Trauma-Informed Care Across the Continuum

Presented by:

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Presentation Objectives

- Define trauma and trauma informed care and identify ways to incorporate these principles into your care setting.

- Understand the benefits of trauma informed care to meet clients' psychosocial needs and improve the quality of care across the continuum of care settings.

What is Trauma?

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

(SAMHSA.gov)

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What is Trauma Informed Care?

Trauma Informed
Understanding trauma and having an awareness of its impact across settings, services, and populations

Trauma Informed Care (TIC)
Strengths-based service delivery approach grounded in an understanding of and responsiveness to the impact of trauma

TIC is not a therapy...
It is an approach to care intended to inform practice, procedure, and policy

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Potentially Traumatic Experiences

- Combat – War – Acts of Terrorism
- Becoming a refugee – Prisoner of war – Holocaust survivor
- Physical and/or sexual violence and abuse
- Poverty
- Neglect
- Serious accidents
- Violent crime
- Natural disasters
- Medical trauma
- Bias and discrimination
- Hate crimes and hate speech
- Family members with substance abuse and/or mental health disorders
- Traumatic loss of a loved one

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Potentially Traumatic Experiences

Related to Aging or Long-Term Care Placement

- Loss of loved ones

- Loss of one's own capacities

- Loss of roles, identity and home

- Dependence on others/lack of control

- Transfer trauma

- Institutional setting could be a trigger

- Elder abuse, neglect, or exploitation

- End of life

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The Three E's of Trauma

Why is Trauma Different for Everyone?

- Events
- Experience
- Effects

Three E's of Trauma

The **Event**

The threat of, or actual experience of physical or psychological harm	This may have occurred once, or repeatedly over time

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Three E's of Trauma

The **Experience** of the Event

How an individual assigns meaning to an event determines if it is traumatic for them

How the individual is disrupted physically and psychologically by the event

How they cope with the experience of powerlessness

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Three E's of Trauma

The **Effects** of the Event

- What happened as a result of the event?

- Were there adverse effects?

- Effects may be immediate or have delayed onset

- Effects may be short term or long term

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Trauma Related Conditions

Post Traumatic Stress Disorder (PTSD)

- Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event

- PTSD symptoms are generally grouped into four types:
  - Intrusive memories
  - Avoidance
  - Negative changes in thinking and mood
  - Changes in physical and emotional reactions

- PTSD is diagnosed by a mental health professional

Trauma Related Conditions

Traumatic Stress

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

Coping mechanisms become more easily overwhelmed by outside stress

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Trauma Related Conditions

Adverse Childhood Experience (ACE)
- Traumatic events or experiences that occur during childhood that can have a lasting impact
- ACEs are strongly related to the development and prevalence of a wide range of physical and mental health problems throughout a person's lifespan

Secondary Trauma
- Results from exposure to another individual's traumatic experiences, rather than from exposure directly to a traumatic event

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Signs and Symptoms of Trauma

- **Physical**
    - Muscle tension
    - Headaches
    - Fatigue
    - Easily startled
    - Chronic health problems

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Signs and Symptoms of Trauma

- **Cognitive**
  - Disjointed thinking
  - Worry
  - Impaired judgement
  - Memory issues
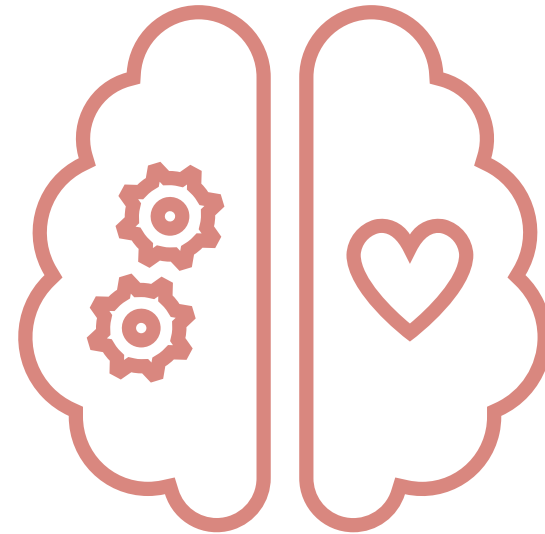 - Nightmares
  - Sleep disturbance

