Session Objectives

Following this presentation, attendees will...

- Recognize signs of depression in stroke survivors and how to address these emotional deficits.

- Identify 3 tools to appropriately assess mental health.

- Analyze current mental health interventions frequently utilized in practice.

- Demonstrate selection of effective intervention strategies.

- Apply referral strategies relevant to their practice setting.

Session Outline

Assessments

01

Interventions

02

Referrals

03

Case Studies

04

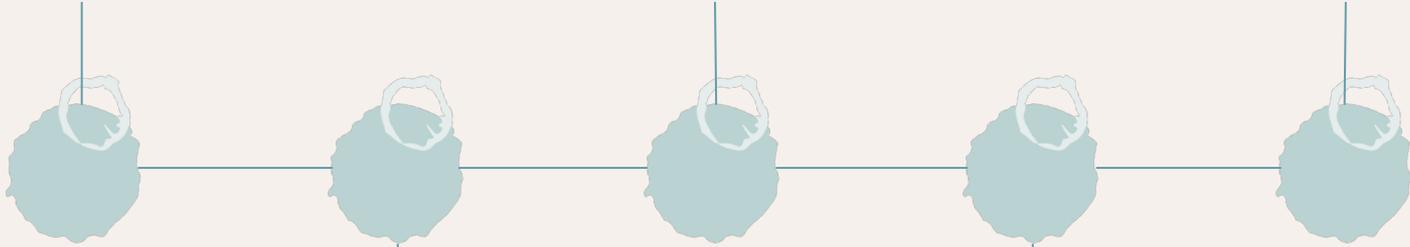**Sydney Marshman, OTD, OTR/L, CEAS I, CHES**

- Happy at Home Consulting

- Iowa OT Association *President Elect*

- Roles within OTD & OTA programs

- Iowa Falls Prevention Coalition *Goal Leader*

Applicable Settings

Acute Care

Home Health

Community & Wellness

SNF

Outpatient

01

Assessment

Considerations for Selecting an Assessment

- Chart Review

  - Medical History

  - Cognitive Status – is a 2 week recall plausible?

  - Language preference

  - Vision, if self administering

  - Medications (present and previous, if available)

  - Mental Health/ Social Work Notes, i.e. Preadmission Screening and Resident Review (PASRR)

Considerations for Selecting an Assessment

- Organizational Procedures

  - Identifying current protocols and which professionals/assessments are involved

  - SNF – PHQ-9, Observation form

    - Discussion with MDS professional

  - Repeating Assessments

  - Do clients have the same provider throughout the plan of care?

    - Rapport building during assessment

# Considerations for Administration of Assessment

- Completing during evaluation vs during treatment

  - Consider rapport

  - If a shared caseload, do all team members feel comfortable in addressing mental health?

- Organizational Procedures

  - Timeline for completion

  - Protocol for indicating suicidal ideations

    - Care Planning, Suicide Intervention

  - Communicating results with provider

Assessments

Free, available online, quick to administer

- Patient Health Questionnaire (PHQ-9)

- Generalized Anxiety Disorder (GAD-7)

- Depression Anxiety Stress Screening (DASS)

- DASS 21 (shortened form)

- Geriatric Depression Scale (GDS)
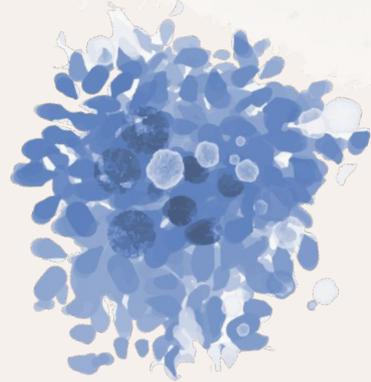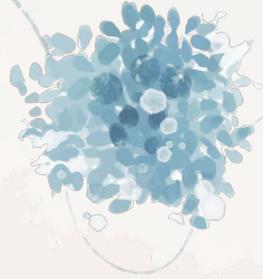
Patient Health Questionnaire (PHQ-9)

Name: _____   Date: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

For office coding: Total Score _____ = _____ + _____ + _____

Total Score _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all   ☐ Somewhat difficult   ☐ Very difficult   ☐ Extremely difficult

GAD-7 Anxiety

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals _____ + _____ + _____ + _____ =

Total score _____

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

DASS21

Name: *Date:*

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree, or a good part of time
3 Applied to me very much, or most of the time

#	Statement				
1	I found it hard to wind down	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I found it difficult to work up the initiative to do things	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I experienced trembling (eg, in the hands)	0	1	2	3
8	I felt that I was using a lot of nervous energy	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	I felt down-hearted and blue	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15	I felt I was close to panic	0	1	2	3
16	I was unable to become enthusiastic about anything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life was meaningless	0	1	2	3

Geriatric Depression Scale (short form)

Instructions: Circle the answer that best describes how you felt over the <u>past week</u>.

