PROVIDING HOME CARE FOR OLDER ADULTS

A Professional Guide for Mental Health Practitioners

Edited by Danielle L. Terry, Michelle E. Mlinac, and Pamela L. Steadman-Wood

ROUTLEDGE

Providing Home Care for Older Adults

A practical guide to providing home-based mental health services, *Providing Home Care for Older Adults* teaches readers how to handle the unique aspects of home-based care and apply and adapt evidence-based assessment and treatment within the home-based setting.

Featuring contributions from experienced, board-certified home care psychologists, social workers, and psychiatrists, the book explains the multifaceted role of a home-based provider, offers concrete and practical considerations for working within the home, and highlights adaptations to specific evidence-based methods used in treating homebound older adults. Also covered are special topics related to hoarding, safety, capacity evaluations, caregivers, case management, and use of technology. Each chapter includes engaging case examples with practical tips that illustrate what it is like to work in this new and exciting frontier.

Psychologists, counselors, and other mental health practitioners in home settings will be able to use this guide to provide effective home-based care to older adults.

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This book is dedicated to those that we are privileged to serve in home care. And to Mrs. S., who once said, "Are you the maid who keeps my secrets?"

Contents

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Foreword

It is an honor and a pleasure to help introduce this important book. As we all grapple with the enormous challenge of caring for an aging population with significant long-term care needs (e.g., Lynn, 2019), home-based care is a critical part of the continuum of health and personal care. While you might associate home-based medical care with the old-time country doctor making house calls, home-based primary care (HBPC) is a growing care model. In the United States, it is being widely implemented via both Medicare and the Department of Veterans Affairs (VA) health care systems (De Jonge et al., 2014; Edes et al., 2014; Leff et al., 2015; Schuchman, Fain, & Cornwell, 2018). And, of course, home-based nursing, rehabilitation, personal, and hospice care are important services that support older adults in recovering from a health setback, maintain functioning, and/or die in their homes. It is only quite recently that mental health professionals have been providing services in home settings, particularly in VA (Gillespie et al., 2019; Hicken & Plowhead, 2010; Karlin & Karel, 2014).

Older adults with multiple chronic conditions and, commonly, comorbid behavioral and mental health concerns often have difficulty accessing clinic-based care, including mental health services. Untreated mental illness – including depression, anxiety, substance use disorders, posttraumatic stress disorder, behavioral symptoms in dementia, and severe mental illness – is related to increased morbidity, functional disability, and mortality among older adults. If we are to improve access to mental health services for older adults with significant and complex comorbidities, mental health professionals need to consider providing care in the home – via home visits, telehealth care, and/or supporting teams that provide in-home care.

On a personal note, I've unfortunately had little personal experience providing mental health care in the home. Much of my career was spent working in an outpatient geriatric mental health clinic at a VA medical center, where I worked with older Veterans in individual, group, and family therapy contexts. I think back to how many times I really thought

I was getting to know someone until a family member, care manager, adult protective service worker, or other person who knew the Veteran and his/her home environment shared information that I simply wasn't aware of (e.g., the extent of hoarding, dilapidated or otherwise unsafe conditions, stockpiled medications). Likewise, over time I had a chance to do some home-based research interviews and to accompany VA HBPC psychologists on home visits. Seeing how someone functions in their everyday environment provides such a critical context for assessment and treatment that is difficult to replicate via interview in an office-based setting.

My career transitioned to an administrative one, in which I currently work for the Office of Mental Health and Suicide Prevention in the Department of Veterans Affairs Central Office (CO), serving as National Mental Health Director, Geriatric Mental Health. When I first went to work for VACO, I served as the Program Coordinator for the HBPC Mental Health Initiative; starting in 2007–2008, psychologists and/or psychiatrists began to be integrated into every VA HBPC program nationally per VA policy. Providing care in Veterans' homes, in collaboration with an interdisciplinary team, was certainly a new model of care for most of the people initially taking these jobs (and those who continue to fill them). We have worked to develop a model of integrated mental health care, and provide clinical, administrative, and training resources. If only we had the material now covered in this book to help orient staff to mental health care in the home!

