PARTICIPANT HANDOUTS
“Lunchtime Learning” Professional Skill Development Distance Learning Series Event #6:
Interpersonal Considerations for Care of Elderly Persons

Presented by:
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Live Broadcast Date/Time:
Wednesday, September 21, 2016
12:00–1:00pm Mountain Time / 1:00–2:00pm Central Time

Series Overview:
Join Community Health Association of Mountain/Plains States (CHAMPS) and Colorado Community Health Network (CCHN) for the “Lunchtime Learning” Professional Skill Development Distance Learning Series! These six one-hour webcasts will take place between April and September of 2016. Participants may attend any selection of events; all are designed to provide professional development and skills improvement as a component of a continuous process of advanced practice transformation, with the goal of positively impacting retention rates at Region VIII health centers. The events are primarily targeted at health center administrative and clinical support staff, although staff members from all levels of the health center are welcome.

Event Overview:
Communication is crucial in effective health and social service care for older adults and their families. Yet, interpersonal communication often faces many barriers because of ageism, sensory impairments, cognitive impairments, cultural diversity, family conflicts, ‘taboo topics’ (i.e., end-of-life issues, loss of independence, incontinence, memory problems, need for long-term care) and the limited time available. The purpose of this webcast is to review the many barriers to effective communication with older adults and to find ways that we can improve how we communicate about these important health and social service issues. This interactive webinar will draw upon the evidence-base and our practice knowledge for how to navigate interpersonal communication when time is limited with older adults and their families.

Learning Objectives:
Upon completion of this session, participants should be able to:
1. Identify barriers to effective communication with older adults and their families.
Learning Objectives, continued:
2. Reflect on their strengths and areas of growth in how they communicate with diverse populations of older adults.
3. Describe evidence-based tips for effectively communicating with older adults that have sensory impairments, cognitive impairments, and other barriers to communication.
4. Name something they will try in their practice to overcome barriers to interpersonal communication with older adults and their families.

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SERIES TIMELINE
Event #1:  Utilizing Mindfulness to Reduce Stress and Prevent Burnout (Archive Available)
Event #2:  Creating a Productive Work Environment: Enhancing Teambuilding (Archive Available)
Event #3:  Creating a Productive Work Environment: Decreasing Negative Attitudes (Archive Available)
Event #4:  Creating a Productive Work Environment: Establishing Boundaries (Archive Available)
Event #5:  Caring for Difficult Patients in a Complex Healthcare System; 8/17/16 (Archive Available)
Event #6:  Interpersonal Considerations for Care of Elderly Persons; 9/21/16
Visit http://champsonline.org/events-trainings/distance-learning for complete details, including registration for upcoming events.

CHAMPS ARCHIVES
This event will be archived online and on CD-ROM. The online version will be available within two weeks of the live event, and the CD will be available within two months. CHAMPS will email all identified participants when these resources are ready for distribution. For information about all CHAMPS archives, please visit http://champsonline.org/events-trainings/distance-learning.

DESCRIPTION OF CCHN
Colorado Community Health Network (CCHN) is a non-profit organization representing the 20 Colorado Community Health Centers (CHCs) that together are the backbone of the primary health care safety-net in Colorado. CCHN is committed to educating policy makers and stakeholders about the unique needs of CHCs and their partners, providing resources to ensure that CHCs are strong organizations, and supporting CHCs in maintaining the highest quality care. For more information about CCHN, please visit www.cchn.org.
DESCRIPTION OF CHAMPS
Community Health Association of Mountain/Plains States (CHAMPS) is a non-profit organization dedicated to supporting all Region VIII (CO, MT, ND, SD, UT, and WY) federally-funded Community, Migrant, and Homeless Health Centers so they can better serve their patients and communities. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, workforce development, and the collection and dissemination of regional data. For more information about CHAMPS, please visit www.CHAMPSonline.org.

