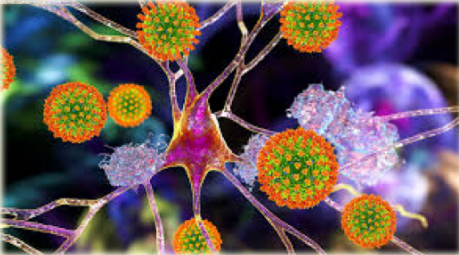




WHAT IS TRAUMA?

Trauma can be defined as a psychological, emotional response to an event or an experience that is deeply distressing or disturbing.

2019 Coronavirus Pandemic



What was Traumatic about COVID-19?

- Fear of life-threatening illness
- Being separated from friends and family
- Giving up your customary routine for an indefinite period of time
- Unable to work or travel
- Financial instability
- Loneliness – the most significant impact

Emotional Impact of the Experience of Lockdown by COVID-19

- Participants described experiencing contradictory feelings during the pandemic, particularly in relation to illness and death, and to changes in routine.
- Residents emphasized the importance of feeling busy and the role of religious beliefs while they coped with lockdown.

Source: Crego-Martin A, Palacios-Celis D, Herrera-Heras E, Garcia-Rodriguez J, Fernandez-Gomez G, Pires-Corralles J. Emotional Impact and Perception of Support in Nursing Home Residents during the COVID-19 Lockdown: A Qualitative Study. *Int J Environ Res Public Health*. 2022 Nov 21;19(23):15712. doi: 10.3390/ijerph192315712. PMID: 3649736; PMCID: PMC9518792

Contradictory Feelings

- The residents described feeling sad, overwhelmed, and anxious during lockdown.
- Some residents chose to hide these feelings from their peers, family members, and nursing home professionals.
- Participants felt joy to talk to people and described a sense of calm in knowing that virus containment measures were working.
- Other residents were not afraid of the disease, nor of death.
- Residents thought about the possibility of becoming sick or even dying.

The Importance of Routine

- Residents felt frustrated by the interruption to their routine.
- Participants noted the loss of interaction with other residents, the loss of freedom of movement due to lockdown, and the prohibition of visits from their families as contributing to their feelings of sadness and frustration.
- They all wished to regain their previous routines, their pre-pandemic “normalcy”, which they associated with happiness and joy.

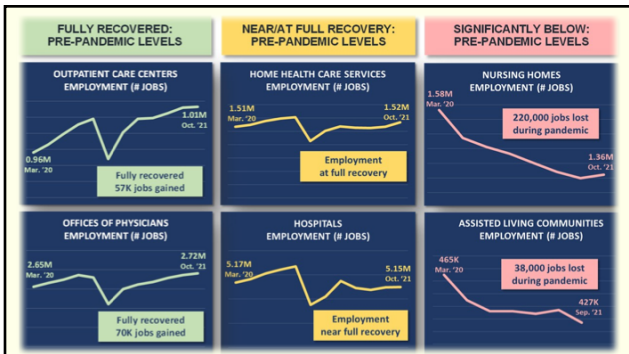
The Importance of Routine

- “Routine makes you happy and you want to get it back”;
- “Without my daily activities I was broken, I missed it a lot. The pandemic changes many things”;
- “I thought I was dying in there and at first, I thought it was going to be 2–3 days, but I watched the days go by with resignation and I got used to it, but it was horrible. For me, **the freedom to move and relate to others** is the most valuable thing a human being has and that was taken away from us”.

REPORT: Nursing Homes Down 221,000 Jobs Since Start of Pandemic

- The American Health Care Association and National Center for Assisted Living (AHCA/NCAL) released a report showing long term facilities are suffering from the worst labor crisis and job loss than any other health care sector.
- Nursing homes alone have seen its industry’s employment level drop by 14 percent or 221,000 jobs since the beginning of the pandemic.

