CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

An Easy Pill to Swallow: Nonpharmacological Interventions for Long-term Care Residents

April 17, 2025

Host

Nikki Harris, MA, CBHC-BS

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.

Presenter

Anthony Nedelman, PhD
Director of Psychology Services
MindCare Solutions

Dr. Anthony Nedelman, an esteemed clinical psychologist based in Ohio and internationally recognized for his expertise in addressing mental health concerns across the lifespan.

Renowned for his impactful presentations, Dr. Nedelman has shared his insights at conferences nationwide. These include leading workshops on psychiatric illness in long-term care, staff burnout and employee turnover, and models for effective leadership in healthcare.

A leader in his field, he chaired the Ohio Psychological Association's Science and Research Committee and oversees a dedicated team providing counseling and psychological services in long-term care settings.

With a commitment to both leadership and clinical excellence, Dr. Nedelman continues to make significant contributions to the field of psychology.

Presenter

Jennifer Goodpaster, BS, RN, DNS-CT, QCP, CPHQ
Program Manager

Jennifer serves as the program manager for the Center of Excellence for Behavioral Health for Nursing Facilities (COE-NF). As an experienced nurse, manager, and leader, here clinical experience includes long-term care with a special focus on the MDS/RAI process, quality improvement, leadership, direct resident care, and Medicare/managed care.

Previously, Jennifer was the long-term care (LTC) quality director for a quality improvement organization where she led a multidisciplinary team, supporting quality improvement initiatives for LTC staff to enhance the quality of care and life. She has also worked as a continuous quality improvement advisor, assisting multiple homes in improving healthcare delivery, and also served as a director of nursing, working closely with the multidisciplinary team within the facilities.

Learning Objectives

1. Understand and apply person-centered care principles in geriatric populations.

2. Recognize the presence and impact of mental illness in nursing home residents.

3. Develop and implement a comprehensive approach to mental illness using nonpharmacological interventions.

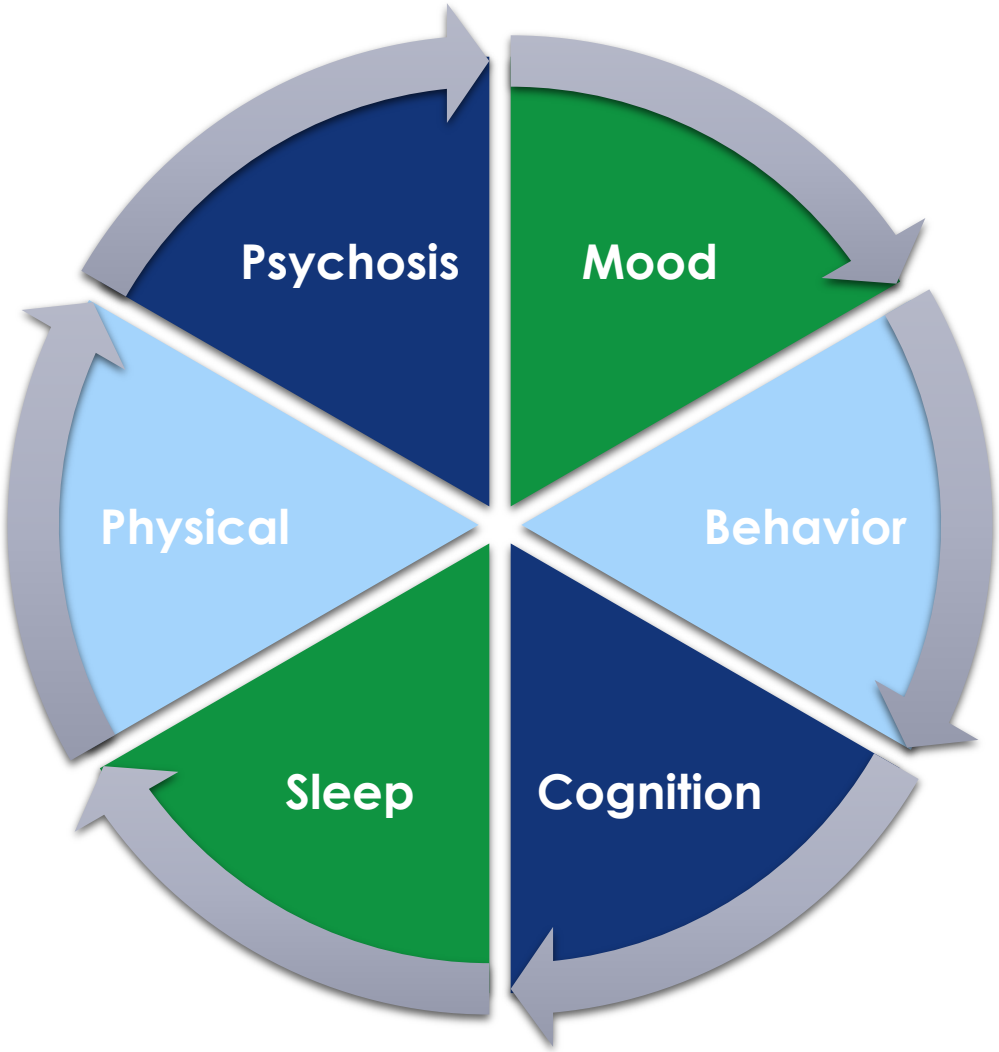
What is Person-centered Care?

Person-centered care is an approach to healthcare that emphasizes the individual's preferences, needs, and values in the planning, delivery, and evaluation of care. It shifts the focus from a traditional, provider-centered approach (Medical Model), where the healthcare professional primarily makes decisions, to one where the person receiving care is at the center of all decisions (Social Model).

