

The Social Work Consultation Group

LETTER

Fall 2010

Volume 20 Number 3

Editor: *Steven C. Greenwald, Msw, Lcsw*

Interviewing Skills and the MDS 3.0

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MDS 3.0 Appendix D: Interviewing to Increase Resident Voice in MDS Assessments

All residents capable of any communication should be asked to provide information regarding what they consider to be the most important facets of their lives. There are several MDS 3.0 sections that require direct interview of the resident as the primary source of information (e.g., brief interview for mental status (BIMS), mood, preferences, pain, potential community transition and even the behavior symptoms component). Self-report is the single most reliable indicator of these topics. Staff should actively seek information from the resident regarding these specific topic areas; however, resident interview/inquiry should become part of a supportive care environment that helps residents fulfill their choices over aspects of their lives. In addition, a simple performance-based assessment of cognitive function can quickly clarify a resident's cognitive status. The majority of residents, even those with moderate to severe cognitive impairment, are able to answer some simple questions about these topics. Even simple scripted interviews

like those in MDS 3.0 involve a dynamic, collaborative process. There are some basic approaches that can make interviews simpler and more effective.

1. Introduce yourself to the resident.
2. Be sure the resident can hear what you are saying.
3. Do not mumble or rush. Articulate words clearly.
4. Ask the resident if he or she uses or owns a hearing aid or other communication device.
5. Help him or her get the aid or device in place before starting the interview.
6. The assessor may need to offer an assistive device (headphones).
7. If the resident is using a hearing aid or other communication device make sure that it is operational.
8. Ask whether the resident would like an interpreter (language or signing) if the resident does not appear to be fluent in English or continues to have difficulty understanding. If an interpreter is used during resident interviews, he or she should not attempt to determine the intent behind what is being translated, the outcome of the interview, or the meaning or significance of the interviewee's responses. The resident should determine meaning based solely on his or her interpretation of what is being translated.

9. Find a quiet, private area where you are not likely to be interrupted or overheard. This is important for several reasons:
- ✓ Background noise should be minimized.
 - ✓ Some items are personal, and the resident will be more comfortable answering in private. The interviewer is in a better position to respond to issues that arise.
 - ✓ Decrease available distractions.
10. Pay careful attention to body language:
- ✓ Body language is a form of non-verbal communication, which consists of body posture, gestures, facial expressions, and eye movements. Humans send and interpret such signals subconsciously.
 - ✓ A language expert named John Borg believes that human communication consists of 93 percent body language.
 - ✓ Be calm and professional.
 - ✓ Maintain eye contact.
 - ✓ Do not fidget or twist around in your chair.
 - ✓ Try not to interview while standing.
 - ✓ Get close enough for comfort and to enhance the resident's comprehension, but not too close that personal space is not respected.
 - ✓ Concentrate on showing interest in what the resident is saying.
 - ✓ Be aware of your facial expressions, head movements, eye contact, hand gestures, body positions and tone of voice.
 - ✓ Maintain an "open" not "closed" body language. Emphasize sensitivity and engagement. If the resident senses you are disinterested or speaking in a condescending manner you will not be able to gather significant information.
11. Sit where the resident can see you clearly and you can see his or her expressions. Do NOT sit on a resident's bed.
12. Have your face well lighted. Minimize glare.
13. Ask the resident where you should sit so that he or she can see you best. Some residents have decreased central vision or limited ability to turn their heads.
14. Establish rapport and respect.
15. The steps you have already taken to ensure comfort go a long way toward establishing rapport and demonstrating respect.
16. You can also engage the resident in general conversation to help establish rapport.
17. If the resident asks a particular question or makes a request, try to address the request or question before proceeding with the interview.
18. Explain the purpose of the questions to the resident.
- ✓ Start by introducing the topic and explain that you are going to ask a series of questions.
 - ✓ You can tell the resident that these questions are designed to be asked of everyone to make sure that nothing is missed.
 - ✓ Highlight what you will ask so your notes are legible and you have easy access.
 - ✓ End by explaining that their

answers will help the care team develop a care plan that is appropriate for the resident.

