on the intensity of the various life events they are experiencing. For example, the chance that one would lose their spouse, retire, and have some sort of sensory disability all within a short period of time is much greater for an older person than a younger person.

Guided Practice:

- Referring to the Geriatric Social Readjustment Questionnaire (Appendix C), identify with a partner the life experiences most likely to happen to older adults.
 - Discuss with your partner the degree to which the Life Change Units will translate into stressors that may in turn feed off one another.
 - List other age-related stressors, i.e. loss of control, loss of friends, fear of illness, etc. that might occur more frequently in an older population.
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Discussion and Debriefing:

1) Think of your own life at the moment, and how many stressors you are currently experiencing.

2) Try and imagine for a minute that you just retired with your spouse and were about to take a long vacation. Imagine that your spouse suddenly dies, and your daughter who used to live close by has moved recently to another state. Imagine how this level of stress differs from your current level of stress.

3) Using the situation that is described above (In #2), list everything you would want in a referral service and how you would want to be treated.

Discussion of Objectives:

Reiterate the anticipated objectives with the class and discuss any areas, concepts, or techniques that are still unclear.

Closure:

Many of the techniques we learned today require practice, they can't automatically be incorporated into your existing style of communication. Please take the time to practice with friends, family, and fellow employees to ensure a full understanding of the concepts we reviewed and their relative importance. Successful communication is the first step in providing appropriate compatible care for older adults in need in the state of Nevada.

Transition:

At any given moment, all humans are either controlling or being controlled, whether consciously or unconsciously. Control may be defined by the role one is playing. A parent may be controlling in his role as a father while being controlled in his role as an employee. What is important is that they realize when they are being controlled. This is especially true in an agency setting. The INTERVIEWING

lesson of the training will delve further into control and controlling mechanisms.
