



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

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Our Presenters Today:



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At the end of webinar, YOU will have an increased understanding of:

a definition of
trauma

a definition of
resilience

a definition of
**trauma-informed
care**

**person-centered
care** as it relates to
trauma-informed
care

who may benefit
from **trauma-
informed
approaches**

activities and
resources for a
trauma-informed
approach



*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.

What is Trauma?

SAMHSA, 2014

Definitions and Terms



COMPLEX TRAUMA: results from extended exposure to traumatizing situations, often during childhood.

DEVELOPMENTAL TRAUMA: multiple or chronic exposure to one or more forms of interpersonal trauma (abandonment, betrayal, physical assault, sexual assault, threats to bodily integrity, coercive practices, emotional abuse, witnessing violence or death).

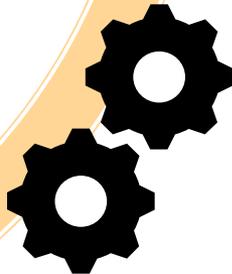
ACUTE TRAUMA: results from exposure to a single overwhelming event

POST-TRAUMATIC STRESS DISORDER (PTSD): a recognized mental health condition that's triggered by a terrifying event.

VICARIOUS/SECONDARY TRAUMA/COMPASSION FATIGUE: different but related secondary stress injuries.



RETRAUMATIZATION: a conscious or unconscious reminder of past trauma that results in a re-experiencing of the initial trauma event. It can be triggered by a situation, an attitude or expression, or by certain environments that replicate the dynamics (loss of power/control/safety) of the original trauma.



TRIGGERS:

Signals that act as signs of possible danger, based on historical traumatic experiences, and which lead to emotional, physiological, and behavioral responses that arise in the service of survival and safety.

Who Do We
Encounter
that
Experiences
Trauma?



Residents



Family/Caregivers



Staff/Volunteers

Poll

How many residents in your community do you think have experienced a traumatic event that currently impacts them?

- A. 10%
- B. 30%
- C. 50%
- D. 70%
- E. 90%

What kind of **trauma** may residents have experienced?



Adverse
Childhood
Experiences

Intimate
Partner
Violence

PTSD
resulting from
war

The Holocaust

Systemic
Racism

Disaster

Grief/Loss

Transfer
Trauma

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.

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.

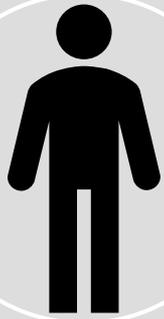
- Brain development-function
- Headaches, backaches
- Stomach aches
- Appetite changes
- Cold susceptibility
- Intestinal problems
- Sleep changes



- Fearfulness, anxiety
- Loneliness
- Helplessness
- Dissociation
- Outbursts
- Flashbacks
- Nightmares

- Struggle to find meaning
- Anger at God
- Desolation

- Apathy
- Isolation
- Difficulty trusting
- Detachment
- Suicide ideation, self-injury, aggression



Secondary Loss
experienced

Secondary losses:

Health

Relationship –
such as
friendships

Social Role –
such as role in
the family

Life roles –
such as
occupation

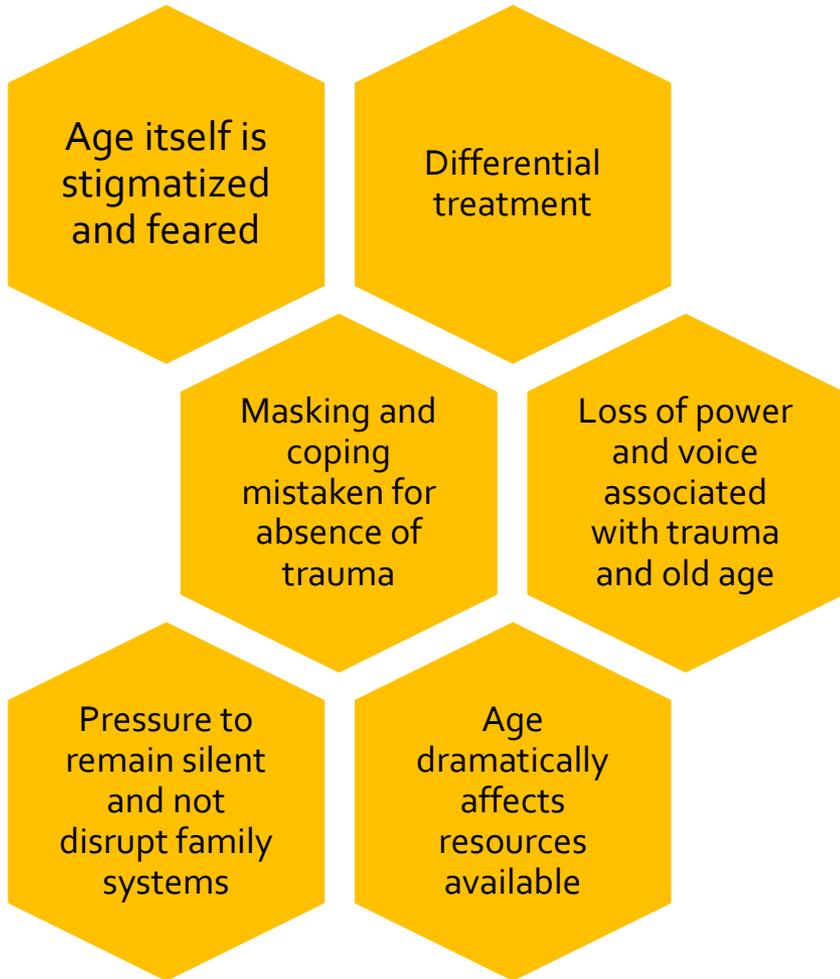
**Functional
Ability**

**Financial
Security**

Independence

**Support
Systems**

**Hopes and
Dreams/Plans
for Future**



Trauma and Ageism

Brown, L. 2008

TRANSITIONS

Professional Caregivers

The personalities of most health care professionals have a strong empathetic and compassionate component.

Often professional caregiver loss is not addressed in the workplace.

Professionally-related grief events or trauma exposure, which accumulate over time, can be tied to emotional distress and burnout.

