Older Adult Crisis Management During COVID-19

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Agenda

• Overview of older adults with behavioral health issues as related to crisis management

• Overview of a crisis intervention model for older adults

• Working with older adults in a crisis

• Recognizing unmet needs

• Providing ongoing digital support and maintaining recovery
Meet Sophia

Population 65 Years and Older by Size and Percent of Total Population: 1900 to 2010

(For more information on confidentiality protection, nonsampling error, and definitions, see www.census.gov/prod/cen2010/doc/sf1.pdf)

Sources: U.S. Census Bureau, decennial census of population, 1900 to 2000; 2010 Census Summary File 1.
What is Crisis?

"What am I going to do now?"

"How do I respond to what just happened?"
What Makes Older Adults Different?

- Frailty
- Physical Health
- Life Events
- Use of Mental Health care
- Poverty

Dartmouth
CENTERS FOR HEALTH AND AGING
COVID-19

- Older adults are more likely than people of other ages to develop serious illness if they contract coronavirus. Due to their increased vulnerability to the virus, it is especially important for this population to practice social distancing, among other safety measures.

These measures may limit their interactions with caregivers and loved ones, which could lead to increased feelings of loneliness and anxiety, in addition to general feelings of uncertainty and fear due to the pandemic.
Crisis Intervention Model

#1 Assessment
#2 Identification of the context and problem
#3 Advocacy, education, and intervention planning
#4 Commitment and Action
#5 Follow-up, support, and prevention
Chris is a 60-year-old Caucasian male. He is seeking treatment due to persistent fears that the local police are tracking him. He cites occasional lags in his internet speed as evidence that surveillance devices are interfering with his electronics. His intense anxiety about this has begun getting in the way of his ability to shower, and his friends are concerned – he says they have told him, “you’re not making sense.” Chris occasionally laughs abruptly and inappropriately and sometimes stops speaking mid-sentence, looking off in the distance as though he sees or hears something. He expresses concern about electronics in the room (phone, computer) potentially being monitored and asks repeatedly about patient confidentiality, stating that he wants to be sure the police won’t be informed about his treatment. His beliefs are fixed, and if they are challenged, his tone becomes hostile.
Descalation Techniques
Have A Script

Practice responding to different concerns; it might even help to have a script prepared.
Avoid Putting People On-Hold
Listen, Listen, Listen, and Listen Some More
## Look and Listen to Identify Challenges

<table>
<thead>
<tr>
<th></th>
<th>Physical Health</th>
<th>Mental Health</th>
<th>Substance Use</th>
<th>Social Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hallucinations</strong></td>
<td>Dehydration; brain cancer; vision or hearing loss; Alzheimer’s disease; Lewy Body Dementia; Parkinson’s disease</td>
<td>Bipolar disorder; PTSD; schizophrenia</td>
<td>Withdrawal; illegal drugs; prescription medicine side effect/interaction</td>
<td>Loss of loved one</td>
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<tr>
<td><strong>Sudden memory loss or confusion</strong></td>
<td>Urinary tract infection; stroke; age-related change in memory; thyroid disease; poisons; Alzheimer’s disease</td>
<td>Depression; schizophrenia</td>
<td>Alcohol withdrawal; prescription medicine side effect/interaction</td>
<td>Abuse, neglect; Loss of loved one; stress</td>
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<tr>
<td><strong>Falls</strong></td>
<td>Medication side effect/interaction; age-related muscle loss; Parkinson’s disease; Lewy Body Dementia</td>
<td>Medication side effect/interaction</td>
<td>Intoxication; prescription medicine side effect/interaction</td>
<td>Abuse, neglect; Loss of loved one</td>
</tr>
<tr>
<td><strong>Weakness/lethargy</strong></td>
<td>Low blood pressure; chronic pain; dehydration; age-related muscle loss</td>
<td>Depression; anxiety; bipolar disorder</td>
<td>Overdose; Illegal drugs; prescription medicine side effect/interaction</td>
<td>Lack of food; Loss of loved one; loneliness, isolation; stress</td>
</tr>
<tr>
<td><strong>Personality changes</strong></td>
<td>Poor sleep; poor nutrition; urinary tract infections; constipation</td>
<td>Depression; dementia; bipolar disorder</td>
<td>Alcohol; illegal drugs; prescription medicine side effect/interaction</td>
<td>Abuse, neglect; Loss of loved one; loss of job; stress</td>
</tr>
</tbody>
</table>
Look for Cues
Listen for Cues

- Arguments with people in home
- Nonsequential thoughts
- Change of noise level, tone, speech rate when another person is close
- Noise level
- Tone
- Speech rate
ROLE PLAY: LISTENING FOR CUES
Their Reality is Their Reality
ROLE PLAY
If opportunity, give them time
Remember, they can hear you and feel your emotions...

#1
#2
Older adult experience of trauma is different than younger adults
How to Talk with Older Adults

Use proper form of address like Mr. or Mrs/Ms.

Avoid interrupting. Older adults may have trouble following rapid-fire questioning.

Speak slowly and wait for response.