SPEAKER BIOGRAPHY
Associate Professor Leslie Hasche focuses on clinical social work practice related to aging and mental health. Her research aims to understand how community-based services may best promote older adults’ mental health, independence, safety, quality of life and overall wellness. She enjoys integrating her research and previous mental health practice experience into teaching theory-based and contemporary issue courses related to social work, aging, and intergenerational justice. She is committed to mentoring new social workers entering the promising and rewarding field of social work with older adults and their families. Hasche serves as the chair for the Aging Services and Policy concentration at the Graduate School of Social Work and is an advisory group member of University of Denver’s Knoebel Institute for Healthy Aging. Current research projects involve partnering with Colorado’s Adult Protective Service agency on how to assess and intervene on issues of elder abuse, neglect, and financial exploitation. Her scholarship has been funded by the U.S. Department of Health and Human Services, the National Institute of Justice, and the John A Hartford Foundation. These projects have involved mentoring new scholars as both master-level and doctoral level research assistants. With over 20 publications, her research has been shared through journals, such as The Gerontologist, The American Journal of Geriatric Psychiatric, and the Journal of Gerontological Social Work. In 2015, the Association for Gerontology Education in Social Work recognized Hasche’s early career accomplishments with the Faculty Achievement Award.
Interpersonal Considerations for Care of Elderly Persons

Presented by: Leslie Hasche, Ph.D., M.S.W.

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Wednesday, September 21, 12:00 – 1:00 p.m. Mountain Time

Lunchtime Learning Professional Skill Development Distance Learning Series, Part 6 of 6

Hosted by:

www.cchn.org

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Interactive Poll

Do you or someone you are close to care for elderly persons?

• Yes
• No
• Unsure
Interactive Question

How many total people are watching this event at your computer (yourself included)?

Learning Objectives

• Identify barriers to effective communication with older adults and their families.
• Reflect on their strengths and areas of growth in how they communicate with diverse populations of older adults.
• Describe evidence based tips for effectively communicating with older adults that have sensory impairments, cognitive impairments, and other barriers to communication.
• Identify something participants will try in their practice to overcome barriers to interpersonal communication with older adults and their families.
Agenda

- Review of Barriers and Possible Solutions
  - Ageism
  - Sensory & Cognitive Impairments
  - Cultural Diversity
  - Family Conflicts
  - Taboo Topics
  - Limited Time

- Discussion Time

An Aging World

- Growth in sheer number and proportion of the population
- In Colorado:
  - 155 people turn 65 every day
  - By 2030 almost 20% of Coloradans will be above the age 65
- Two-thirds of people who have reached the age 65 in the world are alive today
Need for Social Service & Health Workers in Aging

- Retooling for Aging America Report

- National Institute on Aging (NIA) expects between 60,000 and 70,000 new geriatric social workers are needed

Key challenges:

- Ageism, serving the older adult and families while promoting self-determination, death anxiety, counter-transference, independence/dependence struggle, self-awareness & supervision

Ageism

- Bias, stereotype, prejudice or discrimination toward an individual solely based on that person’s age
  - Must be careful to separate from and understand intersections with ableism
  - Includes implicit ageism: subconscious thoughts, feelings, and behaviors regarding older or younger people
  - May be negative or positive
  - May be rooted in fear of death / impending mortality

- The most unique thing about this “ism” is that most people from the “in group” (the young) will eventually become a member of the “out group” (the old)
“Don’t Call Me a Young Woman”
Excerpt by scholar, writer and poet: Ruth Harriet Jacobs

Don’t call me a young woman:
it’s not a compliment or courtesy
but rather a grating discourtesy.
Being old is a hard won achievement
not something to be brushed aside
-treated as infirmity or ugliness
or apologized away by “young woman.”
I am an old woman, a long liver.
I’m proud of it. I revel in it.
I wear my gray hair and wrinkles
as badges of triumphant survival
and I intend to grow even older.

Reach of Ageism

- Per survey of 257 adults in Tennessee, 60+ years, reported:
  - 59% told a joke that pokes fun of age
  - 24% patronized or “talked down to”
  - 22% told “You’re too old for that”
  - 19% had doctor or nurse assume ailments caused by age
  - 7% denied employment because of my age
    (McGuire, Klein, & Chen, 2008)

- Per survey of older workers, those age 50 - 64 years old reported:
  - 65% unfairly given jobs no one else wanted
  - 50% ignored / not taken seriously by boss
  - 41% watched more closely at job than others
    (Chou & Chou, 2011)
Ageism in us all?

