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

Paige Hector, LMSW
Clinical Educator & Consultant
Paige Ahead Healthcare Education & Consulting, L.L.C.
www.paigeahead.com
paigehector@gmail.com
520-955-3387

Road Map for Today – Part II

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

Best Practice #4 (cont.)

Make Facility Policies and Behavioral Management Practical

All Of...and...Some Of

Needs & Wants

Facility obligation to provide all of the needs and some of the wants

Facility and staff resources must be distributed fairly

Every resident should have some preferences honored but not all preferences can or should be accommodated

Resource Distribution

YA tend to focus on what is fair, observe what others’ are getting and may want the same

Explain that the facility focuses first on needs (to be clean, dry and fed) and then wants

– Mango shampoo left on for 15 minutes, followed by a cleansing rinse, a leave-in conditioner and 20 minutes to blow dry and flat iron
Ask the Resident...
When a new request or demand is made, ask, “What are you willing to give up to allow time for this request?”
Let the resident participate in the prioritization of preferences

Train Staff in Policies!
Training and support help avoid splitting
Staff must be united
— Must also report violations but may hesitate
Allow difficult decisions to come from the team or other authority (administrator, physician) in order to preserve relationships
— “I know it’s difficult but the facility administrator, Pat, told me I have to.”

Behavioral Contracts
Helpful for negative behaviors over which the resident has some control and the facility wants to reduce
Does not work for everyone:
— Lack of motivation
— Impaired cognition
— Lack of cooperation

Negotiation is an important life skill
Can be a learning experience for the resident and staff

Medications & Behaviors
Justification for withholding must be tied to medical needs, not as punishment
Examples of limiting opioids:
— Sedating side effects and possible adverse outcomes if resident uses power chair
— Resident who is non-adherent to recommendations to alternate time in bed and chair and who has an ulcer or risk of one

Must be appropriate and enforceable
Must be a clear connection between the behavior and the consequence
Cannot be perceived as punishment
Ideas:
— Withdrawal of a privilege such as staff assistance with Skype
— Facility fun money for activities, items or foods
— Special outings
— Reduction of smoking privilege
— Limit the location of family/friend visits
— Limit special errands for outings such as takeout food
Medical Provider Says...

“I cannot give you opioids to reduce pain that is caused by you sitting in your chair all day. Pain is a signal to your body that you need to change positions. If I give you a pill to dull that sensation, I am keeping your body from sending you an important message. I do not feel comfortable prescribing opioids that make it easier for you to harm yourself, and I would be partially responsible for any wounds you may incur. I am only comfortable prescribing opioids that enhance your quality of life and health. If you will alternate time in bed and the chair, then I will prescribe them.”

Nurse Says...

“I’ll give you a Vicodin when you get up, and you can have the next dose once back in bed. I can justify this because the medication may cause sedation and also because I am worried that too much pain medication will prompt unhealthy staying-up behavior.”

Limit Preferences AND Meet Needs

For the resident who wants a certain caregiver and an extended care routine

“You cannot have Susie care for you if it takes her 1.5 hours to do the care – this means she cannot care for anyone else. It’s quicker with other staff. If you want Susie, you have to pick what you want done and limit it to 20 minutes.”

What Doesn’t Work?

Unenforced contracts
Unenforceable consequences
Threatening discharge when it is not possible
Removing privilege of off-campus passes
  - Residents have the right to come and go from the facility
Withholding a favorite staff member (seen as punitive)
Elimination of smoking (may increase irritability and acting out)

Best Practice #5

Prepare Staff to Care For Younger Residents
Staff Receive Training To...

- Care for the bodies of people

Staff do NOT receive training...

- Appropriate relationships
- Gifts
- Limitations on caregiving and friendships outside the facility
- Rules for social interactions
- Managing conflict and boundaries
- Personal and social boundaries
- Negotiation
- Dealing with difficult people

Also Need Training on Conditions/Diagnoses

- Birth control / pregnancy
- Sexually transmitted diseases
- Chronic pain
- Addictions
- Mental retardation
- Developmental delays
- Multiple sclerosis
- AIDS
- Huntington's Disease
- Spinal cord injury
- Brain injury
- Morbid obesity
- Health maintenance /routine care

And, Training For...

- Developmental stages
- Maintaining boundaries
- Dealing with minor children and parents
- Specific issues (e.g. belongings, electronics, risk management, demanding behaviors, criminality, etc.)
- Care planning
- Resource allocation
- Recreational needs

Best Practice #6

Take a Long Term Perspective

Celebrate Successes!

We are trained to look for problems, not successes
- May feel frustrated and hopeless

Residents need positive reinforcement for their efforts and improvement
Focus on the Positive

Martin gets up for breakfast and then skips lunch and dinner with his head under a blanket.

