PROMOTING MENTAL WELLNESS THROUGH COMMUNICATION

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Learning Objectives:
- Discuss barriers to effective communication between older adults and professional and family caregivers.
- Present a communication model that supports mental wellness for later life.
- Present strategies that can be used to facilitate effective communication among older adults and their professional and family caregivers.

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Social Interaction

- The ability to relate to others is a basic need that continues to be critical to the well-being of elderly individuals.
- Maslow’s hierarchy of needs places human need for affiliation second only to survival and safety. (1954)

Overview

- Hearing loss in older adults
- Communication dilemmas
  - ElderSpeak
  - Medical companions
  - Verbosity
- Communication strategies
Presbycusis
- From the Greek word for “old hearing”
- Decline in hearing associated with various types of auditory system malfunction that accompany aging
- Implies deficits in absolute thresholds and in auditory perception

Presbycusis: Natural History
- Insidious onset
- Gradually progressive
- Bilaterally symmetrical
- Greater loss in high frequencies
- Often accompanied by tinnitus
- “Can hear but can’t understand”

HL Prevalence (DATE)
- All: 45.9%
- 48 to 59 year old: 20.6%
- 60 to 69 year old: 43.8%
- 70 to 79 year old: 66.0%
- 80 to 92 year old: 90%
### Hearing Loss Demographics

- Hearing loss (HL) is among the top three most prevalent chronic conditions among elders.
- At least 1/3 of persons over 65 have a significant degree of HL.
- Men tend to have a greater degree of HL than women (noise?).
- Among nursing home residents, 70 to 90% are hearing impaired.

### HL and Aging: Etiologies

- Biological aging
  - Greatest risk for HL
  - Successive cohorts of elders have lower prevalence
- Genetics
- Noise exposure
- Vascular disease
- Ototoxicity
- Diabetes

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"It’s really beginning to rear its head, Leo. Jesus used the can opener today and I didn’t even hear it."
Communication Pearls: Talking to People with HL
- Three primary rules:
  - Visual cues
  - Get their attention
  - One thing at a time

Clear Speech (Smiljanic & Bradlow, 2009)
- Modifications naturally and spontaneously made by talkers when they are aware of a speech perception difficulty on the part of the listener due to background noise, HL, or a different native language
- Talkers will speak more slowly, louder, and will articulate sounds in an "exaggerated" manner

Hearing Aid Benefits
- Amplification prescribed based on the hearing loss. Typically high frequency.
- Takes time to adapt to amplified sound (acclimatization)
- Benefits of speech understanding and quality of life well documented
- Residual deficits will persist, especially in situations of background noise, poor acoustics, and lack of visual cues
Will you know that person has HL?

- Not necessarily...
  - Typical levels of age-associated hearing loss may not be immediately evident to a clinician in close range, face-to-face conversations
  - Person will not necessarily self-disclose HL
  - Person will not necessarily self-disclose misunderstanding

- 10 year delay in care seeking for HL
- 20% use prevalence of hearing aids by those who could benefit
Clinical Communication

- Training programs placing more emphasis on communication with older adults
- Effective communication with older adults is associated with better outcomes, increased compliance, improved rapport, greater patient satisfaction, etc.

Portal of Geriatric Online Education (POGOES)

- Communication and Dementia: Incorporating Cultural Communication Skills Training into Health Professional Training
- Communicating with Geriatric Patients
- Effective Communication in End-of-Life
- Geriatric Mental Health Training Series “Getting the Facts” Effective Communication with Older Adults
- Communication and Interviewing Skills with the Geriatric Patient
- Effective Communication with Older Adults in the Clinical Setting
(http://www.pogoe.org)

How do you see older people?
How do you see older people?

What stereotypes do you hold?
How do they effect your ability to communicate?
ElderSpeak
- Patronizing speech
- Over-accommodating speech
- Speech style similar to “baby-talk”
- Often observed in interactions between younger and older adults (Brown, 2004)
  - In nursing homes
  - With community dwelling elders

ElderSpeak
- Common way of speaking to older adults that has potential negative effects.
  - 20% of communication in NH is comprised of elderSpeak
  - 40% of older adults living in NH and in the community find it demeaning

ElderSpeak
- Fails to communicate appropriate respect
- Communicates messages of dependence, incompetence, and control (Edwards & Chapman, 2004)
Elements of ElderSpeak

