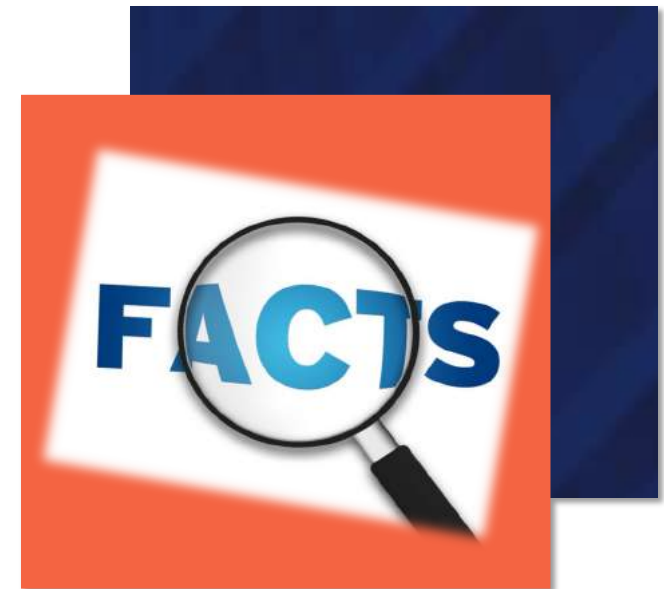


Welcome!

