Show Me Options

Aging and Disability Resource Center
of Northwest Missouri

Trainers Manual

Module 2: Communications

Basic Equipment & Materials for Training

A/V Equipment Needs:	☐ **Computer** ☐ **PowerPoint projector** ☐ **Internet access** ☐ **Flip chart** ☐ **Markers**
Resource Material:	☐ **PowerPoint presentation, *Module 2: Communications*** ☐ **Slide handout** ☐ **Institute for Community Inclusion video: *Ask Me First* (http://youtu.be/MOtT-0IaAH0)** ☐ **Institute for Community Inclusion video: *What Are You Saying?* (http://youtu.be/oABbN-oBs7g)** ☐ **Handouts 1 – 6** ☐ **Evaluation form**
Approximate Time Requirement:	**8 Hours**

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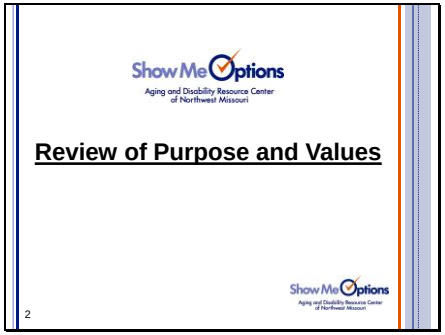
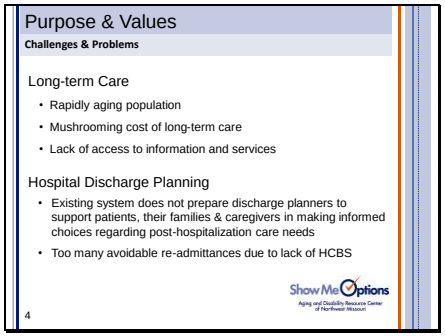
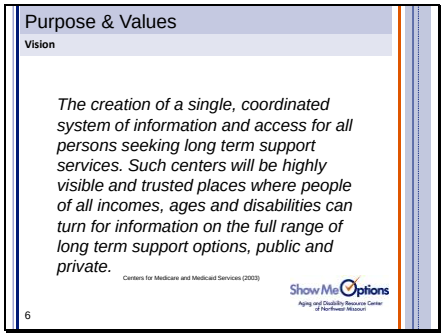
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 1			
Slide 2			

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 3		**Key Points:** • Show Me Options is an Aging and Disability Resource Center • It is funded through the Centers for Medicare and Medicaid Services and the Administration on Aging.	**Question**: Who can remind us of some of the problems and challenges that spurred the development of the ADRC concept? (See next slide for answers.)
Slide 4		**Key Point:** • The ADRC system grew out of the increasing evidence that HCBS is preferred by consumers, improves health outcomes, and controls costs. (See next slide to consider how this will work in Northwest Missouri.)	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 5		**Key Points:** • ADRC values and goals are tied directly to the challenges reviewed in the previous slide. • This module will outline the specific protocols and practices by which to implement these values in daily work with older adults, people with disabilities, family caregivers, and any other professionals such as hospital discharge planners.	**Question:** How do you define person-centeredness in the work that you do?
Slide 6			

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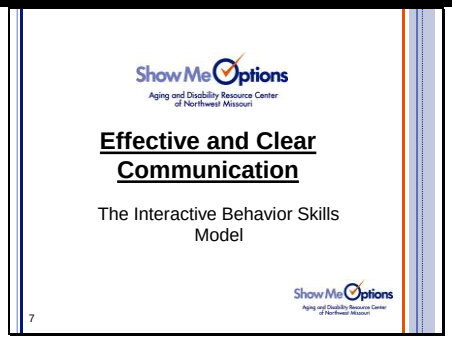
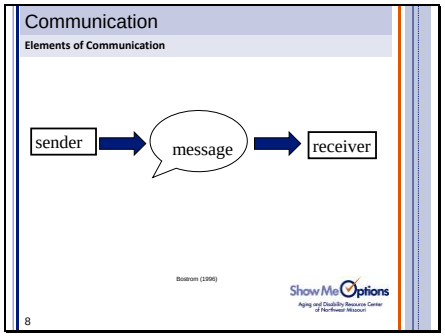
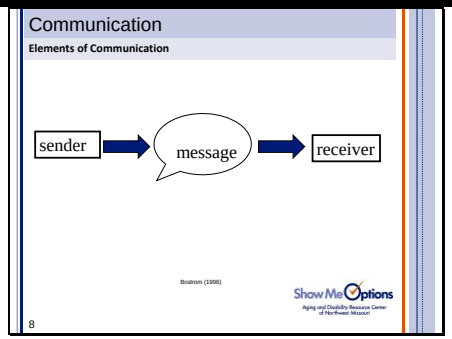
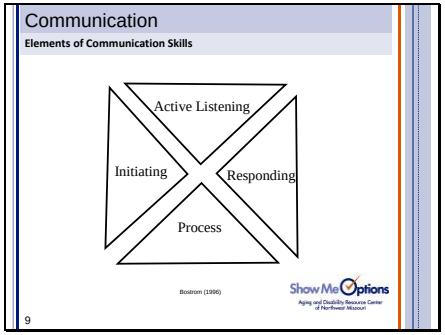
Slide 7		**Key Points:**
		• All of the ADRC functions require clear, effective communication. These functions are:
		  • Information & referral provision
		  • Public education
		  • Options consulting
		• Clear, effective communication includes:
		  • Clarity
		  • Trust
		  • Skill
		• The interactive behavior skills model provides an organized, systematic framework in which to frame the communication process.	

Slide 8		**Key Point:**
		• Communication is a process that involves **all** of these elements.
		Key Point:
		• Feedback is a key element in communication process.
			Activity:
			• Ask each person write down a statement, question or exclamation.
			• Randomly have people read their statement, question, or exclamation.
			• Ask: Is the result "communication?"— (The answer is that it's not.)
			  • Why? Elements of the communication process are missing:
			  • There is a message and a sender, but no receiver or feedback.

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 8 **(cont.)**			**Activity:** • Have several people read their statements or ask question or speak exclamation, IN A COMMUNICATION CONTEXT. • Use statements to provide examples of communication requiring a sender, a receiver, a message and feedback loop… **Question:** Why is feedback important? • Emphasize that it is feedback that guides the communication process • Communication often "breaks down" when feedback is inaccurate or missing
Slide 9		(Review the whole model, identifying the 4 categories of communication skills.) **Key Points:** • Goal of the model is to have a way to "look at" or frame the behaviors in the communication process. • Shows that communication involves specific behaviors. • Model was created by analyzing the communication process: Its descriptive, and because it is effective it is also prescriptive, i.e., this is the way effective communication occurs. • Provides a framework to analyze the communication process after the fact and determine how it could be improved. • Helps identify key communication behaviors; like any behavior, becoming skilled involves practice. • (Emphasize) Clear and effective communication is the result of behavior.	

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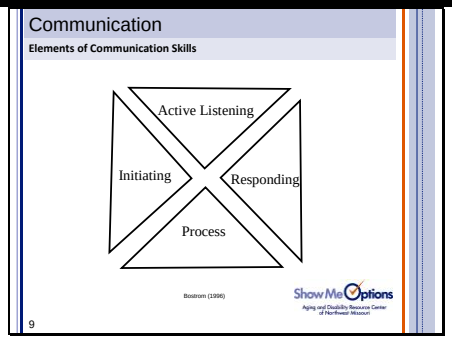
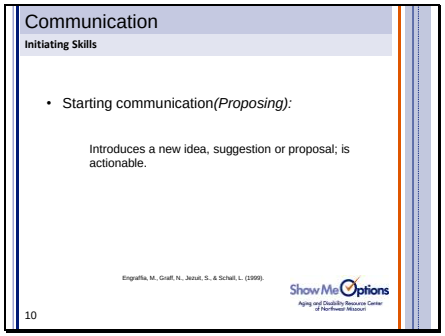
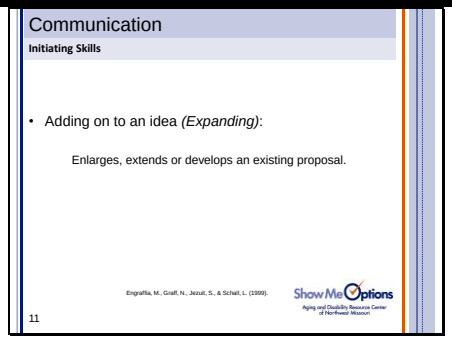
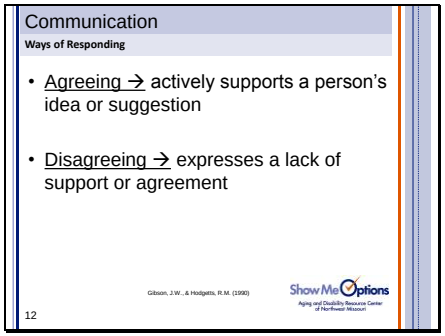
Slide 9 **(cont.)**		• Communication skills can be improved and practiced. • Model may "feel artificial" at first, but is derived from the way effective communication occurs. • The "labels" are not important in themselves; simply a way to organize the communication process.	
Slide 10		**Key Point:** • Proposing – a definition: Initiating by starting or exploring a topic.	**Activity:** • Give several examples. • Ask for examples. **Question:** What is another term we could use? (Possible answer = suggesting.)

