An Interdisciplinary Team Approach to Behavioral Health Treatment to Ensure Maintenance of the Residents Highest Level of Functioning
COVID-19
Behavioral Health Changes
Behavioral Health Changes

- Changes in daily schedules/routines/activities
- Changes in psychosocial function
- Changes in cognitive function
- Changes in functional status
- Changes in medical conditions
Stay Focused On The Patient: An Interdisciplinary Team Approach
Interdisciplinary Team (IDT)

- Resident
- Nursing
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Social Services
- Activities
- Dietary/Kitchen
- Physician
- Hospice
- Family Members

- Administrator
- Housekeeping
- Maintenance
- Business Office Manager
- Receptionist
- Beautician
- Caregivers
- Wellness coordinator
Social Isolation
Social Isolation vs. Loneliness

➢ Social Isolation
  ➢ State of complete or near-complete lack of control between an individual and society

➢ Loneliness
  ➢ Temporary and involuntary lack of contact with other humans in the world -- lack of sense of belonging (how you feel when you are alone -- perceived isolation)
Why is social isolation so difficult for humans to withstand?

- Humans are incredibly social species
- Yossi Ginsberg (Israeli adventurer/author) survived weeks in Amazon and create imaginary friend to keep himself company
- Dr. John Cacioppo (Neuroscientist from University of Chicago) said “Research showed effect of social isolation is as real as thirst, hunger or pain”
Our Brains Are SOCIAL In Nature

- Executive Function
- Stress
- Anthromorphize objects
- Depression, anxiety, PTSD, psychosis
- Problems with motor cortex
- Genes turn off
- Sleep Disruption
- Hallucinate
# Roles of Neurotransmitters

<table>
<thead>
<tr>
<th>Neurotransmitter</th>
<th>Function</th>
<th>Problems Caused by Imbalances</th>
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<tbody>
<tr>
<td>Serotonin</td>
<td>Affects mood, hunger, sleep and arousal</td>
<td>Undersupply linked to depression; some antidepressant drugs raise serotonin levels</td>
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<tr>
<td>Dopamine</td>
<td>Influences movement, learning, attention, and emotion</td>
<td>Oversupply linked to schizophrenia; undersupply linked to tremors and decreased mobility in Parkinson’s disease and ADHD</td>
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<tr>
<td>Acetylcholine (Ach)</td>
<td>Enables muscle action, learning and memory</td>
<td>Ach-producing neurons deteriorate as Alzheimer’s disease progresses</td>
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<tr>
<td>Norepinephrine</td>
<td>Helps control alertness and arousal</td>
<td>Undersupply can depress mood and cause ADHD-like attention problems</td>
</tr>
<tr>
<td>GABA (gamma-aminobutyric acid)</td>
<td>A major inhibitory neurotransmitter</td>
<td>Undersupply linked to seizures, tremors and insomnia</td>
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<tr>
<td>Glutamate</td>
<td>A major excitatory neurotransmitter; involved in memory</td>
<td>Oversupply can overstimulate the brain, producing migraines or seizures; this is why some people avoid MSG in food</td>
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</tbody>
</table>
“Brain Drain Discovered-Surveys suggest many people have felt increased loneliness since pandemic began.”

Amygdala is smaller in people who are lonely. Primary role in processing memory, decision-making and emotional responses (including fear, anxiety and aggression).
Situational Depression

• This can happen when a resident moves into a new facility during the pandemic and can’t have visits from loved ones.

• “Short-term, stress-related type of depression. Develops after you experience a traumatic event or series of events. It is a type of adjustment disorder.”
Occupational Deprivation

• Not being able to engage in the occupations which are important to the individual
Impact of Social Isolation

• Physical
  ➢ Inflammation of joints
  ➢ Headaches/migraines
  ➢ Fatigue
  ➢ Breathing difficulties
  ➢ Stomach/digestive issues
  ➢ Increased BP
  ➢ Heart muscle overworks -- heart palpitations/pounding
  ➢ Sweating
  ➢ Worsening of existing medical problems
  ➢ Muscle tension
  ➢ Pain