- 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



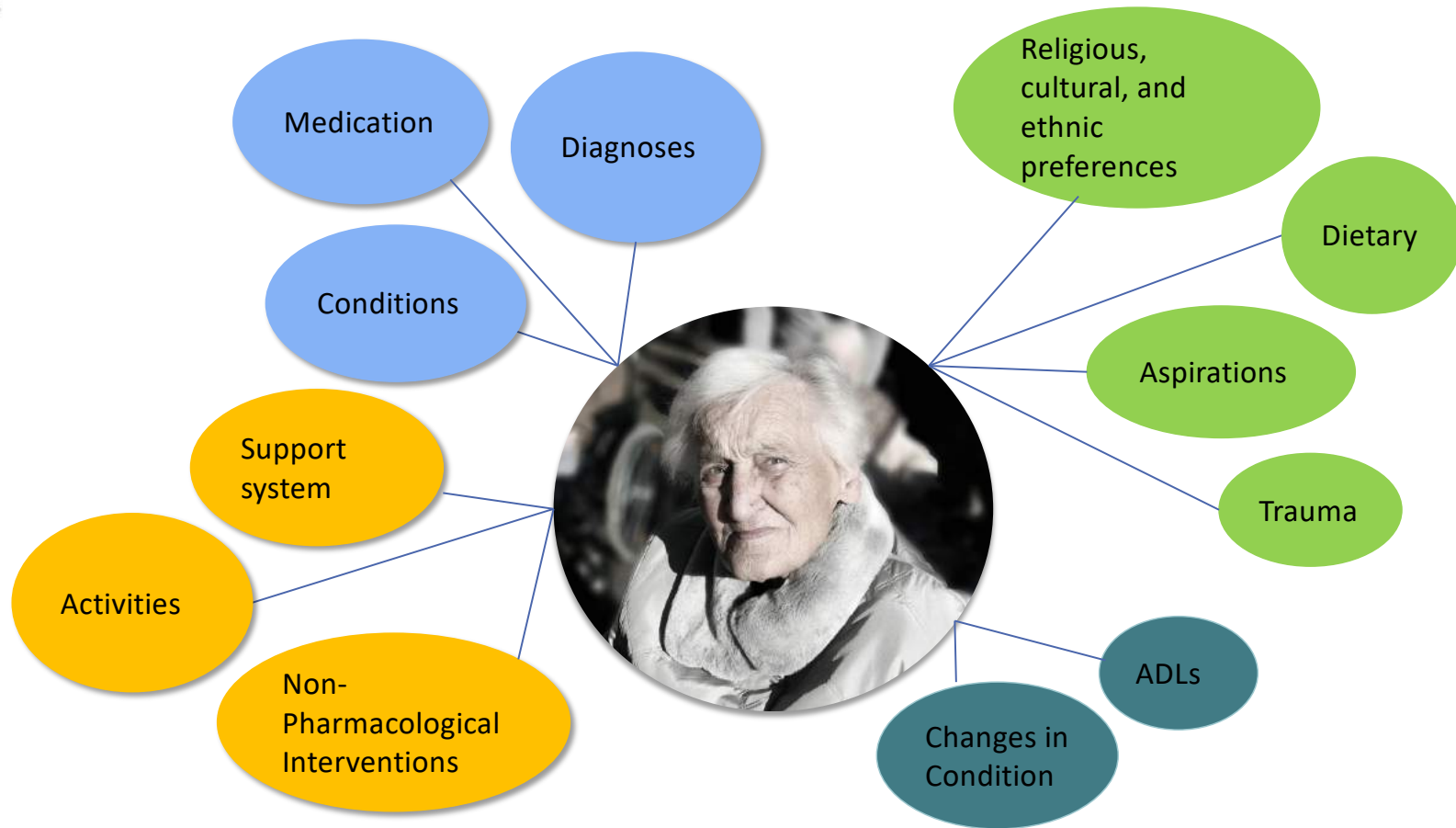
Deborah Ward



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.

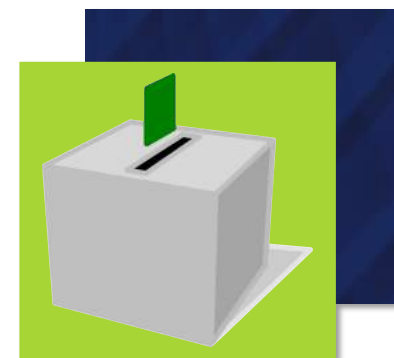


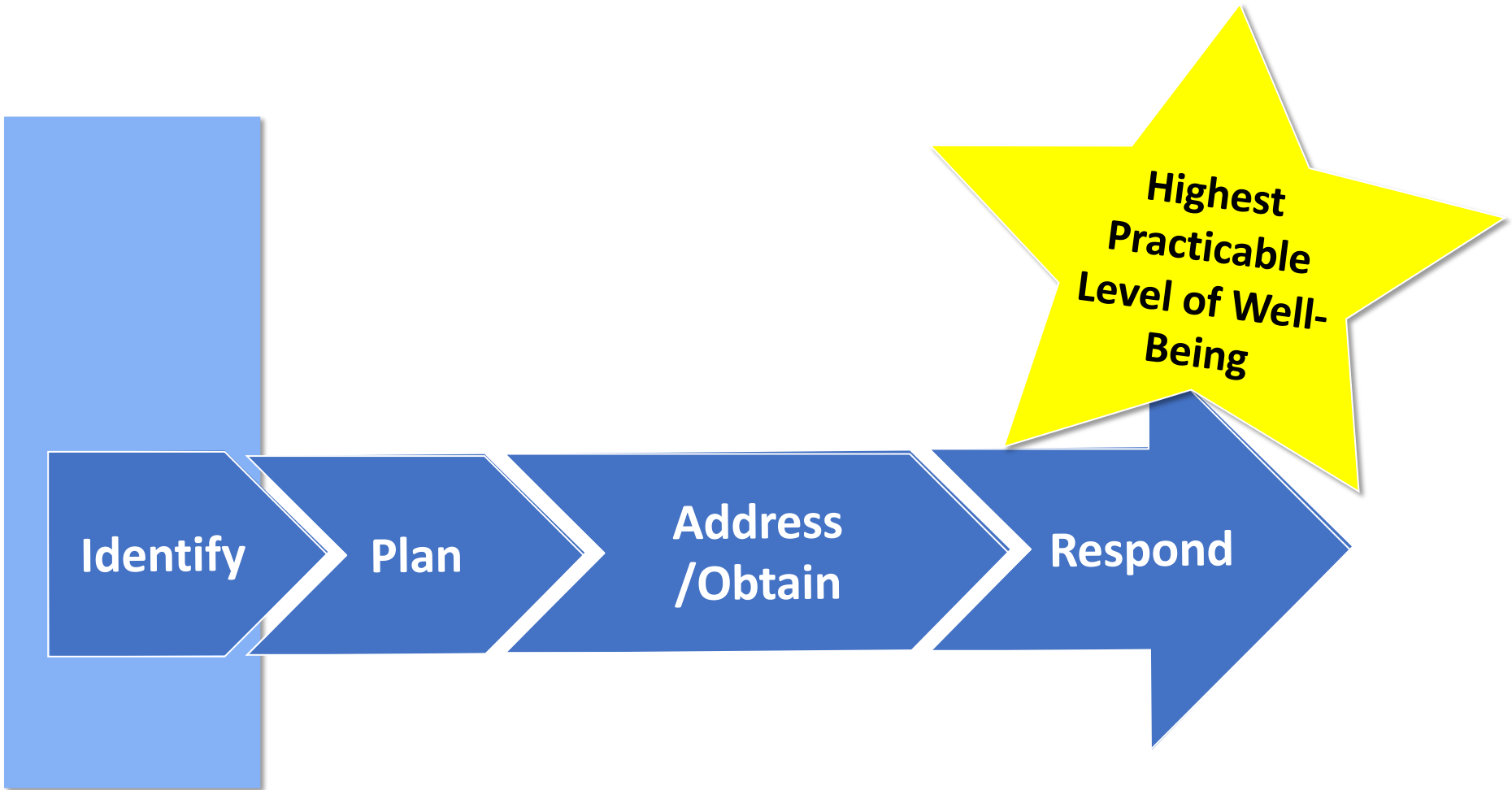
Learning Objectives



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.