Instead of focusing on lunch and dinner, focus on breakfast

- Why did he get up?
- What was good about it?
- What made him change his mind about lunch and dinner?

Understanding Behavior

Ask These Questions...

What is the behavior?
Is it under the control of the individual or not?

Why might it be happening?
Who is it a problem for?

What things make it worse?
What things make it better?

What are we doing now?
Is anything working? Can we do more of that?

If not, try something else, even something that doesn’t make sense

Categorize Behavior

Can Control

<table>
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Stop pushing that call button!

Push it and I will come, stop and I won’t.

Where Shall We Start?

- Criminals
- Clutter
- High Tech
- Staff boundaries
- Bad behavior outside
- Bad behavior inside
- Power chairs
- Activities
- Pregnancy
- Sexuality
- Drug seeking
- Work/school
- Morbid Obesity
- Developmental Disability
- Behavioral management

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Care Plan Example

Problem: Resident pushes the call light every few minutes to hear a voice.

Contributing factors: Personality disorder, fear of abandonment, need for control and reassurance.

Goal: Resident pushes call light only with genuine need.

Approaches:
- C.N.A. visits him every hour on a schedule to “check on him” and ask what he might need.
- If resident has not pushed light in last hour, compliment him, tell him that now you have more time to spend with him and actually spend it with him in conversation.
- When calls are frivolous, inform resident when you are coming for your rounds, and ask him to wait. When you do rounds, tell him, “because your calls interrupted me, I don’t have time to just talk with you. That’s too bad, because I like that. Let’s try not calling for the next hour and if you can do it, I can spend more time and we can talk about the baseball game.”

Celebration Successes!!

I’m proud of you

Honor the resident and staff for success, BUT don’t let your guard down and remove “attention” when behavior improves.

Criminal History

LTC Facilities are Rights-Based, Victim-Filled Environments

The Facts Are...

Younger residents can be stronger, more mobile and more unpredictable
A registered sex offender puts the facility’s address on the registry website
Inability to control anyone
Never 24/7 supervision
“Unsavoury” visitors or affect on “curb appeal” of facility
Sometimes, prior convictions are not known
Staff reactions

Issues to Consider

What crime was committed?
Are staff in danger?
How do we protect other residents?

Addressing Risk

First, review the facility admission policy
- Check every referral on the database used by your state
- Knowledge of the criminal behavior can help with risk assessment, care planning and protecting other residents
- Consider questions like:
  - “Do we want to take a chance, knowing that discharge options may be limited?”
  - “Does this person have the potential to be aggressive and the physical capability to create difficulty?”

Second, develop a policy that all visitors be notified of the potential for aggressive, unpredictable or antisocial behavior in residents
**Resident Interview Questions**

Have you ever had trouble with the law?

What did you do? When?

Did you spend any time in jail or prison?

Are you on probation or parole?

Do you have to register for anything?

Observe non-verbals when resident answers

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**Investigation**

Find out what the parole officer will tell you

Talk with staff about their observations of the resident’s daily habits, tendencies and if there are any red flags

Care plan specific concerns

- Focus on reducing opportunities for trouble and access to potential victims
- Can the resident complete registration or require help?
- Can the resident attend intergenerational programs when children are present?
- Are victims usually male, female or both?
- How physically capable is the resident?

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**Care Plan Interventions**

Separate resident from potential victims

Monitor time up in chairs and in common areas so potential victims are not left unsupervised

Plan seating arrangements, separate mobile from nonmobile residents

Limit times and locations to hours and spaces where there is adequate supervision or less access to potential victims

Consider limitations to power wheelchairs

Alarms are options but expensive and difficult to install

Consider medications to reduce sex drive

Staff must report any unusual behaviors such as different patterns of activity or staring or sitting near those who are unable to consent

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**Morbid Obesity**

Challenges & Barriers to Care

Specialized equipment - lifts, beds

Risk of staff injuries – overall lack of training for this population

Staffing issues – need more staff on duty

Skin issues, psychosocial issues

Too heavy for the wheelchair

Ethics of right to eat more than is healthy

- Prevalence of malnourishment

Hygiene and wound care

No policies on storage and feeding of outside food

Unreimbursed higher care needs

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**Caring Considerations**

Extra space for staff to maneuver

Lift teams

Training in body mechanics and ergonomics

Adjusting the environment by expanding doorways, hallways, toileting and dining areas

Installing ceiling lifts and sturdier support bars

Purchasing bariatric equipment

- Extra wide wheelchairs, bedside commodes, walkers

Reinforced bed trapezes

Table and seating accommodations

Supplies – gowns, bed linens, incontinence supplies
Sexuality

Consent and capacity

How to achieve a balance among privacy, free expression, dignity and safety for everyone

Role of staff in facilitating expressions of sexuality

Keys to Success

Sex between residents needs planning and prior approval
  - A more capable resident must understand that some residents may appear more capable than they are
  - Risk of accusations of abuse or a crime

Identify potential liaisons and relationships

Intervene openly and honestly

Prevent risky situations

Maintain dignity while assessing situation

More Questions...

