FHCA 2019 Annual Conference & Trade Show

CE Session #10 – Requirements of Participation, Phase III and Trauma-Informed Care

Monday, August 5 – 10:00 to 11:30 a.m.

Celebration 7-8 – Operations/Quality Improvement

Upon completion of this presentation, the learner will be able to:

- Understanding what Trauma-Informed Care is
- Learning how to change care practices utilizing Trauma-Informed Care
- Identify examples where Trauma-Informed Care was needed

Seminar Description:

Attendees will learn the definition of Trauma-Informed Care and how it was originated. Understanding Trauma-Informed Care and implementing in the care process will improve outcomes and improve resident quality of life. Trauma-Informed Care is required under the CMS Requirements of Participation Phase III and will be included in survey process beginning November 2019.

Presenter Bio(s):

Deborah Franklin is the Senior Director of Quality Affairs for Florida Health Care Association (FHCA). She is responsible for leading the Association's internal quality department while pioneering initiatives on quality improvement in long term care. Previously Deborah has served as Director of Operations for the not-for-profit Florida Living Options, which operates the Hawthorne Villages in Florida. She has successful experience with organizational leadership and health care management, opening and managing new facilities and turning around troubled facilities. Deborah Franklin is a past president of FHCA, a Walter M. Johnson, Jr. Circle of Excellence Award an Arthur H. Harris Government Services Award recipient and a graduate of the American Health Care Association Future Leaders of Long Term Care in America program. She has served on the Governor's transition team for the Florida Department of Elder Affairs, the Lt. Governor's Health Care Planning Council and the Hillsborough County Indigent Health Care Advisory Council.

Matthew Nessetti MD, PHD, JD is a Certified Medical Director with FMDA and also attending physician with skilled nursing centers in Sarasota, Florida. He is owner of All Care Medical Centers which provides all levels of care including behavior health.

Trauma-informed Care

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Objectives

To understand what trauma-informed care is

Learning how to change care practices utilizing trauma-informed care

Learning examples where trauma-informed care was needed

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Trauma Statistics

Estimated ½ of all U.S. adults will experience at least one traumatic event in their lives.

70% of adults in the U.S. have experienced some type of traumatic event in their lives.

Up to 20% of those people further develop PTSD.

An estimated 1 out of 9 women develop PTSD, making them twice as likely as men.

Almost 50% of all outpatient mental health patients have a diagnosis of PTSD.

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F699
Trauma-Informed Care

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

F740-F744
Behavioral Health

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
Behavioral Health

483.40 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 diagnosis 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.

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

F741
Behavioral Health

Sufficient Staff to Provide Behavioral Health Care and Services

The facility must address in its facility assessment under 483.70(e) (F838), the behavioral health needs that can be met and the numbers and types of staff needed to meet these needs.

F742
Behavioral Health

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 attain the highest practicable mental and psychosocial well-being.

F742
Behavioral Health

Intent 483.40(b) & 483.40(b)(1)

Upon admission, residents assessed or diagnosed with a mental or psychosocial adjustment difficulty or a history of trauma and/or post-trauma stress disorder (PTSD), receive the appropriate treatment and services to correct the initial assessed problem or to attain the highest practicable mental and psychosocial well-being.

Residents who were admitted to the nursing home with a mental or psychosocial adjustment difficulty, or who have a history of trauma and/or PTSD, must receive appropriate **person-centered** and **individualized** treatment and services to meet their assessed needs.

F743
Behavioral Health

483.40(b)(2) A 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 post-traumatic stress disorder does not display a pattern of decreased social and/or increased withdrawn, angry, or depressive behaviors, unless the resident's clinical condition demonstrates that development of such a pattern was unavoidable; and

F744
Behavioral Health

483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being.

PASARR
FEDERAL REGULATIONS

The timeframes are:

The Level I PASARR Screen must be completed prior to admission for every person, for any reason and any length of stay.

