

# Geriatric Counseling and Interview



Yadollah Abolfathi Momtaz , PhD  
Associate Professor of Gerontology  
University of Social Welfare and  
Rehabilitation Sciences

# Speech Outline



- ❖ CCMSc Model
- ❖ CALTAP Model
- ❖ Communication with older Adults
  - ❖ How to call older adults
  - ❖ Core communication skills
  - ❖ Advanced communication skills
- ❖ Mental status examination

# CCMSC Model



- ❖ **C**ontextual
- ❖ **C**ohort-based
- ❖ **M**aturity
- ❖ **S**pecific-**C**hallenge model
  
- ❖ when interviewing with older adults some factors should be considered
- ❖ when working with older adults some adaptations are needed

# CCMSC Model

Component	Description
Context effects	Current environmental characteristics such as age - adapted accommodations, residential facilities, <b>Living arrangement</b>
Cohort factors	Individual cognitive performance, verbal fluency, education, <b>normative course of life, life experience from a social and historical view point</b>
Maturity	Person's <b>cognitive and emotional difficulties</b> , experience in family life & person's accumulated interpersonal abilities
Specific challenges	Chronic diseases, disabilities, <b>grieving</b> while experiencing deaths of relatives & friends, <b>preparation for death, transition to nursing home</b>

# CALTAP Model



- ❖ **C**ontextual
- ❖ **A**dult
- ❖ **L**ifespan
- ❖ **T**heory for
- ❖ **A**dapting
- ❖ **P**sychotherapy

- ❖ **CALTAP** model: a way of both understanding clients from a lifespan perspective and adapting psychotherapy to their needs

# CALTAP Model



❖ The CALTAP model considering:



❖ The role of both age-related declines in cognitive abilities and positive age changes



❖ Social attitude toward aging, Ageism, social context, sociohistorical context, and the influence of cultural identity on older adults

# Communication with older Adults

---

- ❖ How to call older adults
- ❖ Core communication skills
- ❖ Advanced communication skills

# Communication skills



Doctor-Patients Skills



Patients-Doctor Skills

**A doctor who cannot take a good history and a patient who cannot give one are in danger of giving and receiving bad treatment**

# Communication Skills



- ❖ Appropriate physical environment
- ❖ Greeting patient
- ❖ Active listening
- ❖ Empathy
- ❖ Language
- ❖ Non-verbal communication

# Empathy



❖ Pathos=Emotions

❖ Sympathy= Pity

❖ Apathy= Lack of feeling

❖ Antipathy=Hate

❖ Empathy =Relate



# Empathy



- ❖ Empathy is more than a feeling; it is a feeling tied to an action
- ❖ Empathy feels the pain of another and then finds a way to alleviate the suffering
- ❖ Empathy turns an **emotion** into an accomplishment



# Techniques And Tips For Interviewing Older Adults

---

1. Selecting the Interview Location (conducting interviews in the homes of older adults allows interviewers to assess living conditions )
2. Conduct of the Interviewer
3. Special Considerations for Older Adults with Cognitive Impairments
4. Presence of Family, Friend, or Caregiver

# Conduct of the Interviewer



- ❖ Provide his or her name and contact information to the older adult
- ❖ Explain the role of the interviewer and the purpose of the interview to the adult;
- ❖ Develop a rapport with the older adult by asking about the adult's life and daily routine
- ❖ Ask the older adult whether he or she has any questions, needs, or concerns before going into the substance of the interview
- ❖ Make sure that cell phones, televisions, and other electronic devices that will distract from the interview are turned off and/or put away
- ❖ Treat the older adult with respect
- ❖ Ask the older adult how he or she prefers to be addressed
- ❖ Refrain from stereotyping the older adult

# Special Considerations for Older Adults with Cognitive Impairments

---



- ❖ Remember that a cognitive impairment does not always prevent an older adult from relaying what happened
- ❖ Ask short, open-ended but specific questions;
- ❖ Ask about one thing at a time, building on what the older adult has already disclosed
- ❖ Give the older adult time to answer each question without interrupting the adult but redirect as necessary
- ❖ Speak slowly and clearly but not condescendingly
- ❖ Speak at eye level with the older adult and maintain eye contact
- ❖ NOT correct the older adult

# Special Considerations

---



- ❖ consider the timing of the interview, asking, for example, whether the older adult is more or less alert because the interview is occurring
  - ❖ after a meal
  - ❖ after the adult has taken medication(s)
  - ❖ after physical exercise
  - ❖ earlier in the day

