

# Trauma-informed Care in Nursing Facilities: Reconnecting to Sources of Strength

Adapted from Presentations by HealthInsight and Telligen on behalf of CMS\*\*





#### Trauma-Informed Care

- Appears in Multiple Areas in the Regulations
- Requires Providers to be Able to:
  - Assess for past trauma
  - Provide care to treat past trauma
  - Assure staff competency in recognizing and caring for trauma survivors





# Trauma-Informed Care: Appears in Multiple Areas in the Regulations

## 42CFR § 483.25(m) Trauma-informed care MUST BE IMPLEMENTED BY NOVEMBER 28, 2019

• The facility must ensure that residents who are trauma survivors receive culturally competent, **trauma-informed care** in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.





# Trauma-Informed Care: Appears in Multiple Areas in the Regulations

42 CFR § 483.21(b)(iii) (3) Comprehensive Care Plans.

The services provided or arranged by the facility, as outlined by the comprehensive care plan, must—

(ii) Be provided by qualified persons in accordance with each resident's written plan of care.

(iii) Be culturally-competent and trauma-informed.

42 CFR § 483.40 (b) Behavioral Health Services

Based on the comprehensive assessment of a resident, the facility must ensure that

(1) A resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder, receives appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being...





# SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

"Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or lifethreatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing."

https://www.integration.samhsa.gov/clinical-practice/trauma

"A program, organization, or system that is **trauma-informed** realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization."





#### This $\neg \P \ \bar{} \ i \ a \ s \ k \ will help you gain an increased understanding of:$

a definition of trauma

a definition of resilience

a definition of trauma-informed care

person-centered care as it relates to trauma-informed care

who may benefit from trauma-informed approaches

activities and resources for a trauma-informed approach

Results from an event, series of events, or set of circumstances

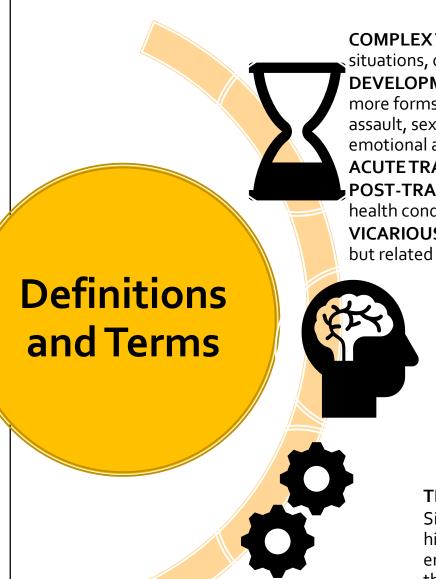
that is
experienced by
an individual as
physical or
emotionally
harmful or life
threatening

and that has lasting adverse **effects** 

on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

### What is Trauma?

SAMHSA, 2014



**COMPLEX TRAUMA:** results from extended exposure to traumatizing situations, often during childhood.

**DEVELOPMENTAL TRAUMA:** multiple or chronic exposure to one or more forms of interpersonal trauma (abandonment, betrayal, physical assault, sexual assault, threats to bodily integrity, coercive practices, emotional abuse, witnessing violence or death).

**ACUTETRAUMA:** results from exposure to a single overwhelming event **POST-TRAUMATIC STRESS DISORDER (PTSD):** a recognized mental health condition that's triggered by a terrifying event.

**VICARIOUS/SECONDARY TRAUMA/COMPASSION FATIGUE:** different but related secondary stress injuries.

**RETRAUMATIZATION:** a conscious or unconscious reminder of past trauma that results in a re-experiencing of the initial trauma event. It can be triggered by a situation, an attitude or expression, or by certain environments that replicate the dynamics (loss of power/control/safety) of the original trauma.

