

The Importance of a Thorough Psychosocial Assessment for Geriatric Patients

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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.

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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.

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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 wellbeing 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.

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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

Mental Status Exam	
Appearance	<input type="checkbox"/> Appears stated age <input type="checkbox"/> Appears older than stated age <input type="checkbox"/> Appears younger than stated age <input type="checkbox"/> Clean/Neat <input type="checkbox"/> Unkempt <input type="checkbox"/> Casual <input type="checkbox"/> Tattoos <input type="checkbox"/> Scars <input type="checkbox"/> Other
Behavior	<input type="checkbox"/> Normal <input type="checkbox"/> Intubated and sedated <input type="checkbox"/> Fidgety <input type="checkbox"/> Poor eye contact <input type="checkbox"/> Restless <input type="checkbox"/> Distracted <input type="checkbox"/> Anxious <input type="checkbox"/> Hyperactive <input type="checkbox"/> Excited <input type="checkbox"/> Tense <input type="checkbox"/> Agitated <input type="checkbox"/> Tics <input type="checkbox"/> Motor Retardation <input type="checkbox"/> Guarded <input type="checkbox"/> Withdrawn <input type="checkbox"/> Passive <input type="checkbox"/> Other
Presentation	<input type="checkbox"/> Cooperative <input type="checkbox"/> Defensive <input type="checkbox"/> Dramatic <input type="checkbox"/> Evasive <input type="checkbox"/> Guarded <input type="checkbox"/> Helpless <input type="checkbox"/> Hostile <input type="checkbox"/> Hypersensitive <input type="checkbox"/> Indifferent <input type="checkbox"/> Ingratating <input type="checkbox"/> Negative <input type="checkbox"/> Polite <input type="checkbox"/> Resigned <input type="checkbox"/> Sarcastic <input type="checkbox"/> Seductive <input type="checkbox"/> Skeptical <input type="checkbox"/> Suspicious <input type="checkbox"/> Uncooperative <input type="checkbox"/> Unresponsive <input type="checkbox"/> Other
Speech	<input type="checkbox"/> Normal <input type="checkbox"/> Pressured <input type="checkbox"/> Volume Up <input type="checkbox"/> Volume Down <input type="checkbox"/> Nonverbal <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Delayed <input type="checkbox"/> Hypervocal <input type="checkbox"/> Other
Thought Process	<input type="checkbox"/> Linear <input type="checkbox"/> Slow <input type="checkbox"/> Blocking <input type="checkbox"/> Incoherent <input type="checkbox"/> Disorganized <input type="checkbox"/> Rational <input type="checkbox"/> Circumstantial <input type="checkbox"/> Logical <input type="checkbox"/> Tangential <input type="checkbox"/> Flight of ideas <input type="checkbox"/> Loose associations <input type="checkbox"/> Other
Thought Content	<input type="checkbox"/> Normal <input type="checkbox"/> Delusion <input type="checkbox"/> Perseveration <input type="checkbox"/> Suspicious <input type="checkbox"/> Paranoia <input type="checkbox"/> Ideas of reference <input type="checkbox"/> Phobic <input type="checkbox"/> Somatization <input type="checkbox"/> Grandiose <input type="checkbox"/> Obsessions <input type="checkbox"/> Auditory hallucinations <input type="checkbox"/> Suicidal ideations <input type="checkbox"/> Homicidal ideation <input type="checkbox"/> Insight present <input type="checkbox"/> Insight impaired <input type="checkbox"/> Insight absent <input type="checkbox"/> Judgement good <input type="checkbox"/> Judgement fair <input type="checkbox"/> Judgement poor <input type="checkbox"/> Other
Affect	<input type="checkbox"/> Mood congruent <input type="checkbox"/> Mood incongruent <input type="checkbox"/> Labile <input type="checkbox"/> Inappropriate <input type="checkbox"/> Full <input type="checkbox"/> Constricted <input type="checkbox"/> Blunt <input type="checkbox"/> Flat <input type="checkbox"/> Bright <input type="checkbox"/> Angry <input type="checkbox"/> Tearful <input type="checkbox"/> Sad <input type="checkbox"/> Irritable <input type="checkbox"/> Depressed <input type="checkbox"/> Anxious <input type="checkbox"/> Other
Cognition/Orientation	<input type="checkbox"/> Name <input type="checkbox"/> Month <input type="checkbox"/> Date <input type="checkbox"/> Year <input type="checkbox"/> Hospital <input type="checkbox"/> Patient appears capable of making own decisions <input type="checkbox"/> Short-term memory impairment <input type="checkbox"/> Long-term memory impairment <input type="checkbox"/> Medication induced confusion <input type="checkbox"/> Other
