

MFEI Level of Care Tool

Module 5 –

Mood and Behavior, Psychosocial Well-Being

Module 5: Mood and Behavior, Psychosocial Well-being

Covered in this module:

- Indicators of possible depressed, anxious, or sad mood
- Behavior symptoms
- Current abuse/neglect/exploitation or risk of ANE



10. Indicators of Possible Depressed, Anxious, or Sad Mood: Intent

- To record the presence of indicators observed in the last 3 days, or prior to the last 3 days as long as the indicator was present
- The assumed cause of the indicator or behavior is not important
- Mental state indicators may be expressed verbally through direct statements or through nonverbal indicators or behaviors that can be monitored by observing the person during usual daily routines

10. Indicators of Possible Depressed, Anxious, or Sad Mood: Definitions

- a. **Withdrawal from activities of interest**—e.g., withdrawal from normal pattern of long-standing activities or interactions with family or friends
- b. **Reduced social interactions**—e.g., a notable decrease in the person's overall level of sociability with others, regardless of the closeness of the tie

10. Indicators of Possible Depressed, Anxious, or Sad Mood: Process

- Keep in mind previous statements made by the person and observations you or others have made
- Some people are more verbal than others and will make statements about their feelings, while others need more direct prompts
- If the person is unable to articulate their feelings, observe the person carefully and speak to others as needed

10. Indicators of Possible Depressed, Anxious, or Sad Mood: Process

- Remember to be aware of cultural differences in how these indicators may manifest
 - Some people may have cultural norms that stress not expressing feelings directly
 - Do not minimize your interpretation of an indicator based on your expectations about the person's cultural background
 - Conversely, be aware that a person's culture may make them more stoic in their expressions

10. Indicators of Possible Depressed, Anxious, or Sad Mood: Example Questions

- Do you have any concerns about your mental health?
- Do you still see your friends and family?
- Have you stopped doing activities you once enjoyed?
- Has your brain injury limited opportunities to socialize?

10. Indicators of Possible Depressed, Anxious, or Sad Mood: Coding

Based on your interaction with and observation of the person, score each indicator based on the person's current status using one of the following codes. (Remember to score each item based on what you see or what is reported to you, regardless of what you believe the cause to be.)

- Not present
- Present but not exhibited in the last 3 days
- Exhibited on 1-2 of the last 3 days
- Exhibited daily in last 3 days

10. Indicators of Possible Depressed, Anxious, or Sad Mood: Coding Examples

Indicators of Possible Depressed, Anxious, or Sad Mood

Not present

Ms. A tells you that her emotional health has been good. She regularly she regularly sees friends and participates in activities she enjoys, which includes baking with friends and walking her dog.

Present but not exhibited in the last 3 days

Ms. A reports that since the accident, she spends less time with her friends and family than she would like. However, she was very happy to have lunch with her cousin two days ago. (sub item b. reduced social interactions)

10. Indicators of Possible Depressed, Anxious, or Sad Mood: Coding Examples

Indicators of Possible Depressed, Anxious, or Sad Mood

Exhibited on 1-2 of the last 3 days	Ms. A's father is concerned that she has not taken her friends up on their offer to hang out on the weekends. This is something they used to do before the accident. Her friends have repeatedly offered to pick her up and bring her home. She most recently rejected a fishing trip and a trip to the movies yesterday. (Sub items a. Withdrawal from activities of interest and b. Reduced social interactions)
Exhibited daily in last 3 days	Ms. A is no longer seeing her friends on a regular basis, the last time being 3 months ago. She has also become less engaged with hobbies she used to be very enthusiastic about, which include baking and walking her dog. Ms. A reports she has not done anything she enjoys or had any social interactions in the last 3 days. (Sub items a. Withdrawal from activities of interest and b. Reduced social interactions)

11. Behavior Symptoms: Intent

- All items assessed for all LTSS programs
- The intent of this section is to identify the frequency of behavioral symptoms during the last 3 days, or prior to the last 3 days as long as the indicator was present
- Behaviors that are potentially harmful to the person or others, or disruptive to others, are included
- Acknowledging and documenting behavioral symptoms provides a basis for further evaluations, if needed
- Do not count a single behavior in more than one category; if a behavior fits into more than one category, the assessor must use professional judgment to select the most appropriate category

11. Behavior Symptoms: Definitions

- a. **Wandering**— Moved about with no discernable, rational purpose, seemingly oblivious to needs or safety
 - Wandering behavior should be differentiated from purposeful movement (e.g., do not include intentional pacing)
 - Wandering can be via walking or by wheelchair
 - Includes running away, elopement
- b. **Verbal abuse**—e.g., others were threatened, screamed at, cursed at
 - Includes gestural or written abuse (including cyber bullying)
 - Includes verbal sexual harassment of others
- c. **Physical Abuse**—e.g., others were hit, shoved, scratched, or sexually abused