From the Grey Panthers:

- Regardless of our age, training, and lived experience: YES

“We're ageist because the society we live in is permeated with ageism. We can no more escape it than we can the chemicals in our food-- or sexism or racism for that matter. But at least in the case of the other two social diseases, there's been some progress and some serious efforts to combat them. Ageism, by comparison, has been analyzed very little and manifests itself in many variations with hardly a challenge”

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Interactive Question #1

Which of the following is NOT true about ageism?

A. Ageism is the same thing as ableism
B. Ageism can be internalized
C. Saying someone ‘looks young for their age’ could be taken as ageism
D. Thinking depression is due to ‘age’ alone, could be taken as ageism
Sensory & Cognitive Impairments

- While health conditions are important, communication is more affected by:
  - The patient’s functioning!
  - The patient’s perceptions!
  - The patient’s priorities!

Physical Changes

- Muscle mass, bone mass, & strength decreases
- Immune system weakens
- Aerobic capacity (maximum oxygen intake) decreases
- Cardio functions slow, lower maximum heart rate
- Skin becomes drier, thinner, less elastic, and more susceptible to injury
- Increases prevalence of osteoarthritis
Sensory Changes: Vision

- Acuity reductions: near- and far-sighted
- Pupil:
  - Reduces ability to change size
  - Reduces amount of light reaching retina
  - Slows response to rapid illumination
- Lens: cloudiness increases glare
- Loss of photoreceptors: yellowing of the lens
- Macular degeneration, cataracts, and glaucoma
Sensory Changes: Vision

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Sensory Changes: Vision

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Sensory Changes: Vision

Vision Problems: Macular degeneration
Vision Problems: Cataracts

Vision Problems: Glaucoma
**Sensory Changes: Hearing**

- Gradual loss of high frequency hearing

- Increased difficulty with...
  - Background noise
  - High rate/pace speech
  - Reverberation

**Other Sensory Changes:**

- Taste and Smell:
  - Mostly due to beliefs, social context, health, psychological or cognitive problems
  - Minor changes in digestive system; reduced sensory capacities

- Increased dizziness or vertigo

- Diminished response to hot and cold temperature extremes
Components to Assessment of Functioning

- Health Conditions
- (Impairments in) Body Functions and Structures
- Capacity to carry out physical, cognitive, and sensory functions
- Accommodations
- Ability to carry out essential self-care (ADLs) and household activities (IADLs)
- Extent of participation in productive, social, generative, and community life

Interactive Question #2

Which of the following may help to overcome sensory impairments when talking with an older patient?

A. Talking with an open window behind you on a sunny day.
B. Talking louder.
C. Talking by standing over the patient.
D. Asking to turn off any background noise (i.e., TV) and what else may help the patient hear.
Types of Dementia
(may have more than one cause)

Reversible
- Toxic levels of drugs*
- Alcohol consumption
- Poor nutrition, i.e., deficits in B12
- Normal pressure or hydrocephalus
- Brain tumors
- Thyroid dysfunction
- Depression

Irreversible
- Alzheimer’s disease (gradual progression)
- Vascular disease (stepwise progression)
- Frontotemporal lobar degeneration
- Diseases: Lewy body, Huntington’s disease, Parkinson’s disease, Pic’s, Prion’s (Creutzfeld-Jacob disease, i.e., “mad cow”)
- HIV infection
- Traumatic brain injury
- Substance/medication use, including Korscaff’s (long-term alcohol)

Clinical Cues to Prompt Cognitive Assessment
- Difficulty learning and remembering new information
- Difficulty handling complex tasks
- Inability to solve problems
- Trouble with spatial ability and orientation
- Trouble find right words
- Behavioral disturbances
Dementia

**Cognitive**
- Memory
- Learning
- Attention
- Language

**Psychiatric**
- Personality
- Depression
- Anxiety
- Emotional dysregulation
- Psychotic symptoms

**Frontal lobe function**
- Visuospatial

**Behavioral**
- Withdrawn
- Sleep disruption
- Agitation
- Repetitiveness

- Wandering

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**Course for Dementia:**
**Average duration 5 to 10 years, up to 20 years**

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<th>MILD</th>
<th>MODERATE</th>
<th>SEVERE</th>
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<td>Aphasia</td>
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<td>Personality</td>
<td>Confusion</td>
<td>Resistant behaviors</td>
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<td>Infections</td>
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In-Home Assessment Options

Kapust & Wintaub (1988)