Patient adjustment to illness	<input type="checkbox"/> Adequate social support <input type="checkbox"/> Age approp peer/social relationships <input type="checkbox"/> Copes well with illness/treatment <input type="checkbox"/> Difficulties with medication/compliance <input type="checkbox"/> Difficulty with mood/behavior/cognition <input type="checkbox"/> Hostile or manipulative behavior <input type="checkbox"/> Limited social support <input type="checkbox"/> Peer or social isolation <input type="checkbox"/> Developmentally approp coping strategies <input type="checkbox"/> Other
Developmental Stage	<input type="checkbox"/> Trust vs. mistrust (Age 0-18mo) <input type="checkbox"/> Autonomy vs. shame & doubt (18-36mo) <input type="checkbox"/> Initiative vs. guilt (3-5yr) <input type="checkbox"/> Industry vs. inferiority (5-12yr) <input type="checkbox"/> Ego identity vs. role confusion (12-18yr) <input type="checkbox"/> Intimacy vs. isolation (18-40yr) <input type="checkbox"/> Generativity vs. stagnation (40-65yr) <input type="checkbox"/> Ego integrity vs. despair (65+)
Developmental Stage Appropriateness	<input type="checkbox"/> Developmentally age appropriate <input type="checkbox"/> Developmentally age inappropriate
Strengths	<input type="checkbox"/>
Depressive Symptoms	<input type="checkbox"/> No depression evident <input type="checkbox"/> Depressed <input type="checkbox"/> History of depression <input type="checkbox"/> Irritable <input type="checkbox"/> Interest up <input type="checkbox"/> Interest down <input type="checkbox"/> Weight up <input type="checkbox"/> Weight down <input type="checkbox"/> Appetite up <input type="checkbox"/> Appetite down <input type="checkbox"/> Isolate <input type="checkbox"/> Sleep up <input type="checkbox"/> Sleep down <input type="checkbox"/> Motor agitation or retardation <input type="checkbox"/> Fatigue <input type="checkbox"/> Inappropriate guilt <input type="checkbox"/> Energy down <input type="checkbox"/> Missing work <input type="checkbox"/> Concentration down <input type="checkbox"/> Hopelessness <input type="checkbox"/> Helplessness <input type="checkbox"/> Passive suicidality <input type="checkbox"/> History of suicide attempts <input type="checkbox"/> Active suicidality <input type="checkbox"/> Other
Manic Symptoms	<input type="checkbox"/> No mania evident <input type="checkbox"/> Self esteem up <input type="checkbox"/> Grandiosity <input type="checkbox"/> Speech up <input type="checkbox"/> Distractability up <input type="checkbox"/> Risk-taking up <input type="checkbox"/> Impulsivity <input type="checkbox"/> Goal-directed activity up <input type="checkbox"/> Racing thoughts <input type="checkbox"/> Other
Anxiety Symptoms	<input type="checkbox"/> No anxiety evident <input type="checkbox"/> Denied symptoms of anxiety <input type="checkbox"/> Panic Attacks <input type="checkbox"/> History of anxiety <input type="checkbox"/> Agoraphobia <input type="checkbox"/> Obsessions <input type="checkbox"/> Compulsions <input type="checkbox"/> Specific phobia <input type="checkbox"/> Sleep problems <input type="checkbox"/> Tense <input type="checkbox"/> Restless <input type="checkbox"/> Worry up <input type="checkbox"/> Flashbacks <input type="checkbox"/> Nightmares <input type="checkbox"/> De-realization <input type="checkbox"/> Startle up <input type="checkbox"/> Isolate <input type="checkbox"/> Depersonalization <input type="checkbox"/> Other
Attention	<input type="checkbox"/> Normal <input type="checkbox"/> Inattentive <input type="checkbox"/> Distractable <input type="checkbox"/> Hyperactive <input type="checkbox"/> Impulsive <input type="checkbox"/> Other
Eating Disorder	<input type="checkbox"/> None <input type="checkbox"/> Restricting <input type="checkbox"/> Purging <input type="checkbox"/> Exercise up <input type="checkbox"/> Binging <input type="checkbox"/> Laxative use <input type="checkbox"/> Other
Appetite	<input type="checkbox"/> No changes <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Other
Sleep	<input type="checkbox"/> No changes <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Average hours of sleep: <input type="text"/> Other <input type="checkbox"/> Other
Self Harm	<input type="checkbox"/>
Delirium	<input type="checkbox"/> None <input type="checkbox"/> Acute onset <input type="checkbox"/> Inattention <input type="checkbox"/> Disorganized thinking <input type="checkbox"/> Altered level of consciousness <input type="checkbox"/> Other

