Relocation of Members: Stress Syndrome Awareness and Response

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http://www.wgpi.org
Learning objectives

After participating in this conference session, the learner will be able to:

• Discuss **Relocation Stress Syndrome (RSS)**, the definition and presentation

• Describe your role in prevention and response

• Identify how to collaborate in the relocation/transitions planning process
Introduction

- **Relocation Stress Syndrome (RSS)** can be defined as physiologic and/or psychological signs and symptoms that result from transfer from one environment to another. (NANDA International formerly North American Nursing Diagnostic Association, 1992)

- During this presentation, you will learn how relocating members has the potential for causing RSS, how to recognize it, and how to reduce its effects.
Why do our members/participants move?
Case Study
Take Home Messages

1. Members who move, whether it is changing rooms or moving to a new home in the community, are at risk for developing Relocation Stress Syndrome (RSS)

2. Keep the focus on how to collaborate with members and others to ensure member safety and appropriate transitions

3. Remember that not all members will experience RSS—many will demonstrate resilience and cope well with change
The Relocation Stress Syndrome Debate

- Not everyone agrees that RSS exists
- The list of references provides reading for your copious spare time
- At Community Care, Inc. our planning is based on multiple factors
Why focus on RSS?

• Members have complex presentations
• Our member population has high incidence of BH diagnoses and trauma
• Commitment to a person-centered, trauma-informed, and motivational culture
• Desire to ensure comprehensive assessment and care planning in all aspects of care management
• Transitions and relocations are happening all the time
Complex Members in the Relocation Process

Members often experience problems which are:

• Multifactorial and interacting, initially daunting
• Characterized by unusual presentations
• Colored by each individual’s unique personality, experiences, and values
• Changing over time
• Associated with significant feelings/emotions for all involved
Understanding & Addressing Complex Clinical Problems: 
The Wisconsin “Star” Method

• The Wisconsin Star Method is a simple, concrete tool for addressing the problem of complexity in our members
• It helps us to get a handle on challenging situations more quickly in order to provide comprehensive care
• Method – a way of thinking about a problem
• You are encouraged to modify and adapt it to ways that work best for you
• It enables clinical data about a person to be mapped out onto a single field with five domains: medications, medical, behavioral, personal, and social
Understanding & Addressing Complex Clinical Problems: The Wisconsin “Star” Method

- Symptom, Problem
- Medication Factors
- Social Factors
- Personal Factors
- Medical Factors
- Behavioral Factors
So what else do I need to know?

We said that RSS can cause physiologic and/or psychosocial disturbances – what does that mean?
Psychosocial or Psychological changes might include:

- Dependency, need for lots of reassurance
- Confusion, wandering, sun-downing
- Anxiety or intrusiveness
- Depression, sadness
- Withdrawal, social isolation, not attending activities
- Anger, irritability, combativeness, hostility
- Resistance to care giving
What Feelings might the member express?

• Member feels a loss of control
• Member feels a loss of predictability
• Member feels re-traumatized
• Member feels lack of trust--including fear about unknown providers
• Member feels grief and sense of loss
Physical Changes you might see

- Falls
- Decrease in appetite
- Weight loss
- Signs of dehydration
- Unwillingness/inability to perform ADLs
  - Dressing
  - Toileting/change in continence status
Think about the changes that impact members

• Loss of connections with friends/peers
• New home environment
• Change of neighborhood or community
• New care-giving staff
• Care team changes?
Best Practice

• Know your member
• Listen attentively
• Identify sources of information to use in preparation for transitions—think Star
• Work collaboratively
Know your member: The Personal Arm of the Star

- Rules of Thumb, Intuitions
- Situational Knowledge & Experience
- Personality Traits: Temperament
- Values
- Loyalties

Meaning
Work Collaboratively

• Relate to the member’s concerns and reality
• Understand & respond vs. control or “manage” the member
• Include the member and care giving staff in your assessment and care planning process
Information

1. Member rights
2. Member needs and preferences
3. Environmental factors to consider
4. Interactions of the member and the current caregivers and new caregivers (front-line staff have effective ideas and are key to good care)
5. Risk factors
Members have rights in relocation

1. Right to privacy
2. Right to make choices about health care
3. Right to be free from abuse
4. Right to be free from interference, coercion and discrimination
5. Right to voice grievances
6. Right to adequate care and treatment in the least restrictive/most integrated setting
7. Right to be informed and receive adequate notification of discharge decisions
8. Right to reasonable accommodations of needs and preferences (WI Department of Health Services, Division of Long Term Care (11/2010): The Resident Relocation Planning and Procedure Manual [Section VII])
Identify factors that may indicate “high risk”

- Polypharmacy
- BH co-morbidity
- Physical or functional limitations
- Poor social support
- Poor adherence
Goals

Prevention

Prevention of problems and unintended consequences

• Accurate assessment on which to base our interventions
• Early and on-going intervention

Use of Positive Supports

• Positive Supports are components added to the environment that encourage replacement of challenging or dangerous behaviors with positive behaviors
What are categories of positive supports?

