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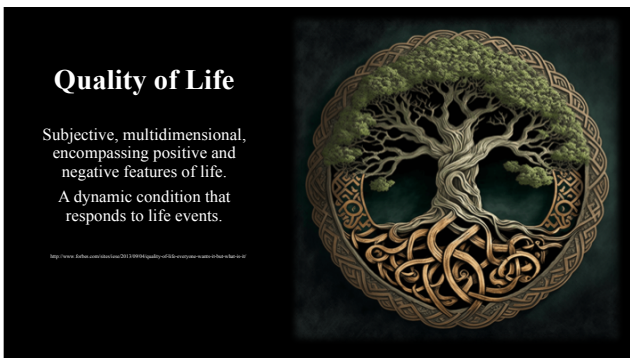
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### A Changing Demographic

- Major changes in the demographic profile of the United States are under way, and these changes are projected to accelerate in the next several decades. Important demographic shifts include:
  - The aging of the population and the projected growth of the oldest old (those 85 years of age or more);
  - The changing racial and ethnic composition of the population resulting from immigration and the rapid growth rates of the minority populations, especially those of Hispanic and Asian origin;
  - The shifts in family patterns (particularly the trend toward smaller family size, childlessness, and divorce); and
  - Increasing poverty.

Source: Institute of Medicine (IOM) Committee on the Adequacy of Nursing Staff in Hospitals and Nursing Homes; Wanderlich GS, Skow F, Davis CK, editors. *Nursing Staff in Hospitals and Nursing Homes: Is It Adequate?* Washington (DC): National Academies Press (US); 1996. 2. Implications of Population Change. Available from: <https://www.ncbi.nlm.nih.gov/books/BNB22061/>

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### A Changing Demographic

The growth in the number of older people of different racial and ethnic backgrounds, changes in disability rates among the different racial and ethnic groups, and patterns of both formal and informal long-term supportive service use among these groups need to be considered in state and national planning for future long-term services.

[https://www.aarp.org/home-garden/livable-communities/info-2005/6119\\_bc.html](https://www.aarp.org/home-garden/livable-communities/info-2005/6119_bc.html)

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### Profile Of The Population That Assisted Living Now Serves Judith Graham, December 3, 2022 The Washington Post

- Residents are older, sicker and more compromised by impairments than in the past:
  - 55 percent are 85 and older;
  - 77 percent require help with bathing;
  - 69 percent with walking; and
  - 49 percent with toileting, according to data from the
- More than half of residents have high blood pressure;
- A third or more have heart disease or arthritis;
- Thirty-one percent have been diagnosed with **depression**;
- **11% have a serious mental illness**; and
- **42% have dementia or moderate-to-severe cognitive impairment.**

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### Increased Numbers of Disabled Young Adults

- The number of children and young adults with disabilities is increasing.
- Life-saving and life-prolonging medical care and new technologies have increased the survival of seriously ill younger people.
- These children, teens and young adults will need long-term care to assist them in their homes or in nursing homes and residential facilities.

LTC Panel Report 2009

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# COMORBIDITY

*Substance Use and Other Mental Disorders*

**SUBSTANCE USE DISORDERS**

**MENTAL DISORDERS**

When a person has one or more disorders at the same time and the effect of one disorder has a direct bearing on the other, the disorders are comorbid. This can occur because substance use and mental disorders commonly share the same causes and because the disorders can affect each other.

**COMORBIDITY**

When a person has one or more disorders at the same time and the effect of one disorder has a direct bearing on the other, the disorders are comorbid. This can occur because substance use and mental disorders commonly share the same causes and because the disorders can affect each other.

Source: National Institute on Drug Abuse, *Drug Facts*, 2010. [www.drugfacts.org](http://www.drugfacts.org)

**NIDA** National Institute on Drug Abuse

**NIH** National Institutes of Health

**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES**

<http://newoldage.blogs.nytimes.com/2013/04/29/a-rising-tide-of-mental-distress/>

### LGBTQ - A Growing Population

- More than 39 million people in the U.S. are age 65 years or older including 2.4 million people who identify as lesbian, gay, bisexual or transgender (LGBT).
- As the baby boomer generation ages, the older adult population will increase from 12.8 percent to an estimated 19 percent in 2030.
- Psychological service providers and care givers for older adults need to be sensitive to the histories and concerns of LGBT people and to be open-minded, affirming and supportive towards LGBT older adults to ensure accessible, competent, quality care.

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### Sexuality and Sexual Expression

- Transgender older adults face profound challenges and experience striking disparities in areas such as quality of health and access to health care services, mental health care, employment, housing and other areas of livelihood.
- Many transgender elders routinely encounter both a health care system and a national aging network that are ill-prepared to provide culturally competent care and services and create residential environments that affirm the gender identities and expressions of transgender older people.

Source: <https://transequality.org/issues/aging>

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### Accommodation of a **Fading** Personality




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*Reactions*

**What Keeps Us from Better Behavior?**

“When you don’t get what you want  
(or need), you get an attitude.”

-Regina, (57), Brooklyn, NY  
Nursing Home Resident

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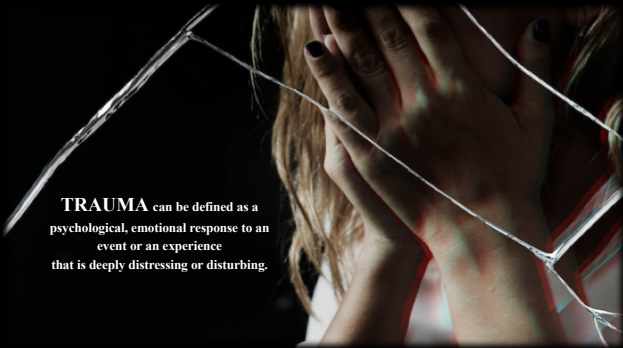
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**TRAUMA** can be defined as a psychological, emotional response to an event or an experience that is deeply distressing or disturbing.