• Emotional
  ➢ Changes in sleep cycle
  ➢ Depression/suicide
  ➢ PTSD
  ➢ Anxiety/panic attacks
  ➢ Restlessness
  ➢ Decreased self-worth/despair

Other Symptoms
  ➢ Difficult/aggressive behavior
  ➢ Disorganized thoughts/speech
  ➢ Cognitive dysfunction
  ➢ Swallow Issues
  ➢ Grief
  ➢ LOSS OF MEANING OF LIFE
“COVID-19 May Trigger Emotions from Past Trauma”

- Each person experiences conditions based on our unique histories, strengths and vulnerabilities
- **Pandemic counts as trauma**
- If you have a history of trauma you may be experiencing a reactivation of your past trauma
- Trauma causes changes to brain chemistry (neurotransmitters)
- Some of your reactions may be:
  - Intrusive Memories (may be triggered by TV)
  - Problems with Sleep/Insomnia
  - Being Constantly on Guard
  - Difficult Emotions
  - Depression/Suicidal
  - Anxiety/Panic attacks
  - Negative Thoughts/Feeling Overwhelmed
“Cleveland Clinic Researchers Find Rise in Broken Heart Syndrome During COVID-19 Pandemic”

- Broken Heart Syndrome (Takotsubo cardiomyopathy)
- Stress cardiomyopathy occurs in response to physical/emotional distress
- Causes dysfunction or failure in heart muscle
- Symptoms are similar to heart attack (chest pain, SOB) – do not have “acutely blocked coronary arteries”
- Left ventricle of heart shows enlargement
- 258 patient in study-increase 7.8% compared to pre-pandemic 1.7% (all patients had negative COVID-19 test)
- More research needed (JAMA Network Open)
Loss of Loved Ones/ Caregivers
“COVID-19 and the Grief Process”

• Dr. Elisabeth Kubler-Ross provided explanation of the 5 stages of grief
• She revised theories to acknowledge stages are fluid, not fixed
• May skip a stage or stages

Stages of Grief

**Denial**
- Survival mechanism
  - "I'm not (old, immune-compromised, susceptible to lung ailments) so I will be fine."

**Anger**
- Refuse to comply with rules
  - "I don't care what the governor says, I'm going to work today."

**Bargaining**
- Denial breaks down, we're not ready to give up illusion we have control
  - "It's ok to spend time with others as long as they wash their hands."

**Despair**
- Reality and depression kick in, nothing will help now
  - "I can't go to work, I can't earn money. Pretty soon, I'll be broke and homeless."

**Acceptance**
- Deal with what is happening, stop fighting reality
  - "The world is going to change, but maybe when all of this is over, we will be kinder to one another."
“Anticipatory Grief”

- “The normal mourning that occurs when a patient/family is expecting death.”
- Pandemic is causing grief:
  - Feeling we get when future is uncertain
  - Feel the loss of safety
  - This grief is very confusing to people
  - Friends, family members and staff are disappearing (residents don’t know what happened to them)
Role of Rehabilitation and Interdisciplinary Team Collaboration
Patient Identification

• Observe
• Listen
• Watch
• Environment
Patient Identification

- Preadmission Assessment
- Full Assessment (to be completed within 14 days of move-in)
- Annual Assessment
- Change of Condition Meetings
- Resident Check-in
- Facility/Campus rounds
- Family Check-In
Comprehensive Therapy Evaluations

Focus on “Big Picture”

- All diagnoses and co-morbidities
- Functional deficits
- Underlying impairments
- Standardized tests
- Beyond “Reason for Referral”
- Evaluate whole resident

Evaluate whole resident

Beyond “Reason for Referral”

Standardized Tests

Functional deficits

Underlying Impairments
Assessments
Assessments

- Geriatric Depression Scale
- Generalized Anxiety Disorder (GAD-7)
- Global Deterioration Scale
- Allen Cognitive Level (ACL)
- Pain Scale
- Perceived Stress Scale (PSS-10)
- Occupational Profile
- The Delirium Rating Scale (DRS)3
- Brief Trauma Questionnaire
- Trauma Checklist
- Trauma Screening Questionnaire (TSQ)
- Occupational Profile of Sleep
Physical Therapy: Functional Deficits/Underlying Impairments

