



POLICY AND PROCEDURE TRAUMA INFORMED CARE

**SAMPLE Policy:** The facility will ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice, as well as residents' preferences and experiences. Residents will be screened and assessed upon admission in order to identify any history of trauma and/or post-traumatic stress disorder (PTSD). Residents who display or are diagnosed with a mental disorder, psychosocial adjustment difficulty, and/or PTSD will be provided with appropriate treatment and services to attain the highest practicable level of mental and psychosocial wellbeing.

**Procedure:**

1. Upon admission, the admitting RN will review hospital discharge records as well as interview the resident/resident representative to determine any history of trauma and/or PTSD.
2. The RNS will document any findings in the Nursing Admission Assessment.
3. On Admission , upon significant change in condition that includes changes in mood state and behavior and as determined by IDT team the Social Worker will utilize a standardized screening tool (e.g., CAPS-5, Trauma Informed Questionnaire) to evaluate for any history of a traumatic experience they may have experienced.
4. When the resident is unable to complete the screening tool due to cognitive deficit, the representative will be interviewed and the Trauma Informed Questionnaire will be completed by the Representative.
5. When the resident has cognitive impairment and has no representative, the IDT will review past medical records and any available psychosocial history in-order to identify any suspected past life traumas.
6. The Social Worker will document the findings of the Trauma Informed Questionnaire in the initial Psychosocial History.
7. When a Resident has experienced a traumatic event, The Social worker will interview resident/resident representative regarding:
  - Potential /actual triggers that may cause re-traumatization of the resident.
  - Experiences, preferences, and /or other interventions that eliminate or mitigate triggers that may cause re-traumatization of the resident.
8. The IDT Team will ensure that an individualized resident centered care plan is developed for Resident that has experienced a traumatic event. The care plan will include but is not limited to the following:
  - Identification of the stressor/past life trauma



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- Identification of interventions that mitigate against re-traumatization
  - Identify triggers that could cause re-traumatization
  - Clinical manifestations experience by the resident
  - Resident-specific goals for preventing re-traumatization
  - Interventions including referral for Psychological and Psychiatry services as indicated
  - Appropriate recreational activities and or therapeutic relaxing interventions
  - The need to obtain assistance from outside agencies and support groups in the community
  - The specific cultural, spiritual and professional interventions that would be beneficial for the resident.
9. Caregivers will be provided with education on Trauma Informed Care/Behavioral Health on initial orientation, yearly and as needed to meet resident care needs.
10. Monitoring of resident's response and adjustment to placement will be done during the initial admission period through interdisciplinary collaboration and communication, with input from resident and representative
11. Trauma Care Plan will be updated and revised on an ongoing basis.
12. Residents will be assessed for any history of trauma on each annual assessment and with a significant change in condition. Identified Traumatic events will be care planned for as listed in # 8.
13. The IDT will identify any resident who experiences a change in mood state with no known pattern of behavioral difficulties or mental illness to include but not limited to:
- Decrease in social interaction
  - Increase in withdrawn behaviors
  - Displays of increased anger and/or angry outbursts
  - Depressive symptoms
14. Residents that fit the categories listed in # 13 will be evaluated by the IDT to determine the root cause leading to the change in mood state and a care plan will be developed for same.
15. Residents that experience a change in mood state will receive appropriate interventions to assist them to include but not limited to:
- Identify a past life stressor/ trauma that was not identified previously
  - Identify triggers resulting in behavior/mood changes
  - Specific cultural, spiritual and professional interventions
  - Referral for Psychological and Psychiatry services as indicate