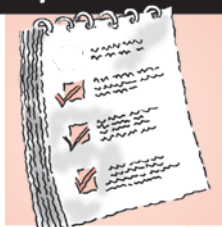


Chapter 3

COMMUNICATION ACROSS THE LIFESPAN

Chapter Checklist



- Demonstrate an understanding of human growth and development
- Explain cognitive development theory
- List and describe Freud's three major systems or forces
- Define the reality principle and the pleasure principle
- List and describe Erikson's eight psychosocial crises
- Explain the principle of mutuality
- Define operant conditioning
- Discuss the impact of reinforcement on behavior
- Explain the significance of understanding developmental theories as they relate to approaches to communication
- Demonstrate a basic understanding of the challenges of communicating with each age group
- Describe a holistic approach to health care communication
- List communication techniques for working with children
- Describe communication techniques for working with adolescents
- Identify communication techniques for working with adults
- List and describe the therapeutic communication techniques for an older population

Chapter Competencies



- Adapt what is said to the recipient's level of comprehension (ABHES Competency 2.c.)
- Instruct individuals according to their needs (CAAHEP Competency 3.c.3.b.)
- Be attentive, listen, and learn (ABHES Competency 2.a.)
- Be impartial and show empathy when dealing with patients (ABHES Competency 2.b.)
- Recognize and respond to verbal and nonverbal communication (ABHES Competency 2.i., 2.k., and 2.l.; CAAHEP Competency 3.c.1.b. and 3.c.1.c.)

Language development and communication skills change throughout a person's lifespan. As a result, patients of different ages respond to and communicate about their health in different ways.

In this chapter, you'll learn about human growth and development. You'll explore the different theories of human development and behavior as described by Jean Piaget, Erik Erikson, Sigmund Freud, and B. F. Skinner. You'll also learn how these developmental theories affect your work as a health care professional and how you can communicate effectively with patients from all age groups.

Growth, Development, and Behavior and Its Impact on Communication

You might be wondering why it's important to learn about developmental theories and developmental stages. There are three reasons why knowing this information is helpful:

- It will affect the insights you have about what patients are experiencing.
- It will affect the way you communicate with patients at various stages of development.
- It will have an overall impact on your effectiveness as a health care professional.

Understanding development theories can also help you provide appropriate anticipatory guidance. Anticipatory guidance is infor-

By learning about developmental theories, you'll discover how to communicate more effectively with each patient you encounter.



mation that helps a child, parent, or guardian understand what to expect as a child grows and develops. It provides information to keep children healthy as they go through different stages.

GROWTH AND DEVELOPMENT THEORIES

There are many key theories of human growth and development. No single theory is generally accepted. The theories developed by Piaget, Freud, Erikson, and Skinner have all attempted to describe how humans grow and develop through life. Understanding the basic principles of these theories will improve your communication skills as a medical assistant.

DEVELOPMENT THROUGH THE LIFESPAN

As you progress through life, you grow and develop in different ways in response to many factors. All the factors that affect your growth and development can be divided into three groups.

- *Biological factors.* These are things that are passed on to you from your parents. The color of your hair and eyes, as well as your height, are some examples of biological factors.
- *Social factors.* These are factors related to your relationships, social support, environment, and culture. Your friends, religious community, and cultural traditions all have an effect on your development.
- *Psychological factors.* These factors include your self-esteem, how you cope with stress, and how you learn new information.

Although Freud's theories are well known, he wasn't the only psychologist to describe human growth and development! In this chapter, you'll explore several different theories that attempt to explain the stages of development.



Piaget

In 1969, Jean Piaget, a Swiss psychologist, developed a theory of cognitive development to help explain human behavior. Piaget used his theory to describe how learning changes from infancy through adolescence.

COGNITIVE DEVELOPMENT LEARNING THEORY

Cognitive development refers to the ability to think and reason logically and to learn new ideas. Your cognitive abilities change as you grow. In simple terms, Piaget's theory states that learning is based on interaction with your environment. As a child, you gain

insights, learn to solve problems, and begin to understand abstract concepts. This process can be divided into four stages.

1. *Sensorimotor activities.* From birth to 2 years of age, you interact with your environment using your senses and motor skills.
2. *Preoperational thought.* From 2 to 6 years of age, you interact with your environment using symbols, basic language skills, and your imagination.
3. *Concrete operational thought.* From 7 to 11 years of age, you interact with your environment using logic and reasoning, other people's perspectives, and abstract thinking.
4. *Formal operational thought.* From the age of 12 years to adulthood, you interact with your environment using a variety of hypothetical, logical, and abstract thought processes.

Infants use sensorimotor activities to explore new things in their environment.



BASIC PRINCIPLES OF COGNITIVE DEVELOPMENT THEORY

What is cognitive development theory? There are three basic principles of Piaget's theory.

- *New experiences.* Each individual makes sense of new experiences by somehow connecting them to what is already known.
- *Sequence of development.* Every child progresses through each stage of development in the same sequence. The time frames, however, may vary from one child to the next.
- *Other influences.* Family, culture, personality, and socialization of the sexes may influence individual differences in cognitive development.

IMPORTANCE TO HEALTH CARE PROFESSIONALS

Understanding Piaget's cognitive development theory will help you communicate more effectively with patients. Use what you have learned about the different periods of cognitive development to better understand how patients of any age interact with their environment—including you!

Sigmund Freud

Austrian neurologist Sigmund Freud (1856–1939) developed a very different approach to understanding human behavior. Freud's psychoanalytic development theory emphasizes that

human behavior is strongly affected by certain unconscious forces.

PSYCHOANALYTIC DEVELOPMENT THEORY

According to Freud, the basic human drives are survival and reproduction. The forces that guide these drives include hunger, thirst, avoidance of pain, and sex. But Freud pointed out that many of these forces are unconscious and hidden from a person's awareness.

MAJOR SYSTEMS OF FORCES

Freud believed that personality is made up of three basic parts:

- id
- ego
- superego

Id

The **id** is a person's basic animal nature. It includes basic drives, such as hunger and thirst, and instincts. An **instinct** is an automatic, natural behavior that does not have to be thought about. The id is mostly unconscious, selfish, pain-reducing, and pleasure-loving. It works on the **pleasure principle**—decreasing pain and increasing pleasure. Additionally, the id has very little patience. For example, if you hold a brightly colored toy in front of an infant, the infant will most likely try his hardest to grab the toy out of your hands. According to Freud, very small children are directed only by id forces. The baby does not think to ask permission for the toy. He simply grabs for what will give him the most pleasure at that time. Behavior governed mainly by the id occurs quickly and without much, if any, thought.

Very small children can't control their id impulses. Adults also feel driven by their id forces, but they have learned to control those urges.



Ego

The **ego** is the second of three forces behind human behavior. The ego is in touch with reality, and it develops in children between the ages of 2 and 4. The ego is aware of the world around it, and its job is to navigate around life's obstacles to satisfy the id's desires. For example, a 3-year-old child may want to play with a toy, but she also may know that if she simply grabs the toy she wants, she will be scolded. The child's ego allows her to delay gratifying her desire to have the toy until she can do so appropriately, by asking for permission. In this way, the ego works on the **reality principle**—taking care of a need as soon as an appropriate pathway or object is found.

For most adults, it's often not possible to satisfy needs and wants immediately. Sometimes, you have to tolerate pain, displeasure, or tension to gain pleasure or relief at a later time. The ego keeps track of objects, events, and people that help or hurt that process.

For example, suppose you're trying to lose weight, but you really like chocolate cake. During the first week of your diet, you had chocolate cake three times in addition to your regular meals. You managed to gain 2 pounds on your diet. At this point, your ego might begin to control those id impulses and allow you to restrain yourself from eating as much cake in the second week of your diet. In order to achieve your goal of losing weight, you may choose to have a piece of fruit instead of the cake, knowing that you may be able to have an occasional piece of chocolate cake once you achieve your goal weight.

