Shine a Light on Stigma Podcast

Transcript - Episode 11: The Need for Person-centered Substance Use and Mental Health Disorder Treatment in Nursing Homes

Note: The Shine a Light on Stigma Podcast is produced for the ear and designed to be heard. This transcript is intended to augment the recording.

This podcast is part of a series that explores ways to eliminate stigma and help people with substance use disorders access the medical care they need. Produced by Superior Health Quality Alliance and Telligen, Quality Innovation Network-Quality Improvement Organizations under contract with the Centers for Medicare and Medicaid Services, an agency of the U.S. Department of Health and Human Services.

Mia Croyle: Hello, and welcome back to the Stigma Podcast. In this podcast, we talk about ways that stigma impacts people living with substance use disorder. We aim to inspire and empower our listeners to shift away from the culture of stigma towards one that promotes healing and recovery in a supportive and respectful way. I'm Mia, and I'm here as usual with Brittany and our guest today, RoseAnna Milanovic. And Brittany's going to give you a little more of an introduction to RoseAnna in a minute. But first, I just want to remind you this is podcast number 11. So you've got two fistfuls of podcasts to go back and listen to if you're just coming to us now. And I really do invite you to go back to our previous episodes. There's some really great stuff in there, and give some of our previous ones a listen if you haven't already. Any feedback that you have, which we just love, we eat up every bit of feedback we can get, positive, negative, or otherwise. And you can send it to us at Stigma podcast all as one word -stigmapodcast@telligen.org. And with that I'm going to hand it over to Brittany to introduce us to this episode's guest.

Brittany Rodriguez: Thanks Mia. It's always fun to be back on the podcast with you and I'm really excited today because I have a Telligen coworker to bring on that has a wealth of knowledge. RoseAnna is on the Telligen QI Connect nursing home team, which is part of our CMS Quality Improvement Network organization. We serve Colorado, Illinois, Iowa, as well as Oklahoma, whereas Mia serves a vast of other states as well. RoseAnna is a performance improvement professional. She has a master's of arts in counseling psychology as well as a master of science in industrial organizational psychology. She has over 12 years of experience in long-term care. During that time, she was able to help develop nursing home behavioral health programs, which included substance use and opioid use disorder services. Prior to working in nursing homes, she worked in several psychiatric hospitals with patients in crisis and in residential group homes with children and adolescents, as well as with other behavioral health challenges. It's obvious with that kind of background that that is someone who is passionate about health equity and leadership initiatives when it comes to this work. So I'm very excited to hear what you have to say about this subject. And I know you are very aware on this podcast of how we start. We love to hear your why and I think I alluded to it some, but I would love to see if you wanted to share a bit more on why this work is important to you.

RoseAnna Milanovic: Hi, Brittany. Thank you so much for that introduction. Hi Mia. Thank you both for the invitation here today. So my why, I've been thinking about this, and it's funny, I was listening to a previous podcast, and I could relate to Mia's story that early in her career, she didn't really relate to substance use disorder and I could really relate to that story. My first master's is in counseling psychology,

and my journey with the behavioral health population really started back in the 2000s. And my first class was on substance use and addiction, and complete honesty, this wasn't my passion and interest in preparing for my future in counseling. But it's interesting where our past takes us, and I'll get back to my experience working in nursing homes later, but in grad school and after I got my degree, I worked in several psychiatric hospitals, and I really just felt passionate about helping people.

And I saw these people who were literally locked away. And I think this is when I started thinking about stigma. And also I had a really strong interest in trauma and I worked with kids and adults in psychiatric and group homes, and I learned about the trauma that children and adults experience. And at the time I was probably a bit naive, but I was shocked and I wanted to understand how people overcome trauma. And I was so impressed and I think moved by a human's resilience to trauma and how an individual psyche can protect us from trauma. And I had a considerable interest in how we cope in our defense, our coping mechanisms that we choose for whatever trauma and sometimes just a significant stressor that's experienced. So, in the early 2000s, I moved into New York City. My first job was in a nursing home in the Bronx and nursing homes weren't a part of my initial plan.

They weren't, but I was hired straight out of grad school and really off the plane. And this is when I learned firsthand about mental health and trauma in this population. And I tell this story about the nursing home in New York City because several years later, probably about 15 years later, and prior to my work at Telligen, I helped develop and supervise a nursing home behavioral health program with a specialized focus on residents with a substance and opioid use disorder in this nursing home, specialized in treating residents that admitted from the hospital that had a substance or opioid use disorder diagnosis and needed to transition to a nursing home for either short or long-term care services. So, circling back to my why, it really wasn't a defining moment I guess, but after 20 years of working with different populations and also seeing how substance use has impacted people and also my loved ones in my personal life, it's kind of just led me here. And yeah, that's kind of my why.

