TRAUMA-INFORMED CARE

Carmen Bowman, MHS, BSW, Regulator turned Educator
Blending Innovation & Regulation

EDU-CATERING: Catering Education for
Compliance and Culture Change in LTC
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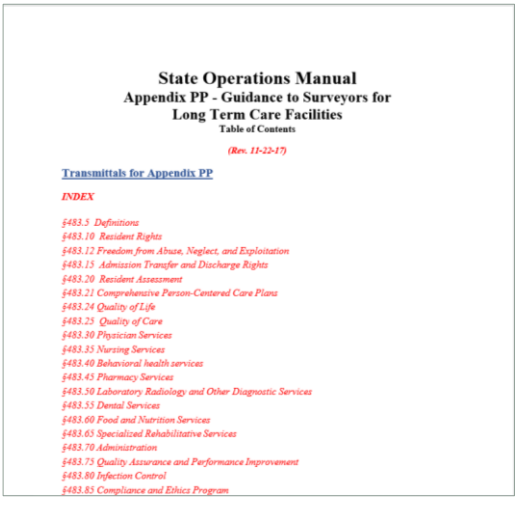
0

Knowing regulations is foundational

- You are held accountable to them.
- Today is your time to study them and think.
- Do you have your own set of CMS regs?



State Operations Manual
Appendix PP - Guidance to Surveyors for Long Term Care Facilities
Table of Contents

(Rev. 11-22-17)

Transmittals for Appendix PP

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https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf

1

F659 Comprehensive Care Plans

- The services outlined by comprehensive care plan, must—
- Meet professional standards of quality.
- Be provided by qualified persons.
- **New: Be culturally-competent and trauma–informed**. Culturally-competent and trauma-informed care are approaches that help to minimize triggers and re-traumatization. Care that addresses the unique needs of Holocaust survivors and survivors of war, disasters, and other profound trauma are an important aspect of person-centered care for these individuals. (Phase 3)
- Phase 3: Nov. 29, 2019 (STILL REQUIRED BY THIS DATE)

2

Trauma-informed care resources

- Reflects principles set forth in SAMSHA's (Substance Abuse and Mental Health Services Administration) Concept of Trauma and Guidance for a Trauma-Informed Approach (HHS Publication No. (SMA) 14-4884): https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884.html
- The Council on Social Work Education standards and indicators for cultural competence: http://www.socialworkers.org/practice/standards/
- The National Standards for Culturally and Linguistically appropriate Services in Health and Health Care developed by the Office of Minority Health in HHS: https://www.thinkculturalhealth.hhs.gov/index.asp

3

- 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. [§483.25(m) will be implemented beginning November 28, 2019 (Phase 3)] (STILL REQUIRED BY THIS DATE)

4

Behavioral health services

- F741 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 in accordance with §483.70(e). …

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F741

- **These competencies and skills sets include**, but are not limited to, **knowledge of and appropriate training and supervision for**:
- §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), and [as linked to history of trauma and/or post-traumatic stress disorder, will be implemented beginning November 28, 2019 (Phase 3)]
- §483.40(a)(2) Implementing **non-pharmacological** interventions.

Approaches

6

- INTENT §483.40(a), (a)(1) & (a)(2) The intent of this requirement is to ensure that the facility has sufficient staff members who possess the basic competencies and skills sets to **meet the behavioral health needs** of residents for whom the facility has assessed and developed care plans. The facility must consider the acuity of the population and its assessment in accordance with §483.70(e). This includes residents with mental disorders, psychosocial disorders, or substance use disorders. **Facility staff members must implement person-centered, care approaches designed to meet the individual needs of each resident**. Additionally, for residents with behavioral health needs, **non-pharmacological** interventions must be developed and implemented.

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Non-pharmacological APPROACHES

Generic/Applies to all of us List

- Hungry?
- Thirsty?
- Tired?
- Pain?
- Need bathroom?

- Bored?
- Need to go outside?

Very Individualized List

My list:
- Bible
- Christian music
- Scrapbooking
- Book
- Call daughter

Your list:
-
-

8

- F742 §483.40(b) 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**;

9

Guidance

- Expressions or indications of distress, **lack of improvement or decline in resident functioning should be documented** in the resident's record and **steps taken to determine the underlying cause of the negative outcome**.

- Assessment/Discovery Process?

