

San Francisco Veterans' Affairs Social Focus Cohort

Caring for Older Adults with Psychiatric and Medical
Co-Morbidities: A Novel Multi-Disciplinary, Trans-
Diagnostic Program in a Skilled Nursing Facility.

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VA
HEALTH
CARE

Defining
EXCELLENCE
in the 21st Century

“...the 560,000 nursing home residents with a mental illness other than dementia dwarf the 51,000 individuals in beds at psychiatric hospitals.”



“Trends in mental health admissions to nursing homes: 1999-2005.” Psychiatry Services, July 2009. Fullerton, Catherine Anne MD/MPH et al.



The San Francisco VA Community Living Center (CLC)

SFVA CLC Admission Criteria

REQUIRES ONE OF THE FOLLOWING:

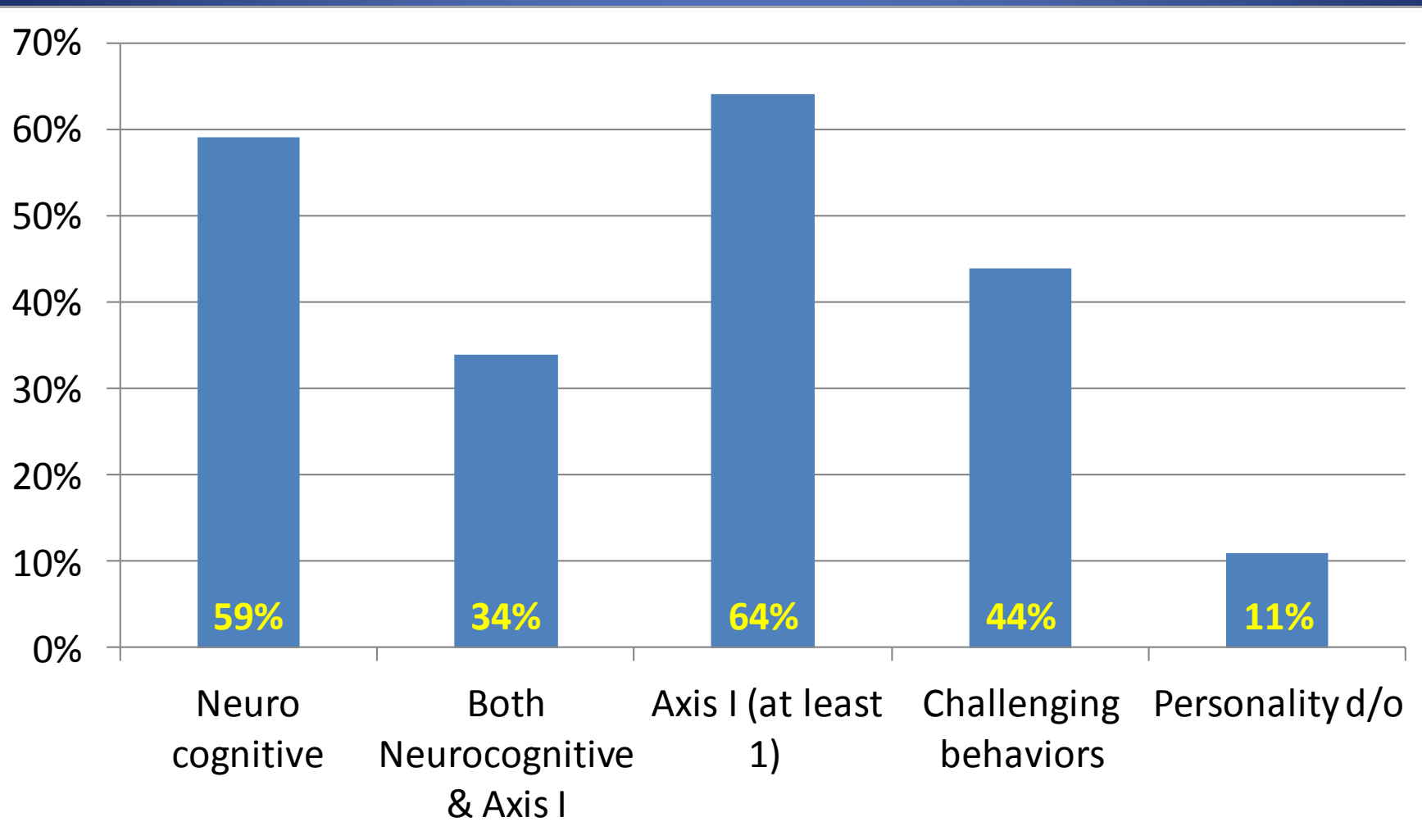
- Skilled nursing care
- Hospice goals of care
- Physical Rehabilitation
- Supportive health services which cannot be provided in a community setting
- Needs assistance with 3 or more Activities of Daily Living (ADLs) or ADL needs unable to be managed in a residential care facility

AND:

- Is medically/psychiatrically stable
- Can be managed safely in CLC's open environment
- Does not present an elopement risk
- ***Does not disrupt care of self or other residents***



2012 Mental Health Diagnoses at CLC

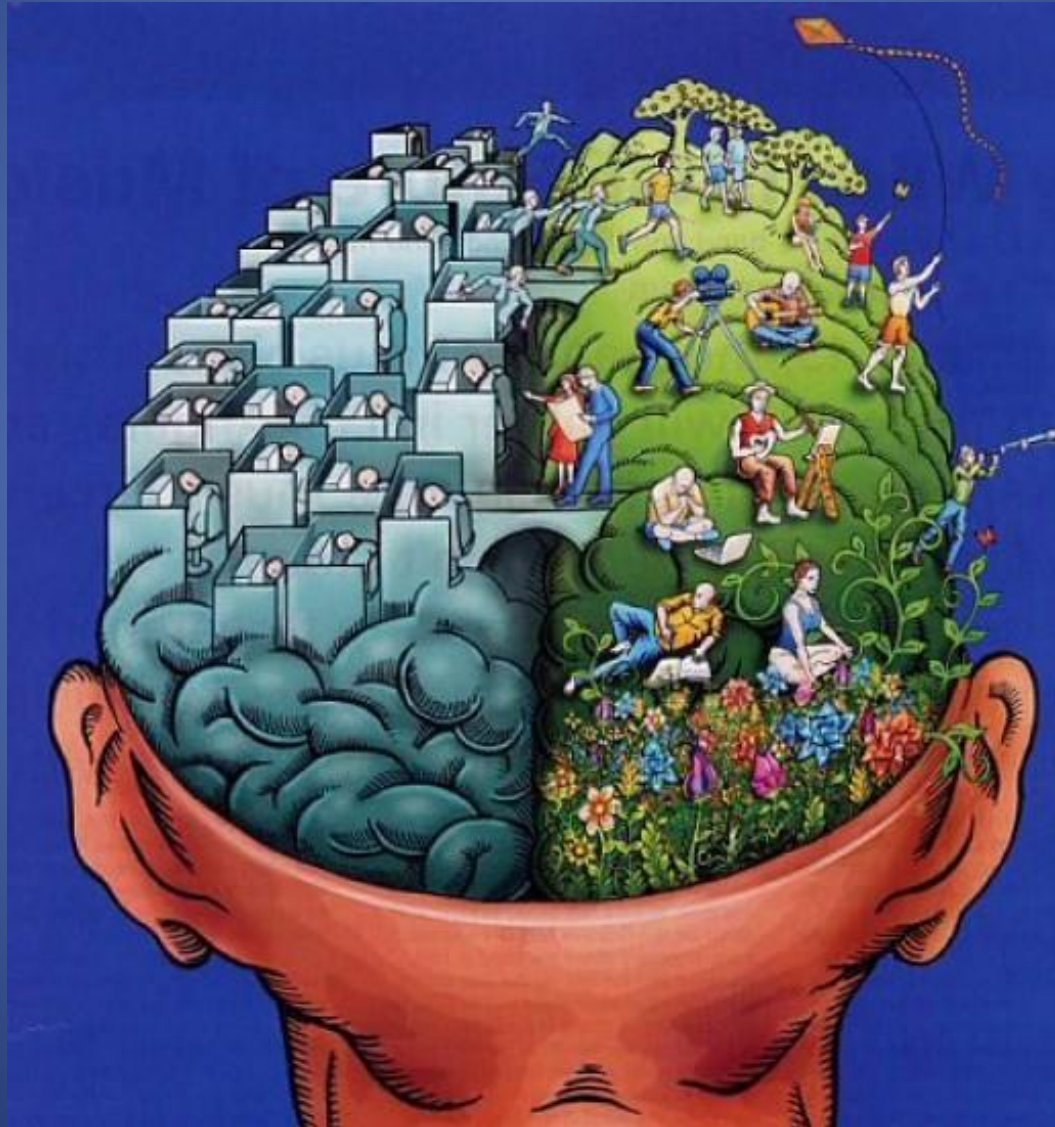


History of the Social Focus Cohort

- 1999 Veteran suicide
- 2000 VA mandate for full-time Psychologist at CLCs
- 2004 Needs Assessment presented to SFVAMC leadership
- 2007 Program Launch



Comorbidity: Psychiatric and Medical Illness



Social Focus Cohort (SFC) Team

- *Medical Provider*
- *Psychiatric Clinical Nurse Specialist (CNS)*
- *Social Worker*
- *Recreational Therapy*
- *Geropsychologist*
- *Occupational Therapy*
- *Consultant Psychiatrist*



SFC Structure

15 Core Cohort Members

&

30 Behavioral Health Consult Members

Followed by all members of the interdisciplinary team and offered all services/programs.

Resources

Groups

Classes

Community Meetings

Community Re-Integration

Followed by one or more members of SFC team depending on need, who make recommendations to primary treating team.

Most are cohorted

Most are not cohorted

Matthew



Matthew - Psychiatric

65 years old

100% service connected for psychosis

Admitted from PICU for LTC

DX = med-refractory, ECT-dependent SAD w/
bipolar features.

1/10 placement of bilateral cingulate Deep Brain
Stimulator

10 PICU hospitalizations since admission



Matthew - Medical

Diabetes

Chronic Kidney Disease

Ulcerative Colitis s/p total colectomy

Hypertension

Obesity

Skin Cancer

Obstructive Sleep Apnea → CPAP



Advanced Practice Psych-MH Nurse

- CNS Role:
- Psychotherapist: Dx & Tx
- Knowledge: Psych Meds
- CBT Psychotherapist: Indiv & Grp
- Nurse Educator



Comorbidities



Setting Challenges

- **Psych Meds: Limited Use**



- **Staff: Low Interest/Training in MH**



Basic Behavioral Goals

- ↑ Get Along w Others
- ↓ Disruptive S's~Impede Care
- ↑ ADL/iADL & Independence



Challenge in Developing MH Program

The background of the slide features a blue gradient. In the center, there are dark silhouettes of two people. One person is seated in a wheelchair, and another person stands beside them, leaning slightly towards the person in the wheelchair. The overall image is semi-transparent, allowing the text to be overlaid.

- **Extremely Heterogeneous Dx:** PTSD, BiPolar I & II, Dysthymia, PolySubstance Abuse, Personality Dis, MDD, OCD, Hoarding, Cognitive Dis, Schizophrenia/Schizoffective,
- **Varied:** Cognitive Fnct, Insight, Motiv

Trans-Diagnostic Targets

- Emotion Dys-Regulation
- Distress Intolerance
- Interpersonal Ineffect.
- Cope w Cognitive Impt
- Low Insight
- Cope: Pain/Med III/Loss



SFC



- Trans-Diagnostic Approach:
- Cognitive Behavioral Psycho-Ed & Simplified Dialectical Behavior Tx

Trans-Dx Approach



- **Simple CBT Framework:**
Identify Vet Thoughts, Physical S's & Bx
- **MI:** Identify Vet Goal-what **THEY** want \triangle
- Identify Staff Goal
- **Find Common Goal**

Full DBT Protocol = Unrealistic

Low Insight

Low Motivation to Change

High Distrust Authority

Feel Lousy Medically

Mild Cognitive Impairment

Low level of Education

DBT Focus = Simple

ONE Behavior Target: ex: stop throw food tray

Mastery & Reward: ex: eat w others, staff ackn

Add: 2nd Target

Delivery:

Go Slow

Offer “Digestible Nuggets”

Show, not tell

Repeat Frequently

Reinforce/Reward Frequently

DBT Skill Areas – e.g. Matthew

- Distress Tolerance
- Emotion Regulation
- Interpersonal Effectiveness
- Mindfulness





- **Trans-Disciplinary Delivery:**
- Individ Tx, Group Tx, Tx Milieu
- Fluid, Flexible Trans-Disc System

Goals - Matthew



- Catch Early Warning S's
- ↑ Improved Sleep, ADL, Organization
- ↓ Intrusive, Verbose, Conflict, Irritable
- ↑ Ability to be cared for in CLC

CBT Psycho-Ed: Matthew

- Bipolar, Paranoia, Disorganization
- Sleep & Daily Rhythms
- Warning S's
- In-Vivo Reminders
- ↓ Vulnerability
- Interpersonal S's



Help Nursing Staff (Milieu)

- Manage Intrusiveness, Irritability, Disorg
- When to Give PRNs
- Manage Catatonia
- When to Call Code Green



Outcomes: Matthew



- ↑ Time btwn PICU Adm'sns
- ↑ Improved Sleep, ADL, Organization
- ↓ Mood/Behavior Cycling
- ↓ Intrusiveness, Verbosity, Conflict, Irritability
- ↑ Empathy & Interpersonal Skills
- ↑ Distress Tolerance & Emotion Regulation
- ↑ Ability to be cared for in CLC
- ↑ Mastery & QOL

Social Work Role in SFC





Systemic failures in treating patients with co-morbid mental health issues and medical needs

- Current system of care treats psychiatric illness and skilled needs in separate, discrete systems.
 - Each requires specific expertise, equipment, staffing ratios etc, that are commonly not shared.
- How Matthew fell through the cracks

Challenging social context of SFC patients

- 50% no family or any supportive people
- 36% homelessness/marginal housing
- 36% failed in other placements/denied all other placements.
- 86% have not worked more than 10 years prior to CLC placement.

Individual factors that affect access to care

- 43% have a history of addiction
- 43% have some form of cognitive impairment
- 29% are diagnosed with a personality disorder
- 50% combat veterans
- 57% have psychotic symptoms

Given the individual factors and the social context of SFC patients, successful discharges involves **creating a whole new world** for patients with supports they have never learned to access.



SFC works to eliminate the need to transfer newly learned skills from an artificial rehabilitation or treatment setting to the "real world"

Examples of Social Work In-Vivo (out of office) Interventions

- Accompanying veterans to new housing opportunities to orient them to new settings.
- Accompanying veterans who are overwhelmed by DMV, Social Security and other community supports.
- Being available to "bail out" veterans who attempt independent community activities but fail.



Restorative Social Work: **Working with our long term care patients**

- **Bring the social context to the CLC**
- **Increase Independence and coping skills**



SFC is Transdisciplinary: **We are more than the sum of our parts**

- Shared but different roles
- Varied disciplines facilitate groups together, go on outings, reiterate interventions
- Allows us to:
 - Become “broken records”
 - leverage the positive relationship
 - “pass the baton” when supporting difficult patients.
 - model collaboration, team work and community to SFC members.



As defined by

American Therapeutic Recreation Association (ATRA)

“treatment service designed to restore, remediate and rehabilitate a person’s level of functioning and independence in life activities, to promote health and wellness as well as reduce or eliminate the activity limitations and restrictions to participation in life situations caused by an illness or disabling condition.”



Social Focus Cohort Groups

Social Focus Cohort Group Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
10:15 – 11 am Community Meeting (Lynn and Cindy)		10:15 – 11 am Symptom Management (Anne/Lynn)	9:30am-1 pm Pool Therapy @YMCA (Cindy)	10:15 – 11 am Community Meeting (Anne/Cindy)
12 – 12:45 pm Lunch	12 – 12:45 pm Lunch	12 – 12:45 pm Lunch	12 – 12:45 pm Lunch	12 – 12:45 pm Lunch
2:30-3:30 pm Chair Yoga w/ Nancy (*FF – Computer Lab)	12-4 pm Adaptive Cycling @ BORP (Cindy)	10-3 pm Equine Facilitated Therapy @NCEFT (Monthly) (Cindy)		

All groups are held in the SFC Room (GC-110), unless otherwise indicated.

SFC Members may attend general CLC groups as appropriate.

Community Meetings Bi-Weekly

- Casual
- Develop interpersonal skills
- Sense of belonging



Chair Yoga – Weekly

- Calm body
- Reduce intense feelings of anxiety/agitation



- Acceptance of self and others
- Connecting mind/body/spirit

Recreation/Leisure Skills - Weekly

Leisure Education - learn where, why, how, and with whom to pursue leisure interests



Board/Card Games



Gardening



Wii

Independent Living Skills - Weekly

- Co-Tx w/ Occupational Therapist – ADLs & iADLs



Computer Lab

Cooking/Baking

Symptom Management - Weekly

- Co-facilitated by CNS/SW/GeroPsych
- Develop CBT & DBT Skills



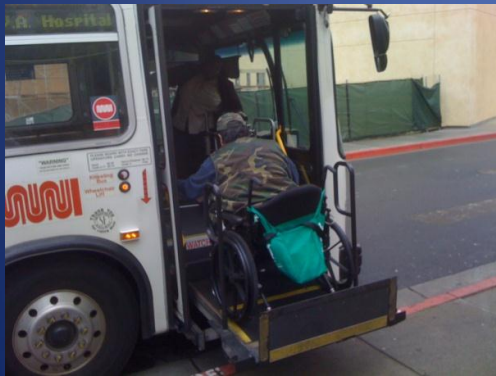
Individual Treatments

- Build rapport – bxally challenging vets
- Community based
- too psychiatrically ill for CLC milieu



Individual Treatments – con't

- reintegrate them back to SFC or CLC milieu
- “last wishes”
- Flexible treatment plan for complicated population



Community Reintegration Outings

Individual and Group

- Institutional setting to “real world”
- Awareness of community leisure resources
- Interpersonal skills
- Ambulation/mobility
- ADLs/IADLs
- Enhance overall QOL
- Meaningful activities



Group Community Reintegration Outings: A Trans-Disciplinary Approach

- Monthly outings involve ID team – MD, CNS, SW, Gero Psych, OT and RT
- Models collaboration/cooperation



Muir Woods



Academy of
Sciences Museum



Hard Knox
Restaurant

Community Reintegration Outings: A Trans-Disciplinary Approach - con't



Great Gatsby
Opera



Giants Ballgame



BBQ at Crissy Field

Adaptive Sports

Aquatic Activity at the Presidio YMCA



Aquatic activity provides a natural recreation environment where...



- Learn/relearn to swim
- perform exercises more difficult on land



- improve flexibility
- range of motion
- promotes weight loss



- Improve respiratory function
- increase circulation
- decrease swelling in joints

- comfort zone
- FUN



Adaptive Cycling

Aids in alleviating

- ✓ stress
- ✓ anxiety
- ✓ depression



Promotes weight loss using low impact aerobic exercise



Adaptive Sports



Fencing



Rowing

Equine Facilitated Therapy



- Trust
- Communication



- self confidence
- responsibility towards animals



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