



# TRAUMA

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# **STRESS**

## **STEDMAN'S MEDICAL DICTIONARY:**

- An applied force or system of forces that tend to strain or deform a body.
- The residing forces set up in a body as a result of an externally applied force.
- A physical or psychological stimulus that can produce mental tension or psychological reaction that may lead to illness.

Centers for Disease Control: 90% of all health issues are related to stress  
Stanford/Bruce Lipton, PhD: 95% of all health issues are related to stress

# TRAUMA

The **Diagnostic and Statistical Manual of Mental Disorders** (DSM V) defines trauma as direct personal experience of an event that involves actual or threatened death or serious injury; threat to one's physical integrity, witnessing an event that involves the above experience, learning about unexpected or violent death, serious harm, or threat of death, or injury experienced by a family member or close associate. Memories associated with trauma are implicit, pre-verbal and cannot be recalled, but can be triggered by stimuli from the environment. The person's response to aversive details of traumatic event involve intense fear, helplessness or horror. In children it is manifested as disorganized or agitative behaviors.

# PTSD

**Trauma** – Intense Fear

**Reliving** – Flashbacks

**Avoidance Behavior** – Numbing

**Hypervigilance** – Continuous Scanning

60% of US population reported as having experienced at least one traumatic symptom in their lives, but only a small proportion develop PTSD

## **F699: §483.25(M) TRAUMA-INFORMED CARE**

- The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause retraumatization of the resident.
- Will be implemented beginning November 28, 2019

## **BEHAVIORAL AND EMOTIONAL STATUS CRITICAL ELEMENT PATHWAY**

Did the facility provide appropriate treatment and services to correct the assessed problem for a resident who displays or is diagnosed with a mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder (PTSD)?

- If No, cite F742
- NA. The resident does not display or is not diagnosed with a mental or psychosocial adjustment difficulty, or does not have a history of trauma and/or PTSD.

Department of Health and Human Services  
Centers for Medicare and Medicaid Services

Did the facility ensure that the resident whose assessment did not reveal or who does not have a diagnosis of a mental or psychological adjustment difficulty, or a documented history of trauma and/or PTSD does not display a pattern of decreased social interaction and/or increased withdrawal, anger, or depressive behaviors, unless the resident's clinical condition demonstrates that such a pattern is unavoidable?

- If No, cite F743
- NA, the resident's assessment revealed or the resident has a diagnosis of a mental disorder or psychosocial adjustment difficulty, or a documented history of trauma and/or PTSD.

# PSYCHOLOGICAL TRAUMA – EVENT

Psychologically traumatic experiences often involve physical trauma that threatens one's survival and sense of security. Typical causes and dangers of psychological trauma include:

- Harassment
- Embarrassment
- Abandonment
- Abusive relationships
- Rejection
- Co-dependence
- Physical assault
- Verbal abuse
- Sexual abuse
- Partner battery
- Discrimination
- Police brutality
- Judicial misconduct
- Domestic violence
- Victim of alcoholic parent
- Bullying
- Child abuse
- Health crises
- Natural disasters
- Motor vehicle accident
- Fire
- War
- Act of terror
- Sex trafficking
- Kidnap/hostage
- Extreme poverty
- Other forms of abuse which exist independently of physical trauma but still generate psychological trauma



# HOLOCAUST SURVIVORS:

## Unique Stories of Trauma and Resilience

100,000+

More than  
100,000  
Holocaust  
survivors live in  
the U.S. today.

25%

One in four live in  
poverty.

85+

Many are among  
the oldest old and  
live alone.

# ADVERSE CHILDHOOD EXPERIENCES (ACEs)

4+

## **ACE Score Risk**

- 222% more likely to become obese
- 260% more likely to develop COPD
- 357% more likely to experience depression
- 500% more likely to develop alcoholism

6+

## **ACE Score Risk**

More likely to die 20 years younger than a person with no ACEs

7+

## **ACE Score Risk**

Increased risk of suicide attempts - 30 times more likely among adults.

