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RESILIENCE FOR ALL AGES

Trauma-Informed Care:
More Essential Than Ever
September 2021

Session Agenda

- Understand the basics of trauma and trauma-informed care principles
- Learn trauma's physiological & psychological effects
- Consider how COVID-19 intersects with trauma
- Identify special considerations with older adults, families and staff members
- Describe levels of implementation and concrete steps to deepen trauma-informed care culture

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Who are we?

The service my organization offers at greatest scale is:

Hospice
Home Health
Nursing Home
Assisted Living
Continuing Care Retirement/ Life Plan Community
Other

Please enter your response in Chat

Who are we?

My role in the organization is:

Clinical – nurse, DON, NP, PA, MD, CNA, etc.

Financial – CFO, CPA, accounting, reimbursement, contracting, etc.

Administration/ Operations – CEO, VP, Department head, risk management

Social worker, life enrichment, chaplain, marketing, spiritual life, philanthropy, etc.

Other

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Beginning

When I think of trauma this word or image comes to my mind----

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So What Exactly Is Trauma?

Trauma — individual trauma results from an ***event***, series of events, or set of ***circumstances*** that is ***experienced*** by an individual ***as*** physically or emotionally ***harmful or life threatening*** and that has ***lasting adverse effects on*** the individual's functioning and mental, physical, social, emotional, or spiritual ***well-being***.

SAMSHA's Concept of Trauma and Guidance for a Trauma-Informed Approach (2014)

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How is that different from Traumatic Stress?

Traumatic stress refers to "the emotional, cognitive, behavioral and psychological experiences of individuals who are exposed to, or who witness, events that ***overwhelm their coping and problem solving abilities***."

In other words, a trauma, which produces traumatic stress, ***occurs when our coping mechanisms are overwhelmed by outside events***.
What is experienced as trauma is particular to the individual.

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HOW COMMON IS THE EXPERIENCE OF TRAUMA?

PREVALENCE DATA

While Americans once considered trauma to be a relatively infrequent occurrence, most research finds that a majority of us —between **55 and 90%**— have experienced **at least one traumatic event**. For example, the ACEs study found that almost **two thirds** of respondents reported at least one adverse childhood experience.

Other potentially traumatic experiences include experiencing or witnessing:

- Domestic and sexual violence
- Becoming a refugee
- Homelessness
- Natural disasters
- Car, train and airplane crashes
- Combat
- **Medical trauma**
- Violent crime
- Bias and discrimination
- Hate crimes and hate speech

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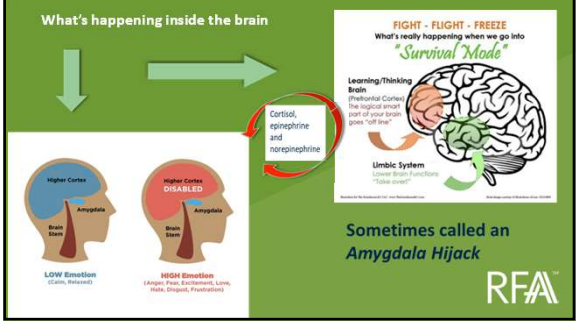
When confronted by external stimuli that are perceived as threats in the environment, humans react with a *stress response.*

What's happening inside the brain



Sometimes called an *Amygdala Hijack*

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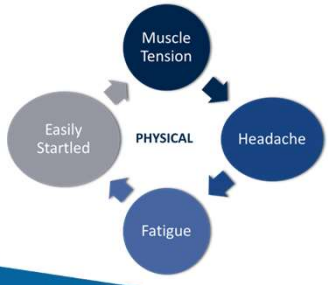
IMPACT OF TRAUMA ON THE BRAIN AND BODY



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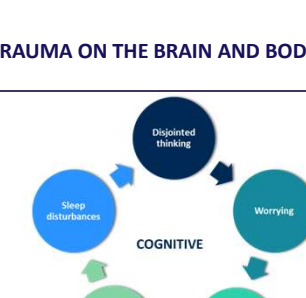

