

The Power and Possibility of PASRR Webinar Series

Webinar Assistance

<http://www.pasrrassist.org/resources/webinar-assistance-and-faqs>



Call-in through one of two ways listed below:

Telephone:

1. Locate your GoToTraining Panel
2. Select “Telephone” as your audio option
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4. Enter the **access code** followed by #
5. Enter #, the **Audio PIN**, then #

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For further webinar and PASRR-related assistance, contact Smita Patil (spatil@mission-ag.com).

*Please note that you **must** attend the entirety (90 minutes) of this webinar if you wish to receive Continuing Education credits.*



Enhancing Well-being: Medications and Beyond for Elders Living with Mental Illness

PASRR Webinar

May 10, 2016

Lynda Crandall, RN, GNP

What's the outcome we're looking for?

A life for each individual which is life-affirming, satisfying, humane and meaningful,

i.e.,

well-being for each person

PASSR evaluation

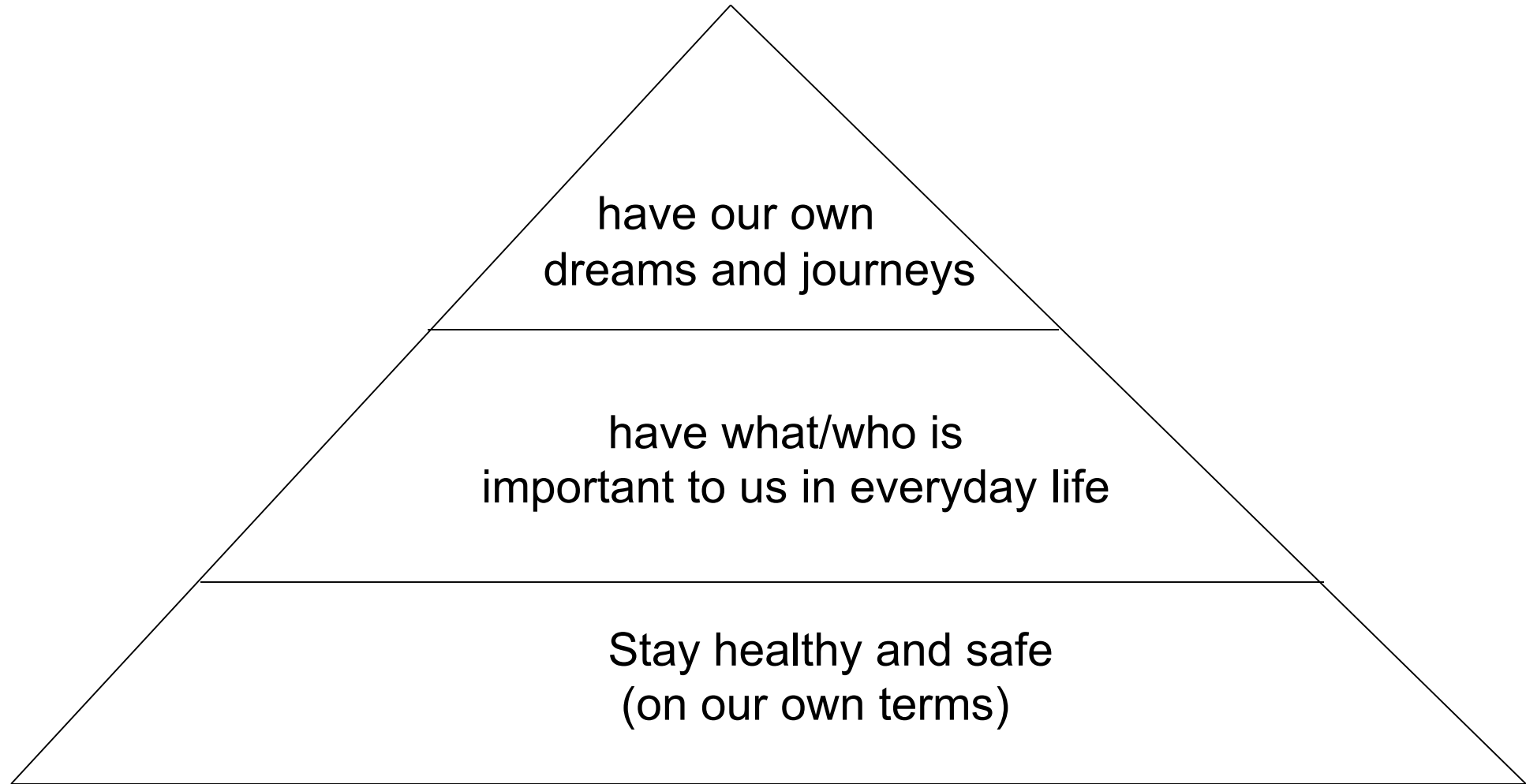
- Assessment
- Opportunity – “Training to and through assessment” – questions you ask delivers information, role modeling
- Conclusion and recommendations

