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SCAN ME

We will get started shortly!

CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

The National Long-Term Care Ombudsman Resource Center

AN INTRODUCTION TO TRAUMA-INFORMED CARE

Center of Excellence for Behavioral Health in Nursing Facilities

January 15, 2024

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Today's Event Host

Stacy Hull, LPC, MAC, CPCS

BEHAVIORAL HEALTH TECHNICAL RESOURCE MANAGER, COE-NF

Stacy Hull is the Resource Manager for the Center of Excellence for Behavioral Health in Nursing Facilities.

Stacy is a Licensed Professional Counselor and Master Addiction Counselor. Stacy has more than 20 years of clinical experience in service delivery and administrative leadership in the behavioral health field.

In her current role, she leads the development of all behavioral health resources designed specifically to support nursing facilities.

Today's Presenter

LaVerne Hanes Collins, PhD, NCC, LPC (GA), LCMHC (NC)

OWNER, NEW SEASONS COUNSELING, TRAINING & CONSULTING, LLC

Dr. Collins is a national certified counselor who holds credentials as a licensed clinical mental health counselor in North Carolina and as a licensed professional counselor in Georgia. She is certified in coaching, clinical supervision, grief, trauma, integrative nutrition coaching, mental telehealth counseling, and addictions counseling.

She is the owner of a private practice and counselor training company called New Seasons Counseling, Training and Consulting, LLC, and the owner of Collins Life Coaching, LLC. She is also co-owner of Equity Training Partners, LLC which provides customized diversity, equity, and inclusion training and coaching for businesses. Working as a counselor, writer, coach, mentor, trainer, and serial entrepreneur for over 25 years, she has vast experience in helping people manage life's unexpected crises, grief and loss issues, relationship issues, and mental health.

Dr. Collins has a dual bachelor's degree from Syracuse University, and an M.S. Ed in community counseling from Duquesne University in Pittsburgh in addition to a Ph.D. in Christian counseling from South Florida Bible College and theological seminary.

OBJECTIVES

Define	Examine	Learn
…trauma and trauma informed care	…what happens to the traumatized body and why trauma behavior is misunderstood.	…the basic concepts of trauma informed care.

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Objective #1

Defining Trauma and Trauma-informed Care

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…is the ***result*** of an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has ***lasting adverse effects***.

SAMHSA

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Trauma-informed Care

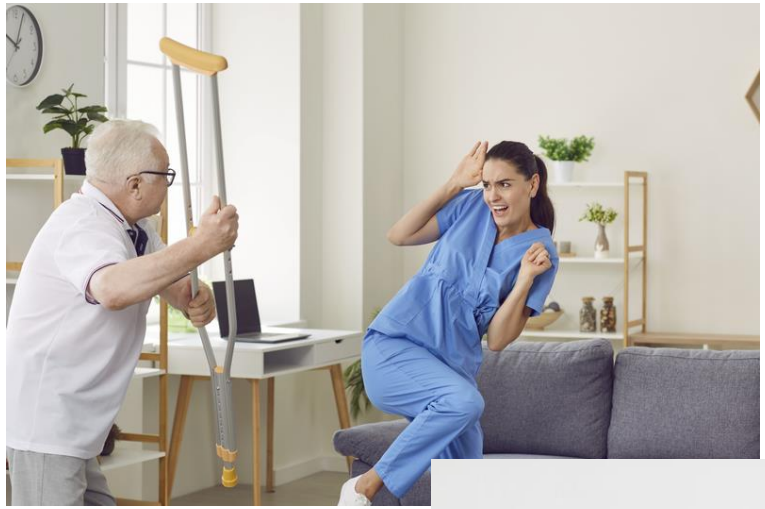
An approach that aims to:

- Engage people with histories of trauma.
- Recognize the presence of trauma symptoms.
- Acknowledge the role that trauma has played in their lives.

Objective #2

What happens to the traumatized body and why is trauma behavior misunderstood?

Resident Reactivity! What's that about?



A male resident throws his food tray at a staff person.

An older male lifts his crutch to threaten staff.

A resident picks up her walker and shakes it at a staff person.

