

Mental Wellness Screening And Assessment

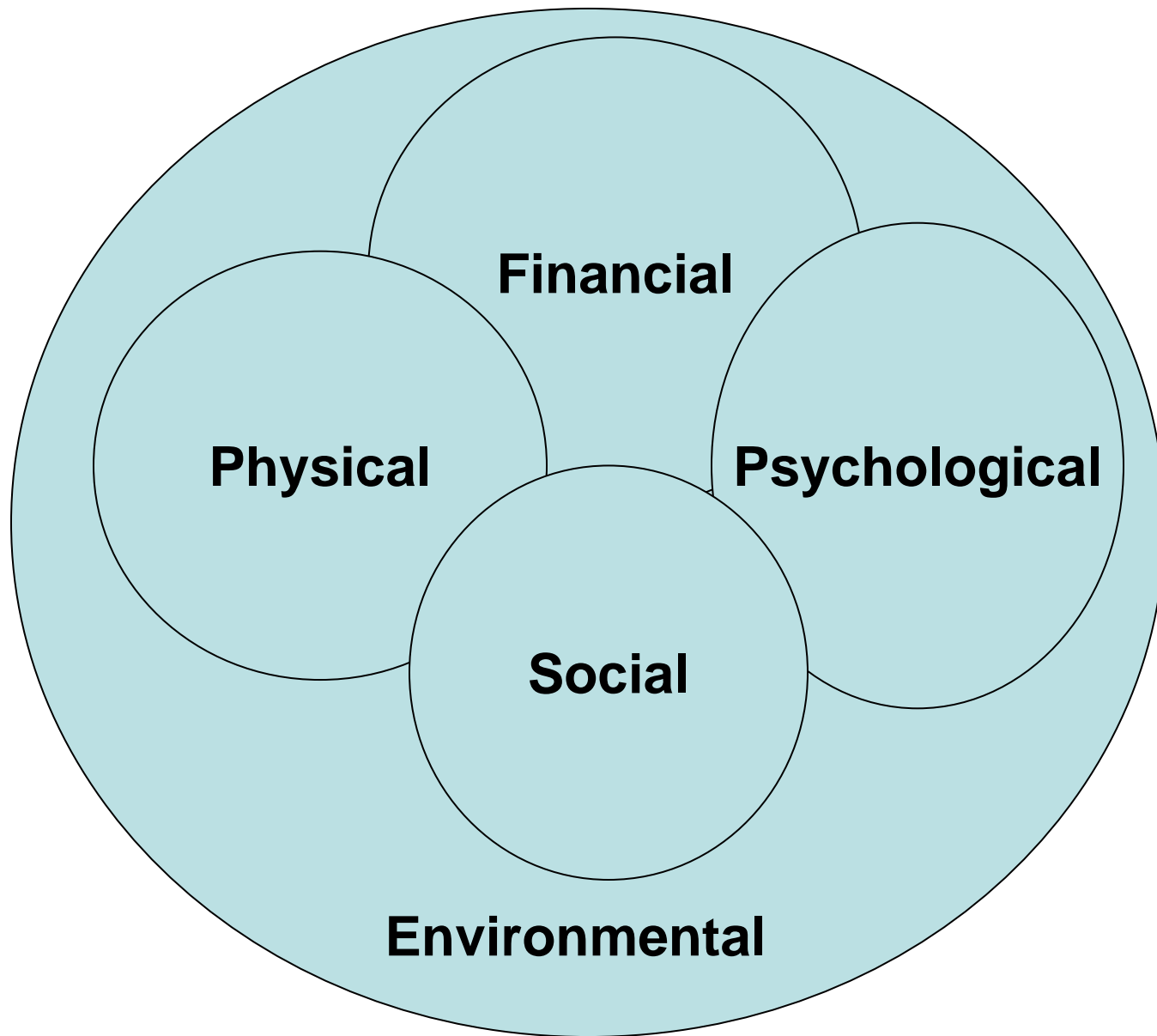
***Maximizing Functional Mental Health
Status: Building a Tool Kit***

By

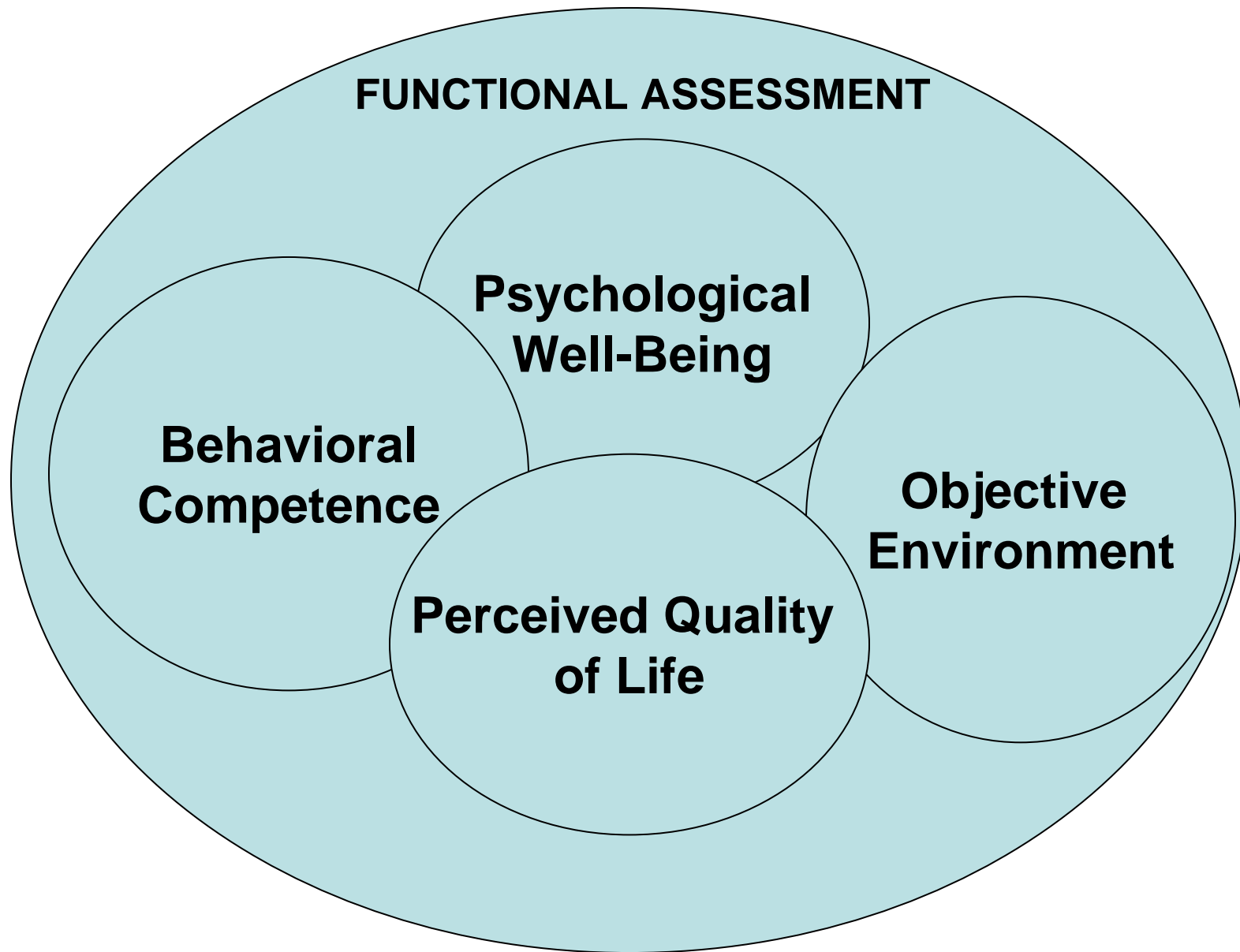
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Presentation Goals

- **Explain constructs important to meaningful functional screening and assessment**
- **Discuss common problems in older persons and the associated issues for meaningful screening and assessment**
- **Identify and select tools and measures appropriate for your functional screening and assessment objectives and settings**
- **Provide a sampling of tools and measures that can be selectively used as part of a functional screening and assessment toolkit.**

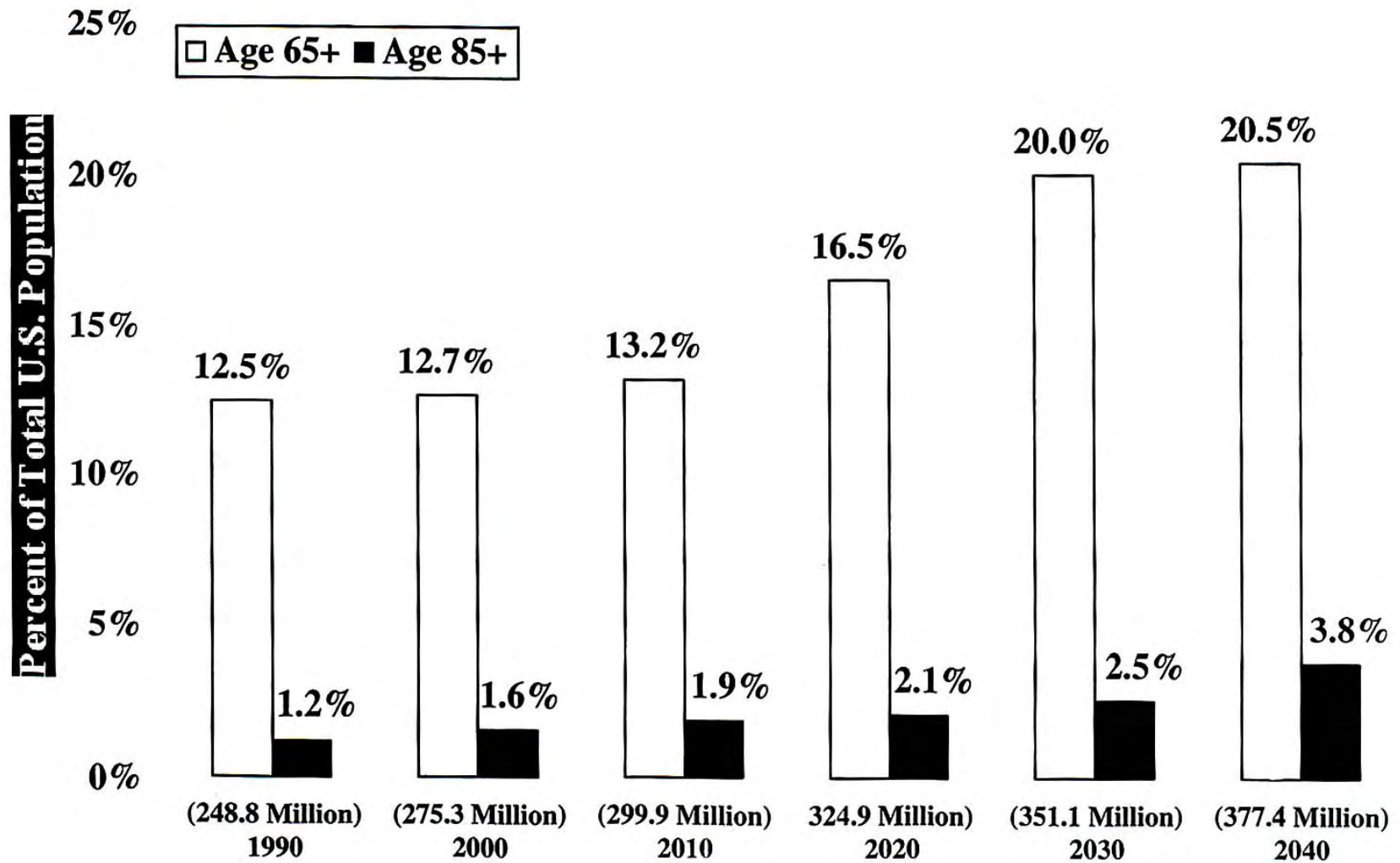


Multiple Domains for Geriatric Assessment



Four sectors of the good life. (Copyright, Gerontological Society of America. Reproduced with permission from M. Powell Lawton, "Environment and Other Determinants of Well-Being in Older People," *The Gerontologist*, Vol. 23, pp.349-357, 1983)