11. Behavior Symptoms: Definitions

- d. Inappropriate public sexual behavior or public disrobing**
 - Deliberately exposing self, masturbating in public, inappropriate sexual gestures/touching/pinching
 - Public disrobing is inappropriate when it violates local laws
 - Sexual activity in private between two consenting adults is not considered inappropriate
- e. Resists care**—e.g., taking medications/injections, ADL assistance, eating
 - Signs of resistance may be verbal or physical, e.g., pushed caregiver while receiving assistance
 - These behaviors are not necessarily positive or negative
 - Does not include instances where the person has made an informed choice not to follow a course of care

11. Behavior Symptoms: Definitions

- f. **Self-injurious behavior**—e.g., banging head on wall, pinching, biting, scratching, hitting or punching self, pulling own hair
 - Self-directed behaviors that may result in harm to the person, regardless of cause
- g. **Destructive behavior**—e.g., throwing objects, turning over beds or tables, vandalism
- h. **Socially inappropriate or disruptive behavior**—e.g., made disruptive sounds or noises, screamed out, smeared or threw food or feces, hoarded, or rummaged through others' belongings, theft
 - Includes unwelcome hugs
 - Do not count cross-cultural or sub-cultural behavior (e.g., religious practices, cross dressing, gender nonconforming behavior, body piercings, etc.)

11. Behavior Symptoms: Process

- Use observation of person and environment, and available documentation
- Ask the person (or caregiver) if each specified problem behavior occurred
- Only focus on the person's actions, not intent
- The family's interpretation of the behavior should not be considered
- Behavior items may be sensitive:
 - Build rapport before asking sensitive questions
 - In some cases the information could negatively impact the relationship between the person and their caregiver/family; in these cases, speak with the caregiver/family separately from the person being assessed
 - It is okay if the person being assessed wants to leave the room during sensitive questions

11. Behavior Symptoms: Process

- Behaviors should not be confused with bad habits, cross-cultural differences, or an informed decision to take on risk
- Some persons may not have exhibited behaviors in the last three days because they are receiving support to prevent those behaviors, but are still at risk of having those behaviors if supports are not in place
 - Code as “Present, but not exhibited in the last 3 days”

11. Behavior Symptoms: Example Questions

Person-oriented:

- What happens when you get upset?
- Do you ever behave in a way you later regret?
- Has anyone ever expressed any worries about your behavior to you?

Caregiver-oriented:

- Do you have any concerns about the person's behavior?
- How does the person react when they are upset about something?
- Does the person engage in hurtful behavior?
- Do you have concerns about the person getting lost or getting hurt when they are left alone?

11. Behavior Symptoms: Coding

Not present

Present but not exhibited in last 3 days

- Includes when the behavior is known to be present and active, but was not observed in last 3 days
- Includes behaviors that require currently-active supports to prevent a known behavior problem from reoccurring

Exhibited on 1-2 of last 3 days

Exhibited daily in last 3 days

11. Behavior Symptoms: Coding Examples

Behavior	
Not present	Mr. B tells you that he does not act out when he gets angry and is able to follow his caregiver's directions.
Present but not exhibited in the last 3 days	Mr. B's wife tells you that he sometimes has trouble controlling his anger, cussing at his caregiver since his BI, but that it has gotten better in the last few months. She tells you that with some redirection, she is usually able to keep him from yelling at the caregiver. She tells you that she was not able to redirect him last week, but was able to convince him go into his room to rest this week. (Sub item b. Verbal abuse)

11. Behavior Symptoms: Coding Examples

Behavior	
Exhibited on 1-2 of the last 3 days	Mr. B's wife tells you that she found him wandering around the house last night. She tells you that this happens several nights during the week and often during the day as well. (Sub item a. Wandering)
Exhibited daily in last 3 days	Mr. B's wife tells you that he has had trouble controlling his anger since his BI. She tells you that he has outbursts every day. He has cussed at his caregiver and thrown objects in the house every day in the last week. (Sub items b. Verbal abuse, h. Destructive behavior)

12. Current Abuse/Neglect/Exploitation or Risk of ANE: Intent

- The intent of this item is to record whether there is suspected abuse, neglect, or exploitation (ANE)
- ANE are considered a risk factor when at least one of the following category definitions (next slides) is met
 - Is there reason to believe the person has been taken advantage of and is unable to protect their own interest? If you suspect this is the case, it is better to caution on the side of making a report than not

