

EFFECTIVE MEDIATION FOR OLDER PARTIES

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POTENTIAL MEDIATION ISSUES

- ISSUE/DISPUTE NOT AGE RELATED
- NOT AGE RELATED BUT POTENTIALLY EXACERBATED BY AGE, HEALTH AND/OR VULNERABILITY
- RELATED TO BEING OLDER AND ISSUES OR CIRCUMSTANCES OF BEING OLDER

POTENTIAL MEDIATION PARTIES

FAMILY

Retirement villages

Rest homes

MEDIATION ISSUES WITH FAMILY

Where older person can/will live and who makes decisions.

Who cares for older person with physical and or mental health needs.

Shared living arrangements.

Tensions with adult children (time, attitudes, family dynamics).

Tensions between siblings.

Access to grandchildren.

Addiction of adult child.

Abuse, harm or neglect.

MEDIATION ISSUES WITH FAMILY

FINANCIAL

Inheritance.

Family trust decisions.

Cost of older person's living arrangements.

Cost of older person's care.

Perceived fairness of 'contributions' by and to different family members.

Money lent or given.

BARRIERS TO MEDIATION

Perceptions of/lack of knowledge about mediation (other DR processes).

Not wanting to be a burden.

Keeping 'dirty linen' in the family}

Shame - that it's in the family }

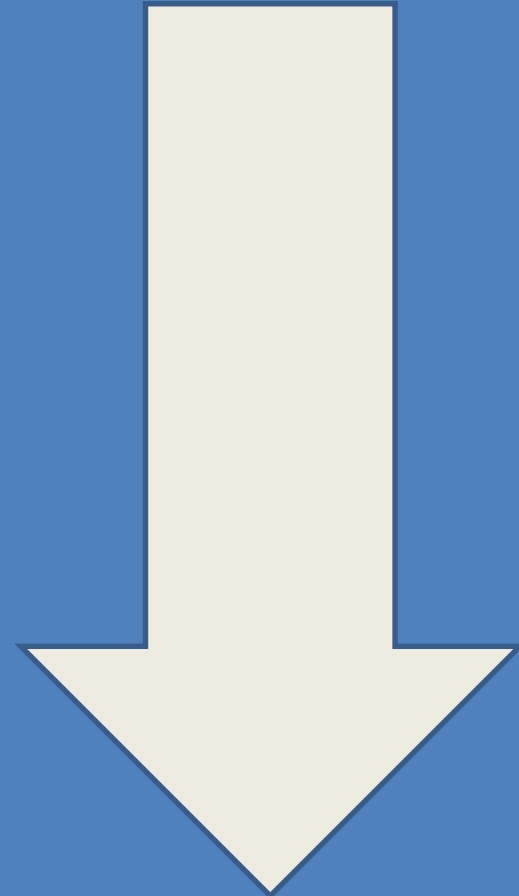
- that "I let it happen" }

BARRIERS TO MEDIATION

WILLINGNESS TO ACT



VULNERABILITY



SOME ATTITUDES TO AGEING

- “I am as old as my disappointments in life, and as young as my naughtiest thought.” Xameb, the Bushman
- “Of all the self-fulfilling prophecies in our culture the assumption that aging means decline and poor health is probably the deadliest.” Marilyn Ferguson
- “It annoys me when people say, ‘Even if you’re old, you can be young at heart!’ Hiding inside this well-meaning phrase is a deep cultural assumption that old is bad and young is good.”

SOME REALITIES OF AGEING

- As we age some nerve cells die and so does some supporting tissue: our brains shrink, affecting cognitive function. Some muscle strength declines, as does acuity of vision, hearing, smell and taste.
- Change happens very gradually through 40s, 50s and 60s and accelerates in 70s and 80s. Unless sudden event, we many not notice.
- Great variability between people's scores on cognitive tests (95% of variability not attributable to age).

COGNITIVE FUNCTIONING

IT scores decline, usually very gradually.

Depression and anxiety lower scores and functioning.

‘Working memory’ declines

- Speed of information processing reduces
- Increase in time taken to switch between different signals needing attention
- As complexity of task increases, performance decreases.

VISION AND HEARING

Sight is affected by changes in eyes and brain.

- Declining vision makes reading more difficult: older people's ability to rapidly make correct inferences from what they have correctly read declines.

Consistent pattern of hearing loss in old age

- In poor hearing conditions people remember less of what they have heard correctly

HOW WE ADAPT COGNITION

SLOW DOWN

Create additional processing time

Slow speech

Create pauses between speakers and within detailed, complex and/or new information

More summaries by parties and/or mediator

One concept at a time (strict agenda management)

Provide information visually and aurally.

HOW WE ADAPT

ENERGY Length of session and breaks

AUDIO Limit background noise (including aircon).

Check whether sound amplification useful.

Face person with hearing difficulty.

Visual prompt for who's talking may be useful

VISION Documents in large font

Seat post cataract people with back to light source.

Seat people with poor vision with clear, lighted view of key people.

PHYSICAL COMFORT

Space for walkers/sticks in easy reach

Solid, straight backed chairs *with arms* (check other seating needs eg additional cushions)

HOW WE ADAPT

EMOTIONAL

Current mental health/wellbeing

Current level of self confidence/efficacy

What role will person have and what support and/or advocacy before, during and after mediation?

Mediation (and pre mediation) in venues other than living space.

MEDIATION/DR APPROPRIATE?

COGNITIVE

Without diagnosis do NOT assume dementia

Allow for short/medium term factors affecting decision making

What support and/or advocacy may enable participation satisfying for older person (including if s/he has a dementia)?

MEDIATION/DR APPROPRIATE?

POSSIBLE ABUSE, HARM OR NEGLECT

Where older person can/will live and who makes decisions.

Who cares for older person with physical and or mental health needs and how that's working.

Shared living arrangements.

Tensions with adult children (time, attitudes, family dynamics).

Tensions between siblings.

Access to grandchildren.

Addiction of adult child.

FINANCIAL

CASE STUDIES

- Who will you see for pre mediation?
- What will you be wanting to tease out?
- Who else are you thinking might be involved?
- What else might need to happen before mediation?
- At this stage what's your thinking about the most appropriate process?

QUESTIONS AND COMMENTS

Thank you

Rosemary



2017!
Relate - Resolve - Restore
RECOVERED - REVIVED - RERUN
The ~~2016~~ Conflict Resolution Conference
November 2017 | Wellington, New Zealand

Books I recommended in workshop on dementia:

Dementia: what you need to know

Dr Chris Perkins

And

Contented Dementia

Oliver James

I also highly recommend the Alzheimer's NZ website (on which you can also navigate to local education sessions).