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

Slide 11		**Key Point:**
		• Expanding – a definition: Builds on an idea that has been proposed.
			Activity:
			• Give several examples of "expanding," and show how it fits together with "proposing."
			• Give examples from conversations OC or other ADRC staff might have with a consumer:
			  • On the phone
			  • A one-on-one conversation
			  • A group conversation
			• Solicit examples

Slide 12		**Key Points:**
		• Positive responses: Agree/disagree
		• Negative responses: Attack/defend
		• Give examples
			Activity:
			• Solicit examples of positive and negative responses from participants.
			• Emphasize that:
			  • Agreement or disagreement is about the idea, where attacking or defending relates to the person;
			  • Attacking is not only "not nice", but the reality is that it detracts from accomplishing your work and your goals;
			
			Questions:
			• Can responding be communicated non-verbally?
			• Could you "hear" agreement, but see disagreement?
			• Can you give examples of your answers?

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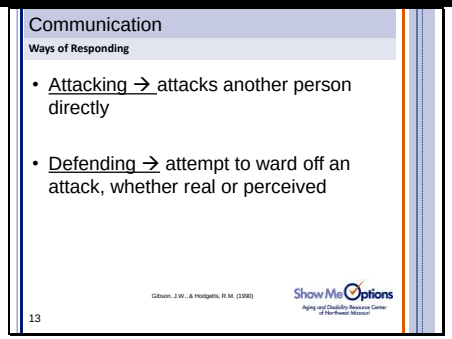
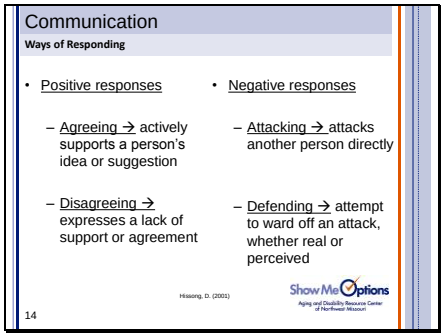
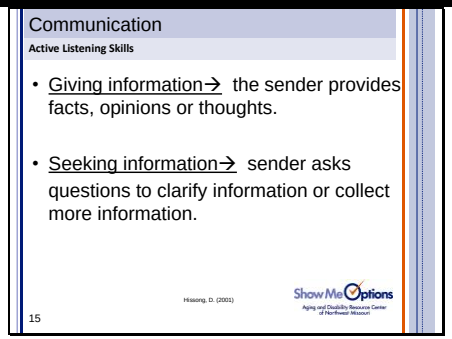
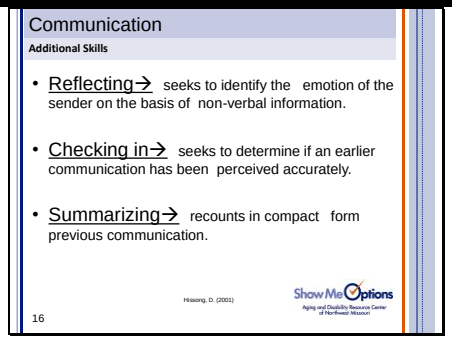
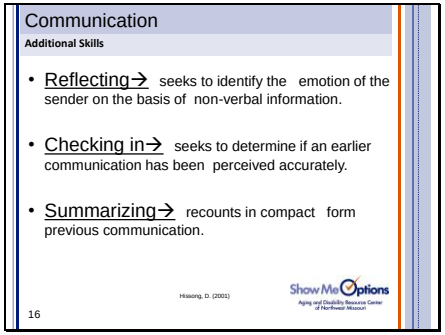
Slide 13		(Review points on slide.)	
Slide 14		(Summary of previous 2 slides.)	

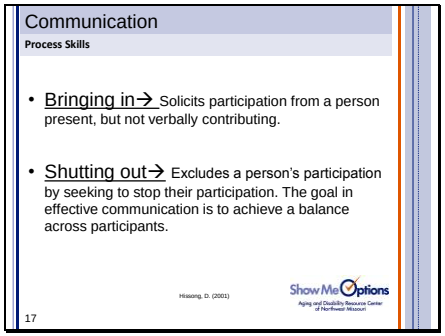
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

Slide 15		**Key Points:**
		• Active listening involves much more than nodding your head or saying "uh-huh!"
		• Really fills in "the gaps" or fleshes out ideas that have been proposed.
		• Often require follow-up or action so that ideas are implemented, such as:
		  • Giving information
		  • Can be in response to a proposal
		  • (Give an example)
		  • Often is in response to an inquiry, a question
		  • Seeking information
		  • Inquiry can also be in response to a proposal or an expansion on a proposal.
		  • In this case inquiry, is seeking a response to a request for information; not a rhetorical question.	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

Slide 16		**Key Points:**
		• Checking-in:
		  • Seeking feedback for a previous communication.
		  • E.g.: "So you are suggesting that I explore the possibility of having meals on wheels delivered to my sister?"
		• Summarizing:
		  • Seeking feedback regarding a series of communications.
		  • E.g.: (At the conclusion of a meeting), " So we have agreed that Mr. Smith will apply for Medicaid; that I will assist him in that process; and that his sister, who is a nurse will be available to administer his insulin every day."
		• Reflecting:
		  • A receiver seeks feedback from a sender about an emotional message (often attached to another message).
		  • The goal is to facilitate the communication process.
		  • The sender simply "reflects back" the emotional message they received and seeks confirmation or denial.
		  • For example, underlying anger coupled with disagreement may be a barrier to a successful resolution of a problem:
		  • (E.g.) "Jerry, you seem upset that we are considering looking at options beside the nursing home for your father."
		  • Not formed as a question, ("Are you
			Question: What is the difference between checking in and summarizing?

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 16 **(cont.)**		upset.." or "Why are you upset?") • Goal is clarification. • The "ball is in the other person's court; they can confirm or deny. In either case the issue is on the table. Then, people can get back on track about the issue. ("We are simply honoring your father's request to look at other options.")	

Slide 17		**Key Points:**
		
		• Bringing in: seeks to assure that all have a chance to participate.
		• Shutting out:
		  • Unfortunate term because not necessarily negative.
		  • Seeks to assure that no one or a few dominate.
		  • E.g., Janet once again has a comment or suggestion, " Janet can you hold that thought? You have some excellent ideas, but lets hear from some others who have not contributed yet.."
		• The goal is to assure opportunity for balanced participation from everyone.
		• Process skills are as important with two people as with a group.
		• Assures that neither party is dominating the
			Activity:
			• Now that we have reviewed all of the interactive behavior skills, let's review:
			  • What were the 4 elements of interactive skills?
			  • Name the initiating skills?
			  • Give an example and name the 5 active listening skills
			
			Activity:
			• Practice identifying the interactive behavior skills by reading each of the following statements and asking participants to identify what behavior it is:
			
			<u>Example: (phone contact)</u>
			
			Well, in addition to contacting Health and senior services about in home services, I would also like to suggest that you contact the independent living

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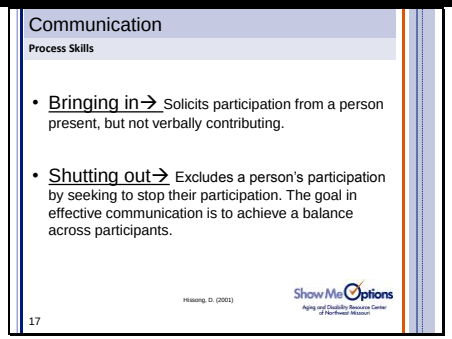
Slide 17		conversation; that both or all parties involved are heard.	center to see if they have services that might be helpful. (expanding) I am not sure that would be very helpful in my case (disagree). The independent living centers have a variety of services that many people find beneficial (informing) Ok, I'll give them a call. Can we talk about assistance with utility bills now? (proposing) Of course. (agree) Can you tell me whether there is help with utility bills for customers of Bob's electric co-op? (Inquiring). We have a list of all of the co-ops that offer assistance with bills, and also can research for utilities from other sources (informing). <u>Example: (In-person conversation)</u> (ADRC consultant, an older person, his son and daughter-in-law, a good friend who lives next door…) Son: I don't understand why we all are here, dad. We have a nursing home all picked out for you. I think you should just move there. (proposing)

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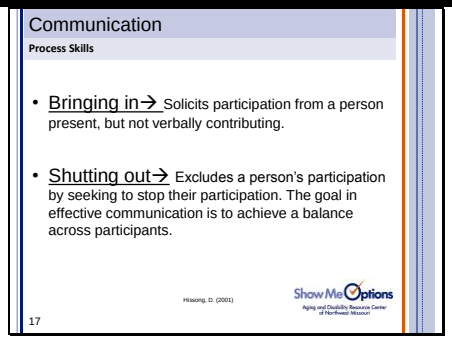
Slide 17 **(cont.)**			Daughter in law: Yes, and not only that we have talked to our friend in real estate, who has agreed to sell your house (expanding.) Friend: But the ADRC has information about other options (informing). Isn't that right, sir? (inquiring) Older person: That's what I want to do; explore other options, so I can stay in my home. (agree); propose OC: That's exactly what we do here. Assist you in exploring options. (informing) Son: That is just a waste of time. I know what's best for my father!! We don't need some stranger telling us what to do!! (attack) OC: It seems you are finding this whole process very stressful (reflecting) Son: Well yes; what else is there besides a nursing home? (inquiring) OC: actually there are many options that could provide your father to stay in his home if that's what you decide. (informing) OC: I can see that you are very concerned, but I'd really like to hear more from your father about what he would like to do (shutting out).. Later in the conversation… Friend: So you are saying that Jed can stay in his

