

Engagement with Intention:

Partnering with Behavioral Health to Reach and Support Every Resident

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Why Engagement Matters

Engagement is more than attendance, it's connection.

- Studies show that regular activity participation improves mood, cognition, and overall well-being.
- Residents engaged in meaningful activity have fewer behavioral episodes and stronger social bonds.
- We can't underestimate the role of belonging, it's not extra, it's essential.

“What’s one small change you’ve seen make a big difference in a resident’s engagement?”

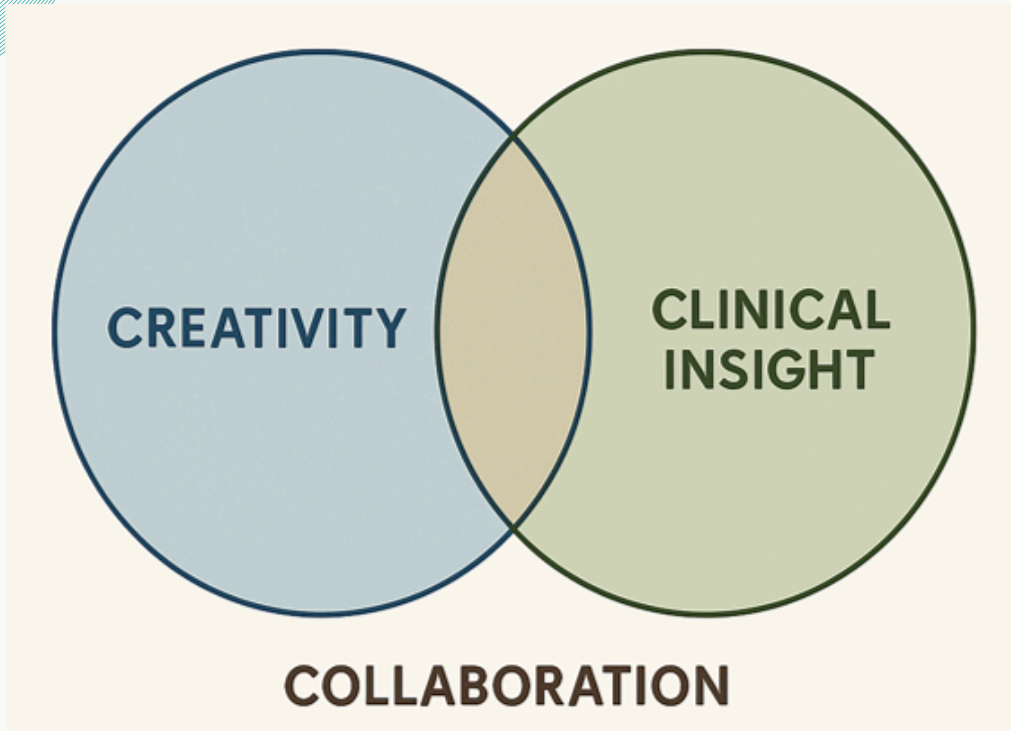
The Challenge

Activity teams are masters of creativity — yet many face the same challenge: residents who rarely leave their rooms, decline group programming, or experience emotional distress in social settings.

- These residents often get labeled as “uninterested,” but the truth is, they’re communicating something deeper.
- Barriers may be emotional, behavioral, environmental, or medical, and that’s where collaboration comes in.

“Think of one resident who’s been difficult to engage. What do you think their biggest barrier might be?”

Venn diagram showing overlap between Creativity (Activities) and Clinical Insight (Behavioral Health) → Meaningful Engagement.



The Power of Partnership

Activities + Behavioral Health = Meaningful Engagement

- Activity teams bring creativity, fun, and connection.
- Behavioral Health teams bring insight into motivation, readiness, and emotional regulation.
- Together, they bridge gaps between willingness and participation.



Barriers to Engagement

Common Barriers:

- Emotional: Depression, anxiety, trauma, grief
- Behavioral: Agitation, withdrawal, refusal
- Environmental: Noise, lighting, crowding, timing
- Physical/Medical: Fatigue, pain, medication side effects

Behavior communicates need. Engagement starts when we understand the 'why' behind the behavior.

“Which of these barriers feels most common in your building?”

Behavior as Communication

Behavior is language.

Residents use behavior to communicate when words fail.

- A “refusal” may mean “I’m overwhelmed.”
- Agitation may mean “I don’t feel safe.”
- Withdrawal may mean “I don’t feel confident.”

Behavioral Health Lens

Understanding Behavior as Communication

- Refusal or withdrawal often signals fear, discomfort, or loss of control.
- Recognize the function of behavior before reacting.

Incorporate trauma-informed principles:

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment



Collaboration in Action

How Behavioral Health Supports Engagement:

- Therapists: Address mood and coping barriers to participation.
- TBS (Therapeutic Behavioral Support): Coach residents through social readiness and frustration tolerance.
- Psych NPs: Adjust medications impacting alertness or anxiety.
- Mental Health Nurses: Reinforce coping strategies and monitor triggers.

