

The Frustrating Matron

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- 73-year old white female
 - Angry with placement in long-term care
 - Multiple illnesses on record
 - Mad at her family
 - Yells at staff members, belittles workers and residents
 - Refuses meds and therapy on an intermittent basis
 - Family frustrated with her behavior

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- Denies all problems except pain
- No explanation for why she cannot walk
- No real source for pain
- Often appears to be able to complete ADL tasks that she requests help with
- Off to report workers to the office near daily for their “poor care”
- Your staff is either exasperated or crying

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Illnesses

- Heart disease
- Back pain
- Hip replacement years ago
- High blood pressure
- High cholesterol
- Incontinence
- Constipation
- Fibromyalgia

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Medications

- Metoprolol
- Furosemide
- Acetaminophen
- Tramadol
- Hydrocodone
- Senna
- MOM
- Gabapentin

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Psychiatric history

- Vague
 - “maybe” in the past
 - Unsure about providers or treatments
 - Might have been hospitalized “but so long ago”
 - Uncomfortable with “shrinks”
 - Abbreviates this line of questioning as “it is not relevant now.”

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- **Personal History**

- “she’s always been like this...”
- No close friends
- Pits children against one another
- Daughter wants to quit as DPOA, but no other child wants the job
- First engaged, then refused counseling with spouses, children many times when she believed the provider was against her
- Manipulates situations for attention
 - “Chest pain” at granddaughter’s wedding reception

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- **Personal History**

- Married twice “both were drunks.”
 - Family says she drank also
- Three children “never see them.” Tells you she likes her son-in-law the best
- Variety of jobs, mainly less than a year
- Uninvolved as a mother
 - Rarely at events, school meetings, games
- Has an alcohol history herself
 - “quit cold turkey”

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Workup

- No acute changes in physical or cognitive status
 - No tests to run
- Readily denies mood problems
 - Depression likely with stress of change, loss of control
 - Will not consider referral to a mental health provider

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Care Plan

- Education of staff
 - Concerning the basics about her narcissistic, dependent and borderline personality traits
 - So they know what to expect from her behaviorally
- Establish boundaries, but provide for choices within those boundaries
 - “we can help with bathing...do you want to bathe on tuesday, wednesday or friday...at 6, 7 or 9pm?”

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Care Plan

- Reward appropriate behavior
 - Find out what motivates the resident
- Keep some distance emotionally
 - To avoid getting burned
- Encourage independence
 - Assess for true dependency needs
- Listen to criticism
 - Respond to the distress not the content
 - “that daughter seems to cause you stress”

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Care Plan

- Initially these poor coping styles will emerge
 - Make a designated “therapist” to listen to the complaints at scheduled weekly meetings
 - 30 minutes at most
 - Social Service Director, Director of Nursing, Administrator
- With consistent approach over time things will settle down
 - The personality traits will re-emerge with physical or emotional stress

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Care Plan

- Do not judge family too harshly
 - You didn't grow up with her as your mother
 - Be comfortable with their involvement from a distance
- Be aware of depression, anxiety and psychosis
 - Not uncommon when these residents experience stress
 - With time, may accept outside consult for help with psychiatric issues