Trauma Informed Care: Implications For The Future

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Objectives

- Gain an understanding of what constitutes Trauma Informed Care (TIC), what trauma is and the basic principles of TIC and implementation domains
- Gain an understanding of the proposed CMS regulations for implementing TIC
- Gain knowledge related to cultural competence in TIC
What is Trauma Informed Care?

Trauma Informed Care…

• Is the way an organization structures itself and develops a treatment framework that reflects an understanding, recognition and response to the effects of all types of trauma.

• Emphasizes physical, psychological and emotional safety for both residents and providers, and helps survivors rebuild a sense of control and empowerment.

• Includes an awareness of a patient’s history of traumatic events (psychological and physical) that can influence how the resident relates to their care setting, care givers and treatment plan. It also includes environmental and interpersonal approaches that consider the effects of trauma on the resident.
Why Is It Important?

- Trauma transcends all age, gender socioeconomic, race and ethnic boundaries
- It is a widespread, harmful and costly *public health* problem
- The effects of trauma place heavy burdens on individuals, families and communities
- Unaddressed trauma significantly increases the risk of substance use disorders, mental health issues and chronic physical disease
- It also interferes with successful rehabilitation and treatment in extended care facilities
Types of Trauma

Psychological Trauma:

- Direct personal experience of an event that involves actual or threatened death or serious injury; threat to one's physical self
- Witnessing an event that involves threat of death, injury to self or others
- Learning about unexpected or violent death, serious harm, or threat of death, or injury experienced by a family member or friend/associate
Psychological Trauma can:

- Include both physical and psychological events
- Overwhelms the person’s ability to cope with their environment in the immediate present
- Occur immediately and over time
- Cause long lasting impairment in functioning and lead to serious consequences; mental, physical and emotional
- Have varying effects based on the individual
Types of Trauma

Physical Trauma:

• Serious injury to the body:
  • **Blunt force trauma** - The body is struck with an object or force, causing concussions, lacerations or fractures
  • **Penetrating trauma** - An object pierces the skin or body, usually creating an open wound.

• Can also include sexual assault, wounds from natural disasters, wars, terrorism, etc.
Examples of Trauma

**Psychological**
- Verbal abuse
- Abandonment
- Domestic violence-actual victim or witness
- Bullying
- Homelessness
- Substance abuse in family
- Natural disasters-fire, floods

**Physical**
- Life threatening medical conditions
- Sexual assault, rape, human trafficking
- Physical assault - actual victim or witness
- Effects from natural disasters, war or terrorism
- Surgery or other invasive medical procedures
The Six Principles of Trauma Informed Care

The Principles

• Safety
• Trustworthiness and Transparency
• Peer Support
• Collaboration and Mutuality
• Empowerment, Voice and Choice
• Cultural, Historical and Gender Issues
The 10 Implementation Domains

• Governance and Leadership
• Policy
• Physical Environment
• Engagement and Involvement
• Cross Sector Collaboration
• Screening, Assessment, and Treatment Services
• Training/Workforce
• Progress Monitoring – Quality Assurance
• Financing
• Evaluation
§ 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)]
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), [ § 483.40(a)(1) will be implemented beginning November 28, 2019 (Phase 3)]
§ 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 (as linked to history of trauma and/or posttraumatic stress disorder, will be implemented beginning November 28, 2019);
Action Steps/
Getting Started

• Educate your facility about TIC
• Conduct a Facility Self-Assessment
• Identify Training Needs/Develop Training
• Modify Policy/Procedures
• Implement Trauma Informed Practices
• Evaluate Your Progress
## Evaluation/What to Assess

<table>
<thead>
<tr>
<th>Safety</th>
<th>Do they feel physically/emotionally safe?</th>
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<tbody>
<tr>
<td>Trustworthiness</td>
<td>Do they trust the employees? Do they do what they say they are going to do? Do they interact respectfully and professionally?</td>
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<tr>
<td>Choice</td>
<td>Does the resident have an active voice in their plan of care? Does staff listen to their concerns? Do residents have control over the kinds of services they receive?</td>
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<tr>
<td>Collaboration</td>
<td>Can residents make decisions about their care plan?</td>
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<tr>
<td>Empowerment</td>
<td>Does the staff consider what residents want to accomplish and work with them? Does the facility help residents learn new skills and recognize your strengths and challenges?</td>
</tr>
<tr>
<td>Cultural, Historical, Gender, Trauma</td>
<td>Does the staff explain why they ask residents about difficult experiences in their lives? Is the staff sensitive while asking about frightening experiences?</td>
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Culturally Competent

• The ability to interact effectively with people of different cultures.
• Goes beyond race/ethnicity
  • Age, gender, sexual orientation, disability, religion, income level, education, geographical location, profession
• Goes beyond: respect/awareness/knowledge of cultural needs
• More than knowledge of customs/values of those different from you
Interpretive Guidelines

Appropriate treatment and services for psychosocial adjustment difficulties may include providing residents with opportunities for self-governance; systematic orientation programs; arrangements to keep residents in touch with their communities, cultural heritage, former lifestyle, and religious practices; and maintaining contact with friends and family.

Appropriate treatment for mental adjustment difficulties may include crisis intervention services; individual, group or family psychotherapy, drug therapy and training in monitoring of drug therapy and other rehabilitative services. (See § 483.24.)
Trauma Informed Approach: Final Thoughts

- Realize/recognize trauma
- Respond with respect/insight
- Give the resident/family/staff a voice
- Create a safe place
- Empower
- Transparency


4. State Operational Manual, Appendix PP, Rev. 157, 06-10-16

Thank You!

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