



Practical Strategies for Managing Behavioral Health Needs of Nursing Home Residents

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CENTER OF
EXCELLENCE
FOR BEHAVIORAL HEALTH
IN NURSING FACILITIES

Today's Event Host

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

Nikki serves as the training and education lead for the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF). 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.



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Session Presenter

Jacob Berelowitz, LNHA, LMSW, CPHQ, CCM

PROGRAM DIRECTOR, CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

Jacob serves as the program director of the Center of Excellence for Behavioral Health in Nursing Facilities. He has 15 years of clinical and administrative leadership experience as a nursing home administrator, director of social work, and social worker.

He has served at nursing homes ranging in size from 700+ beds to 50 beds and has designed and implemented specialized nursing home units and programs to serve behavioral health needs of residents.

Dually licensed as a nursing home administrator and master social worker, he holds a master's degree in social work from New York University and is also a certified professional in healthcare quality and a certified case manager.



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Objectives

At the conclusion of this educational presentation, participants will be able to:

1. Identify three (3) strategies for management of behavioral health conditions.
2. Understand symptom presentation at different phases of common serious mental illnesses.
3. Describe the difference between interventions planned for lower and higher intensity of behavioral health symptoms.



Common Behavioral Health Issues

Audience Question: (Respond in Chat)

What is the most common topic/request for support received by the COE-NF?



Behavioral health crises can lead to...

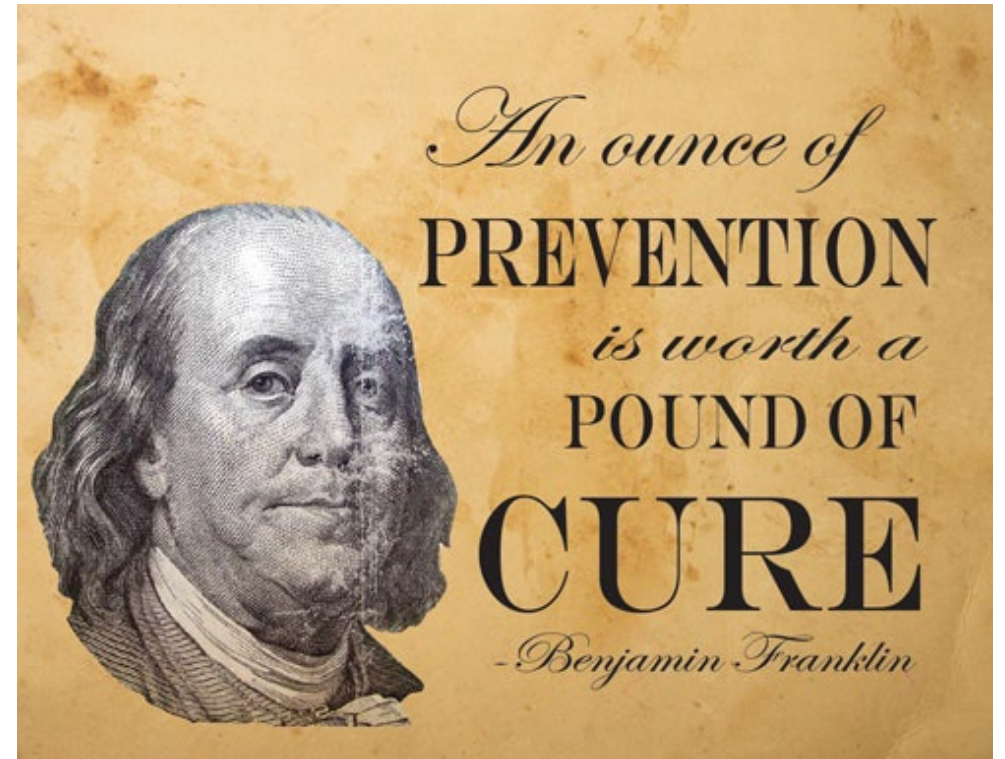


- Distress, physical, or psychosocial harm to that resident, other residents, and/or staff
- Negative behavioral health care/outcomes
- Dissatisfaction of staff
- Reportable incidents, hospitalizations
- Impact facility milieu and atmosphere

Crisis, Incidents, & Adverse Events

While not every situation is preventable...

- There are things that facility staff can do proactively to minimize the volume of “escalated” situations.
- Those same strategies will also result in the facility providing higher quality behavioral health care.



Strategy Areas



Learning about mental illnesses



Accurate diagnosis/medications



Care planning & Interventions for “good days” and “bad days”



Facility-wide promising practices

#1 Knowledge is Power



- **Educate staff about common behavioral health conditions.**
 - What kind of symptoms usually present?
 - What does a good day typically look like for someone with this condition?
 - What does a bad day typically look like for someone with this condition?
 - What strategies are appropriate for each condition?

