NEWS & VIEWS

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Trauma-Informed Care and Special Considerations for Nursing Homes

By:
Louise Lindsey, Editor

"Trauma-Informed Care is about ensuring that all individuals feel physically and emotionally safe, are noticed and listened to, and are given a voice."
- The Institute on Trauma and Trauma-Informed Care (ITTIC), 2014

An incident portrayed in "PATTON"-a well-known and still watched movie about Lieutenant General George S. Patton-occurred during the Sicily Campaign during World War II when Patton slapped and verbally berated two soldiers who had been evacuated away from the front lines without any physical injuries but were suffering from "shell shock" or "battle fatigue" as it was called in 1943. Although General Dwight D. Eisenhower rebuked Patton for his behavior and commanded him to apologize to the two men, "combat stress reaction" was not really recognized as a legitimate problem until the Vietnam War. What was called "battle fatigue" and "shell shock" and thought to be cowardice by General Patton in World War II has become known as post-traumatic stress disorder (PTSD).

Until the Vietnam War, trauma-informed care for healthcare providers was mostly associated with treating abused children and other trauma. However, the trauma that battle-scarred veterans of the Vietnam War experienced broadened the trauma spectrum with the need to better understand and respond to what was tagged as post-traumatic stress disorder (PTSD)-the lingering of behavioral symptoms such as flashbacks, frightening thoughts, bad dreams, the sweats, or a racing heart.

Coming into effect this November 28 is Phase 3 of the changes that the Centers for Medicare & Medicaid Services (CMS) issued in 2016 that apply to nursing homes participating in Medicare and Medicaid programs. Trauma-Informed Care is one of the many changes being finalized that focus on strengthening a nursing home's provision of person-centered care to its residents. Person-centered care uses a holistic approach to meet the individual needs of each resident and to accomplish this requires taking into consideration that person's

psychosocial and spiritual aspects together with their physical condition.

The Final Rule issued by CMS outlining their plans for regulation includes this statement regarding trauma:

"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."

Trauma-Informed Care (TIC) identified as F699 under the Federal Quality of Care regulatory group §483.25(m) is part of those revised participation requirements that surveyors will be giving special attention in their surveys of skilled nursing facilities (SNF) after November 28.

What is Trauma-Informed Care?

The University of Buffalo Center for Social Research describes the concept of trauma-informed care as understanding and considering the pervasive nature of trauma and promoting environments of healing and recovery rather than practices and services that may inadvertently re-traumatize.

All staff members in a facility should be trained to understand the effects of trauma in order to ensure that residents feel physically and emotionally safe, are noticed and listened to, and are given a voice. The ITTIC looks at the effects of trauma from these five aspects:

- Impairment of memory, concentration, new learning, and focus.
- Correlation to heart disease, obesity, addiction, pulmonary illness, diabetes, autoimmune disorders, and cancer.
- Impact on an individual's ability to trust, cope, and form healthy relationships.
- Disruption of emotion identification, the ability to self-sooth or control expression of emotions, and the ability to distinguish between what is safe and unsafe.
- Shaping of a person's belief about self and others, the ability to hope, and the outlook on life.

Trauma-informed care assumes that a resident may more often than not have a history of trauma. This assumption requires that along with care-giving staff even service staff must recognize and acknowledge the role that having trauma symptoms plays in a resident's life. Trauma-informed care compels an organization to make a paradigm shift in its response to provide person-centered care. This shift moves from asking, "What is wrong with this resident?" to "What has happened to this resident?"

The purpose of trauma-informed care is to provide support services to those who have experienced traumatic issues and events. It is not about just treating the symptoms residents exhibit. When service systems and operational procedures fail to use a trauma-informed approach with traumatized individuals, it opens up the possibility of triggering or exacerbating trauma symptoms and causing re-traumatization.

Re-traumatization is defined as a situation or environment that resembles the trauma an individual experienced literally or symbolically. This causes the person to react as they did with the original trauma and experience the difficult feelings they felt. Experiencing multiple instances of re-traumatization worsens trauma-related symptoms and frequently causes the individual to display an unwillingness to participate in their treatment.

