Serving Older Adults with Behavioral Health Needs

Module 4: What’s Happening with Gladys?

Presented by Oregon Health Authority, Health Systems Division and Portland State University Institute on Aging
Introductory Modules

1. The Everyday Experience of Aging

2. Behavioral Health Partners in Older Adult Behavioral Health

3. Aging Services Partners in Older Adult Behavioral Health
Clinical Modules

4. What’s Happening with Gladys?

5. Bill’s Search for Lois
6. Has Anyone Seen George?
7. We Have Another Call About Nell!
8. Behavioral Health Issues and Advance Care Planning
Meet our Multidisciplinary Team

Maureen C. Nash, MD, MS, FAPA

Judy Hart, PsyD
Mental Health Clinician

Liz Bartell, MSW, LCSW Consultant
Gladys’ Team

Maureen C. Nash
Primary Care Physician

Judy Hart
Clinical Psychologist

Liz Bartell
Options Counselor, ADRC
Objectives

• Describe symptoms of anxiety in older adults, especially as related to fear of falling.

• Explain how anxiety can be detrimental to mental and physical health.

• Summarize the roles of aging services, behavioral health providers, and primary care in recognizing, assessing and treating older people with anxiety disorders.
Objectives

• Describe symptoms of anxiety in older adults, especially as related to fear of falling.

• **Explain how anxiety can be detrimental to mental and physical health.**

• Summarize the roles of aging services, behavioral health providers, and primary care in recognizing, assessing and treating older people with anxiety disorders.
Objectives

- Describe symptoms of anxiety in older adults, especially as related to fear of falling.
- Explain how anxiety can be detrimental to mental and physical health.
- Summarize the roles of aging services, behavioral health providers, and primary care in recognizing, assessing and treating older people with anxiety disorders.
What did you notice?
What did you notice?

Are Gladys’ worries excessive?
Falling: The most frequently reported fear

In older adults:
- 29–54%
- Falls increase risk of early death
- Most fractures are caused by falls
- Falls, including those without injury, lead to fear of falling

(Bryant et al., 2013; CDC, Home and Recreational Safety—Falls)
What did you notice?

Are her worries interfering with her quality of life?

Is her health at risk?
Anxiety in older adults

• 10–15.3% diagnosable anxiety disorders

• 15–52.3% sub-syndromal anxiety symptoms

(Yochim, Mueller, & Segal, 2013)

(Byers et. al., 2010)
Symptoms of anxiety in older adults

- Under-recognized
- Increasingly varied
- May be qualitatively different than for younger adults

(Anxiety and Depression Association of America)
Symptoms of anxiety

• Affective
• Physical
• Cognitive
Affective symptoms

• Irritability
• Edginess
• Depression
• Social anxiety
• Panic

(Health Harvard, Staying Healthy, Anxiety and Physical Illness)
Physical symptoms

- Racing heart
- Difficulty sleeping
- Muscle tension
- Fatigue
- Restlessness
- Headaches
- Back pain
- Nausea
- Breathlessness
- Heart disease
- Respiratory disorders
- Gastrointestinal disorders

(ADAA, Living with Anxiety)
Cognitive symptoms

• Decreased executive functioning
• Impaired memory
• Worry that is difficult to control
• Rumination
What the Client Services Coordinator noticed

- Worry, fearfulness
- Rumination
- Not doing routine activities:
  - leaving the apartment
  - using available transportation
  - grocery shopping
  - walking outdoors
- Trouble relaxing, poor sleep
- Continued pain in hip
- Feeling weak and shaky
The role of Options Counselor

• Talks with consumers and family members about needs, values, and preferences
• Provides information about available services
• Helps individuals make informed decisions
Behavioral Health Specialist

Home visits
(in person, via technology)
• Increase access
• Reduce effects of stigma
• Provide context
• Best practice
Primary Care Provider
Possible diagnoses

• Anxiety
• Depression
• Orthostatic hypotension
• Medication side effects
Assessment

• Recent history
• Physical exam
• Fall risk assessment:
  • Orthostatic hypotension
  • “Get Up and Go”
  • Review of medication
• Anxiety assessment
• Family support
Assessment

• Some things to ask:
  • Do you worry more than other people you know?
  • How much time do you spend worrying?
  • Do your health care providers, family, or friends say that you get too nervous or worry too much?
  • Would others describe you as a worrier?
  • Do you avoid doing certain things because they make you worried, anxious?
Anxiety: Screening tools

Symptom overlap in GAD and Depression

GAD-7 for generalized anxiety disorder
PC-PTSD, used in primary care, the VA, and other settings to screen for PTSD
Life Event Checklist (LEC)
PCL-C for PTSD

(ADAA, GAD Depression Symptoms)
(SAMHSA, Clinical Practice Screening)
Anxiety: Screening tools

Specific assessment for:
- Generalized Anxiety Disorder (GAD)
- Obsessive-Compulsive Disorder (OCD)
- Panic Disorder
- Posttraumatic Stress Disorder (PTSD)
- Social Anxiety Disorder
- Specific Phobias
- Family Members
- Depression
Risks for Gladys

