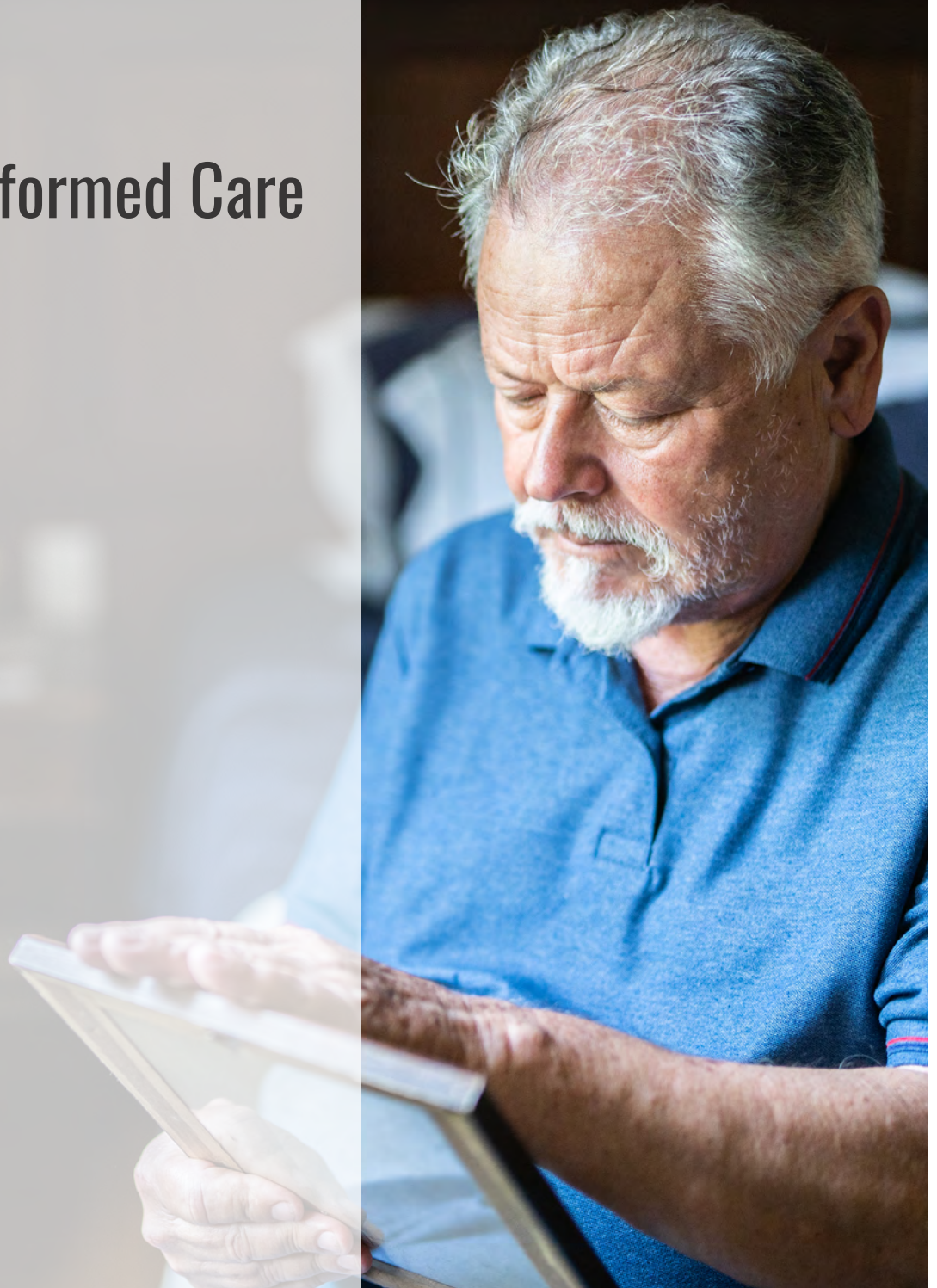


EGUIDE

Trauma-Informed Care



EGUIDE

Trauma-Informed Care

Table of **CONTENTS**

- 3 **What You'll Learn**
- 4 **What Is TIC and How Does It Work?**
- 6 **Guiding Principles and TIC Tips**
- 7 **What are Surveyors Looking For?**
- 9 **Driving a Cultural Shift**