- Observe performance of five tasks:
  - Prepare a cup of coffee or tea
  - Locate a telephone book
  - Find a number in the telephone book and dial it
  - Identify the location of certain objects
  - Demonstrate handling an emergency

Assessing Functioning

- Should be quick, easy items about a set of tasks
- Can be asked of client or caregiver
- Can combine with caregiver burden, existing help, or currently needs help
- Observation is Key!
- Prefer three-tiered response options
  - Can do independently / Needs help to do / Can not do

Be aware:
- Ceiling/threshold effects: questions too easy
- Floor effects: questions too difficult
Interactive Question #3

• True or False:

Someone with a diagnosis of dementia in his or her health record is not competent to discuss treatment preferences.

Cultural Diversity

Projected distribution of the population age 65 and older, by race and Hispanic origin, 2000 and 2050

Note: Data are middle-series projections of the population. Hispanics may be of any race.
Reference Population: These data refer to the resident population.
Source: U.S. Census Bureau, Population Projections.

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Key Terms: Age & Generational Terms

- **Chronological Age**: Years since time of birth

- **Life Cycle**: Individual developmental stage tied to social roles for a given period

- **Social Construction of Age**: Social, cultural, and psychological interpretation of age / life cycle period

- **Historic Period**: Impact of historical and societal events

- **Generational Cohort**: Generational cohorts share experiences of the same historical events at roughly the same stage of their life cycle, and as a result may share a similar persona and approaches to ideals, politics, values, technology use, and media use
Generational Cohorts

- **Millennials**: born after 1980, empowered by technology, “coddled by parents”, “slow to adulthood”, at ease with racial, ethnic, and sexual diversity
- **Gen Xers**: born 1965 to 1980, Savvy, entrepreneurial loners, distrustful, children of Reagan revolution, divorce revolution
- **Baby Boomers**: born from 1946 to 1964, Led countercultural upheavals of 1960, iconic image of long-haired hippie, worried about retirement
- **Silent Generation**: born from 1928 to 1945, Conservative and conformist, uneasy with change. Supporters of Social Security and Medicare
- **Veterans / Greatest Generation**: 1901 to 1928, “GI Era”, fought in WWI and WWII

Multiculturalism & Health


1. What do you call the problem?
2. What do you think has caused the problem?
3. Why do you think it started when it did?
4. What do you think the sickness does? How does it work?
5. How severe is the sickness? Will it have a short or long course?
6. What kind of treatment do you think the patient should receive? What are the most important results you hope she receives from this treatment?
7. What are the chief problems the sickness has caused?
8. What do you fear most about the sickness?
Family Conflicts

- Identify who is the patient?
- Need collateral information, but when and how to get it?
- Family Meetings
  - Assess family dynamics
  - Know that family history is at play
  - Yet, this is not therapy
  - Identify shared goals
  - Enlist everyone to help

Taboo Topics

- Illness, death, and dying
- Loss of independence
- Incontinence
- Memory problems
- Need for long-term care
- Mental health and substance use
- Sexual interests
**Limited Time**

- Be respectful, but directive

- Ask for their help to manage time, prioritize discussion topics

- Think ahead for how and when you may need to ‘cut someone off’ from their story

- Sometimes, just take more time

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**Interactive Question #4**

- How should you refer to an older patient?
  - A. As a senior citizen
  - B. As an elder
  - C. It depends, so ask
  - D. By the patient’s first name
Communication Tips

- Pay early attention to rapport building.
- Address persons by title and last name.
- Avoid nonverbal gestures or use purposefully.
- Check understanding of questions / instructions.
- Sit in front of the older adult.
- Speak clearly and slowly.
- Monitor for fatigue.
- Focus on “Is this a change?”

Final Thought

- “We all aspire to live to be old, and consequently we all must work to create a society where old age is respected, if not honored, and where persons who have reached old age are not marginalized.”
  - Robert Butler
Questions?

Thank you!

Leslie K. Hasche, Ph.D., M.S.W.
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Please check out our archived webinars and we hope to see you again next year!
Thank You For Joining Us!

Your opinions are very important to us.

Please complete the Evaluation for this event. Those attending the entire event and completing the Evaluation questions will receive a Certificate of Participation.

Each person should fill out their own Evaluation Survey.

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- www.CHAMPSonline.org/Events
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