



The Toolkit – Snapshot

Three PHASES



Pre-Admission

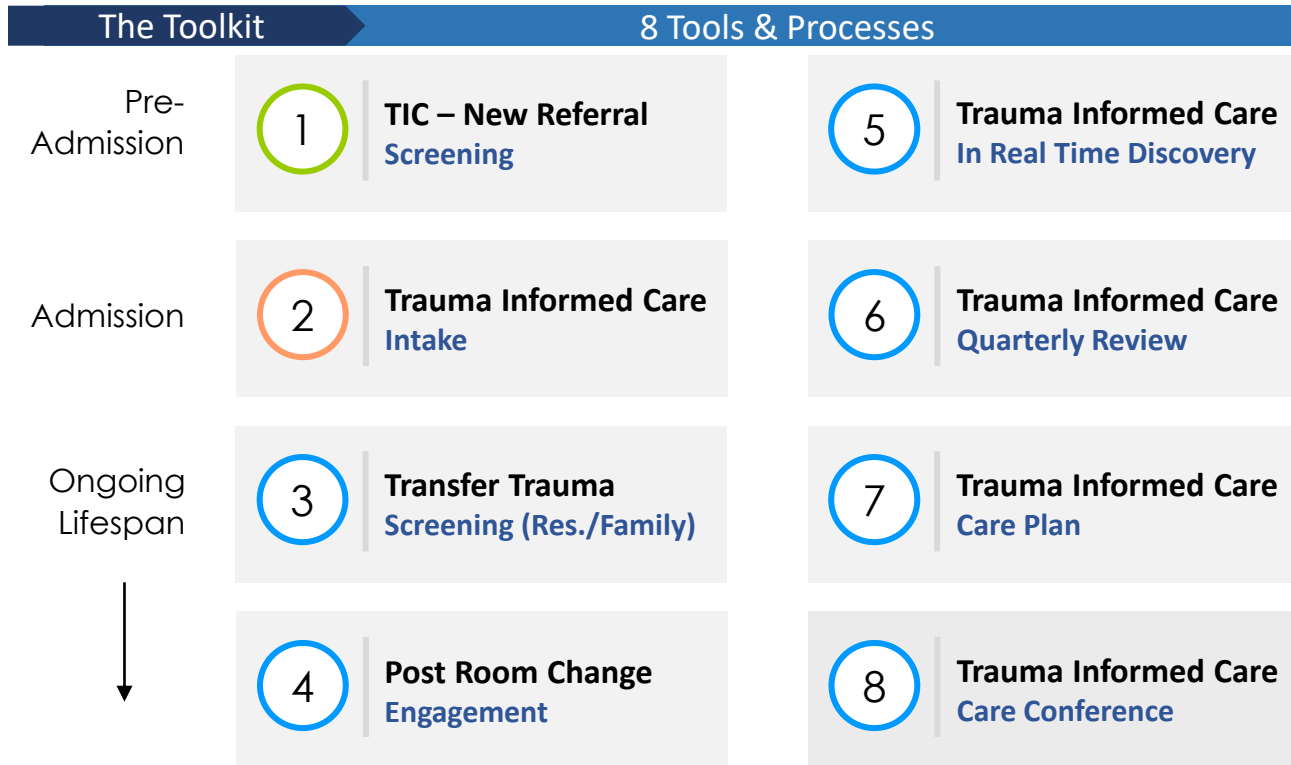


Admission



Ongoing

Creating multiple **touchpoints** to gather trauma related information & create mitigation strategies





Phase One – Pre-Admit

1

TIC – New Referral Screening

- **Objective:** Gentle education, “plant a seed”, build rapport
- **Responsible:** Nursing and/or Resident Services
- **When:** Prior to admit, during screening

SECTION 2.) Trauma Informed Care

Hx of Trauma? Yes No Trauma

Triggers

Interventions

[Type here]

Referral Screening Tool

Referral Name: Date:

Age: DOB: Sex: Referral Type: Traditional Decision Making Financial Other

Contact Name/Title: Type of Setting: Phone: Email: Fax:

SECTION 1) Diagnostic

Neurocognitive Dx: TBI HD HD Dementia Bipolar Disorder Schizophrenia Anxiety Depressive D/O Schizoaffective D/O OTHER MH Dx:

SECTION 2.) Trauma Informed Care

Hx of Trauma? Yes No Trauma

Triggers

Interventions

SECTION 3.) Immediate Exclusionary Conditions (behavioral, diagnostic & medical)

Not free from restraints for 72 hours Needs physical or chemical restraints Not free from 1:1 for 48 hours Danger to self or others Sex offender status (St. Maries) Morbidity obese >400 lbs Extensive Hx of violence against others/still capable of Bx Baseline unmanaged predatory sexual Bx Extensive Hx of suicidal behavior (still cognitively capable of Bx) Borderline Personality D/O (or symptoms of D/O)

If any condition is checked, do not move forward with remainder of screening until an interdisciplinary staffing occur to determine potential conditional approval.

DETERMINATION: Move forward with screening Stop screening

REFERRAL SCREENING - TOOL 1

[Type here]

SECTION 4.) Behavior

1. Physically Aggressive Behavior? Yes No

2. Verbally Aggressive Behavior? Yes No

3. Homicidal Behavior? Yes No

4. Suicidal Behavior? Yes No

5. Self-Harm Behavior? Yes No

6. Substance Abuse? Yes No

7. 1. Smoker? Yes No

8. Inappropriate Sexual Bx? Yes No

9. Other Concerns

SECTION 5.) Psychotic Symptoms

1. Hallucinations? Yes No

2. Delusions? Yes No

If present, are psychotic symptoms managed well? Yes No

SECTION 6.) Psychotropic Treatment

1. Past inpatient psychiatric Tx? Yes No

2. Outpatient psychiatric Tx? Yes No

3. Is outpatient Tx currently necessary? Yes No

4. If needed, are Bx health services available? Yes No

SECTION 7.) Medication Health & Safety

1. Medication management? Yes No

2. Concerns with current medication regime? Yes No

3. Psychotropic medications? Yes No

4. Uncontrolled pain? Yes No

5. Chronic conditions? Yes No

6. History of falls? Yes No

REFERRAL SCREENING - TOOL 2

[Type here]

SECTION 8.) Behavior Care Unit Criteria

1. Does the Resident meet "nursing level of care"? Yes No

2. Does Resident have characteristics defined in sections a. or b.? Yes No

a. Medically based disorder which causes significantly diminished capacity for judgment, retention of information and/or decision-making skills? Yes No

b. Medically based mental health disorder or diagnosis and a high level of resource use? Yes No

3. All unit participants shall have history of demonstrated need for additional resources to provide for disruptive behavior(s), requiring enhanced resources use from nursing facility staff, evidenced by one or more of the following: a-e

a. Socially inappropriate/disruptive behaviors such as disruptive sounds, noise, screaming, self-abusive acts, sexual behavior or disturbing in public (smoking, throwing food/food, hoarding, rummaging through belongings of other participants)? Yes No

b. Intrusive wandering behavior, ambulating with no rational purpose, seemingly oblivious to their needs or safety? Yes No

c. Verbally abusive behaviors? Yes No

d. Physically abusive behaviors? Yes No

e. Behavior that resists care? Yes No

DETERMINATION: Meets BCU Criteria Does not meet BCU criteria

Screening completed by:

Decision: Admit Don't Admit If decision is not to admit, provide brief reasoning below

REFERRAL SCREENING - TOOL 3

2

Trauma Informed Care Intake

- **Objective:** Trauma screen/mitigation strategies for TIC care planning/rapport building
- **Responsible:** Nursing
- **When:** Part of admission intake process

Trauma Informed Care Intake



Resident	<input type="text"/>	DOB	<input type="text"/>	Gender	<input type="text"/>	Location	<input type="text"/>
Initial Admission	<input type="text"/>	Admission	<input type="text"/>	Effective Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

A. Name resident prefers to be called

B. Diagnosed Impairments

1. Does the resident have any diagnosed impairments? No Yes

2. If yes, list impairments:

C. Communication

1. Can the resident communicate easily with staff? No Yes

2. If no, please give name and relationship of person providing information:

D. Trauma Informed Care

1. Over a lifetime it's common to experience unpleasant events that cause us some form of trauma. Example might be; divorce, injury, loss of a pet, natural disaster, being a victim of a crime etc. Sometimes, these past experiences can affect our wellbeing in the here and now. If you have experienced such an event, we would like to support you, gain more understanding of how it affects you then work with you to create an environment that best suits your individual needs.

