Education for nursing home residents on trauma-informed care
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LEARNING OBJECTIVES

- Review recent Centers for Medicare & Medicaid Services (CMS) regulation for trauma-informed care in nursing homes
- Define key trauma terms and concepts
- Understand concept of trauma in nursing home, including how COVID-19 affects us
- Understand basic findings of trauma research
- Identify connections between trauma and chronic disease
- Describe protective factors that build resilience
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 what may cause re-traumatization of the resident. Relevant F tags include, but are not limited to:

- F659 qualified persons
- F699 trauma informed care (effective 11/28/2019)
- F741 sufficient competent staff, behavioral health needs
- F740 behavioral health services
- F742 treatment/services for mental-psychosocial concerns
- F743 no pattern of behavioral difficulties unless unavoidable
Surveyors use to determine if each resident receives necessary behavioral, mental and/or emotional care and services.

**EXAMPLES:**

Did facility provide appropriate treatment/services to correct assessed problem for resident who displays/is diagnosed with mental disorder or psychosocial adjustment difficulty or who has a history of trauma and/or post-traumatic stress disorder (PTSD)? If no, cite F742.

Did facility ensure resident whose assessment revealed he/she does not have mental or psychosocial adjustment difficulty or documented history of trauma and/or PTSD does not display pattern of decreased social interaction and/or increased withdrawal, anger or depressive behaviors, unless resident’s clinical condition demonstrates such a pattern is unavoidable? If no, cite F743.
IT’S OK TO ASK FOR HELP.
WHAT IS TRAUMA?

Experience of a real or perceived threat to life or safety…

or to the life or safety of a loved one…

causes an overwhelming sense of terror, horror, helplessness and fear.
ADVERSE CHILDHOOD EXPERIENCES (ACEs)

- Medical doctor and researcher
- Study occurred 1995 - 1997
- Location: Southern California
- 17,000 adults surveyed
- 10 questions about childhood
- Review of medical history
DOSE RESPONSE RELATIONSHIP

Compared to people with 0 ACES, people with 4 or more ACEs are:

- 2.5x more likely to develop chronic obstructive pulmonary disease (COPD)
- 2.5x more likely to develop hepatitis
- 4.5x more likely to develop depression
- 12x more likely to attempt suicide

People with 6 or more ACEs have a life expectancy 20 years shorter than people with 0 ACEs.
TYPES OF TRAUMA

**Acute:**
Single event

**Chronic:**
Multiple different types of event or same type of event experienced repeatedly

**Complex:**
Ongoing or repeated trauma exposure + long-term and developmental effects

**Historical:**
Events of ethnocidal/genocidal intent experienced by a people based on their collective identity
RETRAUMATIZATION

- Failing to screen for trauma history before treatment planning
- Challenge or discount abuse or trauma
- Labeling behavior or fail to provide adequate security/safety
- Burnout/ knowing your signals
Adverse childhood experiences (ACEs)

Intimate partner violence

Post-traumatic stress disorder (PTSD) from war

The Holocaust

Systemic racism

Disaster

Grief/loss of loved one/loss of control

Transfer trauma
• Brain development; function
• Headaches; backaches
• Stomach aches
• Appetite changes
• Cold susceptibility
• Intestinal problems
• Sleep changes

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

• Struggle to find meaning
• Anger at God
• Desolation

• Apathy
• Isolation
• Difficulty trusting
• Detachment
• Suicide ideation, self-injury, aggression

HOLISTIC LOOK AT TRAUMA
TOXIC STRESS AND THE BRAIN
SIX PRINCIPLES OF TRAUMA-INFORMED CARE

Substance Abuse and Mental Health Services Administration (SAMSHA)

1. Safety
2. Transparency and Trustworthiness
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical and Gender Issues
UNHEALTHY STRESS RESPONSE

Stressful event(s) happens regularly and/or

Overactive or underactive stress responses

FIGHT, FLIGHT, FREEZE
HOW DOES TRAUMA CAUSE CHRONIC DISEASE?

Increase of adverse events have direct correlation to chronic disease and cancer

- Behavior changes trying to cope with event(s)
- Biological responses from increase in adrenaline
What function do behaviors serve to keep that resident safe?

- Reducing fear, anxiety
- Staying physically safe
- Avoiding heartache through relationships

Movement towards recognizing residents struggling to cope with experiences
“A positive, adaptive response in the face of significant adversity.”
- Center for the Developing Child

Resilience can:
- Exist naturally
- Be built
- Erode
Mary Mackrain developed an assessment showing relationships support adults' ability to be resilient. Areas such as:

- Having good friends
- A mentor for support
- Providing support and empathy to others
- Having trust in close friends
CASE STUDY/DISCUSSION
QUESTIONS?
FINAL THOUGHTS?

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THANK YOU FOR YOUR TIME!