

# Treating the Caregivers of Older Adults: Essential Basics for Population Health



June 15, 2017

Presented by: Paula E. Hartman-Stein, PhD.



# Thank you for joining us for the presentation: **Treating the Caregivers of Older Adults: Essential Basics for Population Health**

- ▶ The presenters will be with you shortly
- ▶ This is a 30-minute broadcast
- ▶ All lines are muted
- ▶ The host for the broadcast today is:

**Stacy Hull, LPC MAC**

Alliant Quality Behavioral Health Task Lead

*\*For technical difficulties, please email [alliant@e4enterprise.com](mailto:alliant@e4enterprise.com)*

# Continuing Medical Education

*“This Live series activity, Behavioral Health Learning and Action Network Webinar Series, from 09/29/2016 - 09/29/2017, has been reviewed and is acceptable for credit by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.*

*Approved for 0.5 AAFP Prescribed credits.*

# Continuing Education Accreditation

This program has been approved for 0.5 nursing education contact hours. This continuing nursing education activity was approved by the Ohio Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91)

# Continuing Education Instructions

## Obtaining CNE

- ▶ Please follow these steps to obtain Continuing Nursing Education:
  - ▶ Attend the program in full
  - ▶ Complete the evaluation form (link will be provided at the end of the program)

*Following the completion of the evaluation you will have an opportunity to download or print a certificate*

# Disclosures

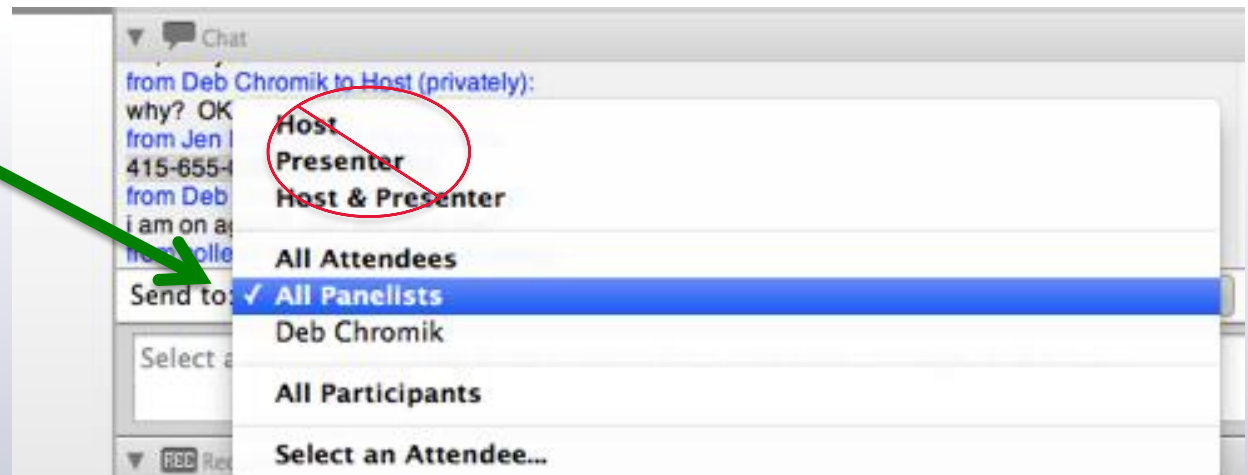
- ▶ The planners and faculty for this activity have no relevant relationships to disclose.
- ▶ No commercial support was received for this activity.

# Housekeeping: Submitting Questions




## ► WebEx Chat

- Send messages to the panelists using the chat feature using the drop down menu







# Closed Captioning Service



*Click the link provided in the chat window. Enter your name and company into the captions box in the web browser window which opens to initiate captioning services.*

**Dry Run for 9/29 event**      **Event in Progress: 00:24:23**      Captioner is **present** 

Once upon a time, there was a fairy princess. -- Her name was also and she had magical powers. She could create ice and she and her little sister used to play in the ballroom of the castle and they used to ice skate and play with snowballs and they made a snowman and his name was Olaf. And it is a wonderful Disney fairytale . I particularly like it, and I like the costumes in that movie a lot . I wish sometimes that I had a princess dress like Elsa . I think we might have enough of a story for the captioning so that there is something on-screen that someone may be able to read and giggle a little bit **about.**

☒ Logo

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# Recorded Alliant Quality Behavioral Health Quickinar Events

- ▶ Please access all recorded events on the Alliant Quality website ([www.alliantquality.org](http://www.alliantquality.org)) at the following link:  
[http://e4enterprise.com/Alliant/Webinar\\_Recordings.html](http://e4enterprise.com/Alliant/Webinar_Recordings.html)
  - Recorded events have been approved for 0.5 AAFP Prescribed Continuing Medical Education (CME) credits and 0.5 Continuing Nursing Education (CNE) contact hours by the Ohio Nurses Association (ONA). ONA is authorized by the American Nurses Credentialing Center to approve CNE. (OBN-001-91)
- ▶ Please forward to your colleagues

# Opening Remarks



- ▶ Purpose

- ▶ Welcoming

Paula Hartman-Stein, PhD

- ▶ Q&A

Stacy Hull, LPC MAC

Behavioral Health Task Lead

# Free Technical Assistance

Alliant Quality can offer the following technical assistance to help your primary care practice improve screening rates:

- ▶ Expertise in billable screening tools, treatment approaches and referral processes
- ▶ Process design and linkages to referral programs
- ▶ Training in quality improvement methodologies
- ▶ Opportunities to participate in Learning and Action Networks
- ▶ Education on best practices, shared successes and lessons learned

# Depression Screening Codes

- ▶ The following clinicians are eligible to bill for the services listed below:  
General Practitioners; Family Practitioners; Internists; Geriatricians; Nurse Practitioners; Certified Clinical Nurse Specialists; Physician Assistants.
- ▶ G0402 - [Initial Preventive Physical Examination](#)  
NC (\$175.95); Atlanta (\$183.14); Rest of GA (\$174.20)
- ▶ G0438 - [Annual Wellness Visit](#)  
NC (\$181.05); Atlanta (\$188.64); Rest of GA (\$179.13)
- ▶ G0444 - [Annual Depression Screening, 15 minutes:](#)  
NC (\$18.98); Atlanta (\$19.99); Rest of GA (\$18.65)

<http://www.alliantquality.org/content/behavioral-health>

# Alcohol Misuse Screening & Counseling Codes

- ▶ **G0442- Annual alcohol misuse screening, 15 minutes**  
frequency: annual basis
- ▶ **G0443—Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes**  
frequency: for those with positive screens, 4 times a year.

**(For both services the co-payment/co-insurance & deductible are waived.)**

# Featured Guest Speaker



**Paula E. Hartman-Stein, Ph.D.**  
*Consultant in Geriatric Behavioral Health*

- ▶ Clinical psychologist, Consultant & Educator in geriatric behavioral health
- ▶ Education background
  - University of Pittsburgh, West Virginia University, Kent State University
  - Geriatric Clinician Certificate from GREC, Case Western Reserve University
- ▶ Work History
  - Hospitals, Primary Care Clinic, Long Term Care settings, private practice
  - Medicare Correspondent, *The National Psychologist* newspaper
- ▶ Accomplishments
  - Senior Fellow, University of Akron
  - Associate Professor, Northeast Ohio Medical University
  - Member of The Centers for Medicare & Medicaid Services (CMS) Technical Expert panels for depression & elder maltreatment screening measures
  - Lead editor, *Enhancing Cognitive Fitness in Adults* (2011)

# Objectives

1. Analyze the public health impact of unpaid caregiving.
2. Analyze reasons to evaluate and treat the caregivers of frail older adults.
3. Identify strategies to mitigate emotional stress of caregivers.
4. Evaluate when a referral to a geriatric behavioral health specialist is needed.
5. Identify resources for family caregivers.

# Public Health Impact of Unpaid Caregiving

- ▶ According to the Centers for Disease Control (CDC) there are **more than 40 million** unpaid caregivers in the U.S.
- ▶ As many as 8.4 million Americans are providing care to an adult with an emotional or mental health issue.





# Depression in Caregivers

- ▶ In a study of 5,627 patients with moderate to advanced dementia, 32% of their caregivers were clinically depressed.
- ▶ Average age of the caregivers was 64; 72% were women.
- ▶ Caregivers reported spending an average of 89 hours per week in caring for the patient.

(Covinsky, Newcomer, Fox, Wood, Sands, Dane & Yaffe, 2003)

# Why Treat Depression in Caregivers?

- ▶ Depressed mood in caregivers may influence a greater risk for their decline in cognitive skills such as processing speed, attention, and visual scanning skills.
- ▶ These predict problem-solving skills necessary to independent living.

Vitaliano, Zhang, Young, Caswell, Scanlan & Echeverria, 2009

# Impact on Families

- ▶ Approximately 50% of caregivers report worsened physical health due to caregiving.
- ▶ Bottom line: Depression is common in caregivers, it is associated with poor quality of life and is a risk factor for their functional decline and mortality.



# 3 Circles of CG Support

- ▶ Immediate family
- ▶ Extended family, friends, & community support including churches, synagogues and mosques
- ▶ Health care and social service professionals

# Caregiving Interventions

- ▶ Education
- ▶ Support Groups
- ▶ Individual Interventions (medical, social work, care management & psychological)
- ▶ Family Interventions
- ▶ Community Interventions

# Characteristics of Successful Caregiver Programs

- ▶ Contact with a helper over time works best
- ▶ Contact with a helper who has specific intervention protocols to follow
- ▶ Interventions and care plans tailored to the caregiver's specific needs
- ▶ Multi-component interventions that include a combination of knowledge, skill building, problem solving and counseling
- ▶ Using a combination of home-visiting, telephone follow-up, internet and telehealth technology
- ▶ Programs developed and implemented locally and involving agency collaboration

Rosalynn Carter Institute

[www.rosalynncarter.org/what\\_makes\\_caregiver\\_programs\\_effective/](http://www.rosalynncarter.org/what_makes_caregiver_programs_effective/)

# Education/Information

CGs need to understand:

- ▶ The illness or disability – cause, characteristics, trajectory, common care demands and challenges
- ▶ Services and resources CG self-care opportunities
- ▶ Effects of CG on broader family system
- ▶ What to expect from service systems – healthcare, social services, housing

# Do Not Assume the Caregiver Will Ask for Help

- ▶ Directly ask the caregiver, what is toughest to handle
- ▶ Support the caregiver, by asking how he/she is coping
- ▶ Acknowledge how tough it can be; supportive words have power!
- ▶ Ask if he/she takes time to exercise, have hobbies, see friends, & encourage these activities
- ▶ Discuss placement. (“Saying it right out reduces some of the horror and gives permission to proceed.”)



# Suggest Practical Solutions

- ▶ Encourage the CG to seek time away, if possible.
- ▶ For dementia, suggest Senior Centers, Adult Day Services, PACE Programs. One solution does not fit all!
- ▶ If the family has resources, it is time to hire home health aides: “The rainy day has come!”
- ▶ Enlist help through Senior Companion programs or through churches, synagogues, etc.

# Caregiving Does Not End With Placement!

- ▶ If the care recipient lives in a facility, but the CG's health is declining, ask how often he/she visits and what the visits are like
- ▶ Recommend resources to make the visit pleasant



# Caregiving Doesn't Stop After Placement!

## *A Different Visit*

Activities for Caregivers and their Loved Ones  
with Memory Impairments



Adena Joltin, M.A., Cameron J. Camp, Ph.D.,  
Beverly H. Noble, R.N., Vincent M. Antenucci, M.A.

*This work was supported by a grant from the Alzheimer's Association*

# The Caregiver's Symptoms May Provide Clues of What is Needed

- ▶ Case example of astasia-abasia, i.e., inability to walk properly. Medical intervention advised visiting her mother less!



# Example of Education/Info for CGs Dealing with Memory Loss

- ▶ Do not argue with the care recipient!
- ▶ Tips for reducing agitation
- ▶ Emotional memory continues after other memory skills decline.

# Video

## **Carers' Club - Paula Hartman-Stein Dealing with Delusions in Dementia**

**YouTube Video Link:**

**<https://www.youtube.com/watch?v=Juai4wNs5Wg>**

# Help for Annoying Repetitive Questions

- ▶ Practice at successfully recalling information over progressively longer intervals of time
- ▶ Ultimate goal of Spaced Retrieval is retention of and ability to recall information over very long intervals of time (weeks, months, etc.)
- ▶ Used with a variety of dementing conditions in a variety of settings

# The Spaced Retrieval Technique

- ▶ Begin with a question for the target behavior and train the client to recall the correct answer
- ▶ When recall is successful, the interval preceding the next recall test is increased
- ▶ If a recall failure occurs, the participant is told the correct response and asked to repeat it
- ▶ The following interval length returns to the last one at which recall was successful



# Spaced Retrieval Example

- ▶ Information to be recalled: names of tablemates
- ▶ Prompt Used: Who sits with us at meals?
- ▶ Correct Response: Jim and Susie

# Stress management for CGs

- ▶ Mindful relaxation, deep breathing
- ▶ Restorative sleep (PCPs provide sleep hygiene advice)
- ▶ Exercise, walks
- ▶ Time in nature
- ▶ Time with pets
- ▶ Journaling one's experiences
- ▶ Spiritual coping
- ▶ Behavioral activation for the care recipient & CG.
- ▶ Support groups

# When to Refer to a Mental Health Specialist

- ▶ If the CG's health continues to decline, refer to a mental health specialist, preferably one with geropsychology background
- ▶ Frame the reason for the referral as a path to improving the CG's health & well-being with the result of being a better CG, not for self-centered reasons.

# Individual Interventions

Individual interventions may address a variety of problems:

- ▶ CG Depression
- ▶ CG Anger: may be easier to be angry than sad
- ▶ Enhance coping skills
- ▶ Home-based modification
- ▶ Tailored activity interventions (e.g., dementia)

# Tips from Caregiver/Clinicians

- ▶ Never talk down to the caregiver as though he/she doesn't know anything about the condition of the care recipient (CR)
- ▶ But don't assume the caregiver understands why the CR does inappropriate behaviors such as not packing properly or cooking in unusual ways
- ▶ If you are the PCP of the CR, assess not only the CR but the level of understanding and ability of the caregiver

# Thoughts from a Caregiver/Clinician

“Because each family’s situation is so unique in its history, dynamics, and resources, no self-help blueprint can address each pressing crisis...There is no magic other than the caregiver’s creativity.”

Barry Jacobs, Psy.D.

[http://www.huffingtonpost.com/entry/my-vexinggratifying-7-years-of-caregiving\\_us\\_591a5986e4b0f31b03fb9e8d](http://www.huffingtonpost.com/entry/my-vexinggratifying-7-years-of-caregiving_us_591a5986e4b0f31b03fb9e8d)

Jacobs, B. J. & Mayer, J. L. (2016). *Meditations for Caregivers: Practical, Emotional, and Spiritual Support for You and Your family*. Da Capo Press (AARP)

# Caregiver Resources

- ▶ The [Family Caregiver Alliance](#) has educational materials on specific health conditions, reviews policies that may impact a loved one's health, and strategies for providing effective care.
- ▶ The [National Alliance for Caregiving](#) released a report and a series of tools for caregivers of adults with mental illness in 2016.
- ▶ Local [educational programs](#) and [family support groups](#)

# Caregiver Resources

- ▶ The [Rosalynn Carter Center for Caregiving](#) recently compiled a comprehensive list of national resources that may be useful for caregivers.
- ▶ Mental Health America outlines five steps for caregivers to keep in mind on the [Being an Effective Caregiver](#) web page.
- ▶ Well Spouse Association ([www.wellspouse.org](http://www.wellspouse.org)); dedicated to the well-being of spousal caregivers, sponsors in-person and phone support groups, respite events.



# Caregiver Resources

- ▶ The [National Alliance on Mental Illness](#) offers various supports for caregivers, including local [educational programs](#) and [family support groups](#).
- ▶ Local AD Associations provide support groups
- ▶ Look online at the Center for Applied Research in Dementia, <https://www.cen4ard.com/>

# Caregiver Resources

- ▶ CaringInfo, [www.caringinfo.org](http://www.caringinfo.org), a website run by the National Hospice and Palliative Care Organization, has info on advance care planning, grief, loss, etc.
- ▶ American Psychological Association, Connecting with Caregivers  
<http://www.apa.org/pi/about/publications/caregivers/consumers/index.aspx>

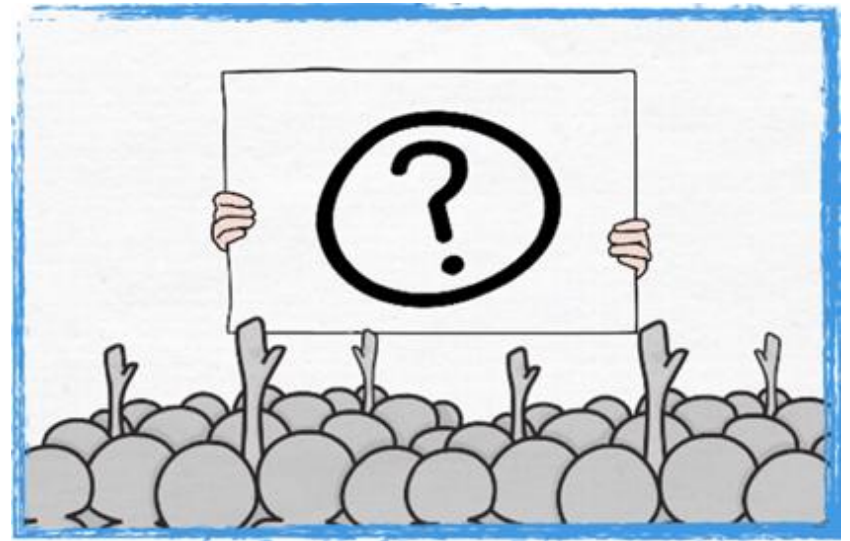
# CLOSING

**Thank you!**

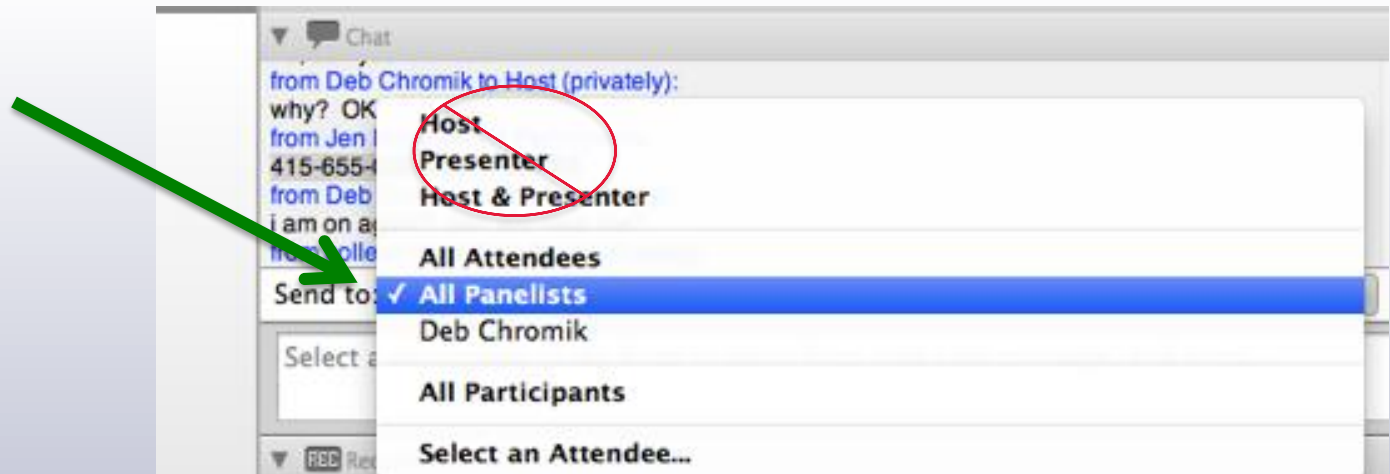
For more information, please contact:

- ▶ Paula E. Hartman-Stein Ph.D.
- ▶ [www.centerforhealthyaging.com](http://www.centerforhealthyaging.com)

# Submitting Questions



- ▶ WebEx Chat
  - Send messages to the panelists using the chat feature using the drop down menu



# Contact Information



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Behavioral Health Task Lead

**678.527.3464**

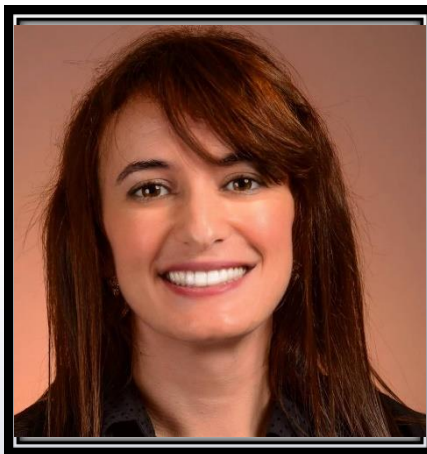
[Stacy.Hull@alliantquality.org](mailto:Stacy.Hull@alliantquality.org)

# Behavioral Health LAN: Upcoming Event

Thursday, July 20, 2017

12:30 to 1:00pm ET

Topic: Utilizing Huddles for Care Optimization in Integrated Care



Lesley Manson, PsyD

# MAKING HEALTH CARE BETTER