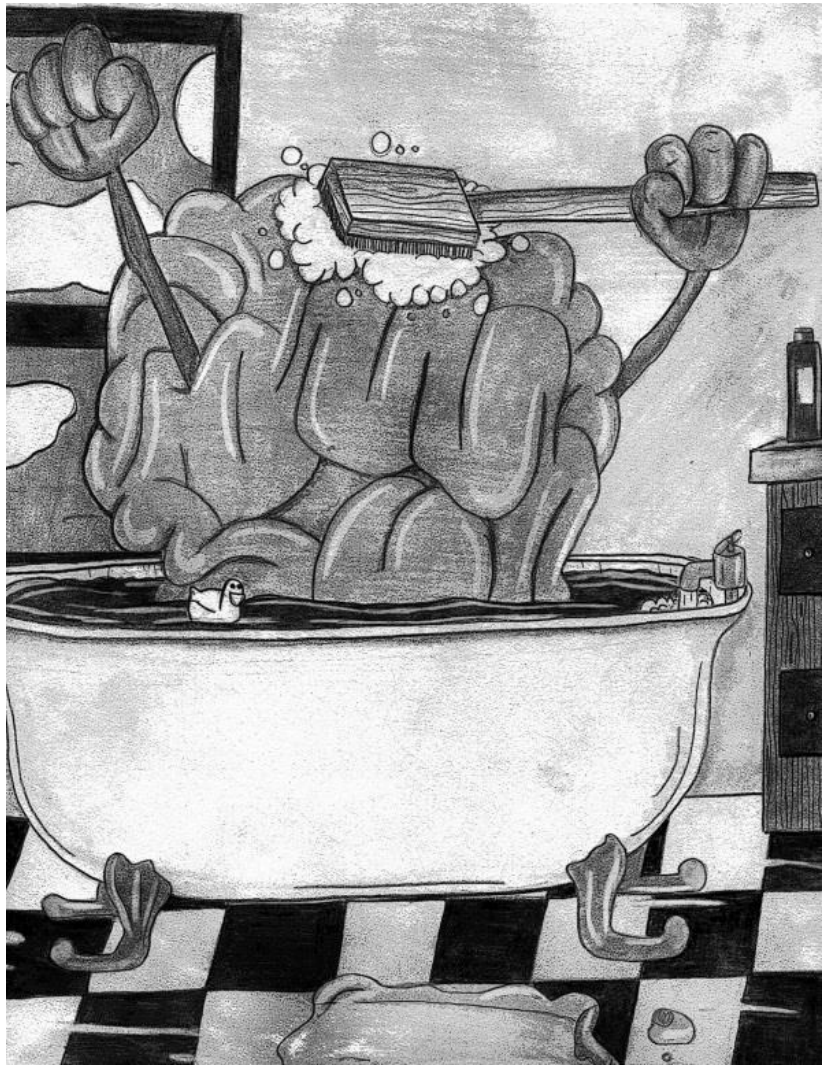
What really happens to the brain in trauma?

- The resident may experience neutral situations as threatening.
- The limbic system is the part of the brain involved in our behavioral and emotional responses, especially when it comes to behaviors we need for survival.
- This system in the brain gets flooded with stress hormones. As a result, it can stay stuck in fight, flight, or freeze mode.
- The individual constantly feels on edge. Nothing seems to help. The emotional trauma gets physically stuck in your body and becomes your normal.

Autonomic Nervous System (Balance System)

In sympathetic dominance, the brain is being bathed in a hormonal and neurochemical cocktail.

- Interferes with new protein production
- Builds neuropathways built on being in a state of arousal



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Comparing the Trauma Brain vs. the Resting Brain

TRAUMA BRAIN

- Accelerate heart rate
- Constrict blood vessels
- Raise blood pressure, muscle tension, physical sensation amplification
- Inhibition of insulin production to maximize fuel availability
- Cold hands and feet
- Headaches

RESTING BRAIN

- Promote digestion
- Intestinal motility
- Fuel storage (increases insulin activity)
- Resistance to infection
- Circulation to non-vital organs
- Release endorphins
- Brings down heart rate, blood pressure and body temperature

Residents' Experiences of Re-traumatization in Acute MH Inpatient Settings

- Studies show that many people accessing mental healthcare have a history of trauma and often experience re-traumatization in acute mental health inpatient settings.
- Treatment for trauma is not routinely explored as a treatment option.
- Nursing facility staff may not draw connections between trauma history and the resident's presenting mental health problems.

