Human Communication and the Aging Process
Carl W. Carmichael, Carl H. Botan, and Robert Hawkins

Cost: $16.95 (US) Paperback
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Waveland Press, Inc.
P.O. Box 100
Prospect Heights, Illinois 60070

Reviewer:
Jane K. Little
Speech-Language Pathologist
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The purpose of this book as stated by the authors in the introduction is to provide a foundation for researchers, professionals, and students of communication theory in the multitude of issues to be examined in communication and the aging process. The goal of the book is “to promote education, research, service, and consulting in communication and aging." The book is intended for both undergraduate and graduate students of communication, for academics and professionals, and for aging individuals themselves.

There are five major sections of the book, each consisting of several short chapters which serve to introduce a specific aspect of communication and aging. There is little duplication of content from one chapter to another, and often one chapter appears to build from the previous one. The organization of the book, with its frequent use of subheadings, makes it easy to read and comprehend. There are abundant references supplied for each chapter.

The first section of the book serves as an introduction to the fields of communication theory and social gerontology. The second section entitled, “The Aging Individual as Communicator,” reviews the physiological changes in normal aging and in neuropathologies such as aphasia, dysarthrias, and dementias. The information in these chapters will be familiar to most clinicians. The third section, “Aging and the Communication Process,” summarizes current research dealing with ageism communication and intimacy, the role of non-verbal communication, communication across generations, communication in organizations, and the effect of the mass media on communication. The fourth section, “Meeting the Communication Needs of the Aging Individual,” examines the barriers to communication encountered by aging individuals when they enter the health care system. Specific issues pertaining to nursing homes, education of the elderly, and the impact of communication on social issues are described. The final section of the book deals with research directions.

This book was written for students of communication theory, and as such deals with many issues which may not be routinely taught to students of speech-language pathology and audiology. For the clinician searching for a reference in communication disorders and aging, this may not be the book of first choice. However, this book serves as an important adjunct to the traditional “disorder” texts for it opens our eyes to the broad spectrum of issues surrounding the aging individual. As clinicians our view of aging consumers can be microscopic, and I found much of the content of the book to be both relevant and informative. Any professional working with aging individuals will find this a provocative text examining such diverse issues as: the media preferences of the elderly consumer, suggestions for improving intergenerational communication, and a discussion of the problems in communication encountered by nursing aides arising from the typical organizational structure of nursing homes. I would recommend this book be used as a text in courses in communication disorders and the elderly. Clinicians who have a specific interest in the elderly will find that this book opens the doors to further reading.

Hearing Conservation in Industry, Schools and the Military
David M. Lipscomb, Editor

Cost: $39.99 (U.S.) Hardcover, 352 pages
Available from:
Copp-Clark Pitman Ltd.
2775 Matheson Blvd. East
Mississauga, Ontario L4W 4P7

Reviewer:
Gordon Whitehead, Audiologist
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Halifax, Nova Scotia

The preface of this book states that its purpose is a hearing conservation textbook written at an informational level between the sophisticated engineer/acoustician and those at an introductory stage. The editor's intention is a principles and practices text oriented to hearing conservation in industrial, educational, and military environments.

This edited book is composed of 18 chapters, contributed by 10 writers. The following subject areas are addressed: basic physics of sound (14 pages), noise exposure (10 pages), U.S. standards and damage risk criteria (22 pages), sound survey reporting (14 pages), noise control (10 pages), hearing testing and interpretation (20 pages), computer data management (32 pages), hearing protection (48 pages), employee education (10 pages), program components (28 pages), school identification
audiometry (10 pages), military hearing conservation (20 pages), and community noise (8 pages), with the remaining information predominantly related to the business aspects of hearing conservation activities.

The chapters are well written, generally, but are too abbreviated to contain comprehensive information. Four chapters stand out, however, as being quite thorough and informative; these include computer data management (John R. Franks), hearing protection (Elliot H. Berger), program components (Andrew P. Stewart), and military hearing conservation (Donald C. Gasaway). These four chapters provide more than basic information in such a manner as to be realistically applicable to persons involved in hearing conservation efforts. Bibliographical references are adequate and current.

Dr. Franks, in his chapter on computer data management, discusses the advantages of computer usage in manipulating the large amount of information generated by all aspects of a comprehensive hearing conservation program. Screen illustrations and data flow charts are useful in understanding database use. Equipment is discussed in some detail. Custom software versus commercially available software is discussed, and the bibliography lists 18 software suppliers.

Mr. Berger's chapter on hearing protection is excellent, the best in the book, and recommended reading for anyone involved with protective devices. His writing is intelligent, insightful, and thorough. The bibliography is comprehensive and current. If you read no other chapters, read this one.

