

COMMUNICATION TIPS

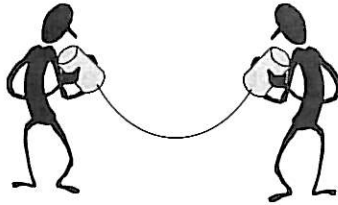
It is important to communicate in a way that is easy for the residents to understand. Good communication can help to lessen confusion; remember, the elderly often take longer to relay and receive messages.

The Approach

- Relax, be calm – your relaxed manner is often contagious
- Make sure setting is appropriate for conversation – talk in a place as free from distractions as possible, avoid 1:1 conversations during mealtimes, programs or activities.
- Look at the older person and make eye contact with a warm smile. Introduce yourself and if you feel comfortable, offer a handshake to show respect.
- Begin conversations with orienting information, ie. “Hi, my name is John and I am a volunteer. I am here to take you to the Chapel for Sunday service at 10:00, would you like to go?” or “Hi, my name is Susan and I am a volunteer, would you like to play a game of scrabble with me?”
- Be sure to ask whether now is a good time to visit.
- Try using touch to let the older person know that you are speaking to them.

Effective Conversation

- Speak in a tone of voice appropriate for communicating with an adult. Do not be condescending. Do not sound as if you are speaking to a child.
- Avoid sitting on the resident’s bed, try to find a chair.
- Talk while facing the resident as much as possible. Accommodate them if they have better hearing on one side, etc.
- Keep communication clear and simple but adult. Sometimes it may be necessary to simplify your sentence structure and reduce your rate of speech.
- Try to emphasize key words, but do not speak more loudly than normal unless the resident has made it clear that they have a hearing impairment.



CHECKLIST FOR EFFECTIVE LISTENING

- Sit facing the person
- Make eye contact
- Be aware of body language
- Establish a comfortable distance
- Relax
- Look interested
- Shut out your own thoughts and distractions
- Don't judge
- Wait before responding (don't finish his/her sentence)
- Listen to content and acknowledge it
- Listen to feelings and validate them
- Talk about yourself after you have really listened

- Make an effort to remember the resident's name and use it in conversation. This will also help you to remember the resident on future visits so that you can greet them and make them feel more comfortable.
- Try humour, cajoling, cheerfulness, but do not ridicule!

Meaningful Conversation

- Express interest in the older person and in whatever they wish to discuss (eg., their past, present, plans for the future, thoughts, opinions, views, likes, dislikes, etc.) Use your judgment as to who should lead the conversation - some people love to chat and others need a bit more coaxing to be talkative.
- Convey your genuine interest, caring, understanding, and acceptance. Conduct yourself in an open, honest, and respectful manner.

Give the older person time to respond in conversations.

- Avoid judgments, debates, and conflict. Everyone has different opinions, and it is often best to stay neutral.
- Remember that tough times are a part of life and you are there to fix people's problems – you are there as a supportive listener.
- Be comfortable with silence. Some older people are content with you just being there and keeping them company. They may want to listen to you talk about your life. You could also share a talent with them such as bringing in artwork, beading, etc. that they can watch and learn about.

Conversations Starts and Questions

I. Closed-Ended Questions

- These questions are generally answered with a 'yes' or 'no.' They provide basic information, and can be answered out loud or with the nod of a head. For example, "Do you have any siblings?" or "Do you have any children or grandchildren?"

II. One Word Answer

- These questions usually result in one word answer. From their response you can then begin a conversation. For example, "Where do your siblings live now?" or "How many children do you have?"

III. Open-Ended Questions

- These questions have no set direction and allow the respondent to guide the conversation. Their responses can prompt a deeper level of conversation. For example, “what was it like, growing up with all those brothers and sisters?” or “What was your favorite thing to do with your kids when they were growing up?”

IV. Small-talk

- Talk about the weather, what activities are planned for today, or if they enjoyed their lunch.
- Try to keep things light and positive. This way, if you feel a connection with the resident, you can choose to continue conversation on a deeper level. Or, if you are on your way to do something such as set up an activity or talk with someone else, you can excuse yourself politely until next time.

