The Importance of a Thorough Psychosocial Assessment for Geriatric Patients

Kasie Barger, MSW, LCSW

Objectives

• Identify needed components of a thorough psychosocial assessment
• Identify needed referrals and resources based on the psychosocial assessment
• Identify and know how to appropriately report any concerns for Elder Abuse
Growing Population

• In the United States, the first of the baby boom generation turned 60 in 2005, and the number of people older than 60 will soon out number children for the first time in recorded history.

• One consequence of the "graying" of the world's population is that all health care professionals will increasingly be providing services to older adults and their caregivers. Because emotional health in older adults is a key ingredient to successful aging, social workers, mental health and medical professionals can play a key role in addressing these important areas in both community and structured care settings.

Chronic Disease

• More than 50% of older adults have three or more chronic diseases. Multi-morbidity is associated with higher rates of death, disability, adverse effects, institutionalization, use of healthcare resources, and poorer quality of life.

• Evidence-based data supports that early identification and early intervention for geriatric syndromes is a critical prevention strategy for the older person.
SW Role

• A review of studies of the cost-effectiveness of social work services in aging (Rizzo & Rowe, 2014) indicates that social work services decrease health care costs, increase quality of life for older adults, and enhance the effective use of health care services among older adults.

• The role of the social worker on the geriatrics team is to enable each individual to function at the highest possible level of social and emotional wellness. Social workers are prepared with unique skills that support this wellness by assessing for the strengths of the family system and assuring that appropriate care is in place. Addressing the identified needs from a proactive approach allows for prevention of predictable risks and improved disease management.

• Through a Geriatric Social Work Assessment they; Understand the changes that accompany aging: Thorough history, Strengths based, Role of social support, Socioeconomic, Level of functioning, Independence / Dependence, Religious and/or spiritual needs, Hobbies, Multidisciplinary Input, Stresses with life transitions, Advanced planning, End-of-life wishes.

Common Adjustments that Occur with Aging

• Family changes: The family unit is a major source of satisfaction for older adults as they enjoy the love, companionship, and achievement of spouse, children, and grandchildren. Their role within the family has changed multiple times in their lifetime. In old age they are cared for by their children versus the other way around.

• Retirement: This can be a difficult time because our society places so much emphasis on what a person does. Often one’s work gives social position and influence, is a source of social contacts, and provides a feeling of satisfaction from productivity.

• Awareness of one’s own mortality: Not only do spouses die—but friends do also. Older adults may also experience health decline. Often, older adults review the significance of their life through reminiscences. They love to tell stories of life events. They need to be encouraged to tell stories. They often are faced with multiple losses at one time.
Adjustments Cont.

- Widowhood: This affects more women than men, as women tend to live longer. Adjusting to the loss of someone you have shared life with is often difficult. Many older women have lived family-oriented lives and have been dependent on their husbands. They find themselves in new roles—such as financial manager—that they need to learn.

- Declining physical reserves: As all of us age, the wear and tear on our bodies causes changes to occur. Fatigue sets in. Our responses become slower, and our appearance changes. Chronic illness affects body systems. The fear of loss of independence is great. Being independent is a strong value for most.

kahsa.org

Adjustment Cont.

- Shrinking social world for some: Loneliness commonly occurs as a spouse or friend becomes ill or dies. Children and grandchildren are often very busy and may live at a distance. Often older adults choose not to drive—further limiting their socializing. Senses, such as hearing and seeing, diminish, making communication difficult.

- Changes in income: Often retirement income is less than half the income earned when the person was fully employed. Social security income for many is the main source of income. If a spouse dies, the income is usually further decreased. This decrease can cause significant adjustments in a person’s social and leisure activities.

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Value Based Priorities

- Maintain a person-in-environment perspective in understanding human functioning and well-being.
- Respect and promote older adults’ rights to dignity and self determination.
- Attend to maintaining quality of life for older adults and family systems.
- Promote social justice, including reducing barriers to well-being in later life.
- Promote older adults’ coping and problem-solving capabilities.
- Committed to person-centered, team approach in conducting, implementing and evaluating assessments.
- Advocate for agency practice in person/family centered assessments consistent with social work values.

centeronaging.med.edu

Aspects of a Thorough Assessment

- Preferred Language/name
- Where they live/living situation/home safety/elder abuse
- Hobbies/interests/social activities/limitations
- Marital Status
- Children
- Family/friend/community support
- Advance Directives
- Work History
- Independence level
- Mental Health History/suicidal ideations/trauma history
- Alcohol Use
- Substance use/abuse
- Insurance/financial situation
- Spiritual/religious preferences
Mental Status Exam

