



**The National Long-Term Care
Ombudsman Resource Center**

TRAUMA-INFORMED CARE: NURSING HOME RESPONSIBILITIES AND OMBUDSMAN PROGRAM ADVOCACY

June 10, 2019

Can't Hear Us? Set Up Your Audio

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The image shows a composite of three Zoom interface elements with red arrows indicating a workflow:

- Audio Settings Panel:** Located on the left, it lists microphone and speaker options. The 'Leave Computer Audio' button is highlighted with a red rectangle.
- Join Audio Conference Window:** In the center, it shows options to join via phone or computer. A red arrow points from the 'Leave Computer Audio' button to the 'Join Audio Conference by' button.
- Zoom Group Chat:** On the right, it shows a chat message from the host. The 'To: Everyone' dropdown menu is highlighted with a red rectangle. A red arrow points from the 'Join Audio Conference by' button to this dropdown.

Additional interface details include a 'Mute' button in the bottom toolbar and a 'Test Computer Mic & S...' link in the join audio window.



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Trauma Informed Care: Nursing Home Responsibilities and Ombudsman Program Advocacy

Nancy Kusmaul, PhD, MSW

June 10, 2019

Overview

- Attendees will learn about
 - trauma-informed care
 - the new federal requirement
 - how trauma-informed care relates to resident-centered care
 - what this means for Ombudsmen

What is Trauma Informed Care?

- Trauma informed care is an organizational culture that recognizes that everyone who interacts with an agency may have a past traumatic experience that we may or may not know about.

Organizational Culture

- It is the “way we do things around here”.

Universal Precautions

- A trauma-informed organization treats everyone in ways that protect trauma survivors from re-traumatization much like universal precautions assume that all body fluids might contain a blood borne disease.

The Regulations say.....

- “Trauma survivors, including veterans, survivors of large-scale natural and human-caused disasters, Holocaust survivors and survivors of abuse, are among those who may be residents of long-term care facilities. For these individuals, the utilization of trauma-informed approaches is an essential part of person-centered care.”

Guidance

- Providers referred to SAMHSA's "Concept of Trauma and Guidance for a Trauma-Informed Approach," to help improve residents' quality of care and quality of life.

What Does That Mean?

- Nursing homes should consider residents' past traumatic experiences to best care for them.

Trauma Informed Care
≠
Trauma Treatment

Types of Traumatic Experiences

- CMS specifically identifies
 - veterans
 - survivors of natural & human-caused disasters
 - Holocaust survivors
 - survivors of abuse

Other considerations

- Any experience that threatened death or physical harm (DSM-5).
- Serious illness, forced displacement, losses of spouse, home, independence.
- History of witnessing any of these types of events.

SAMHSA's Three E's

- Event(s)
- Experience of Event(s)
- Effect

“Concept of Trauma and Guidance for a Trauma-Informed Approach ”

Event

- Potentially traumatic events are those that include the threat of physical or psychological harm and/or severe neglect.
- These may occur once or repeatedly over time.

Experience

- The individual's experience of the event(s) determines whether it is a traumatic event.
- An event may be traumatic for one individual & not for another.
- The individual's interpretation will determine whether or not it is experienced as traumatic.

Effect

- What happened as a result of the event?
- The long-lasting adverse effects of the event are a critical component of trauma.
- Adverse effects may occur immediately or may have a delayed onset. They may last short or long term.

Key Take Aways

- Not everyone who experiences a traumatic event has a negative effect
- Negative effects can be seen long after the traumatic event
- Two people can experience the same event and have different outcomes

Principles of Trauma Informed Care (Fallot & Harris, 2009; SAMHSA, 2014)

- Safety
- Trustworthiness & Transparency
- Choice; Peer Support
- Collaboration & Mutuality
- Empowerment, Voice, and Choice
- Cultural, Historical, & Gender Issues

Why These?

- Traumatic experiences often occur in threatening situations beyond an individual's control.
- These principles are about restoring control to the individual and not repeating the lack of control through rigid organizational practices.

Risks in Health Care

- Health care settings may mimic previous traumatic experiences by taking away power, mobility, choice, etc.
- End-of-life can exacerbate previous trauma or create new traumatic experiences.

Specific Risks for Older Adults

- Attitudes and upbringing may have meant hiding traumas or not addressing them.
- Cultural lessons such as “take it like a man” or “you made your bed, now lie in it” may be associated with secrecy and stoicism.

Specific Risks for Older Adults

- Established coping mechanisms may be compromised by new situations .
- Moving into a nursing home often means loss of control over the environment.