Schizophrenia Symptoms

Delusions:

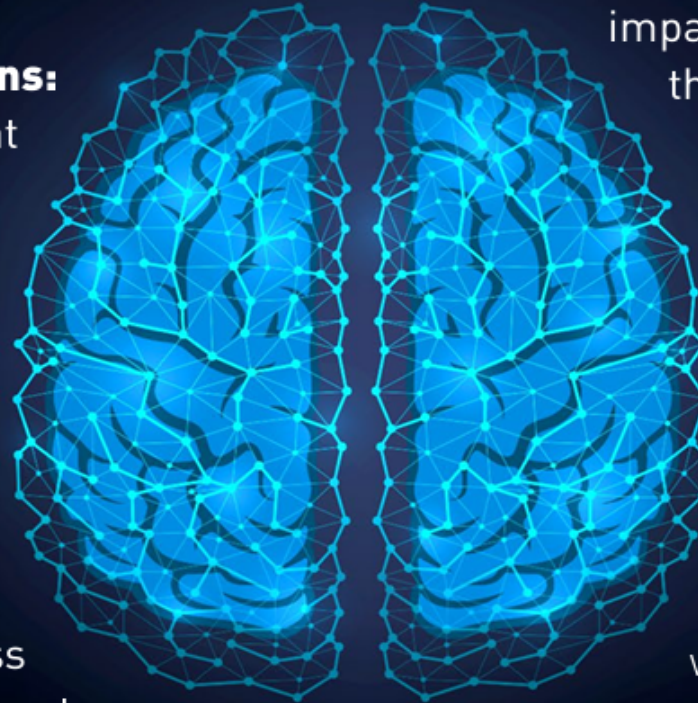
false beliefs that are not based in reality

Hallucinations:

seeing or hearing things that don't exist

Extremely disorganized or abnormal physical behavior:

resistance to instructions, inappropriate or bizarre posture, a complete lack of response, childlike silliness, unpredictable agitation, or useless and excessive movement



Disorganized thinking and speech:

impaired communication, such as answers that may be partially or completely unrelated to questions or a conversation

Negative symptoms:

reduced or lack of ability to function normally, such as not paying attention to personal hygiene

Suicidal thoughts and behavior

are common among people with schizophrenia.

Schizophrenia

Phases of illness

- May go through phases at regular intervals (e.g. every three (3) months).
- May be triggered: person, situation, holiday.
- What phase is the resident in right now?

Identify individualized warning signs of decompensation

- Isolation, poor hygiene, delusional thoughts/statements.

Learn effective interventions to address decompensation

- From experience (trial/error).
- Resident.
- Family/friends.

Bipolar Disorder Symptoms

Signs of a manic episode may include:

- Feeling euphoric, intensely excited, or happy
- Having more energy than usual
- Insomnia
- Speaking fast about several things at once
- Having jumbled thoughts
- Doing uncharacteristic/ risky things



Signs of a depressive episode may include:

- Feeling hopeless
- Having little energy
- Sleeping too much or too little
- Eating too much or too little
- Thoughts of death and/or suicide

Bipolar Disorder



Periods of mania and periods of depression



Identify individualized usual behaviors when experiencing periods of mania or depression

Wide range of extreme emotions (laughing/crying)
Fixates on specific topic (discharge, politics), need (medication/appointment)



Learn effective interventions to address mania or depression

From experience (trial/error)
Resident
Family/friends

Major Depressive Disorder Symptoms

Symptoms of MDD staff may observe in a resident are as follows:



Mood	Depressed, sad, or irritable, loss of interest, and pleasure in daily activities.
Physical	Visibly slowed down or agitated, extreme fatigue, and lack of energy.
Behavioral	Withdrawal and isolation, no desire to talk, interact, socialize, decreased motivation.
Thinking	Feelings of worthlessness or excessive guilt, inability to think, remember or concentrate.
Senses	Hypersensitive to noise, light, and stress.

Factors That Impact the Mental Health of Nursing Home Residents

Being disconnected from family or community

Chronic pain

Lack of independence

Lack of physical activity, functioning or mobility

Social isolation

Depression

Decline in mental capacity

Grieving the loss of loved ones

#2 Accurate Behavioral Health Diagnosis

Accurate diagnosis leads to better treatment

- Prescribing of medications that correspond to the diagnosis and resident needs (Antipsychotic vs. mood stabilizer vs. anti-depressant).
- Interpret symptoms in context of overall condition – better understand phase of illness and what kind of support will be most effective.

Considerations for accurate diagnosis:

- Review medical record and hospital transfer record.
- Ask any prior behavioral health providers (community-based).
- Ask resident/family/friends about diagnosis and treatment history.
- Discuss with qualified behavioral health specialist.

#3 Assessment & Care Planning Steps



Ensure accurate diagnosis has been made.



Identify interventions that can help maintain the resident in a stable condition (“Good Days”).