Compassion Fatigue: Signs & Symptoms

Fatigue

Depression

Losing interest in hobbies, enjoyable activities

Withdrawing from relationships

Physical symptoms – headache, sleep changes

Anger/Irritability

Obsession with work related issues

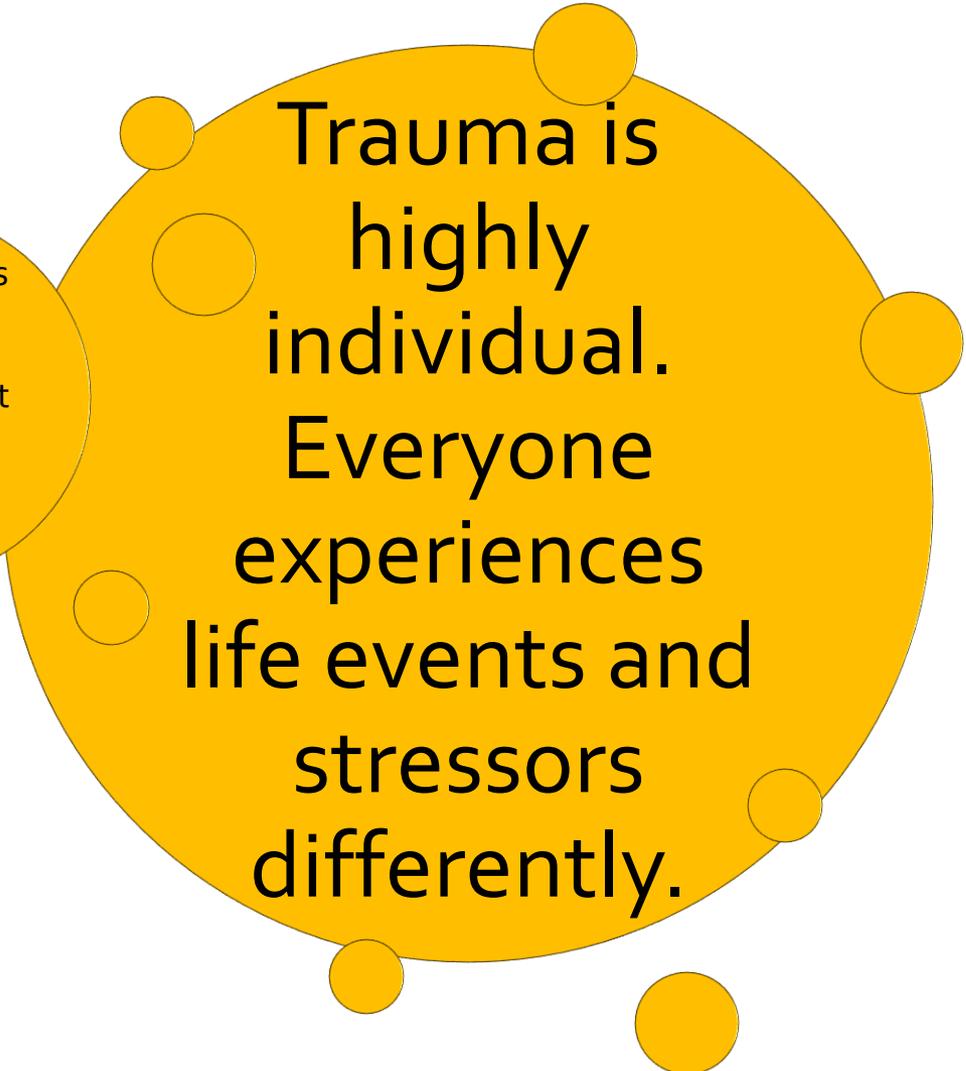
Decline in work satisfaction

Compassion Fatigue: Assessment

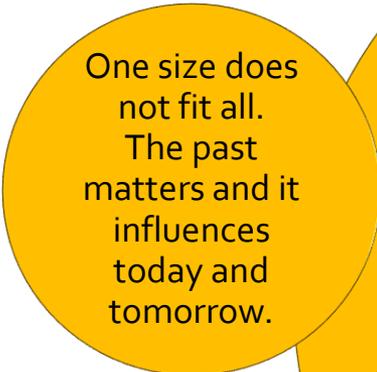


Ask yourself these questions, *yes or no*

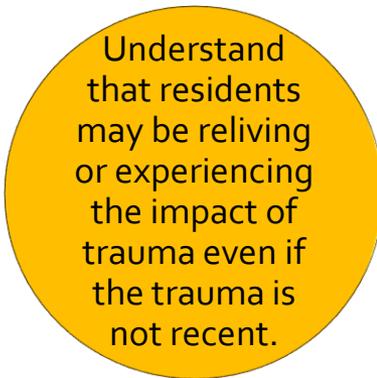
	YES	NO
Personal concerns commonly intrude on my professional role.		
My colleagues seem to lack understanding.		
I find even small changes enormously draining.		
I can't seem to recover quickly after association with trauma or loss.		
Association with loss or trauma affects me very deeply.		
Residents' stress or grief affects me deeply.		
I have lost my sense of hopefulness.		
I feel vulnerable all the time.		
I feel overwhelmed by unfinished personal business.		



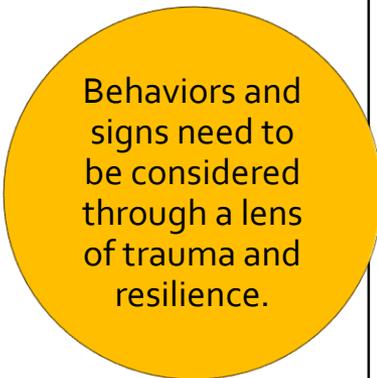
Trauma is
highly
individual.
Everyone
experiences
life events and
stressors
differently.



One size does
not fit all.
The past
matters and it
influences
today and
tomorrow.



Understand
that residents
may be reliving
or experiencing
the impact of
trauma even if
the trauma is
not recent.



Behaviors and
signs need to
be considered
through a lens
of trauma and
resilience.

A Holistic Look at Resilience

The ability to return to being healthy and hopeful after bad things happen



Psychological/ Cognition

Recognizing your
own character
strengths

Adept at facing fears

Sense of humor

Cognitive flexibility



Biological

Having resilient
parents

Meeting basic needs

Keeping fit



Spiritual

Strong moral compass
or set of beliefs



Social

Attachments and
nurturing
relationships

Altruism

Social/emotional
skills

Community & Family Services Division,
Spokane Regional Health District





**Resilience is
highly
individual.
Everyone
copes
differently.**

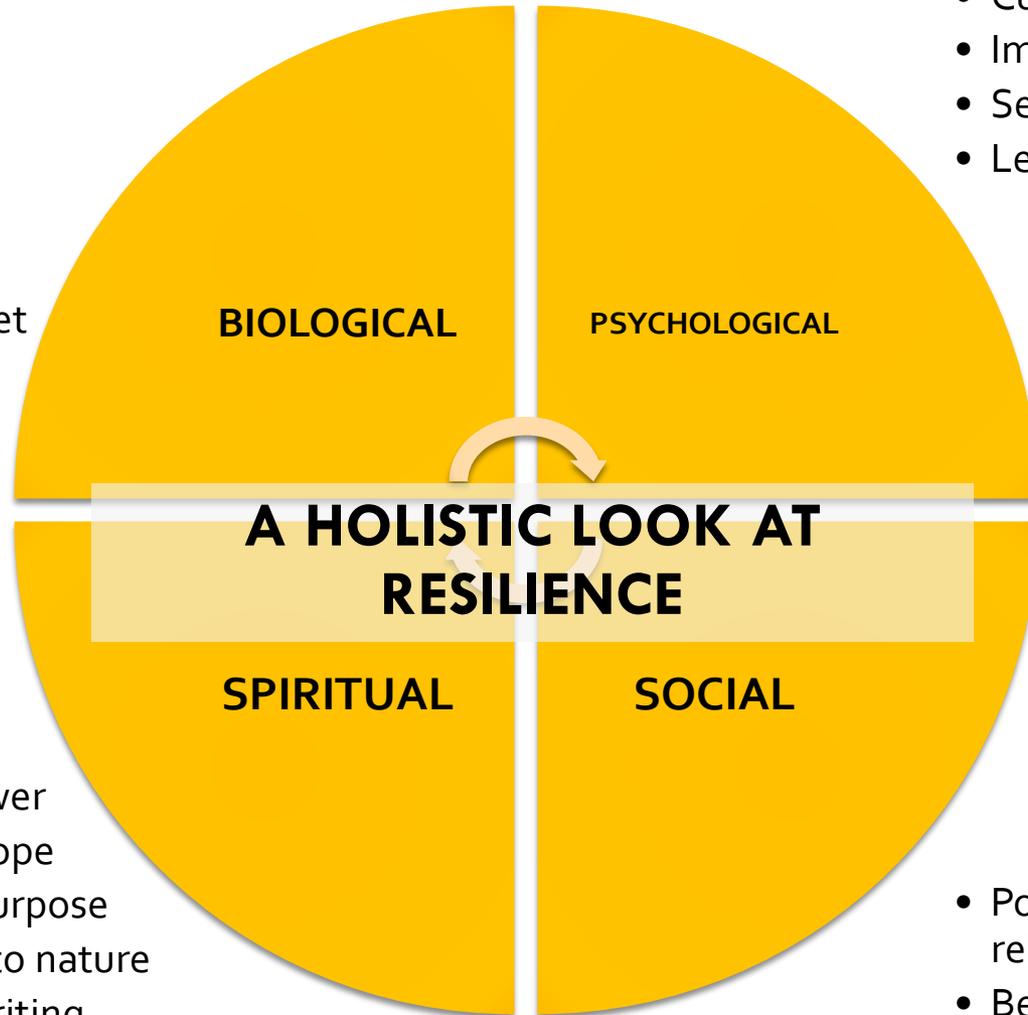
Knowing residents' strengths and resources is key to growing our residents' resilience.

