Senior Companions At-Home Articles

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Aging in Place: Growing Older at Home

RACHEL CHRISTIAN – May 6, 2022

Nearly 80 percent of adults ages 50 and older want to remain in their current homes as they age, according to AARP.

Aging in place is often more affordable than transitioning to institutionalized care and allows someone to retain independence in a comfortable, familiar setting.

However, aging in place isn't right for everyone. It requires careful planning, research and coordination.

In this guide, we explore the many factors older adults and their families should consider when making this decision.

We also discuss available resources from the government and nonprofit organizations that can help make the aging in place process easier.

What Is Aging in Place?

Aging in place occurs when someone makes a conscious decision to grow older in their current residence instead of moving to an assisted living or long-term care facility.

Aging in place works best for people who create a plan, modify their home and establish a supportive network of family and home care services.

Affordable, accessible and suitable housing options also make it easier for older adults to age in place and remain in their community for years to come.

The choice to either age in place or transition to assisted care is a complex and personal decision influenced by emotional, physical and financial factors.

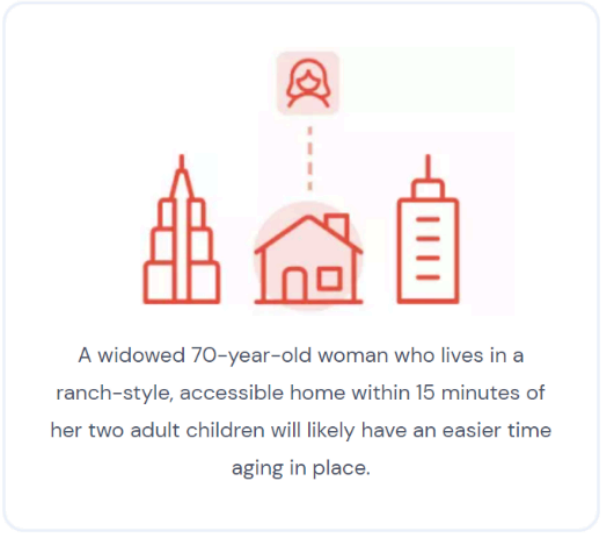
Is Aging in Place Right for You?

Staying in a familiar setting is a priority for many seniors.

But aging in place isn't always as easy as it sounds. Maintaining independence can become increasingly difficult as age increases and health declines.

Everyone's situation is different. It's important to evaluate and be realistic about your own circumstances.

Logistics of Aging in Place



Advantages of Aging in Place

Less Expensive

Assisted living facilities and nursing homes are expensive. Most health insurance programs and Medicare do not cover long-term care. Aging in place is usually much more affordable than moving into a facility, especially if your current home is paid off.

Maintain Independence

Personal independence tends to decrease with age. Older adults will eventually need help to accomplish everyday tasks. But if assistance is available from family, friends and caregivers, seniors can retain aspects of independence at home.

Familiar Setting and Routine

For many seniors, the emotional value of a home is far greater than its monetary value. While some older adults quickly adapt to living at a nursing home, others may never fully adjust or feel at home in a new environment. This can negatively impact a person's mental health.

While staying in the family home is ideal, it isn't always realistic.

"It's not for everyone. It's important to explore your options," Louis Tenenbaum, a former home modifications contractor who now runs the aging in place policy and advocacy organization HomesRenewed, told RetireGuide. "Every house isn't a good candidate, and everyone's situation is different."

While Tenenbaum said most homes can be adapted for aging residents, he admitted that certain situations make remodeling difficult and expensive.

"A multistory home without a bathroom on the first floor, for example," said Tenenbaum, who founded one of the country's first design-build remodeling companies focused on aging in place services back in 1993. "Or if access is difficult from the outside, like a really long driveway. There's also a lot of homes that are just suffering from major maintenance neglect."

Cognitive impairments, such as Alzheimer's disease and dementia, also make aging in place precarious because around-the-clock care is required as the disease progresses.

Disadvantages of Aging in Place

Safety Concerns

As you age, health emergencies become more frequent. Having someone nearby who can quickly assist you if you fall or have an accident is important. If you live alone, cognitive impairments can become dangerous. You might forget to take your medication, or you may wander away from home.

Home Maintenance Challenges

There's a tendency for your home to fall into disrepair as you age in it. Some older adults are unable to pay for regular repairs. Others may struggle to do the work themselves or find reliable help. Delaying maintenance can endanger your safety and limit the livability of your home.

Lack of a Support System

Not everyone is fortunate enough to have nearby family members willing to help. Aging in place may not be feasible if there are few friends and neighbors you can turn to for support or if you're not comfortable coordinating a

network of caregivers. If your adult children live far away or have their own health issues, aging in place can be particularly challenging.

Key Takeaways

- The term “aging in place” refers to the ability of older adults to live in their homes and communities safely, independently and comfortably, regardless of their age, income or abilities. Examples of aging in place include seniors living in their homes and receiving Meals on Wheels or living in a retirement community so that transportation isn’t a concern.
- Aging in place is best suited for those who have good health, a strong support system and minimally maintained or fully paid off homes.
- Some of the most important aspects of aging in place include living independently, safely and financially soundly.

What does it mean to me to help others age in place?

What Does Aging In Place Really Mean?

SCOTT WITT & JEFF HOYT - *NOV 23, 2021*

Aging changes everyone. No matter how fit we are and how much we take care of our bodies, eat right, exercise and keep our minds well trained and souls happy with mindfulness and being grateful, *aging changes* us despite all this.
Realistically we are looking at certain inevitable physical, mental and emotional changes. Not all of them need be negative.

For instance some **aging changes** can be highly beneficial, like learning to be more patient and tolerant as opposed to impatience and rudeness in our younger years.

What is undeniable is our bodies and our mental capacities do change irrevocably. Some of the subtle and not so obvious changes usually include some of the following:

- Poorer eyesight
- Reduced muscle mass and hence less strength
- Diminished endurance both physical and mental
- Higher risk of accidents due to bone fragility, less balance while walking
- Reduced hearing capacity
- Diminished mobility and agility
- Decreased flexibility

These changes are inevitable, whether you get some of them at 50 or do not experience any until after you hit 70. *Planning for your future residence* with these in mind means you will be better prepared to combat any challenges that may be thrown at you due to these changes that come with time. ***Aging in place well*** means planning in advance for any future changes.