The following chart created by the University of Buffalo Center for Social Research demonstrates how a person may experience re-traumatization:

WHAT HURTS?

SYSTEM **(Policies, Procedures, "The Way Things Are Done")**	**RELATIONSHIP** **(Power, Control, Subversiveness)**
Having to continually re-tell their story.	Not being seen/heard.
Being treated as a number.	Violating trust.
Procedures that require disrobing.	Failure to ensure emotional safety.
Being seen as their label. (i.e., addict, schizophrenic)	Non-collaborative
No Choice in service or treatment.	Does things for rather than with.
No opportunity to give feedback about their experience with the service delivery.	Use of punitive treatment, coercive practices and oppressive language.

Some Special Considerations Nursing Homes Need to Address

Nursing homes implementing the CMS Requirements of Participation Phase 3 must take into consideration some special issues. They include:

- Major Neurocognitive Disorders/Dementia
- Physicians and Contracted Health Professionals
- Relationship to Person-Centered/Person-Directed Care
- Behavioral Health Resources
- Implications for Short and Long-Stay Residents
- Staff and Trauma-Informed Care
- Families and Trauma
- Policies and Procedures

Major Neurocognitive Disorders/Dementia

According to an article by T. Scott Janssen that was published in Social Work Today, people who experience post-traumatic stress may be at greater risk for developing dementia and delayed onset PTSD. The resulting intersections of trauma and dementia are made more complicated when an individual is placed in a nursing home. These complications include:

- Facing the challenges and losses that accompany entrance into a new and unfamiliar care environment.
- Obtaining an accurate personal history.
- Behaviors associated with dementia often resemble post-traumatic stress.
- Cognitive impairment often magnifies the frightening memories connected to trauma.

Physicians and Contracted Health Professionals

Nursing home residents receive healthcare services from providers who are not part of the nursing home's staff but are often contractual. Consequently, the nursing home should make every effort to ensure that contracted healthcare providers are participating in the organization's trauma-informed care effort. The nursing home can take the following suggested steps regarding outside healthcare providers:

- Include specific expectations regarding trauma-informed care in written agreements.
- Conduct ongoing evaluations of contracted providers that include trauma-informed practice.
- Provide and document basic trauma-informed care education and training for all healthcare providers associated with the nursing home.
- Connect outside healthcare providers with professional associations that provide information and resources specific to their area of healthcare, i.e., American Physical Therapy Association.
- Verify that all healthcare providers are familiar with and use universal trauma precautions.
- Implement documentation process that ensures that trauma histories taken by nursing home staff or other healthcare providers are shared.

Relationship to Person-Centered/Person-Directed Care

The individual is king/queen when it comes to person-centered care values and their individual care needs should shape the care they receive-their choices and their priorities from food to respecting their end-of -life wishes. Trauma-informed care emphasizes these six principles:

- Safety
- Trustworthiness and transparency
- Peer Support
- Collaboration and mutuality
- Empowerment, voice, and choice
- Cultural, historical, and gender issues

Behavioral Health Resources

Creating trauma-informed organizations will be the focus of most nursing homes-not providing trauma-specific treatment. So, it will be necessary for the nursing home to identify resources in the community that it can refer residents to for trauma-specific treatment.

A high priority concern when implementing trauma-informed care should be creating a list of organizations and practitioners who can provide trauma-specific treatment.

Implications for Short and Long-Stay Residents

Nursing homes care for both short-stay and long-stay residents. From the perspective of implementing a trauma-informed care, an organization should be aware that there will be both similarities and differences in how they work with these two types of residents. However, all situations require a trauma-informed organization to treat individuals in ways that promote safety, empowerment, transparency, and respect.

Staff and Trauma-Informed Care

As trauma-informed care is implemented, nursing homes should make sure that there are resources available for staff members who may have experienced traumatic events.

