Welcome!

- This session is being recorded.
- All lines are muted, so please ask your questions in the chat.
- Please complete the pre-test survey prior to the start of our session.

Visit https://www.surveymonkey.com/r/PreTestTraumaPart3_2023

or scan the QR code:

SCAN ME

We will get started shortly!

CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

An Introduction to Creating a Trauma-Informed Culture in the Post-Acute and Long-Term Care Facility – Part 3: Trauma Screening and Trauma Assessment – Why the Difference Matters

July 26, 2023

CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

Today's Event Host

Nikki Harris, MA, CBHC-BS

COE-NF TRAINING AND EDUCATION LEAD

- For the past 20 years, Nikki has provided program implementation, development, management, external and internal trainings, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.

- Previously, she served as the project manager for the Division of Behavioral Health and Substance Use Services within the South Carolina Department of Corrections.

- She has a B.A. in psychology from the University of South Carolina, a M.A. in counseling from Webster University and is a certified behavioral specialist.

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Today's Presenter

Paige Hector, LMSW

PRINCIPAL, PAIGE AHEAD HEALTHCARE EDUCATION & CONSULTING

Paige is a consultant, nationally recognized speaker, and author with over 25 years of experience in post-acute and long-term care settings.

She specializes in diverse topics for the interdisciplinary team, person-centered trauma-informed care, Nonviolent Communication, sustainable process improvement and advance care planning.

Paige writes extensively on topics relevant to nursing homes, including multiple chapters of *Managing the Long-Term Care Facility, 2nd Edition,* due for publication in 2023.

Paige is currently the Associate Editor and a regular columnist for *Caring for the Ages*, the publication for AMDA, The Society for Post-Acute and Long-Term Care Medicine. In 2018, she was named the Gerontologist of the Year for the Arizona Geriatrics Society.

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An Introduction to Creating a Trauma-Informed Culture in the Post-Acute and Long-Term Care Facility

PART 3: Trauma Screening and Trauma Assessment – Why the Difference Matters

Paige Hector, LMSW
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Quick Recap - What We Covered in Parts 1 and 2

- Definition of trauma
- Sources of trauma
- Impacts of trauma
- Reactions, not behaviors
- Trauma is cumulative
- Delayed reaction to trauma worksheet
- Triggers and retraumatization
- Becoming trauma-informed is a continual process, not an endpoint
- Trauma-informed principles
- Nervous system response/activation
- Impact of triggers on behavior

Learning Objectives

1. Differentiate between trauma screening and trauma assessment and why this distinction is crucial.
2. Explain direct and indirect screening techniques and how staff can always use indirect screening as part of a trauma-informed culture.
3. Name two things a staff member can do if a resident discloses details of a traumatic experience.

Trauma Screening and Trauma Assessment

What is the difference between screening and assessment?

Screening is brief, used to identify whether further evaluation is needed:

- Physical therapy screen identifies a person who walks and transfers well without pain so there is no need to pursue an assessment (or evaluation)
- A hemoccult test (that detects blood in stool) is negative, so no need to pursue a colonoscopy
- Suicide ideation is identified on a PHQ-9, need to assess for suicidality

Rebecca Ferrini, MD, MPH, CMD

The MDS Supports Trauma Screening

- 18 sections and many of them may be related to a trauma history, a symptom, or a trigger
  - Delirium, behavioral symptoms, ADLs, bowel and bladder, new diagnoses, weight changes, restraints or alarms
- When completing the MDS sections, consider if the information shared by the resident, the family, and or staff may be related to trauma, trigger a trauma reaction, or be a source of distress
- Do NOT assume that the presence of these conditions or situations automatically indicates trauma or distress

Click HERE to view the MDS sections.