When You Are Having Trouble Being Understood

- Be sure you’re allowing enough time for them to process what you said, and to formulate their response.
- Try demonstrating visually what you are saying, use hand gestures and facial expressions to animate what you are saying.
- Can you say it more simply?
- Change the subject, use humour, or if necessary, leave the room and try at another time.

When You are Having Trouble Understanding

- Listen actively and carefully to what the person is trying to say.
- Try to focus on a word or phrase that makes sense.
- Respond to emotional tone of statement.
- Stay calm, be patient.
- Ask family or staff members about possible meanings for words, names, or phrases you don’t understand.

Special Circumstances

Many older people you encounter will not be experiencing any sensory or cognitive difficulties and will be easy to approach and eager to have a conversation. Some, however, will have hearing and/or visual impairment, aphasia, confusion, disorientation, or dementia. Thus,

as a volunteer at Menno Place, it is important that you understand some of the effects of these medical conditions on the overall well-being of the residents. In these situations, try incorporating the following suggestions:

The most important thing to remember is that our residents are people first – their medical condition or disability is secondary.

Hearing Loss: Communicating with Hearing-Impaired Older People

Hearing loss affects about 30% of all older people, and 90% of adults over the age of 80 years. Hearing, the monitor for what is happening around us, is crucial to good mental health; its loss may contribute to depression or paranoia.

Interacting with a hearing-impaired older person requires patience and understanding. If, in spite of your best efforts, the person still elects to “turn off” the world and times, don’t protest or consider yourself a failure. Who knows better how much they can take than the person who has the impairment. Especially if a hearing impaired person is tired or distracted, they are less able to hear and understand.

What you can do:

- Be sure to get the older person’s attention before you start speaking.
- Reduce background noises when carrying on conversations. Ask if you may turn off the TV, radio, or move to a quieter location.
- Face the hearing-impaired person directly and one the same level whenever possible.
- Ensure that the resident can see your face clearly so they can read your lips, facial expression, or body language.
- Accommodate the resident if they have better hearing in one ear over the other.
- If the person has a hearing aid and is not wearing it, you might ask them if they wish to wear it. Keep in mind that hearing aids can still amplify noise and distort sound, therefore there may still be some confusion.
- Keep your hands away from your face when talking.
- Speak clearly and slowly – most hearing problems do not benefit from loudness.
- If the older person has difficulty understanding you, rephrase rather than repeat your remarks.
- Articulate clearly and at a moderate speed. If appropriate, use gestures, pictures, and other visual aids.

Residents with Arthritis:

Arthritis refers to the condition in which joints such as the fingers, knees, hips, shoul-

ders, etc. become inflamed. There are many types, ranging from localized to fully systemic inflammation of the joints. This inflammation results in stiffness, loss of motion, and pain (often upon movement).

What you can do:

- Be very patient with residents during activities, etc. Stiffness and pain is often worse in the mornings.
- Sufferers of arthritis often move more slowly and experience difficulty with certain movement. You can take this into consideration during activities by slowing them down or by modifying them so that the resident experiences less pain and more enjoyment of the activity.
- De-emphasize activities which require grasping and lifting heavy objects
- Encourage good posture and movement.
- Balance activity and rest.

Residents with Diet Restrictions

Many of our residents have specialized diets so that their unique nutrition needs are met. Some residents require different nutrients in different proportions, or perhaps they require smaller portions that are easier to swallow. Be sure to check with the nursing staff or dietician about any questions regarding what the resident can or cannot have to eat or drink. This becomes especially important when you accompany residents on outings or appointments. Ensure that you have any necessary medication or special diet items when accompanying residents on an outing.

Diabetes

- Diabetics are normally on insulin and/or a controlled diet, therefore, you must not give any food or drink unless permission is given by staff.
- Diabetics may exhibit mood swings and personality changes if their nutrition and diabetic medications are not balanced.

Minced Diets

- Often residents who have experienced a stroke or suffer from some sort of muscle or neurodegenerative disorder (such as Multiple Sclerosis, Parkinson's disease, etc.) have difficulty chewing and swallowing. These residents especially benefit from minced diets or softer foods. Once again, make sure you confirm with the staff what a resident can or cannot have when on an outing to prevent the risk of choking.