It is so inspiring to hear stories about how mental health professionals are making a difference for Veterans, family caregivers, and teams in HBPC, as well as the joys and difficulties of the work, which challenge all notions of usual professional boundaries. Examples shared during one particularly heartfelt and sometimes hilarious email listserv discussion include: lifting a turkey out of the oven because the Veteran and his wife are too frail to get it out; arriving to find a patient on the floor or otherwise in the midst of a medical emergency; shoveling snow to get in the driveway/door; dealing with all sorts of pets, friendly and not, as well as farm and wild animals in rural and frontier areas; confronting bed bugs and an infinite variety of messy situations; changing light bulbs and teaching how to use a TV remote, cable, microwave; connecting with spouses, adult children, grandchildren, neighbors in all manner of interaction; dealing with flat tires or other car problems; setting off home security alarms; watching a couple in their nineties wink and gaze at each other as if newlyweds; finding how behavioral activation can mean observing and learning how to make borscht, baklava, black-eyed peas, and much, much more.

One person summarized the discussion very well: "I've got to say that I firmly believe that those of us who do home-based work have to be at the very top of our game in order to provide compassionate assessment

and therapy services to our very vulnerable patients in very challenging environments! Makes me proud to do this kind of work with such amazing colleagues." Another person added, "There is no other Psychology job in the VA where you have to be culturally competent to the fullest. We understand urban/suburban/rural cultures. We learn about our patients based on their family, ethnic, racial, etc., cultures to work better with them because we're (literally) in the thick of it." And, "This is the best job and I couldn't imagine doing anything else. I get to stretch myself in new ways every day and have the opportunity to work with the most amazing patients and providers."

Of note, it has been nearly impossible to evaluate the clinical and cost impact of integrating mental health professionals in HBPC, given nationwide implementation and no reasonable comparison/control group. However, there is little doubt that access to mental health services is improving for these Veterans and that, based on team feedback and many anecdotes, HBPC mental health professionals are making a difference in contributing to holistic, biopsychosocial care in HBPC (Karlin & Karel, 2014).

This book is a gift for mental health professionals who would like to consider adding home-based work to their practice. The editors and authors are experienced clinicians with many years of experience providing home-based mental health care for older adults. The book addresses the ethical, clinical, practical, logistical, billing, personal, and interpersonal aspects of providing geriatric mental health services in the home. Case examples throughout give a flavor for this meaningful work, the variety of clinical issues and home environments, and how mental health professionals can make a difference for the well-being and quality of life of older adults, and their caregivers, who are doing the best they can to manage health and functional challenges in late life.

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Part 1
What Is Home Care?

1 Introduction to Home-Based Mental Health Care

Models, Roles, and Reflections

Tamarra Crawford, Michelle E. Mlinac, Pamela L. Steadman-Wood, and Danielle L. Terry

Dr. Judy Chan, a psychologist who works as part of home care team, drives down a gravel road in the country to meet a new patient, Mr. Brown. His home care nurse hoped Dr. Chan could help Mr. Brown, an 83-year-old recently widowed man with chronic post-traumatic stress disorder (PTSD) and advancing Parkinson's disease, better follow his treatment plan. The visit was challenging at first. Mr. Brown was reluctant to answer questions, and told Dr. Chan that having doctors in his home made him nervous. Dr. Chan asked Mr. Brown what brought him joy despite his many health problems and recent loss of his husband. Mr. Brown shared that his beloved horses depended on him for care. Dr. Chan asked for a tour of the barn and to meet the horses, and Mr. Brown smiled with relief and escorted her to the stables. They agreed that whenever possible, future home care visits would be held in there, where Mr. Brown felt most comfortable. During their first psychotherapy visits together, Mr. Brown taught Dr. Chan how to feed, water, and brush the horses. As the therapy relationship developed, Mr. Brown opened about his frustrations with his limitations and fear that if he declined further (physically or mentally) he would be unable to care for his horses. Dr. Chan helped Mr. Brown focus on his value of taking care of his horses and appreciate that accepting assistance and taking his medications as prescribed would help him stay strong enough to do so. With increased trust, Mr. Brown was willing to meet with other members of the team, and over time agreed to engage in evidence-based treatment to better address his PTSD symptoms. With symptom improvement, Mr. Brown eventually agreed to have home health aides assist him in better caring for himself. His medical and psychiatric symptoms stabilized, and Mr. Brown was able to spend several months caring for his horses independently. When unable to care for them alone, he hired help to do so. With the trust of the home care team, Mr. Brown was able to identify his end-of-life wishes and treatment preferences. When the time came, he accepted a referral to home hospice. With their support, he was able to spend his last days in a hospital bed in the sunroom of his