Superego

The superego is the third of Freud's forces that drives human behavior. The **superego** represents ideal behaviors, not real behaviors. The goal of the superego is to be perfect rather than to be real or to achieve pleasure. At the center of your superego are your beliefs about what is good, bad, right, or wrong.

The superego develops from the ego at about 5 years of age. As you might guess, the superego depends primarily on parents' or other caregivers' moral standards.

There are two parts of the superego:

- **conscience**—your inner understanding of punishments and warnings
- **ego ideal**—your understanding of self, formed in childhood, based on rewards and positive models

The conscience and ego ideal communicate their needs to the ego with feelings such as shame, pride, and guilt.

The superego represents ideal behaviors, which are based on your beliefs about right and wrong.



PSYCHOSEXUAL STAGES OF DEVELOPMENT

Freud believed that many hidden forces are tied to sexual development. He divided psychosexual development into stages. Each stage is characterized by the focus on a specific body region and the pleasure received from that particular body region.

Oral Stage

The oral stage lasts from birth to 18 months. The region of focus is the mouth. For example, an infant will explore by eating, sucking, biting, and chewing. The infant's primary need during this stage of development is security.

Listen to This**ID, EGO, AND SUPEREGO**

Sigmund Freud thought that as humans develop, the personality moves through three main stages:

Id

- present at birth to 2 years of age
- seeks pleasure
- avoids pain
- is impatient

Ego

- develops at age 2 to 4
- delays pleasure-seeking until pleasure can be realistically achieved
- tolerates some pain if it will eventually result in pleasure
- is patient

Superego

- develops by age 5
- does what is “right” over what is pleasurable
- is motivated by fear of punishment or by internal value system
- is very patient

Anal Stage

The anal stage lasts between the ages of 18 months to 3 or 4 years. It begins when the child develops control of the anal sphincter. Children in this stage of development learn to control their bowel functions during toilet training.

Phallic Stage

Children experiencing this stage of development may be anywhere from 3 to 5, 6, or 7 years old. The region of focus is the genital area, and children often have an increased interest in gender differences. Curiosity about the genital area and masturbation are common during this stage.

Latency Stage

The latency stage marks the child's transition to the genital stage during adolescence. It occurs between the ages of 5, 6, or 7 years and puberty (which usually occurs at about 12 years). Freud thought that the sexual impulse is repressed during this stage in the service of learning. During the latency stage, children identify with the parent of the same sex in preparing for adult roles and relationships.

Genital Stage

The genital stage begins at puberty and lasts through adulthood. It begins with the reappearance of the adolescent's sex drive. Teenagers often focus on the pleasure of sexual intercourse during this stage. As they make adjustments in relationships, teens may have difficulty dealing with sexual pressures and conflicts. During this final stage of psychosexual development, a person develops a strong sexual interest in the opposite sex. Freud thought that to achieve this stage, you need to have a balance of work and love.

IMPORTANCE TO HEALTH CARE PROFESSIONALS

In the mentally healthy person, the id, ego, and superego must work together to allow the person to fulfill basic needs and desires. When these three forces are at odds, a person will show signs of *maladjustment* (being poorly adjusted). By understanding how these three forces affect behavior, you as a medical assistant can more easily determine patients' abilities to meet their own basic needs.

Erik Erikson

Born in Germany, psychologist Erik Erikson (1902–1994) became an American citizen and focused on child psychoanalysis. Remember that Freud described human behavior based on psychosexual development. In contrast, Erikson felt there was a strong connection between society and the way personality develops. As a result, Erikson described behavior based on psychosocial factors.

PSYCHOSOCIAL CRISES

Erikson accepted Freud's theories but with an important difference—he thought that the effects of society and culture on personality are critical to development. Erikson's psycho-

social theory is based on his belief that the stages of development include psychosocial **crises** that must be mastered.

One example of a crisis is *trust versus mistrust*, which occurs during infancy. Erikson believed that we must learn balance. As infants, we need to learn mostly trust; but we also need to learn a little mistrust, so as not to grow up to become gullible. During each stage of development, the child or adult tries to resolve the crisis and is either successful or unsuccessful.

THE EPIGENETIC PRINCIPLE

Erikson used the epigenetic principle to form his psychosocial theory of development. The **epigenetic principle** states that development happens as personality unfolds in a preset plan. And this plan, according to Erikson, is made up of eight stages. Characteristics of each stage include the following:

- *Crises or tasks.* Crises characterize each stage of development. Being able to move through each stage depends on your success or failure at resolving previous crises.
- *Virtues.* If you succeed at a certain crisis, you take on a psychosocial strength. This strength helps you through the remaining stages of development.
- *Malignancies and maladaptations.* Not moving well through a stage results in malignancies and maladaptations. These endanger future development. A *malignancy* develops when there is too little of the positive and too much of the negative aspect of a crisis or task. An example might be a person who can't trust others. A *maladaptation* develops when there is too much of the positive and too little of the negative aspect of a certain task. An example might be a person who trusts others too much.

The crises or tasks at each stage of development may result in the development of virtues or malignancies and maladaptations.



ERIKSON'S EIGHT STAGES

According to Erikson's psychosocial theory, people move through eight stages as they progress from birth to death. Each of these stages has some crisis, or task, connected to it. You might master this crisis or you might not. But your success or failure with the crisis affects what happens as you progress through the remaining stages. Also, each stage lasts only a certain time period and takes place at a certain pace.

The next sections describe Erikson's eight stages of psychosocial development in order as they occur from birth to old age.

Trust Versus Mistrust

The first stage occurs during infancy, or during the first year or year and a half of life. Infants must develop trust without completely eliminating the ability to mistrust. If an infant's parents or caregivers meet his basic needs (such as warmth, food, and comfort), the child will develop the feeling that the world is a safe place. He sees people as generally reliable and loving. However, if the infant's parents or caregivers provide unreliable or inadequate care, the child will be apprehensive and suspicious around people. And if parents provide too much comfort or shelter from the outside world, the child may learn to be too trusting of others.

Autonomy Versus Shame and Doubt

From the age of about 18 months to 3 or 4 years, toddlers seek a degree of **autonomy**, or independence, while minimizing shame and doubt. If children are permitted to explore and manipulate their environment at this stage, they will develop a sense of autonomy as well as a level of self-control and self-esteem. For example, when a child comes to a physician's practice, you may offer the child the choice of having her height taken first or being weighed first. This helps to give the child a sense of control and can foster independence by allowing her to make a decision.

If a child is unable to explore and assert independence, she may develop a sense of shame and doubt. She may give up and stop trying to be autonomous, or she may develop compulsive behaviors to compensate for her lack of confidence. If the child does not learn any shame and doubt, though, she may become impulsive in her actions, rather than learning to control her behaviors.

Initiative Versus Guilt

During the preschool years, or when children are between the ages of three and six years old, they must learn to develop initiative. This task can be hindered if a child experiences too much guilt during this stage in development.

Initiative is a positive response to challenges. When a child develops initiative, she assumes responsibilities, learns new skills, and feels purposeful. At this stage, children learn to take initiative in learning by seeking new experiences and exploring the "how" and "why" of activities. It's the response a

Send and Receive**AUTONOMY TALK**

Suppose that you must treat a 3-year-old patient. The child is naturally curious about the instruments and other objects in the examination room. What is the best way to communicate to the child that many of these things are not for play? How can you use what you know about developmental stages to effectively communicate with the child? What is the best way to preserve the child's autonomy and still maintain the child's safety? Here are some examples of ineffective and effective dialogue to use in this situation.

Ineffective:

- Zachary is a 3-year-old boy who is not feeling well. His mother has brought him in to be examined by the physician. You meet with Zachary first to take his vital signs.
- “Hi, Zachary! I hear you’re not feeling so well today. Well, let’s have you sit in this chair over here while I examine you. Now, do not touch anything in here, okay? Just sit and be patient.”
- Seconds later, Zachary reaches for one of the instruments on the counter. “Zachary, put that down.” Zachary becomes frustrated and picks up a different instrument hanging on the wall. “No, Zachary, put that down!” Zachary becomes agitated, pouting.
- Minutes later, the effectiveness of your interaction with Zachary is low. Zachary’s sense of shame and frustration is rising.