• Engagement—identifying your member’s strengths
• Encouraging/teaching effective communication skills
• Expanding the opportunities for relationships and integration into the community
• Improving quality of living environment
• Having fun
Understand and Address Stress

• **Stress** = perceived challenges / perceived resources

• Generated by interactions between brain & environment (situation)

• Normal part of living & problem-solving, especially with:
  – intense and/or complex challenges
  – limited/scarce resources

• Problematic for a particular situation if:
  – too intense: e.g. panic
  – too weak: e.g. overconfidence, too ‘laid back’

Howell, 2015
Stress

• Behavioral responses to stressors:
  – Fight: e.g. frustration, irritability, anger (toward others/self)
  – Flight: e.g. avoidance, “turfing,” suboptimal effort
  – Freeze: e.g. immobilization, indecision, impulsivity
  – Engage: e.g. active involvement
Stress

- Members may have behavioral responses to stressors
- Appropriateness of response determined by the situation
- Effective engagement requires:
  - good executive function: correct assessment of meaning
  - emotional effectiveness: member, team, & organization/system
  - availability of a diverse team: in complex situations
Emotional Effectiveness

- Emotional effectiveness means:
  - being nonjudgmentally aware of whatever feelings a situation generates
  - appreciating the significance (meaning) of those feelings
  - developing a measured response to the situation that is informed by an understanding of what the feelings mean

- Emotional effectiveness starts with listening to how you feel

- Rule of thumb: don’t waste your feelings
Executive Functions

- Attention
- Response inhibition: blocking distractions
- Memory: working memory (“desktop”)
- Planning: sense of the future, generation/selection of options
- Abstract thinking
- Implementing plans: decide/start/sustain/stop
- Set-shifting: flexibility
- Organization: categorizing, sequencing
- Multi-tasking
- Monitoring: awareness of self & others
- Evaluation/judgment
- Problem-solving: new (vs. familiar/learned)
- Modulation of feelings/emotions/behavior/ego
Executive Function & Emotional Effectiveness

- Awareness: paying attention to relevant knowledge, values, rules of thumb, & feelings (own & others)
- Response inhibition: e.g. not taking things personally
- Reflection: listening to how you feel
- Tolerance of ambiguity
- Non-judgmental
- Understanding: of anxieties driving behaviors
- Modulated responsiveness
- Integration of:
  - emotional sensitivity & cognitive objectivity
  - cognitive sensitivity & emotional objectivity
- Ego modulation: focus on good outcomes
Collaborate
Create a Plan

Develop generalized strategies to enrich the environment and improve caregiver skills and well-being in 4 domains:

1. Provide caregiver education
2. Enhance effective communication
3. Assist in creating meaningful activities
4. Simplify tasks & establish structured routines
Behavior Support Plan (BSP)

1. The Description of Behaviors
2. Situations & Circumstances Where Behaviors are Likely to Occur (think triggers, what is the meaning of the behavior?)
3. Behavioral Signs & Signals That Occur Prior to the Behavior
4. How Staff Can Support and Engage the Expression of a More Appropriate Behavior
5. How Staff Should Respond to the Person When the Behavior Occurs
Evaluate

• Was the plan implemented?
• Did the plan work?
• Is the plan safe and effective?
• Was the member involved in the planning?
• Did part of the plan work?
• Why? Why not?
• What got in the way?
• What made a difference?
• What now?
When You Create Plans, Think About Your Approach:
Cultivate Therapeutic Alliances

• The way to a good outcome is through the personal arm of the Star
• Enhance the sensitivity & specificity of your approach
  – adjust according to each individual’s personality styles/traits, knowledge/experiences, values, loyalties, & executive functioning
• Attend to underlying meanings
• Listen to how you feel
• Appreciate, allow for, & address the underlying anxieties that may be driving ineffective behaviors
Team/Staff Relocation Stress Syndrome

Just when members need the support of people who they feel will help them in a stressful time, the team and other staff members are also experiencing stress.
Team members and staff members may experience similar reactions

Listen to how you feel

If you feel--

• Anxiety
• Depression
• Withdrawal
• A loss of control/predictability
• Anger
• Insecurity

Your members may have the same or similar feelings!
How can we increase our members resources so that the challenges do not overwhelm them?
You can do a lot!

• Work collaboratively with new residential providers to have the member’s new environment reflect their preferences
• Arrange tours of potential new facilities or have pictures for members to view
• Arrange for members to meet new staff/new care givers
• Make yourselves available as a resource to new staff/new care givers—share what you know, what approach works best
WHAT YOU CAN DO!

• Talk with members--normalize the experience
• Have family/representatives/friends and supportive others available to the member
• Help individual members reflect on how they have successfully managed the stress of similar circumstances
• Watch for and address behaviors that emerge during this time
WHAT YOU CAN DO!

- Listen to and address questions raised by the member during transitions
- Work collaboratively with others to develop the member’s discharge, relocation or transition plan
- If there is a Behavior Support Plan (BSP), collaborate with new care givers to update it to reflect changes
- Be prepared to repeat information about the member’s transition plan
BEST PRACTICE GUIDELINES

1. Continue to talk to and listen to members and significant others
2. Develop and maintain an information exchange with current and future staff
3. Plan activities with current staff prior to transition
4. Include the member and member support system in all aspects of the relocation
5. Know your member’s base-line and be alert for changes
6. Focus on what is effective. Think effective vs. ineffective rather than right/wrong or good/bad
Summary

• Engage with and get to know your members
• Use the Star Method to map complex cases
• Be collaborative
• Follow up to see if plans are implemented, are working and are life enhancing
• Use novel problem-solving when plans are not effective
Contact information

Wisconsin Geriatric Psychiatry Initiative
Web site: http://www.wgpi.org
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References

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Questions