1. Are you basically satisfied with your life?   yes   no
2. Have you dropped many of your activities and interests?   yes   no
3. Do you feel that your life is empty?   yes   no
4. Do you often get bored?   yes   no
5. Are you in good spirits most of the time?   yes   no
6. Are you afraid that something bad is going to happen to you?   yes   no
7. Do you feel happy most of the time?   yes   no
8. Do you often feel helpless?   yes   no
9. Do you prefer to stay at home, rather than going out and doing things?   yes   no
10. Do you feel that you have more problems with memory than most?   yes   no
11. Do you think it is wonderful to be alive now?   yes   no
12. Do you feel worthless the way you are now?   yes   no
13. Do you feel full of energy?   yes   no
14. Do you feel that your situation is hopeless?   yes   no
15. Do you think that most people are better off than you are?   yes   no

Total Score _____

Scoring Assessment

- Review scoring instructions

  - What is the standard practice for your team?

    - Are there scoring distinctions between providers?

  - Who will be discussing score with the client?

- Communicating results with the provider

  - Preferred method, additional protocols

- Organizational protocols for concerning remarks or scores

- Protocol for referrals

Reviewing Results

Reviewing Results

- Mental health history

  - Is there an existing mental health diagnosis? Is this diagnosis new, existing for how many years?

  - Have they received mental health services previously? Were they helpful, why or why not?

- Mental Health Routines

  - How was the client supporting mental health prior to hospitalization, new diagnosis, etc?

  - How are we able to replicate routines in present setting?

- Is this an ongoing concern or related to a specific situation or life event?

