- The term “trauma” is used 77 times in the SOM
- 42% of the tags associated with Behavioral Health and Trauma Informed Care can be cited at the SQC level
- Behavioral Health includes disease and non-disease states
- Surveyors have automated tools and protocols to help detect noncompliance with these regulations
Behavioral Health and Trauma Informed Care

November 21, 2019
Wisconsin Dells, WI
Presenters

Beverly Briggs

Deborah Ward
1. Identify and describe the F-Tags and staff competency/training requirements associated with Behavioral Health and Trauma Informed Care (TIC).

2. Explain the interview, observation, and document review approach surveyors have been trained to use in detection of noncompliance with Behavioral Health and TIC.

3. Describe trauma and disease/non-disease states associated with behavioral health and substance use disorders and best practices associated with TIC.
True or False

1. Your facility assessment must show how you planned delivery of behavioral health services.

2. Staff, but not volunteers or contractors, must have behavioral health training.

3. Adverse drug consequences are covered in the behavioral health regulations.

4. Trauma Informed Care can be cited at Substandard Quality of Care.
Identify  Plan  Address /Obtain  Respond

Highest Practicable Level of Well-Being
Terms & Definitions

- Diseases and Disorders
- Treatments and Outcomes
- Staff and Competency
1. Resident Assessment (644 & 645)
2. Quality of Care (699)
3. Behavioral Health (740 – 745)
4. Administration (838)
5. Training (943 & 949)

<table>
<thead>
<tr>
<th>F-Tag</th>
<th>Title</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>SQC</th>
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<td>Coordination of PASARR &amp; Assessments</td>
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<td>645</td>
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F-741 Phase 3:
§483.40(a)(1) Caring for residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment, as linked to history of trauma and/or post-traumatic stress disorder.
The Survey Journey

- Off-Site Review
- Facility Entrance
- Initial Pool
- Investigation
- Sample Selection
Off-Site Review

- All members of the team have access to the data
- History, patterns, and citations associated with abuse and other behavioral health issues
Facility Entrance

- Notes added to software
- Surveyors go directly to their areas
- Facility staff do not accompany surveyors
Initial Pool

- Immediate follow-up on Off-site selected residents
- Vulnerable residents must be included
- Every care area must be reviewed and marked
- Residents on Antipsychotics w/ Alzheimer’s
- PASARR Review
- Data from all surveyors merged
Sample Selection

- Pattern identification
- Surveyors must identify additional residents based on condition and other criteria
Investigation

- Merged data and tools
- Critical Element Pathways
  - PASARR
  - Dementia Care
  - Behavioral & Emotional Status
- Behavioral Health Investigative Protocol
- Psychosocial Outcome Severity Guide
F-644 and F-645: PASARR

- Coordination of PASARR
  - Incorporate recommendations
  - Referral
- PASARR screening for Mental Disorder (MD) and Intellectual Disability (ID)
Identifying Trauma

- What is trauma?
- Signs and symptoms
- Not always negative
F-699: Trauma Informed Care

- Quality of Care/ SQC
- Goals:
  - Provide culturally competent, trauma-informed care.
  - Meet professional standards.
  - Account for residents’ experiences and preferences.
  - Eliminate or mitigate triggers
  - Avoid re-traumatization
Avoiding Re-traumatization
F-740: Care & Services

- Person-centered
- Interaction & communication
- Meaningful activities
- Environment & atmosphere
- Non-pharmacological interventions
F-740: Assessment & Care Planning

- Minimum data set
- Care area assessment process
- Care plan implementation
- Evaluation
F-740: Surveyor Investigation

Did you:
  - Identify and obtain services?
  - Person-centered care plans?
  - Individualized interventions?
  - Identify resident responses?
  - Achieve expected improvements?

Photo Credit @seniordelightbox
F-741: Sufficient/Competent Staff - Behavior Health Needs
Evidenced Based Skills & Competencies

- Facility Assessment
- Best practices/ literature
- MDS
- Quality Improvement Data
- Resident/population specific needs
Person-Centered Meaningful Engagement

- Promotes psychosocial and emotional well-being
- Knowledge of behavioral health care and services
- Implement behavioral health elements of the care plan

Photo Credit @seniorsouthernliving
Pharmacological vs. Non-Pharmacological

- Adverse consequences
- Appropriate uses
- Assessments/monitoring
- Environments
Non-Pharmacological Interventions

- Dietary
- ADL Routines
- Environment
- Staffing assignments
- Meaningful activities
- Providing outside services
F-742: Treatment/Service for Mental/ Psychosocial Concerns
Treatment and Services

- Psychosocial Outcome Severity Guide
- Providing residents with opportunities for autonomy;
- Arrangements to keep residents in touch with their communities,
- Cultural heritage, former lifestyle, and religious practices; and
- Maintaining contact with friends and family.
Environment

- Promote well-being
- Meet needs of residents
- Set individualized approaches
Meaningful & Individualized Activities

- Individualized
- connectedness/engagement
- Promotes self-esteem
- Enjoyable
- Effective interventions
Availability of Services

