### 10 Fast Facts about Trauma-Informed Care (TIC)

| 1 | **What is Trauma?**  
**The 3 Es of trauma:**  
- **Event** - an event, series of events, or set of circumstances which resulted in actual harm or threat of harm.  
- **Experience** - how the individual perceives the event. For some, an event may not result in trauma, but for others it does.  
- **Effects** - how the event adversely impacts the person. |

| 2 | **What is Trauma-Informed Care?**  
An approach to delivering care that aims to avoid retraumatization. Providers recognize the widespread impact and signs and symptoms of trauma in residents and incorporate knowledge about trauma into policies, procedures, and practices to avoid retraumatization.¹ |

| 3 | **Tips for Screening and Assessment of Trauma**  
**#1:** Identify traumatic events and circumstances by using or developing a screening tool to serve as a guide. Include experiences from:  
- Accidents  
- Natural disasters  
- War  
- Physical, emotional, or sexual abuse  
- Deaths  
- Life events that continue to have an impact  
- Substance abuse and addictions of any kind  
**#2:** Identify how the resident currently perceives the trauma. Questions may include:  
- Do you have thoughts or memories of a stressful experience from the past?  
- Do you currently feel in danger or afraid someone might hurt you?  
- How upset do you feel when something reminds you of a stressful experience from the past?  
- Are there any triggers that make you feel as if you are reliving the stressful experience?  
- What helps you cope with these stressful situations?  
**# 3:** Be empathetic but straightforward to avoid any confusion while screening for the traumatic event. |

| 4 | **Apply the Four Keys of Trauma-Informed Care to Care Planning**²  
- **Realization** - Understand what trauma is and how it can impact the resident and their behavior.  
- **Recognize** - Assess for past trauma and remain alert for the effects of past trauma to reemerge.  
- **Respond** - Develop a care plan that addresses the trauma, including the effects of the trauma the resident experiences - i.e., how the effects of the event manifest themselves in the resident’s behavior.  
- **Resist retraumatization** - Ensure the care plan includes the triggers for retraumatization and the interventions to avoid such an experience - i.e., the treatment and staff approaches used to support the resident. |
### Who is At Risk?
- Holocaust survivors
- Veterans
- Survivors of large-scale natural and human-caused disasters
- Survivors of crime
- Survivors of all forms of abuse (sexual, physical, and mental)
- Witnesses to horrific events

### Other residents with symptoms to suggest past trauma – those with:
- Substance abuse
- Eating disorders
- Depression
- Anxiety

### Triggers for Retraumatization (and the Associated Loss of Independence) in a Nursing Home:
- Experiencing a lack of privacy or confinement in a crowded or small space
- Being exposed to certain loud noises, or bright/flashing lights
- Having unknown people helping them with ADLs, such as dressing, toileting, or bathing

### Impact of Cognitive Impairment - i.e., Dementia
May worsen or further complicate a trauma survivor’s response to triggers and may also introduce additional language barriers as individuals return to their first (non-English) languages.

### Specific F-Tags in Appendix PP Where Trauma-Informed Care is Mentioned:
- **F656 Comprehensive care plans** - includes residents who display a history of trauma and/or post-traumatic stress disorder
- **F659 Qualified persons** – services provided are delivered by those with the skills, experience, and knowledge to do a particular task or activity
- **F699 Trauma-informed care** – ensuring residents who are trauma survivors receive culturally competent, trauma-informed care to eliminate or mitigate triggers that may cause retraumatization
- **F741 Behavioral health services** – based on assessment, resident who displays or is diagnosed with a mental disorder, psychosocial adjustment difficulty, or who has a history of trauma receives appropriate treatment and services to achieve highest level of function
- **F949 Behavioral health training** – care specific to the individual needs of residents that are diagnosed with a mental, psychosocial, or substance use disorder, a history of trauma and/or post-traumatic stress disorder, or other behavioral health condition

### Professional Support
- Psychologist or psychiatrist
- Licensed social worker
- Licensed counselor or therapist
- Support group facilitated by a mental health professional

### Resources
- Substance Abuse and Mental Health Services Administration (SAMHSA) [https://www.samhsa.gov/](https://www.samhsa.gov/)
- Wisconsin Department of Health Services, Trauma-Informed Care: Resources [https://www.dhs.wisconsin.gov/tic/resources.htm](https://www.dhs.wisconsin.gov/tic/resources.htm)
- 1, 2: SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach [https://store.samhsa.gov/system/files/sma14-4884.pdf](https://store.samhsa.gov/system/files/sma14-4884.pdf)