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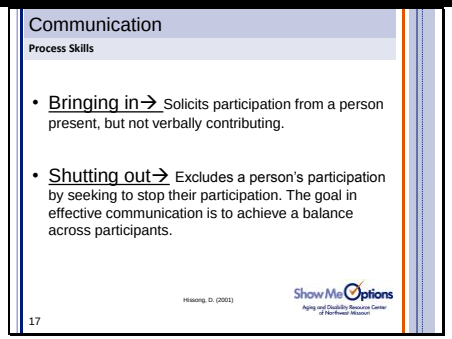
Slide 17 **(cont.)**			own home, and get help with housecleaning, meals and transportation (testing understanding) OC: That's correct. Older person: And you are saying that since I qualify for Medicaid that I can use that as a way to pay for the help. That Medicaid does not just pay for nursing homes? (testing understanding.) Later still in the conversation… OC: So Bob (neighbor), we have not heard much from you. You spend a lot of time with Jed. Do you think that the kinds of services we have talked about would be helpful? Would they enable Jed to say at home? (bringing in & inquiring) Son: You know this has been very helpful. (agree) OC: So, let's be sure we all know what we are doing. I will get you a list of local community agencies, so you can contact them. You, Jed, are going to make a list of the areas where you need help at home, and also your health concerns, and you, the son, are going to write down the concerns you and your wife have about your father staying at home. We will meet review these when we meet next week to see if the services you father is considering allay those concerns (summarizing).

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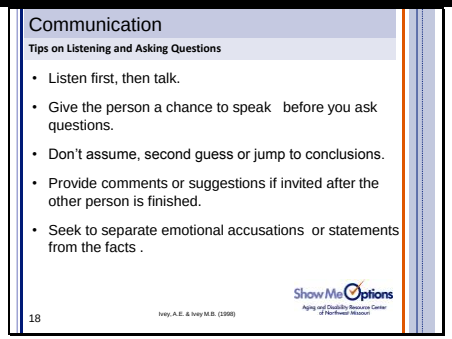
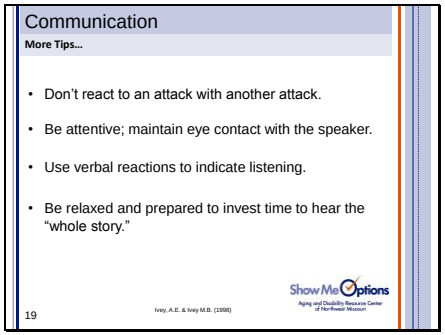
Slide 18		**Key Points:** (Review additional practical suggestions on slide.) • Don't just listen, actively listen. • Use active listening skills if uncertain, e.g., checking in, reflecting so you aren't operating under "assumptions." • Differentiate an emotional reaction from disagreement by using reflection.	
Slide 19		**Key Points:** (Review additional practical suggestions on slide.) • In summary, the key to effective, efficient interactions is to use interactive behavior skills.	**Handout 1 is a reference for key communication skills**

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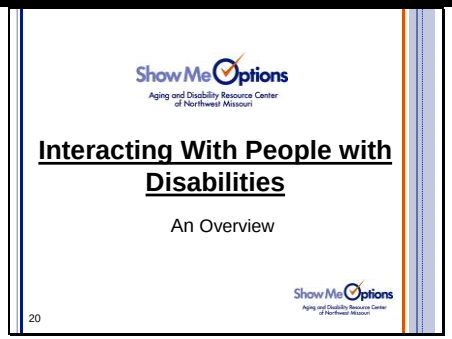
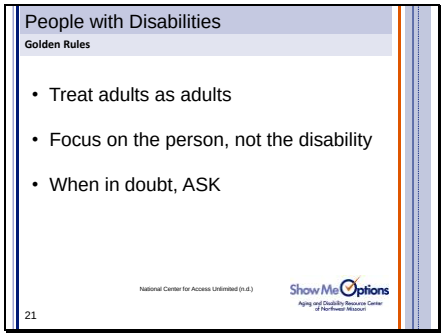
Slide 20			
Slide 21		**Key Points:** • Treat a person with a disability as you would treat anyone else, with respect for their autonomy and dignity. • Always speak and address questions directly to the individual, not to an interpreter, assistant, or companion. • Don't make assumptions about what a person with a disability can or cannot do. • Use People First language. • (Language that reflects that all of us are human first and our abilities are a secondary consideration. Refer to handout 2 – includes a chart with some good and bad terms to use. "People with disabilities" is preferable to "the disabled," for instance. "Person who uses a wheelchair" or "person who is blind" rather than "wheelchair bound" or "blind person.")	**Handout 2** **Questions:** • What other examples of people first language do you use and hear in your work? • Has anyone had an occasion where you or a client were faced with someone using inappropriate language, whether intentionally or not? How was the situation handled? • Have you or a colleague ever unintentionally used language that was offensive? How was this brought to your attention?

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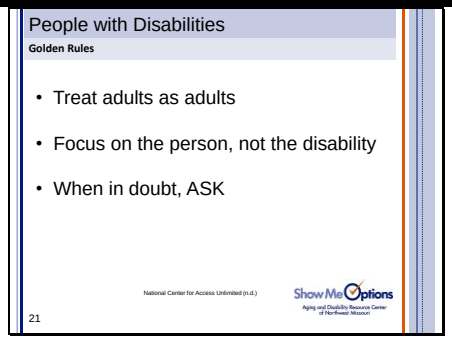
Slide 21 **(cont.)**		• People with disabilities are people. Relax and be natural. RELAX might be the 4th golden rule. • Use usual gestures and tone of voice. • Maintain eye contact. • Don't be afraid to ASK. When in doubt, it's fine to ask the person with a disability for guidance. • Find out their preferences, just as with someone without a disability. • If a mistake is made, it's OK. Apologize, learn from it, and move on.	
Slide 22		**Key Points:** (Read this aloud if it's not big enough on screen.) (Talk about assumptions and assistance.) • Many times people without disabilities may assume that a person with disabilities needs assistance, or that the person can't do a certain activity or task at all. (Watch short video and then talk more about assistance and assumptions.)	**Questions:** • What might this hostess have done or said that would have been more appropriate? • Does this cartoon remind you of other situations you've encountered?

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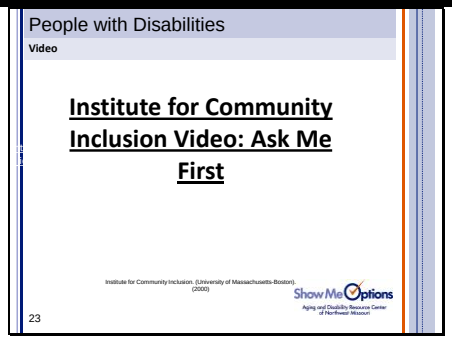
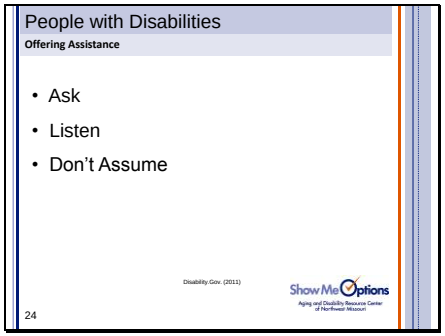
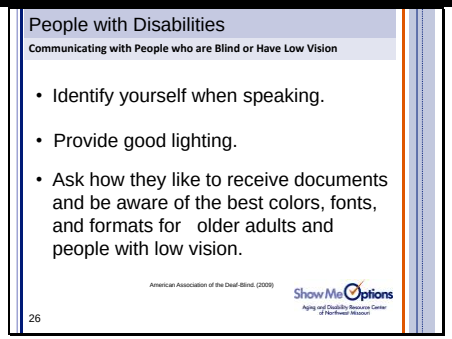
Slide 23		(Right click the link to open.)	**Video: *Ask Me First*** **http://youtu.be/MOtT-0IaAH0**
Slide 24		**Key Points:** • Like everyone, a person with a disability has times when they want assistance and times when they don't. • It's ok and even considerate to offer assistance, but not appropriate to force unwanted help on someone. • Always ask first. Listen or ask for instructions. • Don't make assumptions about a person's need for assistance.	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