Living Situation

- Who do they live with?
- What is their home set up? Do they have stairs they have to navigate?
- Are they able to get around their home independently?
- Do they use medical equipment to navigate their home?
- Are they independent in their ADL’s?
- If they live alone do they have someone to check on them regularly?
- Are they safe in their home?
Family Situation

- What kind of family support do they have?
  - What are the strengths and challenges of their support system
- Are they married/widowed?
  - If they’re married what is their spouse’s health like/limitations
- How many children if any do they have? Where do they live what is their relationship like?
  - Do they have grandchildren or great children?
- What are their relationships like with their family
  - It may be helpful to do a genogram to understand family history and dynamics
- Who is their primary Caregiver?
- What is their emergency contact information?

Genogram Example
Caregiver Assessment

• Primary caregiver
• Age of caregiver
• Relationship to patient
• Physical health of caregiver
• Number of days/hours a week providing care
• What type of care is provided
• Other responsibilities of caregiver (employment, children, other)
  • How does caregiver view responsibilities – overwhelming, stressful, etc.
  • Has patient displayed disruptive behaviors?
  • Can caregiver physically and emotionally manage patient’s needs?
  • Are there tasks that the caregiver is uncomfortable doing or physically cannot manage
  • What is the caregiver’s appearance/attitude

Hobbies/Interests

• What activities do they enjoy doing?
• Are they still able to participate in their hobbies/interests?
• What physical limitations do they have?
• If they do have physical limitations what are some ways they can still engage in the activity in some way?
Other Support Systems

• What kind of friend network do they have?
  • Phone calls, visits, outings?
• Are there any community or religious supports?
• Have there been any recent losses?
  • people, pets, jobs, abilities/functioning, etc.

Advance Directives

• Does the patient have an Advance Directive/Medical Power of Attorney/Living Will/POLST and is it up to date?
  • Who is their decision making agent?
  • Are they DNR/DNI?
• If they do not have one, are the comfortable with their Next of Kin making decisions for them if they’re unable to?
• If they do not have one, have they at least had the conversation and communicated with their wishes are to their loved ones?

http://aging.Utah.edu
http://aging.utah.edu/_documents/utah-coa/directives/ad-6-9-09.pdf
Work History

- What is their work history?
- Did they enjoy their work?
- When did they retire?
  - Have they enjoyed retirement?
  - Have physical limitations put restraints on what they wanted to do in retirement?
  - Are they bored not working/what do they do with their time now?
- Is there any Military History?

Pertinent Medical Information

- Reason for Referral
- Who is their Primary Care Physician;
  - When was their last visit?
- Hospital Affiliation
- Diagnoses
- Prognoses
- Medications
- Health Insurance Coverage
- Are there any barriers to receiving health care?
- How well do they seem to understand their medical conditions?
- In the past 6 months, how many times have you:
  - Fallen
  - Sought ER care
  - Been Hospitalized
  - Placed in a SNF
  - Sought MH care
Independence Level

• What ADL’s are they able to do themselves?
• Who helps them with their ADL’s if they need help?
• What are their worries about not being independent or staying independent if they still are?
• Are they still able to enjoy the activities they used to?

Independence Level Cont.

• What ADL’s are they able to participate in?
  • Eating/Meal Preparation
  • Bathing
  • Dressing
  • Grooming
  • Transferring/Mobility
  • Continence
  • Money Management
  • Telephoning
  • Laundry/Housework
  • Transportation
  • Medication Management
Independence Level Cont.

- Do they have any of these services already in place?
  - Home Health RN
  - Home Health CNA
  - PT
  - OT
  - Respiratory Therapy
  - Home Delivered Meals
  - Chore Services
  - Respite
  - Transportation
  - Private Pay Assistance
  - Hospice
  - Other

Assess for Dementia Indicators

- Tendency to wander
- Inability to be alone
- Repetitive actions
- Rummaging
- Hoarding
- Hiding/losing items
- Suspiciousness
- Sundowning
- Incontinence
- Agitation/Restlessness
- Sleep disturbances
- Inappropriate sexual behavior

Does the patient drive? Are there safety issues? Family Concerns?
Nutrition Screen

• Have you made any changes in the way you eat because of illness or medical condition?
• Do you eat fewer than two meals a day?
• What do you normally eat?
• Do you have teeth or mouth problems which make it difficult for you to eat?
• Do you have three or more alcoholic drinks per day?
• Do you eat alone most of the time?
• Do you have enough money for food?
• Do medications affect your appetite?
• Have you lost or gained more than 10 lbs in the last month?
• Are you usually able to shop, cook, and feed yourself?

