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BEHAVIORAL HEALTH

What is it?

Behavioral health encompasses a resident's whole emotional and mental well being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders.





MENTAL DISORDER

What is it?

A syndrome characterized by a significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the person's mental functioning.

SUBSTANCE USE DISORDER

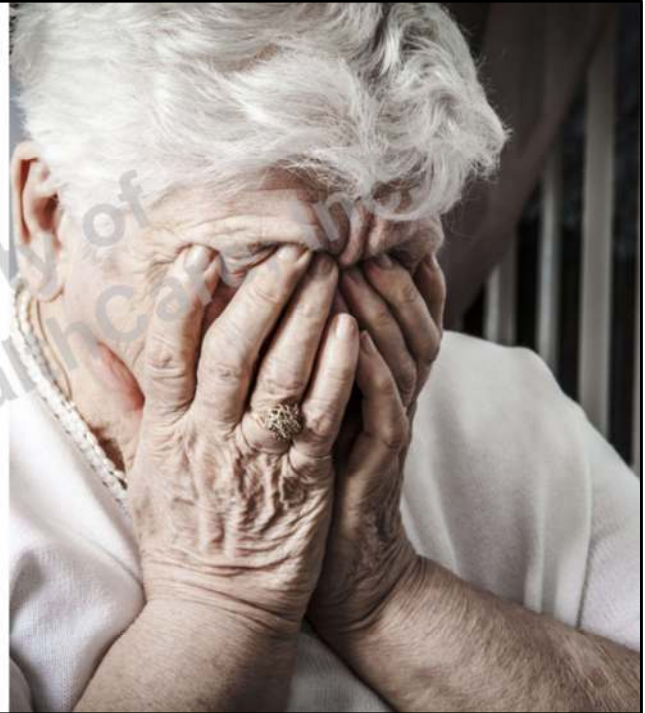
What is it?

Recurrent use of alcohol and/or drugs that causes clinically and functionally significant impairment such as health problems or disability.

DEPRESSION

Although people experience loss, it does not necessarily mean that they will become depressed.

- 1 Depression is not a natural part of aging. Older adults have an increased risk of depression.
- 2 Symptoms include fatigue, sleep and appetite disturbances, agitation, expressions of guilt, difficulty concentrating, apathy, withdrawal, suicidal ideation.





DEPRESSION

1 Late life depression may be harder to identify due to a resident's cognitive impairment, loss of functional ability, chronic medical problems, and the loss of significant relationships and roles in the resident's life.

2

Depression looks differently in older adults than younger adults.

ANXIETY / ANXIETY DISORDERS



Anxiety is a common reaction to stress that involves occasional worry about events

Anxiety disorders include symptoms such as fear and can cause significant distress

Anxiety disorders are prevalent amongst older adults and may cause debilitating symptoms

ANXIETY / ANXIETY DISORDERS

It may be difficult to tell the difference between general anxiety and an anxiety disorder

Anxiety can be:

Triggered by loss of function, changes in relationships, relocation, or medical illness.

Anxiety may be:

