

## Tip 4: Demonstrated Competencies

### Description

A competency is the ability to apply knowledge, skills, or attitudes (KSAs) successfully or efficiently to perform critical job functions. One needs to practice a competency to use it effectively in various appropriate situations and times. When working with residents with OUD and StUD, there are important KSAs that your staff should possess to care for residents safely.

This toolkit is based on a set of OUD, StUD, and treatment core competencies. As a result, many of the concepts presented in Tip 4 also appear throughout the toolkit. Tip 4 is designed to consolidate the list of essential core competencies under one Tip.

### Goals

The goal of this section will be to help LTCF staff identify key competencies they should demonstrate and understand to better care for residents with OUD and StUD.

### Objectives

At the end of this section, participants will be able to:

- Learn how to care for individuals with OUD and StUD in LTCF effectively.
- Understand special considerations across the age spectrum for LTCF residents with OUD and StUD.

### Policies

- Incorporate the following competencies into staff training policy
  - Understanding OUD and StUD
  - How to care for individuals with OUD and StUD
  - Preventing opioid and stimulant use overdose
  - What to do in case of an overdose

### Process

#### Knowledge About Understanding Opioid and Stimulant Use Disorders

LTCF clinicians and staff must develop knowledge, skills, and attitudes about OUD and StUD to effectively care for individuals with this chronic, relapsing medical condition.

#### ***Ethical and Legal Guidelines When Caring for People with Stimulant and Opioid Use Disorders***<sup>153, 154, 155</sup>

**Understanding of 42 CFR:**<sup>156</sup> Federal Drug and Alcohol Confidentiality regulation (42 CFR Part 2) protects the confidentiality of residents' alcohol and SUDs. It protects residents' identities, diagnoses, prognoses, and treatment plans in record documents maintained in connection with federally assisted programs or activities about substance abuse education, prevention, training, treatment, rehabilitation, or research. This ensures patients receiving treatment are not made more vulnerable than individuals with a SUD who do not seek treatment.

- This applies to federally-assisted alcohol and drug abuse programs. Obtain patient consent before sharing information from a program subject to 42 CFR Part 2. After information disclosure, do not disclose further information without patient's express consent or unless otherwise permitted.

# The Care of Residents with Opioid and Stimulant Use Disorders in Long-Term Care Settings

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- Limited exceptions for disclosure without consent:
  - Medical emergencies
  - Scientific research
  - Audits and evaluations
  - Child abuse reporting
  - Crimes on program premises or against personnel
  - Court order
  - Communications with a qualified service organization (QSO) of information needed by the organization to provide services to the program

## **Stigma: Dispelling Misconceptions**

- According to the WHO, stigma is a major cause of discrimination and exclusion, and it contributes to human rights abuse. When a person experiences stigma, they are seen as less than because of their real or perceived health status or characteristic. Residents with OUD and StUD are no different than any other residents with chronic health conditions.<sup>157, 158, 159, 160</sup> (See [Tip 1](#).)

## **Implicit Bias**

- Implicit biases are attitudes and stereotypes that are inaccessible to conscious awareness or control. These unconscious attitudes create quick assumptions and associations between people with certain characteristics and certain behaviors or evaluations. For example: if you imagine a scientist and you see a male rather than a female. Everyone carries these implicit assumptions, but it is important that you are aware of the assumptions that you make and how they can influence your care of residents.
- You can take the [Implicit Association Test](#).<sup>161</sup>
- Complete the [Addressing Bias module](#).<sup>162</sup>

## **Distinction Between Use, Dependence, And Use Disorder**

- Identity and discuss stigma and misconceptions of OUD and StUD.<sup>163, 164, 165</sup> Also, identify and understand the distinction between use, dependence, and use disorder. (See [Tip 1](#) for more information on stigma.)
- Substance dependence is not synonymous with a use disorder, but rather a physical state in which the body adapts to ongoing use of a substance.
- When people use the word dependence, they typically refer to a physical dependence on a substance. Dependence includes symptoms of tolerance and withdrawal. An individual can have opioid dependence without having an OUD.<sup>166</sup>
- Definitions
  - "Substance abuse and dependence are caused by multiple factors, including genetic vulnerability, environmental stressors, social pressures, individual personality characteristics, and psychiatric problems."<sup>167</sup>
  - "SUD is a mental disorder affecting a person's brain and behavior, leading to a person's inability to control their use of substances such as legal or illegal drugs, alcohol, or medications."<sup>168</sup>
  - "OUD is a medical condition defined by not being able to abstain from using opioids, and behaviors centered around opioid use that interfere with daily life. However, people can misuse opioids and not have physical dependence. When a person has physical dependence, it can be particularly hard to stop taking opioids, and that dependence can interfere with daily routines, including personal relationships or finances."<sup>169</sup>