Person-centered Care Principles

1. Respect for the individual
2. Involvement in decision-making
3. Personalized care
4. Coordination and integration
5. Emotional support
6. Physical comfort and environment
7. Accessibility

Common Signs of Mental Illness



The Impact of Mental Illness on LTC Residents

- Cognition
- Emotional Well-being
- Social Interaction
- Behavior
- Physical Health
- Quality of Care
- Staff Impact
- Legal & Ethical
- Family
- End of Life

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Cognition

Memory Loss

- Dementia and alzheimer's can lead to memory loss, confusion, and difficulty with completing daily tasks.
  - *E.g.*, Forgetting recent events, not recognizing familiar faces, misplaces items, daily routines get disrupted
- Can lead them to lose a sense of continuity in their lives.

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Cognition

Confusion

- Accompanies memory loss
- Can lead to being disoriented to person, place, or time
  - *E.g.,* A resident might forget where they are and why they need care. This can lead to anxiety, fear, and agitation with staff.

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Cognition

Decision-Making

- Cognitive decline can impact their ability to make sound decisions about their care, finances, social interactions, etc.
- Planning and organization can be affected.
  - *E.g.,* A resident might not be able to get dressed by following the correct sequence of events
- Residents begin to make poor decisions regarding safety awareness.

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Emotional Well-being

Depression and Anxiety

- Depression is common among residents and can result in feelings of hopelessness, withdrawal from activities, and a lack of interest in life. Anxiety can lead to constant worry and fear, exacerbating feelings of insecurity.

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Social Interaction

Isolation

- Mental illness can lead to social withdrawal, making it difficult for residents to interact with others, participate in social activities, or form relationships.

Stigmatization

- Residents with visible symptoms of mental illness may face stigma or be misunderstood by other residents and staff, leading to further isolation.

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Behavior

Aggression or Agitation

- Mental illnesses like schizophrenia or certain types of dementia can result in aggressive or agitated behaviors, which can be distressing for the resident and others.

Noncompliance

- Some residents may refuse medication or treatment due to paranoia, delusions, or a lack of understanding of their condition.

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Physical Health

Neglect of Personal Care

- Mental illnesses can lead residents to neglect personal hygiene, nutrition, and taking their medications. All of which can negatively impact physical health.

Increase in Falls

- Conditions like depression or anxiety can affect a resident's mobility and balance, increasing the risk of falls.

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Quality of Care

Communication Barriers

- Residents with mental illness may have difficulty communicating their needs or symptoms, leading to misunderstandings and unmet care needs.

Complex Care Needs

- Managing mental illness often requires specialized care, which may be challenging in facilities with little experience/exposure to these populations.

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Staff Impact

Staff Stress

- Caring for residents with mental illness can be emotionally and physically demanding for staff, leading to burnout.

Training Needs

- Staff may require additional training to effectively care for residents with mental illness, especially in understanding and managing challenging behaviors.

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Legal & Ethical

Informed Consent

- Mental illness can complicate issues of consent, particularly if a resident has impaired cognitive abilities and cannot make informed decisions about their care.

Restraints and Seclusion

- In extreme cases, managing challenging behaviors may involve the use of restraints or seclusion, raising ethical concerns about the resident's rights and dignity.

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Family

Family Stress

- Families may experience stress, guilt, or helplessness when their loved one struggles with mental illness, impacting their involvement in the resident's care.

Decision-Making

- Family members may need to take on a more significant role in decision-making, particularly if the resident is unable to do so themselves.

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End of Life

Palliative Care Needs

- Residents with severe mental illness may require specialized palliative care that addresses both their mental and physical symptoms as they approach the end of life.

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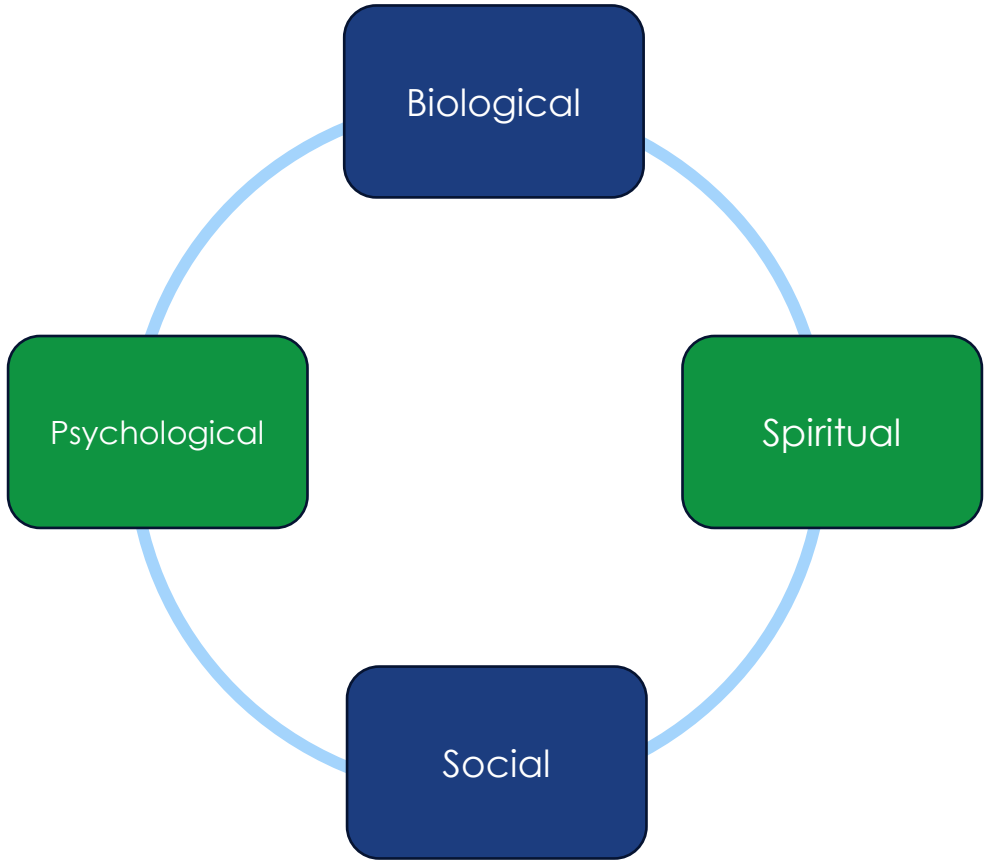
Addressing mental illness in nursing home residents requires a comprehensive approach that includes appropriate medical treatment, psychological support, and a compassionate, understanding environment.

