

Trauma-Informed Care – Practical Implications



CMS Phase 3 Nursing Facility Requirements of Participation

- ▶ Includes Implementation of Trauma-Informed Care by November 2019
- ▶ No guidance yet from CMS beyond indicating that SAMHSA principles will be utilized
- ▶ Implementing Trauma-Informed Care is a significant undertaking that goes beyond simple compliance

LeadingAge and LeadingAge Maryland/ Resilience for All Ages

- ▶ Resilience for All Ages – specializing in trauma-informed care for older adults in a variety of settings
- ▶ Partnering with LeadingAge & LeadingAge LTSS Center @ UMass Boston for research elements
- ▶ Consulting, training, toolkits available from RFAA

Session Agenda

- ▶ Definitions of trauma & the effects of adverse events
- ▶ Work on trauma and older adults
- ▶ Principles of trauma-informed care
- ▶ Important practices within trauma-informed care
- ▶ Planning to implement trauma-informed care
- ▶ Resources available

Ask yourself this question — when you hear the word *trauma*, what picture or image comes into your mind?







OUR UNDERSTANDING OF TRAUMA: SOME HISTORY

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FIRST WORLD WAR
1914-1918

*PTSD described as combat
or battle fatigues*

CIVIL WAR
(1861-1865)

Shell Shock first described

2000-2010

*Work with people
experiencing homelessness,
doemstic violence*

1995-1997

*Adverse Childhood
Experiences Study
published
Creating Sanctuary
published*

2012-PRESENT

*Work with older Holocaust
survivors and older
veterans*

2016

*CMS Requirements of
Participation changed to
include Trauma-Informed
Care*





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***.

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



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.***

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**.

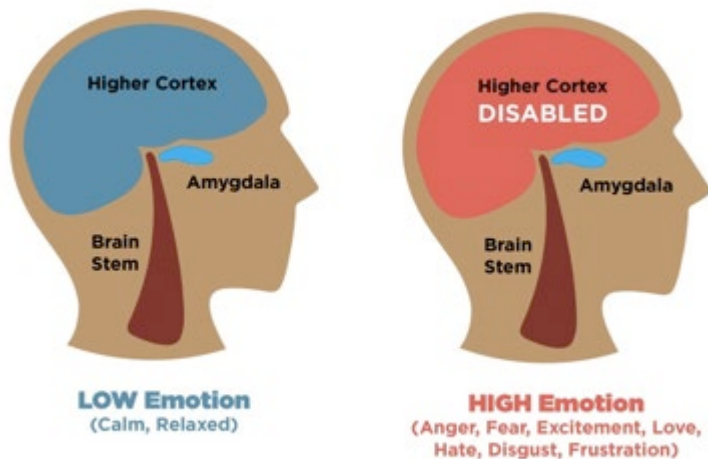
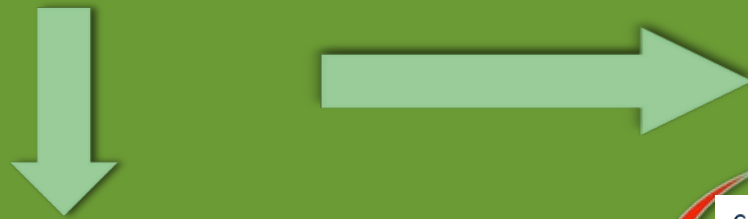
The ACEs study found that almost **two thirds** of respondents reported at least one adverse childhood experience.

Other potentially traumatic experiences include experiencing or witnessing:

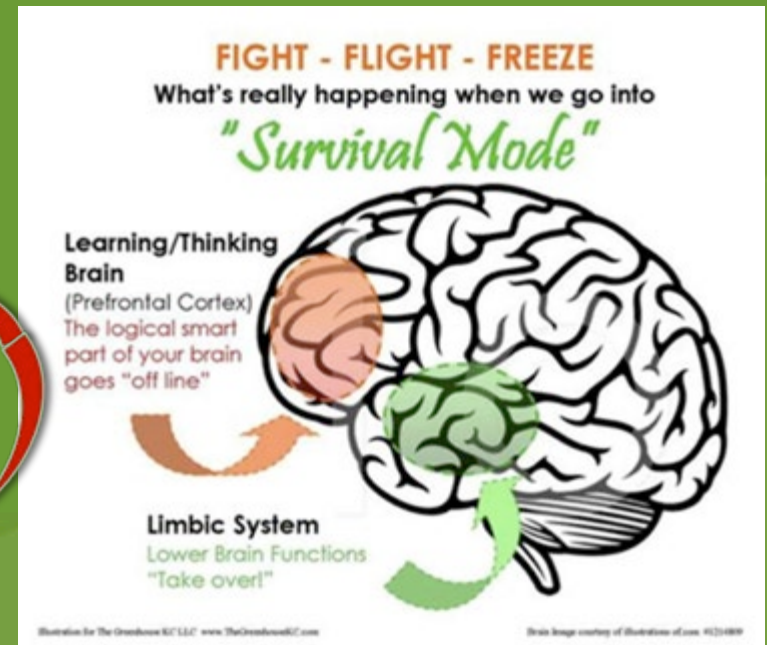
- ▶ Domestic and sexual violence
- ▶ Natural disasters
- ▶ Car, train and airplane crashes
- ▶ Combat
- ▶ Becoming a refugee
- ▶ Homelessness
- ▶ Medical trauma
- ▶ Violent crime
- ▶ Bias and discrimination
- ▶ Hate crimes and hate speech