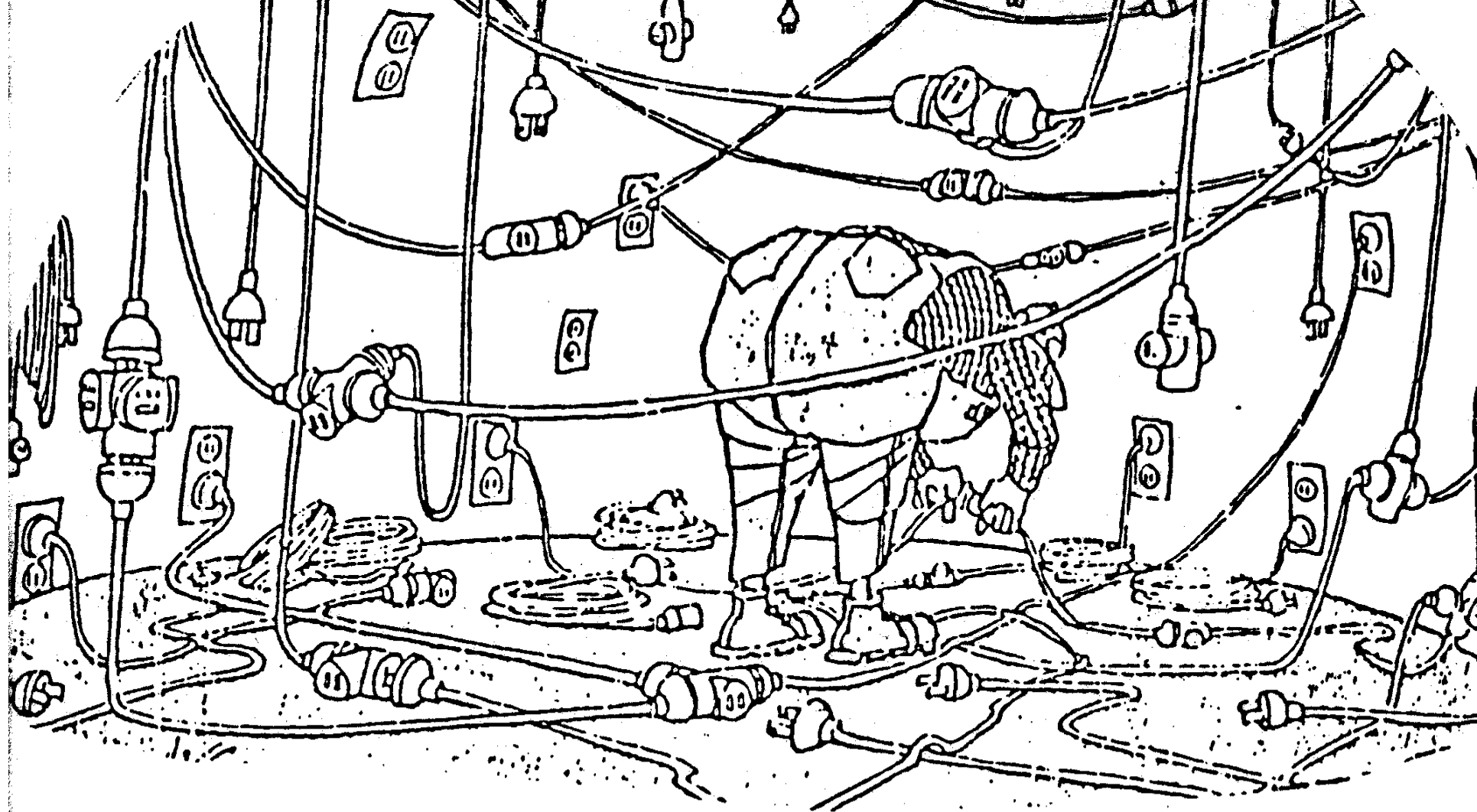
Mental Illness – how do we treat?

--pharmacologic and non-pharmacologic?

- Thought disorders
- Mood disorders
- Substance use disorders
- Personality disorders
- Cognitive disorders

Each of us wants a life where we:






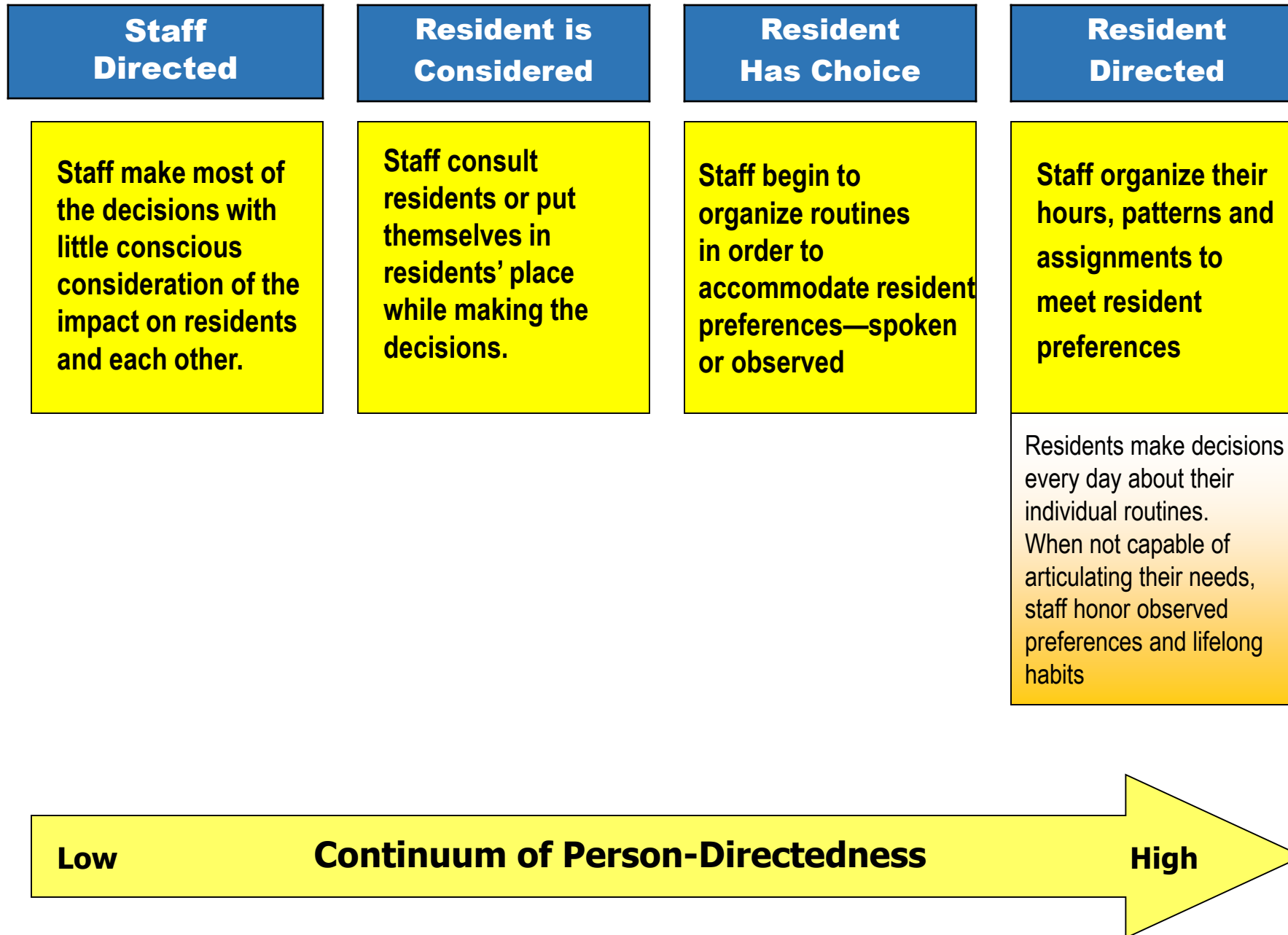
SERVICE DELIVERY SYSTEM TO CHRONICALLY MENTALLY ILL ELDERLY

Myths

- All persons who have MI are dangerous
- People who live with MI can't take care of themselves
- All the problems a person living with MI has are due to the MI and can only be treated by a doctor and medicine

Important concepts

- Individuals *living with* MI
- Excess disability
- Surplus safety
- The resident's goal is the right goal
- Person centered care and support  self directed living



Appreciate the history...

The

Oregon

Culture

- 1970 patients no longer allowed to work
- 1980 right to refuse AP medications
- 1990 patients moving out of hospital to community– Olmstead Decision
- 2012 Partnership for Improved Dementia Care –nationwide effort to reduce AP drugs in people living with dementia

Three plagues



The three plagues of
loneliness
boredom
helplessness

account for the bulk of suffering
among elders and people living
in long term care.