These physical, mental and emotional changes affect the daily life of seniors. We can see the way they affect them in their daily activities. Collectively we call them ADL or **Activities of Daily Living**.

Some common examples of ADL may include the following:

- Ability to go out and come back home without incidents or anxiety
- Taking public transportation easily and without mishaps
- Be able to drive safely, able to navigate congested roads, confusing exits and highways
- Making it to social events without difficulties
- Maintaining one's home and outdoors easily without strain

- Taking care of one's health, which includes being able to do chores necessary to eat healthily to doing regular fitness or exercise routines without hardship.

Aging in place often factors in these everyday activities and how one would meet them in later years, with possibly some added physical complications like poorer eyesight or loss of hearing or how a physical condition like diabetes or cardiac problem complicates even seemingly everyday activities, such as gardening or lifting heavy things when cleaning the house.

The Importance of Aging in Place

At present, many **senior persons** +65 or older live either with their spouse or by themselves in their own homes. A majority of them have issues with everyday tasks, taking care of their health doing everyday activities even within their homes. As a consequence, the quality of life for many has suffered.

In 2000, there were just over 35 million American citizens aged 65 or older. By 2030, according to the US Census Board, there will be about 70 million Americans aged 65 or older. Which would make this age group almost 20% of the total US population.

The social, economical, physical, emotional, not to mention the medical challenges the rise of this **aging population** places on the fabric of our civic society is enormous. If going forward, successive governments in the federal and state levels do not figure out a way to handle the upcoming challenges ushered in by the aging population, the US will be facing a major dire predicament due to insufficient, misplaced or underused resources to address aging challenges. This is turn affects how well ***aging in place*** measures can be implemented in society.

What it Means to Me and My Family?

More personal challenges and changes typically include redecorating existing homes for easier accessibility, or even moving to a smaller, easier to maintain home and garden. Setting aside some time to live a more balanced life, dealing with home and work issues and managing stress in a more composed way. Deciding the level of *aging in place choices* one wants, requires and can be the best suited – either independent houses and flats, individual housing but in senior communities, care homes but with minimal assistance, the choices are many and varied to suit all needs, tastes and budgets.

What is important is one needs to make a list of what is of utmost importance to them and be honest about what they can and cannot do, put up with and afford. ***Aging in place*** means you will ultimately need to ask yourselves some hard questions:

- What is the ideal way for you to spend your retired years?
- Where exactly – type of home environment you see yourself in – individual, community, assisted?
- What special health care do you require or think you will?
- What other types of supplementary services you may require?
- What options have you provided for in case of emergencies, life changing events, accidents etc.?

Aging in place well means you plan out your future years before it become urgent and life changing. It requires one to provision for and make choices and preferences clear to family and friends. ***Aging in place*** does not mean that you need to do everything yourself. You can choose to do as little or as much as you want, can, and are capable of. Resources and technology, such as medical alert systems, allow seniors to live at home safely for a much longer period of time.
And far from being a distant phenomenon one's needs to think of in their later years, ***aging in place*** is something most of us need to think about and provision for as early as we can.

How can I balance being an advocate for my client to age in place but also recognize the changes that will affect their ability to age in place?

What is Companionship Care? How Does It Benefit Seniors? NURSE NEXT DOOR

As we get older and move closer towards retirement, everyday tasks can become more challenging and we tend to lose a lot of the physical connections and social bonds that we once had.

This can be a difficult situation for most people. Humans aren't meant to live in isolation and feelings of loneliness can lead to all sorts of negative consequences, including illness and risk of early death. As neuroscientist John Cacioppo said, "loneliness is like an iceberg — it goes deeper than we can see".

While connecting digitally can certainly help, it's no replacement for in-person human connection. Having a social support network has been proven to improve mental health outcomes and increase longevity in seniors.

For seniors living in isolation, companionship care can be a practical, sustainable solution.

What is companionship care?

When people think about **home support**, they often jump straight to medical assistance. But there's an important non-medical component of health and wellbeing: social connection and a feeling of belonging.

Companionship care is a non-medical service that supports seniors' wellbeing through at-home activities, social interaction, and physical exercise.

For seniors, companionship care empowers them to continue participating in everyday activities. From simple chores like washing dishes to more personalized tasks like helping seniors pursue hobbies and interests like **gardening**—a companion will help keep you engaged as much as possible.

For children of seniors, companionship care offers peace of mind that your relative is being provided with help around the house, mentally stimulating activities and meaningful conversation. This can ease the burden of juggling full time work with family commitment.

There are many reasons children of seniors may choose this type of care.

For example, Andrea S. made the decision to use a companionship care service to protect her mother's dignity. She felt it was important that her mother was well looked after and wanted to ensure that she was able to continue living a rewarding life while remaining at home.

"Overall, what she gets is care—honest-to-goodness care. I get the peace of mind knowing that my mother is with a company that sincerely cares about her. They give you basic respect, dignity and tender loving care that all of our parents want and that we want for our parents."

What are the benefits of companionship care?

There are many benefits of companionship care for seniors, including lower levels of anxiety and depression, continued independence, and a stronger connection with their community.

More on these below.

Companionship can ease loneliness and depression among seniors

Loneliness is on the rise. According to the National Academies of Sciences, Engineering, and Medicine almost half of adults aged 60 and older have reported feelings of loneliness.

Loneliness has been linked to depression, anxiety, cognitive decline, and many other ailments. Lonely seniors are twice as likely to **develop Alzheimer's** as those who are not lonely. As a society, we're just beginning to understand that loneliness and depression could be just as damaging to our health as smoking or obesity.

The good news is that feelings of social isolation are reversible. Increased social interaction and stronger interpersonal relationships can have a powerful and beneficial impact on a lonely senior's life. Crucially, the quantity of relationships a person has matters less than their quality.

Senior companions are matched based on compatibility and mutual interests to ensure a good fit. For older people who live alone, companionship care is a practical and enjoyable way to build a lasting and rewarding relationship with another person.

Companionship care supports seniors' independence

There's no place like home. It's where we keep our best memories, where we raise our families, and where we feel safest and most comfortable. But as we age, it can become increasingly difficult to manage the necessary household work that makes independent living enjoyable, or even possible.