- Postural Control
- Balance
- **Fall Risk**
- Fall Recovery
- Community Mobility
- Bed Mobility
- Wheelchair mobility
- Medication Assessment

- Gait
  - Pattern
  - Deviations
  - Speed/Quality
- Assistive device Use
- Functional transfers
- **Safety Awareness**
- Literacy Level
Occupational Therapy:
Functional Deficits/Underlying Impairments

- Eye Contact
- Orientation
- Gross Movement Patterns
- Social Skills
- Participation in Occupations (ADL/IADL, sleep, rest, leisure, etc.)
- History of trauma
- Hearing screen
- Medication Assessment

- Sensory Awareness
- Safety Awareness
- Judgment
- Skills/Interest/Values
- Problem Solving
- Coping Skills
- Sleep Patterns
- Literacy Level
- Cognitive Skills
Speech Therapy:
Functional Deficits/Underlying Impairments

- Pragmatics
- Eye Contact
- Orientation
- Sequencing
- Social Skills
- Leisure Interest/Skills
- History of trauma
- Hearing Screen
- Judgment

- Attention/Concentration
- Cognition
- Problem Solving
- Coping Skills
- Memory
- Literacy Level
- Safety Awareness
- Reading Comprehension
- Medication Assessment
Rehabilitation Strategies
### Patient Centered Care Planning

#### Recommended Strategies

**Mild Cognitive Impairment**

<table>
<thead>
<tr>
<th>Therapist Signature:</th>
<th>Therapist Printed Name:</th>
<th>Date:</th>
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**PRESENTATION/APPRAOCH**
- Provide basic and concrete explanations
- Simplify
- Maintain what is familiar
- Explain unfamiliar or complex activities
- Set limits

**TOILETING**
- Independent
- Provide assist/supervision with use of...

**EATING & DRINKING**
- Eats independently

**ADDITIONAL APPROACHES**
- Use lists, notes, calendars, schedules, and visual organization aids; persons benefit from practice when approaching complex or new activities

**CUES**
- Provide verbal/visual cues if/when needed
- Offer simple, written instructions
- Repeat directions as necessary

**ROUTINE & CONSISTENCY**
- Follow prior known routine & preferences
- Personalize the environment
- Honor food likes/dislikes

**AMBULATION**
- Independent
- Provide assist/supervision

**BATHING**
- Independent
- Provide assist/supervision

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#### Recommended Strategies

**Late-End Stage Dementia**

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**PRESENTATION/APPRAOCH**
- Gain trust and agreement – convey sensitivity/understanding
- Eliminate all distractions
- Make eye contact
- Begin with using person’s name
- Interact close to person – provide objects/stimulation 0-14 inches directly in front of person
- Use single words/short phrases
- Allow time to respond
- Present objects at eye level

**SIMPILIFY**
- Single steps with appropriate level cues
- Gross motor aspects of activities
- Place dining objects directly in hand and provide 1 step cues
- Use familiar objects
- Move slowly
- Watch for non-verbal response

**COMMUNICATION**
- Wait 20-30 seconds for response
- Speak slowly, couple with gestures (visual/tactile)
- Anticipate needs
- Provide meaningful visual and auditory

**CUES**
- Cues needed to process & follow 1 step directions
- Environmental Cues (ex. shave in bathroom)

**MIRRORING**
- May mirror behavior; demonstrate appropriate behavior for situation/activity

**Hand Over Hand**
- Provide to gain attention to activity, coupled with verbal directions/cues to initiate & complete task

**ROUTINE & CONSISTENCY**
- Incorporate personal routine & preferences
- Honor food likes/dislikes
- Include frequent rest periods

**AMBULATION**
- Non ambulatory – provide AA/PROM with sensory stimuli
- Provide safe/comfortable positioning
- Salts and positioning devices for contracture management
- Provide cues for resident to assist w/rolling
- Provide cues for resident to grasp/hold rail
- 1 step directions with cues to use assistive device
- 1 step directions to sequence through
Depression

• Keep goals low
• Work slowly
• Use touch as encouragement
• Encourage to participate in activities
• Offer support, patience and encouragement
• Praise daily for achievements
• Encourage outside activities
Suicide