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)

 Behavioral Health Regulations by Phase 		Phase 1	Phase 2	Phase 3	SQC
F-Tag	Title				
644	Coordination of PASARR & Assessments	✓			
645	PASARR Screening for MD and ID	✓			
699	Trauma Informed Care			✓	⊙
740	Behavioral Health Services		✓		
741	Sufficient/ Competent Staff - Behavior Health Needs		✓	✓	
742	Treatment/ Service for Mental/ Psychosocial Concerns	✓			⊙
743	No Pattern of Behavioral Difficulties Unless Unavoidable	✓			⊙
744	Treatment/ Service for Dementia		✓		⊙
745	Provision of Medically Related Social Services	✓			⊙
838	Facility Assessment		✓		💡
943	Abuse, Neglect, & Exploitation Training	✓			💡
949	Behavioral Health Training			✓	💡

⊙ Tag can be cited at an SQC level

✓ Implementation Date

💡 Gaps in training and facility assessment implementation may create noncompliance in other areas.



Behavioral Health Regulations by Phase



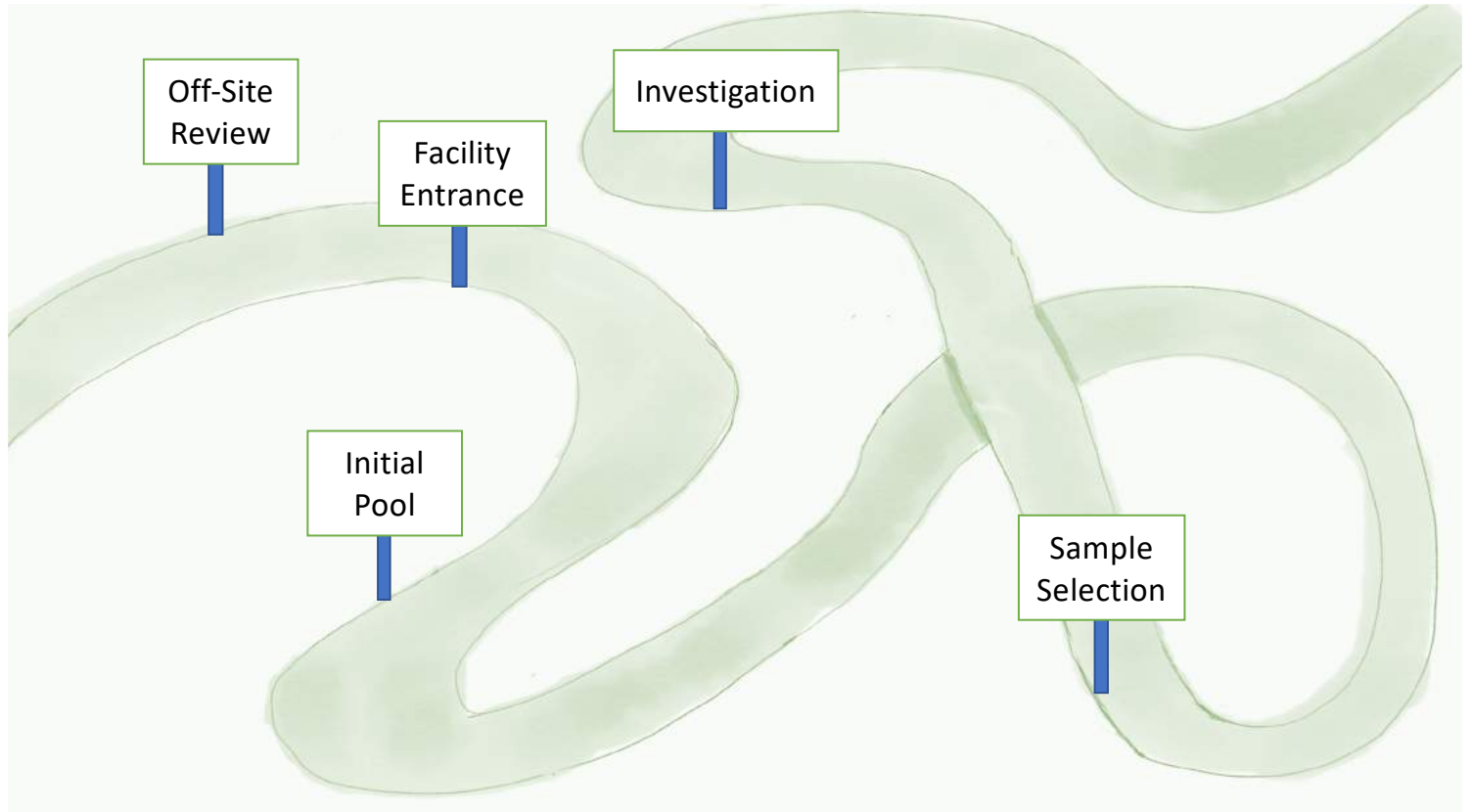
F-Tag	Title	Phase 1	Phase 2	Phase 3	SQC
644	Coordination of PASARR & Assessments	✓			
645	PASARR Screening for MD and ID	✓			
699	Trauma Informed Care			✓	⊙
740	Behavioral Health Services		✓		
741	Sufficient/ Competent Staff - Behavior Health Needs		✓	✓	
742	Treatment/ Service for Mental/ Psychosocial Concerns	✓			⊙
743	No Pattern of Behavioral Difficulties Unless Unavoidable	✓			⊙
744	Treatment/ Service for Dementia		✓		⊙
745	Provision of Medically Related Social Services	✓			⊙
838	Facility Assessment		✓		💡
943	Abuse, Neglect, & Exploitation Training	✓			💡
949	Behavioral Health Training			✓	💡

