

## MOBILITY: TOUGH CONVERSATIONS A GUIDE FOR BABY BOOMERS AND THEIR PARENTS

As much as we don't like to think about it, aging requires us to make changes. Sometimes the changes can be minor and gradual such as increasing the prescription on reading glasses or calcium intake for prevention of osteoporosis. Or, there can be major and more sudden changes such as needing an assistive device such as a walker or moving into a more supportive environment like an assisted living facility. Regardless of the change, some of us are more adaptable and willing to make changes while others either don't recognize that a change is required or we simply refuse to do so for whatever reason.

As children of aging parents, we hope that our parents will take appropriate steps at the early signs of decline to ensure that they stay safe and maintain a good quality of life. But, as we know all too well, this often doesn't happen.

We may see that they are becoming more frail and in need of greater assistance, but when we broach the topic they affirm that "everything is fine" and change the subject. Inevitably, some kind of intervention will be required. For most of us, that initially comes in the form of a discussion. But, have you ever had a discussion with your parents and felt like what you were saying was going in one ear and out the other? We would argue that their lack of apparent response was because they were not yet ready to have that conversation.

Research shows that the more you talk with your parents and the more you assist them in preparing for the challenges that come with aging, the better their quality of life will be. In other words, being proactive rather than reactive benefits everyone, including you. There is no doubt that along the way feelings of frustration and sadness will come up for both of you. But, we cannot stress enough that persistent, compassionate conversations, no matter how frustrating, will pave the way to more positive outcomes for everyone.

We also understand that not every family has open lines of communication and is closely bonded. Consequently, we know through our research that engaging peers, people who are trusted companions to your parent, can be very helpful in the communication process. If you find that your parent is not interested or willing to listen to you as you assist them, engage other people who your parent trusts such as friends, other family members, a member of the clergy, their doctor, etc. We recommend that you enlist the on-going support of these people to help you along the way as they will increase the likelihood that the challenges will be addressed successfully.

continued...



This kit has been designed to help you have those tough conversations with your parents. It focuses on mobility issues because we believe that mobility is the canary in the coalmine – the first critical sign that quality of life is in danger of declining.

I hope this kit will help you to better understand your parent’s mindset and adjust your conversational approach accordingly as you move together through the various stages of decision-making. Please read on. And remember: compassionate persistence is the key to helping you and your parent(s) navigate the journey of aging in the best way possible to preserve a good quality of life.

To join in the baby boomer discussion on tough conversations with parents, please visit our Mobility website at [www.bcit.ca/mobility](http://www.bcit.ca/mobility) and click on the Facebook link to view our Facebook page, or Twitter us at: [twitter.com/toughconvos](https://twitter.com/toughconvos).

Sincerely,

Christine Flegal, MA Gerontology  
Mobility - Now you're going places Program  
Research Head, Dr. Louie Tong Living Laboratory  
BC Institute of Technology



## MOBILITY: TOUGH CONVERSATIONS

Declining mobility is often the first and most critical sign that your parent's health and stamina are changing. Once a person's mobility starts to falter, it affects the other aspects of their life so much so that a spiral of decline begins to happen. They are less able to support themselves in their activities of daily living and they become more isolated because they are no longer able to socialize as they once did. This not only affects their physical health, but their mental health as well. All of these factors combine to put your parent at greater risk for a serious fall which impacts mortality significantly. For instance, did you know that 40 per cent of nursing home admissions are because of a serious fall? For this reason, helping to keep your parent safely mobile is one of the most important things you can do for them!

To assist you in talking to your parent about sensitive subjects, ones that they may not be ready to discuss, we have developed a strategy based on a very respected health promotion model. This model is based on over 25 years of research and is specifically designed for behaviour modification. It has been applied to a wide number of health behaviours such as smoking cessation, diet and lifestyle change, weight loss, and stress management to name a few.

### THE STAGES OF CHANGE

The Stages of Change Model is based on the premise that people move through a series of stages when making changes in their behaviour. Those in the earliest stage have no interest whatsoever in changing their behaviour while those in the later stage have changed their behaviour and are actively ensuring it remains changed.

