

Trauma-informed Care in Nursing Facilities: Reconnecting to Sources of Strength

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What is trauma?

- Results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physical 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 (SAMHSA, 2014).

Who do we encounter that experiences trauma?

- Resident, family, caregivers, staff, volunteers
- The nature of long-term care is relational. We engage with the wholeness of one another every day, and we ourselves impact and change the people around us, whether we are staff, residents or family members.

Examples of trauma

- Adverse Childhood Experiences (ACEs), intimate partner violence, PTSD from war, Holocaust, systemic racism, disaster, grief and loss, transfer trauma

A holistic look at trauma

According to the National Council for Community Behavioral Health Care, "Trauma occurs when a person is overwhelmed by events or circumstances and responds with intense fear, horror, and helplessness. Extreme stress overwhelms the person's capacity to cope. There is a direct correlation between trauma and conditions such as diabetes, COPD, heart disease, cancer, and high blood pressure. Trauma may be experienced and expressed in numerous ways and dimensions." Often trauma, like grief, is misunderstood or misdiagnosed and not attributed to the effects of trauma. People deal with trauma differently.

- Biological symptoms include brain function, headaches, stomach aches, sleep changes
- Psychological symptoms include fear, anxiety, outbursts, flashbacks, nightmares
- Social symptoms include apathy, isolation, difficulty trusting, detachment
- Spiritual symptoms include struggle to find meaning, anger with God

Secondary losses

A person may experience multiple secondary losses as a result of the trauma they have experienced, such as health impairments, loss of relationships, change or loss in social roles, life roles, functional ability, financial security, independence, support systems, and hopes, dreams and plans for the future.

Trauma and ageism

As trauma survivors age or experience trauma in old age, they may also experience ageism in the forms of: age itself being stigmatized:

- receiving differential treatment or not treatment because due to age bias
- providers may mistake older adult masking or coping mechanisms for absence of trauma and fail to inquire
- loss of voice and power associated with trauma and old age
- pressure to remain silent and not disrupt family systems

Resilience

- The ability to return to being healthy and hopeful after bad things happen. Everybody copes differently. Sources of strength and resilience may include:
 - Biological: singing, dancing, laughing, movement, sleep
 - Psychological: curiosity, self-soothing, imagination, learning
 - Social: positive relationships, storytelling
 - Spiritual: connecting with a higher power, a sense of hope, a sense of purpose, reflective writing

Trauma-informed care

- **Realizes** the widespread impact of trauma and understands potential paths for recovery.
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- Seeks to actively **resist re-traumatization**
- **Responds** by full integrating knowledge about trauma into policies, procedures, and practices
- Is a process, not a destination

Six Key Principles of Trauma-Informed Approaches (SAMHSA, 2014)

- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice and Choice
- Cultural, Historical and Gender Issues

Trauma-informed care is a process, not a destination. A continuous improvement model, an approach used for other important outcomes (infection control, residents' rights), can help track progress. Select goals by ranking changeability and importance, using a simple high-low matrix.

What can we do now to prepare for the trauma-informed regulations?

- Know the individuals you care for, including information about their mental health, trauma history, coping, and resilience.
- Provide opportunities for residents, family members, and all staff to learn.
- Identify and build on strengths of residents, families, staff, and facility.
- Build community partnerships and become familiar with mental health professionals and community resources.
- Promote positive engagement among residents, families, and staff.

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