No one really wants to go to a nursing home. In fact, as they age, many people will say they don’t want to be “put away” in a nursing home and will actively seek commitments from their loved ones that they will never be cared for in an “institution.” For many, nursing homes are seen as a place to go to die, or at the very best, a place where people receive good care as they experience the assaults of old age. Unfortunately, however, no one seems to think of nursing homes as places where people really live life. The pervasiveness of these perceptions makes it no wonder that the thought of a nursing home evokes such fear and avoidance.

And yet, as professionals who have worked in nursing homes for many years, we can attest to the fact that a whole lot of living goes on in many of these settings. Acts of compassion and kindness are common, new relationships are formed, meaningful activities are engaged in, and laughter can be a familiar sound in many nursing home hallways. Admittedly, this is not true.
for all long-term care settings, but every setting has the potential to foster healthier and happier lives in the midst of the challenges that lead to nursing home placement. In the nursing homes where life, love, and laughter are found, it is not just the residents who benefit. In these settings, the staff, family members, and community members who are involved in the facility also benefit. In these settings, the attitudes, structures, and processes within the organization lend themselves to a community where life, rather than death, or just holding on for another day, is the focus.

Psychologists and other mental health clinicians can play a special role in helping long-term care facilities evolve into a culture where life, love, and laughter are the focus. In fact, mental health clinicians are uniquely positioned, by virtue of their training, expertise, and perspective on groups and individuals, to be critical change agents in long-term care communities. This book is intended to serve as a call to arms for psychologists and other mental health professionals who work in long-term care settings or hope to work in these settings. We intend to encourage members of our profession to expand their conceptualization of the role of mental health professionals in a nursing home, personal care, or assisted-living setting. We hope to provide the information and tools necessary to help each mental health professional in long-term care use the full range of their skills and abilities to foster culture change and improve resident care, as well as staff experiences, in the settings where they work.

Throughout this book, we often use the terms long-term care and nursing homes interchangeably. However, in actuality, these terms have somewhat different meanings. In the broadest sense, long-term care refers to a range of services and supports designed to assist individuals experiencing functional losses and health changes. The range of services may include assisted living facilities, home care services, case management, personal care homes, or nursing homes. These services represent a continuum of care that ranges from community-based care, which generally allows a greater autonomy for the individual, to facility-based settings, where staff, policies, and regulations govern the day-to-day activities of the individuals who reside there. In fact, mental health professionals are engaged in service delivery in all these settings along the continuum of long-term care. However, within this book, we adopt a more specific focus, directing our attention to the long-term care settings that are more institutional and/or facility based, as these settings have greater influence over the day-to-day experiences of the older adults who live there. Within these settings, the skills and guidance of mental health professionals are most needed and can have the greatest impact.

Institutional settings, such as personal care homes, assisted living residences, and skilled nursing facilities, are largely centered on nursing care and are accountable to state and federal agencies for compliance with a vast array
of regulatory requirements that influence the structure of care. Personal care or assisted living is a service industry that evolved later than the skilled nursing care industry and represents a less restrictive care setting than skilled care. The terms personal care and assisted living are often used interchangeably and suggest a care setting that is aligned more with a social model of care than with a medical model. In reality, use of the terms assisted living and personal care may be licensed at the state level, and in some states the terms are associated with slightly different levels of care. Specifically, in states that license both levels of care, assisted living care is considered a higher level of care designed to serve individuals with somewhat greater medical acuity, that is, greater needs due to multiple illness and functional losses. Personal care, on the other hand, is designed to be a lower level of care, primarily providing support with activities of daily living and less emphasis on nursing care. As a further clarification, continuing care retirement communities may offer each level of care described here within one organization, including independent living, personal care, assisted living, nursing home care, and rehabilitation services.

Within the general level of care designated as assisted living and/or personal care, the intention is to serve individuals who require minimal levels of support in home management and personal care and whose medical needs are less substantial than those in a skilled care setting. In this regard, personal care or assisted living is conceptualized as a midrange level of care designed to support individuals who are experiencing age-related functional changes. Moreover, these settings are intended to provide greater independence in a more homelike setting. Nevertheless, personal care and assisted living settings are also prone to some of the same challenges related to structure and culture as skilled care settings, depending on the location, the regulatory structures, and the leadership style in any given facility. Hence, the models of mental health care that are discussed throughout this book apply, to a large extent, to all long-term care settings that are facility based.