• Take every suicidal threat seriously
• Recognize the warning signs
• Report immediately
• Keep patient as calm as possible
• Make sure their environment is safe and free from self-harming objects
PTSD (Post Traumatic Stress Disorder)

- **Coping Strategies**
  - Health/wellness strategies
  - Stress management
  - Relaxation techniques
  - Offer minimal choices
  - Follow their routines to increase their sense of control

- **Environmental strategies**
  - Avoid loud noises, voices, arguments or emotionally charged interactions
  - Choose appropriate staff to work with individual
  - Minimize anxiety and frustration levels by anticipating triggers and overreactions
Anxiety

• Focus on coping strategies
• Participate in meaningful activities
• Eliminate source of anxiety
• Have them help identify the trigger point for anxiety
• Relaxation techniques
Insomnia/Sleep Issues

• Exercise at least 30 minutes
• Sleep routine
• Go to bed and wake up same time every day to help keep body’s natural rhythms on a schedule
• Get out in the sunlight because it helps maintain the sleep-wake cycle
Grief

- Journals -- put the words to losses and help identify ways to move forward
- Stay connected to social support networks (technology)
- Keep checking on people and offer support
- Help them find balance
- Let go of what you can’t control
- Sixth stage of grief (Kubler-Ross): Find Meaning -- Transform grief into a more peaceful and hopeful experience
Escalating Behaviors/Agitation
Escalating Behaviors/Agitation

- Recognizing Signs:
  - Rocking
  - Pacing
  - Stuttering
  - Wringing their hands
  - Reaching
  - Grabbing
  - Kicking
  - Crying
  - Basic needs met (hunger/thirst)
  - Toileting
  - Pain
  - Positioning
Escalating Behaviors/Agitation

- Environmental Factors/Assessment:
  - Identify what is causing escalation
  - Identify sensory and environmental barriers
  - Loud noise
  - Excessive talking by staff, other residents
Escalating Behaviors/Agitation

- **Tips for intervention/Modification of Current Plan of Care:**
  - Modify the environment to low stimulus (e.g. white noise, music, noise cancelling headphones, rocking chair, weighted blanket, stress ball, etc.)
  - Engage in physical exercises that provide tactile, vestibular and proprioceptive input
  - Set up a sensory diet to incorporate in the daily routine a plan for individualized, supportive sensory strategies to use throughout the day to minimize escalation or promote calming
  - Provide education to facility staff to prevent/deescalate behaviors and how to minimize negative impact on function
  - Patient’s functional/cognitive level must be considered
  - Provide individualized treatment strategies based on their interest/hobbies/goals
  - Thorough mat assessment
  - Referral to activities
Important Components

- Psychiatrist
- Psychologist
- Psychiatric Nurse
- Behavior Specialist
- Activities
- Wellness
- Spirituality
- Therapy
- Nursing/CNA
- Housekeeping
- Maintenance
- Dietary

IDT-education for care planning/discharge planning
Strategies to Combat Boredom

• All caregivers should get to know their patients:
  – Family history
  – Occupational history
  – Leisure history
  – Life events, values, hopes
• Focus on meaningful and purposeful activities
• Establish a daily routine/schedule
  – Use of orientation boards with daily schedules, names of caregivers
• Provide strategies for organization and planning
• Use of facetime to connect with family/loved ones
• Educate on use of iPad/smart phone and apps
• Assuring adequate hydration and nutrition
Strategies to Combat Boredom

- **Exercise:**
  - Establish a functional maintenance program/home exercise program
    - Chair yoga
    - Chair exercises
    - Pool exercises
  - Establish a wellness program
- **Organize room environment (dresser drawers/closet)**
- **Play board games**
- **Play a game of corn-hole**
- **Play a game of ring toss**
- **Complete a puzzle in sitting or standing**
- **Read a book**
- **Assuring a normal sleep/wake pattern with non-pharmacological behavioral modifications**
Empower the resident

• Help them do the things are important and meaningful to them
• Focus on prevention, not reacting to crisis
• Allow them enough time to speak
• Allow them enough time to do for him/herself
• Offer choices
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