The National Long-Term Care Ombudsman Resource Center

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.

[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. 2014. https://library.samhsa.gov/sites/default/files/sma14-4884.pdf

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.

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.**

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[4]

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. SAMHSA 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.
4. Seeks to actively resist **re-traumatization**.

Watch this brief, 3-minute animated video to learn about the lifelong impact of trauma and how health care facilities can provide trauma-informed care.[5]

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[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] Information from this section through the six principles was adapted from *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. 2014. https://library.samhsa.gov/sites/default/files/sma14-4884.pdf

[5] *What 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/

Principles for a Trauma-Informed Care Environment

A trauma-informed approach is based on key principles rather than a prescribed set of practices or procedures. These six principles will help reduce the possibility of re-traumatizing an individual.

Safety	Empowerment, Voice & Choice	Peer Support	Collaboration & Mutuality	Trustworthiness & Transparency	Cultural, Historical, & Gender Issues
					
Ensuring physical and emotional safety. Creating areas that are calm and comfortable.	Individual has choice and control. Providing an individual with options in their care and daily life. Prioritize empowerment and promote self-advocacy.	Peer support helps build trust, hope, and sense of community. Provide opportunities for residents to interact with others that have similar experiences and interests.	Make decisions with the individual and share power.	Provide clear and consistent information.	Actively move past cultural stereotypes and biases. Learn and incorporate resident cultural connections and individual preferences.

OMBUDSMAN PROGRAM ADVOCACY CONSIDERATIONS

As resident advocates, Ombudsman program representatives (representatives) use active listening, empowerment, and resident- centered advocacy when working with all residents, including those that have experienced trauma. Representatives 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., 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). Reminder:**

- 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).

- **Advocate** for comprehensive care plans and individualized, resident-centered care, which involves understanding 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.

NURSING FACILITY RESPONSIBILITIES REGARDING TRAUMA-INFORMED CARE[6]

Federal regulations require nursing facilities to provide "culturally-competent and trauma-informed" care to avoid re-traumatizing the individual. Federal guidance states, "given the widespread nature and highly individualized experience of trauma, the utilization of **trauma-informed approaches is an essential part of person-centered care.** Facilities must recognize the effects of past trauma on residents and collaborate with the resident, family and friends of the resident to identify and implement individualized interventions. Interventions for trauma survivors should recognize the interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, aggression, depression, anxiety, and withdrawal or isolation from others."

The requirements and guidance are summarized below. It is important to be aware of these requirements when advocating for trauma-informed care and sharing information with residents, family members, and facility staff.

F659

§483.21(b)(3) Comprehensive Care Plans

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

(i) Meet professional standards of quality care.

(ii) Be provided by qualified persons in accordance with each resident's written plan of care.

(iii) Be culturally-competent and trauma–informed.

[6] The following information is from the Centers for Medicaid & Medicare Services (CMS) *State Operations Manual, Appendix PP, Guidance to Surveyors for Long-Term Care Facilities* and adapted for length. Rev. 225; Issued: 8-8-24. Visit this website for the most recent version - https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html

F699

§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.

INTENT

The intent of this requirement is to ensure that facilities deliver care and services which, in addition to meeting professional standards, are delivered using approaches which are culturally competent and account for experiences and preferences, and address the needs of trauma survivors by minimizing triggers and/or re-traumatization.

F740

§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.

F741

§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 psychological 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 § 483.71. 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 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

§483.40(a)(2) Implementing non-pharmacological interventions.

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 set 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 assessments in accordance with §483.71. This includes residents with

mental disorders, psychological disorders, or substance use disorders (SUDs), and those with a history of trauma and/or post-traumatic stress disorder (PTSD), as reflected in the facility assessment. Facility staff members must implement person-centered care approaches designed to meet the individual goals and needs of each resident. Additionally, for residents with behavioral health needs, non-pharmacological interventions must be developed and implemented.

RECOMMENDATIONS FOR PROVIDERS IMPLEMENTING TRAUMA-INFORMED CARE

When speaking with facility staff about trauma-informed care it may be helpful to share some basic approaches, such as the following.

Admission and Assessment

- When speaking with residents and/or their representatives ask about resident life experiences that impacted them and be important to ensure quality care and quality of life.
- Use a sensitive, respectful approach when communicating and respond gently and appropriately to emotional disclosures by the resident and/or their representative.

Resident Driven Decision-Making

- Ensure the resident's care plan considers potential trauma and is responsive to resident needs to avoid re-traumatization.
- Guarantee resident choice and collaboration at an individual and systemic level in the community.

Facility Environment

- Train all staff in trauma-informed care to ensure staff are able to understand and support residents in all aspects of care and daily life.
- Identify resident strengths and use a strength-based, person-centered approach when interacting with and providing care for residents.

Facility Policies

- Promote an organizational 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).
- Ensure policies, protocols, and processes are responsive to the racial, ethnic and cultural needs of individuals served and recognizes and addresses historical trauma.

RESOURCES

Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF) established by the Substance Abuse and Mental Health Services Administration (SAMHSA), in partnership with the Centers for Medicare and Medicaid Services (CMS), the COE-NF offers Certified Medicare and Medicaid Nursing Facility Staff a centralized resource hub with easy access to trainings, technical assistance and additional resources, at no cost. https://nursinghomebehavioralhealth.org/

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

My Personal Directions for Quality Living. A resident or their representative can complete this resource to assist caregivers in providing person-centered care.
https://theconsumervoice.org/getting-quality-care/page/3/

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This project was supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $516,407 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS or the U.S. Government.