Although the concepts and resources discussed in this book apply to personal care, assisted living, and skilled nursing care, the majority of the literature that is reviewed and many of the examples that are shared come from skilled care settings. This is due in part to the fact that skilled care has been in existence longer, so has been better studied. But it also may have to do with the fact that skilled care settings tend to be larger and better staffed, and may serve larger numbers of individuals in one setting, so provide better venues for research projects. Nonetheless, the lessons that are learned in skilled care and the best practices that are emerging in the long-term care arena apply to all facility-based systems. Therefore, within this book, we include all levels of facility-based care—that is, personal care, assisted living, and skilled care—even as we draw heavily from literature developed in skilled care settings.
Skilled nursing care, which is firmly rooted in the medical model and is subject to significant state and federal regulation, represents the most restrictive service on the long-term care continuum and tends to be the setting within which residents have the least autonomy over their day-to-day life experiences. In fact, as health care has evolved and hospital stays have become shorter, skilled nursing care facilities now serve individuals who a decade ago would have been considered candidates for an acute care setting. Skilled care residents generally have high levels of medical acuity, significant functional challenges, and in many cases, comorbid mental health and neurocognitive disorders. As a result, they also require a very high level of nursing care, in addition to supports for daily activity and personal care.

In both personal care and skilled nursing settings, the needs and experience of the individual can be obscured by the vast array of policies and procedures and by a mind-set of staff who struggle to provide effective medical care within the confines of staffing limitations and regulatory burdens. Although the culture varies from one setting to the next, in general it is within these long-term care settings that older adults are most likely to be subject to organizational structures that impede autonomy, threaten well-being, and paradoxically contribute to the development of mental health disorders. For this reason, we assert that mental health professionals can have the greatest impact on the well-being of older adults within these specific long-term care settings and, thus, we focus our attention here.

In addition to defining our focus within the long-term care continuum, we would also like to acknowledge and clarify our professional focus: Both of us are licensed psychologists who define ourselves as geropsychologists. It is therefore not surprising that we are strong advocates for the value of psychologists, in particular, within long-term care settings, and many of the references throughout the book refer to the work, experiences, and research contributions of psychologists. In particular, the literature reviewed related to mental health interventions is drawn primarily from the psychological literature. However, in our review of literature related to culture change, best practice dementia care, and nonpharmacologic interventions, the reader may note that we rely more heavily on the work of professionals from nursing, social work, and other disciplines. This reliance is evidence of the fact that other disciplines actively engaged in long-term care settings are exploring and wrestling with many of the same challenges named in this book. So, although this work is offered from the perspective of psychologists, we also acknowledge, support, and appreciate the contributions of nursing, social work, and other disciplines that have concerned themselves with the mental health and quality of life of long-term care residents.
Above all else, we are advocates for the well-being of older adults living in long-term care settings. In this regard, we recognize and appreciate the value of and need for mental health practitioners from varied disciplines and training backgrounds in long-term care systems. In fact, the shortage of behavioral health professionals available to meet the needs of older adults, both now and in the future, is well documented and is a cause for great concern (Institute of Medicine, 2012). For that reason, we offer the insights, resources, and tools provided by this book to all mental health professionals who are passionate about and adequately prepared to serve older adults in long-term care.

We hope that this book, offered from the perspective of psychology, will inspire, inform, and encourage mental health professionals working with older adults, regardless of professional identity. Moreover, we have worked alongside mental health providers who come from backgrounds in social work, nursing, behavior analysis, and medicine. We have great respect for the skills, expertise, and value that each of these colleagues contribute to older people in long-term care. As a result, although our background, experience, and resources may be derived largely from the field of psychology, we also draw on the work and expertise of other disciplines as we make our case for an expanded role for mental health providers within long-term care.

Historically, mental health professionals in general, and psychologists in particular, have had fairly limited roles in long-term care settings. Often, services are confined to providing assessments and therapy to facility residents but offer limited opportunity to influence the culture, organizational policies and procedures, and patient care in these facilities. In this book, we argue for significantly expanded roles for mental health professionals working in long-term care, thereby allowing them to have a greater impact on systems, culture, staff, and ultimately, patient well-being.

