Trauma-Informed Care

Achieving Compliance in Behavioral Health

Behavioral Health:
Overview of Final Rule
Phase 3 Compliance

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F699
Trauma-Informed care

§483.25(m) Trauma-informed care

The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.

§483.25(m) will be implemented beginning November 28, 2019 (Phase 3)

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What is Trauma-Informed Care?

Trauma-Informed Care understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize.

3

Determining Capacity

- The importance of assessing capacity upon admission.
- Levels of capacity
- Resources for evaluating capacity for different types of decision making.

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Determining Capacity

F600 §483.12 Freedom from Abuse, Neglect, and Exploitation

- For information related to determining consent, refer to "Assessment of Older Adults with Diminished Capacity: A Handbook for Psychologists" ©
- American Bar Association Commission on Law and Aging – American Psychological Association, located at http://www.apa.org/pi/aging/programs/assessment/capacity-psychologist-handbook.pdf

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New Federal Regulations
Advance Directives
(Effective 11/28/17)

Validate Advance Directives on Admission

"**F578** - Determining on admission whether the resident has an advance directive and, if not, determining whether the resident wishes to formulate an advance directive;"

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F700
Bed Rails

§483.25(n) Bed Rails.

The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.

- §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation.
- §483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.
- §483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight.
- §483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails.

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F700
Bed Rails

INTENT §483.25(n)

- The intent of this requirement is to ensure that prior to the installation of bed rails, the facility has attempted to use alternatives;
  - Assessment includes a review of risks/entrapment; and
  - Informed consent is obtained from the resident/representative
- The facility must ensure the bed is appropriate for the resident and that bed rails are properly installed and maintained.

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F700
Bed Rails

- **Accident Hazard** -The resident could attempt to climb over, around, between, or through the rails, or over the foot board;
- **Restraint -** Hinders residents from independently getting out of bed thereby confining them to their beds
- **Behavioral Health** –
  - Creates an undignified self-image and alters the resident's self-esteem;
  - Contributes to feelings of isolation; and
  - Induces agitation or anxiety

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F700
Bed Rails

Informed Consent

Evidence that sufficient information was provided by the facility so that the resident or resident representative could make an informed decision, voluntarily, free from coercion.

Information that the facility must provide to the resident, or resident representative include but are not limited to:

- What assessed medical needs would be addressed by the use of bed rails;
- The resident's benefits from the use of bed rails and the likelihood of these benefits;
- The resident's risks from the use of bed rails and how these risks will be mitigated; and
- Alternatives attempted that failed to meet the resident's needs and alternatives considered but not attempted because they were considered to be inappropriate.

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F740-F744
Behavioral Health

- §483.40 Behavioral health services.
- Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.
- Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the **prevention and treatment of mental and substance use disorders**.

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F741
Behavioral Health

- §483.40(a) The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with §483.70(e).
- These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for:
  - **§483.40(a)(1) Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment.**
  - **§483.40(a)(2) Implementing non-pharmacological interventions.**

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F741
Behavioral Health

Sufficient Staff to Provide Behavioral Health Care and Services

The facility must address in its facility assessment under §483.70(e) (F838), the behavioral health needs that can be met and the numbers and types of staff needed to meet these needs.

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F742
Behavioral Health

- §483.40(b) Based on the comprehensive assessment of a resident, the facility must ensure that—
- §483.40(b)(1)
  A resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder, receives appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being;

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F742
Behavioral Health

INTENT §483.40(b) & §483.40(b)(1)

- Upon admission, residents assessed or diagnosed with a mental or psychosocial adjustment difficulty or a history of trauma and/or post-traumatic stress disorder (PTSD), receive the appropriate treatment and services to correct the initial assessed problem or to attain the highest practicable mental and psychosocial well-being.
- Residents who were admitted to the nursing home with a mental or psychosocial adjustment difficulty, or who have a history of trauma and/or PTSD, must receive appropriate person-centered and individualized treatment and services to meet their assessed needs.

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F743
Behavioral Health

- §483.40(b)(2) A resident whose assessment did not reveal or who does not have a diagnosis of a mental or psychosocial adjustment difficulty or a documented history of trauma and/or post- traumatic stress disorder does not display a pattern of decreased social interaction and/or increased withdrawn, angry, or depressive behaviors, unless the resident's clinical condition demonstrates that development of such a pattern was unavoidable; and

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F744
Behavioral Health

- §483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being.

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PASARR
Federal Regulations

The timeframes are:

- The Level I PASARR SCREEN must be completed prior to admission to a RHCF for every person, for any reason and any length of stay.
- As soon as a person has been **newly diagnosed** with a mental illness and/or intellectual disability/developmental disability.

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PASARR
F645 Coordination

- Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care.
- Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment.

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F646
PASARR - Significant Change

- §483.20(k)(4) A nursing facility must notify the state mental health authority or state intellectual disability authority, as applicable, promptly after a significant change in the mental or physical condition of a resident who has mental illness or intellectual disability for resident review.

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F646
PASARR - Significant Change

- **"Significant Change" is a major decline or improvement in a resident's status that:**
  - 1) will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; the decline is not considered "self-limiting"
    - (NOTE: Self-limiting is when the condition will normally resolve itself without further intervention or by staff implementing standard clinical interventions to resolve the condition.);
  - 2) impacts more than one area of the resident's health status; and
  - 3) requires interdisciplinary review and/or revision of the care plan.