We have adapted the Stages of Change Model for the purposes of this kit to make it more user-friendly and seamless. For those individuals who would like more information on the Stages of Change, we suggest you refer to: Prochaska, J.O. & Velicer, W.F. (1997). The transtheoretical model of health behavior change. *American Journal of Health Promotion*. 12(1).38-48.; Prochaska, J.O., Norcross, J.C. & DiClemente, C.C. (1994). *Changing for Good*. New York: Morrow. Released in paperback by Avon, 1995.

Please turn over...



## FIRST STEP: DETERMINING YOUR PARENT'S MINDSET

The basic approach of the Stages of Change Model is that you first need to understand where a person's thinking is at before you can help them change their behaviour. Additionally, the model asserts that interventions to assist the person must be matched to the stage they are in. For example, someone who doesn't recognize or acknowledge that they have a problem will not be open to interventions that blatantly make them aware of it. To illustrate, you notice that your parent is very unsteady on his/her feet and decide to buy him/her a cane to use. However, you notice that the cane never leaves the closet. Why is this? It's because your parent doesn't believe they have any problems walking and that the cane is unnecessary. What *you* believe and what *your parent* believes can be quite different.

The first task then, is to understand what category of behaviour your parent fits in. Once you understand which category applies to your parent, the strategies provided in that category are designed to help you navigate the tough conversations with more effectiveness. And, through the application of persistence and compassion, we hope that this will help ease your parent through to the change necessary to improve or maintain their quality of life.

## CATEGORIES OF BEHAVIOUR

On the following pages, we have outlined the three categories of behaviour: 1) Not Thinking –Not Doing; 2) Thinking-Not Doing, and 3) Thinking-Doing. As you can see, we have basically divided people into how "action-oriented" they are in making a change in their life.

Each category has a description of the exhibited behaviour to help you determine where your parent's thinking is at, followed by possible strategies to get them to move to the next category. Ideally, the goal is to move them into the third "Thinking-Doing" category as it is here that they are taking control of their lives and being proactive in maintaining their health and independence.

*Please note: We have structured these strategies to deal with mobility issues; however, they can be applied to any issue (e.g. housing, finances, exercise, health, etc.).*

*Another note: The suggested strategies are not definitive. In other words, if you have other ideas that are related to the ones listed below, by all means use them. It is worth noting that there is no guarantee that you will be able to move your parent from one category to the next. For some people, it may take years or it may never happen. Fear of change is natural. However, we feel using this method will assist in opening the lines of communication in the hopes that your parent will become more proactive in planning for their future.*



BRITISH COLUMBIA  
INSTITUTE OF TECHNOLOGY

Living Laboratory  
784-555 Seymour Street, Vancouver, BC, Canada V6B 3H6  
604.412.7647  
tpeg@bcit.ca  
www.bcit.ca/mobility



## Category 1

### NOT THINKING - NOT DOING

#### BEHAVIOUR

- » Individuals deny they have a problem or they simply cannot see the problem.
- » They have no intention to change their behaviour in the foreseeable future.
- » They are resistant to making changes.
- » They are unaware of the negative consequences of their behaviour.
- » They are typically unreceptive to feedback on their situation.

#### GOAL

- » Increase awareness of need to change.

### SUGGESTED INTERVENTION STRATEGIES

Use as many of the suggested intervention strategies as appropriate.

*NOTE: Interventions in this dimension are less intense – preaching won't work; there needs to be more contact with your parent during this dimension as they are likely to become disinterested. Your role here is of a nurturing caregiver.*

**STRATEGY 1 Focus on benefits:** Ask them to name as many benefits of improving their mobility by using a device as they can (they can typically name 3-5). Challenge them to double or triple that list.

**Why this works:** As the list of benefits grows, people in this dimension will be more motivated to seriously think about adopting a mobility device.