#### TRIGGERS:

Signals that act as signs of possible danger, based on historical traumatic experiences, and which lead to emotional, physiological, and behavioral responses that arise in the service of survival and safety.



that



## What kind of **trauma** may residents have experienced?



## Adverse Childhood Experiences (ACEs)



#### **ACE Score Risk**

alcoholism

222% more likely to become obese 260% more likely to develop COPD 357% more likely to experience depression 500% more likely to develop



#### **ACE Score Risk**

More likely to die 20 years younger than a person with no ACEs



#### **ACE Score Risk**

Increased risk of suicide attempts 30 times more likely among adults.

## Holocaust Survivors: unique stories of trauma and resilience



More than 100,000 Holocaust survivors live in the U.S. today.



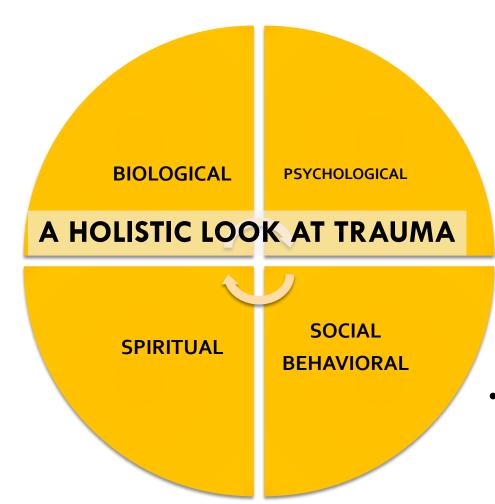
One in four live in poverty.



Many are among the oldest old and live alone.

- Brain developmentfunction
- Headaches, backaches
- Stomach aches
- Appetite changes
- Cold susceptibility
- Intestinal problems
- Sleep changes

- Struggle to find meaning
- Anger at God
- Desolation



- Fearfulness, anxiety
  - Loneliness
- Helplessness
- Dissociation
  - Outbursts
  - Flashbacks
- Nightmares

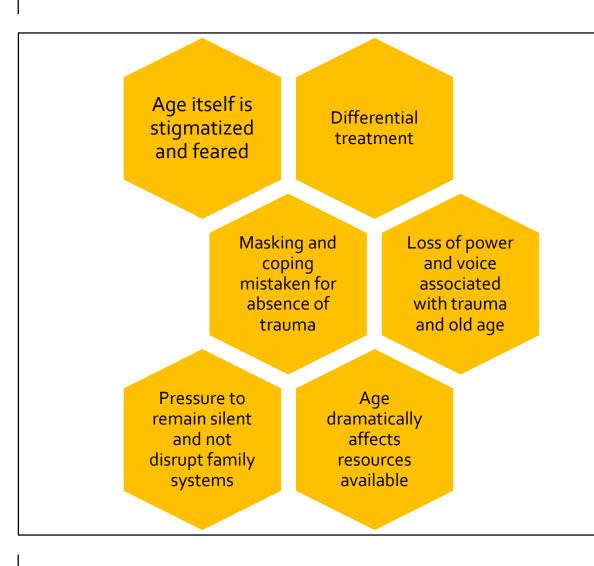
Apathy

Isolation

Difficulty trusting

• Detachment

 Suicide ideation, self-injury, aggression



# Trauma and Ageism

Brown, L. 2008

## Professional Caregivers

The personalities of most health care professionals have a strong empathetic and compassionate component.

Often professional caregiver loss is not addressed in the workplace.

Professionally-related grief events or trauma exposure, which accumulate over time, can be tied to emotional distress and burnout. One size does not fit all.
The past matters and it influences today and tomorrow.

Trauma is highly individual. Everyone experiences life events and stressors differently.

Understand that residents may be reliving or experiencing the impact of trauma even if the trauma is not recent.

Behaviors and signs need to be considered through a lens of trauma and resilience.

Knowing residents' strengths and resources is key to growing our residents' resilience.

Resilience is highly individual. Everyone copes differently.

Understand that everyone adopts coping mechanisms and everyone has strengths.