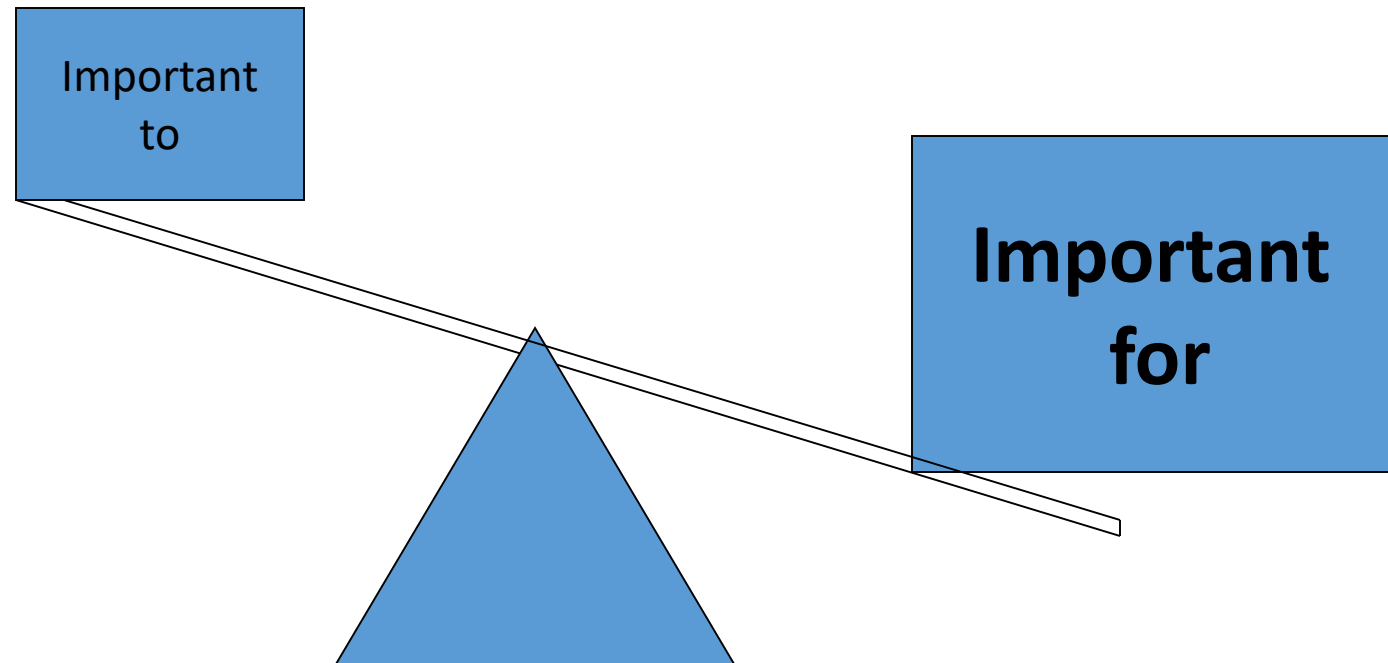
-Bill Thomas, MD



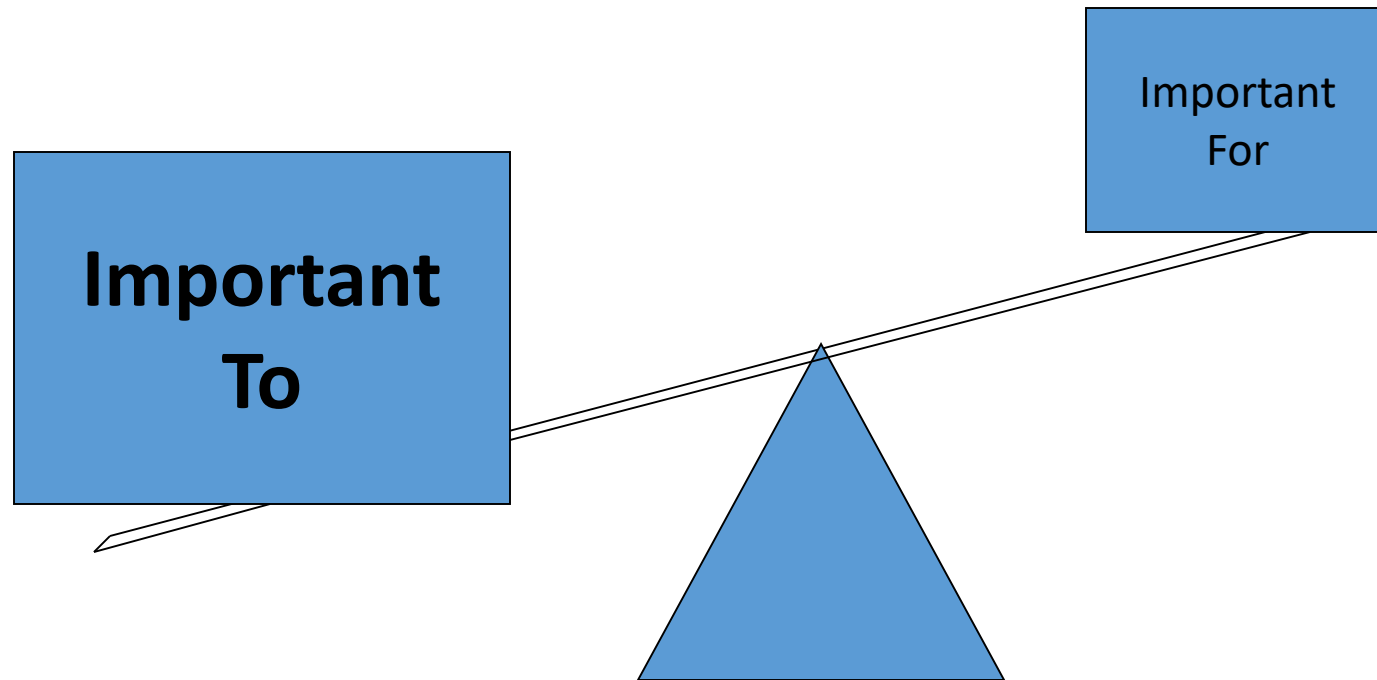
“Here is Edward Bear, coming downstairs now, bump, bump, bump, on the back of his head behind Christopher Robin. It is, as far as he knows, the only way of coming downstairs, but sometimes he feels that there really is another way, if only he could stop bumping for a moment and think of it.”