Understand that everyone adopts coping mechanisms and everyone has strengths.

Joy, curiosity, and positive social connections change the brain, too.

- 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

Self-Care

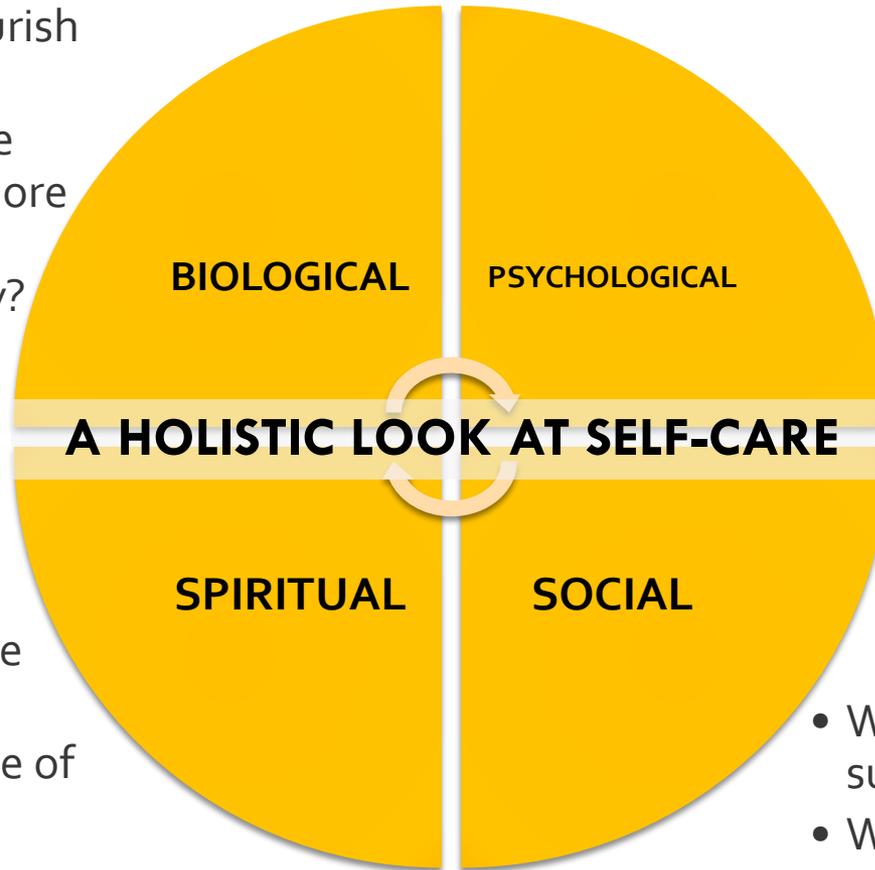
How well we listen to ourselves relates to how well we are able to listen to others.

“Self care” is a priority for combating compassion fatigue.

Professional caregivers tend to place a high priority on caring for others but not themselves.

Honest self-reflection is important!

