Pennsylvania Depression Quality Improvement Collaborative

Sponsored by

Southeastern Pennsylvania Association for Healthcare Quality (SPAHQ)

in partnership with the Abramson Center for Jewish Life

Polisher Research Institute
Learning Session 1

Depression Screening & Interventions

Presenters:

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Sarah (Telthorster) Humes, CTRS, Director of Therapeutic Recreation
Susan Barker, RN, Director of Nurses
James Pye, PT, Director of Operations, Rehab-Care Group
Marilyn Frazier, MSW, LSW, Director of Social Services
Rabbi Joshua Zlochower, LMSW, Director of Chaplaincy Services
David Payne, Psy.D., Senior Psychologist
Depression Screening & Interventions

• Depression Screening

• Depression Interventions
  – Level 1: Recreation, Restorative Nursing, Exercise
  – Level 2: Social Services, Chaplaincy Services
  – Level 3: Psychology, Psychiatry
Depression Screening

- Characteristics of Depression Screeners
- Specific Example: PHQ-9
Characteristics of Depression Screeners

- Distinct Cut-off Points
- Measure of Depression Severity
- Indicator of Treatment Response
Patient Health Questionnaire – 9 (PHQ-9)

PHQ-9 Total Severity Score – Cut-off Suggestions (Range 0-27)

- 1-4 Minimal Depression
- 5-9 Mild Depression
- 10-14 Moderate Depression
- 15-19 Moderately Severe Depression
- 20-27 Severe Depression
## Patient Health Questionnaire – 9 (PHQ-9)

### Score, Interpretations & Possible Actions Table

<table>
<thead>
<tr>
<th>Total Severity Score</th>
<th>Depression Severity</th>
<th>Actions Needed</th>
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<td>1-4</td>
<td>Minimal depression</td>
<td>Initial Assessment – This score suggests the patient, at this time, may not need depression treatment. Ongoing Monitoring – Reduction of score to this level implies remission of depression. Provide ongoing treatments as they appear to be working well.</td>
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<td>5-9</td>
<td>Mild depression</td>
<td>Initial Assessment – Use clinical judgment in deciding the appropriate treatment. If no symptoms of suicidality, consider referral to level 1 intervention. Ongoing Monitoring – A 5-point reduction in score or greater indicates a solid response to treatment. Continue to provide ongoing treatments.</td>
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<td>10-14</td>
<td>Moderate depression</td>
<td>Initial Assessment – Use clinical judgment in deciding the appropriate treatment. If no symptoms of suicidality, consider referral to level 1 and/or level 2 interventions Ongoing Monitoring – A 3-point or greater reduction indicates a solid response to treatment. A Reduction of less than 5 points within 12 weeks indicates a lack of response. Treatment plan change may be considered at this time. Consider additional levels of treatment.</td>
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<td>15-19</td>
<td>Moderately severe depression</td>
<td>Initial Assessment – Treatment for depression using level 3 interventions: Psychiatry (antidepressant), referral for Psychology or a combination of treatment with or without Levels 1 and 2. Ongoing Monitoring – Indicates poor or no response unless score has decreased 5 or more points. Lack of response within 12 weeks may require medication change, additional medication or augmentation or referral to a psychiatrist.</td>
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<td>20-27</td>
<td>Severe depression</td>
<td>Initial Assessment – Warrants treatment for depression using antidepressants or a combination of antidepressants and psychotherapy and other treatments as well. Ongoing Monitoring – Indicates severe depression that would require psychiatric referral for consultation and/or management.</td>
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*In Toolkit on page 20*

*Total Severity Score is a starting point*

*Doesn’t take the place of clinical judgment*
# Depression Screening

Patient Health Questionnaire – 9 (PHQ-9)

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Patient Health Questionnaire – 9 (PHQ-9)

- Consider Scoring Context
  - Initial, Ongoing
  - Response (within 12-weeks)
    - 50% and/or
    - 5-point reduction
- Clinical Discretion (esp. in Mild Range)
- Mild Range - Prevention Services
- Special Cases:
  - Suicidal Ideation
  - Psychotic Symptoms
Intervention Levels

- Prevention Focus
- Step-wise
- Informed by Discipline Specific Best Practices
# Interventions Table – Toolkit (page 10)

