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Keywords
social services, well-being, mattering, healthcare, cognition, mood, care plan, character strengths, nursing home, residents

Disciplines
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Improving Residents’ Well-being Through Mindful Interventions and Character Strength Amplification

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I want to give special thanks to my girlfriend for helping provide a supportive and nourishing environment for me to flourish in. Without her endless support it would not have been possible for me to complete this journey. I also want to thank my mom, family, and friends for their continuous support and understanding. Your prayer for me was what sustained me and kept me going.

Finally, I would like to thank God and my grandma for getting me through all the difficulties. I have experienced your guidance day by day. You are the one who let me finish my degree. All glory to God and special thanks to my grandma again for setting me on this path.
Introduction

Many traditional societies make little distinction between the healing of the mind and the flesh (Mrazek et al., 2013). The U.S. healthcare system is no different. The belief in a fundamental separation of body and mind runs deeply through the roots of medical science (Mrazek et al., 2013). The medical establishment aims for and often attains proficiency in the material body. The knowledge of biology and physiology produces a beautiful power to heal (Mrazek et al., 2013). Healthcare workers are fully invested in this approach because this is what facilities subscribe to. Staff aim to take complete care of the resident and their bodily needs. Confidence in the material world's ultimate reality and ability to skillfully manipulate that world has created an extraordinarily potent medica science (Mrazek et al., 2013).

However, this potency comes with a high cost. It is not surprising that a system of healing with such power to alter physiology is prone to undervalue the mental dimension of healing (Mrazek et al., 2013). The world of the mind, the domain of depth and meaning that dwells at the heart of a mental experience, is becoming irrelevant (González-Colaço Harmand et al., 2014). For example, seniors often decline shortly after being admitted into a nursing home for various reasons (González-Colaço Harmand et al., 2014). All residents have psychosocial needs upon arrival, some surround social isolation, cognitive impairment, or mood disorders. Many facilities do not have the means to maintain the residents' healthy psychosocial well-being, leaving the question, what do staff do about the seniors?

When seniors are admitted to a nursing home facility, staff aim to ensure they receive the treatment needed to return to the community or the next phase of their transition. The nursing home staff work as a team is to ensure that there are custom care plans in place for each resident.
There is no one size fits all intervention. Residents must have custom care plans to tailor treatment to their situation.

Currently, nursing home residents receive traditional services such as a psychiatry consult, an increase in psychotropic medications, a short stay at an inpatient mental health program or, for some with dementia, heavy medications to help manage their psychosocial challenges (Fossey et al., 2006). In addition, the use of positive psychology could help staff improve residents' well-being through positive interventions, such as mindfulness. These interventions are not in place of clinical treatment methods. Installing positive psychology interventions within care plans as a method of psychosocial treatment may facilitate improved cognition and stabilize mood through care plans that contain mindful based activities as positive interventions. A positive intervention is an evidence-based, intentional act or series of actions meant to constitute well-being in the non-clinical population (Seligman, 2012). A mindfulness practice is a particular type of positive intervention that fosters self-awareness through exploring yourself (Niemiec et al., 2012). These interventions are increasingly being implemented in nursing home facilities as non-clinical methods because they help the residents stay in the moment (Creswell, 2017).

**Targeting mindfulness in nursing home residents will help facilitate cognitive growth, mood stabilization, and better amplification of character strengths.** The care plans will instruct staff to assist residents with a mindfulness practice as a positive intervention. If residents can integrate being mindful into their activities of daily living, it should condition their minds to appreciate the present moment and reinforce the application of their strengths.

This paper will explore the use of positive psychology as non-clinical methods of treatment within nursing homes. It will examine the use of care plans that contain mindful
practices as positive interventions to measure residents' well-being in a nursing home. A care plan is sometimes referred to as a strategy for how the nursing home will help the resident. The care plans will use mindfulness practices as positive psychology interventions to help improve the well-being the residents.

**Positive Psychology**

Positive Psychology is a field of science that studies the elements of flourishing and well-being (Peterson, 2006). The field is based on empirical evidence, considers people's differences, and affects patterns, behavior, and cognition. Positive psychology also looks at how those patterns and differences relate to the individual’s environment to grow and pursue positive outcomes or overcome adversities. In terms of the individual, positive psychology focuses on building and applying strengths, "such as the capacity for love and work, courage, compassion, resilience, creativity, curiosity, integrity, self-knowledge, moderation, self-control, and wisdom" (Positive Psychology Center, 2022). Positive psychology also applies to organizations and involves the study of "strengths that foster better communities, such as justice, responsibility, civility, parenting, nurturance, work ethic, leadership, teamwork, purpose, and tolerance" (Positive Psychology Center, 2022).

There was a tendency for psychology—post-World War II—to primarily focus on the disease model of mental illness. The emphasis was on reducing ill-being amongst clinical populations (Peterson, 2006). Then, in 1998, Dr. Martin E. P. Seligman brought attention to the gap in research regarding human potential and the pathways available to affect change positively. Dr. Christopher Peterson, also influential in the development of positive psychology, said it best, "What is good about life is as genuine as what is bad and therefore deserves equal attention from psychologists. It assumes that life entails more than avoiding or undoing problems and hassles.
Positive psychology resides in that part of the human landscape metaphorically north of neutral. It is the study of what staff do when they are not frittering life away" (Peterson, 2006, p. 4).

While positive psychology is about building on the good, it is essential to clarify that it is not about shielding people from the bad. It is about facing reality which includes negative emotions, differences of opinion, adversity in our personal lives, and the barriers in our work. In addition to flourishing, it is also about learning how to use the challenges staff encounter in life as opportunities for growth—to develop resilience. Sir John Templeton once said that positive psychology is "the study and understanding of the power of the human spirit to benefit from life's challenges" (Maddux, 2020, p. xxii).

Dr. Seligman's definition of well-being comprises five elements (PERMA): Positive emotion, Engagement, Relationships, Meaning, and Accomplishment (Seligman, 2012). Positive emotion is a subjective measure that can be increased by reflecting on the past (e.g., focusing on gratitude and forgiveness), the present (e.g., by savoring experiences and engaging in mindfulness practices), and the future (e.g., through hope and optimism) (Positive Psychology Center, 2022). Engagement happens when people use their skills, strengths, and attention to achieve a challenging goal (Seligman, 2012). Good relationships are fundamental to well-being.