Children at this stage are naturally curious. They want to explore by holding and touching. Creating a safe environment for children in this stage is critically important. Allowing the child to explore safely is key.

Effective:

- “Hi, Zachary! I hear you’re not feeling so well. Look what I have for you!” Show Zachary a box of age-appropriate toys for him to play with while you take his vital signs.
- “These are for you to play with while I examine you. Okay?” Zachary is happy. He is able to satisfy his

curiosity and preserve his autonomy safely. You can proceed with your examination without distraction.

An examination room can be a scary place for many children at this or any stage of development. It can be scary for adults, too! Providing fun but safe activities to ease a child's fears helps the examination progress more smoothly. More importantly, it helps preserve the child's sense of autonomy.

child receives to these activities that determines whether her sense of initiative remains intact. If a child is encouraged to seek new experiences and to learn, she will be more likely to attempt more challenging language and motor skills. But if the child is restricted from learning new things, she will feel a sense of guilt for her actions.

Preschool-aged children are curious about their environment and may ask many questions to find out the "how" and "why" of activities.

Industry Versus Inferiority

School-aged children (6 to 12 years old) begin to focus on the end result of tasks and to seek recognition for their accomplishments. For example, a child may paint a picture to receive praise from a parent or teacher. To progress through this stage successfully, children must develop a capacity for industry while avoiding a sense of inferiority.

During this stage, a child's social circle broadens to include teachers and peers. Along with the new knowledge gained in school, the child also learn basic social skills. Ideally, the child develops a sense of competency by completing tasks and receiving praise or recognition for these tasks. The praise can take place in social areas, academics, or athletics. If the child is rejected during this stage and feels unsuccessful, he will develop a sense of inferiority or incompetence.



Identity Versus Role Confusion

From the start of puberty to the age of about 18 or 20 years, individuals develop a sense of self. During this stage of development, the key is to achieve ego identity while avoiding role confusion.

To achieve **ego identity** means to know who you are and how you fit in with the rest of society. A person who has suc-

cessfully mastered this crisis has taken all she has learned about life and herself and molded it into a unified meaningful self-image. Without ego identity, however, the person will have role confusion—uncertainty about her place in society and the world. When role confusion occurs, an identity crisis results.

Intimacy Versus Isolation

This stage of development occurs during young adulthood, or between the ages of 18 and about 30 years. However, the age at which this stage occurs varies dramatically from person to person. During this stage, individuals must achieve some degree of intimacy to avoid isolation.

Intimacy is the ability to be close to others and to participate in society. **Isolation** is the removal of one's self from love, friendship, and community. By developing relationships and making commitments to other people, you achieve intimacy. The fear of making intimate connections creates isolation and loneliness.

Having close friends allows you to achieve intimacy, which helps you avoid isolation.



Generativity Versus Stagnation

During middle adulthood, or somewhere between the mid-20s and late 50s, people attempt to achieve the proper balance between generativity and stagnation.

Generativity is a concern for the next generation and all future generations. **Stagnation** is being self-absorbed and obsessed with your own needs. This is the stage of the “midlife crisis.” Sometimes, you may take a look at your life and ask, “What am I doing with my life?” When you feel that you’re making a contribution to the world, you’ll have a capacity for caring that will serve you through the rest of your life.

Ego Integrity Versus Despair

In late adulthood—somewhere around 60 years of age—individuals must develop ego integrity with a minimal amount of despair.

Ego integrity is the ability to reflect on the course of your life, including the choices you have made, and to come to terms with your life as you have lived it. With ego integrity comes

Translating**Ethical Issues****HELPING PATIENTS COPE WITH DESPAIR**

Here are some ethical tips to remember when interacting with patients in the ego integrity versus despair stage of development.

- Remember to listen attentively to a patient who may need to express her feelings of despair. Keeping this information confidential is critically important.
- Remind the patient of available resources, such as family, friends, spirituality, or counseling, to help her cope with feelings of despair.
- Document any concerns you have regarding a patient's feelings of despair. If the patient is openly suicidal, or if you have reason to believe the patient could be suicidal, notify the physician immediately.

wisdom. Despair develops if you become preoccupied with the past, your failures, or your regrets.

THE PRINCIPLE OF MUTUALITY

All of Erikson's stages of development are united by the principle of **mutuality**. This principle refers to the interaction of generations.

Although many theorists believe that parents influence their children's development, Erikson believed that children influence their parents' development as well. For example, parents experience certain life changes when they have children. Erikson's principle of mutuality states that the lives of parents and children are interconnected. In Erikson's own words, "Healthy children will not fear life if their elders have integrity enough not to fear death." This quote illustrates how an elder adult's success during the ego integrity versus despair stage can have a lasting impact on a child moving through the other stages of development.

This principle gives us a framework to talk about how our culture compares to other cultures. It also allows us to reflect on life as it is today as compared with a few centuries ago. Erikson and other researchers have found that the general pattern of interconnectedness across generations has held true over many centuries and across all cultures.

Your Turn to Teach**PATIENT EDUCATION: CHILD DEVELOPMENT STAGES**

Psychologist Erik Erikson described eight stages of development from birth to old age. During each stage, a particular developmental task should be accomplished. By educating patients about these eight stages, you help increase patient awareness and knowledge. Patients can use the information presented in the table to understand themselves as well as those with whom they interact.

Erikson's Psychosocial Theory of Development

Developmental Crisis/Task	Stage
Trust versus mistrust	infancy
Autonomy versus shame and doubt	toddler
Initiative versus guilt	preschool
Industry versus inferiority	school age
Identity versus role confusion	adolescence
Intimacy versus isolation	young adulthood
Generativity versus stagnation	middle adulthood
Ego integrity versus despair	later adulthood

B. F. Skinner

B. F. Skinner was an American pioneer in the field of psychology during the 1900s. He became well known for his study of behavioral learning theories.

BEHAVIORAL LEARNING THEORIES

Many behavioral learning theories explore the relationship between a stimulus and a response. Skinner based his work on the work of an earlier researcher named Ivan Pavlov. By studying animals' responses to various stimuli, Pavlov developed theories we now know as *classical conditioning* and the *conditioned response*. Pavlov's most famous experiment involved dogs and their responses to the stimulus of food. Every time Pavlov brought food to the dogs, he rang a bell. Over time, the dogs learned to associate the bell-ringing with receiving food. Any time Pavlov rang the bell, the dogs would begin to drool, whether they smelled food or not. The dogs became *conditioned*

to associate bell-ringing with food, and their bodies reacted just as if food were actually present.

Skinner took these theories one step further. He based his experiments on the principle that rewarded behavior will be repeated, and, conversely, that unrewarded behavior will not be repeated.

OPERANT CONDITIONING

The heart of Skinner's work focused on **operant conditioning**. According to Skinner, you “operate” in your environment by doing what you do. In the process of “operating,” you come upon many different stimuli. A stimulus may reinforce a behavior that you do, or it may cause you to stop a behavior you had been doing.

Here are some basic principles associated with operant conditioning:

- Operant conditioning occurs when the “operant” performs a certain behavior before reinforcement is given.
- Every behavior is followed by a consequence. The nature of the consequence determines whether the behavior will occur again in the future.
- Reinforcement is a type of consequence that increases the chance of a behavior happening again. With **continuous reinforcement**, every time a behavior happens, it's reinforced. However, with **intermittent reinforcement**, a behavior is reinforced only at certain intervals.

Let's use an example to understand how operant conditioning works. Suppose you're about to meet a new patient for the first time. You walk into the examination room and immediately greet the new patient with a friendly smile and a warm hello. Likewise, the patient responds by smiling and saying hello.