*This does not change the facility's requirement to immediately consult with a resident's physician of changes as required under 42 CFR §483.10(i)(14), F580.

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FACILITY ASSESSMENT

Assessing Needed Care and Services
and
Staff Competency

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F838
FACILITY ASSESSMENT

- The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies.
  - Review and update at least annually, whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment;
  - Must address or include a facility-based and community-based risk assessment, utilizing an all-hazards approach;
  - The results of the facility assessment must be used, in part, to establish and update the IPCP, its policies and/or protocols to include a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for residents, staff, and visitors.
- **Note:** a community-based risk assessment should include review for risk of infections (e.g., Multidrug-resistant organisms- MDROS) and communicable diseases such as tuberculosis and influenza. Appropriate resident tuberculosis screening should be performed based on state requirements.

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Behavioral Health
Assessment Considerations

- Dementia
- Mental Disorders
- Intellectual and Developmental Disablities
- Traumatic Brain Injury
- Substance Abuse/Addictions

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Behavioral Health Assessment Considerations

Manifestations of mental and psychosocial adjustment difficulties that may occur over a period of time:

- Impaired verbal communication;
- Social isolation (e.g., loss or failure to have relationships);
- Sleep pattern disturbance (e.g., disruptive change in sleep/rest pattern as related to one's biological and emotional needs);
- Spiritual distress (disturbances in one's belief system);
- Inability to control behavior and potential for violence (aggressive behavior directed at self or others); and
- Stereotyped response to any stressor (i.e., the same characteristic response, regardless of the stimulus).

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Behavioral Health Assessment Considerations

The importance of distinguishing between:

- Signs and symptoms of an illness;
- Responses triggered by environment or circumstance; and
- Personality.

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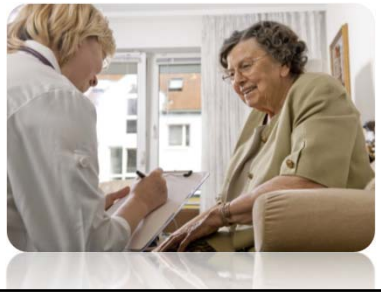
Assessment

When, Where, and How…



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When…

- Consolidate the interview process among disciplines to minimize repetition;
- Allow the primary CNA the first hour to become acquainted and begin the care profile;
- Plan to interview the resident several times over the first 30 days to get an accurate picture of cognition and skills;

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Where…

Whenever possible, conduct the interview somewhere other than the resident's bedroom.

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How…

- Identify and address all sensory needs;
- Avoid question and answer sessions – have a conversation;
- Know who you're talking to;
  - Dementia: Do you work?
  - Mental Disorders: Listen and observe patterns.
  - Addictions: Explore the history – how did it start?

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What to Ask a New Resident

Significant social/personality information:

- How do you feel about being in large groups of people?
- Are there any specific things that turn you off about other people?
- How do you express yourself when you are angry, frustrated or upset?
- What things do you do to comfort yourself at times when you feel this way?

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What to Ask a New Resident

- How do you feel about needing help with your personal care?
- Things the resident finds stressful
- Resident's feelings about noise and sharing living space
- Current life goals and aspirations

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What to Ask a New Resident

- Are you sexually active?
- Is there anything about your sexual needs or preferences that you want to share?
- Do you need education on safe sexual practices or infection control?
- Do you require private time with a spouse or significant other?

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Evaluate Existing Medications

- Consider the following issues:
  - Drug induced cognitive impairment
    - **Anticholinergic Load**
  - Medication induced electrolyte disturbance
  - Recent medication additions that may alter metabolism of a drug that the person has been taking for a while
  - Withdrawal reaction to a recently discontinued medication

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Behavioral Health
Unnecessary Drugs: Evaluation

To determine if each resident receives:

- Only those medications that are clinically indicated in the dose and for the duration to meet his or her assessed needs;
- Non-pharmacological approaches when clinically indicated, in an effort to reduce the need for or the dose of a medication; and
- Gradual dose reduction attempts for antipsychotics (unless clinically contraindicated) and tapering of other medications, when clinically indicated, in an effort to discontinue the use or reduce the dose of the medication.

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Behavioral Health
Clinical Documentation

Did staff describe the behavior in the medical record with enough specific detail of the actual situation to permit underlying cause identification to the extent possible?

- Onset
- Duration
- Intensity
- Possible precipitating events
- Environmental triggers
- Related factors (appearance, alertness, etc.)

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Clinical Care and Service Assessment

- Staff and Resident/Family Education and Support Services
- Identification/Recruitment of Medical (MD/NP/RNs) Professionals Proficient in Mental Health/Addictions
- Liaisons with Psychiatric/Psychological Service Providers
- Service Agreements with Community Mental Health Service and Support Organizations (i.e., AA, NA, etc.)
- Revision and Enhancement of Therapeutic Activity to Include Self-Help, Self-Awareness, Peer Support, and Educational/Vocational Opportunities.

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What is PTSD?

PTSD (post-traumatic stress disorder) is a mental health problem that some people develop after experiencing or witnessing a life-threatening event, such as:

- Combat
- A natural disaster
- A car accident; or
- Sexual assault

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What Can Cause PTSD?

Types of traumatic events that can cause PTSD include:

- Combat and other military experiences;
- Sexual or physical assault;
- Learning about the violent or accidental death or injury of a loved one;
- Child sexual or physical abuse;
- Serious accidents, like a car wreck;
- Natural disasters, like a fire, tornado, hurricane, flood, or earthquake; or
- Terrorist attacks

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What are the symptoms of PTSD?