Similarly, when Dr. Peterson was asked to describe positive psychology in two words or less, he replied, "Other people" (Seligman, 2012, p. 20). This means that our well-being is strongly tied to our connections and relationships with others stems from our need to be part of and serve something more significant than the self (Seligman, 2012). Finally, accomplishment is about pursuing mastery as a goal on its own (Seligman, 2012). In sum, there are many paths to well-being. Positive psychology is not a prescriptive science telling people what they should value or how they should live. Instead, it describes the science that supports flourishing. It is
intended to help people make more informed choices toward fulfillment based on their values and interests (Positive Psychology Center, 2022). Supporting the application of positive psychology are positive psychology interventions (PPIs). They are evidence-based activities and behaviors that increase well-being and support pathways to human flourishing in non-clinical populations (Pawelski, 2009).

**Mindfulness and character strengths work together to improve well-being**

A mindfulness practice is a particular type of positive intervention that fosters self-awareness through exploring yourself (Niemiec et al., 2012). Mindfulness is a human strength strongly associated with well-being and the ability to self-regulate feelings (Niemiec et al., 2012). Mindfulness can help residents ground their attention and helps raise awareness to adopt an openness or acceptance towards their experience (Creswell, 2017). Seniors are dealing with more social isolation and need a means of rooting themselves through challenging times. Dr. Seligman notes, “Very little that is positive is solitary” (Seligman, 2012, p. 20).

Interest in mindful based interventions has increased exponentially over the past three decades (Creswell, 2017). Much of that interest has been fueled by scientific reports and media coverage describing the potential benefits of these interventions. The benefits range from mental and physical health outcomes to cognitive-affective, social isolation, and interpersonal results (Creswell, 2017). These interventions are increasingly being implemented in nursing home facilities as non-clinical methods because they help the residents stay in the moment (Creswell, 2017).

**Character Strengths**

The strengths to be facilitated are called character strengths. Character strengths are capacities of cognition and psychosocial behavior (Niemiec et al., 2012). They are also the
psychological ingredients for displaying virtues or goodness (Niemiec et al., 2012). Together with mindfulness they help create a synergy of benefit that can develop a positive correlation; as mindfulness increases, so does awareness of character strengths and the potential for continued interaction between the two. Character strengths can also offer those who practice being mindful a way to confront, manage or overcome obstacles that naturally occur during these practices (Niemiec et al., 2012). The two work to give practitioners tools to widen perspective and deepen the exercise by employing strengths as needed during the positive intervention.

To further expand, mindfulness and character strengths, which have often been discussed in the literature on positive psychology, have much in common (Niemiec et al., 2012). Each is a universal quality that shows what it means to be a human. They are seen as a process or higher-order procedure that can be integrated into collaborating with people (Niemiec et al., 2012). With the two integrated they help facilitate self-awareness and potential for change by bringing one’s character strengths more clearly into view (Niemiec et al., 2012). Practitioners are also given a language to capture positive states and traits that can often be outcomes of mindfulness (Niemiec et al., 2012). Both mindfulness and character strengths can be heightened deliberately, which gives facilities hope that both can be used in nursing homes to improve cognition and resident well-being (Niemiec et al., 2012).

**Resident’s Need for Improved Well-being**

Each country has developed its solutions for the needs of older adults according to socio-economic models and resources (González-Colaço Harmand et al., 2014). They all target the critical care of the elders who cannot live independently because of medical needs and nursing care. Nursing homes are comprehensive geriatric centers where innovative strategies and care
plans promote physical autonomy, cognitive stimulation, and internal social interactions among residents, families, and staff members (González-Colaço Harmand et al., 2014).

Transitions into an unfamiliar environment can shock or traumatize a resident. Unlike other animals, humans spend much time thinking about what is happening around them, contemplating events that happened in the past, might happen in the future, or will never happen (Matthew & Gilbert, 2010). Indeed, "stimulus-independent thought" or mind-wandering is the brain's default mode of operation (Matthew & Gilbert, 2010). Although this ability stems from human evolution that allows people to learn, reason, and plan, it may have an emotional cost. Many philosophical and religious traditions teach that happiness can be found by living in the moment, and practitioners are trained to resist mind wandering and live in the present (Matthew & Gilbert, 2010). These traditions suggest that a wandering mind is an unhappy mind.

Laboratory experiments have revealed much about the cognitive and neural bases of mind wandering but little about its emotional consequences in everyday life (Matthew & Gilbert, 2010). The most reliable method for investigating real-world emotion and cognitive decline is experience sampling, which involves connecting with the resident on a personal level as they engage in everyday activities and asking about their thoughts and feelings (Larson & Csikszentmihalyi, 2014). This is the leading job of a social worker and one of the essential pieces in a nursing home. Staff engage with the residents daily, asking them about their feelings, assisting them as needed, and documenting their status in progress notes. Creating a care plan that reflects experience sampling as a method mindfulness intervention would reinforce staff to always ask about a resident's feelings. It also allows staff to strength spot and record progress to improve resident treatment. If staff can help seniors age healthily, staff succeed in helping them flourish.
Providing high-quality care requires mindfulness from both staff and residents (Baime, 2003). It takes a strong stance on the effects of improving mindfulness and how it contributes to well-being and healthcare. The well-being of the residents is highly dependent on their relationships with their staff members (Prilleltensky, 2012). However, building resident-to-resident relationships have become much more complex, and the senior citizens have become more isolated due to the new obstacles. Over time, even the most involved medical staff begin to feel less compassionate and more burned out. After a while, it becomes difficult for the team to build genuine connections with their residents. It is not what any of the medical staff wish for, but the nature of the profession they choose. Staff may unintentionally develop a protective shell to help get through the stress and adversity of the job (Baime, 2011). This often affects the residents through staff performance. To improve residents’ well-being despite communal changes, facilities should focus on strategies that involve training staff to strengthen relationships with the residents (Prilleltensky, 2012).