Safety

- How physically and emotionally safe do clients feel in nursing home environments?
- Is one provided at the cost of the other?

Trustworthiness & Transparency

- Trustworthiness includes delivery of services as promised, openness, and follow through.
- Are the homes you visit open and transparent? [Do they do what they say they're going to do?]

Choice

- Do residents have genuine choices about what programs to attend, services to accept, where to receive services?

Peer Support

- Are there places and opportunities for residents to interact with others with similar interests and experiences?

Collaboration & Mutuality

- Do residents believe that you are working together towards common goals?
- “One does not have to be a therapist to be therapeutic.”
(SAMHSA, 2014, p 11.)

Empowerment, Voice, & Choice

- What are some ways that you recognize strengths and skills of the residents with whom you interact?
- How do you help THEM have a voice?

Cultural, Historical, and Gender Issues

- How does your organization actively move past cultural stereotypes and biases?
- Do you recognize and support the healing value of traditional cultural connections?
- Are your policies, protocols, and processes responsive to the racial, ethnic and cultural needs of individuals served? Do they recognize and address historical trauma?

Safety



Ensuring physical and emotional safety

Common areas are welcoming and privacy is respected

Choice



Individual has choice and control

Individuals are provided a clear and appropriate message about their rights and responsibilities

Collaboration



Definitions

Making decisions with the individual and sharing power

Principles in Practice

Individuals are provided a significant role in planning and evaluating services

Trustworthiness



Task clarity, consistency, and Interpersonal Boundaries

Respectful and professional boundaries are maintained

Empowerment



Prioritizing empowerment and skill building

Providing an atmosphere that allows individuals to feel validated and affirmed with each and every contact at the agency

Important Questions: Staff

- Do direct care staff feel safe enough to make suggestions about care or report problems?
- Is care planning truly collaborative, including all levels of staff, the patient, & family?

Important Questions: Families

- Do families trust the staff to deliver the services promised?
- Are patients & families offered choices about when, where, & how services are provided?

Case Example- History

- Lucia, 72, was recently admitted to a nursing home.
- She has a college degree & retired 2 years ago.
- Her daughter lives out of state & her son lives locally.
- Lucia's husband of 52 years died 10 months ago.
- She has congestive heart failure and osteoporosis.
- She was recently diagnosed with Alzheimer's disease.
- She fell and broke her hip. Despite physical therapy, she uses a wheelchair.

Case Example

- On admission, Lucia's son stated, "My mother has not been the same since dad died."
- The son is her health care proxy & power of attorney. He is glad she is here; he had feared for her safety alone at home.
- Lucia was involved in the decision to enter the nursing home, but she felt like she had no choice because of her immobility and her son's work schedule.
- Lucia will have a roommate. (Kusmaul & Anderson, 2018)

Why Trauma Informed Care?

- What recent potentially traumatic events has she experienced?
- What past experiences do we have no idea about?

Key Findings-Current Situation

- Recent loss of mobility
- Recent loss of husband
- Recent loss of home, independence
- New significant diagnosis
- Fall with injury
- Limited control over move to nursing home

What about the past?

- Based on the information in front of us, we know nothing about past traumas.

Case of a Holocaust Survivor

- Some challenges are unique to Holocaust survivors.
- Specific triggers may include:
 - showers
 - medical uniforms
 - waiting rooms
 - loud noises
 - restrictions on food, clothing, and shelter.

Policies and Procedures

- For Holocaust survivors, even asking clients for a family history, an almost taken-for-granted part of the social service assessment, can be re-traumatizing and deeply distressing since many have family and friends that were Nazi victims.

Applying Trauma Informed Principles: Safety

- How can we make her feel safe?
- In nursing homes, physical safety policies can impact emotional safety. Which is more important?

Applying Trauma Informed Principles: Trustworthiness & Transparency

- Recent losses leave her vulnerable if a system fails to live up to its promises.
- How can the nursing home be transparent about goals and follow through on what they say?

Applying Trauma Informed Principles: Choice

- Many residents had little choice in coming to the facility.
- What choices do they have in their daily routine?
- How do ombudsmen promote genuine choice for residents?

Applying Trauma Informed Principles: Collaboration

- How can we ensure that her perspective, and her son's, are incorporated into her care plan?
- What if she and her son disagree?
- How can ombudsmen advocate for this?

Applying Trauma Informed Principles: Empowerment

- How can we ensure that she retains control over as much of her own life as possible?

