CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

Behavioral Health Action Network

Part 1: Incorporating Behavioral Health and Substance Use Disorders into Individualized Assessment and Person-centered Care

Cohort #

Date

Virtual Space Expectations

Zoom Chat

- Resources
- Peer-to-peer learning
- Questions
- Troubleshoot issues

Participation

- Sign on early/on time
- Avoid multitasking
- All questions welcome
- Be respectful of others

Let's Practice!

1. Click the "Chat" button to open the chat box, it will appear on the right side.
2. Type your name, your role, and your state into the message box and hit send!

Session Agenda

10 MIN
Welcome & Introduction
- Knowledge check
- Expectations
- Agenda

20 MIN
Incorporating BH & SUD into Person-Centered Care
- Understanding the life course perspectives
- Reframing the paradigm
- Care planning as a team
- Placement and care transition considerations

5 MIN
Quality Improvement Tip
- Improvement project team
- Introduction to the IHI Model for Improvement
- Root Cause Analysis (RCA)

20 MIN
Group Activity & Discussion
- Resident scenario
- Quality improvement activity

5 MIN
Wrap-Up
- Looking ahead
- CME/Survey
- Resources

Subject Matter Expert Introduction

CAROLINE STEPHENS, PHD, RN, GNP-BC, FGSA, FAAN

- Professor and the Helen Lowe Bamberger Colby Presidential Endowed Chair in gerontological nursing.
- Degrees
  - B.S. Biological Psychology and Human Development and Aging
  - B.S. Nursing
  - M.S. Geropsychiatric Advanced Practice Nursing
  - Gerontological Nurse Practitioner Post-Master's Certificate
  - PhD Gerontological Nursing and Health Policy
- Over 20 years of clinical experience caring for vulnerable older adults with complex mental and physical multi-morbidity, including consulting in 100+ nursing homes in 3 states
- Nationally-recognized expert, educator and scholar in gerontological and geropsychiatric nursing.

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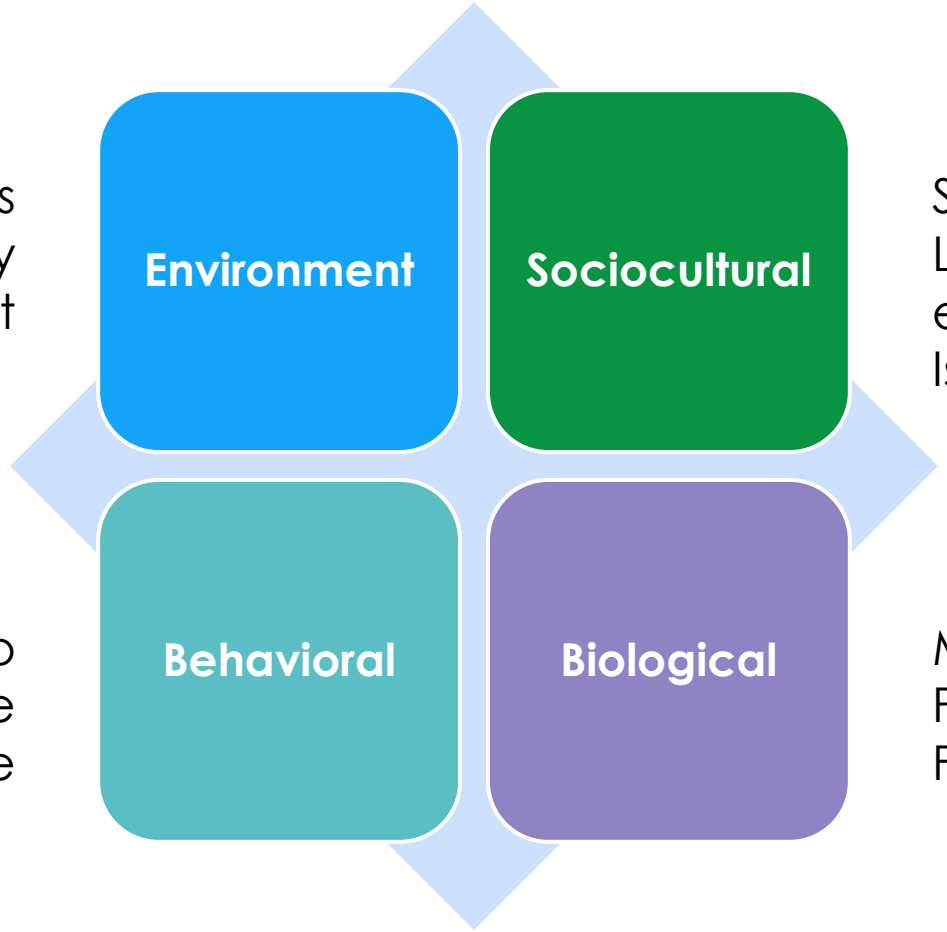
Incorporating Behavioral Health & SUD into Individualized Assessment and Person-centered Care