Many healthcare facilities want to limit transfer by improving their quality of care. Changing one key component can make a stark difference in how staff help others to heal and how the entire health care system works. Staff can change themselves. Residents want the healing encounter delivered by a genuine person (Baime, 2003). Staff can rediscover how to use their company to let the residents know they have been touched, cared for, and healed (Prilltensky, 2012). Aiming to show residents they matter as much psychosocially as they do clinically may help reduce in-house transfers to other facilities. This may help facilities improve their overall rating and favor with the surveyors.
Applying Positive Interventions in a Nursing Home

Developing care plans that include mindful practices as positive interventions may help improve residents’ well-being through strengthening cognition, stabilizing mood, and amplifying character strengths. The care plans also help the residents connect with their staff through engaging in the practice. They also work to strengthen well-being by introducing the residents to practices that help them self-manage in during trying times.

Well-being may be defined as a favorable situation in which the individual and community's aspirations are fulfilled (Prilleltensky, 2012). In this case, making sure residents feel at home. Well-being refers to a satisfactory condition for individuals and communities that encompasses more than psychosocial and physical obstacles (Prilleltensky, 2012). Many aspects of well-being reach far beyond physical health and creep into the realm of values, thriving, meaning, and mental health (Prilleltensky, 2012). Healthcare professionals usually aim to reinforce these aspects of resident well-being through how they provide care.
Figure 1

How Care is Provided by the Care Team

Training Staff

Staff training is an important component to providing evidence-based, high-quality care in nursing homes and other residential communities. In support of such activity, the Omnibus Budget Reconciliation Act (OBRA) of 1987 requires nurse aides working in nursing homes funded by Medicaid and Medicare to receive training in individualized care, which includes dementia care and other cognitive related issues (Beeber et al., 2010). Proper staff training better ensures high-quality care through improved psychosocial treatment.

Staff training will focus on two components: 1) character strengths and 2) mindfulness practices. Facilities should aim for staff to be trained on helping residents identify their character strengths through strength spotting. Character strengths are part of the core process of
Mindfulness, as some may enhance the activity, and others are outcomes of that practice (Niemiec et al., 2012). Strength spotting helps practitioners focus on whatever thoughts, feelings, and actions are arising in the moment (Niemiec et al., 2012). When learning to implement psychosocial interventions, staff usually receive biannual in-service training. The in-service can be customized by the facility to teach staff how to identify signature strengths in themselves and residents. While at the same time being taught how to implement mindful practices. The in-service teaches the staff that signature strengths are the most prominent character strengths in an individual (Niemiec et al., 2012). Staff will be given a handout that contains a list of character strengths. They will then be asked to circle their signature strengths or strengths that resonate deeply with them. When they are complete, staff are to give their handout to the manager of their department. Managers will file the signature strengths handout in the staff member’s file as a motivation tool.

In addition, the in-service training will also surround how to help residents improve cognitively and how to deal with various moods and behaviors. In the case of cognitive impairment, staff would know to implement a mindful practice to help facilitate mental growth based on the care plan’s specific instruction while monitoring signature strength deployment. The training will further teach staff that character strengths are capacities for thinking, feeling, and behaving (Niemiec et al., 2012). To further this, nursing home staff and practitioners will also be trained to take notice when residents are having a "brave thought or moment of curiosity" and file it away in the resident’s progress note as an insight for potential treatment (Niemiec et al., 2012). This may unlock the potential for residents to engage more in activities, boost positivity in relationships, and reach higher personal potential and purpose (Niemiec, R. 2022).
Character strengths are one path to consistent mindfulness practice, and in turn, mindfulness offers an opportunity to express strengths and work with the contextual nuances that emerge (Niemiec et al., 2012). Nursing home facilities can implement mindfulness into residents’ treatment to identify if it helps individuals enhance their strengths, spot them, and assess situations for optimal strength deployment (Niemiec et al., 2012). Healthcare staff would love for residents to eventually apply their character strengths during mindful practices and other positive interventions. Interventions facilities should consider installing through the care plan are the body scan, sitting meditation, three-minute breathing space, and mindful yoga (see table 1). Each requires an application of character strengths such as perseverance, self-kindness, and perspective. Staff will have been trained to monitor and identify when residents are applying these strengths. Repeated participation in these activities requires consistent application of those character strengths, which may lead to cognitive improvement, mood stabilization, or an increase in well-being (Niemiec et al., 2012). It is worth adding positive interventions that facilitate well-being through mindfulness and character strengths to residents’ care plans to ensure consistent psychosocial treatment.
Table 1

*Mindful Practices*

<table>
<thead>
<tr>
<th>Practice</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>Body Scan and Mindful Yoga:</strong></td>
<td>Exercises directly involving the body, such as the body scan and mindful yoga, invite participants not only to be curious and accepting of their body and its wonders, beauties, and limitations, but also to be kind and compassionate toward it during the practice. Kindness directed to the self is a critical part of meditation.</td>
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<tr>
<td><strong>Breathing Space Exercise:</strong></td>
<td>This practice of tuning in to the present moment, focusing on the breath, and then expanding the awareness to sense the whole body can be approximated to the practice of three separate strengths, one for each minute of the breathing space: curiosity in the awareness phase, self-regulation in the concentration phase, and perspective in the expanded awareness phase.</td>
</tr>
<tr>
<td><strong>Mindful Speech and Listening:</strong></td>
<td>Mindful speech and deep, mindful listening involve speaking with honesty and listening with kindness/compassion. Increased mindfulness allows for more attention to verbal communications and nonverbal cues and to one's reactions to these cues. It also increases the ability to listen nonjudgmentally and tune in to one's own patterns during conflict.</td>
</tr>
<tr>
<td><strong>Mindful Walking:</strong></td>
<td>Movement-based therapies such as tai chi and walking have been found to positively affect mindfulness. Walking and other forms of physical activity have been linked with increased energy and well-being. These activities help facilitate zest (enthusiasm, energy, and vitality) which helps individuals become more active and consciously aware of their movement.</td>
</tr>
<tr>
<td><strong>Mindful Consuming:</strong></td>
<td>Mindful consumption can be seen as anything that is taken into the body and mind. This includes food and drinks, but also mass media, such as video games, internet sites, magazines, books, television programs, and movies. Mindful eating, drinking, and other methods of consuming involve several strengths, such as gratitude, appreciation of beauty, kindness, self-regulation, and perspective. For example, more self-regulated, mindful eating would improve the capacity for self-regulation and likely lead to gains in relation to exercise, shopping, and other areas that require self-control.</td>
</tr>
</tbody>
</table>