Applying Trauma Informed Principles: Cultural, Historical, and Gender Issues

- Are there any culturally specific considerations we need to make in this case?
- What are some ways facilities can be welcoming to those in non-majority cultures?

Organizational Culture & Power

- Trauma informed care is an organizational approach that requires commitment on all levels of staff.
- *Think about the experience when you walk into a facility. Who greets you? Who greets a new resident?*

Solutions- Organizational Level

- Trauma informed care is an organizational model requiring a shared perspective.
- Think small. What small changes can be made the organizations you visit that would move them in this direction?

Trauma Informed Organizations

- When evaluating complaints and policies, actively seek to ensure that environments, policies, and practices do not inadvertently re-traumatize all individuals who encounter the system.

Solutions-Individual Level

- What can you do as an individual advocate to:
 - Increase choice?
 - Be more trustworthy and transparent?
 - Promote choice?
 - Collaborate with and empower patients?
 - Practice in a culturally informed way?

Resources and Tools

- Podcast Episodes
 - The Impacts of Trauma in Later Life
 - <https://www.insocialwork.org/episode.asp?ep=208>
 - Trauma Informed Care in Residential Long Term Care for Older Adults
 - <https://www.insocialwork.org/episode.asp?ep=263>

Resources and Tools

- Resources for Implementing Trauma-Informed Care
 - “Concept of Trauma and Guidance for a Trauma-Informed Approach” HHS Publication No. (SMA) 14-4884
 - <https://store.samhsa.gov/system/files/sma14-4884.pdf>
 - Trauma-Informed Organizational Change Manual
 - <https://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/Trauma-Informed-Organizational-Change-Manual0.html>
 - Key Ingredients for Successful Trauma-Informed Care Implementation
 - <https://www.chcs.org/resource/key-ingredients-for-successful-trauma-informed-care-implementation/>

Resources and Tools

- Resources on Trauma
 - Training and Technical Assistance on Trauma
 - <https://www.samhsa.gov/trauma-violence/training-technical-assistance>
 - ACEs Study
 - <https://www.cdc.gov/violenceprevention/acestudy/index.html>
 - Trainings for Providers/Organizations- Lisa Kendall, LCSW-R, CSW-G
 - <http://www.lisakendallcounseling.com>

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Washington State LTCOP Victims of Crime Project

- 18 month project funded by the State Department of Commerce Office of Victims of Crime Assistance (VOCA)
- \$500,000 (\$375,000 allocated to local programs)
- State LTCOP manages grant, provides training, funding, resources and technical support. Train approx. 375 volunteer and paid certified ombuds, plus hire Education Specialist and Instructional Designer.
- Local ombuds gain knowledge, apply new learning, share information with residents, their family members, surrogates and providers

Victims of Crime definition

- Any physical, financial, or emotional harm that does not fall into descriptions of domestic violence or sexual assault
- For the purpose of the grant, the term *victim* is often used. The intent is to indicate any individual who identifies that they have suffered physical, financial, or emotional harm.
- Additionally, (in the grant) the term *crime* is used. Participation or involvement with the justice system is not required. The intent is to indicate physical, financial, or emotional harm.
- Many individuals hurt or harmed do not identify as being a “victim of crime” or “survivor” and not all individuals identify actions or experiences as “crime.”

Victims of Crime definition continued...

We know individuals may not identify as “victims,” and, consequently, some providers may not see themselves as “victim service providers,” **even if they are in the daily practice of attending to people’s trauma.**

Washington LTCO Program and VOCA Services

- Goals:
 - Ombudsmen will recognize and identify trauma
 - Be aware of secondary trauma
 - Know and connect with local Victim support services for referral and collaboration
 - Follow up with residents who want services
 - Provide feedback to State LTCOP about the process and to the system of VOCA support services

Crime Victim Support - Washing

Office of Crime Victims Advocac

https://www.google.com/maps/d/u/0/viewer?mid=1CGnFxTu6zC89OGDyyOvYA0ESFU&ll=47.21234478503435%2C-120.32109458906251&z=7

Apps★BookmarksChapter 74.42 RC...Introduction to the...USC CEM | USC...National Organizat...What is a Victim A...National Consume...Long-Term Care O...Other Bookmarks

Office of Crime Victims ...

▼

The Office of Crime Victims Advocacy Resource Guide can help you to locate a non-emergency victim service provider in 52,861 views

SHARE

✓

OCVA Resources

▼

New Beginnings

Odessa Brown Children's Clinic

Seattle Counseling Service for Sexual Mino...

Victim Witness Assistance Unit of Adams ...

