

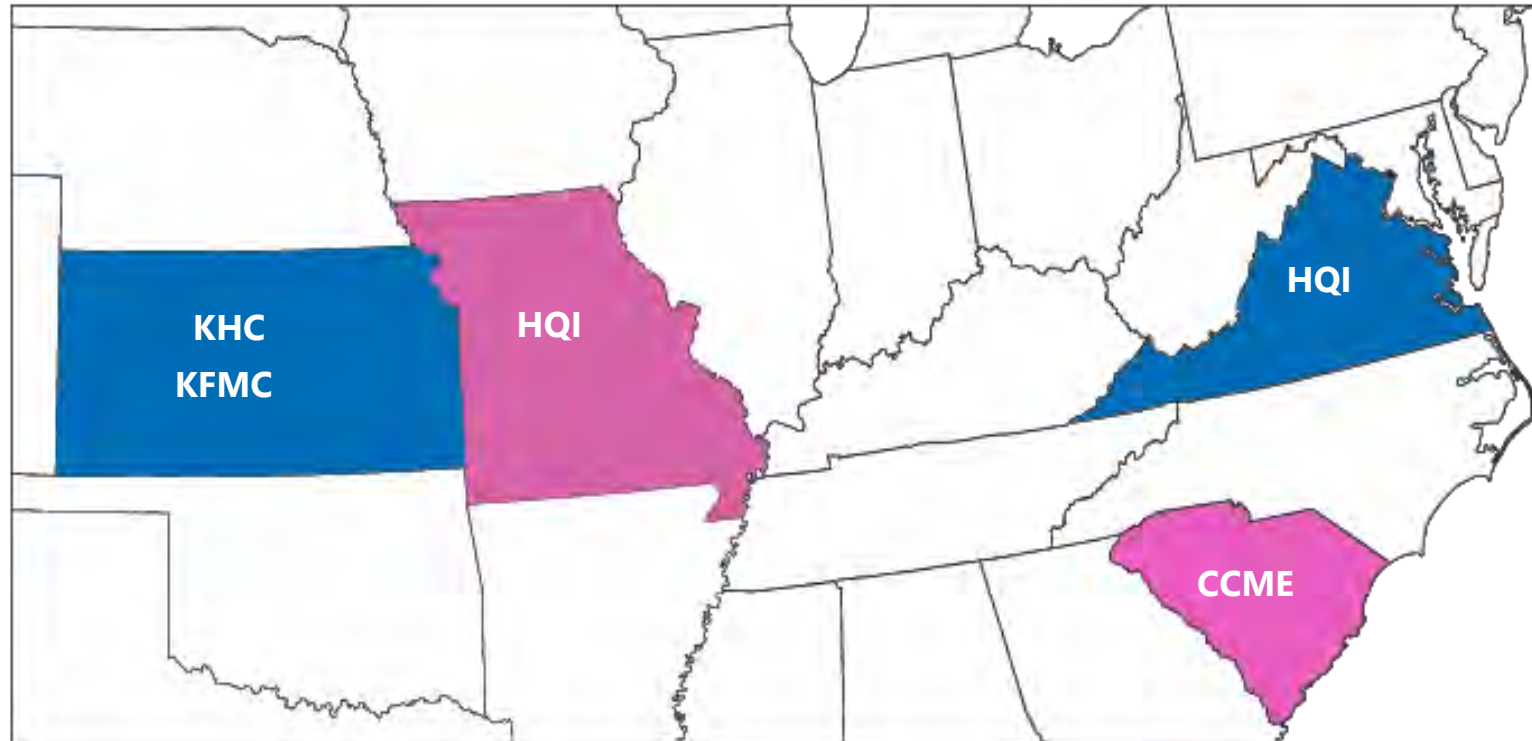


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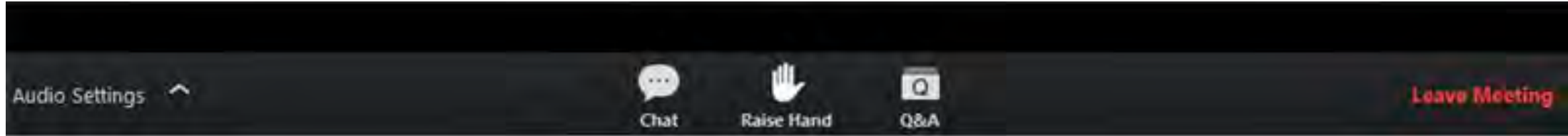


Identifying and Providing Person-Centered Strategies for Residents with Depression, Anxiety, or Cognitive Decline

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Logistics – Zoom Webinar



To ask a question, click on the **Q&A** icon.

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Handouts from today's session will be posted in **Chat**.

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Identifying and Providing Person- Centered Strategies for Residents with Depression, Anxiety, or Cognitive Decline



