

**The Role of the  
Interdisciplinary Team in  
Dealing with Behavioral Issues**

**VERNON SILVA, LCSW, NSW-C**

**SOCIAL WORKER**

**US RENAL CARE  
LOS ANGELES, CA**

---

---

---

---

---

---

---

---

**What is the role of the IDT in dealing with behavioral issues?**

- **Setting the tone for communication, education, and collaboration in the facility**
- **Operating as leaders to ensure that the delivery of care is provided humanely**
- **Being prepared and responsive to all entities encountered**

---

---

---

---

---

---

---

---

- **Set an educative tone – staff in-services frequently**

---

---

---

---


---

---

---

---

- Set an educative tone – staff in-services frequently
- Follow up



---

---

---

---


---

---

---

---

- Set an educative tone – staff in-services frequently
- Follow up
- Utilize your SW for clinical issues and building coping skills, utilize your clerical staff on concrete ones



---

---

---

---


---

---

---

---

- Set an educative tone – staff in-services frequently
- Follow up
- Utilize your SW for clinical issues and building coping skills, utilize your clerical staff on concrete ones
- Keep your SW highly skilled – invest in your SW’s clinical skills and don’t dumb them down



---

---

---

---

---

---

---

---

- Set an educative tone – staff in-services **frequently**
- Follow up
- Utilize your SW for clinical issues and building coping skills, utilize your clerical staff on concrete ones
- Keep your SW highly skilled – invest in your SW’s clinical skills and don’t dumb them down
- Don’t let time be what heals the problem – be proactive with the resolution

---

---

---

---

---

---

---

---

- Set an educative tone – staff in-services **frequently**
- Follow up
- Utilize your SW for clinical issues and building coping skills, utilize your clerical staff on concrete ones
- Keep your SW highly skilled – invest in your SW’s clinical skills and don’t dumb them down
- Don’t let time be what heals the problem – be proactive with the resolution
- Actually hold your CIPA meetings

---

---

---

---

---

---

---

---

- Set an educative tone – staff in-services **frequently**
- Follow up
- Utilize your SW for clinical issues and building coping skills, utilize your clerical staff on concrete ones
- Keep your SW highly skilled – invest in your SW’s clinical skills and don’t dumb them down
- Don’t let time be what heals the problem – be proactive with the resolution
- Actually hold your CIPA meetings
- Patient voice – patient representative, support group, in-box for suggestions, patient projects, way to vent (need to be involved and to exert control)

---

---

---

---

---

---

---

---

➤ **Maintain contact with the ESRD Network – forge a partnership**

---

---

---

---

---

---

---

---

➤ **Maintain contact with the ESRD Network – forge a partnership**  
➤ **Don't hesitate to deem cases unstable**

---

---

---

---

---

---

---

---

➤ **Maintain contact with the ESRD Network – forge a partnership**  
➤ **Don't hesitate to deem cases unstable**  
➤ **Hold the MDs (and RNs, and SWs, and RDs) accountable**

---

---

---

---

---

---

---

---

- **Maintain contact with the ESRD Network – forge a partnership**
- **Don't hesitate to deem cases unstable**
- **Hold the MDs accountable**
- **Support your staff by focusing on morale – plan/do team-building activities**

---

---

---

---

---

---

---

---

- **Maintain contact with the ESRD Network – forge a partnership**
- **Don't hesitate to deem cases unstable**
- **Hold the MDs accountable**
- **Support your staff by focusing on morale – plan/do team-building activities**
- **Offer a warm environment**

---

---

---

---

---

---

---

---

- **Maintain contact with the ESRD Network – forge a partnership**
- **Don't hesitate to deem cases unstable**
- **Hold the MDs accountable**
- **Support your staff by focusing on morale – plan/do team-building activities**
- **Offer a warm environment**
- **Teach staff about boundaries – not only setting but maintaining; application**

---

---

---

---

---

---

---

---

- **Maintain contact with the ESRD Network – forge a partnership**
- **Don't hesitate to deem cases unstable**
- **Hold the MDs accountable**
- **Support your staff by focusing on morale – plan/do team-building activities**
- **Offer a warm environment**
- **Teach staff about boundaries – not only setting but maintaining; application**
- **Teaching everyone what is a crisis**