# Special Considerations



- ❖ Older adults with dementia may experience “sundowning,” which is a restlessness, agitation, and confusion that worsens later in the day as the sun goes down
- ❖ A caregiver may be able to provide information about the best time of day to conduct the interview with the older adult

# Presence of Family, Friend, or Caregiver

---

- ❖ It may be necessary, for confidentiality purposes, to conduct an interview of an older adult alone. Doing so also helps build trust with the older adult and ensures that the adult's story, and not another person's version of it, is told to the interviewer
- ❖ It may be necessary for the older adult to have a support person present for some of the interview, until the adult feels comfortable. The support person may leave after introducing the older adult to the interviewer, so that the older adult may be interviewed alone

# Benefits of Effective Communication with older adults



- ❖ Higher life satisfaction in patients
- ❖ Increased quality of life ratings
- ❖ Lower rates of depression
- ❖ Lower rates of aggression

# Tips for Effective Communication



❖ Use these tips when communicating with elderly patients to improve the outcomes and quality of treatments and medical care

- 1. Exercise Patience**
- 2. Explain Clearly**
- 3. Involve Family Members**

# How to have Effective Communication



- ❖ Speak to the patient as a fellow adult (respect older adults/ how to call them)
- ❖ Make older patients comfortable
- ❖ Avoid hurrying older patients
- ❖ Speak plainly
- ❖ Address the patient face-to-face
- ❖ Write down or print out takeaway points
- ❖ Recognize that people from different backgrounds may have different expectations
- ❖ Compensating for hearing deficits
- ❖ Compensating for visual deficits

# Information gathering skills



- ❖ Balance open and closed question
- ❖ Silence
- ❖ Clarification
- ❖ Sequencing of event
- ❖ Confidentiality
- ❖ Summarizing

# Hearing and visual impairments



❖ Age-related hearing and visual losses are common



# Compensating for hearing deficits



- ❖ Make sure your patient can hear you. Ask if the patient has a working hearing aid, look at the auditory canal for excess earwax, and be aware of background noises
- ❖ Talk clearly and in a normal tone
- ❖ Face the person directly, at eye level, so that they can lip read
- ❖ Keep a notepad handy so you can write down important points, such as diagnoses, treatments, and important terms
- ❖ Use amplification devices if they are available in your clinic or hospital.

# Compensating for visual deficits



- ❖ Make sure there is adequate lighting, including sufficient light on your face
- ❖ Check that your patient has brought and is wearing eyeglasses or contact lenses, if needed
- ❖ Make sure that handwritten instructions are clear
- ❖ When using printed materials, make sure the type is large enough (at least 14-point font)
- ❖ If your patient has trouble reading because of low vision, consider providing alternatives, such as audio instructions, large pictures or diagrams

# Geropsychiatric Assessment



1. Presenting complaints (history of the current illness)
2. Past psychiatric and medical history (Past Medical & Psychiatric History)
3. Medication history
4. Family history
5. Personal history (nutrition, life style)
6. Premorbid personality
7. Mental Status Examination

# The Mental Status Examination



1. General appearance & behavior (including psychomotor activity)
2. Language and thought disorders
3. Mood
4. Perception
5. Cognitive functions- focusing on orientation, attention, concentration, memory, intelligence
6. Judgment
7. Insight

# The general appearance of the older patient



## ❖ Grooming and dressing

- ❖ would give an indication of how the person is able to take care of themselves
- ❖ In patients who are depressed, demented or have psychotic symptoms the appearance of the patient may give signs to the diagnosis

## ❖ The psychomotor activity

- ❖ whether increased or retarded / would give valuable clues as to whether there is depression, mania, psychoses, delirium, dementia or generalized anxiety

# Language and thought disturbances



- ❖ Disturbances in thought content and stream are the most common disturbances in persons with depression, psychoses and sometimes with dementia
- ❖ Patients with psychoses or dementia may have delusions of persecution, somatic delusions or of family members stealing their personal belongings

# Mood and Affect



- ❖ It must be remembered that the older adults **may not exhibit the degree of sadness as younger persons would**
- ❖ On the contrary, they may exhibit **apathy instead of anxiety or sadness**