- ✓ Suggested explanations and introductions are included in specific item instructions.

19. Say and show the item responses.

- ✓ It is helpful to many older adults to both hear and read the response options.
- ✓ As you verbally review the response options, show the resident the items written in large, clear print on a piece of paper or card.
- ✓ Residents may respond to questions verbally, by pointing to their answers on the visual aid or by writing out their answers.

20. Ask the questions as they appear in the questionnaire.

- ✓ Use a nonjudgmental approach to questioning.
- ✓ Don't be afraid of what the resident might say; you are there to hear it.
- ✓ Actively listen; these questions can provide insights beyond the direct answer.

21. Break the question apart if necessary. If the resident has difficulty understanding, requests clarification, or seems hesitant, you can employ unfolding or disentangling techniques. (Do not, however, use these techniques for the memory test).

- ✓ *Unfolding* refers to the use of a general question about the symptom followed by a sequence of more specific questions if the symptom is reported as present.

This approach walks the resident through the steps needed to think through the question. Example: Read the item (or part of the item) to the resident, then say, "Do you have this at all?" If yes, then, "Do you have it every day?" If no, then, "Did you have it at least half the days in the past 2 weeks?"

- ✓ *Disentangling* refers to separating items with several parts into manageable pieces. The type of items that lend themselves to this approach are those that include a list and phrases such as "and" or "or." The resident is given a chance to respond to each piece separately. If a resident responds positively to more than one component of a complex item, obtain a frequency rating for each positive response and score that item using the frequency of the component that occurred most often. Example: An item asks about "Poor appetite or overeating." Disentangle this item by asking, "Poor appetite?" pause for a response and then ask, "Or overeating?" If neither part is rated positively by the resident, mark no. If either or both are rated positively, then mark yes.
- ✓ *Clarify* using echoing. If the resident appears to understand but is having difficulty selecting an answer, try clarifying their response by first echoing what they told you and then repeating the related response options.
- ✓ *Echoing* means simply restating part of the resident's response. This is often extremely helpful

during clinical interviews. If the resident provides a related response but does not use the provided response scale or fails to directly answer the question, then help clarify the best response by repeating the resident's own comment and then asking the related response options again. This interview approach frequently helps the resident clarify which response option he or she prefers.

✓ Probe by asking neutral or non-direct questions.

- “What do you mean?”
- “Tell me what you have in mind.”
- “Tell me more about that.”
- “Tell me more about [your family, your work, the past few years, your illness, some of the struggles you have had, etc.]”
- “Please be more specific.”
- “Please give me an example.”

Repeat the response options as needed. Some residents might need to have response choices repeated for each item on a given list.

- Move on to another question if the resident is unable to answer.

Even if the interview item cannot be completed the time spent is not wasted. The observation of resident behaviors and attention during the interview attempt provide important insights into delirium, cognition, mood, etc.

- Break up the interview if the resident becomes tired or needs to leave for rehabilitation, etc.
- Try to complete the current item set and then offer to come back at another time to complete the remaining interview sections.
- It is particularly important to complete the performance-based cognitive items in one sitting.

22. Do not try to talk a resident out of an answer. If the resident expresses strong emotions, be nonjudgmental, and listen.

23. Record the resident's response, not what you believe they should have said.

24. If the resident becomes deeply sorrowful or agitated, sympathetically respond to his or her feelings.

✓ Allowing emotional expression—even when it is uncomfortable for you as the interviewer—recognizes its validity and provides cathartic support to residents.

✓ If the resident remains agitated or overly emotional and does not want to continue, respond to their need. This is more important than finishing the interview at that moment. You can complete this and other sections at a later point in time.

25. Resident preferences may be influenced by many factors in a resident's physical, psychological and

environmental state, and can be challenging to truly discern.