Understanding the Life Course Perspectives

Homelessness
Poverty
Under-employment

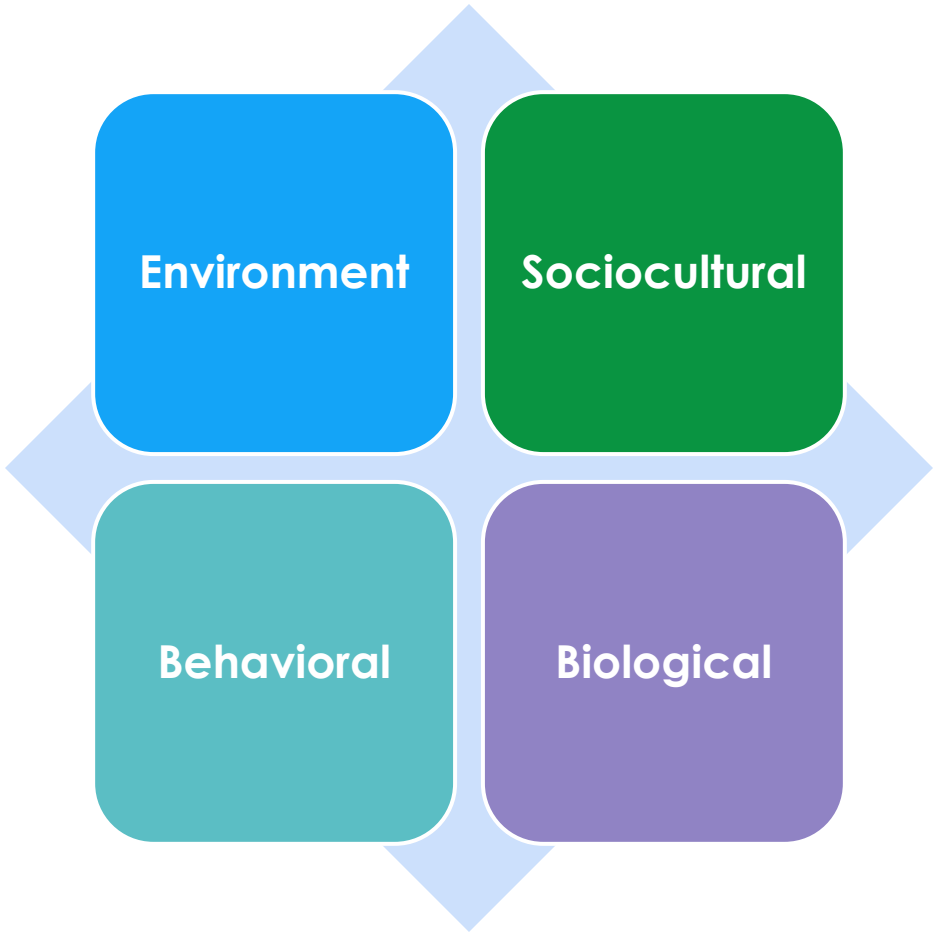


Stigma
Limited contact and/or estrangement from family
Isolation

Rehab
Violence
Relapse

Medication side effects
Physical aging
Falls and incontinence

Life Course Perspective & Life in a Nursing Home



Sadness
Worry
Trauma

Privacy
Autonomy
Isolation

Be curious.
Don't assume.
Get to know them.
Consider disparities.

Trauma is Common

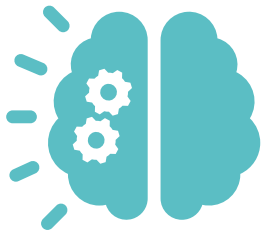
70% of U.S. adults have experienced some type of traumatic event, a series of events, or set of circumstances.