02

Intervention

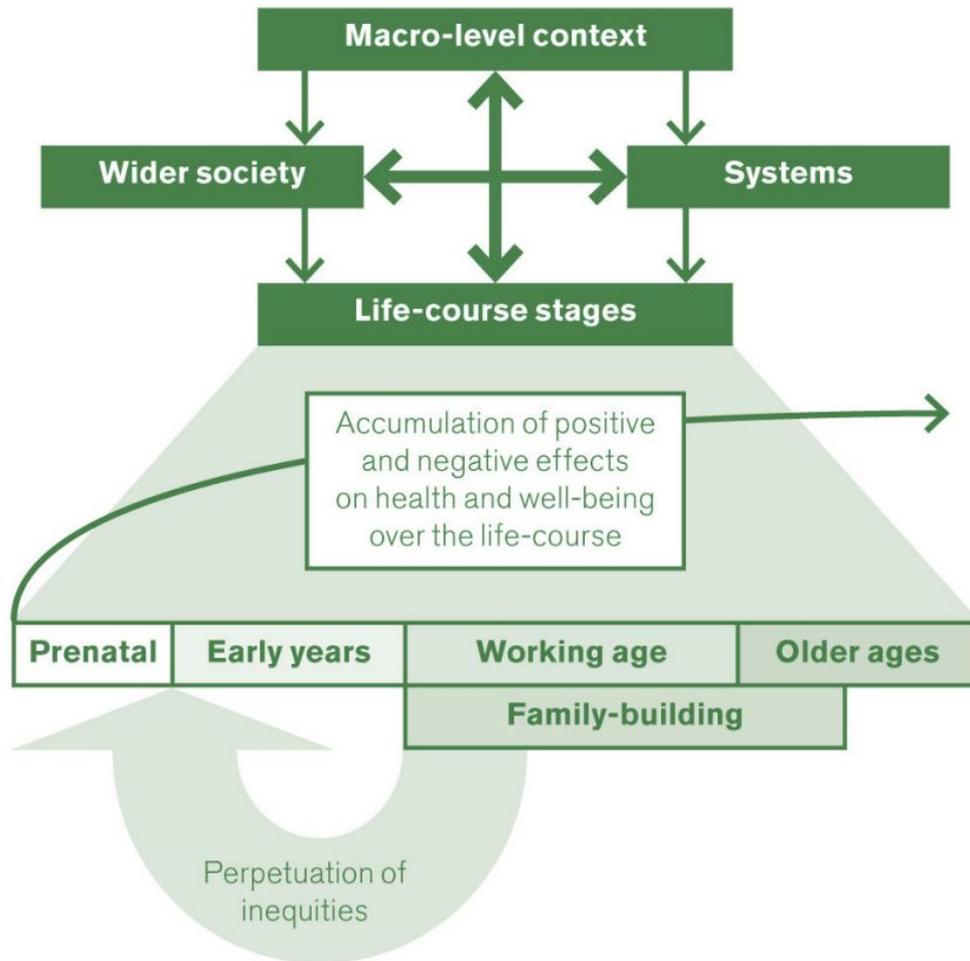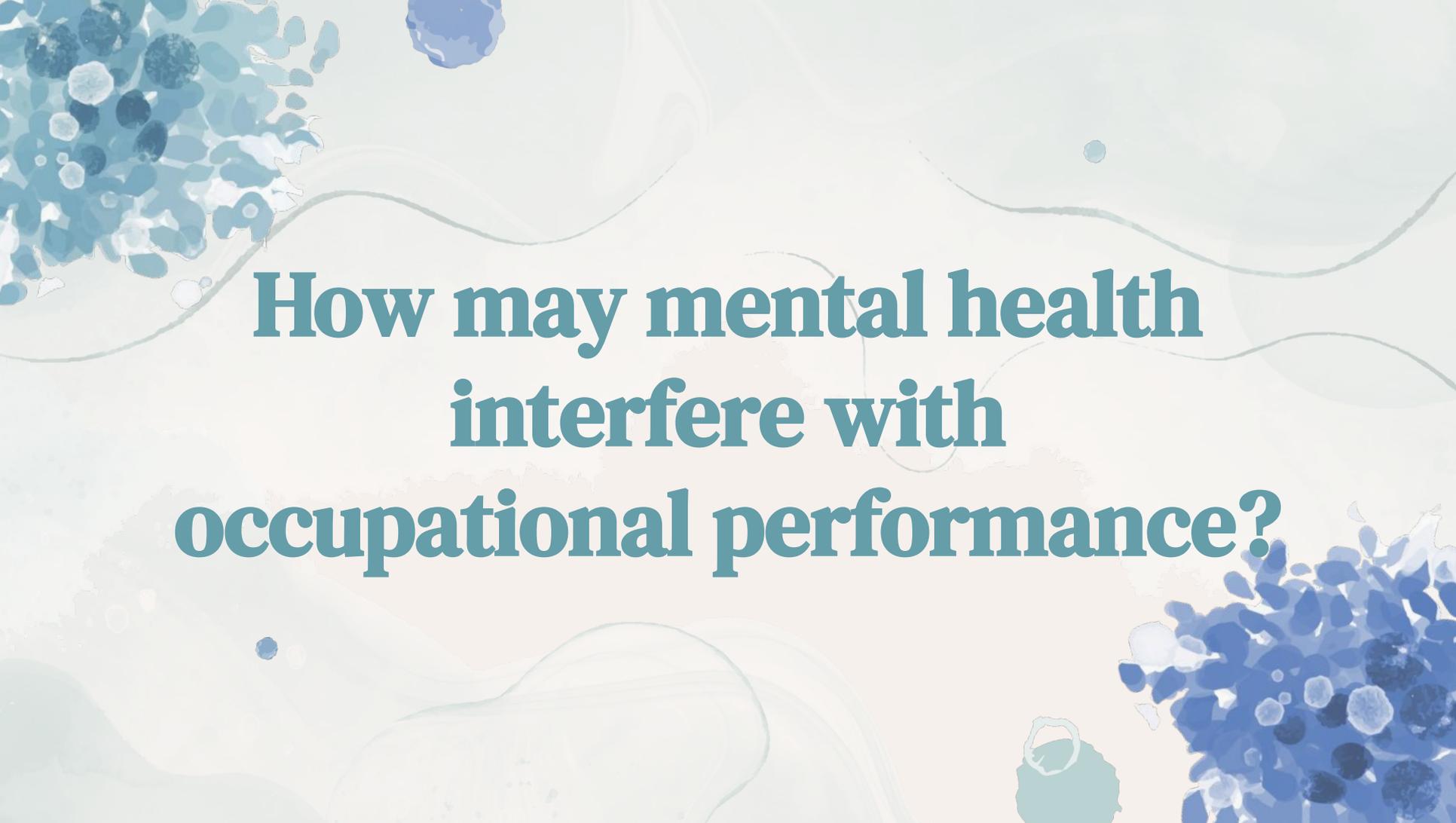# DEFINITIONS

Occupational Performance

Contexts

"This context may include policies that resulted in the decline of commercial properties in the area, a socioeconomic status that does not enable the client to live in an area with access to a grocery store, and a social environment in which lack of access to fresh food is weighed as less important than the social supports the community provides."

Macro-level context

Wider society ↔ Systems

Life-course stages

Accumulation of positive and negative effects on health and well-being over the life-course

