

Achieving Cultural Competence for the Younger Adult in the Long Term Care Setting – PART I



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Road Map for Today – Part I

Discuss issues related to younger adults in the long-term care facility

Outline the six best practices to help facilitate successful outcomes for the facility, staff and residents

Provide behavioral management strategies that address complex issues such as clutter, pornography, criminality, sexuality, staff boundaries and technology

The Younger Adult in the Long Term Care Setting



LTC Information Series
American Medical Director's Association

<http://www.amda.com/resources/ltcis.cfm#LTCPC1>

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“Typical” Resident

79 years old

3x more females

We need to expand our understanding of the LTC population!

21%

of long term care residents
younger than 65 in 2008

Young Adults "YA" - The New Resident
Ages 31 - 64



Demographics

Younger defined as 18 to 64 years
Predominately male

Middle aged adults are between 50 and 64 years

More diagnoses related to **cognitive, intellectual and developmental disabilities**

Higher prevalence of **hemiplegia and quadriplegia**, esp. related to trauma

Middle age adults suffer increased prevalence of **chronic disorders**: CVA, Alzheimer's, Parkinson's, peripheral vascular disease and cardiac diseases

Categories of Younger Adults

Illness from **capricious fate**

- Chronic, progressive, psychiatric or neurologic illness (Multiple sclerosis, Huntington's Disease, schizophrenia)

Illness and possibly institutionalization from **birth or childhood**

Sudden onset of physical problems related to injury, misfortune or lifestyle choices

Barriers to Accepting & Caring for Younger Residents



Clinical

- Lack of experience with younger residents
- Lack of expertise and even interest
- Unfamiliar medication regimes

Financial

- Reimbursement issues
- Resource-intensive and expensive care needs, preferences and demands
- Financial risk related to litigious or risky behaviors

Novel Psychosocial and Behavioral

- Behavioral issues unfamiliar to many practitioners and staff
- Sexually inappropriate activity or advances
- Minor children or parents as decision makers
- Different life stages, expectations, and hopes
- Potentially problematic visitor behavior or presentation

Barriers to Accepting and Caring for Younger Residents cont.

Regulatory

- Federal and state regulations not designed for younger populations
- MDS screening and assessments not validated
- Challenges in developing policies

Practical

- Appropriate activities that meet developmental needs and interests
- Space requirements are greater
- Younger residents may be physically stronger

Staffing

- Requires a change in mindset
- Boundaries can be problematic
- Power wheelchairs can be hard on the environment and require maintenance

Reputation

- Younger male residents may frighten older residents
- Younger and older residents may not mix well
- Possible "reduced curb appeal" and difficulty attracting volunteers

Best Practice # 1

Identify Individual Perspectives that Inform Needs and Wants

Cohort differences
Privacy
Developmental stages

Cohort Differences



Silent Generation – pre World War II (1922-1943)

May also be called the Traditional Generation

Baby Boomer – (1943-1960)

Generation X – (1965-1980)

Millennial – (1980-2000)

Also called Generation Y (1980-1995)

Generation Linkster (Born after 1995)

Johnson, M. and L. Johnson. Generations, Inc. New York: American Management Association, 2010.

Independence vs. Dependence

Staff may have **parental feelings** and become attached

- Negative such as paternalism or “over-mothering”
- Positive such as investment in and celebration of success



The YA may **rebel** against perception of being “**treated like a child**” again

Conflict can arise between **striving for independence** and **adaptation to being cared for**



YA do better in the LTC setting with more space and privacy

but...

Private rooms are usually not an option

- Selection of roommate is important
- Consider care and sleep schedules
- Group younger residents in same area or separate wing
- In some cases, a good choice could be a severely impaired resident with minimal communication ability – allows the YA to “watch out for a peer”

Developmental Stages



Focus on freedom, leaving home, and separating from the family

Establishing identities, goals, dreams, relationships and families

When interrupted by illness, may feel a sense of failure, esp. if dependent on others



Development Interrupted...