Whenever you greet another person, the other person responds in some way. Your greeting is a behavior; the other person's response is the consequence. In the example, your behavior (your greeting) produces a positive response (the patient's smile and warm hello.)

If patients always responded warmly to your greeting, this would be a continuous reinforcement of your behavior. But, realistically, some patients may not respond warmly to your greeting—this would be an intermittent reinforcement of your behavior. Since you enjoy receiving a warm response back from your patients, you'll most likely continue to greet each patient

warmly. Operant conditioning has trained you to greet patients in a warm and friendly manner.

WHY OPERANT CONDITIONING MATTERS TO YOU

You're shaped by your environment to enjoy certain things that you do well. When you receive positive reinforcement for something you do, you want to repeat the action.

It's important to understand the significance of reinforcement and its effect on behavior. By doing so, you'll be better equipped to recognize and understand certain patterns of behavior in yourself and in the patients you encounter. By understanding how operant conditioning works, you'll be able to communicate with patients more effectively regarding health care issues.

If every patient you greet responds with a smile and a friendly greeting of his own, this continuous reinforcement will encourage you to keep greeting patients in a pleasant manner.



Different Age Groups Communicate Differently

You do not need to be a psychologist to notice that people of different age groups communicate differently.

For example, a 7-year-old boy with an infected wound is probably not interested in understanding the process that led to his infection. He knows one thing—he wants his painful cut to feel better. Taking time to explain how infection happens would

Summary of Some Human Growth and Development Theories

Piaget

Cognitive Development Theory: Stages include sensorimotor activities, preoperational thought, concrete operational thought, and formal operational thought.

Freud

Psychoanalytic Development Theory: Three basic parts of personality are identified as the id, ego, and superego.
Psychosexual Development Theory: Stages include oral, anal, phallic, latency, and genital.

Erikson

Psychosocial Development Theory: Eight stages of growth from infancy to later adulthood and development crises or tasks at each (e.g., trust versus mistrust during infancy) are identified.

Skinner

Behavioral Learning Theory of Operant Conditioning: The nature of a consequence to a behavior determines whether the behavior will occur again.

The Voice



of Experience

OPERANT CONDITIONING AND PATIENT CARE

Q: *I am currently working with a patient who has stopped taking her ulcer medication. She claims that when she took it last, it didn't help and her ulcer was just as painful. How can I help this patient understand that the ulcer medication will help when taken properly?*

A: It's possible that the patient took the medication at the wrong time. For certain ulcer medications to work effectively, the patient must take the medication before meals, not after. If the patient takes the medication too late, she will still experience pain from her ulcer after a meal, and this will cause her to be less likely to take it again in the future.

This is an opportunity to use operant conditioning to train the patient to use her medication effectively. Here's what is happening:

1. First, the patient has a meal (the behavior).
2. Next, the patient experiences pain after the meal (the consequence).

To use operant conditioning to improve this situation, tell the patient that the medication must be taken before eating. This way, the pain (a negative consequence) is eliminated. Instead, the patient experiences no pain (a positive consequence). Once the patient experiences a pain-free meal by taking the ulcer medication at the right time, she will be more inclined to continue taking her medication regularly.

be useless in this case. The boy would be bored before you could say "white blood cells"!

On the other hand, a 50-year-old man with a similar wound might *want* you to explain how his wound got infected. He has the ability to understand the process. He *wants* to understand the process. The knowledge helps him take responsibility for his own healing.

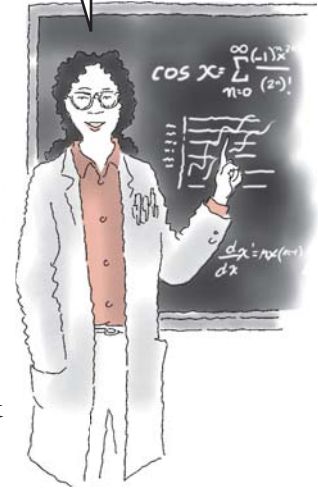
GROWTH AND DEVELOPMENT

As you grow and develop, your self-concept, self-image, and self-confidence change. As a result, the way you communicate with others changes, too. Before you can have effective thera-

peutic communication with patients, think about how you would want to be approached now as opposed to how you would have wanted to be approached 10, 15, or 20 years ago. This is a good starting point for understanding how others respond to your communication technique.

Understanding the stages of growth and development will help you communicate effectively with patients as well as with their family members and support team. Learning how to respond appropriately with the right communication tools and skills will strengthen all of your patient interactions.

Some patients want all the details, and others do not!



HOLISTIC APPROACH

One of the most valuable tips to remember in your interactions with patients is this: treat the whole patient, not just the condition. This approach to patient care is called a **holistic** approach. When you first meet a patient, consider the patient's gender, culture, age, occupation, environment, genetics, and life experiences. Take all these things into consideration. They are part of who your patient is. Let them guide you in the way you approach the patient's health care.

For example, you may assist one patient who is an older adult male who speaks English as a second language, comes from a large family, and teaches nuclear physics. You may then assist an adolescent female patient who speaks no English, is an only child, and attends middle school. These two patients require completely different communication approaches. You use different words, gestures, and expressions to send your messages to each patient.

The holistic approach to health care means that you consider everything about the patient. Using a holistic approach, you can help each patient get the best medical care possible.

AGE ISN'T JUST A NUMBER!

A patient's age has a big effect on the way you can best help her. You must learn how to communicate with patients of all ages. In this chapter, you'll learn specific communication skills to use with four different age groups:

- children
- adolescents
- adults
- older adults

With small children, for example, it's especially important to address safety issues. Also remember that children become fearful easily. Sharing too much medical information with very young patients might frighten them. Instruct a child in a way that will help him stay safe without becoming afraid. This is important in your communications with this young age group.

Older children and adolescents might be seeing a physician only because their parent insisted they do so. Communicating with a patient who never wanted to see the physician in the first place can be tricky.

Adults offer a different challenge. Many adults have to juggle their personal, social, and work activities. Family, school, work, social, and religious interests all affect the way an adult patient approaches his own health care. An adult patient may know he needs to see a physician, but he may be stressed about having to spend time in a physician's office. This, in turn, affects communications between you and the adult patient.

Older adults offer yet another challenge. Some older adult patients have problems with memory loss and confusion or suffer from overall poor health. On the other hand, other older adult patients may be quite curious about their health and eager to learn as much as they can.

One of your goals as a medical assistant is to understand the challenges of each age group and of each individual within an age group. Accomplishing this goal plays a big part in your ability to communicate with all patients.

COMMUNICATION TECHNIQUES

When you communicate with patients from different age groups, you'll need to change your technique to match the age group of the patient. There are four general rules you can keep in mind to help increase the effectiveness of your communications with all patients.

1. Always speak directly, and give the patient your full attention.
2. Always speak clearly. Make sure your messages are clearly stated and easy to understand.
3. Always check for the patient's understanding. Ask the patient if he has any questions, and make sure the patient understands what is being said to him.
4. Always pay attention to the verbal and nonverbal messages the patient is sending you. Ask for clarification if you're unsure of what the patient is trying to say.

5. Ask patients to repeat instructions or to demonstrate what you have taught. Write down instructions for patients and/or their caregiver(s).

One specific communication technique you can use is choosing the right words for the right patient. Choosing age-appropriate words when communicating with patients is a critical part of what you do. The way you instruct a child about how to care for a bandaged wound is different from the way you instruct an adult. With a child, you might use a stuffed animal to demonstrate how to keep a bandaged area clean and dry. But with an adult, using a stuffed animal would be perceived as condescending. This chapter will discuss techniques you can use to communicate effectively with each age group.



Chatting with Children

The branch of medicine that deals with children is called **pediatric** medicine. Children have specific health issues that a pediatric physician specializes in. Children also have specific communication needs that you, as a medical assistant, must learn how to address.

