

Communication Styles

1. Clear and Direct

Clear and direct communication is the most healthy form of communication and occurs when the message is stated plainly and directly to the appropriate family member. An example of this style of communication is when a father, disappointed about his son failing to complete his chore, states, “Son, I'm disappointed that you forgot to take out the trash today without my having to remind you.”

2. Clear and Indirect

In this second style of communication, the message is clear, but it is not directed to the person for whom it is intended. Using the previous example, the father might say, “It's disappointing when people forget to complete their chores.” In this message the son may not know that his father is referring to him.

3. Masked and Direct

Masked and direct communication occurs when the content of the message is unclear, but directed to the appropriate family member. The father in our example may say something like, “Son, people just don't work as hard as they used to.”

4. Masked and Indirect

Masked and indirect communication occurs when both the message and intended recipient are unclear. In unhealthy family relationships, communication tends to be very masked and indirect. An example of this type of communication might be the father stating, “The youth of today are very lazy.”

Source: Families First – Keys to Successful Family Functioning: Communication
<http://www.ext.vt.edu/pubs/family/350-092/350-092.html>

Communication Behaviors

1. Assertive

Assertive communication involves standing up for personal rights and expressing thoughts, feelings, and beliefs in *direct, honest, and appropriate* ways which do not violate another person's rights. Assertive communication is the preferred style.

- "I'm okay and you're okay."
- Use of "I" statements, objective words, direct and honest statements.

2. Aggressive

Aggressive communication involves directly standing up for personal rights and expressing thoughts, feelings, and beliefs in a way which is emotionally honest, but usually inappropriate and in violation of the rights of others.

- "You're not okay." Views oneself as superior.
- Use of "you" statements, accusations, subjective, domineering, superior words.

3. Passive

Passive communication involves violating your own rights by failing to express honest feelings, thoughts, and beliefs and consequently allowing others to also violate your rights; or expressing your thoughts and feelings in such an apologetic, timid manner that others can easily disregard them.

- "I'm not okay, everyone else is."
- Use of apologetic words or at a loss for words.

4. Passive-Aggressive

Passive-aggressive communication involves expressing your needs and feelings in an unclear and confusing manner.

- "You're not okay, but I'll let you think that I think you are."
- Use of sarcasm, teasing, ridiculing, false praise, and insinuations.

Source: Dr. Nielson, North Dakota State University

Assertive Rights

1. Right to refuse requests without having to feel guilty or selfish
2. Right to feel and express feelings including anger, as long as we don't violate the rights of others
3. Right to be competitive and to achieve
4. Right to enjoy rest and leisure
5. Right to have one's needs be as important as the needs of others
6. Right to decide which activities will fulfill those needs
7. Right to make mistakes
8. Right to have one's opinions given the same respect and consideration that other people's opinions are given
9. Right to be treated as a capable adult and taken seriously
10. Right to be independent
11. Right to get what we pay for
12. Right to say no
13. Right to ask for information from professionals
14. Right to express my preferences
15. Right to ask for affection and help (I may be turned down, but I can ask)
16. Right to change my mind
17. Right to say "I don't know, I disagree, I don't understand, or I don't care"
18. Right to offer no reasons or excuses for justifying my behavior
19. Right to judge my own behavior, thoughts, and emotions and take responsibility for their initiation and consequences upon myself
20. Right to judge if I am responsible for finding solutions to other person's problems
21. Right to decide when to be assertive

RIGHTS ALSO INVOLVE RESPONSIBILITIES

Source: Dr. Nielson, North Dakota State University

“I” Messages

What is an “I” message?

An “I” message is a method which allows you to assertively express your feelings. There are four components to an “I” message.

1. State exactly what was said or done that triggered your feelings.
2. State the feelings that you have.
3. Provide an explanation for why you feel the way you do.
4. If appropriate, make a request stating what you need.

Example:

When you are not on time, I feel worried because something may have happened to you.
I would appreciate it if you would call me when you are going to be late.

Source: Dr. Nielson, North Dakota State University

How to use this hand out:

1. Divide your audience into pairs
2. Ask them to role play a situation involving an older adult and a concern they have regarding that person
3. Direct them to utilize the new communication skills presented in this segment in their conversation
4. After 5 minutes direct the pairs to switch roles
5. When both parties have had a turn to practice ask participants to share their impressions of how it felt to use the new communication skills

Guidelines for Initiating a Difficult Conversation

- Avoid talking to the person if they are upset or under the influence of a substance
- Be gentle and kind
- Avoid a confrontational style
- Avoid using labels since they may carry a heavy stigma
- Take into consideration the person's age and ability to understand; you may need to discuss the issue in several sessions rather than one big conversation.
- Be consistent and patient in your expression of concern without exerting undue pressure
- Be direct; treat the individual as an adult
- Give specific examples of behaviors that concern you
- Use I statements as in "I am concerned about you because I have noticed you wearing the same clothes for several days and have not seen you outside in your garden as you usually are"
- Be prepared with information in case the person is willing to seek help
- Don't be discouraged if the person is not ready to accept your assistance – you may want to enlist others who are also concerned or try again on another occasion
- Don't worry if you don't say things perfectly, what is important is that your message of concern is conveyed and your willingness to help is expressed

