



Behavioral Healthcare in Long Term Care

Jeffrey Gold, Ph.D.
57 Grant Drive
Holland, PA 18966-2336
P: 215-479-6439 F: 866-854-5355
JGold@GoldenwoodServices.com
www.GoldenwoodServices.com

Trauma Informed Care

Trauma is a broad category of events with lasting physical, emotional and/or life threatening effects, even those having occurred decades ago.

483.25(m): “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.”

§483.40 (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 (b) Based on the comprehensive assessment of a resident, the facility must ensure that (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 obtain the highest practicable mental and psychosocial well-being (as linked to history of trauma and/or post-traumatic stress disorder).

- F-659 qualified persons
- F-699 trauma informed care (effective 11/28/2019)
- F-741 sufficient competent staff, behavioral health needs
- F-740 behavioral health services
- F-742 treatment/services for mental-psychosocial concerns
- F-743 no pattern of behavioral difficulties unless unavoidable

Preparatory steps to provide trauma-informed care:

- Be familiar with the Behavioral and Emotional Status Element Pathway that surveyors use to determine if your facility is providing necessary behavioral, mental, and/or emotional healthcare services to each resident.
- Recognize and understand trauma and impact on functioning.
- Educate facility staff about trauma-informed care.
- Conduct a facility self-assessment.
- Create an environment that is emotionally and physically safe.
- Identify who will be the designated person(s) to assess for trauma history.
- Identify which staff person(s) should be notified if a resident is exposed to a traumatic event during their stay.
- Identify staff training needs and develop training surrounding trauma-informed care.
- Implement trauma-informed practices and policies.
- Ensure you have a behavioral health provider with training and experience in recognizing and treating trauma who can provide consultation and psychological services for residents whom a trauma history has been identified.

Examples of Traumatic Events

- Sexual abuse
- Physical abuse
- Emotional abuse
- Bad childhood, spouse was abusive, bad memories
- Adult Protective Services involvement
- Death of a loved one, especially by suicide or homicide
- Seeing someone seriously injured or killed
- Serious accident (injury, car, bus, train, MVA accident)
- Fire, explosion
- Victim of violent threat or attack, robbery, crime
- Military/combat experience
- Medical events (fall, delirium, surgery complication, heart attack)
- Natural disaster (tornado, flood, earthquake)
- Toxic exposure
- History of Post-Traumatic Stress Disorder (PTSD) diagnosis

Review hospital and admission records.

Assessment Tools:

- PC-PTSD-5
- TSQ
- Life Events Checklist (LEC-5)
- PCL-5

Remember during interview and during care:

- Inquire at admission regarding trauma and how it impacts interactions
- Listen for statements about what the resident experienced, witnessed, learned about someone close to them
- Listen about bad childhood, spouse abuse, nightmares, memories or other possible traumatic events
- Recognize symptoms of trauma
- Notice avoidant behaviors
- They may never have told anyone before
- They may want it kept confidential; reassure privacy (except suicidal plan)
- Deliriums can lead to re-experience trauma or symptoms
- Watch cognitive function, impairment, emotion
- Respond with empathy, respect
- Be factual and supportive, calm voice
- Respect personal space, avoid touch
- Be aware of tone, volume of your voice
- Be aware of your own affect
- Allow resident to control the process
- Allow time to relax and help with calming
- Be focused on only necessary information
- Assure they are not alone; trauma is more recognized today than in the past
- Offer empathy, supportive listening and paraphrase; you believe them
- Reassure their safety
- Encourage them to reach out to staff for help
- Thank them, appreciate their trust
- Avoid approaching from behind; prevent startle

During care, in addition to the above:

- Care plan awareness of triggers and responses
- Honor method of bathing/showering and preferred staff, time, etc.
- Keep resident aware of major changes, appointments
- Knock on the door, announce yourself when entering
- Assign resident to an appropriate room, ie quiet area, or near staff
- Monitor environmental factors and schedules to prevent trigger
- Make referral as needed to behavioral health provider, psychologist, to assist and treat

Examples of Triggers, Causes or Exacerbating Situations:

- Admission to unfamiliar environment (LTC)
- Lack of control, choices
- Loud or unpredictable noises
- Strangers including roommate, peers, staff, visitors
- Skin assessments
- Showering and care
- Noisy televisions, PA, inability to control choice or volume
- Others' difficult behaviors
- Delirium
- High activity, shift change
- Startled by approach from behind or unexpected entry into room
- Medical diagnosis
- End of life care

Symptoms of Trauma:

- Recurring thoughts about the event, memories, re-living
- Sleep difficulties, nightmares
- Changes in appetite
- Anxiety, fear, restless
- Anger, irritable
- Sad, depressed, lethargy
- Memory problems
- Poor focus, decision making
- Emotional numbness, withdrawal, detachment
- Avoid activities, places or people who may trigger memories
- Stress related chronic health problems
- Poor physical, psychological functioning
- Avoidant behaviors to prevent triggers
- Hypervigilant, on guard, watchful, easily startled
- Blaming self