CIVIL MONEY PENALTY (CMP) FUNDED PROJECT

FINAL REPORT

Grantee

United Lutheran Program for the Aging

4545 North 92nd Street

Wauwatosa, WI

Project Title

Aromatherapy to Enhance Care for Luther Manor Residents

Award Amount

$10,668

Grant Period

August 2018 - February 2019

Additional Information and Resources

Department of Health Services / Division of Quality Assurance
Quality Assurance and Improvement Committee

F-01593 (08/2015)

Civil Money Penalty (CMP) Funded

PROJECT REPORT

Grantee

Luther Manor

United Lutheran Program for the Aging

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Sensory and Aromatherapy Program

Manual

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Luther Manor

Sensory and Aromatherapy Program

Manual

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Introduction

Luther Manor Health Care Center, a 195-bed skilled nursing facility, collaborated with the State of Wisconsin Department of Health Services and Bethany Unger, Owner of *Divine Scents*, to enhance residents' quality of life. The benefits of aromatherapy vary depending on the blends of oils you select. In this program the oils will help residents reduce stress, frustration, and fatigue and improve mood and socialization. During the program, Luther Manor studied anxiety, alertness, positive affect, social interaction, and frustration.

I.   Purpose

This program manual was developed as a tool to provide other skilled nursing facilities with program recommendations for developing aromatherapy within their own organizations. This manual is intended to provide a general guide to developing a successful aromatherapy program within a skilled nursing facility, as well as presenting our findings.

II.   Program Overview

The aromatherapy program developed and documented as part of Luther Manor Health Care Center, began on August 27th, 2018 and concluded on February 27th, 2019. Our study group began with 15 long- term skilled nursing residents with the diagnosis of dementia. Because of the progressive nature of dementia, only 10 of the initial 15 residents completed the program. Only residents who completed the entirety of the program were included in the results. Every day the specified oil blends were diffused at 10am - 11am, 3pm - 4pm, and 5pm - 6pm. The diffuser was initiated by staff on the unit, either nursing staff or life enrichment staff. Oils were also encouraged to be used on an as needed basis for appropriate individuals using personal diffusing pendants. Attached at the end is the power point training given by our essential oil consultant (appendix A), as well as the reference sheet that was distributed to unit staff (appendix B).

III.   Program Development

a. Aromatherapy Specialist

Divine Scents, owned and operated by Bethany Unger, was instrumental in the development and implementation of this program. Bethany Unger is a trained chemist and member of the National Association for Holistic Aromatherapy and the Alliance of International Aroma Therapists. Prior to her establishment of Divine Scents, Unger worked as a Research Associate at the Medical College of Wisconsin. Her experience and education provided insight into the oils we used to lessen symptoms related to anxiety, depression, and dementia in a customized way. She also provided training for nursing and life enrichment staff.

b. Staff Training

Bethany Unger provided training sessions for nursing and life enrichment staff. This included informing staff of the benefits as well as how to use the products in the most efficient way. Life enrichment staff was held accountable for administering the diffuser at the correct time with the correct oils. All direct care staff were also able to use on an as needed basis using their best judgment in times of need. There was an info sheet on each floor with instructions on how to use the oils in the most effective way. Staff was instructed on how to respond to instances of allergic reaction. Life enrichment staff documented residents' responses to the oils with help and insight from nursing staff.

c. Aromatherapy Details

Aromatherapy utilizes the science and chemistry of essential oils in its aromatherapy products to solve simple, everyday issues while offering a unique and wide variety of custom crafted products that are high quality, natural, and based in the science of aromatherapy. We had two blends available to help combat negative symptoms. The first blend was a combination of lavender, vetiver, cedarwood, ylang ylang, and Buddah wood. This blend was used for a morning energy boost that is also formulated to help with fatigue and uplift mood. The second blend consists of citrus, spearmint, rosemary, and wood oils. This blend was used at night around sun downing times or on an as needed basis to help calm agitation, restlessness, and anxiety. The energy blend was used from 10am - 11am every morning and the calming blend was used twice every evening from 3pm - 4pm and 5pm - 6pm.

d. Location

The main diffusers were placed in the common areas on the units. This included living rooms, activity areas, and dining rooms depending on the layout of the unit. Our staff also used

personal pendants on an individual basis which consisted of diffusing necklaces and diffusing pins.

e. Equipment

There were one to two large water diffusers on each unit that were timed to diffuse for one hour. There were also necklaces with a charm that held an exposed lava bead. The lava bead works as a diffuser of the oil until it dries. Once it is dry, new oil can be used with no worry of mixing separate oil scents. Diffuser pins made out of terra cotta clay worked similarly.

Part of the grant was also allocated to sensory materials. This list included balls and water mats, realistic baby dolls, realistic kittens, busy boards, activity aprons, aqua paint, and puzzles. These products were not included in the research evaluation as the research focused on the impact of the essential oil diffusion schedule.

f. Resident Selection

Due to the specific benefits of the oils used, it was deemed most pertinent to focus on our unit that would see the most benefit. Because these oil blends focus on many symptoms of dementia, anxiety, and depression, the memory unit was selected. It is a closed unit, which can help eliminate outside factors interfering with the program. Another benefit was the consistency in unit staff, as they were familiar with each resident and their behavioral tendencies.

Consideration was taken to account for residents exiting the program as well as the nature of dementia. Dementia is a progressive disease that is experienced differently by each individual. It was to be expected that some residents would not be able to complete the program due to leaving the facility, passing away, etc. Alternatively, some residents were admitted to the facility after the program had commenced. It was decided that only residents who were able to complete the program from start to finish would be included in the final data. This would prevent data from being skewed by results of residents who did not receive the full time to benefit from the study.

g. Resident Safety

All oils were kept in a locked and secure area on unit. Residents did not have access to oils for personal use. Only staff was allowed to administer oils in the diffusers and on an individual basis. Diffusers were used in supervised common areas.

IV. Program Implementation

a. Preparation

Aromatherapy equipment was purchased with the funds provided by the grant. The three specific essential oil mixtures were purchased, as well as diffusers designed to be used in common areas. Personal aromatherapy pendants were procured and distributed to residents with more acute needs. A variety of sensory equipment was procured and distributed to the participating units. While the sensory equipment has been a valuable addition to enriching the lives of residents, this study focused specifically on the effect of the aromatherapy routine, and so will be the focus of the manual.