Trauma Screening - Trauma Assessment and Treatment

Screening

Generalists (all staff) receive training to notice and respond to the impact of traumatic life events, ***not*** to treat trauma

The goal is to create a TIC culture to prevent retraumatization and to promote healing

Refer to mental health specialists as needed

Assessment and Treatment

Specialists (clinical social workers, psychologists, etc.) must be specifically trained to provide a thorough evaluation of trauma and develop a treatment plan

Areas of Concern with Trauma-Informed Care

- Nursing homes are medically focused, an inservice or two won't make up for general lack of psychological training of the staff
- Cultural and generational differences in comfort in discussing one's personal life
- Very little privacy in communal living, information may be overheard by others (in small towns, a resident's trauma may have implications for workers who learn of it)
- Extremely personal, trauma-related questions are likely to be asked by people with whom no foundation of trust has been established
- Charting of very personal details, medical records security breaches
- Sharing of medical records with other facilities/organizations that may not have had basic training in protocols for TIC
- Triggering of past traumas in staff without adequate supports

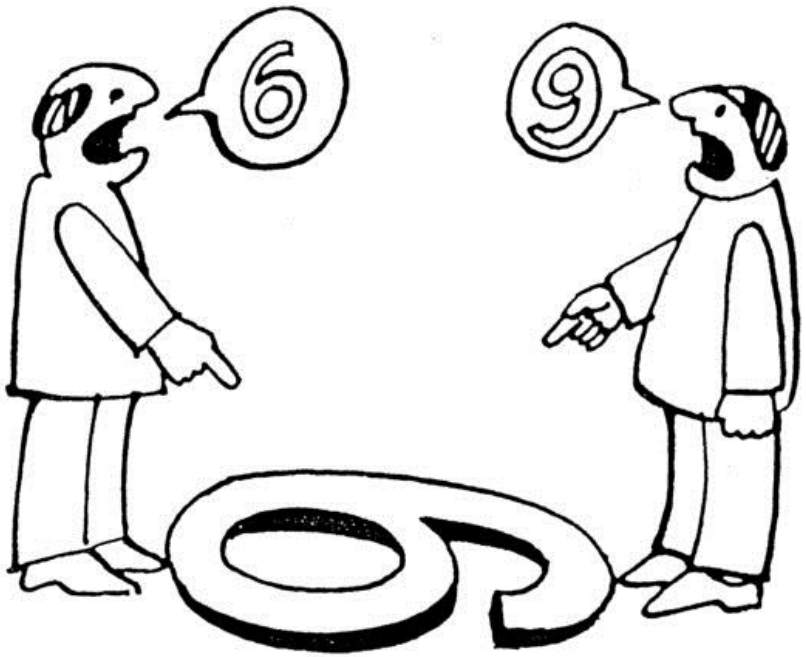
What worries me about trauma-informed care by Eleanor Feldman Barbera, PhD
[What worries me about trauma-informed care - The World According to Dr. El - McKnight's Long-Term Care News (mcknights.com)]

Staff With Good Training Can Develop Capacity to SCREEN for Trauma

- The chances of being traumatized by a properly administered screen are far lower than the chances of re-traumatizing a person if you do not screen
  - Exercise caution and be mindful what you are asking people
- Just talking about trauma *does not create instant catharsis*
- Be prepared to respond appropriately and with "next steps" or resources

SAMSHA. 2014. *Trauma-informed care* https://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf

Importance of Perceptions



"It is important to remember that what happened is not nearly as important as what the trauma means to the individual."

SAMHSA Tip #57, page 51

"While staff who are trained can provide the screening, they need to understand their role is to provide validation and supportive responses."

Trauma-Informed Organizational Change Manual, page 76
http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/Trauma-Informed-Organizational-Change-Manual0.html

Barriers to Screening

(address in your facility training)

- Not part of standard intake process
- Underestimation of the impact of trauma
- Not knowing how to respond to the individual's report of trauma
- Fear that trauma inquiry will be too disturbing to the individual
- Concern that the individual will require treatment that the facility cannot provide
- Untreated trauma symptoms of the screener
- Perception of not enough time

SAMHSA (2014). *TIP-57*, p. 100

In my opinion, the good intention of increasing awareness of mental health issues would be better served by evaluating every resident for psychological services upon admission, the way each resident is assessed by rehab, recreation and other departments, while simultaneously improving the training of staff to refer residents after events such as a decline in physical functioning, a loss of a loved one or a change in behavior.