---

---

---

---

---

---

---

---

- **Encourage interactive patient behavior – not quiet passive**

---

---

---

---

---

---

---

---

- **Encourage interactive patient behavior – not quiet passive**
- **Treat the patients as intelligent and as adults (not like children)**

---

---

---

---

---

---

---

---

- Encourage interactive patient behavior – not quiet passive
- Treat the patients as intelligent and as adults (not like children)
- Fun is OK; meaningful is better

---

---

---

---

---

---

---

---

- Encourage interactive patient behavior – not quiet passive
- Treat the patients as intelligent and as adults (not like children)
- Fun is OK; meaningful is better
- DRS – Dignity, Respect, Sensitivity to individual needs

---

---

---

---

---

---

---

---

- Encourage interactive patient behavior – not quiet passive
- Treat the patients as intelligent and as adults (not like children)
- Fun is OK; meaningful is better
- DRS – Dignity, Respect, Sensitivity to individual needs
- Teach patients about goal-setting / outcomes

---

---

---

---

---

---

---

---

- Encourage interactive patient behavior – not quiet passive
- Treat the patients as intelligent and as adults (not like children)
- Fun is OK; meaningful is better
- DRS – Dignity, Respect, Sensitivity to individual needs
- Teach patients about goal-setting / outcomes
- Being prepared at the following levels: Pre-incident, Intra-incident, Post-Incident