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

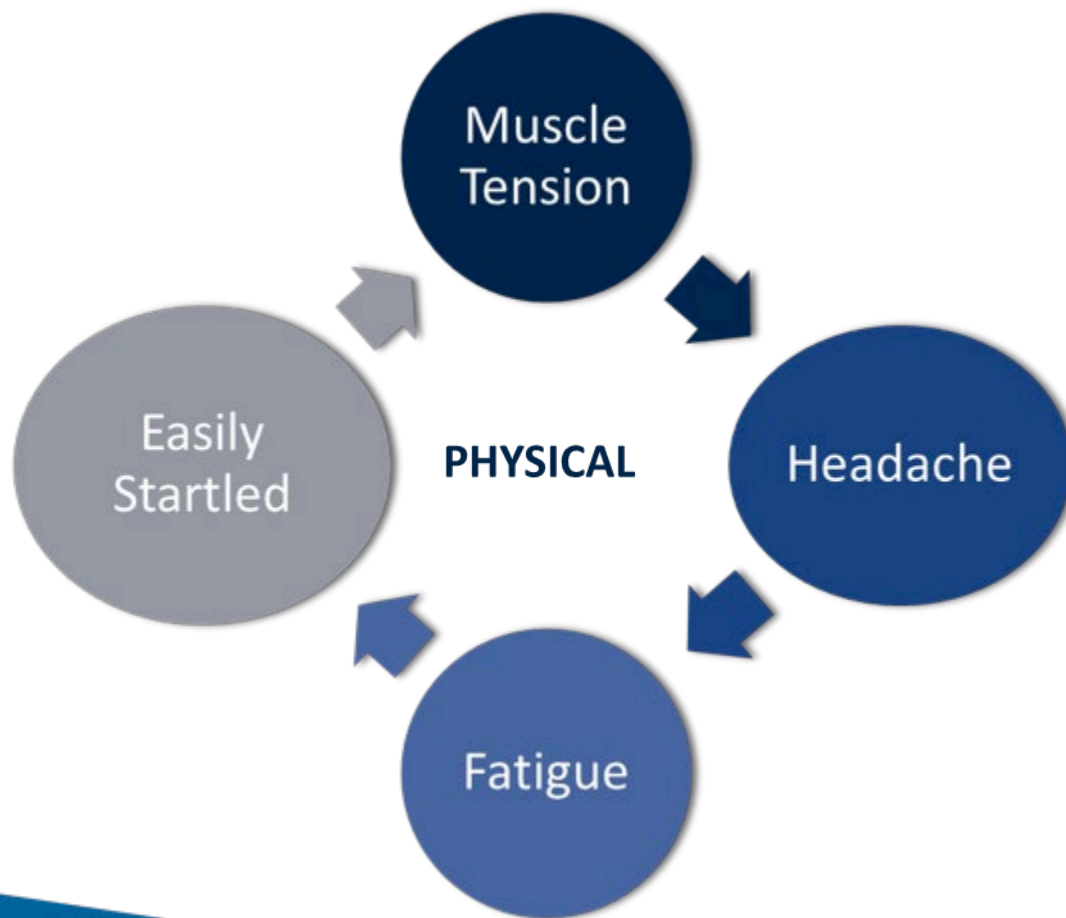


Cortisol,
epinephrine
and
norepinephrine

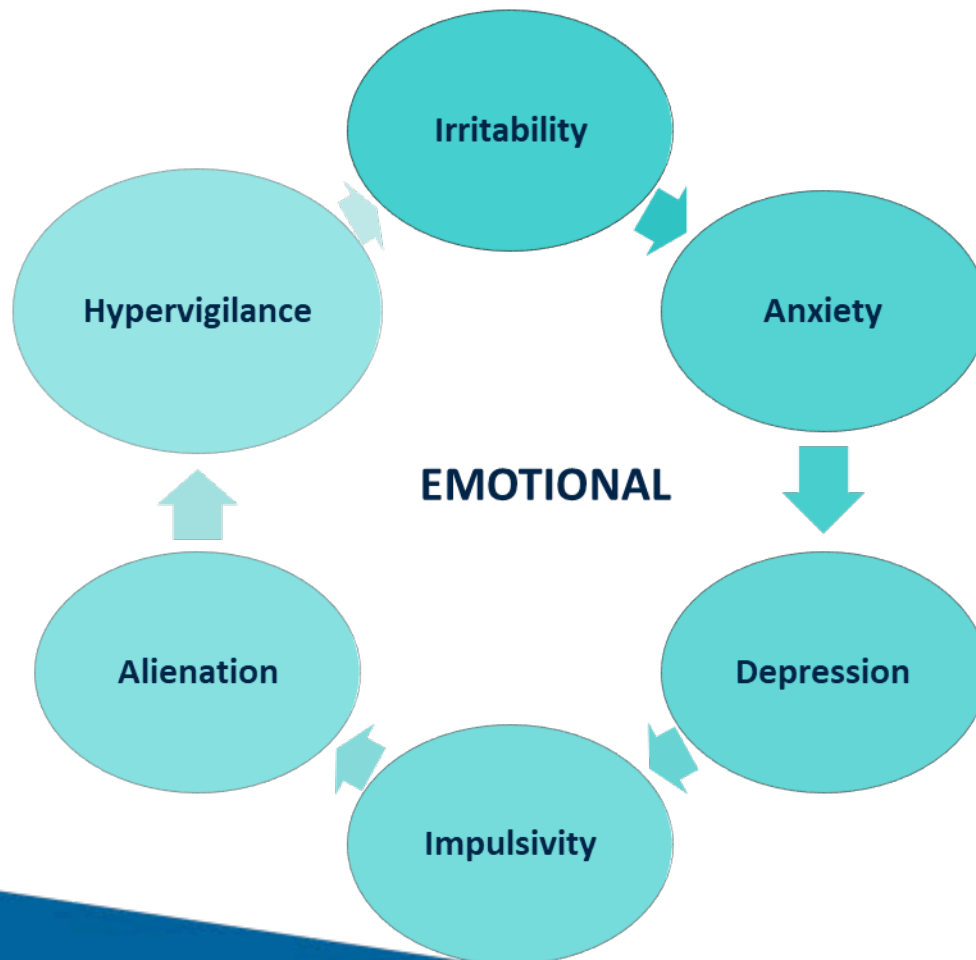


Sometimes called an
Amygdala Hijack