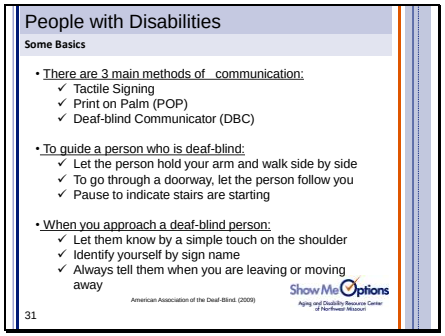
Slide 25		**Key Points:**
		• Sometimes called this "mobility disability." It means a disability that affects a person's independence of movement.
		  • Could result from a spinal cord injury, cerebral palsy, stroke, muscular dystrophy, or other conditions that cause paralysis, muscle weakness, or stiffness of the joints.
		  • Some people with mobility disabilities acquired them at birth, others as a result of accident, illness, or the natural process of aging.
		• It is appropriate to offer to shake hands with someone with a physical disability -- even if the person appears to have little hand strength or if they have a prosthetic arm or hand.
		• To be at eye level, it is best to sit down near the person. If this is not possible, back up enough to comfortably make eye contact.
		• Don't touch the wheelchair, as it is considered part of someone's personal space. Same with a walker.
		• Some people with paraplegia or other disabilities may have difficulty holding a pen or pencil. It is ok to offer help filling out a form, but don't do it without asking. If they prefer to do it themselves, it may take a long time. Be patient.
		• Older people who may not use a wheelchair but have acquired some difficulty with mobility may move slowly.
		• Walk beside a person with a mobility disability, not ahead.
		• If someone loses their balance, it is appropriate to assist in a calm manner and then move on without drawing attention to the incident.	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 26		**Key Points:** (Review points on side.) • In addition, a light touch on the shoulder is ok to orient the person as to where you are. Make sure to let them know when you are leaving, as well. • If other people are present, always identify to whom you are speaking as well as identifying yourself. • To guide someone, let them take your arm. • To seat a person who is blind, place their hand on the back of the chair. They will seat themselves. • Inform the person of the surroundings, including any other people who are in the room or area. • People with low vision may do best with documents that are printed in high contrast in a 14 point font or higher with serif. • People who are blind may request documents in Braille or recorded on cassette or cd. (More information on making documents as accessible as possible to people with visual impairments is given later in module.) • It's okay to use expressions "I see" or "have you heard. They occur normally in everyday speech. That is not offensive.	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

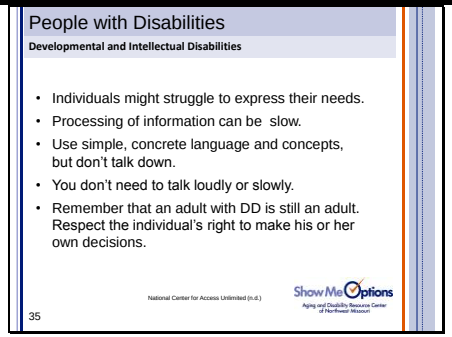
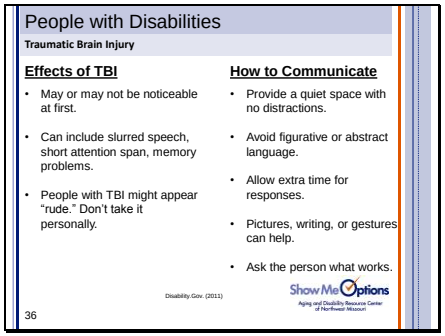
Slide 27		**Key Points:**
		• Deaf with a capital "D" is usually how someone who has been Deaf since birth will identify.
		• The Deaf community has its own distinct culture (handout 3).
		  • The deaf culture is the art, politics, attitudes, shared language, and common activities of the deaf community.
		• Key point is that Deaf people do not consider Deafness a disability or a problem.
		• For Deaf people, their first language is American Sign Language, or ASL. English is often a second language, and so the person's proficiency in reading and writing English might be 4th-8th grade level.
		  • This is not a reflection of intelligence or ability to understand concepts. But it is something to assess and keep in mind if using writing back and forth to communicate.
		• "deaf" with a small "d" usually refers to people who have become deaf later in life, often but not always as part of the aging process.
		  • These individuals are unlikely to use sign language or to identify with Deaf culture.
		  • They consider themselves part of the hearing community.
		• Hard of Hearing individuals have some hearing but often require a hearing aid. They may or may not know sign language or read lips.
		  • People who became Hard of Hearing later in life, like deaf individuals, most often identify with the hearing culture.
			Handout 3

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 28	People with Disabilities **Communicating with Deaf People** • Talk directly to the person, not to an interpreter. Deaf people "listen" with their eyes – maintain eye contact. • Be aware and respectful of Deaf culture. (See handout) • To get a Deaf person's attention, wave, tap their shoulder, or flash the lights. American Speech-Language-Hearing Association (2011) Show Me Options Aging and Disability Resource Center of Northeast Missouri 28	(Review points on slide.)	
Slide 29	People with Disabilities **Late-deafened/Hard of Hearing** • You do not need to speak loudly to someone with a hearing aid. • Speak normally, provide good lighting, and use gestures and facial expressions. American Speech-Language-Hearing Association (2011) Show Me Options Aging and Disability Resource Center of Northeast Missouri 29	(Review points on slide.)	

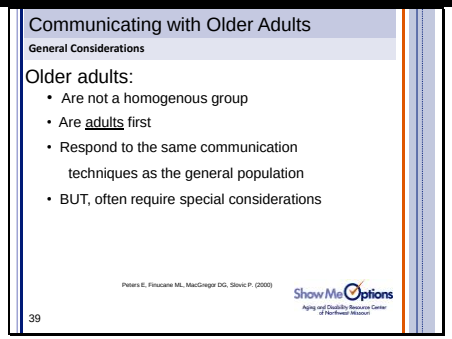
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 30		**Key Point:** • While only a few deafblind individuals currently use the services of CILS in NW MO target region, CIL staff have said that they believe this population to be underserved and are currently working on outreach to identify and reach other deafblind people living in NW MO.	
Slide 31		**Key Points:** • Tactile signing: the deafblind person places their hands gently over the signer as the person signs. • POP: with your index finger, you print what you want to say in the palm of the deafblind person. There is a diagram showing the sequence to follow for each letter. • DBC: When the sighted person types on the DBC phone, it is sent to the deafblind person's DB-BrailleNote machine and displayed in Braille. The deafblind person can then type a response. This technology is relatively new and not common in our area, although it may grow. • Just as with any other person who uses an interpreter, always communicate directly with the deafblind person.	**Handout 4**

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 31 **(cont.)**	People with Disabilities **Some Basics** • There are 3 main methods of communication: ✓ Tactile Signing ✓ Print on Palm (POP) ✓ Deaf-blind Communicator (DBC) • To guide a person who is deaf-blind: ✓ Let the person hold your arm and walk side by side ✓ To go through a doorway, let the person follow you ✓ Pause to indicate stairs are starting • When you approach a deaf-blind person: ✓ Let them know by a simple touch on the shoulder ✓ Identify yourself by sign name ✓ Always tell them when you are leaving or moving away American Association of the Deaf-Blind. (2009) Show Me Options Aging and Disability Resource Center of Northeast Missouri 31	• If you walk away or leave the room, tell the person and make sure they have a chair, wall, or table to place their hand on. • Inform them of the surroundings and activities going on. • Be courteous, respectful, and don't be afraid to ask if you are not sure what to do! • Handout 4 shows some differences between Deaf, deaf, deablind, and blind cultures.	
Slide 32	People with Disabilities **Communication Disabilities** • Take time, relax, and listen • It's ok to say "I don't understand" • Repeat what you understand • Don't pretend to understand National Center for Access Unlimited (n.d.) Show Me Options Aging and Disability Resource Center of Northeast Missouri 32	**Key Points:** • Communication disabilities include speech disabilities that are related to stroke, hearing loss, cerebral palsy, or brain injury. They also include a range of disabilities like aphasia. • People with communication disabilities may require more time and sometimes supplemental methods to communicate. • The important things are that you don't rush the person, you are honest about it if you can't understand, and you treat the person with respect and dignity even when communication is difficult. • It is ok to suggest alternate methods like writing if you and the person are not successfully communicating even after repeating and giving ample time.	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 33	People with Disabilities Video **Institute for Community Inclusion Video: What Are You Saying?** Institute for Community Inclusion. (University of Massachusetts-Boston). (2000) 33	(Right click the link to open.)	**Video: *What Are You Saying?*** **http://youtu.be/oABbN-oBs7g**
Slide 34	People with Disabilities Developmental and Intellectual Disabilities **Language and Concepts:** • Use simple, concrete language without talking down. • You do not need to talk loudly or slowly. • Repeat what you understand, and ask the person to repeat what they understand. **Respect:** • Adults with DD are still adults • Even if a relative or guardian is present, address the person with DD National Center for Access Unlimited (n.d.)	**Key Points:** • Some of the same guidelines with communication disabilities also apply when talking to people with developmental disabilities: Be patient, be honest, repeat to make sure you understand. • Talk to the adult with DD, not to a companion or assistant. Ask the person to repeat any important information or instructions to make sure they are understood. • Unless informed otherwise, an adult with DD can and should make his or her own decisions about services, supports, and where to live. • Even if the person has a guardian, try to communicate directly with the person as much as possible, using eye contact and asking questions to see what they understand.	

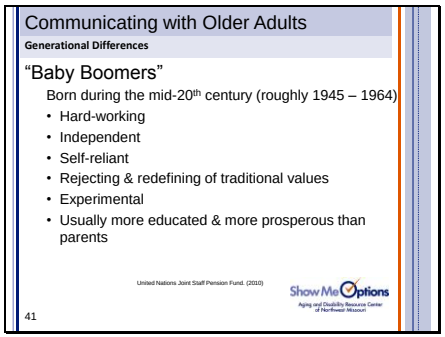
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 35		(Review points on slide.)	
Slide 36		**Key Points:** • People with TBI can have a range of communication and language difficulties, and they may or may not be noticeable at first. • Some common effects of TBI are slurred speech, short attention span, difficulty with too much material presented at one time, memory problems. • The person may also appear rude, but it is really the brain injury that makes it hard to understand "social graces." • They may use inappropriate language, or talk about unrelated topics, or give a long rambling answer to what you thought was a simple question. • Be patient, gently guide the conversation back on topic, and provide breaks if necessary. • There are many causes of TBI, from car accidents to falls.	