- Reliving the event
- Avoiding things that remind you of the event
- Having more negative thoughts and feelings than before
- Feeling on edge

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How Is PTSD Identified?

Only a licensed mental health or medical provider can diagnose PTSD. However, clergy members may have a role to play in screening for the condition. Screening is a way to assess whether someone needs a more extensive evaluation to determine the presence of a diagnosis.

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Primary Care PTSD Screen

- The Primary Care PTSD Screen for *DSM-5* (PC-PTSD-5) is a 5-item screen that was designed to identify those with probable PTSD.
- Those screening positive require further assessment from a mental health professional.
- The results of the PC-PTSD-5 should be considered "positive" if a client answers "yes" to any three of the five items about experiences in the past month related to an event.

Source: https://www.ptsd.va.gov

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Primary Care PTSD Screen

- **Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:**
  - A serious accident or fire
  - A physical or sexual assault or abuse
  - An earthquake or flood
  - A war
  - Seeing someone be killed or seriously injured
  - Having a loved one die through homicide or suicide
- **Have you ever experienced this kind of event? YES or NO**
  - If no, screen total = 0. Please stop here.
  - If yes, please answer the questions below.
- **In the past month, have you ...**
  - **Had nightmares about the event(s) or thought about the event(s) when you did not want to?** YES or NO
  - **Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?** YES or NO
  - **Been constantly on guard, watchful, or easily startled?** YES or NO
  - **Felt numb or detached from people, activities, or your surroundings?** YES or NO
  - **Felt guilty or unable to stop blaming yourself of others for the event(s) or any problems the event(s) may have caused?** YES or NO

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How is PTSD Treated?

- Cognitive Processing Therapy (CPT) or Talk Therapy
- Medication
- Prolonged Exposure Therapy (PE) exposure to the thoughts, feelings, and situations that the person has been avoiding.
- Stress Inoculation Training (SIT) SIT teaches skills for handling stressful situations that can help manage PTSD symptoms.

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Schizophrenia

Positive symptoms: "Positive" symptoms are psychotic behaviors not generally seen in healthy people. People with positive symptoms may "lose touch" with some aspects of reality. Symptoms include:

- Hallucinations
- Delusions
- Thought disorders (unusual or dysfunctional ways of thinking)
- Movement disorders (agitated body movements)

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Schizophrenia

Negative symptoms: "Negative" symptoms are associated with disruptions to normal emotions and behaviors. Symptoms include:

- "Flat affect" (reduced expression of emotions via facial expression or voice tone)
- Reduced feelings of pleasure in everyday life
- Difficulty beginning and sustaining activities
- Reduced speaking

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Schizophrenia

Cognitive symptoms: For some patients, the cognitive symptoms of schizophrenia are subtle, but for others, they are more severe and patients may notice changes in their memory or other aspects of thinking. Symptoms include:

- Poor "executive functioning" (the ability to understand information and use it to make decisions)
- Trouble focusing or paying attention
- Problems with "working memory" (the ability to use information immediately after learning it)

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Schizoaffective Disorder

Schizoaffective disorder is a chronic mental health condition characterized primarily by symptoms of schizophrenia, such as hallucinations or delusions, and symptoms of a mood disorder, such as mania and depression.

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Schizoaffective Disorder

Many people with schizoaffective disorder are often incorrectly diagnosed at first with bipolar disorder or schizophrenia because it shares symptoms of multiple mental health conditions.

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Schizoaffective Disorder Symptoms

- Hallucinations, which are seeing or hearing things that aren't there.
- Delusions, which are false, fixed beliefs that are held regardless of contradictory evidence.
- Disorganized thinking. A person may switch very quickly from one topic to another or provide answers that are completely unrelated.
- Depressed mood. If a person has been diagnosed with schizoaffective disorder depressive type they will experience feelings of sadness, emptiness, feelings of worthlessness or other symptoms of depression.
- Manic behavior. If a person has been diagnosed with schizoaffective disorder: bipolar type they will experience feelings of euphoria, racing thoughts, increased risky behavior and other symptoms of mania.

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Schizoaffective Disorder Causes

- **Genetics.** Schizoaffective disorder tends to run in families. This does not mean that if a relative has an illness, you will absolutely get it. But it does mean that there is a greater chance of you developing the illness.
- **Brain chemistry and structure.** Brain function and structure may be different in ways that science is only beginning to understand. Brain scans are helping to advance research in this area.
- **Stress.** Stressful events such as a death in the family, end of a marriage or loss of a job can trigger symptoms or an onset of the illness.
- **Drug use.** Psychoactive drugs such as LSD have been linked to the development of schizoaffective disorder.

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Schizoaffective Disorder Treatment

Schizoaffective disorder is treated and managed in several ways:

- **Medications,** including mood stabilizers, antipsychotic medications and antidepressants
- **Psychotherapy**, such as cognitive behavioral therapy or family-focused therapy
- **Self-management strategies and education**

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Schizoaffective Disorder Related Conditions

- A person with schizoaffective disorder may have additional illnesses:
- Anxiety disorder
- Post-traumatic stress disorder (PTSD)
- Attention-deficit hyperpactivity disorder (ADHD)
- Substance abuse

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When to Communicate

- Don't discuss something important when you are angry or upset;
- Be prepared to think clearly, listen well, and focus on constructive solutions; and
- Before talking to the person, take as much time as you need to calm down.