---

---

---

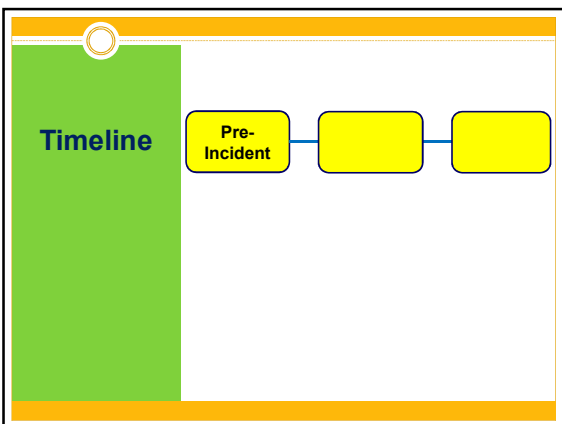
---

---

---

---

---



---

---

---

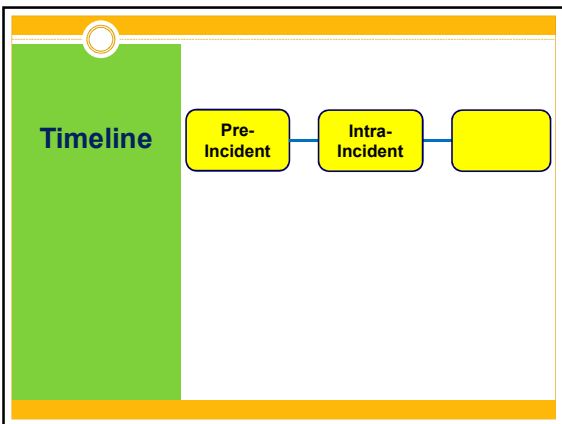
---

---

---

---

---



---

---

---

---

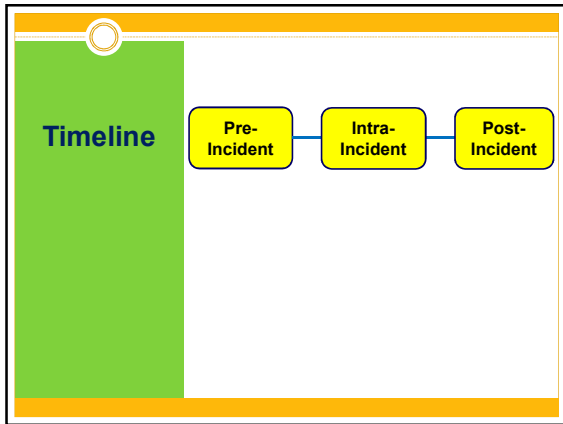
---

---

---

---





---

---

---

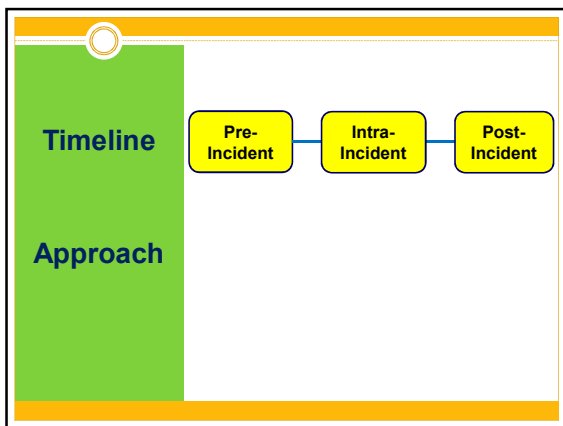
---

---

---

---

---



---

---

---

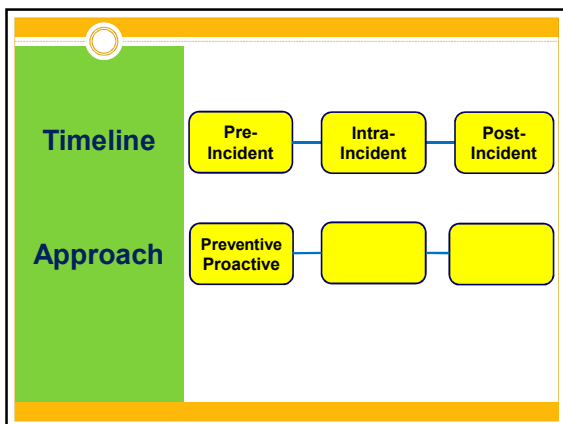
---

---

---

---

---



---

---

---

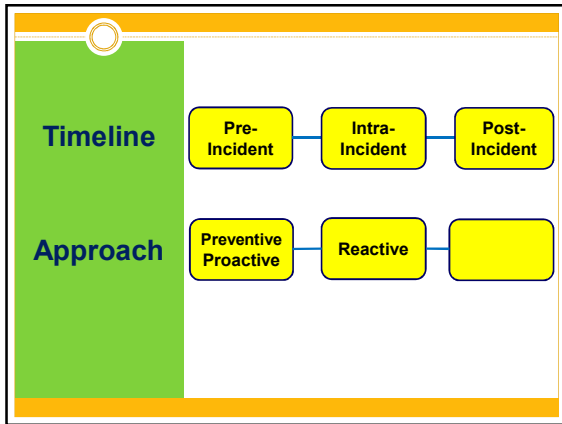
---

---

---

---

---



---

---

---

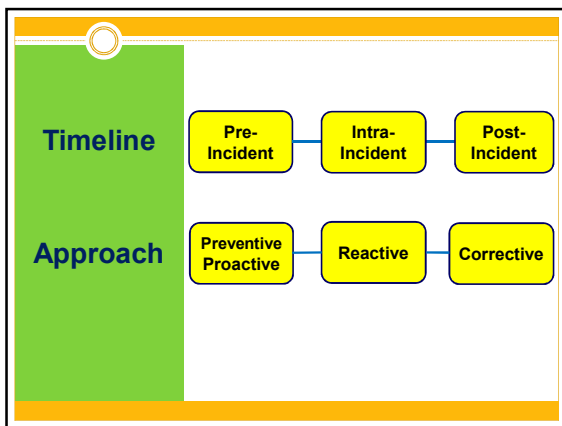
---

---

---

---

---



---

---

---

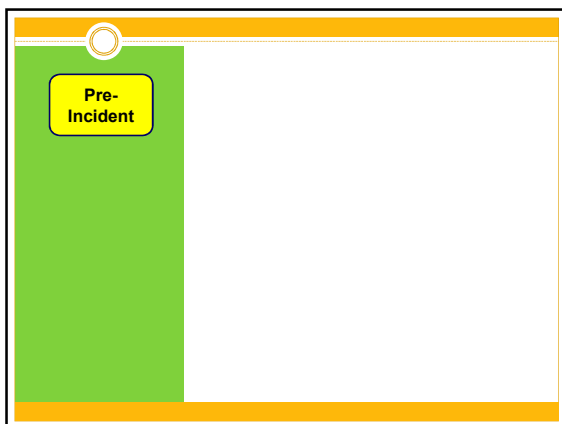
---

---

---

---

---



---

---

---

---

---

---

---

---

**Pre-Incident**

**Administration of Depression Screener**

---

---

---

---

---

---

---

---

**Pre-Incident**

**Administration of Depression Screener**

Over the last 2 weeks, how often have you been bothered by the following?:

- 1) Little interest or pleasure in doing things
- 2) Feeling down, depressed, or hopeless.