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

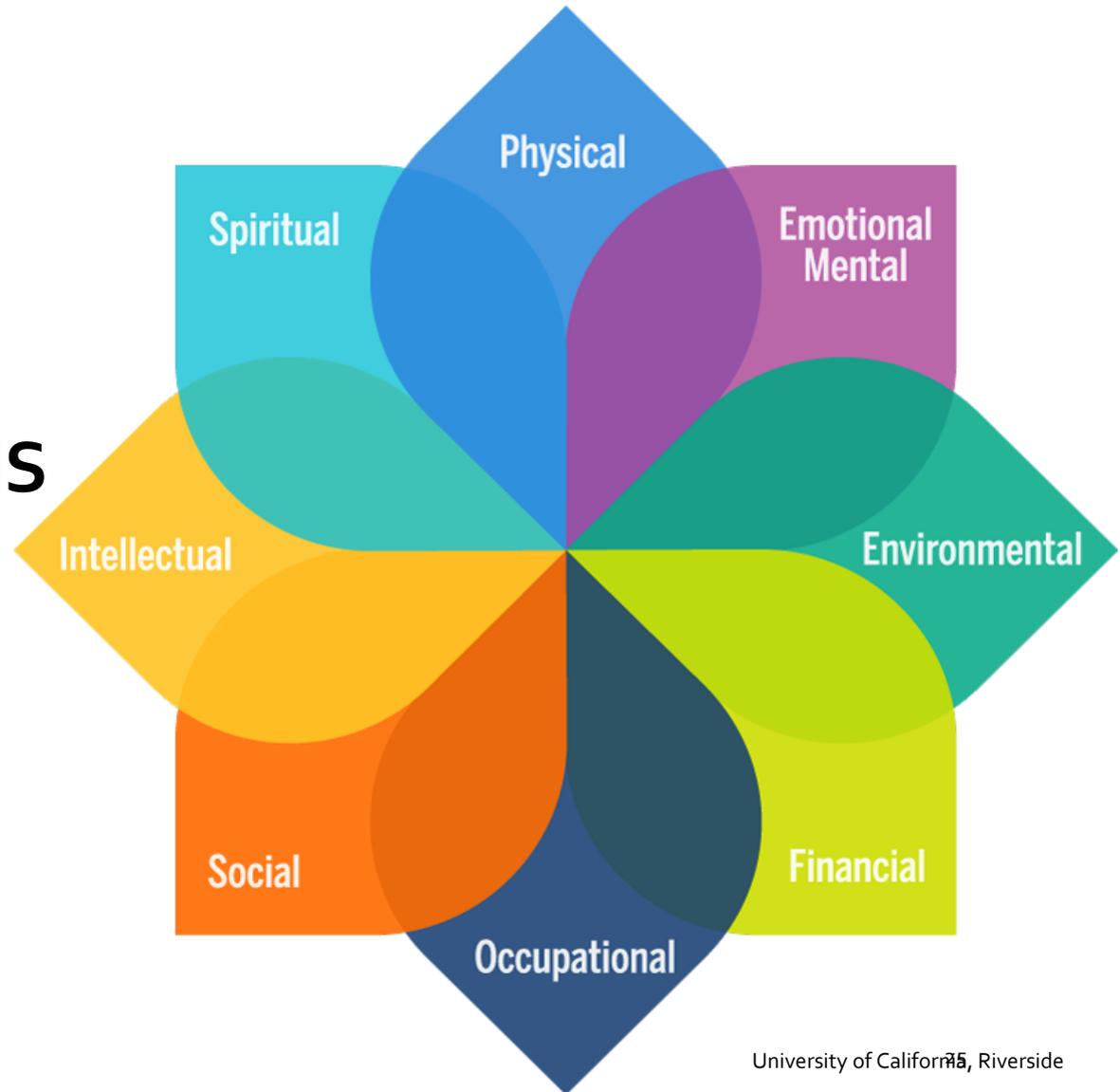


- Who or what calms me?
- What makes me laugh?
- When do I feel confident and strong?

