

Translating Evidence-Based Mental Health Interventions in Skilled Nursing Facilities

Natalie Barrales, OTS, Jan Martha Conducto, OTS, Cecelia Ly-Peh, OTS, & Gina Tucker-Roghi, OTD
Dominican University of California

ABSTRACT

- During the residents' stay in a long-term care (LTC) facility, the LTC environment impacts routines and meaningful occupations for the residents in a skilled nursing facility (SNF). The institutionalized structure within a SNF may perpetuate a lack of autonomy and stigma for residents with a serious mental illness (SMI) (Choi, Ransom, Wyllie, 2008; Tzouvara, Papadopoulos & Randhawa, 2017).
- According to Rafeedie, Metzler, & Lamb (2018), occupational therapy (OT) services in a SNF are limited to therapeutic exercises, therapeutic activities, and activities of daily living skills. OT practitioners are not focusing on interventions related to the mental health needs of residents.
- Thus, OT practitioners are not operating within the full scope of OT practice. OT practitioners have an opportunity to redefine their role in the SNF to include mental health interventions. Utilizing evidence based tools that consider the residents' preferences and rigidity of the SNF environment may improve mental health care (Choi, Ransom, Wyllie, 2008).

INTRODUCTION

This project identified and selected the most current evidence-based mental health assessments and interventions using the Person-Environment-Occupation model and recovery approach as a guideline to best practice (Brown, 2012; SAMHSA, 2013). Evidence-based assessments and interventions were translated into a toolkit for OT practitioners to use in the SNF context. Tools were selected from other settings that have demonstrated to either improve, preserve, or prevent the loss of current capabilities for individuals diagnosed with a SMI. The goal of the project is to contribute to the OT field by providing a foundation for OT practitioners to utilize mental health interventions in settings that do not primarily address mental health.

METHODS AND MATERIALS

Workshop Description:

- 1.5 hour of lecture and discussion based presentation held at Cloverdale Healthcare Center and at Broadway Villa Post Acute.
- Attendees included OT practitioners, Certified Occupational Therapy Assistants (COTAs), Physical Therapists (PTs), Students, & other health practitioners.

The toolkit booklet consists of:

- Recovery Model Summary
- Case Study
- Approaches:**
 - Motivational Interviewing (MI)
- Assessments:**
 - Canadian Occupational Performance Measure (COPM)
 - Modified Interest Checklists
- Interventions:**
 - Wellness Recovery Action Plan (WRAP)
 - Goal Attainment Scale (GAS)
 - Suggestions for Life Skill groups
- Online library of training resources
- Evidence Tables

WORKSHOP OUTCOMES

Post-surveys results from attendees of the workshop.

- 8 out of the 8 attendees (OT practitioners, COTAs, PTs, etc.) answered they would recommend the workshop training session to other staff members in a SNF.
- 3 out of 3 OT practitioners and 1 out of 1 COTA will implement the toolkit to residents
- Approaches**
Therapeutic use of self & MI are most likely to be implemented by OT practitioners
- Assessments**
Interest checklist is the most relevant assessment for OT practitioners
- Interventions**
GAS was seen to be the most relevant tool for OT practitioners.

REFERENCES

- Choi, N. G., Ransom, S., & Wyllie, R. J. (2008). Depression in older nursing home residents: The influence of nursing home environmental stressors, coping, and acceptance of group and individual therapy. *Aging & Mental Health, 12*(5), 536-547. doi:10.1080/13607860802343001
- Rafeedie, S., Metzler, C., & Lamb, A. J. (2018). Opportunities for occupational therapy to serve as a catalyst for culture change in nursing facilities. *The American Journal of Occupational Therapy: Official Publication of the American Occupational Therapy Association, 72*(4), 7204090010p1. doi:10.5014/ajot.2018.724003
- Tzouvara, V., Papadopoulos, C., & Randhawa, G. (2018). Self-stigma experiences among older adults with mental health problems residing in long-term care facilities: A qualitative study. *Issues in Mental Health Nursing, 39*(5), 403-410. doi:10.1080/01612840.2017.1383540

ASSESSMENTS

Below is an assessment selected for the toolkit booklet in various graded forms; Interest Checklist Figure 1 and 2 are found on the Model of Human Occupation website. Figure 3 was adapted for the project based on the needs of residents with SMI.