• Misdiagnosis

• Failure to recognize and treat anxiety, leading to:
  • Social isolation
  • Depression
  • Deconditioning, loss of function
  • Increased risk for depression

• Poor quality of life
Highlights from the case conference

<table>
<thead>
<tr>
<th>Options Counseling</th>
<th>Behavioral Health</th>
<th>Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identified “red flags” for anxiety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial Referrals (behavioral health, primary care)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engaging the family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exploring service eligibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helping to access evidence-based physical activities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Highlights from the case conference

<table>
<thead>
<tr>
<th>Options Counseling</th>
<th>Behavioral Health</th>
<th>Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identified “red flags” for anxiety</td>
<td>Identified Gladys’ goals</td>
<td></td>
</tr>
<tr>
<td>Initial Referrals (behavioral health, primary care)</td>
<td>Assess for anxiety</td>
<td></td>
</tr>
<tr>
<td>Engaging the family</td>
<td>Referral to primary care</td>
<td></td>
</tr>
<tr>
<td>Exploring service eligibility</td>
<td>Physician release form</td>
<td></td>
</tr>
<tr>
<td>Helping to access evidence-based physical activities</td>
<td>Exposure therapy (evidence-based)</td>
<td></td>
</tr>
</tbody>
</table>
## Highlights from the case conference

<table>
<thead>
<tr>
<th>Options Counseling</th>
<th>Behavioral Health</th>
<th>Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identified “red flags” for anxiety</td>
<td>Identified Gladys’ goals</td>
<td>Physical exam, including assessing for:</td>
</tr>
<tr>
<td>Initial Referrals (behavioral health, primary care)</td>
<td>Assess for anxiety</td>
<td>• orthostatic hypotension</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• medication review</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• gait</td>
</tr>
<tr>
<td>Engaging the family</td>
<td>Referral to primary care</td>
<td>Deconditioning and increased fall risk</td>
</tr>
<tr>
<td>Exploring service eligibility</td>
<td>Physician release form</td>
<td>Eliminate unnecessary medications</td>
</tr>
<tr>
<td>Helping to access evidence-based physical activities</td>
<td>Exposure therapy (evidence-based)</td>
<td>Anxiety medications: behavioral therapy and social support first</td>
</tr>
</tbody>
</table>
Treatment works!

• **Exposure Therapy**—gradual exposure to a feared situation
  - Cognitive-Behavioral Therapy (CBT)
  - Acceptance Commitment Therapy (ACT)
  - Dialectical Behavioral Therapy (DBT)
  - Interpersonal Therapy (IPT)
  - Eye Movement Desensitization and Reprocessing (EMDR)
• Medication
• Progressive muscle relaxation
• Deep breathing
• Meditation
Anxiety resources

• Anxiety and Depression Association of America
  (ADAA, Living with Anxiety)

• National Institute on Senior Health
  (NIH Senior Health, Anxiety Disorders)
Resources—Aging Services

• The Aging & Disability Resource Connections (ADRC)
  www.ADRCofOregon.org;
  1-855-ORE-ADRC (673-2372)

• No wrong door
• Family engagement
• Referral to behavioral health services
• Evidence based health promotion services (senior centers)
  • Falls prevention (e.g., Tai Chi, Walk with Ease)
• ADRC Mental Health Initiatives
  • For example, PEARLS, Healing Pathways

(www.ADRCofOregon.org)
Resources—Falls Prevention (primary care)

- “Get Up and Go” test
- Testing for orthostatic hypotension
- Primary care providers, ask:
  - Have you fallen in the past year?
  - Do you feel unsteady when standing or walking?
  - Do you worry about falling?

(CDC, STEADI)
What is happening in your community?

• Do you “know” Gladys?

• What happens in your community?
  • Identifying anxiety
  • Reducing fall risk
  • Working across agencies
  • Providing support
Additional Clinical Modules

5. Bill's Search for Lois
6. Has Anyone Seen George?
7. We Have Another Call About Nell!
8. Behavioral Health Issues and Advance Care Planning
Acknowledgments

This training was developed by Portland State University on behalf of Oregon Health Authority, Health Systems Division
Special thanks to:

**Actors:**
- *Gladys*: Jill D’Aubery
- *Client Services Coordinator*: Micki Selvitella

**Multidisciplinary Team:**
- Judy Hart, PsyD, Mental Health Clinician
- Liz Bartell, MSW, LCSW, Consultant
- Maureen C. Nash, MD, MS, FAPA

**Narrator:**
- David Loftus
Special thanks to:

Oregon Health & Science University EdCOMM:

• Manager, Creative Services: Larry Dlugas
• Photography: Jeff Ball, Aaron Bieleck and David Wakeling
• Videography: Jeff Ball, Steven Wong, Jr. and David Wakeling
• Editing: David Wakeling

Editing by Karen R. Jones
This training was prepared by Portland State University

- Project Director: Diana White
- Project Co-director: Linda Dreyer
- Project Manager: Natasha Spoden
- Project Staff: Alan DeLaTorre, Aubrey Limburg, Julie Reynolds, Megan Rushkin and Sheryl Elliott
- Project Graduate Research Assistants: Candace Lewis Laietmark, Litxia Barrett and Lu Pang
- Project Staff Support by: LeAnne Fettig