Nursing staff and life enrichment staff were introduced to the intended program and given the information necessary to integrating this program into everyday programming. The necessary materials were distributed and the program commenced September 2018.

b. Resident Baseline

Life enrichment and nursing staff collaborated to collect baseline statistics on each resident on the participating memory care unit. Observational data was gathered in five areas: anxiety, alertness, mood, social interaction, and frustration. The five areas were rated on a frequency scale from 1-5. Observational options were: *Often(1), Frequently(2), Sometimes(3), Seldom(4), Never(5).* A copy of the observation scale form is included in the appendix (3). The observational scale will be discussed in more depth in the results section. Life enrichment and nursing staff worked in tandem so as to provide the most accurate depiction of each resident. 15 residents in total started the program at that time, though not all completed the program for a number of reasons, including graduation from the unit or a resident passing away. New residents were introduced to the unit and were able to benefit from the program, but were not included in the final data, as we were not able to follow their progress over the entirety of the 6 months of observation.

c. Data Gathering

Data was gathered by life enrichment staff once a month. Data was gathered on the same day of the week and at the same time of day to limit extraneous factors from influencing the data. Data was gathered at 11 am and 4 pm. This allowed the diffusers to run for the allotted hour and for the residents to experience the benefits. Residents were rated in on the same scale in the same five areas (anxiety, alertness, positive affect, social interaction, and frustration). This was to track the change throughout the day and from month to month. Some residents were not present during the diffusion or the data collection times for a variety of reasons (appointments, visitors, etc.). Data for these residents was still gathered, but may have been collected later in the day or on the following day. The difficulty this presented is covered more in depth in the challenges section.

V. Results

In an attempt to make the results more understandable, it was put into a graph. However, as we were rating based on a frequency scale, it is important to read a description of the data presented so as not to misjudge the graphs presented. Observations were ranked numerically on a scale in which the numbers represented the frequency of which the phenomena was observed. The scale used was: *Often(1), Frequently(2), Sometimes(3), Seldom(4), Never(5).* The five areas observed were: *anxiety, alertness, positive affect, social interaction,* and *frustration.*
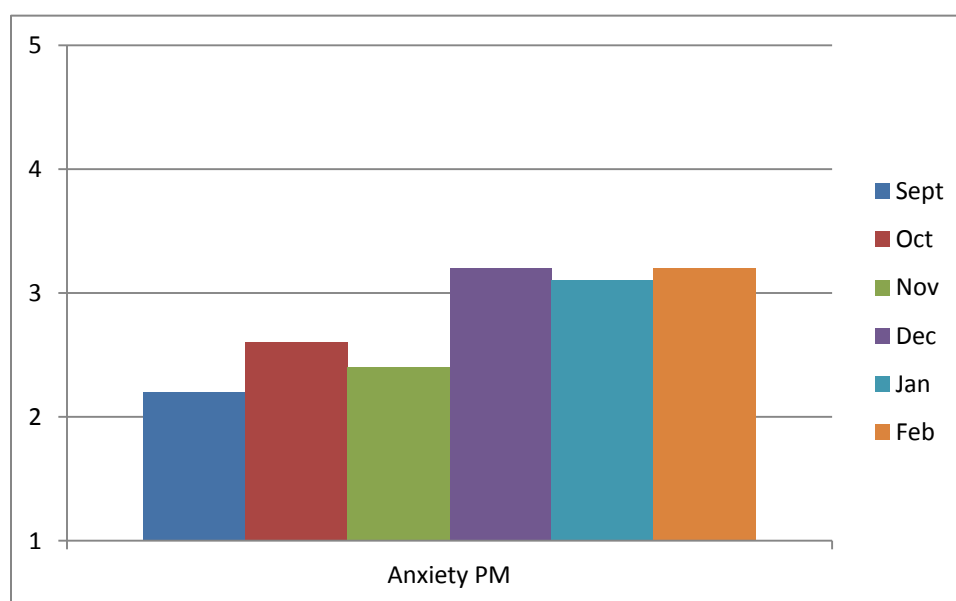
a. Anxiety

The first area of observation was *anxiety.* Life Enrichment staff was asked to rate each resident in each area using the following scale: *Often(1), Frequently(2), Sometimes(3), Seldom(4), Never(5).* Below is the accumulated data for the prompt: *Resident is showing signs of anxiety.* The data includes the average of morning and afternoon data gathered from participating residents.
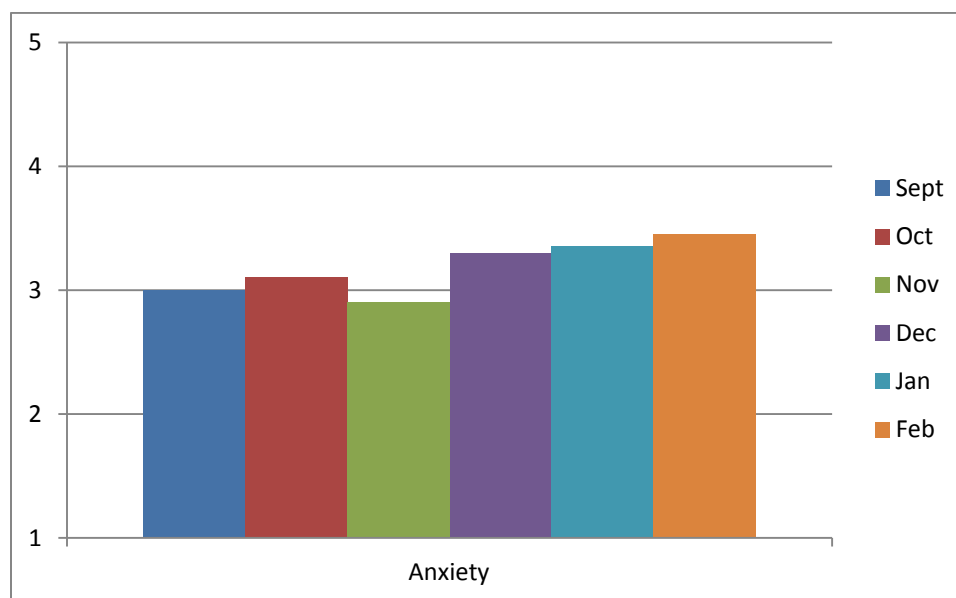
Average resident observations for the first three months stayed just around the response *Sometimes(3).* In the latter three months, the observations moved closer to between *Sometimes(3)* and *Seldom(4)* which is a small improvement. Below is a breakdown of the difference between the morning and afternoon observations.
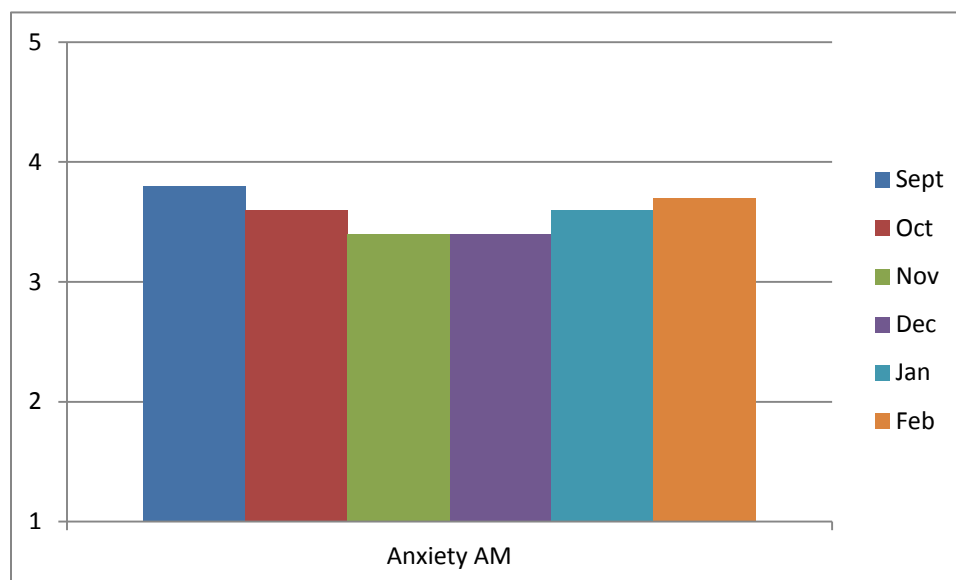
Morning observations showed that anxiety was generally between *Sometimes(3)* and *Seldom(4),* but closer to *Seldom(4)* than the daily average. November and December showed more anxiety than other months.

