



Person-Centered Care in Nursing Facilities: How to Make it Work

February 13, 2024 | 2 - 3 p.m. EST



CENTER OF
EXCELLENCE
FOR BEHAVIORAL HEALTH
IN NURSING FACILITIES

Today's Event Host

Nikki Harris, MA, CBHC-BS **COE-NF TRAINING AND EDUCATION LEAD**

For the past 20 years, Nikki has provided program implementation, development, management, external and internal trainings, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.

Previously, she served as the program manager for the Division of Behavioral Health and Substance Use Services within the South Carolina Department of Corrections.

She has a B.A. in psychology from the University of South Carolina, a M.A. in counseling from Webster University and is a certified behavioral specialist.



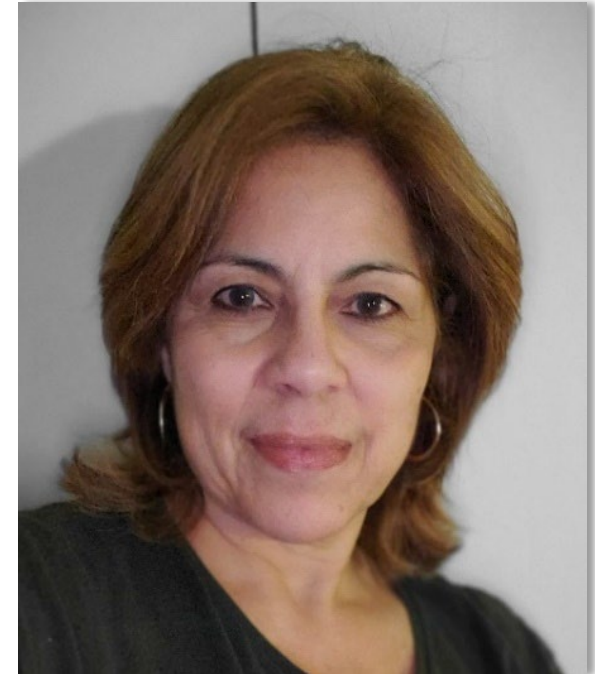
Presenter

Diana Padilla, MCPC, CARC, CASAC-T **RESEARCH PROJECT MANAGER**

Diana has worked in the behavioral health industry for more than 24 years and her vast experience includes service provision to diverse communities with substance use, HIV/HCV, trauma and stress, and other psychosocial conditions.

In her capacity as a research project manager, she develops curriculum and is a senior staff trainer for the Northeast & Caribbean Addiction Technology Transfer Center, (NeC ATTC).

Diana's areas of expertise include culturally and linguistically responsive services, trauma-informed care, community disparities, racial stigma, social determinants of health and more.



“What’s meaningful to our patients trumps anything medical that we can offer.”

Mikkael A. Sekeres, MD, The Power of a Meaningful Moment, New York Times, May 8, 2018

Let's Talk About Person-Centered Care

"Integrated health care services delivered in a setting and manner that is responsive to individuals and their goals, values and preferences, in a system that supports good provider–patient communication and empowers individuals receiving care and providers to make effective care plans together." (CMS)

- With respect and empathy, PCC is also an approach that nursing home staff can use to engage residents in their own wellness process and address health related barriers including substance use.

Current Landscape of Nursing Home Residential Care

Nursing home care provides critical comprehensive care for residents with acute or long-term health conditions.

Person centered care, (PCC) particularly in nursing home care speaks to how those services are coordinated to meet the medical and rehabilitation needs of the resident.

In 2023, amongst long-term nursing home residents, 83.1% were 65 years or older, with 16.9% under age 65.