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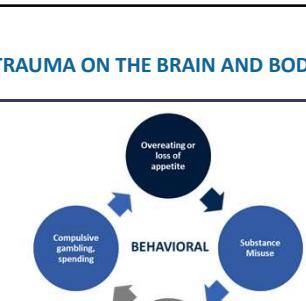

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4 THE 4 "R's" of a Trauma Informed Approach

Realization — all those involved in your organization at all levels realize that:

- Trauma can affect individuals, families, organizations and communities
- People's behaviors can be understood as coping strategies designed to survive adversity and overwhelming circumstances (past or present)

Recognition — all those involved in your organization are able to recognize ***the signs of trauma*** and have access to trauma ***screening and assessment tools***

- **Responding** — your organization responds by ***applying a trauma-informed approach to all aspects of your work.*** Specifically, everyone on staff in every role has changed their behaviors, language and policies to take into consideration the experiences of trauma among residents, their families and staff
- **Resisting retraumatization** of residents and staff members ***by ensuring that practices do not create a toxic environment*** — for example understanding the impact of using restraints or seclusion on a resident with a trauma history

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Trauma-Specific Treatment vs. Trauma-Informed Care

Trauma-specific services

Refers to evidence-based and promising **prevention, intervention, or treatment services** that **address traumatic stress as well as any co-occurring disorders** (including substance use and mental disorders) that developed during or after trauma.

Trauma-informed care

Trauma-informed care is a ***strengths-based service delivery approach*** "that is ***grounded in an understanding of and responsiveness to the impact of trauma***, that ***emphasizes*** physical, psychological, and emotional ***safety for both providers and survivors***, and that creates opportunities for survivors to rebuild a sense of control and empowerment"

Also involves vigilance in anticipating and ***avoiding*** institutional ***processes*** and individual ***practices*** that are ***likely to retraumatize*** individuals who already have histories of trauma, and it upholds the importance of consumer participation in the development, delivery, and evaluation of services.

(SAMSHA, 2014)

Trauma-Informed Care at the Individual Level: *Things to Remember*

1: The impact of adversity is not a choice

2: Understanding adversity helps us make sense out of behavior

3: Prior adversity is not destiny

THESE SIX PRINCIPLES ARE THE HEART OF TRAUMA-INFORMED CARE

- SAFETY –physical, emotional, psychological, social safety
- TRUSTWORTHINESS & TRANSPARENCY- above board, straightforward communication; say what you mean – mean what you say
- PEER SUPPORT – ask for and offer help
- COLLABORATION AND MUTUALITY- level power differences, value everyone
- EMPOWERMENT, VOICE & CHOICE – recognize, encourage, build on the everyone's strengths
- CULTURAL, HISTORICAL, GENDER LENS – recognize role of these in trauma; cultivate cultural awareness

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TRAUMA AND OLDER ADULTS: CONSIDERATIONS

- Past adverse experiences
- Current or recent traumas, including elder abuse or neglect
- Traumas relating to the aging process
  - Loss of loved ones
  - Loss of own capacities
  - Loss of roles and identity and of home
  - Increased dependence
- AND we can now add – COVID-19 experiences

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PUZZLING BEHAVIORS IN OLDER ADULTS



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IF TRAUMA HISTORY ISN'T CONSIDERED.. COMMON MISDIAGNOSISES

- Dementia
- Psychosis
- Personality disorders
- Mood disorders – bipolar, depression
- Oppositional – willful misconduct
- Hoarding is actually correlated to childhood physical or sexual abuse

Neurocognitive Disorders

- Higher rates of Relocation Stress Syndrome
- May have more difficulty protecting themselves against traumatic memories
- Some studies indicate that people who have experienced post traumatic stress may have higher rates of dementia
- Difficulty providing information or self-generating grounding

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Families and Trauma

Families may have experienced trauma in many ways:

- Shared past trauma – refugees, disaster, death
- Histories of substance abuse or mental illness
- Resident has abused family members
- Family member has abused resident
- Be alert to family interactions

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USE UNIVERSAL TRAUMA PRECAUTIONS