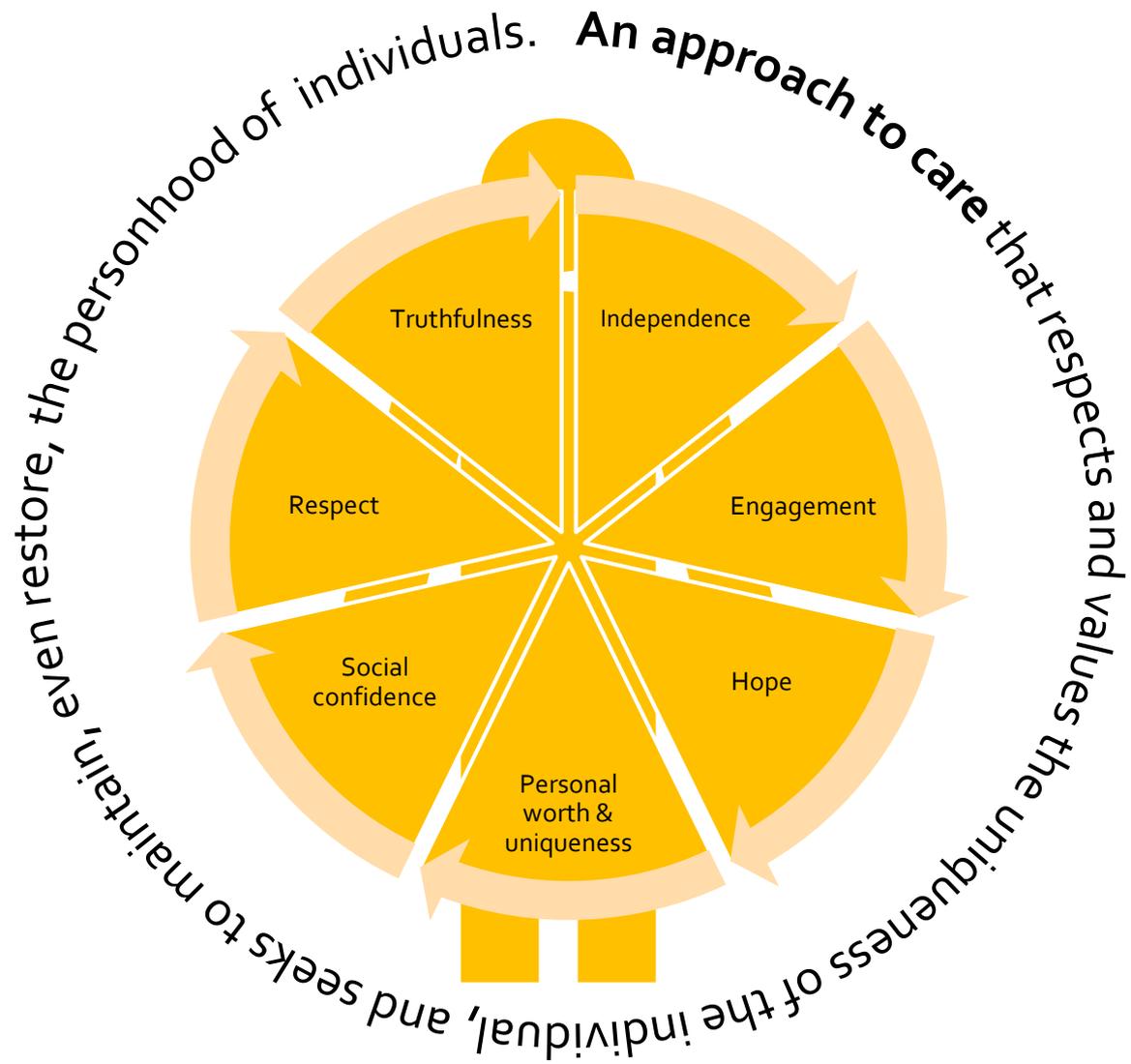
- What gives my life meaning?
- What is the source of my greatest joy?
- What do I deeply believe in?

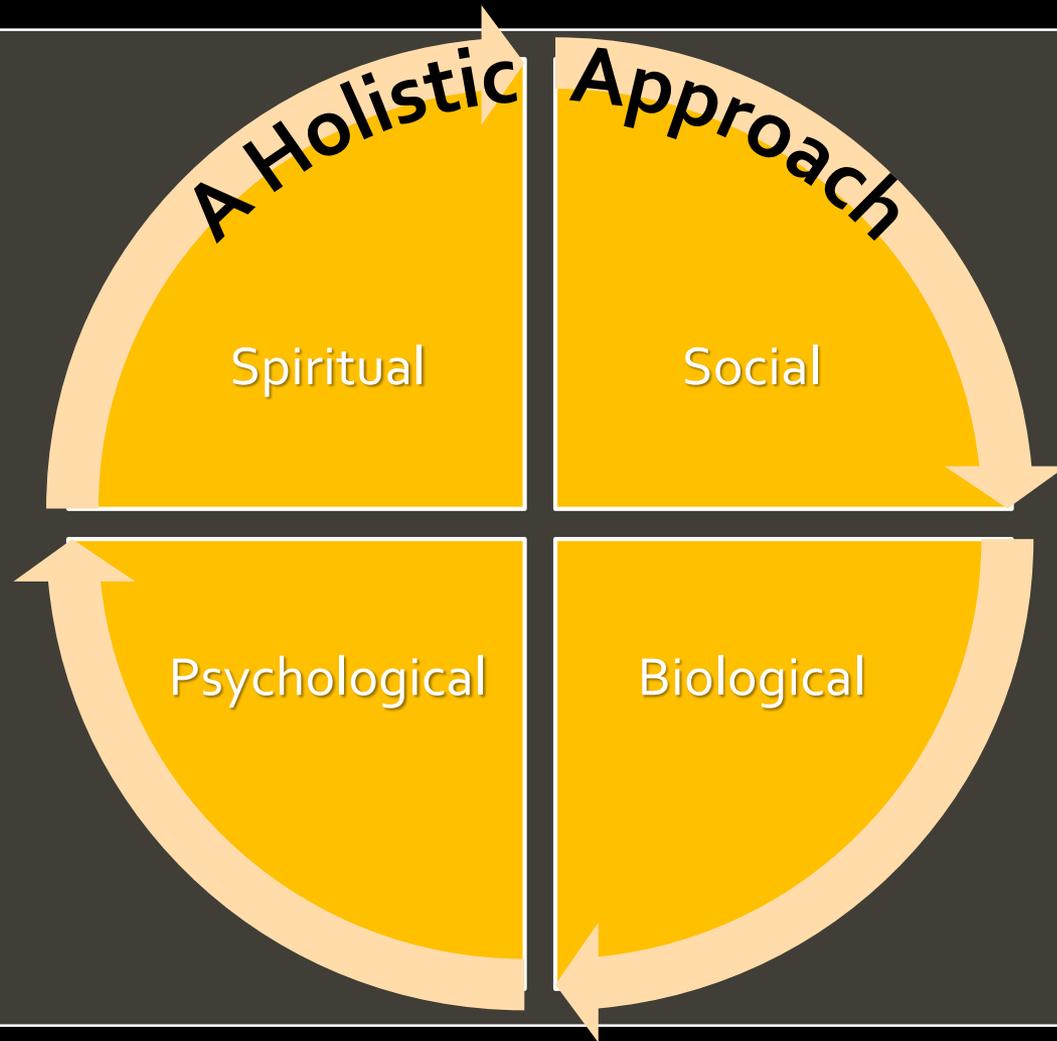
- Who can I call on for support?
- Who do I enjoy spending time with?