- ✓ Residents should be encouraged to articulate their desires and not be strictly limited by their physical limitations and perceived environmental restrictions.
- ✓ When a resident is unable to communicate information about his or her preferences, a family member, close friend, or other representative must be used to complete preference questions. In this case, it is important to emphasize that this person should try to answer based on what the resident would prefer. The resident's preferences while in the nursing home and the resident's current responses when the particular item is offered or provided should form the basis for these responses. ♦

From the MDS 3.0 RAI Manual, June 23, 2010; some material added by S. C. Greenwald, LCSW

For Your Information

F. Y. I.

Brain Games Ultimately Speed Progression of Dementia According to Study

Crossword puzzles, mind games and other brain-stimulating activities may be getting too much credit when it comes to the topic of warding off dementia, researchers say. These mental exercises could actually speed dementia in old age, investigators suggest. Mentally stimulating activities do delay the onset of dementia, according to researchers at Rush University in Chicago, but only initially. In their study, the researchers discovered that, once a diagnosis of dementia was made, people who

partook in more mental activity saw many more dementia-related changes in their brains compared to those without a lot of mental activity. As a result, their mental acuity declined significantly faster. Researchers evaluated 1,157 mentally healthy seniors over 12 years to determine the effect of mentally stimulating activity on the delay of, then progression of, dementia. Participants were asked to answer questions on how often they participated in mentally stimulating activities, gathering more points the more they participated.

According to the results, the average rate of decline per year for Alzheimer's patients increased by 42% for each point, while the rate of cognitive decline among healthy seniors was reduced by 52% for each point. Researchers say they aren't certain why this happens, according to the report, which appears in the September 1st online edition of *The Journal Neurology*.

McKnights LTC News On-Line, September 2, 2010

Online Communities Improve Well-Being of Older Adults

by Brittany Wright on July 22, 2010

A study analyzed 14 online communities directed at older adults to find why "silver surfers" participate online and what benefits they receive by doing so.

For many older adults, having thriving social networks and relationships is a significant contributor to their well-being and quality of life. Unfortunately, maintaining connections necessary to sustain or develop social interactions has not always been possible for those in their later years. In today's technological era, however, the Internet provides those at all life stages and walks opportunities to learn, grow, and connect.

Results of the analyses concluded that these specific Internet communities allowed individuals many chances for involvement and enjoyment. Older adults employed the Internet to communicate without being inhibited by geography or transportation, to find social support, to partake in leisurely activities, and to become informed on numerous topics. Most important, the online communities allowed participants opportunities for self-preservation, self-discovery, and growth.

An individual's well-being is greatly dependent upon his/her relationships. Fortunately, with social connections, interactions, and networks being available at the click of a button, the Internet can act to sustain or improve the well-being of older adults despite limitations that may come with age.

Source: Nimrod, G. 2010. Seniors' Online Communities: A Quantitative Content Analysis. *The Gerontologist* 50.3: 382-392

The Factors Driving Staff Burnout in Long Term Care

by Richard Shank on July 23, 2010

Researchers in Virginia recently conducted a study of assisted living facilities in order to understand worker burnout. Despite a lot of research focusing on staff burnout in other industries as well as in other sectors of long-term care, nursing home and assisted living staff have not been examined so thoroughly.

The study was conducted at four nursing homes and assisted living centers with a sample of 363 staff members. After controlling for demographic differences, the researchers discovered that role conflict, workload, and stress were the strongest predictors of burnout among staff.

Role conflict is a term that researchers use to indicate a situation when the expectations that come with a job do not match up with the reality of the job. This reality could include

conflicting demands between different roles and/or situations where job descriptions do not match the actual job being performed. Role conflicts can result in high workloads and role ambiguity. Workload was also a major predictor of burnout in this study.

Nursing home and assisted living organizations should work to reduce role conflict in their organization, which have an impact on the workload and stress factors that lead to job burnout and turnover. Ensuring roles are clearly defined and functional within the work environment are just a starting point. Focus on empowering employees to make decisions within these clearly defined roles as much as possible.

Source: Rai, G. 2010. Burnout among long-term care staff. *Administration in Social Work* 34: 225-240.

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SwCG Publishing

1104 Hunter Road

Glenview, Illinois 60025-3223

847.729.9980 • 847.729.9522 Fax

www.swcginc.com swcginc@comcast.net

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