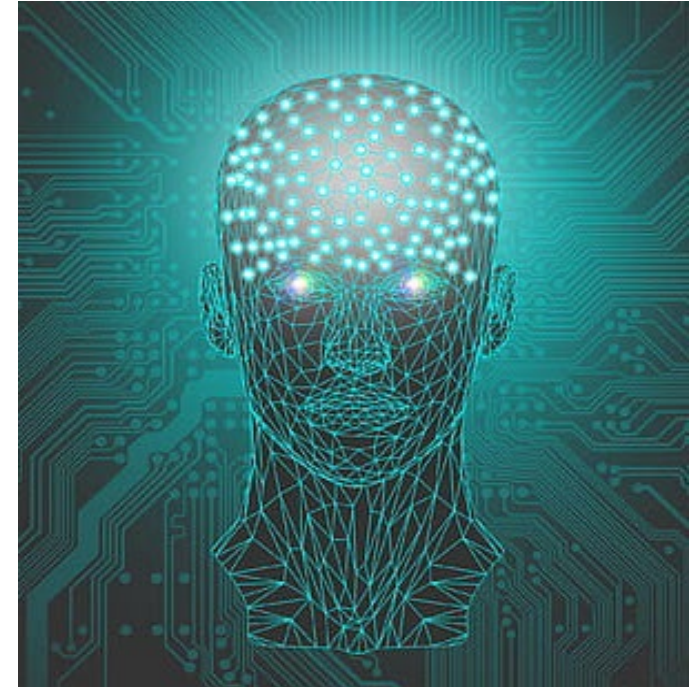
Increasing Risk Patterns Among Aging Population

- Research indicates that older Medicare recipients with opioid use disorder (OUD) have entered nursing home care at higher rates compared to non-substance related hospitalizations, (26% vs 22%).
- According to the CDC, alcohol related deaths for adults increased to over 18% from 2019 to 2020.
- Deaths for the same cohort involving synthetic opioids increased by 53% between 2019 and 2020.



Substance Use Disorder (SUD): A Brain Disease

- Substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating continued use of the substance despite significant substance-related problems.
- Chronic substance use rewires the neurological pathways of the brain and diminishes the capacity of the person to stop using substances and prompts to use more.



Staff Related Barriers to SUD Resident Care

One study conducted with nursing home staff (nursing directors, physicians, administrators, etc.) found inconsistencies regarding substance use knowledge and protocols.

Three themes were identified:



- Staff preparedness
- Staff perceptions of addiction
- Overall lack of resources

Challenges to Addressing Substance Use In Nursing Facilities

- Nursing home residents may not be screened for substance use.
- Substance use symptoms in older individuals may be misinterpreted as age related conditions.
- Adults with substance use disorder (SUD) at times, maybe denied admission to residential nursing home care.
- Nursing schools do not routinely teach about substance use disorders (SUD).

Stigma, Bias and Consequent Negative Perceptions

Research surveys indicate that some nursing home staff perceptions of people with substance use disorders can include:

- Residents with SUD are time intensive
- Residents with substance use history are manipulative and aggressive
- Unpredictable
- Challenging
- Deceptive



Let's Experiment!