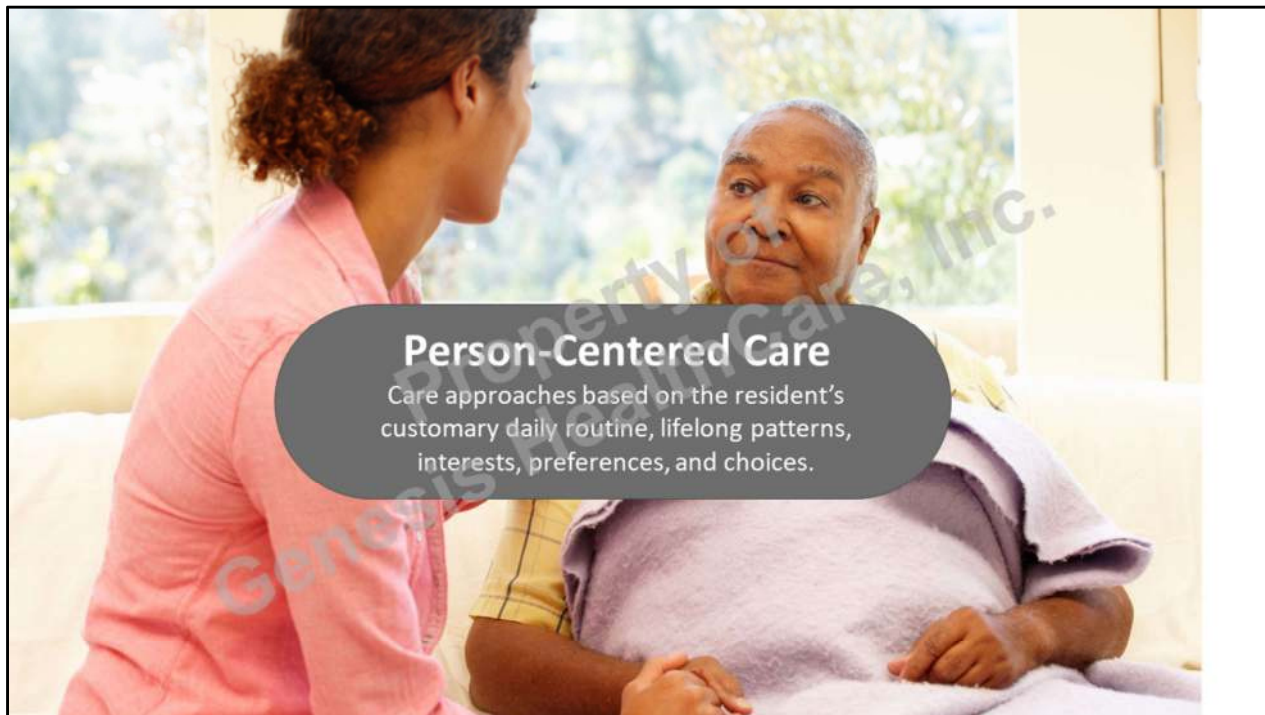
A symptom of other disorders, such as dementia.



Behavioral Health Care

Care staff must work effectively with residents to promote psychological and emotional well being. Staff providing behavioral health care demonstrate:





Person-Centered Care

Care approaches based on the resident's customary daily routine, lifelong patterns, interests, preferences, and choices.