10

PTSD Checklist (PCL)

Patient Name: _____ **Date:** _____

If an event listed on the Life Events Checklist **happened to you** or you **witnessed it,** please complete the items below. If more than one event happened, please choose the one that is **most troublesome to you now.**

The event you experienced was _____ (EVENT) on _____ (DATE).

Instructions: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then **circle** one of the numbers to the right to indicate how much you have been **bothered** by the problem **in the past month.**

BOTHERED BY	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1. Repeated disturbing memories, thoughts, or images of the stressful experience?	1	2	3	4	5
2. Repeated, disturbing dreams of the stressful experience?	1	2	3	4	5
3. Suddenly acting or feeling as if the stressful experience were happening again (as if you were reliving it)?	1	2	3	4	5
4. Feeling very upset when something reminded you of the stressful experience?	1	2	3	4	5
5. Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of the stressful experience?	1	2	3	4	5
6. Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it?	1	2	3	4	5

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7. Avoiding activities or situations because they remind you of the stressful experience?	1	2	3	4	5
8. Trouble remembering important parts of the stressful experience?	1	2	3	4	5
9. Loss of interest in activities that you used to enjoy?	1	2	3	4	5
10. Feeling distant or cut off from other people?	1	2	3	4	5
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
12. Feeling as if your future will somehow be cut short?	1	2	3	4	5
13. Trouble falling or staying asleep?	1	2	3	4	5
14. Feeling irritable or having angry outbursts?	1	2	3	4	5
15. Having difficulty concentrating?	1	2	3	4	5
16. Being "super alert" or watchful or on guard?	1	2	3	4	5
17. Feeling jumpy or easily startled?	1	2	3	4	5

http://www.bhevolution.org/public/screening_tools.page
PTSD Checklist

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- ***What is appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being?***
  The facility must provide the "appropriate treatment and services" to correct the assessed problem or to attain the highest practicable mental and psychosocial wellbeing. The determination of what is "appropriate" is person-centered and would be based on the **individualized** assessment and comprehensive care plan. To the extent that the **care plan identifies particular treatment and services**, the facility must make reasonable attempts to provide these services **directly or assist residents with accessing** such services.

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Highest Practicable

F655 *Comprehensive Person-Centered Care Planning*

The care plan must describe the following:

*The services that are to be furnished to attain or maintain the resident's **highest practicable** physical, mental and psychosocial well-being.*

Failure to reach highest practicable = Actual Harm

- *Actual harm that is not Immediate Jeopardy: Severity level 3 indicates noncompliance that results in actual harm and can include but may not be limited to clinical compromise, decline, **or the resident's inability to maintain and/or reach his/her highest practicable well-being.***

14

Highest practicable mental well-being …

Highest practicable psychosocial well-being …

***Highest practicable physical well-being …**

MUST be identified on care plan. Recommend a separate section for it

15

- A facility must determine through its facility assessment what types of **behavioral health services** it may be able to provide. **Some examples** of treatment and services for psychosocial adjustment difficulties may include:
  - providing residents with **opportunities for autonomy**;

Choice of what to eat

when to eat

where to eat

True choice =

my body wakes up

Choice given in every interaction

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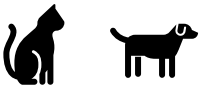
- **arrangements to keep residents in touch** with their
  - **communities,**
  - **cultural heritage,**
  - **former lifestyle, and**
  - **religious practices**;
  - and **maintaining contact with friends and family**.



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- The **coping skills of a person with a history of trauma or PTSD will vary**, so **assessment of symptoms** and **implementation of care strategies** should be **highly individualized**.

Individualized

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History of trauma

- Involves **psychological distress**, following **a traumatic or stressful event**, that is often variable;
- May be connected to feelings of **anxiety and/or fear**;
- Often involves expressions of **anger or aggressiveness**; and
- **Some individuals** who experience trauma **will develop PTSD**.

- Dr. Soo Borson, WY ECHO in Geriatrics: Anyone who is nasty has most likely been treated badly/has had something bad happen to them.
- Experiment/explore to find what works.

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Adjustment difficulties:

- **Occur within 3 months** of the onset of a stressor and last **no longer than 6 months** after the stressor or its consequences have ended;
- Are characterized by **distress that is out of proportion** to the severity or intensity of the stressor, taking into account external context and cultural factors, **and/or a significant impairment** in social, occupational, or other important areas of functioning;
- May be related to **a single event or involve multiple stressors** and **may be recurrent or continuous**;
- **May cause** a depressed mood, anxiety, and/or aggression;
- May be diagnosed **following the death of a loved one** when the intensity, quality, or persistence of grief **exceeds what normally might be expected**; and
- Can occur for individuals **with or without** PTSD or a history of trauma.