Aging in America



www.census.gov

Older Adults in the Community

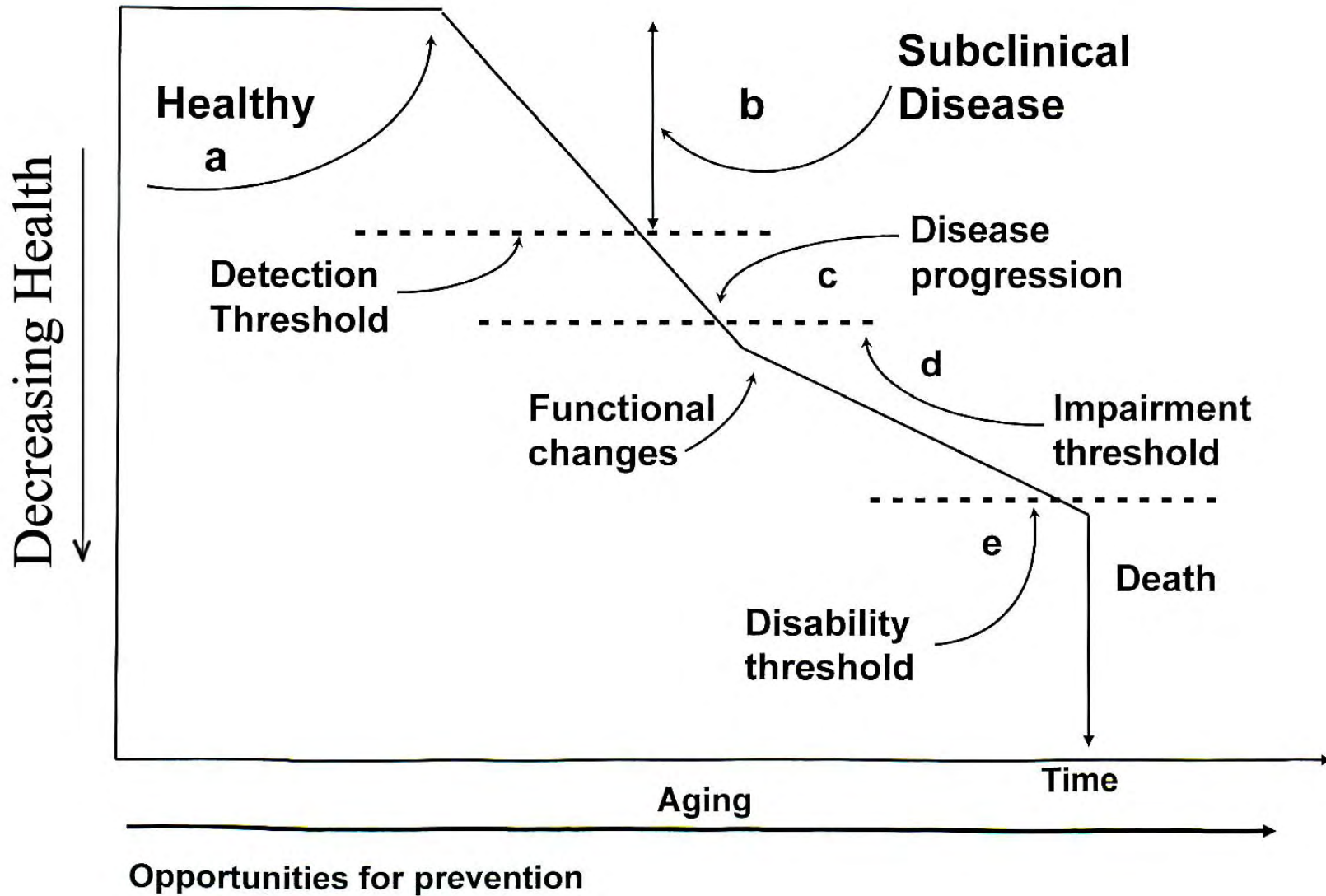
**92% of older adults live in the community
Most are not disabled**

**80% of disabled older adults are cared for by
family**

**High risk of stress, depression, anxiety,
and physical illness**

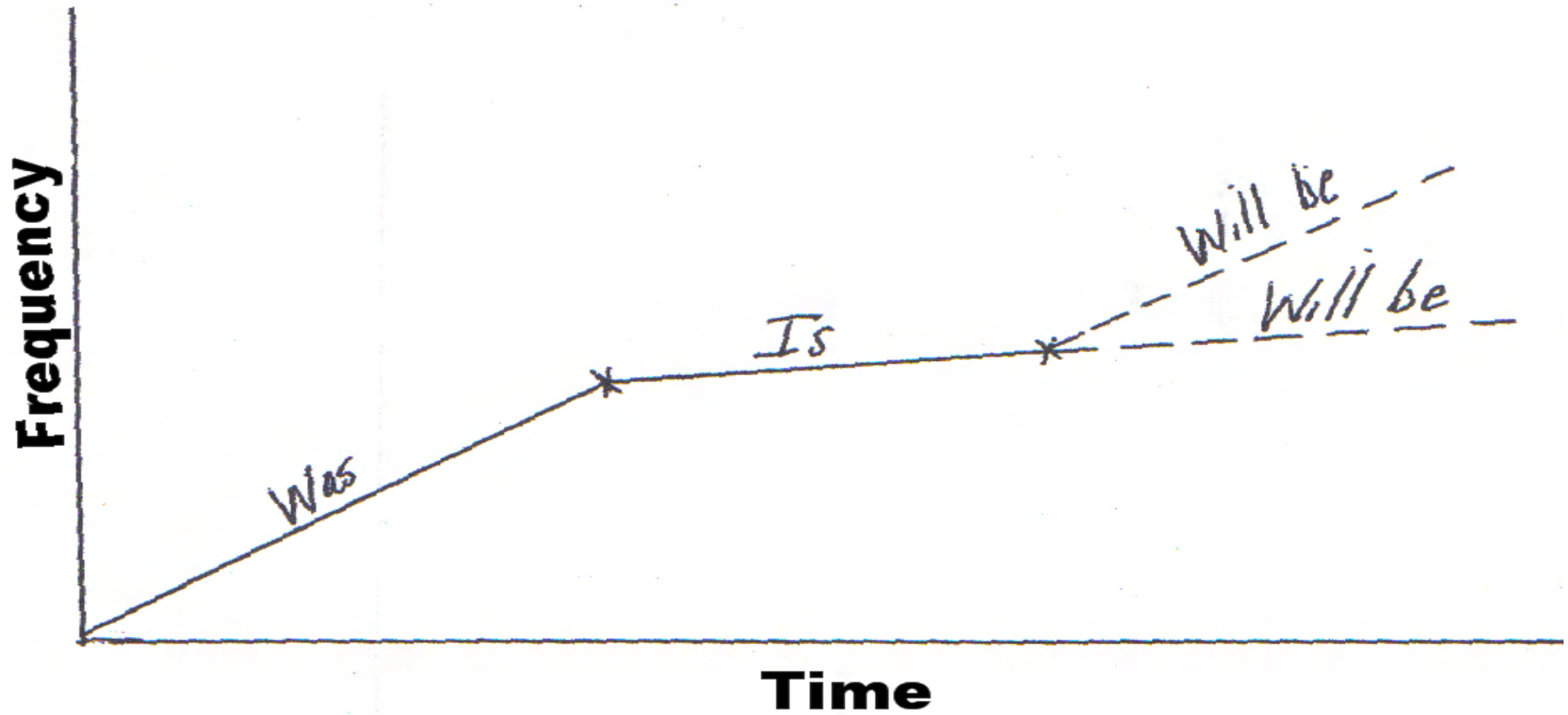
**The national economic value of informal care
giving is \$350 billion per year**

Early Identification



Two-Third (2/3) Rule

(Was, Is, Will Be)



“Test Standards”

Validity

- **Concept refers to the appropriateness, meaningfulness and usefulness of the specific inferences made from “test” scores**
- **Measures what we want it to measure**

Validity Categories

- **Content Related.** Task items are representative of the Universe.
- **Criterion Related.** Related to one or more outcome measures
 - **Concurrent**
 - **Predictive**
- **Construct Related.** Measure of psychological characteristics of interest, (i.e., reasoning, self-esteem, etc. . . .)

Reliability

- **Refers to the degree test scores are free from errors of measurement**
- **Consistency, (i.e., Reported measures)**

“Test Standards”

(Continued)

Sensitivity

- How well a procedure identifies abnormal cases as being abnormal
- Result in appropriate referrals for
 - more extensive assessment.
 - treatment.
 - major concern is under referrals.

Specificity

- How well a procedure identifies normal cases
- Percent of truly normal cases that are classified as normal by screening/test

Screening and Assessment Tools are Vehicles for Observation

- Specify
- Observe
- Do

Behavioral Assessment **(During) Diagnostic Interview)**

- **Appearance and Behavior**
- **Speech**
- **Mood and Affect**
- **Thought Process**
- **Thought Content**
- **Judgment and Insight**
- **Non-Verbal Behavior**

