



SESSION 5
MANAGING CAREGIVER NEEDS IN THE ROOM



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INTRODUCTIONS



Erin Emery-Tiburcio, PhD, ABPP is the Co-Director of the E4 Center and a nationally recognized leader in aging, behavioral health, and improving care across all communities. She serves as Professor of Psychiatry & Behavioral Sciences and Geriatric Medicine, Director of Geropsychology, and Co-Director of the RUSH Center for Excellence in Aging.



Caryn Blanton, LCSW, ASW-G is the Program Manager for the E4 Center, bringing extensive clinical social work experience with adults and older adults, as well as years of experience with program management at RUSH. She also incorporates mind-body practices into her work as a certified yoga teacher with training in yoga-informed psychotherapy.

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Program Overview

	Date	Title
Session 1	Feb 24	Common Challenges in Caregiving
Session 2	Mar 4	Compassion Fatigue
Session 3	Mar 11	Grief and Loss
Session 4	Mar 18	Cultural and Language Considerations
Session 5	Mar 25	Managing Caregiver Needs in the Room

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Managing Caregiver Needs in the Room

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With Acknowledgment to:
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To obtain credit you must:

Complete an electronic evaluation and generate your certificate.

Accreditation Statement:

In support of improving patient care, RUSH University Medical Center is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.



Credit Designation Statements

For Medicine:

Rush University Medical Center designates this live activity for a maximum of 1.00 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only credit commensurate with the extent of their participation in the activity.

Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to earn credit toward the CME of the American Board of Surgery's Continuous Certification program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABS credit.

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Rush University Medical Center designates this live activity for 1.00 CE credits in psychology. Continuing Education (CE) credits for psychologists are provided through the co-sponsorship of the American Psychological Association (APA) Office of Continuing Education in Psychology (CEP). The APA CEP Office maintains responsibility for the content of the programs.

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As a Jointly Accredited Organization, Rush University Medical Center is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved continuing education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive 1.00 general continuing education credits.

For Dietitians: This live activity has been approved by the Commission on Dietetic Registration. Completion of this activity awards 1.00 CPEUs.

For physical therapy or occupational therapy:

RUSH University Medical Center is an approved provider for physical therapy (216.000378) and occupational therapy (224.000220) by the Illinois Department of Professional Regulation. Rush University Medical Center designates this live activity for 1.00 continuing education credits.

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RUSH University Medical Center is an approved provider by the National Board for Certified Counselors (NBCC ACEP No. 7599). This activity has been approved for 1.00 NBCC credit hours.



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Learning Objectives

- Describe and recognize caregiver needs
- Identify the role relationship dynamics and trauma can play in healthcare settings
- Apply active listening strategies to support the patient-caregiver dyad.

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The Caregiving Role

Learning and taking on new roles for care recipient in addition to:

- Raising children and/or grandchildren
- Maintaining a job, household, and other relationships



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Caregiver Impact Can Vary

- Collectivist vs Individualistic Culture regarding Caregiver role
- Social & Cultural beliefs about cancer
- Cancer history
- Perception of Illness or Prognosis
- Relationship and Family dynamics
 - history of abuse and neglect

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Nearly 90% of older adults have experienced at least one traumatic event in their lifetime.



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Care Related Situations and Trauma



What is Care Related Trauma?

- Care approaches that feel unsafe, authoritative, insensitive, or humiliating can retraumatize patients
- Reminders of a traumatic event

Symptoms may include:

- Dread, fear, hopelessness, racing heart, sweaty palms, being jumpy, alert, on guard, feeling nervous or anxious
- Can lead to re-traumatization and the new experience becomes a trauma.

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Care Related Situations and Trauma



How it shows up:

- Mistrust of providers, care partners and medical recommendations.