# TRAUMA CONSIDERATIONS

1. Highly individual: Everyone experiences it differently and copes differently. What are the coping mechanisms?
2. Impact of trauma can happen just by thinking about it.
3. Behavior, signs, triggers
4. One size doesn't fit all – Individualized
5. Care giver fatigue (Burn out)



# ESSENTIALS



1. Know the individuals you care for, including histories, coping, preference and resilience.
2. Provide opportunities and systems for staff, family members and residents to learn – team approach.
3. Identify and build on strengths.

# CONSIDERATIONS

1. Quiet space
2. Staff training – peer support
3. Utilize families
4. Trauma-informed care
  - Impact and recovery
  - Recognize signs and symptoms
  - Policy, procedures, practice
  - Avoid re-traumatizing



# OTHER PRACTICAL CONSIDERATIONS

- 1.The Assessment - Initiating the “conversation”
- 2.Confidentiality and Ethical Issues
- 3.Documentation. Do’s and Don’t
- 4.Person Centered Care and Meaningful Care Plans
- 5.Transfer Trauma - In-house (Room Changes) and Discharges to the Community
- 6.Dissemination of Information - How to Get it to Your Staff
- 7.Re-Activation by the Facility (Fire Drill, Alarms, Door Alarms)
- 8.Re-Activation by the Resident - Triggers

# **SAMPLE CARE PLAN**

**Problem:** Resident has a dx of PTSD r/t active duty in Vietnam conflict.

**Goal:** Resident will not experience re-activation of trauma, or if so distress will be minimized as much as possible.

**Approach:**

- Place resident in a region of the facility which is calm and quiet.
- 1-1 visits for emotional support and to assess anxiety
- Refer to Psychologist for on-going counseling
- Monitor medication
- Positive reinforcement