Trauma Survivors

Military veterans	Survivors of disasters	Survivors of abuse	History of homelessness	History of imprisonment	Traumatic loss of a loved one

F699: Trauma survivors must receive trauma-informed, culturally competent care accounting for residents' experiences and preferences to avoid triggers leading to re-traumatization.

Trauma-informed Care



Understanding, recognizing, and responding to the effects of all types of trauma.

Recognizing the widespread impact and signs and symptoms of trauma in residents.

Avoiding re-traumatization.

Trauma Triggers

Avoiding re-traumatization.

Identify trauma survivors

Identify trauma triggers

Reframing the Paradigm

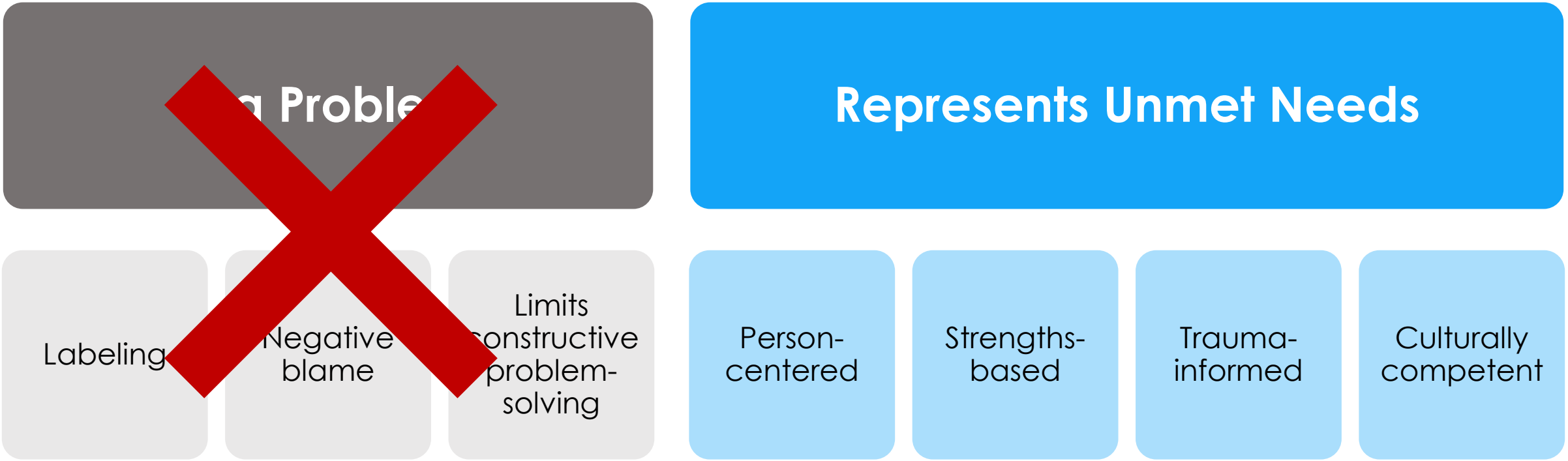
The resident and/or their behavior…

Is a Problem

- Labeling
- Negative blame
- Limits constructive problem-solving

Reframing the Paradigm

The resident and/or their behavior…



Goal: To promote resilience and recovery that optimizes function and quality of life.

Reframing the Paradigm

The resident and/or their behavior…

All behavior has meaning.

It's up to us to figure out what it means!

Unmet needs can come from within the person and/or stressors in the external environment.

Represents Unmet Needs

- Person-centered
- Strengths-based
- Trauma-informed
- Culturally competent

Goal: To promote resilience and recovery that optimizes function and quality of life.

The Case of Maggie

History & Background

- 63-year-old female
- Schizoaffective disorder
- Anxiety
- Hypertension
- Type 2 diabetes on insulin
- Mild cognitive impairment
- Chronic kidney disease stage 3
- TIA
- Unsteady gait with multiple falls
- Hip fracture six (6) months ago

In the Long-Term Care Setting

- Admitted 10 days ago.
- Per board and care, not reliably taking her medications.
- Seems anxious, restless, irritable, exhibits poor safety awareness, often forgets to use her walker.
- Will not let any male staff help her; often strikes out at them.
- Encouraged by staff to use a wheelchair, but this makes her very angry, frustrated, and tearful.
- Often curses at staff and yells "Leave me alone!"