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Resident intake and assessment

Developing care plans with activities that promote mindfulness in residents can increase residents' ability to apply their essential strengths regularly, thus giving them more control over their minds during challenging times. Rather than treating social circumstances such as isolation as permanent, a mindful approach helps residents to treat them as impermanent (Creswell, 2017). Introducing meditation as a mindful practice is a wonderful way to introduce residents to mindful approaches, but it poses cultural difficulties (Richard et al., 2014).

Due to cultural differences, some residents may not gravitate towards the idea of meditation, so for the sake of this paper meditation will be referred to as a body break. When introducing residents to a new mindful approach like a body break, staff would have them try a quick exercise. The assigned staff would ask the resident to close their eyes for about a minute and maintain an open awareness of breathing through their nostrils (Creswell, 2017). Taking a body break for one minute can reveal that the minds quickly race off to other places (Creswell, 2017). For residents to adopt this long-term approach, it would require repeated body breaks, allowing them to move toward healthier regulation of feelings and actions (Niemiec et al., 2012). Mindfulness training has helped people cope with a series of mental illnesses, including social anxiety disorders and depression, both experienced by residents in nursing homes (Niemiec et al., 2012). It also is a core feature of many cognitive and self-control-based essential strengths (Niemiec et al., 2012). Building care plans that facilitate these strengths may help residents become consistent with body breaks and other mindful interventions.

Integrating positive interventions within care plans
Consistent treatment comes through strong and supporting care plans. The care plan must be in writing, and a copy must be in the resident's electronic chart. It tells each staff member what to do and when to do it. Management must have a baseline care plan completed within 48 hours of a resident's admission. It contains tailored care plans and general assessments, including the Brief Interview for Mental Status (BIMS) and Patient Health Questionnaire-9 (PHQ-9). The BIMS (Appendix A) is an exam performed in healthcare as a holistic tool for identifying a patient or resident’s cognitive status (Saliba & Buchanan, 2008). The PHQ-9 (Appendix B) is a mood assessment that measures a patient or resident’s overall depression score (Saliba & Buchanan, 2008). These two assessments are a social worker’s most common tools. The scores of both assessments help staff understand the resident’s mood and cognitive status, allowing staff to implement positive psychology more appropriately. The two images below contain the PHQ-9 and BIMS assessments. This will give a better feel for the tools social service workers use with the residents to help promote psychosocial well-being.

Healthy aging is defined as developing and maintaining the functional ability to perform daily living tasks (Ahlskog et al., 2011). In nursing homes, most care plans are centered around residents and their daily tasks, called ADLs or activities of daily living. The care plan outlines exactly how the staff will apply the method of treatment they will be doing with the resident. Staff must follow the care plan precisely to provide intentional care. That includes approaching the resident during the time care plan suggests. The staff member will then suggest the intervention to the resident. The resident has a right to refuse the intervention. Staff will follow up with some form of encouragement for residents who are adamant in refusing the intervention. If that does not work, the team may eventually resolve the care plan as ineffective for that resident. The staff member must then document the refusal as a progress note.
Care plans that include physical activities are critical in restoring residents’ well-being, improving their cognition, and stabilizing their mood (Sheung-Tak et al., 2014). They allow staff to observe the resident applying their signature strengths. Exercises involving the body, such as the body scan and mindful yoga, invite residents to be curious and accept their body and its wonders during the practice (Ahlskog et al., 2011). At the same time, exercises that involve the mind allow residents to explore their emotions and feelings on a deeper level (Ahlskog et al., 2011). Kindness directed to the self is a core part of mindfulness practice. Implementing even a portion of these mindful practices in long-term care facilities should make an enormous impact on the healthcare industry.

Residents are the centerpiece of long-term care institutions. The interdisciplinary team has daily meetings to discuss how to improve their well-being. The group consists of a manager from each department. Social services are the members of the team responsible for maintaining the psychosocial well-being of the resident. Managers aim to stabilize their mood and improve their cognition using the abovementioned tools. Using character strengths, a new tool can be developed to better help acclimate residents to signature strength deployment. Residents are evaluated every three months for cognitive improvement and mood stabilization. When social services go to administer the other two tools for the quarterly assessment, they can assess the resident for their signature strengths similarly to how staff were assessed during the in-service training. Social services will ask the resident to identify from a list of character strengths which ones they feel they resonate with the most. Managers then use the gathered information to create custom care plans to help improve deficits, if there are any. The custom care plans align with whatever the resident needs to enhance their diagnosis or an obstacle they face.
Upon reviewing the resident for their quarterly progress, staff would review the care plan to see if progress is being made towards the treatment goal. Most care plans have a similar structure. When looking at a care plan, it is best to read it from left to right. The first column requires a quick assessment of the resident and their diagnosis. The second column is usually the care plan's focus or objective. The focus asks what is going on with the resident. The second column is often the goal or what you want to do about the resident's problem in this case. The third column asks what intervention you will use to help the resident achieve their goal and alleviate the focus.

**Sample Care Plans**

Facilities can take the care plans a bit further by customizing the last column to reflect character strengths. This may help identify, more specifically, what qualities residents embody and use those to fuel their growth. For example, residents for whom kindness is a signature strength may apply self-kindness to their mindful yoga (Niemiec et al., 2012). Below are a few actual examples of what a care plan looks like with a character strengths column added.
**Sample Care Plan #1**

**Resident Profile:** Eric Gath

Mr. Eric Gath is a resident of Phoenixville, PA. He has a history of forgetfulness and social isolation. Several mental health evaluations indicate he is at risk for early-onset dementia related to family trauma and a life-changing car accident. He was also recently admitted into the nursing home without the intention of returning to the community. He cannot return to the community due to a lack of family and personal support.