> Joy, curiosity, and positive social connections change the brain, too.

## A Holistic Look at Resilience

The ability to return to being healthy and hopeful after bad things happen



#### Psychological/ Cognition

Recognizing your own character strengths

Adept at facing fears
Sense of humor
Cognitive flexibility



#### **Biological**

Having resilient parents

Meeting basic needs

Keeping fit



#### Spiritual

Strong moral compass or set of beliefs



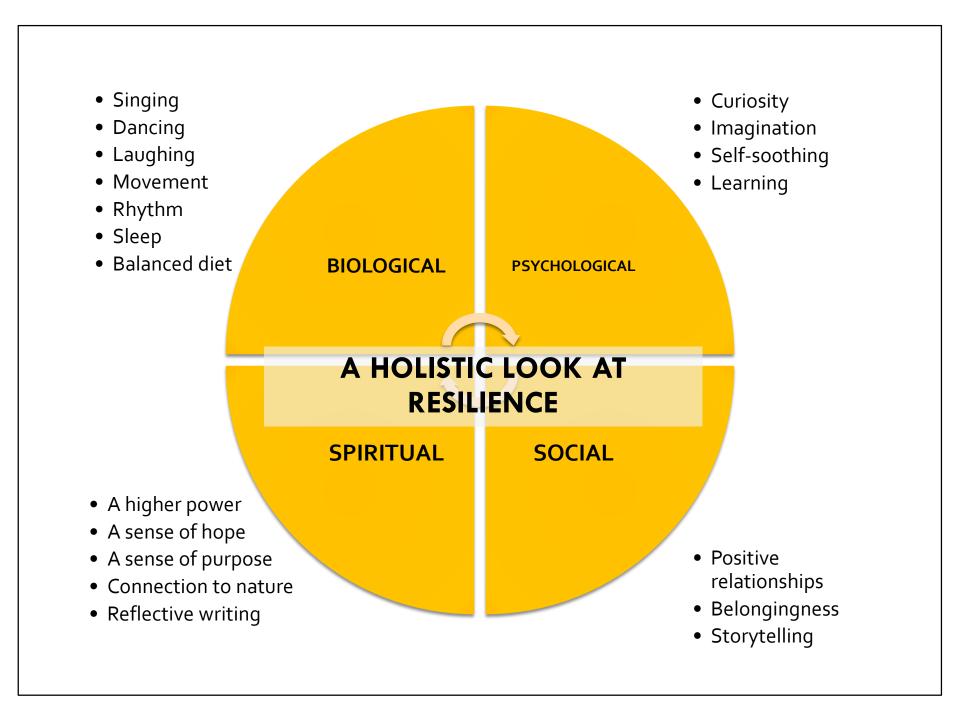
#### Social

Attachments and nurturing relationships

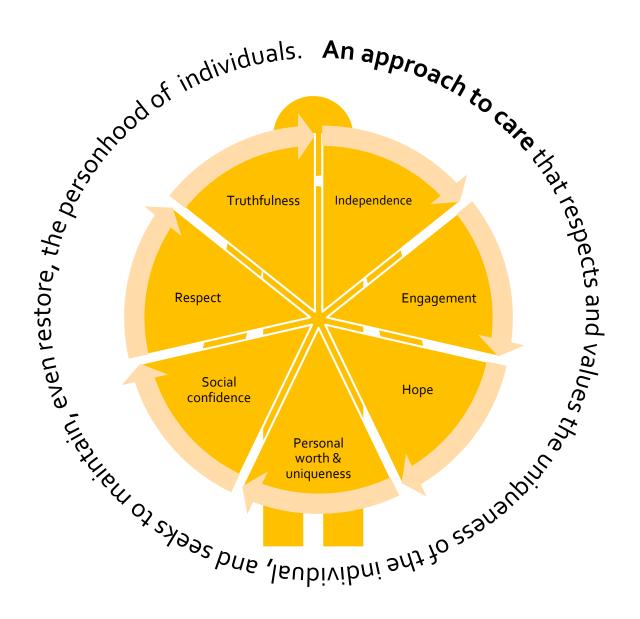
Altruism

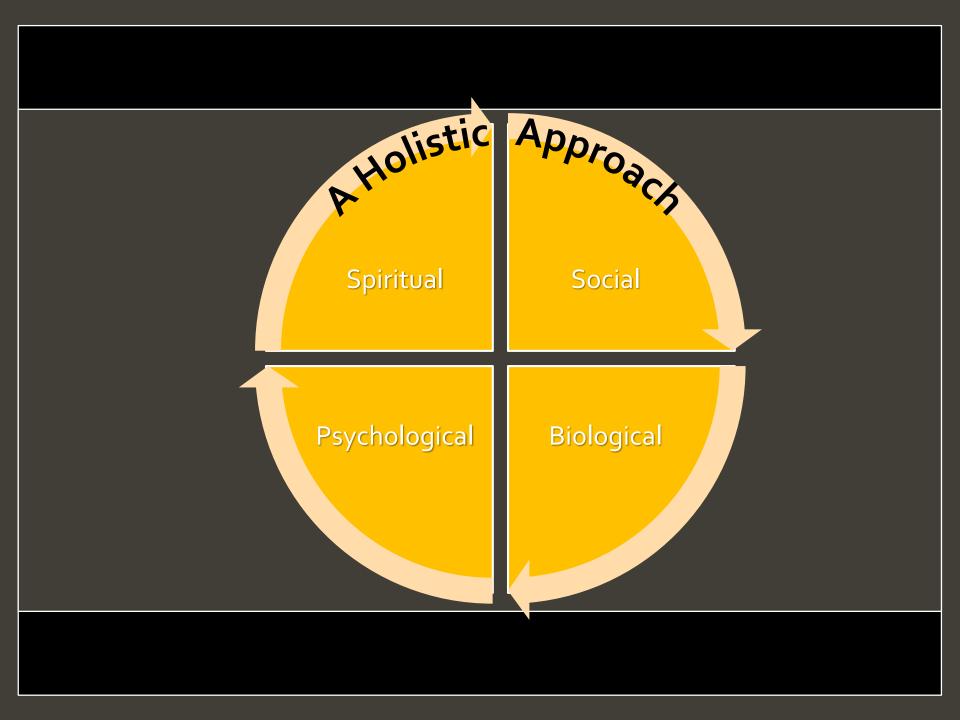
Social/emotional skills

Community & Family Services Division, Spokane Regional Health District



What is person-centered care?





## Trauma-informed Care: The 4 R's:

Realizes the widespread impact of trauma and understands potential paths for recovery.

Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system

Responds by fully integrating knowledge about trauma into policies, procedures, and practices

Seeks to actively resist re-traumatization

#### Screening for Trauma

- There are many psychosocial screening and assessment tools available at the following SAMHSA website: https://www.integration.samhsa.gov/clinical-practice/screening-tools#TRAUMA
- A multi-pronged approach for identifying a resident's history of trauma may include:
  - History and Physical
  - Social History/Assessment
  - Resident Assessment Instrument (RAI)
  - Admission Assessment
  - Review of Medical Records
  - Discussion with Family and Friends
  - Observation of Behaviors that may Indicate Past Trauma