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**CULTURE:**  
The set of *shared attitudes, values, goals, and practices* that characterizes a company, corporation, or community.

**Cultural Competence**  
the ability to understand, communicate with and effectively interact with people across cultures.



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- Known or potential triggers to behavior
- Known self-soothing remedies
- The pre-dementia or pre-illness personality
- Social and occupational history
- Family dynamics
- Preferences and routines

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### What to Ask

- Feelings about communal living and shared environments?
- Likes/dislikes about other people?
- How do you express yourself when you are angry, frustrated or upset?
- What things do you do to comfort yourself at times when you feel this way?
- What things are stressful for you?
- What are your current life goals and aspirations?
- Are sexually active or have sexual needs?



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### Causes of Mental Health Problems

- Life involvements such as mistreatment or shock
- Family history of psychological health problems
- Natural factors like the brain chemistry and the genes

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### Recognizing Mental Health Needs

Early Caution Signs in Seniors

- Shouting or fighting with friends and families
- Feeling desperate or helpless
- Having mysterious pains
- Feeling emotionless or nothing matters
- Feeling strangely confused, angry, upset, worried or scared
- Thinking of hurting yourself or others
- Prolonged depression
- Substance abuse
- Changes in sleeping and eating patterns

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### Assessing Mental Health Needs

- **Cognition:** memory, orientation, concentration, abstract thinking.
- **Speech:** volume, the quantity of information, disturbances in language and meaning.
- **The content of thought:** suicidal thoughts, continuity of ideas and delusions.
- **Perceptions:** illusions, perceptual conflicts.
- **Insight:** level of the individual's awareness of the problem.

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### Differential Diagnosis

The process of differentiating between probability of one disease versus that of other diseases with similar symptoms that could possibly account for illness in a patient.

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### Age-Of-Onset for Schizophrenia

- Although the course of schizophrenia varies among individuals, schizophrenia is typically persistent and can be both severe and disabling.
- Schizophrenia is typically diagnosed in the late teens years to early thirties, and tends to emerge earlier in males (late adolescence – early twenties) than females (early twenties – early thirties).
- More subtle changes in cognition and social relationships may precede the actual diagnosis, often by years.

<https://www.nimh.nih.gov/health/statistics/schizophrenia>

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### Diagnosis

Diagnosis of schizophrenia involves ruling out other mental health disorders and determining that symptoms are not due to substance abuse, medication or a medical condition. Determining a diagnosis of schizophrenia may include:

- **Physical exam.** This may be done to help rule out other problems that could be causing symptoms and to check for any related complications.
- **Tests and screenings.** These may include tests that help rule out conditions with similar symptoms, and screening for alcohol and drugs. The doctor may also request imaging studies, such as an MRI or CT scan.
- **Psychiatric evaluation.** A doctor or mental health professional checks mental status by observing appearance and demeanor and asking about thoughts, moods, delusions, hallucinations, substance use, and potential for violence or suicide. This also includes a discussion of family and personal history.
- **Diagnostic criteria for schizophrenia.** A doctor or mental health professional may use the criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association.

<https://www.mayoclinic.org/diseases-conditions/schizophrenia/diagnosis-treatment/drc-20354449>

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- 1 in 9 LTC residents across the country have a diagnosis of schizophrenia.
- According to CMS tracking in 2021, 15% of residents are prescribed an antipsychotic medication (does not account for those with schizophrenia diagnosis).
- 2021 study indicated 20%-70% of people with dementia will develop psychosis as part of the condition.

[illegible]

- Mental illnesses have been found in some of the U.S.'s most loathsome killers throughout history.
- It's important to note that most people suffering from these illnesses do not commit any violent offenses, especially if given proper treatment and social support.
- Mental illness is misunderstood, often leading to bias in housing and jobs due to the perception that those afflicted pose some threat of harm to others.

[illegible]

# Symptoms of Schizophrenia



- Hallucinations
- Delusions
- Disorganized thinking
- Lack of motivation
- Slow movement
- Change in sleep patterns
- Poor grooming or hygiene
- Changes in body language and emotions
- Loss interest in social activities

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## Treatment

- Schizophrenia requires lifelong treatment, even when symptoms have subsided.
- Treatment with medications and psychosocial therapy can help manage the condition.
- In some cases, hospitalization may be needed.



<https://www.mayoclinic.org/diseases-conditions/schizophrenia/diagnosis-treatment/dtc-20354449>

## Medications

- Medications are the cornerstone of schizophrenia treatment, and antipsychotic medications are the most commonly prescribed drugs. They're thought to control symptoms by affecting the brain neurotransmitter dopamine.
- The goal of treatment with antipsychotic medications is to effectively manage signs and symptoms at the lowest possible dose. It can take several weeks to notice an improvement in symptoms.
- Because medications for schizophrenia can cause serious side effects, people with schizophrenia may be reluctant to take them.

<https://www.mayoclinic.org/diseases-conditions/schizophrenia/diagnosis-treatment/dtc-20354449>

## Hallucinations and Delusions

- Hallucinations and delusions can be symptoms of a number of different mental illnesses. Some types of drugs (legal or illegal) may also induce hallucinations and delusions.
  - Hallucinations are when a person senses (sees, hears, feels, smells, tastes) things that do not exist.
  - Delusions are when a person holds personal beliefs that are false, inaccurate or exaggerated (e.g., that people are after them, that they are royalty or a spy or a specific well-known person such as Elvis Presley or the Pope).

<chrome-extension://cfdab8mmshpajpgldfndnkgjhttps://www.publicaffairs.gc.ca/files/actives/comics-plus/tn34078-2005-6-eng.pdf>

## Hallucinations and Delusions

- The most frequent hallucination involves hearing, and often includes hearing voices which tell the person to do something (known as command hallucinations).
- Signs that a person is suffering from auditory (hearing) hallucinations may include:
  - When he or she appears preoccupied and unaware of their surroundings;
  - Talks to him or herself;
  - Has difficulty understanding or following conversations; and
  - Misinterprets the words and actions of others.
- The person may also isolate themselves or use radio or other sounds to tune out the voices.

