MHCA: Activities Role in Reducing Antipsychotics

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Mega Rule Changes That Impact Our Medication Regime

- New CMS regulations changed how we use any psychotic agents, not just antipsychotics, and what drugs are classified under psychotic agents.
- You ask well what does that have to do with me and my department?
- The answer!!!
- Everything!

What are Behaviors Really???

- Almost always an expression of an unmet need!
  - Thirst
  - Hunger
  - Cold
  - Hot
  - Need the Bathroom
  - BORED
  - ANXIOUS
  - Lonely
Behavioral Health Services

F740 §483.40

- Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.
- 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.

GUIDANCE §483.40

- Providing behavioral health care and services is an integral part of the person-centered environment.
- This involves an interdisciplinary approach to care, with qualified staff that demonstrate the competencies and skills necessary to provide appropriate services to the resident.

GUIDANCE §483.40

- Individualized approaches to care (including direct care and activities) are provided as part of a supportive physical, mental, and psychosocial environment, and are directed toward understanding, preventing, relieving, and/or accommodating a resident’s distress or loss of abilities.
- These then are areas the care plan should address: understanding, preventing, relieving and or accommodating distress or loss of abilities.
Providing meaningful activities which promote engagement, and positive meaningful relationships between residents and staff, families, other residents and the community.

Meaningful activities are those that address the resident's customary routines, interests, preferences, etc., and enhance the resident's well-being.

Non-pharmacological intervention”

- “Non-pharmacological intervention” refers to approaches to care that do not involve medications, generally directed towards stabilizing and/or improving a resident’s mental, physical, and psychosocial well-being.

Guidance §483.40(a), (a)(1) & (a)(2)

- Non-pharmacological Interventions
- Examples of individualized, non-pharmacological interventions to help meet behavioral health needs may include, but are not limited to:
  - 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); exercise; and pain relief;
GUIDANCE §483.40(a), (a)(1) & (a)(2)

- Individualizing sleep and dining routines, as well as schedules to use the bathroom, to reduce the occurrence of incontinence, taking into consideration the potential need for increased dietary fiber to prevent or reduce constipation, and avoiding, where clinically inappropriate, the use of medications that may have significant adverse consequences (e.g., laxatives and stool softeners)
- *Let's talk about sleep routines and Bedtime Tea Time!*

GUIDANCE §483.40(a), (a)(1) & (a)(2)

- Non-pharmacological Interventions
  - Examples of individualized, non-pharmacological interventions to help meet behavioral health needs may include, but are not limited to:
    - 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);

GUIDANCE §483.40(a), (a)(1) & (a)(2)

- Assigning staff to optimize familiarity and consistency with the resident and their needs (e.g., consistent caregiver assignment);
- 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, based upon the comprehensive assessment, and that may be reminiscent of lifelong work or activity patterns (e.g., providing an early morning activity for a farmer used to waking up early);
- Utilizing techniques such as music, art, massage, aromatherapy, reminiscence, and...
Guidance §483.40(a), (a)(1) & (a)(2)

- Assisting residents with substance use disorders to access counseling programs (e.g., substance use disorder services) to the fullest degree possible.

For additional examples of individualized non-pharmacological interventions, see §483.15(f), Activities. And here is what is in CMS Guidance for Activities:

Activity Approaches for Residents with Behavioral Symptoms

- Examples of activities-related interventions that a facility may provide to try to minimize distressed behavior may include, but are not limited to the following: For the resident who is constantly walking:

  - Providing a space and environmental cues that encourages physical exercise, decreases exit behavior and reduces extraneous stimulation (such as seating areas spaced along a walking path or garden; a setting in which the resident may manipulate objects; or a room with a calming atmosphere, for example, using music, light, and rocking chairs);
Activity Approaches for Residents with Behavioral Symptoms

- Providing aroma(s)/aromatherapy that is/are pleasing and calming to the resident; and
- Validating the resident’s feelings and words; engaging the resident in conversation about who or what they are seeking; and using one-to-one activities, such as reading to the resident or looking at familiar pictures and photo albums.

