

Geriatric Counseling and Interview



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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



- Contextual
 - Cohort-based
 - Maturity
 - Specific-challenge model
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- 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, Living arrangement
Cohort factors	Individual cognitive performance, verbal fluency, education, normative course of life, life experience from a social and historical view point
Maturity	Person's cognitive and emotional difficulties , experience in family life & person's accumulated interpersonal abilities
Specific challenges	Chronic diseases, disabilities, grieving while experiencing deaths of relatives & friends, preparation for death, transition to nursing home

CALTAP Model



- Contextual
- Adult
- Lifespan
- Theory for
- Adapting
- Psychotherapy

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

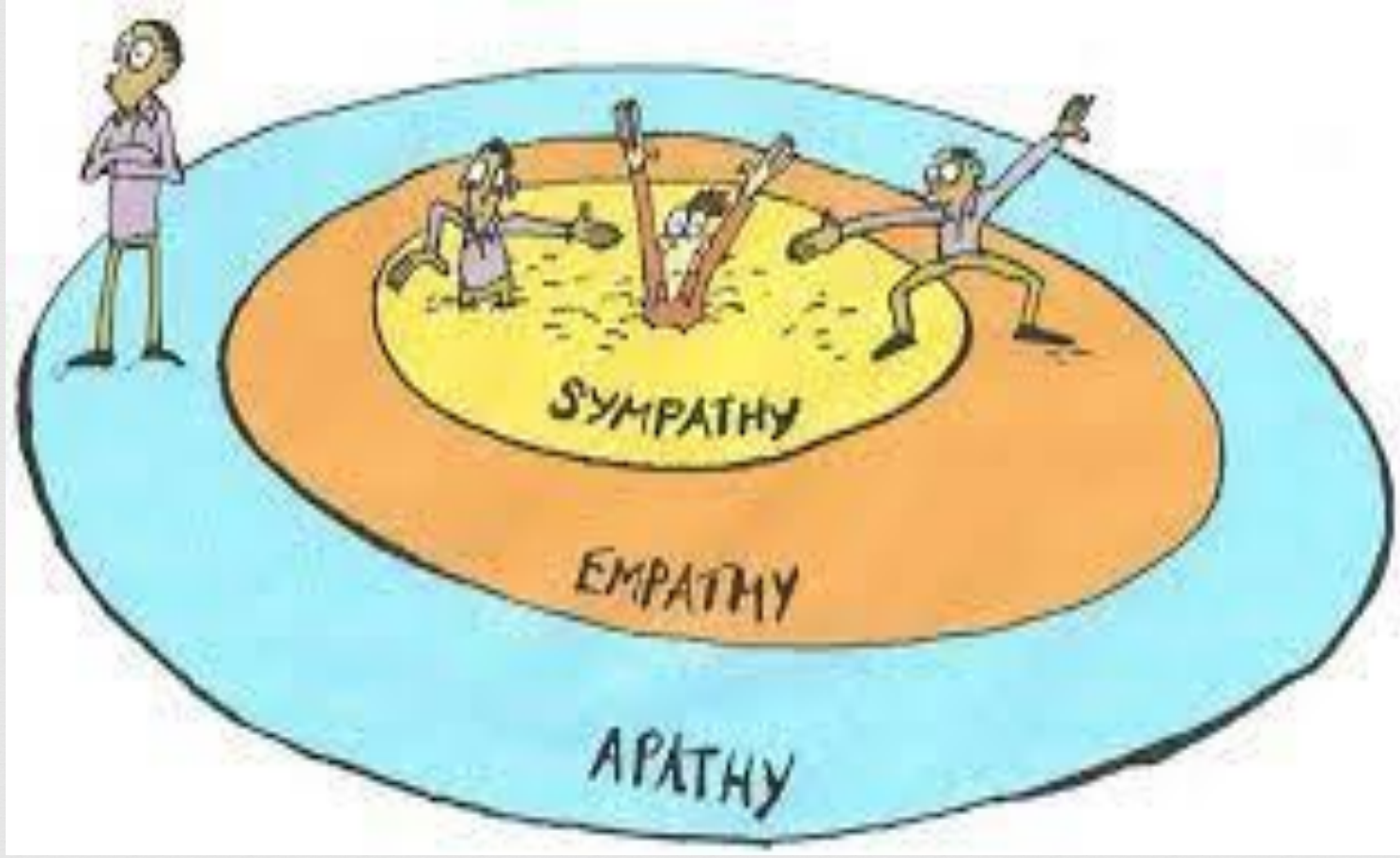
Empathy =Relate

	Would Listen	Would Understand	Would Judge you	Could Help
Apathy	NO	NO	NO	NO
Antipathy	YES	NO	YES	NO
Sympathy	YES	YES	YES	NO
Empathy	YES	YES	NO	YES

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 Interview



- ❧ 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



Orientation

awareness of
time , place and
person

Attention

days of week
forward and
backward

Concentration

Serial
subtraction
(100-7 or 40-3)

Memory

asking the
subject to
memorize 3 or 5
objects and
recall after a
few minutes

Abstraction

give the
meaning and
usage context of
a common
proverb

Judgment

what he would
do in certain
situations (the
fire in house)

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**