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- **Moving from the community into a long-term care** facility, for an individual with a history of trauma or PTSD, **can be a very difficult transition and cause worsening or reemergence of symptoms**. Additionally, **the structured environment of the nursing home** can **trigger memories of traumatic events** and **coping with these memories may be more difficult for older adults**.

- *Moving into a nursing home is one of the hardest things anyone will ever do*. Dr. Judah Ronch, CMS broadcast on Psychosocial Well-being 2006
- *How could you provide more assistance at this time?

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Meet at the door, expected

1st meal planned

Resident Mentor

Team Member Buddy

Welcome Gathering

Welcome Wagon

A simple pleasure

22

- Symptoms may include, but are not limited to,
  - the **re-experiencing or re-living** of the stressful event (e.g., flashbacks or disturbing dreams),
  - **emotional and behavioral expressions** of distress (e.g., outbursts of anger, irritability, or hostility),
  - **extreme discontentment** or **inability to experience pleasure**, as well as **dissociation** (e.g., detachment from reality, avoidance, or social withdrawal),
  - **hyperarousal** (e.g., increased startle response or difficulty sleeping); and
  - **may be severe or long-lasting** when the stressor is interpersonal and intentional (e.g., torture or sexual violence).

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- **Although PTSD is commonly viewed as a disorder experienced only by military veterans**, it is not exclusively a consequence of combat or war zone exposure. Individuals who have been **physically or sexually assaulted** or who experienced a **terrorist attack** or **natural disaster**, among other things may also be affected by PTSD. Additionally, **some older nursing home residents may** have lived through a time of **genocide** and **witnessed or been subjected to the intentional and systematic destruction of a racial, political, or cultural group** such as that which occurred during the Holocaust in World War II.

- What else?

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INVESTIGATIVE PROTOCOL

Observations: Observe for manifestations related to mental and psychosocial adjustment difficulties, a history of trauma and/or PTSD which may, over a period of time, include:

- **Impaired verbal communication** without physiological cause;
- **Social isolation and withdrawal** inconsistent with the resident's usual demeanor;
- **Sleep pattern disturbance** (e.g., disruptive change in sleep/ rest pattern as related to one's biological, emotional needs);
- **Deviation from past spiritual beliefs** or rituals (alterations in one's belief system);
- **Inability to control behavior, anger**, and the **potential for physical harm** to oneself or others; and
- **Stereotyped response to any stressor** (i.e., the same characteristic response, regardless of the stimulus).

NOTE: **Observe** staff interactions with the resident in formal and informal situations and determine whether or not they implement interventions **in accordance with the care plan**.

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Interviews

Resident/Resident Representative
Interview the resident, resident's family, or representative(s), to the degree possible, to determine:

- **Awareness** of the current condition(s) or history of the condition(s) or diagnosis/diagnoses;
- **Participation** in the development of care plan;
- Whether or not **resident choices/preferences** considered
- **Validity** of observations and data collection.

Staff Interviews
Interview IDT member(s) as necessary to determine:

- Whether or not care provided is **consistent with the care plan**;
- That staff are **knowledgeable about how** to support the resident when they are expressing or indicating feelings of distress

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DEFICIENCY CATEGORIZATION

Severity Level 4 Example:

- Resident observed crying, told surveyor loss of hope, feels betrayed by family and faith
- **Home of 55 years sold** but wanted to go back
- Increased anxiety, depressive mood, isolation; stopped eating/drinking, receiving IV fluids; feeding tube considered
- Care plan coordinator confirmed failure to develop individualized care plan addressing assessed emotional and psychosocial needs; social worker unaware resident was so **distraught about sale of house**.

- Failure to acknowledge and assess underlying causes of expressions of distress or develop and implement care plan addressing distress resulting in deterioration of resident's physical, mental, and psychosocial well-being.