Afternoon observations showed higher responses of anxiety, with average responses for the first three months hovering closer to *Frequently(2).* However, there was a decrease in anxiety in the last three months, with the averages all slightly above *Sometimes(3).* Higher anxiety in the afternoons is not unexpected, as most people with dementia experience a phenomena referred to as *sundowning,* where anxiety spikes towards the end of the day. The fact that there was a decrease in afternoon anxiety as the program progressed is promising.

b. Alertness

The second area of observation was *alertness.* Life Enrichment staff was asked to rate each resident in each area using the following scale: *Often(1), Frequently(2), Sometimes(3), Seldom(4), Never(5).* Below is the accumulated data for the prompt: *Resident is alert to their surroundings.* The data includes the average of morning and afternoon data gathered from participating residents.
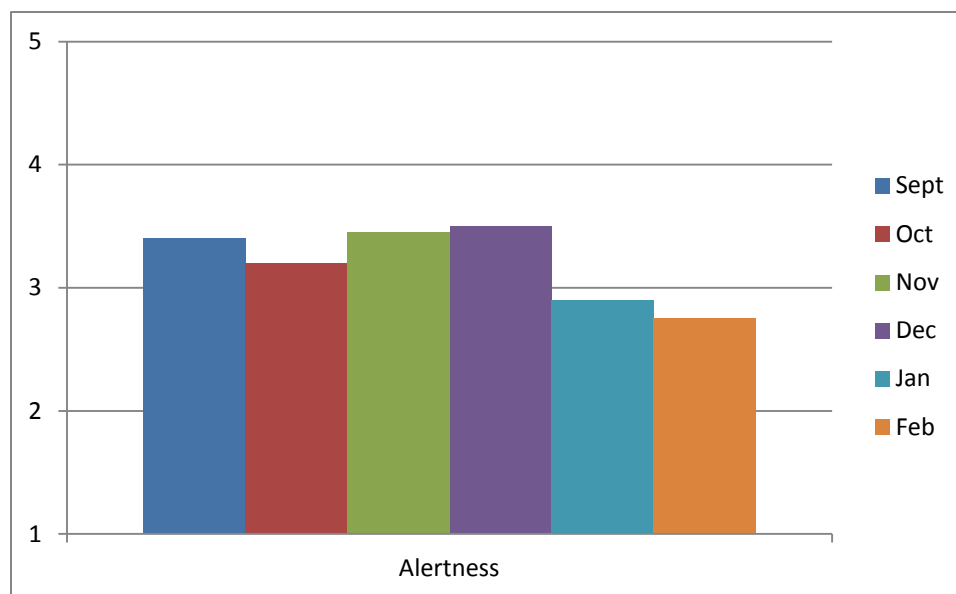
Average observations for *alertness* for the first 4 months were between *Sometimes(3)* and *Seldom(4)*, but improved slightly in the last two months to somewhere between *Sometimes(3)* and *Frequently(2).*
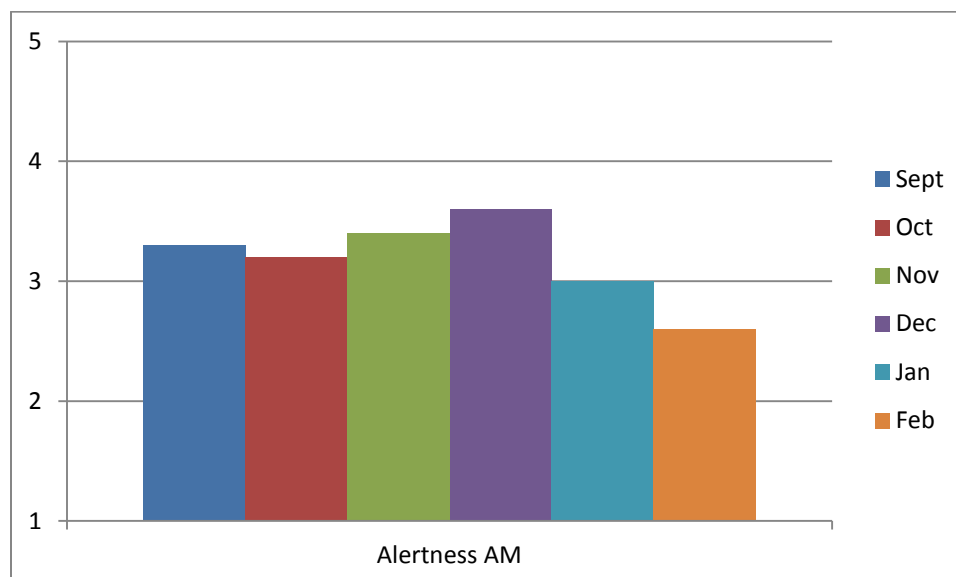
Morning *alertness* observations were very similar to the combined observation, with less morning *alertness* in the first four months and an improvement in the last two months.