Nonpharmacological Interventions

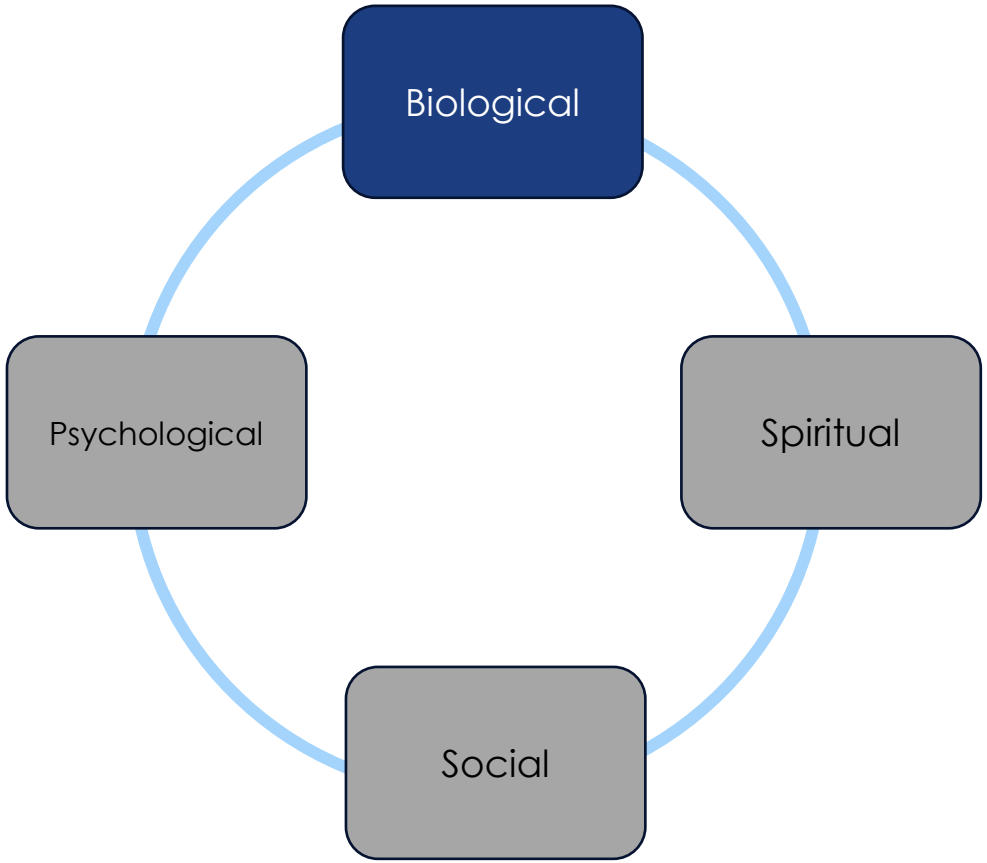
Bio-Psycho-Social-Spiritual Model



Nonpharmacological Interventions

Biological

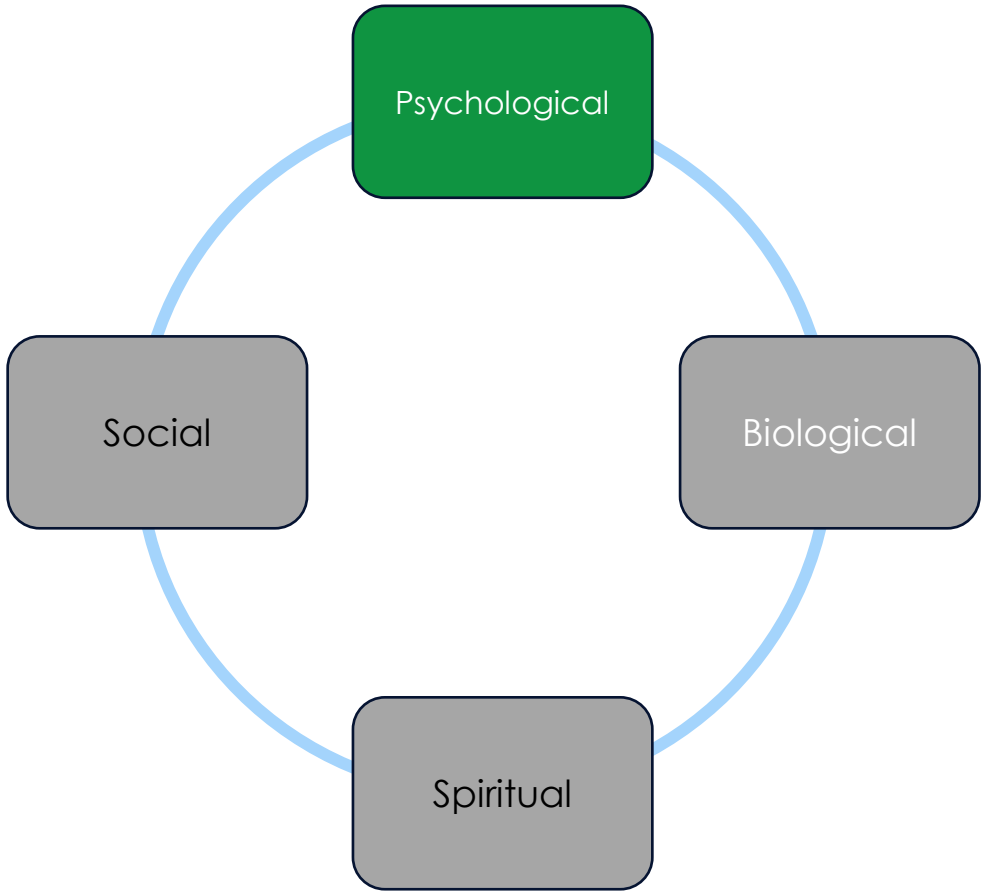
- Exercise! Exercise! Exercise!
- Physical therapy
- Diet and nutrition counseling
- Take medications as prescribed.
- Genetic knowledge is power