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## Hallucinations and Delusions

- Signs that a person may be experiencing other types of hallucination (visual, tactile, smell, taste) include:
  - Visual focus on something you cannot see;
  - Touching, scratching or brushing things off themselves;
  - Sniffing or holding their nose;
  - Spitting out food, etc., when there is no apparent reason to do so.




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## Responding to Hallucinations

A person experiencing hallucinations may be very frightened by them and needs your help in establishing a calm environment.

- Do not invade personal space or touch them without permission.
- Speak slowly, calmly and quietly, using simple concrete language.
- Be patient – it may take the person longer to process information.
- Reduce stimuli: turn off radios, televisions, bright lights, or anything else that may cause stress.
- Address the person by name or, if you don't know it, ask them how they would like to be addressed.

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### Hallucinations and Delusions

- Paranoid delusions are usually evidenced by:
  - Extreme suspicion, fear, isolation;
  - Insomnia (for fear of being harmed while asleep);
  - Avoidance of food and/or medication (for fear of poisoning); and
  - Sometimes violent actions.
- A person experiencing paranoid delusions has extreme difficulty trusting others, will frequently misinterpret others' words and actions, and experience ordinary things in his or her environment as a threat.

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### Responding to Delusions

Until you know the content and context of the delusion, keep a safe distance or some barrier (such as a piece of furniture) between the two of you.

- Do not touch the person without permission.
- Position yourself at the person's level if it is safe to do so.
- Do not whisper or laugh, as this may be misunderstood and may increase paranoia.
- Remember that someone experiencing delusions may not always be honest about what they think or believe; especially if their delusions are paranoid, the person may not trust you enough to be honest.

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### Responding to Delusions

- Ask questions about what the delusion is all about, particularly any elements which indicate the potential for harming self or others (e.g. "Are you having any thoughts about hurting yourself or others?")
- Do not attack delusions or try to argue or convince the person that the thoughts are wrong or not real.
- Don't say that you believe in the delusion; instead explain "I believe you are telling me this is as you see it."
- Do not smile or shake your head when the person speaks – this may lead to misunderstanding.
- Ask whether there is anything you can do to make the person feel more comfortable, and explain your intentions before you act.
- It is important to assure the person that they are safe, that you are not going to harm them.
- Earning trust in order to help the person and maintaining safety is the goal.

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## Schizoaffective Disorder

- A chronic mental health condition characterized primarily by symptoms of schizophrenia, such as hallucinations or delusions, and symptoms of a mood disorder, such as mania and depression.
- Many people with schizoaffective disorder are often incorrectly diagnosed at first with bipolar disorder or schizophrenia. Because schizoaffective disorder is less well-studied than the other two conditions, many interventions are borrowed from their treatment approaches.

<https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Schizoaffective-Disorder>

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| Schizophrenia  | Schizoaffective disorder  |
|--|---|
| Two (or more) of the following, each present for a significant portion of the time during a 1-month period (or less if successfully treated). At least 1 of these must be delusions, hallucinations, or disorganized speech. (Criterion A) <ul style="list-style-type: none"> <li>• Delusions</li> <li>• Hallucinations</li> <li>• Disorganized speech (eg, frequent derailment or incoherence)</li> <li>• Grossly disorganized or catatonic behavior</li> <li>• Negative symptoms (ie, diminished emotional expression or avolition)</li> </ul> | An uninterrupted duration of illness during which there is a major mood episode (manic or depressive) in addition to Criterion A for schizophrenia; the major depressive episode must include depressed mood. |
| Continuous signs of the disturbance persist for at least 6 months. Must include at least 1 month of symptoms (or less if successfully treated that meet the above Criterion A).  | Hallucinations and delusions for 2 or more weeks in the absence of a major mood episode (manic or depressive) during the entire lifetime duration of the illness.   |
| Schizoaffective disorder and depressive or bipolar disorder with psychotic features have been ruled out.   | Symptoms that meet the criteria for a major mood episode are present for the majority of the total duration of the active as well as residual portions of the illness.  |
| The disturbance is not attributable to the physiological effects of a substance (eg, a drug of abuse, a medication) or another medical condition.  | The disturbance is not attributable to the physiological effects of a substance (eg, a drug of abuse, a medication) or another medical condition.   |

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### Bipolar Disorder\*

- A mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration.
- These shifts can make it difficult to carry out day-to-day tasks.

\* (Formerly called manic-depressive illness or manic depression.)

<https://www.nimh.nih.gov/health/topics/bipolar-disorder?rct= bipolar%20disorder%20formerly%20called%20manic-depressive%20illness%20or%20manic-depression>

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## Bipolar Disorder

- There are three types of bipolar disorder that involve clear changes in mood, energy, and activity levels.
- Moods range from periods of extremely “up,” elated, irritable, or energized behavior (known as manic episodes) to very “down,” sad, indifferent, or hopeless periods (known as depressive episodes).
- Less severe manic periods are known as hypomanic episodes.

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| Symptoms of a Manic Episode  | Symptoms of a Depressive Episode   |
|--|--|
| Feeling very up, high, elated, or extremely irritable or touchy                    | Feeling very down or sad, or anxious   |
| Feeling jumpy or wired, more active than usual                                     | Feeling slowed down or restless  |
| Having a decreased need for sleep  | Having trouble falling asleep, waking up too early, or sleeping too much         |
| Talking fast about a lot of different things (“flight of ideas”)                   | Talking very slowly, feeling unable to find anything to say, or forgetting a lot |
| Racing thoughts  | Having trouble concentrating or making decisions                                 |
| Feeling able to do many things at once without getting tired                       | Feeling unable to do even simple things  |
| Having excessive appetite for food, drinking, sex, or other pleasurable activities | Having a lack of interest in almost all activities                               |
| Feeling unusually important, talented, or powerful                                 | Feeling hopeless or worthless, or thinking about death or suicide                |

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## Bipolar Disorder vs. Depression

- Bipolar disorder and major depressive disorder are both mood disorders.
- They are similar in that both include periods of feeling low mood or lack of in everyday activities.
- Bipolar disorder, formerly called “manic depression” has periods of mania; depression does not.
- They are both serious mental disorders—different criteria for diagnosis—and both have effective treatments.