12. Current Abuse/Neglect/Exploitation or Risk of ANE: Intent

- If you suspect Abuse, Neglect, or Exploitation (ANE) you are required by K.S.A. 39-1431 to report
 - The statewide phone number for reporting ANE in the home or community is: 1-800-922-5330
 - The statewide phone number for reporting ANE in an adult facility is: 1-800-842-0078

12. Current Abuse/Neglect/Exploitation or Risk of ANE: Definitions

- **Abuse**—Any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm, including: infliction of physical or mental injury; sexual abuse; unreasonable use of physical or chemical restraints; isolation; medications; threats or menacing conduct; fiduciary abuse or omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness

12. Current Abuse/Neglect/Exploitation or Risk of ANE: Definitions

- **Neglect**—Failure or omission by one's self, caretaker or another person to provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness
 - According to the APS glossary, a caretaker is defined as "a person who has assumed responsibility whether legally or not, for an adult's care or financial management or both"
 - Neglect can be intentional (denying a person medication as a way to control a behavior) or unintentional (a caretaker is too overwhelmed to properly care for the person)

12. Current Abuse/Neglect/Exploitation or Risk of ANE: Definitions

- **Exploitation**—Misappropriation of an adult's property or intentionally taking unfair advantage of an adult's physical or financial resources. This also includes fiduciary abuse which occurs when any person who is the caretaker of, or who stands in a position of trust to an adult takes, secretes or appropriates their money or property to any use of purpose not in the due and lawful execution of the adult's trust

12. Current Abuse/Neglect/Exploitation or Risk of ANE: Process

- Observe how the person interacts with you and any family/caregivers
- Use probes when completing the ADL/IADL sections to identify possible areas of ANE

12. Current Abuse/Neglect/Exploitation or Risk of ANE: Example Questions

- Do you feel safe at home?
- Do you take your medication as prescribed? Why or why not?
- Are you able to bathe as often as you would like? Why or why not?
- Are you happy with your friends and family?
- Do you pay your own bills or does someone help you?
- Has anyone physically hurt or threatened to hurt you?
- Has anyone withheld food, or care, or anything else you need to live?
- Has anyone taken money or things from you?

12. Current Abuse/Neglect/Exploitation or Risk of ANE: Coding

- Check the box if the person is experiencing abuse, neglect, or exploitation, and report it to the authorities
- Check as many boxes as applicable
- If you do not suspect ANE then mark the box N/A
 - N/A (not applicable)
 - Self-neglect
 - Abuse
 - Neglect
 - Exploitation

12. Current Abuse/Neglect/Exploitation or Risk of ANE: Coding Example

ANE

Self-Neglect

Mr. A does not appear to have bathed in many weeks, he seems very apathetic, and has difficulty concentrating. As you move through the assessment, you learn that Mr. A has not been taking his anti-depressant medications and has been neglecting his care and hygiene as a result.

Abuse

Mr. A's wandering has increased in the past couple of months. His primary caregiver is exhausted, and to get a good night's sleep she has been giving Mr. A sleeping pills and alcohol to get him to sleep at night. The caregiver has had the health risks associated with this practice explained to her, but the caregiver continues to give Mr. A sleeping pills and alcohol.

12. Current Abuse/Neglect/Exploitation or Risk of ANE: Coding Example

ANE

Neglect

Mr. A's aunt is his primary caregiver. She informs you that she does not always give him his Lasix daily as prescribed to avoid the need to take him to the bathroom and change his incontinence supplies as often.

Exploitation

Mr. A's brother checks in on him every week. Mr. A tells you that for the last few weeks, he thinks his brother has been going through his wallet and taking some of his money. Mr. A tells you that each week he takes out fifty dollars from the ATM so that he can order pizza and go shopping when he wants. After his brother visits, Mr. A notices that at least 10-15 dollars is missing.

Practice Scenarios

Mood and Behavior:

Practice Scenario A

Mr. P lives in an assisted living facility and requires assistance with medications and bathing. According to the facility manager, Mr. P often refuses help from an aide. This has been increasing in frequency and has happened every day this week.

How would you code item *11. Behavior Symptoms* for Mr. P?

Mood and Behavior Practice Scenario A: Answer

Mr. P lives in an assisted living facility and requires assistance with medications and bathing. According to the facility manager, Mr. P **often refuses help from an aide**. This has been increasing in frequency and has happened every day this week.

11e. Resists care:

Exhibited daily in the last three days

Mood and Behavior: Practice Scenario A

Mr. P also cursed at him and called him names every day in the last three days, and last week he hit the aide.