Source: <https://www.ahcanal.org/News-and-Communications/Press-Releases/Pages/REPORT-Nursing-Homes-Down-221,000-Jobs-Since-Start-Of-Pandemic.aspx>



Compassion Fatigue

Compassion fatigue is a condition characterized by emotional and physical exhaustion leading to a diminished ability to empathize or feel compassion for others, often described as the *negative cost of caring*. It is sometimes referred to as *secondary traumatic stress*.



Stress and Coping

- The outbreak of coronavirus disease 2019 (COVID-19) may be stressful for people.
- Fear and anxiety about a disease can be overwhelming and cause strong emotions in adults and children.
- **Everyone reacts differently to stressful situations.** How you respond to the outbreak can depend on your background, the things that make you different from other people, and the community you live in.

<https://www.cdc.gov/coronavirus/2019-ncov/psychological-impact.html>

F699 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.

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.

**F740-F744
Behavioral Health**

- 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**

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 diagnoses of the facility's resident population.

**F741
Behavioral Health**

- These competencies and skills sets include, but are not limited to, **knowledge of and appropriate training and supervision** for:
 - 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.
 - Implementing **non-pharmacological interventions**.

**F741
Behavioral Health**

Sufficient Staff to Provide Behavioral Health Care and Services

The facility must address in its **facility assessment** the behavioral health needs that can be met and the **numbers and types of staff** needed to meet these needs.

**F742
Behavioral Health**

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

- Upon admission, residents assessed or diagnosed with a mental or psychosocial adjustment difficulty or a history of trauma and/or post-traumatic 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**

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 interaction and/or increased withdrawn, angry, or depressive behaviors, unless the resident's clinical condition demonstrates that development of such a pattern was **unavoidable**.

**F744
Behavioral Health**

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.

Understanding Transfer Trauma

- **Transfer trauma** is a term used to describe a state of anxiety or stress that a person may experience when being moved from one environment to another.
- It's common for people in the early stages of dementia moving from their lifelong home into a new environment to not understand why.



Symptoms Associated with Transfer Trauma

Transfer trauma, also known as **relocation stress syndrome**, includes a cluster of symptoms that occur in a senior after moving. The mood, behavior and physiological symptoms include:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Sadness • Anger • Irritability • Depression • Anxiety • Confusion • Combativeness • Screaming • Complaining | <ul style="list-style-type: none"> • Wandering • Withdrawal • Refusing care • Poor appetite • Weight loss/gain • Increased coping through bad habits • Indigestion • Nausea • Sudden onset of irritable bowel syndrome |
|---|---|

https://www.carepatrol.com/blog/What-Is-Transfer-Trauma-And-How-To-Avoid-It_AE315.html

Who Is At Risk For Relocation Stress Syndrome?

- Any older adult can experience transfer trauma when moving.
- Transfer trauma is centered around the loss of control and choice producing fear.
- The risk increases for people with dementia because they have a hard time taking in the new information, and are not able to actively participate in the decision making process.
- Seniors that do not have dementia but have severe physical issues that force a move are also at risk.



How Transfer Trauma Affects Dementia

- Transfer trauma can exacerbate the symptoms of dementia.
- For patients already struggling with memory loss and physical deterioration, moving to an entirely new place can be stressful.
- This is especially true if the senior wasn't entirely aware that the move was taking place or wasn't able to be involved in the decision-making process.

Complications of Transfer Trauma

- Increased elopement risk.
- Over an extended period of time, the risk for isolation and depression, anxiety, resistance to care, and similar behavior disturbances increases.
- The common option to use psychotropic drug therapies in addressing behavior disturbances may produce many side effects.

<https://www.crisisprevention.com/blog/transfer-trauma-dementia>

**PASARR
Federal Regulations**

- The Level I PASARR SCREEN must be completed prior to admission to a RHCF for **every** person.
 - **Exception:** MD indicates a stay of **less than 30 days**. At day 31, Level I Screen will have to be completed if resident is still in the facility at that time.
- As soon as a person has been **newly diagnosed** with a mental illness and/or intellectual/developmental disability.
- Upon significant change.