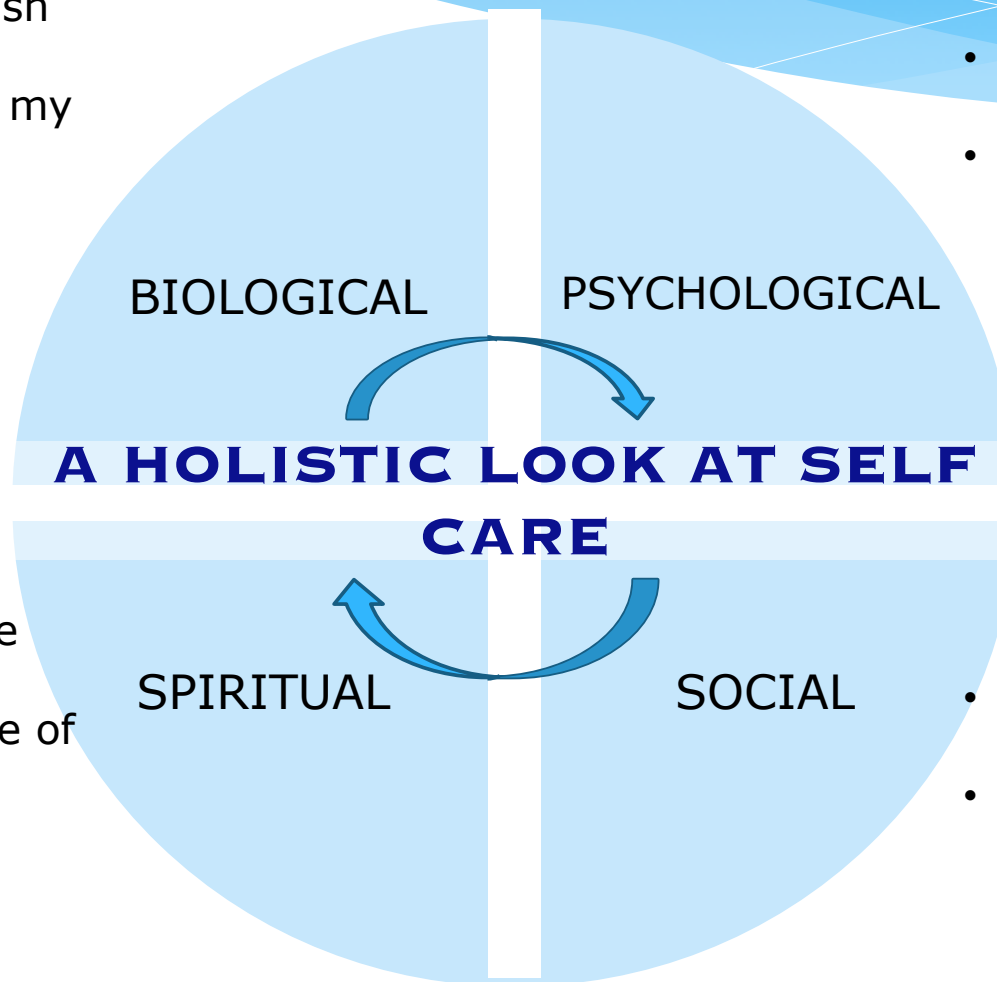
# **GETTING THE CONVERSATION STARTED**

- Are there any unusually unpleasant events or traumatic occurrences in your past that you would like us to know about, in order to provide the best care for you?



- What routines help me sleep best?
- What foods nourish me?
- How can I infuse my days with more movement and physical activity?

- Who or what calms me?
- What makes me laugh?
- When do I feel confident and strong?



- What gives my life meaning?
- What is the source of my greatest joy?
- What do I deeply believe in?

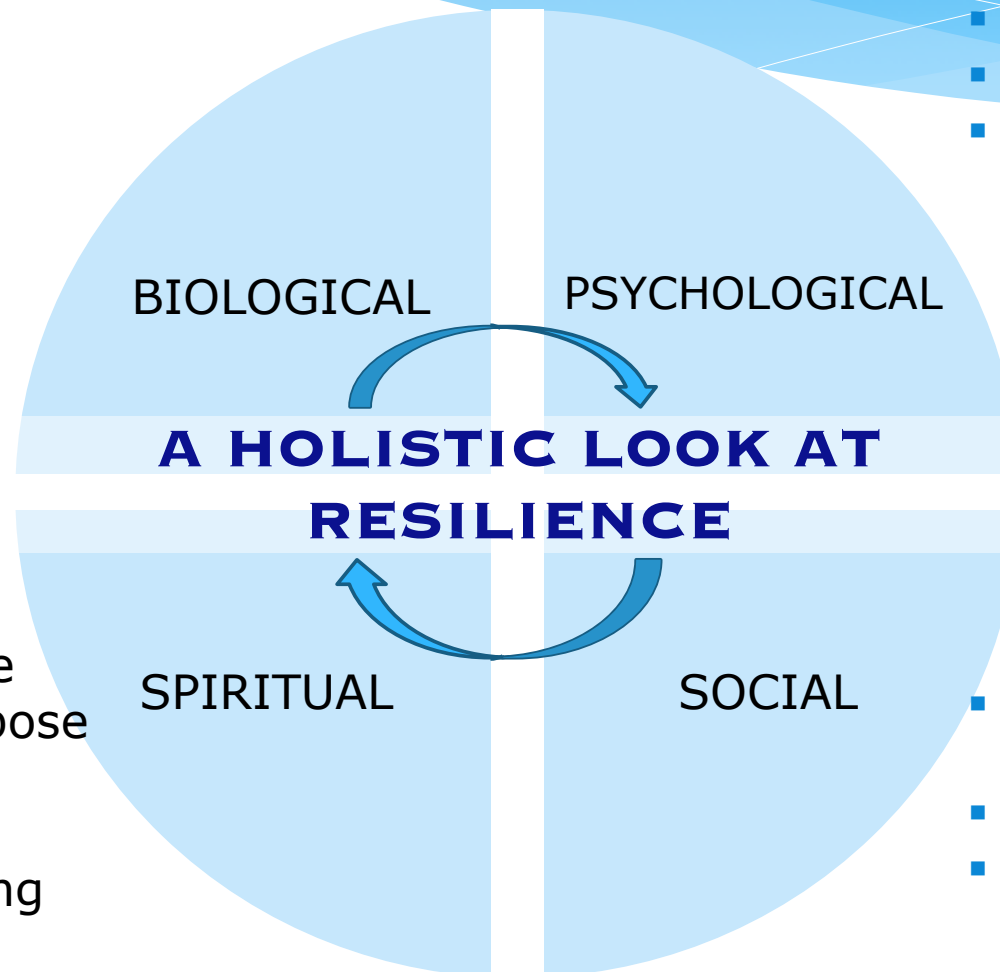
- Who can I call on for support?
- Who do I enjoy spending time with?

