

# The Policy and Political Challenges of Being Mortal

by Charles P. Sabatino



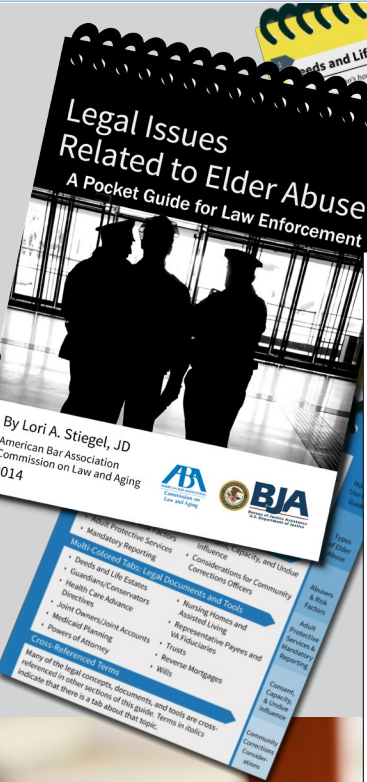
# The Wrong Signals: Shutting Down the Planning Conversation Before It Starts

by David Solie

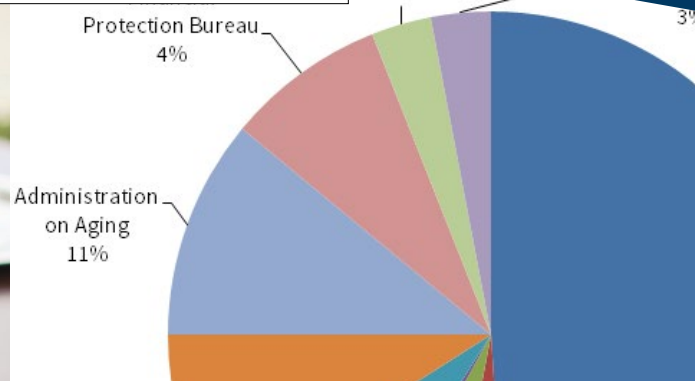
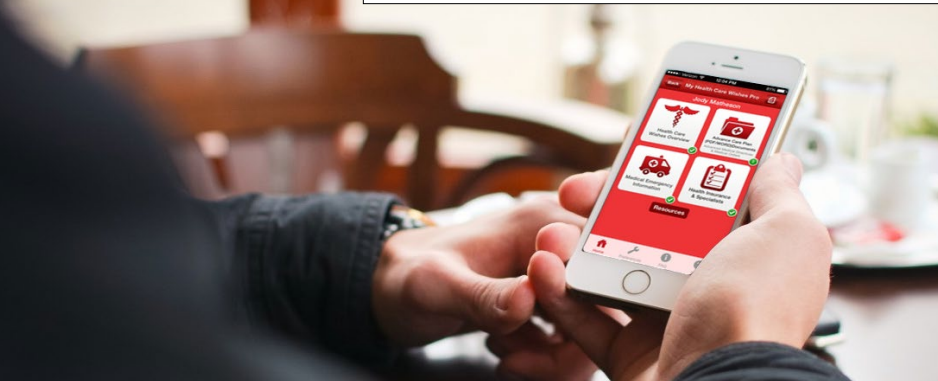
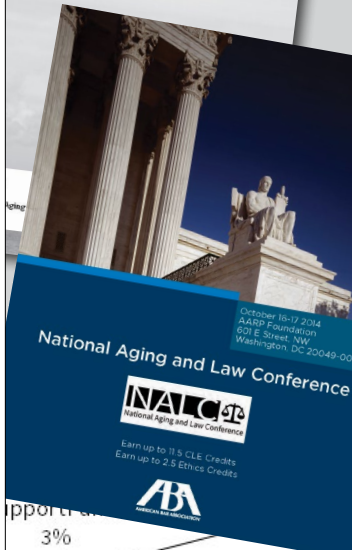
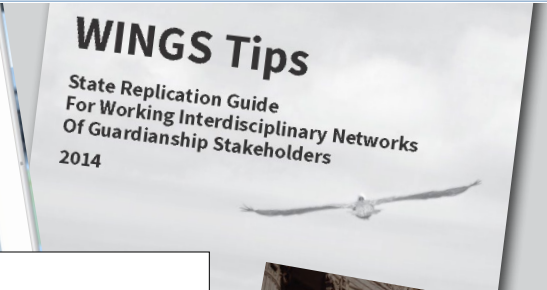
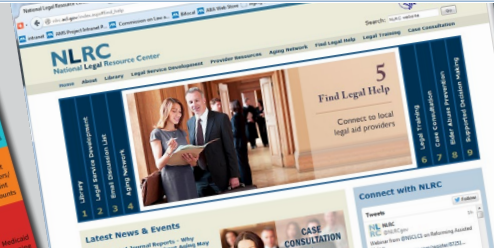


# BIFOCAL

A Journal of the **ABA** Commission on Law and Aging  
Vol. 36, No. 2, November – December 2014



## Commission on Law & Aging 2014 in Review



# The Wrong Signals:

## Shutting Down the Planning Conversation Before It Starts

*by David Solie*



As advisors, how do we communicate good ideas to older clients that could improve their quality of life? These might include suggesting:

- Support services to enhance aging in place,
- Lifestyle changes to protect and improve health,
- Living accommodations to reduce isolation and loneliness, or
- Planning options to manage incapacity.