CHILDREN WITH ILLNESSES

Individual children respond to illness differently. Some may seem quiet and withdrawn. Others may be unable to sit still for more than a few seconds. Some children may revert to certain comfort behaviors, like sucking their thumbs or cuddling a favorite blanket or toy. Many children are fearful of seeing a physician. Some children might think being ill or getting hurt is a punishment.

In any case, all children who are ill or hurt share one thing—they want to feel better. Learning how to address each child's individual differences *and* respond to the child's illness are two of your biggest challenges.

EFFECTIVE COMMUNICATIONS WITH KIDS

The approach you take when speaking to children is critical. Your words, tone, and body language may be slightly different for each child. You must learn to change your communication

Say it Isn't So**COMMUNICATING WITH CHILDREN WHO ARE ILL**

How do I talk to a four-year-old about his illness?

Suppose you're treating a 4-year-old for an illness. You can plainly see that the child is scared and does not understand why she is feeling ill. Should you explain in detail to the child how the illness started, its symptoms, its pathological nature, and all possible treatments and outcomes?

Of course not! At 4 years of age, children are able to use only basic language skills. Speak to the child in simple terms. For example, if you notice the child leaning forward or crying, you could ask "It looks like you're crying. Does your tummy hurt? Can you point to where it hurts?" If possible, keep words to one or two syllables. Reassure the child using easy-to-understand words and a gentle voice.

style to suit the needs of each child you see. Here are some guidelines:

1. Talk at eye level. Either come down to the child's level, or bring the child up to yours. It's important that you're on the same eye-to-eye level when communicating with children.
2. Speak gently. A child who is already scared about a visit with a physician responds better to a gentle tone. Use your voice to soothe and calm, rather than to excite and agitate.
3. Move slowly and visibly. Children are excellent observers! Make sure all your movements are slow and easily seen.
4. Announce your touch. Always tell a child when you need to touch him. You do not want to startle the child by suddenly taking his arm for a blood pressure reading.
5. Say it again. Rephrase questions or comments if the child does not understand. Ask the child if he understands what you just said.
6. Toy talk. Use a stuffed animal to help break the communication barrier with a child. Ask how Teddy is feeling first. Put a bandage on Teddy to demonstrate what you're about to do to the child.
7. Crying is okay. Allow a child to cry. Ask if Teddy is crying, too!

Form a Relationship

Many children have the same feelings as adult patients. They are scared, and they need help. But children are still growing and developing as human beings. So the behaviors connected to a child's feelings are different from those of an adult. A child who is scared might "act out" her fear by throwing things, yelling, or hitting. For this reason, it may be harder to form a relationship with a child than with an adult.

Here's a tip for your first interaction with a child: use something to break the ice. Remember to make eye contact and to speak directly to the child. Let the child know you're there to help, not to hurt. Perhaps offering a colorful book or magazine, a box of crayons and a coloring book, or a stuffed toy will do the trick. Start out your interaction with a child on the right foot. By doing so, you help guarantee a successful visit for everybody.

Environment

As with all patients, make sure the examination room for children is quiet and private. Provide some safe activities to help keep the child busy. If the waiting period gets too long, check back often to make sure the child (and whoever is with the child) is okay.

It might be helpful to explain some of the medical equipment in the room. For example, use simple words and terms to tell the child what a stethoscope, otoscope, or sphygmomanometer do.



Find ways to make children feel more comfortable.

Listen

Remember that more than half of good communication involves listening. When you interact with children, take time to listen carefully and politely to what they have to say. If you ask a question, wait for the child to answer completely. Do not interrupt. Some children may take a while to answer a question completely. Be patient and sensitive to a child's need for extra time. Watch for nonverbal clues, such as clutching a sore part of the body, which can tell you more about what the child is trying to say.

Also, be sure to listen to any questions or concerns the parent or caregiver might have. If a child must be held still, ask the adult if she would prefer to hold the child. The child might be more comfortable having a familiar person hold him.

Choice

Let children “help” during an examination. Give children choices whenever possible. Ask a child if she wants to hold the roll of bandages or the adhesive tape while you dress a wound. Ask a child if she would like to have her temperature or blood pressure taken first. Ask if she would like her caregiver or you to hold her during an examination.

Giving children choices during an examination or procedure makes them feel more in control of the situation. This allows them to feel like they are taking a bigger part in their health care.

Talking with Teens

Adolescence is characterized as a period full of rapid growth and development. Some literature suggests that adolescence is the stage of life from ages 10 to 20. Other literature suggests that adolescence is from ages 12 to 18. However, experts agree that adolescence does not have a distinct beginning or end.

For patients in this age group, the body is going through many physical changes. An adolescent patient’s peers (people in her own age group) play a major role in her life, and self-concept is starting to stabilize. The need for independence is strong in adolescents. Body image is a high priority.

The Voice



of Experience

WORKING WITH CHILDREN WHO ARE FEARFUL OF INJECTIONS

Q: *What can I do when very young patients are so scared of getting an injection that they scream and cling to their parent?*

A: Once a child is already crying before an injection, it may be difficult to calm him down. Above all, stay calm yourself! Children sense your own fear and tension. Staying calm and gentle will help keep a child from becoming more fearful. One handy tip to use with children who are able to talk is to tell them to take a deep breath and blow out during the injection. Using a party noisemaker to blow out can help a child cope with this procedure. Tell the child that he can make as much noise as he wants when he blows into the noisemaker during the injection. This activity may help take his focus off the injection, so the child will not be as acutely aware of the pain.

An adolescent's attitude toward adults may be negative or positive. Some adolescents may resent authority figures. You may meet an adolescent patient for the first time and find that you're unable to keep consistent eye contact with her. The patient may refuse to look at you at all. She may not speak to you, either. Or the adolescent patient may want to say something to you, but may feel uncomfortable or silly doing so.

Your interactions with adolescent patients present many unique challenges. Understanding or remembering how it must feel to be going through so many changes at this time will help you interact more effectively.

THOSE TRICKY TEENAGE YEARS

It's tough being a teenager. The body is changing; feelings are changing; goals are changing. Adulthood is approaching fast; life is scary and exciting all at the same time. Sexual characteristics develop. Boys develop facial hair and a lower voice, and they begin to produce sperm. Girls develop breasts and body hair, and they experience their first menstruation. Along with these changes comes a spurt in general physical growth. For most teenagers, full adult size is reached during adolescence. With all of these physical changes, it's easy to see why body image is so important during this stage.

With developing sexual characteristics comes the ability to reproduce. Adolescents may have different levels of understanding about reproduction and sexual relations. Some adolescents may be sexually active; others may not. Some adolescents may have a close relationship with one or both of their parents; others may not. These are some of the issues you should be aware of when interacting with adolescent patients.

EFFECTIVE ADOLESCENT CHITCHAT

Communicating with adolescents can be tricky. But it can also be wonderful. Always remember that all patients, including adolescents, want to feel better. Your job is to give patients the tools and information they need to feel healthy. Adolescents may not know why they are feeling ill. They may not understand how to keep themselves healthy. Also, they may not understand critical health information. As a medical assistant, there may be times when you need to educate an adolescent patient about diet and exercise. Using visual aids such as posters or diagrams may help. You may also direct an adolescent patient to a specific website. Have posters, pamphlets, videos, or other aids handy if and when the opportunity to use them arises.

Privacy

Adolescents are a special case under the HIPAA privacy regulation. This regulation generally defers to state law on the issue of parents and minors. The American Medical Association encourages physicians to involve parents in the care of their adolescent children unless it interferes with the patient's health care.

Some adolescents may be uncomfortable sharing personal information with their parent or caregiver in the room. Some may want to share personal information only with the physician. Be sure to ask the patient what his preference is. If necessary, kindly ask parents or caregivers to leave the examination room for a few minutes.