Visual Loss: Communicating with Vision-Impaired Older People

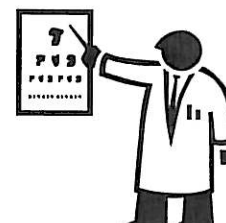
Visual degeneration is very common among an aging population. Some problems include: decreased ability to focus on near, distant and fine details, reduction of light coming into

the eye, diminished ability to distinguish colours, reduction in the ability to adjust to different light, or loss of peripheral or central vision.

Vision loss for older people often increases the risk of depression, serious falls and fractures, and difficulty with activities of daily living. Adjusting to vision loss can take time, and many older people may feel embarrassed, frustrated, or that they are being a nuisance. While it is important to follow the older person's lead, it may also be necessary to occasionally take the initiative and offer help where and when appropriate.

What you can do:

- Always knock before entering a room, even if the door is open.
- Introduce yourself and speak first before touching them or moving their wheelchair. Inform the person when you come into a room and when you leave.
- If the person is not wearing glasses, ask if they would feel better wearing them.
- Provide good non-glare lighting – if necessary, close the blinds with their permission.
- Sit near the older person and ensure their vision of you is unobstructed. Wear clothes or select colours with good contrast.
- Encourage use of tactile sense
- Place objects within visual field.
- Use oral instructions and use the resident's name to get their attention.
- Use large-print books or talking books. They would probably love it if you read to them!



Walking with a visually impaired person:

- Let the person take your arm at the elbow. Try to walk slightly ahead so you can encounter objects first and alert the older person.
- Describe potential hazards in the vicinity using the image of a clock to define their locations. Ask the older person if or how you can help.
- Do not move things around or make adjustments to objects or the physical environment of a resident's home without consent of the resident.
- Touching is often helpful; it can calm, give reassurance, and show that you care; however, be sensitive to "hands off" clues.

Aphasia: Communicating with Aphasic Older People

There are over 100,000 Canadians with aphasia, the majority of which are older people. Often the result of a stroke, aphasia is an acquired communication disorder impairing a person's ability to process language. Aphasia may also be a result of Parkinson's Disease or general deterioration

Although aphasia may affect the ability to speak, write, read, and/or understand spoken language, it does not affect an individual's intelligence. It is therefore important to remember that the older person with aphasia is a competent and knowledgeable person who can make decisions and knows what they want to say; they simply have trouble saying or expressing it to others. This unfortunately can lead to frustration, isolation, and loneliness, so it is very important to make an effort to communicate meaningfully with these individuals.

Speech is only one part of communication, so be creative and take time to get to know the older person with aphasia in the same way you would any other.

What you can do:

- Make sure you have the older person's attention before communicating.
- During conversation, minimize or eliminate background noise as much as possible.
- One-on-one communication is usually best.
- Communicate one idea at a time.
- Speak in a direct, natural, and clear way. Use simple words and sentences in a respectful tone.
- Use yes/no questions or those that can be answered by a nod or shake of the head.
- Repeat a statement when necessary.
- Give the older person time to both talk and respond.
- Often people with aphasia use unusual words, almost a language of their own. If possible, try to learn this.
- Become familiar with and use communication boards if they have one.
- In addition to speech, encourage and use other modes of communication, such as writing, drawing, gestures, visual aids, miming, pointing, communication books/

boards, objects from the environment, and facial expressions. Whatever works to enhance meaningful communication, use it!

Depression: Communicating with Depressed Older People

Depression is common among people going through physical changes or losses, bereavement, retirement, loneliness, or chemical imbalances. The depression an older person experiences may have lasted for days, months, years, or even decades.

Signs of depression include feelings of worthlessness, hopelessness, prolonged sadness, loss of interest and withdrawal from formerly enjoyable activities and people, intellectual problems such as loss of memory or ability to concentrate, and physical problems such as persistent fatigue and lethargy, insomnia, and an increase or decrease in appetite.

Although most people feel sad or depressed at some point in their lives, it is important that you let the older person know that it is okay to talk about their thoughts and feelings, and that you will listen. Contradicting or trying to talk the older person out of their feelings will not help. As always, be patient, kind, and understanding when communicating with older depressed people.