From Winnie The Pooh, by A.A. Milne

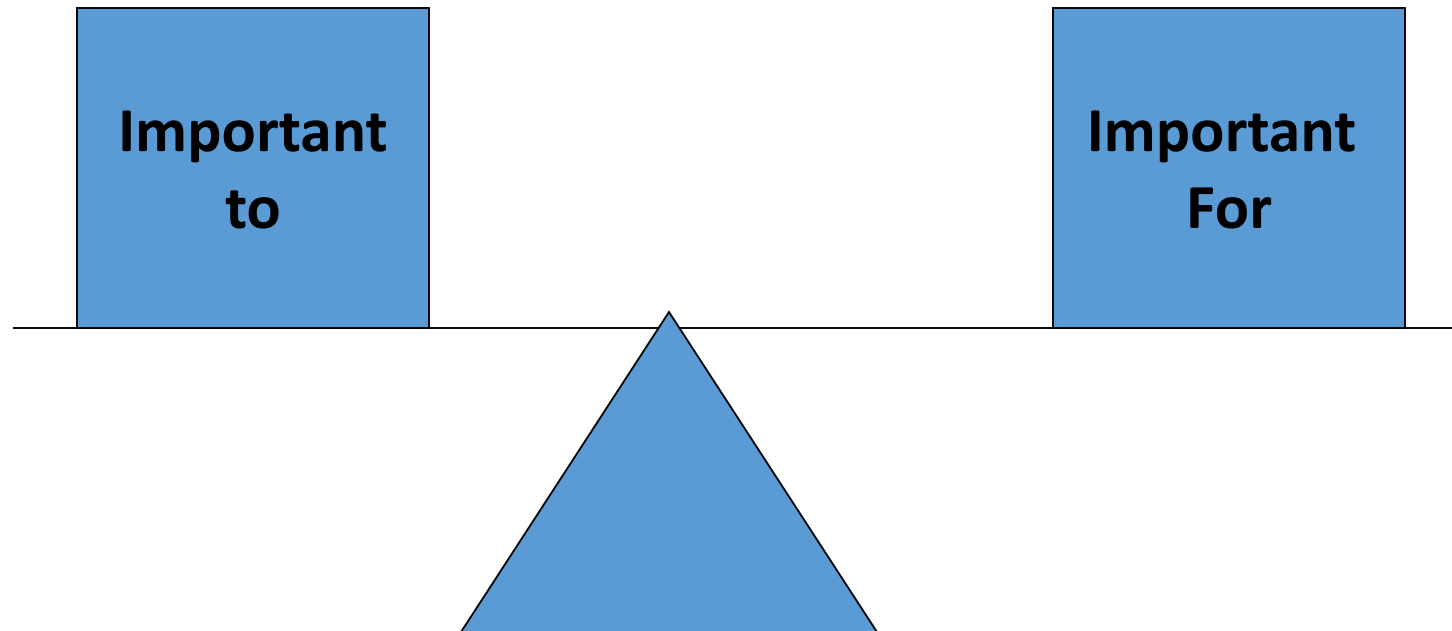
Health and Safety Dictate Lifestyle



All Choice, No Responsibility



Balance



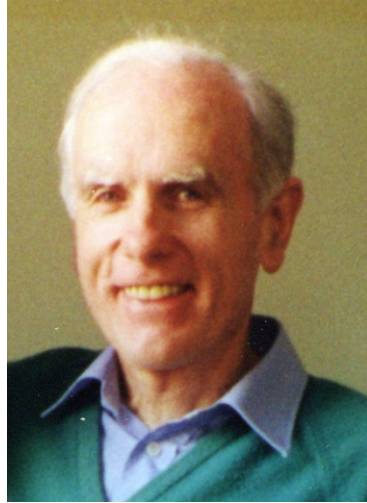
How Can We Be Better Care Partners?

- ✓ Understand the nature of the job
- ✓ Understand the nature of mental illnesses
- ✓ Understand that labels lead to dismissiveness
- ✓ Be open to learning and practicing
- ✓ Be willing to take critique and try again

Common symptoms of dementia

- Amnesia
- Aphasia
- Apraxia
- Agnosia
- Attention impairment
- Trouble problem solving
- Impaired judgement
- Lack of initiative
- Visuospatial impairment
- Perseveration
- Neuropsychiatric symptoms

Foundations for a New Paradigm



Professor Tom Kitwood
Founder of Person Centred Care

- *Personhood* remains intact
- Interpersonal environment has striking effects on a person with dementia
- Potential for growth (rementing)

Functional characteristics of many (not all) people living with chronic MI

- High vulnerability to stress
- Excessive dependency
- Insufficient coping skills
- Difficulties w/ interpersonal relationships
- Poor self-reinforcement

BASELINE

staff personal insights and self awareness

- What is my attitude?
- Plan to give only what can be given gladly.
- What pushes my buttons?
- How do I react under stress?
- What is my frustration/anger level?
- Do I have a self control plan?