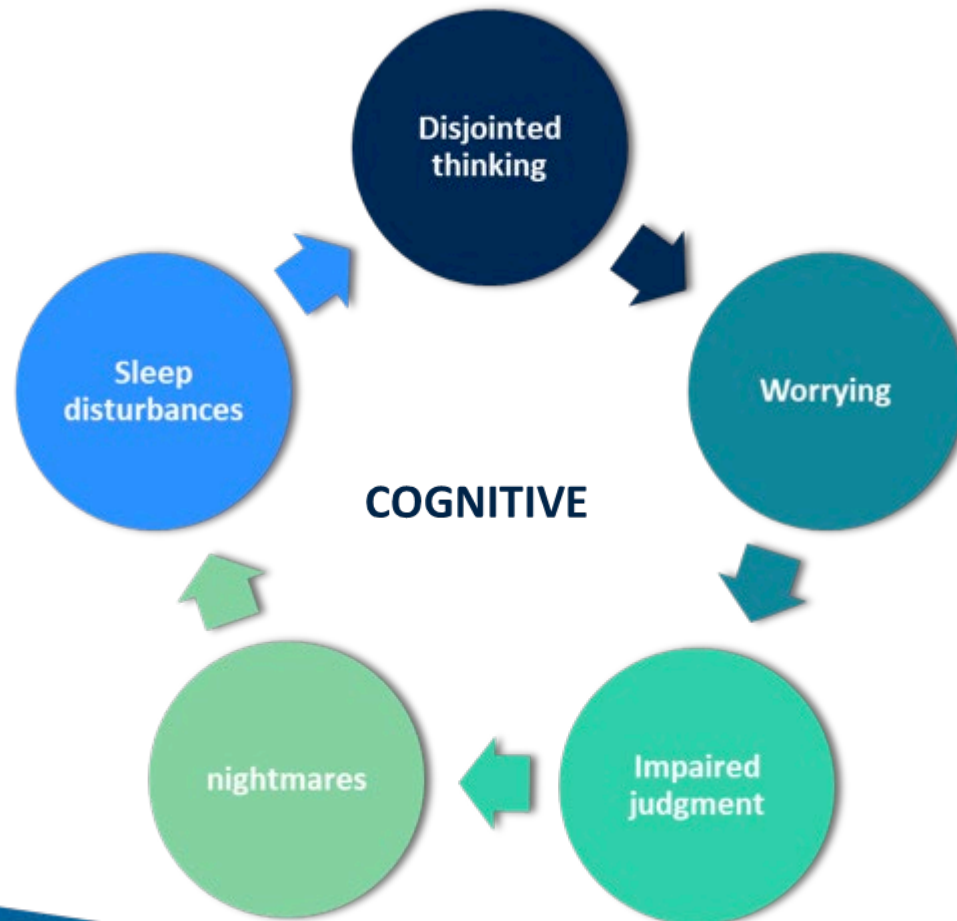
IMPACT OF TRAUMA ON THE BRAIN AND BODY



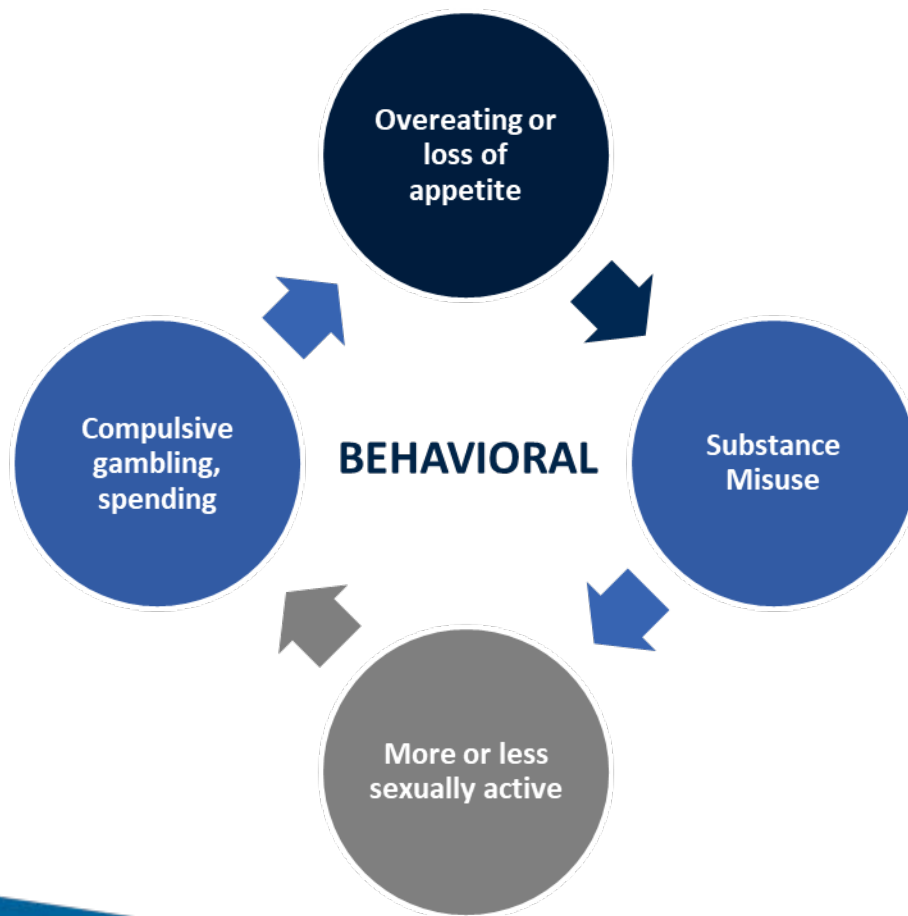
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TRAUMA AND OLDER ADULTS: CONSIDERATIONS

