Welcome!

As you join, please turn on cameras and mic or unmute your phone and say hello to your Virginia colleagues. We all have a common bond: the choice to serve in a unique area of health care. During the presentation we can mute ourselves until it is time for more interaction.
Let’s Network!

Please use the chat box:

• Your name and region/city/town
• Do you think you impact the stability of staffing? Has staffing gotten any better lately?

Thank you for taking care of Virginia’s residents of PACE, assisted living and nursing homes!
To find us, resources or archived Forum presentations, come to our website.
Welcome New Members!

Debbie Bennett, Public Health Specialist
Denise Watson, RN
Lydia Brown, Mitigation Specialist
Tatsiana Khamanskaya, FNP-C
Tizita Tefera, DON
Who are we?

Staff
Christian Bergman, MD - Principal Investigator
Bert Waters, PhD - Project Director
Laura Finch, MS, GNP, RN - Clinical Coordinator
Kim Ivey, MS - Communications/Administration
Jenni Mathews - Registration/Evaluation Coord.
Kristin MacDonald, MS, RD - News & Content Editor

Steering Committee
Eastern Region: Rob Walters, MD & Mary Mallory, NP
Northwestern Region: Jonathan Winter, MD
Central Region: William Reed, MD & Tangela Crawley-Hardy, NP
Southwest Region: Katherine Coffey-Vega, MD & Jamie Smith, NP
Northern Region: Aabha Jain, MD & Noelle Pierson, NP
Statewide: Shawlawn Freeman-Hicks, NP
Our Network is 227 members strong!
Poll Question: please comment further

What diagnoses are keeping you busy in LTC these days? (Especially post-holidays!)

A - CHF exacerbations
B - Respiratory viruses
C - Seasonal depression
D - Sepsis
E - All of the above
Poll Question 2

Pediatric/adolescent and primary care offices are using mental health screenings when they obtain vital signs and medication lists. Is your LTC community incorporating mental health screenings during routine assessments?

1. Yes
2. No
Person-Centered Trauma-Informed Care with Nursing Facility Residents

Gigi Amateau, PhD
1/17/2024
Learning Objectives

• Identify key principles of person-centered, trauma-informed care.

• Identify practical strategies for integrating trauma-informed interactions with nursing facility residents.

• Know where to locate additional resources related to person-centered trauma-informed care in nursing facilities.
Trauma-Informed Care: Why Now?

• CMS Phase 3 regulations
• Extension of person-centered care
• Prevalence of PTSD and Mental Health conditions in nursing homes
• Health care settings, including long-term often traumatize or re-traumatize patients and residents
• Recovery, healing and growth as we enter a different phase of COVID-19
Mrs. G, a 94-year-old woman, was admitted after a fall at home. Mrs. G’s medical history included Alzheimer’s disease. Mrs. G would become distressed particularly during personal care. This distress was characterized by verbal and physical aggression, including biting, spitting, punching, and grabbing staff. Four staff were required to assist Mrs. G with personal care. Staff reported being afraid of her and would attend to her personal care very quickly. Mrs. G’s family were distressed by her behavior, telling staff that these reactions were out of character for her. Staff could not identify the triggers for this behavior until a family member asked for a private meeting and disclosed that Mrs. G had experienced sexual abuse in the past. Together, family and staff identified that personal care delivered by male staff was triggering for Mrs. G, and staff efforts to persist with care were interpreted by Mrs. G as disrespectful and untrustworthy.
Trauma-Informed Care Aims to

- Mitigate re-traumatization or trauma symptoms by providing safety
- Alleviate resident physical, social, spiritual, psychological stress
- Open pathways to healing and growth
- Improve health outcomes
- Increase resident engagement
- Attune to the distinct experiences of residents

O’Malley et al., 2023
What is Trauma?

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

SAMHSA, 2014
### Potential Sources of Traumagenic Experiences Among Residents

<table>
<thead>
<tr>
<th>Individual</th>
<th>Collective</th>
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</thead>
<tbody>
<tr>
<td>- Adverse childhood experiences (ACEs)</td>
<td>- Structural racism, ageism, and other forms of marginalization and discrimination</td>
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<tr>
<td>- Intimate partner violence</td>
<td>- Poverty</td>
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<tr>
<td>- Death or loss of important person</td>
<td>- Diaspora, exile, statelessness</td>
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<td>- Abandonment</td>
<td>- Intergenerational/historical suffering</td>
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<tr>
<td>- Exposure to war or torture</td>
<td>- Acute events (COVID-19)</td>
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<tr>
<td>- Bullying</td>
<td>- Historical atrocities: slavery, genocide, the Holocaust</td>
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<tr>
<td>- Discrimination</td>
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</table>
Principles of Trauma-Informed Approaches

1. Safety
2. Trustworthiness & Transparency
3. Peer Support
4. Collaboration & Mutuality
5. Empowerment Voice & Choice
6. Cultural, Historical, & Gender Issues

CDC, Falsot & Harris, 2006; SAMHSA, 2014
Mrs. G

Mrs. G, a 94-year-old woman, was admitted after a fall at home. Mrs. G’s medical history included Alzheimer’s disease. Mrs. G would become distressed particularly during personal care. This distress was characterized by verbal and physical aggression, including biting, spitting, punching, and grabbing staff. Four staff were required to assist Mrs. G with personal care. Staff reported being afraid of her and would attend to her personal care very quickly. Mrs. G’s family were distressed by her behavior, telling staff that these reactions were out of character for her. Staff could not identify the triggers for this behavior until a family member asked for a private meeting and disclosed that Mrs. G had experienced sexual abuse in the past. Together, family and staff identified that personal care delivered by male staff was triggering for Mrs. G, and staff efforts to persist with care were interpreted by Mrs. G as disrespectful and untrustworthy.
Safety: Does this cultivate a sense of safety?