Several studies have shown that seniors who receive care at home, including social and lifestyle care, are significantly less likely to be admitted to a nursing home than those who don't. Companionship care helps support seniors' independence and may keep them at home for longer.

An experienced senior companion can support seniors with everyday tasks like tidying up, doing laundry, preparing meals, gardening, and other light housekeeping work. [With this supportive assistance], seniors can continue living their life on their terms, while maintaining the comforts of home.

Companionship care connects seniors with their community

Maintaining a healthy balance of independence and community interaction is the key to happier aging. Study after study suggests that the most important factor in our happiness at all life stages is the quality of our social lives and connections.

Those of us who build and maintain strong connections with others in the community report greater life satisfaction, and may even live longer, healthier lives. Unfortunately, once we get older and less mobile, it can become a challenge to continue actively participating in our communities.

A senior companion can help maintain those community ties by providing transportation to and from doctors appointments, pharmacy runs, shopping, or the seniors' center.

Companionship care can even help seniors get outside in their neighborhoods by accompanying them on walks and jogs, or even to group fitness classes like yoga or tai chi. Reconnecting seniors with their hobbies or passions can reinvigorate them.

By empowering our elders to remain in their communities, near familiar faces and old friends, companionship care helps to prevent senior's social lives from being disrupted.

Describe your feelings on the importance of the companionship you will provide.

The Benefits of Respite Care for Dementia Caregivers

DR. LAKELYN HOGAN - AUG 31, 2021

Family caregivers provide much-needed support to their loved ones, but research shows those caring for an individual living with dementia experience burden at higher rates than the general caregiving population. Dementia family caregivers report high burden at 46%, compared to non-dementia caregivers at 38%.

Caregiving can also be an emotional rollercoaster, and dementia family caregivers experience higher emotional stress (49%) than the general caregiving population (35%). In addition, the physical demand of caregiving can cause caregivers to experience physical strain. Those caring for someone living with dementia indicate high physical strain (29%) compared to non-dementia caregivers (17%).

What is Respite Care?

While the caregiving journey can take a toll, there are ways to improve overall well-being for caregivers and care partners, one of which is the use of respite care. Respite care is simply a short break for a caregiver and the care can occur at home. When used over time, respite has been found to help caregivers continue to care for their loved one at home, preventing or delaying the need for facility care.

There are three main ways to utilize respite care, but there are many senior care options to consider.

Family or friends

Care provided by family members or friends is considered an informal type of respite. In most cases family caregivers arrange for another family member or friend to provide short-term care (care can range from a couple hours to a regularly scheduled break every week).

Home Care

Home Care is a type of respite that involves a paid caregiver who comes to the home. Home care can be used in any increment of time from as little as one hour, up to 24 hours a day and can be provided daily, weekly, monthly, or a few times per year. Caregivers can help with personal care (bathing, grooming, restroom assistance), meals and nutrition, medication reminders and can help to engage your loved one in meaningful activities.

Adult Day Services

This type of respite is typically provided on-location at a local adult day center. Adult day services often include activities, meals and some even have personal care services on-site.

More Caregivers Want Respite Care

The good news is that the number of caregivers using formal respite services is increasing. And those caring for a loved one living with dementia are using respite care nearly twice as much as any other family caregiver.

However, there is a still a divide in the number of caregivers who desire respite care and those who actually use it. A 2020 study by National Alliance for Caregiving & AARP found that while 38% of all family caregivers indicate respite services would be helpful, only 14% reported using it. When looking specifically at care partners caring for someone with memory problems, 46% indicated that respite services would be helpful, yet only 22% have utilized respite services.

Barriers to Utilizing Respite Care

Even though the use of respite is increasing, only a small percentage of caregivers utilize respite care. Caregivers may not use respite care – in a formal or informal way – for a few reasons like cost of care or availability. Other barriers include:

- **Lack of knowledge about respite services**
- **Societal or family stigma associated with using respite care**
- **Delay of use for the future when circumstances change, and the need is greater**
- **An unrealized need for help**

- **Not identifying as a “caregiver”**

Why Some Caregivers Don’t See Themselves as a Caregiver

This barrier - not identifying as a “caregiver” - is a complicated barrier to understand. Here’s why. For those caring for a person living with dementia, the level of care needed slowly increases over time as the disease progresses. Since a primary caregiver takes on more care responsibilities gradually, the person may not realize what they’re doing is caregiving. They may feel like they’re just being a good son, daughter, spouse, or sibling – not a caregiver. They may feel like they’re “doing the right thing,” which can be a cultural, community or family-imposed norm.
This may prevent the individual providing care from reaching out for help.

Regardless of identifying as a caregiver or not, having respite along the caregiving journey can help caregivers provide care longer and in many cases, can help keep their loved ones at home longer. Additionally, having a break and enjoying the benefits of respite care positively impact a caregiver’s physical and emotionally well-being.

Dementia and the Benefits of Staying Home

Keeping a loved one living with Alzheimer’s or another form of dementia at home in familiar surroundings helps provide stability, can provide a higher quality of life, and can delay the need to move to a care facility. It’s worth noting that delaying the move to a care facility comes with financial savings.

Other benefits include:

- **Delaying a care facility move may also reduce the psychological impacts associated with moving for both the caregiver and the individual living with dementia. Moving an individual living with dementia could cause disorientation and confusion.**
- **Admission to a facility can also increase dementia-related behavior symptoms, falls, frailty, and decrease cognition.**
- **Utilizing a care facility can also cause caregivers to experience depression, guilt, continuous burden, and feelings of failure.**

In-home respite care has the opportunity to provide a much-needed break for family caregivers. It allows them to care for a loved one at home longer and home is where 94% of older adults prefer to age.

What were some of the most surprising reasons that caregivers don't get respite care?

Do you know any family members that are/were caregivers? Were you ever a caregiver?

How does this information change your perspective on that family member's/your experience as a caregiver?