As soon as a person has been **newly diagnosed** with a mental illness and/or intellectual disability/developmental disability.

F838
Facility Assessment

The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies.

Review and update at least annually, whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment,

Must address or include a facility-based and community-based risk assessment, utilizing an all-hazards approach;

Intent of the Regulation

The intent of this regulation is to ensure that a resident who upon admission, was assessed and displayed or was diagnosed with a mental or psychosocial adjustment difficulty or a history of trauma and/or post-traumatic stress disorder (PTSD), receives the appropriate treatment and services to correct the initial assessed problem or to attain the highest practicable mental and psychosocial well-being. The coping skills of a person with a history of trauma or PTSD will vary, so assessment of symptoms and implementation of care strategies should be highly individualized.

What is Trauma-Informed Care?

Trauma-Informed Care understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize.

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physical or emotionally harmful or life threatening and that has lasting adverse effects on the individuals functioning and mental, physical, social, emotional, or spiritual well-being.

Trauma Has No Boundaries

Trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, geography or sexual orientation.

Trauma-informed care

Trauma-informed care is an evidenced-based approach to deliver healthcare in a way that recognizes and responds to the long-term health effects of the experience of trauma in patients' lives.

Trauma-informed care acknowledges the need to understand a patient's life experiences in order to deliver effective care.

Types of Trauma

Complex Trauma results from extended exposure to traumatizing situations, often during childhood.

Developmental Trauma results from multiple or chronic exposure to one or more forms of interpersonal trauma (abandonment, betrayal, physical assault, sexual assault, threats to bodily integrity, coercive practices, emotional abuse, witnessing violence or death).

Acute Trauma results from exposure to a single overwhelming event.

What is PTSD?

PTSD is a mental health problem that some people develop after experiencing or witnessing a life-threatening event, such as:

- Combat and other military experiences
- Sexual or physical assault
- Learning about the violent or accidental death or injury of a loved one
- Child sexual or physical abuse
- Serious accidents, like a car wreck
- Natural disasters, like a fire, tornado, hurricane, flood or earthquake
- Terrorist attacks
- Other crimes such as armed robbery

What are the symptoms of PTSD?

Reliving the event
Avoiding things that remind you of the event
Having more negative thoughts and feelings than before
Feeling on edge

Only a licensed mental health or medical provider can diagnose PTSD.

Trauma-Informed Care

Trauma-Informed Care realizes the widespread impact of trauma and understands potential paths for recovery. It recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system. Trauma-informed care resist re-traumatization and responds by full integrating knowledge about trauma into policies, procedures, and practices.

The 4 R's: Trauma-Informed Approach
www.SAMHSA.gov

In a trauma-informed approach, all people at all levels have a basic **realization** about trauma and understand how trauma can affect families, groups, organizations, and communities as well as individuals.

People in the organization are also able to **recognize** the signs of trauma.

The organization **responds** by applying the principles of a trauma-informed approach to all areas of functioning.

A trauma-informed approach seeks to **resist re-traumatization** of residents as well as staff.

Why is Trauma-informed Care Important?

Provides residents more opportunities to engage in services that reflect a compassionate perspective of their presenting problems.

Provides an understanding that trauma likely affects many residents who need behavioral health services.

It stresses the importance of addressing the resident individually rather than applying general treatment approaches.

Implementing trauma-informed services can improve screening and assessment processes, treatment planning and placement while also decreasing the risk for re-traumatization.

Many residents with substance use and mental disorders have histories of trauma.

Questions?

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Clinical Considerations in Trauma Informed Care

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Florida Health Care Association

Annual Conference

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Key Ingredients for Creating a Trauma Informed Approach to Care

- Robert Woods Johnson Foundation – Issue Brief - 2016

Organizational:

- Leading and communicating about the transformation process.
- Engaging patients in organizational planning.
- Training clinical as well as non-clinical staff members.
- Creating a safe environment.
- Preventing secondary traumatic stress in staff.
- Hiring a trauma-informed workforce.