Leading to difficulty:

- Relating to providers / care partners
- Talking about symptoms
- Undergoing tests or procedures

Trauma-informed Care Strategies

- Provide options, allowing the person to maintain as much control as possible
 - During personal care or procedures requiring physical touch, ask permission for each step and narrate what is being done throughout the process
 - Collaborate on a way to signal distress easily when the patient needs a break
 - Advocate for a patient's preferences about care team

Trauma-informed Care Strategies

- Promote a quiet, calm environment
 - Knock gently and introduce yourself when entering spaces to avoid startling
- Be reliable and responsive:
 - Arrive to your appointments on time when possible or have staff check in
 - Call when you say you will call
 - Provide reasonable expectations (don't overpromise).
- Create a safe space for people to ask questions and have a human response.

How can I help? LEARN

- Listen (Actively).
- Empathize. Reflect, don't deflect. Instead of "it will be OK," try, "I hear how sad (worried, anxious...) you are."
- Activate. Try to get the person moving in the direction of their goals.
- Refer. Get the person connected to evidence-based services.
- Normalize. "a lot of people struggle with a cancer diagnosis– it can really be helpful to talk with someone who knows how to help."



Tips for Communication

- Be aware of any language, vision, cognitive/comprehension or hearing concerns that could affect communication. Invite medical interpreters as needed – *do not use family/friend interpreters.*
- Use simple language, no medical jargon or slang.
- Speak slowly and clearly.
- Face the person that you are talking with to assure that they know you are talking to them. *This includes when talking to older adult patients, when using interpreters, or if patient is non-verbal or has cognitive impairment of any kind.*
- Be patient.

Active Listening

1. Use Open-ended questions to elicit more information
2. Use Closed questions for a “Yes” or “No”
3. Provide a verbal clue that you’re engaged.
4. Nonverbal communication
5. Reflect – Repeat back what you heard the person say, or your interpretation of it.

Instead of this... (Closed Question)	Try this! (Open-ended Question)	Then this!
Any questions?	Ask: We talked about a lot today. What is your understanding of your diagnosis / treatment options / next steps?	Affirm what they understand and normalize what they don't, then explain in simpler terms. You can also offer to write down important points or next steps on their after-visit summary. Offer to have staff call the next day to check in on next steps or any questions.
To Patient and Caregiver: Did you take the bus again?	Ask: How did you both get here today?	It sounds like it was important to you to be on time for this appointment and the bus feels reliable and comfortable to you. Can I connect you with our social worker to see if there are other options that would feel ok for you to take together? (re concerns of speed, safety, infection risk, mobility)

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Instead of this... (Closed Question)	Try this! (Open-ended Question)	Then this!
Why are you crying?	Say: "Tell me what's happening for you right now"	Scenario 1: "A new cancer diagnosis is a lot, and you're not alone. It's normal to feel overwhelmed and scared. Would it be ok if I paged our social worker to come talk with you and make sure you have the support you need?"
Why are you crying?	Say: "Tell me what's happening for you right now"	Scenario 1: "It sounds like you're upset that I was running late because you both have a ride scheduled to pick you up after this appointment. I understand they can be strict and can't always accommodate changes to pickup times. Would it be ok if I called our social worker to schedule you for a ride home after our appointment?"

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Instead of this... (Closed Question)	Try this! (Open-ended Question)	Then this!
<p>a) Did you bring your sister/brother/sibling today?</p> <p>b) You must be a friend</p> <p>c) Is this your Mom/Dad/daughter/son?</p>	<p>NEVER ASSUME Ask: “Who is with you today?”</p> <p>a & b) It could be their sibling or friend, but it could also be their paid caregiver, spouse, or partner, etc. (<i>Note: This frequently happens with same-sex couples</i>).</p> <p>c) They could be partners with a significant age difference, or they may have brought their aunt/uncle, parent’s partner/step-parent (with a significant age difference from their parent).</p>	<p>ALWAYS ASK PERMISSION FIRST “Is it ok if we discuss your medical condition with X in the room?” -or-</p> <p>“We will be talking about some sensitive topics today, I was hoping to talk with you individually, and then we can bring your X back in the room after. Is ok with you?” (then the provider guides the caregiver out).</p> <p>IMPORTANT: They can change their mind. When discussing Advance Directives, Abuse/Neglect, or if they become noticeably uncomfortable or quiet after agreeing to allow them to stay in the room, say, “I have something I’d like to talk with you about one-on-one. X, Can you please step out for a moment?”</p>