⊙ Tag can be cited at an SQC level
✓ Implementation Date
💡 Gaps in training and facility assessment implementation may create noncompliance in other areas.

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

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

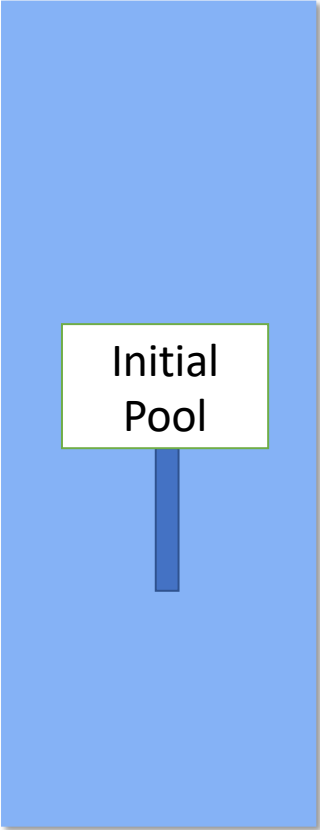


Facility
Entrance

Facility Entrance

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





Initial
Pool

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

Sample
Selection



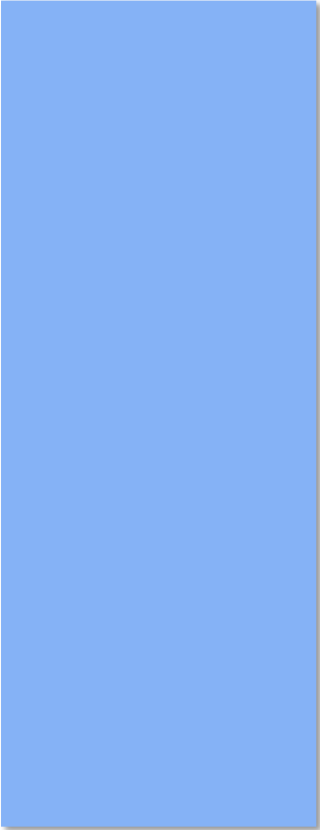
- Pattern identification
- Surveyors must identify additional residents based on condition and other criteria

Investigation

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



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



Photo Credit @seniordelightbox

Did you:

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

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



Photo Credit @days_with_mom_and_dad

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 memory and other thinking skills. Dementia becomes more common as people get older. It is not a normal part of aging.