What You'll Learn

It's been over three years since the Centers for Medicare & Medicaid Services (CMS) started implementation of the final phase of the trauma-informed care (TIC) provision for post-acute and long-term care facilities. Specifically, the provision states that facilities "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."

While CMS has offered some basic definitions, concepts, and principles for facilities to use, there is still some confusion about how to manage and document TIC, which is causing uncertainty for providers and their teams. This guide will provide best practices to help ensure your facility delivers care and services that address the needs of trauma survivors by meeting professional standards, using approaches that are culturally competent and accounting for resident experiences and preferences.

What Is TIC and How Does It Work?

According to CMS, TIC is an “approach to delivering care that involves:

1. Understanding, recognizing, and responding to the effects of all types of trauma;
2. Recognizing the widespread impact and signs and symptoms of trauma in residents; and,
3. Avoiding re-traumatization.”

Trauma survivors include:



Military veterans



Disaster or abuse survivors

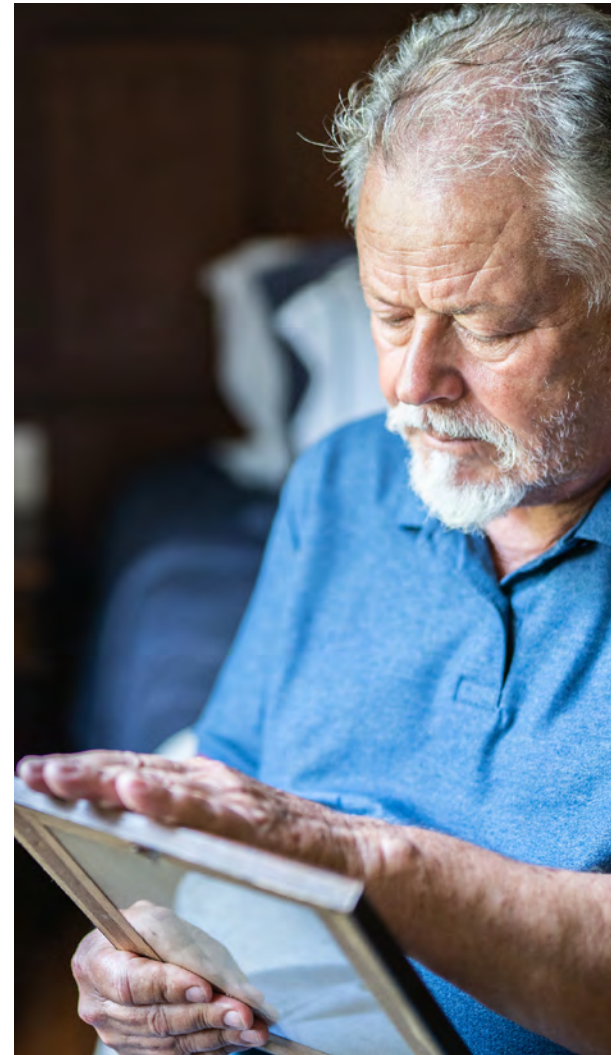


Individuals with a history or homelessness or imprisonment



Those who have experienced the traumatic loss of a loved one

Facilities must identify triggers that may re-traumatize residents who have a history of trauma. CMS defines a trigger as a “psychological stimulus that prompts recall of a previous traumatic event, even if the stimulus itself is not traumatic or frightening.” While triggers are unique to each individual, some common ones include sights, sounds, smells, and touch. For instance, someone who is a survivor of a sexual assault may be triggered by the smell of certain aftershave or soap.