**PASARR
F645 Coordination**

- Incorporating the recommendations from the PASARR Level II determination and the PASARR evaluation report into a resident’s assessment, care planning, and transitions of care.
- Referring **all Level II residents** and **all residents with newly evident or possible serious** mental disorder, intellectual disability, or a related condition for Level II resident review upon a **significant change** in status assessment.

**F646
PASARR - Significant Change**

A nursing facility must notify the state mental health authority or state intellectual disability authority, as applicable, promptly after a **significant change in the mental or physical** condition of a resident who has mental illness or intellectual disability for resident review.

**F646
PASARR - Significant Change**

- “Significant Change” is a major decline or improvement in a resident’s status that:
1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; the decline is not considered “self-limiting”
 - (NOTE: self-limiting is when the condition will normally resolve itself without further intervention or by staff implementing standard clinical interventions to resolve the condition.);
 2. Impacts more than one area of the resident’s health status; and
 3. Requires interdisciplinary review and/or revision of the care plan.

A Changing Demographic



The growing elderly population will be a major determining force in the next century for the demand and supply of health services and, therefore, for the type of resources needed to provide those services.

**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;
 - The results of the facility assessment must be used, in part, to establish and update the IPCP, its policies and/or protocols to include a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for residents, staff, and visitors
- **Note:** a community-based risk assessment should include review for risk of infections (e.g., Multidrug-resistant organisms- MDROs) and communicable diseases such as COVID-19, tuberculosis, and influenza.

What does trauma-informed care look like?

The first step is to recognize how common trauma is, and to understand that every patient may have experienced serious trauma. We don't necessarily need to question people about their experiences; rather, we should just assume that they may have this history, and act accordingly.

<https://www.health.harvard.edu/blog/trauma-informed-care-what-it-is-and-why-its-important-2018101613562>

**SUBSTANCE ABUSE
Assessing Trauma**

Trauma and trauma-related problems are common risks factors in substance abuse.

- About 60% of men and 50% of women experience at least one trauma such as a disaster, war, or a life-threatening assault or accident at some point in their lives.
- Nearly 8% of the population has PTSD in their lifetimes, and PTSD is highly comorbid with other disorders such as panic, phobic, or generalized anxiety disorders; depression; or substance abuse.

A Trauma-informed Approach (The 4 R's)

- Realizes the widespread impact of trauma and understands potential paths for recovery
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices
- Resists re-traumatization

<https://www.integration.samhsa.gov/clinical-practice/trauma-informed>

Re-traumatization What Hurts?

System (Policies, procedures, “the way things are done”)

- Having to continually retell their story
- Being treated as a number
- Procedures that require disrobing
- Being seen as their label (i.e. Addict, schizophrenic)
- No choice in service or treatment
- No opportunity to give feedback about their experience with the service delivery

<http://document.bufile.edu/social-research/2018/05/centra/bufile-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html>

Re-traumatization What Hurts?

Relationship (Power, control, defiance)

- Not being seen/heard
- Violating trust
- Failure to ensure emotional safety
- Non-collaborative
- Does things **for** rather than **with**
- Use of punitive treatment, coercive practices and oppressive language

<http://bookend.buffalo.edu/quest/research/trauma-center/training-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html>

The Five Principles of Trauma-Informed Care

- Safety
- Choice
- Collaboration
- Empowerment
- Trustworthiness

Ensuring that the physical and emotional safety of an individual is addressed is the first **important** step to providing **Trauma-Informed Care**.

<http://bookend.buffalo.edu/quest/research/trauma-center/training-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html>

What is Post-traumatic Stress Disorder (PTSD)?

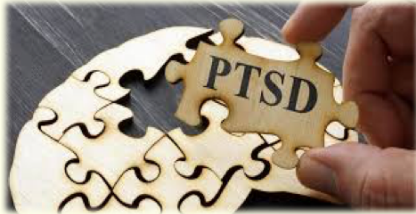
Post-traumatic Stress Disorder (PTSD) is a mental health problem that some people develop after experiencing or witnessing a life-threatening event.