Nonpharmacological Interventions

Psychological

- Persistent maladaptive thoughts and behaviors that cause distress can signify an underlying mental health disorder.
- Counseling can be extremely useful to learn and implement coping skills to reduce depression, anxiety, worry, stress, etc.
- There is a bidirectional relationship between mental health and physical health.



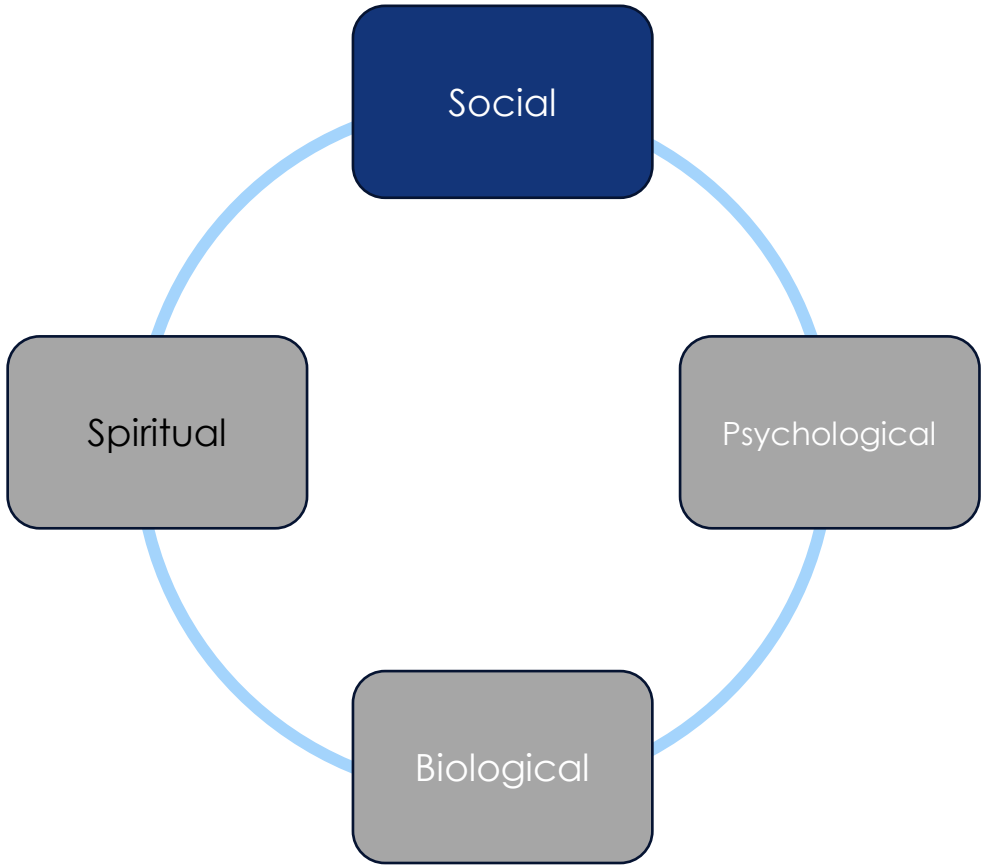
Nonpharmacological Interventions

Social

Environment → Genetic Expression

Positive Environmental Changes = Positive Mood Changes

