HOT TOPICS

Welcome to today's webinar

Pioneer Network

CULTURE CHANGE in ACTION

WEBINARS

Growing Person-Centeredness

JULY 18, 2019

Applying Person-Centeredness to Trauma-Informed Care: A planned person-centered approach to the new CMS Trauma-Informed Care Regulations

Guids: Cynthia E. Baker, MSW, LCSW, LSCSW, LIMHP, and CSW-Gerontology

Behavioral Health and Trauma Informed Care in LTC Settings

DEER OAKS

THE BEHAVIORAL HEALTH SOLUTION

Presented by Cynthia E. Baker, MSW, LCSW, CSW-Gerontology

Learning Objectives

DEER OAKS

1. Attendees will be able to list at least two factors related to trauma-informed care.
2. Attendees will be able to list at least five traumatic events that may be encountered in the histories of LTC residents.
3. Attendees will be able to identify at least two CMS guidelines focused on trauma-informed care that become effective in November 2019.
4. Attendees will be able to list at least five emotional symptoms that can be related to trauma and which would serve as medically necessary reasons for referral to a competent mental health provider.

What is Trauma-Informed Care?

- Having a treatment framework that includes recognition and understanding of trauma and its impact on an individual's functioning within the care setting.
- Having an awareness of a resident's specific trauma history and understanding of how it may impact his/her interaction with caregivers and others involved in treatment.
- Providing environmental factors and variables that will help prevent re-victimization of those individuals with trauma histories.
- Providing referrals to competent providers to address emotional and physical symptoms associate with trauma history.

§ 483.25 Quality of Care

(m)*Trauma-informed care.*

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.

[§483.25(m) will be implemented beginning November 28, 2019]

§ 483.40 (a) (1)

§483.40 (a) (1) Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to §483.70 (e).

§483.40 (a) (1) will be implemented beginning November 28, 2019]

§ 483.40 (b)

§483.40 (b) Based on the comprehensive assessment of a resident, the facility must ensure that

§483.40 (b)(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 obtain the highest practicable mental and psychosocial well-being (as linked to history of trauma and/or post-traumatic stress disorder will be implemented beginning November 28, 2019).

F tags that address trauma-informed care

"Regulations state that 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 (per §483.25(m) requirement that will be implemented beginning November 28, 2019)".

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 this pathway to determine if the facility is providing necessary behavioral, mental, and/or emotional healthcare services to each resident.

For example, surveyors will look for:

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

Did the facility ensure that the resident whose assessment did not reveal or who does not have a diagnosis of a mental or psychosocial adjustment difficulty or a documented history of trauma and/or PTSD does not display a pattern of decreased social interaction and/or increased withdrawal, anger, or depressive behaviors, unless the resident's clinical condition demonstrates that such a pattern is unavoidable? (If no, F743 can be cited).

https://www.hsag.com/contentassets/3f0061b9de2f40f696243d5a0c6c68e8/trauma_informed_care_resources_fnl_508.pdf

What is Trauma?

- ❖ Exposure to a deeply distressing or disturbing event
- ❖ The event can result in an emotional reaction that overwhelms the individual's ability to cope
- ❖ The emotional response to the event can have long-lasting effects, sometimes lasting decades after the event occurred if treatment wasn't sought afterwards
- ❖ Two individuals can be exposed to the same traumatic event and have very different emotional responses

Common Traumatic events frequently reported by LTC residents

- ✓ **Sexual Abuse/Assault** (Childhood sexual abuse, rape as a youth or adult, sexual abuse of elderly person)
- ✓ **Physical Abuse/Emotional Abuse** (being hit, yelled at)
- ✓ **Death of a loved one** (witnessing a spouse pass away, older adult experiencing the death of a child)
- ✓ **Serious Accident** (e.g., in rehab following MVA)
- ✓ **Violence** (work place violence, shot/stabbed, robbed, terrorism)
- ✓ **Military trauma** (combat exposure in military, sexually assaulted while in military)
- ✓ **Medical events** (fall, negative experience with surgery, delirium while in the hospital)
- ✓ **Natural disaster** (Hurricane, tornado)

How do you identify trauma in your LTC residents?

1) **Review of admission records**. Things to look for:
- Recent or past involvement in traumatic event (e.g., MVA)
- Mention of abuse or APS involvement
- PTSD listed as a diagnosis
- Sexual assault history
- Mention of combat experience in military

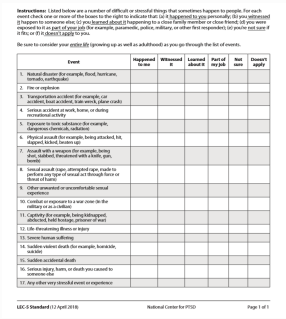
2) **Interview resident.**
- During initial interview when you are gathering background history, you can ask whether they have ever experienced a traumatic event.