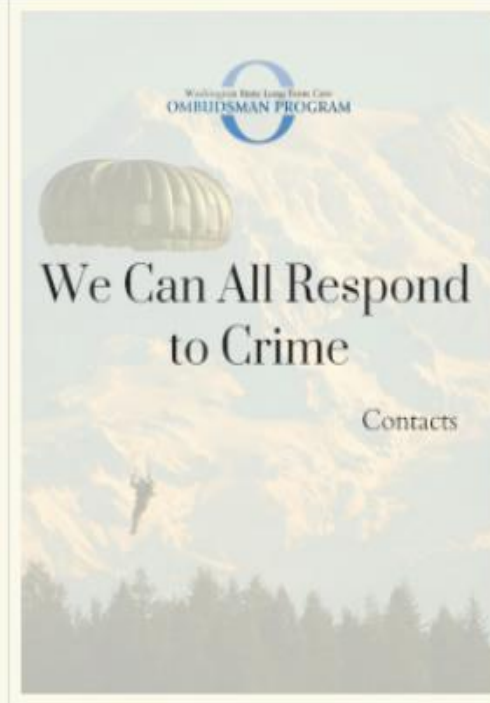
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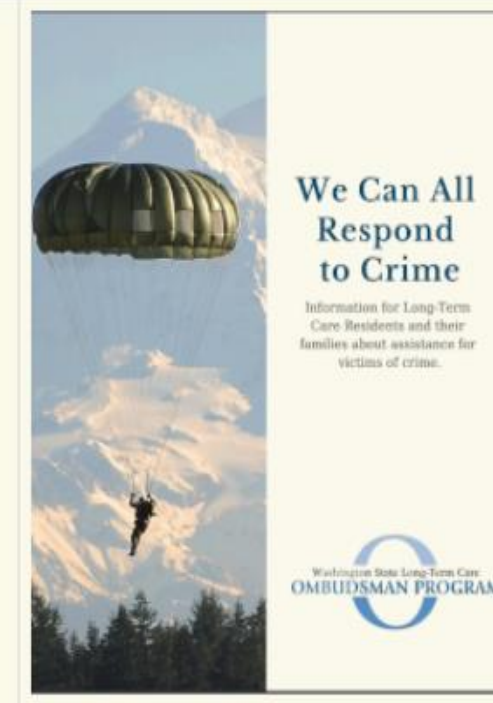
Washington Counties

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VOCA Contacts



VOCA Brochure



What was gained

- An Awareness and Knowledge about trauma and the impacts on people directly and indirectly, as well as on ourselves as individuals work daily in an environment of trauma. (Secondary trauma)
- New Resources and Relationships.

Two Examples:

- 1) Legal advice (not traditional OAA legal aid)
- 2) Mental Health Counseling

**“YOU DID THEN WHAT YOU
KNEW HOW TO DO, AND WHEN
YOU KNEW BETTER, YOU DID
BETTER.” - MAYA ANGELOU**



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Thank you

- Thank you to Douglas Samuels, Courtney Neubauer and Cindy Sam, and the Washington State LTC Ombudsmen and Programs.
- Thanks to all for listening today.
- Contact information: Washington State LTCOP

Web: www.waombudsman.org

E: stateombuds@mschelps.org

P:(253) 838-6810

Ombudsman Program Advocacy and Trauma-Informed Care

- **Consider events that may be traumatic to residents** (e.g., transfer trauma after facility closure or discharge, their roommate dies) and check in with residents that may be impacted.
 - Awareness: Relocation Stress Syndrome (Wisconsin LTCOP)
<http://longtermcare.wi.gov/docview.asp?docid=21549&locid=123>
- **Connect residents with resources and advocate for services** to support their needs (with resident permission).
 - Complaints are confidential. Ombudsmen do not reveal the identity of a resident without permission.
 - Though there are many persons involved in a resident's care, the primary focus of the ombudsman is the resident her/himself.



- **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.
- **Empowering residents and families** to speak up on their own behalf is a core function of the ombudsman. That includes promoting direct communication with other residents, family members, and staff.

