

E4CENTER
Center of Excellence for Behavioral Health Disparities in Aging

CATCH-ON
A HRSA GERIATRIC WORKFORCE ENHANCEMENT PROGRAM

RUSH

Foundational Competencies in Older Adult Mental Health

May 17-19, 2023
Rush University Medical Center

SAMHSA
Substance Abuse and Mental Health Services Administration
Grant# 1U49CE000005-01M001
SAMHSA's mission is to reduce the impact of substance misuse and mental illness on America's communities.
1-877-SAMHSA-7 (1-877-726-4271) • 1-800-487-4889 (TDD) • www.samhsa.gov

HRSA
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Welcome

- Faculty introductions
- Housekeeping
 - Restrooms
 - Note
 - COVID precautions
- Expectations about participation
- Varied professions; varied knowledge

• WIFI: rushpub

- Materials
 - Folders
 - Electronic resources
- Session structure
- Start/stop times
- Parking stickers
- Travel reimbursement
- Evaluation and CE

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Introductions

- Name, pronouns
- Discipline
- Institution
- Location

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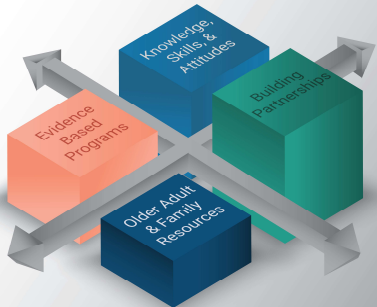
Engage, Empower, and Educate health care providers and community-based organizations for **Equity** in behavioral health for older adults and their families across the US.




E4CENTER To learn more, please visit e4center.org RUSH


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E4 Center: Engage, Educate & Empower for Equity



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- Educate and train the primary care and geriatrics workforce
- Partner with community-based organizations to address gaps in healthcare for older adults
- Promote Age-Friendly Health Systems
- Create dementia-friendly communities
- Address social determinants of health

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Disclosures

The course director(s), planner(s), faculty and reviewer(s) of this activity have no relevant financial relationship(s) with ineligible companies to disclose.

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4Ms Framework of an Age-Friendly Health System

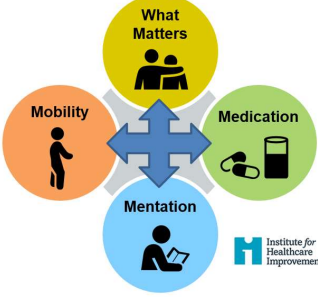


Age-Friendly Health Systems




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4Ms Framework of an Age-Friendly Health System



Age-Friendly Health Systems



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TIME FOR A BREAK




Stand up, Stretch, Walk Around!

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Attitudes about Aging
Social stereotyping based on age is structural and often invisible

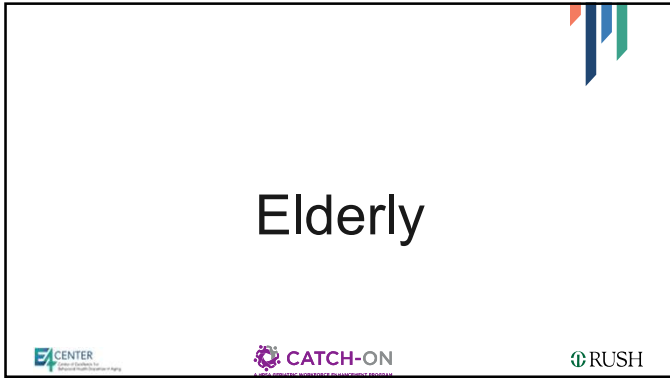
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Get your pencils ready



