

Communication Skills

Seniors who require caregiver services often are experiencing an age-related illness or a decline in their physical abilities. Sometimes this means they will have difficulty with self-care and communication. Marketers have given labels to generations of people born between certain years, as a way to stereo-type their behavior based on the norms that were present when they were developing into adults.

- G.I. Generation (Traditionalists): born between 1900 and 1924
- Silent Generation: born between 1925 and 1942
- Baby Boomers: born between 1946 and 1964
- Generation X: born between 1965 and 1979
- Generation Y or Millennials: born between 1980 and 2000
- New Silent Generation or Generation Z: born between 2001 and the Present

As caregivers, you are caring for the G.I. Generation or Traditionalists and the Baby Boomer Generation primarily. By understanding the age of the person you are caring for you can communicate about topics they are familiar with and learn how the events in their life impacted them.

The G.I. Generation or Traditionalists (also called the “Greatest Generation”) lived through the Great Depression and fought in World War II and the Korean War, went to college in record numbers as part of the G.I. Bill and experienced the Cold War. They are known to be patriotic, loyal and fiscally conservative.

The Baby Boomer Generation (the babies born to those who came back from fighting World War II). The Baby Boomers experienced the Vietnam War, Watergate, the Civil Rights Movement, the Kennedy Assassinations, the Moon Landing and the Cold War. Boomers are known to question authority and crusade for causes.

By understanding the generation of the senior, you may start conversations around the events that occurred in their lifetime.

Realize that just as you have certain ways of communicating with your friends, seniors also learned a certain communication style for the era when they were coming of age.

Remember that the older generations did not learn to communicate on smart phones or through text messaging. Caregivers need to effectively communicate in the style a senior prefers while being respectful of hearing and memory loss challenges. Even vocabulary words may have a different meaning between generations.

Effective Communication with the Elderly

- Establish a daily routine that includes discussing the day’s schedule
- Speak clearly and face the senior when talking
- Use proper vocabulary
- Be mindful of memory loss and how this may impact communication skills
- Be aware of hearing loss signs: television and radio volume is too loud or speaking volume becomes louder
- If hearing aides are used, monitor battery changes to be sure they are always working

About Hearing Loss

Hearing occurs when sound goes into the external ear, vibrates the eardrum (tympanic membrane) which is conducted through the bones of the middle ear and is transmitted to the brain by the auditory nerve in the inner ear.

As we age, the auricle, or outer ear, becomes dry and more wrinkled. Itching and dryness occurs in the external auditory canal. The hairs in the ear become coarse, long and more noticeable in older men. But these changes do not mean hearing loss will happen.

Ear wax (cerumen) becomes drier because the number and action of glands in the ear decrease. Ear wax may become impacted in the ear canal, causing loss of hearing. This can be reversed by having the doctor clean out the ear.

Over time, the ear drum does become thinner, paler and more rigid. If the senior has a history of perforation of the eardrum or lots of ear infections, this is more likely to happen. The eardrum may not vibrate as effectively, reducing the transmission of sound.

- Hearing loss due to problems of the outer ear is called conductive.
- Sensorineural loss, or perceptive deafness, occurs because of problems in the middle and inner ear.
- Degeneration of the bones, nerve structures of the inner ear and other areas affect the sensitivity to sound and the understanding of speech along with balance.
- Stiffening of the bones reduces transmission of vibrations from the eardrum to the inner ear.
- Slow deterioration of the hair cells and decreased blood flow to the cochlea cause inability to discriminate sounds. This can be further decreased if circulation or biochemical changes to the brain affect the auditory nerve or the hearing center.

Presbycusis is the term associated with hearing loss typical of old age and is the gradual, symmetrical loss of hearing of high-pitched frequencies.

Women's voices are usually in a higher pitch than men's voices which means that it can be true that a senior may hear certain conversations and not other conversations simply because they are in a higher pitch.

Example: a senior man may be able to hear his son well when talking but not his wife, because her voice is in a higher pitch.

Communicating with the Hearing Impaired

- If the person wears a hearing aid and still has difficulty hearing, check to see if the hearing aid is in the person's ear. Also check to see that it is turned on, adjusted, and has a working battery. If these things are fine and the person still has difficulty hearing, find out when he/she last had a hearing evaluation.
- Wait to speak until you are directly in front of the person, you have that individual's attention, and you are close enough to the person before you begin speaking.
- Be sure that the individual sees you approach, otherwise your presence may startle the person.
- Gain the individual's attention by touching their hand or shoulder if necessary.
- Face the hard-of-hearing person directly and be on the same level with him/her whenever possible.
- If you are eating, chewing, or smoking while talking, your speech will be more difficult to understand.
- Keep your hands away from your face while talking. Avoid covering your lips and mouth.
- Recognize that people who are hard-of-hearing hear and understand less when they are tired or ill.
- Speak naturally and in a normal fashion (not too fast or slow/loud or quiet).
- Reduce or eliminate background noise as much as possible when carrying on conversations.
- Try to have conversations in areas that have adequate lighting. See that the light is not shining in the eyes of the hearing impaired person.
- If the person has difficulty understanding something, find a different way of saying the same thing, rather than repeating original words over and over.
- Use simple short sentences to make your conversation easier to understand.
- Write messages if necessary.
- Allow ample time to converse with a hearing impaired person. Pause and give the individual time to process your words. Being in a rush will compound everyone's stress and create barriers to having meaningful conversations.

Communicating with the Deaf

- Communicating with the deaf is similar to communicating with the hearing impaired.
- Write messages if the person can read.