To support our assertion that mental health providers can be change agents in long-term care when allowed to function within expanded roles, throughout the book, and particularly in the last chapter, we describe and explore a model for providing mental health services in long-term care developed by the first author that has been successfully implemented in personal care, assisted living, and skilled care settings for more than 15 years. This model, called the Eldercare Method, is predicated on the recognition that the many complex needs of long-term care residents cannot be fully addressed through traditional mental health services alone. Although direct clinical services, such as psychological evaluations and psychotherapy, have good empirical support, as reviewed in Chapter 2, these services often are not sufficient in and of themselves to meet all the needs of an older adult facing multiple issues of loss, poor health, limited
social support, and the stressors of facility-based care. To effectively meet these complex and diverse needs, a more comprehensive approach is necessary, involving the array of family and staff who are present to the individual all day, every day, and requiring changes in the culture, processes, and perspective of long-term care settings. The Eldercare Method model positions the mental health professional in the facility to influence and inform these efforts while serving in the roles of teacher, consultant, role model, advocate, and clinician. The model provides clinicians with the opportunity to draw on their technical expertise in mental health care, communication, relationship development, and compassionate conceptualization as they guide others in providing holistic support to the residents. We hope that the illustration provided by a detailed explanation of the Eldercare Method model, and exploring case examples and experiences associated with its implementation, will bring to life the theoretical and aspirational themes of this book.

Insofar as this book provides a vision for the evolution of long-term care via the expanded involvement of mental health professionals, we hope that it will appeal to a variety of audiences. Certainly, we believe that this book provides valuable information, tools, and resources to mental health providers from a variety of disciplines. Psychologists, social workers, and psychiatric nursing professionals alike are likely to recognize the desperate need for increased attention to the emotional and social well-being of long-term care residents that are identified, and the challenges and opportunities that mark movement toward addressing those needs are likely to resonate with these professionals. In addition, we hope that this book will inspire and inform other professionals who work in long-term care settings. Administrators, nurses, social service workers, and others who dedicate their lives to caring for older adults in long-term care settings are likely to appreciate the vision and road map provided by this book.

The book is organized into two parts. In Part I, we explore the current state of nursing home care and how the historical evolution and structure of these settings has influenced the way mental health care is delivered in long-term care settings today. In Chapter 1, we paint a picture of the realities of long-term care today. Specifically, we examine the complex and diverse needs of residents served in long-term care and the array of challenges and demands faced by staff and organizations as they strive to meet these needs. Related to that consideration, in Chapter 2, we review the most common structures and interventions of psychological services in long-term care settings, including discussion of the relative benefits and challenges associated with current practice models. In Chapter 3, we explore the challenges for psychologists and other mental health providers related to current reimbursement models, and we consider the ways in which reimbursement shapes and restricts the
range of services that clinicians typically provide in these settings. We also provide information and resources that are critical to appropriately and successfully navigating the world of reimbursement by mental health clinicians providing services in long-term care settings.

Based on this foundation, in Part II, we explore a vision of what might be in long-term care settings. In Chapter 4, we offer an exploration of emerging best practices within the long-term care industry that recognize and honor the need for more flexible, compassionate, and person-centered care. In addition, we note the ways in which the skills and expertise of mental health providers align with and support these best practices. In Chapter 5, we consider how these emerging models of care have opened the door to new and expanded roles for psychologists and other mental health providers working in long-term care settings. Examples of innovative models of mental health care in long-term care settings are explored, highlighting the benefits to long-term care residents, their families, and the staff that serve them.

Finally, in Chapter 6, to illustrate the vision of expanded mental health practice, we present a detailed examination of the Eldercare Method, an innovative mental health practice model that incorporates many of the best practices considered in the earlier chapters. This model was designed to effectively meet the needs of long-term care residents by engaging with the staff in long-term care settings. Specifically, the Eldercare Method, which operates as a consultation service under contract to the facility, provides staff with education, clinical guidance, and engagement in interdisciplinary team collaboration and systems change. The benefits, challenges, and practice considerations associated with this model are explored, with special attention paid to the ways in which the model benefits residents and staff, while ensuring fair compensation for the mental health provider's services. This model incorporates innovation and best practices from mental health practice, while encouraging and supporting best practices in long-term care. As such, the Eldercare Method model illustrates a creative, entrepreneurial approach that draws upon the full skill set of the mental health clinician and brought to bear in support of resident well-being.

Ultimately, we hope that this book begins a conversation, first among mental health professionals, and eventually with our colleagues in long-term care, the insurance industry, and government policymakers about the value that mental health providers bring to long-term care settings as they expand their roles. The breadth of expertise that mental health providers can bring to long-term care is far greater than traditional structures permit. Moreover, when mental health providers bring their full skill set to bear on behalf of the residents, the families, and the staff, the impact can be profound.
Every nursing home should be filled with life, love, and laughter. By influencing the hearts, minds, and systems of long-term care, we can help achieve this goal. The compassionate, person-centered viewpoint that psychologists and other mental health professionals can offer as members of the interprofessional team working within long-term care settings positions us as powerful catalysts for positive change. We offer this book to encourage mental health providers and our long-term care colleagues to reconsider how these collaborations are structured and implemented, so that together we can better serve the older adults that we care about so deeply.