Note potential challenges related to memory, hearing, vision, mobility, cognition.
ROLE PLAY:
SPEAK SLOWLY
When Should You Just Call the Police?

• Your safety is the #1 priority when in a crisis situation!
• If the person is armed or claims to be armed, call 9-1-1
• If you feel unsafe or threatened call 9-1-1
• Do not put yourself in a situation that forces police to act quickly by refusing to leave the person in crisis
• Be accurate and detailed, DO NOT exaggerate the situation to get a faster response
Crisis Intervention Model

1. Assessment
2. Identification of the context and problem
3. Advocacy, education, and intervention planning
4. Commitment and Action
5. Follow-up, support, and prevention
Step #1 Assessment

Goal:
Help older adults meet their safety needs
Step 2: Identification of the Context and Problem

Goal:
Summarize the various perceptions of the activating events and help the older adult and his/her support system focus attention on the most critical aspects of the crisis event.
Step 3: Advocacy, Education, and Intervention Planning

Goal:
Help older adult or client system to consider various interventions that are flexible and that can be reevaluated with the passage of time.
Step 4: Commitment and Action

Goal:
Move towards implementing the action plan.
Step 5: Follow-Up, Support, and Prevention

Goal:
Support the older adult and their system by determining the level of comfort with the action plan and identify future preventive measures.

Make Changes to Action Plan

Prevention

Determine the Need for Additional Referrals
A 72-year-old woman had a myocardial infarction and underwent coronary artery bypass grafting four weeks ago. She has been participating in an outpatient cardiac rehabilitation program. Her therapist is concerned about her lack of progress and apparent apathy. The patient's son comments that she seems uninterested in participating in family activities and looks depressed.
Step #1
Assessment

Goal:
Help older adults meet their safety needs
SAFE-T
Suicide Assessment Five-step Evaluation and Triage

1. IDENTIFY RISK FACTORS
   Note those that can be modified to reduce risk

2. IDENTIFY PROTECTIVE FACTORS
   Note those that can be enhanced

3. CONDUCT SUICIDE INQUIRY
   Suicidal thoughts, plans, behavior, and intent

4. DETERMINE RISK LEVEL/INTERVENTION
   Determine risk. Choose appropriate intervention to address and reduce risk

5. DOCUMENT
   Assessment of risk, rationale, intervention, and follow-up
Step 2: Identification of the Context and Problem

Goal:
Summarize the various perceptions of the activating events and help the older adult and his/her support system focus attention on the most critical aspects of the crisis event.

Seek Older Adult Input
Collateral Interviews
Address Stereotypical Beliefs
True or False

Older adults experience different symptoms of depression than younger adults
True or False

Depression will always happen as a person grows old
True or False

Depression is more common in older adults than younger adults
True or False

Depression is more difficult to treat in older adults than younger adults
Geriatric Depression Scale (short form)

Instructions: Circle the answer that best describes how you felt over the past week.

1. Are you basically satisfied with your life?  yes  no
2. Have you dropped many of your activities and interests? yes  no
3. Do you feel that your life is empty? yes  no
4. Do you often get bored? yes  no
5. Are you in good spirits most of the time? yes  no
6. Are you afraid that something bad is going to happen to you? yes  no
7. Do you feel happy most of the time? yes  no
8. Do you often feel helpless? yes  no
9. Do you prefer to stay at home, rather than going out and doing things? yes  no
10. Do you feel that you have more problems with memory than most? yes  no
11. Do you think it is wonderful to be alive now? yes  no
12. Do you feel worthless the way you are now? yes  no
13. Do you feel full of energy? yes  no
14. Do you feel that your situation is hopeless? yes  no
15. Do you think that most people are better off than you are? yes  no

Total Score ___________
Step 3: Advocacy, Education, and Intervention Planning

Goal:
Help older adult or client system to consider various interventions that are flexible and that can be reevaluated with the passage of time.
Interventions

• Social distancing, personal protective equipment and virtual reality devices were introduced. Daily telephone reassurance calls, home delivery services, virtual and phone health care visits, and prevention education and news updates became a part of social work practice.

• Social workers in residential facilities have faced a variety of challenges. With families not being able to visit, they have been forced to develop innovative ways for family visits from window visits to Face Time.

• Developing meaningful activities that can be facilitated in the residents’ rooms or re-thinking how to offer group activities such as “Bingocise” with appropriate social distancing.

• Providing daily updates on residents to family members has been a mainstay of social workers’ routines. These include a variety of digital approaches such as face time, whatsapp, skype, and zoom.

• Storytelling (e.g., Writing letters about their life has also been a way to communicate with relatives)
Step 4: Commitment and Action

Goal: Move towards implementing the action plan.
Step 5: Follow-Up, Support, and Prevention

Goal:
Support the older adult and their system by determining the level of comfort with the action plan and identify future preventive measures.