Lisa Lind, Ph.D.
Licensed Psychologist
Chief of Quality Assurance

Learning Objectives

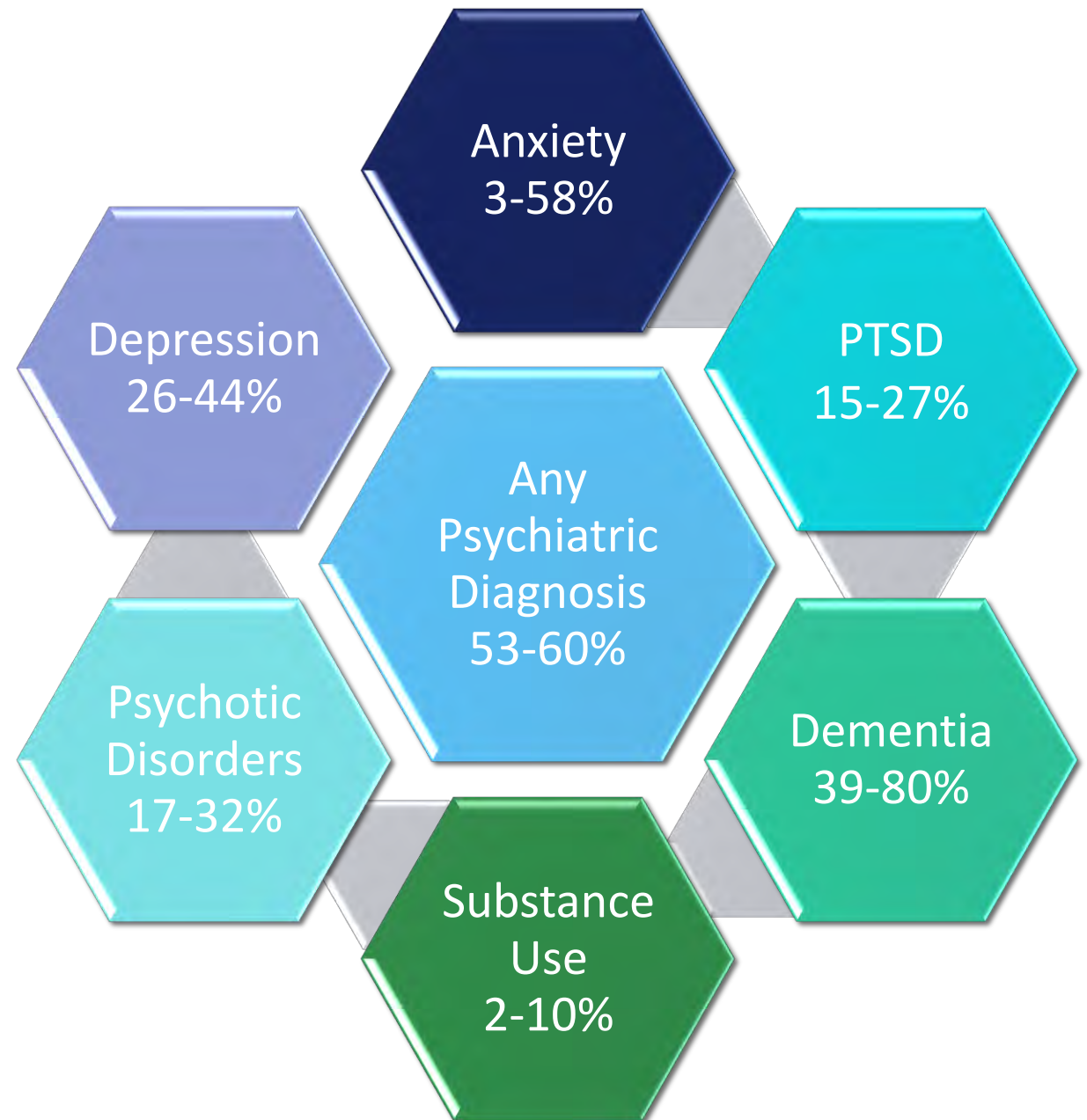


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1. Identify risk factors for, and prevalence of, mental health conditions in LTC residents.
2. Identify behaviors and symptoms associated with depression, anxiety, and cognitive issues in residents.
3. Identify comorbidities and the interconnection of emotional well being to patient overall health outcomes.
4. Identify person-centered responses that can be utilized with residents who have emotional and cognitive conditions.
5. Identify ways to ensure a trauma-informed care approach is being utilized during the COVID-19 pandemic.

Prevalence of Mental Health Conditions in Residents of LTC settings prior to COVID-19



Why is it important to be able to identify signs of emotional conditions in our residents?



Improve quality of life of residents



Prevent deterioration of already present emotional conditions



Ensure they receive proper treatment from a qualified professional



Avoid F-tags

Physical Comorbidities and Emotional Health



*The mind and body
are not separate.
What affects one,
affects the other.*

Anonymous

Depression

- Cardiac Disease
- Death from Illness
- Death following a heart attack
- Higher levels of depression linked to higher likelihood of reporting pain

Anxiety

- May vary based on cognitive level
- Associated with increased risk of depression
- Reduced quality of life
- Chronically painful conditions and commonly occurring diseases are associated with anxiety

Risk Factors for Depression in LTC setting

Health Problems	Illness and Disability	Death of a loved one	Chronic or Severe Pain
Cognitive Decline/Dementia	Medication Side Effects	Damage to Body Image	Substance Abuse
Being Female, Single	Stressful Life Events	Lack of Support System	Social Isolation

Symptoms and Behaviors Associated with Depression



Depressed Mood

- Crying
- Sadness
- Flat Affect

Anhedonia

- Not Attending Activities
- Decreased interest in activities once liked
- Decreased pleasure

Weight Gain/Loss

- Refusing to Eat
- Suddenly Eating at Odd Hours
- Triggering on Weight Loss Monitoring

Insomnia/Hypersomnia

- Sleeping More
- Complaints of difficulty sleeping
- Multiple awakenings

Symptoms and Behaviors Associated with Depression (cont).



Loss of Energy

- Staying in Bed more
- Reports of Fatigue

Feelings of Worthlessness/Guilt

- Statements of Feeling Useless or Without Value
- Blaming themselves

Difficulty Concentrating

- Appear Distracted
- Requiring information to be repeated

Psychomotor Agitation

- Agitation
- Irritability

Thoughts of Death

- Giving Personal Belongings Away
- Statements about Wishing to Die or Suicidal Thinking