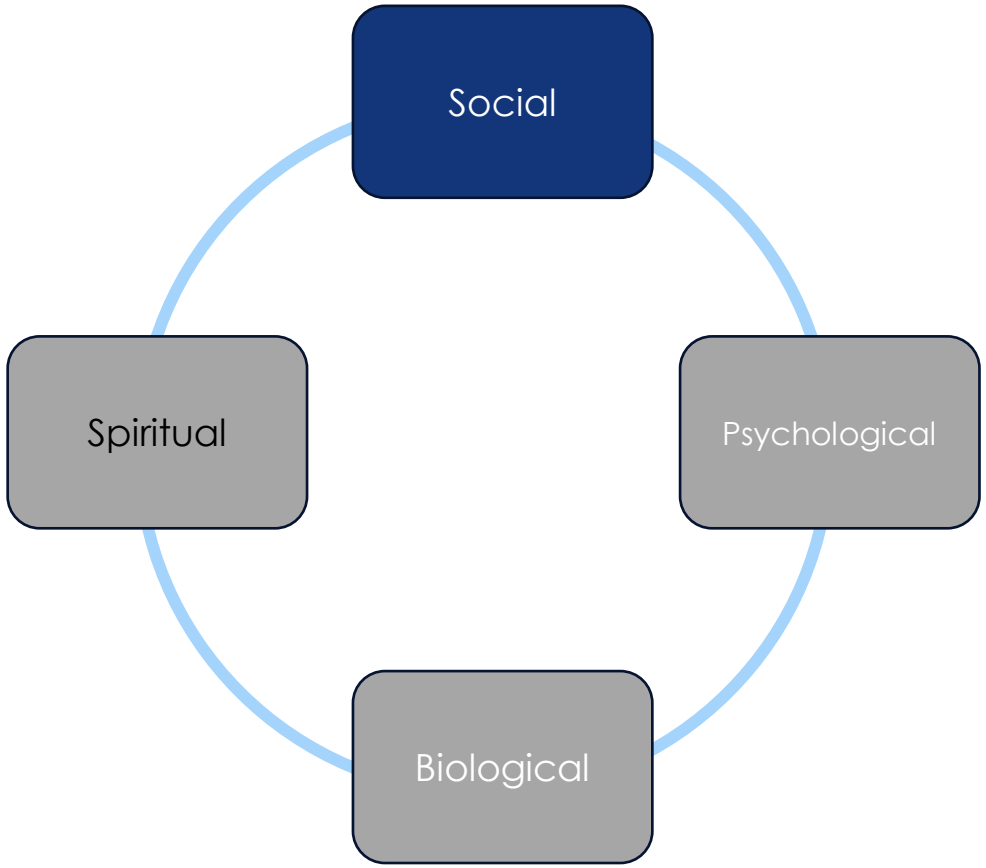
Social Support → Mental Health Outcomes



Nonpharmacological Interventions

Social

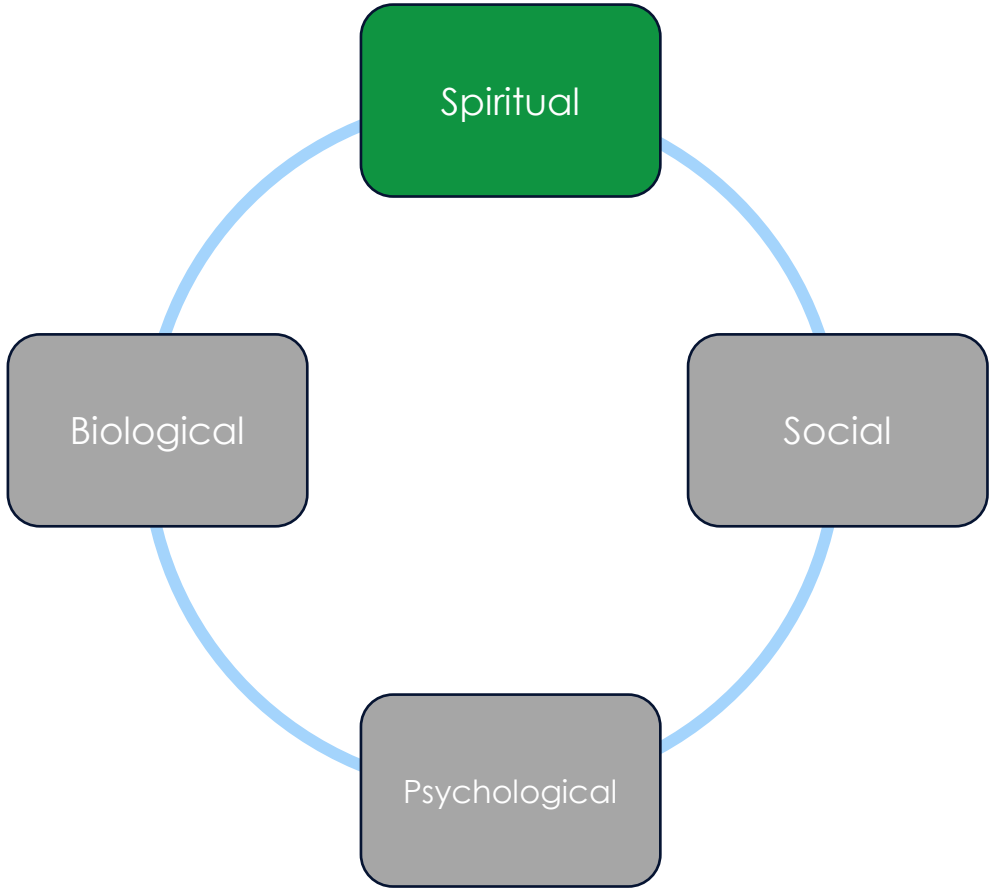
- Interest-based clubs
  - Books, gardening, knitting, etc.
- Family game nights
- Themed events
  - Holiday parties, cultural awareness events, celebrations that election day is over!
- Incentivize activity participation for those prone to isolate
- Buddy systems for new admissions
- Intergenerational activities
  - Visits from schools, trick-or-treating for neighborhood kids, etc.