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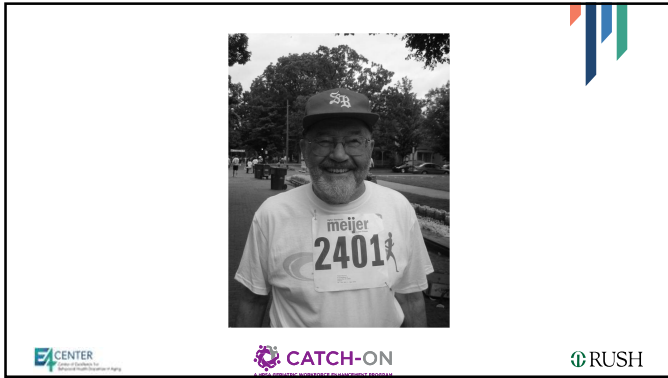
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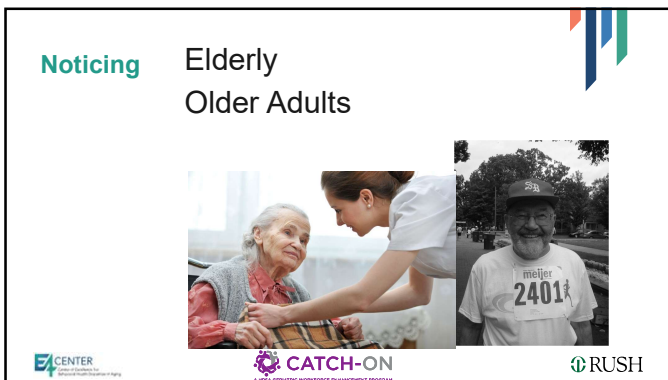
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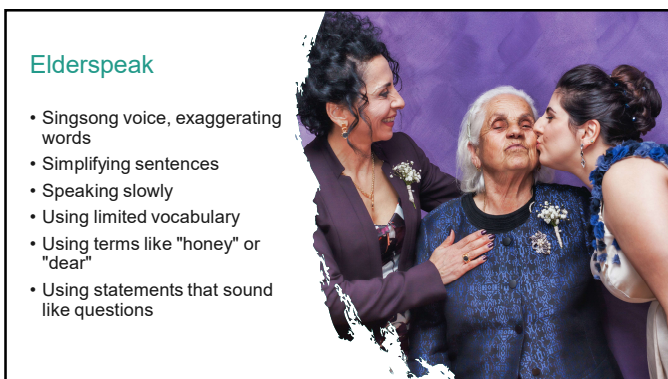
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Effects of ElderSpeak

- Does not improve comprehension
- Threatens older adult self-concept, personhood
- May increase aggression in people with dementia
- Increased resistive behaviors in dementia linked to increased morbidity and mortality
- Removing ElderSpeak can decrease resistive behaviors in older adults with dementia by HALF



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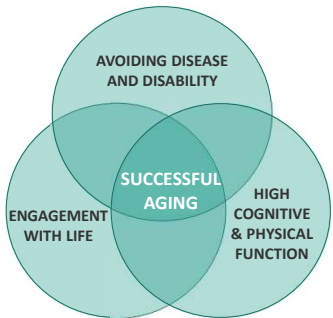
Attitudes about Aging

- "Ageism: negative or positive stereotypes, prejudice and/or discrimination against (or to the advantage of) elderly people on the basis of their chronological age or on the basis of perception of them as being 'old' or 'elderly'"
- Social stereotyping is common and often invisible
- <https://implicit.harvard.edu/implicit/selectatest.html>

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One version... (Rowe & Kahn, 1987)






AVOIDING DISEASE AND DISABILITY

ENGAGEMENT WITH LIFE

SUCCESSFUL AGING

HIGH COGNITIVE & PHYSICAL FUNCTION

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Ageism, Ableism & Stigma

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Negative Self-Perceptions of Aging (SPA)

- Greater disease burden, lower life satisfaction and greater loneliness than racism, sexism, heterosexism, homophobia; effects grow over time
- Increased functional impairment
- Increased depression, anxiety, suicidal ideation
- Increased mortality risk
- *Positive SPA is protective*

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7.5

Years added to your life with positive perceptions of aging

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Reframing Aging

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QUICK START GUIDE - STARTING WITH WHY?

Framing is the process of making choices about what to emphasize and what to leave unsaid. Here's a quick tour of themes to avoid and alternatives to advance

Try:	Instead of these words and cues:	This matters because:
Talking affirmatively about changing demographics: "As Americans live longer and healthier lives..."	"Fragile older," "burden," and similarly catastrophic terms for the growing population of older people.	Catastrophic language generates fear of inevitable doom and stifles motivation to work toward solutions. Focusing on realistic steps we can take to address the opportunities and challenges that comes from a growing population generates the momentum we seek.
Emphasizing how to improve social contexts: "Let's find creative solutions to ensure we can all thrive as we age."	"Choice," "gaining," "control," and other individual determinants of aging outcomes.	Individual language suggests that everyone has the same options and that making those choices leads to good outcomes. Recognizing that context, environment, socioeconomic and racial/ethnic identities influence outcomes differently allows us to talk about systemic options that will help us all.
Using neutral "older populations/careers" and inclusive ("we" and "us") terms.	"Seniors," "elderly," "aging dependent," and similar "othering" terms that stoke stereotypes.	Inclusive language reflects the reality that we are all aging - there is no "them" and "they."
The Building Momentum metaphor: "Aging is a dynamic process that leads to new abilities and knowledge."	"Struggle," "battle," "fight," and similar conflict-oriented words to describe aging experiences.	Conflict-driven language generates fear and dread about aging, as though battling aging is the only path forward. Acknowledging that we continue to grow and change throughout the life course allows

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Where do you see ageism in your professional practice?