What Can Cause PTSD?

- 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; or
- Terrorist attacks

What are the symptoms of PTSD?

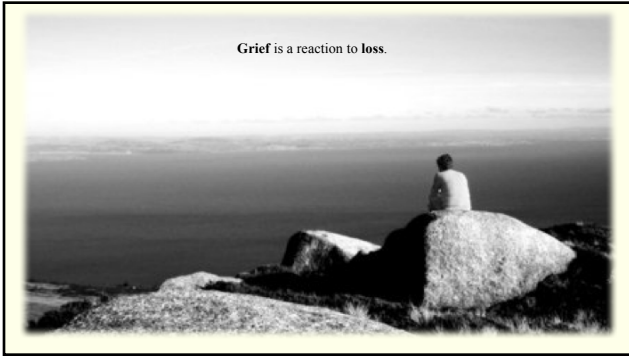
- Reliving the event
- Avoiding things that remind you of the event
- Having more negative thoughts and feelings than before
- Feeling on edge



The Relationship Between Trauma and Grief

Trauma is an event.

- It can be any event that causes psychological, physical, emotional or mental harm; such as a death or abuse.
- A traumatic event could also be called a loss event. If someone dies, that's a loss. If someone was abused, that too is a loss. A loss of trust.
- The result of a traumatic event is **grief**.

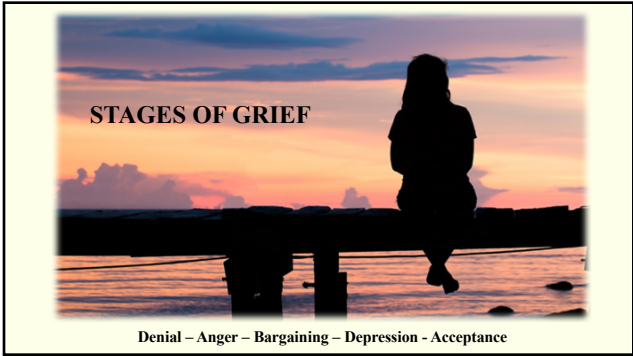


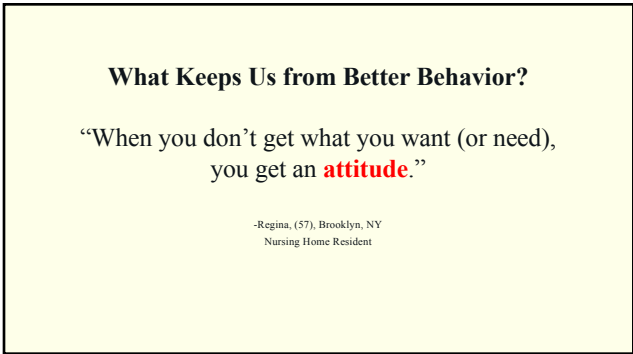
GRIEF AND LOSS OF ROLE

- Role loss is not just missing that something or someone, it also means missing our relationship to that something or someone.
 - For example, I don't just miss my wife who died last year, I also miss being a part of a couple, a husband, the other half.
- With this in mind, grief becomes a much larger arena.
 - We grieve not being a helpful leader at work, not being able to support the new hire, and not being able to throw that work birthday party with the cookies that everyone likes.

Moral Injury

- In traumatic or unusually stressful circumstances, people may perpetrate, fail to prevent, or witness events that contradict deeply held moral beliefs and expectations
- When someone does something that goes against their beliefs.
- **Moral injury** is the distressing psychological, behavioral, social, and sometimes spiritual aftermath of exposure to such events







**Psychosocial Impact of COVID-19
Nursing Home Restrictions on Visitors**

Findings of a survey published by Frontiers in Psychiatry suggests that many RCF visitors experienced low psychosocial and emotional well-being during the COVID-19 lockdown.

Visitors of residents with cognitive impairment (CI) report significantly poorer well-being as measured by the World Health Organization (WHO) than those without.