~Eleanor Feldman Barbera, PhD

What worries me about trauma-informed care - The World According to Dr. El - McKnight's Long-Term Care News (mcknights.com)

Mindset shift *from* "What's wrong with this person?" *to*
"What is the impact of past experiences on the current presentation?"

2 Types of Screening

Direct & Indirect

Screening will not capture all people with trauma upfront

Capacity determines ***strategy***, not exclusion.

Barbara L. Ganzel PhD, LMSW
Director of Community Program Development
Clinical Associates/Pathways

Trauma Screening and Limited Capacity

- Using a screening *tool* is not appropriate
- There may be indicators for ***staff to act as if*** the person is experiencing posttraumatic stress.
- Acting ***AS IF*** is a very important feature of a trauma-informed care approach.

Trauma-Informed Care by Scott Janssen, http://www.todaysgeriatricmedicine.com/news/ex_022719.shtml

Direct Screening

Suitable when the individual has capacity and agrees with being asked questions (or, completing the tool independently)

Opening the Conversation

- "Many people have had difficult experiences during their life that can impact them for a long time. I would like to ask you a few questions if this might be happening for you…is that okay?"

- "Sometimes when people have life changes, get hurt or sick, memories of past experiences can come back as distressing thoughts, feelings, dreams or unexpected reactions in the present. I would like to ask you a few questions if this might be happening for you…is that okay?"

- "Are you currently bothered by any recent or past upsetting experience?"

If at any point the person says 'no', honor that and note it in your documentation.

A Bit of a Dilemma

As generalists, we focus on addressing the symptom or impact of trauma (e.g., distress, hypervigilance, fear), **not the trauma event itself.**

I do not recommend asking people if they've had trauma (this is more suited to a qualified clinician)

AND, it can be difficult to fully understand the situation and care plan the impacts without knowing more about the event itself (if the person even knows).

Brief Trauma Questionnaire in Point Click Care

1. Have you ever served in a war zone, or have you ever served in a noncombat job that exposed you to war-related casualties (for example, as a medic or on graves registration duty?) H

   ○ a. No ○ b. Yes clear

2. Have you ever been in a serious car accident, or a serious accident at work or somewhere else? H

   ○ a. No ○ b. Yes clear

3. Have you ever been in a major natural or technological disaster, such as a fire, tornado, hurricane, flood, earthquake, or chemical spill? H

   ○ a. No ○ b. Yes clear

4. Have you ever had a life-threatening illness such as cancer, a heart attack, leukemia, AIDS, multiple sclerosis, etc.? H

   ○ a. No ○ b. Yes clear

5. Before age 18, were you ever physically punished or beaten by a parent, caretaker, or teacher so that: you were very frightened; or you thought you would be injured; or you received bruises, cuts, welts, lumps or other injuries? H

   ○ a. No ○ b. Yes clear

6. Not including any punishments or beatings you already reported in Question 5, have you ever been attacked, beaten, or mugged by anyone, including friends, family members or strangers? H

   ○ a. No ○ b. Yes clear

7. Has anyone ever made or pressured you into having some type of unwanted sexual contact? Note: By sexual contact we mean any contact between someone else and your private parts or between you and some else's private parts H

   ○ a. No ○ b. Yes clear

8. Have you ever been in any other situation in which you were seriously injured, or have you ever been in any other situation in which you feared you might be seriously injured or killed? H

   ○ a. No ○ b. Yes clear

9. Has a close family member or friend died violently, for example, in a serious car crash, mugging, or attack? H

   ○ a. No ○ b. Yes clear

10. Have you ever witnessed a situation in which someone was seriously injured or killed, or have you ever witnessed a situation in which you feared someone would be seriously injured or killed? Note: Do not answer "yes" for any event you already reported in Questions 1-9 H