7 Benefits of Respite Care: A Physical and Emotional Oasis for Caregivers

SAUNDERS HOUSE ***MARCH 4, 2015***

A recent **Commonwealth Fund** study reported that 60 percent of the family caregivers surveyed, ages 19-64, reported "fair or poor" health and one or more chronic conditions or disabilities, compared with only 33 percent of non-caregivers. This report comes as no surprise to family members who are the primary caregivers of loved ones who need help with everyday living. In fact, the physical, emotional and economic burdens on caregivers today can frequently become overwhelming without some form of personal support.

All too often, the health and well-being of at-home caregivers is placed in serious jeopardy as a result of the stressful circumstances they face every day. Experts even refer to caregivers of Alzheimer's patients as the "the second victims."

Respite Care Offers Relief and Renewal

Caregiving can be a highly demanding and stressful responsibility, and no one is equipped to do it without some help. Just like the loved ones they care for, caregivers also need support and attention to maintain their own health and well-being. Respite care, which provides caregivers with the opportunity for a temporary rest from their caregiving duties, is designed to do just that.

Respite care for loved ones provides short-term breaks for caregivers that can relieve their stress, renew their energy and restore a sense of balance to their lives. Respite care provides a period of freedom from caregiving duties, while loved ones continue to receive the care they require in a safe, caring and professional environment.

A "Win-Win" for Caregivers and Their Loved Ones

Marilyn Kerr, R.N**.**, says, "Caring for a loved one at home can be rewarding, but at times it can also be very challenging. We understand the difficulties that can arise when caring for a loved one at home. We also understand that there are times that you won't be available for your loved one due to vacations, business trips or just the need for a personal break."

"Respite care provides family caregivers and their loved ones with a break from the daily care routine. Caregivers are afforded some down time and can rest easy, while loved ones benefit from the care and support provided in a safe, nurturing environment.

The Multiple Benefits of Respite Care

Personal support and maintaining your own health are essential to managing your responsibilities as a caregiver. Utilizing respite care before you become exhausted, isolated or overwhelmed can be invaluable to everyone concerned. Experts say that simply anticipating regularly scheduled relief can be an emotional lifesaver.

In addition to needed "downtime" for relaxation, respite care gives you a chance for personal revitalization by spending time with friends and family, shopping, exercising and doing the things that provide you with personal pleasure and fulfillment in your

life. Respite care also offers the comfort and peace of mind of knowing that your loved one is spending time with other caring individuals in a safe, comfortable place.

The article, **"Respite Care for the Elderly Is Important for Family Caregivers,"** enumerates the valuable benefits respite care provides. These include:

1. **Renewal and Relaxation** – Taking a walk, strolling leisurely through the mall, visiting a museum or doing whatever brings joy can calm you, decrease your heart rate and improve your mood.
2. **Energy** – To be effective in your busy life, you must take time to re-energize. Even an automobile won't run on empty.
3. **Space** – Getting away from the caregiving situation for even just a few hours can help you relax and bring a renewed sense of purpose.
4. **Pleasure** – As a caregiver, you must remember that you have the right to enjoy life. You have no reason to feel guilty.
5. **Identity** – You must be purposeful in maintaining your sense of self. You are important, too!
6. **Perspective** – Time away from caregiving allows you to see more clearly and keep things in proper perspective. You might even think of better ways of doing things and other resources you can tap into.
7. **Engagement** – Social isolation can be a huge problem for caregivers. It's important to take time to engage with your friends and family by sharing lunch, taking a shopping trip or doing whatever gives you personal enjoyment.

You Deserve a Break!

Unless you are Wonder Woman or Superman, it is important to remember that *you can't do it all*. Be realistic — for your sake and your loved one's. Seeking help is the responsible thing to do. Respite care can provide you with a feeling of revitalization and refreshment that can keep you whole – physically and mentally – and enable you to better spouse, parent, caregiver and person.

Question: What are some of the benefits caregivers receive from a respite break?

How does this motivate you to want to help caregivers?

How Not to Talk to an Older Adult *SARA ZEFF GEBER, PH.D.*

Have you ever heard someone talk about a role reversal between themselves and an aging parent? Over the years I have heard many people make statements like “mom is just like a child now” or “I have to talk to Dad the same way I talk to my grandchildren.” Now that my life involves being around more adults in their eighties, nineties, and older, I see this phenomenon in action. I see it when I visit senior housing communities; I see it in doctor’s offices; I see it in grocery stores; I even see it in restaurants. What do I see? I see middle-aged adults using a tone and cadence in their speech that should be reserved for the very young.

Why do they do it? Why are people in their forties and fifties talking to their eighty-something and ninety-something parents like they were five-year olds? I’m not entirely certain, and since I didn’t have parents who lived that long, I haven’t had the first-hand experience of taking care of a very old person. But recently I have been spending time with a 96-year old and I think I am beginning to gain some insight into the situation. Alice, my 96-year old, is actually my husband’s cousin. She lives near us in an assisted living community and I have started to take her to lunch on occasion and now increasingly often to doctor appointments and for manicures. Her daughter lives in our town as well, but has to travel frequently to help care for a grandchild in Italy. I am her backup for Alice’s needs when she is gone.

Alice can be cantankerous and stubborn, but she goes easy on me because I am the new kid, my husband and I having moved to this town only four years ago. She claims

not to like it at her assisted living community and that she has no friends, but when I show up unexpectedly, she is sometimes downstairs chatting with another resident. I find that encouraging. However, when I hear the way many staff and visitors speak to the residents, I can understand her frustration.

I have learned that there is a name for how younger people often talk to older adults: **elderspeak.** It's easy to recognize elderspeak. It generally has these features:

- Speaking slowly
- Speaking loudly
- Using a sing-song voice
- Wording statements to sound like a question (although I hear young and not-so-young people doing that all the time these days)
- Using third-person pronouns inappropriately (e.g. what are we going to wear to lunch today?")
- Using terms like "dearie" and "sweetie" when interacting with older adults
- Talking for the older adult ("you'll have the apple pie for dessert, won't you mom?")

I cringe when I hear the staff at Alice's residential community talking this way, but sadly this phenomenon isn't limited to the people who work with older adults. I hear it from visitors and people in restaurants where Alice and I dine. Some of the staff at the nail shop, where we both have our pedicures, insist on calling Alice "Momma."