**In A Relentless Pandemic, Nursing-Home
Workers Are Worn Down and Stressed Out**

Staff Shortages, Cost Cutting and Relentlessly Bad News Have Taken A Toll
Burnout is stalking the country's nursing homes. Even as the coronavirus peaks yet again, remaining staffers are worn out, often fed up with the companies they work for, and yet many say they are holding on because their patients need them and have no one else to look out for them. Still, never far from their thoughts is the knowledge that they, too, could be felled by the disease.

Source: <https://www.washingtonpost.com/edu/annproject.org/CI/>; https://www.washingtonpost.com/business/2020/12/01/nursing-home-burnout/?hpid=hp&utm_term=.amp

Prevalence Of Mental Illness In Long Term Care

Approximately one-fourth of newly admitted nursing home residents have a mental illness as defined by schizophrenia, bipolar disorder, depression, and anxiety disorder.

Source: Serious Mental Illness and Nursing Home Quality of Care
<http://www.schizophrenia.com/articles/PMH-17088844>




**Mental Illness:
Drug and Alcohol
Dependence**

50 % of individuals diagnosed with severe mental illness are affected by substance abuse.

What is Cultural Competency?

- o Cultural competence is the ability to understand, communicate with and effectively interact with people across cultures.
- o Cultural competence encompasses being aware of one's own world view, developing positive attitudes towards cultural differences, and gaining knowledge of different cultural practices and world views.



Source: <http://www.culturalcompetency.com>

It's All About Relationships



Creating a New Workplace Culture

Cultural intelligence: Understand the demographic issues impacting the social order.

- o As we become a bigger melting pot of ages, races, religions, ethnicities, sexual identities, and cultures, learning about the social and occupational perspectives of a diverse workforce is crucial to avoiding social discord.
- o Offer opportunities to learn about each other, to discover how much we have in common as people, and how similar we are as workers to the people we are caring for.

Creating a New Workplace Culture

Motivation and Morale: What does it take to move beyond the status quo?

- o Motivating staff to remain interested in looking for new and more effective methods of caring may be the most important of all leadership skills.
- o Caring for people who do not want to be or who do not understand why they are in the circumstances they are in can be a thankless profession, no matter your position or responsibilities.
- o Recognizing the need to create opportunities for recognition and rewarding positive, creative input in problem-solving and performance improvement is an effective way to motivate greater interest and pride in the organization's growth and development.

Creating a New Workplace Culture

Behavioral Health: Apply the principles and intent of the Federal regulations for behavior to all persons living and working in the environment.

- o Trauma-Informed Care expects that the facility will acknowledge the responsibility to recognize and address issues of mental health, substance or alcohol use, and post-traumatic stress disorder (PTSD) with programs and services specific to individualized treatment.
- o Whatever mechanisms you are creating to ensure residents receive appropriate care and treatment for psychosocial and behavioral health needs should be applied to the people working in the environment, as well.

Evaluate The Use of Medications

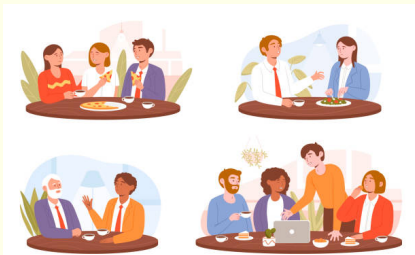
- Drug induced cognitive impairment
 - **Anticholinergic Load.** Anticholinergics are drugs that block the action of acetylcholine. Acetylcholine is a neurotransmitter, or a chemical messenger, that plays a role in motivation, arousal, attention, learning, and memory, and is also involved in promoting REM sleep.
- Medication induced electrolyte disturbance
- Recent medication additions that may alter metabolism of a drug that the person has been taking for a while
- Withdrawal reaction to a recently discontinued medication

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Activities for a New Age

- Diversify therapeutic activity offerings to include education, self-help, and support programs;
- Collaborate with community addiction counseling and support services;
- Promote positive self-esteem through meaningful socialization and therapeutic engagement and productivity;
- Collaborate with community vocational service and support organizations in discharge planning;
- Foster opportunities for volunteerism.