# Perceptual disorders



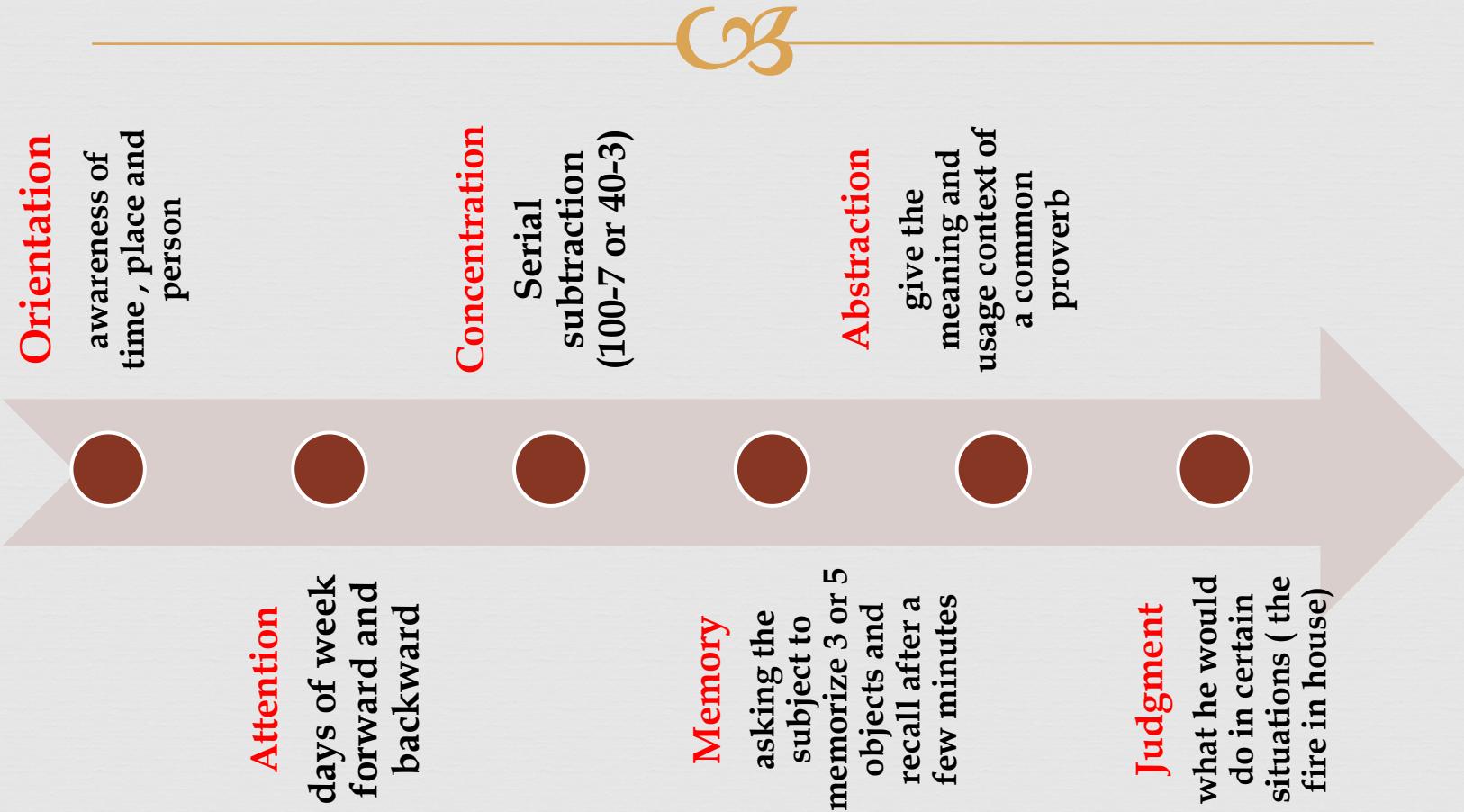
- ❖ Perceptual disorders in the elderly quite commonly can occur in all the five domains
- ❖ Although **auditory and visual hallucinations** are very common, it is also common to see **tactile, olfactory** and **gustatory** sensations especially when there is an organic condition or psychoses

# Cognitive functions and Memory



❖ Cognitive functions should be assessed in the sequence of first testing for orientation, moving on to attention and concentration and then memory and other higher functions like abstraction and judgment

# Sequence of Cognitive Assessment



# Insight



- ❖ Insight is tested by asking the person why **he has come for consultation or whether he thinks he has an illness and the explanation of the illness**
- ❖ Older clients with depression, anxiety or other mild forms of illness or mild cognitive impairment would have insight while **older adults with dementia, florid psychosis or delirium would have absent insight**

# Blazer (2003) 7 Syndromes



1. Delirium
2. Dementia syndrome
3. Insomnia
4. Anxiety (GAD/Fear of falling)
5. Paranoid delusions
6. Depression
7. Hypochondriasis (Illness anxiety disorder)

**Be happy and make others happy  
The happiest people are those  
who make others happy**  
**YAM**