Is there a private room for the occasion?

Is there a larger bed?

What are the sizes and disabilities of the involved parties?

Is contraception needed? Do they need assistance with it?

How Much Help Do Staff Have To Offer?

Facility must be clear what staff will and will not do to facilitate sexual activity

Consider a stance that residents who can engage in sexual activities without staff help may do so, but it may stop short of assisting residents in sexual acts
  - Placing a condom
  - Positioning placing resident in bed with another

Risks & Benefits Discussion

What happens if the facility has knowledge that one of the residents has a sexually transmitted infection, or that one person is married or one person is trying to get pregnant?
  - Ideally, the facility would obtain permission to share information
  - If not, educate both residents to ask and disclose
Other Complications To Address

Reactions of staff, peers, and families
Inappropriate discussion amongst staff
Violations of privacy
Need to remove staff from some assignments
Ongoing support/counseling for the residents should the relationship become uncomfortable
Nurses need to be comfortable handling these situations if the social worker is not present

Clutter

“Stuff Management”
Clutter can interfere with staff movement in the room and with care
Staff spends more time managing (moving and rearranging) stuff in order to provide care
May not be able to care for the “stuff” and then staff are held responsible
  − Liability for lost and damaged items
Difficult for housekeeping to move and replace items to clean the room
Clutter can hide contraband or restricted items that can be safety hazards

What To Do?

Clutter policies and enforcement need to achieve the balance of a homelike atmosphere and the right to belongings with safety
The staff member who reports a problem should not be solely responsible for solving it
Facility has a right to limit storage and the items allowed in the facility
  − Not confiscation, just declining to permit its storage or use in the facility

Clutter Policies Should Address

Restricted items for all (guns) and for some (medications at bedside)
Residents who are more independent and able to care for their belongings can have more belongings
Enforcement should be uniform but allow for differences based on care needs
A New World of Difficulties....

Toby uses the facility internet to access pornographic websites and shows them to other patients ...for a price

Shakira’s iPod is lost again; she wants it replaced

Dylan has quadriplegia - he needs staff to help him set up the computer and to load software for him

Portia posts information about the facility on her blog and takes photos of staff in her room without their knowledge

Technology: Benefits & Burdens

Benefits
- Reducing isolation
- Enhancing safety (cell phone on outings)
- Maintaining connections
- Providing access to activities (movies, social media, etc.)

Burdens
- Sharing of private (protected) information about other residents
- Surrrogatiously record staff or families who want to install “nanny cams”
- Devices are small and easily misplaced, broken or stolen
- Require care – programming, charging and repair which often cannot be done by the resident
- Does the facility charge for Internet service? Who can use it? Can its use be regulated?
- How to supervise residents who are vulnerable?

Ideas To Consider

Require computer use agreements (restrictions and consequences for violations)
- Do’s and don’ts – eating and drinking while using computer; amount of time allowed, permissible downloads, pornography

Provide basic training to staff so they can help residents

Develop handouts on topics such as Internet access or sending email
- Be prepared to receive emails from residents!

Implement virus software and assistive technology

A skilled and interested resident can “police” the computers for inappropriate downloads

Collaborate with local high schools to help with fixing and teaching

Other Technology Considerations

What can and should staff be doing to assist residents?

When can residents be photographed and what can be done with those photographs?

How are devices charged, maintained?

Who is responsible for damages?

Are staff trained in keeping their online profiles private? What happens if a resident stalks staff?

Lesbian, Gay, Bisexual and Transgender Residents (LGBT)
Sensitivity is Key

Honor the manner in which the resident identifies him or herself

Private rooms may be preferable, esp. for transgender residents

May be conflict with the family of origin that has to be addressed

Domestic partners may visit and will need privacy

May need assistance with legal issues such as assigning authorized representative or PDA

Staff need the freedom and a private place to ask their questions and sort through their own feelings

Training resource called “Gen Silent” at http://stumaddux.com/gen_silent_about.html

Project Visibility

The goal of Project Visibility is to co-create an aging services community that is informed, sensitive to, and supportive of Lesbian, Gay, Bisexual, and Transgender elders.

http://www.bouldercounty.org/family/seniors/pages/projvis.aspx

Inclusive Language

What is your current relationship status?

- Not partnered
- Partnered with someone of the same sex
- Partnered with someone of a different sex
- Married to a same-sex partner in a civil union
- Married to a different-sex partner
- Other (please specify, or not...)

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Thank you for your time and attention.

Paige