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- Severity Level 3 example:
- Resident's resistance to receiving assistance in the shower was a result of a traumatic event that occurred **at home** years ago when a **home health aide left her in the shower unattended and she fell, fracturing her hip**.
- Unable to return home since event, distrustful
- **Care plan: assisted by 2 staff members in shower**, approach in unhurried manner, calm voice, **soft lighting**.
- **Observation: shower with only one CNA, harsh lighting**.
- During the shower the resident demonstrated anxiety and fear. She was yelling, crying, restless, and tried to get out of the shower chair many times during care. When observed 30 minutes after her shower, the resident was no longer yelling, however she still appeared fearful and her crying was just beginning to resolve.
- DON confirmed care plan not followed.

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Severity Level 3 example:

- A surveyor heard a resident **yelling for help**. Resident found resident lying in bed in a **darkened room**, **clinging tightly to her wallet and blanket**. Staff turned on lights to assist to calm her.
- During interview later, resident shared that she had been **robbed at knife point in her own home**, also, although she felt secure, she had nightmares and the **staff are to leave bathroom light on at night**. Resident also asked for a room closer to the nursing station, but this had not happened yet.
- Care plan addressed robbery, stated to keep light on.
- Staff: we forgot light; social worker: not yet investigated different room.

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KEY ELEMENTS OF NONCOMPLIANCE

To cite deficient practice at F742, the surveyor's investigation will generally show that the facility failed to:

- **Assess the resident's expressions or indications of distress** to determine if services were needed;
- **Provide services and individualized care approaches that address the assessed needs** of the resident and are within the scope of the resources in the facility assessment;
- **Develop an individualized care plan** that addresses the assessed emotional and psychosocial needs of the resident;
- Assure that staff **consistently implement** the care approaches delineated in the care plan;
- **Monitor and provide ongoing assessment** as to whether the care approaches are meeting the emotional and psychosocial needs of the resident; or
- **Review and revise care plans** that have not been effective and/or when the resident has a change in condition and accurately document all of these actions in the resident's medical record.

❖How is your compliance? All should MATCH

30

Trauma Informed Care is…

- An **approach** that recognizes that trauma is **prevalen**t and that it is **widespread** among us and the people we serve.
- An approach that we recognize **signs and symptoms** of unrecognized trauma.
- Developing practices to **help people resolve** in a caring and compassionate way.

- Also **not inadvertently re-traumatizing** in any way in our environment or approaches.
- **Because so prevalent, <u>we can never be sure</u> that someone has unresolved trauma**.
- (Lisa Kendell, Clinical Gerontologist, Social Work Psychotherapist, Eden Mentor and Educator)

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Harming inadvertently

- "Hey, you didn't finish your lunch, no dessert for you," meant in fun, what if you were severely punished for not finishing your food in your childhood home? This then works against all we are trying to do to create community and include and involved and engage all. They don't feel welcome and we have no idea of what even happened.
- Try to be funny, joke, etc. but "step in it." Layers
- Has this happened to you?
- Have you done it to someone inadvertently?
- Learning about TIC is a way to **be more sensitive**.
- **Not only is it now required by CMS for nursing homes, but it is considered best practice in all healthcare settings**. (Lisa Kendall)

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Jim's hat 

- Jim always wore the same hat… day in, day out.
- The rest of us benignly speculated about the ever-present hat… did he ever take it off? Did he sleep with it on? We had a laugh or two about that hat and what the story behind it might be.
- One day, feeling jovial with Jim, we came clean. We asked him what it would take for that hat to come off.
- We weren't at all prepared for what happened next. Jim's face went ashen, and he raced from the room. We learned later that Jim had endured something deeply traumatic years ago that left his head horribly and visibly scarred. The hat had not only concealed the physical scars, but it had hidden the emotional ones he continued to carry with him. In a single moment, our cajoling brought up all of his pain all over again…

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- We were crushed. Moments like this hit you right between the eyes… you just *don't know*. You don't know what people carry from their past that may drive how they express themselves in the present.
- What speaks to me about the movement to create trauma-informed culture is that it highlights yet another essential layer of what it means to **know someone deeply**. *Ask hard, yet sensitive questions
- Being trauma-informed gives us the opportunity to step up our game.

❖Other subtle examples?
(Laura Beck, Eden blog Feb. 21, 2019)

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Tips for exploring trauma symptoms

"Exquisite Observing"

- Resident with cognitive impairment became agitated repeatedly during a certain time frame. When staff sat in his room, they realized resident saw flashing lights in the parking lot.
- As a veteran, it caused triggering.
- All that was needed was room-darkening shades.