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## Trauma-Informed Care

- “Trauma-informed care understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize.”<sup>170</sup> (See [Tip 3](#) for information regarding the effects of trauma.)
- Screening and assessing suicide risk: Patient Health Questionnaire-9 (PHQ-9) is a LTCF screening tool used by social workers to measure depression severity in residents. View [universal suicide risk screening information](#).<sup>171</sup>

## Recognize and Manage Intoxication, Withdrawal, or Overdose.<sup>172, 173</sup>

- Managing acute treatment (detoxification): LTCF cannot accept residents with primary diagnosis is SUD for detox. Instead, an appropriate outpatient, acute care, or rehabilitation facility should treat residents for detoxification before admission to LTCF. (See 150.003 Admissions, Transfers, and Discharges D (5)).
- Communicate with the OTP or OBOT/OBAT providers regarding abrupt discontinuation of opioids after long-term intense use, which may produce withdrawal symptoms.<sup>174</sup> (See [Tip 1](#) for symptoms of withdrawal). The most effective method for treating a resident who has withdrawal is to prescribe a long-acting oral opioid (usually methadone or buprenorphine) to relieve symptoms and then gradually reduce the dose to allow the resident to adjust to the absence of an opioid. Medically supervised withdrawal can also involve the use of non-opioid medications that can help control symptoms; this should only be done under the supervision of the residents’ clinicians at their OTP or OBOT/OBAT.<sup>6</sup>

## Special Considerations Across the Age Spectrum for Long-Term Residents with Opioid and Stimulant Use Disorder<sup>175</sup>

- Typically, LTCF residents are thought of as an older, medically-complex population. However, LTCFs also have a population of younger adults who are admitted for short-term rehabilitation, are medically compromised, and need the level of care provided in a LTCF. All residents, regardless of age, require safety considerations when managing OUD and StUD.<sup>176</sup>
- When LTCF residents receive MOUD through an OTP or OBOT/OBAT or receive StUD treatment, clinicians manage treatment by considering the following:
  - Medical co-morbidities
  - Psychiatric co-morbidities
  - Managing acute and chronic pain and OUD<sup>177</sup>
  - Effective treatment
  - Polypharmacy and drug interactions
- View BSAS guidelines for [practice with older adults](#)<sup>178</sup> and [family approach](#)<sup>179</sup> to treatment.
- If you have any questions regarding addressing complex needs of patients with chronic pain, SUD, or both, call MCSTAP for a free consultation 833-PAIN-SUD (833-724-6783).

## Long-Term Care Facility Residents’ Social Environment<sup>180</sup>

- The rules and expectations in LTCF for residents with OUD and/or StUD:
  - LTCFs have rules that apply to all residents, including those with OUD and StUD.
  - Set appropriate boundaries for residents, staff, and visitors in collaboration with residents to provide a safe, supportive environment.
  - Prepare staff to manage resident reactions associated with OUD and StUD. (See [Tip 1](#).)
  - Staff should be aware of resources and strategies to optimize resident and staff safety.



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## Caring for Individuals Treated with Medication for Opioid Use Disorder in Long-Term Care Facilities

Individuals with OUD can be treated with MOUD while residing in a LTCF, though these facilities are not designated as OTPs or OBOTs/OBATs.<sup>181</sup>

- Goals of MOUD (see [introduction](#) and [MOUD Comparison chart](#))
- Treatment modalities include:
  - Methadone, buprenorphine, buprenorphine, naloxone, or naltrexone ([MOUD comparison chart](#))
  - Counseling
  - Recovery support/peer support-coaching
- Effective assessments and person-centered care plans (see [Tip 3](#))
- Communication with treatment programs (see [Tip 5](#) and [Tip 6](#) for additional information on treatment programs and communication)
- Protocols for medication changes and needs
- Arranging transportation ([see Tip 6](#))
- Discharge planning, including continuity of care and resources ([see Tip 6](#))
- Preventing an overdose ([see Tip 1](#))
- Competency with naloxone to reverse opioid overdose ([see Tip 1](#)) and [Five Steps for First Responders](#)<sup>182</sup>
- Harm-reduction strategies ([see Tip 1](#))
- Storing, dispensing, and transporting medications for MOUD ([see Tip 6](#))
- Record-keeping, see your internal policies
- LTCF reporting requirements for overdose events, [typically DPH](#)<sup>183</sup>