<https://www.psych.com/depression/bipolar-depression>

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### Bipolar Disorder and Comorbid Conditions

- Anxiety disorders
- Attention-deficit/hyperactivity disorder (ADHD)
- Substance use/abuse
- Eating disorders
- Psychosis - hallucinations or delusions
  - The psychotic symptoms tend to match the person's extreme mood. For example, someone having psychotic symptoms during a depressive episode may falsely believe they are financially ruined, while someone having psychotic symptoms during a manic episode may falsely believe they are famous or have special powers.

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### Suicide and Depression in Bipolar Disorder

Some people with bipolar depression feel so overwhelmed that they think suicide is the only option.

Prevention strategies include:

- Keeping a Life Chart to help identify triggers to mood episodes
- Diverting attention to productive activity
- Removing any means of suicide (guns, razors, medications the person may overdose on)
- Preventing access to alcohol and recreational drugs
- Avoiding websites that encourage negativity and suicide
- Participating in a support group

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### Coping With Bipolar Disorder

- Personalized, consistent treatment.
- Structure and routine: eating, sleeping, and exercising.
- Regular, vigorous exercise like jogging, swimming, or bicycling, can help with depression and anxiety, promote better sleep, and support heart and brain health.
- Track moods, activities, and overall health and well-being to help recognize mood swings.
- Social and emotional support.

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### Obsessive-compulsive Disorder (OCD)

- A long-lasting disorder in which a person experiences uncontrollable and recurring thoughts (obsessions), engages in repetitive behaviors (compulsions), or both.
- People with OCD have time-consuming symptoms that can cause significant distress or interfere with daily life.
- Treatment is available to help people manage their symptoms and improve their quality of life.

<https://www.msk.ash.gov/health/topics/obsessive-compulsive-disorder-ocd>

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### Signs and Symptoms of OCD

**Obsessions:** repeated thoughts, urges, or mental images that are intrusive, unwanted, and make most people anxious.



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### Common Obsessions

- Fear of germs or contamination
- Fear of forgetting, losing, or misplacing something
- Fear of losing control over one's behavior
- Aggressive thoughts toward others or oneself
- Unwanted, forbidden, or taboo thoughts involving sex, religion, or harm
- Desire to have things symmetrical or in perfect order

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### Compulsions

Repetitive behaviors a person feels the urge to do, often in response to an obsession.

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### Common Compulsions

- Excessive cleaning or handwashing
- Ordering or arranging items in a particular, precise way
- Repeatedly checking things, such as that the door is locked or the oven is off
- Compulsive counting
- Praying or repeating words silently

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### OCD Impact on Quality of Life

- Can't control their obsessions or compulsions, even when they know they're excessive.
- Spend more than 1 hour a day on their obsessions or compulsions.
- Don't get pleasure from their compulsions but may feel temporary relief from their anxiety.
- Experience significant problems in daily life due to these thoughts or behaviors.

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### Hoarding Disorder

- It's important to recognize that those who hoard are often distressed by the results of the behavior and its impact on their lives.
  - Hoarders sometimes withdraw socially so that others don't see their cluttered homes.
  - Others deny that it's a problem despite concerns voiced by friends and family members.
- For those with hoarding disorder, the compulsion to acquire belongings is out of their control and the thought of getting rid of the items causes distress.

<https://www.mcknight.com/blog/the-world-according-to-d-c-help-for-hoarders-and-those-who-care-for-them/>

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### Hoarding Disorder

- Typical hoarded items include newspapers, magazines, household goods and clothing.
- Sometimes, people with hoarding disorder accumulate a large number of animals, which are often not properly cared for.
- Hoarding disorder can lead to dangerous clutter.
- The condition can interfere with your quality of life in many ways.
  - It can cause people stress and shame in their social, family and work lives.
  - It can also create unhealthy and unsafe living conditions.

<https://my.clevelandclinic.org/health/diseases/17882-hoarding-disorder>

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### What Is The Difference Between Hoarding And Collecting?

- **Collecting** normally involves saving certain types of items, such as comic books, currency or stamps.
  - You'd carefully choose these items and typically organize them in a certain way.
  - Collecting items in this way doesn't negatively impact your daily life.
- **Hoarding** doesn't involve organization of the items in a way that makes them easy to access or use.
  - People with hoarding disorder often hoard items that have little or no monetary value, such as pieces of paper or broken toys.
  - The hoarding also negatively impacts their daily life.

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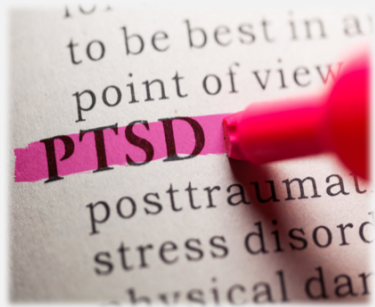
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### The Link Between Post-traumatic Stress Disorder (PTSD) and OCD

- Posttraumatic stress disorder (PTSD) and obsessive-compulsive disorder (OCD) are anxiety disorders that commonly co-occur in people with a history of trauma.
- Research shows that the likelihood of a person diagnosed with PTSD developing OCD within a year is about 30%.