Photo credit: Photo 63123320 © Ian Allenden | Dreamstime.com

Sympathetic Nervous System (SNS)

Activation of our survival system under high stress.

Reactivity IS the correct physiological response.

May not be logical, reasonable, and rational

Dysregulates (shuts down) non-essential systems (should be temporary).

What happens with trauma histories--particularly developmental trauma histories--is that they get in the SNS response that is designed for survival, and they stay in it too long.

Suppresses non-essential systems that you need in order to function.

Trauma is not just an event

- Trauma is a physiological response in the body. Events are best described as "traumatic."
- When in "hot" system dominance for a prolonged period of time, the symptomology gets labeled as pathological.
- Reality: What gets "diagnosed" as behavior problems in children or psychiatric in adults is really just the manifestations of this system working the way it is supposed to.

Body's Threat/Stress Response System

Anterior Cingulate Cortex (ACC)

Environmental filter for the things that are relevant to you, such as safety.

Like a radar system

Threat perception is sharpened and more acute

The ACC can access your entire physiology in just 15 milliseconds. In other words, that system can activate 8 or 9 times before you can get into your executive system ONCE!

The more it's used, the faster it becomes.

The Paradox!

Trauma behavior is protective behavior!

REMEMBER…

Residents are acting exactly as their history has wired them to act, perceive, emote.

Growth and change require intentional, and sustained ability to stay in the cool system.

Behavior should never be the starting point of treatment (except for immediate danger of death or injury).

Objective #3

The Basic Tenets of Trauma-informed Care

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What is TRAUMA-INFORMED CARE?

Trauma-informed care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.

Trauma-informed care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.

Just as trauma damages trust, trauma-informed care builds trust.

6 Principles of Trauma-informed Care

1. **Safety:** Physical and emotional
2. **Culture, History & Gender Issues**:
    - Value culture
    - Address historical trauma
3. **Trustworthiness & Transparency:** Making tasks clear and maintaining boundaries
4. **Empowerment, Voice & Choice:** Prioritizing resident's choice and control
5. **Collaboration:**
    - Between staff and residents
    - Emphasizing working together on goals, not top down
6. **Peer Support:**
    - Encourage resident involvement in support groups
    - Skill building

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PARADIGM COMPARISONS

Standard Paradigm

"What's wrong with this person?"

"What's wrong with you?"

NOT asking historical factors.

Trauma-informed Paradigm

"What happened to this person?"

"What's strong with you?"

"What traumatic events happened over time in your family or community?"

Standard vs. Trauma-informed Human Services Relationship

Standard View

- Trust is assumed
- Hierarchical
- Safety is assumed
- Resident is passive recipient of services (or chooses from a menu)