Make Changes to Action Plan
Prevention
Determine the Need for Additional Referrals
PRACTICE
A 93-year old bed-bound woman comes to the emergency room alone by ambulance. She is experiencing severe abdominal pain. While interviewing her, she asks that someone contact her son who lives with her. She doesn’t know where he is nor does she know how to contact him. You learn that they live alone in an apartment. During the physical exam, you notice bruising on her right inner thigh.
Step #1 Assessment

Goal:
Help older adults meet their safety needs
Asking indirectly:

- Do you feel safe where you live?
- Who prepares your food?
- Does someone help you with your medication?
- Who takes care of your checkbook?

Asking directly:

- Does anyone at home hurt you?
- Do they scold or threaten you?
- Touch you without your consent?
- Make you do things you don’t want to do?
- Take anything that’s yours without asking?
- Had you sign documents that you did not understand?
- Are you afraid of anyone at home?
- Are you alone a lot?
- Has anyone ever failed to help you take care of yourself when you needed help?

Step 2: Identification of the Context and Problem

Goal:
Summarize the various perceptions of the activating events and help the older adult and his/her support system focus attention on the most critical aspects of the crisis event.
Follow-up questions:

- Explore mistreatment – what, how, when, how often?
- Who is the perpetrator?
- How does the patient cope?
- Assess safety
- What are alternative living options; who are alternative caregivers?
- What can be done to prevent future abuse?
True or False

Most older adult abuse occurs in nursing homes.
True or False

If an older person is being abused physically, it will be obvious.
True or False

Educated people don’t fall for scams.
True or False

If older people say they are not being abused, it didn’t happen.
Step 3: Advocacy, Education, and Intervention Planning

Goal:
Help older adult or client system to consider various interventions that are flexible and that can be reevaluated with the passage of time.
Responses: Legal Issues

- **Mandatory reporting laws**: groups include health, mental health, and law enforcement;
  - successful reporting arises from collaborative efforts between agencies
  - Family members are more likely to report abuse than health care professionals

- **Legal services**: orders of protection to remove abusers from home, guardianship of older adult, representative payeeships to safeguard income
Step 4: Commitment and Action

Goal: Move towards implementing the action plan.
Reporting Elder Abuse & Neglect

Elder abuse includes physical, sexual, and emotional abuse, caretaker neglect, financial exploitation, and self neglect.

Elder Abuse reports can be filed 24 hours a day either online (see instructions below) or by phone at (800) 922-2275. Elder abuse includes: physical, sexual, and emotional abuse, caretaker neglect, financial exploitation and self-neglect. Elder Protective Services can only investigate cases of abuse where the person is age 60 and over and lives in the community. To report abuse of a person with a disability under the age of 60, call the Disabled Persons Protection Commission at (800) 426-9009. To report abuse of a person by nursing home or hospital, call the Department of Public Health at (800) 462-5540. Call 911 or local police if you have an emergency or life-threatening situation.
Adult Protective Service Duties

- Determine whether there is sufficient information to warrant investigation
- Substantiate whether abuse/neglect occurred
- Assess older adults decision-making capacity about his/her care
- Evaluate what services are needed
Step 5: Follow-Up, Support, and Prevention

Goal:
Support the older adult and their system by determining the level of comfort with the action plan and identify future preventive measures.
Responses: Legal Issues

• Older adults can help themselves by completing documents such as durable power of attorney in anticipation of loss of capacity.
ONGOING SUPPORT
Health Triangle

Physical

Social

Mental
Addressing Loneliness, Social Isolation, Stress

- Guided imagery
- Progressive muscle relaxation
- Diaphragmatic breathing
- Share your coping skills you use
Addressing Loneliness, Social Isolation, Stress
ROLE PLAY
ROLE PLAY GUIDE

• Be prepared with questions
• Ask questions clearly and slowly, giving the person time to answer.
• Repeat questions if necessary.
• Listen carefully to what the person says; don't interrupt or correct.
• Maintain eye contact.
• If someone is talking about an unhappy experience, show that hear them (e.g. "That's very sad").
• Moments of silence or emotion is OK.
• If the person doesn't want to talk about something, that's okay.
• An interview shouldn't last more than an hour.
• Let them know you value what they've shared.
The Role of Family and Caregivers

- Coping skills training and reinforcement
- Technology training and reinforcement
- Problem-solving
- De-escalation at home
- Observation of new challenges and unmet needs
- Facilitate communication with you and others (i.e., family, friends, medical staff, mental health staff)
- Fostering partnerships with new entities, such as local police, mail carriers, high school students and school bus drivers to pick up and deliver prescriptions, groceries, and home delivered meals for older adults

- *Note:* Train and support your collaterals, they will support you
Contact Information

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Older Adults and Technology, January 20, 2021, 2-4:00p.m. ET.
Normal aging and technology
Trauma-informed digital communication with older adults
Available technologies for older adults to support recovery
Accessing technologies for older adults
Training older adults how to use technology

Older Adult Mental Health, January 27, 2021, 2-4:00p.m. ET.
Using Technology to Connect with Older Adults and Address Mental Health Challenges
Depression and anxiety presentation in older adults
Suicidality in older adults
Dementia
Substance use in older adults
Alcohol use in older adults