- Use a pictogram grid or other device with illustrations to facilitate communication.
- Be concise with your statements and questions.
- Utilize as many other methods of communication as possible to convey your message (i.e. body language).
- Spend time with the person, so you are not rushed or under pressure.

Communicating with the Visually Impaired

- If you are entering a room with someone who is visually impaired, describe the room layout, other people who are in the room, and what is happening.
- Tell the person if you are leaving. Let him/her know if others will remain in the room or if he/she will be alone, Let him/her know when you have returned.
- Use whatever vision remains.
- Allow the person to take your arm for guidance.
- When you speak, let the person know whom you are addressing.
- Ask how you may help: increasing the light, reading the menu, describing where things are, or in some other way.
- Call out the person's name before touching. Touching lets a person know that you are listening.
- Allow the person to touch you.
- Treat him/her like a sighted person as much as possible.
- Use the words “see” and “look” normally.
- Legal blindness is not necessarily total blindness. Use large movement, wide gestures, and contrasting colors.
- Explain what you are doing, as you are doing it. Example: Looking for something or putting the wheelchair away.
- Describe walks in routine places. Use sound and smell clues.
- Encourage familiarity and independence whenever possible.
- Leave things where they are unless the person asks you to move something.

Communicating with Aphasics

Aphasia is a total or partial loss of the power to use or understand words, It is often the result of a stroke or other brain damage. Expressive aphasics are able to understand what you say, while receptive aphasics are not. Some aphasics may have a bit of both kinds of the impediment. For expressive aphasics, trying to speak is like having a word “on the tip of your tongue” and not being able to call it forth. Some suggestions for communicating with individuals who have aphasia are as follows:

- Be patient and allow plenty of time to communicate with a person with aphasia.
- Be honest with the individual. Let him/her know if you cant quite understand what he/she is telling you.
- Ask the person how is best to communicate- what techniques or devices can be used to aid in communication?
- Allow the aphasic to try to complete his/her thoughts, to struggle with the words. Avoid being too quick to try to guess what the person is trying to express.
- Encourage the person to write the word he/she is trying to express and read it aloud.
- Use gestures or pointing to objects if helpful in supplying words or adding meaning.
- A pictogram grid is sometimes used. These are useful to “fill in” answers to request such as “i need” or “I want.” The person merely points to the appropriate picture.
- Use touch to aid in concentration, to establish another avenue of communication and to offer reassurance and encouragement.

Communicating with People with Alzheimer's Disease or Related Disorders

- Always approach the person from the front or within his/her line of vision- no surprise appearances.
- Speak in a normal tone of voice and greet the person as you would anyone else.
- Face the person as you talk to him/her.
- Minimize hand movements that approach the other person.
- Avoid a setting with a lot of sensory stimulation, like a big room where many people may be sitting or talking, a high traffic area, or a very noisy place.
- Maintain eye contact and smile. A frown will convey negative feelings to a person.
- Be respectful of the person's personal space and observant of his/her reaction as you move closer. Maintain a distance of one to one and a half feet initially.
- If the person is a pacer, walk with him/her, in step with him/her while you talk.
- Use distraction if a situation looks like it may get out of hand. A couple of examples are: if the person is about to hit someone or if he/she is trying to leave the home/facility.
- Use a low-pitched, slow speaking voice which older adults hear best.
- Ask only one question at a time. More than one question will increase confusion.
- Repeat key words if the person does not understand the first time around.
- Nod and smile only if what the person said is understood.

Active Listening

Active listening, where you repeat back what the person has said and then answer the question or continue the conversation, can help when communicating with someone with memory loss. Maintaining a consistent routine will help the person better know what to expect each day. When speaking to the person, say their name and speak clearly and give them time to answer. Remember that often body language will be part of the communication process as their ability to articulate what they want to say may be challenged. Meet them where they are each day with a wink, a smile, and a pat on the back as you keep their routine on track.

Use the Senior's Name: Louise, thank you for eating your lunch.

Example of Active Listening

Senior says: "My son always arrives 15 minutes late, never on time."

Caregiver says: Since your son always arrives about 15 minutes late, why don't we plan on waiting for him to arrive before we place the roast in the oven.

Avoid Frustration, Remain Calm

Seniors may become demanding and express frustration when they cannot communicate effectively. Always remain calm and try to connect with the senior by showing them you understand their frustration and challenges and will be patient with them. Develop a communication system that will work between you and the senior client. There may be good days and bad days when a senior is experiencing memory loss and caregivers must learn to not ever take it personally when a senior is frustrated. Maintain a calm and pleasant demeanor and keep an established routine for the senior to follow each day.

Hearing Aid Maintenance

Hearing aids need to be put in as soon as the client gets up. They will be able to hear, which will help them focus. Other benefits are that their equilibrium will be better, and if there is delusional and paranoid behavior it will most likely be lessened, which will make for a better day for them and you.

Remove hearing aid from case.

Place hearing aid in your hand, make a fist, and listen for a whistle sound. If you don't hear one, it means the volume is turned down (turn small button to adjust) or the battery is bad (replace battery, which are in case). Test each one before you give them to insert in their ear.

If you hear a whistle sound when the hearing aids are positioned in the ear, they are experiencing feedback which is caused by:

1. Improper fit- have the client reposition their hearing aid(s).
2. Build-up of ear wax or fluid in the ear- clean the client's ears.

When the client is going to take a nap or is retiring for the night, both hearing aids should be taken out and placed in the hearing aid case. The battery compartment door should be open. This will save on the life of the battery and help to dry the hearing aid out. Place in case until ready to use again.

Each night the hearing aid should be cleaned. There is a small wire stick and brush kept in the case with a prep pad. The wire and brush will remove the built-up wax and the prep pad will clean the outer part of the hearing aid.