Mia: It's so interesting to hear you talk about that trajectory of your life and your career. And one of the things that I think some of our listeners may be surprised even to hear that there are individuals with substance use disorders living in nursing homes. I think our picture in our mind often of a nursing home resident doesn't include people with substance use disorder. And that in and of itself I think is a symptom of stigma. We don't just think of this as sort of as it is, which is an equal opportunity disease. We think about it as something that a certain type of people experience and we're not thinking about great Aunt Edna in the nursing home as one of those people. And there's been a lot of information and we really are experiencing somewhat of a shift in what that nursing home population in general looks like, the demographics of that population. But even before that shift was happening happen, nursing homes were caring for people with substance use disorders. They may not have known it, but they were.

RoseAnna: Yes. Thank you for pointing that out, Mia. I appreciate that. Yes, exactly. In the past I've worked in nursing homes that partnered with a substance use treatment clinic that provided substance use counseling and medication-assisted treatment, which included medications for opioid disorders or MOUD within the nursing home. And I think that's that shift that people are starting to recognize that there is a different population in that the services that are provided also need to shift to adjust to those needs. So yeah, my experience, the medication-assisted treatment physician partnered with the nursing home to prescribe and manage all medications, including the medication for opioid and substance use disorder. So this included naltrexone, buprenorphine, and methadone. And I think working in this setting really opened my eyes to co-occurring mental health disorders and how imperative staff training is not only to support residents but to ensure staff have the tools to work with this population. So yes, I think not until I was working with this population in a nursing home did I really understand that. And so, thank you for pointing that out.

Brittany: Yeah, it really is just a huge piece that I feel like is overlooked so many times. But one thing you mentioned was some of the work that you had done with SUD in nursing homes in the past. So I was going to see if you could talk more about that experience. What did that really look like for you? I know you connected with the MAT provider…

RoseAnna: Yeah, we connected with the MAT provider that provided the MOUD within the nursing home, but a huge piece of that was specialized behavioral program. And part of that was a need for staff training so that staff were equipped with the tools to be able to support that population that we were providing these services to. So staff need training to feel empowered to manage their own stress and learn tools to provide post-crisis support to each other and really prevent burnout. This is where we are in our workforce, especially in health care, that we need those interventions to prevent burnout. And this is my opinion, but I think this is sometimes overlooked in how important it is to prepare staff with interventions that'll assist them in a crisis. How do I deescalate and what type of communication to use in certain situations with certain individuals? Staff need the training for residents' well-being and also their own.

And when I say communication, I'm referring to also nonverbal para verbal communication. So being mindful of our tone, how we are standing or if our arms are crossed and what our facial expressions are communicating. A lot of the residents in nursing homes display verbally and physically aggressive behavior, and this can be related to a mental health diagnosis, withdrawal from a substance use, some type of stress, they were triggered. So when staff don't understand where those behaviors are stemming from, there's the risk they will take that personally and there's only so much a person can take without understanding where those behaviors are coming from and how to address appropriately. But if staff have that education of what a personality disorder looks like, a mood disorder, and often it co-occur with a substance use disorder, there's more of a understanding and acceptance. And I don't mean to tolerate aggressive behavior, but knowing certain traits can help staff learn the appropriate interventions and also behavioral health training.

It's needed to ensure staff understand how to approach residents with empathy rather than judgment. I've heard this, you both have talked about this in previous podcasts, really approaching with empathy and how important that is and deescalating effectively and have the tools to work with the population with the substance use disorder. And we really want to ensure behavioral health training programs are population specific. So that may include substance, opioid use and mental health disorders, personality disorder disorders, racist and suicide prevention and trauma-informed care. In past positions, I've seen residents with a borderline personality disorder diagnosis along with a mood disorder and substance use disorder. And staff, including myself, have experienced challenges connecting to these residents or just having basic communication. However, if staff learn about a disorder and interventions specific to that disorder, that helps provide the staff with the tools to work with that resident more effectively and have empathy or acceptance.

Brittany: I think that's a big piece of it is understanding, right? If we don't have a basic understanding of that diagnosis, and even that person, I feel like that even goes with really great intakes. If there's any family members or any insight we can gain on how can we help them have the best time that they can while in our facility, I think that that's important of any way we can know what their triggers are if we're staffed to know that, to know, hey, they have a really hard time if it's loud, or maybe if the lunchroom is a little packed, that could be really difficult. And just keeping those things in mind as accommodations. I think all of that plays into it, which you really spoke to.