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### Understanding PTSD

- PTSD may occur in people who have experienced or witnessed trauma. Trauma is an event that causes physical, emotional, or psychological distress to a person.<sup>3</sup>
- Examples may include:
  - Abusive relationship
  - Being victimized
  - Car accident
  - Death of a loved one
  - Natural disaster
  - Relationship problems (for example, a [divorce](#))

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## Diagnosing PTSD

- In order to be diagnosed with PTSD, a person must be exposed to a traumatic event and have symptoms for one month.
- These symptoms may include:
  - Avoiding reminders of the trauma
  - Experiencing reactive symptoms (for example, being easily startled or having angry outbursts)
  - Intense, repetitive memories
  - Negative thoughts (for instance, feeling detached from others)

American Psychiatric Association (APA). *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed, text revision. Washington, DC, 2022.

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## Personality Disorders

- Personalities are unique, made up of a complex combination of different traits.
- Personality traits affect how people understand and relate to the world around them, as well as how they see themselves.
- Personality traits allow flexibility in adapting to a changing environment in ways that lead to more healthy relationships with others and better coping strategies.
- When people have personality traits that are less adaptive, this leads to inflexibility and unhealthy coping.
  - For example, they may manage stress by drinking or misusing drugs, have a hard time managing their anger, and find it hard to trust and connect with others.

<https://www.mayoclinic.org/diseases-conditions/personality-disorders/symptoms-causes/syc-20354463>




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## Symptoms

- Personality disorders are organized into three groups, or clusters, with shared features and symptoms:
  - **Group A:** Group A personality disorders have a consistently dysfunctional pattern of thinking and behavior that reflects suspicion or lack of interest in others.
  - **Group B:** Group B personality disorders have a consistently dysfunctional pattern of dramatic, overly emotional thinking or unpredictable behavior.
  - **Group C:** Group C personality disorders have a consistently dysfunctional pattern of anxious thinking or behavior.

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### Personality Style vs. Personality Disorder

It's important to understand the difference between personality types and personality disorders. A person who is shy or likes to spend time alone doesn't necessarily have an avoidant or schizoid personality disorder.

The difference can often be determined by assessing how the person's personality affects different parts of their life, including:

- Work.
- Relationships.
- Feelings/emotions.
- Self-identity.
- Awareness of reality.
- Behavior and impulse control.

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### Cognitive Behavioral Therapy (CBT)

This treatment can help people identify and change core beliefs and behaviors that come from inaccurate perceptions of themselves and others and problems interacting with others.

It may help reduce mood swings and anxiety symptoms and may reduce the number of self-harming or suicidal behaviors.

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### Aging and the Prevalence of Personality Disorders

- There has been little systematic study of personality disorders in older people (65 years of age and above).
- With an ageing population worldwide we should expect to find increased numbers of people with personality disorders surviving into old age.
- As the proportion of the population that survives to old age increases, this group of psychiatric conditions more commonly associated with early and middle adulthood will become more frequent.

<https://www.cambridge.org/core/journals/advances-in-psychiatric-treatment/article/personality-disorder-in-older-people-how-common-is-it-and-what-can-be-done/7D4BA305B9C82C7052754C73B0B0B1B664>

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- **Anxiety disorder**

- **Somatization disorder**

- Two-thirds of older people with depression have hypochondriacal ideas; the main preoccupation being their bowels. (De Alarcón, 1964);
- In 30% of these patients, hypochondriacal ideas (somatic concern or hypochondria) precede depressive symptomatology.

- **Substance Misuse**

- Certain personality disorders, especially those in clusters B and C, are more likely to involve problem alcohol use.
- In a study by [Reference Speer and Bates](#) [Speer & Bates \(1992\)](#), it was found that older people are more likely to have the 'triple diagnosis' of personality disorder, alcohol dependence and depression.

- **Diogenes Syndrome**

- Some people consider Diogenes syndrome to be an end stage of personality disorder. It refers to extreme self-neglect, unaccompanied by a medical or psychiatric condition sufficient to account for the condition.
- It can be seen as the response of someone with a particular personality type to old age and loneliness.
- It might also be a reaction to stress in older people with certain personality characteristics such as the schizotypal or anankastic (OCPD) (Reference Rosenthal, Steljan and WagnerRosenthal *et al.* 1999).

- A behavioral disorder of the elderly.

- Symptoms include:

- Living in extreme squalor;
- A neglected physical state; and
- Unhygienic conditions.

- This is accompanied by:

- A self-imposed isolation;
- The refusal of external help; and
- A tendency to accumulate unusual objects.



<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3553571/#:~:text=Disorder%20syndrome%20DS%20IV%20a,tendency%20to%20accumulate%20trauma%20object>

## Comorbidity Associated With Personality Disorder

### Dementia

- Personality changes occur in organic disorders even if they are not classified as personality disorder.
- Changes such as apathy and dysphoria have been described in Alzheimer's disease ([Reference: Leinck, Sperry and Strangman et al. 2000](#))
- Frontotemporal dementia is characterized by personality changes such as lack of insight, apathy and disinhibition.
- Caregivers often describe personality changes such as becoming 'out of touch', reliant on others, childish, irritable, unreasonable, unhappy, cold and cruel ([Reference: Warrin, Butler and Pitt-Watson. 1990](#))
- Some of these features may be attributable to organic changes, whereas others are a reaction to dementia. It is also possible that the dementing process 'releases' underlying behavioural propensities that the patient may have been better able to control when well.

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## Diogenes Syndrome In Dementia

- Individuals with dementia often become shut-ins, living in squalor.
- In a Baltimore study, dementia was present in 15% of the elderly cases with moderate and severe social breakdown syndrome; twice as many as in the general population of the same age group.
- Researchers have underlined the frequent presence of DS (36%) in frontotemporal dementia (FTD).

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## Diogenes Syndrome In Dementia

- Most patients showing self-neglect are diagnosed with dementia within 1 or 2 years of presentation.
- Patients with dementia invariably develop progressive inability to take care of themselves.
- Individuals with dementia develop inability to assess critically what is of value, and that can result in the accumulation of trash and objects.