Discriminating Variables for Symptom/Behavior Continuum

* **FREQUENCY** 1 _____ 10

Extremely
Low

Extremely
High

* **INTENSITY** 1 _____ 10

Extremely
Low

Extremely
High

* **DURATION** 1 _____ 10

Extremely
Short

Extremely
Long

* **INTERVAL** 1 _____ 10

Extremely
Long

Extremely
Short

* **DISTORTION** 1 _____ 10

Extremely
Low

Extremely
High

* **RECOVERY RATE**
LATENCY

* **APPROPRIATENESS**

* **OTHER:** _____

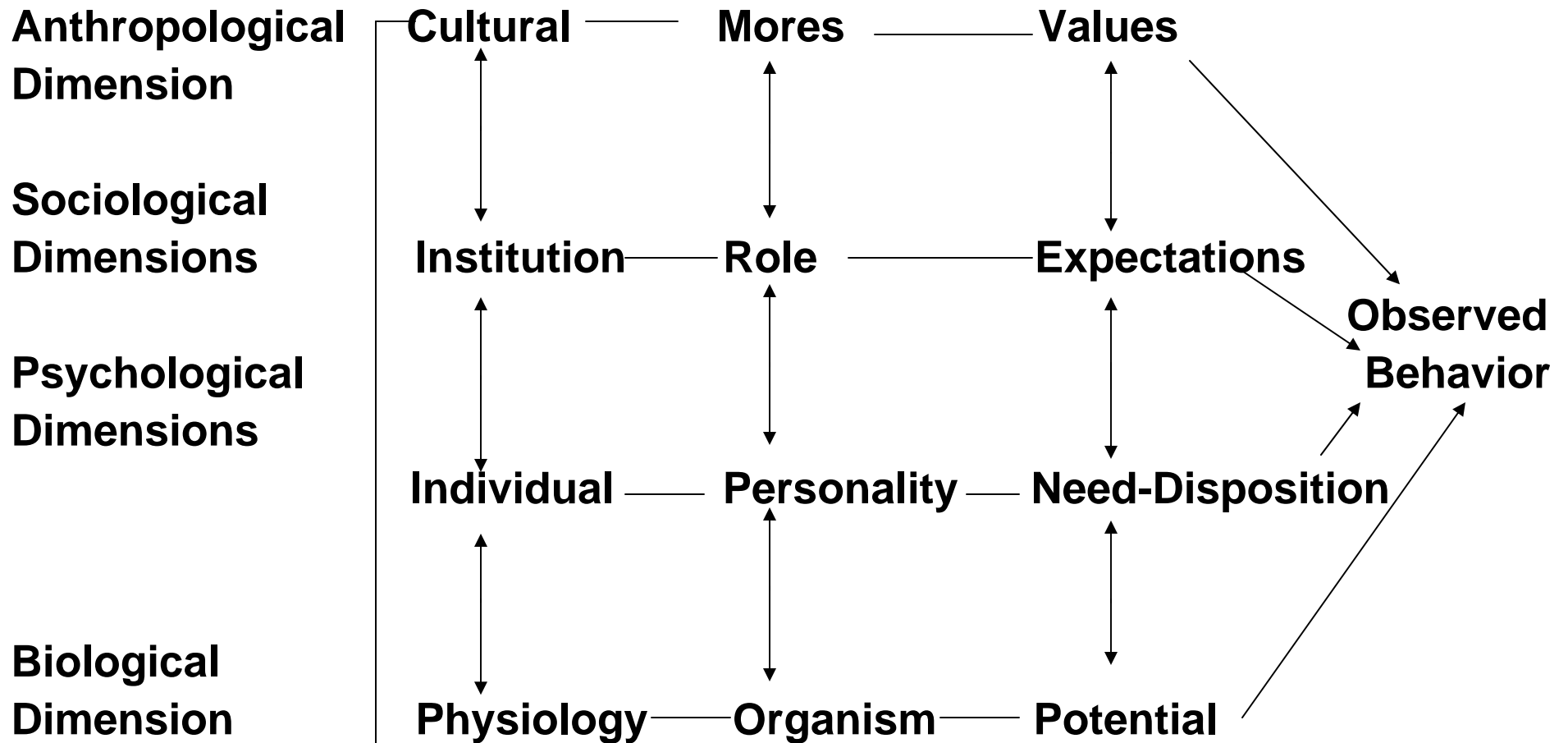
Asset – Liability Assessment (AKA) A Balance Sheet Approach

This is a simplified approach to asset mapping. Whenever possible persistent life functions should be the focus of assessments. The following weighted scoring may be used for each factor identified:

-5 LOUSY	0 NEUTRAL	+5 GREAT
<p>Assets (Strengths) (Owned or owed to you)</p> <p>Current Assets * *</p> <p>Long-Term Assets * *</p> <p>Fixed Assets * *</p> <p>Total Assets: _____</p>		<p>Liabilities (Weaknesses) (Owed to or by others)</p> <p>Current Liabilities * *</p> <p>Long-Term Liabilities * *</p> <p>Other Liabilities * *</p> <p>Total Liabilities: _____</p>

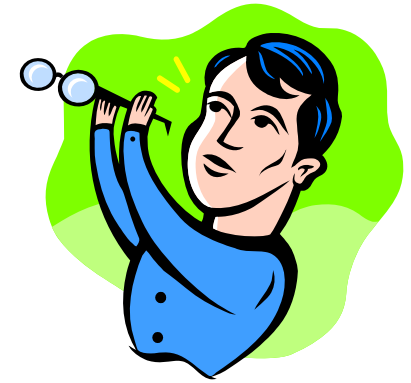
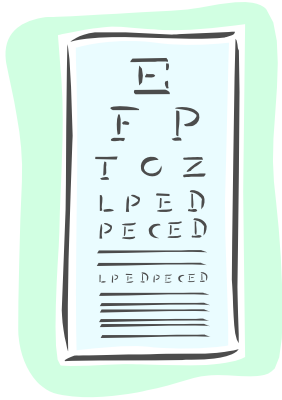
Fund Balance = Total Assets = Total Liabilities

Anthrobiopsychosocial Model for Wellness



Keys to Prevention **(Positive Aging)**

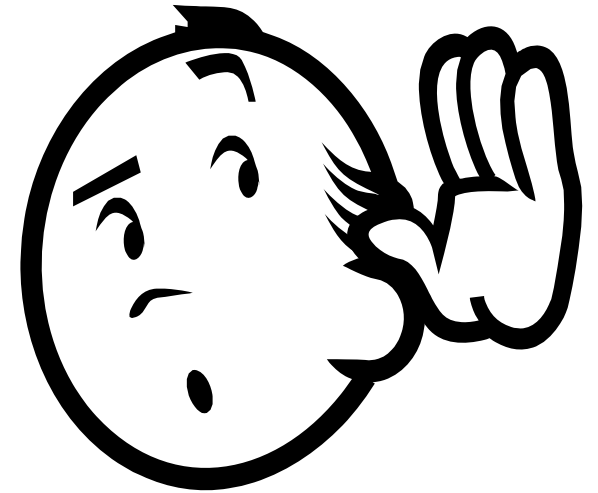
- **Nutrition and Hydration**
- **Activity**
 - **Physical**
 - **Mental**
- **Socialization**
- **Security**
 - **Personal**
 - **Financial**



Vision

With corrective lenses, read a few sentences (12 pt. +) from a local newspaper (about 20/20)

- **Near Point**
- **Far Point**
- **Contrast Sensitivity**

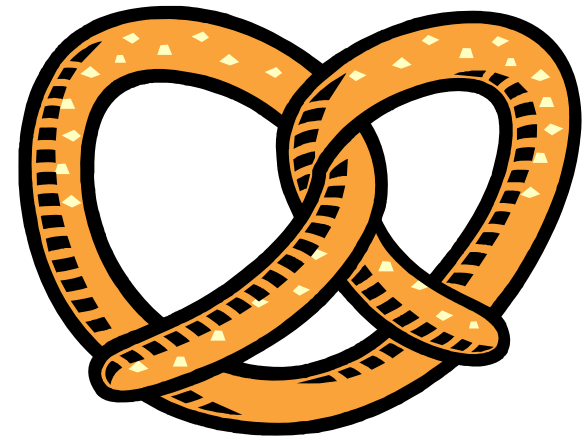


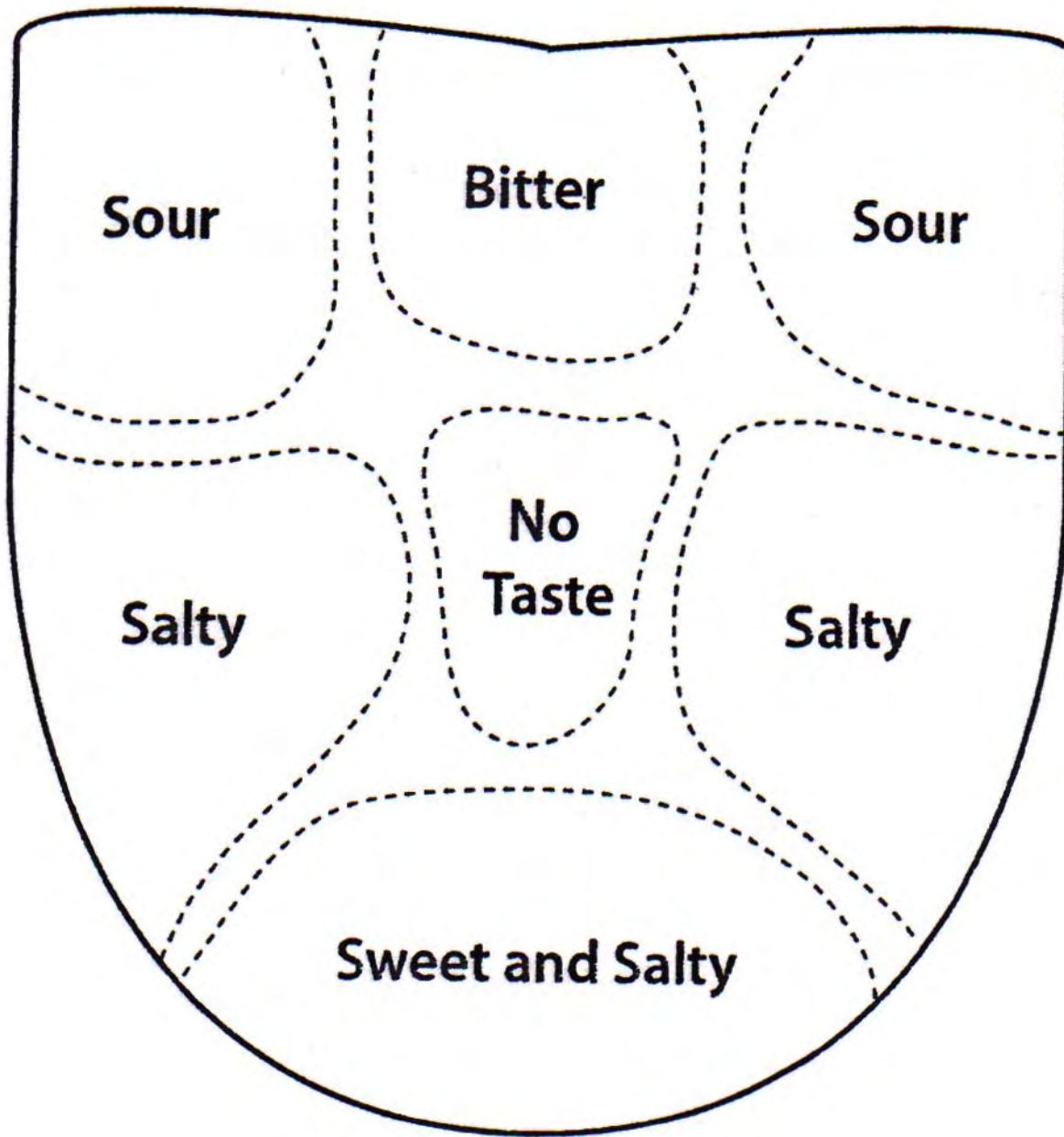
Hearing

- **Whisper “What is your Name”**
 - **Finger Rub**

Taste

- **Sweet**
- **Salty**
- **Sour**
- **Bitter**





Map of the Tongue

Smell

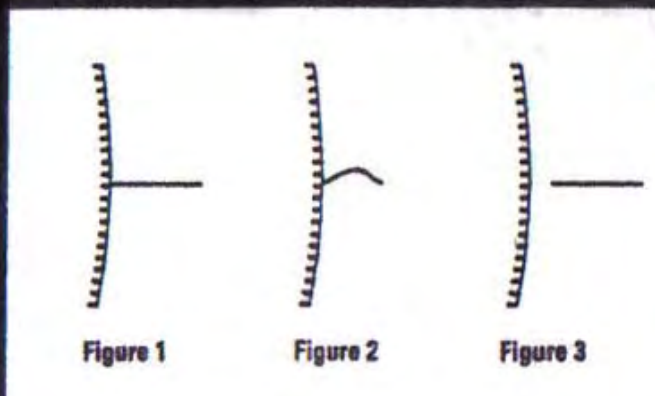
- **Three Odors**



Touch



Hold the filament perpendicular to the skin and use a smooth motion when testing. Use a 3-step sequence that includes (1) touch the skin, (2) bend the filament, and (3) lift from the skin (See Figures 1-3). Do not use rapid movement. The approach, skin contact, and departure of the filament should be approximately 1.5 seconds in duration.