Respect: Am I and others showing respect?

Trust: Does this build trust?
Everyone experiences adversity differently. Trauma’s influence extends across the lifespan. Trauma-informed care is not trauma treatment. All have a role to play in creating trauma-informed cultures.

TIC asks, “what happened to you?” rather than “what’s wrong with you?” Trauma-informed change occurs at the individual, organizational and system levels. Trauma-informed approaches offer universal benefits. We can each take practical steps to ease, soothe, and comfort people in our care.

In Summary
Trauma-Informed Care Toolkit for Nursing Homes

COMING SOON

6 Principles of Trauma-Informed Approaches

SAFETY
Physical and psychological safety are prioritized within the organization: for staff and people who are served. Understanding how people perceive safety is key.

TRUSTWORTHINESS & TRANSPARENCY
In its operations and decisions, organizational business is conducted with transparency. A goal exists to build trust among all who interact with the organization.

PEER SUPPORT
People's stories and lived experiences are valued as key to building safety, establishing trust, and growth after healing. Mutual self-help and peer support are valued as vehicles for recovery and growth.

COLLABORATION & MUTUALITY
Everyone has a role to play in a trauma-informed approach. Power differences between staff and people being served and within staff are leveled in favor of shared decision-making.

EMPOWERMENT, VOICE, & CHOICE
Individuals' strengths and experiences are recognized throughout the organization. The culture fosters a belief in resilience and in the ability to promote recovery from trauma.

CULTURAL, HISTORICAL, & GENDER ISSUES
Moves past cultural biases; leverages cultural connections for healing; gender-responsive services; policies and protocols respond to racial, ethnic, and cultural needs of people served; recognizes and addresses historical trauma.
References


Center for Advancing Holocaust Survivor Care Institute on Aging Care. Jewish Federations of North America.


References


Open Forum

Share an idea. Anything you need help with? What’s new in your Virginia Health District? Any announcements?
Answer in chat, but do not press send until we count down:
As we enter state budget time, if you had all the money in the world, how would you improve where you work in LTC?
3.79 percent of emergency department visits were diagnosed for COVID-19 in the week ending 01/06/2024

5.08 percent of inpatient beds in use for COVID-19 for the week ending 01/13/2024

Monthly Forum - Every 3rd Wednesday, 4-5 PM

Forum topics will be in areas of interest to clinicians working in long term care. We will continue to integrate COVID-19 topics in our discussion. Share the membership QR code with your work colleagues so they can get a unique link.

Upcoming Forums

- February 21, 2024 COPD Update

Do any of our Network members want to present a Forum topic? Email us: ltccn@vcu.edu
In support of improving patient care, VCU Health Continuing Education is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

VCU Health designates this live activity for a maximum of **1.00 AMA PRA Category 1 Credits™.** Physicians should claim only the credit commensurate with the extent of their participation in the activity.

VCU Health Continuing Education designates this activity for a maximum of **1.00 ANCC contact hours.** Nurses should claim only the credit commensurate with the extent of their participation in the activity.

VCU Health Continuing Education has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for **1.00 AAPA Category 1 CME credits.** PAs should only claim credit commensurate with the extent of their participation.
Disclosure of Financial Relationships

Disclosure of Commercial Support:
We acknowledge that no commercial or in-kind support was provided for this activity.
Claiming Credit

Submit Attendance

1. If you have **not participated in a VCU Health CE program in the past:**
   a. Go to vcu.cloud-cme.com to create an account – make sure to add your cell phone number

2. Once you have registered or if you **have participated before:**
   a. Text the course code to (804) 625-4041.
   b. The course code for today’s event is: ####### (within 5 days of the event)

Complete Evaluation & Claim Credit, *(within 60 days of the event)*

1) Go to [https://vcu.cloud-cme.com](https://vcu.cloud-cme.com)
2) Sign in using email address used above
3) Click “My CE”
4) Click “Evaluations and Certificates”  
   Need help? [ceinfo@vcuhealth.org](mailto:ceinfo@vcuhealth.org)

OR

1) Open the CloudCME app on your device
2) Click “My Evaluations”
3) Click the name of the activity to complete evaluation

ltccn.vcu.edu
Thank you for joining us!

Next Newsletter - coming to you in FEBRUARY (date change)

Next Monthly Forum - February 21, 4pm - a COPD update Scroll down in the Zoom registration confirmation email you received today for a calendar link you can use to update your calendar automatically with your Zoom link for future meetings.

On your way out of Zoom, kindly answer a brief feedback survey.

Stay in touch! Email us at ltccn@vcu.edu

Invite your colleagues! They can register at ltccn.vcu.edu
The speakers and presenters for today have no relevant financial conflicts of interest.

Funding Disclosure: This work is supported by the Virginia Department of Health, Office of Epidemiology, Division of Healthcare-Associated Infections (HAI) and Antimicrobial Resistance (AR) Program and the Centers for Disease Control and Prevention, Epidemiology and Laboratory Capacity (ELC) Program under federal award number NU50CK000555 and state subrecipient number VCULTC603GY23 in the amount of $820,002. The content presented is solely the responsibility of the authors and does not necessarily represent the official views of the Centers for Disease Control, the Virginia Department of Health, or Virginia Commonwealth University.

Virginia Long-Term Care Infrastructure Pilot Project (VLIPP) funding will be utilized in nursing homes and long-term care facilities to assist with the ongoing COVID-19 response and to bolster preparedness for emerging infections. The projects are based on identified needs that align with funding objectives.