- Singing
- Dancing
- Laughing
- Movement
- Rhythm
- Sleep
- Balanced diet

- Curiosity
- Imagination
- Self-soothing
- Learning

- A higher power
- A sense of hope
- A sense of purpose
- Connection to nature
- Reflective writing

- Positive relationships
- Belongingness
- Storytelling



# SECONDARY LOSSES



**Secondary  
Loss  
Experienced**

**Health**

**Relationships**  
such as  
friendships

**Social Role**  
such as role in  
family

**Life Roles** such  
as Occupation

**Functional  
Ability**

**Financial  
Security**

**Independence**

**Support  
Systems**

Hopes and  
Dreams/Plans  
for **Future**

# NEUROPHYSIOLOGY OF STRESS AND TRAUMA

- Autonomic nervous system - 98% - trillions of bits of information.
- Sympathetic nervous system ↑
- Parasympathetic nervous system ↓
- SNS - Flight or fight - nothing else
- Toxic Environment - no repair, growth or balance
- Immune system suppression - bacteria, virus, fungus, mold, etc.
- Increase blood pressure
- Secretion of glucocorticoids

# SYMPTOMS

Stress symptoms can be divided into three categories:

- Physical Symptoms
- Emotional Symptoms
- Behavioral Symptoms



Many of the following symptoms can start as minor irritants, but become progressively worse and may lead to serious stress related diseases.

# PHYSICAL SYMPTOMS



- Twitching Eyelid
- Twitching Nose
- Facial or jaw pain
- Dry mouth or throat
- Difficulty in swallowing
- Ulcers on tongue
- Dizziness
- Speech difficulty, slurred or stuttered

- Constipation
- Indigestion
- Stomach Pains
- Diarrhea
- Nausea and/or vomiting
- Gain or loss of weight
- Loss of appetite
- Rashes, hives, or other
- Chest pains
- Backaches
- Muscle aches
- Weakness
- Headaches

# PHYSICAL SYMPTOMS (CONT.)

- Heartburn
- Heart Palpitations
- Frequent Urination
- Cold Hands
- Excessive Sweating
- Insomnia
- Excessive Sleeping
- Sexual Inadequacy
- High Blood Pressure
- Increased Allergies
- Frequent Colds
- Trembling
- Excessive Menstruation
- Rapid or Difficulty Breathing
- Chronic Fatigue
- Swollen Joints
- Accident Proneness



# EMOTIONAL SYMPTOMS

- Irritability
- Moodiness
- Depression
- Unusual aggressiveness
- Loss of memory or concentration



- Restlessness or over-excitability
- Nervous about little things
- Nightmares
- Impulsive behavior
- Withdrawal from other people
- Neurotic behavior
- Racing thoughts or disorientation
- Anger
- Inability to make decisions
- Anxiety
- Feelings of panic
- Frequent episodes of crying
- Thoughts of suicide
- Feelings of losing control



# BEHAVIORAL SYMPTOMS

- Gnashing or grinding teeth
- Wrinkling forehead
- High-pitched nervous laughter
- Foot or finger tapping
- Nail biting
- Hair pulling or twirling
- Increased smoking
- Increased use of prescribed medications
- Increased alcohol consumption
- Compulsive eating
- Compulsive dieting
- Pacing the floor
- Chronic procrastination
- Loss of interest in physical appearance
- Sudden change in social habits
- Chronic tardiness