Cipriani G, Lucetti C, Valsinelli M, Neri A. Diogenes syndrome in patients suffering from dementia. *Dialogues Clin Neurosci*. 2012; 14(4):451-460. doi: 10.1186/1745-6215-14-460pmid: 23191422; PMC3515171.

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### Personality Disorders in Older Age

- Patients presenting with major depressive disorder or posttraumatic stress disorder may exhibit maladaptive personality traits that resolve with treatment of the underlying mental health disorder.
- It is important to distinguish transient declines in interpersonal functioning related to stressors from a chronic, long-standing personality disorder.
- A wide range of medical disorders may result in a change in personality.
- A history of any falls, concussions, prolonged involvement in contact sports with the potential for brain trauma, motor vehicle accidents, strokes, severe illness resulting in delirium, or severe illness necessitating treatment in an intensive care unit.

<https://www.psychiatryonline.org/doi/10.1176/appi.issues.202110007>

### Intellectual Disability (ID) and Autism Spectrum Disorders (ASDs)

- Intellectual disability (ID) and Autism Spectrum disorder (ASD) are the most common developmental disorders present in humans.
- Combined, they affect between 3-5% of the population.
- Additionally, they can be found together in the same individual thereby complicating treatment.
- The causative factors (genes, epigenetic and environmental) are quite varied and likely interact so as to further complicate the assessment of an individual patient.

Strawson AL, Schwartz CE. Intellectual disability and autism spectrum disorders: causal genes and molecular mechanisms. *Neurosci Biobehav Rev*. 2014 Oct;48 Pt 2:161-74. doi: 10.1016/j.neubiorev.2014.02.015. Epub 2014 Apr 4. PMID: 24709068. PMCID: PMC4183273.

### Autism Spectrum Disorder (ASD)

- A group of complex neurodevelopment disorders caused by differences in the brain that affect communication and behavior.
- People with ASD can experience:
  - Challenges or differences in communication and interaction with other people
  - Restricted interests and repetitive behaviors
  - Symptoms that may impact the person's ability to function in school, work, and other areas of life




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### What is a Substance Use Disorder?

- Substance use disorders are characterized by intense, uncontrollable cravings for drugs and compulsive drug-seeking behaviors – even in the face of devastating consequences. Substance use can result in psychological and physical dependence on drugs or alcohol.
- This type of disorder is particularly concerning when it affects seniors, as they can be especially vulnerable to the consequences of drug addiction.
- substance use disorders do not discriminate based on age.
- Substance use disorders can look different for everyone.

<https://www.nmh.nih.gov/health/topics/substance-use-and-mental-health>

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### Substance Use Disorder in Older Adults

Older adults are:

- More susceptible to the effects of drugs, because as the body ages, it often cannot absorb and break down drugs and alcohol as easily as it once did.
- More likely to unintentionally misuse medicines by forgetting to take their medicine, taking it too often, or taking the wrong amount.
- May take substances to cope with big life changes such as retirement, grief and loss, declining health, or a change in living situation.

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### Substance Use Disorder in Older Adults

- Most admissions to substance use treatment centers in this age group are for alcohol.
- More science is needed on the effects of substance use on the aging brain, as well as into effective models of care for older adults with substance use disorders.
- Providers may confuse symptoms of substance use with other symptoms of aging, which could include chronic health conditions or reactions to stressful, life-changing events.

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### Substance Use Disorder in Older Adults

- There's a common misconception that older adults don't experience substance use disorder.
- The National Institute on Drug Abuse (NIDA) found in 2014 nearly one million older adults over age 65 were living with Substance Use Disorder.

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### Substance Use Disorder in Older Adults

According to the 2015-2016 Medical Expenditure Panel Survey:

- 9.8 million elderly adults (65+) in the U.S. - 19.3% - filled at least one opioid prescription;
- 3.6 million (7.1%) had four or more opioid prescriptions that year.

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### Substance Use Disorder in Older Adults

- The survey also found that as the patient's health condition declined, opioid use increased to 39.4% for patients in poor health compared to 8.8% for those in excellent health.
- As people age, their need for pain relief is likely to increase. But because opioids are highly addictive, those taking it at any age run the risk of abuse of, or addiction to, these drugs.

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### Substance Use Disorder in Older Adults

- The 2018 National Survey on Drug Use and Health by the Substance Abuse and Mental Health Services Administration (SAMHSA) found:
  - 10.7% of seniors (60+) reported binge drinking in the past month;
  - 2.5% reported heavy drinking; and
  - 1.6% were diagnosed with alcohol abuse disorder.
- The American Addiction Centers found that alcohol abuse among older adults is often neither recognized nor reported.

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### Substance Use Disorder in Older Adults

- Very little research on seniors and substance abuse compared to the number of studies using younger subjects.
- According to the American Addiction Centers, the possible causes of the lack of data include:
  - If someone doesn't seek out or receive appropriate treatment, they don't get a diagnosis.
  - If they don't get a diagnosis, they can't become part of the data.

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### Why Elderly Substance Abuse and Addiction is Under-recognized and Under-reported

#### Social Isolation

- American Addiction Centers posits social isolation as a cause for under-recognition and underreporting of substance abuse in elderly Americans.
- When people are no longer working, they don't necessarily see others every day. This is especially true for those who live alone, far away from family, and whose friends pass away as they age.
- If no one sees substance issues growing, no one can attempt to intervene.

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**Why Elderly Substance Abuse and Addiction is  
Under-recognized and Under-reported**

**Ageism In the Medical Field**

- Healthcare practitioners may be under-diagnosing the issue due to unconscious ageism.
- While “ageism” is often thought of as negative beliefs or actions—e.g., older adults being fired due to age—it includes anything involving treating an older person differently than a younger one.
- Many actions taken based on age can be harmful, even if well-intentioned—like not bringing up substance abuse because of a belief that older adults have earned certain indulgences. No one, not even a medical professional, is immune to unconscious biases.