As Karen Austin goes on to describe in her terrific Changing Aging blog post, "a couple of misperceptions generate the communication problem." All are based on faulty assumptions:

- The older adult is frail, weak, incompetent, and childlike.
- The speaker has greater control, power, value, wisdom, knowledge than the older adult being addressed
- All older adults suffer equally from memory problems, hearing problems, vision problems, and a lack of energy

It's true that as we get older some of our faculties diminish in strength. In my late sixties now, I am already wearing hearing aids and I don't harbor the unrealistic notion that my previously-excellent hearing is going to return. Alice has lost most of her hearing and yes, I do need to speak very loudly for her to hear me, but it is not

necessary for me to change any of my words or my tone. She and other octogenarians and nonagenarians can easily detect a condescending tone in my voice. The capacity to do that does NOT diminish with age. In fact, there is some evidence that even people suffering from dementia can detect and react to inappropriate tonal qualities.

As we age, we do tend to rely on others to do some of the things we can no longer manage, but that doesn't mean older adults are less deserving of the respect we would afford to a middle-age person. Infantilizing older adults in our interactions with them is not the way to have meaningful conversations and rich, meaningful, respectful dialogue is what all adults want, no matter their age.

What are some "elderspeak" examples that you have personally heard?

Accidentally Talking Down to Seniors Through Elderspeak

AMY SELLE – AUGUST 16, 2021

Watch what occurs at the next family get together when a new mom places her baby in someone else's arms. The individual will likely shift immediately into baby mode: a high-pitched, sing-song voice, overly-simplified speech, and exaggerated facial expressions. Of course, this is perfectly normal and actually beneficial to a **baby's growing brain**.

We hope, however, when that child's grandmother enters the room, loved ones refrain from responding similarly. However it takes place so often, and can be so damaging to older adults, that there is a word to describe it: **elderspeak**.

A recent study by Susan Kemper, a professor who specializes in gerontology at the University of Kansas, paired elderly listeners with younger speakers. Even with the seniors' instructions just to listen without interrupting as the younger people spoke to them – thus leaving no suggestion to the speakers that they were experiencing any problems understanding what was being said – overwhelmingly, the speakers resorted to elderspeak.

It's interesting to note as well that seniors regularly refrain from using elderspeak with each other. Studies have shown that for a lot of older adults, elderspeak conveys superiority and a cold attitude.

Why It's Harmful

Simply put, elderspeak could be regarded as patronizing and belittling. It conveys beliefs of inferiority and incompetency to older adults, rather than the respect and admiration they deserve. While typically well-meaning and meant to convey endearment, it usually has the opposite effect.

What to Do Instead

- Carefully consider how to address the senior loved ones in your life. Many older adults find examples of elderspeak such as "**young lady**," "honey," or "dearie" to be offensive.
- Use caution when modifying the way you talk to an older adult in accordance with individual need. For example, speaking clearly and slowly while facing a senior loved one with hearing loss is helpful. A high-pitched voice, however, may actually further distort the words. A senior loved one with memory loss can better follow the conversation if it's broken down into short, simple sentences and yes-or-no questions. This can easily be accomplished without using baby talk.
- Don't forget there is no one-size-fits-all approach, as every person has unique preferences and challenges. An open and honest conversation with the person about how they would like to be addressed and spoken to is the best way to ensure you are engaging with them appropriately.

Eliminating Elderspeak: How to Talk to Seniors Without Talking Down SENIORVU JAN 9, 2017

And how are we doing today, Mrs. James?
Hello, dearie! Do we think it's time to go inside and put on a sweater?

You've probably heard similar phrases many times, and may have used them yourself without knowing it. This pattern of speech is called *elderspeak*—a sing-songy, overly

simplistic, almost babyish way of speaking to older individuals. And experts are saying that it isn't just annoying and condescending—in fact, it can be downright dangerous.

Public health experts report that seniors who are exposed to elderspeak have increased depression and a decline in their ability to perform mental and physical tasks. That's because to seniors elderspeak conveys a condescending attitude and reinforces the negative stereotypes of aging: that they're frail and old, that they're unable to perform simple tasks, even that they're worthless.

Part of your job is to help seniors experience life to the fullest at every age stage—and projecting a positive mental attitude can play a big role in helping your residents be optimistic, happy and fulfilled. Here are some ways you and your staff can reduce elderspeak in your community:

Assume seniors have full hearing and mental capacity until proven otherwise. The best way to start off on reducing elderspeak is by talking to residents like they are independent and capable individuals (which they are!). Not every senior has hearing loss or memory problems, so assume the best. You can always adjust your communication style if needed, such as speaking louder or enunciating more clearly.

Avoid "dumbing down" your vocabulary. Just because your residents are older doesn't mean their vocabulary shrinks. The Gerontological Society of America (GSA) says that seniors understand complicated words just as well as other age groups, so there's no need to simplify your words. If they don't understand what you're saying, your seniors will let you know!

Talk to residents directly. This is a very easy thing to do, but something many people forget about (and what most seniors take offense to). Talking to family members or health aides instead of *them* makes seniors feel invisible and that they're less of a person. The resident is obviously sitting right there—so speak to him or her directly, not around them. Be clear, respectful, and maintain eye contact—just as you would with anyone else.

Avoid pet names that could be demeaning. Many healthcare workers use words like "sweetie" or "hon" or "young lady" because they think it shows how much they care about the person. However, this can often backfire, because it can come across as babytalk. That being said, it does depend on the resident and the person delivering. (For example, "hon" may be perfectly acceptable if it's delivered by someone who was born and raised in the South.)

Eliminating elderspeak can be easier than you think. The biggest thing is to be aware that it exists and to make sure you and your staff are mindful of how you are speaking and acting. At the end of the day, remember the Golden Rule: treat seniors the way you would like to be treated, and it'll be a better, positive experience for both of you.

Have you accidentally or unknowingly used "elderspeak" before? Do you remember if the person you were talking to had any reactions? If not, what might their thoughts have been?

Avoiding "Elderspeak": Respectful Communication with Older Adults

*A nurse comes into a senior patient's room and says, "Are **we** ready for a shower?"*
"How are you today, young lady?" says a senior care aide says to a 90-year-old resident.
A volunteer at an adult day center watches participants at a Senior Prom event and exclaims, "Aren't they just adorable?"