Afternoon observations continued the same trend as the general and morning observations, but with less pronounced improvement in the latter two months.
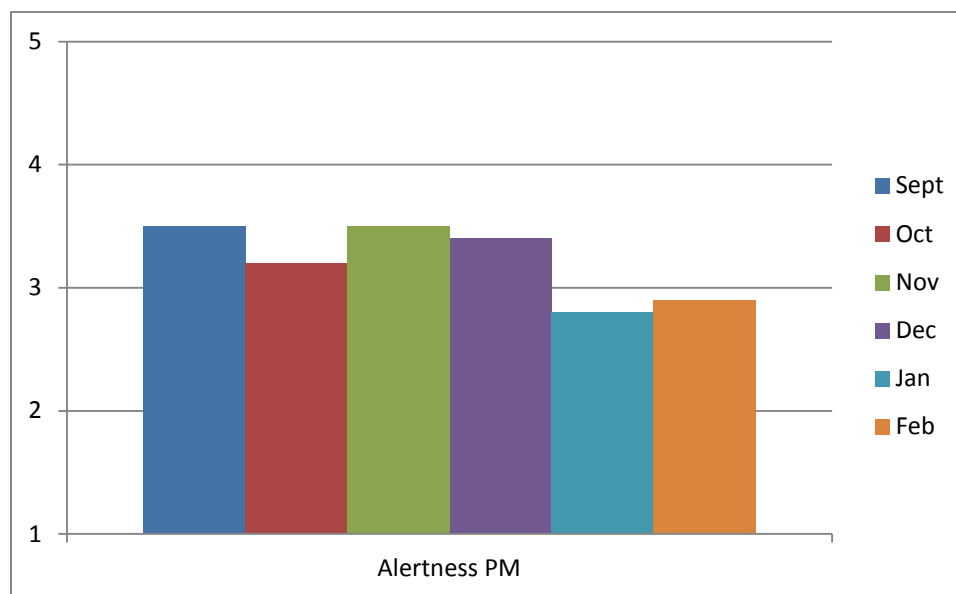
c. Positive Affect

The third area of observation was *affect.* Life Enrichment staff was asked to rate each resident in each area using the following scale: *Often(1), Frequently(2), Sometimes(3), Seldom(4), Never(5).* Below is the accumulated data for the prompt: *Resident appears to be in a positive mood.* The data includes the average of morning and afternoon data gathered from participating residents.
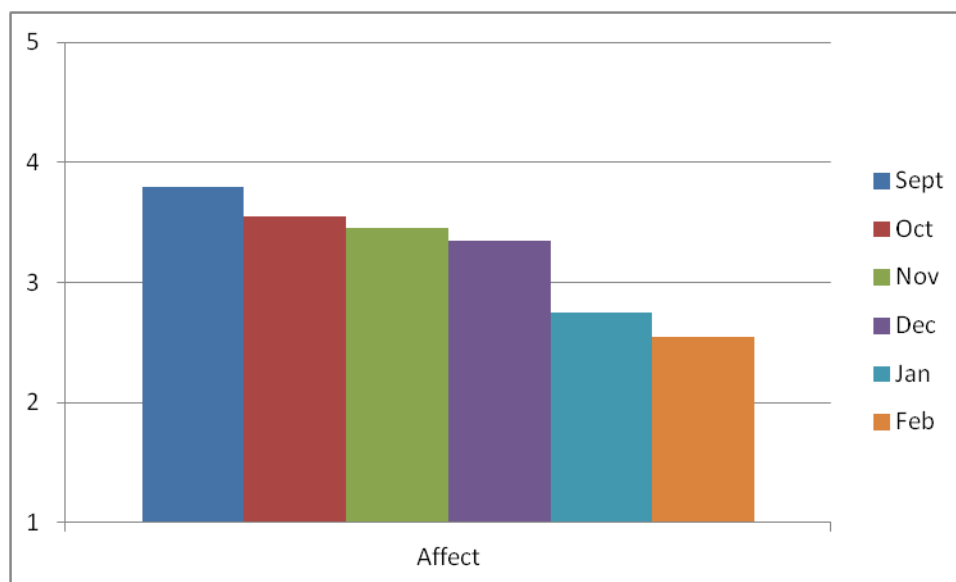
There was a steady improvement in *positive affect* each month. Observations started close to *Seldom(4)* and steadily progressed to between *Sometimes(3)* and *Frequently(2).* This was a very positive and promising outcome.
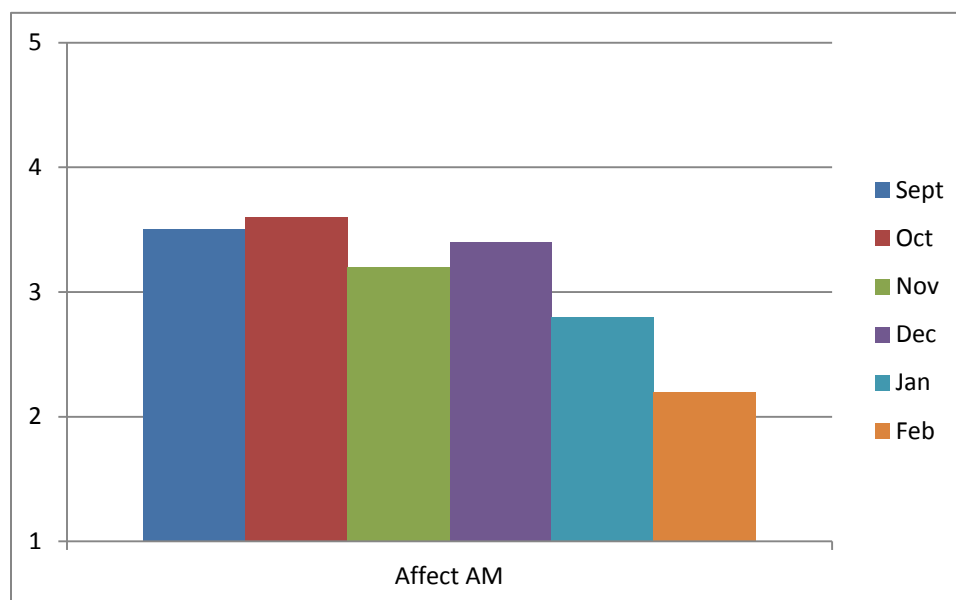
Morning observations were similar to the general observations, showing noticeable improvement of an average response close to *Frequently(2)* by February.