**Diagnosis:** Cognitive impairment, mood disorder related to social isolation and past trauma

**Behavioral Issues:** Mr. Gath does not have any behaviors that disrupt other residents. He does, however, wander around the facility without warning. He can be redirected back to his room quickly and usually claims he forgot where his room was. Assisting him back to his room usually helps to de-escalate him. Care plans should work to keep him engaged and occupied to prevent wandering.

<table>
<thead>
<tr>
<th>Diagnosis</th>
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<th>Goal</th>
<th>Intervention</th>
<th>Character Strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive impairment, mood disorder related to social isolation, and past trauma.</td>
<td>Mr. Gath has cognitive impairment and is beginning to decline more frequently.</td>
<td>To improve Mr. Gath cognition through the review period. Staff will assist Mr. Gath in helping him explore his curiosity at least two per week or as needed.</td>
<td>Body Scan: Staff is to assist Mr. Simpson in exploring his curiosity about anything surrounding himself physically. This will allow Mr. Gath to examine themselves more closely after medical treatment.</td>
<td>Mr. Gath may display humility and appreciation of beauty &amp; excellence during their body scan exercise.</td>
</tr>
</tbody>
</table>
Sample Care Plan #2

Resident Profile: Theodora Chestnut

Ms. Chestnut is from York, PA, and was just admitted into the facility. She lives alone in her own home with little community support, and her daughter is the only relative who has made themselves known. She is being admitted into the facility with the intent of being a long-term resident. She has a history of depression related to a lack of community support.

Diagnoses: Dementia related to cognitive impairment, unspecified anxiety disorder related to lack of community support, an unspecified mood disorder related to social isolation.

Behavioral Issues: Chestnut does not present outwards with her behaviors. She stays to herself in her room. She does not like to attend activities or socialize with other residents. Ms. Chestnut will get angry if she feels she is being asked too often to do something she does not want to do. She tends to talk to herself and get upset if she is disturbed.

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Dementia-related to cognitive impairment, unspecified anxiety disorder related to lack of community support, unspecified mood disorder related to social isolation.</td>
<td>Ms. Chestnut has been talking to herself in her room, claiming she has no one to talk to.</td>
<td>Staff will prioritize one-on-one conversations with Ms. Burgos to help her feel she matters. Offer her opportunities to reflect and explore her life to help alleviate depression and mood disorder at least two times per week or as needed</td>
<td>Mindful Speech: Involves staff listening deeply and with intention as residents communicate their needs. It also involves staff speaking and listening with strength, intent, kindness, and compassion.</td>
<td>The resident may display prudence during their mindful speech session, which may assist them in making more wise and practical decisions.</td>
</tr>
</tbody>
</table>
Sample Care Plan #3

Resident Profile: John Trestover

Mr. Trestover is an incoming resident from Camden, New Jersey. He was sent to the facility after a three-day stay at the local hospital. He has a history of verbal outbursts directed towards staff, and he has a history of inpatient stays at multiple psychological institutions.

Mr. Trestover intends to remain here for long-term care if he cannot find a long-term psychological placement.

Diagnoses: Explosive anger disorder, unspecified anxiety, major depression, schizophrenia, pica,

Behavioral Issues: Mr. Trestover has an extreme history of behaviors. His behaviors range from verbal aggression towards residents if the staff does not get what he wants. At times he has been reported throwing urine at female staff. He is also diagnosed with pica and eats anything from screws to medical supplies. It is recommended that he only be paired with male staff due to his general aggression and complex behaviors.

<table>
<thead>
<tr>
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<th>Goal</th>
<th>Intervention</th>
<th>Character Strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explosive anger disorder, unspecified anxiety, major depression, schizophrenia, pica</td>
<td>Mr. Trestover has been causing trouble with residents due to poor adjustment and psychological history of behaviors.</td>
<td>Staff will work to help Mr. Trestover feel more integrated into the nursing home through one-on-one interactions and other fun activities at least two times per week or as needed</td>
<td>Mindful Yoga: For residents to learn to be curious and accept their bodies, wonders, and limitations. Yoga helps the resident move their stagnant body with hopes of restoring motivation.</td>
<td>Through yoga, residents will hopefully gain an appreciation for their bodies and a sense of humility to rejoice in what they can do versus what they cannot do.</td>
</tr>
</tbody>
</table>
Sample Care Plan #4

**Resident Profile:** Sharell Lakes

Ms. Lakes comes to the facility from Lansdale hospital after completing a hospital stay due to COVID. Beth plans on being a short-term resident with plans to discharge back home after her rehab is complete. She has family in the community to support her and aid with her transition home.

**Diagnosis:** COVID-19, Cognitive impairment related to COVID and recent placement in a nursing home, general anxiety, unspecified.

**Behavioral Issues:** Ms. is coming to the facility with no behavioral issues. She is at risk of wandering due to wanting to return to her style of living. She has some episodes of medication refusal due to not wanting to be in a facility. Ms. Lakes mostly stays in her room and has little interaction with others.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Focus</th>
<th>Goal</th>
<th>Intervention</th>
<th>Character Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19, Cognitive Impairment related to COVID and recent placement in a nursing home, general anxiety, unspecified.</td>
<td>Ms. Lakes has had trouble sleeping due to her mind racing from stress.</td>
<td>Put in a psych consult to help Ms. Lakes express her psychosocial concerns. Give Ms. Lakes opportunities for quiet time at least two times per week or as needed</td>
<td>Three-Minute Breathing Space: This practice helps the resident adjust to the present moment, focusing on the breath and expanding awareness of the whole body. The breathing will help the resident explore their curiosity, self-regulation, and perspective.</td>
<td>The resident may display curiosity, perspective, and self-regulation during their three-minute breathing session.</td>
</tr>
</tbody>
</table>
Staff must follow the care plan precisely to provide intentional care. That includes approaching the resident during the time care plan suggests. The staff member will then suggest the intervention to the resident. The resident has a right to refuse the intervention. The staff member must then document the refusal in the resident's profile. Staff will follow up with some form of encouragement for residents who are adamant in refusing the intervention. If that does not work, the team may eventually resolve the care plan as ineffective for that resident.