What is going on with Maggie?

Question

What is the mostly likely cause of her symptoms and what should happen next?

A. She is anxious and needs some lorazepam for anxiety m/b restlessness.

B. She may be a trauma survivor; her trauma history and potential triggers need to be identified and care planned.

C. She probably has a UTI and needs antibiotics.

D. All of the above.

Answer

What is the mostly likely cause of her symptoms and what should happen next?

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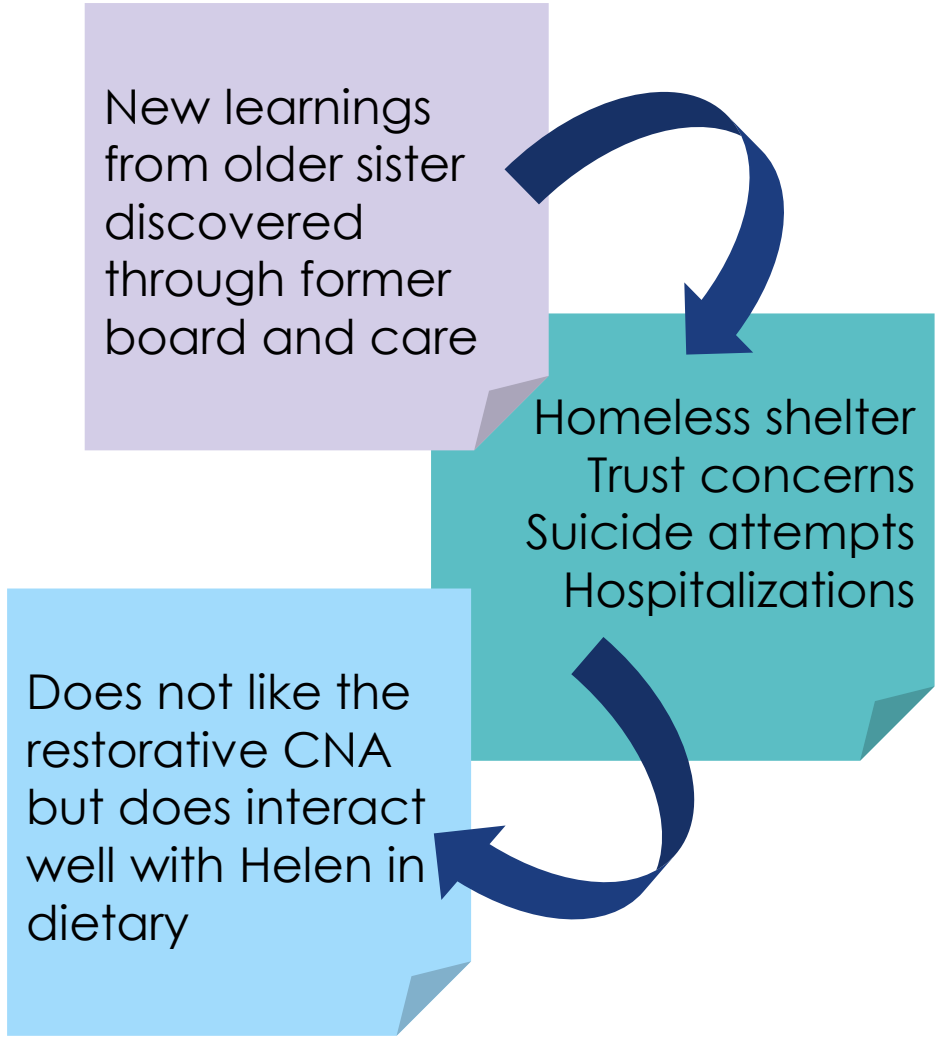
The Case of Maggie Continued…



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Question

What are potential care planning strategies for Maggie?

A. Further assess trauma history and potential triggers to avoid re-traumatization.
B. Ask Maggie what is most important to her and her care.
C. Monitor s/s of depression, anxiety, suicidal ideation and psychosis.
D. Refer to psychology to help Maggie process past traumas.
E. Continue to consult with psychiatry as needed.
F. Assign only female staff for ADL/other care whenever possible.
G. Engage Helen (dietary) to take short walks with Maggie (when it's her shift).
H. Engage Maggie's sister in care planning meetings (with Maggie's permission).
I. Refer to PT/OT to improve strength, endurance, and function.
J. All the above.

