

April 2008

[www.cohealth.org](http://www.cohealth.org)

## Collaboration

For those professional caregivers who are delivering mental health services in nursing homes, there are numerous approaches that can be adopted to increase your profile in the facility, and increase the awareness of these services. Some examples include:

- Review your patient's progress with the IDT at regular intervals, with written reviews and updates no less than quarterly so the care plans can be updated;
- Assess the needs of the facility for program development that can address special populations (e.g., younger residents), staff training needs, or psychotherapy groups for anger management, dietary compliance, smoking cessation;
- Consider more frequent visits to the facility, for shorter durations – increased visibility results in increased participation on the IDT;
- Ask about attending and participating in weekly rehab department meetings, but be prepared for expectations that your co-services will start quickly and occur 2 or 3 times a week due to the short LOS for this population;
- Collaborate with dietary department for weight loss issues;
- Orient staff about your role, types of patients you can help with, and how your work can be integrated in the nurses' care plans (and re-orient as staff change);
- Ask about attending various facility staff meetings, such as morning "stand ups," psychotropic management, QA;
- Meet regularly with the facility medical director, and his or her PA's or NP's, to ask how you can help with difficult or non-compliant residents or family members;
- Meet with the facility admissions coordinator to better introduce your services to families on admission;
- Offer to co-lead an orientation group for new admissions (non-billable);
- Attend Family Council meetings, and offer an educational presentation for the attendees;
- Review the facility's Quality Indicators, available on the State's Dept. of Health website, comparing its' performance on 21 QI's to the state averages, and offer program and/or service recommendations.



### April's "Lunch and Learn" Series at 1 pm

Live web conferences for all staff members of LTC. Attend with your co-workers:

**One** Hour

**One** Fee

**One** Phone / Internet Location

#### April 9th

Making Disease Management Work: Changing Health Risk Behavior (CBRN, TXSW)

#### April 16

Psychosocial Surveys for SNF's (CBRN, TXSW, NAB)

#### April 23rd

Mental Health and Rehab Collaboration (CBRN, TXSW)

#### April 30th

Behavior Management, Prevention and De-escalation techniques (CBRN, TXSW)

Fee for CE credits is additional, per person

Experience has shown that the more visible and connected the behavioral health practitioner is, the greater the perception that your services are a vital part of, and are integrated into, the comprehensive treatment required by all residents.

## Looking Forward

The goal of the CoHealth website (<http://www.cohealth.org>) is to support the community of caregivers working with the aging population, and integrate behavioral health approaches whenever possible. When you visit the new site, you will find the educational content and resources on the upper floors of the CoHealth Library. Explore the floors for free content, online courses and audio recordings, and continuing education modules.

Directory:	
1st Floor	Lobby / Home Page
2nd Floor	Family Caregivers
3rd Floor	Professional and Career Development
4th Floor	Clinical: Assessment and Treatment Programs
5th Floor	Financial Incentives, Marketing and Collaboration Strategies
6th Floor	Regulatory and Compliance
7th Floor	Disease Management and Behavior Medicine

## Continuing Education

We are pleased to announce that Concept Healthcare has been approved by the following agencies to give CE credit: California Board of Registered Nursing, Texas State Board of Social Workers Examiners, and National Association of Boards of Examiners for Long Term Care Administrators (select courses).

CBRN: Provider approved by the California Board of Registered Nursing, Provider Number 15052 for 1 contact hour.

TXSW: Provider is approved by the Texas State Board of Social Work Examiners, Provider Number 5179 for 1 contact hour.

NAB: National Association of Boards of Examiners of Long Term Care Administrators. This program has been reviewed and approved by the NAB NCERS, #2412008-26746-1. NCERS strives to approve only quality programs whose content can reasonable contribute to the professional development of long term care administrators. If you have any confidential comments concerning this program which you would like to make to NCERS administration, please direct them by phone or email to NAB, 202-712-9040, [nab@bostrom.com](mailto:nab@bostrom.com). NAB/NCERS program approval numbers are pending as of this date.

# CoHealth

In 2007, a Presidential Task Force was convened by the American Psychological Association, under the direction of then-President Sharon Brehm to address health care delivery to older adults, and to advocate for interdisciplinary collaboration among all members of the health care team, including psychologists and other behavioral health professionals. The outcome of this Task Force is the publication, *The Blueprint for Change; Achieving Integrated Health Care for an Aging Population*. This publication, now available at the APA's Office on Aging website, outlines the theoretical and practical challenges of caring for older adults in the coming decades. The Task Force outlined several recommendations: widespread distribution of this publication to all health care disciplines; an active research agenda and educational programs on delivering and utilizing integrated health care; strategies for practitioners to participate in integrated health care teams; and strong support for public policy and public awareness initiatives. To access the *Blueprint for Change*, go to <http://www.apa.org/pi/aging/blueprint.html>

In a recent report from the Institute of Medicine on problems faced by cancer patients, a conclusion was reached that some of the most basic psychological and social issues affecting cancer patients are not being adequately addressed. Even when a patient is receiving state-of-the art medical care for his or her disease, the authors acknowledged that support for the psychological and social effects of cancer (such as depression, financial distress, and need for support services) is lacking. It was recommended that oncology professionals, health care policy makers, third party payers, and advocacy groups better identify patients' psychosocial health needs, make use of available programs and services, and facilitate more effective patient-clinician communication. Copies of the report are available at the Institute of Medicine's website, <http://www.iom.edu/CMS/3809/34252/47228.aspx>

During a March teleconference sponsored by CMS on the topic of Supporting Rural Family Caregivers, one of the speakers gave a presentation on a "Telephone Caregiver Support Group Project," funded by a federal grant from the Administration on Aging. The purpose of the project, conducted by Senior Services of Albany (NY) and the Institute of Gerontology at the University of Albany, was to evaluate the effectiveness of telephone support groups for isolated family caregivers, who otherwise had difficulty accessing or were unable to access community support services. After perusing their website and contacting the agency directly, the Albany social services agency representative kindly made the materials and workbook available. Some of the features of this caregiver model included weekly 1-hour meetings led by a social worker, a maximum of 8

members per group, specific agenda for each meeting, training on problem solving skills, participant workbook, and, one of the unique features of the group, the leader-as-operator model whereby the group facilitator called each member at the outset of the group to link him or her to the call. The “tele-meetings” offered caregiver support, and more: a focus on improved coping skills, self care, and problem solving, and an opportunity to talk with one another in between groups. Those interested can read more at

<http://www.seniorservicesofalbany.com/aoa.cfm>

Practicing how not to die: A house, built in East Hampton, New York, demonstrates a unique perspective of two designers on what a house should do to extend life, namely, “cradle tentativeness.” The architects, Madeline Gins and Arakawa, posit that the houses we live in should be unsettling, and challenge us to get around. Architecture, they believe, can yield answers about how to extend life and help to defy death. The attached link to a video clip from the NY Times shows the house with rippling, bumpy and curving floors, walls at odd angles, and a lot of color. In the interview, Gins explains that we all know that comfort in our existence is fleeting – it is only around for a certain amount of time – and therefore, comfort is inherently rife with anxiety. As we begin to erase that sense of comfort in our everyday lives, we begin to feel a sense of elation and lightness. This may be an unusual item for the CoHealth eNewsletter, but on another level, it seems very apropos.

[http://www.nytimes.com/packages/html/garden/20080403\\_DESTINY\\_FEATURE/index.html](http://www.nytimes.com/packages/html/garden/20080403_DESTINY_FEATURE/index.html)



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