Prenatal	Early years	Working age	Older ages

Family-building

Perpetuation of inequities
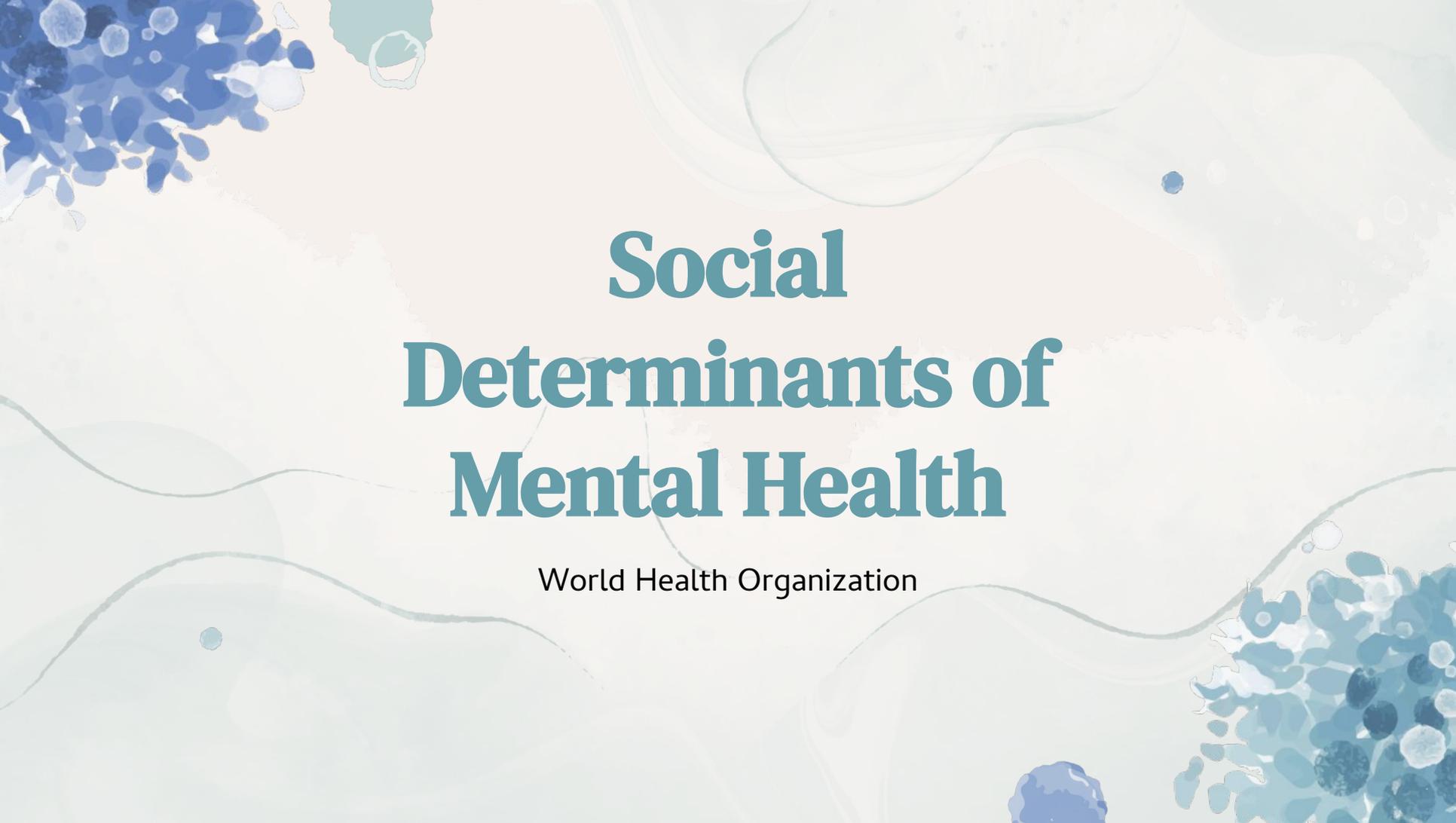
How may mental health interfere with occupational performance?

Aspects of Occupational Therapy Domain

Occupations

Contexts

Client Factors

Performance Patterns

Performance Skills

(American Occupational Therapy Association, 2020)

Occupations

Activities of Daily Living (ADLs)
Instrumental Activities of Daily Living (IADLS)
Health Management
Rest and Sleep
Education
Work
Play
Leisure
Social Participation
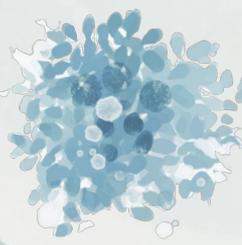
(American Occupational Therapy Association, 2020)

Contexts

Personal Factors
Environmental Factors
- Natural environment and human-made changes
- Products and technology
- Support and Relationships
- Attitudes
- Services, systems, and policies

(American Occupational Therapy Association, 2020)

Client Factors

Values
Beliefs
Spirituality
Body Functions
Body Structures

Performance Patterns

Habits
Routines
Roles
Rituals

Performance Skills

Motor Skills
Process Skills
Social Interaction Skills

(American Occupational Therapy Association, 2020)

ACTIVITY

ACTIVITY ANALYSIS

1 IDENTIFY TASK

3 COGNITIVE SKILLS

2 PHYSICAL REQUIREMENTS

4 PSYCHOSOCIAL FACTORS

Identifying a Task

- What activities support your mental wellbeing?

- Where does this activity take place?

- What supplies or equipment do you need to complete this activity?

Identifying a Task

- Individuals may question their ability to complete previous tasks that maintained mental wellness following injury, illness, or disease processes

  - What is their self efficacy with the desired activity?