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How can I help? LEARN

- Listen (Actively).
- Empathize. Reflect, don’t deflect. Instead of “it will be OK,” try, “I hear how sad (worried, anxious...) you are.”
- Activate. Try to get the person moving in the direction of their goals.
- Refer. Get the person connected to evidence-based services.
- Normalize. “a lot of people struggle with a cancer diagnosis– it can really be helpful to talk with someone who knows how to help.”



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Things to consider:

- What supportive services are available for your patients and caregivers?
 - Do you have a social worker, psychologist, chaplain, or navigator?
 - What is their role and availability to you in clinic?
 - What is their preferred way of referral/communication, and response time?

- What policies are in place for when these support services are not there, or if they're not available in the clinic at all?
 - If you don't know, ask your administrators.
 - If they don't have policies, encourage them to create policies for when suicidal ideation, homicidal ideation, abuse, neglect, or illegal activities arise in clinic.

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Summary

- Consider the caregiver to be part of the team.
- Address caregiver needs in the room. They can play a big role in your patient's care.
- Everyone can benefit from a trauma informed approach to care.
- Use L.E.A.R.N

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Contact Us

To join our mailing list or learn more about upcoming opportunities, please email

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RUSH Caring for Caregivers

Caring for Caregivers aims to support family or friends that are providing care for adults 60 and older. Focusing on What Matters to the caregiver, we assist in developing a plan for the caregivers' health and well-being that incorporates the care needs of the older adult.

1. **Skill Building Meetings** can include occupational therapists, nurses, pharmacists, or nutritionists in teaching skills to caregivers, such as transferring patients without injuring themselves or performing basic medical care.
2. **Planning for What Matters Sessions** with our social worker to discuss what matters most to both caregiver and care recipient and develop health and life plans that reflect your preferences.
3. **Care Team Planning Meetings** involve learning to create and work with care teams most effectively, focusing on communicating effectively and ensuring that older adults and their caregivers are included in planning for care.

Initial session is provided at no cost. Additional services are covered by most insurances. Support for Rush Caring for Caregivers is made available through a generous grant from the RRF Foundation for Aging.

For more information,
call 312.563.0350 or
email us at
caregivers@rush.edu

Tower Resource Center
1620 W. Harrison St.
4th Floor, Suite 04527

Services can be provided
by phone, virtual or in-
person.

Parking is available at the
Rush garage on the
southeast corner of Paulina
and Harrison Streets.

From the 4th floor, follow
the signs to the Tower.

Valet parking is also
available in front 1620 W.
Harrison Street. Parking at
both locations will be
validated in full.



Excellence is just the beginning.

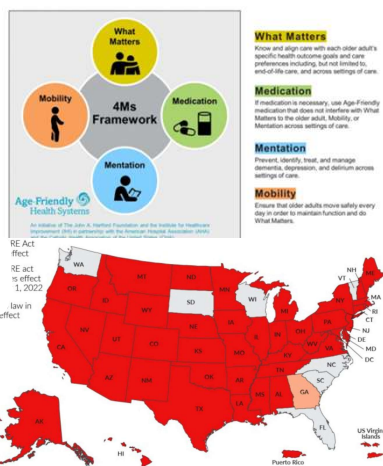
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The Caring for Caregivers Model