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

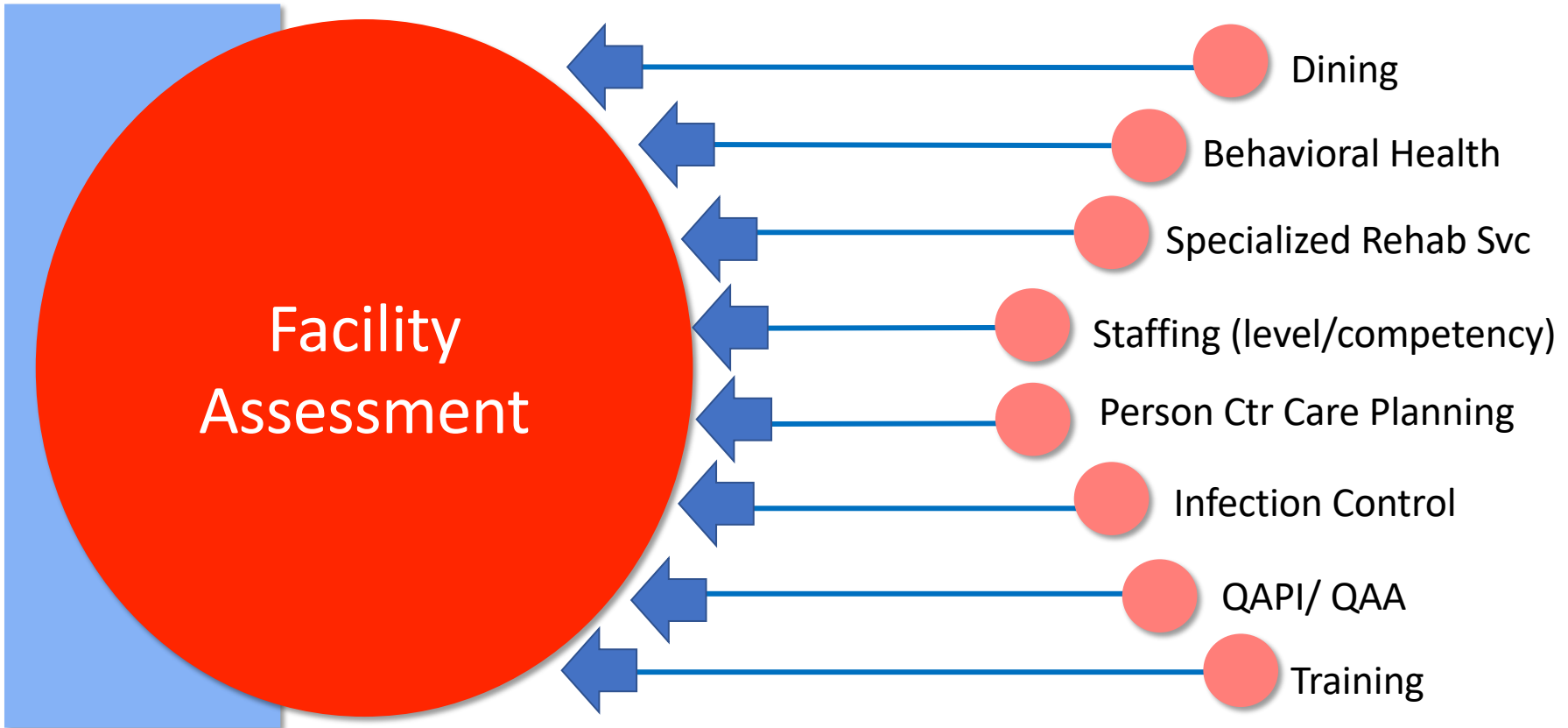


Transfers and Discharges

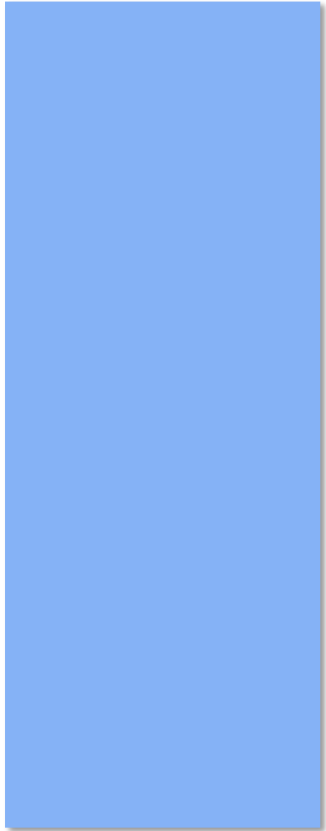
- Rights
- Understanding
 - Education level
 - Communication barriers
 - Physical and mental impairments
- Documentation



F-838: Facility Assessment



Resources to Meet Identified Needs



Facility Assessment and Behavioral Health



Needs

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



Resources

- 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)