- ASSUME that everyone has experienced trauma
- APPROACH people from the front so that they are not startled
- INTRODUCE YOURSELF and ask what the person prefers to be called
- EXPLAIN what you will be doing and ask permission
- ASK if there is anything you can do that would make the person more comfortable
- TREAT each person with dignity and respect, offering empowerment and choice to the degree possible

Levels of Implementation

- **Level One**: basic education; implementation team; organizational assessment and priority setting; basic changes to policies and procedures; identifying mental health experts; communication re: trauma-informed care
- **Level Two:** recognize need for significant culture change; translating principles into work of every department and staff member; addressing overt and covert barriers to deeper implementation; engaging with people who have lived experience of the issue
- **Level Three:** increase depth of training; identify specific measures of progress; learning community; integrate and connect within and beyond

Behavioral Health Resources

- Be ready to make referrals
- Reach out to behavioral health providers to learn about their expertise with trauma
- Reach out to your employee assistance program to learn about their expertise with trauma
- Youth-serving organizations are often good resources

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Trauma-Specific Treatment Resources Poll

- My organization has identified behavioral health professionals who can work with clients and staff who may need trauma-specific treatment:

1. YES
2. NO
3. I DO NOT KNOW

Staff members should:

- Be alert to distress, fear, uneasiness, anger or other unexplained actions and expressions
- Consider whether trauma (known or unknown) may be a factor
- Resist probing deeply, but instead identify potential triggers, assist the person to move from the "there and then" to the "here and now"
- Note any identified triggers, things that help reduce uneasiness or restore equilibrium; consider trauma-specific treatment if indicated
- Respect confidentiality & share information on a "need to know" basis

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General Principles for Screening

- Avoid re-traumatization
- Questions should be normalizing and open-ended
- Person should be in control of when, what, how much they share
- Often distress can be noted and relieved without knowing the specifics of what is causing the distress

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Screening Approach Example

"Because many people have had difficult experiences that have had long lasting effects for them, we have begun to ask some questions routinely.

In your lifetime, have you had any stressful, frightening or upsetting experiences that have caused you ongoing distress?"

If the answer is yes, follow up questions might be:

"Have you ever talked with any professionals about this?

Would that be helpful to you?

Would you be willing to tell me a little more about your experience?"

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Screening Approach Example

"In the past month, have these experiences caused you to:

- Have nightmares about it or think about it when you did not want to?
- Try hard not to think about it or go out of your way to avoid situations that reminded you of it?
- Be constantly on guard, watchful, or easily startled?
- Feel numb or detached from others, activities, or your surroundings?

What is likely to trigger related feelings of fear, anxiety or anger?

How will we know if a past experience is troubling you?

What can we do to help you at those times?"

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Elder Abuse and Justice

- At least 10% of older adults are, or have recently, experienced abuse or exploitation
- Identify support and legal resources, then ask good questions in an open & normalizing way
- Be alert to the nonverbal signs
- Closely connected with trauma-informed care

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Observations

- I can think of people I know at work – colleagues, residents, others – whom I believe may have long-term distress due to difficult experiences

1. YES
2. NO

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Possible Interventions

- Observe universal trauma precautions with everyone
- Identify potential triggers for actions, behaviors and expressions that indicate fear, anxiety or agitation
- Reduce the likelihood of triggering past trauma by eliminating known triggers
- Use grounding techniques to help the person move from the "there and then" to the "here and now" (note how this might work with someone who has neurocognitive impairment)
- Refer for trauma-specific treatment when indicated

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Staff and Trauma

- Staff skills and competencies in addition to training
- Staff affected by adverse experiences
- Vicarious or secondary trauma
- Staff working with clients affected by trauma
- Need to address contracted health professionals, too
- Staff benefit by working in a trauma-informed culture

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Ten Domains for Implementation

- Governance and Leadership
- Policy and Procedure Across the Organization
- Physical Environment
- Engagement & involvement
- Cross- Sector Collaboration
- Screening, Assessment, Treatment Services
- Training and Workforce Development
- Process Monitoring and Quality Assurance
- Financing
- Evaluation

Which of these areas will need the most work in your organization?