Person-Centered Strategies for Depression

Restore Control

Identify mood promoting activities

Engage in mood promoting thoughts

Identify food likes/dislikes

Provide Positive Reinforcement

Make environment homelike

Minimize physical contributions

Risk Factors for Anxiety in LTC setting

Chronic
medical
conditions

Financial
worries

Worries about
future

Major
event/stressor

Side effect of
meds

Physical
limitations

Emotional
Trauma

Negative
childhood
events

Younger,
female, high
education

Symptoms and Behaviors related to Anxiety



Excessive worry

- Repeatedly asking questions

Nervousness

- Shallow breathing, Shaking

Restlessness

- Difficulty sitting still

Fearfulness

- Afraid to get out of bed, afraid of staff

Sleep issues

- Staying up late, waking frequently

Increased focus on somatic issues

- Repeatedly asking to see the MD

Increased heart rate

- Shallow/rapid breathing

Avoidance

- Not wanting to go to therapy

Hypervigilance

- Startle Response

Person-Centered Strategies for Anxiety

Identify
Antecedents

Environmental
Modifications

Use Calm
Approach

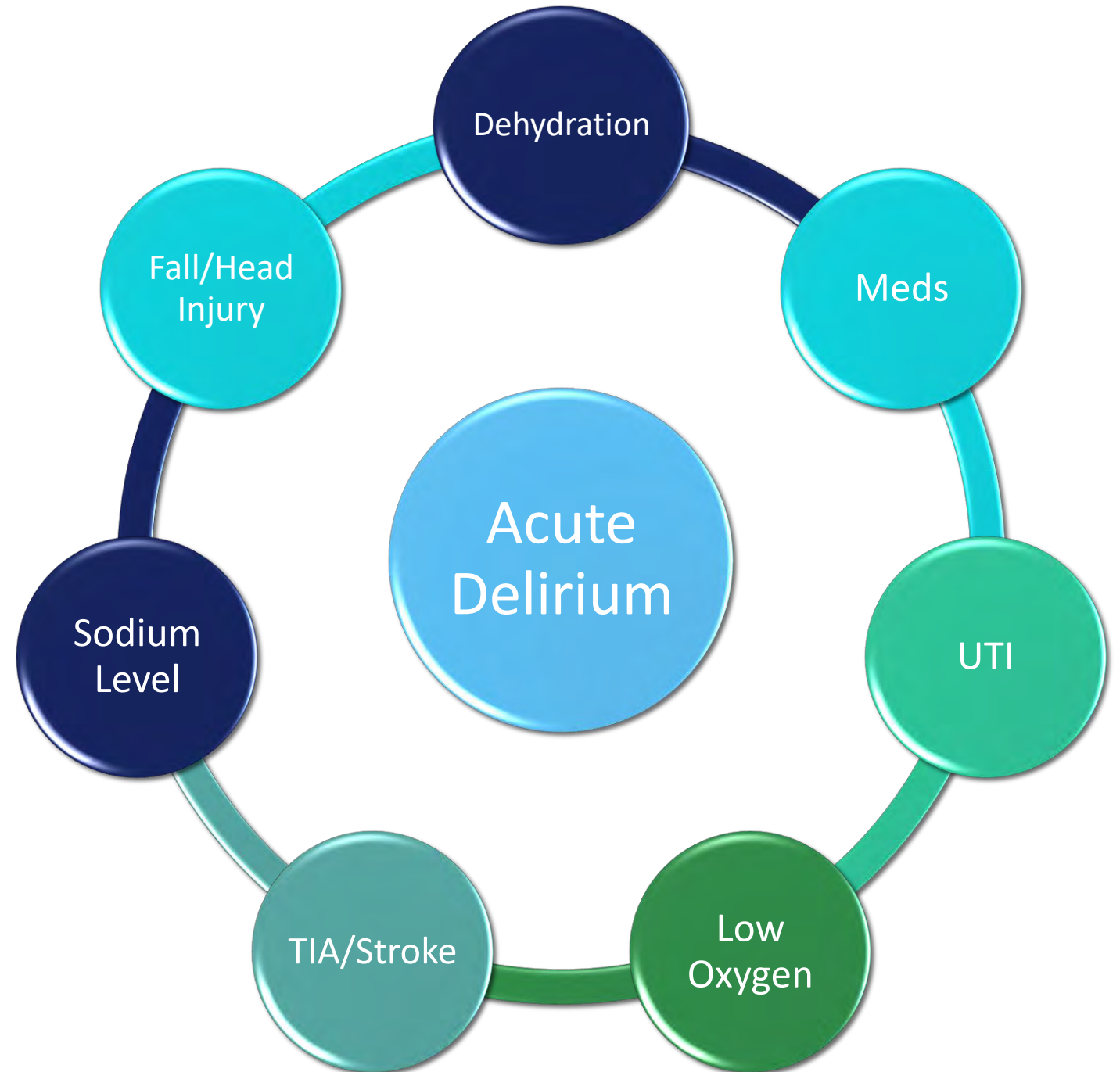
Positively
reinforce
progress

Offer
opportunities for
success

Avoid reinforcing
negative
behavior

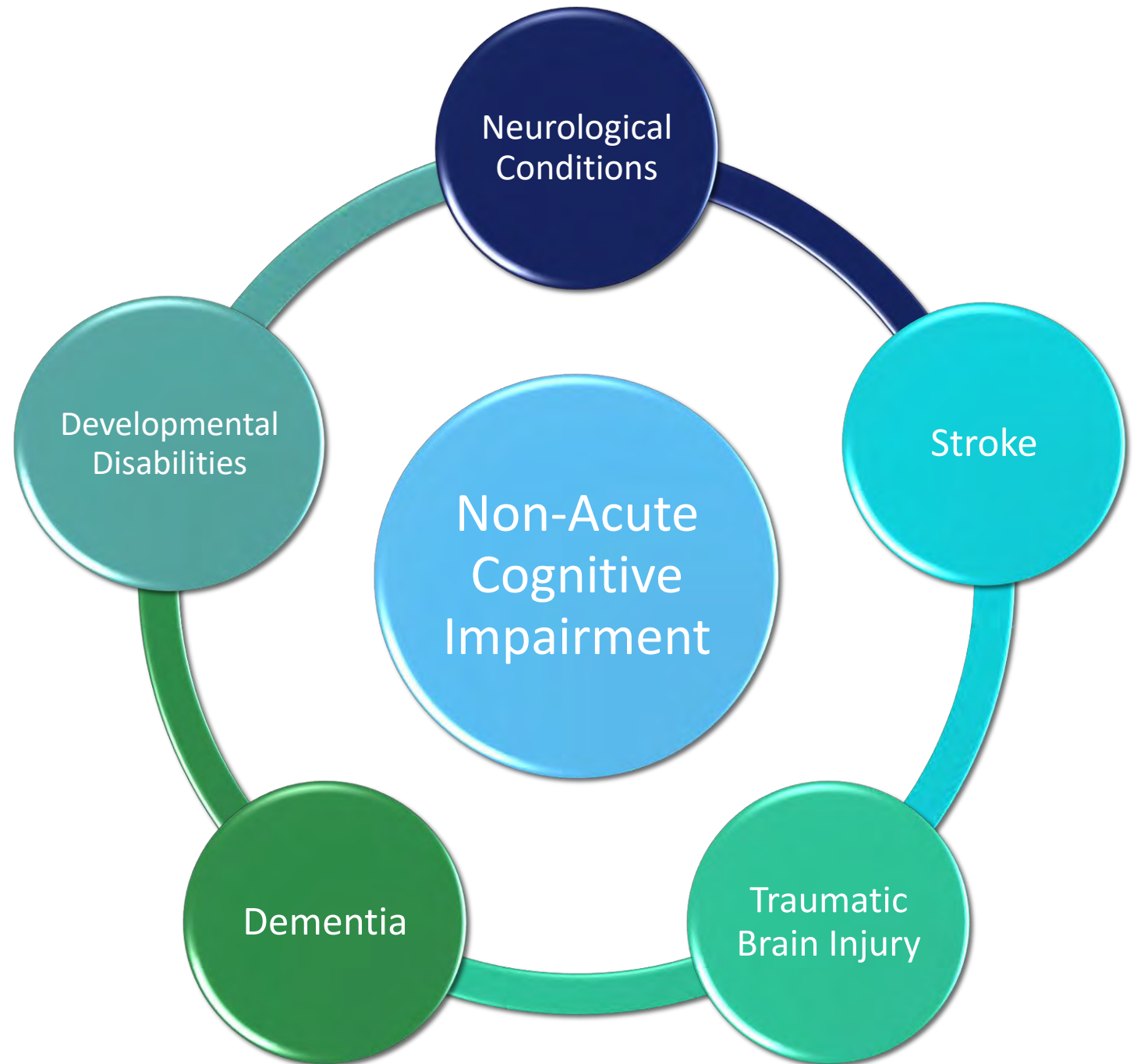
Risk Factors for Cognitive Impairment

Acute Delirium



Risk Factors for Cognitive Impairment

Non-Acute Cognitive Impairment



Person-Centered Strategies for Residents with Cognitive Issues