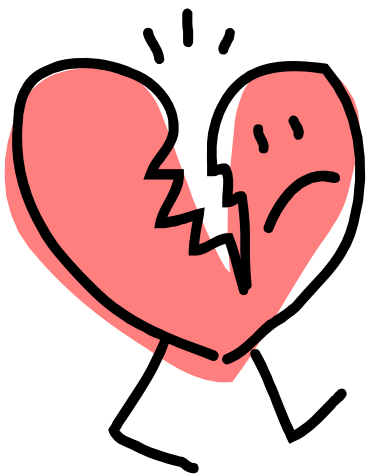




Pain



Any level . . .



to



Proprioception and Falls

- **Anxiety about falls can seriously threaten a person's quality of life and mental health.**

Senses

Hearing Decrease

- Higher pitched sounds
- Muffled

Sight Decrease

- Can't see objects close test
- Need more light
- Adapt poorly to glare. Need multiple light sources
- Avoid greens, blues, and violets. Reds, yellow, and orange are good.

Touch Decrease

- Less sensitive, but love it!
- Lips, fingers, rear end

Taste Decrease

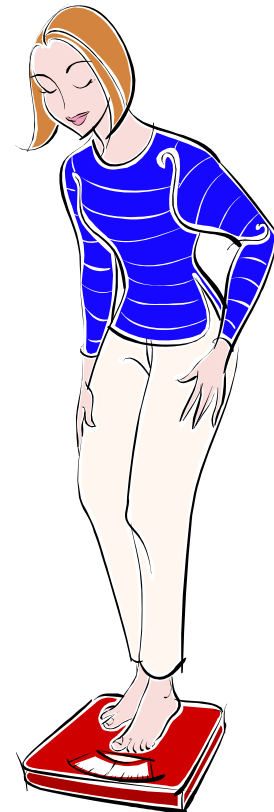
- Sweet and salty go first (i.e., "Kisses").
- Bitter and sour linger
- Brush tongue and gums

Smell Decrease

- Affect the way foods taste
- Unaware of unpleasant odors – own or household
- Proprioception and Fall

Nutrition

- **Have you lost weight or taken in your clothes over the past three months? (arbitrarily, about 5 pounds is a cut-off and loss unintentional)**
- **Hydration**
- **Fiber intake**



Simplified Nutrition Assessment **Questionnaire (SNAQ)**

Instructions: Complete the questionnaire by circling the correct answers and then tally the results based upon the following numerical scale: A=1, B=2, C=3, D=4, E=5. **Scoring:** If the mini-CNAQ is less than 14, there is a significant risk of weight loss.

1. My appetite is
 - A. very poor.
 - B. poor.
 - C. average.
 - D. good.
 - E. very good.
2. When I eat
 - A. I feel full after eating only a few mouthfuls.
 - B. I feel full after eating about a third of a meal.
 - C. I feel full after eating over half a meal.
 - D. I feel full after eating most of the meal.
 - E. I hardly ever feel full.
3. Food tastes
 - A. very bad.
 - B. bad
 - C. average.
 - D. good.
 - E. very good.
4. Normally I eat
 - A. less than one meal a day.
 - B. one meal a day.
 - C. two meals a day.
 - D. three meals a day.
 - E. more than 3 meals a day.

Fluid Intake Guide

- **8 x 8 oz Glasses ?**
- **2000 Calories and 2000 Milliliter of Fluid**
- **Remember: 30 + % of water (fluid) comes from food**

- 1. **Person's Weight \div 2 = Call Pounds Fluid Ounces**
- 2. **Ounces for #1 x .7 = Fluid Ounces Needed**
- 3. **Adjustments**
 - **Sedentary Person** = #2 x 1.0
 - **Average Level of Activity** = #2 x 1.2
 - **Moderate Level of Activity** = #2 x 1.5
 - **High Level of Activity** = #2 x Ongoing

- **Example**
 - **160 lb. person \div 2 = 80 oz.**
 - **80 oz x .7 = 56 oz.**
 - **Average level of activity = 56 x 1.2 = 67.2 oz**

Appetite Questionnaire*

1. My appetite is
 - A. very poor.
 - B. poor.
 - C. average.
 - D. good.
 - E. very good.
2. When I eat, I feel full after
 - A. eating only a few mouthfuls.
 - B. eating about a third of a plate/meal.
 - C. eating over a half of a plate/meal.
 - D. Eating most of the food.
 - E. Hardly ever.
3. I feel hungry
 - A. never.
 - B. occasionally.
 - C. some of the time.
 - D. most of the time.
 - E. all of the time.
4. Food tastes
 - A. very bad.
 - B. bad.
 - C. average.
 - D. good.
 - E. very good.
5. Compared to when I was 50 food tastes
 - A. much worse.
 - B. worse.
 - C. just as good.
 - D. better.
 - E. much better.
6. Normally, I eat
 - A. less than one regular meal a day
 - B. one meal a day.
 - C. two meals a day.
 - D. three meals a day.
 - E. more than three meals a day (including snacks).

Appetite Questionnaire*

(Continued)

7. I feel sick or nauseated when I eat
- A. most times.
 - B. often.
 - C. sometimes.
 - D. rarely.
 - E. never.
8. Most of the time my mood is
- A. very sad.
 - B. sad.
 - C. neither sad nor happy.
 - D. happy.
 - E. very happy.

SCORING: Total the score by adding the numbers associated with the patient's response, A = 1, B = 2, C = 3, D = 4, E = 5. A score of less than 24 is cause for concern.

If the total is:

- 8-16 The patient is at risk for anorexia and needs nutrition counseling.
17-24 The patient needs frequent reassessment.
24 The patient is not at risk at this time.

* *Council on Nutrition*



FIBER FEEDBACK

Dental Screen

Screening assessment for dental conditions that may interfere with proper nutritional intake and possibly dispose a person to involuntary weight loss.

Dry mouth (2 points)

Eating difficulty (1 point)

No recent dental care (1 point) (within 2 years)

Tooth or mouth pain (2 points)

Alterations or change in food selection (1 point)

Lesions, sores or lumps in mouth (2 points)

A score of ≥ 3 points could indicate dental problems.

Epworth Sleepiness Questionnaire (Screening for Sleep Disorders)

How likely are you to doze off or to fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times.

0 = would never doze

1 = slight chance of dozing

2 = moderate chance of dozing

3 = high chance of dozing

Situation:

Score

Sitting and reading

Watching TV

Sitting inactive in a public place

As a passenger in a car for an hour

Lying down to rest in the afternoon

Sitting and talking to someone

Sitting quietly after lunch without alcohol

In a car while stopped for a few minutes

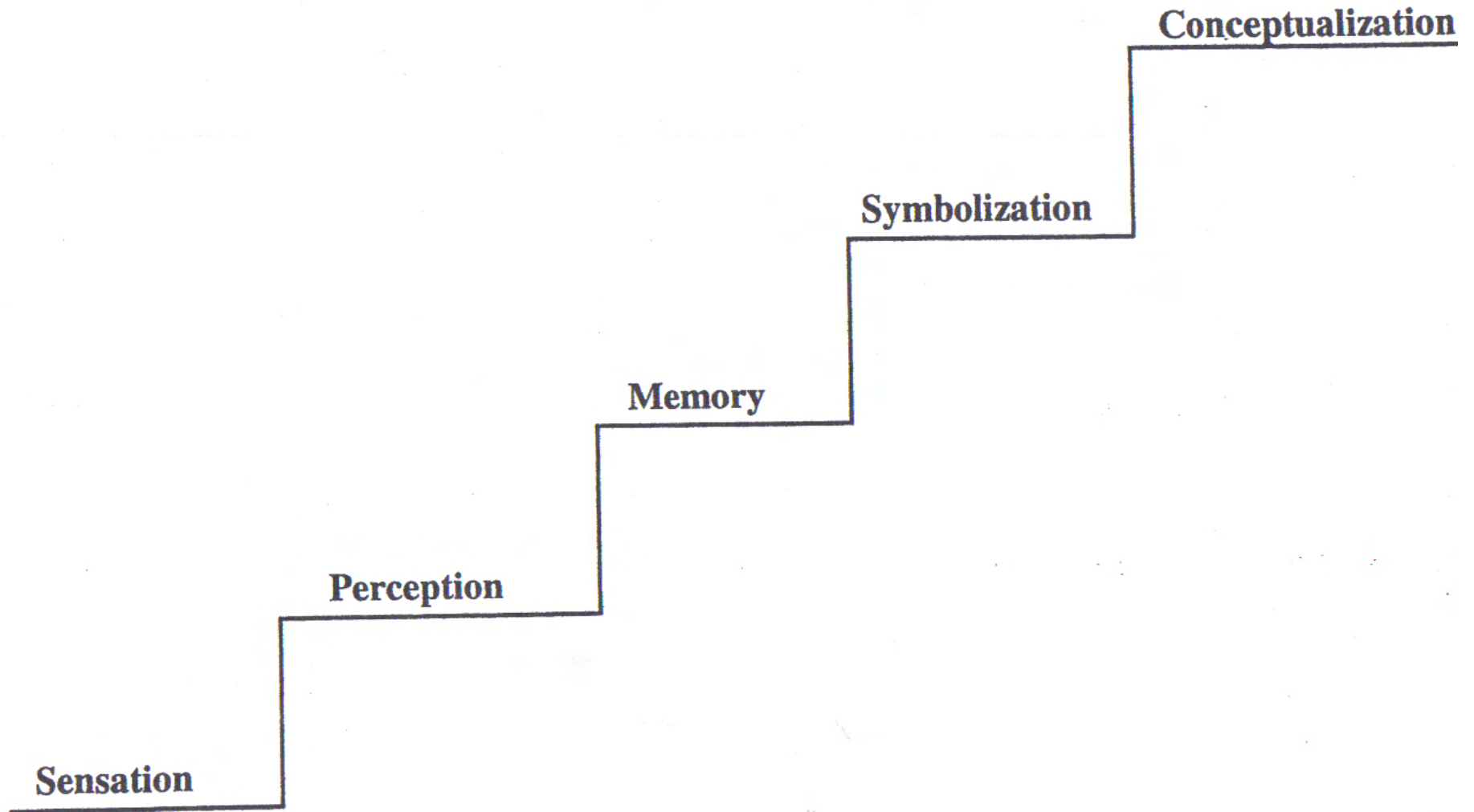
Total:

SCORING: Out of 24, the higher the number, the more likely the person has a sleeping disorder.

Areas for Cognitive Assessment **(Not all Inclusive)**

- **Language**
- **Attention**
- **Memory**
- **Visual-spatial**
- **Conceptualization**

HIERARCHY FOR SCREENING AND ASSESSMENT (i.e., Learning, etc.)





Recent Memory

Digit Span

(Short-Term Memory)

DIRECTIONS: *I'm going to say some numbers. Listen carefully and when I am through say them right after me."*

5 – 8 – 2

6 – 4 – 3 – 9

4 – 2 – 7 – 3 – 1

6 – 1 – 9 – 4 – 7 – 3

5 – 9 – 1 7 – 4 – 28

"Now I'm going to say some numbers, but this time when I stop, I want you to say them backwards. For example, I'll say 7 – 1 – 9. What would you say?"