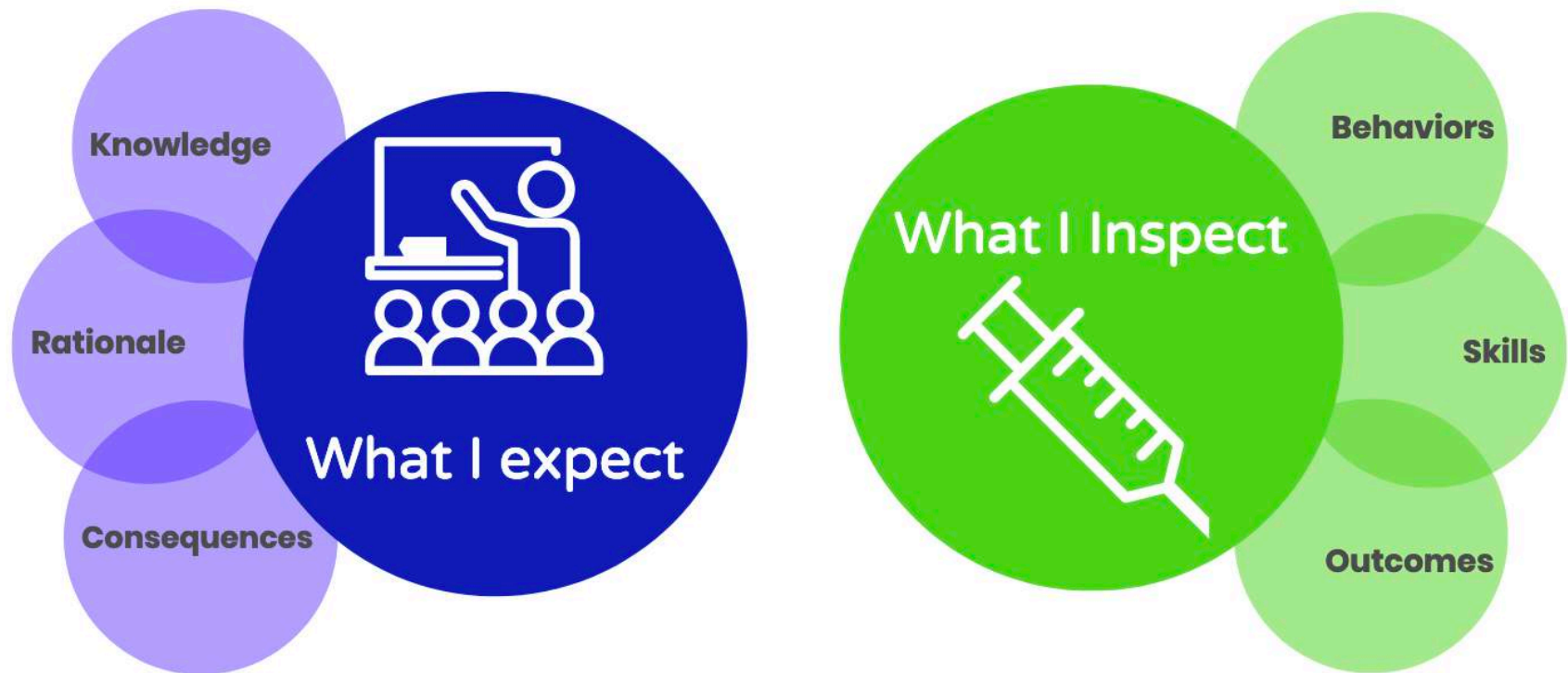


What is the difference?

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



Training Content for Behavioral Health: F-949



Photo Credit @tofeeontour

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

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

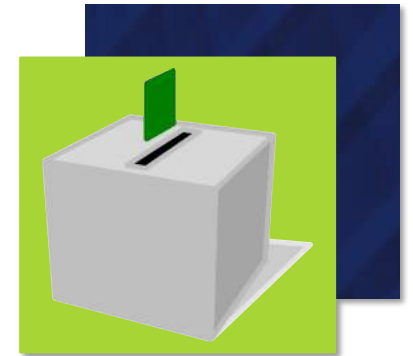
1. Review the regulatory requirements
2. Arrange for behavioral health training
3. Examine competency testing associated with behavioral health
4. Work on our Trauma Informed Care Approach
5. Add details on behavioral health needs and/or resources to our Facility Assessment
6. Anything else?





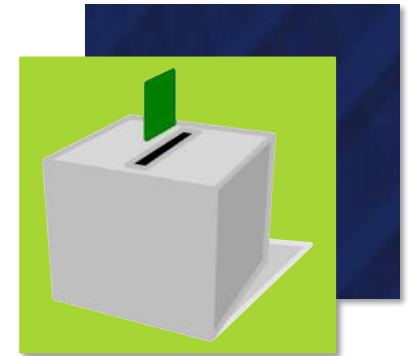
Mental Health and Older Adults

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.