Tips for Getting Help

- Know what medical insurance you have and its limitations
- Telephone the insurance carrier to see what services are provided and if they have a network of providers in the area
- Speak with your primary care physician and ask for help
- Contact the behavioral health care agency if you are covered by Medical Assistance
- Contact in-home services if you are homebound or would have difficulty traveling somewhere to get help
- Finding a mental health professionals in private practice
 - The yellow pages in the phone book has telephone numbers for mental health professionals under such headings as Mental Health Centers, Mental Health Services, Psychologists/Psychotherapists, Social Workers, and Counselors
- The white and blue pages provide listings of public and government services
- Local social service organizations - such as Catholic Family Services, Village Family Services or Lutheran Social Services - can either provide counseling services or refer you to local mental health services
- Contact local hospitals that may have mental health services or will be able to inform you of local mental health services
- The Department of Veterans Affairs will provide information on services for those qualified to receive benefits
- Indian Health Services can provide mental health services to eligible Native Americans

Legal Interventions

Care and Distribution of Property:

Wills

- Distribution of property
- Lists burial or cremation desires
- States who will be the executor

Living Wills

- States wishes in advance for use of life sustaining procedures during terminal illness
- Differs state by state

Living Trusts

- Legal document for a plan to protect and disburse financial assets
- Can continue after death

Protective Arrangements:

Restraining order (also known as a protection order, but can be different)

- Can be handled through your attorney
- Restraining order is a civil action so law enforcement may not respond unless ordered by the court
- Purpose is to prevent additional abuse or neglect by barring person responsible from additional contact
- Initial is temporary (10 days) but can be continued (bring documented evidence to court)

Protection order

- Obtained with help of state's attorney
- Carries a criminal component which authorizes law enforcement to respond immediately
- Served by sheriff's department
- Can require you to vacate the premises or give temporary custody
- Emergency order lasts 72 hours

Commitment

- Involuntary institutionalization (most restrictive)
- Any one 18 and over can petition to have someone committed
- Then there is a hearing
- First hearing allows for institutionalization for up to 14 days
- Second hearing is for a longer term commitment

Legal Relationships

Power of Attorney

- Authorized to handle banking, real estate, expenses, pay bills and some legal affairs
- Ends if person dies or becomes incompetent

Durable Power of Attorney

- Used even if person becomes incompetent

Limited Payeeship

- Financial management services, i.e., Social Security

Conservatorship

- Person incompetent as declared by courts so transfer responsibility for managing property and fiduciary responsibilities

Guardianship

- Court declares a person incompetent and transfers responsibility for making living arrangements and medical care decisions

Mental Health and Aging Resources

Federal Resources

Administration on Aging

Washington, DC 20201

(202) 619-0724

<http://www.aoa.gov/>

The Administration on Aging (AoA) is the Federal focal point for older persons, their many contributions and their concerns. AoA has the Congressionally mandated role of providing essential home and community-based programs across the country which help to keep America's rapidly growing older population healthy, secure and independent. The Older Americans Act also charges AoA to serve as the effective and visible advocate for older individuals within the Department of Health and Human Services and with other departments and agencies of the Federal Government.

American Association of Geriatric Psychiatry

7910 Woodmont Ave

Suite 1050

Bethesda, MD 20814-3004

(301) 654-7850

<http://www.aagpgpa.org/>

The American Association for Geriatric Psychiatry (AAGP) is a national association representing and serving its members and the field of geriatric psychiatry. It is dedicated to promoting the mental health and well being of older people and improving the care of those with late-life mental disorders. AAGP's mission is to enhance the knowledge base and standard of practice in geriatric psychiatry through education and research and to advocate for meeting the mental health needs of older Americans.

American Society on Aging

833 Market Street

Suite 511

San Francisco, CA 94103-1824

(415) 974-9600

<http://www.asaging.org>

The American Society on Aging is a large and dynamic network of professionals in the field of aging. Through cost-effective regional programs like their Summer Series on Aging or their Web-delivered seminar series, they provide high-caliber training to strengthen the skills and knowledge of those working with older adults and their families. The organization has a contract with the California Department of Alcohol and Drugs to provide free training and technical assistance to non-profit and government based providers.

Eldercare Locator

1-800-677-1116

A toll-free nationwide telephone service to help caregivers locate services for older adults in their own communities.

Mental Health Services Locator

<http://www.mentalhealth.samhsa.gov/databases/>

A map-driven website of contact information: directories of State-licensed mental health service providers and the State Resource Guide to State agencies, including Protection & Advocacy (PAIMI) organizations; private/non-profit advocacy organizations; and SAMHSA mental health grantees.