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TIME FOR A BREAK



Stand up, Stretch, Walk Around!



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Adult Development


The body and mind change with age. We adapt.



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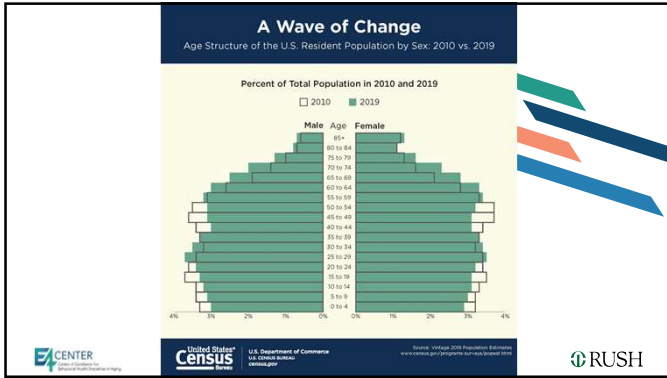


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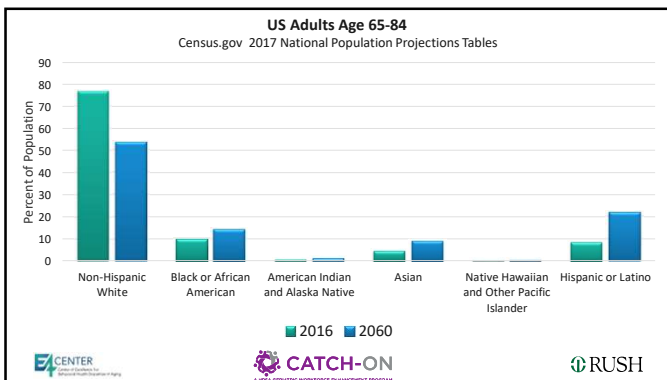


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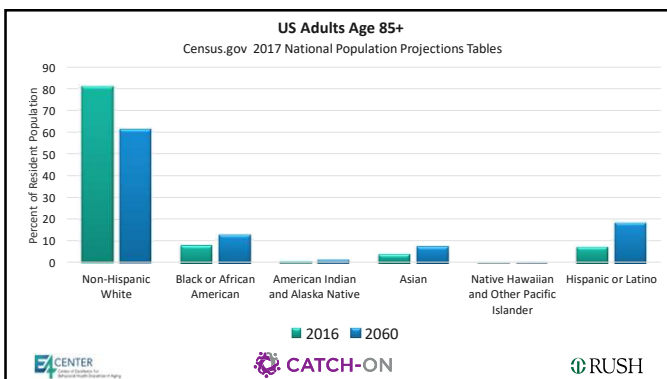
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Jack*

- 74-year-old, white male
- Diabetes, hypertension
- Weight gain
- Mobility difficulty
- Walks with a cane
- Depression

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Developmental Experiences




- Life expectancy
- Retirement
- Social Security
- Personality

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Changes in Physiology with Age


- Metabolism and elimination
- Absorption and distribution of medication
- Pulmonary function

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Changes in Physiology with Age


- Mobility and strength
- Senses (hearing, sight)
- Sleep
- Mental health



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Mechanisms of Aging

Replicative Senescence	Cross-Linking / Glycation	Genome Maintenance	Oxidative Damage
Each cell 40-60 cell divisions	DNA bonds to other DNA	Mutations occur thousands of times daily in DNA	Cell metabolism produces free radicals
Each division = shortened telomere = aging	Decreased elasticity and activity	Uncorrected mutations lead to cell death	Free radicals not absorbed damage cells = aging



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Developmental Theories

- Erikson's stages
- Selective Optimization with Compensation
 - Selection: Choosing goals
 - Optimization: focusing resources, refining skills
 - Compensation: selecting alternative means to achieve goals



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Ms. Sonia Amin






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Ms. Sonia Amin

- How do you talk about making friends with older clients?
- How do you talk about dating and sex with older clients?
- Has this changed with COVID-19?