Many times, attempts to discuss these and other planning topics are met with indifference, rejection, and even hostility. Despite the constant media prompting to have “the talk” with older adults, it’s easy to send out the wrong signals that create barriers instead of conversation starters. Why is this happening and, as important, how can it be avoided?

It is tempting to blame these false starts on the eccentricities of aging. But is there more going on in these conversations? New research<sup>1</sup> on the psychology of aging indicates there is: outdated assumptions.

Despite good intentions, outdated assumptions about older clients may lead advisors to inadvertently send out the wrong message--and it is this poor signaling, not the eccentricities of aging, that proves to be a primary cause of communication setbacks. The good news is that by understanding the psychology of aging, advisors can fine-tune their communication skills to resonate with the unspoken agenda of older clients.

<sup>1</sup> William R. Miller and Stephen Rollnick, *Motivational Interviewing: Preparing People for Change*, second edition (New York: The Guilford Press, 2002).

## The Psychological Agendas of Older Clients

Consider the psychological landscape of older clients—it is a world embedded with two dominant agendas posing significant resistance to change. Together, these psychological currents create a deep inertia to disrupting the status quo.

### *Ambivalence and the “Righting Reflex”*

An understanding of one of the agendas comes from new research on the psychology of change.<sup>2</sup> While not unique to the old, its presence has profound implications for older clients. This underlying psychological mechanism categorically resists unsolicited advice. Not surprisingly, its defining feature is ambivalence.

A deep current of ambivalence lies behind client conversations that involve unsolicited advice about change. Attempts to inform or direct clients about change typically involve phrases such as “You need to get outside help” or “It is important to develop a long-term care plan.” However, this aggressive phrasing can provoke a push-pull of ambivalent thoughts—“I want to change, but I don’t want to change”—that defaults into resistance. An advisor’s attempts to counter this resistance through prescribing, persuading, or convincing may only entrench clients into defending the status quo. This a response aptly called the “righting reflex”—a client uncomfortable with change may push back, reflexively preferring the status quo to the off-kilter feeling that the suggestion of change may bring. No matter how logical or beneficial the advice appears, ambivalence-tainted conversations can quickly shift from cordial to gridlocked.

It’s not that older clients are opposed to change or fail to appreciate its necessity or benefits. They do. But the magnitude of the underlying psychological reaction to unsolicited advice may short circuit even the best ideas. By itself, this communication challenge poses a daunting obstacle to advisory conversations. And, rapport with older clients proves to be even more complicated in the face of an equally powerful tension: developmental tasks present later in life.

## *Development Later in Life: A Need for Control*

Developmental stages in life are characterized by sets of oppositional tasks. These tasks are the drivers of personality growth—the internal engine that propels a person forward. While well-documented in children and teenagers—for example in the development of the ability for independence and for intimacy—their identification and impact on psychological development in old age has only recently been considered.<sup>3</sup>

Beginning in their late 60s, older adults are confronted with two seemingly paradoxical tasks that provoke conflict and resistance to change:

1. Preserve control in a world where physical and cognitive functioning is declining.
2. Create a legacy in a world where time is running out.

One task requires hyper-vigilance to guard against an unending series of losses that threaten to push life out of control. The other task requires a reflective pause, a review of life’s events and an eventual letting go. Each task is pulling in a different psychological direction, one struggling to last and one preparing to leave.

In addition to the loss of control associated with changes in health and physical strength, older adults are experiencing equally painful losses in other areas of their lives that intensify the scope and complexity of the battle for control. These losses can include:

- Family
- Peer group
- Status
- Identity
- Driving privileges
- Home
- Financial independence

As the losses mount and control is involuntarily surrendered, older adults run out of options. Underestimating the intensity and impact of these losses can derail the best intentions of an advisor to be helpful. Good advice may be rejected by an older person in favor of illogical or shortsighted choices because, from a developmental perspective, the need for control is greater than the need for medical, financial or social correctness.

<sup>2</sup>*Id.* at 1.

<sup>3</sup>David Solie, *How To Say It To Seniors: Closing the Communication Gap with Our Elders* (New York: Prentice Hall Press, 2004).

Given this communication landscape, how do advisors navigate these two psychological agendas to establish and sustain rapport with older clients? What strategies have proven effective for framing critical planning conversations and improving receptivity to new ideas?

### **Suggested Approaches**

Confronted with an older person's ambivalence and a need for control, it is essential for advisors to learn how to send signals that minimize resistance while respecting choice.