(Jill Schumann, President and CEO LeadingAge Maryland)

Role Play

- Take turns role playing what a certain person does.
- "Line, line, line."
- "I've got it, he wants a telephone line to call his wife."

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THE 4 R'S OF TRAUMA INFORMED CARE

36

Realize the prevalence of trauma

- **Many** individuals experience trauma during their lifetime. Nationally, 61% men and 51% of women will experience at least one trauma in their lifetime. % of room?
- Although many people exposed to trauma demonstrate few or no lingering symptoms, individuals who experience **repeated, chronic, or multiple traumas are more likely to exhibit pronounced symptoms** and experience negative consequences, including substance use disorders, mental illness, and physical health problems.

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Recognize how trauma affects people

- Trauma can significantly affect how an individual functions. Research shows **trauma disrupts the central nervous system and overwhelms a person's ability to cope**. It often results in feeling **vulnerable, helpless, and afraid**. It **interferes** with relationships and fundamental beliefs about oneself, others, and one's place in the world.

- “People’s brains have changed, and they just can’t turn it off.” (David Grainer)

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Respond by putting knowledge into practice

- Trauma-informed care is a change of perspective. It's not what's wrong with a person. It's what has happened to him to her. In other words, **it is a shift in focus from, "What is wrong with you?" to, "What has happened to you?"** This approach lessens the blame on people who have had adverse experiences in their lives and instead acknowledges it may not be their fault they are acting badly. It shows the person that there is an understanding that their past experiences may be affecting their present behavior. This promotes healing.

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Resist re-traumatization

- Trauma-informed care takes steps to **minimize situations** that could cause distress or mirror the person's traumatic experiences. (Provider magazine May 2019)

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IGEN 6TH GRADE IN A NURSING HOME

https://www.youtube.com/watch?v=-GH_LjHbEgA (7 min.)

Does purpose have power? More than pills?
*The opportunity to overcome trauma

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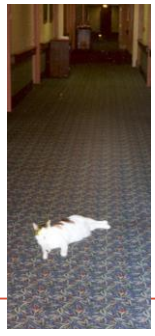


INCREASE OPPORTUNITY FOR COMPANIONSHIP

Caring for animals, plants and others can help one heal.

https://www.youtube.com/watch?v=ZKRMd-r2dN8 6 min.

https://www.youtube.com/watch?v=qK3vTbckZMw 10 min.

with the seven domains of well-being

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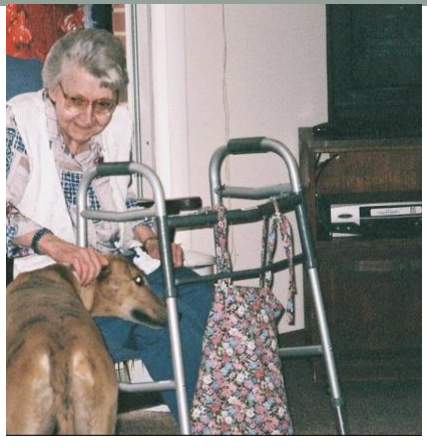


Courtesy Christopher House, Wheat Ridge, CO

Greyhounds: plentiful, playful, gentle, short hair and thin body fat suits them for the warm, dry environment of a nursing home

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Animal house club
- rescues dogs
- Dog Park in courtyard

- Many Healthcare and Rehab, Many, LA

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"Michael must have his dog with him wherever he lives."

Courtesy Uptown Care Center Denver, CO

45

Courtesy North Star Community
Resident's therapy-trained cat

Courtesy Colorado Lutheran Home

46

Christopher House, Denver, CO

- Birds on each end of a hall.
- Ann tended to the parakeets, feeding and watering them daily.
- Ann talked to them, brought others into her room to show them the birds.
- Her roommate was non-verbal due to dementia prior to the birds. After the birds moved into the room she began to say "birds, birds" when they would sing.
- Others asked to have parakeets in their rooms.
- Set up multiple birds in resident rooms and birds were singing everywhere.

