

# Articles Section

## REDEFINING THE ROLE OF THE SPEECH-LANGUAGE PATHOLOGIST IN RELATION TO THE ELDERLY ADULT POPULATION

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This paper presents the currently limited relationship between the profession of speech-language pathology and the elderly adult population. With the increase in the proportion of the elderly in our society it is argued that speech-language pathology should involve itself with the more general communicative needs of this population. Current problems in our theoretical and clinical approach to the elderly and possible areas and means in which services could be expanded are discussed.

Cette étude regarde la relation actuelle et limitée entre l'orthophonie et la population des vieux adultes. Avec l'augmentation de la proportion des vieillards dans notre société on argumente que l'orthophonie se laisse entraîner dans les besoins communicatives plus universels de cette population. Des problèmes courants dans notre point de vue théorique et clinique aux vieillards et des moyens et des régions dans lesquelles on peut développer les services sont discutés.

### Introduction

Projected demographic trends indicate that North American society is poised on the threshold of a significant proportional shift in the make-up of its population towards that segment of persons 65 years or older. While it has been widely acknowledged that this trend will affect all facets of the society, the profession of speech-language pathology appears to be taking an apathetic stance in coming to terms with the implications it faces as a result of this shift. Over the past 10 years, a number of people involved with the profession have stated in writing that this change in the make-up of the population will require an increase in the services provided to the elderly (Sheridan, 1976). Unfortunately, the majority of these authors share a collective tunnel-vision through which they interpret this phenomenon. The common interpretation appears to be that the increase in the overall number of elderly adults will result in an increase in the traditional types of speech and language disorders. That is, speech-language pathologists will face an increase in the number of cases of aphasia, dysarthria and voice problems. When discussing the provision and types of services required by the elderly, speech-language pathologists tend to perseverate on the theme of aphasia. Overall, there has been a conspicuous failure on the part of the profession to take into account the diverse communicative needs of the elderly, and to determine the ways and means of expanding the role of the speech-language pathologist so as to increase its provision of meaningful services to the elderly. The purpose of this paper is two-fold: to address some of the current problems found within the profession's approach to servicing the elderly adult population; and to pursue some suggested means of expanding and improving the role of the speech-language pathologist in relation to the communicative needs of the elderly.

## Current Problems

It has been asked why there is so little interest in whether or not the elderly communicate (Lubinski, 1979). The answer to this question may be in a series of negative stereotypes and false assumptions harboured by many speech-language pathologists, and perhaps the profession in general. Some incorrect generalizations have been generated by the mistaken belief that the elderly need fewer communicative skills because they live in restricted and sheltered environments, and that they are no longer as interested in communication as they were when they were younger. In light of these generalizations, it has been assumed that the elderly have a negative attitude towards rehabilitation; that the world they live in has diminished so dramatically that they have little opportunity or motivation to communicate with others (Weiss, 1971). Underlying all of these assumptions is the belief that the needs and abilities of the elderly are uniform, and that they comprise a homogenous group. Contrary to this notion, studies have indicated that the heterogeneity remains stable in the elderly population. The elderly individual continues to develop, grow and change through the later years in spite of the decrease in physiological, psychological and social functioning which accompanies the aging process (Maddox and Douglass, 1974).

The most dominant contributing factor to false assumptions and inappropriate stereotypes on the part of the speech-language pathologist is ignorance. This problem, however, extends beyond the practicing clinician to the lack of concern on the part of those involved in the educational process of the profession. The use of professional training as a means of increasing the knowledge and awareness of speech-language pathologists to the needs and abilities, communicative and other, and overcoming inappropriate prejudices against working with the elderly has generally been overlooked. A survey published in a report to the American Speech & Hearing Association (Nerbonne, Schow and Hutchinson, 1978), reflects the little interest shown on the part of educational programs in providing course work in gerontology for their speech-pathology and audiology students. Of the 190 programs that responded to the survey, 2 of which were Canadian, only 21% indicated that they offered a course in gerontology. A further 16% indicated that they planned to offer course work in gerontology somewhere in the near future. In the majority of these programs (76%), planned or existing, the courses in gerontology were, or would be, offered on an elective basis. This may be interpreted as indicating a lack of commitment on the part of most programs to providing the adequate education necessary for working with the elderly adult; that they do not consider such information as basic to the student's training. It may be safe to assume then, that the bias, willingly or unwillingly displayed by the professional training programs depreciating the emphasis placed on working with the elderly is reflected in the attitudes and practices of their graduating students.

The lack of attention paid to gerontology on the part of educational programs and practicing speech-language pathologists is unfortunate. Gerontology represents an area of investigation, as well as curricular development, in communication that is promising in terms of useful research and theory advancement. As matters presently stand, speech-language pathologists are in need of a suitable framework from which to approach the problem of meeting the communicative needs of the

elderly. It is difficult for clinicians to develop appropriate therapeutic practices when the underlying theoretical considerations are absent. The necessity of a defined and operational framework becomes apparent when one compares the approaches taken in providing for the communicative needs of children as opposed to those used with elderly adults. Whereas speech-language pathologists consider the communication problems of the child from a variety of perspectives (evaluating all facets of the child's life from cognition to social environments), their approach to elderly adults tends to be limited in perspective to the remediation of a specific pathological condition (i.e. aphasia).