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**Why Elderly Substance Abuse and Addiction is  
Under-recognized and Under-reported**

**Concerns About Quality of Life**

- Loved ones and caregivers may worry about taking substances away from seniors.
- This could be because they want to avoid negative interactions or be afraid that taking away their substance may lower their quality of life.
- These fears often mean getting help won't be encouraged.

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**Why Elderly Substance Abuse and Addiction is  
Under-recognized and Under-reported**

- Many older adults grew up watching anti-drug propaganda films and being taught misinformation about addiction.
- These films and lessons emphasized that morality and substance use are connected, possibly making older adults believe having substance abuse problems makes them bad people.
- They also usually showed over-the-top, panic-inducing portrayals of people with addictions—typical addiction behaviors often weren't portrayed.

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### How Substance Abuse Affects Older Adults

- Mental health illnesses or challenges also often become bigger issues as we age, which could be exacerbated by inappropriate drug use.
- For example, the accidental misuse of prescription drugs could worsen mental health issues.
  - A 2019 study showed 25% of patients over 50 who misuse prescription opioids or benzodiazepines (benzos) experience suicidal ideation, compared to 2% who don't use them.

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### How Substance Abuse Affects Older Adults

- For alcohol addiction, slower metabolization of alcohol in older adults can lead to higher blood alcohol concentration (BAC), making them impaired more quickly than younger adults.
- Studies have shown heavy alcohol use (three or more drinks per day), especially among older adults, can lead to faster cognitive decline and a higher risk of dementia.
- Older adults can be at even greater risk if they're on medications that interact poorly with alcohol.

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### How Substance Abuse Affects Older Adults

- Substance use disorder could also increase the risk of heart and lung issues, mood disorders, memory issues, or stroke.
- Alcohol abuse is linked to cancer, liver damage, compromised immune systems, osteoporosis, diabetes, high blood pressure, ulcers, and stroke.
- Additionally, studies have linked the treatment of insomnia with benzos to Alzheimer's disease.

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### How Substance Abuse Affects Older Adults



- Any impairments caused by substance use increase the risk of injury or accidents, to greater detriment to the average older individual.
- A fall is more likely to result in a hip fracture or other serious injury in the elderly.

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### Causes of Substance Abuse and Addiction in Seniors

- **Chronic pain or illness**  
Chronic illnesses or pain are often treated with potentially addictive medications.
- **Abuse and neglect**
  - Elder abuse takes many forms, including physical abuse, sexual abuse, financial exploitation, or neglect by a designated caregiver.
  - Living in abusive situations could cause people to turn to substances to cope, and neglect could result in medication misuse and eventual dependency.

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### Causes of Substance Abuse and Addiction in Seniors

#### Mental health challenges

- Stressors and conditions linked to aging can also be linked to substance abuse.
- The rapid rate of life changes can often lead to depression and anxiety, and those living with these or other mental health challenges are more prone to developing substance use disorders.
- Nearly any mental or cognitive health challenge can be comorbid with or lead to substance abuse.

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## Substance Abuse

- The withdrawal experience may propel them toward violence to obtain the offending agent.
- Several abused substances rank high in their potential to create violence:
  - **Alcohol**
  - **Hallucinogens** such as mescaline, peyote, methamphetamine, ecstasy, and lysergic acid diethylamide (LSD) can precipitate terrifying, commanding, and frightening experiences that result in violent behavior.
  - **Phencyclidine (PCP)**, also known as angel dust, not only makes the user feel superhuman and impervious to pain but also can cause powerful, violent behaviors.
  - **Anabolic steroids**, often used for physical enhancement, may cause aggressive rage.

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## How to Help Seniors With Substance Abuse or Addiction Problems



Diagnosis Screening, brief intervention, and referral to treatment (**SBIRT**) is the overall model for and approach to screening and intervening with individuals who misuse, or are at risk for misusing, substances.

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## How to Help Seniors With Substance Abuse or Addiction Problems

- SAMSHA recommends yearly screening for all adults ages 60 and older and when major life changes occur (e.g., retirement, loss of partner/spouse, changes in health).
- For more accurate histories, ask questions about substance use in the recent past while asking about other health behaviors (e.g., exercise, smoking, diet).
- Asking straightforward questions in a nonjudgmental manner is the best approach.
- Providers should also ask about medical marijuana prescriptions or use.

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## How to Help Seniors With Substance Abuse or Addiction Problems

### Principles of Care for Older Adults

- Incorporating age-sensitive and age-specific treatment practices into your program is important for engaging older clients and improving their retention in treatment.
- The older adult population is culturally, racially, and ethnically diverse. Recognize and address diversity and health disparity issues related to aging.
- Collaboration among service providers across settings is essential when working with older adults who misuse substances, particularly for those with co-occurring medical conditions and mental disorders.
- Hiring, training, and retaining staff who demonstrate high motivation and commitment to serving older adults are vital to successfully implementing substance use disorder (SUD) treatment programs and services for this population.

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## How to Help Seniors With Substance Abuse or Addiction Problems

### Benefits of Group Therapy

- There are many benefits of group therapy. It can be very helpful, from group therapy games to meeting people in similar situations. Some positive things to consider when thinking about group therapy are:
- Improving social skills
- Improves communication skills
- Provides support
- Having a counselor and peers can help motivate you to reach your goals quicker and hold you accountable.

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## F740-F744 Behavioral Health

- Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.
- Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the **prevention and treatment of mental and substance use disorders**.

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**F741  
Behavioral Health**

- The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population.
- These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for:
  - Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment.
  - Implementing non-pharmacological interventions.

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**F741  
Behavioral Health**

**Sufficient Staff to Provide Behavioral Health Care and Services**

The facility must address in its *facility assessment* under §483.70(e) (F838), the behavioral health needs that can be met and the numbers and types of staff needed to meet these needs.

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**F742  
Behavioral Health**

*Upon admission*, residents assessed or diagnosed with a mental or psychosocial adjustment difficulty or a history of trauma and/or post-traumatic stress disorder (PTSD), receive the appropriate treatment and services to correct the initial assessed problem or to attain the highest practicable mental and psychosocial well-being.

