**Trauma Informed Care**

**Excerpts from CMS**

**F659**

§483.21(b)(3) Comprehensive Care Plans

The services provided or arranged by the facility, as outlined by the comprehensive care plan, must— (ii) Be provided by qualified persons in accordance with each resident's written plan of care. (iii) Be culturally-competent and trauma–informed.

**F699**

§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.

**F741**

§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

**F742**

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;

**F743**

§483.40(b)(2) 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and/or post- traumatic stress disorder does not display a pattern of decreased social interaction and/or increased withdrawn, angry, or depressive behaviors, unless the resident's clinical condition demonstrates that development of such a pattern was unavoidable;

Inservice Education

**Trauma**

Results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being

**Trauma-informed care**

An approach to delivering care that involves understanding, recognition and response to the effects of all types of trauma. A trauma-informed approach to care delivery recognizes the widespread impact and signs and symptoms of trauma in residents, and incorporates knowledge about trauma into policies, procedures and practices to avoid re-traumatization

**Retraumatization**

Retraumatization happens when trauma survivors are exposed to people, places, events, situations, or environments that cause them to re-experience past trauma as if it were fresh or new. While normal triggers can bring back unpleasant memories, retraumatizing events are especially powerful triggers that somehow recreate the intense dynamics associated with the original traumatic encounters or episodes.

**Trigger**

A trigger is something that sets off a memory tape or flashback transporting the person back to the event of her/his original trauma. Triggers are very personal; different things trigger different people. A trauma survivor may begin to avoid situations and stimuli that she/he thinks triggered the flashback. She/he will react to this flashback, trigger with an emotional intensity similar to that at the time of the trauma. A person’s triggers are activated through one or more of the five senses: sight, sound, touch, smell and taste.

**Nursing Home Triggers**

For many trauma survivors, transitioning into a nursing home can trigger re-traumatization. Some common triggers may include:

• Experiencing a lack of privacy or confinement in a crowded or small space;

• Being exposed to certain loud noises, or bright/flashing lights; or

• Having unknown people helping them with ADLs such as dressing, toileting, or bathing

**The Four R’s of Trauma Informed Care**

Trauma-informed care rests on these of critical concepts and assume that all staff within the facility operate within these frameworks:

1. *Realize* that trauma exists and understand the impact and consequences of traumatic experiences.
2. *Recogniz*e signs of trauma.
3. *Respond* consistently using the principles of a trauma-informed approach.
4. *Resist* the re-traumatization of people with traumatic histories.

**The Three E’s of Trauma**

EVENTS — can include actual or extreme threat of harm, or severe, life-threatening neglect for a child. Events can occur once or repeatedly over time. Traumatic events can occur throughout a lifetime.

EXPERIENCE — how the individual experiences an event helps determine if it is a traumatic event. Factors include:

* How an individual assigns meaning to the event
* How the individual is disrupted physically and psychologically by the event
* The individual’s experience of powerlessness over the traumatic event, which can trigger feelings of humiliation, shame, guilt, betrayal and/or silencing, isolation, shattering of trust, and fear of reaching out for help
* Cultural beliefs (e.g. about the role of women), availability of social supports, and age and developmental stage of the individual at the time of the event

EFFECT — adverse effects can occur immediately or after a delay, and can have a range of duration. Individuals may not recognize the connection between traumatic events and their effects. Adverse effects include:

* Inability to cope with normal stresses of daily living
* Inability to trust and benefit from relationships
* Cognitive difficulties — memory, attention, thinking, self-regulation, controlling the expression of emotion