The use of the developmental milestones provides speech-language pathologists with a frame of reference for theorizing about the nature of communication which in turn underlies the clinical methods used in meeting the needs of the child. Unfortunately, the concept of the developmental model is abandoned when attention is shifted to the elderly, and replaced with the pathology specific model. Although speech-language pathologists have professionally benefited from incorporating the research done by associated disciplines in the area of child development into their clinical practices, they appear to display, judging from the available literature, little interest in fostering a cross-disciplinary association with those professionals involved in the area of gerontology.

### New Options

The attention directed to the changing demographic composition of the society presents speech-language pathologists with the impetus and opportunity for reshaping certain aspects of their professional role by redefining and developing the services they provide to the aged population. New directions need to be sought in order for the profession to strengthen its position in relation to a largely ignored population, and for both speech-language pathologists and the elderly to benefit from fulfilling relationships. Skilled nursing homes and institutions which provide either rehabilitative or long-term care for elderly adults present the profession with such a new and expanding challenge. Howell (1971) notes that the aged person most likely to be found in chronic disease institutions or nursing homes were "not the incontinent or bedridden . . . but the older family member with a hearing or speech deficit of proportion sufficient to make communication decidedly difficult". Other authors investigating speech and hearing problems in extended care facilities have emphasized the importance of verbal communication and its role in such environments as an essential factor in group activities, social acceptance, conveyance of information, memory and emotional welfare (Bloomer, 1971).

In order for speech-language pathologists to have a viable and meaningful role in aiding institutionalized adults, a broader perspective of communication - one that recognizes psychosocial factors as well as communication problems associated with cerebral dysfunction or deterioration - is required. In this context, it is important to focus on communication as a means of life fulfillment and the establishment and maintenance of interpersonal relationships. The goal of intervention would, therefore, not only be oriented towards remediation of speech and language disorders but also towards the establishment of an environment in which meaningful, motivating and reinforcing communication can occur. Adopting such an approach, the speech-language pathologist would act in a supportive as well as rehabilitative capacity, aiding

both the individual and the surrounding professional staff.

In addition to the diagnostic evaluation of speech and language abilities and direct therapy for the remediation of speech and language disorders, it has been suggested that speech-language pathologists devise "indirect" therapy approaches as a means of meeting the communicative needs of the elderly (Weiss, 1971). As direct treatment in extended care facilities may be insufficient to affect adequate communicative behavior, perhaps more attention needs to be paid to the environment in which the residents must attempt to communicate. Weiss suggests grouping two or three residents with communication problems with other normal speaking peers and supportive personnel. The group would then engage in activities, designed by a speech-language pathologist, that were simple, meaningful and enjoyable for all involved. Another approach might simply require alteration in the arrangement of furniture in rooms where people tended to congregate socially so as to facilitate verbal interaction or else recommending patients for double occupancy of a shared room according to their communication abilities.

Approaches other than traditional direct therapy for a pathological condition have been shown to enhance the communication abilities of adults in an institutional setting. Hoyer, Kafer, Simpson and Hoyer (1974) designed a program based on operant principles to modify the existing communication behaviors of a small sample of residents in a group situation. Although not all the members in the group situation were reinforced for their utterances, Hoyer et. al. discovered that the control subjects modelled the reinforced subjects and also increased their verbal output. Another effect of their experiment was that the increase in verbal communication skills exerted a positive influence in the quality and quantity of resident-staff interaction. They reported that, "staff members at all levels appeared to exhibit more interest in the behaviors of the aged on the ward".

As an extension of any treatment, direct or indirect, the speech-language pathologist would also take responsibility for in-service training of the professional staff, as well as family members. The importance of communication, verbal or otherwise, to the patient's emotional well-being and health should be stressed in addition to ways and means of facilitating functional communication in his/her daily life. Other supportive personnel, from nurse's aids to occupational and physiotherapists can provide reinforcement on a daily basis, and can provide essential feedback to the speech-language pathologist if they are familiar with principles of communication.

### Hard Choices

Improvement and expansion of speech-language pathology services to the elderly comes down to a question of will. There is no justifiable reason for the inattention paid to that population by all branches of the profession. It is no longer possible or advisable for the profession to foster negative stereotypes of the elderly, or excuse lack of involvement behind ignorance or the concept of age as a poor prognostic factor. If the results of treatment of the elderly adult population is unsuccessful in effecting adequate communicative skills, speech-language pathologists can not be allowed the luxury of a "blaming the victim" attitude. Other health care professions depend upon the patient having some measure of communicative abilities in order to carry out meaningful activities and services with the aged adult. If speech-language pathologists wish to avoid providing justification for the criticisms levelled by

other professions, they must take responsibility for involving themselves in the care of the elderly. The profession must reassess and assert its role in this area if it hopes to avoid having others define its role. In order to accomplish this goal, the following commitments are essential: professional training; research on the normal and abnormal effects of the aging process; and establishing new clinical approaches that are patient-oriented and focused on a general concept of communication. The effort exerted in this direction will profoundly determine the future of the profession in the area of adult services.

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