    ○ a. No ○ b. Yes clear

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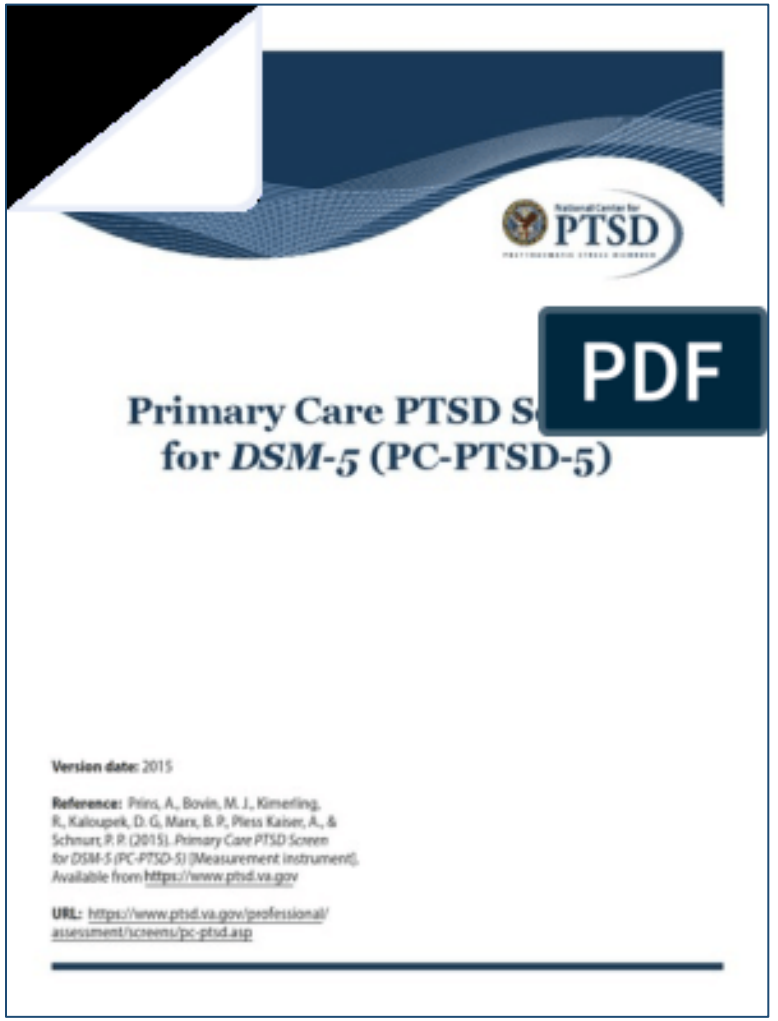
Screening for **CURRENT** Symptoms



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Primary Care PTSD Screen for DSM-5 -(PC-PTSD-5)

In the past month, have you …

1. had nightmares about the event(s) or thought about the event(s) when you did not want to?	YES	NO
2. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	YES	NO
3. been constantly on guard, watchful, or easily startled?	YES	NO
4. felt numb or detached from people, activities, or your surroundings?	YES	NO
5. felt guilty or unable to stop blaming yourself of others for the event(s) or any problems the events may have caused?	YES	NO
Total score is sum of "YES" responses in items 1-5.	**TOTAL SCORE**	

https://www.ptsd.va.gov/professional/assessment/documents/pc-ptsd5-screen.pdf

PC-PTSD-5 Screening Tool with an adaptation

***In your life, have you ever had any experience that was so frightening, horrible, or upsetting that*, in the past month, you…**

1. Have had nightmares about it or thought about it when you did not want to? **YES/NO**
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? **YES/NO**
3. Were constantly on guard, watchful, or easily startled? **YES/NO**
4. Felt numb or detached from others, activities, or your surroundings? **YES/NO**
5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused? **YES/NO**

If yes, ask if they would like to share what is going on for them. If no, accept that and note it.