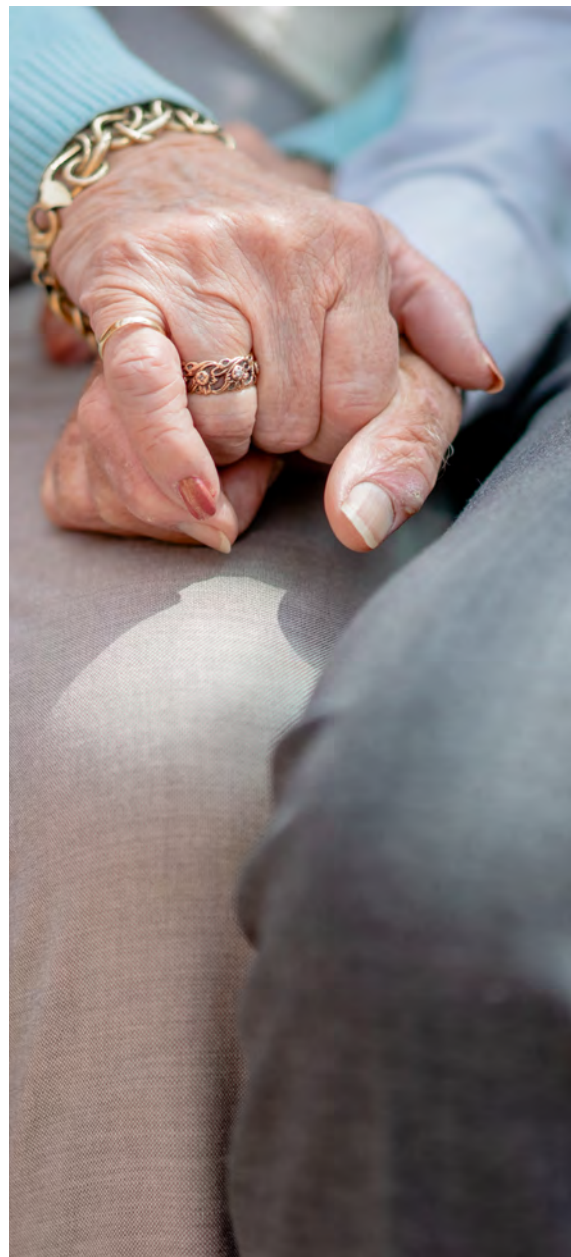
TIC really isn't new, and approximately 70% of adults in the U.S. have experienced a traumatic event. As Marguerite McLaughlin, director of education and transformation at Healthcentric Advisors, noted, "We have addressed this over the years, such as with residents who are holocaust survivors. However, while we were used to focusing on these kinds of dynamic and huge traumas, there's been less attention on other trauma-related experiences people have gone through."

Guiding Principles and TIC Tips

There are six guiding principles for TIC:

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment and choice
6. Cultural, historical, and gender issues

"We have to make sure we're not triggering people and that we provide comfort and safety. Staff do this by building relationships with residents, helping them feel secure, creating community, and making sure that they have an opportunity to have close friends, even if that means a lunch table or a good relationship with their roommate," said McLaughlin. "We also have to ensure that residents have a place to speak up and voice their excitement, dreams, fears, concerns, etc. That is why building community starting on day one is so important. The social worker can play a big part and be that voice." McLaughlin further noted that residents who come to our facilities need to see them as places where they feel safe.



Some tips for effective TIC include:



- **Having a huddle when a new resident is admitted.** McLaughlin said, “When you do this, you can get everyone on board at the same time, and they get a rundown on the best ways to offer care and comfort that residents need without re-traumatizing them.”



- **Train, train, and train some more.** “One misstep is not training staff enough on trauma-informed care or assuming that they understand trauma. Training and education should be more than just an annual event or a part of onboarding,” McLaughlin said. Instead, it should be built into the culture by using daily events as teaching moments – what we call “just-in-time” training. Training should include interactive elements such as role playing and case studies. “These kinds of things can make a difference and be eye-openers for staff,” she suggested.