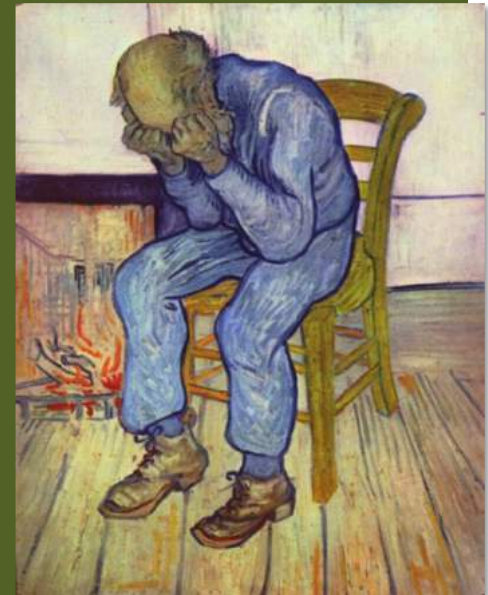
Non-[Mental Disorder] Disease States

- 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



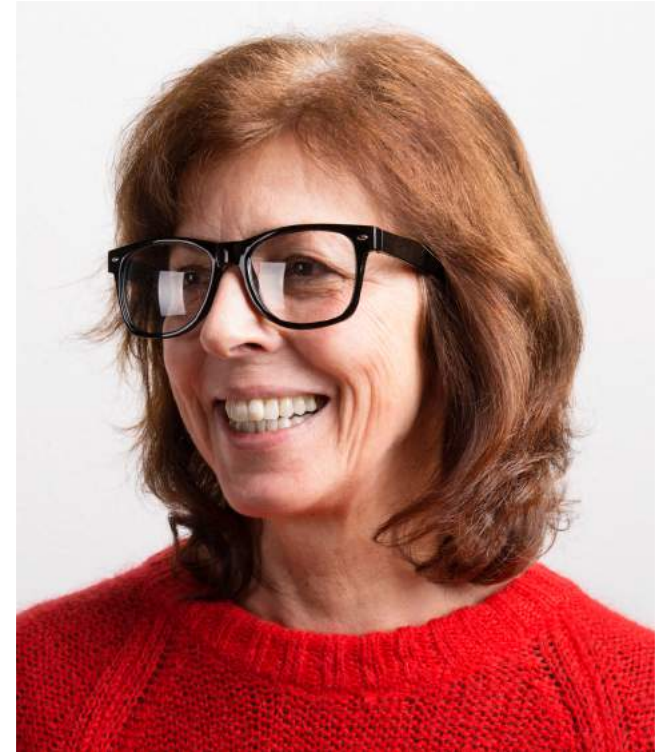
Behavioral Health

- 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 w/ 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