3) **Formal assessment measures.**
- Life Events Checklist: is a self-report measure designed to screen for potentially traumatic events by assessing exposure to 16 events known to potentially result in PTSD.
- Trauma Screening Questionnaire (TSQ): 10-item symptom screen that was designed for use with survivors of all types of traumatic stress.
- Primary Care PTSD Screen for *DSM-5* (PC-PTSD-5): 5-item screen that was designed for use in primary care settings. The measure begins with an item designed to assess whether the respondent has had any exposure to traumatic events.

Life Events Checklist for DSM-V (LEC-5)

Reference: Weathers, F. W., Blake, D. D., Schnurr, P. P., Kaloupek, D. G., Marx, B. P., & Keane, T. M. (2013). The Life Events Checklist for DSM-5 (LEC-5) – Standard. [Measurement instrument]. Available from https://www.ptsd.va.gov/

URL: https://www.ptsd.va.gov/professional/assessment/te-measures/life_events_checklist.asp



Instructions: Listed below are a number of difficult or stressful things that sometimes happen to people. For each event, check one or more of the boxes to the right to indicate that: (a) it happened to you personally; (b) you witnessed it happen to someone else; (c) you learned about it happening to a close family member or close friend; (d) you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder); (e) you're not sure if it fits; or (f) it doesn't apply to you.

Be sure to consider your entire life (growing up as well as adulthood) as you go through the list of events.

Event	Happened to me	Witnessed it	Learned about it	Part of my job	Not sure	Doesn't apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)						
2. Fire or explosion						
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)						
4. Serious accident at work, home, or during recreational activity						
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)						
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)						
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)						
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)						
9. Other unwanted or uncomfortable sexual experience						
10. Combat or exposure to a war zone (in the military or as a civilian)						
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)						
12. Life-threatening illness or injury						
13. Severe human suffering						
14. Sudden violent death (for example, homicide, suicide)						
15. Sudden accidental death						
16. Serious injury, harm, or death you caused to someone else						
17. Any other very stressful event or experience						

LEC-5 Standard (12 April 2013) National Center for PTSD Page 1 of 1

Primary Care-PTSD Screen (PC-PTSD-5)

Reference

Prins, A., Bovin, M. J., Kimerling, R., Kaloupek, D. G., Marx, B. P., Pless Kaiser, A., & Schnurr, P. P. (2015). *The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)*. [Measurement instrument].

URL: https://www.ptsd.va.gov/professional/assessment/documents/PC-PTSD-5_Primary_Care_PTSD_Screen_for_DSM-5.pdf

In the past month, have you…

Had nightmares about the event(s) or thought about the event(s) when you did not want to?
YES / NO

Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?
YES / NO

Been constantly on guard, watchful, or easily startled?
YES / NO

Felt numb or detached from people, activities, or your surroundings?
YES / NO

Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?
YES / NO

Impact of Trauma

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Our research has shown that having a trauma history can result in:

- *Increased screening rates of depression and alcohol abuse, in addition to significantly increased odds of meeting criteria for post-traumatic stress disorder (Suris & Lind, 2008)*
- *Reporting increased number of current physical symptoms, impaired health status, and more chronic health problems (Suris & Lind 2008)*
- Significantly poorer physical, psychiatric, and quality-of-life functioning compared to those without trauma history (Suris, Lind, Kashner, Borman, 2007).
- Increase in health care utilization (Suris, Lind, Kashner, Borman, & Petty, 2004)

Mental and physical manifestations of trauma

- Recurring thoughts or nightmares about the event
- Sleep problems
- Changes in appetite
- Anxiety, fear, and restlessness
- Prolonged periods of sadness and depression and lethargy
- Memory problems
- Inability to focus or make decisions
- Emotional numbness and withdrawal
- Avoidance of activities, places, or people who remind you of the event

Posttraumatic Stress Disorder (PTSD) – (F43.10)

A. Exposure to traumatic event- actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

- Directly experiencing the traumatic event(s).
- Witnessing, in person, the event(s) as it occurred to others.
- Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of family member or friend, the event(s) must have been violent or accidental.
- Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

(American Psychiatric Association, 2013)

B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s)occurred:

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).
3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)
4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
5. Marked psychological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

D. Negative altercations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).

2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined").

3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.

4. Persistent negative emotion state (e.g., fear, horror, anger, guilt, or shame).

5. Markedly diminished interest or participation in significant activities.

6. Feelings of detachment or estrangement from others.

7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidence by two (or more) of the following:

1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
2. Reckless or self-destructive behavior.
3. Hypervigilance.
4. Exaggerated startle response.
5. Problems with concentration.
6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

PTSD (Cont'd)

- Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.
- The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.
- If symptoms have occurred from 3 days up to one month since the traumatic event, a diagnosis of Acute Stress Disorder is given (F43.0).

(American Psychiatric Association, 2013)

Prevalence of PTSD and Older Adults

- In general, 70% to 90% of adults aged 65 and up have been exposed to at least one potentially traumatic event during their lifetime.
- Approximately 70% of older men reported lifetime exposure to trauma; older women reported a lower rate, around 41%.
- The prevalence of lifetime exposure to traumatic events is approximately 85% for geriatric veteran populations.
- Among mental health treatment-seeking geriatric Veterans, PTSD estimates are found to range from 37% to 80%.
- Approximately 44% to 55% of women of all ages report having experienced lifetime interpersonal trauma, including intimate partner abuse and elder abuse.