Adult Activity Eating and Talking



Benefit of Conversation

University of Exeter:

"One Social Hour a Week in Dementia Care Improves Lives and Saves Money: Person-centered activities combined with just one hour a week of social interaction can improve quality of life and reduce agitation for people with dementia living in care homes, while saving money."

ScienceDaily, 16 July 2017

Creative, Artistic, and Expressive Therapies for PTSD

- **Expressive Writing:** is a brief intervention that instructs individuals to write about their deepest thoughts and feelings about a stressful event without regard to the structure of the writing
- **Dance and Body Movement Therapies:** propose that one's negative, emotion-laden experiences are represented in the body in the form of tension and pain.
- **Art Therapy:** involves residents using some medium (e.g., painting, drawing, collage) to represent their feelings or emotions related to their trauma;
- **Music Therapy:** engages residents to use music in a variety of ways (e.g., playing music, beating a drum, listening to and sharing songs) to encourage emotional expression in a non-threatening environment.

Creative, Artistic, and Expressive Therapies for PTSD

- **Drama Therapy:** creates safe, playful environments where patients are able to act out anxieties or conflicts due to their trauma
- **Nature Therapy:** involves a set of related activities that utilize a mix of relaxation and creative approaches involving nature.
- **Mindfulness Therapies:** focus primarily on observing one's internal and external states and accepting one's past experiences, so as to better tolerate the distress associated with trauma reminders

Source: Creative, Artistic, and Expressive Therapies for PTSD
By Joshua Snydel, PhD and Jeremy Nohel, MS, MEd

PTSD Assessment Resources and Tools

- US Department of Veteran’s Affairs: National Center for PTSD:
 - <https://www.ptsd.va.gov/professional/assessment/screens/index.asp>
 - [Primary Care PTSD Screen for DSM-5 \(PC-PTSD-5\)](#)
 - [Trauma Screening Questionnaire \(TSQ\)](#)
- American Psychological Association:
 - <https://www.apa.org/ptsd-guideline/assessment/index>
 - Structured Clinical Interview; PTSD Module (SCID PTSD Module)

Dementia Assessment Resources and Tools

- Alzheimer’s Association: www.alz.org
 - Pioneer Network: www.pioneernetwork.org
- Tools:** Sometimes used in addition to the MDS 3.0, Section C - Cognition
- Global Deterioration Scale
 - Dementia Screening Indicator (Barnes, et al.)
 - Geriatric Depression Scale

Mental Health Resources

- National Institute of Mental Health:
 - <https://www.nimh.nih.gov>
- The Mayo Clinic – Mental Health
 - <https://www.mayoclinic.org>
- The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) :
 - <https://www.integration.samhsa.gov>

Substance Use/Addiction Resources

- National Institute on Alcohol Abuse and Alcoholism:
 - <https://www.niaaa.nih.gov/>
- World Health Organization: Management of Substance Abuse
 - https://www.who.int/substance_abuse/publications/alcohol/en/
- The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) :
 - <https://www.integration.samhsa.gov>

**Resources
Intellectual/Developmental Disability**

- The American Association on Intellectual and Developmental Disabilities (AAIDD):
 - <http://www.apdda.org/resources.aspx>
- Administration on Intellectual and Developmental Disabilities (AIDD):
 - www.acl.gov/programs/aidd/index.aspx
- The Arc of the United States – National/State Chapters for Developmental Disabilities :
 - www.thearc.org

**Resources
Traumatic Brain Injury (TBI)**

- Brain Injury Association of America:
 - <https://www.biausa.org/>
- Centers for Disease Control – Traumatic Brain Injury:
 - <https://www.cdc.gov/TraumaticBrainInjury/index.html>

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Creating Meaningful, Satisfying Lives One Person at a Time