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What to Communicate

Choose one problem area that is really important, then focus on a specific behavior you'd like your relative to change.

For example, say, "John, please stop playing your radio so loudly after 10 p.m." Don't say, "John, you're too noisy at night."

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How to Communicate
Verbal and Non-Verbal Communication

- Keep all your verbal communication simple, brief, and specific.
- Nonverbal communication refers to how you say it--your tone of voice, posture, eye contact, facial expression, and physical distance between speakers.

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How to Communicate

- Expressing positive feelings: Maintain eye-contact; say exactly what pleased you and how it made you feel.
  - Use phrases like "I would like you to...." or "I would really appreciate it if you would....."
- Expressing negative feelings. Maintain eye-contact; say exactly what upset you and how it made you feel.
  - ex. "I get very nervous when you pace around the room."

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Guidelines For Non-verbal Communication:

1. Stand close to the person, but don't crowd his/her personal space.
2. Convey interest, concern and alertness through your body posture and facial expression.
3. Maintain eye contact with the person.
4. Speak calmly and clearly

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Active Listening

1. Look at the speaker.
2. Attend to what is said.
3. Nod head, say, "Uh-huh".
4. Ask clarifying questions.
5. Check out what you heard

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STATEMENTS OF ENCOURAGEMENT

Phrases that display confidence:
- "I know you'll do fine." you can handle it.
- " I'll trust you will work it out "You'll make it!"

Phrases that recognize effort and improvement:
- "Look at how much you accomplished so far."
- "Looks like you put a lot of work into that."

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BIPOLAR DISORDER

- There are four basic types of bipolar disorder, all of them involve clear changes in mood, energy, and activity levels.
- These moods range from periods of extremely "up," elated, and energized behavior (known as manic episodes) to very sad, "down," or hopeless periods (known as depressive episodes).
- Less severe manic periods are known as hypomanic episodes.

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BIPOLAR DISORDER

- **Bipolar I Disorder—** defined by manic episodes that last at least 7 days, or by manic symptoms that are so severe that the person needs immediate hospital care.
  - Usually, depressive episodes occur as well, typically lasting at least 2 weeks.
  - Episodes of depression with mixed features (having depression and manic symptoms at the same time) are also possible.
- **Bipolar II Disorder—** defined by a pattern of depressive episodes and hypomanic episodes, but not the full-blown manic episodes described above.

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BIPOLAR DISORDER

- **Cyclothymic Disorder (also called cyclothymia)—** defined by numerous periods of hypomanic symptoms as well numerous periods of depressive symptoms lasting for at least 2 years (1 year in children and adolescents). However, the symptoms do not meet the diagnostic requirements for a hypomanic episode and a depressive episode.
- **Other Specified and Unspecified Bipolar and Related Disorders—** defined by bipolar disorder symptoms that do not match the three categories listed above.

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BIPOLAR DISORDER SIGNS AND SYMPTOMS

People having a manic episode may:

- Feel very "up," "high," or elated
- Have a lot of energy
- Have increased activity levels
- Feel "jumpy" or "wired" Have trouble sleeping
- Become more active than usual
- Talk really fast about a lot of different things
- Be agitated, irritable, or "touchy"
- Feel like their thoughts are going very fast
- Think they can do a lot of things at once
- Do risky things, like spend a lot of money or have reckless sex

People having a depressive episode may:

- Feel very sad, down, empty, or hopeless
- Have very little energy
- Have decreased activity levels
- Have trouble sleeping, they may sleep too little or too much
- Feel like they can't enjoy anything Feel worried and empty
- Have trouble concentrating Forget things a lot
- Eat too much or too little Feel tired or "slowed down"
- Think about death or suicide

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BIPOLAR DISORDER COMORBIDITIES

- **Psychosis:** Sometimes, a person with severe episodes of mania or depression also has psychotic symptoms, such as hallucinations or delusions. The psychotic symptoms tend to match the person's extreme mood. For example:
  - Someone having psychotic symptoms during a manic episode may believe she is famous, has a lot of money, or has special powers.
  - Someone having psychotic symptoms during a depressive episode may believe he is ruined and penniless, or that he has committed a crime.
- As a result, people with bipolar disorder who also have psychotic symptoms are sometimes misdiagnosed with schizophrenia.

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BIPOLAR DISORDER COMORBIDITIES

- **Anxiety and ADHD:** Anxiety disorders and attention-deficit hyperactivity disorder (ADHD) are often diagnosed among people with bipolar disorder.
- **Substance Abuse:** People with bipolar disorder may also misuse alcohol or drugs, have relationship problems, or perform poorly in school or at work.
  - Family, friends and people experiencing symptoms may not recognize these problems as signs of a major mental illness such as bipolar disorder.

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BIPOLAR DISORDER RISK FACTORS

- **Brain Structure and Functioning:** Some studies show how the brains of people with bipolar disorder may differ from the brains of healthy people or people with other mental disorders.
- **Genetics:** Some research suggests that people with certain genes are more likely to develop bipolar disorder than others.
- **Family History:** Bipolar disorder tends to run in families.

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BIPOLAR DISORDER TREATMENTS

- Medication
- Psychotherapy
- Electroconvulsive Therapy (ECT)

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BIPOLAR DISORDER TREATMENTS

Keeping a Life Chart

Even with proper treatment, mood changes can occur. Treatment is more effective when a client and doctor work closely together and talk openly about concerns and choices.