NON-PHARMACOLOGICAL INTERVENTIONS

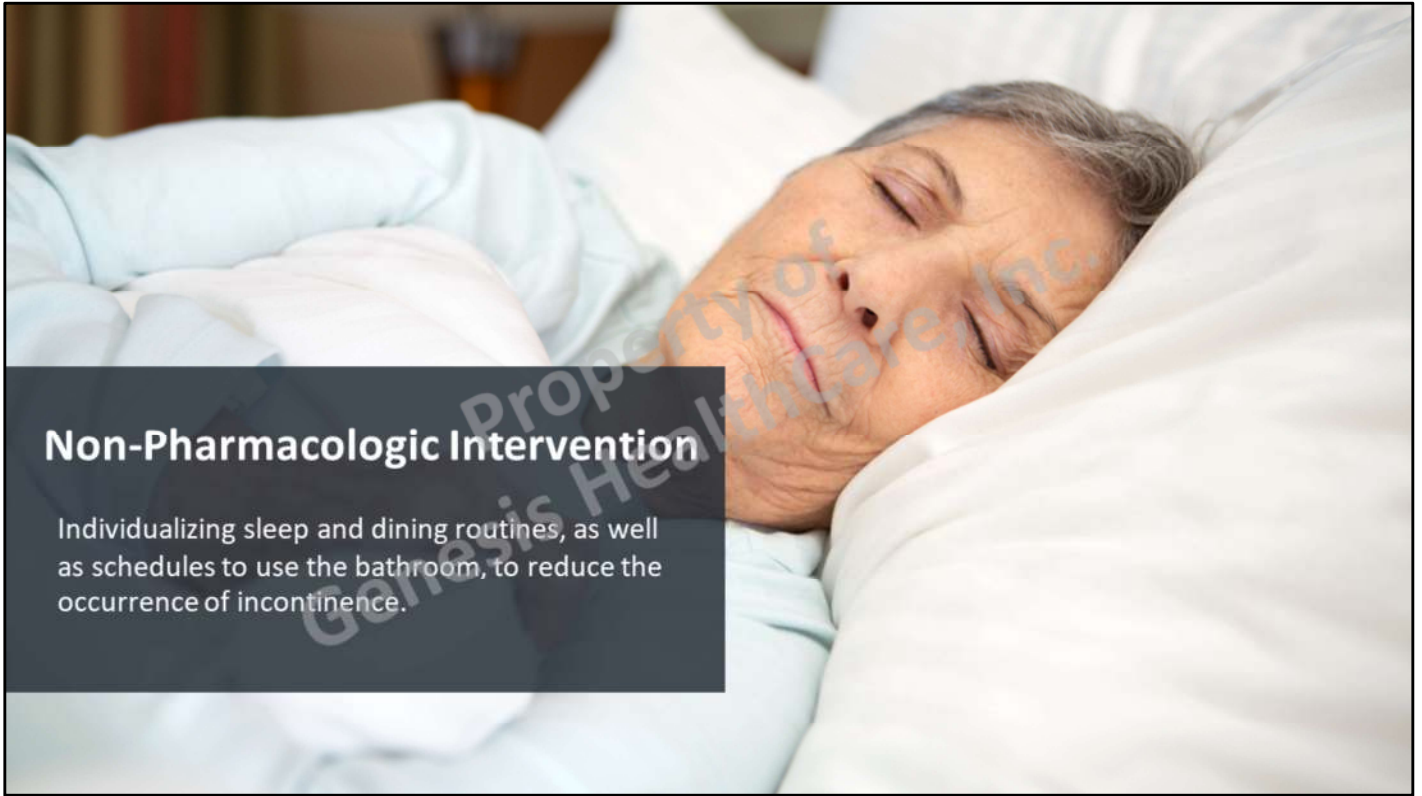
Approaches to care that do not involve medications, generally directed toward stabilizing and/or improving a resident's mental, physical, and psychosocial well being.

All Direct Care Providers are Responsible for Providing Non-Pharmacologic Interventions



Non-Pharmacologic Intervention

Ensuring adequate hydration and nutrition (e.g., enhancing taste and presentation of food, addressing food preferences to improve appetite and reduce the need for medications intended to stimulate appetite).



Non-Pharmacologic Intervention

Individualizing sleep and dining routines, as well as schedules to use the bathroom, to reduce the occurrence of incontinence.

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The Model

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Non-Pharmacologic Intervention

Adjusting the environment to be more individually preferred and homelike (e.g., using soft lighting to avoid glare, providing areas that stimulate interest or allow safe, unobstructed walking, eliminating loud noises thereby reducing unnecessary auditory environment stimulation).



Non-Pharmacologic Intervention

Assigning direct care staff to optimize familiarity and consistency with the resident and her/his needs (e.g., consistent caregiver assignment).



Non-Pharmacologic Intervention

Supporting the resident through meaningful activities that match his/her individual abilities (e.g., simplifying or segmenting tasks for a resident who has trouble following complex directions), interests, and needs.

Non-Pharmacologic Intervention

Utilizing techniques such as music, art, massage, aromatherapy, and reminiscing





Non-Pharmacologic Intervention

Assisting residents with substance use disorders to access counseling programs to the fullest degree possible.

Behavioral Health Care

Summary

All direct care staff must work effectively with residents who have mental disorders and other behavioral health care needs.

Staff will utilize and implement non-pharmacologic approaches to care based on the resident's abilities, customary daily routine, lifelong patterns, interests, preferences, and choices.

Staff respect the resident's right and promote resident independence.