Signs and Symptoms of Trauma

- **Emotional**
  - Alienation
  - Irritability
  - Anxiety
  - Depression
  - Impulsivity
  - Hypervigilance
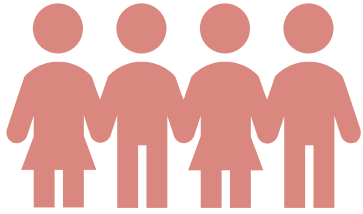 - Suspiciousness or paranoia

Signs and Symptoms of Trauma

- **Behavioral**
  - Compulsive behaviors
  - Self-harm
  - Avoidance
  - Self-isolation
  - Overeating or loss of appetite
  - Substance misuse or abuse
  - Aggressive outbursts
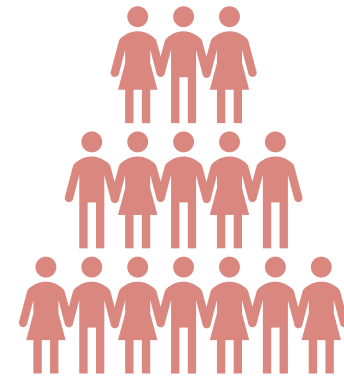 - Hoarding is correlated to childhood physical or sexual abuse

Prevalence of Trauma

Most research indicates that the majority of us – between **55-90%** - have experienced at least one traumatic event

Studies also indicate that almost two thirds of respondents reported at least one Adverse Childhood Experience

Not only clients, but their families and staff can be affected…

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Why is Trauma Informed Care Important?

- Trauma informed care provides the open-mindedness and compassion that all clients deserve

- Trauma informed care recognizes the clients' need to be respected, informed and empowered

- Trauma informed care seeks to change the illness paradigm from one that asks, "What's wrong with you?" to, "What has happened to you?"

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The Four R's of Trauma Informed Care

Realize	Recognize	Respond	Resist

The Four R's of Trauma Informed Care

Trauma Informed Care **Realizes**

- The widespread impact of trauma

- That behavior can be understood as coping strategies designed to survive adversity and overwhelming circumstances

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The Four R's of Trauma Informed Care

TIC **Recognizes** the signs and symptoms of trauma in residents, families, staff and others involved in the system

- Screening for trauma should benefit the client and be sensitive to the need for confidentiality
- Clients may not report trauma for a variety of reasons
- Staff should have the education and tools to recognize signs of trauma

![LeadingAge Ohio logo]

The Four R's of Trauma Informed Care

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

- Staff change their language and behavior to take into consideration the experiences of trauma among residents, families and staff
- Principles of TIC are applied to all areas of function
- It incorporates feedback from the workforce and keep a pulse on their wellbeing

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The Four R's of Trauma Informed Care

TIC seeks to actively **Resist** re-traumatization

- Ensure that practices do not create a toxic environment
- Identify possible triggers that could lead to re-traumatization, and develop approaches to avoid these
- Identify approaches preferred by the client to cope with symptoms of trauma if they should occur

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Assessing Clients for a History of Trauma

- Incorporate screening for trauma early in the assessment process to help guide the plan of care

- Trauma screening questions or assessment tools may be used as part of the initial assessment and should be adjusted to the needs of the client

- Develop a process in which any staff member who identifies a trauma history can share it with a member of the care team to ensure it is properly assessed and addressed

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Principles for Trauma Assessment

- Consider your client when developing an assessment process (one size does not fit all)

- Questions should be normalizing and open-ended

- Clients should be in control of when, what, and how much they share

- Be alert to distress, fear, uneasiness, anger or other unexplained actions and expressions (and consider whether undisclosed trauma may be a factor)

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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 needed, name some examples)

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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Trauma Screening Tools

PC-PTSD-5

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide

Have you ever experienced this kind of event? (Check box)

YES ☐   NO ☐

If no, screen total = 0. Please stop here.
If yes, please answer the questions below.

In the past month, have you:

1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?

YES ☐   NO ☐

2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?

YES ☐   NO ☐

3. Been constantly on guard, watchful, or easily startled?

YES ☐   NO ☐

4. Felt numb or detached from people, activities, or your surroundings?

YES ☐   NO ☐

5. Felt guilty or unable to stop blaming yourself or other for the event(s) or any problems the event(s) may have caused?