Slide courtesy of Barbara Ganzel
Chapter 4 SAMHSA TIP-57 (2014)

Indirect Screening

- We can always be engaged in indirect screening
  - Especially for residents with cognitive impairment and for residents who do not wish to engage in direct screening
- During move-in and day-to-day interactions, pay attention to comments/actions that could indicate symptoms of traumatic stress
- After sufficient trust has been established, ask if they want to discuss your observations
- If discussion indicates presence of symptoms of traumatic stress, ask if they want to speak to someone and if so, make a referral
- In the plan of care, identify all potential trauma symptoms and triggers, and interventions

Barbara L. Ganzel PhD, LMSW
Director of Community Program Development
Clinical Associates/Pathways

LOOK & LISTEN - Indications of Prior Trauma

Things residents and family members might say:

"I lost my soul after….."

"If I'd just ….. she'd still be here today."

"It seemed like my brother was missing part of himself afterwards."

"My son/daughter has never been the same."

"I didn't know the person who came back to me."

"My whole world was turned upside down."

Indications of a long-term care resident with a potential prior trauma:

- PTSD or other mental illness
- History of alcohol and/or drug use
- Unsheltered living
- Estranged relationships
- Sleeping "on guard"
- Unfulfilled longings
- Suspicion, lack of trust
- Anxiety, agitation
- Nightmares

-Deborah Grassman, VA Hospice, Bay Pines, FL

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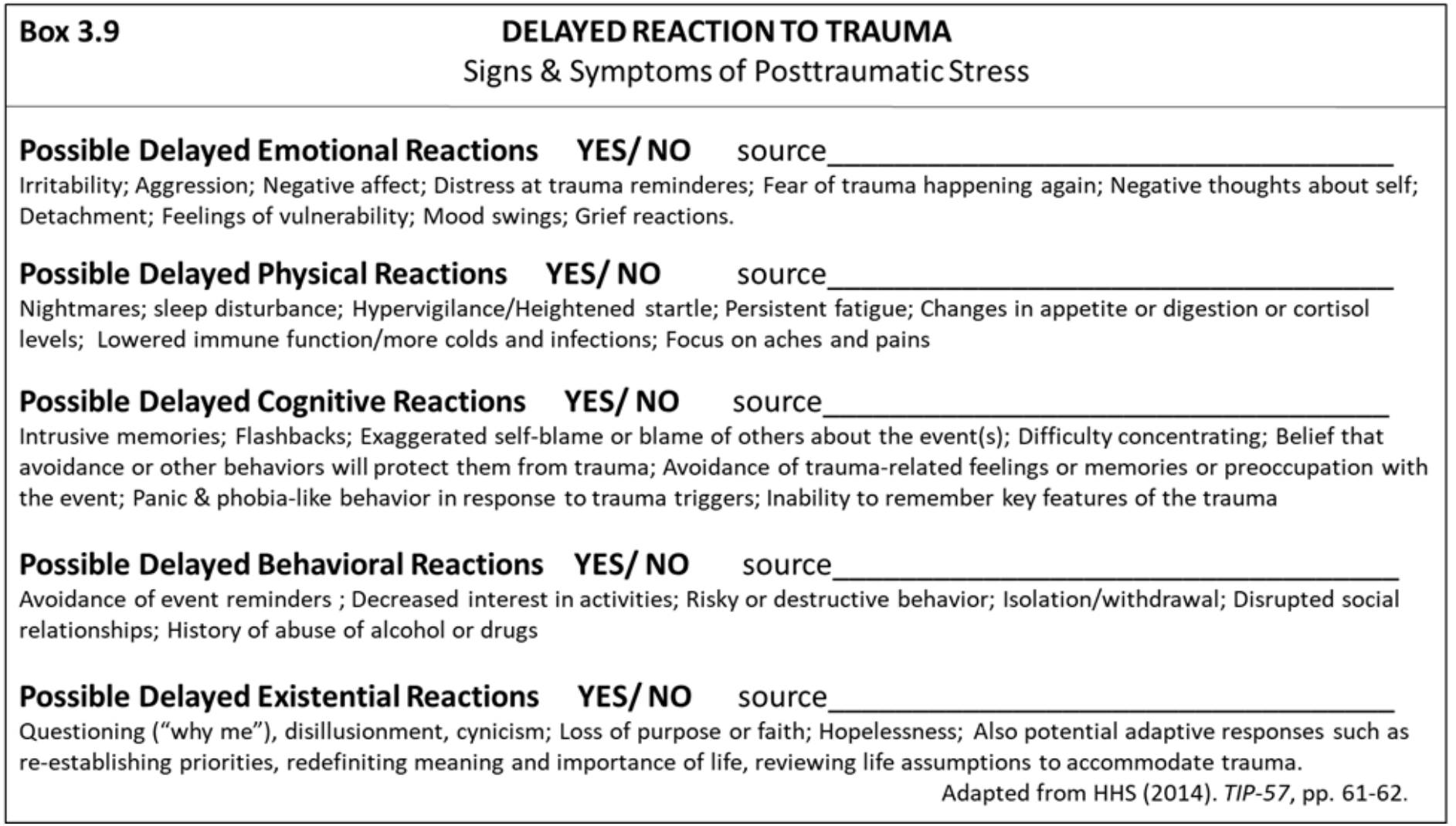
Delayed Reaction to Trauma