Afternoon observations of *positive affect* showed a similar trend to the combined and morning observations, but with responses closer to *Seldom(4)* and *Sometimes(3)* rather than *Frequently(2).* This is not surprising, considering the difficulties of sundowning, where it is normal to see more anxiety, frustration, and behaviors. However, there is still a noticeable improvement in general mood as the program progressed.
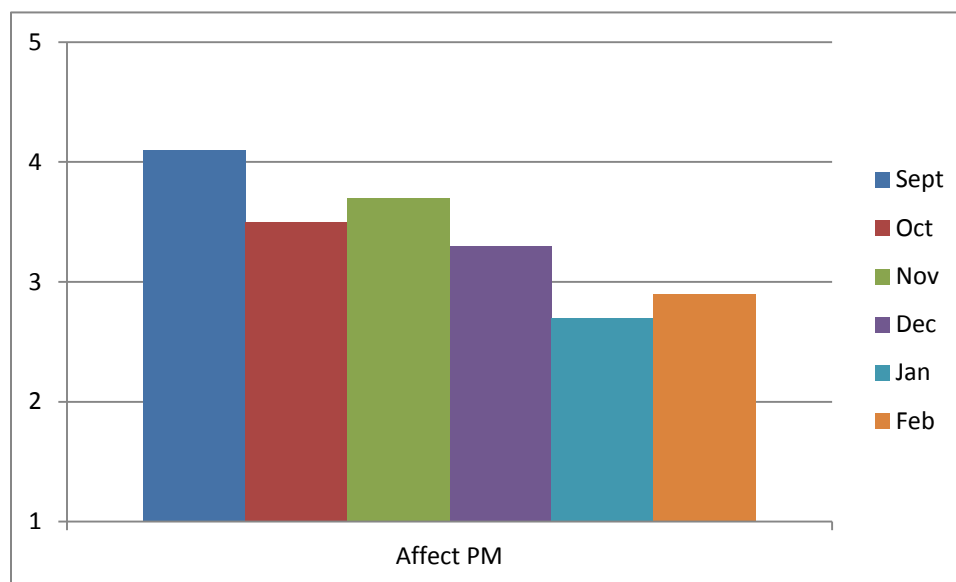
d. Social Interaction

The fourth area of observation was *social interaction.* Life Enrichment staff was asked to rate each resident in each area using the following scale: *Often(1), Frequently(2), Sometimes(3), Seldom(4), Never(5).* Below is the accumulated data for the prompt: *Resident is interacting in a social manner.* The data includes the average of morning and afternoon data gathered from participating residents.
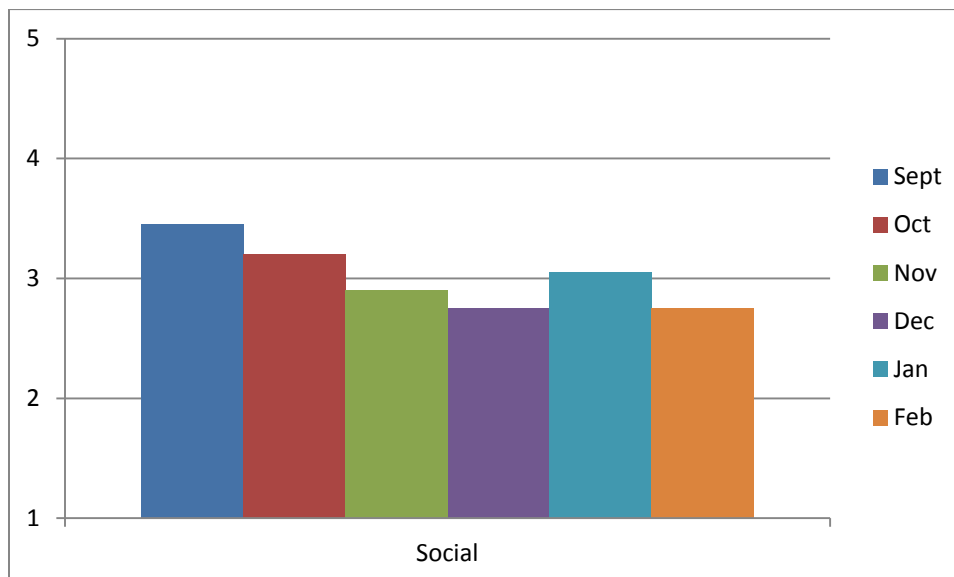
Social

Observations showed a slight improvement in *social interaction* as the months progressed. Observations started between *Seldom(4)* and *Sometimes(3),* but dropped to between *Sometimes(3)* and *Frequently(2),* but leaning closer to *Sometimes(3).* This is not a surprising trend considering the nature of dementia. Socialization and the impetus to engage with others decreases as dementia progresses.
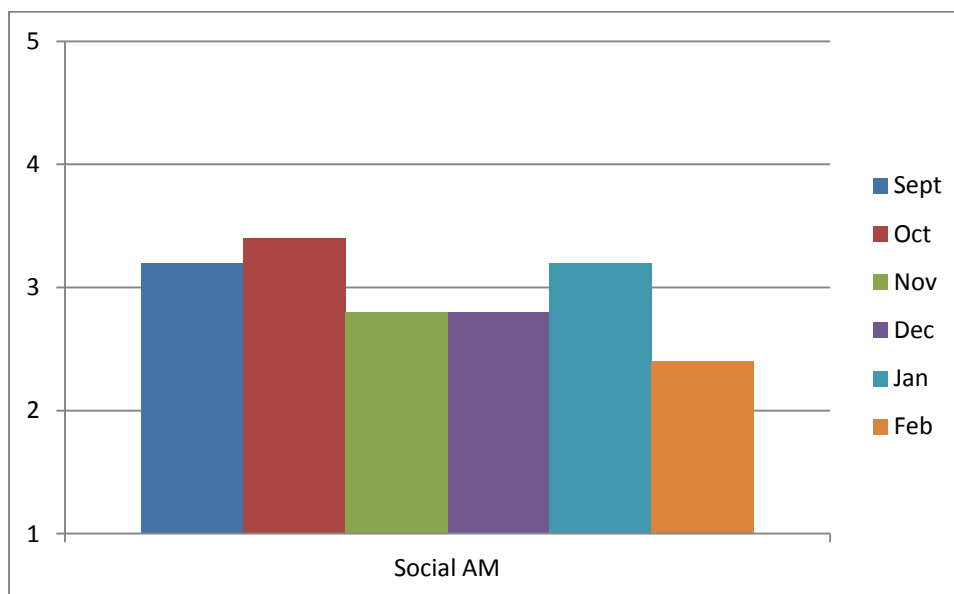
Social AM

Morning observations were similar to the combined observation scores. There were some spikes, specifically in October and January of less *social interaction*, but there was overall a trend of more *social interaction* over the six month span.