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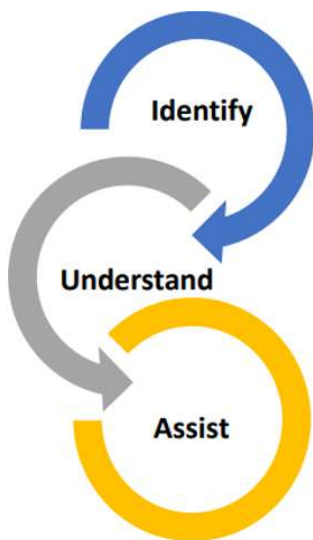
Caring for Caregivers Model - Characteristics



- Based on the 4Ms of an Age-Friendly Health System and assists with compliance with the Caregiver Advise, Record, Enable (CARE) Act
- Person-centered, individualized interventions
- Designed to be delivered in medical and community-based settings
- In alignment with value-based care
- Sustainable through billing using established psychotherapy codes and new CMS CTS codes

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Caring for Caregivers Model – Key Elements



- Identify and record family caregivers in the older adult’s health record in compliance with the Care Act
- Understand and assess the needs of the dyad: family caregiver and care recipient utilizing a strengths-based approach
- Based on what Matters, identify resources and develop an individualized, person-centered, customized plan

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Identifying and Documenting Caregivers

Abe
 Legal: **Abraham J. Simpson II**
 Male, 83 year old, 10/18/1936
 MRN: 8000499
 Code: Not on file
 (no ACP docs)
 ADM: Not on File
 Caregiver: Simpson, Marge

Supportive Care Team

Simpson, Marge
 Relationship: NDaughter in Law
 Role: Caregiver
 333-333-3333
 555-555-5555

Patient Care Team

	Relationship	Specialty	Notifications	Start	End
Holmes, Melissa Peta, MD	PCP - General			7/20/20	

Treatment Team

No active assignments to display

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Are you assisting or taking care of a family member or friend with a health condition or disability – helping with their medical care, household needs, shopping, or other help?

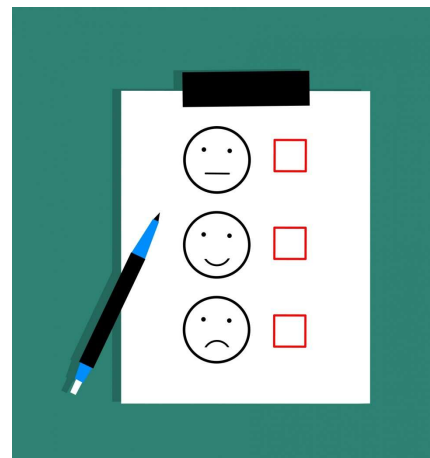
Does a family member or friend help you with your medical care, household needs, shopping, or other help?

- Include care questions as part of Social Determinants of Health screening
- Include care questions as part of your interaction with patients
- Include care questions in the Medicare Annual Wellness Visit template


Getting to Know You Meeting

Assessments

- Patient Health Questionnaire-9 (PHQ-2)
- General Anxiety Disorder-7 (GAD-2)
- Burden Scale for Family Caregivers
- BRIEF Health Literacy screener
- Social Determinants of Health (SDoH)
- Bio-psychosocial/spiritual




	strongly agree	agree	disagree	strongly disagree
1. My life satisfaction has suffered because of the care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I often feel physically exhausted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. From time to time I wish I could "run away" from the situation I am in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sometimes I don't really feel like "myself" as before.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Since I have been a caregiver my financial situation has decreased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My health is affected by the care situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The care takes a lot of my own strength.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I feel torn between the demands of my environment (such as family) and the demands of the care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am worried about my future because of the care I give.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My relationships with other family members, relatives, friends and acquaintances are suffering as a result of the care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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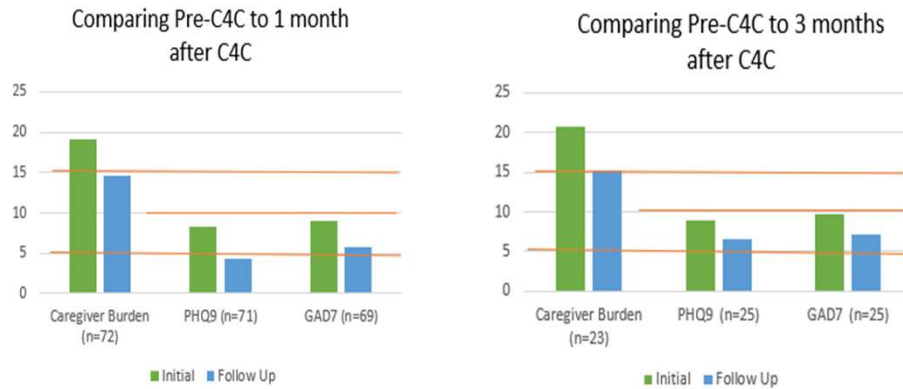
Caring for Caregivers – Intervention Components