- ▶ 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

PUZZLING BEHAVIORS IN OLDER ADULTS



IF TRAUMA HISTORY ISN'T CONSIDERED... COMMON MISDIAGNOSES



MISDIAGNOSED

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



CMS Requirements of Participation

Includes policies designed to strengthen the provision of person-centered care to residents —a model in wide use across services for older Americans

- ▶ Involves a holistic approach to meeting the needs of each individual resident
- ▶ Considers psychosocial and spiritual aspects of well being in addition to physical health
- ▶ Recognizes residents' rights to care that is shaped to meet their preferences and goals to the greatest extent possible



CMS Requirements of Participation

To provide this kind of care to all residents, we must be equipped to understand and work with the *circumstances, needs and wishes* of people from a *wide variety of backgrounds and lived experiences*

- ▶ New RoPs include an emphasis on providing services that are **culturally competent and trauma-informed**
- ▶ CMS has pointed nursing home leaders the 2014 publication *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*
- ▶ Trauma-informed care is a relatively new discipline for nursing home communities

What is trauma-informed care?

Trauma-Informed — a program, organization or system that is *trauma-informed* realizes the widespread impact of trauma and understands potential paths to recovery, recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures and practices to actively resist re-traumatization.

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THE 4 “R’s” of a Trauma Informed Approach

Recognition — 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

But we're not a counseling center!

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.

(SAMHSA, 2014)

TRAUMA-INFORMED CARE AT THE INDIVIDUAL AND ORGANIZATIONAL LEVELS



- What is the end goal?
- The **whole** organization — why?
- Other than residents, **who else** is included?





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Trauma-Informed Care at the Individual Level:

Three Core Principles

Principle 1: The impact of adversity is not a choice

Principle 2: Understanding adversity helps us make sense out of behavior

Principle 3: Prior adversity is not destiny

Trauma-Informed Care at the Individual Level:



Three Core Practices

Asking about and screening for trauma

Identifying triggers

De-escalation



The Six Key Principles of a Trauma-Informed Approach



Safety

Trustworthiness and Transparency

Peer Support

Collaboration and Mutuality

Empowerment, Voice and Choice

Cultural, Historical and Gender Issues

Ten Domains for Implementation

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

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Six Key Steps on the Trauma-Informed Care Journey

- Step 1: Ensure senior leadership commitment
- Step 2: Appoint and empower a task force
- Step 3: Launch at a kickoff event and initial training
- Step 4: Conduct an organizational assessment
- Step 5: Involve residents, families and community partners
- Step 6: Provide ongoing training and supervision



Implementation Checklist

- ▶ Commitment
- ▶ Education
- ▶ Implementation
- ▶ Preliminary Organizational Assessment
- ▶ Communication Plan
- ▶ Action Plan
- ▶ Departmental Responsibilities
- ▶ Policies and Procedures
- ▶ Measurements of Success

Finally...

- ▶ Be alert to the sensitivity of these topics for both staff members and patients/residents
- ▶ Be assured that Trauma-informed care fits well with patient/ resident-directed approaches
- ▶ Be aware that well-implemented TIC creates a respectful and positive organizational culture for everyone

Resources from Resilience for All Ages

► **LeadingAge Learning Hub & directly from RFAA– 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

Contact Us

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