- Where does this activity take place?

  - Is it a specific location and is that location accessible to the client?

- What supplies or equipment do you need to complete this activity?

  - Are there financial barriers or other barriers to the supplies required?

- What are the physical, cognitive, and psychosocial skills needed to complete this activity?

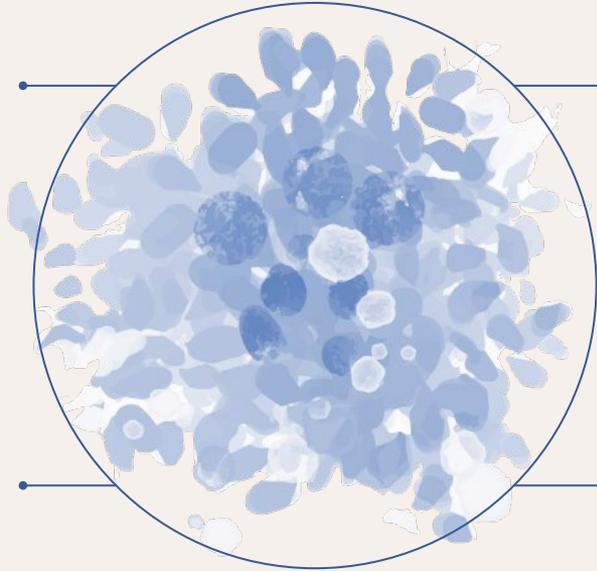# Intervention Planning

Identifying Factors

Select Intervention

Track Progress

Mental Health Interventions

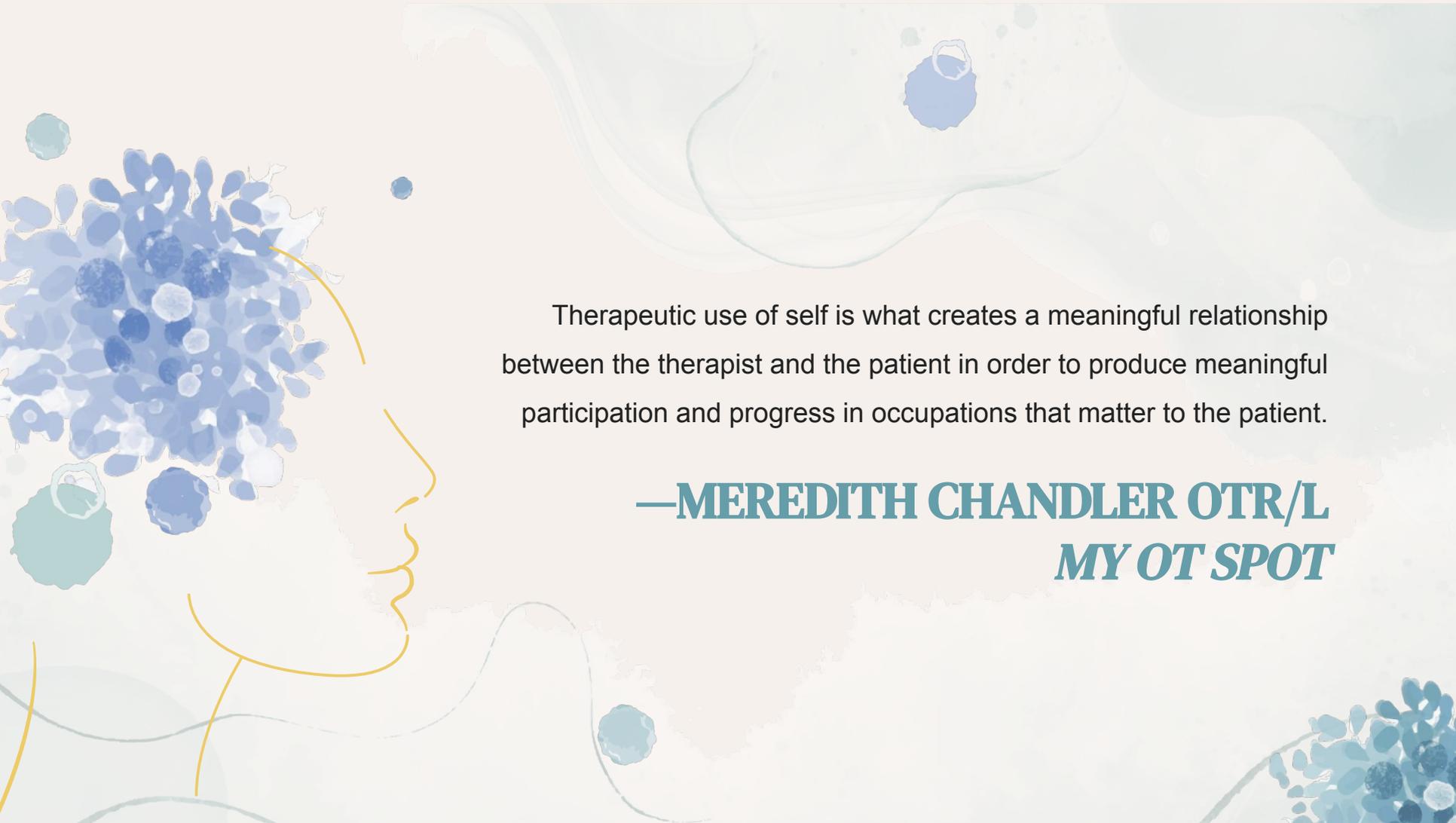Therapeutic Use of Self

Environmental Factors

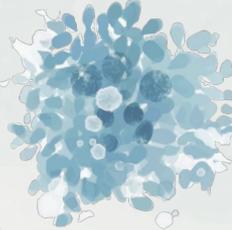Facilitating Routines

Adaptations and Modifications

Therapeutic Use of Self

Therapeutic use of self is what creates a meaningful relationship between the therapist and the patient in order to produce meaningful participation and progress in occupations that matter to the patient.

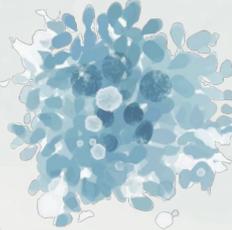## —MEREDITH CHANDLER OTR/L
MY OT SPOT

Therapeutic Use of Self

- Validating patient concerns and feelings

- Establishing rapport, effective communication and empathy

- Facilitating client centered care to assess occupational issues and involving clients in goal development

- Maximizing participation for improved outcomes
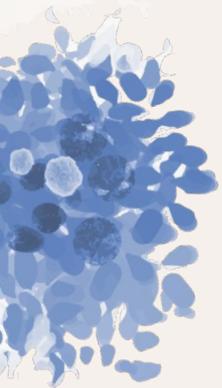
(Taylor et al., 2009)

Clinician Self Assessment

- Experience and Competence

- Balancing Personal/Professional Identities

- Self-Confidence and Professional Growth

- Professional Ambiguity

- Egalitarian Client-Therapist Relationships