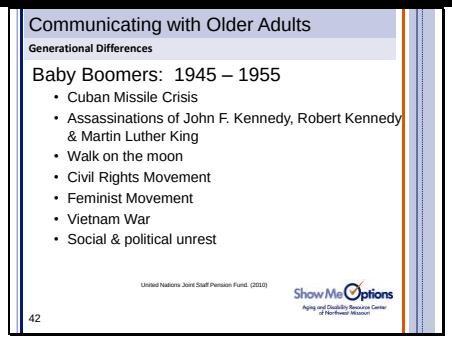
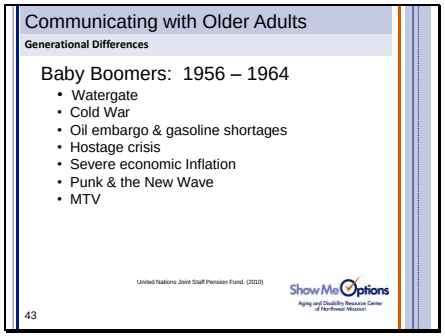
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 37			Handout 5 is a reference sheet from the National Service Inclusion Project.
Slide 38			

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 39		**Key Points:** • "Older adults" generally mean people 60 years of age and older. • This age group is as diverse as the general population: diversity of race, ethnicity, gender, socio-economic class, ability, and sexual orientation, like the population at-large. • Different elements of identity will impact the way aging is experienced. • In other words, it is important to remember that age and aging is not experienced nor regarded the same way by all people. • Older adults are adults. Just as with any adult, their background, knowledge, and values should be considered and respected. • Dealing with people who have a lot of life-experience. • General communication techniques, such as active listening and motivational interviewing, are also effective techniques with older adults. • However, generational differences as well as cognitive and physical changes that are more prevalent in an older population will need to be accommodated.	

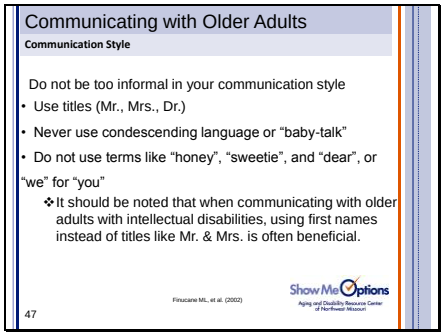
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

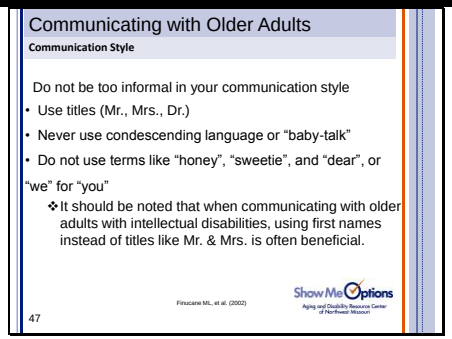
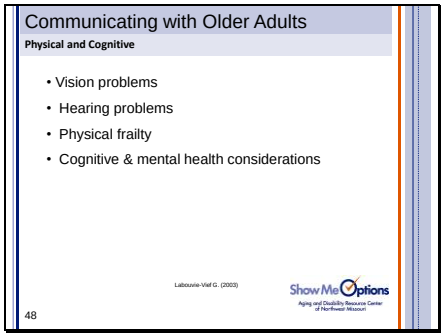
Slide 40		**Key Points:**
		• Currently, people 60 years or older will have been born in early 1950s or before.
		• This age group is the fastest growing age group in the US:
		  • Expected to make up 20% of the entire population by 2030.
		  • Fastest growing sector are people 85 years and older.
		• Therefore, we are talking about a wide array of generational perspectives.	

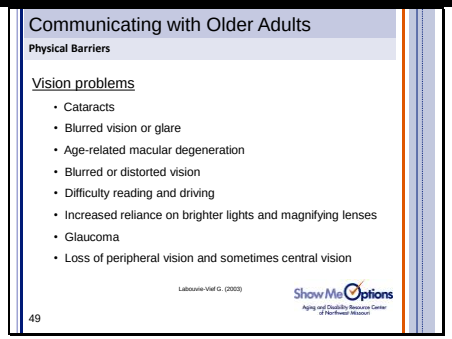
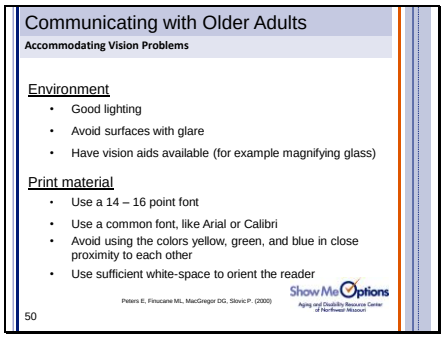
Slide 41		**Key Points:** "Baby Boomers" represent the part of our population that was born roughly in a twenty-year period, between the years 1945 – 1964. • Qualities that are typically identified with this group are hard-working, independent, self-reliant, rejecting & redefining traditional values. • However, these generalities do not always apply. • Consider the different experiences of those born between 1945 – 1955 & 1956 - 1964.	**Question:** What are some of the different experiences that these two groups may have had growing up?

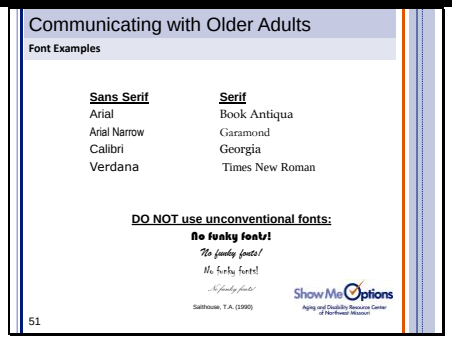
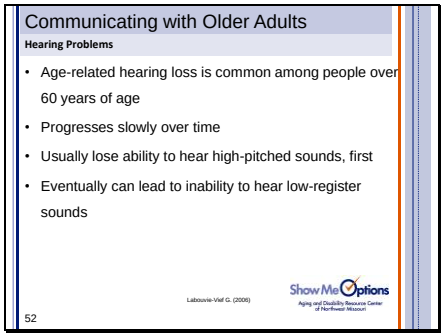
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 42		(Review world events on slide. Compare to those offered by trainees.)	**Question:** How might these events influence a person's view of the world?
Slide 43		(Review world events on slide. Compare to those offered by trainees.)	**Question:** How might these events influence a person's view of the world?

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 44		**Key Points:** • Again, this age group contains much diversity of experience. • Consider the major social & political events that shaped this "generation."	**Question:** What are some of the world events that might have influence people born between 1901 – 1925?; between 1926 – 1944?
Slide 45		**Key Point:** • Although this age group represents the "oldest old", people 85 years and older – the fastest growing age group – are from this cohort. (Review world events on slide. Compare to those offered by trainees.)	**Question:** How might these events influence a person's view of the world?

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 46		(Review world events on slide. Compare to those offered by trainees.)	**Question:** How might these events influence a person's view of the world?
Slide 47		**Key Points:** • When working with an older adult that you do not already know – especially if they are older than you – default to referring to the person with the appropriate title and their surname. • If in doubt, ask the person how they'd like you to refer to them. • E.g., say "Do you prefer Mrs. Smith?"; "Can I call you John?" • Be careful with the title "Ms." Some older women consider this term inappropriate. • Infantilizing older adults is not uncommon in our culture, but is often very offensive to older adults. • Some people tend to talk to older adults as if they are children, or as if they are not capable of understanding a message. • Older adults are still adults, and should always be treated as such.	

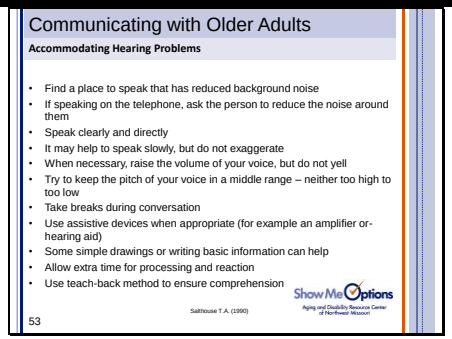
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 47 (cont.)		• It is important to note however, that when communicating with older adults with intellectual disabilities like MR, Down Syndrome, etc., that using first names can actually at times be better than titles like Mr. & Mrs. • This is because those in this population are accustomed to being referred to by first names. Maintaining this helps ensure clarity and can cut down on confusion.	
Slide 48		**Key Points:** • The population of people 65 and older is a population that has a high level of disabilities. • Approximately 54% of all adults 65 and older have at least one disability. This can be physical or mental. • However, an adult who has developed a disability as part of their aging process is not likely to define themselves as a person with a disability. It is important to remember this distinction. • Do NOT be influenced by age stereotypes. Never assume that because someone is older that they will have impaired ability. • Be prepared to make accommodations, but do not do so until you know they are needed. • Unnecessary accommodations can be offensive to older generations and their sense of autonomy. • Be honest if you are unsure about the best way to communicate with someone -- ASK.	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 49		**Key Points:** • Vision problems are common among people over 60 years of age. • Approximately 1 in 3 people over the age of 60 have some vision-reducing condition. • These can be simple issues such as using reading glasses, to more complex problems resulting in near blindness. • Some common visual impairments are cataracts, age-related macular degeneration, and glaucoma.	
Slide 50		**Key Points:** • Fonts: experts agree that using a sans-serif (Arial, Calibri) is best for websites or anything viewed on a computer. • However, there is disagreement about the best type of font for print material; some experts say to use sans-serif while others say to use a serif font. • The bottom line concerning fonts – use common ones ONLY. (Handout) • As we age, our lenses tend to yellow. Therefore, be careful with using the color yellow. • When using color to code information, or communicate an idea, it is advisable to avoid using yellow as well as yellow, green, and blue in proximity to each other since the reader may not easily distinguish these colors.	**Handout 6**