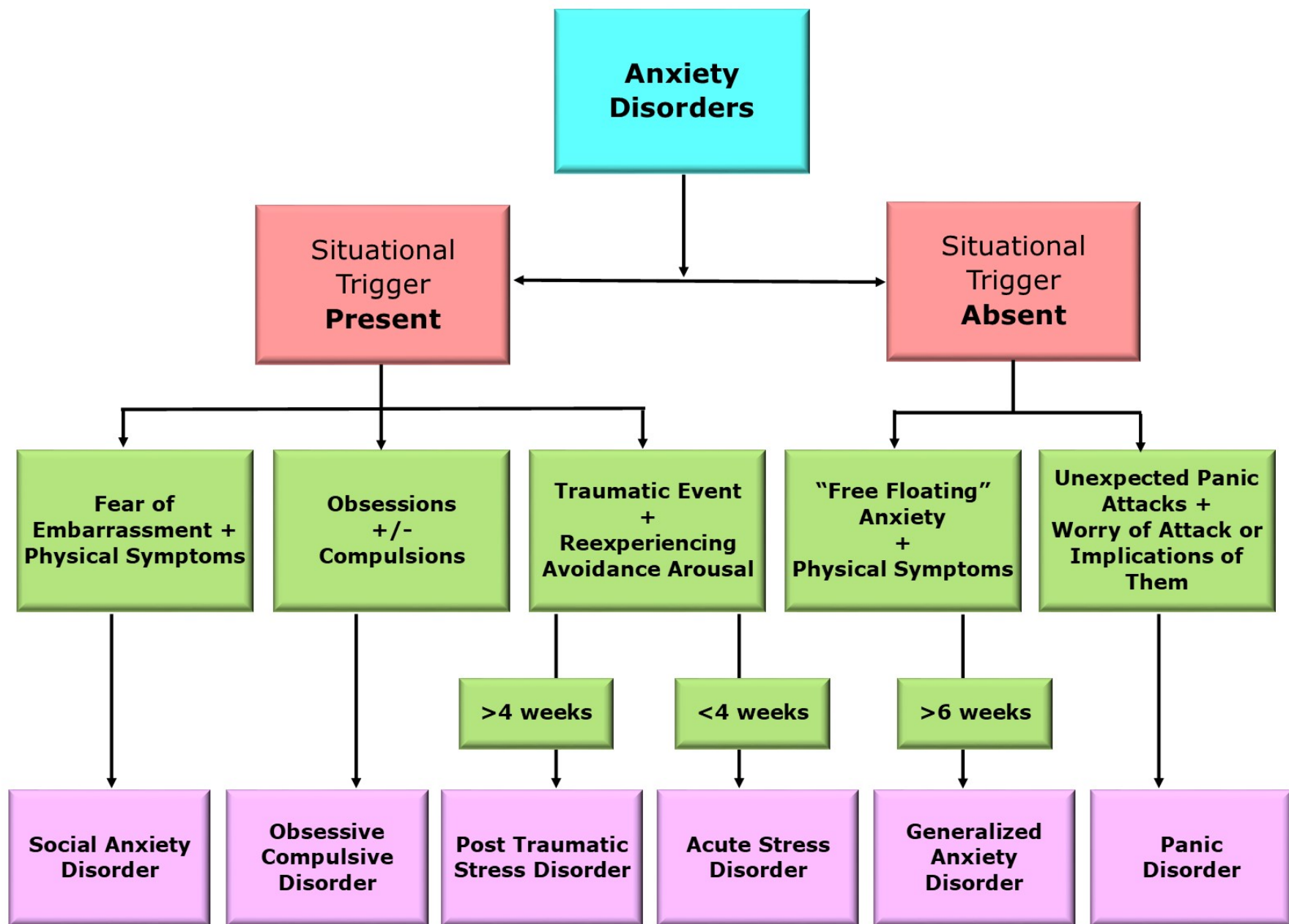


Figure 4.1 Diagnostic algorithm for anxiety disorders

# TESTING

**Table 4.1 GAD – 7**

***How often during the past 2 weeks have you felt bothered by:***

1. Feeling nervous, anxious, or on edge?	0	1	2	3
2. Not being able to stop or control worrying?	0	1	2	3
3. Worrying too much about different things?	0	1	2	3
4. Trouble relaxing?	0	1	2	3
5. Being so restless that it is hard to sit still?	0	1	2	3
6. Becoming easily annoyed or irritable?	0	1	2	3
7. Feeling afraid as if something awful might happen?	0	1	2	3

Each question is answered on a scale of:

0 = not at all

1 = several days

2 = more than half the days

3 = nearly every day

A score of 8 or more should prompt further diagnostic evaluation for an anxiety disorder.