Safety

Trustworthiness & Transparency

Peer Support

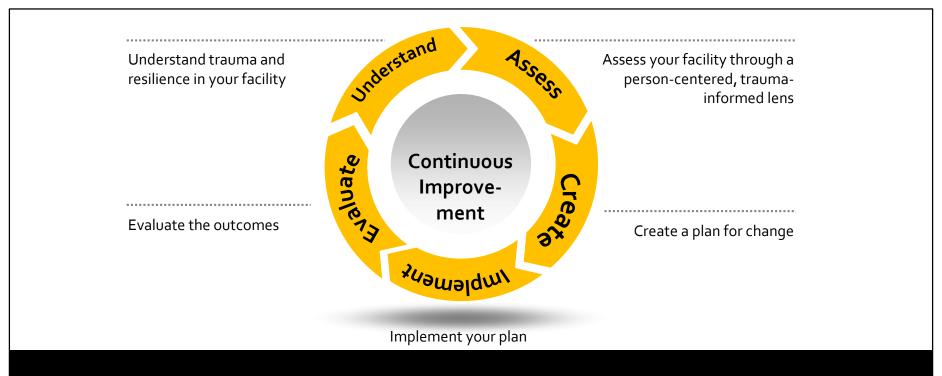
Collaboration and Mutuality

Empowerment, Voice and Choice

Cultural, Historical and Gender Issues

Six Key Principles of a Trauma-informed Approach

SAMHSA, 2014



# Trauma-informed care is a process, not a destination.

## What can we do now to prepare for the trauma-informed regulations?

Know the individuals you care for, including histories, 1. Know mental health, coping, preferences and resilience. Provide opportunities for residents, family members, and 2. Provide all staff to learn. Identify and build on strengths of residents, families, 3. Identify staff, and facility. Build partnerships with mental health professionals and 4. Build community-based resources. Promote positive engagement among residents, families, 5. Promote and staff.

Interactions with Illness and pain Physical health family, friends, Sleep patterns Dietary routines patterns staff, residents Strengths or Changes in desire Spiritual Behavior Trauma history to be "left alone" protective factors preferences patterns

#### 1. Know Your Residents

#### Resident records

**Interviews & Assessments** 

**Observations** 

Insights from family members or other residents

Listening deeply to the stories that residents, families, and co-workers share

Direct care, activities, social services, nursing staff

Form partnerships with Observe how, when, Hold community community-based or Create a traumaand where story and Start a facility book conversations academic subject informed care team narrative are part of group matter experts your culture Deepen cultural Get family members, Expand interdisciplinary residents, and staff competency, for Debrief with Be present in the team to include direct example regarding involved in learning moment with residents interdisciplinary team care and social services Judaism, Holocaust about resilience and wellness survivors

#### 2. Provide Opportunities to Learn

Identify resident resilience through interviews, assessments, conversations

Identify staff strengths and resilience through interviews, assessments, conversations

Identify where connectedness with people, places, events is flourishing

Map resources, capacity, and alignment

Build out from a position of strengths and assets

## 3. Identify Strengths

- National Alliance on Mental Illness (NAMI)
- Mental Health America
- Veterans Administration
- Jewish Federations of North America
- Alzheimer's Association
- Leading Age
- Private Mental Health Practices
- Hospitals and Health Care Associations
- Universities and Community Colleges
- Community Mental Health/Social Services
- Online communities/organizations



## 4. Build partnerships and become familiar with resources!

**Promote** 

- Consistency in scheduling and communication
- Activities that offer safe movement and engagement of the senses
- Access to quiet outdoor spaces
- Activities that emphasize choices
- Peer and staff mentoring of new residents
- Resident and family volunteers
- Opportunities to share life stories

#### 5. Promote positive engagement

#### Trauma-Informed Care

#### **Get Ready**

- Assess for past trauma
- Provide care to treat past trauma
- Assure staff
   competency in
   recognizing and caring
   for trauma survivors

#### To Do List

- Develop and/or adopt a screening tool to assess all admissions
- Should be driven by triggers for trauma (per resident or family)
- Include access to psychiatry and psychology services
- Develop a real-time reporting program on behaviors suggestive of past trauma (e.g. huddles at change of shift on any changes to resident)
- Develop in-service (or access online programs) to include:
  - How can past trauma affect an individual?
  - How does past trauma manifest itself in trauma survivors?