*Please turn over...*



**STRATEGY 2 Reduce defensiveness:** Defensiveness can be described as “putting on the blinders”. Work on consciousness raising, increasing their level of awareness about the causes, consequences, and cures for their mobility problems.

Why this works: It helps Not Thinkers-Not Doers to identify defenses in others and themselves thereby helping them to make better decisions and/or have more control.

**STRATEGY 3 Get informed about risks of not changing:** Teach them about this model, have them make observations about their mobility, educate them about assistive devices that can help; provide feedback about the current and long-term consequences of self-defeating behaviour.

Why this works: These techniques increase the awareness of the benefits of adopting a device.



BRITISH COLUMBIA  
INSTITUTE OF TECHNOLOGY

Living Laboratory  
784-555 Seymour Street, Vancouver, BC, Canada V6B 3H6  
604.412.7647  
tpeg@bcit.ca  
www.bcit.ca/mobility



## Category 2

### THINKING - NOT DOING

#### BEHAVIOUR

- » Persons in this category are aware that a problem exists and are thinking about changing, but are not yet committed.
- » They can recognize the benefits of changing and may have begun to start looking into it, but their ambivalence can keep them in this category a long time.
- » Fear can be one of the reasons they are resisting change.

#### GOAL

- » Motivate change. Increase confidence in ability to change. Make small goals.

### SUGGESTED INTERVENTION STRATEGIES

Use as many of the suggested intervention strategies as appropriate.

*Please note: Interventions can be more intensive. Do not encourage them to take action. Instead, encourage small steps, have them start to prepare.*

**STRATEGY 1 Acknowledge their ambivalence** by listing the disadvantages of using a mobility device (e.g. embarrassment, having to take it with them wherever they go, etc). Have them work on increasing their list of pros and shrinking the cons. Avoid debates about whether making changes is worth it. Use motivational strategies to increase their confidence (e.g. have one of their friends who use a device speak to them).

Why this works: The total costs for making changes decreases.

*Please turn over...*



**STRATEGY 2 Consider impact on others (e.g. consequences and benefits):** Increase their awareness of how their behaviour affects others around them including family and friends (e.g. parent makes people nervous due to unsteadiness, people are worried that they will fall, etc).

Why this works: Parent is considerate of the impact of their behaviour on others.

**STRATEGY 3 Explore, express and identify emotions:** Have them identify their feelings, encourage them to express their emotions with the goal of having them feel relief at the possibility of changing.

Why this works: Emotions such as fear, peer pressure, embarrassment can motivate individuals to progress towards taking action to change.

**STRATEGY 4 Get informed and stay informed:** Continue to raise consciousness by having them keep a diary for self-monitoring of behaviours.

Why this works: Learn new facts, ideas, or tips that support healthy behaviours.

**STRATEGY 5 Create a new self-image:** Provide case examples, stories, testimonials about others who have changed their behaviour.

Why this works: Parent develops a sense of hope that they can make changes and improve their lives.

**STRATEGY 6 Take small, realistic steps:** To enhance motivation, introduce a maximum of three steps or choices for the parent to work on; document the step(s) and follow-up to see if step(s) is taken; provide encouragement/reinforcement.

Why this works: Increases motivation to change.



BRITISH COLUMBIA  
INSTITUTE OF TECHNOLOGY

Living Laboratory  
784-555 Seymour Street, Vancouver, BC, Canada V6B 3H6  
604.412.7647  
tpeg@bcit.ca  
www.bcit.ca/mobility



## Category 3

### THINKING - DOING

#### BEHAVIOUR

- » Individuals are actively changing their behaviours or acquiring new behaviours.
- » They have told others about their actions.
- » They have substituted negative thoughts and behaviours for positive ones.

#### GOAL

- » Focus on making changes. Make coping plans. Combat relapses.

### SUGGESTED INTERVENTION STRATEGIES

Use as many of the suggested intervention strategies as appropriate.