Activity Approaches for Residents with Behavioral Symptoms

For the resident who engages in name-calling, hitting, kicking, yelling, biting, sexual behavior, or compulsive behavior:

- Providing a calm, non-rushed environment, with structured, familiar activities such as folding, sorting, and matching; using one-to-one activities or small group activities that comfort the resident, such as their preferred music, walking quietly with the staff, a family member, or a friend; eating a favorite snack; looking at familiar pictures;

Activity Approaches for Residents with Behavioral Symptoms

- Engaging in exercise and movement activities; and
- Exchanging self-stimulatory activity for a more socially-appropriate activity that uses the hands, if in a public space.
For the resident who disrupts group activities with behaviors such as talking loudly and being demanding, or the resident who has catastrophic reactions such as uncontrolled crying or anger, or the resident who is sensitive to too much stimulation:

- Offering activities in which the resident can succeed, that are broken into simple steps, that involve small groups or are one-to-one activities such as using the computer, that are short and repetitive, and that are stopped if the resident becomes overwhelmed (reducing excessive noise such as from the television);

- Involving in familiar occupation-related activities. (A resident, if they desire, can do paid or volunteer work and the type of work would be included in the resident’s plan of care, such as working outside the facility, sorting supplies, delivering resident mail, passing juice and snacks, refer to F169, Work);
Activity Approaches for Residents with Behavioral Symptoms

- Involving in physical activities such as walking, exercise or dancing, games or projects requiring strategy, planning, and concentration, such as model building, and creative programs such as music, art, dance or physically resistive activities, such as kneading clay, hammering, scrubbing, sanding, using a punching bag, using stretch bands, or lifting weights; and

- Slow exercises (e.g., slow tapping, clapping or drumming); rocking or swinging motions (including a rocking chair).

For the resident who goes through others’ belongings:

- Using normalizing activities such as stacking canned food onto shelves, folding laundry; offering sorting activities (e.g., sorting socks, ties or buttons); involving in organizing tasks (e.g., putting activity supplies away); providing rummage areas in plain sight, such as a dresser; and
Activity Approaches for Residents with Behavioral Symptoms
• Using non-entry cues, such as “Do not disturb” signs or removable sashes, at the doors of other residents’ rooms; providing locks to secure other resident’s belongings (if requested).

Activity Approaches for Residents with Behavioral Symptoms
• For the resident who has withdrawn from previous activity interests/customary routines and isolates self in room/bed most of the day:
  • Providing activities just before or after meal time and where the meal is being served (out of the room);

Activity Approaches for Residents with Behavioral Symptoms
• Providing in-room volunteer visits, music, or videos of choice;
• Encouraging volunteer-type work that begins in the room and needs to be completed outside of the room, or a small group activity in the resident’s room, if the resident agrees; working on failure-free activities, such as simple structured crafts or other activity with a friend; having the resident assist another person;
Activity Approaches for Residents with Behavioral Symptoms

- Inviting to special events with a trusted peer or family/friend;
- Engaging in activities that give the resident a sense of value (e.g., intergenerational activities that emphasize the resident’s oral history knowledge);
- Inviting resident to participate on facility committees;
- Inviting the resident outdoors; and
- Involving in gross motor exercises (e.g., aerobics, light weight training) to increase energy and uplift mood.

For the resident who excessively seeks attention from staff and/or peers: Including in social programs, small group activities, service projects, with opportunities for leadership.
Activity Approaches for Residents with Behavioral Symptoms

For the resident who lacks awareness of personal safety, such as putting foreign objects in her/his mouth or who is self-destructive and tries to harm self by cutting or hitting self, head banging, or causing other injuries to self:

• Observing closely during activities, taking precautions with materials (e.g., avoiding sharp objects and small items that can be put into the mouth);

Activity Approaches for Residents with Behavioral Symptoms

• Involving in smaller groups or one-to-one activities that use the hands (e.g., folding towels, putting together PVC tubing);

• Focusing attention on activities that are emotionally soothing, such as listening to music or talking about personal strengths and skills, followed by participation in related activities; and

• Focusing attention on physical activities, such as exercise.

Activity Approaches for Residents with Behavioral Symptoms

For the resident who has delusional and hallucinatory behavior that is stressful to her/him:

• Focusing the resident on activities that decrease stress and increase awareness of actual surroundings, such as familiar activities and physical activities; offering verbal reassurance, especially in terms of keeping the resident safe; and acknowledging that the resident’s experience is real to her/him.
Activity Approaches for Residents with Behavioral Symptoms

- The outcome for the resident, the decrease or elimination of the behavior, either validates the activity intervention or suggests the need for a new approach.

What is Activities?

- “Activities” refer to any endeavor, other than routine ADLs, in which a resident participates that is intended to enhance her/his sense of well-being and to promote or enhance physical, cognitive, and emotional health. These include but are not limited to, activities that promote self-esteem, pleasure, comfort, education, creativity, success, and independence.