How would you code item *11. Behavior Symptoms* for Mr. P?

Mood and Behavior Practice Scenario

A(2): Answer

Mr. P also cursed at him and called him names every day in the last three days, and last week he hit the aide.

11b. Verbal Abuse: Exhibited on 1-2 of last 3 days

11c. Physical Abuse: Present but not exhibited in the last three days

Mood and Behavior: Practice Scenario B

Ms. N lives with her husband in their home. Her husband reports that she used to go to temple every Saturday, without fail. Recently, however, she has refused to attend and doesn't state why. Today is Monday.

How would you code item 10. *Indicators of Possible Depressed, Anxious or Sad Mood?*

Mood and Behavior

Practice Scenario B: Answer

Ms. N lives with her husband in their home. Her husband reports that she used to go to temple every Saturday, without fail. Recently, however, she has refused to attend and doesn't state why. Today is Monday.

**10a. Withdrawal from activities of interest:
Exhibited on 1-2 of last 3 days**

Mood and Behavior: Practice Scenario C

Ms. K lives in an assisted living facility. Her daughter reports that Ms. K used to regularly have some of her neighbors come to her home on Wednesday evenings and Sunday afternoons, to visit and play cards. Recently, however, she has not wanted anyone to come to her home nor has she visited anyone elsewhere. This happened yesterday.

How would you code item 10. *Indicators of Possible Depressed, Anxious or Sad Mood for Ms. K?*

Mood and Behavior

Practice Scenario C: Answer

Ms. K lives in an assisted living facility. Her daughter reports that Ms. K used to regularly have some of her neighbors come to her home on Wednesday evenings and Sunday afternoons, to visit and play cards. **Recently, however, she has not wanted anyone to come to her home nor has she visited anyone elsewhere. This happened yesterday.**

10b. Reduced social interactions:

Exhibited on 1-2 of last 3 days

Mood and Behavior: Practice Scenario D

Mr. J lives in his home with his wife. She reports that Mr. J loves to work in the garden. However, last week, when she checked on him, she found him several blocks away, walking down the street. When she asked him where he was going, he stated he didn't know.

How would you code item *11. Behavior Symptoms* for Mr. J?

Mood and Behavior

Practice Scenario D: Answer

Mr. J lives in his home with his wife. She reports that Mr. J loves to work in the garden. However, **last week**, when she checked on him, **she found him several blocks away, walking down the street**. When she asked him where he was going, he stated he didn't know.

11a. Wandering:

Present, but not exhibited in last 3 days

Mood and Behavior: Practice Scenario E

Mr. S lives in an apartment with his wife. She reports that every night after dinner he takes off his clothes and sits in his chair with only his briefs on. She states he does not go outside the house in his briefs and goes to his room if anyone comes to visit.

How would you code for *11. Behavior Symptoms* for Mr. S?

Mood and Behavior

Practice Scenario E: Answer

Mr. S lives in an apartment with his wife. She reports that every night after dinner he takes off his clothes and sits in his chair with only his briefs on. She states **he does not go outside the house in his briefs and goes to his room if anyone comes to visit.**

11d. Inappropriate public sexual behavior or disrobing:

Not present

Mood and Behavior: Practice Scenario F

Mr. P has a spinal cord injury. His brother reports that every day, for the past week, Mr. P has hit his head against the wall, repeatedly, hard enough for it to be heard in the next room. Mr. P has no explanation for this behavior.

How would you code item *11. Behavior Symptoms for Mr. P?*

Mood and Behavior

Practice Scenario F: Answer

Mr. P has a spinal cord injury. His brother reports that **every day, for the past week, Mr. P has hit his head against the wall**, repeatedly, hard enough for it to be heard in the next room. Mr. P has no explanation for this behavior.

11f. Self-injurious behavior:

Exhibited daily in last 3 days

Mood and Behavior: Practice Scenario G

Ms. W lives alone in her home. Her neighbor, who is present for the assessment, reports that when she comes to check on her, she has noticed broken ceramic pieces on the kitchen floor. Ms. W states that sometimes the coffee machine doesn't work, and when this happens she gets angry and throws her coffee mug. This last happened two weeks ago.

How would you code item *11. Behavior Symptoms* for Ms. W?

Mood and Behavior

Practice Scenario G: Answer

Ms. W lives alone in her home. Her neighbor, who is present for the assessment, reports that when she comes to check on her, she has noticed pieces of ceramic on the kitchen floor. Mr. W states that sometimes the coffee machine doesn't work, **and when this happens she gets angry and throws her coffee mug. This last happened two weeks ago.**

11g. Destructive behavior:

Present, but not exhibited in last 3 days