    - Balancing Professional Knowledge and Authority
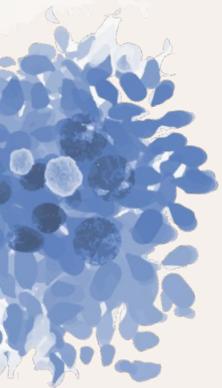
(Taylor et al., 2009)

Facilitating Mental Health Routines

What is a mental health routine?

- Facilitating occupational engagement to support mental health to be completed on a regular basis
  - Consistency with ADLs/IADLs/Leisure/Rest and Sleep
  - Introduction of a new activity or occupation
  - Provision of adaptations and modifications for improved participation

Wellness Chart

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
meds	AM	AM	AM	AM	AM	AM	AM
	NOON	NOON	NOON	NOON	NOON	NOON	NOON
	PM	PM	PM	PM	PM	PM	PM
water							

daily brain dump

Dump Box:

Things Out of My Control That Could Have Improved Today:

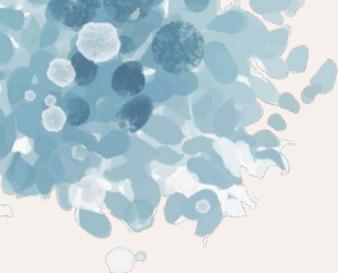**Things Within My Control That Could Have Improved Today:**

How I'm Feeling Today:

(1) (2) (3) (4) (5)

One Thing I did Today I am Proud of...
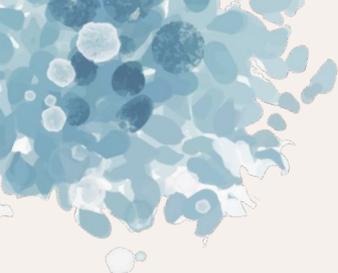
My Goal for Tomorrow:

I'm Looking Forward To...

Building Self Efficacy

- Forward and <u>Backward</u> Chaining

    - At what times are you providing assistance?

- Selecting Appropriate Interventions (related and

  unrelated to Mental Health)

- Identifying Historic Successes

Technology

A powerful tool to assist in development, initiation and recall of mental health routines.

- Voice Assistants

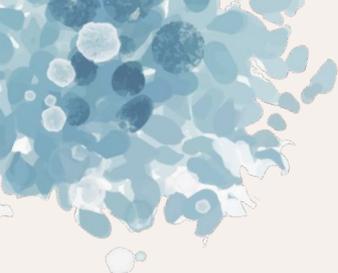- Video Conferencing Options

- Smart Routines

- Smart Lists

- Online Calendars
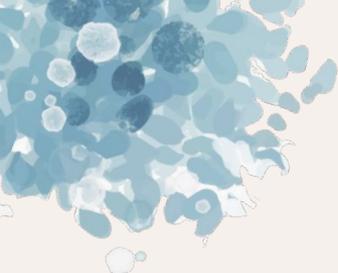
Med Management

An example of simplifying less desirable IADL tasks.