---

---

---

---

---

---

---

---

**Pre-Incident**

**Administration of Depression Screener**

Over the last 2 weeks, how often have you been bothered by the following?:

- 1) Little interest or pleasure in doing things
- 2) Feeling down, depressed, or hopeless.

**PHQ-2**

---

---

---

---

---

---

---

---

**Pre-Incident**

### Administration of Depression Screener

Over the last 2 weeks, how often have you been bothered by the following?:

- 1) Little interest or pleasure in doing things
- 2) Feeling down, depressed, or hopeless.

**PHQ-2**

**PHQ-4, PHQ-9**

**KDQOL-36**

---

---

---

---

---

---

---

---

**Pre-Incident**

### Administration of Depression Screener

Over the last 2 weeks, how often have you been bothered by the following?:

- 1) Little interest or pleasure in doing things
- 2) Feeling down, depressed, or hopeless.

**PHQ-2**

**PHQ-4, PHQ-9**

**KDQOL-36**

Refer to community mental health (counseling, medications, further eval, support group); PCP, nephrologist/IDT; online resources.  
Provide counseling; macro educational opportunities.

---

---

---

---

---

---

---

---

## Depression

**DEPRESSION IS...**

Emotions – sadness, anger, loneliness, hopelessness	
Thoughts – negative, pessimistic, ruminative	
Physical – pain, sleep problems, appetite, exhaustion	
Behaviors – isolation/withdrawal, substance abuse, no self-care, suicide	

---

---

---

---

---

---

---

---

## Depression

**DEPRESSION IS...**

Emotions – sadness, anger, loneliness, hopelessness  Thoughts – negative, pessimistic, ruminative  Physical – pain, sleep problems, appetite, exhaustion  Behaviors – isolation/withdrawal, substance abuse, no self-care, suicide  – Mark Meier, MSW, LICSW (2016) Executive Director of Face It Foundation	
---	--

---

---

---

---

---

---

---

---

---

---

## Depression

**DEPRESSION IS...**

Emotions – sadness, anger, loneliness, hopelessness  Thoughts – negative, pessimistic, ruminative  Physical – pain, sleep problems, appetite, exhaustion  Behaviors – isolation/withdrawal, substance abuse, no self-care, suicide  – Mark Meier, MSW, LICSW (2016) Executive Director of Face It Foundation	<b>Depression consists of :</b> <ul style="list-style-type: none"> <li>▪ Setting Factors</li> <li>▪ Biological Factors</li> <li>▪ Psychological Factors</li> <li>▪ Social Factors</li> </ul>
---	--

---

---

---

---

---

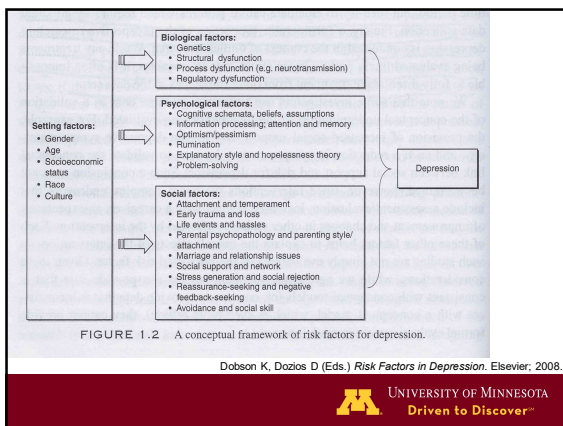
---

---

---

---

---




---

---

---

---

---

---

---

---

---

---

### Depression

○

**SIGNS AND SYMPTOMS OF DEPRESSION**

Irritability, temper outbursts	
Sad, empty mood, hopelessness	
Eating, sleeping disorders	
Low self-esteem, poor concentration	