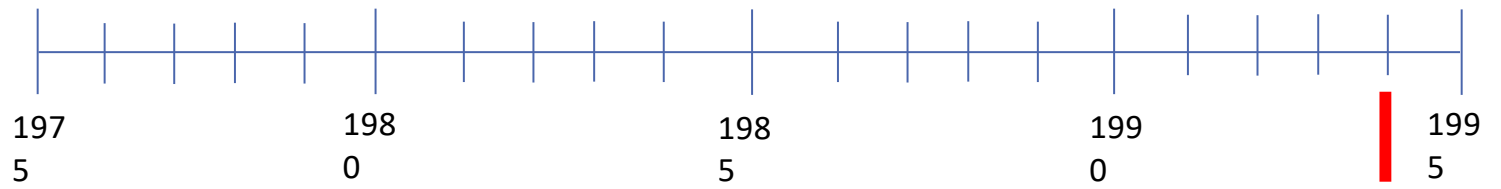


Common Trauma Events

- 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



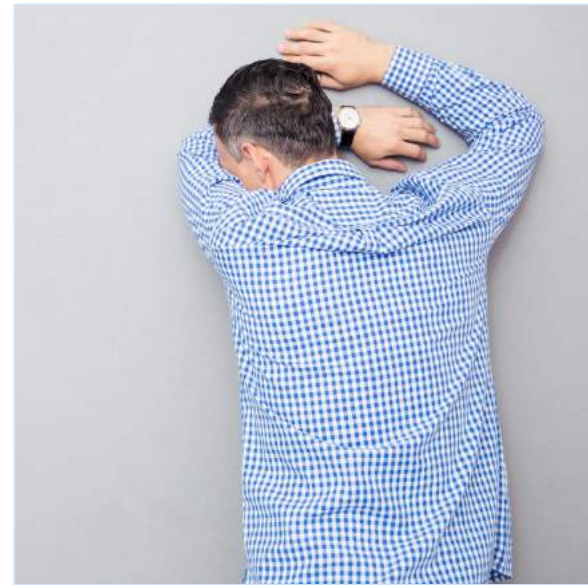
Intrusion / Reexperiencing Symptoms

- 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

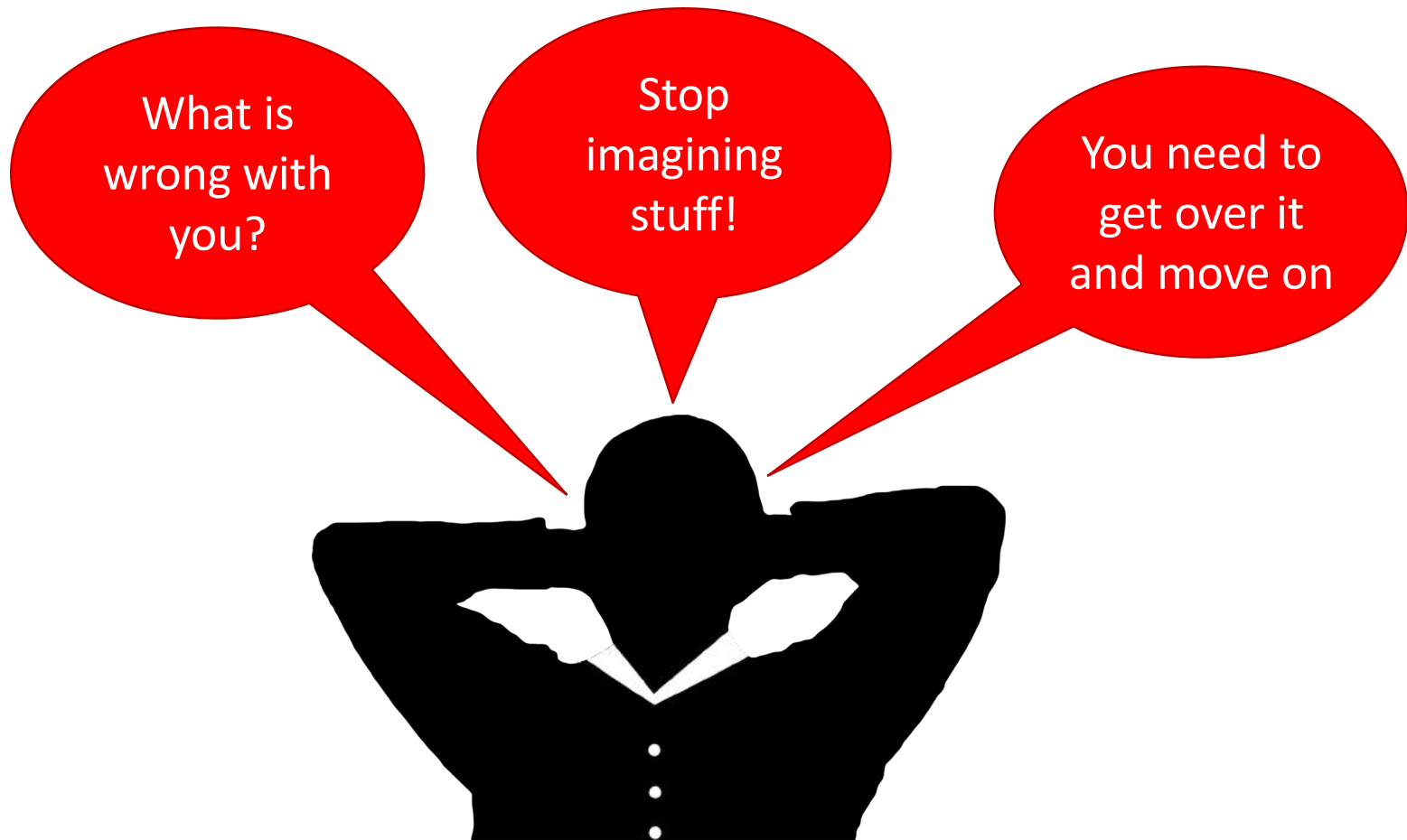
- Staff Knowledge
- Capacity to hear trauma stories and respond appropriately
- Willingness to identify and mitigate triggers
- Policies and procedures to guide response

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







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!