<table>
<thead>
<tr>
<th>Level Interventions</th>
<th>Usual Care Examples</th>
<th>Depression Specific Approach Examples</th>
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<td>Level 1 Interventions</td>
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<tr>
<td>Therapeutic Recreation</td>
<td>Invite household residents to daily programming, supplies provided for independent leisure, visit those who need 1:1 interventions at least 2-3 times per week</td>
<td>Involve resident in the planning of preference congruent leisure pursuits and work toward matching their preference pursuits with the identified cluster of depression symptoms. For example: a resident with low self worth to play a role on the welcoming group for new resident on the household</td>
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<tr>
<td>Restorative Nursing</td>
<td>Works with resident to complete assigned restorative nursing programs</td>
<td>Use of enhanced motivational &quot;Tips&quot; when decline in resident performance of ADLs appears to be related to mood and/or depression issues</td>
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<td>Exercise</td>
<td>Offer regularly scheduled exercise programs (e.g., morning stretch, volunteer exercise class, etc.)</td>
<td>Active Life Exercise Program - doctor's order, supervised use of weights and exercise equipment</td>
</tr>
<tr>
<td>Social Services</td>
<td>Case management functions during admissions, readmissions and discharges and as needed. MDS Assessments</td>
<td>Clinical and/or case management support during periods of adjustment, loss of abilities and bereavement. Work with resident and/or family to assist with adjustment to facility and/or build social networks</td>
</tr>
<tr>
<td>Chaplaincy Services</td>
<td>Invite to worship services, religious life events, religious holiday celebrations</td>
<td>Chaplain visits with individual for therapeutic spiritual care. Planned weekly spiritual care visits with spiritual-psychosocial plan of care coordinated with the social worker</td>
</tr>
<tr>
<td>Volunteer Services</td>
<td>Volunteer offers books, assists in technology room, library and at events</td>
<td>Coordinated friendly volunteer visits with resident who have signs and symptoms of depression and who may benefit from additional social supports</td>
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<tr>
<td>Level 2 Interventions</td>
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<tr>
<td>Psychological Services</td>
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<td>Individual and/or group psychotherapy, psychological evaluations</td>
</tr>
<tr>
<td>Psychiatric Services</td>
<td></td>
<td>Individual psychiatric evaluations, psychotropic medication management</td>
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</tbody>
</table>
Level 1

Depression Management Program

Psychology

Psychology & Psychiatry

Social Work

Chaplaincy Services

Social Work

Family Involvement

Behavioral Activation
Therapeutic Recreation & Exercise
& Restorative Nursing

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Level 3

Level 2

Level 1
Level 1 Overview

• Depression Symptoms
  – Social withdraw, lack of motivation and interest

• Principles of Behavioral Activation
  – Establish Goals
  – Emphasis on Preference-based Activities
  – Easiest Tasks First
  – Monitor Progress
  – Reinforce Success
Therapeutic Recreation

• Scores of 5 and above
• Cluster of depression symptoms
  – Some areas of the PHQ-9 are not related to leisure: poor appetite or overeating.

• Is recreation appropriate?
  – Example:
    • the resident is already highly involved AND
    • their symptoms are not directly resolved through leisure
Therapeutic Recreation

Activating Recreation

• Assess the residents preferences
• Determine the type of programming that is most appropriate: small group, large group, 1:1, etc.
• Additions to care plan for a more specific plan of care:
  – Add “level one depression prevention program”
  – Add specific strategies or tips needed for involvement
Level 1 Interventions

Therapeutic Recreation

• Interventions
  – Any modality that fits the residents preference is appropriate
  – Engage the resident in as much of the program as possible: the planning, spreading the word, gathering supplies, instructing the group, etc.