Nutrition Cont.

• Do you have difficulty with:
  • Swallowing
  • Indigestion
  • Heartburn
  • Vomiting
  • Diarrhea
  • Constipation
• Do you take a laxative regularly?
• Do you take a diuretic regularly?
• Do you follow a special diet? If so, what type?
• Are you able to prepare cereal, sandwiches or reheat meals?
• What did you eat for breakfast/lunch/dinner today?
Mental Health

• Do you have any mental health history?
  • What kind?
  • What treatment have you had?
  • Is it well controlled?
  • What impact does it have on your daily life?

• Have you had any current/past suicidal ideations?
  • If they say yes do C-SSRS Suicide Assessment

• Have you noticed a change in your mood since retirement/loss of independence/other life event?
  • Presents a great opportunity to normalize changes as a result of getting older/losing independence

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Geriatric Depression Scale
PHQ-9 Depression Scale

GAD-7 for Anxiety
**Substance Use**

- Great time to utilize Alcohol Use Disorders Identification Test (AUDIT)

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Monthly or less</th>
<th>Twice a month or more</th>
<th>Three to five times or more</th>
<th>Four or more times in past six months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How many drinks containing alcohol do you have on a typical day when you are drinking?</td>
<td>Never</td>
<td>Monthly or less</td>
<td>Twice a month or more</td>
<td>Three to five times or more</td>
<td>Four or more times in past six months</td>
</tr>
<tr>
<td>2. How often (less than monthly, monthly, weekly, daily or almost daily) do you get a hangover or feel you need a first drink in the morning to get yourself going after a period of drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>3. How often have you felt the need to cut down on or limit your drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>4. Have you failed to do what was normally expected of you because of your drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>5. Have you ever had a black out or a feeling of not being in control when drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>6. Have you ever been injured as a result of your drinking?</td>
<td>No</td>
<td>Yes, but not in last year</td>
<td>Yes, during the last year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Has a relative or friend or a doctor or other health worker ever been concerned about your drinking or suggested you cut down?</td>
<td>No</td>
<td>Yes, but not in last year</td>
<td>Yes, during the last year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Interpretation:**
- 1-7 indicate zero-low alcohol related concerns; 8-15 indicates medium alcohol related concerns; 16-19 indicates severe alcohol related problems; 20-40 indicates Alcohol Dependence Syndrome.

**Substance Use Cont.**

- Great time to utilize Drug Abuse Screening Test (DAST-10)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you ever used drugs other than those required for medical reasons?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Do you abuse more than one drug at a time?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. Are you able to stop using drugs when you want to? (*A response of &quot;No&quot; counts as 1 point)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. Have you had &quot;blackouts&quot; or &quot;flashbacks&quot; as a result of drug use?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5. Do you ever feel bad or guilty about your drug use?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6. Does your spouse (or parents) ever complain about your involvement with drugs?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7. Have you neglected your family because of your use of drugs?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>8. Have you engaged in illegal activities in order to obtain drugs?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>9. Have you ever experienced withdrawal symptoms first time you stopped taking drugs?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10. Have you ever had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Interpretation:**
- 0 indicates no problems; 1-2 low level concern, monitor & re-assess at a later date; 3-5 moderate level concern; 6-8 substantial level concern; 9-10 severe level concern

- Score 1 point for each question answered "yes," except for Question 3 for which a "no" receives 1 point.
- *Score of 3 or higher provide substance abuse resources
Insurance/Financial

- Is patient old enough (65) to qualify for Medicare?
- What is their financial situation?
  - Retirement
  - Pension
  - Social Security Income
  - Do they have Life Insurance?