If you're a senior, have an older relative or work with older adults, you're probably very well-familiar with "elderspeak"—a style of speech younger people sometimes use with older adults that sounds an awful lot like baby talk. Here are some of the characteristics:

- Short, simplified sentences with limited, simple vocabulary
- Slower speech
- Higher-pitched voice and an over-caring tone
- Substituting “we” for “you”—as in “Don’t we look nice this morning?”
- Describing the person as “cute” or “adorable”
- Addressing a senior with endearments like “honey,” “sweetie” or “dearie” instead of by name
- Referring to an older adult as “young man” or “young lady”

Seniors might encounter elderspeak at the doctor’s office, from restaurant servers, from volunteers, and even from some professionals at skilled nursing facilities and assisted living communities. Perhaps you’ve used elderspeak yourself, thinking it was a caring way to talk to an elder.

People who speak in this manner most likely are well-meaning. We have an instinct to show kindness to and protect people whom we judge to be vulnerable. But in reality, elderspeak is demeaning and patronizing—certainly when used with seniors who are not in need of our protection or assistance, and just as much with those who might have physical or cognitive challenges. They have not lost their need for respect. Studies show seniors can actually suffer emotional harm when addressed as if they were a child.

This is because beneath the sweet surface, elderspeak is controlling and contains some not-so-nice underlying judgments. Singsong baby talk implies that a person is childish. Calling a senior “young man” or “young lady” contains an implication that the person should be flattered to be considered “young,” rather than the less-desirable “old.” Calling a senior “cute” or “adorable” when they’re doing something the speaker considers to be in the domain of younger people also is infantilizing. Consider that small children taunt each other with baby talk, which usually infuriates the other child because baby talk is an expression of the speaker’s perceived superior power.

Gerontologists tell us that seniors who are subjected to elderspeak often internalize the negative messages and begin to doubt their own competence. A diet of elderspeak can wound their self-esteem and send them down a spiral into illness and even early death. Instead of elderspeak, talk to seniors as equals, fully included in the conversation.

Studies also show that senior patients spoken to in this manner are less likely to follow a healthcare provider's orders, especially seniors with dementia, who are also more likely to encounter elderspeak. Is it comforting? Quite the opposite! According to University of Kansas School of Nursing professor Kristine Williams, RN, PhD, when senior care staff use elderspeak, residents are more likely to be resistive to care, whereas they are more cooperative when spoken to as adults and equals.

It's true that communication may need to change if a person has challenges such as hearing loss or Alzheimer's disease. You might need to adjust your speech as needed—for example, speaking more slowly, facing the person, and repeating or rephrasing if necessary. But don't assume the person needs you to adjust your speech; wait to see if they really need help. And remember: the helpful changes don't include baby talk. Speak to seniors with the same respect you would want to receive.

Have you heard others elderspeak to you or a loved one before? How did it make you feel to hear it or have it directed at you?

Describe your desires and goals to speak with respect to those you serve:

10 Tips for Connecting to Someone with Dementia FAMILY CAREGIVER ALLIANCE – JULY 21, 2011

We aren't born knowing how to communicate with a person with dementia — but we can learn. Improving your communication skills will help make caregiving less stressful and will likely improve the quality of your relationship with your loved one.

Good communication skills will also enhance your ability to handle the difficult behavior you may encounter as you care for a person with a dementing illness.

1. **Set a positive mood for interaction** Your attitude and body language communicate your feelings and thoughts stronger than your words. Set a positive mood by speaking to your loved one in a pleasant and respectful manner. Use facial expressions, tone of voice and physical touch to help convey your message and show your feelings of affection.
2. **Get the person's attention** Limit distractions and noise — turn off the radio or TV, close the curtains or shut the door, or move to quieter surroundings. Before speaking, make sure you have her attention; address her by name, identify yourself by name and relation, and use nonverbal cues and touch to help keep her focused. If she is seated, get down to her level and maintain eye contact.
3. **State your message clearly** Use simple words and sentences. Speak slowly, distinctly and in a reassuring tone. Refrain from raising your voice higher or louder; instead, pitch your voice lower. If she doesn't understand the first time, use the same wording to repeat your message or question. If she still doesn't understand, wait a few minutes and rephrase the question. Use the names of people and places instead of pronouns or abbreviations.

4. **Ask simple, answerable questions** Ask one question at a time; those with yes or no answers work best. Refrain from asking open-ended questions or giving too many choices. For example, ask, “Would you like to wear your white shirt or your blue shirt?” Better still, show her the choices — visual prompts and cues also help clar-ify your question and can guide her response.
5. **Listen with your ears, eyes and heart** Be patient in waiting for your loved one’s reply. If she is struggling for an answer, it’s OK to suggest words. Watch for nonverbal cues and body language, and respond appropriately. Always strive to listen for the meaning and feelings that underlie the words.
6. **Break down activities into a series of steps** This makes many tasks much more manageable. You can encourage your loved one to do what he can, gently remind him of steps he tends to forget, and assist with steps he’s no longer able to accomplish on his own. Using visual cues, such as showing him with your hand where to place the dinner plate, can be very helpful.
7. **When the going gets tough, distract and redirect** When your loved one becomes upset, try changing the subject or the environment. For example, ask him for help or suggest going for a walk. It is important to connect with the person on a feeling level, before you redirect. You might say, “I see you’re feeling sad — I’m sorry you’re upset. Let’s go get something to eat.”
8. **Respond with affection and reassurance** People with dementia often feel confused, anxious and unsure of themselves. Further, they often get reality confused and may recall things that never really occurred. Avoid trying to convince them they are wrong. Stay focused on the feelings they are demonstrating (which are real) and respond with verbal and physical expressions of comfort, support and reassurance. Sometimes holding hands, touching, hugging and praise will get the person to respond when all else fails.
9. **Remember the good old days** Remembering the past is often a soothing and affirming activity. Many people with dementia may not remember what happened 45 minutes ago, but they can clearly recall their lives 45 years earlier. Therefore, avoid asking questions that rely on short-term memory, like asking the person what they had for lunch. Instead, try asking general

questions about the person's distant past — this information is more likely to be retained.

10. **Maintain your sense of humor** Use humor whenever possible, though not at the person's expense. People with dementia tend to retain their social skills and are usually delighted to laugh along with you.