- Slow rate
- Exaggerated prosody, higher pitch, sing-song
- Simplified content, semantic elaboration
- Repetition
- Vocabulary restrictions
- Overly directive
- Over-familiarity

ElderSpeak

Most commonly observed:
- In health care settings
- By family members in dispute with older relatives
- Establish social control
- In public places when elders are perceived to be moving too slowly

ElderSpeak

Reflects negative stereotypes that the older adult:
- Is cognitively impaired
- Has sensory limitations (HL, low vision)
- Incompetent
- Helpless
ElderSpeak

- Can reflect good intention to convey nurturance and caring
- Can be aligned with certain cultural aspects
  - Within norms of culture

Triggers for ElderSpeak

- Visible signs of age
- Signs of poor health
- Poor grooming/dress
- Younger individuals or those who hold a less complex view of aging MAY BE more likely to use elderSpeak

Negative Outcomes of ElderSpeak

- Interpreted as demeaning, patronizing, disrespectful
- Can reinforce internalized ageist stereotypes and lead to less communicative competence
- Self-fulfilling prophecy
- Many of the elements do not enhance speech understanding
- Exaggerated prosody distorts normal paralinguistic cues
Positive Aspects of ElderSpeak
- Syntactic simplification
- Semantic elaboration
- Pausing at the end of sentence
- Repetition
- Some frail elderly perceive tone as nurturing

Communication Strategies
- Assume competence of older person
- Interact with person, not the stereotype
- Employ clear speech
- Employ simplification techniques only as needed
- Avoid condescending tone
- Always strive to convey respect

Communication Strategies
- Health-care workers who became aware of elderSpeak were able to identify more effective communication strategies in working with older adults. (Williams, Semper, & Hummer, 2004)
Medical Companions: Dynamics
- Older persons are often accompanied by another
- How does this effect how you relate to the person?
- Alliances
- Older adults accompanied by another to medical appointments
- Raised fewer topics
- Were less assertive
- Less joint-decision making
- Less shared laughter in triadic visits (Rosenfield, 2010)

Medical Companion Visits
- Characteristics (Wolff & Roter, 2008)
- 40% of older persons are typically accompanied on their medical visits
- They are more likely to bring a companion if they are:
  - Older
  - Less educated
  - Poorer health/greater disability

Medical Companion Visits
- Characteristics (Wolff & Roter, 2008)
  - Spouse (53%)
  - Adult children (32%)
  - Other relatives (7%)
  - Non-relatives (3%)
  - Patients in poorer health are more likely to be accompanied by adult children and non-relatives
Medical Companion Visits

- Functions (Wolff & Roter, 2008)
  - Record/explain instructions
  - Provide information about the older person
  - Ask questions
  - Logistics/transportation
  - Provide moral support
- Companions perform more of these functions for older people in poor health.

Medical Companion Visits

- Outcomes (Wolff & Roter, 2008)
  - Accompanied persons are more satisfied with their providers:
    - Technical skills
    - Information giving
    - Interpersonal skills
    - Especially true for the most vulnerable
    - Companions bridge patient/provider communication barriers

Implications

- What is your communication style in medical triads?
- Do you ever have a companion obstructing or undermining the older person?
- How does the presence of the companion effect how you view the older person's competence?
Verbosity

- Off-target verbosity (OTV) - abundant speech with lack of focus
- At the extreme - becomes a monologue without regard for the context of the conversation.

OTV

- Are older people more prone to OTV?

Yes, but still only a small minority
In general, social skills are preserved in aging
WHY? Theories?
- Poorer cognitive inhibitory function?
- Reduced social networks?
- Extraversion?
- Need to reinforce self?

Secondary Presbycusis
- Impaired ability to use paralinguistic cues
- Affects discourse patterns of older (old, old) person
- Less sensitive to nuances of emotion, meaning in tone, prosody
- Less fluid conversations
  - More like individual monologues when two older people are talking compared to young old

Patient Presentation of Self
- The most socially isolated, lonely, or depressed elders may want to disclose more information to the clinician
- Older persons may recall era of family doctor making house calls, more personal intimacy
- Clinicians may be afraid that follow-up questions lead to Pandora’s box, too much elaboration
- “Painful self-disclosure”
Clinician’s Response

- Time constraints
- Change the subject, dismiss
- “Inactive” listening - “mm-hmm,” “Oh my”
- Fear that signaling interest may lead to escalation?
- What information/recommendations do clinician’s provide or withhold?

Summary on Interactions

- The ageless self
- Dignity
- Respect
- Complexity