Regressive Trend – when adults are forced into a period of dependency, may re-enter the earlier stages

- Infancy and early childhood stages
Reawakened related to dependence for basic care like toileting and feeding

Other Key Stages of Development

Industry vs. Inferiority (6-11 years)

- Forming moral values
- Special talents and interests
- Managing personal needs and grooming
- Independence may be expressed by “talking back” and rebellion

Identity vs. Role Confusion (12-18 years)

- Adolescent – very concerned about how he/she appears to others
- Trying to achieve a sense of identity and where their lives are headed
- Turning point from childhood to adulthood

Finding New Roles

May not have had successful relationships, jobs or a sense of purpose

May lack durable social supports or coping skills

These experiences inform current behaviors, needs, goals and struggles



We have to find ways to work with them and move them forward

Best Practice #2 Facilitate Appropriate Relationships Between Residents and Staff

Relationship are Critical

"Relationships have the power to heal."



Goals:
Develop relationships with other residents
Form a sense of community

Challenges: High turnover and rotating assignments

Consistent Assignments



Reward staff

One fewer resident to care for
Public mention

Show how caregivers can **directly impact improvements**

Sense of belonging
Special talent or hobby
School
Increased independence

Strategies to Develop Relationships

Care plan goal: **develop at least one mutual relationship**

- Check in with resident frequently, *even when not necessary*
- Show interest in what they say
- Bring up in conversation good times from the past or memories they have shared
- Reassure that providing care is not distasteful
- Develop special routines or even inside jokes
- Advocate for their needs

Staffing Issues

Benefit and challenge is that long-term residents develop attachments to certain staff

Staffing is not guaranteed and staff have to go where they are needed

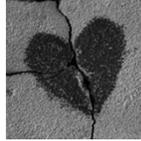
- Time off and may need a break from a particular resident

Make sure the resident understands that effort will be made to **accommodate wishes** but will not guarantee or promise



Things That Destroy Relationships

- Inconsistent behavior
- Harsh tone or words
- Speaking about one resident to another
- Talking too much about the staff member's life
- Speaking negatively about care
- Implying that the resident is hard to care for



Time To Listen, *Really Listen*

- Talk with and listen to them
- Learn about them
- Acknowledge and validate their point of view
 - Does not necessarily mean you agree
- Put words to difficult feelings

"I bet sometimes you think your life is over...all the things you loved to do like run around and play with your kids and go hiking with your husband, it was all taken away so quickly."



The essence is presence.

A Trap...

- Don't fall into the trap of **only listening when the person is complaining**
 - This may actually increase complaining because it's the only time the resident has with you

Listening must occur on a **routine basis**



"But, we don't have time for that!"



Carefully examine time spent dealing with complaining, behavioral problems and other time-consuming responses to negative behavior

Views may shift!

Best Practice #3 Anticipate Cognitive Problems

Importance of Neurocognitive Exam

Identify cognitive difficulties to assist the team to care plan

- Provide necessary support to *decrease toxic stimuli*
- *Create opportunities for success*

Determine where the resident's **critical thinking skills** and **problem solving** are intact and where they are not

- Can also justify level of care and reimbursement

Cognitive Screening Tools for YA

- Clock drawing test
- Cognistat Exam
- Montreal Cognitive Assessment tool (MOCA)
- Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)
- Saint Louis University Mental Status Examination (SLUMS)
- Properly trained staff (other than psychologists) can administer and interpret these tools

Best Practice #4 Make Facility Policies and Behavioral Management Practical

Tough Dynamics

Younger residents are believed to:

- Be more demanding
- Have high expectations
- Find institutional life constricting and frustrating



While also:

- Coping with significant losses
- Dealing with feelings of anger and withdrawal
- Acting out

Facility Point-of-View



Accustomed to more control over residents

- Most residents do not stray far from the facility due to illness or disability and no desire to do so
- Passively accept the rules and advice of the facility

The Honest Approach



Less paternalism and more risk sharing

Engage in honest discussion about differing points-of-view

Talk with Martin about:

- Limited facility resources (e.g. staff time, space)
- Limited authority
- Liability concerns
- Mandate to comply with regulations for safety and honor resident rights

Facility Rights

Residents are permitted to endanger themselves with their decisions but **their rights end** when the safety of other residents or staff is threatened



Deficient Practice? Maybe Not



Document the link between behavior and consequence

Document concern for safety, suggested alternatives and compassion

Document the facility's right to withhold assistance for an unsafe practice

Most Often Cited



Individualized care plans

Age-appropriate activities

Ways autonomy issues are handled

- More access to community but not ensuring safety assessments and oversight protocols are in place

Risk & Safety Analysis



Which part of the risk impacts just the individual and which impacts others?