2 – 4

6 – 2 – 9

3 – 2 – 7 – 9

1 – 5 – 2 – 8 – 6

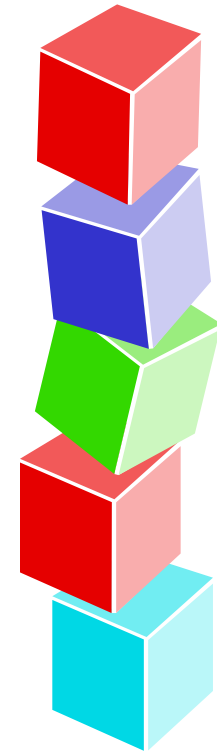
5 – 3 – 9 – 4 – 1 – 8

SCORING: Score 1 point for each correct answer. Mark OK if total points are ≥ 6 .

Cognitive Function

Copy a . . .

Cube



or Clock

Clock Drawing

DIRECTIONS: “Draw the face of a clock, put in all the numbers, and set the clock hands to read ten after eleven”

SCORING: 0-4 point method* is brief, sensitive, and easy to apply

- | | |
|--|---------------|
| 1. Draws closed circle | Score 1 point |
| 2. Places numbers in correct positions | Score 1 point |
| 3. Includes all 12 correct numbers | Score 1 point |
| 4. Places hands in correct positions | Score 1 point |

**Nolan, KA, Mohs, RC. Screening for dementia in family practice. In Alzheimer's Disease: A Guide to Practical Management, Part II. Richter TW, Blass JP, eds. St. Louis, MO. Mosby-Year Book, Inc.; 1994-81-95.*

Thinking and Doing

What? Purse, \$1 bill, a quarter, two dimes, a nickel and three pennies.

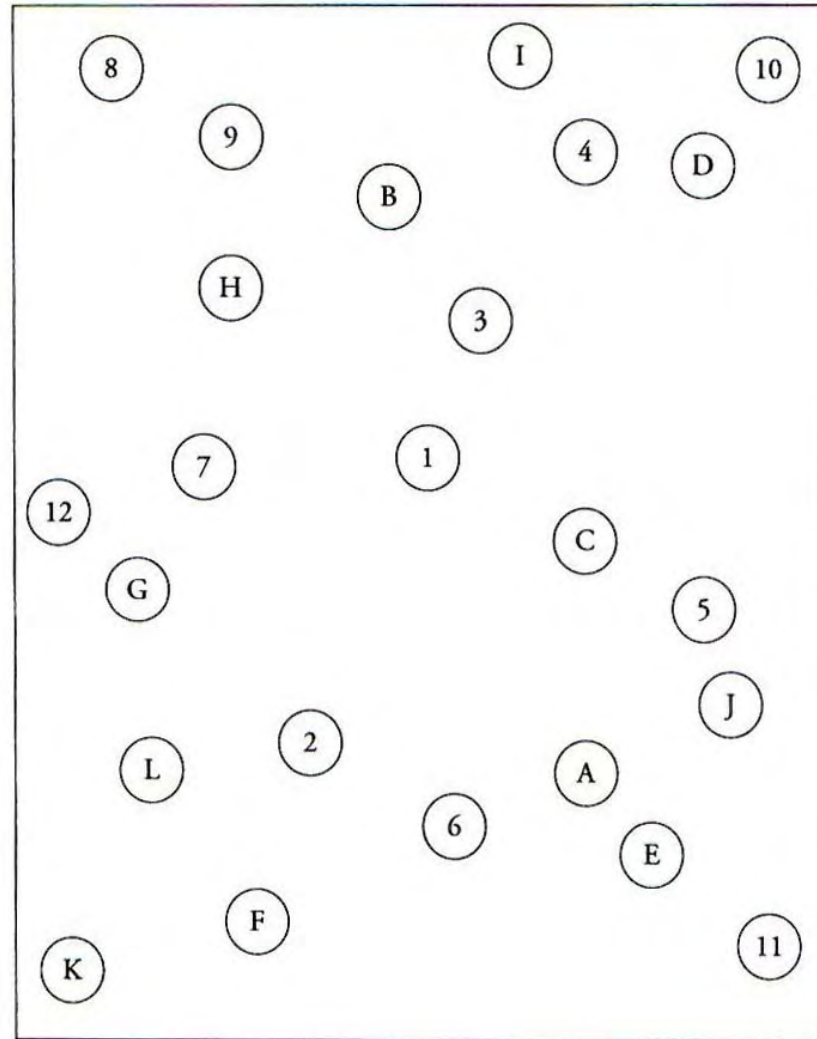
Directions: “Open purse, take out all the money, count it and tell me the total”

Scoring: Amount of time it takes to correctly count the money

≤ 45 ” - OK

≥ 45 ” - revisit

Trail-Making Test, Part B



Physicians Guide to Assessing and Counseling Older Drivers American Medical Association/National Highway Traffic Safety Administration/US Department of Transportation, June 2003

Mini-Mental State Examination (MMSE)^{1,2*}

Make the patient comfortable and establish rapport. Ask questions in the order listed. *Total possible score is 30*

Maximum
Score

Score ORIENTATION

- 5 () What is the (year) (season) (date) (day) (month)?
5 () Where are we (state) (country) (town or city) (hospital) (floor)?

REGISTRATION

- 3 () Name 3 common objects (e.g., “apple”, “table”, “penny”).
Take 1 second to say each. Then ask the patient to repeat all 3.
Give 1 point for each correct answer. Then repeat them until he/she learns all 3. Count trials and record. Trials: _____

ATTENTION AND CALCULATION

- 5 () Serial 7’s backwards. Stop after 5 answers.
Alternatively, spell “WORLD” backwards. The score is the number of letters in correct order (D___L___R___O___W___)

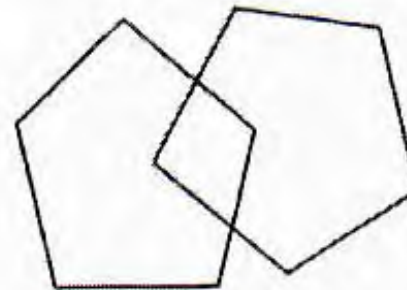
RECALL

- 3 () Ask for the 3 common objects named during registration above.
Give 1 point for each correct answer. {Note: recall cannot be rested if all 3 objects were not remembered during registration.}

Mini-Mental State Examination (MMSE)^{1,2*}

(Continued)

Maximum Score	Score	<u>LANGUAGE</u>	
2	()	Name a “pencil” and “watch”	(2 points)
1	()	Repeat the following: “No ifs, ands, or buts.”	(1 point)
3	()	Follow a 3-stage command: “Take a paper in your right hand, Fold it in half, and put it on the floor.”	(3 points)
1	()	Read and obey the following: CLOSE YOUR EYES.	(1 point)
1	()	Write a sentence	(1 point)
1	()	Copy the following design:	(1 point)



Maximum
Total Score
30

Total
Score

Suggested guideline' for determining the severity of cognitive .

Mild: MMSE ≥ 21
Moderate: MMSE 10-20
Severe: MMSE ≤ 9

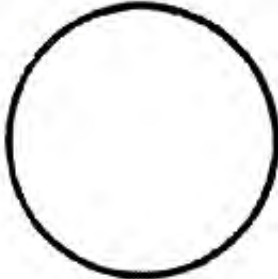

Expected decline in MMSE scores in untreated mild to moderate Alzheimer's patient is 2 to 3 points per year.⁴

Mini-Mental State Examination Score by Age and Educational Level, Number of Participants, Mean, SD, and Selected Percentiles*

Educational Level	Age, y														Total
	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	≥85	
0 to 4 y															
n	17	23	41	33	36	28	34	49	88	126	139	112	105	61	892
Mean	22	25	25	23	23	23	23	22	23	22	22	21	20	19	22
SD	2.9	2.0	2.4	2.5	2.6	3.7	2.6	2.7	1.9	1.9	1.7	2.0	2.2	2.9	2.3
Lower quartile	21	23	23	20	20	20	20	20	19	19	19	18	16	15	19
Median	23	25	26	24	23	23	22	22	22	22	21	21	19	20	22
Upper quartile	25	27	28	27	27	26	25	26	26	25	24	24	23	23	25
5 to 8 y															
n	84	83	74	101	100	121	154	208	310	633	533	437	241	134	3223
Mean	27	27	26	26	27	26	27	26	26	26	26	25	25	23	26
SD	2.7	2.5	1.8	2.8	1.8	2.5	2.4	2.9	2.3	1.7	1.8	2.1	1.9	3.3	2.2
Lower quartile	24	25	24	23	25	24	25	25	24	24	24	22	22	21	23
Median	28	27	26	27	27	27	27	27	27	27	26	26	25	24	26
Upper quartile	29	29	28	29	29	29	29	29	29	29	28	28	27	27	28
9 to 12 y or high school diploma															
n	1326	958	822	668	489	423	462	525	626	814	550	315	163	99	8240
Mean	29	29	29	28	28	28	28	28	28	28	27	27	25	26	28
SD	2.2	1.3	1.3	1.8	1.9	2.4	2.2	2.2	1.7	1.4	1.6	1.5	2.3	2.0	1.9
Lower quartile	28	28	28	28	28	27	27	27	27	27	26	25	23	23	27
Median	29	29	29	29	29	29	29	29	28	28	28	27	26	26	29
Upper quartile	30	30	30	30	30	30	30	30	30	29	29	29	28	28	30
College experience or higher degree															
n	783	1012	989	641	354	259	220	231	270	358	255	181	96	52	5701
Mean	29	29	29	29	29	29	29	29	29	29	28	28	27	27	29
SD	1.3	0.9	1.0	1.0	1.7	1.6	1.9	1.5	1.3	1.0	1.6	1.6	0.9	1.3	1.3
Lower quartile	29	29	29	29	29	29	28	28	28	28	27	27	26	25	29
Median	30	30	30	30	30	30	30	29	29	29	29	28	28	28	29
Upper quartile	30	30	30	30	30	30	30	30	30	30	29	29	29	29	30
Total, n	2220	2076	1926	1443	979	831	870	1013	1294	1931	1477	1045	605	346	18 056
Mean	29	29	29	29	28	28	28	28	28	27	27	26	25	24	28
SD	2.0	1.3	1.3	1.8	2.0	2.5	2.4	2.5	2.0	1.6	1.8	2.1	2.2	2.9	2.0
Lower quartile	28	28	28	28	27	27	27	26	26	26	24	23	21	21	27
Median	29	29	29	29	29	29	29	29	28	28	27	26	25	25	29
Upper quartile	30	30	30	30	30	30	30	30	29	29	29	28	28	28	30

VAMC SLUMS Examination

Questions about this assessment tool? E-mail: aging@slu.edu

- /1 1. What day of the week is it?
- /1 2. What is the year?
- /1 3. What state are we in?
4. Please remember these five objects. I will ask you what they are later.
Apple Pen Tie House Car
5. You have \$100 and you go to the store and buy a dozen apples for \$3 and a tricycle for \$20.
- 1 How much did you spend?
- /3 2 How much do you have left?
6. Please name as many animals as you can in one minute.
- /3 0 0-4 animals 1 5-9 animals 2 10-14 animals 3 15+ animals
- /5 7. What were the five objects I asked you to remember? 1 point for each one correct.
8. I am going to give you a series of numbers and I would like you to give them to me backwards.
For example, if I say 42, you would say 24.
- /2 0 87 1 648 1 8537
9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.
- 2 Hour markers okay
- /4 2 Time correct
- 1 10. Please place an X in the triangle.
- 
- 

VAMC SLUMS Examination (Continued)

Questions about this assessment tool? E-mail: aging@slu.edu

12
/8

1 Which of the above figures is largest?

11. I am going to tell you a story. Please listen carefully because afterwards, I'm going to ask you some questions about it.

Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.

- 2** What was the female's name?
- 2** When did she go back to work?

- 2** What work did she do?
- 2** What state did she live in?



SAINT LOUIS
UNIVERSITY



W TOTAL SCORE
Department of
Veterans Affairs

SCORING

HIGH SCHOOL EDUCATION	NORMAL	LESS THAN HIGH SCHOOL EDUCATION
27-30	25-30
21-26 MILD NEUROCOGNITIVE DISORDER	20-24
1-20 DEMENTIA	1-19

Lang SH, Lumosa N, Chibnall JL, Perry HM III, Morley JE. Comparison of the Saint Louis University Mental Status Examination and the Mini-Mental State Examination for detecting dementia and mild neurocognitive disorder - A pilot study. *Am J Geriatr Psych* 2006;14:900-10

ADL and IADL

- **Can you get out of bed?**
- **Can you dress yourself?**
- **Can you make your meals?**
- **Do you shop?**
- **What level of assistance or support is needed?**



Activities of Daily Living Scale

		Independent
1. Bathing (sponge bath, tub bath, or shower)	Receives no assistance or assistance in bathing only one part of body.	Yes No
2. Dressing	Gets clothes and dresses without any assistance except for tying shoes	Yes No
3. Toileting	Goes to toilet room, uses toilet, arranges clothes, and returns without any assistance (may use cane or walker for support and may use bedpan or urinal at night)	Yes No
4. Transferring	Moves in and out of bed and chair without assistance (may use cane or walker)	Yes No
5. Continence	Controls bowel and bladder completely by self (without occasional accidents)	Yes No
6. Feeding	Feeds self without assistance (except for help with cutting meat or buttering bread)	Yes No
<p><u>TOTAL ADL SCORE</u> (Number of “yes” answers, out of possible 6) _____</p> <p><u>SCORING:</u> A score of 6 indicates full function; a score of 4, moderate impairment; and a score of 2, severe impairment.</p> <p><i>Modified from Katz S., Downs TD, Cash HR, et. al., “Progress in the development of the index of ADL” Gerontologist 10:20-30, 1970. Copyright © The Gerontological Society of America</i></p>		

Instrumental Activities of Daily Living Scale

1. Can you use the telephone?	Without help, With some help, or Are you completely unable to use the telephone?	3 2 1
2. Can you get to places beyond walking distance?	Without help, With some help, or Are you completely unable to travel unless special arrangements are made?	3 2 1
3. Can you go shopping for groceries?	Without help, With some help, or Are you completely unable to do any shopping?	3 2 1
4. Can you prepare your own meals?	Without help, With some help, or Are you completely unable to prepare any meals?	3 2 1
5. Can you do your own housework?	Without help, With some help, or Are you completely unable to do any housework?	3 2 1

Instrumental Activities of Daily Living Scale

(Continued)

6. Can you do your own handyman work?	Without help, With some help, or Are you completely unable to do any handyman work?	3 2 1
7. Can you do your own laundry?	Without help, With some help, or Are you completely unable to do any laundry at all?	3 2 1
8. Do you or could you take medicine?	Without help (in the right doses at the right time) With some help (take medicine if someone prepares it for you and/or reminds you to take it, or are you or would you be completely unable to take your own medicine?	3 2 1
9. Can you manage your own money?	Without help, With some help, or Are you completely unable to manage money?	3 2 1
TOTAL SCORE		

Instrumental Activities of Daily Living Scale **(Continued)**

SCORING: For each question, the first answer indicates independence; the second, capability with assistance; and the third, dependence. The maximum score is 27, although scores have meaning only for a particular patient, as when declining scores over time reveal deterioration. Questions 4 through 7 tend to be gender-specific; they can be modified by the interviewer.

M. Powell Lawton, Ph.D. (1987).

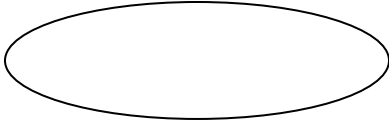
Assessment of Living Skills And Resources (ALSAR)

ALSAR TASKS	Skills (Individual Accomplishes or procures task) 0 = Independent 1 = Partially Independent 2 = Dependent <u>Record Skill Level on line after statement</u>	Task Risk Score Combine Number in Skills Column with Resources Column 3 or 4 = High 2 = Moderate 0 or 1 = low	Resources (Support for task completion extrinsic to individual) 0 = Consistently Available 1 = Inconsistently Available 2 = Not Available or in Use <u>Record Skill Level on line after statement</u>
Telephoning	Locates phone numbers, dials, sends and receives information. _____	Total Score: ____ Total Score: ____ Total Score: ____ Total Score: ____	Resources for telephoning
Reading	Reads and uses written information. _____		Resources for reading
Leisure	Plans and performs satisfying leisure activities. _____		Resources for satisfying leisure activities
Medication Management	Procedures and takes medicine as ordered _____		Resources for managing medications

Assessment of Living Skills And Resources (ALSAR) – (Continued)

ALSAR TASKS	<u>Skills</u> (Individual Accomplishes or procures task) 0 = Independent 1 = Partially Independent 2 = Dependent <u>Record Skill Level on line after statement</u>	<u>Task Risk Score</u> Combine Number in Skills Column with Resources Colum 3 or 4 = High 2 = Moderate 0 or 1 = low	<u>Resources</u> (Support for task completion extrinsic to individual) 0 = Consistently Available 1 = Inconsistently Available 2 = Not Available or in Use <u>Record Skill Level on line after statement</u>
Money Management	Manages finances or procures financial services. _____	Total Score: ____	Resources for managing finances
Transportation	Walks, drives, or procures rides. _____		Resources for transportation
Shopping	Lists selects, buys, orders, stores, goods, _____		Resources for shopping
Meal Preparation	Performs all aspects of meal preparation or procures meals _____		Resources for meal preparation

Assessment of Living Skills and Resources (ALSAR) – (Continued)

ALSAR TASKS	Skills (Individual Accomplishes or procures task) 0 = Independent 1 = Partially Independent 2 = Dependent <u>Record Skill Level on line after statement</u>	Task Risk Score Combine Number in Skills Column with Resources Column 3 or 4 = High 2 = Moderate 0 or 1 = low	Resources (Support for task completion extrinsic to individual) 0 = Consistently Available 1 = Inconsistently Available 2 = Not Available or in Use <u>Record Skill Level on line after statement</u>
Laundrying	Performs or procures all aspects of doing laundrying. _____	Total Score: _____ Total Score: _____ Total Score: _____	Resources for laundrying
Housekeeping	Cleans own living space or procures housekeeping service. _____		Resources for transportation
Home Maintenance	Performs or procures home maintenance., _____		Resources for home maintenance
“R” SCORE			(sum of 11 TASK RISK SCORES)

Home Environment

Stairs and hazards? Ask.



Checklist

Polypharmacy

How many drugs do you use (>5)?



Incontinence

Just Ask!!



Good (Positive) Mental Health =

- **Feeling Good About Yourself**
- **Feeling Good About Others**

Wellness =

- **Healthy**
- **Fit**
- **Well Adjusted**
- **Flourish**
- **Thrive**
- **Robust**

**Accentuate the Positive
Eliminate the Negative
Don't Mess with Mister In-Between**

Ella Fitzgerald

Study – Over 60 and Mentally Healthy

- **Adapting to Physical Change**
- **Social Network**
- **Good Self-Esteem**
- **Sense of Self-Control**
- **Sense of Meaning in Life**
- **Ability to Ask for Help Appropriately**
- **Belief in a Power Larger than Self**

Coping with Transition

- **Planning for retirement**
- **Meaningful activity (paid or otherwise)**
- **Physical and creative activity**
- **Socialization**
- **Spirituality**
- **Homecare**
- **Elder care**
- **Assisted living and life care communities**

Basic Life Anchorages Which All Individuals Need in Their Lives

- 1. An intact body image**
- 2. An acceptable home**
- 3. A socio-economic anchorage**
- 4. A meaningful identity and purpose of life**
 - (a) The elderly are more vulnerable to having these anchorages undermined.**
 - (b) Once the basic life anchorages are undermined, the individual is more susceptible to health and mental health breakdown.**

Developmental Characteristics of Elders

- 1. Desire to leave a legacy**
- 2. The Elder function – physiological and psychosocial**
- 3. Attachments to familiar objects**
- 4. Change in sense of time and personal sense of the life cycle**

Developmental Characteristics **of Elders** **(Continued)**

- 5. Sense of presentness**
- 6. Tendency toward self-reflection and reminiscence**
- 7. Tendency toward slowness of behavior, (i.e., rate)**
- 8. Individualistic behavior, (i.e., increased heterogeneity)**

Emotional Challenges to Growing Old

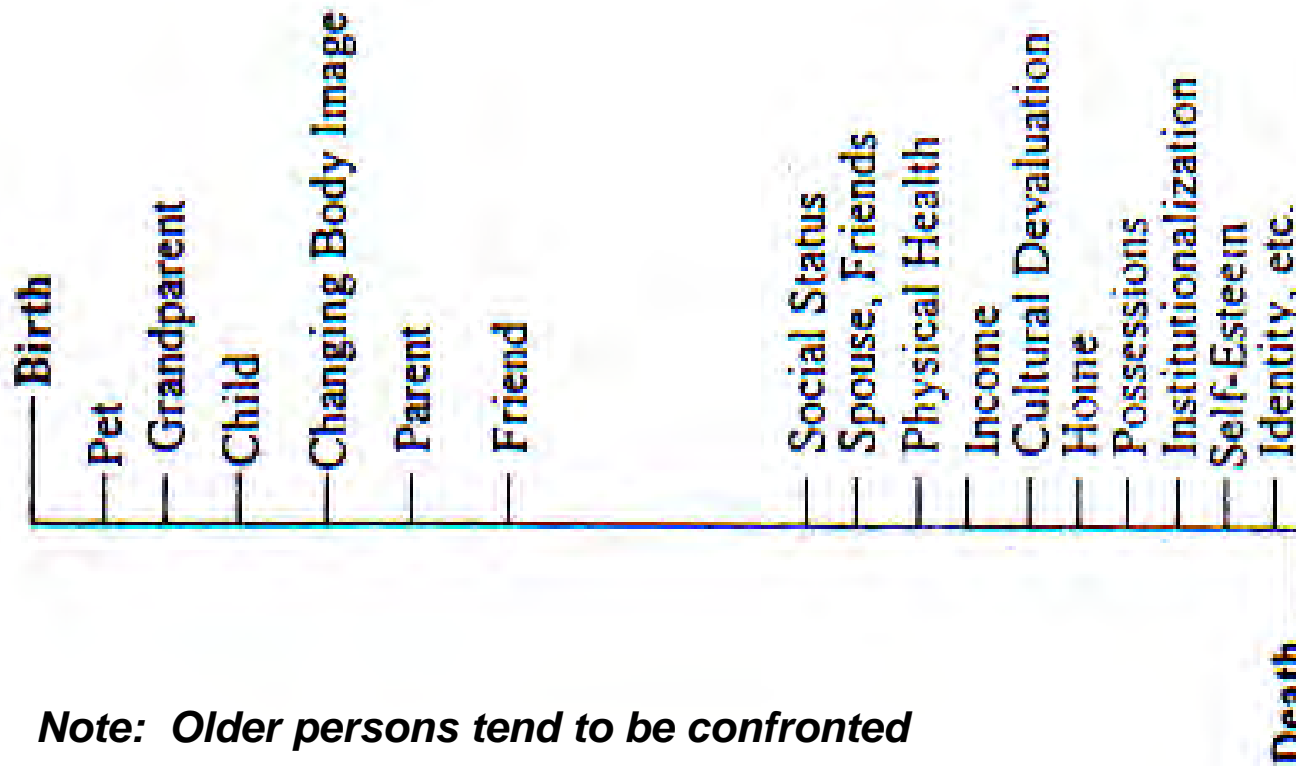
- **Role changes**
- **Loss of status**
- **Diminished physical and mental skills**
- **Loss of family and friends**
- **Confronting death**

Sense of Meaning – Role Expectations

- **Family member**
- **Worker**
- **Student**
- **Volunteer**
- **Parent**
- **Friend**
- **Home maintainer**
- **Hobbyist/amateur**
- **Member of religious organization**
- **Member of organization**

Losses and Changes

The Individual Must Adapt to Across the Life-Span



Note: Older persons tend to be confronted with multiple losses which may occur simultaneously over a short period of time.