Speak Calmly
and Simply

Break down
requests

Model positive
nonverbals

Provide
appropriate
stimulation

Provide
Encouragement

Provide
Consistency

Ensure physical
and medical
needs are met

Provide a
Peaceful
Environment

What is Trauma?

Exposure to an event, or series of events, that result in lasting physical, emotional, and/or life-threatening adverse effects on a person's functioning.

The event(s) can result in an emotional reaction that overwhelms the individual's ability to cope.

The emotional response to the event can have long-lasting effects.



Mental and Physical Manifestations of Trauma



Recurring thoughts
or nightmares
about the event

Sleep problems

Changes in
appetite

Anxiety, fear, and
restlessness

Prolonged periods
of sadness and
depression and
lethargy

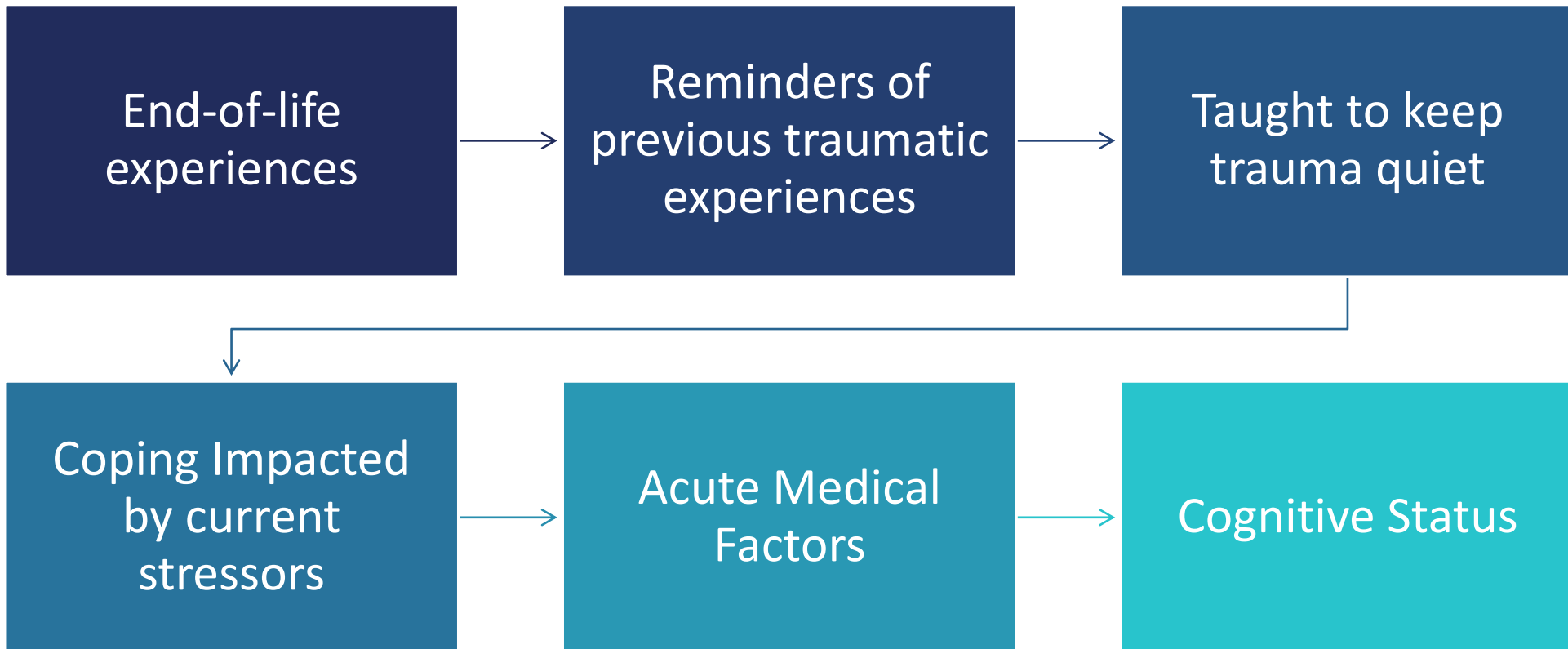
Memory problems

Inability to focus or
make decisions

Emotional
numbness and
withdrawal

Avoidance of
activities, places, or
people who remind
the person of the
event

Factors Associated with Trauma in Older Adults and LTC Residents



Sequela of Trauma



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Report of increased number of current physical symptoms

Increased screening rates of depression and alcohol abuse

Significantly poorer physical, psychiatric, and quality-of-life functioning

Increase in health care utilization

Impact of COVID-19 Pandemic on Emotional and Behavioral Symptoms in LTC Residents

