Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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Mental Health Treatment with Older Adults

Essential elements of effective treatment

Faith Lerner LCSW, SAC-IT
JOURNEY MENTAL HEALTH CENTER

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Geriatric Psychiatry

- A branch of medicine concerned with prevention, diagnosis, and treatment of physical and psychological disorders in the elderly and <u>with the promotion of longevity</u>
- An 'official' ABPN subspecialty in 1989

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Mental Illness, Aging and Mortality

- Average male life expectancy 76
- Male with MI life expectancy: 60
- Male with dual dx: 56

- Average female life expectancy 81
- Female with MI life expectancy: 69
- Female with dual dx: 61

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Essential Elements

- Frequent co-existing and complex medical conditions and polypharmacy
- Aging specific issues: cognitive and sensory changes/mobility impairments
- Trauma History
- Substance Use Disorders (SUDs)
- Grief

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co-existing, complex chronic medical conditions and polypharmacy

- Most elders with mental illness lack regular on-going medical care
- Identify PCP and initiating coordination of care
- Access medication lists and give to Prescriber and nurse
- Assist with communication and follow up between client and PCP
- Assist with communication/coordination and follow up with all medical staff (nurses, lab technicians, schedulers, etc. as needed)
- Polypharmacy: use of 4 or more regular medications: affects 40% of elderly living in their own homes.

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Aging Specific Issues:
cognitive and sensory changes/mobility impairments

- Denial of /changes/impairment
- Compensation for sensory loss interferes with correct diagnoses
- Fear of losing home/independence
- Access to safety and adaptive equipment
- Falls as predictor for death

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Trauma History

- Rule out PTSD
- Re-emergence of PTSD from early years
- Psychoeducation
- Access to trauma informed treatment

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Substance use disorders (SUDs)

- SUDs include ALL harmful and addictive substances
- Education regarding risks
- Prevalence
- Harm reduction approaches

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Grief

- Relational loss history
- 'Other' loss history
- Piggy Back effect
- Psychoeducation
- Reminiscence Therapy

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Complexity and The Importance of an Interdisciplinary Integrated Care Team

- Primary Care Provider
- Psychiatric prescriber (Geriatric Psychiatrist, PNP)
- Registered Nurse
- Therapist
- Case Manager
- Crisis Stabilization
- Pharmacist

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Treatment: Assessment

- The Psychiatric Interview
- Mental Status Exam/Mini Cog
- Psycho/Social/Spiritual assessment
- Medical Assessment

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Wisconsin Star System

Social Factors

Medical Factors

Medication Factors

Personal Factors

Behavioral Factors

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Wisconsin Star System

Social Factors

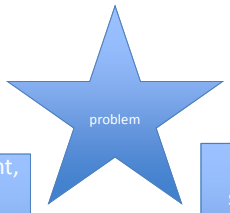
Financial status, support system, relational status, family composition and dynamics, social and leisure activities, transportation, access to outside activities, interpersonal losses.

Medication Factors

Polypharmacy, med list and purpose of each medication

Medical Factors

All diagnoses and symptoms that effect functioning, ADL's and IADL's



Personal Factors

Coping, Values, temperament, interpersonal skills and/or deficits, cultural traits, Work history, educational history, trauma history and coping style and skills and/or deficits

Behavioral Factors

Behavioral and emotional symptoms, cognitive changes, sensory changes, substance use, baseline information re: mood, safety concerns (suicidal, high risk taking behavior, etc).