Interaction Strategies with Residents with History of Trauma

- Use a calm voice when speaking
- Use supportive listening techniques and communicate back what you believe you have heard
- Show empathy
- Reassure them that they are in a safe environment
- Encourage them to reach out to you with any issues/concerns
- Let them know you believe them- whether this is with nonverbal cues or verbally
- Assure them that what they tell you will not be shared with anyone beyond the treatment team (unless of course SI/HI, intent, and/or plan is involved)
- Thanks them for sharing and indicate appreciation for them putting trust in you

Case Example

Ms. X is an 85 y/o female with dementia who yells out when CNAs attempt to change her clothes or shower her. Staff report that although she often refuses to shower in the morning, she will often allow staff to give her a shower during afternoon shift. This has caused a problem because she is scheduled to be showered during the 6-2 shift.

Assessment: The resident is observed to be anxious and records indicate that she is prescribed Xanax for a diagnosis of anxiety. Hospital records indicate that APS is involved due to abuse allegation. After talking to her about her history, she reveals that she was sexually assaulted by her grandson's friend prior to her recent hospital admission. This is proven to be an accurate report after consulting with APS. It is noted that on her hall, a male CNA tends to work the morning shift while there are only female CNAs on the afternoon shift.

Possible Solution: Switch her shower schedule to afternoons. In addition, implement a facility notification system (e.g., placing a pink circle on her wall above her call light) that indicates the resident prefers self-care to be conducted with a female staff person.

Case Example

Mr. X is a 70 y/o male who presents as angry, irritable, and agitated. He is often found pacing the halls and has attempted to elope from the facility.

Assessment: The resident is a Vietnam era veteran who has a history of combat experience. His room is located near a door that leads to the outside laundry area, where carts carrying laundry can often be heard making a rumbling noise. The door also has an alarm on it that goes off anytime someone opens it without using the code and also sounds off anytime a resident with a wander guard passes by. Whenever these unexpected noises sound, the resident becomes hypervigilant and experiences an exaggerated startle response. He has tried to escape the situation by pacing and trying to go outside where it is quieter (which was interpreted as attempted elopement).

Possible solution: Relocate the resident to a room in a quieter location of the facility. If he will share a room with another resident, try to match him with a roommate who has quiet habits (e.g., not someone who has the tv on loudly at all times of day/night).

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Organizational Steps to Take for Trauma Informed Care in LTC

Steps to Take:

DEER OAKS

- Identify the point of contact in the facility who will most likely first assess/identify if there is a trauma history
- Determine what the facility's plan will be once trauma has been identified (e.g., referral for behavioral health services)
- Identify how the treatment team will assess for prevention of re-traumatization or triggers
- Determine how the treatment team will assess for any modifications needed to address the resident's individualized needs
- Determine where this information will be documented
- Identify a plan for follow-up evaluation for effectiveness and follow-through on plan

Sample policy language for Trauma Informed Care

For Trauma informed care, during admission or quarterly care planning, resident may be asked , "Have you ever experienced a trauma?". If resident reports "No", no additional action is required. If resident reports "Yes" to a Trauma history, then appropriate identified treatment team staff member may be administered the…

If resident scores positive for trauma history and possible impacts, treatment team will meet and perform any of the following strategies…

Action Steps to prepare for Trauma-Informed Care:

- Educate facility staff about trauma-informed care
- Conduct a facility self-assessment
- Identify training needs/develop training
- Implement trauma-informed practices and policies

Final Suggestions:

- Recognize trauma and associated emotional symptoms
- Respond with empathy and respect
- Keep the resident's personal trauma information private- provide the least amount of details that will still allow for personalization of care
- Create an emotionally and physically safe environment
- Refer for behavioral health services in order to provide appropriate assessment and treatment by competent professional

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HOT TOPICS CULTURE CHANGE in ACTION WEBINARS

QUESTIONS


HOT TOPICS
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Hot Topics Series Webinars
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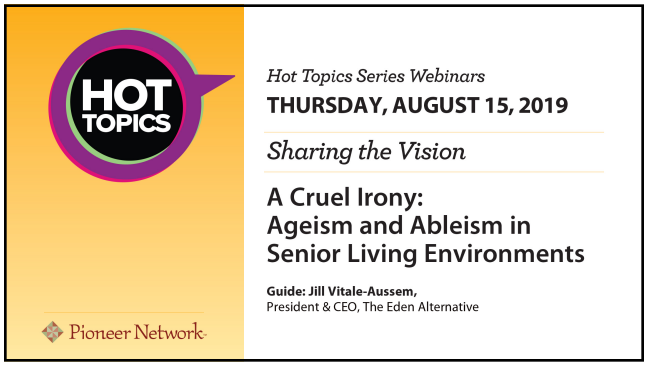
Christine Hartmann, Supervisory Research Health Scientist, Bedford VA Medical Center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