

## TRAUMA-INFORMED CARE

# Care Planning

### **Overview**

The general idea of trauma-informed care is to provide increased sensitivity to residents who have experienced trauma. Educating staff on how to interact with residents in an effort to limit triggering events and provide sensitive psychosocial interventions.

A Care Plan in a skilled nursing facility, is a “game plan” or “strategy” for how staff will help a resident. It details what staff members will do and when to do it. Care Plans are also important because they help to differentiate and identify what tasks are being performed by what discipline - thus the Care Plan provides instructions to all staff across multiple disciplines.

Federal regulation (483.21) requires that each resident have a person-centered Care Plan that describes the services and care that are to be provided so residents may attain or maintain their highest level of physical, mental and psycho-social well.

A Care Plan for a resident who has experienced requires the same structure as all resident care plans- there is an identified problem, a goal and interventions. The problems must be measurable and time-based. Broad generalizations are insufficient.

### **Care Plans Must:**

- Be reviewed on a quarterly basis for effectiveness.
- Be consistent with the resident’s goals and values.
- Address physical and psychosocial problems
- Be revised as needed.

### **Defining the Problem:**

In behavioral terms, state the symptoms a resident describes or exhibits such as:

1. Headaches
2. Insomnia
3. Weight loss (without dieting)
4. Stomach problems
5. Feeling tense all the time
6. Feeling isolated from others
7. “Flashbacks” (sudden, vivid, distracting memories)
8. Restless sleep
9. Feelings of inferiority
10. Anxiety attacks m/b rapid speech, pacing, difficulty focusing
11. Sexual overactivity
12. Loneliness m/b statement of feeling lonely, sad affect
13. Nightmares
14. “Spacing out” (going away in their mind)



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- Resident will verbally express any needs, concerns, and/or goals
- Resident will have positive social interactions with peers
- Resident will describe any triggers or stresses related to traumatic events and how they cope with it
- Resident will learn relaxation techniques
- Resident will lose no more weight

### Approaches/Interventions:

- ✓ ***Should match the described problem and behaviors***
- ✓ ***Should be easy to carry out***
- ✓ ***Should be realistic for the resident***
- Encourage residents to talk about the past and to make a goal/decision for care
- Maintain a calm, non-threatening manner, while working with the resident
- Establish and maintain a trusting relationship by listening to the resident
- Display warmth when answering questions, offer unconditional acceptance, being available and respecting the resident's use of personal space
- Remain with the resident at all times when levels of anxiety are high and to reassure the resident of his or her safety and security
- Move the resident to a quiet area with minimal stimuli and to maintain calmness in one's approach to the resident
- Provide reassurance and comfort if applicable.
- Assess for increasing anxiety. If necessary, assume a calm manner, decrease environmental stimulation, and provide temporary isolation as needed.
- Encourage the resident participation in relaxation exercises such as deep breathing, progressive muscle relaxation, guided imagery, meditation and so forth.
- Teach relaxation techniques, such as deep-breathing exercises.
- Assess resident for suicidal or homicidal ideations.
- Assess/screen for post traumatic events and history of trauma, using nursing home appropriate screening tools.
- Visit the resident to provide activity schedule and to encourage social interactions.
- Provide instruction to encourage the resident with being independent in ADL self-care.
- Provide assistance and supervision, if needed, during ADL care for example, setting up things at the resident's request.
- Inform staff of resident status and his or her activity preference. Visit the resident and encourage they share their feelings about any concerns and/or wishes.
- Provide activities and invite the resident to participate. Praise him or her for their engagement and participation in social interactions.

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### **Person Centered Care Plan is the key to Trauma Informed Care. Resident Centered Care mandates include:**

- Address training needs of staff to improve knowledge and sensitivity
- Identify an individual's hopes, capacities, interests, preferences, needs, and abilities
- The individual is the expert of his/her life
- Practice is a collaborative process
- Individual choice is evident
- Resident's voice is used in treatment plans – goals are in his/her own words
- Strength based, recovery-oriented principles
- Assess for traumatic histories and symptoms
- Recognition of culture and practices that are re-traumatizing

### **In Review:**

Trauma Related Care Plans are documented like any other Care Plans with the required components of: Problem, Goal and Interventions. Care Plans are measurable and are reviewed, renewed and modified on a quarterly basis or more often if needed.

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DATE	CP#	PROBLEM/CONCERN	GOALS	INTERVENTION	DISC.	RESOLVE DATE
		<p><b>Res has a history of anxiety related history of a trauma m/b fear of being in enclosed spaces</b></p>	<p><b>Resident will have no more than _____ episodes of anxiety x 3 months</b></p>	<p>__Resident will not be in enclosed spaces that create anxiety            __Resident to face door while in shower room             ____Resident will be encouraged to inform staff when anxious             ____Resident will be taught relaxation techniques</p>	<p>Nsg SS Act CNA</p>	
		<p><b>Resident has a history Social isolation related to history of trauma.</b></p>	<p><b>Resident will interact with others at least _____x /month</b></p>	<p>Resident will interact with staff while care is provided             Resident will interact with roommate _____x/month             Resident will attend activities of choice _____x /month             Residents desire to be alone will be respected</p>		
		<p><b>Resident has insomnia related to a history of trauma</b></p>	<p><b>Resident will have no more than _____ episodes of insomnia per month</b></p>	<p>Resident will be taught relation techniques             Resident will avoid naps during the day             Resident will engage in activities that encourage sleep at bedtime</p>		
		<p><i>*All care plans approaches need to include psychosocial support, calm, respectful voice and touch as appropriate</i></p>				

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