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 51		(Handout 6)	**Handout 6**
Slide 52		**Key Point:** • Age-related hearing loss affects 1/3 of the population over 65 and up to 50% of people over 75.	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

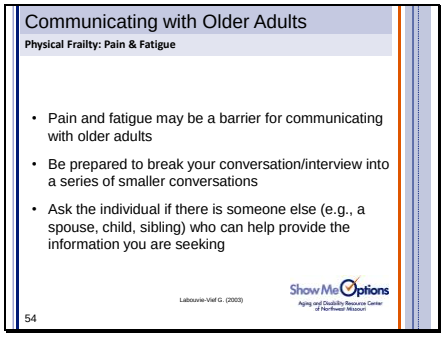
Slide 53



Key Points:

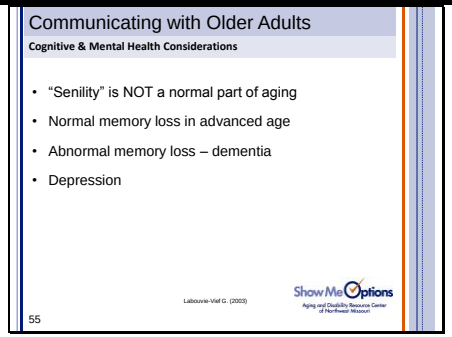
- It is important to remember that older adults who have developed an age-related hearing loss may not identify themselves as having difficulty hearing.
- Be sensitive to the individual's reluctance to admit they are having a hard time hearing.
- If it is clear that the person is struggling to understand you, ask if they have a hearing aid they could use.
- If you are attempting a telephone conversation, listen for background noises. Ask the person if they can turn off the TV, radio, or if they can move into a room where they can be by themselves.

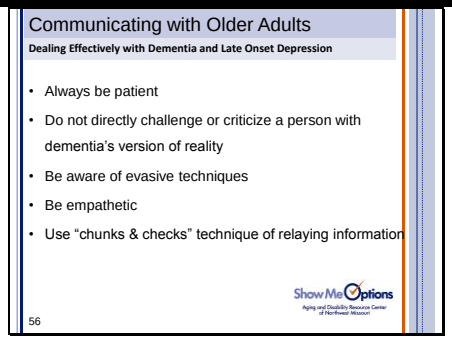
Slide 54

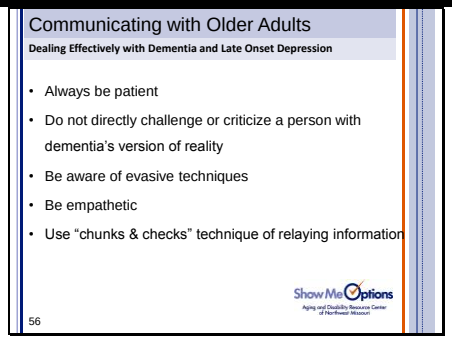


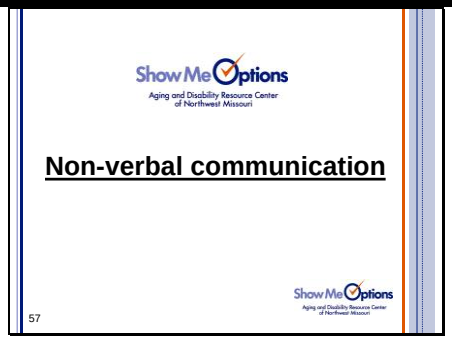
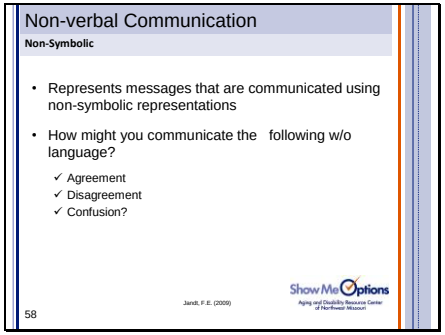
Key Points:

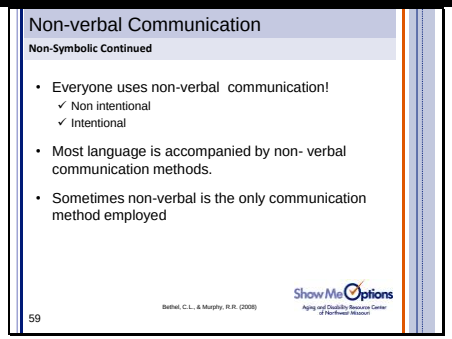
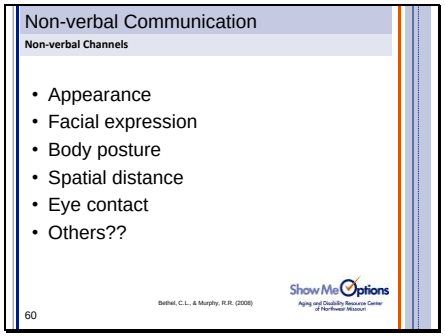
- For older adults who are physically frail due to such things as chronic health conditions, chronic pain, injuries, and recovery from surgery or illness, long conversations and interviews may be exhausting.
- Be prepared to divide your time with the individual into a series of shorter conversations.
- You can also ask if there is someone who could help provide the information you need, such as a spouse, child, or sibling. Of course, you must respect their decision not to involve someone else.

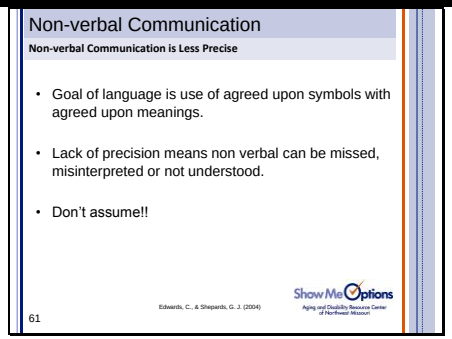
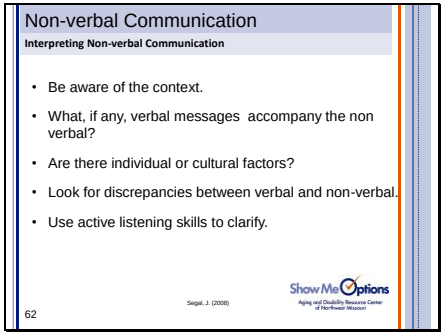
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 55		**Key Points:** • The idea that people become "senile" as they age is a stereotype of aging that is very offensive. • Although there is some "normal" memory loss among the "oldest old", those 85 years and older, serious memory loss and cognitive decline is NOT a normal part of aging. • Serious memory loss is usually the result of an organic brain disease, or dementia, the most common of which is Alzheimer's disease. • Although a dementia like Alzheimer's can affect adults at varying ages, it is very uncommon in people under 60 years of age, and most common among people 65 and older. • An estimated 13% of the population 65 and older has Alzheimer's disease. • Older adults have a higher rate of undiagnosed and untreated depression than the general population. • "Late onset depression" affects 7 – 20% of adults over 60 living in the community and 17 – 35% of adults over 60 in primary care facilities. • Most depression experienced by older adults is not "major depression", which tends to decline with age, but "depressive symptoms", which tend to increase with age. • These conditions can complicate the communication process. • If this is the case, be patient and help them understand that you are there to help them.	

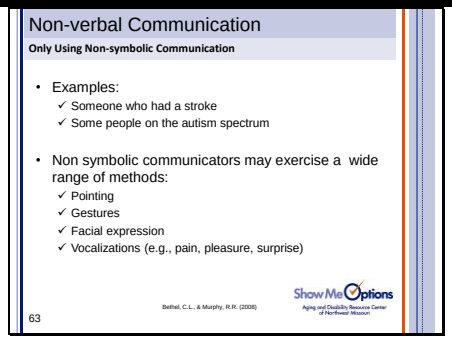
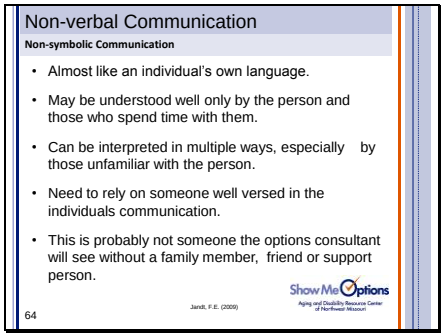
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 56		**Key Points:** • Patience is the most important tool in dealing with someone that has dementia or late onset depression. • In the case of dementia, do not directly challenge or criticize the person's version of reality. • If you are working with someone you know has, or suspect may have, dementia make ONLY necessary corrections carefully and gently in an effort to aid their memory. • Dementia affects short-term memory, first. So, you may need to reorient the individual to such things as the time of day, month, year, etc. • Never act surprised or amazed at incorrect information; stay as non-judgmental as possible. • Often, people in the early stages of dementia will be evasive as a means of covering up their memory loss. • E.g., they may answer your question with a question. • If you are having a difficult time getting correct information, ask if there is someone who could join the conversation, like a spouse, child or sibling. • You could also ask if you could speak to their loved one on your own, after your conversation is over. • Older adults who have depression may have need to express their sense of loss or grief. • Although you are not there to counsel them, you can be empathetic to their feelings. • Often, people who are experiencing depression will be irritable. • Do not take expressions of exasperation or irritability personally. Show understanding and offer to talk at a	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 56 **(cont.)**		later time, if the individual seems especially agitated or upset. • Again, you can gently suggest that a trusted loved-one participate in the conversation. • It is also important to note that depression is a common side-effect of dementia – especially in the early phases of the disease. • Moreover, some short-term memory loss can be a symptom of depression, and not necessarily due to a dementia. Be careful of making assumptions. • For your work, the most important factor is to try to get as accurate of information on the individual's needs, abilities, and wishes as possible, and to successfully relay information they need to know. • "Chunks and checks" teaching technique: Give short pieces of information, then ask the person to teach the information back to you. For example, say "How would you explain X to your husband?"; "Remind me when our next meeting is?" • Do not ask for a "yes" or "no" reply as it may not be accurate. • Realize that you may have to give the same information to the individual various times. It is important that you do not act frustrated if you have to repeat yourself.	