Spiritual/Religious Preferences

- Does the patient identify with a specific religion?
  - What role does that religion play in their life?
  - Is their religious community a support to them?
  - What role does their religion play in their view on aging and end of life?
- Is the patient spiritual?
  - What does this mean to them and how do they stay in touch with their spirituality?
  - How are their religious and spiritual needs met?
Home Safety

• Includes Home Evaluation:
  • Residence description (types of home, number of floors, steps, rooms)
  • Outside entrance (number of entrances, locations, stairs, rails, ramps)
  • Kitchen (doorways, light switches, electrical switches (grounded?), cords, counter heights, location of furniture, appliances)
  • Inside stairs (usage by patient, number of stairs, lighting, locations, railing)
  • Bedroom (accessibility, width of door, adequate size, lighting, switches, outlets, cords, phone, height of bed, night lights, furniture, etc)
  • Bathrooms (number of bathrooms, locations, width of doors, adequate room, location of sink, height of sink/toilet, tub with shower – height of tub, shower only, TP holder, rugs, non-slip mats, bench/chair, grab bars)
  • Laundry (location, style of W/D)
  • Living room (accessibility to client, floor surfaces, rugs, lighting, switches/outlets, electric cords, TV/radio, phone, furniture, where does client sit most often)
  • Other rooms
  • Barriers
  • Is there room for live-in assistance?

Home Safety Cont.

• Is there working fire detectors, carbon monoxide detectors, plan of evacuation, capable of exiting independently?
• Is patient able to call for emergency help? What is the number?
• Is the patient able to safely navigate their home? ie.stairs
Guardianship

• “Guardianship is a legal arrangement through which a person (the guardian) is legally authorized to make decisions for another person (the protected person). “

• “Sometimes people become incapable of making minimally adequate decisions about medical treatment, everyday life or other important matters, and as a result their health and safety are in jeopardy. Under Utah law, a court may appoint a guardian to make decisions for a person when this happens and there are no voluntary arrangements through which the person can be assisted in making adequate decisions. To appoint a guardian, the protected person must be incapacitated. “Incapacity” means that an adult’s ability to receive and evaluate information; make and communicate decisions; or provide for necessities such as food, shelter, clothing, health care, or safety are so impaired that the person lacks the ability, even with appropriate technological assistance, to meet the essential requirements for financial protection or physical health, safety, or self-care. Incapacity is a judicial determination, and is measured by the person’s functional limitations. Utah Code Section 75-1-201.”

Office of Public Guardianship (OPG)

• The agency responsible for providing public guardianship and conservatorship services to incapacitated adults. The Office was established by the 1999 Legislature in response to longstanding concerns about incapacitated adults without family members or friends to serve as their guardians.

• Please call the Office of Public Guardian at 801 538-8255 if you need more information or to make a referral. You can access the Office of Public Guardian website at www.opg.utah.gov.

• For more detailed information and a list of other agencies that offer Guardianship Services:
**Mandatory Reporting**

- “Utah law mandates any person who has reason to believe that a vulnerable adult is being abused, neglected, or exploited must immediately notify Adult Protective Services (APS) or the nearest law enforcement office.”

- **Report by Telephone:**
  - Call Toll-free. Hotline is available 24 hours a day, 7 days a week.
  - 1-800-371-7897

- **Report Online:**

- **ANYONE CAN AND SHOULD REPORT.** It does not have to be the social worker.
Adult Protective Services (APS)

- Who is a Vulnerable Adult?
  - An elder adult, defined as anyone 65 years of age or older OR
  - An adult 18 years of age or older who has a mental or psychical impairment which substantially affects that person's ability to:
    - Provide personal protection
    - Provide necessities such as food, shelter, clothing, or mental or other health care
    - Obtain services necessary for health, safety, or welfare
    - Carry out activities of daily living
    - Manage the adult's resources
    - Comprehend the nature and consequences of remaining in a situation of abuse.

What can APS do?

- Investigate reports of abuse, neglect or exploitation
- Perform needs assessments
- Coordinate with and refer to community resources for services

What can APS not do?

- Take custody of an adult
  - Adults have the right to self determination unless there is imminent danger of injury or death
- Under APS authority, place an adult in a nursing home or other facility
- Provide any service with the voluntary consent of the alleged victim or their guardian/conservator unless court ordered to do so.
Additional Resources

• [http://www.211.org/](http://www.211.org/) - Comprehensive Resource List by County
• [http://slco.org/aging-adult-services/meals-on-wheels/](http://slco.org/aging-adult-services/meals-on-wheels/) - Meals on Wheels
• [http://slco.org/aging-adult-services/senior-transportation/](http://slco.org/aging-adult-services/senior-transportation/) - Transportation Resources
• [http://www.utadrc.org/](http://www.utadrc.org/) - Utah Aging and Disability Resource Connection

References