THE 7 DIMENSIONS OF WELLNESS



What is person-centered care?





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

Responds by fully integrating knowledge about trauma into policies, procedures, and practices

Seeks to actively **resist re-traumatization**

SAMHSA, 2014

Poll

Do you currently train caregivers on trauma-informed care?

A. Yes

B. No

C. I plan to start soon



**Mission, Vision,
Values**

Reflect on the mission of your facility.

Call to mind the values your facility espouses in its culture.

Safety

Trustworthiness
& Transparency

Peer Support

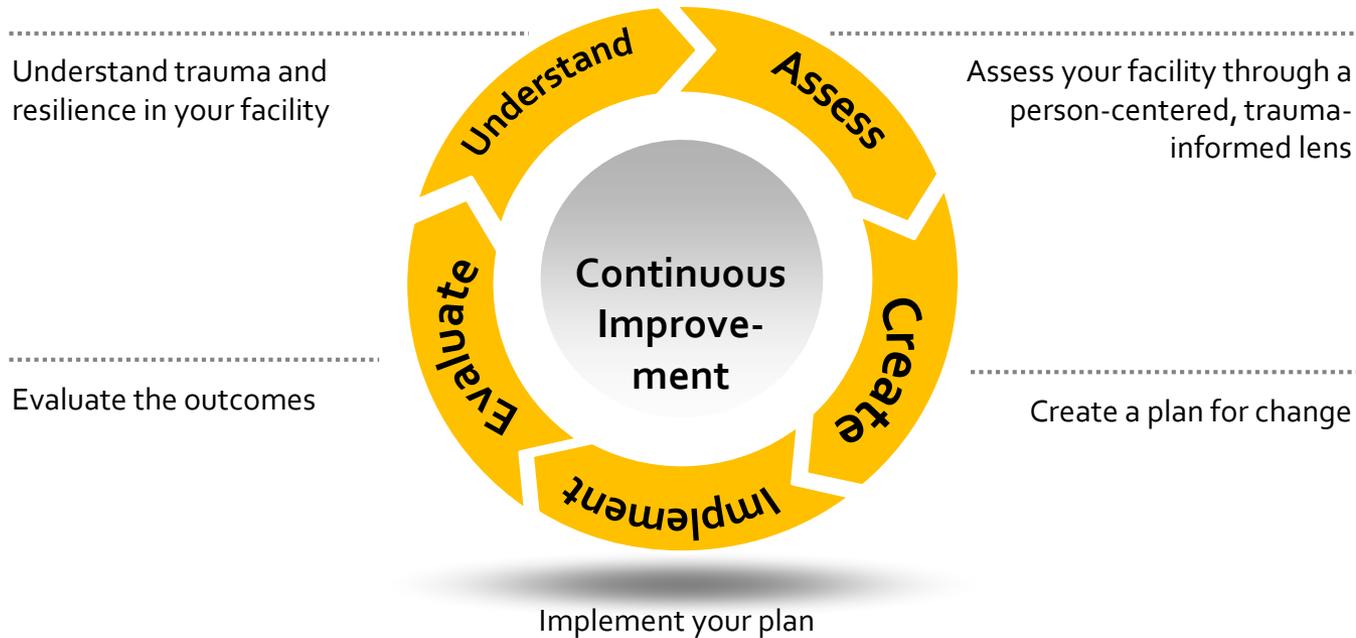
Collaboration
and Mutuality

Empowerment,
Voice and
Choice

Cultural,
Historical and
Gender Issues

Six Key Principles of a Trauma-informed Approach

SAMHSA, 2014



Trauma-informed care is a process,
not a destination.