What you can do:

- Try to visit regularly and as agreed, or let them know you will not be coming and why; unexplained failure to turn up may leave the resident feeling unworthy.
- Encourage the resident to talk about earlier happy times and successes.
- Do not always joke to try to cheer them up.
- Since feeling dependent can aggravate depression, do not do things for depressed older people that they can do for themselves unless they ask.
- Ask for practical advice which they might be able to give and in which you are genuinely interested.
- Be patient and non-judgmental.
- Let the older person talk about their losses if they wish, and acknowledge them.
- Try activities, rather than just sitting and chatting.

Confusion and Disorientation: Communicating with Confused and Disoriented Older People

Confusion and disorientation are more common in older people than any other part of the population. Often occurring during hospitalization or relocation to a long-term care facility, confusion and disorientation may come on suddenly or gradually over time, depending on the

cause.

Characterized by the inability to think with one's usual speed or clarity, confused and disoriented older people may have difficulty focusing their attention, following directions, performing simple tasks, or putting words together coherently. Confusion and disorientation may also interfere with an older person's ability to make decisions, think clearly, or remember.

Due to the changing nature of their abilities, older people may feel frightened, restless, embarrassed, irritable, and experience lowered self-esteem. As a communication partner, it is therefore important that you do not misinterpret behaviour as stubborn, inattentive, or attention-getting. Remember to be patient and understanding throughout the conversation.

What you can do:

- Try to keep the surroundings calm, quiet, and peaceful.
- Introduce yourself each time you see the older person, no matter how frequently you come, or how recent your last visit was.
- Use concrete, exact phrases. Simplify your sentences as much as possible. Refer to the date, time, and location to help keep the older person oriented. Talk to the older person about current events and upcoming plans.
- If an older person's conversation does not make sense to you, try to listen to the emotion or general topic behind the words. Are the words related to a common topic? Do they indicate a certain emotion? You might respond to the person by saying "It sounds like you are feeling sad today," or "It sounds like you enjoy cooking."
- Long term memory is often stronger in older people than is short term memory. Ask questions about their past rather than questions about what they did today or last week.
- Watch for signs that you may be losing the resident's attention. Wait until you regain their attention before speaking again.
- Do not rush or push the older person to interact.

Dementia: Communicating with Older People with Dementia

There are approximately 500,000 Canadians suffering from some sort of dementia. Dementia itself is a syndrome consisting of a number of symptoms that include loss of memory, judgment, reasoning, and changes in mood and behaviour. There are often difficulties with communication involved as well.

Alzheimer's disease is the most common form of dementia, accounting for 64% of all dementias in Canada.



It is progressive, degenerative disease of the brain which causes thinking and memory to become seriously impaired.

Although many older people are diagnosed with Alzheimer's and related dementias, it is not a normal part of aging, and it is important to remember that despite losses of memory and abilities each older person with dementia is an individual with a past, present, and future.

What you can do:

- Check with the older person's family or staff about the best time to visit and any tips for visiting this individual. The people who are with this person regularly can be very helpful resources and appreciate your desire to give them your time.
- Find a quiet setting or try to reduce environmental confusion.
- Always speak face-to-face with the older person. Get their attention by using their given name, speaking slowly, and making eye contact and/or physical contact by touching their hand or arm, etc. where appropriate.
- If unable to attract the individual's attention, leave and try again in a few minutes.
- Keep your voice calm, low, and reasonably paced. Speak in concise and clear sentences.
- Focus on one idea at a time – talk about or do one thing by itself before moving onto something else.
- If possible, pay attention to the language the older person uses, and try to construct sentences using words that they are familiar with.
- Do not question an older person's statements. Listen, even if the words do not always make sense.
- Be prepared with some conversation ideas that are pleasant, humorous, or reminiscing. Often the past is more easily talked about and holds no threat for the older person.
- Treat the older person with dignity and respect.
- Remember you are there to visit with the older person, not test their memory. Avoid playing "20 questions." A person with impaired memory immediately becomes self-conscious when asked seemingly harmless questions, such as: "Do you know who that is?" or "Do you remember me?"