Right to refuse leg amputation even if risk is death?
- Only impacts this resident

Right to go out of facility and buy snack foods for another resident on a modified diet?
- Impacts others

Right to help another resident who would otherwise be unable to go out in the community by using his power chair as an "engine"?
- Impacts others

More Justified



When the exercise of rights impacts the rights and safety of others, the facility is more justified in restricting the first resident's rights

- Reduce access to money
- Search for chips on arrival
- Limit use of power chair

Next Steps in Analysis



Analyze the regulations, resident rights and facility responsibilities and policies

Finally, determine:

- What the facility **can do**
- What the facility **should do** without making the situation worse and,
- How to **document it**

Power Struggles



Power Struggles & the Power Chair

Right to autonomy and freedom of movement

Not a right to operate the chair unsafely and pose risk to others

Facility has more right to restrict use when the resident is dependent on staff to get into the chair



Steps to Promoting Safety

Require **functional assessment** of ability to safely use the chair when first obtained **and** periodically, esp. if a problem is observed

- *Prohibit use until completion of assessment*

Evaluate medication profile for drugs that may cause sedation or driving impairment and limit use of chair at those times

Require a **wheelchair agreement**



Steps to Promoting Safety cont.



Limit use of chair in facility

- Only on LOA passes or in facility with certain conditions

Establish a **protocol for initial and ongoing safety checks** of the chair

Require a **doctor's order** for the chair

- Prohibit use within facility or to be placed in it by facility staff without an order
- Set criteria for the order (functional assessment, w/c agreement, absence of sedating medications)

Promote **staff accountability**

- Not placing a resident in a chair who is sick or confused

More Important Points in Martin's Case

Martin has a right to his belongings

But the facility can choose which belongings are permitted to be stored and operated in the facility

Martin's rights end where staff responsibilities begin

- The more help he needs, the more leverage the facility has

Facility Can Decide That...

Martin's unsafe behaviors will cost him the privilege of operating the chair in the facility

The facility will not permit storage of the chair

Staff will not help to charge the chair

Staff will not help him into the chair

Unless he follows the



Document Safety Issues

Facility must justify the restriction of privileges

Remind Martin

- He cannot get into the chair on his own
- Staff cannot put him in a situation that is dangerous to him or others

Positive Reinforcement

Offer a clear path to earn the privilege of operating the chair again



Policies & Procedures

Must be practical - **Make sure that we can do what we say we will**

Anticipate problems with the YA

- Rather than react with policies after problems have occurred

Review policies upon admission (and as often as necessary)

Facilities are often cited for not following their own policies, **EVEN IF THEY COMPLY WITH REGULATIONS**

Policies



When policies change, let YA know individually

- Want to feel included and not embarrassed or surprised by new policies

YA may require more explanation or more time to acclimate to the change

Document discussion of policies and resident response

Saving Face



Staff with a connection can relay the "bad news"

- Acknowledge the resident's point-of-view

A **letter to the resident** that is clear and thoughtful can be helpful

- "The wheelchair will be removed in five days if an alternative plan is not identified..."
- Allows the resident time to make better choices and save face

Remind resident of the difficulty you face with regulations and empathize with the inconvenience or frustration

Risk Management

Statements of Understanding or Shared Risk Agreements can be used for high-risk areas or to document discussion of problems or new policies

- Use of power chairs
- Leaving the facility
- Non-adherence
- Narcotic painkillers

https://www.guideone.com/SafetyResources/SLC/Docs/article_sharedrisk05.pdf

In Part II We'll Discuss Hot Topics...

- Personal appliance safety check
- Restricted items
- Clutter
- Smoking
- Belongings
- Food storage
- Drinking
- Visitors
- Sleepovers





The screenshot shows the AMDA website interface. At the top, there is a search bar and navigation tabs for 'ABOUT AMDA', 'ADVOCACY', 'LTC JOBS', 'EDUCATOR', 'ABOUT LTC', 'CERTIFICATION', and 'MEMBERSHIP'. A sidebar on the left lists various site sections like 'HOME', 'AMDA ONLINE STORE', 'AWARD PROGRAMS', etc. The main content area is titled 'Clinical Corner: The Younger Adult' and includes a 'SAMPLE Policy and Procedures:' section with a disclaimer. Below this is a list of clinical tools and products, including items like 'Abuse and Criminal Activity', 'Restraints - Exception Form', 'Non-Adherence, Refusal of Care, Non-Compliance', and 'Power Wheelchairs'.



*Thank you for your time and attention.
Paige*