Was the resident/representative given an overview/description of Trauma Informed Care? Yes No

Continued

E. Trauma

1. Can the resident communicate easily with staff?
 - 1A. Resident or representative reported no trauma
 - 1B. Resident or representative did not respond to question either by choice, ability or other reason
 - 1C. Resident or representative reported trauma
2. Trauma Reported:

F. Suggestions

1. Any suggestions/recommendations to avoid re-traumatization?
 - 1A. Resident/representative did not provide any recommendations
 - 1B. Resident/representative provided recommendations
2. Recommendations provided:

G. Cultural

1. **Cultural Definition:** The customary beliefs, social norms, and material traits of a racial, religious or social group. The set of attitudes, values, goals and practices that characterize an institution or organization. **Question:** Are there any specific cultural aspects and recommendations that may help us deliver care to best honor your culture?
 - 1A. No recommendations made
 - 1B. Resident/representative provided recommendations
2. Recommendations:

H. Plans

1. Immediate plans to mitigate re-traumatization:

I. Information and Support

1. Information/support
 - 1A. Offer immediate and ongoing support as the transition and adjustment to a residential care setting can be difficult
 - 1B. Inform resident/representative that if at any time he or she wants to share past trauma or mitigation strategies for re-traumatization and impact on psychosocial health to seek staff out.
 - 1C. Inform resident/representative that Trauma Informed Care will be address (if appropriate) in quarterly care conferences and as needed.



Phase Three – Ongoing

3

Transfer Trauma Screening (Resident)

- **Objective:** Screen for Transfer symptoms – formulate TIC Care Plan
- **Responsible:** Nursing and/or Resident Services
- **When:** At first care conference (7 day)

Transfer Trauma Screening (Resident)



NAME		REVIEW DATE	
Admit Date		Rm#	

Transfer Trauma (RESIDENT Questions)

Script: It's been ____ days since you moved in. We want to ensure your stay with us is as pleasant as possible. For some people, a move like this can be very satisfying while others experience some unpleasantness, or even a mixture of both feelings. We have a few questions for you to see how you are doing.

- 1.) How have you been since you moved in _____ days ago? (Open ended)
- 2.) Is there anything we can do to make your stay with us better? No Yes (describe)

Guidance: Look for symptoms related response such as: withdrawal from others, sadness, loss of appetite, changes in sleep, worry, anger, anxiety, stress, confusion, irritable bowel, feelings of not being safe etc. Don't driver the conversation, work with it and let it go where the resident takes it.

Considerations or Actions Taken

Completed By:		
Name	Title	Credential
<input type="text"/>	<input type="text"/>	<input type="text"/>



3

Transfer Trauma Screening (Family)

- **Objective:** Screen for Transfer symptoms – formulate TIC Care Plan
- **Responsible:** Nursing and/or Resident Services
- **When:** At first care conference (7 day)

Transfer Trauma Screening (Family)



NAME		NAME	
Room Change Date		Reason for Room Change	
Transfer Trauma (FAMILY Questions)			
<p>Script: It's been ____ days since _____ moved in. We want to ensure _____ stay with us is as pleasant as possible. For some people, a move like this can be very satisfying while others experience some unpleasantness, or even a mixture of both feelings. We have a few questions to get your impression of how _____ is doing.</p>			
<p>1.) How have you been since you moved rooms _____ days ago? (Open ended)</p> <p>_____</p>			
<p>2.) Is there anything we can do to make your stay more pleasant since your room change? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>_____</p>			
<p>Guidance: Look for symptoms related response such as: withdrawal from others, sadness, loss of appetite, changes in sleep, worry, anger, anxiety, stress, confusion, irritable bowel, feelings of not being safe etc. Don't driver the conversation, work with it and let it go where the resident takes it.</p>			
Considerations or Actions Taken			
<p>_____</p>			
Completed By:			
Name	Title	Credential	
_____	_____	_____	



