

This handout accompanies the **<u>online module</u>** for crisis call centers from the E4 Center on this topic



Older adults can be very complex, and it can be difficult to figure out what the person is experiencing. If the older adult you're speaking to is speaking abnormally or appears confused, it could be due to substance use, dementia, delirium, psychosis, depression, heart attack, stroke... the list goes on. Consult with your supervisor and consider whether it's appropriate to request an in-person safety check.



Practical Strategies

- Understand the attitude of the caller about their aging and older adults. This information can be used to help counteract damage resulting from ageism and negative beliefs related to aging.
- Use a "teach back" or "close the loop" approach. If you are not sure if the caller understands what you are saying, ask them to repeat back to you their understanding of what you communicated in their own words (see below for Suggestions for What to Say). This technique can help the caller remember what was discussed and help you identify any misunderstandings that should be clarified.
- Stay present and engaged in the conversation. Your conversation may be among the most important interactions the caller may have experienced recently. Listen carefully, demonstrate that you hear what they are feeling, and convey understanding so that the caller understands that you are concerned.

Key Facts

- Ageism is one of the most widespread and socially acceptable forms of discrimination in the US and in many other places.
- Many people are not aware of their thoughts and feelings (stereotypes and prejudices) and that can lead to ageist actions (discrimination). Ageism hurts everyone, including the people who have ageist beliefs and those who are discriminated against due to those beliefs, thoughts, and actions.
- Ageism negatively impacts mental and physical health.
- Ageist beliefs can lead to poor care, such as minimizing health complaints, missing reasons for suicide, and misjudging the level of suicide risk.
- Elderspeak, which is using baby talk when speaking with an older adult, is one common form of ageist behavior that can be damaging – and can be changed.





• Check in with yourself about your attitudes on aging. It is important to understand your beliefs and feelings related to aging.

The five item Attitudes Toward Own Aging (ATOA) subscale of the Philadelphia Geriatric Morale Scale can be used to do a quick check. Answer **YES** or **NO** to each question below.

- 1. Things keep getting worse as I get older. YES/NO
- 2. I have as much pep as I did last year. YES/NO
- 3. As you get older, you are less useful. YES/NO
- 4. As I get older, things are better than I thought they'd be. **YES**/NO
- 5. I am as happy now as when I was younger. YES/**NO**

Score 1 point for each **bolded** answer. The total score ranges from 0 (most negative ATOA) to 5 (most positive ATOA).

Suggestions for What to Ask and Say

Teach-Back. To learn if the caller understands what you are telling them, ask them to repeat back to you their understanding of what was just communicated to them. This is called a "teach back" or "closing the loop" approach. It can be particularly helpful with older adults who may have taken more time to process what you said and need more information. EXAMPLE: I want to make sure that I explained things clearly. Can you tell me, in your own words, what you heard me say?

EXAMPLE: We talked about a lot of things today. I want to make sure I was clear during our discussion. Could you tell me how you would describe ______ to a friend or family member? [then later – just ask one question at a time!] Can you tell me what you will do after our call today?

Empathy about aging. If a caller describes the difficulties they are experiencing, it is important to indicate your understanding and convey empathy. Their word choice may indicate negative views about aging or fears and concerns about how their aging impacts others. Consider your word choice and what it says to the older adult.

EXAMPLE: You described feeling that you are a burden to your family and worried that you might "burn them out." I can understand why you might be concerned about that, and I am wondering if you have talked with your family about how you feel? [Note that providing assistance is a way that some families show they care. Many people do not consider acts of caring as burdensome. After the person responds, you might talk about this.]

EXAMPLE: I heard you say you feel it is terrible being old. Can you tell me what makes you feel that way?

Learn More:

This link to the **Philadelphia Geriatric Morale Scale** is the larger measure that the 5-item Attitudes Toward Own Aging (ATOA) subscale above is a part of.

This quiz from **EveryAGE Counts**, an advocacy campaign aimed at tackling ageism against older Australians, covers many important points about ageism.

Harvard University has created a <u>series of tests to</u> <u>assess our implicit bias against a variety of groups</u>, including older adults. Test your own implicit bias.