Keeping a life chart that records daily mood symptoms, treatments, sleep patterns, and life events can help clients and doctors track and treat bipolar disorder most effectively.

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PERSONALITY DISORDER

- Borderline personality disorder is a mental illness marked by an ongoing pattern of varying moods, self-image, and behavior.
- These symptoms often result in impulsive actions and problems in relationships.
- People with borderline personality disorder may experience intense episodes of anger, depression, and anxiety that can last from a few hours to days.

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PERSONALITY DISORDER SIGNS AND SYMPTOMS

- People with borderline personality disorder may experience mood swings and display uncertainty about how they see themselves and their role in the world.
  - As a result, their interests and values can change quickly.
- People with borderline personality disorder also tend to view things in extremes, such as all good or all bad.
  - Their opinions of other people can also change quickly - friend one day, an enemy or traitor the next.
  - These shifting feelings can lead to intense and unstable relationships.

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PERSONALITY DISORDER

Other signs or symptoms may include:

- Efforts to avoid real or imagined abandonment, such as rapidly initiating intimate (physical or emotional) relationships or cutting off communication with someone in anticipation of being abandoned
- A pattern of intense and unstable relationships with family, friends, and loved ones, often swinging from extreme closeness and love (idealization) to extreme dislike or anger (devaluation)
- Distorted and unstable self-image or sense of self
- Impulsive and often dangerous behaviors, such as spending sprees, unsafe sex, substance abuse, reckless driving, and binge eating.

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PERSONALITY DISORDER RISK FACTORS

- **Family History.** People who have a close family member, such as a parent or sibling with the disorder may be at higher risk of developing borderline personality disorder.
- **Brain Factors.** Studies show that people with borderline personality disorder can have structural and functional changes in the brain especially in the areas that control impulses and emotional regulation. But is it not clear whether these changes are risk factors for the disorder, or caused by the disorder.
- **Environmental, Cultural, and Social Factors.** Many people with borderline personality disorder report experiencing traumatic life events, such as abuse, abandonment, or adversity during childhood. Others may have been exposed to unstable, invalidating relationships, and hostile conflicts.

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PERSONALITY DISORDER TREATMENTS AND THERAPIES

Borderline personality disorder has historically been viewed as difficult to treat. But, with newer, evidence-based treatment, many people with the disorder experience fewer or less severe symptoms, and an improved quality of life.

- Medication
- Psychotherapy

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Obsessive compulsive disorder: symptoms and behaviors

OCD -

- A psychiatric disorder characterized by obsessive thoughts and compulsive actions, such as cleaning, checking, counting, or hoarding.
- OCD, one of the anxiety disorders, is a potentially disabling condition that can persist throughout a person's life.
- The individual who suffers from OCD becomes trapped in a pattern of repetitive thoughts and behaviors that are senseless and distressing but extremely difficult to overcome.
- OCD occurs in a spectrum from mild to severe, but if severe and left untreated, can destroy a person's capacity to function at work, at school, or even in the home.

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Managing Symptoms and Reactions

1. Compulsions:
   - Learn Patterns and Reasoning
   - Channel Hoarding Behavior to Productive Activity
2. Rituals and Routines:
   - Validation vs. Reality Orientation
   - Practice Behavior Modification/Reward Systems
3. Building Bridges:
   - Reassurance
   - Encourage Diversionary Activity to Address Anxiety

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HOARDING

Reasons for Saving

- Sentimental –
  "This represents my life. It's part of me."
- Instrumental –
  "I might need this. Somebody could use this."
- Intrinsic –
  "This is beautiful. Think of the possibilities!"

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HOARDING

Hoarding Rating Scale (HRS)

0	1	2	3	4	5	6	7	8
Not at all			Mild		Moderate	Severe		Extremely Difficult

1. Because of the clutter or number of possessions, how difficult is it for you to use the rooms in your home?
2. To what extent do you have difficulty discarding (or recycling, selling, giving away) ordinary things that other people would get rid of?
3. Do you currently have a problem with collecting free things or buying more things than you need or can use or can afford?
4. To what extent do you experience emotional distress because of clutter, difficulty discarding or problems with buying or acquiring things?
5. To what extent do you experience impairment in your life (daily routine, job / school, social activities, family activities, financial difficulties) because of clutter, difficulty discarding, or problems with buying or acquiring things?

Tolin, D.F., Frost, R.O., & Steketee, G. (2010). Psychiatry Research, 30, 147-152.

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HOARDING

Why do people Hoard?

- Vulnerabilities
- Evolutionary, biological, genetic, early experiences, core beliefs
- Information processing deficits
- Meaning/value assigned to possessions
- Positive and negative emotional reactions
- Reinforcement of acquiring and saving behaviors

(Steketee & Frost, 2007)

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SUBSTANCE ABUSE
F740 – Behavioral Health Services

- **"Substance use disorder"** is defined as recurrent use of alcohol and/or drugs that causes clinically and functionally significant impairment, such as health problems or disability.
  - (Adapted from: Substance Abuse and Mental Health Services Administration (SAMHSA) definition found at http://www.samhsa.gov/disorders/substance-use).

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SUBSTANCE ABUSE
Assessing Trauma

Trauma and trauma-related problems are common risks factors in substance abuse.