Depression

Anxiety

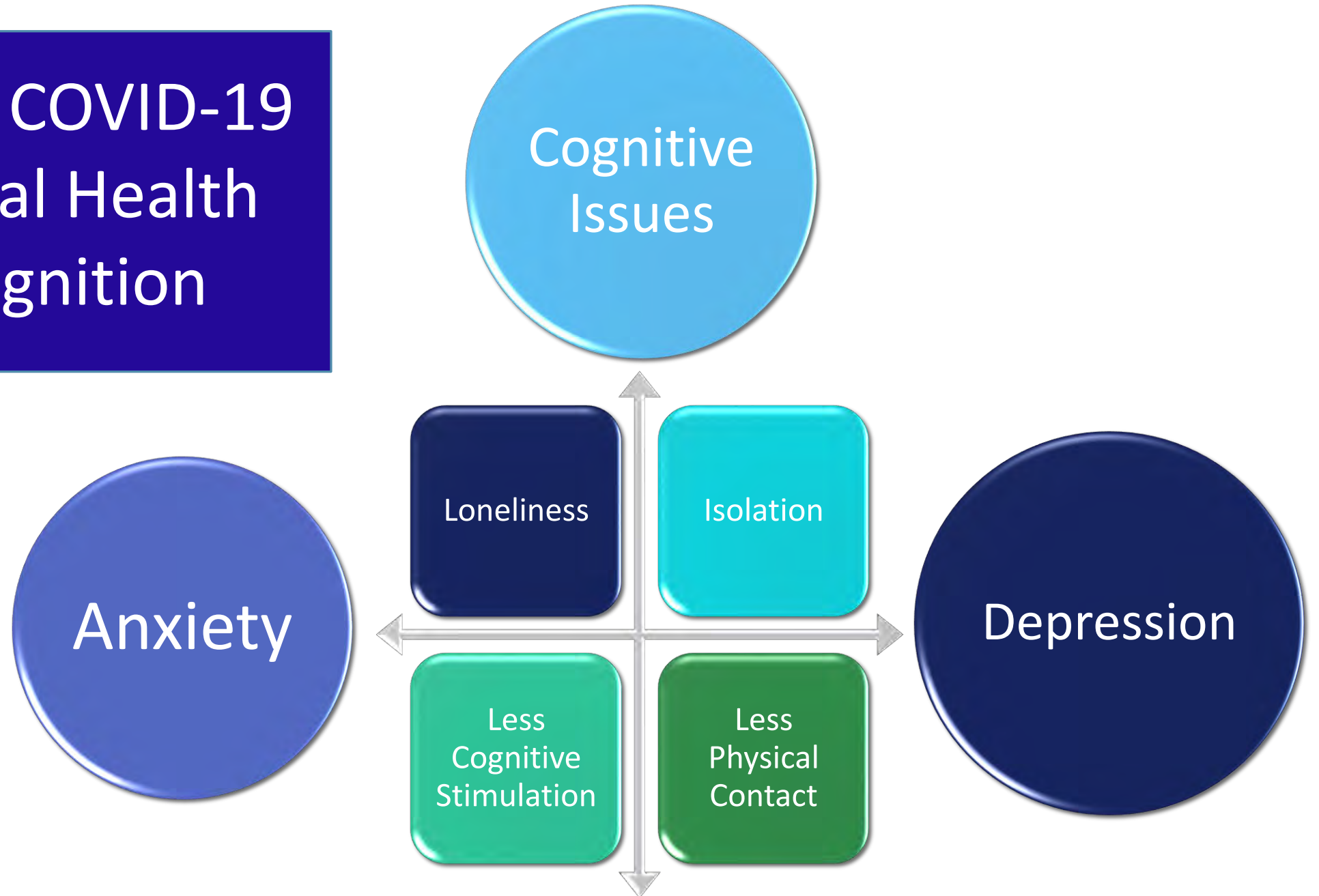
Trauma History

Cognitive Issues

COVID-19

Increased Emotional and Behavioral Symptoms

Impact of COVID-19 on Mental Health and Cognition





Coronavirus Commission on Safety and Quality in Nursing Homes

Problem with Cohorting during COVID-19 Pandemic

“...isolation associated with cohorting can instill loneliness and increase the risk for a number of health conditions in residents (e.g., cognitive decline, stroke, high blood pressure, and other complications). Cohorting practices based on COVID-19 status may negatively affect their social and emotional health, contributing to increased anxiety and/or depression among residents.” page 28

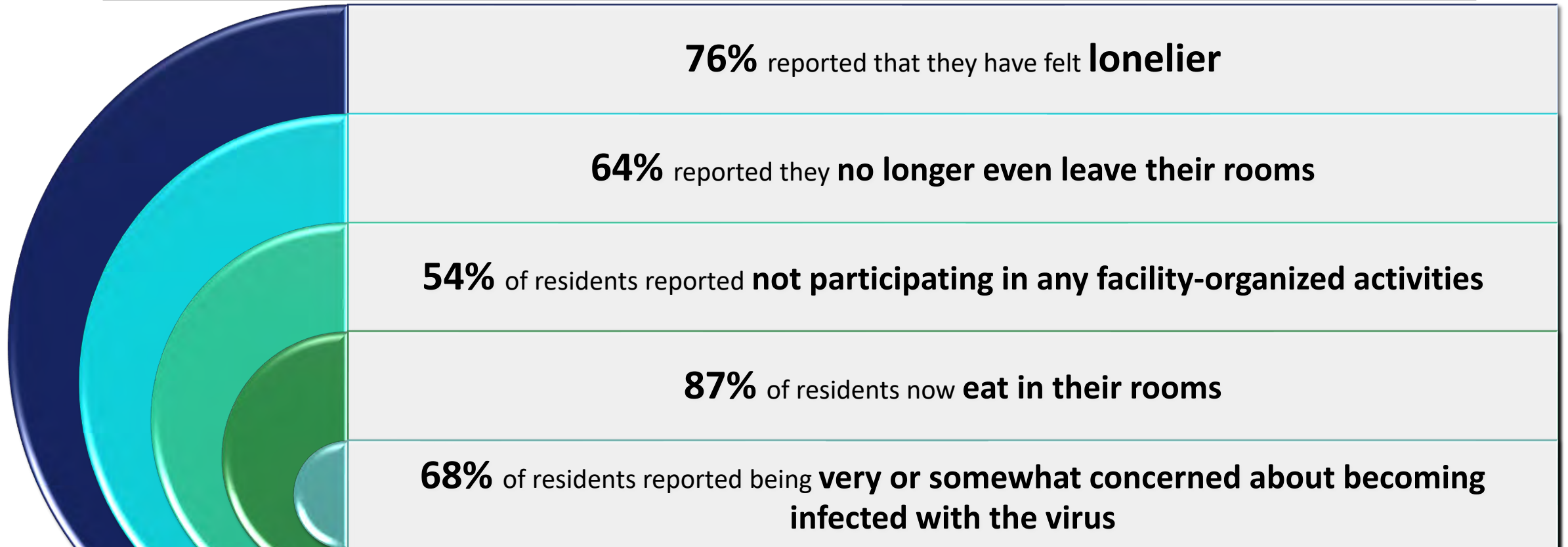
Impact of Social Isolation and Loneliness

Before COVID-19, social isolation and loneliness were more common in older adults with depression and anxiety disorders than in their non-depressed and non-anxious peers.