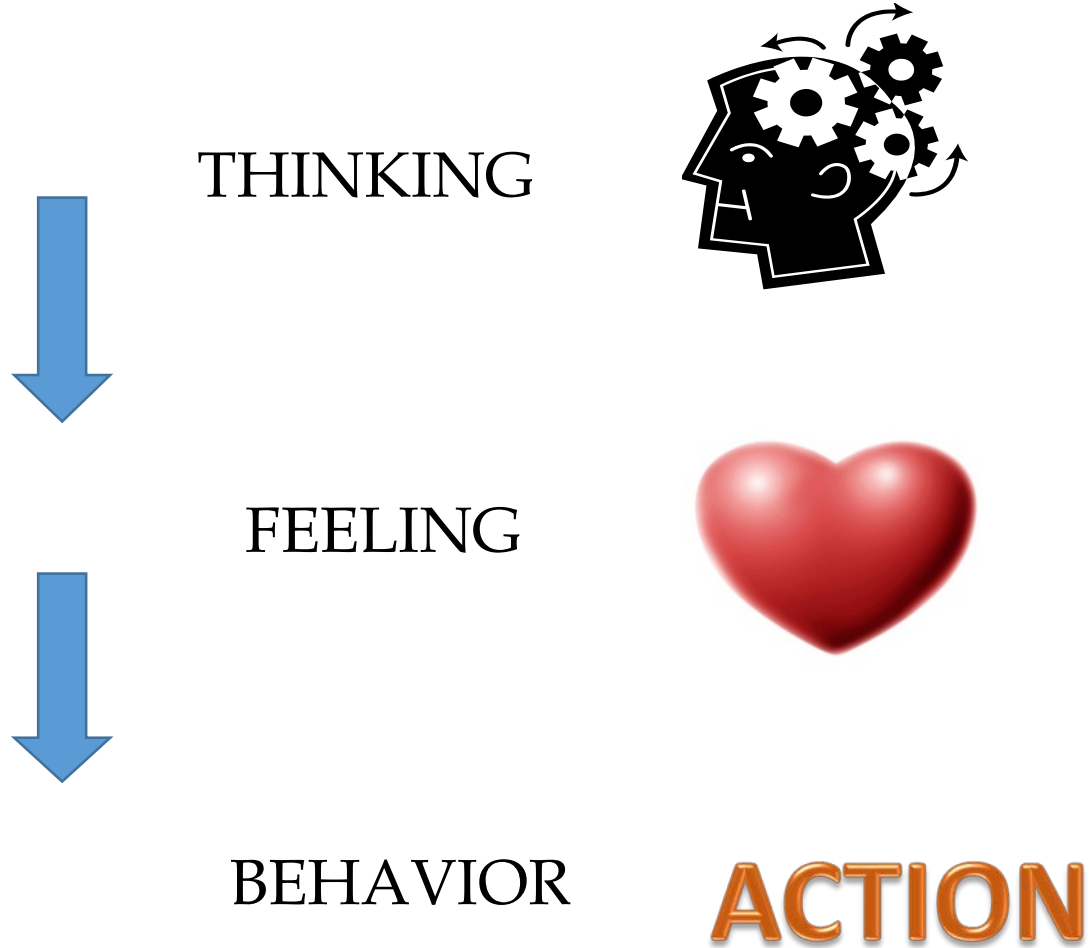
BASELINE

staff personal insights

What are my beliefs about people living with mental illness?

- Our beliefs set up our perceptions about people and behavior.
- Our perceptions become our focus.
- The focus then becomes our reality.

Appreciate the connection



BASELINE

know the person



- Life story
- Beyond pieces of information----include values, dreams, goals
- Learn his/her preferred mode/style of operation
- family, friends, S.O.s have valuable info

BASELINE

organizational set up

- Consistent assignment
- Mid shift team check in-- huddles
- Solid move-in and orientation support for residents
- Strong training programs for staff (esp. communication skills)
- CNAs/DCWs attend care conference and QI
- Strong “sense of community” for all

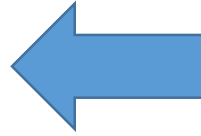


The quality of the relationship between the resident and the care partner is the most important factor in satisfaction for both clients and the staff.

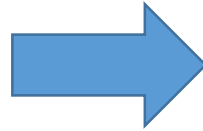
When We Don't Feel Supported, We:

- May resist new ideas and supports
- May become cynical and rebellious
- May become overly controlling and punishing
- May become depressed and isolated

We set the daily tone



OR



Have a good day on purpose

**Person centered thinking
leads to
Person directed living**

the PERSON living with mental illness

rather than

the person living with MENTAL ILLNESS

Well-being

1. Identity
2. Connectedness
3. Security
4. Autonomy
5. Meaning
6. Growth
7. Joy



Learn from my mistakes: what not to do

- Jumping to conclusions prematurely
- Going “solo”
- Lame listening
- Judging
- Assuming person can't contribute to solving her/his problem

Impact PASSR evaluator can have-- Operational Transformation

- ▶ Consider changing care plans to “I” plans
- ▶ Balance quality of care and quality of life elements on plan
- ▶ Empower hands-on staff to respond to elders’ needs “in the moment”
- ▶ Empower elders to direct their care (*care partner* vs. *caregiver*)
- ▶ Convene meetings to investigate distress and brainstorm new approaches
- ▶ Encourage interdisciplinary solutions
- ▶ Introduce well-being domains into daily operations