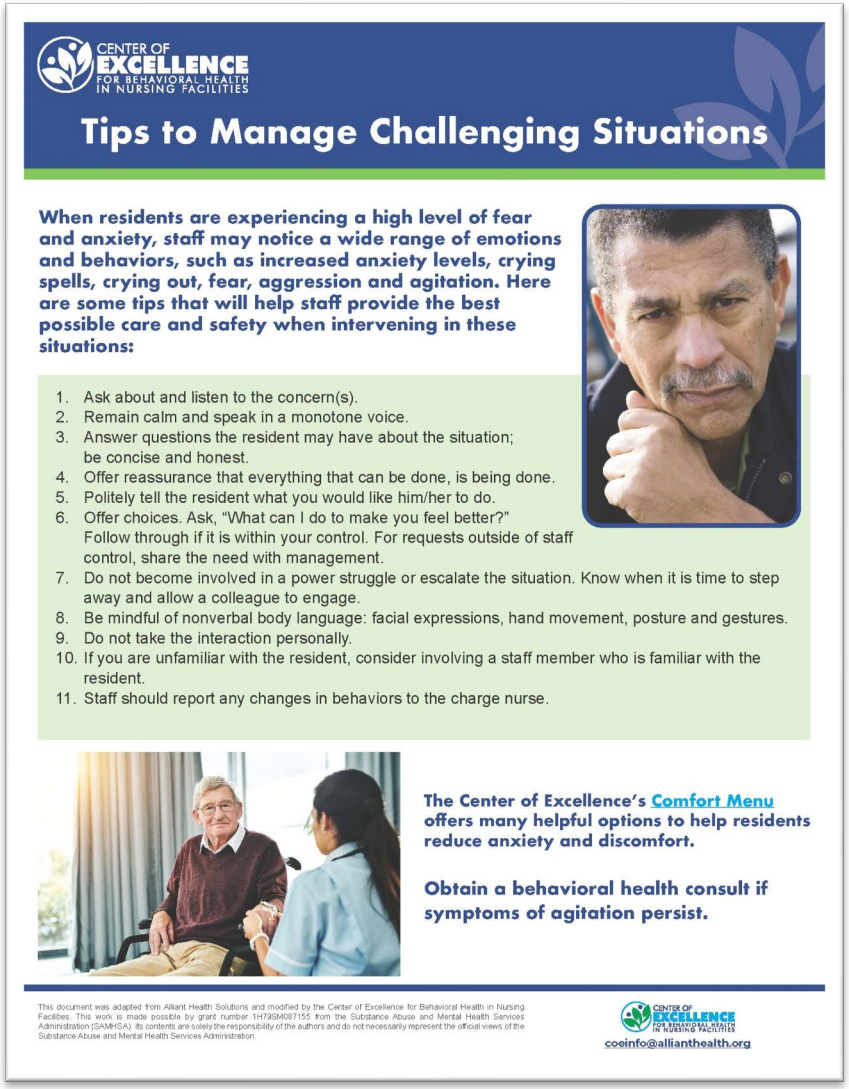
Nonpharmacological Interventions

Spirituality

- Well-established Religions
- Ethereal connections to a higher power.
- Common Interventions:
  - Bible studies
  - Church groups/visitors
  - Prayer circles
  - Mindfulness/Meditation
  - Journaling/Reflection
  - Nature time



De-Escalation Resources



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Tips to Manage Challenging Situations

When residents are experiencing a high level of fear and anxiety, staff may notice a wide range of emotions and behaviors, such as increased anxiety levels, crying spells, crying out, fear, aggression and agitation. Here are some tips that will help staff provide the best possible care and safety when intervening in these situations:

1. Ask about and listen to the concern(s).
2. Remain calm and speak in a monotone voice.
3. Answer questions the resident may have about the situation; be concise and honest.
4. Offer reassurance that everything that can be done, is being done.
5. Politely tell the resident what you would like him/her to do.
6. Offer choices. Ask, "What can I do to make you feel better?" Follow through if it is within your control. For requests outside of staff control, share the need with management.
7. Do not become involved in a power struggle or escalate the situation. Know when it is time to step away and allow a colleague to engage.
8. Be mindful of nonverbal body language: facial expressions, hand movement, posture and gestures.
9. Do not take the interaction personally.
10. If you are unfamiliar with the resident, consider involving a staff member who is familiar with the resident.
11. Staff should report any changes in behaviors to the charge nurse.

The Center of Excellence's Comfort Menu offers many helpful options to help residents reduce anxiety and discomfort.

Obtain a behavioral health consult if symptoms of agitation persist.

This document was adapted from Alliant Health Solutions and modified by the Center of Excellence for Behavioral Health in Nursing Facilities. This work is made possible by grant number 1H79SM087155 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Substance Abuse and Mental Health Services Administration.

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Scan the QR code or
visit the link below to view this resource..

https://nursinghomebehavioralhealth.org/wp-content/uploads/2023/02/COE-NF-Tips-to-Manage-Challenging-Situations_508.pdf