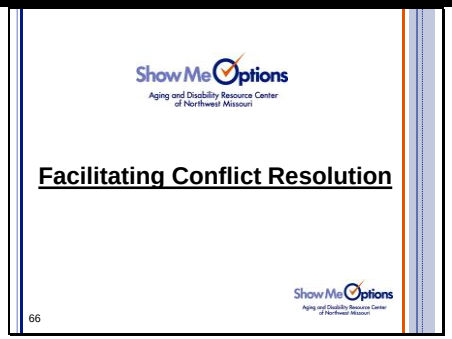
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 57		**Key Points:** (Recall the basic communication model.) • As ADRC staff, it is key to be able to communicate and interact with a diverse set of people. • Some people who are in need of support may be unable to communicate using language. But it is critical that they be involved in exploring options, setting goals and maki9ng decisions. • This section explores non-verbal communication.	**Question**: Is it possible for communication to happen w/o words?
Slide 58		**Key Points:** (Differentiate symbolic vs. non-symbolic communication.) • Symbolic is language: An agreed upon vocabulary and an agreed upon syntax. Goal is more efficient and effective exchange of information and ideas. • Non-symbolic is communication outside of language. • Non-symbolic is equally valid. It can effectively communicate emotions, facts and ideas. • However, it is more open to misinterpretation. • E.g., Is someone grimacing angry or in pain? If someone nods their head, are they agreeing or are they imitating someone across the table in order to connect with them?	**Questions:** • How might you communicate agreement w/o words? How about disagreement? • What about emotions like confusion?

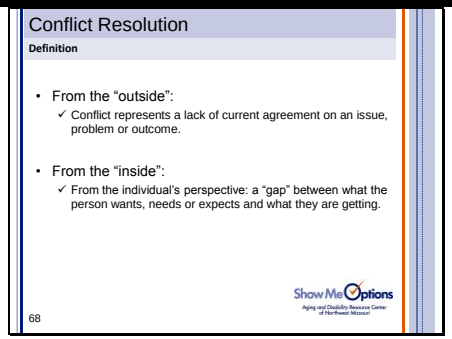
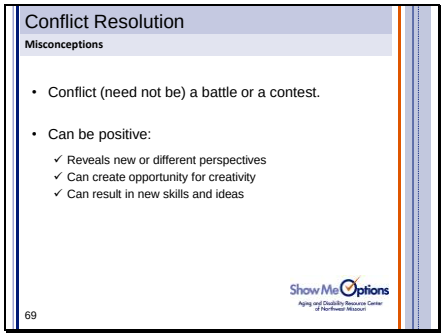
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 59		**Key Points:** • Non-symbolic communication is commonly used by all. (Give examples of both intentional and non-intentional non-symbolic communication.) • Some people – either always or for a limited period of time – might rely solely on non-verbal, non-symbolic communication. • Some examples might be an individual with a cognitive disability; some people on the autism spectrum; a person who has had a stroke; some who has had a TBI.	**Questions:** • What are examples of non-verbal communication that accompanies verbal communication? • How does it enhance the communication process? • Can it sometime confuse message exchange or feedback? How? **Question:** What are some examples of people who might rely exclusively on non-verbal, non-symbolic communication?
Slide 60		**Key Points:** • These are some non-verbal channels. (Refer to slide.)	**Questions:** • Can you give some examples of each channel? • What other channels might someone use? (E.g., gestures, pictures)

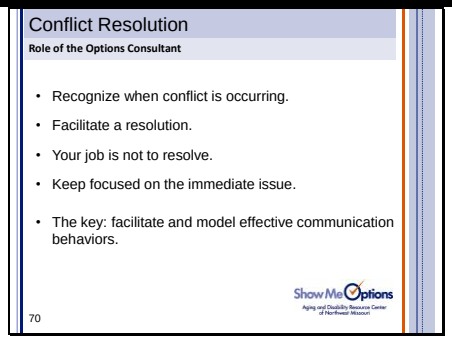
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 61		**Key Points:** (Reiterate validity and value of non-symbolic communication, but also the potential downside in terms of loss of precision or misinterpretation.)	**Questions:** • What can facilitate more accuracy in non-symbolic communication in a person who is verbal? (E.g., some says they agree, but their facial expression is inconsistent with agreement). • What can facilitate more accuracy with someone who uses non-symbolic exclusively or almost exclusively? (Some possible answers: reliance on key supporters and family who know the person well; spending time with the individual; looking for verification via other communication channels.)
Slide 62		**Key Points:** (Review these strategies for more accurate interpretation of non-verbal/non-symbolic communication.) (Provide an example for each strategy.)	**Question:** (Ask for additional examples as needed to clarify.)

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 63		**Key Points:** (Review examples on slide.) (Emphasize the wide range of non-symbolic channels.) • Individuals may use multiple non-verbal/non-symbolic channels.	**Question:** (Ask for additional examples.)
Slide 64		**Key Points:** (Review summary comments on non-verb/ non-symbolic communication on slide.) • At the same time, with ingenuity and practice, it's possible to become more skilled at sending and receiving non-symbolic messages.	**Activity:** • Have people place themselves in groups of 3-4. • Each group should have a sender, a receiver; remaining are observers. • Give sender a message to communicate non-symbolically; i.e., cannot use written or spoken words. • May use pictures, gestures, facial expression, body language. • (You may set up a contest if desired, to see who can communicate the message the quickest.) • Have a variety of messages, both simple and complicated. • When all messages (or most) have been received, do a quick de-brief with whole group:

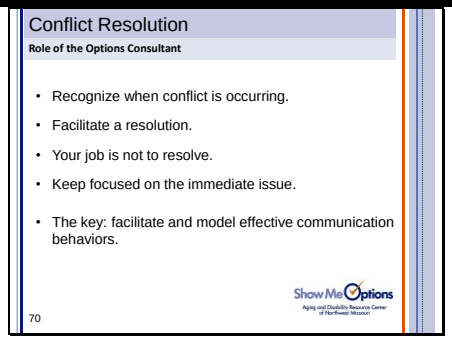
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 64 **(cont.)**	Non-verbal Communication **Non-symbolic Communication** • Almost like an individual's own language. • May be understood well only by the person and those who spend time with them. • Can be interpreted in multiple ways, especially by those unfamiliar with the person. • Need to rely on someone well versed in the individuals communication. • This is probably not someone the options consultant will see without a family member, friend or support person. Jandt, F.E. (2009) 64		• Ask what message was being sent; how was it communicated; what were sources of confusion or difficulty? Get perspectives of sender, receiver and observers. • Note key lessons learned from the experience.
Slide 65	Non-verbal Communication **Non-symbolic Communication Continued** • Non-symbolic communication is not of less value. • It is simply more difficult to interpret, and may limit the person's audience. Bethel, C.L., & Murphy, R.R. (2008) 65	**Key Point:** • Effective interaction with ADRC clientele demands effective "de-coding" of ALL messages, verbal and non-verbal.	

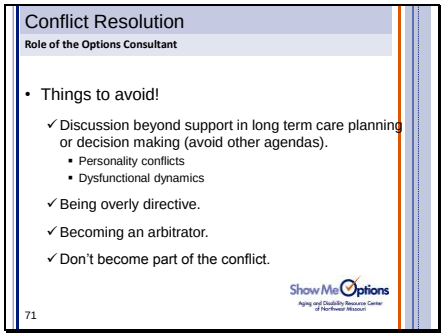
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 66			
Slide 67		(Review points on slide.)	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 68		(Review perspectives on conflict – slide.) **Key Points:** • In order to effectively facilitate conflict resolution, it is important to be clear and help individuals involved get clear about what each person wants, needs and expects. • Critical to keep focused on issue, NOT personalities.	
Slide 69		(Review misconceptions – slide.) (Give examples of situations where you have personally experienced positive outcomes. Ask for examples from others as well)	**Question:** Have you had an experience like this, where what began as a conflict resulted in… • A really innovative solution? • A time when you learned something about people? • An experience where you learned more about a problem? • You or others becoming motivated to learn new skills?

