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# Behavioral Management in Long-Term Care

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CHE Behavioral Health Services

*Presented by*



**1 CE Credit, Instructional Level: Intermediate**  
**1 Contact Hour (New York Board of Psychology)**

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Dr. Jennifer Birdsall is the Chief Clinical Officer at CHE Behavioral Health Services, a clinical organization that provides both psychology and psychiatry services in multiple settings including CHE's Outpatient Telehealth Services Clinic and in skilled nursing facilities and other long-term care settings.

Dr. Birdsall specializes in clinical geropsychology and is active in numerous professional associations including Psychologists in Long-term Care (PLTC), APA's Society of Clinical Geropsychology (SCG), California Association of Long-Term Care Medicine (CALTCM), and the CA Partnership to Improve Dementia Care.

Jennifer Birdsall, Ph.D.



# Disclosures/Conflicts of Interest

- I am the CCO for CHE Behavioral Health Services, which is collaborating on today's webinar.



# Learning Objectives

1. Identify common triggers for challenging reactions in long-term care settings.
2. Explain how to conduct a root cause analysis and relevant paradigms regarding the etiology of challenging behaviors.
3. Design strategies for addressing common system and payor challenges to successful behavioral management assessments and treatment.
4. Discuss key concepts to support successful interdisciplinary staff education on, and use of, nonpharmacological behavioral interventions to prevent, reduce, and address challenging behaviors.

- ~ 15,600 CMS certified skilled nursing homes (SNFs) in the U.S. with almost 1.3 million patients<sup>1</sup>
- ~ 28,900 Assisted living communities in the U.S. with almost 1 million licensed beds<sup>2</sup>

### Dementia:

- On average, 50% of nursing home residents have a diagnosis of dementia
- Behavioral and psychiatric symptoms of dementia (BPSDs) occur in up to 90+% of people with dementia

### Mental Illness:

- > 500,000 persons with mental illness (excluding dementia) reside in US nursing homes daily.

Source: <sup>1</sup>CDC Fast Facts Nursing Home Care: <https://www.cdc.gov/nchs/fastats/nursing-home-care.htm>

<sup>2</sup>AHCA/NCAL Assisted Living Facts and Figures: <https://www.ahcancal.org/Assisted-Living/Facts-and-Figures/Pages/default.aspx>



# Common Challenging Behavioral Reactions in LTC

Verbal aggression (threatens, curses, insults)

Physical aggression (hits, kicks, grabs, scratches, pushes, bites, spits, throws/destroys objects, pulls hair)

Resistance to care/Noncompliance

Repetitive verbalizations (calling out, repeated questions/verbalizations, Yelling/screaming, disruptive sounds)

Repetitive motor activities (pacing, wandering, rummaging, hoarding)

Sexually inappropriate behaviors (verbal or physical)

Attention seeking behaviors (call-light, frequent complaining, demanding, threatening behaviors)



# Challenges to Behavioral Management

- In community SNFs, behavioral health providers are consultants
- Reimbursement for services is through a patient's health insurance
  - There are no CPT codes for:
    - Behavioral analysis and management
    - IDT care plan meetings
    - Staff education and training

# What Can You Do?

Psychiatric Diagnostic Evaluations (90791)

Neurobehavioral Status Exam (96116) and/or Neuropsychological Eval (96132/96133, etc.)