- Refrain from arguing with an older person with dementia. If they become agitated about something, it is usually caused by frustration related to the disease and nothing to do with you. Try changing the subject, or try some other diversion. If none of these works, bring your visit gently to a close and leave.
- Allow the person plenty of time to think and respond.
- Use non-verbal communication some as beckoning and using gestures and facial expressions to augment words
- It does not matter if the older person does not understand your words; they will understand your body language.
- Be attentive to messages communicated by the older person's body language and movement.
- Take advantage of calm moments to express warmth and caring with a gentle touch (unless they appear to dislike this).
- You are likely to have to carry the conversation. However, if they happily rattle on, keep in mind that they are enjoying themselves, which is one of the main reasons you are there.
- It is not always necessary to carry on a conversation. Hold the old person's hand, give them an occasional hand squeeze or hug...just be there to show you care.
- Try not to take personally anything negative the older person says or does. This is often a part of the disease, and not a reflection on you.
- Leave a card or a note so the older person's family and staff know you visited. The older person will likely not remember.
- Find activities that the older person enjoys, and do them!
- Do not expect the older person to remember your last visit. Remember, this does not mean that your visit was not enjoyable or helpful.

Ethnicity, Culture, and Language

Canada is a multi-cultural society, with various ethnicities, cultures and languages making up our communities. When encountering older people with a different ethno-cultural background than your own, it is important to keep an open mind and be respectful of their history. For example, in some cultures young people are spared information about unhappy or stressful events. As a member of a younger generation they may see you in a different way, and thus

want to spare you from any negative events of the past, or believe you are too young to have experienced any great hardships. Encountering different values, practices and beliefs than your own will likely be present in many of your interactions; however, it is important that you respect the older person, even when you do not agree.

Many older people living in Canada also come here with English as a second language. This may make conversation more difficult if you do not share a common language, and yet at the same time it can be a very rewarding and educational experience. In many instances, not only will you learn a bit about the older person as an individual, but you will also learn about a different culture, language, or part of the world. Where English is a second language, there may also be a tendency for older people to return to the mother tongue. This is understandable but may be confusing during conversation. Remember that there are always ways other than speech to communicate, so try using those. All of these remarks only begin to address the topic of ethno-cultural diversity. The important point to remember, however, is that many older people of all ethnicities, cultures, and languages look forward to a volunteer's involvement in their lives, and your presence and time will most likely be eagerly accepted.

Suggestions for Conversation Starters and Topics with Older People

Many older people will tell you that they do not have a story to tell, but after a few questions, a great story will often emerge. To help you start or continue a conversation, try combining yes/no and open/closed-ended questions with the suggested topics below. Remember, no matter whom you are talking with or what special considerations are required, each person has their own history, story, and life to share.



- Sports, Games, and Hobbies – what was your favorite? Which were you the best at?
- Hometown – where were you born? Did you grow up there? What was it like?
- School days – did you have a least favorite teacher? Did you have a favorite subject?
- Family – what were your parents, grandparents, brothers and sisters like?
- Animals – did you ever have any pets? What were they?
- Firsts – do you remember your first drive? Date? Kiss?
- Favorites – do you have a favorite movie? Actor? Song? Book?
- Vacations and Traveling – where have you been? What was your most memorable?

- Seasons – which was your favorite? What did you do in the Spring? Winter? Fall? Summer?
- Marriage – did you get married? How did you meet? Where was your honeymoon?
- Home – where have you lived? Which was your favorite?
- Gardening – did you have a garden? What did you grow?
- Work – what type of work did you do? Where was it? Was it what you always wanted to do?
- Celebrations and Traditions – which holiday and family tradition was your favorite?

Faith, Beliefs, Values, and Other Philosophical Subjects

It is probably best to ask the following questions only once you have established a solid relationship with the older person over a number of visits. Remember respect, sensitivity, and confidentiality, especially when entering into the following topics and questions.

- Are any religious practices important to you?
- What gives meaning and purpose to your life? Before? Now?
- How would you describe your philosophy of life? Has it changed? Any regrets in your life?
- What gives you enjoyment? Has this changed?
- What is growing older like for you?
- What is important to you now?
- What were your hopes and dreams as a young person? Have these changed?
- What are your hopes and dreams for your family? Future generations?
- Do you have any words of wisdom for young people?
- What is your advice for a long life?