Big Results

Brenda Hancock, LNHA on *Conversations with Carmen* June 21, 2019

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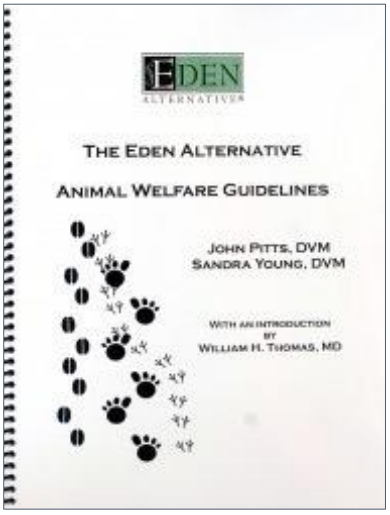
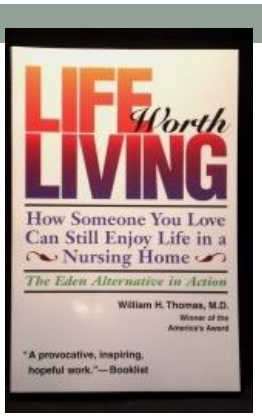
Animal resources





From failure to thrive to
assisted living all because of a bird!
www.edenalt.com

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THE POSSIBILITIES

https://www.youtube.com/watch?v=9cYVBOJmXIw
Man recovers speech thanks to dog (1.5 min.)

https://www.youtube.com/watch?v=es_S_471p5c
Rockport residents foster dogs (4 min.)

Will you support animals to decrease boredom, loneliness and helplessness?
*2019 study: Eden homes outperform on overall 5-star ratings, fewer substantiated complaints, use fewer antipsychotic drugs than non-Eden

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Animal Committee

- Eden suggests an Animal Committee
- Must include a veterinarian or at least an animal professional, perhaps trainer
- Identify "animal lovers"
  - Residents
  - Team members
  - Family members

"Calling All Animal Lovers"

50

GROWTH PLANS

Eden Alternative

*Trauma Informed *Growth*
*Most faith traditions support growing from hard times

*Support groups could be helpful. How many can we think of?

51

STRESSORS AND SOOTHERS

Anything that causes stress is a stressor.

"Where is my son? When is he coming back."
Be proactive. Tell her before she asks.
Soothe.

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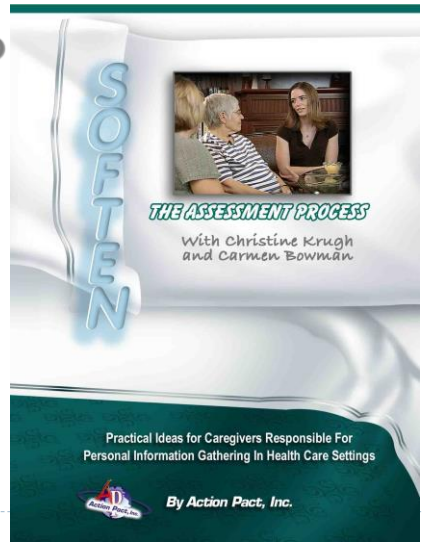
SOFTEN the Assessment Process

- Workbook and training DVD
- actionpact.com

S – Support Simple Pleasures
O – Offer Options
F – Foster Friendships
T – Tie-in to Tasks
E – Equalize Everyone
N – Normalize Now



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Regulatory Support for Culture Change

Available from Action Pact at actionpact.com

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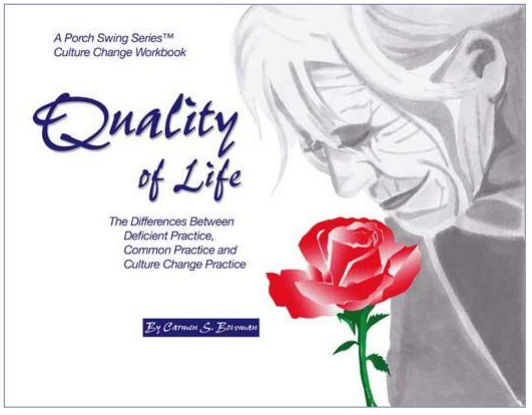
Quality of Life: The Differences between Deficient, Common and Culture Change Practice



Section at F241 Dignity on Using Dignified Language

actionpact.com

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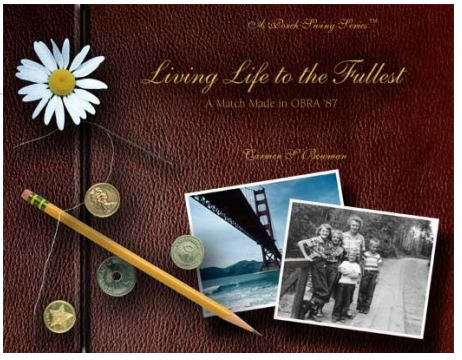
Living Life to the Fullest: A Match Made in OBRA '87



Getting to Know You assessment

Psychosocial Needs

Ethnic culture

Highest practicable level of well-being

Activity programming according to **interests, not "problems"**

MEANINGFUL ACTIVITY ASSESSMENT incorporates:

- Tag 248 Interpretive Guidance,
- MDS 3.0 and
- culture change practices.