YES ☐   NO ☐

Primary care PTSD screen for DSM-5 (PC-PTSD-5). This is a 5-item screen to identify patients with probable PTSD. A cut-point of 4 and above is considered probable PTSD. Further evaluation for PTSD is recommended for patients with a positive screen. https://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp

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Providing Appropriate Treatment and Services

If trauma is identified, services should be made available based on the needs and preferences of the client

Professional Mental Health Referrals

TIC is not a therapy – it's an approach to care and healthcare culture	Mental health conditions such as PTSD should only be diagnosed by a mental health professional	Coordinate care to utilize recommendations from mental health professionals	Non-pharmacologic services and approaches should be attempted prior to psychotropic medications whenever possible

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Providing Appropriate Treatment and Services

Identify relevant community support and service organizations

Examples: Victims assistance; Veterans services; Holocaust Survivor support	Family, friends, pets, groups or organizations the client was involved in	Cultural, ethnic, and/or religious based support systems	Support/Peer Groups that address a clients' trauma or other issues

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Providing Appropriate Treatment and Services

- **Identify services within your organization that may be beneficial to the client**
  - Volunteer services
  - Pastoral Care
  - Social Work
  - Therapeutic Recreation

- **Develop a Plan of Care based on clients' individual needs**

Considerations for a Trauma Informed Plan of Care

- **Identify and incorporate client specific:**
  - Symptoms related to the traumatic event
  - Things that may trigger symptoms
  - Approaches to prevent or de-escalate symptoms and triggers
  - Desired treatment and services
  - Client strengths and coping strategies
  - Client care preferences

- **Identify any culturally relevant issues and address them according to the clients wishes**

- **What if the client is unable to identify or express preferred wishes for care and approaches?**
  - Consider the best evidence-based practices for their type of trauma (multiple resources)
  - Use "Universal Trauma Approaches"
  - Ask significant others when appropriate

- **Care and services are person-centered and reflect the residents' goals for care (CMS guidance for SNF)**

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Universal Trauma Precautions

- Assume that everyone may have experienced trauma

- Approach people from the front so that they are not startled, or knock on the door and ask to enter

- Introduce yourself, explain your role, 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

- Maintain eye contact and an open, pleasant demeanor

- Make decisions through collaboration and identification of others' wishes

- Respond to specific needs as quickly as possible

- Treat each person with dignity and respect, offering empowerment and choice to the degree possible

- Respond to concerns and grievances in an efficient and respectful manner to promote trust

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End of Life Care Considerations

- Clients may be more willing to share past trauma that they have previously kept secret

- There may be an increased desire for "resolution"

- A terminal diagnosis is likely to be traumatic

- Consider Social Work and/or Pastoral Care involvement

- Client care preferences are paramount

- Family relationships and dynamics are likely to be impacted

Family Considerations

Families may be affected by trauma in endless ways...

- The client has recently experienced physical and/or emotional abuse by a family member

- The client abused his daughter and was, himself, abused as a child

- The family has lived in a violent, distressed urban neighborhood and has witnessed and experienced violent death, poverty and racism for generations

- The client grew up with a parent with mental illness and substance misuse, but her children do not know that

- One family member has had a serious chronic illness and has experienced difficult medical procedures, some of which were painful and frightening

Implementing TIC, Leading Age MD

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Family Considerations

Family responses could include:

- Keeping secrets and just moving on
- Extreme dysfunction
- Fractured relationships
- Not recognizing or understanding the long-term effects of the trauma
- Recognizing and acknowledging the trauma and dealing with it as issues arise
- Using the family as a resource in ways that strengthen bonds and help with coping
- Breaking the cycle of trauma through counseling and intentional resilience building

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Putting it into Practice

The Six Principles of Trauma Informed Care

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice, and Choice
6. Cultural, Historical and Gender Issues

Principles of Trauma Informed Care

Safety

- Clients should feel physically and psychologically safe
- Interpersonal interactions should promote a sense of safety
- Understanding the client's definition of safety is a high priority
- Paying attention to nonverbal communication
- Communicating clearly to clients and staff about crisis response efforts
- Soliciting input and feedback from staff and attending to their unease
- Helping staff to understand what to expect and how to address it
- Demonstrating consistency with flexibility