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TIME FOR LUNCH



Enjoy!






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Common Life Issues in Aging

Clinicians must understand events common in later life.

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Life Transitions

- May include changes in employment, finances, and living environment
- Both **opportunities** and **challenges** for older adults to thrive and maintain wellness
- Can increase vulnerability of older adults; be attentive to new needs
- Even positive life transitions can be stressful




  

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Financial Changes

- Reduced economic circumstances
- Late life economic security
 - Social Security
 - Savings
 - Pensions (increasingly rare)
- Many have not saved adequately within 401K and IRA
- 2/3 depend on Social Security for half or more of income
 - Average payment \$1,300/month
- Additional expenses may include caring for grandchildren, education, supporting unemployed family members
- More significant for women and minorities

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Caregiving




- May include other older adults, children with disabilities, grandchildren
- Younger adults caring for the older adult
- Mentally, emotionally, physically demanding **AND** rewarding and deepen relationships
- Caregivers are more likely to neglect their own health conditions, be at risk of depression, anxiety and social isolation
- Younger or middle-aged caregivers often balance their own need to work, raise families and financial concerns

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Considerations for Providers about Caregivers




- Acknowledgment goes such a long way!
- Inquire about capacity and willingness to serve as caregiver
- Consider complex caregiving tasks
- Inquiring into their own wellness
- Connecting to community resources and support
- Balance autonomy and voice of older adult with caregiver's voice and needs

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Resources for Caregivers

- In-home assistance
 - Privately paid
 - Subsidized
- Respite when available
- Care management/ social work support
- Adult day
- Support groups
- Psychotherapy
- Goals of care and options counseling
- Area Agencies on Aging (AAA)

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Relationships

- Most older adults very connected
- Fewer, deeper relationships
- Integrating generations
- Loneliness
 - Increased risk for depression, dementia, multiple health issues
- Resources
 - Senior and community centers
 - Support groups
 - Congregate living
 - Friendly caller programs

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Living Environment

- Relocation for leisure, support or financial reasons
- Moving in with family or chosen family for additional support
- Moving to a community such as continuing care retirement or assisted living
- Long-term care setting
- Considerations
 - Choice?
 - Impact identity?
 - Even positive transitions can cause stress



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Social Isolation

Facts

- 24% of community-dwelling older adults are isolated
- 43% of older adults in US 60+ reported feeling lonely
- Higher risk due to:
 - Sensory impairment
 - Loss of social connections
 - Living alone
 - Chronic illness

Impact


- Infection
- Hypertension, heart disease
- Obesity
- Weakened immune system
- Depression, anxiety
- Disrupted sleep
- Cognitive decline
- Longer hospital admissions
- Morbidity and mortality
- *Prolonged social isolation has been found to be as harmful as smoking 15 cigarettes per day*


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Chronic Conditions

- Risk for medical conditions increases with age
- Over 80% of older adults have one or more chronic conditions
- Over 75% have two or more chronic conditions
- Prevalence of certain chronic health conditions differs by gender, ethnicity, and race
- Many of the negative effects of chronic conditions are caused by modifiable health behaviors




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Functional Impact of Chronic Conditions


- May depend on number of factors
 - Severity of condition
 - Health literacy
 - Access to quality and consistent care
 - Ability to coordinate care (medication, appointments, etc)
 - Impact of Social Determinants of Health
- *The very same condition may have very different impact*




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Abuse, Neglect and Exploitation

- 1 in 10 older adults (up to 5 million older adults) in the US are victims annually
- **Only 1 in 24 cases are reported**
- In 60% of cases, the perpetrator is family
- \$36.5 billion annual loss due to financial abuse
- Understand your state mandate
- Seek training and consultation




[Get the Facts on Elder Abuse \(ncoa.org\)](http://ncoa.org)



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Advance Care Planning

- Health Care Power of Attorney
- Financial Power of Attorney
- Living Will
- POLST
- Declaration for Mental Health Treatment



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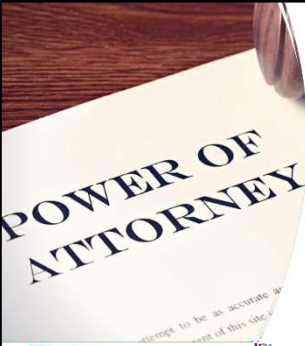


Health Care Power of Attorney

- Legal document
- Appoints a specific person to make medical decisions in the event person cannot make or communicate them
- Forms available and vary state by state
- Should be kept by older adult, the chosen agent and providers
- Although legal, no notary required, no attorney required