Afternoon observations showed a less pronounced progression. Aside from September, *social interaction* stayed relatively stable at *Sometimes(3).* In fact, there was a very slight regression in *social interaction* in the last two months in the afternoon.

e. Frustration

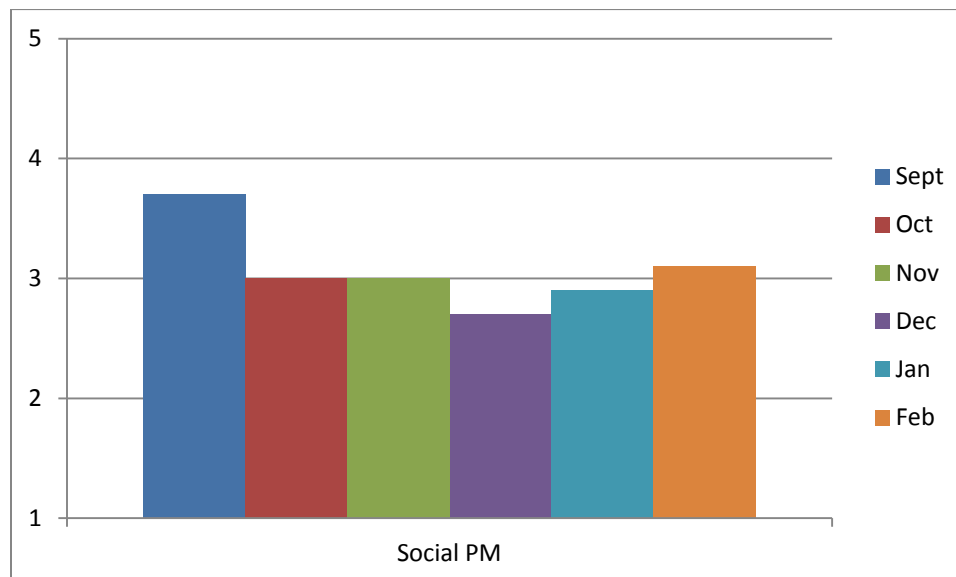The fifth and final area of observation was *frustration.* Life Enrichment staff was asked to rate each resident in each area using the following scale: *Often(1), Frequently(2), Sometimes(3), Seldom(4), Never(5).* Below is the accumulated data for the prompt: *Resident appears to be frustrated.* The data includes the average of morning and afternoon data gathered from participating residents.
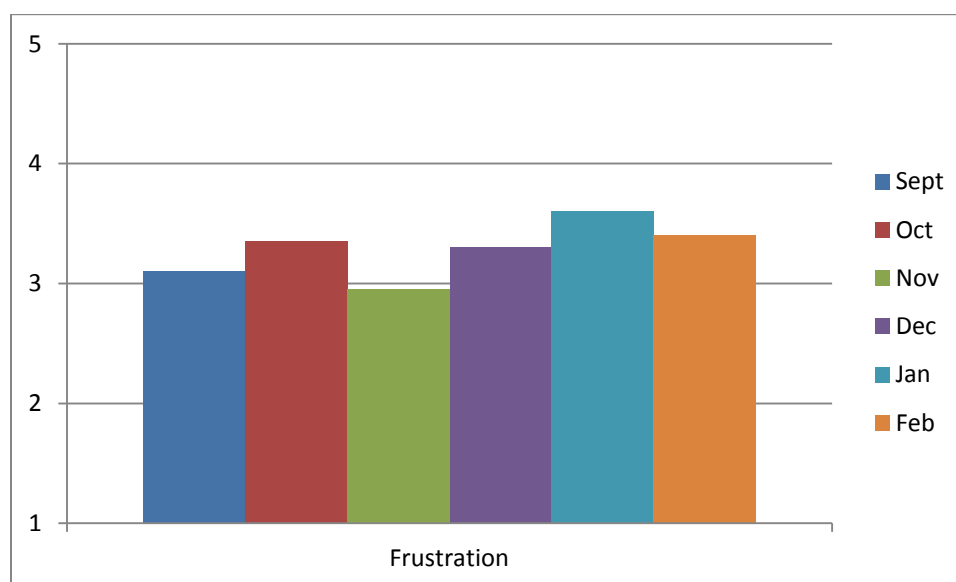
Combined observations for *frustration* stayed relatively stable around *Sometimes(3)* and trending slightly towards *Seldom(4)* in the last three months. The morning and afternoon observations show more divergence and shed more light on the changes observed.
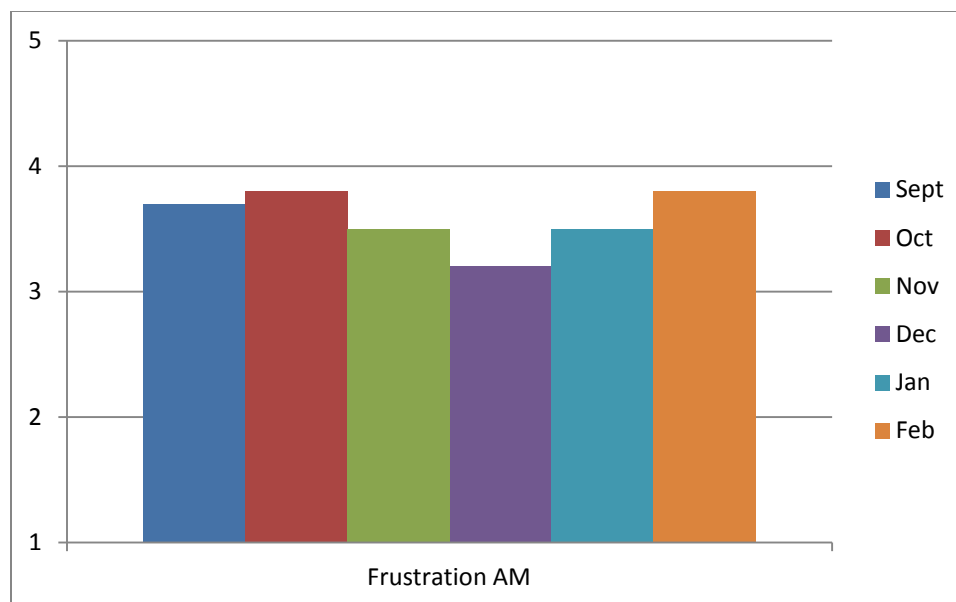
Frustration AM

Frustration observations in the morning were generally pretty stable between *Seldom(4)* and *Sometimes(3).* Residents were generally less frustrated in the mornings.
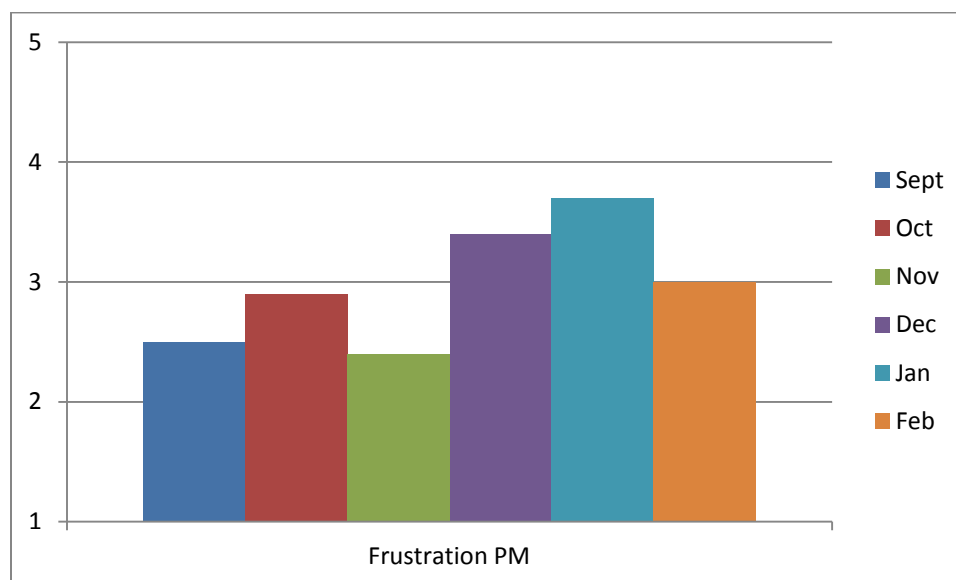
Frustration PM