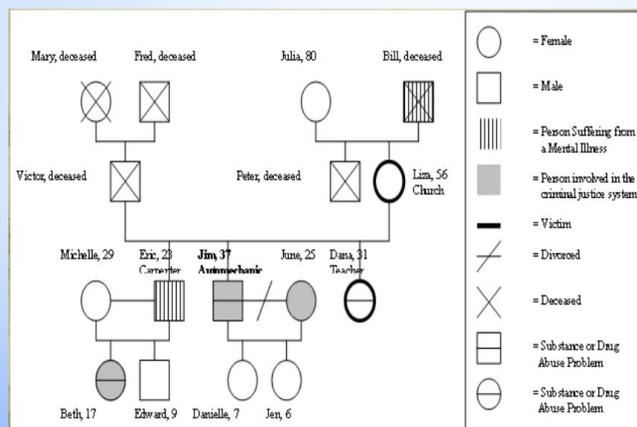
Living Situation

- 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 spouses 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 they 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 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

Geriatric Depression Scale

Medscape		www.medscape.com	
Patient	Examiner	Date	
Directions to Patient: Please choose the best answer for how you have felt over the past week.			
Directions to Examiner: Present questions VERBALLY. Circle answer given by patient. Do not show to patient.			
1. Are you basically satisfied with your life?	yes	no	(1)
2. Have you dropped many of your activities and interests?	yes (1)	no	
3. Do you feel that your life is empty?	yes (1)	no	
4. Do you often get bored?	yes (1)	no	
5. Are you hopeful about the future?	yes	no (1)	
6. Are you bothered by thoughts you can't get out of your head?	yes (1)	no	
7. Are you in good spirits most of the time?	yes	no (1)	
8. Are you afraid that something bad is going to happen to you?	yes (1)	no	
9. Do you feel happy most of the time?	yes	no (1)	
10. Do you often feel helpless?	yes (1)	no	
11. Do you often get restless and fidgety?	yes (1)	no	
12. Do you prefer to stay at home rather than go out and do things?	yes (1)	no	
13. Do you frequently worry about the future?	yes (1)	no	
14. Do you feel you have more problems with memory than most?	yes (1)	no	
15. Do you think it is wonderful to be alive now?	yes	no (1)	
16. Do you feel downhearted and blue?	yes (1)	no	
17. Do you feel pretty worthless the way you are now?	yes (1)	no	
18. Do you worry a lot about the past?	yes (1)	no	
19. Do you find life very exciting?	yes	no (1)	
20. Is it hard for you to get started on new projects?	yes (1)	no	
21. Do you feel full of energy?	yes	no (1)	
22. Do you feel that your situation is hopeless?	yes (1)	no	
23. Do you think that most people are better off than you are?	yes (1)	no	
24. Do you frequently get upset over little things?	yes (1)	no	
25. Do you frequently feel like crying?	yes (1)	no	
26. Do you have trouble concentrating?	yes (1)	no	
27. Do you enjoy getting up in the morning?	yes	no (1)	
28. Do you prefer to avoid social occasions?	yes (1)	no	
29. Is it easy for you to make decisions?	yes	no (1)	
30. Is your mind as clear as it used to be?	yes	no (1)	
TOTAL: Please sum all bolded answers (worth one point) for a total score. _____			
Scores: 0 - 9 Normal 10 - 19 Mild Depressive 20 - 30 Severe Depressive			
Source: www.stanford.edu/~ yesavage			
<small>Source: Demetri Neri © 2002 Javvett Publications, Inc.</small>			