The focus on trauma-informed care in the CMS Requirements of Participation for nursing homes raises overall awareness that trauma is widespread across all segments of the population including staff members. Some have experienced life challenging events and have received trauma-specific treatment and they have learned what works best for them in coping with and healing from the long-term effects of trauma. If these individuals are willing to make their experiences known, they may be good resources for the organization as it develops its trauma-informed care.

Still others may acknowledge things like a difficult childhood or other bad experiences and others may be currently living in situations of ongoing trauma. Some staff members may not be aware of how trauma has or is affecting them, nor what might trigger their own re-traumatization. It is also recognized that working in a nursing home is at times stressful, and staff members frequently face challenging traumatic experiences that can involve violence, assault, disaster, and other things. These traumatic incidents may spark a traumatic stress response from a staff member's prior life experience.

Consequently, training in trauma-informed care should involve care and sensitivity. Staff members should be made aware and understand about the difficulty of the subject matter, and they should do what they need to do in order to feel safe and grounded.

Families and Trauma

Families, just like individuals, experience trauma differently depending upon the specific characteristics and make-up of the family. Families of nursing home residents vary based upon cultural and relational aspects- some display a close relationship with the resident and others may be distant and have only occasional contact. The organization's trauma-informed care attitude should be extended to all family members of the nursing home's residents. It starts with having communication that is open, transparent, and respectful.

Communication with families that emphasizes the organization's practice of trauma-informed care may be beneficial in several ways. One way is that it allows family members to share their experience regarding the resident's trauma history, and it provides assurance to family members about the organization's emphasis on safety, dignity, collaboration, and respect.

Policies and Procedures

Building a successful trauma-informed organizational culture requires the inclusion of trauma-informed care into the organization's policies and procedures from the development through to the implementation. To ensure success, trauma-informed principles and practices should be woven carefully throughout the organization's policies and procedures. A 2019 publication by LeadingAGE Maryland titled, "Implementing Trauma-Informed Care: A Guidebook" suggests that "leaders need to ensure that all relevant policies and procedures reflect the organization's trauma-informed principles and practices" and pay particular attention to the following:

Human Resources

- Background screening
- New staff orientation
- Training - staff and supervisors
- Support for supervisors to coach employee performance using a trauma-informed lens
- Performance review documentation and process
- Employee development plans including progressive discipline
- Grievance and other conflict resolution models and practices
- Employee Assistance Program
- Temporary or agency staff
- Contracted health professionals

Environmental Services

- Safety
- Privacy
- Security

Care Planning

- Assessments
- Person-Centered care planning
- Mood and behavior policies
- Specialist referrals
- Discharge planning

Abuse and Reporting

Quality Assurance and Performance Improvement

Financial and Budget Policies

Communications

- With employees
- With residents
- With families
- With others - volunteers, stakeholders, vendors, and contractors.

Elder Suicide and Suicide Ideation Deserves Special Consideration

The trauma that accompanies elder suicide and suicide ideation makes it an important consideration in developing a nursing home's trauma-informed care environment. To address this concern, Med-Net has been developing a multi-faceted program that will not only raise awareness about this increasing problem but provide resources and training to facilitate a nursing home in creating an environment of hope for tomorrow through this elder centered care program.

As part of the current emphasis on trauma-informed care, Med-Net staff are developing an Elder Suicide Tool-Kit for Long-Term Care Centers that will be available without charge. Information on how to obtain the tool-kit will be forthcoming.

"Administrators - Avoid Fraud Concerns by Taking NAB Approved Courses Offered by Med-Net Compliance"

Jo Ann Halberstadter, Esq

ADMINISTRATORS TAKE NOTE

Med-Net Compliance, LLC now offers two series of fraud modules with NAB/NCERS CEs on our website. Modules 1-8 offers 3 NAB CEs and modules 9-16 offer 3.75 CEs. All modules provide education on fraud, waste and abuse prevention and offer a combined total of 6.75 CEs for successful completion.

To review the NAB Approved courses visit our website:
https://www.mednetcompliance.com/med-net-academy/nab-approved-courses/

All 16 courses on fraud, waste and abuse were developed by Betty Frandsen, our Vice President of Professional Development and her staff.

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