Take a look at the tips, numbers 1-10 and consider: which of these tips are you already good at doing/think you will be good at doing? Why?

Now look at 1-10 again. Which of these tips might you struggle with in communicating with someone with dementia? Why? How could you improve?

How to communicate with a person with dementia

ALZHEIMER'S SOCIETY

Dementia affects everyone differently so it's important to communicate in a way that is right for the person. Listen carefully and think about what you're going to say and how you'll say it. You can also communicate meaningfully without using spoken words.

Every person's experience of dementia is unique, so not every tip may be helpful to the person you care for. Use the tips that you feel will improve communication between you both.

Before you communicate

Making sure the person is comfortable

- Make sure you're in a good place to communicate. Ideally it will be quiet and calm, with good lighting. Busy environments can make it especially difficult for a person with dementia to concentrate on the conversation, so turn off distractions such as the radio or TV.
- If there is a time of day where the person is able to communicate more clearly, try to use this time to ask any questions or talk about anything you need to.
- Make the most of 'good' days and find ways to adapt on more difficult ones.
- Make sure any of the person's other needs are met before you start – for example, ensuring they are not in pain or hungry.

Preparing to communicate with a person with dementia

- Think about how you might feel if you struggled to communicate, and what would help.
- Plan enough time to spend with the person. If you feel rushed or stressed, take some time to become calmer beforehand.
- Think about previous conversations you have had with the person and what helped you to communicate well then.
- If the person has begun to communicate using the first language they learned, and you do not speak it, consider arranging for family members or friends who also speak the language to be there with you. If the person prefers reading, try using translated written materials. A translation or interpretation app on a smart phone or tablet can translate between you if you don't speak the same language. If you need an interpreter, speak to your local authority, the person's

care home, or an organization such as the Institute of Translation and Interpreting.

- Get the person's full attention before you start.

Things to consider about conversation topics

- Think about what you are going to talk about. It may be useful to have an idea for a particular topic ready.
- If you are not sure what to talk about, you can use the person's environment to help – anything that they can see, hear or touch might be of interest.

Listening

Tips for listening to a person with dementia

- Listen carefully to what the person is saying. Offer encouragement both verbally and non-verbally, for example by making eye contact and nodding. This 'active listening' can help improve communication.
- The person's body language can show a lot about their emotions. The expression on their face and the way they hold themselves can give you clear signals about how they are feeling when they communicate.
- If you haven't fully understood what the person has said, ask them to repeat it. If you are still unclear, rephrase their answer to check your understanding of what they meant.
- If the person with dementia has difficulty finding the right word or finishing a sentence, ask them to explain it in a different way. Listen and look out for clues. If they cannot find the word for a particular object, ask them to describe it instead.

Supporting the person to express themselves

- Allow the person plenty of time to respond – it may take them longer to process the information and work out their response.

- Try not to interrupt the person – even to help them find a word – as it can break the pattern of communication.
- If the person is upset, let them express their feelings. Allow them the time that they need, and try not to dismiss their worries – sometimes the best thing to do is just listen, and show that you are there.

How to communicate

Ways to communicate with a person with dementia

- Communicate clearly and calmly.
- Use short, simple sentences.
- Don't talk to the person as you would to a child – be patient and have respect for them.
- Try to communicate with the person in a conversational way, rather than asking question after question which may feel quite tiring or intimidating.
- Include the person in conversations with others. It is important not to speak as though they are not there. Being included can help them to keep their sense of identity and know they are valued. It can also help them to feel less excluded or isolated.
- If the person becomes tired easily, then short, regular conversations may be better.
- Avoid speaking sharply or raising your voice.

How to pace conversations

- Go at a slightly slower pace than usual if the person is struggling to follow you.
- Allow time between sentences for the person to process the information and respond. These pauses might feel uncomfortable if they become quite long, but it is important to give the person time to respond.

- Try to let the person complete their own sentences, and try not to be too quick to assume you know what they are trying to say.

Things to consider about body language

- Stand or sit where the person can see and hear you as clearly as possible – usually this will be in front of them, and with your face well-lit. Try to be at eye-level with them, rather than standing over them.
- Be as close to the person as is comfortable for you both, so that you can clearly hear each other, and make eye contact as you would with anyone.
- Prompts can help, for instance pointing at a photo of someone or encouraging the person to hold and interact with an object you are talking about.
- Try to make sure your body language is open and relaxed.

What to communicate

Tips for asking questions

- Try to avoid asking too many questions, or asking complicated questions. The person may become frustrated or withdrawn if they can't find the answer.
- Try to stick to one idea at a time. Giving someone a choice is important, but too many options can be confusing and frustrating.
- Phrase questions in a way that allows for a simple answer. For example, rather than asking someone what they would like to drink, ask if they would like tea or coffee. Questions with a 'yes' or 'no' answer are easier to answer.

What to do if the person has difficulty understanding

- If the person doesn't understand what you're saying even after you repeat it, try saying it in a slightly different way instead.
- If the person is finding it hard to understand, consider breaking down what you're saying into smaller chunks so that it is more manageable.

- Try to laugh together about misunderstandings and mistakes. Humor can help to relieve tension and bring you closer together. Make sure the person doesn't feel you are laughing at them.

What are 3 of your main takeaways from this article?

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

What may be some of your struggles in communicating with a person with dementia? How would you work to overcome those?

_____

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Communication and Alzheimer's

THE ALZHEIMER'S ASSOCIATION

Alzheimer's disease and other dementias gradually diminish a person's ability to communicate. Communication with a person with Alzheimer's requires patience, understanding and good listening skills. The strategies below can help both you and the person with dementia understand each other better.