Example: Before Bingo, our TBS might work 1:1 with a resident who's anxious about crowds, role-playing what to expect, helping them practice coping skills, and celebrating even small successes.



Practical Adaptations

Meet Residents Where They Are

- Offer 1:1 social readiness activities before group exposure.
- Modify sensory elements: lighting, seating, background noise, or scents.
- Create predictable routines and clear expectations.

Small, intentional changes make participation feel safe and attainable.

“What creative ideas have worked in your facility that others could learn from?”



Build tiered participation opportunities (observer → helper → participant).



Tier 1: Observer

Residents can:

- Sit nearby and watch without pressure
- Listen to music or conversation
- Be present without having to perform or interact
- See what the activity is like before joining

Why it matters:

Residents with anxiety, depression, cognitive changes, or low confidence often need to acclimate first.

Build tiered participation opportunities (observer → helper → participant).

Tier 2: Helper

Residents can assist in small, low-pressure ways, such as:

- Passing out bingo cards
- Handing out supplies
- Helping set up or clean up
- Choosing the next song or activity
- Reading numbers aloud

Why it matters:

It gives them purpose and helps them feel valuable without the pressure of competing or performing.

Build tiered participation opportunities (observer → helper → participant).

Tier 3: Participant

Residents fully join the activity, such as:

- Playing bingo
- Joining an art project
- Participating in exercise classes
- Engaging in group discussions

Why it matters:

By this stage, they've built confidence and feel comfortable enough to participate fully.

Why This Strategy Is Powerful for Activities + Behavioral Health

How the Model Helps Residents:

- Reduces overwhelm
- Offers choices, not pressure
- Builds confidence + social comfort
- Clarifies emotional readiness

Behavioral Health Supports By:

- Identifying the right tier
- Teaching coping skills
- Practicing social interactions
- Collaborating with Activities
- Celebrating progress

The Result: .

A unified, step-based approach that increases engagement and confidence



Our teams do an incredible job creating sensory-friendly, inclusive, and emotionally engaging events—like these examples here. Each of these events was adapted for different resident readiness levels, with Behavioral Health support behind the scenes helping residents build confidence to attend.



When Behavior Escalates

Recognizing and Responding to Triggers

- Common triggers: perceived loss of control, noise, crowding, unexpected touch.
- Early warning signs: withdrawal, pacing, fidgeting, verbal agitation.
- De-escalation tips:
 - Use calm, concise communication.
 - Offer space and validation.
 - Maintain group structure without singling out the resident.

Flow of escalation → intervention → recovery → reintegration.



Case Example 1:

A resident who historically isolated in his room began attending activities with support. He joined bingo, meals, and small events, but only when staff were present.

Later, he shared why he hesitated to attend alone:

- Limited hand mobility made games and activities difficult
- He felt slow, embarrassed, and like a burden
- These feelings increased his depression and avoidance

Small Group Challenge:

- What barriers is this resident facing?
- What would you do as the Activity team?
- How could Behavioral Health partner with you here?



Case Example 2:

A resident who was previously social and talkative now refuses group activities. She becomes irritated when redirected or encouraged to attend. Staff describe her as “difficult” or “uncooperative.”

She prefers to stay in her room and often says:

“I don’t belong here.”

“I don’t know anyone.”

“I feel stupid.”

Small Group Challenge:

- What could be driving this change?
- How would you respond as an Activity team?
- When would Behavioral Health be helpful?



Case Example 3:

A long-term resident was consistently active in the community. She regularly attended music groups, helped welcome new residents, and enjoyed shared meals. After the recent loss of her spouse, her behavior changed significantly. She stopped attending activities, avoided communal meals, and began declining daily care. When invited to participate, she responded quietly: “There’s no point anymore.”

Small Group Challenge:

- What emotional or behavioral barriers might be present?
- How would you approach this resident?
- Where does Behavioral Health fit into this situation?



Why this matters for Activities



- When physical limitations create emotional barriers, residents avoid engagement, not because they don't want to participate, but because they may fear embarrassment or "slowing others down."
- Behavioral health helps residents process these feelings, while Activities provides the safe, supportive environment that allows them to try again.
- Activities staff are often the first to notice subtle shifts in participation, mood, or frustration. Your observations help Behavioral Health identify residents who maybe struggling but aren't vocal about it.
- When Activities and Behavioral Health stay aligned, residents receive consistent, reinforcing messages. What residents practice in TBS or therapy (confidence, coping skills, communication) becomes repeatedly reinforced during activity programming, strengthening treatment outcomes.

Key Takeaways

"What engagement challenge are you seeing most often in your facility?"

- Collaboration transforms engagement outcomes.
- Every resident can participate, readiness just looks different for each person.
- Small, intentional adjustments lead to meaningful change.



Questions or Comments?



Thank You for Listening