Mr. Stewart relates OSHA guidelines and regulations to ten basic components of a hearing conservation program. His treatment is fairly comprehensive and includes logical extensions of necessarily limited written regulations. Bibliographical references are numerous, many are current, and all appear appropriate.

Mr. Gasaway's chapter on military hearing conservation is well written. Most audiologists will not be in a position to experience this aspect of hearing conservation as much of it does not directly involve civilian expertise. This chapter gives insight into the regulation and application of hearing conservation efforts in the military environment and is enlightening within that context.

The majority of other chapters are quite basic in nature and quite restricted in scope, averaging only about 13 pages in length. Many concepts are presented, although application information is brief, if presented.

The book is generally well-illustrated with photographs, charts, drawings, and tables and is written in an easily readable style. The reviewer feels that this text is written in such a manner as to be a good introductory book for persons just beginning their education in hearing conservation. Persons knowledgeable in these areas may find the text basic but useful as a reference and bibliographical source. Mr. Berger's chapter on hearing protection is probably worth the price of the book alone and is most highly recommended to all.

**Communication Assessment and Intervention for Adults With Mental Retardation**

*Stephen N. Calculator and Ian L. Bedrosian, Editors*

Cost: $29.50 (U.S.)
College-Hill Press/Little, Brown and Company (Inc.)
Available from:
Copp Clark Pitman Ltd.
2775 Matheson Blvd. East
Mississauga, Ontario L4W 4P7

Reviewer:
Allison Baird
Director of Speech-Language Pathology
St. Amant Centre Inc.
Winnipeg, Manitoba

This engaging thought-provoking book is a must to read for all those involved with the communication management of adults with mental retardation. The forward, written by David Yoder, comments on the "widespread attitude among professionals about whether adults with mental retardation can learn or improve their communication skills."

The 12 chapters, organized into 5 sections, address this very issue by including substantial amounts of useful historical and clinical information written to assist a large and varied audience of practitioners who are familiar with the communication difficulties evidenced by this population. Students and researchers will find that the information presented makes a significant contribution to the limited literature on communication management for the intellectually handicapped adult. Each chapter includes extensive references which reflect the most current ideas, attitudes, facts, and philosophies associated with the topics addressed.

The chapters vary in style and complexity, reflecting the academic and philosophical backgrounds of several well respected authors (Brown, Morse, Halle, and Reiche, to name a few). This gives the reader some flavour for the required team management of the adult with mental retardation. Regarding specific objectives of this text, the editors state that the authors have provided information that emphasizes two common themes. The first is that adults with mental retardation require a different therapeutic attitude and orientation than children with mental retardation. This fact speaks primarily of the need to consider necessary aspects of normalization including age appropriate treatment. The second theme involves teaching "skills that are useful to individuals in maximizing their inde-
pendence in a variety of social contexts." This refers to the need for functional communication training.

The book begins with an interesting history of the care and treatment of the mentally handicapped since 500 B.C. Unfortunately, the analysis stops short of the "Era of Normalization." A chapter on the origins of contemporary American attitudes regarding education, work programs, and living options is included with mention of U.S. PL 94-142, the Education for All Handicapped Children Act. A short discussion on how these conditions influence language training is given at the end of the section.

Part two presents a complete and well organized chapter on the characteristics and living arrangements of adults with mental retardation. These descriptions are complemented by tables which outline living and work conditions. The reader gains some insight into the opportunities available in the United States, given the fiscal incentives associated with PL 94-142.

Specific program considerations are introduced in part three. Practical suggestions and recommendations for assessment are presented in a short but informative chapter which is accompanied by a complete case study. The impact of modifying standardized tests is presented with pros and cons as well as ways to account for deviations in procedures.

Two outstanding chapters follow. The first, called "The 'Why' Question in Instructional Programs," provides guidelines for the professional who must articulate the reasons why one skill is selected for training over all others. The second, called "Adopting the Natural Environment as the Context of Training," organizes the most recent literature regarding intervention for children with mental retardation and presents the information with consideration for the adult population. Some excellent suggestions on developing spontaneous communication are presented at the end of this chapter.

Part four, "Communication Assessment and Intervention Strategies," provides a good chapter on adults at the presymptomatic level. Forms and appendices that could be used for assessment and intervention are provided for the practicing clinician. Yet another chapter is presented on optimizing functional communication which is followed by a well researched and organized chapter on adults with mild to moderate retardation. Solid recommendations and suggestions are provided for a strong, sensitive, and pragmatic approach to training communication. In the final chapter on intervention, a relatively short presentation has been made on treating the nonverbal adult. Just a taste of selection and decision making for adults with mental retardation is included with mention of U.S. PL 94-142, the Education for All Handicapped Children Act. A short discussion on how these conditions influence language training is given at the end of this section.