Changes in communication

Changes in the ability to communicate can vary, and are based on the person and where he or she is in the disease process. Problems you can expect to see throughout the progression of the disease include:

- *Difficulty finding the right words*
- *Using familiar words repeatedly*
- *Describing familiar objects rather than calling them by name*
- *Easily losing a train of thought*
- *Difficulty organizing words logically*
- *Reverting to speaking a native language*
- *Speaking less often*
- *Relying on gestures more than speaking*

Communication in the early stage

In the early stage of Alzheimer's disease, sometimes referred to as mild Alzheimer's in a medical context, an individual is still able to participate in meaningful conversation and engage in social activities. However, he or she may repeat stories, feel overwhelmed by excessive stimulation or have difficulty finding the right word. Tips for successful communication:

- *Don't make assumptions about a person's ability to communicate because of an Alzheimer's diagnosis. The disease affects each person differently.*
- *Don't exclude the person with the disease from conversations.*
- *Speak directly to the person rather than to his or her caregiver or companion.*
- *Take time to listen to the person express his or her thoughts, feelings and needs.*
- *Give the person time to respond. Don't interrupt unless help is requested.*
- *Ask what the person is still comfortable doing and what he or she may need help with.*
- *Discuss which method of communication is most comfortable. This could include face-to-face conversation, email or phone calls.*

- *It's OK to laugh. Sometimes humor lightens the mood and makes communication easier.*
- *Don't pull away; your honesty, friendship and support are important to the person.*

Communication in the middle stage

The middle stage of Alzheimer's, sometimes referred to as moderate Alzheimer's, is typically the longest and can last for many years. As the disease progresses, the person will have greater difficulty communicating and will require more direct care. Tips for successful communication:

- *Engage the person in one-on-one conversation in a quiet space that has minimal distractions.*
- *Speak slowly and clearly.*
- *Maintain eye contact. It shows you care about what he or she is saying.*
- *Give the person plenty of time to respond so he or she can think about what to say.*
- *Be patient and offer reassurance. It may encourage the person to explain his or her thoughts.*
- *Ask one question at a time.*
- *Ask yes or no questions. For example, "Would you like some coffee?" rather than "What would you like to drink?"*
- *Avoid criticizing or correcting. Instead, listen and try to find the meaning in what the person says. Repeat what was said to clarify.*
- *Avoid arguing. If the person says something you don't agree with, let it be.*
- *Offer clear, step-by-step instructions for tasks. Lengthy requests may be overwhelming.*
- *Give visual cues. Demonstrate a task to encourage participation.*
- *Written notes can be helpful when spoken words seem confusing.*

Communication in the late stage

The late stage of Alzheimer's disease, sometimes referred to as severe Alzheimer's, may last from several weeks to several years. As the disease advances, the person with Alzheimer's may rely on nonverbal communication, such as facial expressions or vocal sounds. Around-the-clock care is usually required in this stage. Tips for successful communication:

- *Approach the person from the front and identify yourself.*
- *Encourage nonverbal communication. If you don't understand what the person is trying to say, ask him or her to point or gesture.*
- *Use touch, sights, sounds, and smells to communicate with the person.*
- *Consider the feelings behind words or sounds. Sometimes the emotions being expressed are more important than what's being said.*
- *Treat the person with dignity and respect. Avoid talking down to the person or as if he or she isn't there.*
- *It's OK if you don't know what to say; your presence and friendship are most important.*

What are your 3 main takeaways from this article that you want to remember for your future interactions with persons with dementia?

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

15 Questions You Could Ask a Person Living With Dementia *PRESBYTERIAN SENIOR LIVING This article is republished with permission from **LifeBio**.*

It may seem tough to communicate with a person living with Alzheimer's Disease or other related dementias. Here are two tips for starters.

- **Share your own story or memory first because a person living with dementia may "play off" of that.** Talk about what you saw when you were walking outside this morning. Share about the dew on the grass, the puddle you stepped in, or the song a bird was singing. A normal conversation is what everyone is seeking, and you can start. Paint a picture as you share—*use all the senses.*
- **Details really DON'T matter all the time.** Example: I remember having a conversation with a man in a secure memory care area, who loved telling me about his wedding day. He could describe what his bride was wearing, what color his suit was, how hot the church was, and how wonderful it was. He did not recall when or where it was. But it sure didn't matter. We spoke for an hour.

Here are 15 questions that could work with someone with dementia. [Pace the questions, don't ask them all, and gauge their emotional reactivity to know if you should continue with the topic. Give plenty of time for response before asking a follow up question. Don't make it seem like an interrogation.]

1. When I was a little kid, we would always go to _____ with my friends. I used to ride my bike a lot. Did you like riding a bike? Where did you go? OR What did you do with friends growing up?
2. Did your car or truck ever break down? What happened? I'll tell you, one time this happened to me….
3. My grandmother made the best _____ (kind of food). Do you like this too? Was your grandmother a good cook? How about your mom or dad? (Food is always a good topic!)
4. I played _____ (sport) in school. Did you like to play any sports? Have you watched any sports?

5. I remember being on a farm when I was a kid. We had _____ (animals, crops). I liked the farm. Were you ever on a farm?

6. I used to go shopping at _____ (store). Do you like to shop? The other day I went to the store and I bought _____....

7. I love my pet _____. He is a _____. OR I had a pet _____, named _____, when I was little. He used to run away all the time…. [story about pet]. Tell me about pets in your life.

8. What's one of your favorite things to do? Do you like crafts? Do you like nature?

9. Do you like music? Do you have a favorite song? I love _____ (e.g. Marty Robbins, especially his song Cool Water.) [Hum or sing a song if you'd like to help them remember.]

10. One time I went on an airplane. I went to _____. Do you like to travel? (Maybe they will share about a work trip or a vacation.)

11. I know you love your kids and grandkids. I thought I would tell you a funny story about my son/daughter. Back in 1977.... Is there something funny that your kid/grandkid once did?

12. One of my favorite movies is _____. Have you seen it? Do you like that one? I like how there is that funny part….

13. I got the newspaper this morning. It reminded me that I used to deliver the newspaper as a boy. What did you do to make money when you were young?

14. I am wondering if you'd ever like to travel to outer space. I think it would be scary. How about you?

15. I looked out my window this morning. I saw some tulips out there, and a bird! Let's look out the window. What do you see?

Other ideas: "I love the dress that this girl is wearing in the picture." [Point to photo] *Maybe they will remember who is in the picture or some detail about it without you asking "Who is this? When was this?" Give plenty of time for them to respond.*

What are your top 2 favorite questions from the list of 15 that you want to try?

Brainstorm some more ideas of questions that you could ask to get to know a person with dementia. *Consider that quizzing questions with specific right answers are harder to answer than those that are open-ended.*

What are other activities in which you could spend time with someone with dementia, making them feel confident, comfortable, and not stressed?