Principles of Trauma Informed Care

Trustworthiness and Transparency

- Organizational operations and decisions are conducted with transparency and in a manner that builds and maintains trust
- Communicating regularly
- Explaining "the why" behind decisions, policies, or practices
- Conveying strength and sensitivity
- Creating a trusted source of information

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Principles of Trauma Informed Care

Peer Support

- The term "Peer" refers to other individuals with experiences of trauma
- Enable mutual self-help by fostering peer support and relationships
- Set up and support regular peer check-ins to connect
- Vehicle for building trust, establishing safety, and empowerment

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Principles of Trauma Informed Care

Collaboration and Mutuality

- Sharing in decision making
- Leveling power differences
- Everyone is important and has a role on the team
- Collaborating within the organization
- Healing happens in the meaningful sharing of power and decision-making

Principles of Trauma Informed Care

Empowerment, Voice and Choice

- Recognizing individual strengths and experiences
- Clients are empowered to voice their preferences and needs
- Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action
- Clients are encouraged to cultivate self-advocacy skills
- Listening to staff ideas and input about being trauma informed

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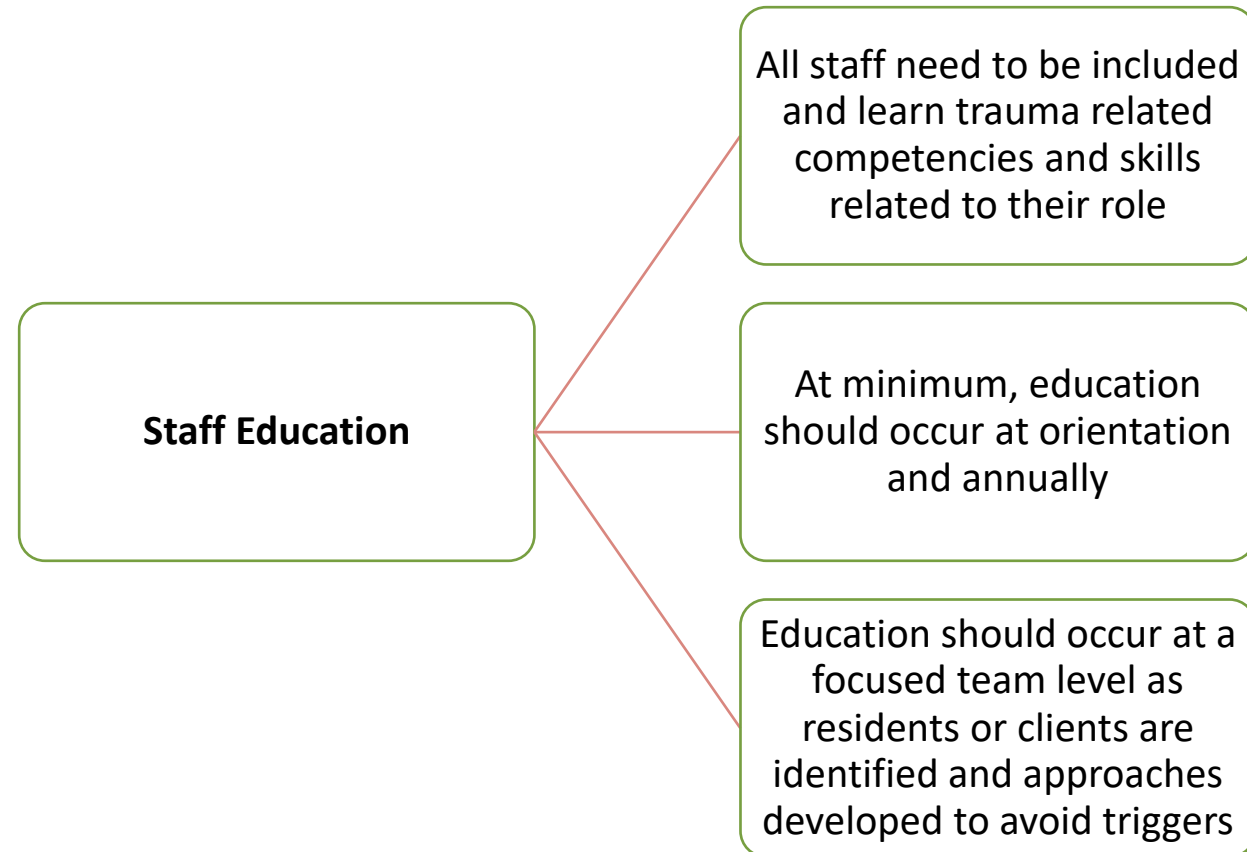
Principles of Trauma Informed Care