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Financial Power of Attorney

- Power of Attorney for property and finance
- Appoints another adult to make financial and estate decisions
- Can be same or different person from health care power of attorney
- Notary **is** required for financial power of attorney and assistance from attorney is **recommended**
- Copy should be kept by older adult, agent and attorney who assisted



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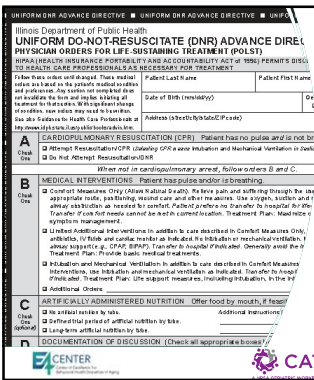


Living Will

- Specifies type of care at the end of life
- In many states, go into effect when the adult is expected to die imminently
- Notary generally not required
- As others, copy should be kept by older adult, power of attorney and provider



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POLST

- Portable medical order (previously Physician Order for Life Sustaining Treatment)
- For individuals with serious illness or advanced frailty
- Intended to travel with the individual
- Must be discussed with and signed by a medical provider
- Specifies things like:
 - If person wants to go to the hospital
 - If person wants CPR
- <https://polst.org/>



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Declaration for Mental Health Treatment

- Specifies treatment preferences during a mental health emergency
- Guides providers when individual lacks capacity to make or communicate decisions
- State specific forms
- Specifies:
 - Psychotropic medication
 - Electroconvulsive therapy
 - Admission to a treatment facility
 - Agent to make decisions



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Considerations for Advance Care Planning

- Only 1/3 of older adults in the US have advance directives
- Barriers for providers include lack of knowledge and time constraints
- Innovative billing structure now supports reimbursement for advance care planning discussions
- Always consider impact of:
 - Culture, Health literacy
 - Marginalization, Mistrust

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Practical Issues
The environment of care and team connections matter.

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Team-Based Care: Providers and Supports

- Improves quality and safety
 - Reduce medication errors
 - Decrease duplication of services
 - Improve workload distribution
- Family caregivers
 - Clarify role
 - Need own assessment and intervention

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Community Based Organizations (CBOs)




- Get to know the Aging Network!
- In home services
 - Skilled and non-skilled
- Social engagement
- Caregiver support
- Adult Protective Services/ Elder Abuse Services

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Capacity vs. Competency

- Capacity: **clinical** findings regarding someone's decision-making ability specific to:
 - Point in time
- Competency: **legal** distinction about decision-making ability made in a court of law
- Decision Making Surrogates
- Guardians

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Accessibility

- Physical space
 - Parking, ramps, elevators
 - Wheelchair accessibility
 - Chairs with arms, not wheels
 - Large font
 - Way-finding
- Sensory issues
 - Hearing, vision, speech
 - Cognition
- Language

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Innovations in Care Delivery

- Home-based Care
 - Reduces ER visits and hospital admissions
- Telehealth
 - Ease of access
 - Address privacy
 - Inclusion of patients historically excluded from these services



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Questions ?

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Exercise

- Pair up with a fellow learner and take turns playing patient (Mr. Booker) and provider. As the provider, you are having a conversation explaining what a health care Power of Attorney is and why it is important to have one.
- When you are finished with your role play, share feedback:
 - What went well?
 - What part of the explanation could you improve?

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TIME FOR A BREAK

Stand up, Stretch, Walk Around!

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Grief and End of Life

Sadness is normal; prolonged dysfunction is not.
Talking about end of life is difficult and important.

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Grief

- **Bereavement:** the experience of losing someone
- **Grief:** the psychological and physiological reactions to bereavement
- Grief is a *natural process*
- Most grief-related distress will decrease over time

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Types of Grief

- Anticipatory or "pre-death" grief
- Acute grief
- Integrated grief
- Prolonged grief: grief that remains intense or disrupts function for a prolonged period may require intervention



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Ambiguous Loss

- "differs from ordinary loss in that there is no verification of death or no certainty that the person will come back... to the way they used to be"
- Impacts:
 - Confusion
 - Prevents resolution of loss
 - Freezes grief
 - Can paralyze family function


Boss, P. (2021). Ambiguous loss. <https://www.ambiguousloss.com/>

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DSM-V TR: Prolonged Grief Disorder (PGD)