**Documenting use**

As noted, in the sample care plans above, a column was added to the care plan that includes a resident's character strengths. The column will tell staff what character strengths they might expect a resident to apply during this intervention. Each mindful practice requires the application of specific character strengths, such as perseverance, curiosity, or kindness. These strengths are not set in stone and do not apply to every resident. The strengths listed are default on the care plan, as they are likely to be applied during these interventions. If the resident applies these character strengths, staff are to document that in their progress notes to monitor the effectiveness of the care plan. If the resident does not apply any of the strengths listed on the care plan but displays other strengths, staff are to document that in the progress section and modify the care plan accordingly. The care plan modification will substitute the default settings of the character strength column with information relevant to what the resident displayed during their mindful practice. Targeting residents' character strengths may be an excellent way to reinforce individuality through mindful practice. This allows healthcare workers to more accurately treat residents based on signature strengths they show and acquire through intervention participation and assessments.
To further explain, installing positive psychology to improve psychosocial well-being may improve cognitive scores and help stabilize residents' moods throughout an ever-changing period. Residents with written care plans are shown to be more active self-managers (Taylor, 2019). Through care plan development, mindfulness and character strengths may help residents become more self-sufficient. The positive psychology interventions are built around assisting residents to better manage themselves through increasing awareness and signature strength deployment (Taylor, 2019). To add positive interventions to the care plans, the staff member should modify the third column to include a mindful practice tailored to the resident's specific needs. They should also edit the character strength column to reflect observed and deployed signature strengths. The care plans will instruct staff to assist residents with mindful activities like a 3-minute breathing space. This practice of tuning into the moment, focusing on the breath, and then expanding the awareness to sense the whole body can facilitate the application of three-character strengths, curiosity, self-regulation, and perspective (Niemiec, 2012). If staff notice any of these strengths being applied during the mindful practice, they must document the observations in the resident's progress notes section. It also allows residents to explore themselves during shock and trauma.

When the department of health or other agencies come to survey the facility, it is usually an intense survey period. They are coming in to inspect care plans and how they have been conducted. They look at the quality of the care plan and whether it meets specific criteria of well-being. Regarding psychosocial evaluations, the department of health is primarily focused on whether care plans are in place for resident diagnosis. They also check if residents are regularly assessed for cognition and mood using the BIMS and PHQ-9. In addition to the assessments, they want to know what staff are doing to improve these scores, and is it being documented. The
positive psychology care plans check off all these boxes. They are designed to collaborate with the residents' BIMS and PHQ-9 assessments. Through mindful practices and targeting character strengths, staff should see an improvement in the assessment scores. Improving the assessment scores usually means improving the residents' health conditions. If there is no improvement, the positive psychology care plans may also reflect immediate documentation and daily notation as proof of effort during the survey.

**Measuring Impact**

When measuring the impact of these interventions in the nursing home the facility should consider looking at residents’ assessment scores, staff retention, progress notes, and the relationships between residents and their staff. To improve the residents’ assessment scores the staff should apply one or more of the mindfulness intervention two times a week, once on Monday and then again on Friday. The weekends can be a rejoicing period for residents due to the relaxed environment and family visits, so it is not usually recommended for certain treatment plans to be conducted. Although the care plan designates staff to apply the intervention twice a week there is also an as needed option in case the resident wants to do a mindful practice in the middle of the week. Applying the interventions twice a week allows staff to consistently attempt the mindful practice with the resident, while avoiding burning the resident out with intervention overload.

The care plan runs throughout each resident’s three-month review period. At the end of the review period, the facility will look at the progress surrounding the intervention and whether the resident achieved the goal of the care plan. A brief intervention based on positive psychology yielded improvements in well-being among nursing home residents who enjoyed and appreciated the practice (Cesetti et al., 2017). After engaging in the intervention for up to three review
periods, residents are expected to exhibit fewer depressive symptoms and less episodes of
cognitive impairment (Henry et al., 2014). If staff see an increase in the residents’ BIMS or
PHQ-9 assessment scores, facilities know that their care plans and installed positive
interventions have made a direct impact on the residents’ cognitive status or current mood. In
addition to cognitive improvement and mood stabilization, residents should demonstrate better
signature strength deployment. If the care plan is successful in improving cognition, stabilizing
mood, reinforcing signature strengths, the facility would keep them active as long the resident
continues to benefit from the treatment.

**Challenges**

While there are many benefits to installing positive psychology in nursing homes,
including good favor with the department of health, there are many challenges. The long-term
care setting requires training but poses issues for uptake of new practices. Some difficulties stem
from inadequate management support, staff burnout, and few moments to catch a breath (Beeber
et al., 2010). Character strengths can be applied to staff to help them stay in the present moment
and foster better morale. Mindfulness practitioners will have to call upon bravery if they want to
directly confront the emotional and physical pain that emerges during mindfulness practices.
They must also rally zest at work when feeling lethargic (Niemic et al., 2012). If facilities are
working to enhance mindfulness in residents, they must do it for the staff team to ensure the
interventions are being conducted to maximum capacity. Targeting staff motivation through
encouraging awareness may help staff better decompress and alleviate some of the obstacles they
are facing.

For the treatment to work, staff must be motivated enough to be genuine in their
connection with the resident. This requires a lot of dedication and commitment from the staff.
Using the strengths from the in-service training, Members of the management team can work to set up external reminders for staff to identify their strengths and find ways to use them during challenging moments at work that may deter them from applying the care plan (Niemiec et al., 2012). The intended impact is that positive intervention-based care plans will stimulate residents' moods and cognition. While simultaneously strengthening staff’s motivation through genuine connection with the resident and raising awareness. Over time, with positive psychology installed into residents' care plans, staff should see an improvement in residents' treatment through improving staff’s morale.

