

TRAUMA-INFORMED CARE: THE BASICS

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

CMS AND TRAUMA-INFORMED CARE

State Operations Manual, Interpretive Guidelines

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

BEHAVIORAL AND EMOTIONAL STATUS CRITICAL ELEMENT PATHWAY

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.**

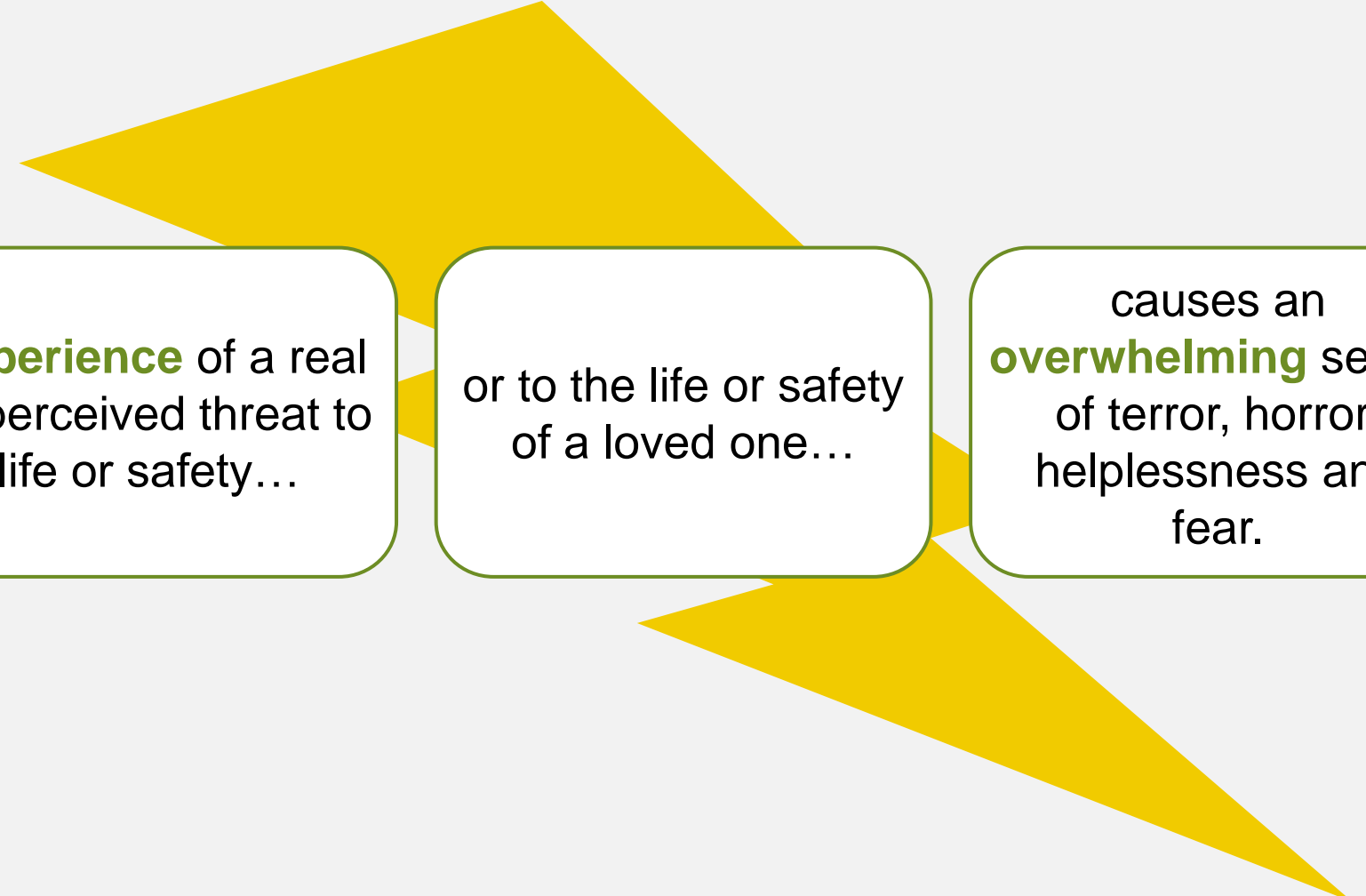


Did facility ensure **resident** whose assessment revealed he/she does not have mental or psychosocial adjustment difficulty or documented history of trauma and/or PTSD **does not display pattern of decreased social interaction and/or increased withdrawal, anger or depressive behaviors**, unless resident's clinical condition demonstrates such a pattern is unavoidable? **If no, cite F743.**

IT'S OK TO ASK FOR HELP.



WHAT IS TRAUMA?

A diagram illustrating the components of trauma. It features three white rounded rectangular boxes with green borders, arranged horizontally. The first box on the left contains the text 'Experience of a real or perceived threat to life or safety...'. The middle box contains 'or to the life or safety of a loved one...'. The third box on the right contains 'causes an overwhelming sense of terror, horror, helplessness and fear.' The word 'overwhelming' is highlighted in green. The boxes are set against a light gray background with two large yellow abstract shapes: one pointing upwards from behind the first two boxes, and another pointing downwards from behind the third box.