4

Post Room Change Engagement

- **Objective:** Screen for distress symptoms following a room change
- **Responsible:** Resident Services or Nursing
- **When:** No more than 2 days after room change

Post Room Change Engagement



NAME		NAME	
Room Change Date		Reason for Room Change	
Post Room Change (Questions)			
<p>Script: It's been ___ days since you moved rooms. We want to ensure your stay is as pleasant as possible. We have a few questions for you to see how you are doing since your room change.</p>			
<p>1.) How have you been since you moved rooms _____ days ago? (Open ended)</p> <p><input type="text"/></p>			
<p>2.) Is there anything we can do to make your stay more pleasant since your room change? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="text"/></p>			
<p><i>Guidance: Look for symptoms related response such as: withdrawal from others, sadness, loss of appetite, changes in sleep, worry, anger, anxiety, stress, confusion, irritable bowel, feelings of not being safe etc. Don't driver the conversation, work with it and let it go where the resident takes it.</i></p>			
Considerations or Actions Taken			
<input type="text"/>			
Completed By:			
Name	Title	Credential	
<input type="text"/>	<input type="text"/>	<input type="text"/>	



5

Trauma Informed Care In Real Time Discovery

- **Objective:** Communicate newly discovered trauma/mitigation info for CP development
- **Responsible:** Whoever discovered new information
- **When:** Upon discovery

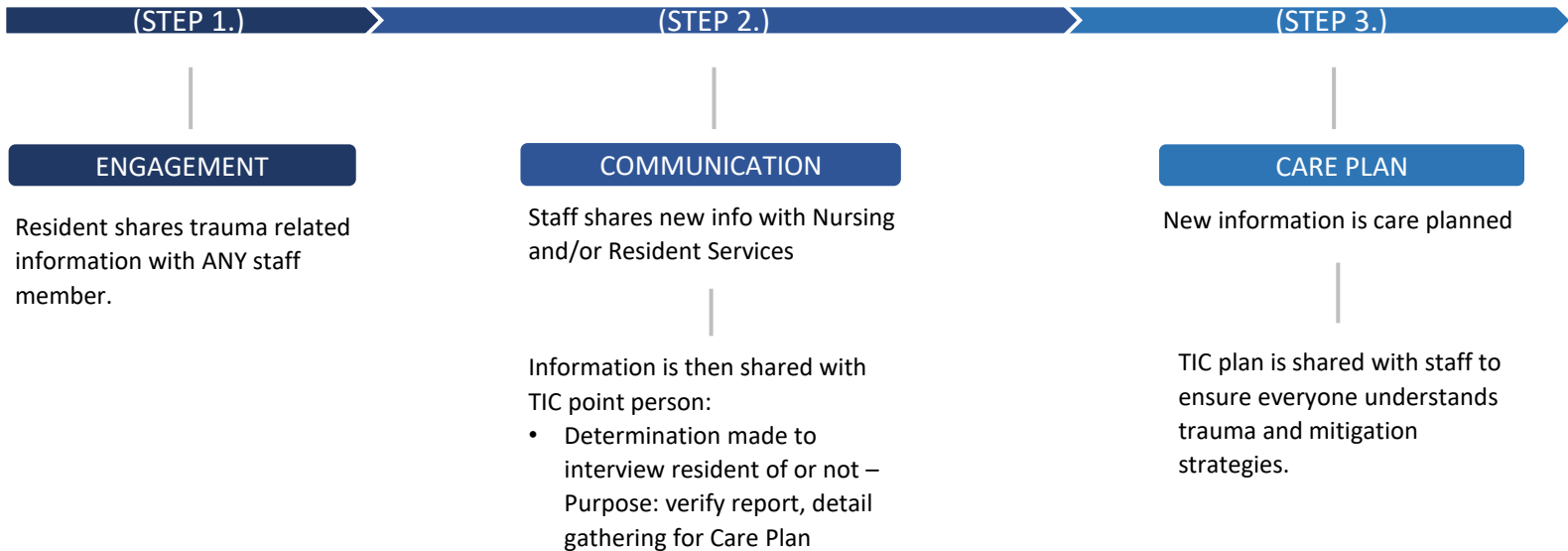
Trauma related information is often informally discovered:

- During cares, rehab, random conversations etc.