Morale helps maintain good relationships between staff and residents (Taylor, 2019). While written care plans and staff support for health goals appear to benefit residents in a nursing home, it is more difficult now than ever for staff to build interpersonal relations with the senior citizens (Taylor, 2019). In this case, the management team must step up and provide direct support to ensure the residents get the personal and relational development needed to thrive (Taylor, 2019). Nursing home residents will continue to face community-based challenges; however, facilities can shift their focus to show all residents they matter while finding ways to keep staff motivated enough to provide high-quality care.

Another major challenge facing healthcare staff is time availability (Baime, 2003). Time and availability are significant challenges in the industry. Time is limited due to short staff, an abundance of residents, and a massive number of residential needs. The suggestion that there might be another thing to do during the interaction creates dread rather than mere resistance (Baime, 2003). Claustrophobic time-pressured environments are often why staff disconnect in the first place. There is no time to spend just "being with a resident. (Baime, 2003). “Many staff feel they have little to give clinically and psychosocially.
On the other hand, residents are aware that they are receiving minimal time with members of their care team. Residents tend to ask their staff more questions just to get more time from their staff. Staff would love to lend more time, but their morale may be too low to give extended time. There are many ideas to help boost resident and staff morale, but internal complications prevent new kinds of treatment from being conducted, psychosocial therapies. The doctor and the hospital are often blamed for those complications, but everyone is an unwilling victim in this drama (Baime, 2003). Over time, even the most sensitive and caring medical staff begin to feel less and less of the distress that their residents bring them (Baime, 2003). It is not necessarily what they wish for. Staff reflexively develop a protective callus, precisely over the area of feeling the heart. It might seem convenient to feel less of everything, but it takes a toll in the end. A perfectly reasonable protective gesture diminishes the self (Baime, 2003).

With more depth, some employees in healthcare are hurting due to being unable to provide consistent, high-quality care to the residents due to workplace challenges (Prilltensky, I. 2012). They are despairing that their practice is not what they sought to do (Baime, 2003). The original charitable inspiration to work for the benefit of others has little to do with their actual professional life (Baime, 2003). Some of the best staff are the most susceptible to this disappointment. Some employees may give up and leave the healthcare field to make an impact elsewhere. Or they may give up and just go back to work with lower morale. Some families find alternative care for their loved ones when they witness a psychosocial decline. Of course, health insurance does not pay for that encounter since it is not considered medical "treatment." Still, because psychosocial needs are so crucial to most residents, families are typically happy to pay their way.
Opportunities

Working with full attention and presence can affect the quality of care in healthcare. It is even harder to believe that it saves time, alleviates staff stress, and makes each visit more meaningful and efficient (Baime, 2003). The interactions between staff and residents unfold more naturally and feel more satisfying when staff remember to be mindful of the present moment. When residents know that a caring presence has met them, they relax and let that person care for them, providing relief to the staff who is giving the treatment (Baime, 2003). It creates a healthy give-and-take relationship between the staff and residents. Residents ask fewer "doorknob questions," which usually attempt to keep the team in the room, so the resident has one last chance of being understood (Baime, 2003). There is no need to call their staff member back to try to be heard again when staff provide genuine care (Baime, 2003). Genuine care means providing care with intent and awareness (Baime, 2003). Mindfulness helps staff to remember that the treatment is resident centered. When staff keep that in mind while providing treatment, the interaction between the resident and staff flows more naturally. Everything feels more comfortable because nothing was missed, and the resident remained the center of focus.

The staff team are the ones who conduct the interventions with the residents and that can have a significant impact on staff morale. Staff burnout usually leads to poor staff retention. It can reach a point where the workplace demands are too much, causing them to seek other opportunities. Through training, staff would have learned what their signature strengths are. Managers use their staff’s signature strengths to place external reminders, reminding staff to use their strengths. Although the link between satisfaction and productivity at work is complex, these findings imply the need for further attention to how character strengths and their consequences might be translated into staff retention (Peterson & Park, 2006).
Because character is multidimensional, so too must be its approach (Peterson & Park, 2006). Character strengths are a resource untapped by organizations, especially healthcare facilities. It is believed that strengths of character can be deliberately nurtured by organizational practices that encourage their application to boost staff morale (Peterson & Park, 2006). Staff with good character are highly engaged in what they do and find significance beyond themselves in their activities (Peterson & Park, 2006). The facility wants the staff to be aware of the moment when they are providing treatment to remain resident focused. When staff are mindful of their own strengths, they provide higher quality of care and continue to build better relationships with the residents (Peterson & Park, 2006).

Strengths of character like gratitude, hope, zest, curiosity, and love are associated with work satisfaction across a range of occupations including healthcare worker (Peterson & Park, 2006). In a study of cadets at the US Military Academy it was found that strength of hope predicts who stays in the service (Peterson & Park, 2006). In addition to the identified strengths staff possess, management should reinforce hope as a facility wide strength to help improve staff retention. Hope is a strength that allows staff to overcome uncertainty and constant healthcare obstacles that are out of their control (Peterson & Park, 2006).

Conclusion

Entering a nursing home or any kind of new environment can be a challenge for seniors. When residents come in, they find themselves having a lot of time to themselves. Some seniors spend their time thinking about the future and possible return to the community, while others may be entertaining the idea of a long-term stay. Traditions suggest that a wandering mind is an unhappy mind, so facilities should consider various ways to improve the well-being of their residents.
Care plans offer entry points to positive interventions as ways to help residents improve their well-being. Care plan building is one way to make a positive impact on the residents, especially since the director of each department has the freedom to customize the care plans as they see fit. Social service directors are the staff responsible for customizing psychosocial care plans. They can add a new positive intervention to the care plan as long the resident is physically and mentally willing to engage in the activity. Administration does not have to approve the care plan unless they appear outside of nursing home regulations or do not appear to promote resident well-being. Fortunately, all the care plans centered around mindful interventions do promote well-being. This means that positive psychology can be immediately implemented in nursing home settings due to being regulation friendly while promoting residential health.