# STRESS MANAGEMENT CARE PLAN



The 3 most important causes of stress in my life are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

My reactions to these situations/people include:

(Think of how your body responds and how you feel emotionally, etc. – be specific)

\_\_\_\_\_

\_\_\_\_\_

Pick one of the stressors listed above.

Can I do one or more of the following?

- a. Change the stress-producing situation? \_\_\_\_\_
- b. Change how I interpret it? \_\_\_\_\_
- c. Change how I react to the stressor? \_\_\_\_\_

Based on which choice's you make, write three goals for yourself in dealing with the stressor. Think of what you want to change, what you want to accomplish. Remember to keep it simple and measureable.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For each goal, write out a plan. What is your intervention going to be to resolve the stressor or your reaction to it? When are you going to do this? Be specific.

- |          |                    |
|----------|--------------------|
| a. _____ | Target Date: _____ |
| b. _____ | Target Date: _____ |
| c. _____ | Target Date: _____ |

Once you have completed your plan, come back and evaluate how it worked. Were the goals realistic? Were you happy with the results? Do you need to make any changes in your plan?

# GUARANTEED STRESS GENERATORS

1. Focus on your limitations, mistakes and failings.
2. Practice negativism – continuously put people down
3. Hold on to your problems (and everyone else's!)
4. Jump to quick conclusions
5. Complain and criticize often!
6. Live in the past and worry about the future
7. Eat and drink anything and everything you desire
8. Never ask for help
9. Practice poor time management
10. Hang on to anger and never forgive anyone, especially yourself
11. Continuously talk about how “stressed out you are” – law of attraction will take care of the rest!

# TREATMENT

- Cognitive Behavioral Therapy
- EMDR
- Somatic Experiencing
- Biofeedback
- Internal family systems therapy
- Sensorimotor psychotherapy
- Dialectic behavior therapy (DBT)





# QUADRANT - SPIRITUAL

## ISSUE

## CAUSE

Grief	Loss of spiritual/religious community
Meaninglessness	Physical disability
Hopelessness	Impending death
Emptiness	Pain
Despair	Doubt
Bitterness	Hypocrisy

### "STRESS BUSTERS"

Spiritual/Religious Writings  
Go into Nature  
Prayer/Meditation  
Energy Work  
Pastoral Visits  
Music  
Relaxation Technique



# QUADRANT - MENTAL

## ISSUE

Boredom  
Confusion  
Apathy  
Poor Concentration  
Can't Make Decisions  
Repetitiveness

## CAUSE

No Choices  
No Challenges  
No Goals  
Rote lifestyle  
Laziness  
Personal Choice



## "STRESS BUSTERS"

Analyze Your Resistance  
Kill Your TV  
Sensory Therapy  
Volunteer – Read, Tutor, Visit  
Read a Book



# QUADRANT - PHYSICAL



## ISSUE

Back Ache  
Colds, Ulcers  
Hypertension  
Accidents  
Headaches  
Fatigue

## CAUSE

Poor Diet  
Pollution  
Too much/Too little Sleep  
No Fresh Air  
Physical Crisis  
Lack of Exercise

## "STRESS BUSTERS"

Medical Care "Traditional &  
"Alternative  
Stop Smoking  
Physical Exam  
Breath Work  
Improve Your Diet  
Walk Outside  
Relaxation Techniques  
Exercise

# QUADRANT - PSYCHOSOCIAL



## ISSUE

Anxiety  
Depression  
Loneliness  
Anger  
Aggression  
Withdrawal  
Lack of Confidence  
Phoniness

## CAUSE

Physical impairment  
Death  
Lack of Privacy  
Loss of Dignity  
Lack of Recognition  
Ambiguity  
Conflict

## "STRESS BUSTERS"

Smile & Laugh  
Be Honest  
Ask For  
Relaxation Techniques  
Try New Ways  
Prayer  
Touch  
Desensitizer?  
Affirm  
Exercise  
Discuss Feelings  
Meditation

# ANTI-STRESS DIET

Especially formulated to help cope with the stress that builds up during the day.