Currently, social isolation impacts the majority of LTC residents. Many LTC residents have reported to be lonely during the pandemic.



Experiences of Nursing Home Residents During the Pandemic

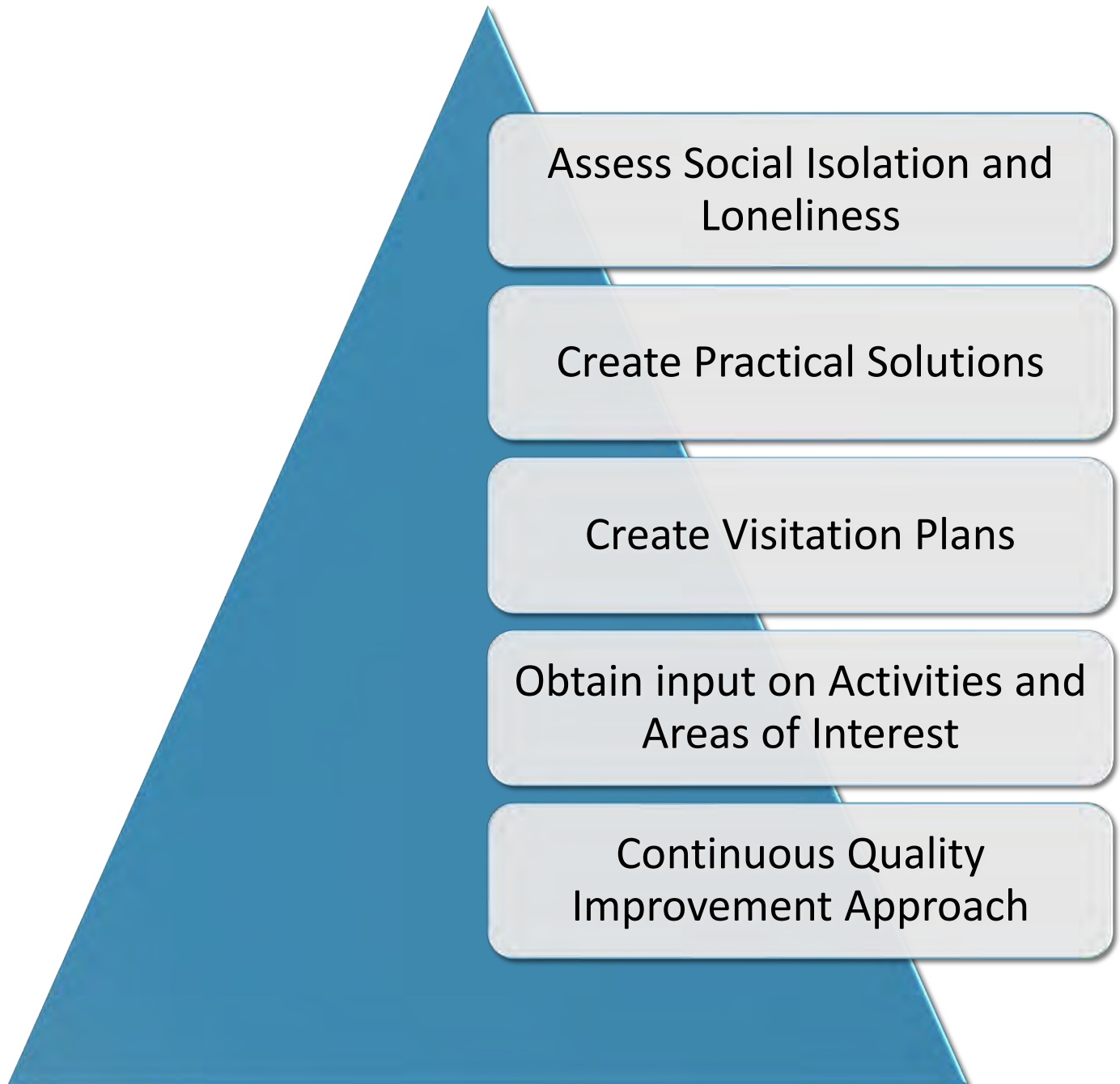


(Montgomery, Slocum, &
Stanik, 2020)

Recommendations from Montgomery, Slocum, & Stanik (2020)