Answer

What are potential care planning strategies for Maggie?

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Care Planning is a Team Sport!

Facility Staff

Think beyond front-line care staff

Dietary, laundry, housekeeping, activities, etc.

Engage and empower the full team to build rapport, empathy, trust, solutions

Residents

Conduct comprehensive MH, SUD, and trauma screening and assessment

Collaborate with survivors, family, friends, etc. to obtain trauma history

Identify triggers and co-develop interventions to decrease or mitigate exposure to triggers

Assess and document cultural preferences and how they impact care delivery

External Partners

Engage and collaborate with external consultants

Provide detailed accounting of behavioral symptoms, avoid labels

Match type and intensity of services to resident need

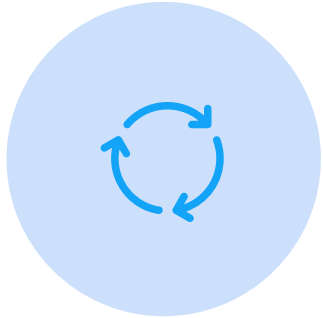
Goal is lowest level of care that optimizes function and quality of life

Prioritize Mental Health

Improves care outcomes

Saves time and money

Empowers ALL staff



…and may reduce turnover!

Take Home Messages

Life Course Perspective	Understand the life course perspective of residents with BH and SUD needs.
Person-centered Care	Don't let a diagnosis get in the way of person-centered care.
Consider Trauma History	Consider past trauma as potential contributors to "behaviors."
Strengths-based Approaches	Promote resilience and recovery using a strengths-based approach with shared-decision making.
Prioritize Mental Health	If you prioritize mental health, resident health outcomes will improve!

Quality Improvement Tip

Improvement Project Team

Clinical Leader

Authority to test change and handle problems that can arise with that change.

- Ex: Medical Director, Physician or Director of Nursing

Technical Expertise

Lived experience

Can assist with measurement tools, data collection, and interpretation.

- Ex: Direct Care Staff, Front-line Nurses

Day to Day Leadership

Ensures the tests are implemented and data is collected

- Ex: Front-line Nurse, Managers or Directors

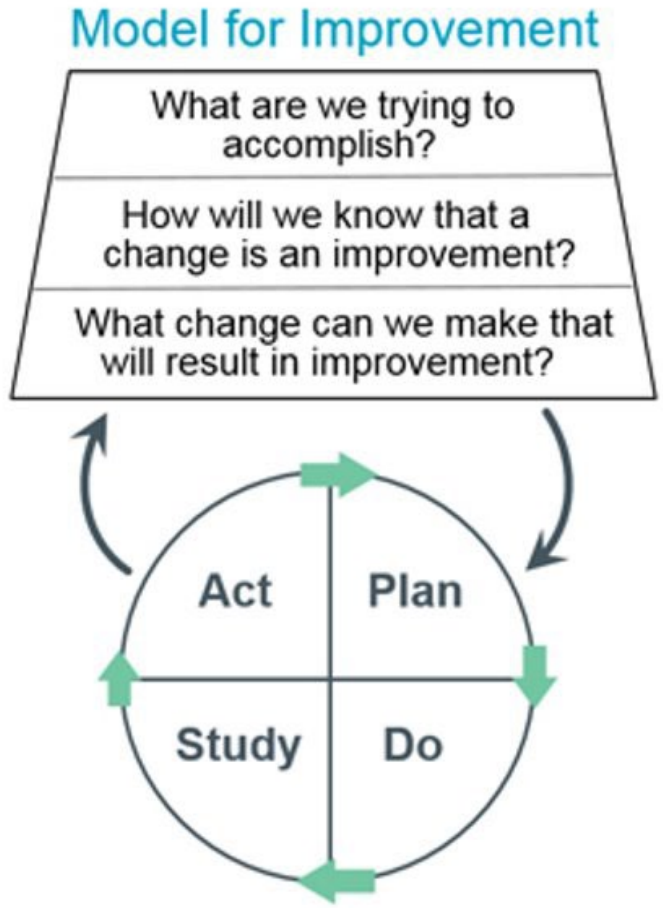
Project Sponsor

Executive authority who serves as a link to senior management and oversees the team's progress regularly.