- **Realize that residents may not talk freely about trauma.** “Some of our older residents aren’t verbose about things that have happened in their lives. They don’t want to talk about it or they’ve learned to dismiss it,” McLaughlin said. “Acknowledge there is an issue and that it may be important to talk about. Encourage them to get help and let them know support is available. Make sure residents feel comfortable and know the facility has taken efforts so they won’t be triggered or re-traumatized.” And while we shouldn’t badger people, it is useful to check in with the individual and revisit the issue.



- **Don’t forget to protect staff.** Create a culture where team members can talk about what they are thinking and feeling. People should be able to express how TIC is affecting them without fear of being judged or penalized. They should have an opportunity to switch out of a role that is a problem to them.

What are Surveyors Looking For?

Facilities need to be prepared for surveyors to address TIC. Karen McDonald, BSN, RN, vice president and chief clinical officer at Mission Health in Tampa, FL, suggested a few tips:



- **Have policies that detail what you expect to do and procedures on how to do them.** Identify trauma survivors so the team knows who they are. Residents should be assessed on admission and quarterly, and these efforts should be documented, including follow up on what initiatives were put in place to manage traumas or prevent re-traumatization.
- **Build a relationship with residents.** This may be necessary before they are comfortable enough to talk about trauma, said Beth Gifford, director of social services and behavioral health at Mission Health Communities in Tampa, FL. Document in the records when and how conversations occur and what, if any, follow-up or action was taken.
- **Initiate regular training.** This isn't one-and-done. Instead, these trainings should be held regularly and go through the basics. Everyone should get the training and support they need to be effective and comfortable. Keep a record of when and how staff are trained.

- **Hold regular meetings.** Use these opportunities to discuss TIC and culturally-competent care and address any questions or concerns team members have, Gifford suggested.
- **Build a collection of educational materials.** McDonald said, “We put a guideline in our clinical protocols that includes examples and addresses special needs such as sign language.” She added, “We have an assessment process that automatically triggers care planning. And we communicate to CNAs about things they should or shouldn’t do – such as not serving certain foods or always leaving a light on.”

“We need to brainstorm ways to know if someone is triggered and how to get this information out to staff. For instance, we can create tasks such leaving the door open, preventing loud noises, or not startling residents,” said Gifford. She added, “We need to circle around and look at things like survey activities. We need to make sure assessments and monitoring efforts are done and documented.”



Driving a Cultural Shift

Having strong training, policies and procedures, processes, and communication will help ensure effective, appropriate TIC; and it will take some of the guesswork and emotion out of the equation. As McDonald noted, “What is traumatizing to me may not be considered a trauma by someone else. It’s all about the individual, their experiences, and how their brain is wired. We can’t make assumptions or generalizations.” This means individualized plans built from consistent information, assessments, and processes.

Ultimately, said McLaughlin, “By putting trauma informed care in the requirements, it was an intentional way for CMS to change the culture. There is potential harm caused by good-hearted people who unintentionally put residents in situations where they are re-traumatized.” By practicing TIC, care teams can have more positive interactions with residents and feel more confident that they are contributing to their safety and comfort.

Creating a trauma-informed culture will take time, McLaughlin stressed. She said, “Initially, people will find themselves checking the boxes, but they will quickly realize they need to do more. You can make this part of QAPI and say: This is what we think we’re doing. Let’s look at it and see what we need to change, do differently, and improve.”

“In the end, TIC is like a universal precaution. Rather than just asking about trauma, let’s make it a starting point.”

— Marguerite McLaughlin,
director of education and
transformation at
Healthcentric Advisors

PharMerica’s comprehensive library of digital handbooks and resources offers dedicated long-term care professionals, including caregivers and nurses, expert recommendations and practical strategies for the most pressing issues in skilled nursing. Join our community to get direct access to all our resources through our Illuminate Thought Leadership Program: pharmerica.com/illuminate.