- About 60% of men and 50% of women experience at least one trauma such as a disaster, war, or a life-threatening assault or accident at some point in their lives.
- Nearly 8% of the population has PTSD in their lifetimes, and PTSD is highly comorbid with other disorders such as panic, phobic, or generalized anxiety disorders; depression; or substance abuse.

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SUBSTANCE ABUSE
Relationship to Dementia

- Dementia is the outcome of many different medical conditions and circumstances.
- For example, in addition to Alzheimer's disease, the most common form of dementia, memory impairment can also result from a traumatic brain injury, stroke, Parkinson's disease, Pick's disease, AIDs, and chronic alcohol or substance abuse.

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ASSESSMENT

THE ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT)

Source: World Health Organization


The Alcohol Use Disorders Identification Test: Interview Version

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DRUG ADDICTION

- Drug addiction, also called substance use disorder, is a disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medication.
- Substances such as alcohol, marijuana and nicotine also are considered drugs. When you're addicted, you may continue using the drug despite the harm it causes.

SOURCE: https://www.mayoclinic.org/diseases-conditions/drug-addiction/symptoms-causes/syc-20365112

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DRUG ADDICTION RISK FACTORS

- Experimental use of a recreational drug in social situations
- Exposure to prescribed medications, or receiving medications from a friend or relative who has been prescribed the medication
- The risk of addiction and how fast a person becomes addicted varies by drug. Some drugs, such as opioid painkillers, have a higher risk and cause addiction more quickly than others.

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DRUG ADDICTION RISK FACTORS

- As time passes, a person may need larger doses of the drug to get high;
- Soon he/she may need the drug just to feel good;
- As drug use increases, he/she may find it increasingly difficult to go without the drug.
- Attempts to stop drug use may cause intense cravings and make you feel physically ill (withdrawal symptoms).

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DRUG ADDICTION SYMPTOMS

Drug addiction symptoms or behaviors include, among others:

- Feeling that you have to use the drug regularly — daily or even several times a day
- Having intense urges for the drug that block out any other thoughts
- Over time, needing more of the drug to get the same effect
- Taking larger amounts of the drug over a longer period of time than you intended
- Making certain that you maintain a supply of the drug
- Spending money on the drug, even though you can't afford it

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DRUG ADDICTION SYMPTOMS

- Not meeting obligations and work responsibilities, or cutting back on social or recreational activities because of drug use
- Continuing to use the drug, even though you know it's causing problems in your life or causing you physical or psychological harm
- Doing things to get the drug that you normally wouldn't do, such as stealing
- Driving or doing other risky activities when you're under the influence of the drug
- Spending a good deal of time getting the drug, using the drug or recovering from the effects of the drug
- Failing in your attempts to stop using the drug
- Experiencing withdrawal symptoms when you attempt to stop taking the drug

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DRUG ADDICTION

RECOGNIZING UNHEALTHY DRUG USE IN FAMILY MEMBERS

- **Problems at school or work** — frequently missing school or work, a sudden disinterest in school activities or work, or a drop in grades or work performance
- **Physical health issues** — lack of energy and motivation, weight loss or gain, or red eyes
- **Neglected appearance** — lack of interest in clothing, grooming or looks
- **Changes in behavior** — exaggerated efforts to bar family members from entering his or her room or being secretive about where he or she goes with friends; or drastic changes in behavior and in relationships with family and friends
- **Money issues** — sudden requests for money without a reasonable explanation; or your discovery that money is missing or has been stolen or that items have disappeared from your home, indicating maybe they're being sold to support drug use

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DRUG ADDICTION
Recognizing signs of drug use or intoxication

Obtain information on signs/symptoms for the following substances at:
https://www.mayoclinic.org/diseases-conditions/drug-addiction/symptoms-causes/syc-20365112

- Marijuana
- Barbiturates, benzodiazepines and hypnotics
- Meth, cocaine and other stimulants
- Hallucinogens (LSD, PCP)
- Inhalants (Household cleaners, glue, paint thinner)
- Opioid painkillers

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DRUG ADDICTION
CAUSES

Like many mental health disorders, several factors may contribute to development of drug addiction. The main factors are:

- **Environment.** Environmental factors, including a family's beliefs and attitudes and exposure to a peer group that encourages drug use, seem to play a role in initial drug use.
- **Genetics.** Once a person has started using a drug, the development into addiction may be influenced by inherited (genetic) traits, which may delay or speed up the disease progression.

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DRUG ADDICTION

Changes In The Brain

- Physical addiction appears to occur when repeated use of a drug changes the way your brain feels pleasure.
- The addicting drug causes physical changes to some nerve cells (neurons) in your brain.
- Neurons use chemicals called neurotransmitters to communicate.
- These changes can remain long after you stop using the drug.

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DRUG ADDICTION RISK FACTORS

- **Family history of addiction.** Drug addiction is more common in some families and likely involves genetic predisposition. If you have a blood relative, such as a parent or sibling, with alcohol or drug addiction, you're at greater risk of developing a drug addiction.
- **Mental health disorder.** If you have a mental health disorder such as depression, attention-deficit/hyperactivity disorder (ADHD) or post-traumatic stress disorder, you're more likely to become addicted to drugs. Using drugs can become a way of coping with painful feelings, such as anxiety, depression and loneliness, and can make these problems even worse.
- **Peer pressure.** Peer pressure is a strong factor in starting to use and misuse drugs, particularly for young people.