## Breakfast

- 1 grapefruit
- 1 slice whole-wheat toast
- 1 cup skim milk

## Lunch

- Small portion lean, steamed chicken with a cup of spinach
- 1 cup herbal tea
- 1 Hershey kiss

## Afternoon Tea

- The rest of the kisses in the bag
- 1 tub of Hagen Das ice cream with choc-chip topping

## Dinner

- 4 bottles of wine (red or white)
- 2 loaves garlic bread
- 1 family size supreme pizza
- 3 Snickers bars

## Late Night Snack

- 1 whole frozen Sarah Lee cheesecake  
(eaten directly from the freezer)

## REMEMBER:

**STRESSED SPELLED BACKWARDS IS "DESSERTS"!**



# MORE FUN STRESS BUSTERS

1. Get up 15 minutes earlier
2. Prepare for the morning the night before
3. Don't rely on your memory
4. Say "no" more often
5. Avoid negative people
6. Ask for help at work
7. Break large tasks down into bite pieces
8. Smile, laugh, tell a joke
9. Pet a dog or a cat
10. Ask for a hug
11. Look up at the stars
12. Listen to a symphony



# MORE FUN STRESS BUSTERS

- 13. Smell that flower
- 14. Strive for excellence, not perfection
- 15. Stand up and stretch
- 16. Exercise a little every day
- 17. Recognize the importance of unconditional love
- 18. Remember stress is an attitude
- 19. Talk less, listen more
- 20. Take the stairs
- 21. Drink lots of water
- 22. Try Tai Chi or Yoga
- 23. Sing in the car
- 24. Take nothing for granted





# SLEEP

## (Dr. John Bergnan - “Owner’s Guide”)

- Sleep Deprivation
- Torture → insanity
- Same as “fight or flight”
- ↑ Blood Pressure
- ↓ Serotonin
- ↑ Cancer (No REM)
- ↑ Stroke
- ↑ Parkinson’s, AD, MS, GI disorders, kidney disease, behavior issues with children.



# INSOMNIA FACTS



1. Affects the whole family
2. ↑ Irritability
3. Causes physical, chemical and emotional stress
4. Typical insomniac spends up to 14 hours in a bed

# REM BUSTERS

- Medications (antihistamines, over the counter sleep Rx, asthma meds, anti-depressants)
- Tobacco
- Erratic sleep patterns (Monday Morning Syndrome)
- Carbohydrates 2 hours before bed
- Overactive mind
- Watch TV before bed
- Antacids
- Alcohol
- Caffeine
- Lack of cardio exercise
- Liver Clock (1-3 am)
- Blood sugar clock (4-5 am)





# DEFICIENCY CATEGORIZATION 483.40

An example of **Severity Level 4 Non-compliance**: Immediate Jeopardy to Resident Health or Safety includes, but is not limited to:

The Surveyor was able to determine through an interview with a Certified Nurse Aid (CNA), that the resident often became anxious and agitated in the evenings and attempted to leave the facility on multiple occasions over the last three months. Last week, he left the facility for 30 minutes before being found by facility staff. While outside the nursing home, he fell, resulting in several abrasions and a laceration on his forehead and right knee, which required transfer to acute care. Review of the resident's record neglected to provide documentation of potential underlying causes for his anxiety and agitation. Nor did his care plan include an interventions to reduce his expressions of distress and deter elopement. This was confirmed through interviews with the social worker, director of nursing, and medical director. The attending physician also confirmed that the IDT had not discussed potential causes for the resident's anxiousness and agitation and had not developed interventions to resolve these concerns.

The facility failed to investigate underlying causes of the resident's anxiety and agitation and failed to develop and implement individualized interventions for the resident, which<sub>41</sub> led to numerous elopement episodes and injury.