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Key Ingredients for Creating a Trauma Informed Approach to Care

- Robert Woods Johnson Foundation – Issue Brief - 2016

Clinical:

- Evaluating Patients at Entry in to Your System.
- Involving Patients in the Treatment Process.
- Training Staff in Trauma Specific Treatment Approaches.
- Bridging Gap Among Staff with Education/Awareness
- Engaging Referral Sources and Partnering Organizations.
- Identifying a Trauma Informed Team.

Most Commonly Referenced Definition is from 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."

Involving Patients in the Treatment Process

Patients need a voice in their own treatment planning and an active role in the decision-making process. In traditional care, clinicians often dictate the course of action without much opportunity for patient feedback or dialogue. In a trauma-informed approach, patients are actively engaged in their care and their feedback drives the direction of the care plan.

Involving Patients in the Treatment Process

One promising engagement strategy uses peer support workers — individuals with lived trauma experiences who receive special training — to be part of the care team.

Based on their similar experiences and shared understanding, patients may develop trust with their peer support worker and be more willing to engage in treatment. Peer engagement is a powerful tool to help overcome the isolation common among individuals who have experienced trauma

Reminiscence Group – VAMC and Hawthorne Village of Sarasota

Screening for Trauma

Although trauma screening is recognized as the most fundamental aspect of a clinical trauma-informed approach, experts often differ on when and how to screen patients for trauma.

Upfront and universal screening involves screening every patient for trauma history as early as possible. Proponents of this approach assert that it allows providers a better understanding of a patient's potential trauma history, helps target interventions, provides aggregate data, and quantifies the risk of chronic disease later in life. Universal screening can also reduce the risk of racial/ethnic bias by screening all patients.

Those who favor later screening for trauma contend that upfront screening removes the patient's choice of sharing sensitive information, can re -traumatize a patient, and may hinder progress made if there are not appropriate interventions or referrals in place.

Screening for Trauma – Universal Understandings

1. Treatment setting should guide screening practices. Upfront, universal screening may be more effective in primary care settings and later screening may be more appropriate in behavioral health settings.

2. Screening should benefit the patient. Providers who screen for trauma must ensure that, once any health risks are reported, they can offer appropriate care options and referral re sources.

Screening for Trauma – Universal Understandings

3. Re-screening should be avoided. Frequently re-screening patients may increase the potential for re -traumatization because it requires patients to revisit their traumatic experiences. Minimizing screening frequency and sharing results across treatment settings with appropriate privacy protections may help reduce re -screening.

4. Ample training should precede screening. All health care professionals should be proficient in trauma screening and conducting appropriate follow-up discussions with patients that are sensitive to their cultural and ethnic characteristics (e.g., language, cultural concepts of traumatic events).

Screening for Trauma – Clinical Example on Ample Training/Expertise

AllCare Medical Centers Behavioral Health Staff Integrate with SNF staff wherever we are:

- Practicum Psychology Doctoral Students
- Intern Doctoral Students
- Post-Doctoral Resident Fellows
- Medical Doctoral Psychologists
- Physicians
- Director of Nursing/ADON
- Activities Director
- MDS
- Therapy Leader
- Administrator

Training Staff in Trauma-Specific Treatment Approaches

While the concept of a comprehensive trauma-informed approach is relatively new, a number of evidence-based trauma-specific treatment approaches are available.

Let's review some examples of treatment options for both adults and children and describes major characteristics, target populations, and outcomes to date. Additional treatment options include, but are not limited to, motivational interviewing, mindfulness training, and formal peer support programs.