Trauma-informed View

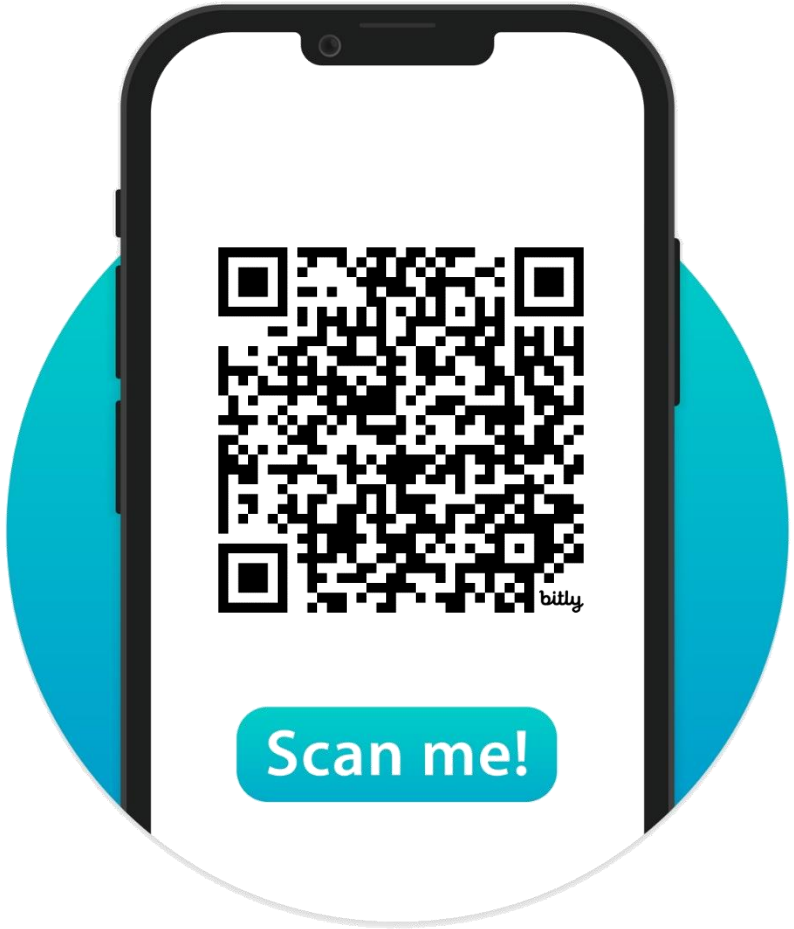
- Trust develops over time
- Collaborative
- Steps are taken to ensure safety
- Resident is encouraged/skills developed to express choice

What You Can Do Tomorrow

- Incorporate a trauma-informed lens into all facility operations, especially clinical discussions

  - How could this behavior make sense as a reaction to past trauma?
  - What might this resident need to avoid reliving their trauma in the future?
  - Discuss the ***impact*** of trauma (not sources of trauma).

What You Can Do Tomorrow



https://bit.ly/RequestAssistance_COENF

- Incorporate trauma-informed care (TIC) screening questionnaires into the intake process. Identified trauma experiences should be included in the resident's care plan.
- Provide TIC training to staff at all levels that draws connections between trauma history and the resident's presenting mental health challenges.
- **Request technical assistance** from the Center of Excellence for Behavioral Health in Nursing Facilities to assist with your TIC training needs.

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Please complete the post-knowledge survey to receive the training certificate of completion.

Visit https://bit.ly/RegionalPost_AnIntrotoTrauma_COE

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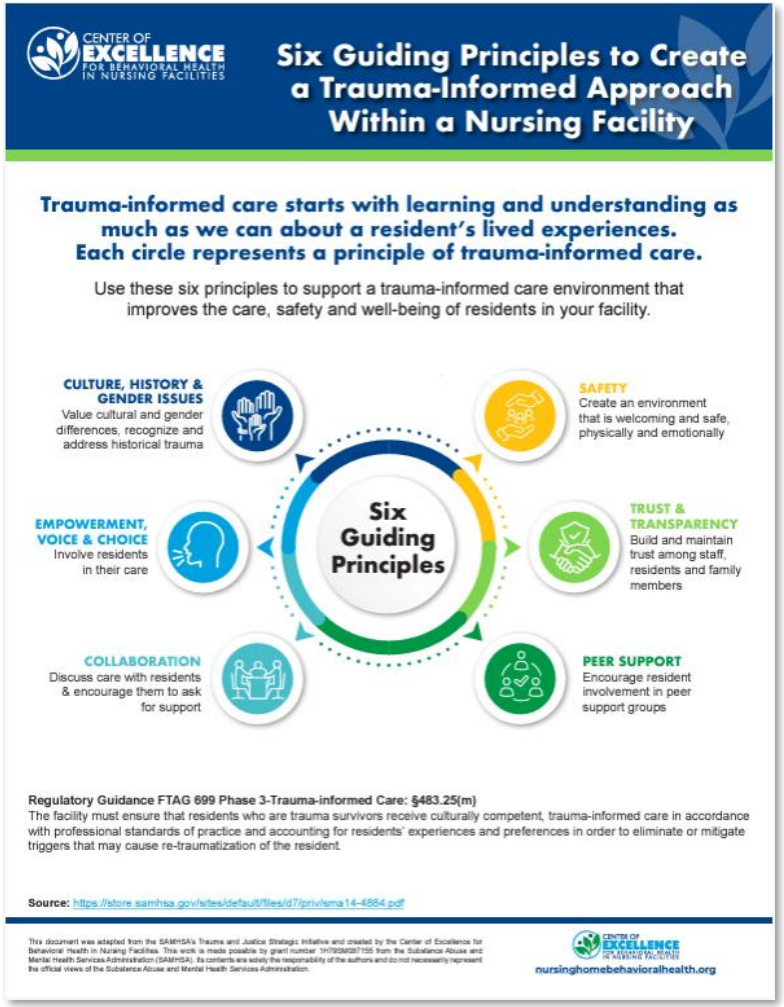
COE-NF Resources