- Bubble Pill Packs

- Weekly Med Planners

- Locked med planners

- Tech Med Devices

Community Programs

- AT grant programs

- Congregate Meal Sites

- Delivered Meals

- Group Exercise Programs

- Managed care programs

Environmental Factors
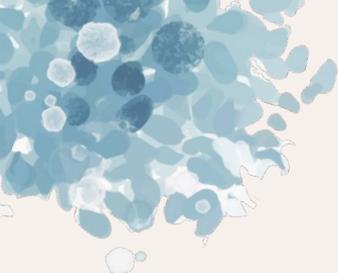
Home Safety Assessments

- Promoting ease and access

- Risk reduction

- Providing education and encouragement

- Facilitating resource utilization

Ease & Access

- Storage of materials needed to participate in desired occupations?

- Is the individual able to access their desired environment – outdoors, community setting, etc?

  - Are additional resources needed or available to the client to improve access?

Unsafe Living Environments and Hoarding Behaviors

- Laws vary by state

- Location of property

  - City Code

  - County Health Dept

  - City Officials

- Area Agency on Aging

03

Referral

Building the Care Team
Medicare Part A Settings

- SNF setting requires care planning regarding mental health if need is identified

- Medicare Part A settings likely include in-house/contracted provider

- May include psychiatrist/psychologist, social worker, chaplain

- Increased ease with referral process and initiating services

- Less perceived provider choice

Building the Care Team
Medicare Part B Settings

- Decreased likelihood of mental health provider on staff

- Increased reliance on patient initiation

- Subject to insurance coverage variables

- Medicare covers services with:

  - Psychiatrist or other doctor

  - Clinical psychologist

  - Clinical social worker

  - Clinical nurse specialist

  - Nurse practitioner

  - Physician assistant

- Medicare covers 80%, patient/secondary responsibility remaining 20%
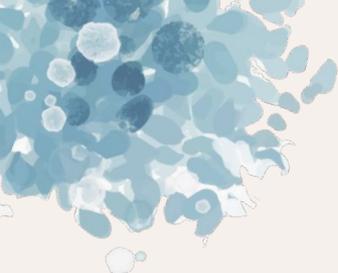
Recommending Services

- Address misconceptions of mental health services
- Participating in Services
  - Finding the right fit
  - Willingness to discuss topics
  - Commitment to more than 1-3 sessions

04

Case Studies

Case Study

Sara James

3 years s/p CVA.
New difficulty with
showering, husband
passed recently.

Sara James

Sara is a 70 yo female residing in ranch style home alone. She has 3 adult children who live nearby and assist as needed. Sara reports she is very active with her sorority and enjoys outings in the community. Sara sustained a stroke 3 years ago and has returned to PLOF with use of adaptive equipment and strategies.

She recently lost her husband of 50 years and reports she is "managing." Sara reports her biggest need for OT at this time is difficulty with showers. She states she infrequently showers as she has a fear of falling. On days she does not shower, she does not feel comfortable going out with her friends.

Plan of Care

Assessment

- 5XSST 29.5 seconds
- SLUMS 25/30
- PHQ-9 13/27

Intervention

- ADL modification
  - Shower Chair
  - Pill packs
- Cognitive Compensatory Strategies

Referral

- Mental Health Therapist
- Pharmacist to discuss Pill Packs

Thank you!

sydney@happyathomeconsulting.com
https://www.linkedin.com/in/sydney-marshman/

References

American Occupational Therapy Association. (2014). *Occupational therapy practice framework: Domain & process*. AOTA.

American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process—Fourth edition. *The American Journal of Occupational Therapy*, *74*(Supplement_2). https://doi.org/10.5014/ajot.2020.74s2001

Antony, M. M., Bieling, P. J., Cox, B. J., Enns, M. W., & Swinson, R. P. (1998). Psychometric Properties of the 42-item and 21-item versions of the depression anxiety stress scales in clinical groups and a community sample. *Psychological Assessment*, *10*(2), 176–181. https://doi.org/10.1037/1040-3590.10.2.176

Castaneda, R., Olson, L., & Cargill Radley, L. (2019). *Occupational therapy's role in community mental health*. Retrieved November 20, 2019, from https://www.aota.org/about-occupational-therapy/professionals/mh/community-mental-health.aspx

Centers for Medicare and Medicaid Services. (2019, October 8). *Quality measures*. Retrieved October 20, 2019, from https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures

Champagne, T., & Gray, K. (2019). *Occupational therapy's role in mental health recovery*. Retrieved November 20, 2019, from https://www.aota.org/About-Occupational-Therapy/Professionals/MH/mental-health-recovery.aspx

Chandler, M. (2018, July 15). *Therapeutic use of self: What does that even mean for OTS?* Retrieved March 6, 2022, from https://www.myotspot.com/therapeutic-use-of-self/#:~:text=The%20most%20widely%20cited%20contemporary,%26%20Peloquin%2C%202000%2C%20p.