Box 3.9

DELAYED REACTION TO TRAUMA

Signs & Symptoms of Posttraumatic Stress

Possible Delayed Emotional Reactions YES/ NO source_____

Irritability; Aggression; Negative affect; Distress at trauma reminderes; Fear of trauma happening again; Negative thoughts about self; Detachment; Feelings of vulnerability; Mood swings; Grief reactions.

Possible Delayed Physical Reactions YES/ NO source_____

Nightmares; sleep disturbance; Hypervigilance/Heightened startle; Persistent fatigue; Changes in appetite or digestion or cortisol levels; Lowered immune function/more colds and infections; Focus on aches and pains

Possible Delayed Cognitive Reactions YES/ NO source_____

Intrusive memories; Flashbacks; Exaggerated self-blame or blame of others about the event(s); Difficulty concentrating; Belief that avoidance or other behaviors will protect them from trauma; Avoidance of trauma-related feelings or memories or preoccupation with the event; Panic & phobia-like behavior in response to trauma triggers; Inability to remember key features of the trauma

Possible Delayed Behavioral Reactions YES/ NO source_____

Avoidance of event reminders ; Decreased interest in activities; Risky or destructive behavior; Isolation/withdrawal; Disrupted social relationships; History of abuse of alcohol or drugs

Possible Delayed Existential Reactions YES/ NO source_____

Questioning ("why me"), disillusionment, cynicism; Loss of purpose or faith; Hopelessness; Also potential adaptive responses such as re-establishing priorities, redefiniting meaning and importance of life, reviewing life assumptions to accommodate trauma.

Adapted from HHS (2014). *TIP-57*, pp. 61-62.

Figure in chapter: Ganzel, B., Kusmal, N., Cheatham, C., Hector, P. & Clarke, D. (accepted). Trauma-informed long-term care. In R. Perley (ed.), *Managing the long-term care facility: Practical approaches to providing quality care* (2nd Edition, Chapter 3). John Wiley and Sons.

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INdirect Screening Using the PC-PTSD-5

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you…

1. Have had nightmares about it or thought about it when you did not want to? **YES/NO** *Source* _____
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? **YES/NO** *Source* _____
3. Were constantly on guard, watchful, or easily startled? **YES/NO** *Source* _____
4. Felt numb or detached from others, activities, or your surroundings? **YES/NO** *Source* _____
5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused? **YES/NO** *Source* _____

If yes, ask if they would like to share what has been bothering them. *If no*, accept that and note it.