Training Staff in Trauma-Specific Treatment Approaches

- Prolonged Exposure Therapy – PE Therapy - Focuses on: (1) post--traumatic stress disorder (PTSD) education; (2) breathing techniques to reduce the physiological experience of stress; (3) exposure practice with real-world situations; and (4) talking through the trauma. PE patient had better outcomes than 86 percent of counterparts in the control group.
- Eye Movement Desensitization Retraining - Focuses on: (1) spontaneous associations of traumatic images, thoughts, emotions, and sensations; and (2) dual stimulation using bilateral eye movements, tones, or tap. Information processing therapy to reduce trauma-related stress and strengthen adaptive belief. Endorsed by WHO and VAMC.

Training Staff in Trauma-Specific Treatment Approaches

- Seeking Safety - Focuses on: (1) prioritizing safety; (2) integrating trauma and substance use; (3) rebuilding a sense of hope for the future; (4) building cognitive, behavioral, interpersonal, and case management skill sets; and (5) refining patients' attention to processes.
- Child - Parent Psychotherapy - Focuses on: (1) the way trauma has affected the caregiver-child relationship; and (2) the child's development. A primary goal is to bolster the caregiver-child relationship to restore and support the child's/adults mental health

Training Staff in Trauma-Specific Treatment Approaches

- Attachment, Self Regulation and Competency - Focuses on: (1) attachment; (2) self-regulation; (3) competency; and (4) trauma experience integration; developed around an overarching goal of supporting the child, family, and system's ability to engage in the present moment.
- Trauma Focused Cognitive Behavioral Therapy - Focuses on: (1) addressing distorted beliefs and attributions related to abuse or trauma; (2) providing a supportive environment for children to talk about traumatic experiences; and (3) helping parents who are not abusive to cope with their own distress and develop skills to support their children.

Training All Staff in Trauma-Specific Treatment Approaches

- Grounding Techniques for PTSD
- Music Therapy Proven Helpful in Trauma Care
- Movement/Dance in Trauma Informed Care
- Art in Trauma Informed Care
- Reminiscence Encouragement in Trauma Informed Behavioral Health Care

Engaging Referral Sources and Partnering Organizations

Individuals who have experienced trauma often have complex medical, behavioral health, and social service needs and, therefore, receive care from an array of providers. If providers screen for or inquire about trauma, they need to be able to offer appropriate care responses, often including referrals, ideally to other “practitioners” of trauma-informed care. It is essential that providers within a given community or system of care work together to develop a trauma-informed referral network.

Engaging Referral Sources and Partnering Organizations

Opportunities for providers to engage with potential referral sources might include: inviting them to participate in internal training; hosting community-wide trauma-informed care training efforts; or encouraging patients serving on advisory boards to lobby organizations in a given provider network or community to become trauma-informed.

More To Do!

Things We Need to Know More About Going Forward:

- Health Utilization / Disease Outcome / Cost Reduction
- Health Behaviors - Smoking, Alcohol, Drugs, etc.
- Magnification/Exacerbation of Disease Processes – Heart Disease, Diabetes, Cancer, etc.
- Additional Institutional Resources / Costs
- Stress of Trauma Informed Caregivers and needed resources to create resilience for caregivers.
- Access and Acceptability (SES, ethnicity, culture, trust in healthcare system.

"The Four Cs"

Caring for patients who have experienced lifetime trauma

- Calm. Pay attention to how you are feeling. Breathe and calm yourself to help model and promote calmness for the patient.
- Contain. Ask the level of detail of trauma history that will allow the patient to maintain emotional and physical safety; respects the time-frame for your interaction; and allows you to offer the patient further treatments.
- Care. Emphasize good self-care and compassion.
- Cope. Emphasize skills to build upon strength, resiliency, and hope.

Trauma Informed Tools and Extra Information

- CDC – Adverse Childhood Experiences Study (ACE Survey)
- Veterans Administration Medical Center - PTSD
- Trauma in Elderly – Dementia and Domestic Violence
- History of Domestic Violence linked to increase risk of Dementia
- Long Term Effects of Childhood Sexual Abuse

Contact Me!

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