

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

The purpose of this resource is to introduce Ombudsman programs to trauma-informed care principles and related advocacy strategies and to outline nursing home responsibilities in accordance with the revised federal requirements.

Note: “Ombudsman” is used as a generic term in this resource to mean the state Ombudsman, a representative of the Office, or the Ombudsman program.

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.

Moving into a long-term care facility may even be a traumatic experience to some individuals as they feel the loss of their home and independence.



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.

SIGNS OF TRAUMA

- Intrusive thoughts of the event that may occur out of the blue.
- Nightmares.
- Visual images of the event.
- Loss of memory and concentration abilities.
- Disorientation.
- Confusion.
- Mood swings.

¹ *Concept of Trauma and Guidance for a Trauma-Informed Approach*. Substance Abuse and Mental Health Services Administration (SAMSHA). U.S. Department of Health and Human Services. October 2014. <https://store.samhsa.gov/system/files/sma14-4884.pdf>

70%

of adults have experienced some kind of traumatic event.² Therefore, it is likely that a large majority of residents may be affected, and a best practice would be to approach all residents assuming they have experienced something in their life that may trigger a response.

Help is available and there are agencies responsible for investigating reports of resident abuse and mistreatment. If a resident experiences abuse or mistreatment they can:

- Tell the facility administrator, social worker, or another staff person.
- Contact the Long-Term Care Ombudsman Program. Ombudsmen are advocates for residents in long-term care facilities. For additional information about the Ombudsman program and contact information visit www.ltombudsman.org/ombudsman.
- Contact the state licensing and certification agency. Each state has an agency responsible for the licensing, certification, and regulation of long-term care facilities and investigations of complaints. To locate state licensing and certification agencies visit www.ltombudsman.org/ombudsman.
- Contact Adult Protective Services (APS). APS investigates reports of abuse, neglect, and exploitation of elders and, in many states, individuals with disabilities. To locate APS services in your area, visit www.napsa-now.org/report.
- Contact local law enforcement. It could be a crime if there is willful intent.
- Seek additional information regarding elder abuse, neglect, or exploitation from the National Center on Elder Abuse (NCEA) <https://ncea.acl.gov/> or call 1-855-500-3537.

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.³

TRAUMA-INFORMED APPROACH

According to SAMHSA, a trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing.

SAMHSA⁴ states that a program, organization, or system is trauma-informed when it does the following:

1. **Realizes** the widespread impact of trauma and understands potential paths for recovery;
2. **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively **resist re-traumatization**.

A trauma-informed approach reflects adherence to key principles rather than a prescribed set of practices or procedures.⁵

² *How to Manage Trauma*. National Council for Behavioral Health. <https://www.thenationalcouncil.org/wp-content/uploads/2013/05/Trauma-infographic.pdf>

³ The Trauma Informed Care Project of Orchard Place/Child Guidance Center. <http://www.traumainformedcareproject.org/>

⁴ *Concept of Trauma and Guidance for a Trauma-Informed Approach*. Substance Abuse and Mental Health Services Administration (SAMSHA). U.S. Department of Health and Human Services. October 2014. <https://store.samhsa.gov/system/files/sma14-4884.pdf>

⁵ *What is Trauma-Informed Care?* Institute on Trauma and Trauma-Informed Care (2015) <http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html>

Five Principles for a Trauma-Informed Care Environment

These five guiding principles for trauma-informed care will help health care providers reduce the possibility of re-traumatizing an individual.

Safety



Ensuring physical and emotional safety. Creating areas that are calm and comfortable.

Choice



Individual has choice and control. Providing an individual with options in their care and daily life.

Empowerment



Prioritize empowerment and skill building.

Collaboration



Make decisions with the individual and share power.

Trustworthiness



Provide clear and consistent information.

RECOMMENDATIONS FOR IMPLEMENTING TRAUMA-INFORMED CARE

- **Admission:** When speaking with residents and/or their representative about their life history ask if they experienced an event that would impact their care needs.
- **Resident driven decision-making:** Ensure the care plan considers possible trauma for each resident (e.g., if not comfortable in the dark, ensure a night-light is available in the room).
- **Facility Environment:** Train all staff to be sensitive to individuals (residents or staff) who are responding to a situation due to past trauma and understand how to support them.
- **Policies of the organization:** Promote a culture based on beliefs about resilience, recovery, and healing from trauma (e.g., include language about being an organization that practices trauma-informed care in mission statements, staff handbooks, and policies and procedures).