Activity	What has been your level of interest						Do you currently participate in this activity		Would you like to pursue this in the future?	
	In the past 5 years			In the past year			Yes	No	Yes	No
	Strong	Some	No	Strong	Some	No				
Reading										
Writing										
Arts and Crafts										
Playing cards										
Church activities										
Walking										
Radio										
Dancing										
Listening to popular Music										
Puzzles										
Holiday Activities										
Listening to Classical Music										
Gardening										
Cooking										
Watching TV										
Board Games										
Chess/ Checkers										
Hanging out with friends										
Visiting family										
Talking on the phone										
Cleaning										
Exercising										

Figure 1. Interest Checklist.

Activity	Like	OK	Don't Like	Want to try
Board games – chess, scrabble etc.				
Collecting eg. Stamp collection				
Computing – games / pc / internet				
Listening to music				
Playing cards				
Puzzles / Crosswords				
Radio				
Reading				
Television / Video				

Figure 2. Modified Interest Checklist.

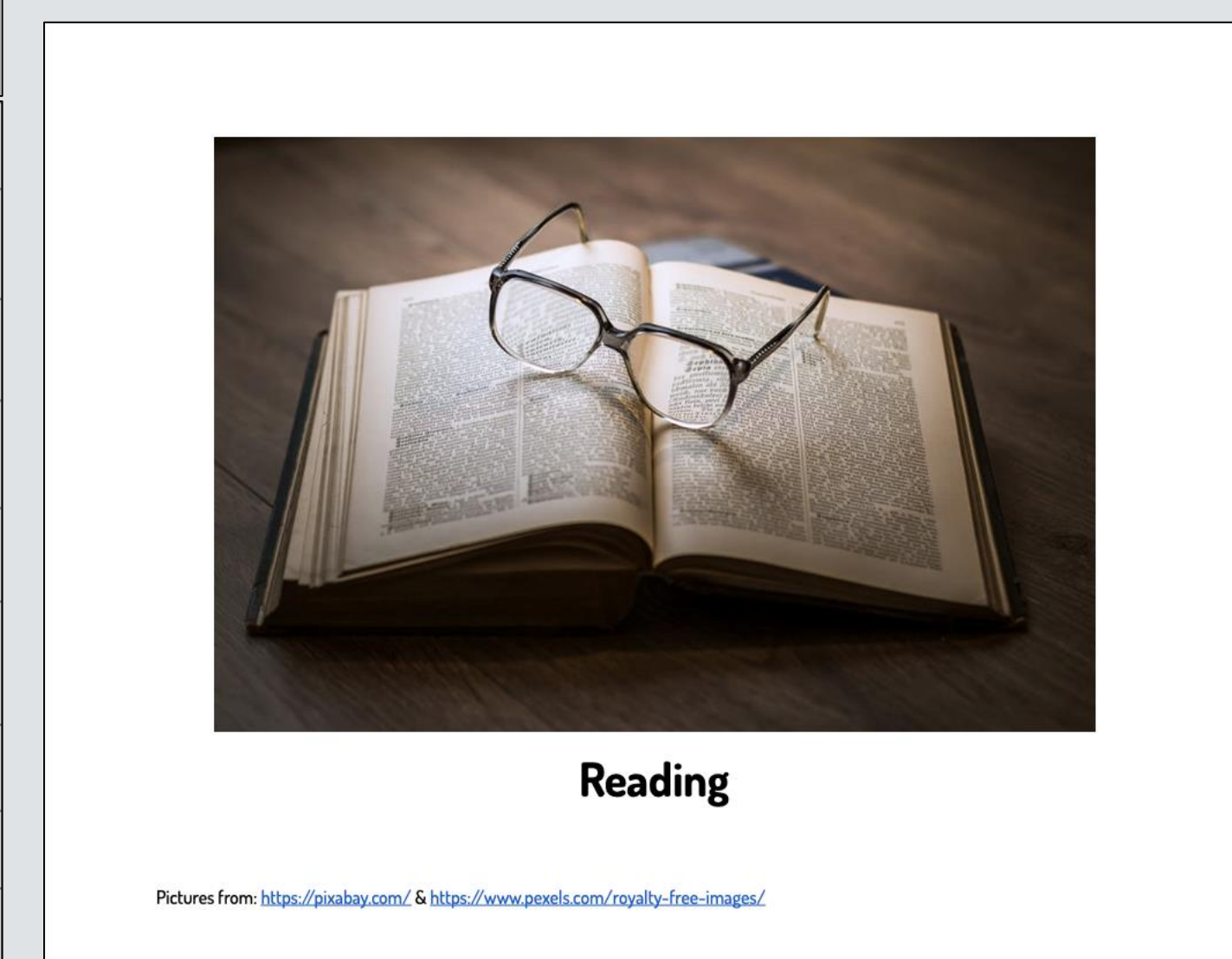



Figure 3. Super Modified Interest Checklist.

INTERVENTIONS

Below are samples of the interventions from the toolkit booklet. Please refer to the booklet for detailed information.



LIFE SKILLS GROUP

HOW TO IMPLEMENT?

- OT practitioner creates a calm and safe environment for the session by establishing group norms, modeling adaptive behavioral responses, and learning personal boundaries.
- The group sessions are structured by using a group protocol template.

MATERIALS NEEDED:

- Blank protocol template (in this manual)

RESIDENT OUTCOMES:

- Increase in social engagement
- Participate actively throughout group and SNF community
- Increase communication skills
- Increase sense of self efficacy and self control

EXAMPLES OF DOCUMENTATION

Goals:

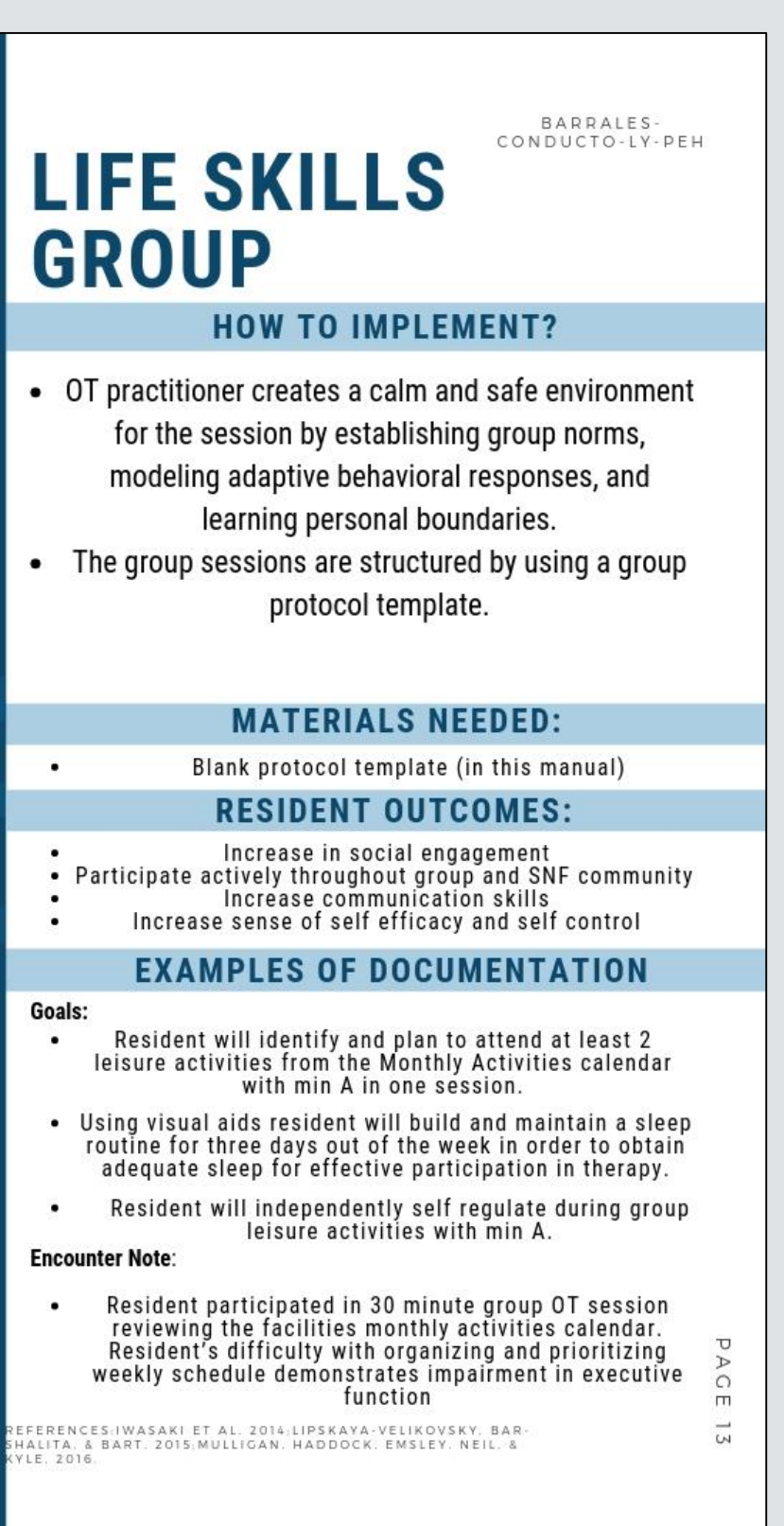
- Resident will identify and plan to attend at least 2 leisure activities from the Monthly Activities calendar with min A in one session.
- Using visual aids resident will build and maintain a sleep routine for three days out of the week in order to obtain adequate sleep for effective participation in therapy.
- Resident will independently self regulate during group leisure activities with min A.