• Specialized Modalities
  – If you have any certified therapists, utilize them for the depression management program:
    • CTRS (certified therapeutic recreation specialist) – Sec. O of 3.0
    • MT-BC (music therapist board certified)
    • HTR (horticulture therapist registered)
    • Certified Pet Therapy animals
Restorative Nursing

• Benefits of restorative nursing (RN)
  – Keep depressed residents moving
• Creative Reinforcement of Staff
  – Regular reinforcement
  – Promote professional pride
• Share knowledge of RN benefits
Restorative Nursing

- Tips for Depressed Residents:
  - Achievable goals
  - Reinforce success
  - Motivation
  - Supportive communication

- Motivated staff = motivated residents
Exercise

- Physical Benefits of Exercise
  - Regulates blood glucose levels
  - Stimulates catecholamines
  - Improves sleep patterns
  - Improves cardiovascular endurance
  - Enhances safe mobility
Exercise

• Psychological Benefits of Exercise
  • Improves relaxation
  • Decreases stress hormones
  • Improves cognition
  • Improves motor and skill learning

• Social Benefits of Exercise
  • Improves self confidence
  • Increases self esteem
  • Formation of new friendships
Exercise

Assessment Phase

• Skilled Therapy

• Active Life Program
  – Rehab evaluation to determine functional abilities, inclusion criteria include:
    – Cooperative and follows commands
    – Transfers/Ambulates with assist of one person
    – Sits in a regular chair safely
Exercise

• Active Life Intervention Phase
  – Exercise Program
    – Strength Training
    – Balance Activities
    – Cardiovascular activities
      » NuStep, walking, ergometers, bikes
    – Flexibility activities
Exercise

• Lessons Learned
  – Small groups work best to develop camaraderie
  – Documentation
    • Attendance Log
    • Written exercise program to follow for consistency
    • Functional mobility status
  – Focus should be on exercise and activity, not modalities
Level 2

Depression Management Program
Psychology
Social Work
Recreation

Behavioral Activation
Therapeutic Recreation & Exercise
& Restorative Nursing

Psychology & Psychiatry
Chaplaincy Services
Family Involvement

Level 1
Level 2
Level 3

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Level 2 Overview

Level 2 Goals:

• Social Support
  – healthy way to cope with stress
• Strengthening of Social Networks
  – family, peers, staff members, volunteers, visitors
• Ease Adjustment
  – loss, ability decline, etc.
Social Services

- Social Services play a key Management Role
- Assessment Process
  - Listen/observe
    - formal (screening)/Informal
    - resident, family, staff
  - Formulate
    - What is the nature of the depression?
    - What are the sign and symptoms?
      - Response: better, worse, same?
    - What might be keeping the resident stuck?
  - Act
    - Which intervention/s are likely to be needed?
Level 2 Interventions

Social Services

• Intervention Phase
  – Connect resident needs with resources
  – Facilitate social network building
  – Provide social support
  – Address adjustment needs
Chaplaincy Services

- The Chaplain is an empathic presence for the person challenged by depression
- The Chaplain “gets in the boat” with the person and “rows” with them
- Prayer, Storytelling, Meditation, and Song help to transcend despair and hopelessness
- Spiritual care also helps a person feel loved, supported, and worthy of being embraced by a caring community
Level 3
Level 3 Overview

- Industry Standard
- Evidenced-based
Psychology Services

- Residents with significant depressive symptoms can be referred for psychology evaluation
- Residents with adequate cognitive abilities can benefit from individual or other psychotherapies
- Psychologists can collaborate with staff to design other interventions as well
Psychiatry Services

- Residents with significant depressive sxss. can also be referred for psychiatry eval
- Psychiatrist may start or change dosages of medications
- Psychiatrist may refer residents for psychotherapy, or for more intensive psychiatric treatments. Psychiatrist may also make medical recommendations as well.
Questions & Answers

Depression Screening?
Interventions?
Data Requirements?
Others?
### 2011 At Risk Depression Tracking Tool

#### March Assessments

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**MDS Assessment Tally**
- Paper & Pencil Caseload Sheet
- Handy tally
- Entered into Total Assessments
### Depression Screening

**Patient Health Questionnaire – 9 (PHQ-9)**

#### Documenting Level Interventions
- Use “X”s
- One “X” for one or multiple interventions per level

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| 20 | 10 |
Next Steps

Learning Session 2

Topic: Integrating Treatment Disciplines, Tools, Forms, Role of Medical Director & Tracking Outcomes

When: Thursday, July 21\textsuperscript{th}, 2011, 10AM

Who shall I invite?
• Social Services
• Recreation
• Chaplaincy
• Restorative Nursing
• Rehabilitation
• Psychology
• Psychiatry
• Medicine
• Quality Improvement

First Data Submission
• 5\textsuperscript{th} day of the month thereafter
Next Steps

Association Contacts

Confirmation - Feedback

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