

## MDS Alert

### Quality of Care: Cover These Psychosocial Assessment Bases

**Experts advise incorporating these parameters.**

**Francis Battisti, PhD, LCSW**, observes that 30 years ago when he first started consulting in nursing homes, "the social worker would do this long, comprehensive history on each resident. With the MDS and other check-off lists, people got away from doing that. But I think they are missing a lot," he says.

"Coming from a social work perspective, one of the most important things to assess is the person's cultural background and what that means to the person," adds Battisti, principal of Battisti Networks in Binghamton, N.Y. "Unfortunately, people tend to believe that one's culture only relates to one's ethnic background. But cultural background includes social/economic status, spiritual/religious beliefs, gender, age, and other areas that define the individual's unique qualities," he adds.

"It's not only what has happened to the person but how they perceive what happened," Battisti continues. "As Erik Erikson hypothesized, a major task in older age is achieving a sense of integration versus a sense of alienation. You can only help people integrate their experience if you understand the perspective they have of those experiences," says Battisti.

Example: "I'm a consultant to a couple of nursing homes that care for veterans and some of [the veterans] want to talk about their backgrounds and find a lot of meaning in that -- but others, especially if they are suffering from PTSD ... really don't want to talk about it," Battisti observes. "So if the facility makes a big deal out of Veterans Day, there may be some veterans who don't want to make a big thing out of it. The facility may have a celebration and give out flags but when you practice resident-centered care, you go to each resident and find out if they want to participate -- and how they want to participate in the facility-wide activity," he adds.

Tip: Battisti says he thinks "more counseling for residents needs to be available in the facility. The social work staff, with the proper credentials, could be an excellent resource for such services. If this is not possible, a number of long-term care organizations contract with off-site social workers and psychologists to offer this service," he adds.

"A comprehensive psychosocial history will probably touch on some family issues," says Battisti. "You never know the quality of relationships the person has with the family when he or she is admitted. Any differences that have existed in the family will get played out big time -- the 'favorite child, the son out of town, etc.'"

More: "The psychosocial history should also look at the person's cognition, mood, behavior, and discharge potential and issues," adds Battisti.

"As part of the psychosocial history, look to see if a person with delusions or hallucinations has a history of mental illness," Battisti says. "For example, does schizophrenia run in the family? Have they suffered from or ever been treated for a mental illness? If so, what were the circumstances that may have preceded the onset of the illness? Have they had psychotropic medications prescribed? These are all important pieces of the puzzle to know," he adds.

Marie **Saunders, BSN, RN, BC**, notes that her company's software for nursing facilities has a psychosocial assessment that "documents the person's support systems and characteristic traits -- for example, shy, indecisive, private, or fearful, which may be why they don't do well on the BIMS [Brief Interview for Mental Status]. It may be more their personality than cognitive ability," adds Saunders, director of Saunders Associates in Appleton, Wis.

"One section [of the psychosocial assessment] goes into judgment and decision-making ability, which the BIMS really doesn't," Saunders says. "The MDS 2.0 daily decision-making assessment items did provide a solid foundation for care

planning -- if the person had a fall risk problem but couldn't make decisions, that triggered on the fall RAP. The MDS 3.0 doesn't have that trigger," Saunders cautions.

The company's psychosocial assessment also "offers the Cornell depression scale for those folks who are really cognitively impaired," adds Saunders.

Diana Waugh, BSN, RN, says she "likes testing to determine the person's cognitive functional age. If they have a functional age of 4, you know they aren't going to understand the MDS 3.0 question about suicide the same way someone with a higher functional age will," says Waugh, of Waugh Consulting in Waterville, Ohio. Facilities can use the Allen Cognitive Levels, an "assessment of cognitive functional age that has been taught in occupational therapy school for the last 25 years," says Waugh. There's also the Reality Comprehension Clock Test (RCCT), "another CFA assessment that has been researched and validated looking at the exact population as found in long-term care facilities," she adds.