Hakkarainen, T. W., Arbabi, S., Willis, M. M., Davidson, G. H., & Flum, D. R. (2016). Outcomes of patients discharged to skilled nursing facilities after acute care hospitalizations. *Annals of Surgery*, *263*(2), 280–285. https://doi.org/10.1097/sla.0000000000001367

Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9. *Journal of General Internal Medicine*, *16*(9), 606–613. https://doi.org/10.1046/j.1525-1497.2001.016009606.x

Lawrence, P., Fulbrook, P., Somerset, S., & Schulz, P. (2017). Motivational interviewing to enhance treatment attendance in mental health settings: A systematic review and meta-analysis. *Journal of Psychiatric and Mental Health Nursing*, *24*(9-10), 699–718. https://doi.org/10.1111/jpm.12420

Levinson, D. (2013). (rep.). *Skilled nursing facilities often fail to meet care planning and discharge planning requirements* . Department of Inspector General . Retrieved from https://oig.hhs.gov/oei/reports/oei-02-09-00201.pdf.

References

Mayo Clinic. (2019, March 16). *Cognitive behavioral therapy*. Retrieved November 20, 2019, from https://www.mayoclinic.org/tests-procedures/cognitive-behavioral-therapy/about/pac-20384610

The Medicare Payment Advisory Commission. (2019). (rep.). *Report to the Congress: Medicare payment policy*. Retrieved from http://www.medpac.gov/docs/default-source/reports/mar19_medpac_ch8_sec.pdf.

Medicare Payment Advisory Committee. (n.d.). (rep.). *March 2019 Report to the Congress: Medicare payment policy* (pp. 191–224).

Miller, W. R., & Moyers, T. B. (2017). Motivational interviewing and the clinical science of Carl Rogers. *Journal of Consulting and Clinical Psychology*, *85*(8), 757–766. https://doi.org/10.1037/ccp0000179

Punwar, A. J., & Peloquin, S. M. (2000). In *Occupational therapy: principles and practice* (pp. 42–98). Lippincott Williams & Wilkins.

Rahimi, A., Hashemzadeh, M., Zare-Farashbandi, F., Alavi-Naeini, A. M., & Daei, A. (2019). Transtheoretical model of Health Behavioral Change: A systematic review. *Iranian Journal of Nursing and Midwifery Research*, *24*(2), 83. https://doi.org/10.4103/ijnmr.ijnmr_94_17

Rehnquist, J. (2003). (rep.). *Psychosocial services in skilled nursing facilities* (pp. 2–23). Department of Health and Human Services.

Schwarzer, R., & Jerusalem, M. (1995). General self-efficacy scale. *PsycTESTS Dataset*. https://doi.org/10.1037/t00393-000

Schwarzer, R., & Renner, B. (2000). Social-cognitive predictors of health behavior: Action self-efficacy and coping self-efficacy. *Health Psychology*, *19*(5), 487–495. https://doi.org/10.1037/0278-6133.19.5.487

Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder. *Archives of Internal Medicine*, *166*(10), 1092. https://doi.org/10.1001/archinte.166.10.1092

Taylor, R. R., Lee, S. W., Kielhofner, G., & Ketkar, M. (2009). Therapeutic use of self: A nationwide survey of practitioners' attitudes and experiences. *The American Journal of Occupational Therapy*, *63*(2), 198–207. https://doi.org/10.5014/ajot.63.2.198

Toles, M., Colón-Emeric, C., Asafu-Adjei, J., Moreton, E., & Hanson, L. C. (2016). Transitional care of older adults in skilled nursing facilities: A systematic review. *Geriatric Nursing*, *37*(4), 296–301. https://doi.org/10.1016/j.gerinurse.2016.04.012

Toles, M., Colón-Emeric, C., Naylor, M. D., Asafu-Adjei, J., & Hanson, L. C. (2017). Connect-Home: Transitional care of skilled nursing facility patients and their caregivers. *Journal of the American Geriatrics Society*, *65*(10), 2322–2328. https://doi.org/10.1111/jgs.15015

Valley VNA Senior Care. (2017, June 29). *8 great reasons to bubble pack prescription medications*. Valley VNA Senior Care. Retrieved March 6, 2022, from https://www.valleyvna.org/2016/04/8-great-reasons-to-bubble-pack-prescription-medications/

Yesavage, J. A., Brink, T. L., Rose, T. L., Lum, O., Huang, V., Adey, M., & Leirer, V. O. (1982). Development and validation of a geriatric depression screening scale: A preliminary report. *Journal of Psychiatric Research*, *17*(1), 37–49. https://doi.org/10.1016/0022-3956(82)90033-4