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

TRAUMA EVENTS IN RESIDENTS

- 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

HOLISTIC LOOK AT TRAUMA

Biological

- Brain development; function
- Headaches; backaches
- Stomach aches
- Appetite changes
- Cold susceptibility
- Intestinal problems
- Sleep changes

Psychological

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

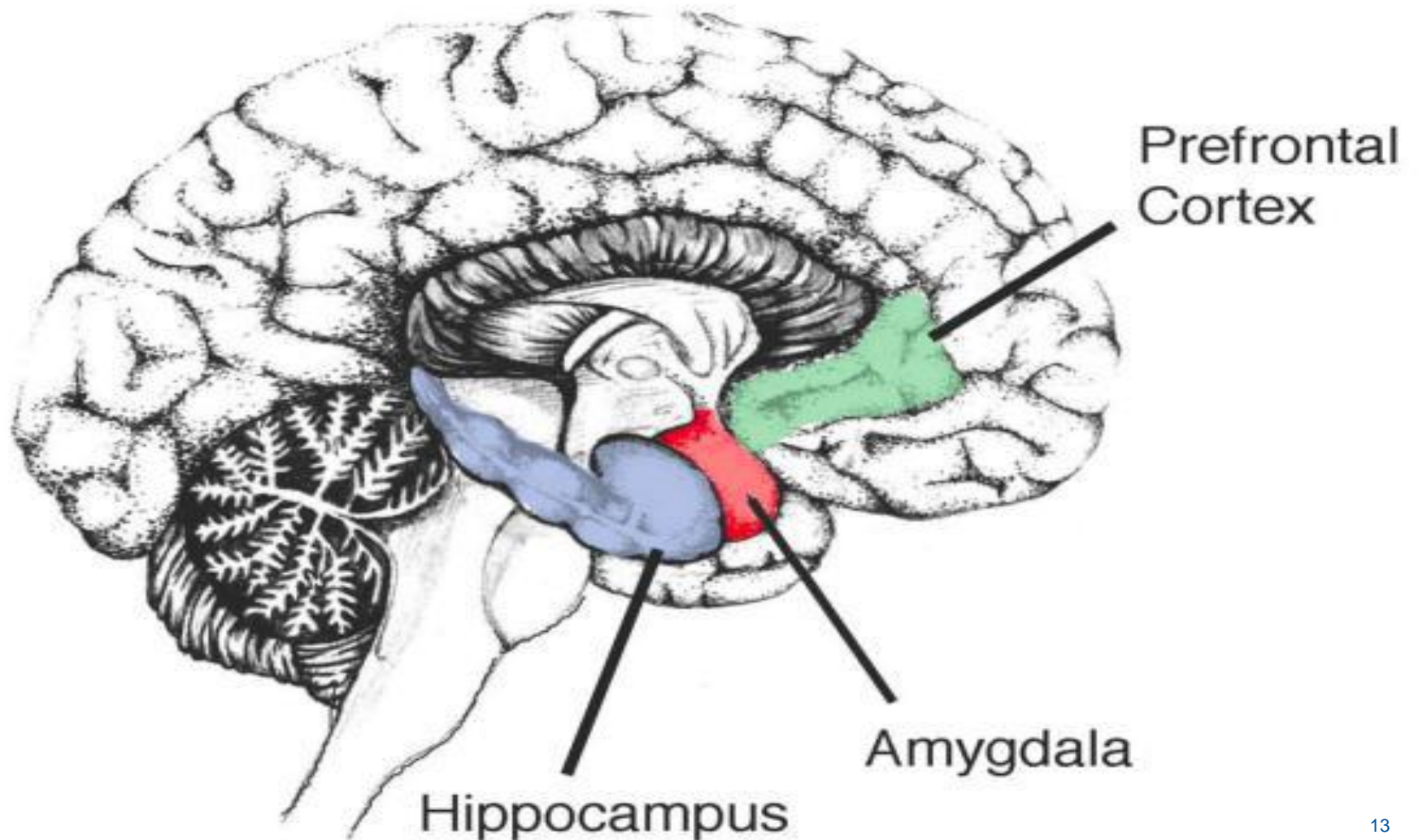
Spiritual

- Struggle to find meaning
- Anger at God
- Desolation

Social Behavioral

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

TOXIC STRESS AND THE BRAIN



SIX PRINCIPLES OF TRAUMA-INFORMED CARE

Substance Abuse and Mental Health Services Administration (SAMSHA)



Safety



Collaboration
and Mutuality



Transparency and
Trustworthiness



Empowerment,
Voice and Choice



Peer Support



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

CHANGING THE CONVERSATION


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

WHAT IS RESILIENCE



“A positive, adaptive response in the face of significant adversity.”

- Center for the Developing Child

Resilience can:

- Exist naturally
- Be built
- Erode

PROTECTIVE FACTOR: RELATIONSHIPS

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

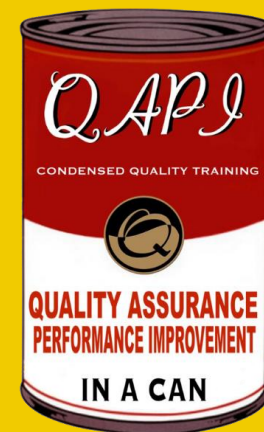


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QUESTIONS? FINAL THOUGHTS?

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THANK YOU FOR YOUR TIME!

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