PHQ-9 Depression Scale

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)				
Over the last 2 weeks , how often have you been bothered by any of the following problems? <i>(Use "✓" to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly every day
	1. Little interest or pleasure in doing things	0	1	2
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
FOR OFFICE CODING: 0 + _____ + _____ + _____ = Total Score: _____				
If you checked off <u>any</u> problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?				
Not difficult at all <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>	

GAD-7 for Anxiety

GAD-7				
Over the last 2 weeks , how often have you been bothered by the following problems? <i>(Use "✓" to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
(For office coding: Total Score T_____ = _____ + _____ + _____)				

Substance Use

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

Questions	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	Two to four times a month	Two to three times a week	Four or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last Year
10. Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last Year
					Total

- Interpretation: 1-7 indicates 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)

Questions refer to the past 12 months	Circle Response	
1. Have you used drugs other than those required for medical reasons?	Yes	No
2. Do you abuse more than one drug at a time?	Yes	No
3. Are you always able to stop using drugs when you want to? (*A response of "No" counts as 1 point)	Yes	No
4. Have you had "blackouts" or "flashbacks" as a result of drug use?	Yes	No
5. Do you ever feel bad or guilty about your drug use?	Yes	No
6. Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7. Have you neglected your family because of your use of drugs?	Yes	No
8. Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)?	Yes	No

- 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:

http://opg.utah.gov/pdf/guide_to_guardian_services.pdf

Elder Abuse

What Are The Signs?	
<p><u>Abuse</u></p> <ul style="list-style-type: none"> • Unexplained bruises or welts • Multiple bruises in various stages of healing • Unexplained fractures, abrasions, and lacerations • Multiple injuries • Low self-esteem or loss of self-determination • Withdrawn, passive, fearful • Reports or suspicions of sexual abuse 	<p><u>Neglect</u></p> <ul style="list-style-type: none"> • Dehydration • Lack of glasses, dentures or other aides if usually worn • Malnourishment • Inappropriate or soiled clothes • Over or under medicated • Deserted or abandoned • Unattended
<p><u>Self-Neglect</u></p> <ul style="list-style-type: none"> • Over or under medicated • Social isolation • Malnourishment or dehydration • Unkempt appearance • Lack of glasses, dentures, or hearing aides, if needed • Failure to keep medical appointments 	<p><u>Exploitation</u></p> <ul style="list-style-type: none"> • Disappearance of possessions • Forced to sell house or change one's will • Overcharged for home repairs • Inadequate living environment • Unable to afford social activities • Forced to sign over control of finances • No money for food or clothes

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:
 - www.daas.Utah.gov
- 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 psychological 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 an 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.seniorsbluebook.com/> -Online version of Senior Blue Book
- <http://www.211.org/> -Comprehensive Resource List by County
- <http://slco.org/aging-adult-services/meals-on-wheels/> -Meals on Wheels
- <http://slco.org/aging-adult-services/job-training-for-older-adults/> -Job training
- <http://slco.org/aging-adult-services/senior-centers/> - Senior Centers List
- <http://slco.org/aging-adult-services/senior-transportation/> -Transportation Resources
- <http://legalguide55.utah.gov/> -Legal Guide
- <http://slco.org/apps/55plus/> -55+ Book
- <http://jobs.utah.gov/customereducation/services/foodstamps/> -Food Stamps
- <http://www.utadrc.org/> -Utah Aging and Disability Resource Connection

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