When the care plan is created and ready to go, the staff are the ones who bring it to the resident. Staff will carry out whatever the care plan instructs as a part their job duties. When it comes to implementing mindful interventions, staff morale must be high enough to maximize each attempt with the resident. A lot of the employees suffer from burnout due to numerous facility-based obstacles, so aiming to keep staff refreshed can be huge help when it comes to applying new interventions in a nursing home. During training, staff will have learned how to identify their own signature strengths. Directors will then use those identified strengths as motivational tools to keep staff fueled. Staff need new practices because they are fighting new demons in healthcare. Through character strength application and mindful practices being injected into the workplace, residents and staff have a chance of being revitalized through mattering and flourishing.

The positive interventions and character strength-based care plans extend beyond the typical resident in a nursing home. The mindfulness-based care plans can also be applied to residents on both hospice and palliative care. Hospice and palliative care both aim to provide
care to residents who are diagnosed with a terminal illness. The difference between the two surrounds their treatment approach. Palliative still attempts to manage pain through medication, while hospice treats the resident with holistic methods only. Hospice and palliative treatment both require advance care planning. Advanced care planning is an iterative process of discussion, decision making, and documentation about end-of-life care (Lovell & Yates, 2014). The care plans offer holistic methods of treatment that do not conflict with the precise care of hospice or palliative. Customizing a hospice or palliative residents’ care plan to reflect mindfulness interventions and character strength application may prolong life expectancy through increased well-being. A lot of hospice and palliative reimbursement sources require a prognosis, qualifying diagnosis for potential residents, of at least six months or less if the illness runs its normal course (Lovell & Yates, 2014). It is not unusual to see residents outlive that six-month period-potentially being signed off hospice due to restoration of well-being. The benefits of mindfulness-based care plans are vast and may offer solutions to improving the well-being of senior citizens in various settings.
References


Baime, M. (2011). This is your brain on mindfulness. Shambala Sun, pp. 44-50.


Office of Disease Prevention and Health Promotion. (n.d.). Health care access and quality.


Sheldon, T. B. Kashdan, & M. F. Steger (Eds.), Designing positive psychology: Taking stock and moving forward. New York, NY: Oxford University Press.


Appendix A

Brief Interview for Mental Status (BIMS)
Appendix B

Directions: Interview the resident using the guidance for BINS interview found in the MOS 3.0 RAI User's Manual (Appendix D). Conduct the interview in a private setting. Be sure the resident can hear you. Residents with hearing impairment should be interviewed using their communication device/technique.

Assessment Reference Date (ARD) (if applicable)

<table>
<thead>
<tr>
<th>Repetition of Three Words</th>
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<tbody>
<tr>
<td>Ask Resident: I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue, and bed. Now tell me the three words.</td>
</tr>
<tr>
<td>Number of words repeated after first attempt</td>
</tr>
<tr>
<td>0. None</td>
</tr>
<tr>
<td>1. One</td>
</tr>
<tr>
<td>2. Two</td>
</tr>
<tr>
<td>3. Three</td>
</tr>
<tr>
<td>After the resident's first attempt, repeat the words using cues (sock, something to wear; blue, a color; bed, a piece of furniture). You may repeat the words two more times.</td>
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<thead>
<tr>
<th>Temporal Orientation</th>
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</thead>
<tbody>
<tr>
<td>Ask Resident: &quot;What year are we in right now&quot;</td>
</tr>
<tr>
<td>A. Able to report correct year</td>
</tr>
<tr>
<td>0. Missed by &gt;5 years or no answer</td>
</tr>
<tr>
<td>1. Missed by 2-5 years</td>
</tr>
<tr>
<td>2. Missed by 1 year</td>
</tr>
<tr>
<td>3. Correct</td>
</tr>
<tr>
<td>Ask resident: &quot;What month are we in right now&quot;</td>
</tr>
<tr>
<td>B. Able to report correct year</td>
</tr>
<tr>
<td>0. Missed by &gt;1 month or no answer</td>
</tr>
<tr>
<td>1. Missed by 6 days to 1 month</td>
</tr>
<tr>
<td>2. Accurate within 5 days</td>
</tr>
<tr>
<td>Ask Resident: What day of the week is today?</td>
</tr>
<tr>
<td>C. Able to report correct day of the week</td>
</tr>
<tr>
<td>0. Incorrect or no answer</td>
</tr>
<tr>
<td>1. Correct</td>
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<thead>
<tr>
<th>Recall</th>
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</thead>
<tbody>
<tr>
<td>Ask Resident: Let's go back to an earlier question. What were those three words that I asked you to repeat? If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.</td>
</tr>
<tr>
<td>A. Able to recall &quot;sock&quot;</td>
</tr>
<tr>
<td>0. No - could not recall</td>
</tr>
<tr>
<td>1. Yes, after cueing (&quot;a color&quot;)</td>
</tr>
<tr>
<td>2. Yes, no cue required</td>
</tr>
<tr>
<td>B. Able to recall &quot;blue&quot;</td>
</tr>
<tr>
<td>0. No - could not recall</td>
</tr>
<tr>
<td>1. Yes, after cueing</td>
</tr>
<tr>
<td>2. Yes, no cue required</td>
</tr>
<tr>
<td>C. Able to recall &quot;bed&quot;</td>
</tr>
<tr>
<td>0. No - could not recall</td>
</tr>
<tr>
<td>1. Yes, after cueing (a piece of furniture)</td>
</tr>
<tr>
<td>2. Yes, no cue required</td>
</tr>
</tbody>
</table>

Summary Score: Add scores for questions and fill in total score. Fill in total score (00-15). Enter 99 if the resident was unable to complete the interview.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td>Over The Last two weeks, how often have you been bothered by the following problem?</td>
<td>Not at all</td>
<td>Several Days</td>
<td>More than half the days</td>
<td>Nearly every day</td>
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<tr>
<td>---</td>
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<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>1) Little Interest or pleasure in doing things?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2) Feeling down, depressed, or hopeless?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3) Trouble falling or staying asleep or sleeping too much?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4) Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5) Poor appetite or overeating?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6) Feeling bad about yourself- or that you are a failure or have let yourself or your family down?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7) Trouble concentrating on things like reading the newspaper or watching television?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8) Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around more than usual?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9) Thoughts that you would be better off dead or hurting yourself somehow?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>