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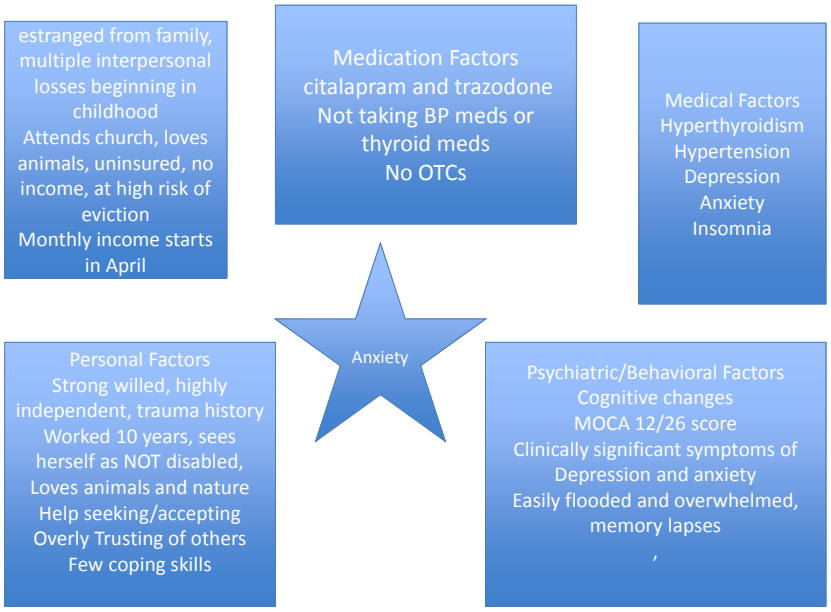
Slide 13

1 Faith Lerner, 4/4/2014

Slide 14

2 Faith Lerner, 4/4/2014



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Treatment Plan (Case example)

Always keep the presenting problem in mind.

- 1. Cognitive changes and the link to lack of medications, hypertension and no insurance
- 2. Losses and the link to grief and trauma: threat of eviction and inability to keep cats
- 3. Instability and the link to mood and cognitive changes: drop in ADL's and IADL's
- 4. Isolation and lack of support linking to need for increased support.

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Treatment Plan (case example)

- 1. Referral to Memory Clinic for complete neuropsych evaluation. (prescriber/PCP/case manager)
- 2. Accessing stable housing/coming to terms with loss (case manager/therapist)
- 3. Learning coping and social skills
- 4. Interpersonal supportive therapy
- 5. Medication support group

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Screening Tools

- GDS Geriatric Depression Scale
- PHQ-9 (commonly used in primary care)
- GAD-7 Generalized anxiety disorder
- Mini Cog cognitive changes
- SLUMS cognitive changes
- MOCA cognitive changes

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Screening Tools

- ADL (Lawton Brody) Activities of daily living
- IADL (Lawton-Brody) Instrumental activities of daily living
- Michigan Alcoholism Screening Test-Geriatric Version (MAST-G)
- Short Michigan Alcoholism Screening Test-Geriatric Version (S-MAST-G)
- CAGE (drinking)

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Screening Uses

- psychoeducation
- clarify problem areas
- establish baseline and progress in treatment
- establish objective outcome measures

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Resources

- WGPI Wisconsin Geriatric Psychiatry Initiative Website <wgpi.org>
  - Resources
  - Screening Tools
  - Wisconsin Star Method
  - On-line discussions

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Resources

- Local AAA Area Agency on Aging: <http:/www.danecountyhumanservices.org/aging/areaagencyonaging/>
- Task Force on the Aging of Dane County: http://pdf.countyofdane.com/humanservices/aging/aging_task_force.pdf

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Resources

- Aging and Disability Resource Center: http://www.daneadrc.org/
- Madison Institute on Aging: http://aging.wisc.edu/general/

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Training

- Professional Certificate in Mental Health Care for the Older Adult
- Offered through UW continuing education
- Run by Suzanna Waters-Castillo
- Taught by panel of experts in gerontology from a number of different fields

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Training

- 2 year program
- 8 seminars (3 electives) and 2 day summer intensive
- Individual day long seminars

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Training

- Case Management Program in the Field of aging and long-term care
- UW continuing education

- Suzanna Waters-Castillo
- http://continuingstudies.wisc.edu/intros/certificates.htm

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Training

- The Council on Social Work Education's (CSWE) Strengthening Aging and Gerontology Education for Social Work (SAGE-SW) project
- **Geriatric Social Work Competencies and Clearinghouse**
  (SAGE-SW)
  http://www.cswe.org/sage-sw/

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