## Caring for the Caregivers (see [Tip 2](#) and [Tip 3](#) Regarding Resources for Families and Caregivers)

- Setting personal and professional boundaries
- Recovering from traumatic events (i.e., overdose event or unexpected resident death)
- Debriefing after a crisis
- Recognizing and preventing caregiver burnout

## Education and Resources

- American Addiction Centers National Rehabs Directory: [Check Your Blind Spot: Understanding Implicit Bias](#)<sup>184</sup>
- SAMHSA Recover Month: Road to Recovery [Discussion Guide](#)<sup>185</sup>
- [Appendix 13: Additional Resources](#)



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## Implementation: Key Points

Tip 4:	Demonstrated Competencies
<b>Policies</b>	1. Incorporate competencies into staff training: understanding OUD and StUD, how to care for individuals with OUD and StUD, prevent overdose, and what to do in case of an overdose.
<b>Checklist of Competencies</b>	<b>Competencies: Knowledge, Skill, or Attitude</b>
<i>Understanding OUD and StUD</i>	<input type="checkbox"/> <b>Knowledge and/or Attitude</b> <ul style="list-style-type: none"> <li>▪ Implicit bias: take the implicit association tests.</li> <li>▪ Dispelling the stigma and misconception of OUD and StUD.</li> <li>▪ Trauma-informed care approach.</li> <li>▪ Recognize and manage intoxication, withdrawal, or overdose.</li> <li>▪ Ethical and legal guidelines.</li> </ul> <input type="checkbox"/> <b>Knowledge and Skill</b> <ul style="list-style-type: none"> <li>▪ Distinction between use, dependence, and use disorder.</li> </ul>
<i>Special Considerations Across the Age Spectrum</i>	<input type="checkbox"/> <b>Knowledge</b> <ul style="list-style-type: none"> <li>▪ Medical comorbidities</li> <li>▪ Psychiatric comorbidities</li> <li>▪ Acute/chronic pain and OUD along with StUD</li> <li>▪ Effective treatment as determined by OTP or OBOT/OBAT</li> <li>▪ Polypharmacy and drug interactions</li> </ul>
<i>Residents' Social Environment</i>	<input type="checkbox"/> <b>Knowledge and Skill</b> <ul style="list-style-type: none"> <li>▪ Expectations for residents with OUD and StUD: Resources and strategies for resident and staff safety</li> </ul>
<i>Caring for Individuals with OUD Treated with MOUD</i>	<input type="checkbox"/> <b>Knowledge</b> <ul style="list-style-type: none"> <li>▪ Goals of MOUD</li> <li>▪ Treatment modalities</li> <li>▪ Protocols for medication changes and needs</li> <li>▪ Arranging transportation</li> <li>▪ Harm reduction</li> <li>▪ Record-keeping</li> </ul> <input type="checkbox"/> <b>Skill</b> <ul style="list-style-type: none"> <li>▪ Effective assessment and care plans</li> <li>▪ Communication with treatment programs</li> <li>▪ Discharge planning</li> <li>▪ Competency with naloxone</li> </ul> <input type="checkbox"/> <b>Knowledge and Skill</b> <ul style="list-style-type: none"> <li>▪ Preventing overdose</li> <li>▪ Storing, dispensing, transportation of MOUD</li> </ul>
<i>Caring for the Caregivers</i>	<input type="checkbox"/> <b>Knowledge and/or Skill</b> <ul style="list-style-type: none"> <li>▪ Setting personal and professional boundaries</li> <li>▪ Recovering from traumatic events</li> <li>▪ Debriefing after a crisis</li> <li>▪ Recognizing and preventing burnout</li> </ul>
<b>Regulatory Considerations</b>	Federal regulations on Patients' Rights related to visitations, room searches, etc. 150.003 Admissions, Transfers and Discharges