Communication

- To give or receive information
- To have a meaningful relationship

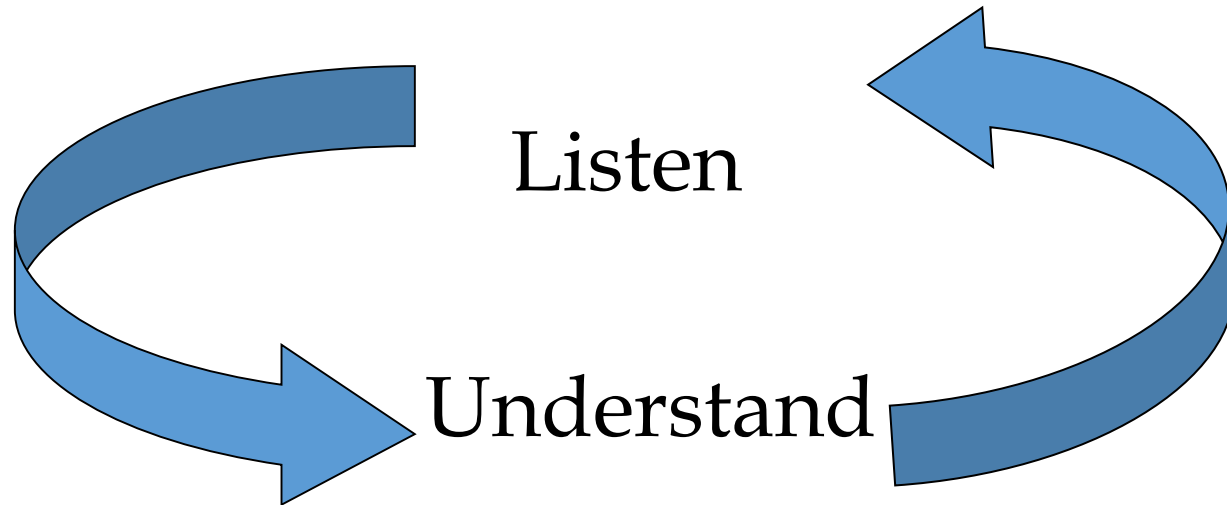


Understanding what's being communicated



Communication

What you hear depends on
what you are listening for



Communication tips and principles

- ✓ Center yourself
- ✓ Make adaptations for hearing and vision impairments
- ✓ Don't take behavior or talk personally.
- ✓ Keep room noise down
- ✓ Avoid arguing or confronting
- ✓ Recognize your own emotional response to situations.
- ✓ Repeatedly go back to asking what is the communicative nature of the behavior.

additional adaptations

- Assume he/she is doing the best he can.
- Do not confront deficits.
- Offer encouragement, don't point out errors.
- Use reinforcers that are meaningful.

Nonverbal guidelines for People living w dementia

- Stand in front of person
- Maintain eye contact, offer a hand shake
- Move slowly – wait for acknowledgement
- Use overemphasis and exaggerated facial expression
- Do not stop the person if he walks away try walking along side/slightly in front of him
- Allow him to touch and manipulate things around him
- Try to read his eyes

Verbal guidelines for people living w dementia

- Short words, simple sentences
- Identify yourself; call the person by name – allow time for him to respond
- Speak slowly, softly and clearly
- Use concrete, direct phrases
- Use positive terms: “do” rather than “do not”
- Include the person in your conversations

Verbal guidelines for people living w/ dementia (con't)

- Make only one-step requests
- If need to repeat, do so verbatim
- Look at situation and emotions of statements, not details of words
- Validate emotions/feelings

Supportive Communication

- Make a connection
 - Offer your name – “I’m (NAME) ”... “and you are...”
 - Offer a shared background – “I’m from (place) ...and you’re from...”
 - Offer a positive personal comment – “You look great in that” or “I love that color on you...”

Active Listening

- Helps ensure understanding
- Demonstrates interest
- Explores multiple points of view

Active Listening includes:

- Non verbal body language
- Paraphrasing
- Clarifying questions

Body Language

- Facial expressions
- Posture
- gestures



Paraphrasing

- For content
- For emotion
- For content and emotion

Clarifying questions

- use a combination of open and closed ended, curious questions

The most healing gift that you can give to someone in pain is the awareness that you are honestly trying to understand what they are going through, even if you get it wrong.



Responding to delusions/hallucinations in a person living with dementia

- Response differs from response to person w/ intact memory and reasoning ability
- “Hallucinations” often due to *misperceptions* (visual problems, light and shadows, reflections, auditory miscues, disembodied voices and sounds) or *delirium* (due to meds or acute illness)
- “Delusions” and “paranoia” may be due to forgetting, or may have basis in reality

When a flower doesn't bloom,
you fix the environment in which
it grows, not the flower.

Alexander Den Heijer



Creating community



Community is
relationship





Day to day



Chronic Mental Illness

Day to Day

DO	DON'T
<ul style="list-style-type: none">✓ Monitor to notice changes in person✓ Provide reality orientation cues, routines & reminders✓ Present open, positive attitude✓ Display genuine caring✓ Structure some activity w/ groups✓ Maintain comfortable environment✓ Assist to find solutions to daily problems✓ Ask person's opinion and preference✓ Offer choices✓ Maintain patience✓ Provide encouragement frequently	<ul style="list-style-type: none">✓ Overreact to minor changes✓ Make sudden major changes✓ Be oversolitious✓ Expect close relationships✓ Allow isolation✓ Allow imbalance or too much stimulation✓ Assume he/she knows answers or is content without asking him/her✓ Assume you know best✓ Reduce choice to 2 choices, both of which are satisfactory to you✓ Assume faster is better✓ Assume he/she will ask for feedback and encouragement✓ Expect overt rewards for you efforts

Plans

- The reason to do a plan is to improve the quality of the individual's life
- All individuals have same universal needs to be considered
- Reasonable planning takes into account the needs of the caregivers as well

Plans (con't)

- Require concurrent attention given to physical and psychiatric illness
- Balance what's important TO the person with important FOR him/her

Plans

- What makes sense?
- What doesn't make sense?