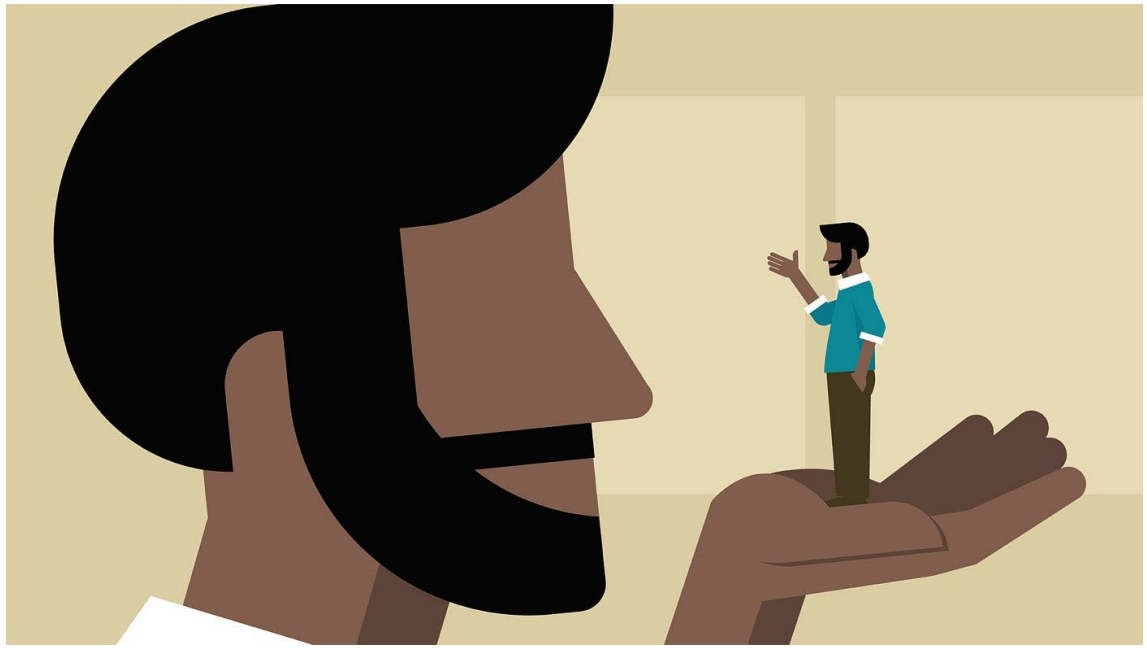
Slide courtesy of Barbara Ganzel
Chapter 4 SAMHSA TIP-57 (2014)

If a resident chooses to share details of a traumatic experience…

- Listen to understand the *impact* on their current situation, not to discuss the event itself.
  - Instead of asking questions like: When did this happen? Did you talk to anyone about this? What was the reason you didn't want to talk to anyone? - You may verbally reflect your understanding to them and check if you got it. For example: "Are you feeling nervous about [*fill in*] because of how devastating it was for you to [*fill in*]?
- Let the resident know they do not have to talk about what happened if they don't want to. If they want to talk about it at some point, let the resident know someone can be available for them. Follow up.
- Assess current safety. Was it a recent event or far in the past?
- Uphold the resident's privacy, even if the information is unusual.
- Document all known or suspected trauma triggers associated with the experience. This helps the team avoid those triggers.
- When you are done with the conversation, ask the person how they are feeling and if they have any questions or requests for you.
- Consider using grounding practices to support settling, if needed

Barbara L. Ganzel PhD, LMSW
Aya Caspi, Certified Trainer with the Center for Nonviolent Communication

Be Attuned to Your Scope and Capacity



Notice if and when the conversation goes beyond your capacity or scope of practice. Let the person know you appreciate their sharing and that you would like to take a pause to consider how to support them further. Reach out for support from someone whom you trust has the skill and capacity to offer further assistance.