PRIORITIZATION MATRIX

		CHANGEABILITY	
		HIGH	LOW
IMPORTANCE	HIGH	Example: We have several family members of new long-stay residents who are eager to share and volunteer (changeability). We also know that having a family champions for trauma-informed care directly correlates to the principles of trauma-informed approaches (importance).	
	LOW		

6 Principles

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

PRIORITIZATION MATRIX



6 Principles

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

PRIORITIZATION MATRIX

		CHANGEABILITY	
		HIGH	LOW
IMPORTANCE	HIGH	Example: We have space that is conducive to meditation or quiet time and could be made available for staff self-care/wellness (changeability). We know that staff resilience and stress management are critical to well-being and trauma-informed culture(importance).	
	LOW		

6 Principles

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

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 re-traumatization of the resident.
- Will be implemented beginning November 28, 2019

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

1. Know

Know the individuals you care for, including histories, mental health, coping, preferences and resilience.

2. Provide

Provide opportunities for residents, family members, and all staff to learn.

3. Identify

Identify and build on strengths of residents, families, staff, and facility.

4. Build

Build partnerships with mental health professionals and community-based resources.

5. Promote

Promote positive engagement among residents, families, and staff.



1. Know Your Residents

Knowing Residents

Resident records

Interviews & Assessments

Observations

Insights from family members or other residents

Listening deeply to the stories that residents, families, and co-workers share

Direct care, activities, social services, nursing staff

Observe how, when, and where story and narrative are part of your culture

Start a facility book group

Create a trauma-informed care team

Hold community conversations

Form partnerships with community-based or academic subject matter experts

Debrief with interdisciplinary team

Get family members, residents, and staff involved in learning about resilience and wellness

Be present in the moment with residents

Expand interdisciplinary team to include direct care and social services

Deepen cultural competency, for example regarding Judaism, Holocaust survivors

2. Provide Opportunities to Learn

Identify resident
resilience through
interviews,
assessments,
conversations

Identify staff strengths
and resilience through
interviews,
assessments,
conversations

Identify where
connectedness with
people, places, events
is flourishing

Map resources,
capacity, and
alignment

Build out from a
position of strengths
and assets

3. Identify Strengths

- National Alliance on Mental Illness (NAMI)
- Mental Health America
- Veterans Administration
- Jewish Federations of North America
- Alzheimer's Association
- Leading Age
- Private Mental Health Practices
- Hospitals and Health Care Associations
- Universities and Community Colleges
- Community Mental Health/Social Services
- Online communities/organizations



4. Build partnerships and become familiar with resources!

Promote

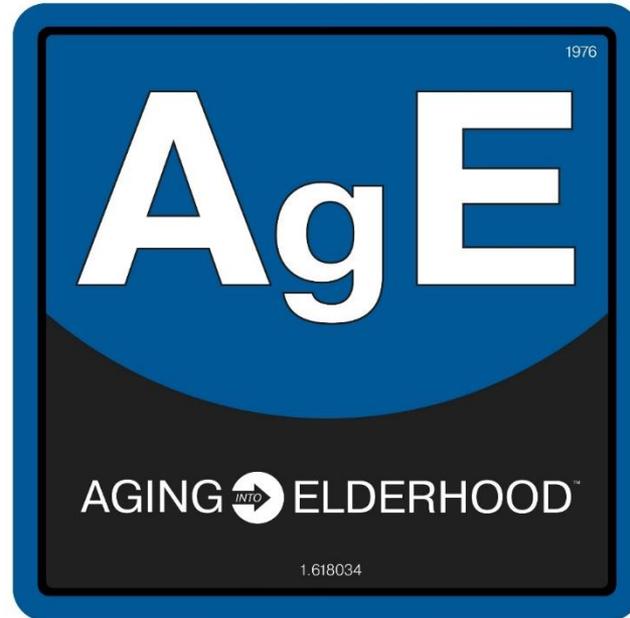
- Consistency in scheduling and communication
- Activities that offer safe movement and engagement of the senses
- Access to quiet outdoor spaces
- Activities that emphasize choices
- Peer and staff mentoring of new residents
- Resident and family volunteers
- Opportunities to share life stories

5. Promote positive engagement

Poll

What will you do by next Tuesday?

- A. Check out a website on trauma-informed care
- B. Review current in-house orientation/training program for trauma-informed care
- C. Send handouts from this webinar to peers



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