Loss and Grief

- **People**
- **Roles**
- **Senses**
- **Health**
- **Physical space**
- **Independence**
- **Financial control**
- **Bodily control**
- **Memory**

Developmental Issues for the Older Adult

- **Resolution – Coming to terms with life choices, forgiveness of self and others**
- **Regret for missed opportunities**
- **Multiple losses**
- **Increased difficulty adapting to changes**

Emotional Reactions **and Life Crises**

Widowhood – Loss of a spouse is a major psychological issue for older persons

Marital Problems – Differential in life expectancies between men and women, burden of chronic illnesses, etc.

Retirement – Current generation of elders still subscribe to the “work ethic” while society is in a transition to the “leisure ethic” issues of identity surface, etc.

Emotional Reactions **and Life Crises** (Continued)

Financial Concerns

Sensory Loss

Disease and disability, Chronic Pain, Body Image, Anxiety, Fears – Role of physical disability in depression and anxiety. *Mens sana in corpore sano* (“sound mind in a sound body”). Aging and disease can threaten a person’s sense of identity.

Normative Emotional Reactions **Expressed by Elders**

Loss

Grief (Mourning) – A major factor in elders as a result of loss

Passage by St. Augustine in his *Confessions*: Increasingly, we do not provide older persons the necessary cultural support for their grief and mourning.

Adaptive purpose of grief and mourning – To accept the reality of loss.

Normative Emotional Reactions **Expressed by Elders** **(Continued)**

Guilt – May play a significant role in the life review towards end of life.

Anxiety – A sense of free-floating anxiety can manifest itself in many forms including rigid thinking, fear of being alone, suspiciousness, etc.

Learned helplessness and Sense of Impotence – An attempt to compensate for emotional and physical losses, etc.

Aging and Coping Skills

Problem-Focused Coping – Coping with stress by taking action intended to resolve or modify the stress inducing event . . .

“I got the person responsible to change his or her mind.”

“I made a plan of action and followed it.”

**Emotion-Focused Coping – Coping with stress by trying to achieve an emotional acceptance of the stressful situation. “I looked for the silver lining.”
“Even if I am bad off, there are many whose health is worse”**

Conclusion

- **When faced with a stressful life event, elders use emotion-focused coping skills because they frequently deal with life events that cannot be successfully resolved by problem-focused coping, e.g., dealing with incurable illnesses.**



Social Support

- **Do you need social support?**
- **Are you getting social support?**
- **Who is available to you?**

Depression

- **What makes you happy?**
- **How is the quality of your life?**
- **Humor index**



Mini-GDS

DIRECTIONS: Please indicate how you feel generally about each of the following questions.

1. Are you basically satisfied with
with your life? - - - - - Yes No
2. Do you often feel helpless? - - - - - Yes No
3. Do you often get bored? - - - - - Yes No
4. Do you feel pretty worthless
the way you are now? - - - - - Yes No
5. Do you prefer to stay at home
rather than going out and doing
new things? - - - - - Yes No

SCORING: Give one (1) point for each of the following answers:

 1. Yes 2. No 3. No 4. No 5. No = _____

Mark “OK” if person has 3 to 5 points total. Otherwise consider “Revisit”.

Funny Bone Screen

DIRECTIONS: Have the person respond to each question, and write down a single word or short phrase for each answer. They are to say the first thing that comes to mind. Please indicate how you feel generally (past two weeks) about each of the following questions:

1. When was the last time you had a good laugh? _____
2. What kinds of things make you laugh? _____
3. How often do you laugh? _____
4. What could you do today that would make you laugh? _____
5. Do you find humor a source of relaxation? _____
6. What makes you happy? _____
7. Are you still hoping yesterday will get better? _____

SCORING: Score one point if the answers approximate the following for each item.

- _____ 1. Within the past two days
- _____ 2. Any answer
- _____ 3. At least once a day
- _____ 4. Any answer that would be a positive initiative
- _____ 5. "Yes"
- _____ 6. Any answer other than "nothing" or something similar
- _____ 7. "No" or any other comment or body language (e.g., a smile) that would indicate that a person thinks that it's silly, funny, etc.

_____ TOTAL (7 points maximum)

Inner-Circle Support System

An Example of an Inner-Circle Support System

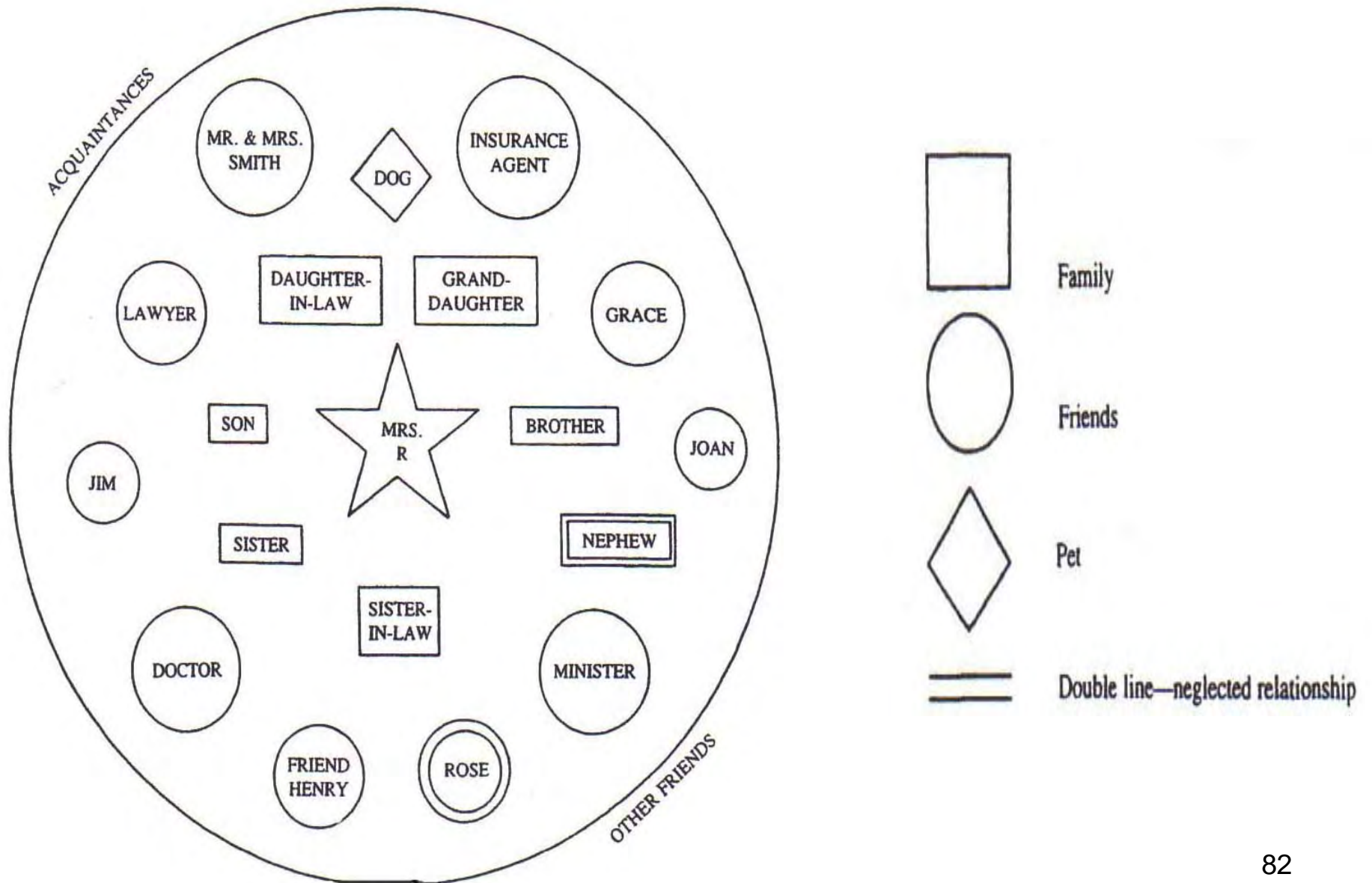
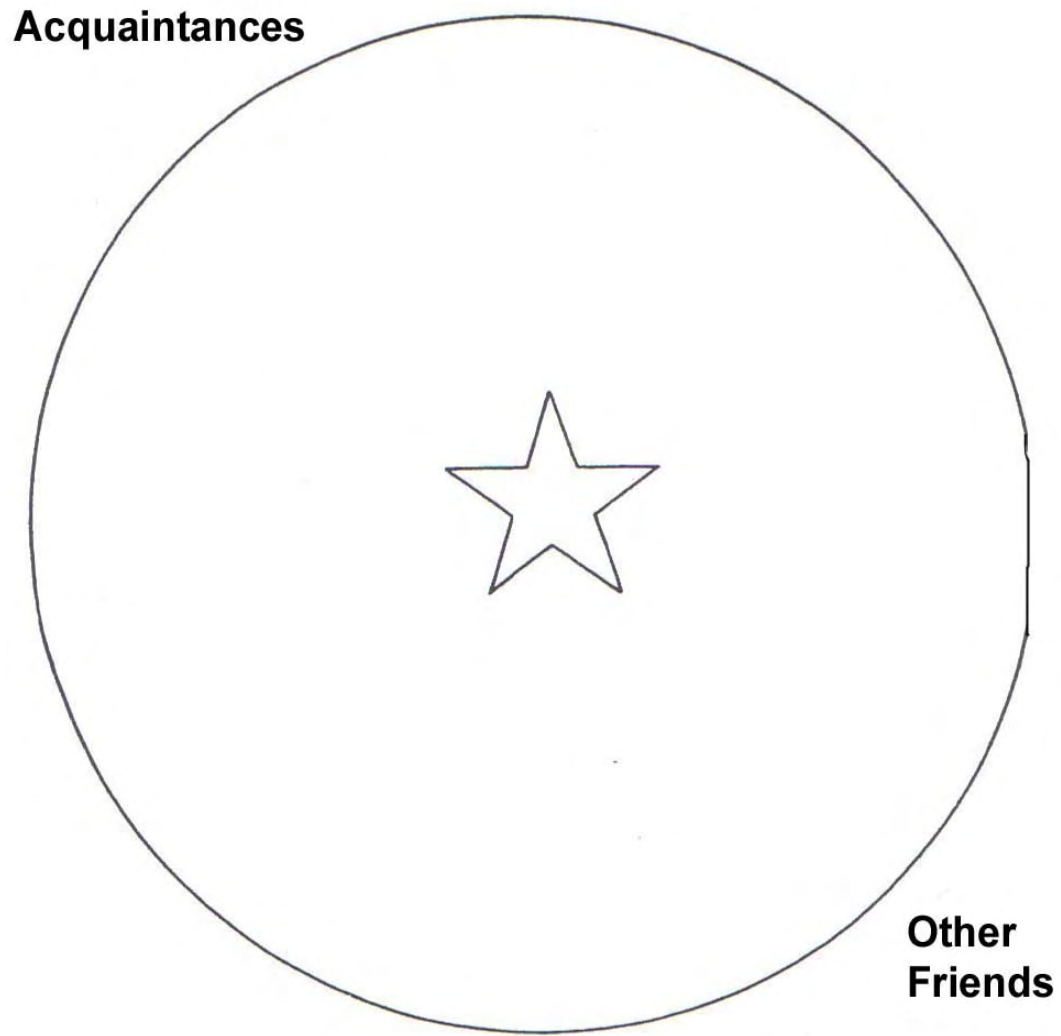


Diagram Your Own Inner Support System



CAGE Questions

- 1. Have you ever felt you should Cut down on your drinking?**
- 2. Have people Annoyed you by criticizing your drinking?**
- 3. Have you ever felt Guilty about your drinking?**
- 4. Do you take a drink first thing in the morning? (Eye opener)**

Two affirmative answers maybe suggestive of alcoholism.