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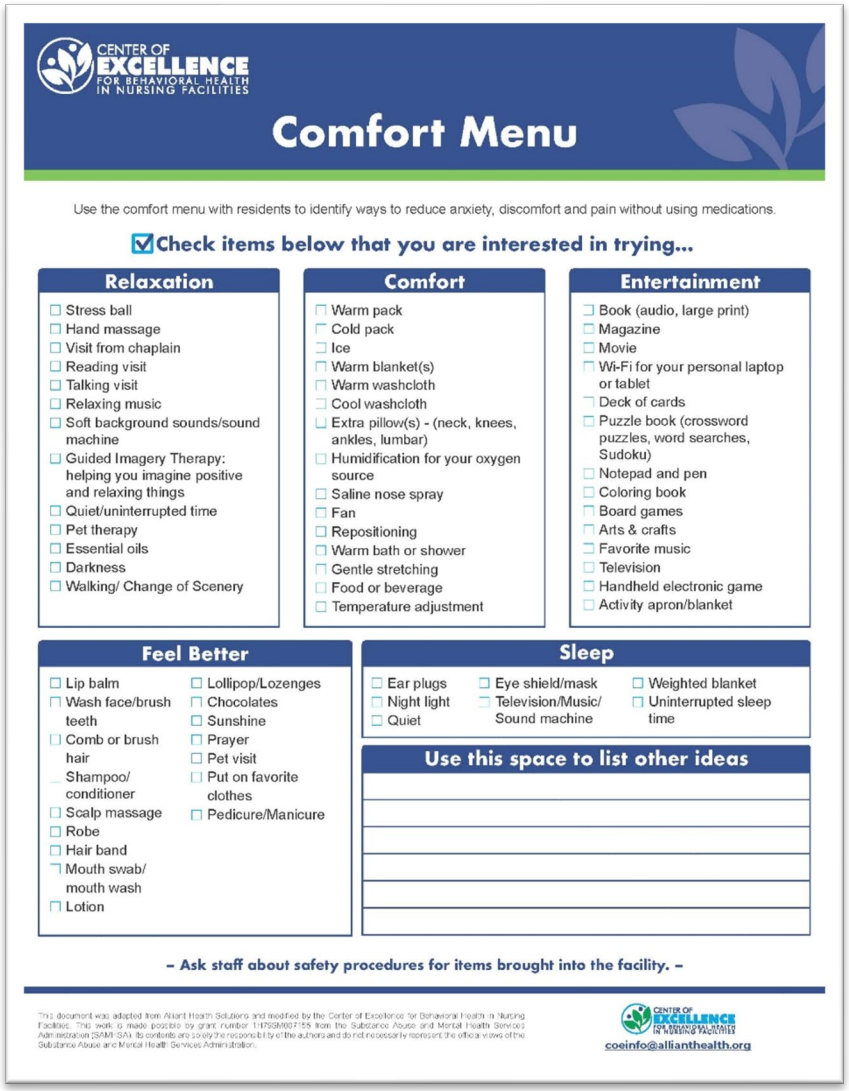
De-Escalation Resources



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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

- ☐ Stress ball
- ☐ Hand massage
- ☐ Visit from chaplain
- ☐ Reading visit
- ☐ Talking visit
- ☐ Relaxing music
- ☐ Soft background sounds/sound machine
- ☐ Guided Imagery Therapy: helping you imagine positive and relaxing things
- ☐ Quiet/uninterrupted time
- ☐ Pet therapy
- ☐ Essential oils
- ☐ Darkness
- ☐ Walking/ Change of Scenery

Comfort

- ☐ Warm pack
- ☐ Cold pack
- ☐ Ice
- ☐ Warm blanket(s)
- ☐ Warm washcloth
- ☐ Cool washcloth
- ☐ Extra pillow(s) - (neck, knees, ankles, lumbar)
- ☐ Humidification for your oxygen source
- ☐ Saline nose spray
- ☐ Fan
- ☐ Repositioning
- ☐ Warm bath or shower
- ☐ Gentle stretching
- ☐ Food or beverage
- ☐ Temperature adjustment

Entertainment

- ☐ Book (audio, large print)
- ☐ Magazine
- ☐ Movie
- ☐ Wi-Fi for your personal laptop or tablet
- ☐ Deck of cards
- ☐ Puzzle book (crossword puzzles, word searches, Sudoku)
- ☐ Notepad and pen
- ☐ Coloring book
- ☐ Board games
- ☐ Arts & crafts
- ☐ Favorite music
- ☐ Television
- ☐ Handheld electronic game
- ☐ Activity apron/blanket

Feel Better

- ☐ Lip balm
- ☐ Wash face/brush teeth
- ☐ Comb or brush hair
- ☐ Shampoo/ conditioner
- ☐ Scalp massage
- ☐ Robe
- ☐ Hair band
- ☐ Mouth swab/ mouth wash
- ☐ Lotion
- ☐ Lollipop/Lozenges
- ☐ Chocolates
- ☐ Sunshine
- ☐ Prayer
- ☐ Pet visit
- ☐ Put on favorite clothes
- ☐ Pedicure/Manicure

Sleep

- ☐ Ear plugs
- ☐ Night light
- ☐ Quiet
- ☐ Eye shield/mask
- ☐ Television/Music/ Sound machine
- ☐ Weighted blanket
- ☐ Uninterrupted sleep time

Use this space to list other ideas

– Ask staff about safety procedures for items brought into the facility. –

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Use ideas from the Comfort Menu to identify ways to reduce anxiety, discomfort, and pain without medications

Scan the QR code or
visit the link below to view this resource..

Training Events

EVENT

Practical Strategies for Managing Behavioral Health Needs of Nursing Home Residents

Event Date: August 7, 2024

2 - 3 p.m. ET

Residents with serious mental illnesses and substance use disorders continue to be admitted to nursing homes, yet staff often lack skills and confidence in meeting their needs. This session will

WATCH RECORDING **SLIDES**

EVENT

Changing Behaviors from a Rolling Boil to a Simmer: De-escalation Strategies to Defuse Difficult Situations

Event Date: March 25, 2025

2 - 3 p.m. ET

ACCME & NAB CREDITS ARE AVAILABLE

This training will outline factors that contribute to escalating behaviors and strategies to safely defuse