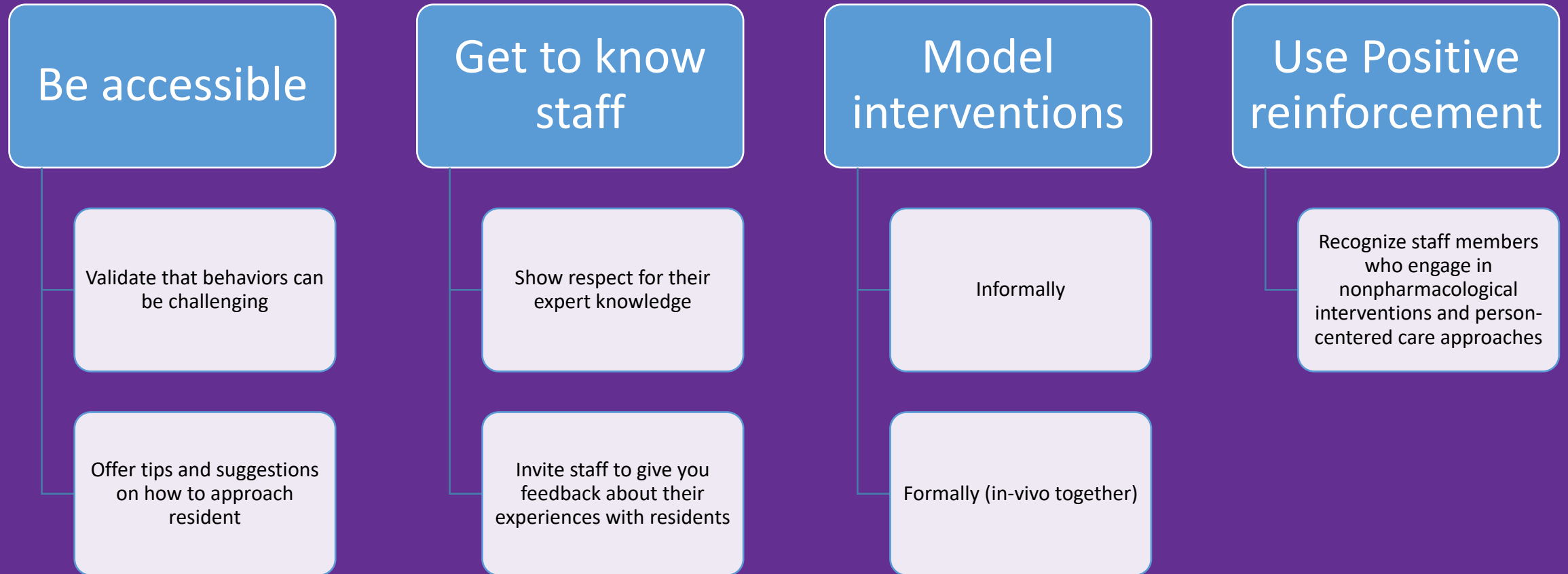
Individual psychotherapy (90832, 90834, 90837)

Attend behavioral management meetings

Provide formal staff in-service training

Informal (spontaneous) staff education and modeling

# What Can You Do?



# What Can You Do?

Training (20-60 minutes)

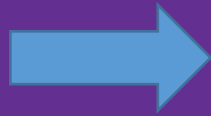
Keep it simple; Focus on key concepts

Make it applicable; Encourage engagement

Encourage facility leadership to attend

# 3 Basic Steps to Behavioral Management

1. Identify the Behavior:  
Objective & Measurable



2. Identify the triggers  
(reasons; root cause) of the behavior



3. Identify individualized,  
person-centered,  
behavioral interventions



Key Concepts

# Refusing Showers/Bathing

Potential Trigger	Potential Intervention
<b>Fear of falling, concerns the CNA will not be able to support the resident in the shower</b>	Use of reassurance; Use of shower chair; Use of 2-person assist in showering care
<b>Does not like to feel cold</b>	Take measure to ensure patient is not cold: provide extra layers and toweling, allow patient to control water temperature, etc.
<b>Worried will experience pain (from the process, due to an ulcer sore, etc.)</b>	Utilize pain management interventions (pharmacological and non-pharmacological)
<b>Depressed and anhedonic with low motivation</b>	Address depression, encourage increased behavioral activation, use shaping and chaining to slowly and successfully positively reinforce bathing hygiene, etc.
<b>Does not want to shower in the morning (i.e., when staff has scheduled the patient for his shower)</b>	Offer choices in shower days and times
<b>History of past trauma</b>	Discuss with patient strategies for increasing comfort and reducing anxiety, e.g., preference on gender of staff, leaving door open as long as privacy is maintained, allowing patient to wash private areas, hand over hand, allow bed bath with use of sheet cover, etc.
<b>Prefers male/female caregiver; other caregiver preference</b>	Provide resident with CNA preferences, as able and appropriate
<b>Difficulty adjusting to reduced control and dependency on others; dignity, shame, etc.</b>	Allow for, and encourage, resident to participate in the care and cleansing process, e.g., allow resident to wash parts of own body
<b>Other specific, individual triggers</b>	Associated individualized intervention