make
people
feel
loved
today



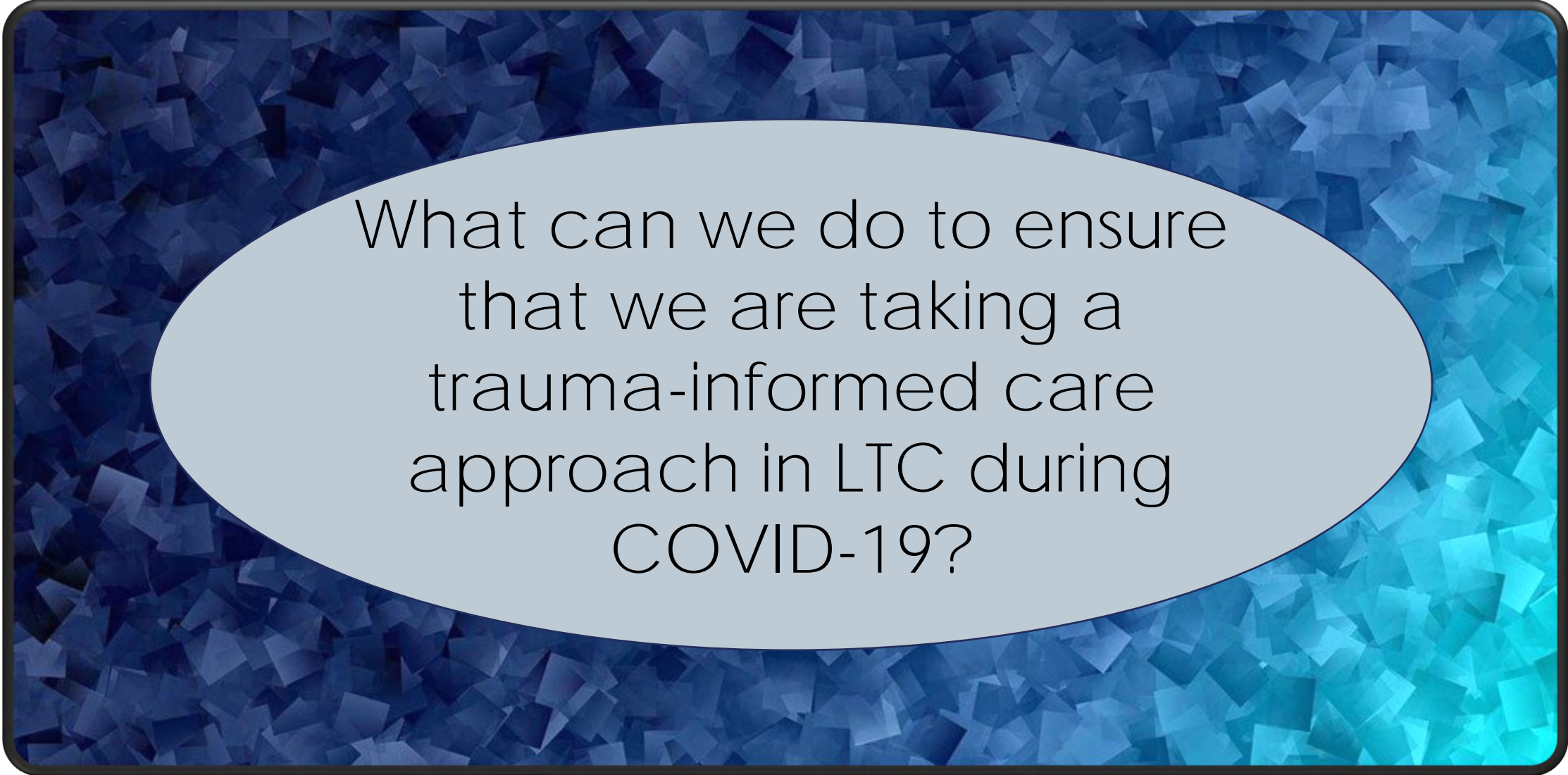
Assess Social Isolation and
Loneliness

Create Practical Solutions

Create Visitation Plans

Obtain input on Activities and
Areas of Interest

Continuous Quality
Improvement Approach



What can we do to ensure
that we are taking a
trauma-informed care
approach in LTC during
COVID-19?

Trauma-Informed Care (TIC)

TIC is a strengths-based service delivery approach that takes into consideration the signs and symptoms of trauma and recognizing the widespread impact trauma can have on residents. It strives to incorporate the knowledge of trauma into procedures, policies, and practices in order to avoid re-traumatization.



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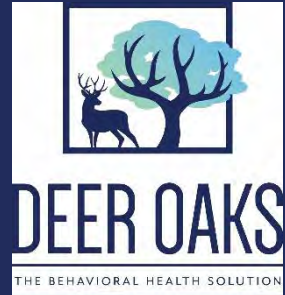
Identifying Trauma History in LTC Residents

Review of admission/hospital records:

- Recent or past involvement in traumatic event (e.g., MVA)
- Mention of abuse or APS involvement
- PTSD listed as a diagnosis
- History of being in prison/jail
- History of substance abuse
- Mention of military history/veteran status

Discussion with Resident:

- Listen for statements such as “I had a bad childhood”, “My husband was abusive”, etc.
- Listen for symptoms such as “I have nightmares”, “I’m afraid of”, “I have bad memories”
- Listen/watch for avoidant behaviors
- Ask about military experience
- Ask if they have ever experienced a traumatic event
- Administer formal screener/interview tools



TIC from the Facility's Perspective

Having a framework that includes recognition and understanding of trauma and its impact on an individual's functioning within the care setting.

Having an awareness of a resident's specific trauma history and understanding of how it may impact his/her interaction with caregivers and others involved in treatment.

Providing environmental factors and variables that will help prevent re-victimization of those individuals with trauma histories.

Incorporating the knowledge of trauma into policies, procedures, and practices.

Providing referrals to culturally competent providers to address emotional and physical symptoms associate with trauma history.

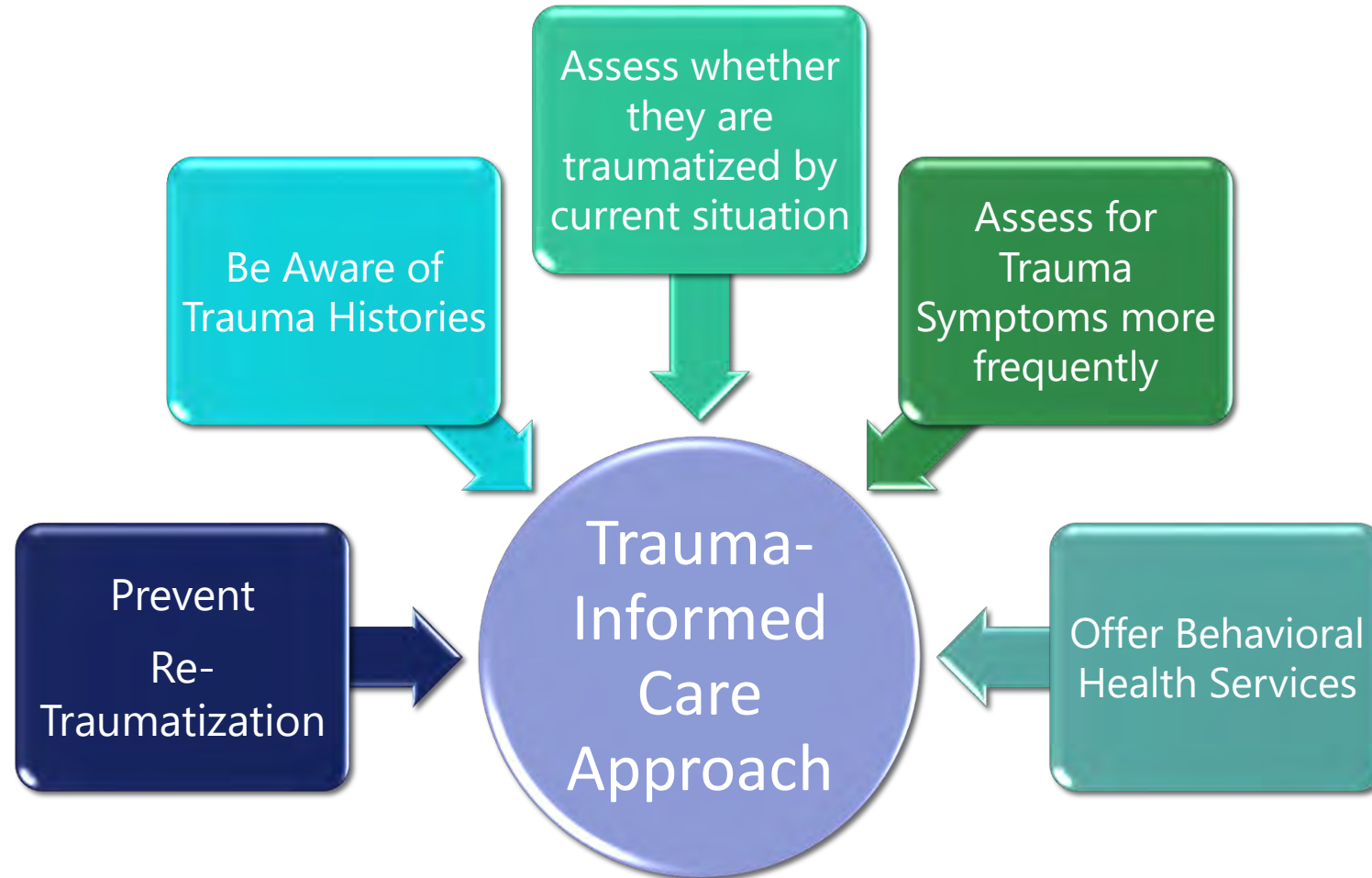
Events During the Pandemic that may Trigger Increased Anxiety