- Longing and yearning for the deceased
- Behavioral symptoms
 - Identity disruption
 - Disbelief regarding death
 - Avoidance of reminders
 - Intense emotional pain
 - Difficulty moving on with life
 - Numbness or meaninglessness
 - Intense loneliness
- Clinically significant distress or impairment daily for > 1 year for adults



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Prolonged Grief Disorder


- About 10% of bereaved older adults meet criteria for PGD
- Risk factors
 - Women, history of mood disorder, low perceived social support, and personality traits like pessimism
- Higher rates in persons bereaved by disaster, violent deaths, or parents who lose children
- Impact of PGD
 - Reduced quality of life, sleep disturbance, increased suicidal ideation, depression, anxiety, deteriorating health, and cognitive impairment



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Differential Diagnosis: PGD versus...

Normal Grief	Depression	PTSD
<ul style="list-style-type: none"> • Sadness • Stunned, shocked • Lonely • Symptoms resolve in weeks-months • Re-engagement in pleasurable activities and relationships 	<ul style="list-style-type: none"> • Focus on the target of the symptoms • Guilt/worthlessness • Avoidance or withdrawal • Appetite change • Sleep disturbance • Psychomotor symptoms • Fatigue • ↓ Concentration 	<ul style="list-style-type: none"> • Dominant Sx: fear, anger, guilt, shame, anxious hyperarousal • Intrusive thoughts more focused on event of the death and feelings of threat • Avoidance is related to fear or threat • Nightmares, flashbacks, aggression more typical in PTSD



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Grief Assessment Tools for Older Adults



- Inventory of Complicated Grief
- Prolonged Grief Disorder-13 (PG-13)
- The Brief Grief Questionnaire (BGQ)
- Caregiver Grief Scale
- Core Bereavement Item Scale (CBI)



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Evidence-Based Interventions

- Complicated Grief Therapy (CGT)
- Cognitive Behavioral Therapy (CBT)
- Meaning-Centered Grief Therapy (MCGT)
- Accelerated Resolution Therapy (ART)

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End of Life Care and Conversations

It's never too soon to discuss end of life values and wishes with our loved ones and caregivers.

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Advance Care Planning and Goals of Care Conversations

- Clarify medical conditions, treatment options, and preferences
- Increased dignity, fewer unwanted interventions, more timely hospice referrals
- For caregivers: less regret, prolonged grief, major depression and better quality of life

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Components of Goals of Care Conversations

- Collaboratively setting an agenda
- Assessing how much information the older adult and family are ready to learn
- Assessing illness and prognosis understanding
- Assessing coping strengths and needs
- Delivering medical and prognostic information
- Holding space for emotional reactions
- Exploring an older adults' values and preferences
- Discussing treatment options
- Offering recommendations based on patient and family values
- Finalizing a treatment plan
- Revisiting plans in follow-up conversations



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Responding to Difficult Emotions

- Expect difficult emotions
- Be mindful of your own discomfort
- Therapeutic silence
- Empathic actions
- Empathic statements: *NURSE* acronym
 - Name the emotions ("I can see that this information was upsetting")
 - Demonstrate Understanding ("I can only imagine how difficult this is to hear")
 - Respect their reaction ("You really are so committed to learning all your options")
 - Emphasize Support ("I will remain an active part of your care team as we navigate next steps")
 - Explore emotional reactions ("Tell me more about how you are feeling right now")



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Palliative Care

- Enhancing quality of life for people with serious and/or life-limiting illness and their families
 - Multidisciplinary
 - Offered in multiple settings
 - Ideally begins at the time of a diagnosis of a life-limiting illness
 - May be provided along with curative care



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Hospice

- Care, comfort, quality of life
 - Provided to a person with a serious illness that, if left to run its natural course, would likely live six months or less
 - Disease-directed therapies are stopped
 - Some health care may continue if it improves quality of life or functioning
 - Variety of disciplines and settings

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End of Life Care and Support

- **Spiritual Care**
 - Chaplain
 - Often work with all faith backgrounds, belief systems, cultures
 - Assist with complex medical decision making
 - Provide support resources
- **Mental Health and Emotional Support**
 - Palliative care teams that include psychologists and psychiatrists as core members demonstrate improved patient wellbeing
 - Psychotherapy is effective in treating depression and anxiety among those in palliative care
 - CBT and related treatments (mindfulness, acceptance-based approaches) have been particularly beneficial

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Kimberly Hiroto, PhD, ABPP
VA Puget Sound Health Care System

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Discussion

- Dr. Hiroto spoke about supporting individuals approaching the end of life. What are some ways we can also best support their caregivers and loved-ones?
- How might our own attitudes on aging and mortality affect our work? What are some ways to address these?
- What are some ways we can support ourselves and our colleagues who may experience clinician grief?
- Would anyone like to share their own thoughts and experiences working with older adults and loved-ones approaching the end of life?