- Sufficient professional behavioral health resources
- Alternative resources
- Reasonable attempts
F-743: Avoidable vs. Unavoidable
Non-Compliance for F-743

1. Behavior change
2. Attribution
3. Evaluation by a qualified professional
4. Person-centered care planning
5. Services that support resident’s needs
6. Training provided to staff
7. Consistently implemented care
8. Ongoing assessment
9. Documented revisions for needs and care
F-744: Treatment/Service for Dementia

Dementia

Dementia is a group of brain diseases that cause long term loss of thinking, memory, and behavior. As the brain cells become damaged and die, the function of the brain is impaired. This results in changes in personality, memory, judgment, language, and ability to perform daily activities.
Non-Compliance for F-744

*The facility failed to:*

1. Resident Assessment Instrument (RAI)
2. Identify, address, or obtain services
3. Person-centered care plan
4. Individualized interventions
5. Review and revise care plans
6. Modify environment to meet needs
7. Achieve expected improvements or stable rate of decline
F-745: Social Services

- Definition
- Requirements
- Facility-provided social services
Social Services Needs

- Lack of effective support
- Distress
- Abuse
- Difficulty coping
- Need for emotional support
Transfers and Discharges

- Rights
- Understanding
  - Education level
  - Communication barriers
  - Physical and mental impairments
- Documentation
F-838: Facility Assessment

- Dining
- Behavioral Health
- Specialized Rehab Svc
- Staffing (level/competency)
- Person Ctr Care Planning
- Infection Control
- QAPI/ QAA
- Training
Residents’ Behavioral Health Needs

Facility’s Behavioral Health Resources

Resources to Meet Identified Needs
Facility Assessment and Behavioral Health

- History of Trauma
- Post Traumatic Stress Disorder (PTSD)
- Mental Disorders
- Psychosocial Issues

- Amount & Type of Behavioral Health Training
- Competencies
- Services
- Treatments
- Number and type of staff
F-943 and F-949: Staff Training and Competency Checks

- Dementia Care
- Behavioral Health Training (Phase 3)
What is the difference?

1. What is the difference between training and competency?
2. How do you prove to a surveyor that you’ve completed required training?
3. How would you prove that your staff have a required competency?
Training VS. Competency

Knowledge
Rationale
Consequences
What I expect

What I Inspect
Behaviors
Skills
Outcomes
Training Content for Behavioral Health: F-949

- Facility Assessment
- Disease/ non-disease
- Communication strategies
- Care supported by evidence based best practices
- Referral/ change in condition and professional support

Photo Credit @tofeeontour
Non-Compliance for Training Requirements

- Absence of training records
- Lack of competent/ best-practice staff behaviors
- Staff reports.
- Procedures that allow staff to express concerns/ request training
- Facility Assessment evaluation of training needs and alignment with training program(s).
Commitment to Act

1. Review the regulatory requirements
2. Arrange for behavioral health training
3. Examine competency testing associated with behavioral health
4. Work on our Trauma Informed Care Approach
5. Add details on behavioral health needs and/or resources to our Facility Assessment
6. Anything else?
Mental Health and Older Adults

1. **T/F:** The rate of substance abuse for older adults is about double that of younger people in the US.

2. **T/F:** Older adults have fewer risk factors for depression and anxiety because they have developed effective coping strategies over their lifespan.
Mental Health and Older Adults

3. **T/F:** Older adults die of suicide at a lower rate than the national average.

4. **T/F:** People can and do recover from mental disorders at any age.
Non-[Mental Disorder] Disease States

- Metabolic or endocrine disorders
- Central nervous system disorders
- Miscellaneous conditions
- Over-medication for treatment of other conditions
- Use of restraints.
Mental Disorder

- **Diagnosable**
- **Changes in:**
  - Thinking
  - Emotional state
  - Behavior
- **Disrupts:**
  - Work
  - Daily activities
  - Engaging in satisfying relationships
Behavioral Health

- Resilience
- Wellbeing
- Choices or actions that affect wellness
- Treatment of mental and substance use disorders
- Support of individuals, families, and communities
Factors Impacting Recovery

- Earliest possible intervention
- Availability of Treatment
- Getting Treatment
- Support from others
- Willingness and ability of the person to participate
Anxiety
Signs and Symptoms: Physical

- Cardiovascular
- Respiratory
- Neurological
- Gastrointestinal
- Musculoskeletal
Signs and Symptoms: Psychosocial

- Avoidance
- Obsessive or compulsive behavior
- Distress in social situations
- Unrealistic/ excessive fear or worry
- Decreased concentration or memory
- Irritability
- Anger, confusion or restlessness
Depression
Signs and Symptoms: Physical

- Fatigue/lack of energy
- Sleeping & eating changes
- Unexplained aches and pains
Signs and Symptoms: Psychosocial

- Crying spells
- Withdrawal from others
- Inaccurate beliefs about how others see them
- Neglect/loss of interest
- Use of drugs and alcohol
- Sadness, guilt, anger, mood swings
- Lack of emotional response
- Helpless or hopeless
- Thoughts of or talking about suicide
Risk Factors for Depression & Anxiety for Older Adults