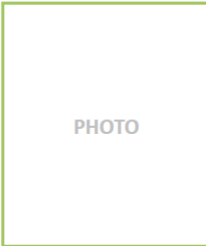

RESOURCES

My Personal Directions for Quality Living Form

- Blank fillable PDF
- Example form

<https://theconsumervoice.org/issues/recipients/nursing-home-residents/fact-sheets>

MY PERSONAL DIRECTIONS FOR QUALITY LIVING	
Name: Alice H. Hedt	Date: June 16, 2011
Please use my chosen name or nickname listed below:	
Alice	
My pronouns are: Her and she	
<i>To My Caregivers (paid and unpaid) & Family of Choice:</i>	
I am recording my personal preferences and information about myself in case I need long-term care services in my home or in a long-term care community in the future. Please always talk to me about my day-to-day life to see what it is that I want and enjoy. However, the information below may provide some help in understanding me and in providing my care. I hope this information will be useful to those who assist me.	
	
I want my caregivers and family of choice to know the following important details about my life story:	
I have led an active and busy life, raising three children (born in four years) and working as an advocate for nursing home residents. My family and friends are very important to me. I enjoy traveling and talking with people who have different life experiences and viewpoints. I have been married for over 30 years. I particularly enjoy singing in choirs and spending time outdoors by water or in the mountains.	
The way I like to wake up and start my day includes (e.g., how and when to wake up, breakfast preferences, daily beauty and grooming routines, hairstyle):	
I enjoy (need) coffee and like to start my day quietly, read the paper, have a quiet devotion time, and then have breakfast while watching the news on TV.	
The way I like to relax and prepare to sleep at night includes (e.g., nightly beauty and grooming routine, watch TV, reading, time to go to bed):	
I am a terrible sleeper. Don't worry if I am up several times, reading, puttering and checking e-mails.	
<small>My Personal Directions for Quality Living 07/18</small>	
	

MY PERSONAL DIRECTIONS FOR QUALITY LIVING	
Name:	Date:
Please use my chosen name or nickname listed below:	
My pronouns are:	
<i>To My Caregivers (paid and unpaid) & Family of Choice:</i>	
I am recording my personal preferences and information about myself in case I need long-term care services in my home or in a long-term care community in the future. Please always talk to me about my day-to-day life to see what it is that I want and enjoy. However, the information below may provide some help in understanding me and in providing my care. I hope this information will be useful to those who assist me.	
	
I want my caregivers and family of choice to know the following important details about my life story:	
The way I like to wake up and start my day includes (e.g., how and when to wake up, breakfast preferences, daily beauty and grooming routines, hairstyle):	
The way I like to relax and prepare to sleep at night includes (e.g., nightly beauty and grooming routine, watch TV, reading, time to go to bed):	
<small>My Personal Directions for Quality Living 07/18</small>	
	

Additional Information

- Federal Nursing Home Regulations

https://ltcombudsman.org/library/fed_laws/federal-nursing-home-regulations

- Residents' Rights issue page

<https://ltcombudsman.org/issues/residents-rights>

- Resources for Long-Term Care Consumers (individuals living in nursing homes and assisted living)

<https://theconsumervoice.org/issues/recipients>

- ACL Guidance to the Aging Services Network: Outreach and Service Provision to Holocaust Survivors

<https://ltcombudsman.org/uploads/files/issues/acl-guidance-holocaust-survivor-services.pdf>

2019 Residents' Rights Month (October)

- Resident's Voice Challenge
- Promotional Materials
- Activity Suggestions
- Resources



<https://theconsumervoice.org/events/2019-residents-rights-month>

STAND for QUALITY

2019 RESIDENT'S VOICE CHALLENGE!

Residents! Display your writing or artistic skills by submitting essays, poems, artwork, drawings, or videos related to the theme for Residents' Right Month 2019 "Stand for Quality."

SUBMISSIONS DUE SEPTEMBER 1, 2019

1

How to participate:

Fill in the sign created by Consumer Voice (available online), or create your own finishing the sentence "I stand for quality" and explaining how or why you stand for quality. Take a photo with your sign.

OR

Answer one or more of the following questions:

- What does quality mean to you and how do you stand for quality?
- How can you partner with others to define quality? How can you talk to facility staff, family members, and others to define quality?
- Give an example of quality care that was provided, or an example of how you experience quality of life.

2

Possible entries include:

Video or audio recordings, poems, word collages, songs, artwork or drawings, photos, or essays.

3

Mail or email submissions to:

Consumer Voice
Attn: Resident's Voice Submission
1001 Connecticut Avenue, NW
Suite 632
Washington, DC 20036

OR

info@theconsumervoice.org

QUESTIONS



The National Long-Term Care Ombudsman Resource Center

Connect with us:

www.ltcombudsman.org



The National LTC Ombudsman Resource Center



@LTCombudcenter



Get our app! Search for "LTC Ombudsman Resource Center" in the Apple Store or Google Play

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