WATCH RECORDING **SLIDES**

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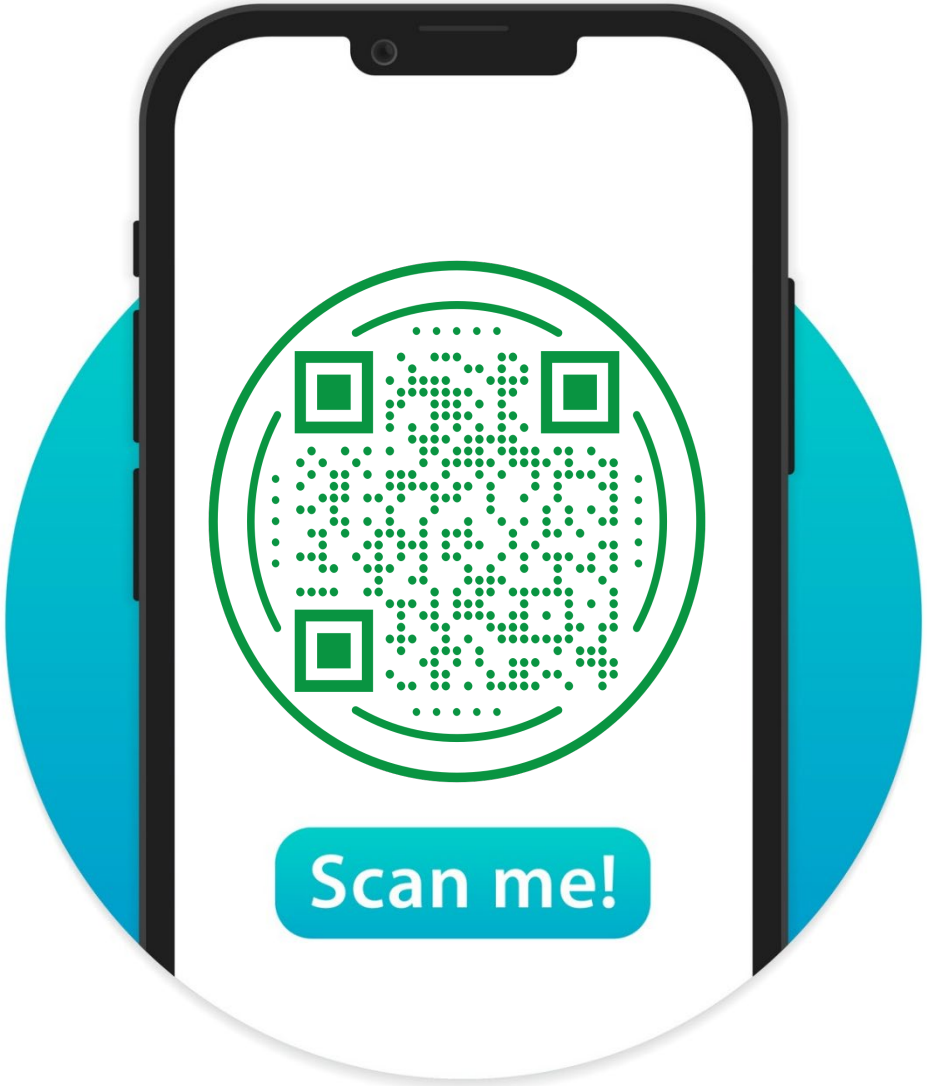
Questions?

Request Assistance



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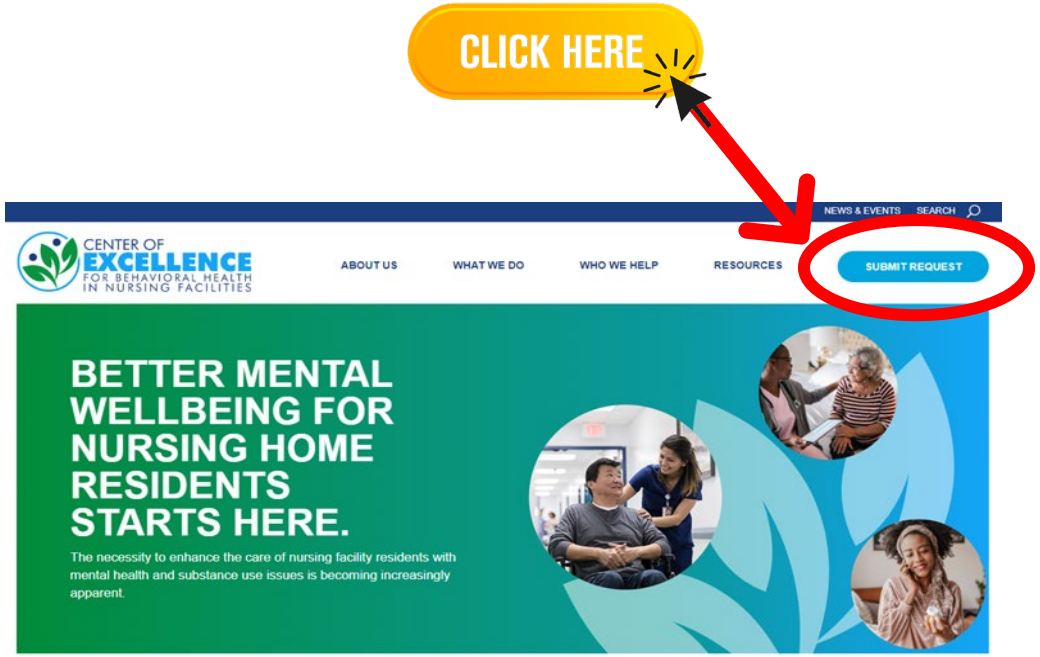

Contact us:
For more information or to request assistance, we can be reached by phone at **1-844-314-1433** or by email at coeinfo@allianthealth.org.

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- Shares behavioral health resources
- Provides nursing facility behavioral health regulatory updates
- Announces upcoming training opportunities

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Scan QR code to sign up for the COE-NF newsletter.

Thank You!

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