#### *Open-Ended Questions*

One effective strategy for accomplishing this is open-ended prompts that contain key words that resonate with losing and preserving control. Words like *independence, dependence, choice, loss, manage, and control*, may enhance an older person's receptivity to open-ended questions. Here are some examples:

- Tell me more about your choices for his care.
- How will you manage your loss?
- What's your living situation like?
- How will you preserve your independence?

Open-ended questions invite clients to discuss their lives as well as reveal concerns and priorities. As important, they soften ambivalence by offering a non-judgmental venue that invites disclosure. While an effective first step in creating rapport, open-ended questions need facilitation to advance the dialogue. This requires the use of another complimentary communication strategy called reflective listening.

#### *Reflective Listening*

Reflective listening prompts are how advisors signal to clients: "here's what I heard you say." They can be simple reflections of what the client has said, paraphrasing of a topic, or identifying feelings surrounding people and events. Here are some examples:

- Your choices regarding his care are becoming more complex and confusing.
- You're still trying to come to terms with the sudden loss of your sister.
- You feel that your living situation is slipping out of control.
- Let me see if I understand how you plan to preserve your independence based on what you have said so far.

As with open-ended prompts, the reflective listening examples above are embedded with key words that resonate with losing and preserving control.

#### *Thoughtful Word Choice*

Advisors can also integrate a similar developmental resonance in the "why" of planning with older clients. Here are some examples:

- We plan in order to preserve choice.
- We have found lack of planning results in loss of control

The continuity of preserving control could be further expanded by renaming familiar planning techniques. Long-term care planning might be recast as long-term control planning. A simple alteration in language can help create a control-focused conversation that reinforces the perception that the advisor is both a confidant and a facilitator.

The overriding goal with these approaches is to create a conversational precedent that minimizes resistance and signals a "control friendly" environment. It allows older clients a safe venue for disclosure, a process that helps them make connections between their behaviors and values and goals. It is a context in which clients become aware of discrepancies that may eventually catalyze change. However, it is an organic, client-driven process that should not be forced or manipulated. The advisor's role is to plant seeds and wait for new signals.



## “Change Talk” and Opportunities for Advice

These signals come with the client’s movement towards talking about change or taking small steps towards making it happen. This client-generated motivational shift is called “change talk.”

Change talk comes in many forms ranging from cautious consideration to statements of commitment. Here are some examples:

- I wish things were different.
- I know what I have to do. I just need to do it.
- It would be nice if I didn’t have to worry about it.
- I can’t go on this way.
- I’m going to do it.

Recognizing these shifts in motivation offers advisors the opportunity to use open-ended questions to advance the dialogue. Here are some examples:

- Suppose you do nothing?
- What would be the advantages of downsizing?
- How would that make things better?
- How would you like things improve?
- What’s next?

Change is a non-linear process in which clients advance and retreat based on circumstances and motivation. It is important to remember that change talk is a signal not a directive. While advisors need to be supportive of motivational shifts, they need to resist the temptation to prematurely advance them. They also need to accept the fact that resistance is a normal part of the process. Instead of attempting to prematurely mobilize a motivational shift, it is better to allow discrepancies between the client’s behavior and their values drive the pace and direction of change.

This shift also signals a change in the client’s receptivity to information about peers who have faced similar challenges. At this point, parallel stories are an effective adjunct to open-ended questions and reflective listening. They offer strategies and lessons on how others have navigated the predictable dilemmas aging. As important, this approach affirms the advisor’s commitment and experience to working on these issues with older clients.

## Conclusion

Older clients are looking for good ideas on how to preserve dignity and independence. Unfortunately, their psychological agenda may create communication obstacles that incline them to resist taking unsolicited advice and surrendering control. Advisors who understand the thematic and linguistic implications of this agenda are able to fine-tune their messaging to resonate with their client’s needs. By doing so, they open up the planning conversation before it starts.

---

*David Solie, MS, PA, is an author, educator, speaker, and thought leader on the developmental psychology of the second half of life. His research offers unique insights and proven, practical communication strategies that help professionals and laypersons alike interact more compassionately and effectively with older adults. He is a graduate of the University of Washington, University of Manitoba, University of Colorado Medical School, and practiced a number years in family medicine as a licensed physician assistant.*

*Additional information about his work can be found at [www.davidsolie.com](http://www.davidsolie.com). ■*

## U.S. Department of Veterans Affairs Releases Health Decisions Planning Resource Website

The National Center for Ethics in Health Care within the U.S. Department Veterans Affairs (VA) health care system has released a health care decisions planning resource called *Planning My Way*. Resource components include worksheet and documents on a variety of topics. The publication was designed with Veterans in mind, but is a useful tool for anyone—veterans and non-veterans alike. Anyone can benefit from *Planning My Way*. To access the digital publication and the other tools available, visit: [http://www.ethics.va.gov/pmw\\_web/what-matters.htm](http://www.ethics.va.gov/pmw_web/what-matters.htm). ■

