Geriatric Assessments: A social work approach

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Program objectives

- Recognize elements of a geriatric social work assessment.
- Articulate importance of recognizing strengths and risks in a geriatric social work assessment.
- Recognize two or more evidence-based clinical assessment tools used in comprehensive assessments.
Geriatric social work: Value-based priorities relevant to psychosocial assessments

- 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.
Geriatric social work: Value-based priorities relevant to psychosocial assessments (cont.)

- 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.
Domains of assessment

- Basic (demographic) and referral information
- Personal and family history
- Current social context
- Functional
- Medical/medications and health literacy
- Cognitive
- Behavioral health
Demographic & Referral

- Demographic
  - Basic data
  - Preferred language (Spanish? Creole? Russian?)

- Referral – implications for accountability; teamwork
  - Referral source
  - Reason for referral
Personal History and Current Social Context

- Family history and residence history
- Current family context – e.g. frequency of contact
- Work history
- Religious affiliation/membership?
- Social/voluntary affiliations? Hobbies/interests?
- Current social activities and limitations
Genogram example

Mary, deceased
Fred, deceased
Julia, 80
Bill, deceased
Victor, deceased
Peter, deceased
Liza, 56 Church
Michelle, 29
Eric, 33 Carpenter
Jim, 37 Automotive
June, 25
Dana, 31 Teacher
Beth, 17
Edward, 9
Danielle, 7
Jen, 6

- = Female
- = Male
= Person Suffering from a Mental Illness
= Person involved in the criminal justice system
= Victim
= Divorced
= Deceased
= Substance or Drug Abuse Problem
Eco-Map example: Relationship with environmental resources/stressors
Assessment

- Assessment: Family/Social Relationships

- Strengths:

- Challenges
# Functional: Instrumental Activities of Daily Living (IADLs)

<table>
<thead>
<tr>
<th>Function</th>
<th>Independent =3</th>
<th>With help =2</th>
<th>Not at all =1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using telephone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shopping for groceries</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Transportation</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Meal preparation</td>
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<td></td>
<td></td>
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<tr>
<td>Housework</td>
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<td></td>
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<tr>
<td>Taking medications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handling finances</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
# Functional – Activities of Daily Living (ADLs)

<table>
<thead>
<tr>
<th>Function</th>
<th>Independent</th>
<th>A little help</th>
<th>Significant help</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using toilet</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Grooming (e.g., hair, nails, clothing)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Mobility</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Functional and medical issues

- Functional: Open-ended:
  - What’s a typical day like for you? Or
  - What did you do yesterday?
  - What types of household or personal chores are hardest for you?”
  - Who else provides help to you and what do they provide?
  - When was the last time you lost your balance?
Functional Assessment

- Strengths

- Challenges
Medical and Health Literacy

- Will you describe the medical and/or health problem(s) you are experiencing? How does that affect you?
- What medications (including over-the-counter) have you taken/will you take today? *What are they for?*
- Do you take these medications as prescribed? If no, why not?
- Do you have other prescribed medications that you do not take regularly? Explain?
- Are you sexually active?
Medical and health literacy: Self-rated Health

- How would you rate your health?
  - Excellent
  - Good
  - Fair
  - Poor
Medical and health literacy: Advance Directives

- What (if any) advance care documents have you completed? (e.g., Living Will)
- Where is/are the document(s)?
- When was the last time you reviewed the document?
Medical and health literacy

- Medical and health literacy assessment
  - Strengths
  - Challenges
Consider (for those with insight):

- At this point in time, what do you value most about your life?
Cognitive –dementia screening (Short Portable Mental Status)

- Administer the following ONLY if required or indicated per previous responses:
  - 1. What are today’s date, month and year?
  - 2. What is the day of the week?
  - 3. What is the name of this place?
  - 4. What is your phone number?
  - 5. How old are you?
  - 6. When were you born?
  - 7. Who is the current president?
  - 8. Who was the president before him?
  - 9. What was your mother’s maiden name?
  - 10. Can you count backwards from 20 by 3’s?
Brief behavioral health screening tool:

1. During the past month, have you often been bothered by feeling down, depressed, hopeless, irritable, or empty? ☐ yes ☐ no

2. During the past month, have you often been bothered by having little interest or pleasure in doing things you once enjoyed? ☐ yes ☐ no

3. In the past six months, have you often been bothered by feeling anxious, worried, restless, on edge or nervous? ☐ yes ☐ no

4. In the past six months, have you been bothered by feeling lonely or isolated, lacking social support, or having conflict with loved ones or friends? ☐ yes ☐ no
5. In the past year, have you been so distressed that you have thought about harming yourself or someone else, or have had recurrent thoughts of death or suicide? ☐ yes ☐ no

6. In the past year, have you tried to cut down on the medications or drugs that you use, including prescription medication, tobacco, and alcohol? ☐ yes ☐ no

7. In the past year, have you used prescription medication or other drugs more than meant to or more than was prescribed by your doctor? ☐ yes ☐ no
Geriatric Depression Scale (Short Form)

Patient's Name: ___________________________  Date: ___________________________

Instructions: Choose the best answer for how you felt over the past week. Note: when asking the patient to complete the form, provide the self-rated form (included on the following page).

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

(Total) (Sheikh & Yesavage, 1986)

Scoring:
Answers indicating depression are in bold and italicized; score one point for each one selected. A score of 0 to 5 is normal. A score greater than 5 suggests depression.

Sources:
Cognitive/Behavioral Health

- **Assessment:**
  - **Strengths:**
  - **Challenges:**
Caregiver and Environmental

- Caregivers – issues/concerns
- Home condition – falls risk; sanitation issues: SW observation:
- Safety issues: Caregiving and/or patient self-care indicators for referral: (SW observation):

- Assessment: Safety
  - Strengths
  - Challenges
Assessment Implementation Plan

- **Goal #1**
  - Timeframe for implementation:
  - Participants and roles:

- **Goal #2**
  - Timeframe for implementation:
  - Participants and roles:

- **Goal #3**
  - Timeframe for implementation:
  - Participants and roles: