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

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

- Neurocognitive: 59%
- Both Neurocognitive & Axis I: 34%
- Axis I (at least 1): 64%
- Challenging behaviors: 44%
- Personality d/o: 11%
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
15 Core Cohort Members

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

Most are cohorted

&

30 Behavioral Health Consult Members

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

Most are not cohorted

Resources

Groups

Classes

Community Meetings

Community Re-Integration
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

- \( \uparrow \) Get Along w Others
- \( \downarrow \) Disruptive S’s ~ Impede Care
- \( \uparrow \) ADL/iADL & Independence
Challenge in Developing MH Program

• Extremely Heterogeneous Dx: PTSD, BiPolar I & II, Dysthymia, PolySubstance Abuse, Personality Dis MDD, OCD, Hoarding, Cognitive Dis, Schizophrenia/Schizoaffective,

• Varied: Cognitive Fnct, Insight, Motiv
Trans-Diagnostic Targets

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

• 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:** 2\textsuperscript{nd} 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 between 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 Group Schedule

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

- Gardening
- Board/Card Games
- Wii
Independent Living Skills - Weekly

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

Cooking/Baking

Computer Lab
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
Contact Information

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