---

---

---

---

---

---

---

---

### Depression

○

**SIGNS AND SYMPTOMS OF DEPRESSION?**

Irritability, temper outbursts	Know that <b>irritability</b> is a common symptom and should be recognized by floor staff and reported to SW/IDT.
Sad, empty mood, hopelessness	Irritability – Aggression
Eating, sleeping disorders	Agitation, Resistance
Low self-esteem, poor concentration	Mood instability
	Anger, Rage
	Impatience
	Hypercritical

---

---

---

---

---

---

---

---

○

**Pre-Incident**

**Administer Depression Screener S/S of Depression, need for referral**

---

---

---

---

---

---

---

---

### Behavioral Issues

**EMPATHIC RESPONDING**

Do not agree	
Do not disagree	
Do not explain	
Do not fix	

---

---

---

---

---

---

---

---

**Pre-Incident**

**Administration of Depression Screener  
S/S of Depression, need for referral  
Empathic Responding**

---

---

---

---

---

---

---

---

**Pre-Incident**

**Administration of Depression Screener  
S/S of Depression, need for referral  
Empathic Responding**

**Intra-Incident**

---

---

---

---

---

---

---

---

**Behavioral Issues**

**WHAT IS INVOLVED IN DE-ESCALATION?**

Active Listening ESRD Network 18 Refer to SW DPC – Decreasing Dialysis Patient-Provider Conflict	
---	--

---

---

---

---

---

---

---

---

**Behavioral Issues**

**WHAT IS INVOLVED IN DE-ESCALATION?**

Active Listening ESRD Network 18 Refer to SW DPC – Decreasing Dialysis Patient-Provider Conflict	Active Listening – Eye Contact Body Language  CPI's Top 10 De-Escalation Tips <a href="http://www.crisisprevention.com/Resources/Knowledge-Base/De-escalation-Tips">www.crisisprevention.com/Resources/Knowledge-Base/De-escalation-Tips</a>  <a href="http://esrdnetworks.org/resources/special-projects/copy_of_DPPCProviderManual.pdf">http://esrdnetworks.org/resources/special-projects/copy_of_DPPCProviderManual.pdf</a>
---	--

---

---

---

---

---

---

---

---

**Pre-Incident**

**Administration of Depression Screener  
S/S of Depression, need for referral  
Empathic Responding**

**Intra-Incident**

**Active Listening  
SW clinical skills  
CPI's Top Ten De-Escalation Tips  
DPC**

---

---

---

---

---

---

---

---



**Pre-Incident**  
Administration of Depression Screener  
S/S of Depression, need for referral  
Empathic Responding

**Intra-Incident**  
Active Listening  
SW clinical skills  
CPI's Top Ten De-Escalation Tips  
DPC

**Post-Incident**

---

---

---

---

---

---

---

---

**Pre-Incident**  
Administration of Depression Screener  
S/S of Depression, need for referral  
Empathic Responding

**Intra-Incident**  
Active Listening  
SW clinical skills  
CPI's Top Ten De-Escalation Tips  
DPC

**Post-Incident**  
FA, Medical Director – QAPI

---

---

---

---

---

---

---

---

**Pre-Incident**  
Administration of Depression Screener  
S/S of Depression, need for referral  
Empathic Responding

**Intra-Incident**  
Active Listening  
SW clinical skills  
CPI's Top Ten De-Escalation Tips  
DPC

**Post-Incident**  
FA, Medical Director – QAPI  
Staff In-Services

---

---

---

---

---

---

---

---

**Pre-Incident**  
Administration of Depression Screener  
S/S of Depression, need for referral  
Empathic Responding

**Intra-Incident**  
Active Listening  
SW clinical skills  
CPI's Top Ten De-Escalation Tips  
DPC

**Post-Incident**  
FA, Medical Director – QAPI  
Staff In-Services, Macro projects

---

---

---

---

---

---

---

---

**Communication**  
**Education**  
**Collaboration**

---

---

---

---

---

---

---

---

**The Role of the Interdisciplinary Team in Dealing with Behavioral Issues**

**VERNON SILVA, LCSW, NSW-C**  
vernonsilva@yahoo.com  
vsilva@usrenalcare.com  
(415) 320-4517

---

---

---

---

---

---

---

---