



Elder/Disability Etiquette

Tips for Working with Clients

At Cultivate we believe that everyone deserves to age well with dignity and independence. Below are some helpful hints to assist you with working with a variety of client situations you may encounter while providing volunteer services.

Visual Impairment: Can cause disorientation, balance issues, inability to judge distances, increase risk for tripping/falling, bumping into things, increased sensitivity to glare, difficulty reading, limited facial recognition

- 1) Announce your name clearly
- 2) Speak face to face approximately 3-6 ft away
- 3) Always ask if assistance is needed and how the client would like to be assisted. Never assume. Can offer a firm hand or arm for assistance if desired
- 4) Identify steps/obstacles in the path
- 5) Avoid sneaking up on an elder from behind
- 6) Be sensitive that an elder might not be able to read paperwork, offer assistance if necessary. If applicable, offer big, bold printed materials.

Hard Of Hearing/Hearing Impairment: Not always diagnosed or acknowledged/admitted to

- 1) When walking with/sitting next to clients ask which side is preferred
- 2) Use shorter sentences
- 3) Speak clearly and distinctly
- 4) Slow speech if you are a fast talker
- 5) Make longer pauses--information takes longer to be processed
- 6) Speak face to face
- 7) For those who may depend on reading lips, avoid eating or chewing gum while talking
- 8) Lower your tone and pitch of voice-high frequency hearing loss is more common
- 9) Speak at a normal volume, try not to yell
- 10) Limit questions/ask open ended questions/rephrase questions rather than repeat question

- 11) Allow time for response, speech may be impacted
- 12) Use visual aids such as hand gestures and facial expressions
- 13) Eliminate other distractions (music, phones)
- 14) Use written notes if helpful
Phone etiquette: more hearing impaired individuals have caption phones. If you do speak to someone who is reading closed captions, speak clearly, slowly/simplify and give them time to read and respond

Mobility Challenges:

- 1) Never grab someone walking with a support such as a walker or cane- you will interfere with balance, coordination, concentration and sense of pride and independence. Do not lean on person's walker or wheelchair
- 2) Avoid carrying on deep conversations while someone is trying to navigate a walker in a new environment
- 3) Avoid sudden changes in motion or direction
- 4) When walking with an elder, only offer your arm/assistance once. If they refuse, respect their decision and don't ask again. Do, however, stay close and alert to any signs of trouble
- 5) Open doors and offer to help with belongings
- 6) When offering assistance, offer your arm at a stiff 90-degree angle, allowing them to wrap their arm around—with this approach you will be able to feel any coming unsteadiness. You can use your opposite hand to secure their hand as you walk together
- 7) If you feel the elder is stumbling or weak, stop and hold completely still. They can use your steadiness to balance themselves
- 8) Allow the elder to set the pace
- 9) Avoid trip or fall hazards along the route
- 10) If necessary, look for a suitable seat to rest

Arthritis/Muscle Weakness: Remember that some clients might have trouble grasping/holding things (like papers or bags), opening things (such as caps or soda), signing things (paperwork) and turning things (handles)

- 1) Help with door handles/seat belt/paperwork, if appropriate
- 2) Don't shake hands too firmly
- 3) Don't move someone's walker without permission/direction

- 4) Don't move things in their home- items/furniture might be strategically placed for ready access, convenience and comfort. Clients might not be able to move heavier items back

Traumatic Brain Injury: Challenges with memory/concentration, sensitivity to light, sound or other environmental stimuli, mood changes, dizziness/lack of balance, confusion, headache

- 1) Check with client about environmental stimuli—they may prefer music off, lighting lowered
- 2) May appreciate more quiet/less interaction

Breathing/Respiratory Impairments

- 1) Limit physical activity
- 2) Avoid open windows, fumes, perfume or smoking
- 3) Be aware if breathing becomes labored

Dementia/Cognitive Impairments: Difficulty finding words, repeating topics, poor judgment, time and place disorientation, misplacing things, changes in personality

- 1) Initiate conversations that tap into long-term memory recall
- 2) Slow down-stress responses can arise from moving too quickly can affect memory and cognition
- 3) Be patient

Tips For Drivers:

- 1) To facilitate vehicle entry/exit, park an adequate distance away from the curb to allow the rider to set foot on the street level upon leaving/entering the car. If a small ramp exists in the curb, position the car carefully so the open car door lines up appropriately with the ramp
- 2) If you are supporting a client into a vehicle that is higher (SUV, truck), consider having a small step stool available. The car will need to be positioned with enough room away from the curb and the stool needs solid placement. Point to handholds. If it looks like the client is grabbing the door to steady self, hold the door steady

General Tips:

- 1) Avoid terms of endearment (honey, sweetie, dear) or diminutives
- 2) Avoid outpacing an elder by asking too many questions at the same time, providing too many choices, or not waiting for responses
- 3) Use affirming style of communication balancing care and control
- 4) Maintain appropriate eye contact

- 5) Slow down- panic and confusion can result when confronted with situations that move too quickly. Slow your energy down to meet the client in a relaxed, ordinary way
- 6) Give elders time and space to share small bits about their life- as individuals approach later years in life they have accumulated a lifetime of perceptions, experiences and relationships that need to be shared. For some of our clients a volunteer may be one of the few people that they talk to in a week.
- 7) Create an environment of trust for our clients—hold topics that clients share with you in confidence.
- 8) Use 'People First' terminology- When talking with clients that have a disability, place the person before the disability. Say 'person with a disability' rather than 'disabled person'. Also a person is not a condition. Instead of saying 'an epileptic', refer to 'a person with epilepsy'.
- 9) Wheelchair use- Refer to clients as a 'wheelchair user' or a 'person who uses a wheelchair'. Avoid language such as 'wheelchair bound' or 'confined to wheelchairs'. Wheelchairs are used to increase mobility and enhance freedom.