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TIME FOR A BREAK




Stand up, Stretch, Walk Around!



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Substance Use

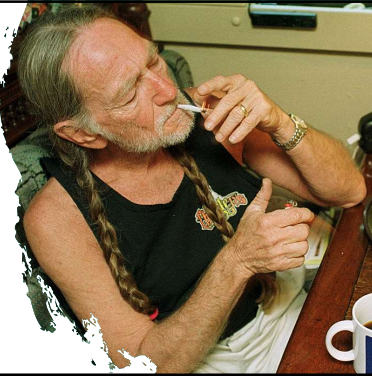
Always screen for substance use with older adults!

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Substance Use

- Don't assume anything about older adult substance use
- Because of physiological changes with normal aging, the same amount is increasingly potent in later life
- Interactions with medications
- Cognitive impairment
- Mental health/Suicide
- Fall risk



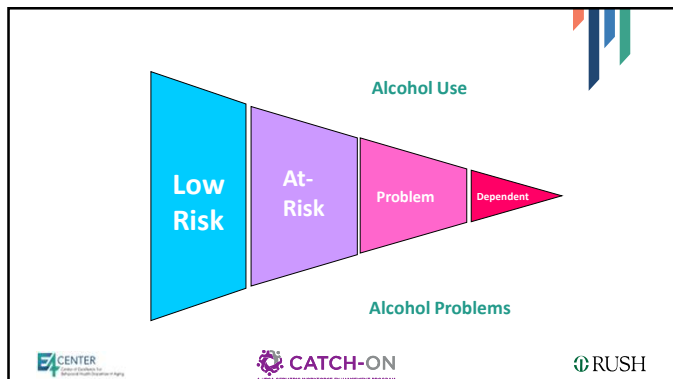
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Older Adult Risk Factors for Substance Use

- Male
- White
- Low socioeconomic status
- Undergoing life transitions
 - Retirement or death of a spouse
 - Identifying as part of the LGBTQ community
 - Being socially isolated
 - Experiencing health problems
- History of substance use and mental health problems



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How bad is this problem?




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Substance Use Issues

- Alcohol limits
 - <2 drinks/day for older men; <1 for older women
- Cannabis on the rise
- Prescription medication misuse vs. mismanagement
- Opioids
 - 3.6% in adults aged 50-64 and 1.2% in adults over 65
 - 1999-2019 1,886% increase in opioid deaths age 55+



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Alcohol Use Risks

1 or more drinks per day


- Gastritis, ulcers, liver and pancreas problems

2 or more drinks per day

- Depression, gout, GERD, breast cancer, insomnia, memory problems, falls

3 or more drinks per day

- Hypertension, stroke, diabetes, gastrointestinal diseases, cancer of many varieties



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Older Adults & Binge Drinking

- Men: 4 or more drinks during a single occasion (drinking day)
- Women: 3 or more drinks during a single occasion

Centers for Disease Control and Prevention, 2006


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Substance Use

- 6.3% of US older adults reported having a substance use disorder in 2020
- The most commonly used substances among older adults:
 - World: alcohol, nicotine, cannabis, opioids
 - US: alcohol, nicotine

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Substance Use Disorders

- Involve symptoms and associated impairments from a pattern of substance use over time
- Diagnostic criteria
 - Continued use despite significant substance related problems
 - Inability to control use
 - Impairment in social functioning
 - Use in risky situations
 - Tolerance and withdrawal

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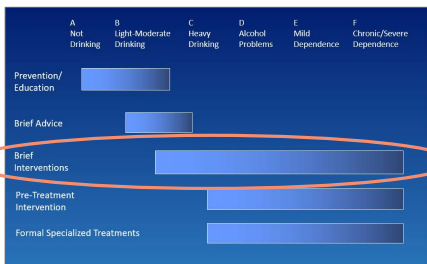
Substance-Induced Disorders

- Develop during the course of intoxication or withdrawal from a substance
 - Potentially up to a month following use
 - Example: alcohol may produce depressive symptoms during use
- Other psychiatric or medical problems can result from substance use
 - Sleep disorders, sexual dysfunction, cognitive disorders