Scan the QR code or visit the link below to view this resource.

https://nursinghomebehavioralhealth.org/wp-content/uploads/2023/07/COE-NF-6-Guiding-Principles-to-Create-a-Trauma-Informed-Approach-Within-A-NF-FINAL_508.pdf

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COE-NF Resources

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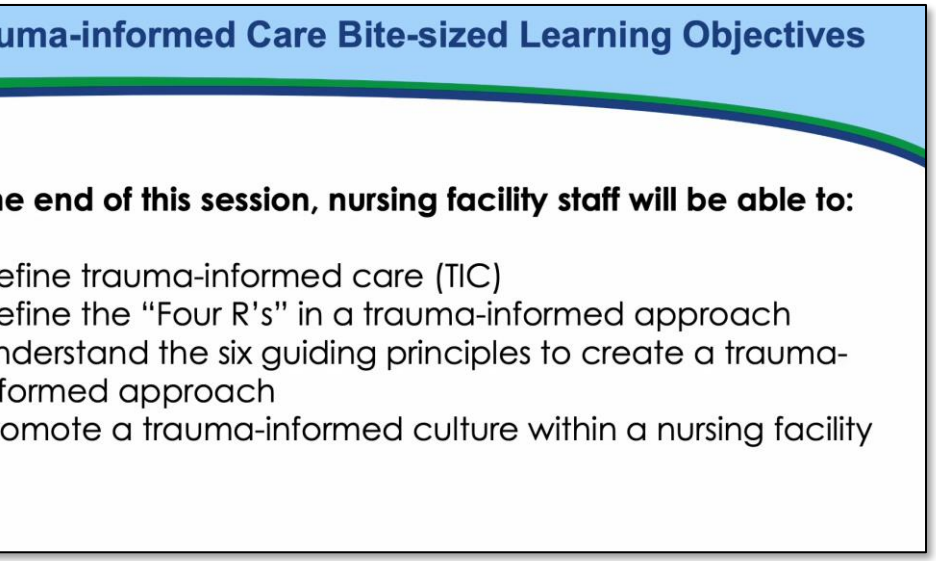

https://vimeo.com/896623453/39533eafee?share=copy

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Nursing Facility Requirements

Comprehensive Care Plans

§483.21(b)(3)

- The services provided or arranged by the facility, as outlined by the comprehensive care plan, must—
  - Meet professional standards of quality care.
  - Be provided by qualified persons in accordance with each resident's written plan of care.
  - **Be culturally-competent and trauma–informed.**

Trauma-Informed Care

§483.25(m)

- 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.**

Sufficient Staff

§483.40(a), (a)(1), (a)(2)

- The facility must have **sufficient staff** who provide direct services to residents with the **appropriate competencies and skills sets to provide nursing and related services** to assure resident safety and attain or maintain the highest practicable physical, mental and psychological well-being of each resident, based on resident assessments and care plan. Including:
  - **Caring for residents with mental and psychological 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 §483.71 and
  - Implementing non-pharmacological interventions.