Choice

Always give the adolescent patient an opportunity to make choices about his health treatment. This is part of learning how to be a responsible adult. It might be easier for some adoles-

Translating



Ethical Issues

ADOLESCENT PATIENTS AND CONFIDENTIALITY RIGHTS

It's important for you to know how to best approach the issue of confidentiality in adolescent health care. Here are some tips to keep in mind:

- Always respond to the needs of all adolescent patients. Let them know you'll help them in any way possible.
- Regarding their health care, encourage adolescents to involve their parents or caregivers. Although it may not always be possible, it's important for adolescents to be able to work together with their parents or caregivers.
- Explain to both the adolescent and her parents or caregivers that the adolescent has the right to private examination and counseling.
- In some cases, the physician might need to share certain information with a parent or caregiver. Information that affects the well-being of the patient or of somebody else falls into this category. Explain to the adolescent under what circumstances information will be shared with a parent or caregiver.

cents to make health care choices when a parent or caregiver is not present. Be sure to look for nonverbal clues that might indicate this.

For example, you might ask an adolescent a question that appears to make him uncomfortable. He may look nervously to his parent before trying to respond. You may want to ask the adolescent if there is something he would like to discuss in private. If he responds positively, politely ask the parent to step outside for a few minutes. With the parent out of the examination room, ask the adolescent if he would like to answer the questions or discuss them with the physician.

Give adolescent patients health care choices whenever possible. Explain privacy options, treatment options, medication options, and appointment options. Letting the patient choose puts the ball in his court.



Dignity and Respect

A key to communicating with adolescents is staying open, honest, and respectful. Help adolescents maintain their **dignity**, or feeling of being worthy. **Respect** them. That is, show your admiration for their qualities, abilities, or achievements. Avoid sending messages that blame, put down, or belittle. Your goal is to make the adolescent patient feel better about herself, not worse. Be supportive, not judgmental.

“I” Messages

A critical skill in communicating with adolescent patients is learning to use “I” messages instead of “you” messages. Many adolescents are very sensitive and can perceive casual statements as judgmental messages. Learning to communicate in a way that shows respect to an adolescent is a valuable skill to master.

For example, suppose you’re seeing an adolescent patient who is complaining about stomach cramps. The patient keeps avoiding answering your questions. Here are two ways you could respond to the patient:

- *Ineffective.* “You keep avoiding my questions. Why are you doing that?”

Say it Isn't So**DO PARENTS HAVE THE RIGHT TO BE INFORMED ABOUT AN ADOLESCENT'S MEDICAL CONDITION?**

What if an adolescent does not want to be examined with his parent present, but his parent refuses to leave the examination room?

A 15-year-old boy and his mother come to the office. The boy has shoulder pain. During your interview with the boy, he asks that his mother not be in the room when the physician examines him. You ask the mother to leave the room, but she says that she has a right to be present. Should you allow her to stay?

It's important to understand that patients have the right to be examined in a private setting. Many adolescents may be more comfortable being examined without their parents present. However, parents do have the right to be informed about the health of their minor children. In this case, you should quietly and calmly explain to the mother that her son has asked to be examined without her in the room. Be sure to add that the physician will share with her any information related to her son's health.

- *Effective.* "I'm getting the feeling these questions make you uncomfortable. Is there anything I can do to make it easier for you to answer them?"

Communicating with an adolescent patient using "I" messages keeps blame and judgmental statements out of the conversation. It also gives the patient the opportunity to take a more active part in her communications with you.

Honesty

Without honesty in a patient interaction, the quality of your communication is decreased. You may find that adolescents are especially sensitive to your honesty or lack thereof. Patients of all age groups should feel they can trust you. They should know that you're there to help them with all of their health care needs.

Listen to This**“I” MESSAGES**

The chart below contains some ways to turn messages into “I” messages. The column on the left contains some “You” messages that place blame or are judgmental. The column on the right contains the same message turned into an “I” message.

Turning “You” Messages into “I” Messages**“You” Message****“I” Message**

“You need to control your anger.”

“I see that you’re angry right now.”

“You’re avoiding my questions.”

“I feel like I might be using the wrong words to ask my questions.”

“I feel like my questions are making you uncomfortable.”

“You need to take better care of yourself.”

“I see that you’re not feeling well.”

Communicating with Adults

Adults have many more experiences with health-related situations than either adolescents or children. Some of these experiences may have been positive, while others may have been negative. Also, the health-related information that adults have might be incorrect. For example, some adults may have been told by their parents or grandparents that when they are sick, they should eat more. But often when you’re not feeling well, eating food, especially heavy food, produces nausea and even vomiting. This can slow down the healing process.

Communicating with adults requires that you consider their many life experiences. Be aware of the ways in which these experiences influence the adult’s attitude about health. Also look for clues about any incorrect health information adult patients may have.

ADULTHOOD

The lifestyle of the adult patient is very different from that of the adolescent. Most adults spend every day trying to balance their careers, personal relationships, and family commitments. And

most adults have been doing this for years. Some adults have more obligations to balance than others do. Some adults are simply better at balancing life's pressures than others are.

The most important thing to keep in mind when dealing with adult patients is that the responsibility of caring for themselves, their partners, their children, and, in some cases, their own parents, can be quite stressful. This constant stress is often a major factor affecting the health of adult patients.

TECHNIQUES FOR THERAPEUTIC COMMUNICATION WITH ADULTS

Keep in mind the lifestyle of your adult patients. This is the first step in being able to respond to and communicate with them effectively. Here are some more ways that you can strengthen your interactions with adult patients.



Individual Information

With adult patients, you must develop a sense of how much information the patient wants to know. One patient might want to know every detail about his condition. Another patient might prefer not knowing the details.

Remember that the adult patient has most likely been living in a set routine for many years. Most adult patients know themselves well. They know what works for them and what does not. They know what their needs are regarding information, relationships, interactions, and communication. Respect these needs when you interact with adult patients. And if you sense the patient isn't sure what he needs to know regarding a medical diagnosis, begin by repeating the essential information originally given by the physician. Then branch out with some questions for the patient, such as, "This medication needs to be taken under specific conditions that are listed on the bottle. Do you want me to go over these conditions with you here at the office?"

Delivery

The way you deliver messages to the patient has a major effect on how well your interaction with the patient will go. Make sure your messages are clear. Choose words that you know the patient will easily understand, without treating the patient like a child. Ask for feedback to determine if the patient understands what you have told him.

For example, suppose you have to do a throat culture to see if a patient has strep throat. First, you must swab the patient's throat for the culture. Most adult patients would think it rude if you were to abruptly walk into the examination room, swab

in hand, tell the patient to open his mouth, and then take the culture. They would expect you to first greet them, then explain the procedure you're about to perform, and then give them a moment to ask questions or relax and ready themselves for the procedure.

Explanations

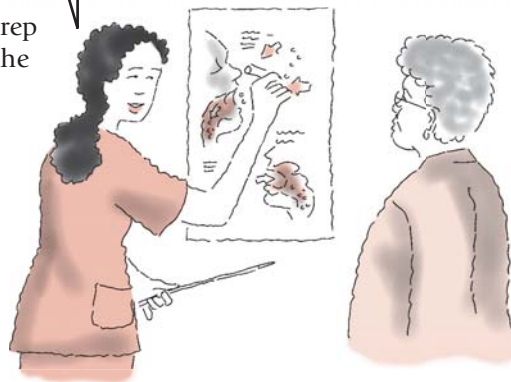
Provide explanations that the patient can remember and understand. Here are some tips for positive explanations:

- Using complex medical terms is generally not an effective way to communicate with patients. Most patients are not familiar with such terms and prefer simpler words.
- Because many adults lead very busy lives, it might be helpful to write down all important information related to a treatment. Provide information sheets or pamphlets if they are available.
- Verify that the patient has understood your message by asking questions and listening to the patient's response.

Make your communication with adults as interactive as possible. Encourage patients to provide feedback so you know if your message is being interpreted correctly.

Let's say the patient's throat culture has come back positive for strep throat. The physician has informed the patient of the results, but you sense that the patient is still not sure what this means. Ask the patient if he has any questions, and do your best to answer them—always keeping your scope of practice in mind. If you're unsure whether you should be answering a question, it may be better instead to pass the question on to the physician.