This reviewer is impressed with the wealth of clinical information provided in this book and is confident in saying that it will be an excellent addition to the library of any professional who wishes to effectively and efficiently manage the communication difficulties of this select population. In fact, the book is so well presented that the population will be seen as an exciting and interesting challenge to both the seasoned and the young professional.

Working with Swallowing Disorders
Judith Langley

Cost: $18.40
Available 'from:'
Winslow Press
Telsford Road
Bicester, Oxon
England

Reviewer:
Ann Grannan
Speech-Language Pathologist
Nova Scotia Hearing & Speech Clinic
Halifax, Nova Scotia

The purpose of this British handbook on dysphagia is to provide an eclectic resource for the swallowing therapist, particularly the speech-language pathologist. Information with direct clinical application has been extrapolated from a variety of works including Logemann's Evaluation and Treatment of Swallowing Disorders. This has been combined with observations from clinical practice and condensed into a succinct, generally well-organized, easy-to-read manual.

The text consists of five major sections: emotional and safety factors, assessment, management, the normal swallow, and an appendix with two case studies. The first section provides an orientation to a compassionate interdisciplinary approach to dysphagia. Emphasis is placed on a holistic approach to ensure the emotional and physical well-being of the patient.

The section on assessment is rigorous and thorough with reproducible record forms for the patient's history and dietary preferences. The section would have been strengthened by the inclusion of reproducible forms on the entire assessment procedure, particularly the comprehensive motor exam. Greater emphasis could have been placed on the importance of videofluoroscopy in the assessment of dysphagia. It is placed on a holistic approach to ensure the emotional and physical well-being of the patient.

In conclusion, the book is an excellent addition to the library of any professional who wishes to effectively and efficiently manage the communication difficulties of this select population.
facilitation used in physiotherapy. Unfortunately neither the frequency or organization of treatment nor sample therapy plans are included. However, the information in the section is exhaustive and will be valuable to the swallowing therapist for designing individualized treatment programs.

The anatomy and physiology of the normal swallow and the manifestations of dysfunctions are presented near the end of the text for review and for reference. To that end, the section is a well organized overview of function and pathology. Some of the anatomical illustrations that complement the text are unclear at times (e.g., the velum did not approximate the tongue in a diagram of the oral preparatory stage of the swallow).

The appendix contains two case studies which are included to illustrate the “vagaries and confusion which complicate management.” However, reading histories of patients whose dysphagia was not well-managed is of questionable value.

The author intends for the reader to refer to other sources for detail; scientific documentation on theory and principles in dysphagia is beyond the scope of this book. References to other sources are provided in the bibliography. The brevity of the handbook enables the experienced clinician to find appropriate assessment and management strategies quickly, without having to refer to several different texts. However, in places, the manual’s brevity is at the expense of clarity.

The orientation of the manual to British clinicians reduces its usefulness in Canada. Differences in patient management are apparent in the use of videofluoroscopy, the treatment for severe choking, and the use of esophageal stomas. Differences in terminology and products (e.g., “speech therapists,” Marmite) are minor distractions. The British addresses for equipment and resources will not be useful to Canadian clinicians.

The author achieves her objective of presenting a selection of clinically relevant information to the swallowing therapist. Working with Swallowing Disorders may benefit the clinician who chooses to supplement his or her clinical armamentarium with a concise practical guide to the assessment and management of dysphagia.
The third section, "Aging and the Communication Process," summarizes current research dealing with ageism communication and intimacy, the role of non-verbal communication, communication across generations, communication in organizations, and the effect of the mass media on communication. The fourth section, "Meeting the Communication Needs of the Aging Individual," examines the barriers to communication encountered by aging individuals when they enter the health care system. Specific issues pertaining to nursing homes, education of the elderly, and the impact of communic...
Throughout the communication process, unintentional interference’s occur, distorting or interrupting the process. These interference’s are called noises. Noises can be real noises, auditory stimuli, like phones ringing, people talking, or street workers jack hammering. Noises are distortions as well: static over a phone, solar flares altering a television’s reception, or psychological illnesses modifying how people perceive the world. Communication without noises has yet to happen. Therefore, recognizing the sources of noise and attempting to minimize its effect is essential to improving the efficiency of one’s communication. Download Powerpoint Presentation of this article: Process of Communication (pptx). Related Posts Learn how the aging process works and simple tips to help you prevent the deterioration of your heart, brain, bones, and muscles as you get older. Since many human cells do not continue to reproduce indefinitely, this theory suggests that aging is a result of cells hitting their programmed reproductive limit. Parts of cells just wear out. An example of this is the shortening of telomeres, the caps on cell chromosomes. U.S. National Institute on Deafness and Other Communications Disorders. Mullera, et al. Free Radical Biology; Medicine 43 (2007) 477-503.