Strategies for Effective Communication with an Older Population

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Two Main Takeaways:

1. Dementia and Communication

2. “Working With” - Considering an Anti-Oppressive Approach
Dementia and Communication:
What is Dementia?

Dementia and Communication:
Why Should I Care About Dementia?

- 597,000 - number of people in Canada living with dementia in 2020.
- 955,900 - number projected to be living with dementia in 2030.
- Over $10.4 billion - annual cost of dementia to the Canadian economy and healthcare system
- Physical exercise has been seen as a beneficial non-pharmacological therapy in the prevention and management of dementia
Dementia and Communication:

“When you’ve met one person with Dementia, you’ve met one person with Dementia!”

Dementia and Communication:
General Tips

- Use short sentences
- One instruction at a time (ex. “go get ready for X”)
- Use visuals (ie. Pictures, videos to demonstrate exercises)
- Make eye contact and be at eye level
- Use cueing/mirroring and hand gestures to initiate movement
- Avoid sarcasm, insinuations and be more literal
- Avoid correcting a person and instead provide reassurance and patience
- Use yes or no, or limited choice questions instead of open-ended questions
- Allow time for a person to process information and to respond
- Consider external distractions or factors (ie. Background noises, hearing aid function)
- Ask.
Check out Teepa Snow for more information on caring or communicating with a person living with Dementia!

“Working With”: Anti-Oppressive Practice
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Background:
- Identity is a person’s sense of who they are and who others are in relation to themselves.
- We identify physical, psychological and sociological differences to mark an individual or group from another and can often categorize certain traits as being superior or more desirable than another.
- This can create privilege of one group at the expense of another and form a ‘them-us’ division.
- If an individual or group does not have the characteristics considered desirable, they become socially excluded and subjected to marginalization (may even be considered deviant or abnormal).
- These dynamics underpin the social construction of oppression.
- Some professional relationships (i.e., doctor/patient or instructor/student) can create and perpetuate oppressive relationships.

“Working With”: Anti-Oppressive Practice

- Is both a theory and an approach that has a very broad scope.
- Recognizes the oppression that exists in our society/space and aims to mitigate the effects of it and eventually equalize the power imbalances that exist between people.
- It also recognizes that all forms of oppression are interconnected in some way, shape or form.
“Ageism is discrimination directed towards older adults on the basis of their chronological age or the perception that they are “elderly” and therefore frail and/or incompetent.”

• Oppression due to older age is one of the most socially-condoned and institutionalized forms of prejudice.
• Older people are a group that require us as practitioners to challenge derogatory labels and assumptions that a dominant group has ascribed them.
• Marginalized groups seek equality of treatment and the right to define themselves in their own terms.

“Working With”: Anti-Oppressive Practice

Goals of this type of practice:
• Highlight and dismantle the structural basis of these inequalities.
• Mitigate the effects of oppression that can internalize devaluing beliefs/identities.
• Increase an individual’s self-efficacy, or their belief in his or her own capacity to reach their goals.
• Integrate and empower an individual to include their own experiences and wishes into their care plan.
“Working With”: Anti-Oppressive Practice

Requires a practitioner to be:

- Critically self-aware, being conscious of power and privilege and how that may impact the treatment or perception of the consumer.
- In acknowledgement of the impacts of ageism, sexism, racism, homophobia, transphobia, ableism and more on each individual consumer.
- Actively seeking opportunities to explore practices that are culturally specific to the consumer, their community and their values.
- Working in partnership with service users to empower them through collaborative efforts that position the service user as the expert in their own life.
- Committed to transparency where the service user has the full information and awareness of the circumstances to make decisions in their best interest.
- Empower a service user to externalize the source of oppression.

Case Study #1:
You are speaking with a 72 year-old male who has been living with Alzheimer’s disease for 3 years. He is very mobile, but has a hard time being motivated to come to the classes. When he is at class, you find that he seems disengaged, distracted and is sometimes impatient.

Case Study #2:
A 62 year-old black woman has been attending your classes because her doctor said exercise would help her with her disability. When she attends, you notice that she always goes to the back of the room and leaves the second that the class is finished. She always carries a big backpack with her and tends not to let it out of sight.

What communication approaches and considerations might you contemplate while working with these people to help them reach their fitness goals?
Wrap-up and Questions

References


https://alzheimer.ca/en/about-dementia/what-dementia/dementia-numbers-canada?gclid=EAIaIQobChMI-NjagN23_wIV0NdjBx1xkgZEEAYASAAEgKwp_D_BwE

https://www.mydementiashelp.com/age-is-just-a-number

https://www.criticallyinfusedsw.com/antioppressive-practice