Positive and Negative Trauma Screens

Screening procedures and what to do with a **positive screen**

- A comprehensive assessment by a *qualified* individual may be indicated
- Screening is only as good as the actions taken afterward to address a positive screen

Screening procedures and what to do with a **negative screen**

- Follow-up and re-screen later
- A "no" could mean they don't want to talk about it, or they don't recognize something as possibly traumatic

Talking About Trauma, Guide to Conversations and Screening for Health and Other Service Providers
https://www.blueknot.org.au/Portals/2/Newsletter/Talking%20About%20Trauma%20Services_WEB.pdf?ver=2018-04-06-160830-113

Resources From Paige

Person-centered Trauma-informed Conversation Prompts (2 pages)

- Provides question prompts for each trauma-informed care principle and guidance on how to use them to develop trusting and healing experiences with residents

Trauma-Informed Touch (1 page)

- Supports staff and providers to care for and consider the potential impact on the receiver of our touch

Grounding Practices (1 page)

- To support a person in reorienting to the present moment

Suggestion: Consider integrating this content in staff training.

What is one little thing that you are taking with you today?

What's Coming Up Next?

Part 4 – Grounding as an Essential Strategy to Calm an Activated Nervous System

Thursday, August 17, 2023
2 - 3 p.m. EST

Click here to register.

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Questions ?

Thank you for sharing part of your day with me and for your work to create more trauma-informed communities for all.

~ Paige

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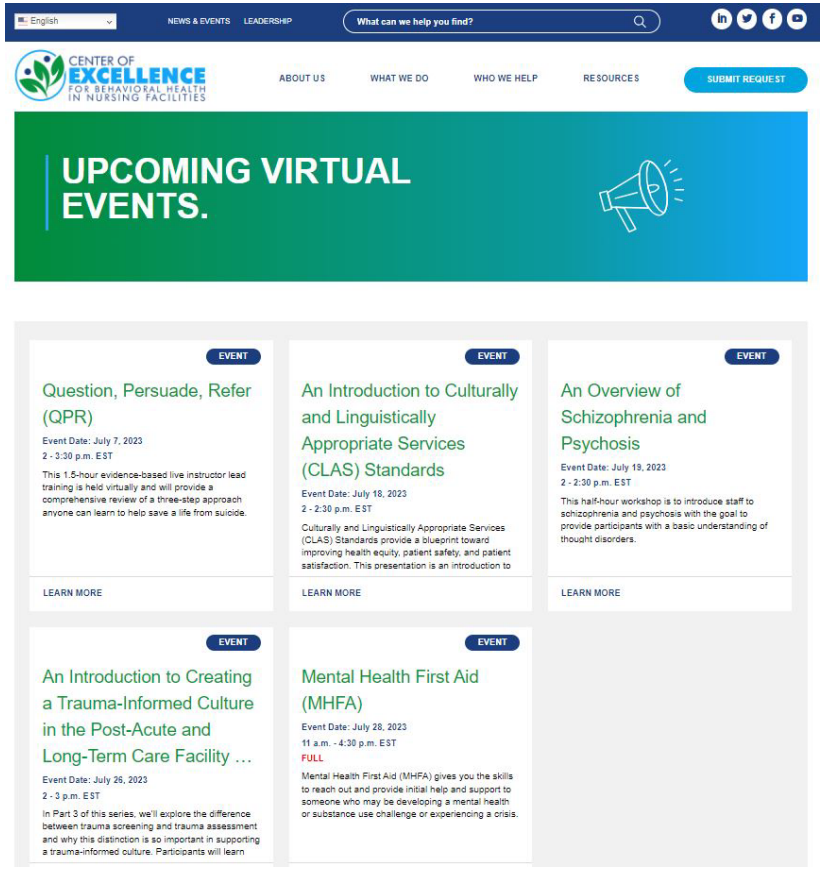
https://nursinghomebehavioralhealth.org/upcoming-events/



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1-844-314-1433 or by email at coeinfo@allianthealth.org.

Visit the website:
nursinghomebehavioralhealth.org

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Please complete the post-test and evaluation survey.

Visit https://www.surveymonkey.com/r/PostTestTraumaPart3_2023

or scan the QR code:

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Thank You!

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