# No Behavior (i.e., Challenging Reaction) Happens for “No Reason”

- All behavior has a meaning
- All behavior communicates something
- All behaviors have a trigger (reason)
- Caregivers do not have to like or agree with the “reason”
- Caregiver's job is to identify the trigger
- Understand the meaning of the behavior to the individual

# Unmet Needs Paradigm

Challenging reactions stem from *unmet* needs

Unmet needs may  
be related to:

- **Physical factors:**
  - Discomfort/pain management needs, soiled undergarment, hunger/thirst needs
- **Psychosocial issues:**
  - Loneliness/need for social interaction, sensory deprivation, boredom/need for meaningful activity
- **Environmental factors:**
  - Lighting, noise





# Conduct a “Root Cause Analysis”

What is the  
“root cause” of  
the behavior”

- What may have triggered it?
- What do we know about the patient’s “**life story?**” (Whole person assessment)

The 4 W’s

- **What** was happening? What was the resident doing?
- **Who** was present?
- **Where** was it happening?
- **When** was it happening?



# Factors that Contribute to Behavioral Challenges

Trigger Category/Unmet Needs	Examples
Medical/Physical	Pain, other discomfort, hunger, thirst, constipation, sensory loss, medication induced
Emotional/Psychiatric	Depression, anxiety/fear, trauma-history/retraumatization, psychosis (delusions, hallucinations)
Cognitive/Communication Difficulties	Dementia, MCI, delirium, aphasia
Environmental/Interpersonal	Over-/under-stimulated, lack of meaningful activities, change in staff/shift, staff behaviors, noise, lighting, temperature
Adjustment Difficulties	Loss, functional decline, reduced sense of control, less personal space, first time with roommate, new routine

# Key Concepts for Successful Behavioral Management

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Don't take behaviors personally

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Have realistic expectations of the resident

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It is not “all or nothing”

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Shaping is ok – (reinforcing approximations of a desired behavior)

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Use positive reinforcement

# Nonpharmacological Behavioral Interventions

- It is not “one size fits all”
- Most Successful when individualized and person-centered
- When based on meeting patient-specific needs and triggers identified upon assessment and root-cause analysis
- Know the resident, life story
  - Triggers
  - Likes/dislikes
  - Preferences
  - Relevant dx and symptoms
  - Coping skills (have; don't have access to)
  - Capabilities and strengths

# Communication is Key

- Verbal and non-verbal behaviors are important

## Active listening

- Make sure you have the resident's attention
  - Address resident by name
  - Introduce yourself
  - Use eye contact
  - Use a gentle touch
  - Get down to the patient's level
- Make sure the resident knows you are listening
  - Eye contact
  - Do not do two things at once
  - Repeat what was said
  - Allow time to respond

# Comfort and Calming

Let the resident know  
you care and  
understand

- Invite the resident to talk about what is going on

Acknowledge the  
resident's experience as  
real

- Make empathic statements
  - "I know this is hard"

Provide reassurance

- Remind the resident he/she is in a comfortable and safe place



# Redirect

After you have shown listened, validated and comforted, redirect the resident away from the challenging behavior or perseverative response

- Attempt to change the subject
- Involve the resident in pleasant events
- Offer a coping skill suggestion



# Pleasant Events

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Research shows that engagement in pleasant events enhances mood, which in turn reduces challenging behaviors

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Pleasant events are activities the resident finds enjoyable – subjective and individual

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Residents to a nursing home may need help identifying new activities or ways to incorporate past interests into their new environment



# Examples of Simple Pleasant Events

- Having coffee, tea, hot chocolate
- Having a snack
- Listening to music
- Watching television/movies
- Doing crossword, jigsaw, word games puzzles, etc.
- Reading or listening to books on tape
- Reading the newspaper or magazines
- Looking at pictures
- Having a conversation, reminiscing
- Drawing, coloring, doing artwork/creative projects
- Sitting outside
- Birdwatching
- Walking
- Hand/shoulder massage

# Provide Choice

Offer **choices**  
(if available)

This increases  
sense of control

Dementia: Limit to  
2-3 choices

# Support Each Other!

Encourage staff partners to:

Support each other!

Consult with the behavioral health specialist as needed

Conduct root-cause analyses as a team

Share what works

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# Q&A With Dr. Birdsall



- This Q&A will address select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.