

The Eldercare Method Interdisciplinary Team Model

The Eldercare Method is a systematic process of behavioral health consultation designed for use within long term care settings. It is based upon a clinical model of geriatric behavioral health care developed by a psychologist, Kelly O'Shea Carney, PhD, CMC. The Eldercare Method, which is intended to provide services that extend beyond traditional behavioral health services, is predicated upon the logic of offering "wrap around" care to elders within long term care. The primary goal of the interventions is to foster the well being and highest level of function among frail elders by providing support, education and guidance to the professional caregivers who care for these older adults within long term care settings.

The Eldercare Method services are designed to augment traditional behavioral health services, i.e. psychological assessment and psychotherapy services, available to older adults through their health insurance. While traditional behavioral health services are necessary to meet the needs of many older adults, there are limitations in the goals that traditional services can achieve. For example, older adults with dementia may not be able to benefit from therapy services due to their cognitive deficits and some older adults decline traditional services due to stigma. In addition, many "behavioral needs" of older adults living in long term care settings are actually a response to the systems they live in, rather than a true behavioral health disorder. In these cases, it is most effective to work toward caregiver education, system change and environmental modifications that support the needs of the older adult, rather than trying to change the older adult.

Through the consultation process, the behavioral health provider endeavors to facilitate a "wrap around" approach to care. In other words, the goal is engage all those who assist and care for the elder in the process of supporting that person. In that way, the efforts of caregivers "wrap around" the elder in a coordinated, person centered and goal directed manner designed to meet the unique needs of that individual. Because health care in general, and long term care specifically, often does not work in this way, the consultation services are designed to provide caregivers with education, modeling, guidance and encouragement to facilitate their efforts to "wrap around" the elders they serve. In many cases, the Eldercare Method interventions are targeted at system change, caregiver enlightenment and "thinking outside the box" that is necessary to insure that the unique and individual needs of each resident can be identified and addressed.

The Eldercare Method utilizes a variety of tools and interventions that have been developed specifically to address the behavioral health needs of long term care residents. A standardized process has been developed for the delivery of these interventions, but the specific focus and content of the process varies according to the specific needs of each facility and its residents.

Implementation of the standardized process of the Eldercare Method is designed achieve the following goals within the facilities served:

Outcomes for older adult residents of facilities:

1. Reduce the frequency and severity of problem behaviors
2. Increase resident engagement in meaningful activity
3. Increase resident and/or caregiver report of contentment and quality of life
4. Increase independent function of residents
5. Improve resident satisfaction with care received

Outcomes for staff members of facilities:

1. Increase understanding and awareness of behavioral health needs among residents.
2. Increase focus on resident strengths
3. Foster a client centered approach to care
4. Improved skills in responding to challenging behaviors presented by residents
5. Increased collaboration between team members in a manner that improves quality of care
6. Enhance relationships between caregivers and the residents they serve.
7. Increase staff commitment, empowerment and enjoyment in their work.

Outcomes for the long term care communities:

1. Improved sense of community among residents, staff and family members of residents.
2. Increased availability and variety of opportunities for engagement in meaningful activities for residents
3. Increased collaboration and communication between all staff, regardless of professional title
4. Enhanced interdisciplinary collaboration in resident care and community development
5. Improved physical environments that are responsive to individual resident needs.
6. Enhanced implementation of “culture change” principles, including client centered care, empowerment of direct care staff, engagement of the family, and openness to new ways of delivering services.

The process utilized to achieve these outcomes includes the following basic steps:

1. Needs Assessment: Prior to the initiation of Eldercare Method a service, a comprehensive assessment of the behavioral health needs within the facility is conducted. The overriding goal of the needs assessment is to gather data related to the unique behavioral health needs within the community to be served. The information gathered is then utilized to establish annual service goals which are unique to each setting and reflective of the specific needs to be addressed.
2. Community Care Team (CCT): This multidisciplinary group is comprised of staff from the facility and facilitated by a behavioral health professional. The mission of the CCT is to implement the recommendations of the Needs Assessment and provide leadership in addressing the behavioral needs of behavioral, social and emotional needs of residents. The CCT is responsible for collaborating on the development of behavioral plans, trainings and environmental and systems changes that will address the needs of the residents
3. Staff training: A critical component of the Eldercare Method is staff education. As part of the Eldercare Method, a wide variety of training topics and formats that can be used within long term care settings has been developed. Specific training schedules are designed to address the priorities identified by the facility’s annual service goals and the specific goals identified by the CCT. The training formats utilized to address educational goals are varied in an attempt to provide diverse training experiences for staff that may have different learning styles and/or different availability for training. Training modalities include didactic training, case discussion, one to one modeling and coaching and experiential learning opportunities.
4. Behavioral Health Consultation: Within this model, the behavioral health clinician serves as a member of the care team and is present within the facility for a predetermined time each week. During these visits, the clinician offers support, guidance and direct

intervention to address the specific behavioral needs of residents and to provide leadership to the staff in their work with challenging residents. The ongoing interaction and technical assistance offered by the clinician provides an “in vivo” learning opportunity for staff and insures a proactive approach to meeting the mental health needs of residents.

5. Outcome Measurement: Measuring the impact of the behavioral services is a key component of the Eldercare Method. Outcomes related to CCT function, resident behavior and function and environmental change are measured quarterly and reviewed through the CCT to insure continuous quality improvement.

Thus far, outcome data at the level of the individual and the facility, which is gathered as a part of the team process, has been promising. Decreases in problem behaviors, psychotropic medication utilization and depression, as well as increased autonomy and contentment (as assessed by caregivers) have been documented. In addition, the intervention has been well received by the management and clinical staff within the nursing homes where it has been implemented.

Because anecdotal evidence derived through quality improvement processes appears promising, more rigorous study of this intervention is planned. The table below identifies the quality indicators that are intended for use in measuring the impact of the intervention within nursing home settings.

Outcome Indicator	Source
Resident	
Falls	Facility reports
Depression	MDS
PRN medication	eMAR
Psychotropic medications	eMAR
Quality of life	MDS
Challenging behaviors	Caretracker
Engagement	MDS
Staff	
Job satisfaction	Survey
Self-efficacy	Survey
Empowerment	Survey
Turnover intention	Survey

Call offs	Facility reports
Work-related injuries	Facility reports

It is hoped that additional data collection will provide clear support for this innovative intervention model and serve to highlight the value of providing psychological consultation, education and support within long term care settings. While traditional behavioral health interventions are useful, psychologists and other behavioral health providers have far more to offer in the effort to improve quality of life and well-being of nursing home residents. Ultimately, it is hoped that the data will support an expanded view of the role that psychological services can play within long term care settings and the benefit of those services for residents and staff alike.

For more information about the Eldercare Method, please contact Kelly O'Shea Carney, PhD, CMC, Executive Director of Phoebe Center for Excellence in Dementia Care, Phoebe Ministries, Allentown, PA. (kcarney@phoebe.org)