Identify interventions to be utilized when the resident is not stable and is exhibiting symptoms of their condition (“Bad Days.”)



Evaluate effectiveness of interventions and update as needed - during weekly rounds or other regular interval.

When the resident is stable.... *(Milder Symptoms)*

What does the resident need to maintain the stability of their condition?

- What does their ideal daily routine look like?
- What are triggers for them?
- What are early warning signs of decompensation?

Sources:

- Ask resident/family/friends.
- Behavioral health professionals (psychiatrist/psychologist/other).
- Trial and error.

When displaying symptoms of the condition

What are typically risk areas for this resident?

- Neglecting selfcare (hygiene, food, medication).
- Engaging in risky behavior (physical activity, excessive shopping, substances).
- Becoming aggressive toward self or others.

What helps the resident when they have decompensated?

- What has worked in the past? Remember to ask the resident.
- Identify strategies in advance, don't wait for the crisis.

#4 Facility-Wide Promising Practices

Identify Behavioral Health Champion

- Social Worker, Nurse Manager, Activities, others

Integrate behavioral health into interdisciplinary team

Routine behavioral health resident rounds

- Similar to wound rounds

Cohort residents on dedicated unit

Collaborate with local behavioral health providers/support groups

COE-NF Resources

- [Comfort Menu](#)
- Flyer: [Tips for managing challenging situations](#)
- Education on specific behavioral health conditions
 - [On-Demand Videos](#)
- Verbal De-Escalation Certification (Crisis Prevention Institute)

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Comfort Menu

Use the comfort menu with residents to identify ways to reduce anxiety, discomfort and pain without using medications.

Check items below that you are interested in trying...

Relaxation	Comfort	Entertainment
<input type="checkbox"/> Stress ball	<input type="checkbox"/> Warm pack	<input type="checkbox"/> Book (audio, large print)
<input type="checkbox"/> Hand massage	<input type="checkbox"/> Cold pack	<input type="checkbox"/> Magazine
<input type="checkbox"/> Visit from chaplain	<input type="checkbox"/> Ice	<input type="checkbox"/> Movie
<input type="checkbox"/> Reading visit	<input type="checkbox"/> Warm blanket(s)	<input type="checkbox"/> Wi-Fi for your personal laptop or tablet
<input type="checkbox"/> Talking visit	<input type="checkbox"/> Warm washcloth	<input type="checkbox"/> Deck of cards
<input type="checkbox"/> Relaxing music	<input type="checkbox"/> Cool washcloth	<input type="checkbox"/> Puzzle book (crossword puzzles, word searches, Sudoku)
<input type="checkbox"/> Soft background sounds/sound machine	<input type="checkbox"/> Extra pillow(s) - (neck, knees, ankles, lumbar)	<input type="checkbox"/> Notepad and pen
<input type="checkbox"/> Guided Imagery Therapy: helping you imagine positive and relaxing things	<input type="checkbox"/> Humidification for your oxygen source	<input type="checkbox"/> Coloring book
<input type="checkbox"/> Quiet/uninterrupted time	<input type="checkbox"/> Saline nose spray	<input type="checkbox"/> Board games
<input type="checkbox"/> Pet therapy	<input type="checkbox"/> Fan	<input type="checkbox"/> Arts & crafts
<input type="checkbox"/> Essential oils	<input type="checkbox"/> Repositioning	<input type="checkbox"/> Favorite music
<input type="checkbox"/> Darkness	<input type="checkbox"/> Warm bath or shower	<input type="checkbox"/> Television
<input type="checkbox"/> Walking/ Change of Scenery	<input type="checkbox"/> Gentle stretching	<input type="checkbox"/> Handheld electronic game
	<input type="checkbox"/> Food or beverage	<input type="checkbox"/> Activity apron/blanket
	<input type="checkbox"/> Temperature adjustment	

Feel Better	Sleep
<input type="checkbox"/> Lip balm	<input type="checkbox"/> Ear plugs
<input type="checkbox"/> Wash face/brush teeth	<input type="checkbox"/> Eye shield/mask
<input type="checkbox"/> Comb or brush hair	<input type="checkbox"/> Night light
<input type="checkbox"/> Shampoo/conditioner	<input type="checkbox"/> Television/Music/Sound machine
<input type="checkbox"/> Scalp massage	<input type="checkbox"/> Quiet
<input type="checkbox"/> Robe	<input type="checkbox"/> Weighted blanket
<input type="checkbox"/> Hair band	<input type="checkbox"/> Uninterrupted sleep time
<input type="checkbox"/> Mouth swab/mouth wash	
<input type="checkbox"/> Lotion	

Use this space to list other ideas

Key Takeaways



Learn Mental Illness Basics



Ensure accurate diagnosis/medications



Care planning for good days and bad days



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Questions?



Contact Information

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Thank You!



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