

RESIDENT _____

DATE	PROBLEM	GOAL	TO DATE	INTERVENTIONS	RESP DISC
	<p>Anger</p> <p>related to</p> <p>Recently changed environment or lifestyle</p> <p>Cognitive deficit or decline</p> <p>ADL decline</p> <p>Loss of home or possessions</p> <p>Loss of family member/ friend</p> <p>Loss of pet</p> <p>Mental / Emotional Illness</p> <p>As evidenced by:</p> <p>Persistent anger with self or others</p> <p>Unpleasant mood in the morning</p> <p>Verbalizes anger over loss</p> <p>Verbalizes non-acceptance over change of status</p> <p>Demonstrates ineffective coping skills</p>	<p>Resident will demonstrate effective coping behavior</p> <p>Resident will verbalize a positive aspect of new situation</p> <p>Resident will participate in activities</p>		<p>Allow resident to talk about feelings, and let resident know staff is empathetic</p> <p>Assist resident to process feelings and find positive outcomes</p> <p>Encourage contact with support system</p> <p>Assist resident to participate in religious / spiritual activities</p> <p>Plan activities that draw on resident's experience and knowledge</p> <p>Do not argue with resident, but redirect by asking benign questions</p> <p>Observe for nonverbal signs of anger: rigid body position, clenched fists</p> <p>Psychiatric evaluation if indicated</p> <p>Draw on resident's strength:</p>	