<h3 style="text-align: center;">Skill Building</h3> <p style="text-align: center;">Caregiver Training</p> <ul style="list-style-type: none"> • ADLs, IADLs • Behavior management 	<h3 style="text-align: center;">Planning for What Matters</h3> <ul style="list-style-type: none"> • Caregiver wellbeing • Discuss what Matters most to caregiver and recipient • Create a plan that meets needs for dyad 	<h3 style="text-align: center;">Care Team Planning</h3> <ul style="list-style-type: none"> • Engage care recipient's full care team in planning • Increase communication
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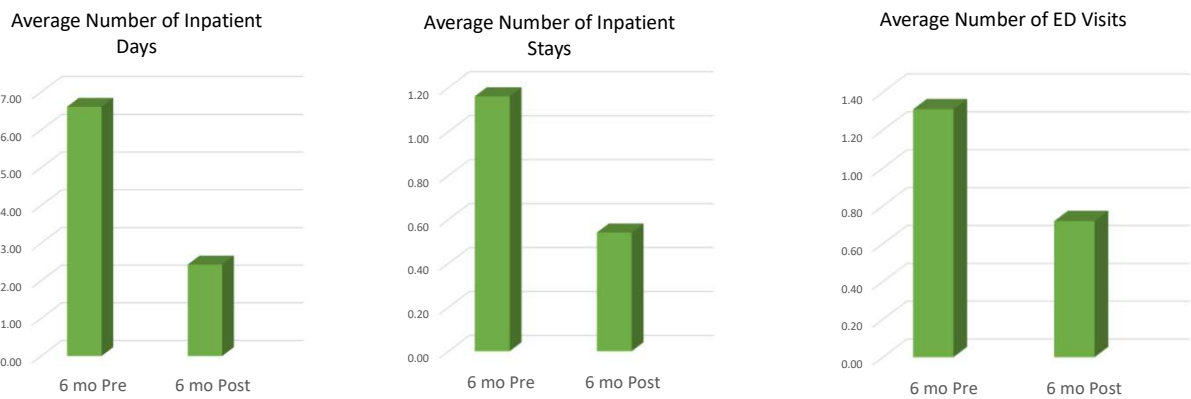
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Rush Caring for Caregivers - Caregivers



Rush Caring for Caregivers – Care Recipients (n=169)



Caring for Caregivers – Adaptable & Sustainable

- Billing is done through the caregiver’s insurance, not the care recipient’s insurance. The caregiver is your patient/client and the one for whom services are directed and provided.
- This means that a chart is opened for each caregiver and includes their insurance information.
- Billing for services is done using specific billing codes for both private insurers and CMS insurance plans.

Sharing Caring for Caregivers - Nationwide

Support for Implementation is provided at no cost and Includes:

- Training on the C4C model
- Educational materials to assist sites with implementation
- Technical assistance with adapting the model to your setting, customizing for specific populations and funding streams



SESSION 5
MANAGING CAREGIVER NEEDS IN THE ROOM
MOQC RESOURCES



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SESSION 5
MANAGING CAREGIVER NEEDS IN THE ROOM
Q&A



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