Take the time to explain medical information to adult patients.



Planning and Collaboration

For the adult patient, any treatment plan means an addition to her already busy life. So it's important for you to sit down with the adult patient to make sure she understands and can follow the treatment plan as prescribed. For example, help the patient figure out the best way to remember to take medication. Involving the patient in her own treatment plan strengthens the

patient's sense of responsibility. It also helps guarantee that the patient will follow the treatment and get well.

Relationships

From your first interaction with any patient, one of your goals is to build a lasting and effective relationship. Finding ways to connect positively with every patient only helps strengthen your interactions and ability to communicate effectively. Here are some questions you can ask yourself to help you start your patient relationships on the right foot.

- *What support does the patient need?* With adult patients, try to provide whatever support is necessary to help them balance their full schedules with any treatment plan they must follow. Encourage adult patients to call with any questions or concerns they might have. If possible, call them to see if they are having any problems following their treatment plan.
- *What is your objective?* Know what your objective is with each patient. Keep your objective clear. This will help you communicate more clearly with the patient. Your objective might only be to take blood pressure and temperature. Or your objective might be to explain how to take a particular medication. Clarifying your objective helps both you and the patient.
- *What kind of environment does the patient need?* Be aware of the physical and emotional needs of the patient and choose the appropriate examination room. Make sure the environment going into the room is calm and not hurried. Keeping the patient comfortable and at ease is most important.
- *What about privacy?* The quality of your patient interactions depends on how comfortable the patient is. Respecting a patient's privacy can make him feel more comfortable. Drawing curtains around an examination table or bed, making sure the door is closed, and asking sensitive questions quietly help keep the patient at ease.

Communicating with Older Adults

You'll be faced with many unique challenges in your interactions with **geriatric**, or older adult patients. As medical technology improves, people are living longer. With this increase in the geriatric population comes a wide variety of types of patients within the older adult population itself. One older adult patient

Your Turn to Teach**GETTING THE HEALTH CARE MESSAGE ACROSS TO ADULTS**

Adult patients lead busy lives. Many patients may be so overwhelmed with everyday responsibilities that their health takes a backseat to the demands of their daily lives. Your own good health and cheerful attitude serves as an example for all patients to admire and follow. Use the following tips under direct instruction from a physician to help educate adult patients about ways to prevent future illness and maintain good health.

- *Diet.* Encourage patients to eat a balanced diet. Learn about the patient's food preferences, restrictions, and cultural background. Share your favorite market for buying the freshest produce. Keep a file of food pyramid pamphlets and healthy recipes that you can share with interested patients.
- *Exercise.* Remind patients about the importance of regular exercise. Emphasize to patients that even a 10-minute walk helps the body stay healthy. Share some fun exercises for patients who must sit for long periods. Encourage the patient to seek out or start an office walking group.
- *Hobbies.* Ask patients about any hobbies they might have. Find out what they do in their spare time. If they have little spare time, find out what they wish they could do if they had more spare time. Keep a file of local resources for patients to learn more about things that interest them.
- *Water.* Encourage patients to drink enough water every day. If the patient does not already do so, suggest he carry a personal water bottle. Adults should produce between one and two liters of urine each day. Adults are often dehydrated without knowing it.

might be bound to a wheelchair, hard of hearing, and suffering from dementia. Another older adult patient might be juggling hobbies, daily walks with friends, family time, and her upcoming trip to Europe. You might be surprised to find that many of your geriatric patients have more active social lives than most of your adult or adolescent patients!

The one common factor shared by all geriatric patients is their age. But age is not necessarily a limiting factor for all patients of this group. Because of this, your challenge as a medical assistant is to treat each geriatric patient as an individual, but always keep in mind the issues that go along with advancing age.

OLDER ADULTHOOD

You might refer to patients in the later stages of adulthood by different names—older adults, senior citizens, or the geriatric set. The older adult patient may experience a number of health-related issues. Loss of memory, loss of hearing, decreased mobility, and weakened vision are a few of these issues. Some geriatric patients may experience any or all of these in varying degrees.

The lifestyle of the older adult also varies from individual to individual. Many older adults may live either in a nursing home, assisted living complex, or alone. But many also live with their families, with partners, or with roommates.

Along with the realities faced by older adults are the many myths that exist. Because of these myths, some health care practitioners may not treat older adults with the respect and dignity

Listen to This



MEMORY LOSS AND COMMUNICATION

It's not uncommon for an older adult patient to suffer from some memory loss. If you know that a patient has this problem, here are some tips you can use to make your interaction with the patient positive and effective:

- Write instructions in easy-to-understand terms. Use simple words.
- Use large printed letters. Use ink that is easy to see.
- Have the patient repeat what you wrote. This helps reinforce the information.
- If applicable, ask the patient to show you how he will perform a procedure. This also helps reinforce what the patient must remember.
- Make a large appointment calendar for the patient. Write in medication times, therapy appointments, physician appointments, and any other health-related information on the calendar. Have the patient cross off each task as it's completed.

they deserve. Check the list of myths below to see how many of your own ideas about older adults look familiar.

- Old people are weak and sick.
- Old people can no longer learn.
- Old people are boring.
- Old people are always lonely.
- Old people have lost interest in life.
- Old people do everything slowly.
- Old people can't be trusted to make rational decisions.

All of the statements above have one thing in common—they are all false. How many of these myths are part of your attitude toward older adults? The more older adult patients you treat, the more you'll discover that individuals within this age group are as varied as those within any other age group.

SPEAKING EFFECTIVELY WITH OLDER ADULTS

Although each older adult patient should be treated as an individual, it's important that you recognize some issues common to this age group:

- Many older adult patients may have chronic health problems that have become part of their lifestyles. These chronic conditions must be considered when treating new ailments or conditions.
- Many older adult patients fear a decline in their good health. For many older adults, the loss of their good health means a loss of independence. Having to depend more and more on others is difficult.
- Many older adults fear death. As seniors get older, family members and friends pass on, and the reality of death becomes clearer. Encourage older patients to stay busy and to socialize often. This will help them continue to live full and active lives and to think less about death.

As a medical assistant, you want to make your communications with older adult patients as effective as possible. Along with the issues listed above, keep the following communication goals in mind when speaking with older adults.

Restore the Person's Sense of Control

When you first greet an older adult patient, introduce yourself. Ask the patient what name she prefers to be called. Keep the conversation cheerful and positive. Use humor when appropriate.

Send and Receive**SHATTERING MYTHS
ABOUT OLDER ADULTS**

Allowing myths about older adults to affect the way you interact and communicate with these patients creates a barrier to effective therapeutic communication. As with patients of any age group, you must learn what the older adult patient's needs are. This is essential to developing effective communication channels with this population.

Here is an example of an ineffective and effective dialogue between a medical assistant and an older adult patient. As you read through the dialogue, see if you can spot any of the myths listed above.

Imagine you're meeting Mr. Currie for the first time. Mr. Currie is 75-years-old and is experiencing pain in his chest each time he finishes a meal.

Ineffective:

- "Hello, Mr. Currie. What brings you here today?" You speak more loudly and slowly than usual, assuming Mr. Currie can't hear.
- You proceed to ask Mr. Currie some general questions about his symptoms and general health. You decide to skip the health history questions, assuming Mr. Currie won't be able to answer them.
- "Let me help you onto this examination table, Mr. Currie." You assume Mr. Currie can't get onto the table by himself.

As you have already learned, not all older adult patients are hard of hearing. Nor do all older adult patients have trouble remembering details or events. Regardless of the patient's age, you should always ask if the patient would like assistance getting up onto the examination table. Never assume a patient needs help. But always ask, out of courtesy and respect, if a patient would like some assistance. If you suspect a patient can't hear you, ask the patient if he understands what you have just said.

Effective:

- "Hello, Mr. Currie. What brings you here today?" You greet Mr. Currie in a normal voice. Mr. Currie replies that he is having some pain in his chest after he eats.