- Ex: MD, Chief Operating Officer, Administrator

IHI Model for Improvement

- **What are we trying to accomplish?**
  - Time-specific
  - Measurable
  - Specific population
- **How will we know that a change is an improvement?**
  - Quantitative measures
- **What change can we make that will result in improvement?**
  - Ideas may come from anyone



Root Cause Analysis (RCA)

5 Whys

EVENT. What happened? Define the problem as an *event*:

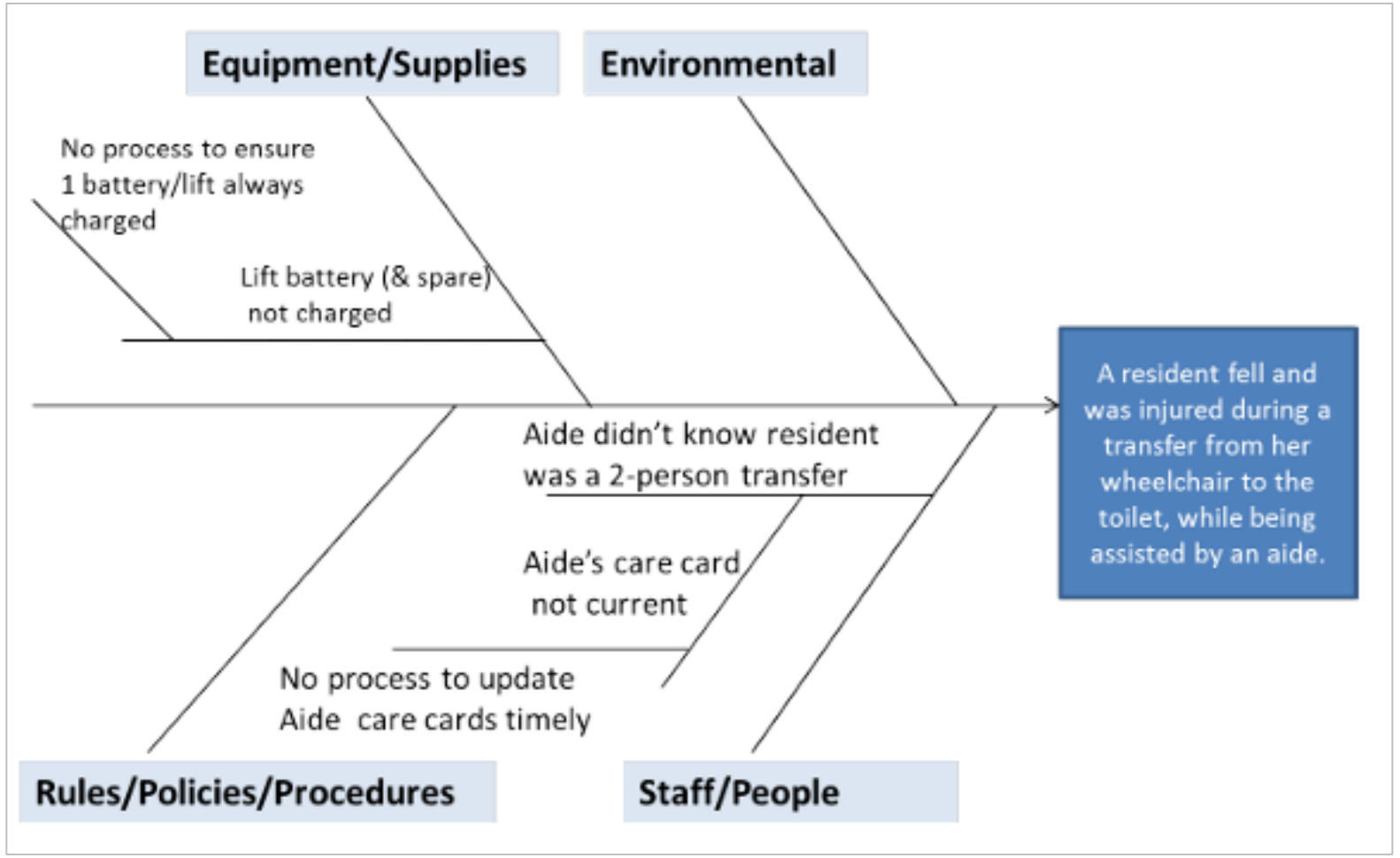
PATTERN. What's been happening? Define the problem as a *pattern* by selecting a poor performance factor:

STRUCTURE. Why is it happening? What are the tangible and intangible structures determining the results we see?