## DEFICIENCY CATEGORIZATION 483.40

An example of **Severity Level Non-compliance**: Actual Harm that is not Immediate Jeopardy includes, but is not limited to:

A resident was admitted to the facility with a diagnosis of post-traumatic stress disorder from war related trauma. The resident assessment identified that certain environmental triggers such as loud noises and being startled caused the resident distress and provoked screaming. The resident's care plan identified that his environment should not have loud noises and that staff should speak softly to the resident. Observations in the home revealed that the entry and exit doors had alarms that sounded with a loud horn each time they were opened. Additionally, staff were observed approaching the resident from behind and shaking his shoulder to get his attention. The resident was startled and screamed for fifteen minutes. The director of nursing (DON) stated that they hoped he would eventually get used to living in the home.

The facility identified triggers that were known to cause the resident distress and developed a care plan to support the resident's behavioral health care needs. However, the facility failed to implement the planned<sup>42</sup> approaches to care.

## DEFICIENCY CATEGORIZATION 483.40

An example of **Severity Level 2 No Actual Harm with Likelihood for More Than Minimal Harm that is Not Immediate Jeopardy**:

A resident with a diagnosed anxiety disorder preferred staff to announce themselves before entering his room. His care plan identified the non-pharmacological approach of staff knocking on his door and requesting permission before entering. This had proved effective in reducing his anxiety.

When interviewed, the resident indicated that facility staff usually followed this direction. He feels anxious on weekends when the workers from a temporary staffing agency provide care, because they frequently enter his room without asking permission. Although this increases his anxiety, he tries to live with it, but wishes the nursing home would do something about it. During an interview, the DON mentioned that he was not aware of the resident's concern and that it was difficult to control all staff interactions.

# A PARABLE FOR OUR TIME

An American banker, vacationing in Mexico, was at the pier of a small coastal village when a boat with a lone fisherman docked. Inside the vessel were several large yellow fin tuna. The American complimented the fisherman on the quality of his fish, and asked how long it took to catch them. The Mexican replied "Only a little while".

The banker asked, "Why didn't you stay out longer and catch more fish?" The Mexican said he had enough to support his family's immediate needs.

The banker then asked, "But what do you do with the rest of your time?". The fisherman said, "I sleep late, fish a little, play with my children, take siestas with my wife, stroll into the village each evening where I sip wine and play guitar with my amigos. I have a full life".

"I have a Harvard MBA" boasted the wealthy American, "and I could help you. First, you should spend more time fishing, and with the proceeds buy a bigger boat. With the proceeds from the bigger boat, you could buy several boats. Eventually you would have a fleet of fishing boats. Instead of selling your catch to a middleman you would sell directly to the processor, eventually opening your own cannery. You would control the product, processing and distribution. Then, of course, you'd leave this little village and move to a bigger house in Mexico City, go on to Los Angeles, and eventually New York City, where you would run your expanding enterprise."

The fisherman asked, "But how long will all this take?"

"Fifteen – twenty years, at tops," replied the banker.

"But what then, Señor?"

"When the time is right, you would announce your IPO and sell you company stock to the public and become rich. You would make millions!"

"Millions!" replied the Mexican fisherman. "And then what?"

The American smiled, "Why, then you retire! Move to a small village on the coast, where you would... Sleep late, fish a little, play with your kids, take siestas with your wife, in the evenings stroll to the village where you sip wine and play guitar with your amigos."

- Anonymous, from the Internet

# CLOSING POINTS

- Stress, Trauma and Anxiety are all quite interrelated on psychological, physiological and emotional levels.
- We all experience trauma and stressful events in our lives, but how we “hold” and process them determines the level of mental health we experience.
- Many SNF residents come to us with varying levels and histories of trauma and stress. How we identify these in our assessment and set up the comprehensive plan of care is crucial in providing for their psychosocial well being.
- When our residents’ (or staff) Sympathetic Nervous System is constantly engaged, the “fight or flight” part of our chemistry is constantly engaged, and physical, emotional and spiritual health is seriously compromised.
- Providing a multiple variety of intervention for both residents and staff is key to overall mental health in our facilities and our lives.
- Sleep problems and sleep deprivation tend to be overlooked in our residents. This can be key in extinguishing problems in the facility life. For both residents – and our staff – sleep issues can take an enormous toll. We need to pay attention to this.
- Trauma (Stress/Anxiety) is now a Survey focus with the new regulations.