Unnecessary Drugs

- 483.25 General. Each resident’s drug regimen must be free from unnecessary drugs.
  - Excessive Doses
  - Excessive Duration
  - Without adequate Monitoring
  - Without adequate indication(s) for use
  - Adverse Consequences- reduction or discontinued
- If we never try non-pharmalogical interventions how can we determine necessity of a drug?
**Behavioral Interventions**

- "Behavioral interventions" are individualized non-pharmacological approaches (direct care and ACTIVITIES) that are provided as part of a supportive physical and psychosocial environment, and are directed toward preventing, relieving, and/or accommodating a resident’s distressed behavior.
- Distressed - verbal, withdrawn, pacing, hitting, kicking, resident to resident, etc.

**Using Distraction**

- The distraction based method again dials into a person-centered approach to discover interventions for a specific resident to decrease their personal agitation and aggression (Buchanan, Christenson, Ostrom and Hofman, 2007).

**Strategies to reduce use of antipsychotics**

- Focus on implementing environmental, communication and therapeutic activity programs to minimize the use of antipsychotics by promoting:
  - 1. Non-pharmacologic strategies to manage individuals with dementia
  - 2. Changes to how we view dementia behaviors as attempts to communicate unmet needs
  - 3. Strategies (understanding causes and manifestations of behaviors)
Strategies to reduce use of antipsychotics

- 4. Staff training on interacting with individuals with dementia
- 5. Policy adoption on minimal use of medications for individuals with dementia
- 6. Consistent assignment implementation

Non-pharmacological approaches

- Verbal therapies
  - Behavioral therapy
  - Cognitive behavioral therapy
  - Interpersonal therapy
  - Reality orientation
  - Reminiscence therapy
  - Validation therapy

Non-verbal therapies

- Aromatherapy
- Bright light therapy
- Exercise and activities
- Multisensory therapy
- Music therapy
Music Therapy

Benefits:
- a. creates distraction, turning attention away from the pain
- b. promotes relaxation and stress management

- c. alters heart rate and breathing patterns (meditative music promotes calm state and releases tension)
- d. promotes a positive state of mind and facilitates chronic pain management and reduces depression (“guided listening” - focus on listening to themes, lyrics, instruments, musical elements, etc.)
- e. lowers blood pressure, eases muscle tension

Options:
- Music can be live or taped
- Music can be listened to or played
- Consider group drumming circles (individuals sharing rhythm, getting “in tune” with each other and with themselves, by playing drums/percussion instruments)
- Identify individual music preferences
- Use headphones discriminately

https://www.youtube.com/watch?v=fyZqI5p739M
Guided Imagery

Benefits:
- a. promotes relaxation and pain reduction/management
- b. creates peaceful images in the mind thereby creating a "mental escape"
- c. develops positive thoughts and positive self-talk

https://www.youtube.com/watch?v=Nfh_YmphQo

Art Therapy

Art therapy is the use of the visual arts to help patients express themselves and to promote health, wellness and recovery (American Art Therapy Association). Art therapy is being conducted with residents in nursing homes in groups as well as one-on-one interactions. Residents do not need previous art experience to enjoy art therapy. It has been shown to help people with Alzheimer’s recall memories and express emotions, patients with Parkinson’s paint even though they cannot hold a pencil to write, and stroke patients who cannot communicate verbally speak (Carroll, 2006).

https://www.youtube.com/watch?v=mvY1-gCmA

Time Slips: Story Telling

https://www.youtube.com/watch?v=IBYO9HeHrQA&index=2&list=PL929E301193402629

https://www.timeslips.org/for-facilitators
Pet Therapy/Animal Assisted Treatment

- Benefits:
  - a. reduces blood pressure
  - b. provides companionship, comfort and unconditional acceptance
  - c. acts as a diversion and thereby reduces pain

Reminiscence Therapy

- Focuses on past events and helps individuals with dementia relive pleasant earlier experiences and significant events.
- Use the Learning Circle Method

Exercise

- Benefits:
  - a. reduces pain
  - b. promotes stress management and behavior management
  - c. serves as a constructive physical release to manage agitation, anger, aggression, etc.
Exercise

- Options:
  - Range of motion to relieve stiffness and joint pain (e.g. dance, Tai Chi)
  - Low Impact Aerobic or endurance exercises (e.g. cycling) relieves inflammation
  - Yoga relieves pain by incorporating gentle stretching and positional changes
  - Stretching and strengthening reduce low back pain
  - Physical activity (e.g. marching) as distraction for wandering

Drumming for Dementia

- [https://www.youtube.com/watch?v=63a5-iy2lo8](https://www.youtube.com/watch?v=63a5-iy2lo8)