Residents were generally observed to show more *frustration* in the afternoon. The first three months observations hung between *Frequently(2)* and *Sometimes(3).* The last three months showed a marked improvement with scores between *Seldom(4)* and *Sometimes(3).*

February showed an increase from the previous two months in *frustration*, but still scored as an improvement over the initial three months.

In all areas, there was some amount of improvement from the beginning of the program to the end. In some areas it was less noticeable, where in other areas there was a clear improvement. There are a number of extraneous factors that could also have contributed to the results, some of which will be covered in the section on challenges, but nonetheless, there was a noticeable improvement in the quality of life for the resident participants which can be credited to the initiation of this program.

VI. Program Challenges

There were a number of challenges faced during this program, some of which were likely avoidable and others that were unforeseen. However, it is unlikely the challenges faced impacted the results dramatically. Had we circumnavigated the challenges it is likely our finding would have been more pronounced, though likely would have followed the same trends.

a. Schedules

Both life enrichment staff and nursing staff have busy daily schedules. It was difficult on some days to follow the routine of setting up and running the diffusers three times a day. Inevitably, there were one or two days where the diffusers were missed or days where the diffusers were run half an hour to an hour late. For the most part the diffuser schedules were consistent, and the diffusers were run correctly and punctually on all days data was collected.

In addition, some residents were not present during diffusing hours for various reasons. Some residents were not able or would choose not to leave their rooms during the diffusing time, or some had appointments or visitors off unit during that time. This meant that they often did not benefit from the main area diffuser. This should be taken into consideration when viewing the results. In these events data was generally collected the next day when they were available to experience the diffuser.

b. Staff Changes

One challenge we faced was staff changes. The staff training occurred well before the program commenced, and by the time the program was initiated, much of the training had been forgotten or new staff had joined the facility. There was a large-scale restructuring of the unit where the data was gathered, which involved interviewing new and existing staff to better serve the residents. New employees received little to no training on the aromatherapy program, which made staff commitment difficult. Because of the limitation in training, many of the nursing staff were unaware of how and why the diffusers were being used. In addition, some of the staff did not enjoy the smell of the essential oils. The diffusers were still used consistently, but there were staff comments about the aroma, which hinted at a lack of

commitment to the program. With more training and understanding there may have been greater commitment to the program.

In addition to changes in unit nursing staff, there were also changes in life enrichment staff which posed a challenge. One of the main contributors to the proposal left her position at the facility three months prior to the program initiation. This was a major challenge as she was integral to the planning and preparation of the program. Upon her resignation, responsibility for the program fell on the other contributor. A new life enrichment staff member was hired to fill the position of the first contributor. This staff was present for the initiation of the program, but not for the conceptualization. Unfortunately the second contributor resigned her position in November when the program was only halfway complete. Responsibility for the program was passed on to people who were not part of the original conceptualization of the program. This posed some challenges as far as making sure the program met the criteria of the original proposal. Data collection was not interrupted and continued as planned.

c. Programming

While it was not necessarily a challenge, it is important to note that data collection occurred after a scheduled group program. Observational data was likely influenced by the content of those groups. However, these groups were generally led by the same staff member and would have similar structure and/or content so as to diminish the likeliness of impacting the data.

d. Resident Changes

Another challenge was the fluctuation of residents throughout the program. The program concluded with 10 of the original 15 residents. This is 2/3 of the starting pool of residents. Losing residents was unavoidable, as it is the nature of later stages of dementia. However, a larger sample pool may have given more insight into the efficacy of the program. The maximum capacity of the unit selected to be observed is 18 residents. At the time of the initiation of the program, there were only 15 rooms filled, which was an unforeseen difficulty. Though the number of residents increased over the time of the study, many of the new residents missed the first few months of the program and may have skewed our results. In all, we ended with an acceptable pool size, but a larger sample size might have made changes between months more significant.

e. Dementia

A big challenge, and one of the main reasons for initiating this program, is that dealing with dementia can be difficult. People with dementia often exhibit behaviors that can seem nonsensical, erratic, or disruptive. All of these are communicative, but figuring out what the behavior is communicating can be difficult. People with dementia often exhibit disruptive behaviors when anxious or frustrated, or when a physical need is not met. The introduction of

aroma therapy did not cease behaviors, but it did seem to alleviate some of the anxiety and frustration. We did not gather data on behaviors we observed, but it would be interesting to observe in another version of this study to see if there would be a noted decline in observable behaviors.

VII. Program Enhancement

While we are overall pleased with the outcome of this program, there are a number of ways a similar program could be improved in the future.

a. Increase Staff Trainings

Something we felt could have improved our performance as a facility was more trainings. Our initial trainings were brief and more of an overview. The trainings also occurred too far in advance of the initiation of the program. While it may not have been prudent to train all staff in the program, having more in depth training for the unit staff and the life enrichment staff may have yielded more noteworthy results. It is our recommendation to have more frequent trainings and refreshing courses, and making the trainings more hands-on. Most of the staff comments about the program were based around not knowing what was expected or how to run the program. Having more frequent meetings and Q&A sessions may have offered better understanding, which may have shown an increase in staff investment.

b. Sensory Programs

Though we only briefly touched on the sensory materials utilized on the unit, there were a number of items that were quite beneficial. In an effort to eliminate extraneous factors, it would be interesting to use the sensory materials in programs immediately before data collection. Sensory based programming is especially stimulating to people with dementia. Though it would be difficult to extrapolate the influence of the aroma therapy versus the influence of the sensory programming, it is likely that the utilization of both would show even more significant improvement.

c. Aroma Therapy Consultation

Though the aroma therapy specialist was integral in creating our initial program and essential oils, she was not consulted as the program was initiated or as it progressed. It would have been beneficial to have a knowledgeable aroma therapy specialist more involved in the day to day programming. This became especially apparent as staff responses to the program were received. Having an aroma therapy specialist more involved could have helped in understanding more about the scents chosen, the specific times of day, and what to expect. This also would have been helpful in formulating individualized care plans, as most staff were not experts in the application of aroma therapy in treating specific needs.