Our Goal - Make it simple!

→ Without barriers, move newly discovered information from report to Care Plan ASAP

(From Discovery to Care Plan)



6

Trauma Informed Care Quarterly Review

- **Objective:** Identification of trauma/TIC Care Planning
- **Responsible:** Resident Services or Nursing
- **When:** Quarterly

Quarterly Review



REVIEW DATE	<input type="text"/>			
NAME	<input type="text"/>	Rm #	<input type="text"/>	Admit Date
DOB	<input type="text"/>	Age	<input type="text"/>	Weight
POST Summary				
A. CPR <input type="checkbox"/> 1. Do Not Resuscitate (No Code/DNR/DNAR) <input type="checkbox"/> 2. Resuscitate (Full Code)		B. Medical Interventions: Pulse & breathing <input type="checkbox"/> Comfort measures only <input type="checkbox"/> Limited additional interventions <input type="checkbox"/> Aggressive interventions		
C. Artificial Fluids & Nutrition - Antibiotics & Blood Products <input type="checkbox"/> Y <input type="checkbox"/> N Feeding tube <input type="checkbox"/> Y <input type="checkbox"/> N Feeding tube <input type="checkbox"/> Y <input type="checkbox"/> N IV fluids <input type="checkbox"/> Y <input type="checkbox"/> N IV fluids		D. Advanced Directives <input type="checkbox"/> Y <input type="checkbox"/> N Feeding tube <input type="checkbox"/> Y <input type="checkbox"/> N IV fluids		
SECTION 1.): Diagnostic				
Medical & Neurocognitive			Mental Illness	
<input type="checkbox"/> Dementia Related Condition <input type="text"/> <input type="checkbox"/> TBI <input type="checkbox"/> Parkinson's <input type="checkbox"/> Huntington's <input type="checkbox"/> Other <input type="text"/>			<input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Anxiety D/O's <input type="checkbox"/> Schizoaffective D/O <input type="checkbox"/> Depressive D/O's <input type="checkbox"/> Other <input type="text"/>	
<input type="checkbox"/> PHQ9 Score <input type="text"/> Date <input type="text"/> <input type="checkbox"/> BIMS <input type="text"/>		<input type="checkbox"/> AIMS Score <input type="text"/> Date <input type="text"/>		



Continued

SECTION 2.): Psychotropic & other relevant medications			
Medication	Dose	Frequency	Target Symptom
SECTION 3.): Behavioral symptoms & intervention summary			
Target Behavior	Frequency	Prescribed Intervention (non-pharm)	Effectiveness
Other Interventions – What else have we done to help the Resident?			
<input type="checkbox"/> Specialist Consult	<input type="checkbox"/> Pharmacological Intervention	<input type="checkbox"/> Other – not prescribed	
SECTION 4.): Behavioral symptoms & intervention summary			
-Physiological-		-Environmental-	
<input type="checkbox"/> Dementia related (memory, impulse control etc. <input type="checkbox"/> Pain <input type="checkbox"/> UTI <input type="checkbox"/> Hunger <input type="checkbox"/> Too much energy <input type="checkbox"/> Lack of energy <input type="checkbox"/> Allergies <input type="checkbox"/> Constipation <input type="checkbox"/> Menopausal <input type="checkbox"/> Dental Pain <input type="checkbox"/> Insufficient meds. <input type="checkbox"/> Medication side effect Sensory: <input type="checkbox"/> Eyesight <input type="checkbox"/> Hearing <input type="checkbox"/> Other: <input type="text"/>		<input type="checkbox"/> Temperature <input type="checkbox"/> Proximity to others <input type="checkbox"/> Noise <input type="checkbox"/> Uncomfortable furniture <input type="checkbox"/> Smell <input type="checkbox"/> Air <input type="checkbox"/> Limited physical space <input type="checkbox"/> Dislike of food <input type="checkbox"/> Other: <input type="text"/>	
-Psychological-		-Social-	
<input type="checkbox"/> Depression <input type="checkbox"/> Thought processing <input type="checkbox"/> Hallucinations <input type="checkbox"/> Loneliness <input type="checkbox"/> Healthy Attention seeking <input type="checkbox"/> Anxiety <input type="checkbox"/> Staff disapproval <input type="checkbox"/> Worry <input type="checkbox"/> Antisocial behavior <input type="checkbox"/> Delusions <input type="checkbox"/> Fear <input type="checkbox"/> Mania <input type="checkbox"/> Phobias <input type="checkbox"/> Other: <input type="text"/>		<input type="checkbox"/> New to setting <input type="checkbox"/> Changes to expectations <input type="checkbox"/> Boredom <input type="checkbox"/> Provoked by others <input type="checkbox"/> Disapproval of setting <input type="checkbox"/> Changes in staff <input type="checkbox"/> Other: <input type="text"/>	
Trauma Informed Care		Culture Competency	
<input type="checkbox"/> Trauma Related: <input type="text"/>		<input type="checkbox"/> Cultural Related: <input type="text"/>	