Spiritual Assessment Guide

1. Concept of God or Deity

- Is religion or God significant to you? If yes, can you describe how?**
- Is prayer helpful to you? What happens when you pray?**
- Does God or a deity function in your personal life? If yes, can you describe how?**
- How would you describe your God or what you worship?**

Spiritual Assessment Guide

(Continued)

2. Sources of Hope and Strength

- **Who is the most important person to you?**
- **To whom do you turn when you need help? Are they available?**
- **In what ways do they help?**
- **What is your source of hope and strength?**
- **What helps you the most when you feel afraid or need special help?**

Spiritual Assessment Guide

(Continued)

3. Religious Practices

- Do you feel your faith (or religion) is helpful to you? If yes, would you tell me how?**
- Are there any religious practices that are important to you?**
- Has being sick made any difference in your practice of praying? Your religious practices?**
- What religious books or symbols are helpful to you?**

Spiritual Assessment Guide

(Continued)

4. Relation Between Spiritual Beliefs and Health

- What has bothered you the most about being sick (or about what has happened to you)?**
- What do you think is going to happen to you?**
- Has being sick (or what has happened to you) made any difference in your feelings about God or the practicing of your faith?**
- Is there anything especially frightful or meaningful to you now?**

**Reference. Spiritual Assessment Guide
(from Stoll, R.I. [1979]. Guidelines for
spiritual assessment. *American Journal of
Nursing*, 79, 1574-1577.)**

Common Adaptive Techniques of Older Persons

- **Ego defense mechanisms**
- **Psychosomatic complaints**
- **Exploitation of age and disability**
- **Use of activity or busyness**
- **The role of confidant as a buffer against mental illness**

Stress Screening Test

- | | | |
|------------------|-----------|---|
| Almost
always | 1 2 3 4 5 | 1. I eat at least one hot, balanced meal a day. |
| | 1 2 3 4 5 | 2. I get seven to eight hours of sleep at least four nights a week. |
| | 1 2 3 4 5 | 3. I give and receive affection regularly. |
| | 1 2 3 4 5 | 4. I have at least one relative within 50 miles on whom I can rely. |
| | 1 2 3 4 5 | 5. I exercise to the point of perspiration at least twice a week. |
| | 1 2 3 4 5 | 6. I limit myself to less than half a pack of cigarettes a day. |
| | 1 2 3 4 5 | 7. I take fewer than five alcoholic drinks a week. |
| | 1 2 3 4 5 | 8. I am the appropriate weight for my height. |
| | 1 2 3 4 5 | 9. I have an income adequate to meet basic expenses. |
| | 1 2 3 4 5 | 10. I get strength from my religious beliefs. |

Stress Screening Test (Continued)

- | | | | |
|----------------------|-----------|--------------|---|
| Almost always | 1 2 3 4 5 | Never | 11. I regularly attend club or social activities. |
| | 1 2 3 4 5 | | 12. I have a net work of friends and acquaintances. |
| | 1 2 3 4 5 | | 13. I have one or more friends to confide in about personal matters. |
| | 1 2 3 4 5 | | 14. I am in good health (including eyesight, hearing, teeth). |
| | 1 2 3 4 5 | | 15. I am able to speak openly about my feelings when angry or worried. |
| | 1 2 3 4 5 | | 16. I have regular conversations with the people I live with about domestic problems - for example, chores and money. |
| | 1 2 3 4 5 | | 17. I do something for fun at least one a week. |
| | 1 2 3 4 5 | | 18. I am able to organize my time effectively. |
| | 1 2 3 4 5 | | 19. I drink fewer than three cups of coffee (or other caffeine-rich drinks) a day. |
| | 1 2 3 4 5 | | 20. I take some quiet time for my self during the day. |

Add up score and subtract 20. A score below 10 indicates excellent resistance to stress.
 A score over 30 indicates some vulnerability to stress.
 A score over 50 indicates serious vulnerability to stress.

Stress Screening Test

(Continued)

- 10. I get strength from my religious beliefs.**
- 11. I regularly attend club or social activities**
- 12. I have a network of friends and acquaintances.**
- 13. I have one or more friends to confide in about personal matters.**
- 14. I am in good health (including eyesight, hearing, teeth, etc.)**
- 15. I am able to speak openly about my feelings when angry or worried.**
- 16. I have regular conversations with the people I live with about domestic problems – for example, chores and money.**
- 17. I do something for fun at least one day a week.**
- 18. I am able to organize my time effectively.**
- 19. I drink fewer than 3 cups of coffee (or other caffeine-rich drinks) a day.**
- 20. I take some quiet time for myself during the day.**

Stress Screening Test

(Continued)

- **Add up score and subtract 20. A score below 10 indicates excellent resistance to stress.**
- **A score over 30 indicates some vulnerability to stress.**
- **A score over 50 indicates serious vulnerability to stress**

- *Lyle H. Miller and Alma Dell Smith,*
- *Boston University Medical Center*

Cosmetic Evaluation Tool

Directions: Rate each item from 1 to 7 on the scale provided next to each statement, making sure you reflect your perception of the photograph. Write the numerical value you have selected in the space provided.

Example: He is . . .

Happy	So-So	Sad	
7	6	5	4
3	2	1	6

This example indicates that the individual in the photograph was rated somewhat happy, using a value of "6."

Please do items as quickly as possible. Avoid changes. If you feel you cannot rate (CNR) a given item, please place a checkmark (✓) over CNR in space provided.

1. Centering of head on body seems to be ...	Normal	So-So	Abnormal	
	7	6	5	4
	3	2	1	CNR
2. Shoulder symmetry seems to be ...	Normal	So-So	Abnormal	
	7	6	5	4
	3	2	1	CNR
3. Facial muscles seem to be ...	Relaxed	So-So	Tense	
	7	6	5	4
	3	2	1	CNR
4. Alertness seems to be ...	Excellent	So-So	Terrible	
	7	6	5	4
	3	2	1	CNR
5. Overall grooming seems to be ...	Excellent	So-So	Terrible	
	7	6	5	4
	3	2	1	CNR
6. Body tone seems to be ...	Good	So-So	Bad	
	7	6	5	4
	3	2	1	CNR
7. Complexion seems to be ...	Excellent	So-So	Terrible	
	7	6	5	4
	3	2	1	CNR

Cosmetic Evaluation Tool

(Continued)

8. Posture seems to be ...	Normal	So-So	Abnormal						
	7	6	5	4	3	2	1	_____	CNR
<hr/>									
9. Emotional state seems to be ...	Positive	So-So	Negative						
	7	6	5	4	3	2	1	_____	CNR
<hr/>									
10. Expression of happiness seems to be ...	Evident	So-So	Absent						
	7	6	5	4	3	2	1	_____	CNR
<hr/>									
11. Expression of pain seems to be ...	Absent	So-So	Evident						
	7	6	5	4	3	2	1	_____	CNR
<hr/>									
12. Expression of pleasure seems to be ...	Evident	So-So	Absent						
	7	6	5	4	3	2	1	_____	CNR
<hr/>									
13. Expression of anger seems to be ...	Absent	So-So	Evident						
	7	6	5	4	3	2	1	_____	CNR
<hr/>									
14. Expression of intelligence seems to be ...	High	So-So	Low						
	7	6	5	4	3	2	1	_____	CNR

Cumulative Score _____

Mean Score $\frac{\text{Cumulative Score}}{\text{Number Responses}}$ _____

Note: _____

Life Review

The life review is a normative process brought about by the realization of approaching dissolution and death (R. Butler, 1998).

The life review is autotherapeutic; elder uses self-reflection and reminiscence to review his/her life.

Assists elders in reworking earlier unresolved emotional conflicts.

Reflect Affect

What's Needed:

Hand-Held Mirror

Hand-held Magnified Mirror

Full-Length (5'-6') mirror

Paper and Pencil

Reflect Affect

(Continued)

How Used?

Powerful trigger or cue to thoughts and observations, (i.e., reality, personality, organic, etc. . . factors)

Use hand-held mirrors to focus on small specific parts, (i.e., ears, eyes, nose, etc. . .) plus discussion

Full size-posture, changes, feelings, etc. . . (i.e., cognitive, affective, and psychomotor)

Have Polaroid camera handy.

Reflect Affect

(Continued)

Benefits?

Reality orientation

Feedback

Assessment tool (must carefully test response)

Follow-up by drawings – discussion --?

Life Story Books

- **A technique for validation**
- **An affirming celebration of the person's life**
- **A tool for visiting**
- **A positive method for intervening with negative behaviors**
- **A method for communication between the person and all others in their world**

Quick Screen

Vision

- “Read” 12 pt and from local paper, 20/40

Hearing

- Finger rub

Taste

- Sweet, salty, sour, bitter

Touch

- Paint brush bristle

Smell

- 3-odor sniff

Upper Extremity

- Hands touch back of head
- Put-on and take-off coat, jacket, or sweater

Quick Screen (Continued)

Depression

- What makes you happy?
- How is life?



Polypharmacy

- How many drugs do you use (≥ 5)?

Nutrition

- “Have you lost weight or taken in your clothes over the past three (3) months? (Arbitrarily, about 5 Pounds is a cut-off).”

Home Environment – Stairs and Hazards

- Ask

Quick Screen

(Continued)

Lower Extremity

- Balance on one foot
- Rise from chair, walk ten feet, turn, sit down

Grip Strength

- Squeeze fingers

Recent Short-Term Memory

- Digits
- Name three objects

Visual Spatial

- Clock

Incontinence

- Ask

Quick Screen

(Continued)

ADL and IADL

- **Can you get out of bed?**
- **Can you dress yourself?**
- **Can you make your meals?**
- **Can you shop?**

Social Support

- **Do you need . . . ?**
- **Who is available . . . ?**
- **Are you getting . . . ?**

Thoughts to Get You Through **Almost Any *Crisis***

- **Age is a Matter of Mind – If You Don't Mind, it Doesn't Matter**