VIII. Program Summary

While there were some challenges throughout the program, we saw a trend of improvement in all areas over the course of the program. Residents were less anxious, specifically in the afternoons, which is a time of heightened anxiety for most people with dementia. Residents showed improvement in alertness, both in the morning and evening. Residents had a more positive affect over all as the program progressed. Residents has a slight increase in social behaviors by the end of the program. There was a decrease in frustration as well. In all, initiation of the program showed improvement in all areas of observation.

There are lots of different ways to work aroma and sensory therapy into everyday programming in order to enhance the lives of the aging population and those living with dementia. We at Luther Manor are excited to continue exploring and utilizing aroma therapy as we seek to enrich the lives of our seniors!

IX.   Appendix

Appendix A.

What is Aromatherapy

Aromatherapy is the use of Essentials to support health of the body.

Aromatherapy utilizes plant extracts (essential oils) in order to support the health of body, mind and spirit.

What are Essential Oils

- Essential oils are concentrated extracts from flowers, rhizomes, root, bark and stems of a plant or tree.

- Each essential oil can consist of over 200 individual chemical components. These components are specific to the oil and are responsible for its "mode of action."

How are they Made?

- Distillation
- Expression
- Solvent/absolute extraction
- CO2 Extraction
- Maceration
- Enfleurage

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How Can You Use them?

- Diffusion/Inhalation

- Topical Application

- No 🚫 Ingestion

🪷 Symptoms of Over Exposure 🪷

Headache, nausea, dizziness, shortness of breath, stomach upset, urinary disturbances. If this happens, move to an area with fresh air.

Report anything that could be an adverse reaction

🪷 Allergic Reactions 🪷

Topical
- Mild redness of the skin
- Red and slightly thickened skin, swollen skin
- Water blisters to intense swelling, redness and large blisters.

Inhalation
- Breathing difficulties, shortness of breath

discontinue use

What to do if you notice an allergic reaction

Move to an area with fresh air.
Thoroughly wash the oils off with soap and water. You can use Milk to break down the fat in the oils.

Eyes

In the event you get an EO in your eye-

Use a cotton ball with a fatty oil or milk to wash it off. The fat will soothe the irritation. Rinse eye thoroughly with saline after. Seek medical treatment if there is discomfort.

If wearing contacts do not take out contacts until eye has been initially flushed.

Rules of the Road

Proper Storage of Essential Oils

Oxygen, heat, light and moisture degrade essential oils. Always keep bottles closed and stored in a cool dark space.

Do not touch the opening of the oil container.

Wear Gloves

If you spill essential oil on skin, wash thoroughly with soap and water.

Diffusing / Inhalation

- Fill water to the line. Add 3-5 drops of essential oil into water.

> Revive Blend- Morning 1 hr. (10-11am)
> Clarity Blend- Afternoon, intervals (3-4 & 5-6pm)

- Rinse out with water at the end of the day. Allow it to dry out overnight. Use a fresh mix everyday.

- Diffuser Necklace- Add 1 drop to necklace

- Cotton Ball under the pillow- Place 2-3 drops onto cotton

Revive Blend

Lavender- headache, insomnia, nausea, sedative, antidepressant

Vetiver- anxiety, depression, nervous exhaustion, sedative

Cedarwood- sedative, anxiety, nervous tension

Ylang Ylang- sedative, headache, anger, depression,

Buddah Wood- encourages a present state of mind, grounding, balancing

Clarity Blend

Citrus- antidepressant, stabilize emotions, stimulant

Spearmint- stimulant, restorative

Rosemary- antidepressant, stimulant, restorative, clarity and mental focus
Caution with asthma or epilepsy.

Wood Oils- sedative, anxiety, nervous tension, grounding

Germ Fighter Blend

Juniper- antiseptic, antifungal, antimicrobial

Cederwood- sedative, anxiety, nervous tension

Tea Tree- antibacterial, antifungal, antimicrobial, antiseptic

Lemon- antibacterial, antifungal, antimicrobial, antiseptic

Lavender- anti-bacterial, anti-microbial, antiseptic

Orange- sedative, anxiety, nervous tension, grounding

Bergamot- antifungal, respiratory infections, flu,

Questions

Appendix B.

Diffusing / Inhalation

- Fill water to the line. Add 3-5 drops of essential oil into water.
  Begin with 3 drops, add to 5 drops if needed

Revive Blend– Morning 1 hr. 10-11am	Clarity Blend– Afternoon 1hr intervals 3-4 pm & 5-6pm	Germ Fighter– AM/PM 1 hr intervals

When diffusing be sure to turn on the interval setting

- Rinse out with water at the end of the day.
- Allow it to dry out overnight.
- Use a fresh mix everyday.

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What to do in the event of an Allergic Reaction

If resident is experiencing breathing difficulties, shortness of breath, Headache, nausea, dizziness, stomach upset   ***discontinue use***

- Move to an area with fresh air.

- If oils are spilled onto skin-thoroughly wash the oils off with soap and water.

- In the event you get an essential oil into your eye- use a cotton ball with milk or fatty oil to wash it off. Flush thoroughly with saline.

Proper Storage of Essential Oils

- Always keep bottles closed and stored in a cool, dark space.

- Wear gloves

- Do not touch the opening of the container

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Appendix C.

Aromatherapy Observation Scale   Resident _____

Unit Staff Observation

	Often	Frequently	Sometimes	Seldom	Never
Resident is showing signs of anxiety.	1	2	3	4	5
Resident is alert to their surroundings.	1	2	3	4	5
Resident appears to be in a positive mood.	1	2	3	4	5
Resident is interacting in a social manner.	1	2	3	4	5
Resident appears to be frustrated.	1	2	3	4	5

Morning Observation

	Often	Frequently	Sometimes	Seldom	Never
Resident is showing signs of anxiety.	1	2	3	4	5
Resident is alert to their surroundings.	1	2	3	4	5
Resident appears to be in a positive mood.	1	2	3	4	5
Resident is interacting in a social manner.	1	2	3	4	5
Resident appears to be frustrated.	1	2	3	4	5

Afternoon Observation

	Often	Frequently	Sometimes	Seldom	Never
Resident is showing signs of anxiety.	1	2	3	4	5
Resident is alert to their surroundings.	1	2	3	4	5
Resident appears to be in a positive mood.	1	2	3	4	5
Resident is interacting in a social manner.	1	2	3	4	5
Resident appears to be frustrated.	1	2	3	4	5