**Problem/Need**
The resident is having problems in the areas of mood and psychosocial well-being. These problems seem related to her deteriorating health status, and difficulty adjusting to the fact that she requires long-term care. She also has some cognitive deficits, predominantly poor memory. Problems are manifested by:

- Statements such as, “Where’s my daughter? I want my daughter!”
- Persistent anxiety.
- Sad, flat affect.
- Difficulty with hearing, which sometimes results in confusion and frustration.
- Sometimes screams out for help.
- Often can be found sitting alone in the dining room, long before meal time, with her head down.

**Goal**
The resident will be able to demonstrate one simple anxiety reduction method with her support group members, 1x/week, by....

**Approaches**
1. Involve the resident in the social work department’s Mood Support group, 2x/weekly. (SW)

2. Escort the resident to the group, and help her to feel comfortable in the group setting. (SW)

3. Have her sit near the group leader to help compensate for her difficulty hearing. Maintain strong eye contact, use a louder-but-not-shouting tone of voice, and speak at face-to-face level. (IDT)

4. Involve the resident in activities that calm the resident. Avoid over-stimulation. (ACT)

5. 1:1 sessions on an as-needed basis with the social worker. (SW)

6. Assist the resident with memory deficits and orientation. Limit her frustration level. (IDT)

7. Discuss simple ways to cope with anxiety, both in the group and during 1:1 sessions with the social work staff. Perhaps she could learn to take deep breaths, talking to a calm friend/staff member, remove herself from stressful situations, etc. (SW)

8. Ask the resident to adopt one of these techniques to use when she feels anxious. Encourage her to tell the group and staff about how well it works for her. (SW)

9. Remind the resident when anxious to calm herself down. (IDT)