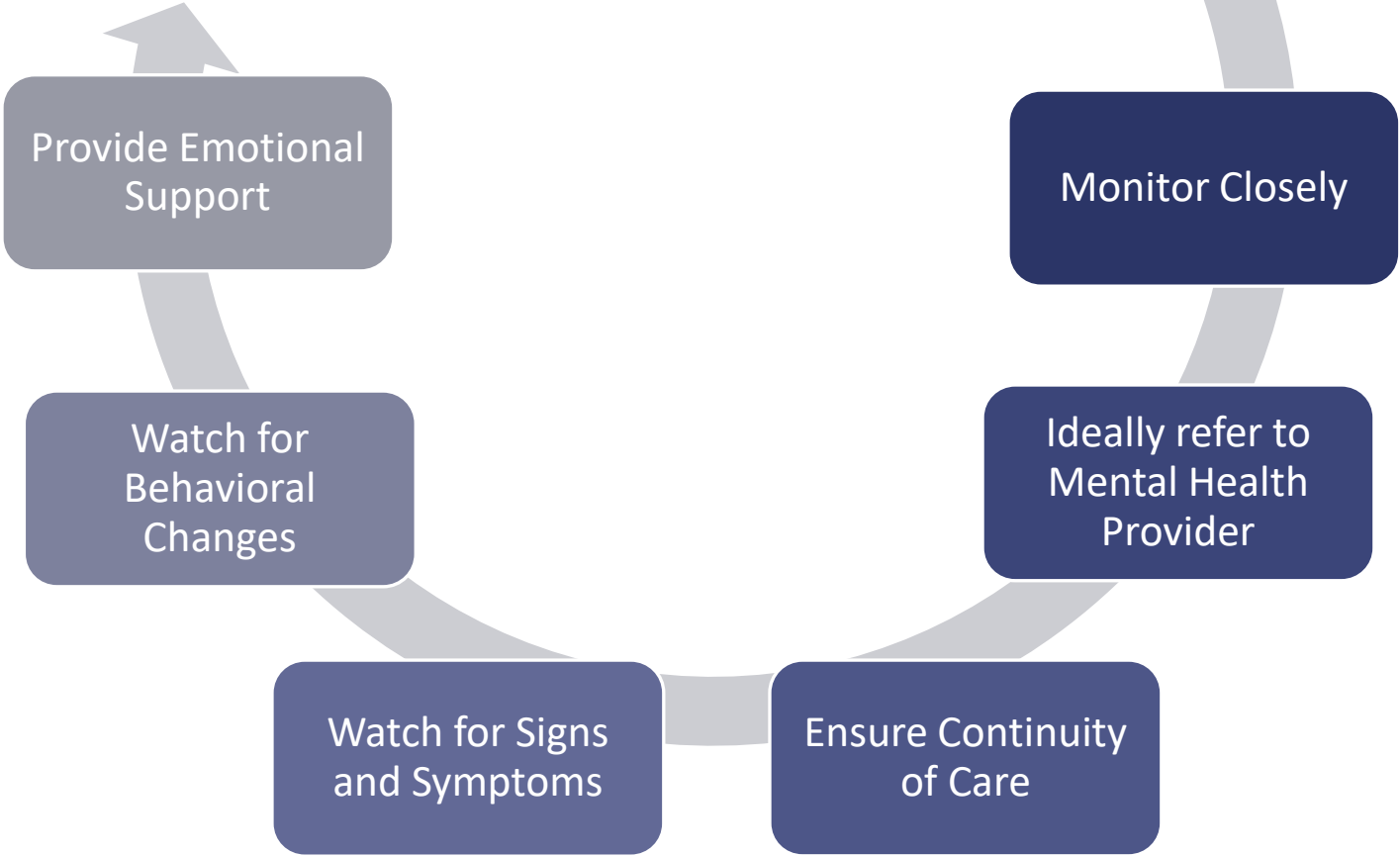
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Trauma-Informed Care during the COVID-19 Pandemic



Residents with Trauma History



Person-Centered Strategies for Residents with History of Trauma

Ensure Privacy
of Information

Empower
Resident to
Guide You

Minimize Re-
traumatization

Reinforce
Resiliency

Check in on
Symptoms

Tips to Ensure your Residents' Mental Health Needs are met during COVID-19 Pandemic

Be proactive in identifying the potential negative impact the COVID-19 pandemic may be having on your residents.

Verbally assess for subtle signs of change in mental health status.

Offer emotional support to all residents, not just those with a prior mental health history.

Ensure that residents with a prior mental health history who had been receiving mental health continue to be able to receive mental health services.

Pay particular attention to your residents who have a history of trauma.

Educate staff that it is not beneficial to offer commentary on current events to residents, or to other staff in front of residents.



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QUESTIONS?

CMS' Targeted COVID-19 Training for Frontline Nursing Home Staff & Management

Frontline staff will learn:

- Hygiene & Personal Protective Equipment
- Screening and Surveillance
- Cleaning the Nursing Home
- Cohorting
- Caring for Residents with Dementia in a Pandemic

Nursing home managers will learn:

- Same topics as frontline staff
- Basic Infection Control
- Emergency Preparedness and Surge Capacity
- Addressing Emotional Needs of Residents and Staff
- Telehealth for Nursing Homes
- Getting your Vaccine Delivery System Ready

Get started:

Register on the [CMS Quality, Safety & Education Portal \(QSEP\)](#)

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