- SAFETY –physical, emotional, psychological, social safety
- TRUSTWORTHINESS & TRANSPARENCY- above board, straightforward communication; say what you mean – mean what you say
- PEER SUPPORT – ask for and offer help
- COLLABORATION AND MUTUALITY- level power differences, value everyone
- EMPOWERMENT, VOICE & CHOICE – recognize, encourage, build on the everyone's strengths
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Trauma-Informed Care and COVID-19

Possible and likely effects:

- Trigger past traumas
- Exacerbate anxiety, depression and isolation
- Limit learned coping mechanisms
- Increase in abuse
- Impact of medical trauma
- Experience Secondary Trauma
- Fear of the unknown future

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Trauma related to COVID-19

- Medical trauma – While some people are asymptomatic, others have long-term physical and emotional consequences
- End-of-life in isolation & without normal rituals– difficult for patient and family
- Crisis environment – PPE, fear, medical staff & facilities over-taxed
- Triggering for people with past trauma- need help with "here and now"
- Mental & emotional health challenges exacerbated by isolation and anxiety and loss of usual coping strategies
- Pandemic fatigue – isolation, PPE, testing, virtual school, continually changing regulations, financial challenges…

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Trauma related to COVID-19

- Stay at home orders, unemployment, & other stressors = more family friction, isolation, and increase in domestic abuse, violence, & exploitation
- Marginalized and at-risk people are disproportionately affected by the virus and related issues
- Unrelenting news coverage, pandemic political divisions
- Lack of attention to other health concerns and wellness behaviors
- Large-scale impact – fear of the known and the unknown- the world as a dangerous place

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COVID-19 Secondary Trauma

- People working in health care, housing & supports can experience secondary or vicarious trauma as well as triggers of past trauma, especially in this wearying, crisis-oriented environment
- Self-care is critical: create a menu of self-care activities; limit news exposure; mindfulness/ meditative moments; stay connected/ reach out; control what you can; cultivate gratitude; look for beauty; modify expectations of yourself & others; celebrate small successes; feed your sense of humor; pay attention to sleep, healthy food, hygiene; honor your service
- Good article - https://www.cstsonline.org/assets/media/documents/CSTS_FS_Sustaining_Well_Being_Healthcare_Personnel_during.pdf

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COVID-19 Building Resilience

- Resilience is actively constructed
  - Putting one foot in front of the other and persevering
  - Cultivating social supports and proactive community
  - Adaptive meaning making – framing experiences and making collective meaning
  - Actively practicing self-care
  - Rituals to increase connectedness and memorialize shared experience
- Distinguish between expected short-term anxiety and sadness and deeper issues
- More and more online resources are specifically targeted to addressing COVID-19. Look at the Internal Society for Traumatic Stress Studies and also the Journal of Traumatic Stress

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Your Experiences

One way we are supporting each other as co-workers is:

Please type your answers in the chat box

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Your Experiences

Something I am doing for self-care these days is:

Please type your answers in the chat box

Risks and Risk Mitigation

- Surveys and compliance with CMS requirements
- Re-traumatization
- Family trauma and implications
- Recognizing need to refer to specialists
- Recognizing staff trauma
- Words and not actions

Trauma-Informed Culture

- Safety, Trustworthiness & Transparency, Peer Support, Collaboration/ Mutuality, Empowerment/Voice/Choice, Unbiased and Aware – who wouldn't want to work there!
- During and after COVID-19 – Now more than ever this is important and key to the future!

Resources from LeadingAge & Resilience for All Ages

- **Foundations of Trauma-Informed Care Toolkit**
  - *Foundations of Trauma-Informed Care: An Introductory Primer* (for boards & leadership staff)
  - Six one-page lessons to be used with all staff
  - Two slide presentations with notes: leadership level and all staff
  - Brief guide to use of the toolkit

Resources from Resilience for All Ages

Implementing Trauma-Informed Care: A Guidebook

- Levels of implementation
- Creating an implementation plan
- Forming an implementation team
- Special considerations for nursing homes- dementia, contracted health professionals, behavioral health resources, staff & trauma, families, policies and procedures
- Resources – organizational assessment, checklists

Thank you!

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