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DRUG ADDICTION RISK FACTORS

- **Lack of family involvement.** Difficult family situations or lack of a bond with your parents or siblings may increase the risk of addiction, as can a lack of parental supervision.
- **Early use.** Using drugs at an early age can cause changes in the developing brain and increase the likelihood of progressing to drug addiction.
- **Taking a highly addictive drug.** Some drugs, such as stimulants, cocaine or opioid painkillers, may result in faster development of addiction than other drugs. Smoking or injecting drugs can increase the potential for addiction. Taking drugs considered less addicting — so-called "light drugs" — can start you on a pathway of drug use and addiction.

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DRUG ADDICTION DIAGNOSIS

- Diagnosing drug addiction (substance use disorder) requires a thorough evaluation and often includes an assessment by a psychiatrist, a psychologist, or a licensed alcohol and drug counselor.
  - Blood, urine or other lab tests are used to assess drug use, but they're not a diagnostic test for addiction.
- For diagnosis of a substance use disorder, most mental health professionals use criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association.

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DRUG ADDICTION TREATMENT

Treatment programs usually offer:

- Individual, group or family therapy sessions
- A focus on understanding the nature of addiction, becoming drug-free and preventing relapse
- Appropriate levels of care (i.e., outpatient, residential and inpatient programs)

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DRUG ADDICTION TREATMENT

Behavior therapy

As part of a drug treatment program, behavior therapy — a form of psychotherapy — can be done by a psychologist or psychiatrist, or you may receive counseling from a licensed alcohol and drug counselor. Therapy and counseling may be done with an individual, a family or a group. The therapist or counselor can:

- Help you develop ways to cope with your drug cravings
- Suggest strategies to avoid drugs and prevent relapse
- Offer suggestions on how to deal with a relapse if it occurs
- Talk about issues regarding your job, legal problems, and relationships with family and friends
- Include family members to help them develop better communication skills and be supportive
- Address other mental health conditions

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Assessment:
Defining What is Meaningful

Definition of MEANINGFUL

- a: having a meaning or purpose
- b: full of meaning : significant <a meaningful life>

http://www.merriam-webster.com/dictionary

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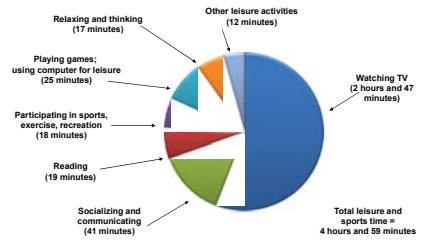
Leisure time on an average day



NOTE: Data include all persons age 15 and over. Data include all days of the week and are annual averages for 2015.

SOURCE: Bureau of Labor Statistics, American Time Use Survey

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Enhancing Activities

- Education and training of recreation and nursing staff in the application of "*meaningful*" activity
- Conducting comprehensive admission interviews and including family and friends of the registrant
- Utilizing information gleaned through assessment and interview processq

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Enhancing Activities

- Emphasizing individualized activities over groups
- Applying technology to reach the greatest numbers
- Involving registrants in program planning
- Expanding community access and involvement

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Social and Cognitive Engagement

Additional studies suggest that other modifiable factors, such as remaining mentally and socially active, may support brain health and possibly reduce the risk of Alzheimer's and other dementias.

http://www.alz.org/downloads/facts_figures_2013.pdf

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Benefit of Conversation

University of Exeter:

"One Social Hour a Week in Dementia Care Improves Lives and Saves Money: Person-centered activities combined with just one hour a week of social interaction can improve quality of life and reduce agitation for people with dementia living in care homes, while saving money."

ScienceDaily, 16 July 2017

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Cognition and Memory

"There is an increased risk of cognitive decline for individuals whose engagement in cognitive activities decreases over time…increases in cognitive activity from baseline are associated with better than expected cognitive performance."

Mitchell, Meghan B., et al, "Cognitively Stimulating Activities: Effects on Cognition across Four Studies with up to 21 Years of Longitudinal Data", Hindawi Publishing Corporation, Journal of Aging Research, Volume 2012, Article ID 461592

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Cognition and Memory

"The motor component of a task is believed to make it more memorable, as it enriches the **encoding experience** and often involves the manipulation of concrete objects. There is further evidence that people with dementia are able to **maintain or relearn** activities of daily living (e.g. setting the table, preparing a meal) with appropriate environmental support and active regular practice."

Pachana, Nancy, "Memory and Communication Support in Dementia: Research-Based Strategies For Caregivers" Cambridge Univ Press: Jan 1, 2011

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Cognition and Memory

"The planning and performance of complex or multi-step tasks can be effectively supported by breaking tasks into individual sub-components or steps, giving instructions one at a time, and using short simple sentences."

(Small and Gutman,2002; Bourgeois and Hickey, 2009)

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What is Activity?

- A personal encounter
- Naturally offered by the environment
- Daily housekeeping routines
- Self-care activities
- Planned scheduled events
- Spontaneous activities

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Improving the Dining Experience

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"Sheltered Workshops"

A facility or program, either for outpatients or for registrants of an institution, that provides vocational experience in a controlled working environment.

- For registrants with dementia the workshop also offers the opportunity to find comfort in doing familiar tasks.
- For the non-traditional registrant who plans to return to the community, the workshop provides an opportunity education, life skills programming, and helps prepare the registrant for community reintegration.