- You proceed to ask Mr. Currie about his general health history. Mr. Currie remembers all but one or two dates of past surgeries.
- “Mr. Currie, I’d like to have you get up onto the examination table. Would you like me to help you?”

As with all patients, be aware of any verbal and nonverbal clues the older adult patient gives you. When in doubt, ask the patient if he has had any difficulty in hearing what you have said. Ask if the patient needs assistance. Ask if the patient has any questions. In this regard, the older adult patient is no different from any patient of any other age group.

and possible. Involve the patient in the decision-making process.

Some older adult patients respond well to routine and structure. For these patients, appointments on the same day of the week at the same time are easier to remember. A regular appointment that is always at 2 P.M. on Monday is easier to remember than an appointment that keeps changing. Help older patients maintain their sense of independence by making it easier to take control of their health care.

Pace of Communication

Some older patients may not be able to understand what you say if you speak too quickly. Some patients may get impatient if you speak too slowly. As you get to know each older adult patient, learn the best ways to communicate with him. Be aware of any hearing, vision, or mental impairments your patient may have. Look for verbal and nonverbal clues that tell you if the patient understands and follows what you say. Decide what communication skills work best for each patient. With time, you’ll begin to tailor your communication style to each patient.

Also keep in mind that some older adult patients may need more time for their appointments. Adding an extra 15 minutes to the appointment will prevent having to rush the patient.



Respect and Dignity

Treat all patients with respect and dignity. Older adult patients deserve your respect. Along with your respect, keep in mind the patient's need for quiet and privacy. Here are some tips for respecting patients during an office visit:

- Use the name the patient prefers, especially with older patients.
- Ask permission before performing all procedures.
- Take time to explain to the patient the steps of every procedure.
- Encourage the patient to ask questions. Make sure any questions for the physician are delivered to the physician.

Simple courtesies such as saying “please” and “thank you” also help show your respect for the patient.

Reassurance

One of the most important communication skills you can use with any patient is being able to sense when a patient becomes fearful or confused. A patient's expression or body language may tell you that he needs to be reassured or comforted. Or the patient may just tell you, “I'm confused,” or “I do not understand.” When this happens, take time to soothe the patient. Find out exactly what the patient is confused or upset about, and then address the issue specifically.

Cue Detection

As you can probably see by now, the ability to sense a patient's nonverbal cues is an important key in your ability to communicate effectively. This skill is called **cue detection**. Some of these cues are easy to spot. Others take time and experience to observe. Not all patients will tell you when they do not understand something you have said. They might feel embarrassed to admit they do not understand. Instead, you must look for the nonverbal clues that signal their confusion.

- The patient may look away when he gets confused.
- The patient might blankly say, “That's fine,” or “All right.”
- The patient may suddenly change the subject or want to leave.

Translating**Legal Issues****LEGAL AND NONLEGAL ISSUES FOR OLDER ADULTS**

Older adult patients face several difficult issues, legal and nonlegal, as they approach the end of their lives. Although you're not an attorney, you still have a responsibility to emphasize to patients the importance of addressing these issues. Nonlegal issues include:

- *Being ignored.* Many older adult patients fear that their pain will be ignored. They also fear that their pain is the sign of a debilitating illness. As a result, the patient may be afraid to admit that he is in pain. Or the patient may put off seeing a physician, hoping the pain will go away.
- *Dying alone.* Some older adults fear they will die alone and in misery. This may prevent some patients from being able to sleep restfully or from being able to discuss these fears with others.
- *Paying for health care.* Many seniors fear they will not be able to afford expensive medical care or medications. Many older adult patients may have limited financial resources for long-term health care.

These nonlegal issues are a source of stress and concern for older adult patients.

There are several legal issues that should also be addressed.

- *Do not resuscitate (DNR) order.* This order is placed by a patient's physician in the patient's medical file and states that cardiopulmonary resuscitation should not be performed.
- *Living will (one kind of advance directive).* This is a legal document that a person draws up while the patient is still capable of making decisions for her own health care. The document describes a person's health care preferences.
- *Durable power of attorney for health care (another kind of advance directive).* This is a legal document that names a specific person to make decisions about the patient's health care should the patient no longer be able to make decisions for herself.

Encourage older adult patients to discuss all of these issues with their family members and with the physician. Emphasize the importance of addressing these issues before it's too late. Try to provide patients with a resource list with phone numbers, addresses, or e-mail addresses of professionals, such as attorneys, who can help them with these legal issues.

Your cue detection skills will be a valuable tool in strengthening the communications you have with older adult patients.

Empathy

Empathy is being able to identify with the way another person feels. Being able to empathize with the concerns of your older adult patients will help you greatly in your communications with them. Being empathetic means you're sensitive to each patient's feelings and problems. Be sure to carry your empathy over to family and friends of the patient. A simple statement such as, "This must be a hard time for you. How are you doing?" sends a message of sincerity and caring.

Offering support to family members and being empathetic shows your concern for the older adult patient.



Chapter Highlights



- Humans grow and develop in different ways throughout their lives. Biological, social, and psychological factors affect this process.
- Piaget's cognitive development theory states that learning is based on interaction with your environment.
- Freud describes three major forces as the id (instincts), ego (reality and reason), and superego (the ideal self).

- Freud's reality principle states that the ego takes care of a need as soon as an appropriate object is found.
- Freud's pleasure principle is used to describe the primary function of the id—to decrease pain and increase pleasure.
- Erikson's eight psychosocial crises, or tasks, are: trust versus mistrust; autonomy versus shame and doubt; initiative versus guilt; industry versus inferiority; identity versus role confusion; intimacy versus isolation; generativity versus stagnation; and ego integrity versus despair.
- The principle of mutuality refers to the interaction of generations. Parents influence their children's development, and in turn children influence their parents' development.
- Operant conditioning is based on the principle that rewarded behavior will be repeated and that unrewarded behavior will not be repeated. According to this theory, the reinforcement a person receives after performing an action will determine whether that person repeats that action in the future.
- A knowledge of developmental theories will help you communicate effectively with patients of different ages and at various stages of development. This knowledge will also help you understand patients' behavior patterns and how these patterns may affect their health.
- A holistic approach to health care treats the whole patient, not just the condition.
- When communicating with children, your words, tone, and body language are important. Talk at eye level, speak gently, move slowly and visibly, announce your touch, rephrase often, allow crying, and use toys when appropriate.
- When communicating with adolescents, respect their privacy, and give them choices. Stay open, honest, and respectful. Use "I" messages to keep blame and judgmental statements out of the conversation.
- When communicating with adults, consider their life experience and lifestyle. Assess how much information the adult patient wants to know and make sure your messages are clear. Make sure the adult patients can follow their treatment plans.
- When communicating with older adults, remember that this population is diverse. Treat older adult patients with respect and dignity and involve them in decision making. Look for verbal and nonverbal cues and provide reassurance and empathy when appropriate.

Active Learning**PART 1: MAKING OBSERVATIONS**

Find a public area and observe one person's behavior for several minutes. Try to determine that person's stage of development. If this individual were a patient, assess how his stage of development would affect your communication with him. Take notes explaining the adaptations to communication you could make based on your assessment.

PART 2: PUTTING IT INTO PRACTICE

Divide into groups of four. On four pieces of paper, write the name of one of the four age groups: child, adolescent, adult, older adult. Using four pieces of a different-colored paper, write one of four medical conditions: fever, skin rash, cough, ear infection. Fold all eight pieces of paper and place them into a box or container.

Next, have two people from each group choose one of each colored paper. These two group members will play the part of patients; the other two group members will act as medical assistants. In turns, each patient/medical assistant pair will act out a brief scenario in which the "patient" attempts to describe his illness and the "medical assistant" adjusts her communication style according to the patient's age group. After both pairs have acted out their scenarios, discuss within your group the ways in which the "medical assistants" had to adjust their communication for each "patient."