*Please note: This action oriented category requires considerable commitment of time and energy. Lapses or relapses are common here so you should be a facilitator of behaviour change and provide positive feedback.*

**STRATEGY 1 Substitute healthier thoughts and behaviours for negative ones:** Help them to identify problematic beliefs such as “It’s too hard to make these changes”; problem solve by focusing on positive alternatives; role play; provide feedback and reinforcement.

Why this works: This helps make changes in a way that is achievable and maintainable.

*Please turn over...*



**STRATEGY 2 Control external environment:** Have them avoid people, places, things that can increase the likelihood of them behaving in a way that could have an undesirable impact; have them call for support.

Why this works: Have a coping plan to control their reactions to situations that trigger relapse. Helps prevent relapse.

**STRATEGY 3 Reward and recognize efforts:** Have them notice the intrinsic rewards of their efforts to change; have them reward themselves with positive statements, with activities they like to do, etc.

Why this works: Rewards and recognition of their efforts are needed. Rewards help prevent relapse.

In both Category 2 and 3, as indicated previously, a peer-to-peer component is very helpful in the communication process. Engage other people who your parent trusts such as friends, other family members, a member of the clergy, their doctor, etc to assist you in either moving them toward action or staying on top of it once they've already made the change.

**REMEMBER:** Be persistent, don't give up! But be compassionate - aging is a challenge, not just for our parents but for all of us!



BRITISH COLUMBIA  
INSTITUTE OF TECHNOLOGY

Living Laboratory  
784-555 Seymour Street, Vancouver, BC, Canada V6B 3H6  
604.412.7647  
tpeg@bcit.ca  
www.bcit.ca/mobility



## TIPS TO RECOGNIZE WHEN YOUR AGING PARENT'S MOBILITY ISSUES ARE IMPAIRING THEIR FUNCTIONAL INDEPENDENCE

### What to look for:

- » A change in the way they walk. They may be reaching out for furniture or for your arm. Their gait may look unsteady, shuffling, or they may be frequently side stepping to regain balance.
- » Fatigues easily and has difficulty walking longer than 2–3 minutes. This is especially apparent in a parking lot or over an open lawn where there are no seats and no furniture/railings to grasp. Your parent may complain of being “too hot” or “winded”.
- » Grimaces or signs of discomfort and pain on their face. Stiff joints and poorly controlled pain make it difficult to move around and can contribute to decreased physical activity. This can start a vicious circle of reduced activity resulting in further decreases in strength. Pain control is important.
- » Cuts, bruises or other signs of trauma. Seniors often try to hide their falls from others. Falls are not a sign of incompetence – they are often a sign of medical problems that need to be addressed. Falls can result in a further fear of falling, self-limiting behaviors and social isolation.
- » Inability to continue their normal daily routines, e.g. bathing, basic grooming, dressing, shopping, difficulty caring for themselves.

*Please turn over...*



- » Inability to manage chores around the house or regular household maintenance (check the garden, garbage, upkeep of the house, dishes, etc.). Be especially wary of ladder use - encourage seniors to hire someone for ladder jobs!
- » Medication intake of 3 or more drugs, especially sleeping pills and tranquilizers. Prescription medications can cause dizziness and poor coordination and can contribute to falling. Give them a pill organizer and offer to lay out their medications for the week. Speak to their pharmacist to learn about the drug side effects.
- » Reduction in social activities, e.g. losing interest in hobbies and other daily activities. For example:
  - » They have stopped going out with friends they usually go out with.
  - » They have stopped attending organizations, clubs, church, other activities they were previously involved in.
  - » They have stopped pursuing previously enjoyed activities such as sports, gardening, etc.
- » Unexplained / unplanned weight loss. Weight loss means inadequate nutrition which means their physical and mental well-being will start to deteriorate. Keep an eye on what's in the fridge and cupboards and check on what they've been eating.

NOTE: This list is not exhaustive but highlights critical areas to be aware of.



BRITISH COLUMBIA  
INSTITUTE OF TECHNOLOGY

Living Laboratory  
784-555 Seymour Street, Vancouver, BC, Canada V6B 3H6  
604.412.7647  
tpeg@bcit.ca  
www.bcit.ca/mobility