RoseAnna: Right. Thanks, Brittany. I agree. Just learning what trauma can do to someone and how they might react and their behaviors or coping mechanisms. Staff try to start to form a different perspective and they start to humanize a resident or an individual and that might be perceived as really challenging before they receive that training or that understanding. So, for example, if the staff learns, oh, this person

experienced trauma living on the streets and was assaulted repeatedly and now they have this substance use disorder, their diagnosis of PTSD, they know where possibly a behavior is stemming from.

Mia: And that understanding that empathy can just be so important in connecting with people. But especially I don't have a background in nursing homes, but when I think about particularly those long-stay nursing homes that's someone's home, and I just think about what would it feel like to not feel welcomed in my own home, to not feel seen or heard or understood in my own home. And when we think about how are we going to manage the person's behavior, I think we also, just how are we going to make sure that this person belongs and can be in our community in a substantial and positive way. Because really everyone wants to be in a community. Everyone wants to feel like they belong. Everyone wants to feel just welcomed and safe and integrated into wherever they're living. And so I think that it's easy to think about, oh, well, how are my behaviors as a staff person going to get them to do what I want them to do really? Right. And there's also a piece where it's just like they deserve this because this is their home and they deserve to be treated a certain way in their own home. So I just really appreciate what you're talking about in terms of how to really empower staff to feel like they have the skills and the knowledge to do that for the residents.

RoseAnna: Great point, Mia. That's that part of that person-centered care. And so that resident feels accepted and comfortable living in their own home. Exactly what you said, these people that I was working with in nursing homes felt shame and looking for someone to empathize with them, someone that won't judge and criticize them because the majority of people around them made them feel ashamed and guilty about their substance use or possibly before they started using a substance. And none of us, no one wants to feel judged or criticized, especially when you're in a vulnerable place. And I think a lot of residents that are transitioning from hospital to nursing home, they are, they're in that vulnerable place. And so that makes it really imperative to understand how to approach a resident with that empathy. And feelings of shame continue the cycle of addiction and harmful coping mechanisms and empathy is understanding and reflecting in another person's feelings. And we hear empathy a lot. We hear that word a lot, but I'm not sure a lot of people understand how to empathize with someone. And it's definitely a skill. It's something you have to practice. So providing training, how to empathize with someone is really helpful. It's something you really have to teach.

Brittany: I agree. I do think it's something that just takes practice and which is always uncomfortable or awkward at first, but just implementing that is, that's one thing that we try to do on this podcast is to lead with, or I guess to really end with what can our listeners do now. And I feel like you were really pretty clear on that earlier of if you're in a nursing home setting, implementing staff training, educating your staff and even yourself from that perspective will really make a big difference. But I was really curious, just as we're wrapping up, if you wouldn't mind sharing a little bit of your perspective on how you see the system changing or maybe what needs to change as we're moving forward.

RoseAnna: Yeah, great question, Brittany. I think I've said this before on another platform, but I think it's important to mention the need for a paradigm shift regarding how the current system in health care, especially nursing homes is established and how we approach behavioral health needs. So programs evolve to meet the current needs of health care settings and residents. And a lot of the residents we are seeing in nursing homes aren't the typical nursing home resident that we may be accustomed to admitting. Like Mia was saying earlier, in my experience, a lot of the residents admitted to nursing homes are involved in the legal system associated with their substance use disorders. And currently, or at least in my experience, I think there's a need for specialized behavioral health programs that includes comprehensive staff training and interventions. There's a need for programs to go beyond a referral for mental health services where maybe a resident sees a therapist every few weeks. An enhanced behavioral health program might include psychotherapy and substance use counseling, MOUD treatments, therapeutic groups, alcoholics and narcotics anonymous volunteers in the nursing home, specialized staff who have that extensive behavioral

health training. So, with all of that being said, I think that's the shift that's needed right now in nursing homes.

Mia: I agree. I think it is a shift that has to happen, and I do think it's part of a larger shift. You started out referencing a larger shift in health care, but I like the specific recommendations of what that would look like in the nursing homes. I feel like that's really helpful. Yeah. Well, gosh, as usual, our time just flies by on these podcast conversations, and I bet we could sit here and chat for hours more today, which we may do after we stop recording. But in the interest of keeping these brief and accessible, I think we'll go ahead and wrap up here. So, thank you for listening to our stigma podcast. Again, if you have any feedback for us, comments, questions, suggestions for future topics or speakers, please feel free to reach out and join the conversation at stigmapodcast@telligen.com. And thanks for listening. We'll catch you next time.

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