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101 ACTIVITIES ANYONE CAN DO

1. Listen to music
2. Make homemade lemonade
3. Count trading cards
4. Clip Coupons
5. Sort poker chips
6. Rake leaves
7. Write a poem together
8. Make a fresh fruit salad…

Source: Alzheimer's Association Web Site – www.alz.org

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Activities for a New Age

- Diversify therapeutic activity offerings to include education, self-help, and support programs;
- Collaborate with community addiction services;
- Promote positive self-esteem through meaningful socialization and therapeutic activity;
- Collaborate with community vocational services organizations in discharge planning;
- Foster opportunities for volunteerism.

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Creative, Artistic, and Expressive Therapies for PTSD

A number of non-traditional creative/expressive therapies has demonstrated at least preliminary effectiveness in reducing PTSD symptoms, reducing the severity of depression (which often accompanies PTSD), and/or improving quality of life.

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Creative, Artistic, and Expressive Therapies for PTSD

- **Expressive Writing**: is a brief intervention that instructs individuals to write about their deepest thoughts and feelings about a stressful event without regard to the structure of the writing
- **Dance and Body Movement Therapies**: propose that one's negative, emotion-laden experiences are represented in the body in the form of tension and pain.
- **Art Therapy**: involves residents using some medium (e.g., painting, drawing, collage) to represent their feelings or emotions related to their trauma;
- **Music Therapy**: engages residents to use music in a variety of ways (e.g., playing music, beating a drum, listening to and sharing songs) to encourage emotional expression in a non-threatening environment.

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Creative, Artistic, and Expressive Therapies for PTSD

- **Drama Therapy**: creates safe, playful environments where patients are able to act out anxieties or conflicts due to their trauma
- **Nature Therapy**: involves a set of related activities that utilize a mix of relaxation and creative approaches involving nature.
- **Mindfulness Therapies**: focus primarily on observing one's internal and external states and accepting one's past experiences, so as to better tolerate the distress associated with trauma reminders

Source: Creative, Artistic, and Expressive Therapies for PTSD
By Joshua Smyth, PhD and Jeremy Nobel, MD, MPH

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Ensuring Staff Competency
Quality Review

- Review and revise education and training to ensure regulatory compliance and quality care;
- Review and revise education and training to keep pace with the demographics revealed in the facility assessment;
- Assess the skills and interest of the educator(s);
- Update and enhance teaching tools and resources; and
- Improve opportunities to monitor the application of the education and skills beyond the immediate post-test and more frequently than an annual performance evaluation.

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Ensuring Staff Competency
Education Necessary to Phase 3 Compliance

1. Residents' Rights on Capacity Determinations/Abuse Prevention;
2. Regulations concerning use of bed rails/informed consent;
3. Assessment, Care Planning, and Treatment in Behavioral Health:
   1. Post Traumatic Stress Disorder (PTSD)
   2. Mental Disorders
   3. Traumatic Brain Injury
   4. Intellectual/Developmental Disability
   5. Addictions: Substance use/Alcoholism
4. Non-Pharmacologic Intervention/Meaningful Activity

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Quality Assurance
Systemic Reviews

- Begin by completing a comprehensive review of all systems utilizing the CMS Long Term Care Survey Pathway forms found at: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html
- Review compliance in all areas cited as deficient in the facility's most recent survey;
- Develop a monthly quality assurance review process of significant systems (i.e. Infection Control, Accidents, Wound Care, Medication Administration, etc.) to ensure potential quality concerns are identified and addressed expeditiously.

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PTSD Assessment Resources and Tools

- US Department of Veteran's Affairs: National Center for PTSD:
  - https://www.ptsd.va.gov/professional/assessment/screens/index.asp
    - Primary Care PTSD Screen for *DSM*-5 (PC-PTSD-5)
    - Trauma Screening Questionnaire (TSQ)
- American Psychological Association:
  - https://www.apa.org/ptsd-guideline/assessment/index
    - Structured Clinical Interview; PTSD Module (SCID PTSD Module)

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Dementia Assessment Resources and Tools

- Alzheimer's Association: www.alz.org
- Pioneer Network: www.pioneernetwork.org

Tools: Sometimes used in addition to the MDS 3.0, Section C - Cognition

- Global Deterioration Scale
- Dementia Screening Indicator (Barnes, et al.)
- Geriatric Depression Scale

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Mental Health Resources

- National Institute of Mental Health:
  - https://www.nimh.nih.gov
- The Mayo Clinic – Mental Health
  - https://www.mayoclinic.org
- The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) :
  - https://www.integration.samhsa.gov

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Substance Use/Addiction Resources

- National Institute on Alcohol Abuse and Alcoholism:
  - https://www.niaaa.nih.gov/
- World Health Organization: Management of Substance Abuse
  - https://www.who.int/substance_abuse/publications/alcohol/en/
- The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) :
  - https://www.integration.samhsa.gov

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Resources
Intellectual/Developmental Disability

- The American Association on Intellectual and Developmental Disabilities (AAIDD):
  - http://www.apdda.org/resources.aspx
- Administration on Intellectual and Developmental Disabilities (AIDD):
  - www.acl.gov/programs/aidd/index.aspx
- The Arc of the United States – National/State Chapters for Developmental Disabilities :
  - www.thearc.org

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Resources
Traumatic Brain Injury (TBI)

- Brain Injury Association of America:
  - https://www.biausa.org/
- Centers for Disease Control – Traumatic Brain Injury:
  - https://www.cdc.gov/TraumaticBrainInjury/index.html

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Creating Meaningful, Satisfying Lives One Person at a Time

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