1. Why is that?
2. Why is that?
3. Why is that?
4. Why is that?
5.

ACTION. What are the implications for action? What can you do to change the results?

Fishbone



Group Scenario Discussion

Situation – What is currently going on with the resident?

A resident went on pass to spend Christmas with family and returned exhibiting behaviors.

Background – What is the clinical background or context?

A 51-year-old male with bipolar 1 disorder (most recent episode was moderate depression) and history of stroke 10 years ago due to polysubstance drug use (meth, cocaine, marijuana, tobacco). The effects of his stroke left him with left-sided weakness, trouble speaking, and he now uses a wheelchair. He has been in recovery for several years. He was part of a gang when he was younger and was incarcerated for five years. Holidays have always been difficult due to his father's death in an accident around Christmas two years ago. The resident has had several other incidents where he went on pass over the last few months and has returned exhibiting behaviors.

Assessment – What do we think the problem is?

He returned to the facility later in the day after going on pass to spend the holiday with his mother and family with pressured speech, boom box blaring, wearing large bright green sunglasses, and was up all-night yelling about being the President of the United States. The next day, he was witnessed handing over money through his bedroom window in exchange for some unknown package. Staff is concerned about the increasing frequency of behaviors.

Recommendation – What should we do to correct it?

Let's discuss!

Group Discussion: Creating an Improvement Project Team

Who would you want to fill these roles on your improvement project team?

Clinical Leader

Technical Expertise

Day-to-day Leadership

Project Sponsor

Group Discussion: Initial Questions

What are the immediate concerns?

What further information do we need to gather?

Who should be involved in the investigation?

Group Discussion: Care Planning

What are some short-term care planning strategies for this resident?

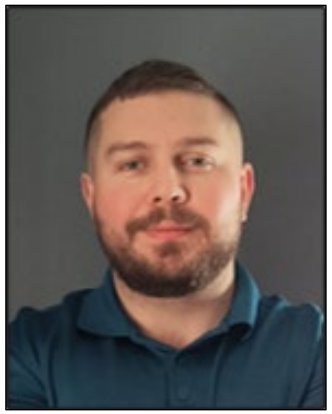
What are some long-term care planning strategies for this resident?

QI Action Steps

General Action Focus

- ❑ Gather your project team and begin to review the Root Cause Analysis tool(s) for your improvement project.
- ❑ Organize your data and explore your problem further to begin an RCA
- ❑Take time to begin thinking about the 3 Model for Improvement questions.

COE-NF Regional Behavioral Specialists



Steven Shaw (R1)
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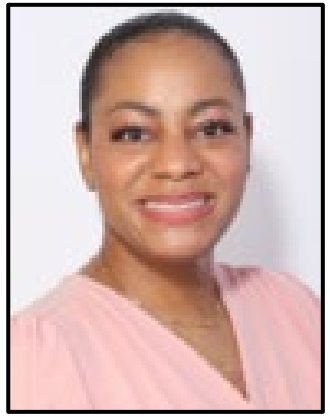
Jornelle Blair (R2)
NY, NJ, PR, VI

Chevy Galon (R3)
PA, D.C., WV, VA, DE, MD

Sherri Creel (R4)
KY, TN, MS, AL, GA, SC, NC, FL

Amy Reeder (R5)
IL, IN, OH, MI, WI, MN

Crystal Daniel (R6)
AR, LA, NM, OK, TX



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Stephanie Smith (R8)
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Tara Bowsher (R9)
AZ, CA, HI, NV, AS, CNMI, FSM, GU, MH, PW

David Rodriguez (R10)
AK, ID, OR, WA

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Looking Ahead

PLEASE JOIN US AND SAVE THE DATE FOR OUR UPCOMING SESSION

Engaging with Residents- Effective Communication Skills

presented by

Jeannette Horton

on

******, March ***, 2025, at ******

Thank You!

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