What Does This Mean for Ombudsman Programs?

of adults have experienced some kind of traumatic event in their life

It is likely that most residents may be affected by trauma (past experience(s); recent experience; or both).

Best practice is to approach all residents assuming they have experienced something in their life that may trigger a response.

“The organization recognizes that everyone has a role to play in a trauma-informed approach. As one expert stated: ‘one does not have to be a therapist to be therapeutic.’”

Source: Ford, J. and Wilson, C. (2012). SAMHSA’s Trauma and Trauma-Informed Care Experts Meeting

Applying Trauma-Informed Care Principles to Your Work

As an individual advocate, when working with residents, how can you:
Increase choice? Identify and support resident strengths?
Make residents feel safe?
Be more trustworthy and transparent?
Promote peer support?
Collaborate with, and empower, residents?
Practice in a culturally informed way?

Source: *Trauma Informed Care: Nursing Home Responsibilities and Ombudsman Program Advocacy.* Nancy Kusmaul. UMBC. 2019
https://ltcombudsman.org/uploads/files/support/TIC_June_10_2019_FINAL.pdf

Advocacy Considerations

- **Consider events that may be traumatic to residents** (e.g., recently moved into long-term care; potential transfer trauma after facility closure or discharge; their roommate dies; they experience or witness abuse, neglect, or exploitation while in the facility; evacuation due to disaster) and check in with residents that may be impacted.
- **Be aware of services and supports and advocate for services to support resident needs** (with resident permission).
- **Advocate** for comprehensive care plans and individualized, resident-centered care, which involves understanding any past trauma a resident may have experienced.
- **Remind** facilities of their responsibilities per federal and state requirements for person-centered, individualized care, including trauma-informed care.
- **Share** information about trauma-informed care with facility staff, residents, family members, and the community.
- **Encourage** the use of consistent assignment and other methods to ensure staff know the residents they are caring for and their needs.

Program Management Considerations

- SAMHSA[4] states that a program, organization, or system is trauma-informed when it does the following:
  - **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; and
  - Seeks to actively **resist re-traumatization**.

Key Takeaways

- Sign up to receive COE-NF resources and share those resources
- Be proactive – encourage providers to connect with COE-NF (e.g., webinars and individual facility support)
- Share best practices with your program representatives and facility staff
- Maintain your role – "one does not have to be a therapist to be therapeutic"
  - Apply trauma-informed care principles to your work and communication style
  - Empower residents by providing information and follow their direction
  - Look at your own program and apply the principles to your program management, training, communication, and support of representatives

Updated Reference Guide

- Reviews -
  - What is Trauma?
  - Signs of Trauma
  - What is Trauma-Informed Care?
  - Principles of a Trauma-Informed Approach
  - Ombudsman program advocacy considerations
  - Nursing facility requirements
- https://ltcombudsman.org/uploads/files/support/tic-factsheet.pdf

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REFERENCE GUIDE

Trauma-Informed Care: Nursing Facility Requirements and Ombudsman Program Advocacy

The purpose of this resource is to introduce trauma-informed care principles, share applicable Ombudsman program advocacy strategies, and highlight related federal nursing facility requirements.

WHAT IS TRAUMA?

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), "individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically 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."[1]

Additionally, the DSM-5 (Diagnostic and Statistical Manual of Mental Disorder, edition 5) states that individual trauma due to exposure to an actual or threatened death, serious injury, or sexual assault may be by:

- Direct exposure,
- Witnessing, in person,
- Learning that it happened to a close family member or friend, or
- Experiencing repeated or extreme aversive details of trauma (often work-related).

Examples of events that may cause trauma include, but are not limited to:

- Domestic violence,
- Child abuse,
- Sexual assault,
- Death of a long-time partner/spouse,
- Car accidents,
- Large-scale natural and human-caused disasters,
- War, and
- Serious illness

For many residents, moving into a long-term care facility is traumatic as they experience the loss of their home, independence, and a lot of control.

A person's experience of an event determines whether it is traumatic, and everyone's experience is unique. So, it is important that every resident has a comprehensive assessment and individualized care plan.

Discussion

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