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The Spectrum of Interventions for Older Adults



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Screening Tools for Substance Use Validated with Older Adults

AUDIT / AUDIT-C	MAST-G, SMAST-G	SAMI	CUDIT-R
Alcohol Use Disorders Identification Test	Michigan Alcoholism Screening Test-Geriatric Version	Senior Alcohol Misuse Indicator	The Cannabis Use Disorder Test
10 or 3 items	24 or 10 items	5 items	8 items
Frequency rating	Yes/No	Checklist	Likert

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SUD Treatment for Older Adults


- Most older adults do not self-refer or seek treatment
- Education and brief interventions are often enough to help older adults prevent, reduce, or stop drug use and prescription medication misuse
- Most older adults do not need care from programs or providers that specialize in substance use disorder treatment

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Substance Use Interventions for Older Adults

- SBIRT: Screening, Brief Intervention and Referral to Treatment
- Cognitive Behavioral Therapy
- Motivational Enhancement Therapy
- 23% of treatment centers designed to accommodate older adults
- Seniors in Sobriety (AA); Peer Support (SMART Recovery; Women for Sobriety)

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What Exactly is SBIRT?

- SBIRT—Screening, Brief Intervention, and Referral to Treatment
- Universal screening of patients within medical settings with use of validated screening tools
- If screened positive – brief intervention (guided discussion) with healthcare provider occurs
- If screening reveals use disorder – referral to specialty substance abuse treatment provider

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Is Cannabis Addictive? Yes.

The excessive use of marijuana with associated psychological symptoms and impairment in social, family or occupational functioning.

Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and ICD-10

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CASE #1

Catherine Jackson is a 67-year old woman living alone in an apartment in a mixed housing project. For the past month she has been seen by a visiting nurse from your agency. The nurse was assigned upon her discharge from the hospital where she spent one week with the diagnosis of anemia. The nurse noted the smell of alcohol during two of her visits, but Mrs. Jackson did not ever appear intoxicated.



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CASE #1 continues

When the nurse asked her about her drinking, she said, "Oh, I don't drink very much, really. I just seem so tired all the time and a little drink now and then makes me feel better". She has complained about difficulty sleeping at night. A home care worker is assigned to her case and visits two times each week. In addition, she has one female friend who visits almost every day. Not counting her stay in the hospital, she has been confined to her apartment for the last two months. The nurse asked you to see Mrs. Jackson to assess her alcohol problems and determine what additional services are needed.



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CASE #2

Sal Franco is a 74-year-old man living alone in an apartment in a complex for older adults. You work with Senior Services, the agency associated with the retirement housing units. He owned a grocery store with his wife Mary for 44 years. He and Mary sold the business to their son Dominique when Sal was 70 with plans to travel and enjoy their remaining years together. Shortly after their retirement, Mary was diagnosed with bone cancer and died within 6 months of the diagnosis. Mr. Franco has been alone for the last 3 years. Although he was a "hard drinker" as he described it in his 20s and 30s, because of gastritis and high blood pressure, his use of alcohol was limited to his weekly poker games and Sunday family meals for many years.



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CASE #2 continues

Because Sal and Mary spent most of their time working at the grocery store and involved in family activities, there was little time left for friends. Now he has time on his hands and uses alcohol to alleviate some of the pain and stress of his loneliness, generally having three drinks a day. He has developed few outside interests and doesn't know where to start. He came to the clinic for follow-up of his labile hypertension and gastritis. You asked Mr. Franco how he was feeling and received this response, "Oh, I guess I'm OK for an old widower. I sometimes think it really doesn't matter how I feel at this age." You followed up with some questions about what Sal does with his time and discovered that he uses alcohol to excess along with taking over-the-counter medication to sleep.



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TIME FOR A
BREAK



Stand up, Stretch, Walk Around!



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4Ms Complex Case Discussion

What Matters
Medication
Mentation
Mobility

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Case Study: Catherine Jackson

- 67 year-old woman
- Caregiver for her sister who died last year
- Lives alone in apartment
- Hospitalized over night for fall
- "I don't drink much"
- Difficulty sleeping
- Home care nurse visits two times per week

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4Ms Case Discussion Questions

- Think about this case through the lens of the 4Ms
 - If you are attending to each of the 4Ms, what are you noticing?
 - What further assessment questions would you like to ask?
 - What action might you consider taking to address the 4Ms

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Dinner Time!

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Question for reflection:

What are the biggest take-away(s) from today for you?

<https://bit.ly/OAMHDay1>



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