Watch this brief, 3-minute animated [video](#) from the Trauma-Informed Care Implementation Resource Center of the Center for Health Care Strategies to learn about the lifelong impact of trauma and how health care facilities can provide trauma-informed care.⁶

NURSING HOME RESPONSIBILITIES REGARDING TRAUMA-INFORMED CARE

The revised Federal Nursing Home Regulations requires nursing homes to provide “culturally-competent and trauma-informed” care to avoid re-traumatizing the individual. The applicable regulations and guidance below will be implemented in Phase 3 of the requirements on November 28, 2019. Information below is from the Centers for Medicaid and Medicare Services (CMS) State Operations Manual, Appendix PP, Guidance to Surveyors for Long-Term Care Facilities and adapted for length.⁷

⁶What is Trauma-Informed Care? Trauma-Informed Care Implementation Resource Center of the Center for Health Care Strategies. <https://www.traumainformedcare.chcs.org/video-what-is-trauma-informed-care/>

⁷Centers for Medicaid and Medicare Services (CMS) State Operations Manual, Appendix PP, Guidance to Surveyors for Long-Term Care Facilities <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

F659

§483.21(b)(3) Comprehensive Care Plans

The services provided or arranged by the facility, as outlined by the comprehensive care plan, must—

- (ii) Be provided by qualified persons in accordance with each resident's written plan of care.
- (iii) Be culturally-competent and trauma-informed.

[§483.21(b)(iii) will be implemented beginning November 28, 2019 (Phase 3)]

GUIDANCE §483.21(b)(3)(ii)

The facility must ensure that services provided or arranged are delivered by individuals who have the skills, experience and knowledge to do a particular task or activity. This includes proper licensure or certification, if required.

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§483.25(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 (Phase 3)]

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§483.40 Behavioral health services.

Each resident must receive, and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders.

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§483.40(a) 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 psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with §483.70(e). These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for:

§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), and

[as linked to history of trauma and/or post-traumatic stress disorder, will be implemented beginning November 28, 2019 (Phase 3)]

INTENT §483.40(a), (a)(1) & (a)(2)

The intent of this requirement is to ensure that the facility has sufficient staff members who possess the basic competencies and skills sets to meet the behavioral health needs of residents for whom the facility has assessed and developed care plans. The facility must consider the acuity of the population and its assessment in accordance with §483.70(e). This includes residents with mental disorders, psychosocial disorders, or substance use disorders. Facility staff members must implement person-centered, care approaches designed to meet the individual needs of each resident. Additionally, for residents with behavioral health needs, non-pharmacological interventions must be developed and implemented.

OMBUDSMAN PROGRAM CONSIDERATIONS AND ADVOCACY REGARDING TRAUMA-INFORMED CARE

As resident advocates, the skills Ombudsmen use daily such as active listening, empowerment, and resident-centered advocacy serve as a solid foundation in working with all residents, including those that have experienced trauma. Ombudsmen can use those skills, their knowledge of federal and state requirements, and awareness of community resources to advocate for and share information about trauma-informed care.

- **Consider events that may be traumatic to residents** (e.g., transfer trauma after facility closure or discharge, their roommate dies, they experience or witness abuse, neglect, or exploitation while in the facility) and check in with residents that may be impacted.⁸ See the Wisconsin Ombudsman program resource titled, *Awareness: Relocation Stress Syndrome*, for additional information about the impact of transfer trauma.⁹
- **Connect residents with resources and advocate for services to support their needs**, with resident permission. Ombudsman should be aware of local victim advocacy services. Reminders:
 - Complaints are confidential. Ombudsmen do not reveal the identity or identifying information of a resident without permission. Provide information about available services (e.g., facility social worker, counseling, behavioral health support, victim services) and seek resident direction for resolution, (e.g., if the complaint involves abuse ask the resident if he/she wants to report the incident to the state licensing and certification agency, adult protective services, and/or law enforcement).
 - Though there are many persons involved in a resident's care, the primary focus of the Ombudsman program is the resident.
 - Empowering residents and families to speak up on their own behalf is a core function of the Ombudsman program. That includes promoting direct communication with other residents, family members, and staff.
- **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.

⁸ See Abuse, Neglect, Exploitation resources: <https://ltombudsman.org/issues/abuse-neglect-and-exploitation-in-long-term-care-facilities>

⁹ Awareness: Relocation Stress Syndrome. Wisconsin Long-Term Care Ombudsman program. <http://longtermcare.wi.gov/docview.asp?docid=21549&locid=123>

RESOURCES

The **Substance Abuse and Mental Health Services Administration (SAMHSA)** is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. <https://www.samhsa.gov/nctic>

NORC Trauma-Informed issue page <https://ltombudsman.org/issues/trauma-informed-care>

My Personal Directions for Quality Living is a document a resident or their representative can complete to assist caregivers in providing person-centered care. <https://theconsumervoice.org/uploads/files/long-term-care-recipient/my-personal-directions-blank-6-8.pdf>

National Center on Elder Abuse (NCEA). For additional information regarding elder abuse, neglect or exploitation visit the NCEA website at <https://ncea.acl.gov/> or call 1-855-500-3537.

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