Residents who were admitted to the nursing home with a mental or psychosocial adjustment difficulty, or who have a history of trauma and/or PTSD, must receive appropriate *person-centered and individualized treatment* and services to meet their assessed needs.

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**F742**  
**Behavioral Health**

A resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder, receives appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being;



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**F838**  
**FACILITY ASSESSMENT**

- The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies.
  - Review and update at least annually, whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment;
  - Must address or include a facility-based and community-based risk assessment, utilizing an all-hazards approach;
  - The results of the facility assessment must be used, in part, to establish and update the IPCP, its policies and/or protocols to include a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for residents, staff, and visitors.
- **Note:** a community-based risk assessment should include review for risk of infections (e.g., Multidrug-resistant organisms- MDROS) and communicable diseases such as tuberculosis and influenza. Appropriate resident tuberculosis screening should be performed based on state requirements.

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**Assessment and Care Planning In Behavioral Health**



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### F656 Comprehensive Care Plans

The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights and that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.

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### F656 Comprehensive Care Plans

The comprehensive care plan must describe the following —

- i. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, and
- ii. **Any services that would otherwise be required, but are not provided due to the resident's exercise of rights, including the right to refuse treatment.**
- iii. Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations.
  - i. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.

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### Preadmission Screening and Resident Review (PASARR)

The PASARR process requires that all applicants to Medicaid-certified Nursing Facilities be given a preliminary assessment to determine whether they *might* have MI or MR.

- ◆ This is called a "Level I screen."
- ◆ Those individuals who test positive at Level I are then evaluated in depth, called "Level II" PASARR.
- ◆ The results of this evaluation result in a determination of need, determination of appropriate setting, and a set of recommendations for services to inform the individual's plan of care.

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### Person-Centered Care Planning

- Person-centered care means the facility focuses on the resident as the center of control;
- Supports each resident in making his or her own choices;
- Includes making an effort to understand what each resident is communicating, verbally and nonverbally;
- Identifying what is important to each resident with regard to daily routines and preferred activities; and
- Having an understanding of the resident's life before coming to reside in the nursing home.

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### PASARR F646 Significant Change

A nursing facility must notify the state mental health authority or state intellectual disability authority, as applicable, promptly after a significant change in the mental or physical condition of a resident who has mental illness or intellectual disability for resident review.

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### Aggression



Biological, psychological, and socioeconomic influences must be considered when discussing the etiology of aggression.

Biological causes include:

- Genetics;
- Medical and psychiatric diseases;
- Neurotransmitters;
- Hormones;
- Substance abuse; and
- Medications.

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## Managing Escalating Behavior

- Usually violent incidents follow a series of smaller incidents or warning signs.
  - Identifying the triggers to the behavior, including the person or persons who may incite the individual, is the most important step to preventing escalation of a behavioral episode.
- The inappropriate behavior of a person prone to violence usually escalates over time.
  - A diagnosis of mental illness or cognitive impairment will complicate any circumstance in which the potential for violence exists.
- Ensuring your safety and that of others is the most important action you can take.
  - Know and understand behavioral warning signs.
  - Practice good assessment skills.
  - Anticipate behaviors identified as symptoms of a particular diagnosis and plan proactively.

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## Improving Communication in Mental Health

- Talk to them in a space that is comfortable in a relaxed and calm manner, where you won't likely be interrupted and where there are likely minimal distractions.
- Ease into the conversation, gradually. It may be that the person is not in a place to talk, and that is OK.
- Communicate in a straightforward manner and stick to one topic at a time.
- Be respectful, compassionate and empathetic to their feelings by engaging in reflective listening, such as "I hear that you are having a bad day today. Yes, some days are certainly more challenging than others. I understand."
- Instead of directing the conversation at them with 'you' statements, use 'I' statements instead.
- Speak at a level appropriate to their age and development level.
  - **Keep in mind that mental illness has nothing to do with a person's intelligence.**

<https://www.nami.org/Guides-to-Mental-Health-Conditions/First-Steps-to-Help-a-Person-with-Mental-Illness/---text=8e%20use%20a%20peak%20in%20having%20a%20bad%20day%20today>

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## Psychosocial interventions

- **Individual therapy.** Psychotherapy may help to normalize thought patterns. Also, learning to cope with stress and identify early warning signs of relapse can help people with schizophrenia manage their illness.
- **Social skills training.** This focuses on improving communication and social interactions and improving the ability to participate in daily activities.
- **Family therapy.** This provides support and education to families dealing with schizophrenia.
- **Vocational rehabilitation and supported employment.** This focuses on helping people with schizophrenia prepare for, find and keep jobs.

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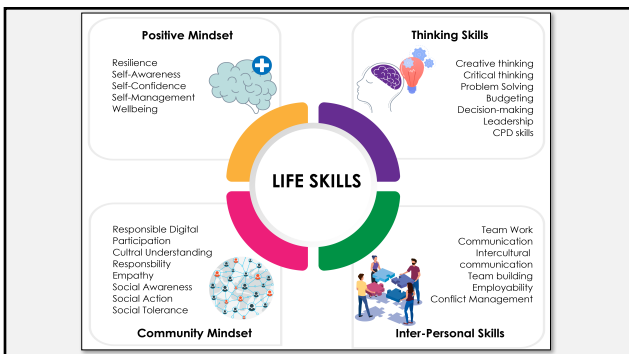
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**CREATIVE, ARTISTIC, AND EXPRESSIVE THERAPIES FOR PTSD**




Expressive Writing

Dance and Body Movement Therapies

Art Therapy

Music Therapy

Drama Therapy

Nature Therapy

Mindfulness Therapies



Reference: Creative, Artistic, and Expressive Therapies for PTSD  
By Richard Smith, PhD and Jeremy Pridemore, MSW, LMFT

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