- Perceived poor health
- Progressive/disabling sensory loss
- History of recurrent falls
- Cognitive impairment or dementia
- Extended or long-standing bereavement
- Dissatisfaction with social network
- Preoccupation with somatic (physical) symptoms
Personality Disorder

- Deeply Ingrained
- Inflexible patterns
- Usually recognizable in early adolescence, but become less obvious by middle age
Types of Personality Disorders

- **Anti-Social**
  - Impulsive
  - Callous
  - Manipulative
  - Aggressive
  - Irresponsible

- **Borderline**
  - Unstable:
    - Relationships
    - Self-Image
    - Emotional Functioning

- **Narcissistic**
  - Grandiose sense of self
  - Entitlement
  - Excessive need for attention and admiration
Psychosis
What is Psychosis?

- Condition in which a person has lost some contact with reality
- Severe disturbances in thinking, emotion, and behavior
- Usually occurs in episodes and is not a constant or static condition
Types of Disorders in Which Psychosis May Occur

- Schizophrenia
- Bipolar disorder
- Psychotic depression
- Schizoaffective disorder
- Dementia
- Drug-induced psychosis/delirium
Suicide

- Higher rates
- Frailty
- Having a plan
- More determined

Photo Credit @flowsofly
Suicide Risk Factors for Older Adults

- Medical illness, especially chronic illness with disability, pain, and decline.
- Pain or distress is minimized
- Discord or loss
- Marked difficulty adapting to change
- Impulsivity/cognitive impairment
- Substance use
Substance Use in Older Adults

- 16% of older adults are at risk/ experience substance use disorders
- Late onset is often unintentional
- Loneliness and isolation are risk factors
- Diagnostic Criteria
Trauma

“Exposure to actual or threatened death, serious injury, or sexual violence”

- Direct exposure
- Witnessing, in person
- Learning about it happening
- Experiencing repeated or extreme aversive details of trauma
Common Trauma Events

- Domestic violence
- War or political violence
- Community violence (shooting, burglary, assault)
- Sexual or Physical abuse
- Natural disaster (hurricane, flood)
- Car accident
- Serious injury; surgery; poor medical care
- Sudden unexpected death of a loved one
Identifying Trauma - History

PTSD was included in the third edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-III).

SSAMHSA held the Dare to Vision Conference, which brought the discussion of trauma to the foreground.
Post Traumatic Stress Disorder

- DSM 3 (1980)
- Stressor: history of a traumatic event resulting in Anxiety, helplessness, or horror
- Symptoms:
  - Intrusion / Reexperiencing
  - Avoidance
  - Alterations in Arousal or reactivity
  - Negative alteration of cognition or mood
Intrusion / Reexperiencing Symptoms

- Unwanted upsetting memories
- Flashbacks
- Bad dreams
- Frightening thoughts
- Emotional distress or physical reactivity after exposure to reminders
Avoidance

- Staying away from situations that trigger trauma experiences or memories
- Avoiding thoughts or feelings
Arousal and Reactivity

- Irritability or aggression
- Risky or destructive behavior
- Hypervigilance
- Heightened startle reaction
- Difficulty concentrating or sleeping
Cognition and Mood

- Inability to recall key events of the trauma
- Overly negative thoughts
- Exaggerated blame
- Negative affect or difficulty experiencing positive affect
- Feeling isolated
- Loss of interest in activities
Often Underdiagnosed in Older Adults

1. Failure to assess multiple sources of trauma
2. Past work has focused on veterans
3. Late-onset cases are often not counted
4. Symptoms are attributed to physical conditions
5. Diagnostic Criteria are validated on younger populations
Stress

Any circumstance that threatens or is perceived to threaten one’s well being or tax one’s coping mechanisms
Frustration

Whenever the pursuit of some goal is thwarted
Conflict

Two or more incompatible motivations or behavioral impulses compete for expression

- Hiking or Yoga
- Rock & a Hard Spot
- Proceed in spite of risk?
Pressure

Expectations or demands that one behave in a certain way
Life Changes

Any substantial alterations in one’s living circumstances that require readjustment
Relocation Stress Syndrome

- Increased risk of illness and death
- Signs and symptoms:
  - Confusion
  - Depression
  - Agitation
- Older adults with cognitive impairments may experience additional difficulties
Trauma Informed Care

- Staff Knowledge
- Capacity to hear trauma stories and respond appropriately
- Willingness to identify and mitigate triggers
- Policies and procedures to guide response
TIC: What Does Competency Look Like?

- Act with Respect
- Say what you mean, mean what you say
- Intentional and present
- Listen, acknowledge & validate

- Say thank you
- Don’t assume or compare
- Ask before giving advice or touching
- Share the information appropriately
What happened to you?

What are your strengths?

How can we support you as you heal?
What is wrong with you?

Stop imagining stuff!

You need to get over it and move on
Information to Share

1. Signs and Symptoms of PTSD
2. Suicide Risk Factors for Older Adults
3. Substance Use Disorder
4. Training on Disease/ Non-Disease
5. Something else?
Thank You!