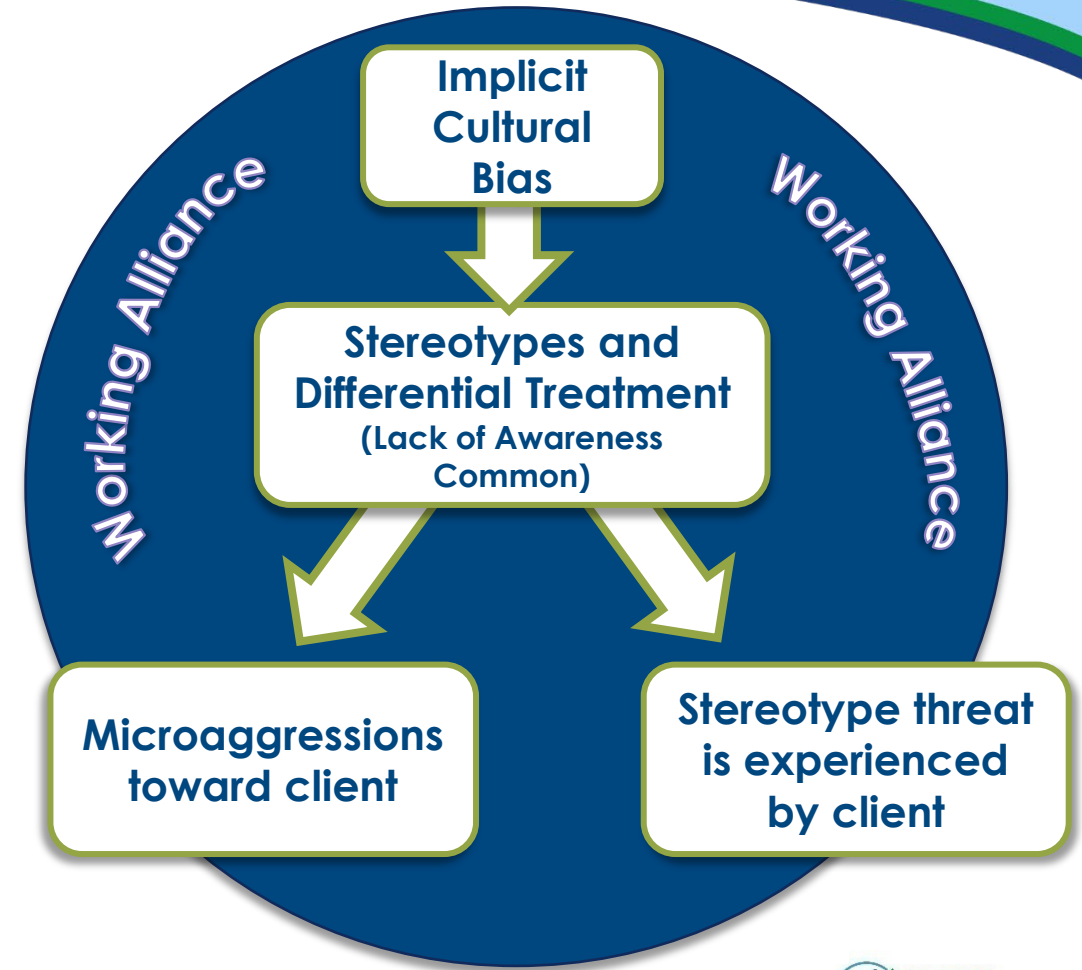
Night and _____

Young and _____

Study About Behavioral Health Bias

Mental health and substance use disorder professionals were more likely to judge and agree to disciplinary actions toward clients referred to as “substance abusers,” as opposed to a person with a substance use disorder.

Mental health practitioners were less likely to believe that clients deserved treatment when referred to as a “substance abuser.”



The reality is, all moments of human decision-making are susceptible to the influence of implicit bias; whether positive or negative, those biases have grave affects on outcomes in all sectors of our society.

The Unconscious Mind



- Automatic brain (automatic processing) overrides your conscious intentions of impartiality.
- Limbic system sorts information into categories, the mind fills in gaps when we receive only partial information.
- Collectively, these processes called schemas, form the 'frame' or "frame of reference," that help us interpret and respond to the world around us.

Moving Toward Action!

“The good news is that individuals, once educated on the science of implicit bias, can impact those biases.”

- Our developed unconscious bias and attitudes can be “unlearned,” and new mental associations can replace them.
- Going forward use an equity lens.

Identify Implicit Bias

- **Recognize that implicit bias is in you** through a lifetime of conditioning and experiences that have helped to develop latent negative attitudes and stereotypes toward people of color.
- **Know that implicit bias** adversely affects decision making, even if you don't set out to intentionally discriminate against anyone.
- **Take measures to identify and assess** your own implicit bias that manifests in your profession, practices, and decision making.

Cultural Humility as a Concept

Cultural humility involves acknowledging oneself as a learner (humility) when it comes to understanding another's perspective (culture).

Humility (humble):

Not proud or arrogant; modest;
courteously respectful

Culture (individual):

Beliefs, systems of language,
communication, and
practices

Cultural Humility as a Strategy

The National Institutes of Health (NIH) defines cultural humility as “**a lifelong process of self-reflection and self-critique whereby the individual not only learns about another’s culture, but one starts with an examination of her/his own beliefs and cultural identities.**”

1. Self-reflection and life-long learning
2. Patient focused interviewing and care
3. Cultural humility requires historical awareness
4. Community based care and advocacy

Putting the Nursing Home Resident with SUD First

- “PCC means treating residents as equal partners in the business of healing; it is personalized, coordinated and enabling.”
- Recognizes the capacities of people with SUD to actively participate in improving their own health and increase treatment adherence.