7

Trauma Informed Care Care Plan

- **Objective:** Identification of trauma/TIC Care Planning
- **Responsible:** Resident Services or Nursing
- **When:** Quarterly

Problems, Goals & Interventions related to trauma funnel into the care plan category of “Trauma Informed Care”. It is not embedded in other care plan areas which helps:

1. Highlights importance of Trauma Informed Care
2. Differentiates trauma from other care planned issues

Case Study: Resident has Dx of PTSD from a Motor Vehicle Accident. Resident reports that engaging in conversation about these events causes him to have “PTSD Episodes” where he has “blackouts” and, has “flashbacks”.

- Coping Skills: Resident relies heavily on faith during times when he is stressed and anxious about his trauma.

Problem

Trauma Informed Care: Resident has “blackouts” and “flashbacks” (re-traumatizing) when talking about MVA and wishes to not talk about this subject.

Goal

1. Not re-traumatize resident by engaging in conversation regarding Motor Vehicle Accident.

Intervention

1. Do not initiate conversation with resident about MVA.
2. When anxious, encourage resident to watch his religious related television shows that he finds therapeutic.
3. Encourage resident to seek support from his priest when needed
4. Encourage resident to read religious literature when anxious, agitated or right after an episode.
5. When topic of MVA is initiated by resident, redirect conversation to other topics of interest or support



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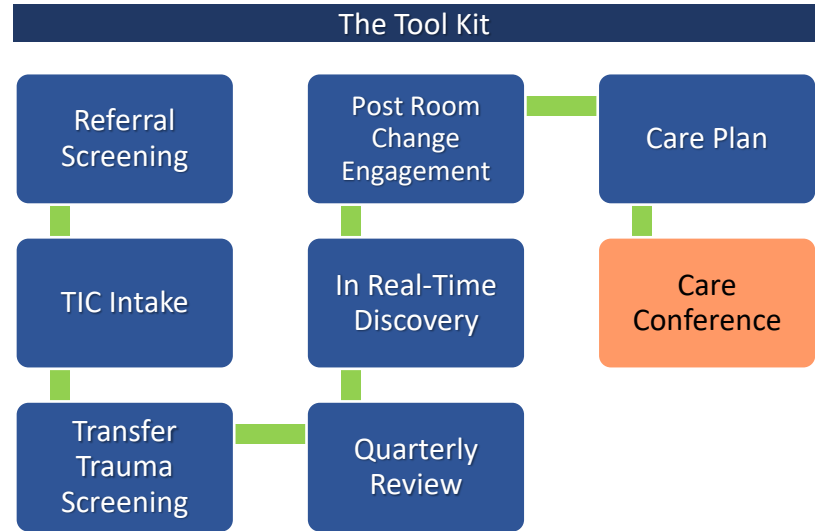
Trauma Informed Care Care Conference

- **Objective:** Continued opportunity of Trauma discovery & mitigation development
- **Responsible:** Resident Services & Nursing
- **When:** Quarterly

Care Conference –

Finalizing the Trauma Informed Care Toolkit –

- **one final touchpoint to complete the Toolkit**



TIC is addressed unless there are reasons *not* to:

- Discussing trauma, quizzing, encouraging to share traumatic history re-traumatizes the resident
- There is nothing else to share – it’s clear that this is it
- The family request it not be brought up
- The resident requests that it not be brought up



K. Resident/Family (TIC)

- Update Trauma or Cultural Information