Care and support considerations

- Reciprocity keeps relationships alive
- Avoid becoming exasperated moralistic or punitive.
- Assume they are doing the BEST they can
- Choice and autonomy are part of adulthood

Basic Behavioral Truths

1. “Noncompliance” \neq pathology.
2. Being obnoxious is a constitutional right.
3. Only $\frac{1}{2}$ the Golden Rule applies.
4. It’s normal and acceptable to change one’s mind.

Basic Behavioral Truths (con't)

5. You can manage material and people **resources**, not people.
6. When you've met one person living with mental illness, you've met one person living with mental illness
7. Labels lead to dismissiveness
8. Time allotments in life are not equivalent

Language

- “Behavior problems”
- “Inappropriate behavior”
- “Challenging behavior”
- “Behavioral symptoms”
- “Behavioral expressions”

Some Possible Triggers-- consider them all

- Pain
- dehydration
- Hunger
- Loneliness
- Boredom
- Frustration
- Fear
- Acute illness/Infection
- Inability to understand
- Noise
- Sensory deficits-sight,hearing
- Loss
- Constipation
- Feeling unsafe
- Caregiver behavior
- Change in routine
- Change in caregiver
- Sadness
- Medication side effects
- Discomfort—too hot/cold
- Past trauma triggered

Examine the behavior

- Do A-B-Cs
 - A—Antecedent
 - B—Behavior
 - C—Consequence
- Behavior monitor log 3-7 days
- Communication Log

evaluate behavioral expressions

BEHAVIOR MONITORING SYSTEM																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
0000 to 0300	1	1	3	1	1	1	1	4	1	1	1	1	1	5	1	1	1	1	1	3	3	1	1	1	1	1	3	1	1	1
0300 to 0600	1	1	3/1	1	1	1	1/3	3/1	1	1	1	1	1	1	1	1/3	1	1	1	3/1	2/1	1/1	1	1	1	1	2/1	1	1	1
0600 to 0900	2	1/2	1	1	1	1/2	1/2	1/2	1/2	1/3	1/2	1/2	1/2	1/3	1/2	1/2	1/2	1/2	1/3	1/2	1/2	1/2	1/2	1/2	1/2	4/2	1/2	1/2	1/2	1/3
0900 to 1200	2/3	2	2	3/2	2	2	2	2	2	3/2	2	2	2	3/2	2	2	2	2	4/2	2	2	2	2	2/3	3/2	2	2	2	2	3/2
1200 to 1500	2/3	2/3	2	2	2/3	3	2/3	2/4	2	2/1	2	2/3	2/3	2	2	3/2	1/3	2	1	2	2	2	2	2	2	2	2	3/2	2	2
1500 to 1800	4	1/5	4/5	4	2/3	4	4	6	1	1	3/4	4/6	4/6	2/3	4	1	3/2	3/2	3/4	2	2/3	2	2/4	2/4	3/2	1/2	1/2	2	3	2
1800 to 2100	5/3	5/3	1/3	6/4	4/3	5/6	6/4	1/3	2	4/2	5/3	5/4	3/2	5/2	1/2	1/1	3/2	2	3/2	2	3/1	5/2	4/3	2	2	2	3	2	2/4	
2100 to 2400	1	2/1	3/1	2/1	3/1	2/1	2/3	2/1	1	1	1	1	1/3	1	1	2/1	1	1	1	2/3	1	1	3/1	1	1	1/3	1	1	1	1
Meds																														

BEHAVIOR KEY

1. Asleep
2. Awake, quiet
3. Restless, occasional outbursts
4. Frequent yelling
5. Constant yelling
6. Yelling & striking out

COLOR CODING

Mild to no problems: 1 + 2

Moderate problems: 3

Severe problems: 4, 5, 6

Medications:

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Communication Log

When person does this	What's happening	We think it means	We should do this
Pushing people, won't eat	Meal time, in DR	Overwhelmed— not want to be here	Move to quiet corner table, or take out of DR
Pacing, says he needs to go to work	Any time off and on through out day	Feeling obligation to go to work	Talk w/ him about work, request his help w/ a chore

STRIVE

- To pause, not jump
- For dialogue, not debate
- To be curious, not judgmental
- To appear observant, not accusatory



NAPP hosts a follow-up PASRR related discussion following PTACs webinars

Networking with NAPP

(National Association of PASRR Professionals)

<http://www.pasrr.org>

The next Networking Session with NAPP is:
Tuesday, May 24th, 2016 @1 PM EST

Registration Link for Monthly Networking with NAPP Webinars
<https://attendee.gotowebinar.com/rt/7812027187665157889>



For more information about NAPP, please contact nappfrontdesk@pasrr.org

The Power of PASRR & YOU!

Follow up Discussion on Enhancing Wellbeing: PASRR Evaluations & Level II Recommendations

How can you Participate in Networking with NAPP?

Join the Networking with NAPP presentation on May 24th at 1PM EST

- Send NAPP your tools for PASRR evaluators & NF care planning
- Send NAPP your questions or suggested topics
- Join the Networking with NAPP presentation panel



The Power of PASRR & YOU!

Email: nappfrontdesk@pasrr.org