National Coalition on Mental Health and Aging

<http://www.ncmha.org/>

The National Coalition on Mental Health and Aging provides opportunities for professional, consumer and government organizations to work together towards improving the availability and quality of mental health preventive and treatment strategies to older Americans and their families through education, research and increased public awareness.

National Institute of Mental Health

6001 Executive Boulevard
Room 8184, MSC 9663
Bethesda, MD 20892-9663
(301) 443-4513 (local)
1-866-615-6464 (toll-free)

<http://www.nimh.nih.gov/>

The mission of the National Institute of Mental Health (NIMH) is to reduce the burden of mental illness through research on the mind, brain, and behavior. The NIMH conducts a wide range of research, research training, research capacity development, as well as, public information outreach and dissemination to fulfill its mission.

National Mental Health Association

1-800-969-6642

<http://www.nmha.org/>

The National Mental Health Association (NMHA) is dedicated to promoting mental health, preventing mental disorders and achieving victory over mental illness through advocacy, education, research and service. Through its Mental Health Information Center, NMHA provides a free public service for individuals seeking help for themselves, family members or colleagues. Regularly highlighted as a credible resource by the media, the center receives more than 35,000 requests each year for education materials and treatment referrals.

National Mental Health Information Center

P.O. Box 42557

Washington, DC 20015

1-800-789-2647

<http://www.mentalhealth.samhsa.gov/cmhs/>

The Center for Mental Health Services' clearinghouse collects and disseminates national data on mental health services to help inform future policy and program decision-making.

Positive Aging Resource Center

350 Longwood Avenue

Suite 201

Boston, MA 02115

(617) 278-0748

<http://www.positiveaging.org>

The mission of the Positive Aging Resource Center (PARC) is to promote aging for older adults, their families, and providers through education, innovation, and participation.

Substance Abuse and Mental Health Services Administration

1 Choke Cherry Road

Rockville, MD 20857

<http://www.samhsa.gov>

The Substance Abuse and Mental Health Services Administration (SAMHSA) works to strengthen the Nation's health care capacity to provide prevention, diagnosis, and treatment services for substance abuse and mental illnesses. SAMHSA works in partnership with States, communities, and private organizations to address the needs of people with substance abuse problems and mental illnesses as well as the community risk factors that contribute to these illnesses. Organizationally, SAMHSA serves as the umbrella for the Center for Mental Health Services (CMHS), the Center for Substance Abuse Prevention (CSAP), and the Center for Substance Abuse Treatment (CSAT).

State Resources

North Dakota Mental Health Association

PO Box 4106

Bismarck ND, 58502-4106

(701) 255-3692 (local)

1-800-472-2911 (toll-free)

Help Line: 2-1-1

<http://www.mhand.org/>

North Dakota Senior Information

A project intended to assist individuals and caregivers in locating facilities that provide services to seniors in North Dakota.

<http://www.ndsu.nodak.edu/sdc/ndseniorinfo/locator.htm>

Senior Info-Line

Ph: (701) 328-4601

Fax: 701-328-4061

Senior Info-Line: (800) 451-8693

TDD: (701) 328-8968

<http://www.ndseniorinfo.com>

Local Resources - Bismarck

Missouri Valley

1032 Highland Place

Bismarck, ND 58501

(701) 255-4926

Souris Valley

P.O. Box 4106

Bismarck, ND 58502-4106

(701) 255-3692

Devils Lake

National Mental Health Association Affiliates – North Dakota

Lake Region

4746 76th Avenue, NE

Devils Lake, ND 58301-9232

(701) 662-8482

Dickinson

Southwest Valley

117 1st Street East

Dickinson, ND 58601

(701) 227-7611

Fargo

FirstLink Hotline

Provides Fargo/Moorhead with crisis intervention, listening, support, information and referral services 24 hours a day.

PO Box 447

Fargo, ND 58107-0447

(701) 235-7335

(701) 232-4357 (Suicide Line)

Geriatric Psychiatrist

Robert Olson, Jr., MD
MeritCare South University
1702 South University Drive
PO Box MC
Fargo, ND 58122-0390
(701) 234-4093

South Valley

2624 9th Avenue South
Fargo, ND 58103
(701) 298-4453

The Village Family Service Center

1201 25th Street S.
Fargo, ND 58103
(701) 451-4900 (local)
1-800-627-8220
<http://www.thevillagefamily.org>

Grand Forks

North Valley

136 Rolling Hills Circle
Grand Forks, ND 58201
(701) 772-8792

Jamestown

South Central Valley

2605 Circle Drive
Jamestown, ND 58401-6905
(701) 253-3924

Williston

Tri-County

6400 1st Avenue
Williston, ND 58801
(701) 572-2651

- This is only a partial list of resources available regarding mental health and aging; please refer to state and local directories for additional information.