Encounter Note:

- Resident participated in 30 minute group OT session reviewing the facilities monthly activities calendar. Resident's difficulty with organizing and prioritizing weekly schedule demonstrates impairment in executive function

ADDITIONAL RESOURCES

- Video library <http://mentalhealthrecovery.com/wrap15>



WRAP WELLNESS RECOVERY ACTION PLAN

HOW TO IMPLEMENT?

TYPICALLY IN A DISCUSSION FORMAT, HOWEVER WRAP CAN BE COMPLETED USING A CREATIVE APPROACH OR IN CONJUNCTION WITH OTHER TOOLS SUCH AS MODIFIED INTEREST CHECKLIST.

FOLLOWS A SERIES OF SECTIONS TO COMPLETE WITH THE RESIDENT:

- Create a daily maintenance plan
- Understand triggers and what to do about them
- Identify early warning signs and an action plan
- Signs that things are breaking down on an action plan
- Crisis planning
- Post-crisis planning

MATERIALS NEEDED:

- WRAP Manual

RESIDENT OUTCOMES:

- Increase self-regulation
- Increase in ability to maintain wellness
- Increase social participation
- Increases motivation and personal responsibility to recovery


EXAMPLES OF DOCUMENTATION

Goal: Resident will demonstrate ability to use a WRAP with min assistance with verbal cueing of a trained caregiver during periods of agitation during unstructured time.

Encounter Note: Resident participated in 1-hr group therapy in the rehab room. Group therapy session was designed to educate resident regarding WRAP to create a maintenance plan and identify triggers. Resident was aware of triggers and explored a variety of calming sensory inputs. Resident identified 2 preferred sensory inputs to increase self regulation.

ADDITIONAL RESOURCES

- Video library <http://mentalhealthrecovery.com/wrap15>



GAS GOAL ATTAINMENT SCALE

HOW TO IMPLEMENT?

(1) CREATE A REALISTIC GOAL
(2) ESTABLISH BEHAVIORS & ACTIONS AS OBJECTIVES TO ACHIEVE THE GOAL.
(3) SET UP A WEEKLY CHECK-IN FOR GOAL PROGRESS

Example: Each point on scoring system correspond with verbal descriptions that specify how each point is defined.

Outcome level	Goals
Much more than expected (+2)	I will eat three meals in a day in the dining area with three other residents at the table.
More than expected (+1)	I will go to eat a meal in the dining area with one other resident.
Expected Outcome (0)	I will go to eat a meal in the dining area for breakfast, lunch, and dinner.
Less than expected (-1)	I will go to eat a meal in the dining area for one meal.
Much less than expected (-2)	I will eat my meals in my room.

MATERIALS NEEDED:

- Goal Attainment Scale manual

RESIDENT OUTCOMES:

- Increase in active engagement with resident's set goals.

EXAMPLES OF DOCUMENTATION

Goal: Resident will participate in leisure activities using GAS to identify meaningful occupations with mod A from OT practitioner.

Encounter Note: Resident demonstrated increase in social participation utilizing GAS. Resident achieved +1 on their scale, responding with positive behavior and fewer agitated actions when participating in social activities.

ADDITIONAL RESOURCES

- Video library <https://www.ncbi.nlm.nih.gov/pubmed/11244117>
- Outcomes: Holistic and comprehensive rehabilitation by identifying goals and tracking goal attainment

Figure 4. Examples of one page summaries in the toolkit booklet