Sold as a **kit** at actionpact.com

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Changing the Culture of Care Planning: a person-directed approach

Covers:

- Regulatory Support
- Individual Care Planning
- I Care Plans
- Narrative Care Plans

Includes:

- Sample IN2L "Visual Care Plan"

Available from Action Pact actionpact.com

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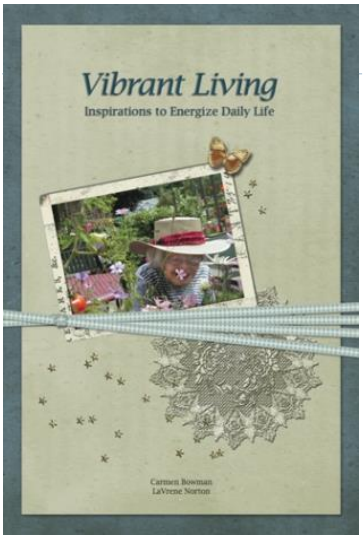
Vibrant Living



Special Features:

- Written **to** Residents/ Householders
- Scrapbook style
- Coffee table book
- Learning Circle questions
- Audits for residents and families

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Alarms: The New Deficient Practice?

Eliminating Alarms and Preventing Falls by Engaging with... life

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Theresa Laufmann, RN and Carmen Bowman, MHS

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Free at:
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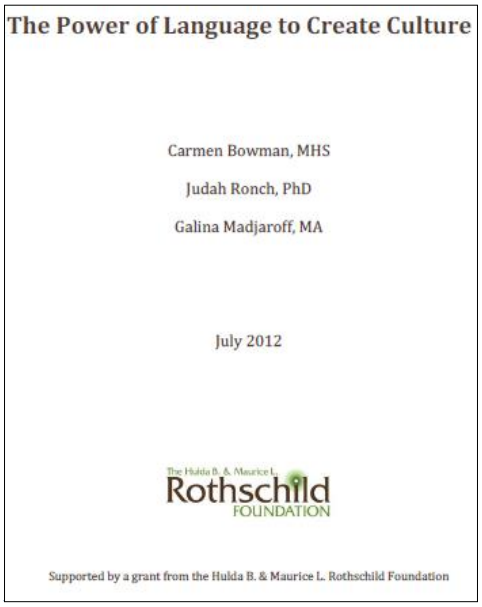
Archived shows:
Jan. 18, 2013
People First Language
Kathie Snow, author, advocate
Friday, Feb. 15, 2012
The Power of Language to Change Culture
Judah Ronch, Phd, Dean Erickson School of Aging
Co-author of paper with same title funded by Rothschild


The Power of Language to Create Culture

Carmen Bowman, MHS

Judah Ronch, PhD

Galina Madjaroff, MA

July 2012

The Hulda B. & Maurice L. Rothschild FOUNDATION

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Friday, August 16, 2019
Community Meetings – the way to be proactive
Guest: Barry Barkan, Life Oak Project co-developer and a founding pioneer and leader of the culture change movement

Friday, Sept. 20, 2019
Validation® - the techniques that help people living with dementia and perhaps trauma, rather than lying and only redirecting

- If you want notices, email carmen@edu-catering.com

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Let's change institutional culture!

If I can be helpful please feel free to contact me Carmen Bowman

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Q AND A
OTHER GOOD RESOURCES, IDEAS, ETC.?

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Take Aways

- Study and know the regulations
- Become an expert in Trauma Informed Care
- Lead the move-in process to be the very best it can be.
- How good is your evaluation/discovery process?
- How detailed is information on resident care plans?
- Do all know the generic list and very individualized list of approaches (not interventions)?
- Do you identify stressors and soothers?
- Do you have an atmosphere of GROWTH?
- Do you offer real life opportunities to overcome trauma?
- More choices = more control/less problems/better life
- Are all team members made aware/taught to be sensitive to trauma? Hold back from teasing, exposing vulnerabilities, etc.

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