<https://youtu.be/MTSLUgkND4M?si=KmKBlzuwdBOwBFo>



- Preferred language and meaning within context
- Use **OARS** for person centered communication
 - **O**pen-ended Questions
 - **A**ffirmations
 - **R**eflective Listening
 - **S**ummaries

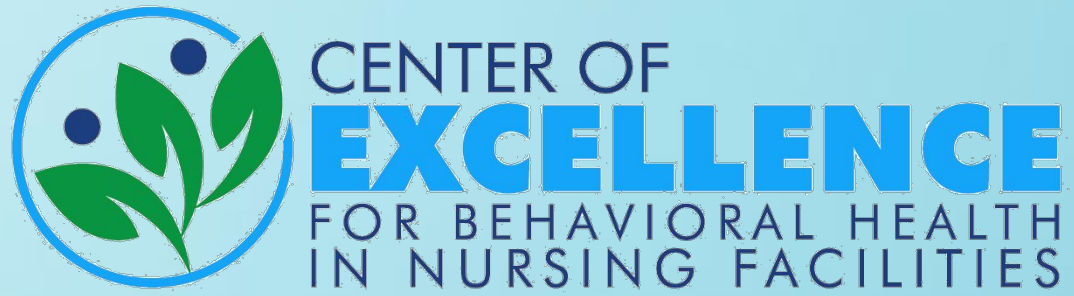


4 C's of Person-Centered Care

- **Care:** Integrate the resident's perspectives, needs and desires
- **Culture:** Consider the resident's cultural views, capacity, and resources.
- **Communication:** Preferred resident language, transparency and recovery-oriented terms.
- **Collaboration:** Partner with resident in decision making regarding substance use and recovery supports.

PCC for Nursing Home Residents with Substance Use

- Engage resident in understanding health issues and substance use impact.
- Provide pros and cons of different treatment options.
- Support resident in their decision to seek substance use disorder treatment or not, potential harm reduction options, (brief intervention).
- Support residents to implement resident decisions regarding their substance use.

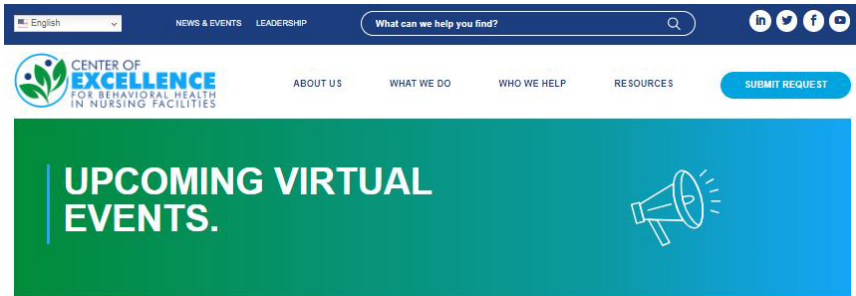


Questions ?



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<https://nursinghomebehavioralhealth.org/upcoming-events/>



EVENT Question, Persuade, Refer (QPR) Event Date: July 7, 2023 2 - 3:30 p.m. EST This 1.5-hour evidence-based live instructor lead training is held virtually and will provide a comprehensive review of a three-step approach anyone can learn to help save a life from suicide. LEARN MORE	EVENT An Introduction to Culturally and Linguistically Appropriate Services (CLAS) Standards Event Date: July 18, 2023 2 - 2:30 p.m. EST Culturally and Linguistically Appropriate Services (CLAS) Standards provide a blueprint toward improving health equity, patient safety, and patient satisfaction. This presentation is an introduction to LEARN MORE	EVENT An Overview of Schizophrenia and Psychosis Event Date: July 19, 2023 2 - 2:30 p.m. EST This half-hour workshop is to introduce staff to schizophrenia and psychosis with the goal to provide participants with a basic understanding of thought disorders. LEARN MORE
EVENT An Introduction to Creating a Trauma-Informed Culture in the Post-Acute and Long-Term Care Facility ... Event Date: July 26, 2023 2 - 3 p.m. EST In Part 3 of this series, we'll explore the difference between trauma screening and trauma assessment and why this distinction is so important in supporting a trauma-informed culture. Participants will learn LEARN MORE	EVENT Mental Health First Aid (MHFA) Event Date: July 28, 2023 11 a.m. - 4:30 p.m. EST FULL Mental Health First Aid (MHFA) gives you the skills to reach out and provide initial help and support to someone who may be developing a mental health or substance use challenge or experiencing a crisis. LEARN MORE	

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Contact us:

For more information or to request assistance, we can be reached by phone at

1-844-314-1433 or by email at coeinfo@allianthealth.org.

Visit the website:

nursinghomebehavioralhealth.org

Thank You!