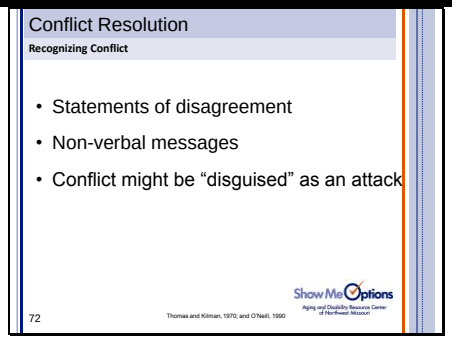
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 70		**Key Points:** • Recognition: (Give examples; highlight the gap between desire and expectation.) • My son needs at least 40 hours of support a week, but you are saying you can only provide 18-20. • I don't think I need someone to help me with my meals. I am perfectly capable of taking care of myself. • I expected to return home and now you are saying that I have to go to a nursing facility??? • Facilitate: • Create the conditions that are likely to make it happen. • Use and get others to use effective interactive behavior skills! • Resolve: the parties involved need to reach a resolution. • Possible resolutions: • Agreement: all parties are "nodding their heads yes"…a solution acceptable to all! • Consensus: all parties agree to actively support a solution even if the solution is not the one they were after. Each part feels they have been heard. And they feel that the solution is in the person's best interest. • Compromise: negotiate solution so that each party gives up part of their preferred solution.	**Question:** What suggests the appearance of a conflict?

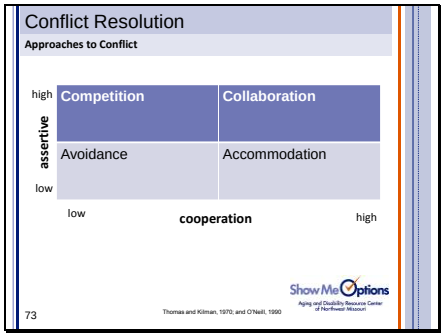
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

Slide 70
 	
(cont.)
		• Focus: keep the parties focused on the issue at hand.
		  • Don't let people get diverted by "old baggage," larger issues.
		• Look for fatigue.
		  • If people are tired, suggest a break or call a halt until another time.
		
		(Emphasize using effective interactive behavior skills.)
			Question: When might you recognize people are getting diverted by "old baggage"?

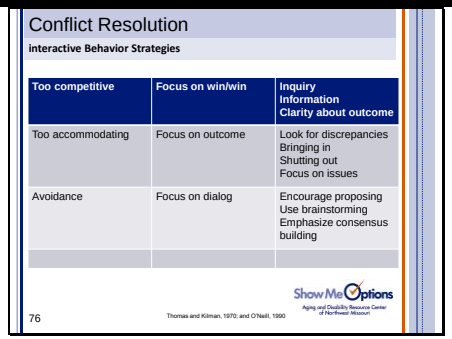
Slide 71		**Key Points:**
		
		• Avoid diverting to larger issues.
		• Avoid being overly directive.
		  • Listen for yourself saying " I think you should…."
		  • Instead say things like, "Let me suggest that you…"; "Have you considered…?"
		• Aim for an effective solution in a minimal period of time.
		• Be a facilitator.
		  • Don't take sides.
		  • Don't get caught up in the "emotion."
			Questions:
			• How might you recognize "dysfunctional dynamics?"
			
			• Is your job to engage in counseling?
			
			Questions:
			• What is arbitration?
			
			• What does "protracted period of negotiation" mean?
			
			Question: Does this mean you shouldn't feel emotional?
			
			Question: How do you not take sides but advocate for the individual?
			(A solution: Use interactive behavior skills such as bringing in, shutting out, etc.)

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

Slide 72		**Key Points:**
		• Look especially for:
		  • Competitive messages
		  • Avoidance indicators or non-verbal messages
		  • Messages of accommodation
			Questions:
			• What are obvious signs of conflict?
			• What are more subtle non-verbal signs of conflict?

Slide 73		**Key Points:** • Recognizing all party's approach to conflict can provide guidance in using interactive behavior skills to facilitate resolution of the conflict. • The goal is to get all parties (if possible) to the collaboration space. • Competitive stance: high assertive, but low in cooperation. • Avoidance: low assertive, low in cooperation. • Accommodation: high in cooperation, but low in assertiveness. (Provide brief scenarios from your experience of each approach.) • There's an important difference between being assertive and being aggressive. We'll look at this in more detail, shortly. (Slide 75)	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 74		**Key Points:** (Emphasize these are rules of thumb): • Win/win: How can both parties get what they are after? • Accommodation: Encourage accommodating party to focus on wants and needs. • Avoidance: Use inquiry, and propose actions and explorations to overcome.	
Slide 75		(Review points on slide.)	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 76		**Key Point:** • Table summarizes interactive behavior strategies.	**Activity:** • Present a scenario such as the one below: An older couple, an options consultant and a nephew who serves as an advisor to his aunt and uncle, are meeting to discuss the older couple's needs. The couple currently lives in their own home in Savannah. Their home is paid for. They are in their 70s and in reasonably good health. However, both have chronic conditions, including arthritis, cataracts, and arthritis. The couple likes to drive to St. Joseph for entertainment once or twice a week. Many family members are getting concerned about either of them driving. As the options consultant facilitates the discussion, the nephew says things like, "yeah, whatever.." His uncle has said at least twice that no one is going to tell me whether I can drive or not! The aunt looks nervously at both her husband and her nephew, but says nothing. • Ask the trainees to imagine that they are the options consultant in the scenario. **Questions:** • What conflict spaces are each operating from? • What interactive behavior skills would help?

Conflict Resolution

interactive Behavior Strategies

Too competitive	Focus on win/win	Inquiry Information Clarity about outcome
Too accommodating	Focus on outcome	Look for discrepancies Bringing in Shutting out Focus on issues
Avoidance	Focus on dialog	Encourage proposing Use brainstorming Emphasize consensus building

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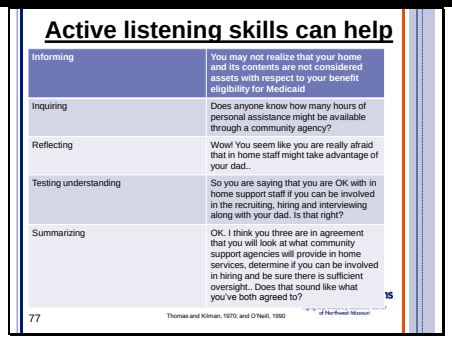
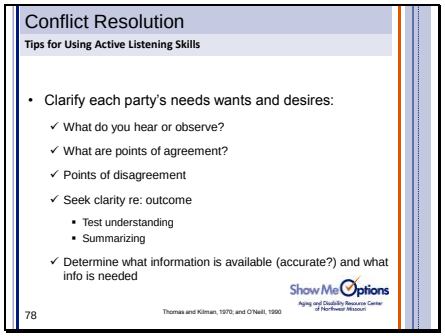
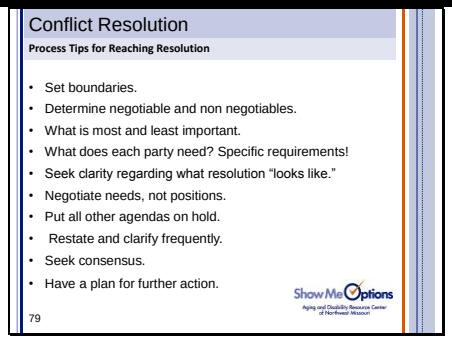
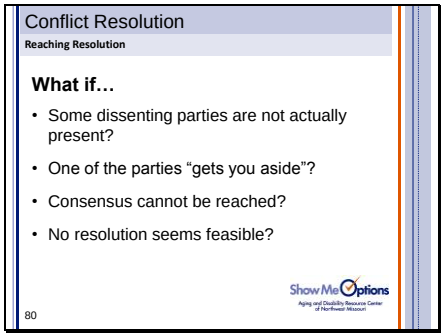
Thomas and Kilman, 1970; and O'Neill, 1990

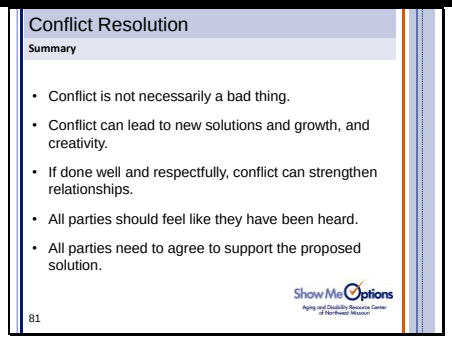
Show Me Options
Aging and Disability Resource Center of Northeast Missouri

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 77		(Concerning the previous activity, review examples on slide, which demonstrate how providing information can potentially begin to resolve the problem(s) and assist parties in reaching a resolution.)	
Slide 78		(Review general guidelines on slide for using active listening skills to facilitate conflict resolution.)	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

Slide 79		(Review points on slide)	**Question:** Can you think of some examples for the different tips?
			• Some examples:
			  ○ Setting boundaries: "I think we agreed to set that issue aside."; Establish a "parking lot" to list issues to be explored later, if necessary.
			  ○ Plan for action: Throughout the discussion note what steps for action have been identified; Assign individual(s) to each action; Set a timeline.

Slide 80		**Key Point:** • Some of these situations might come up in options consulting.	**Question:** How would you manage these situations?: • Parties not present: (Some suggestions: Set meeting where ALL key players are present; Bring them in by phone; others?) • Party gets you aside: (Some suggestions: "That sounds like something we should discuss when we reconvene."; "I think we decided that….") • Cannot reach a consensus? (Some suggestions: Take a break, reconvene at another time; Ask the group what they think might help reach a resolution.)

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 81		(Review key points on slide.) **Questions?**	