Cultural, Historical and Gender Issues

- Awareness and responsiveness to racial, ethnic, cultural, sexual identity, and gender related needs of the clients
- Leveraging the healing value of traditional cultural connections
- Actively move past stereotypes and biases
- Ensuring important information is offered in multiple languages and translation services are available
- Incorporating policies, protocols, and processes that are responsive to the individual needs of clients served

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Developing a Culture of TIC for Staff

- Consider how you can meet the needs of staff who have experienced trauma or secondary trauma

- When employees experience empathy, understanding and compassion from the leadership team, they will feel safe, respected and recognized

- Provide opportunities to share trauma related information and support with staff

  - Support Groups

  - Staff Recognition Days

  - Employee Assistance Programs

  - Education

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Developing a Culture of TIC for Staff

Staff Education

- All staff need to be included and learn trauma related competencies and skills related to their role
- At minimum, education should occur at orientation and annually
- Education should occur at a focused team level as residents or clients are identified and approaches developed to avoid triggers

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Hospice and Palliative Care

- **National Hospice and Palliative Care Organization**
  - Provides organizational and staff resources for trauma-informed end-of-life care

- Trauma Informed Care is not mandated by CMS regulations, but can fall under these regulations
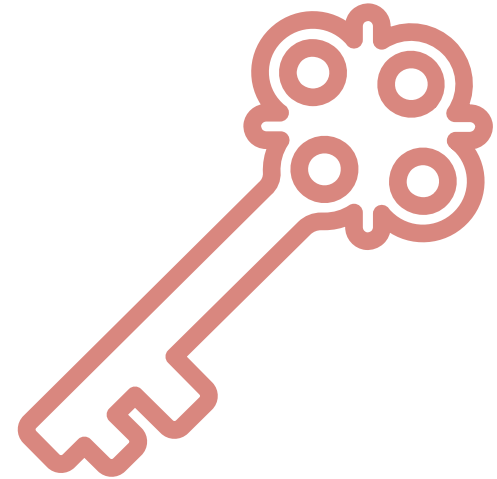
L524 Content of Comprehensive Assessment
  - Identify physical, psychosocial, emotional and spiritual needs

L594 Medical Social Services
  - Social work services are based on the psychosocial assessment and patient' and family's need
  - This is an evolving document that is revised as new information is acquired and progress toward goals is made

TIC Takeaways…

- Make the decision to incorporate trauma informed care into your organization or practice

- Train staff on TIC and approaches

- Screen/assess clients for a history of trauma

- Provide services and a plan of care that address the client's individual experiences and preferences

- Understand that this is an ongoing process that can enhance the quality of care that staff provide to clients in any care setting

Resources

- "Key Ingredients for Successful Trauma-Informed Care Implementation", Christopher Menschner and Alexandra Maul, Center for Health Care Strategies, April 2016.

- Implementing Trauma-Informed Care: A Guidebook, Published 2019 by Leading Age Maryland, Baltimore Maryland.

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- Trauma Informed Care for Persons with Dementia, Brain Failure and Cognitive Impairment; Hospice of the Western Reserve.org.

- "Trauma-Informed Care in Nursing Facilities: Reconnecting to Sources of Strength", Health Insights Quality Innovation Network and VCU Department of Gerontology, 7/18/18.

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- Weathers, F., Litz, B., Herman, D., Huska, J., & Keane, T. (October 1993). The PTSD Checklist (PCL): Reliability, Validity, and Diagnostic Utility. Paper presented at the Annual Convention of the International Society for Traumatic Stress Studies, San Antonio, TX.

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