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

Presented by HealthInsight
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Our Presenters Today:

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

<table>
<thead>
<tr>
<th>a definition of trauma</th>
<th>a definition of resilience</th>
<th>a definition of trauma-informed care</th>
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</thead>
<tbody>
<tr>
<td>person-centered care as it relates to trauma-informed care</td>
<td>who may benefit from trauma-informed approaches</td>
<td>activities and resources for a trauma-informed approach</td>
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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
**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.

CPI; Shelly, Hitzel, & Zgoda; van der Kolk; Figley
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)

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

ACE Score Risk
More likely to die 20 years younger than a person with no ACEs

ACE Score Risk
Increased risk of suicide attempts 30 times more likely among adults.
Holocaust Survivors: unique stories of trauma and resilience

- More than 100,000 Holocaust survivors live in the U.S. today.
- One in four live in poverty.
- Many are among the oldest old and live alone.

JFNA, Center for Advancing Holocaust Survivor Care
- Apathy
- Isolation
- Difficulty trusting
- Detachment
- Suicide ideation, self-injury, aggression
- Struggle to find meaning
- Anger at God
- Desolation
- Fearfulness, anxiety
- Loneliness
- Helplessness
- Dissociation
- Outbursts
- Flashbacks
- Nightmares
- Brain development-function
- Headaches, backaches
- Stomach aches
- Appetite changes
- Cold susceptibility
- Intestinal problems
- Sleep changes
- Headaches, backaches
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A HOLISTIC LOOK AT TRAUMA
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

Secondary Loss experienced
Age itself is stigmatized and feared

Differential treatment

Masking and coping mistaken for absence of trauma

Loss of power and voice associated with trauma and old age

Pressure to remain silent and not disrupt family systems

Age dramatically affects resources available

Brown, L. 2008
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*

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

- 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

The ability to return to being healthy and hopeful after bad things happen
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.
A HOLISTIC LOOK AT RESILIENCE

**BIOLOGICAL**
- Singing
- Dancing
- Laughing
- Movement
- Rhythm
- Sleep
- Balanced diet

**PSYCHOLOGICAL**
- Curiosity
- Imagination
- Self-soothing
- Learning

**SPIRITUAL**
- A higher power
- A sense of hope
- A sense of purpose
- Connection to nature
- Reflective writing

**SOCIAL**
- Positive relationships
- Belongingness
- Storytelling
“Self care” is a priority for combating compassion fatigue.

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

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?

An approach to care that respects and values the uniqueness of the individual, and seeks to maintain, even restore, the personhood of individuals.

- Truthfulness
- Independence
- Respect
- Engagement
- Social confidence
- Personal worth & uniqueness
- Hope
A Holistic Approach

Spiritual

Social

Psychological

Biological
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
Also A Holistic Approach

- Spiritual
- Psychological
- Social
- Biological
Mission, Vision, Values

Reflect on the mission of your facility.

Call to mind the values your facility espouses in its culture.
Six Key Principles of a Trauma-informed Approach

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

SAMHSA, 2014
Trauma-informed care is a process, not a destination.

Understand trauma and resilience in your facility

Assess your facility through a person-centered, trauma-informed lens

Create a plan for change

Evaluate the outcomes

Implement your plan

Continuous Improvement
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).

6 Principles
- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice, & Choice
- Cultural, Historical, & Gender Issues
Series Learning Objectives

Example: Our training budget is sparse (changeability). We know that culture change means everyone must be prepared and that all staff members need training (importance).

**6 Principles**

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

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

- Physical health
- Illness and pain patterns
- Sleep patterns
- Dietary routines
- Interactions with family, friends, staff, residents
- Spiritual preferences
- Behavior patterns
- Trauma history
- Strengths or protective factors
- Changes in desire to be “left alone”
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
2. Provide Opportunities to Learn

<table>
<thead>
<tr>
<th>Activity</th>
<th>Details</th>
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<tbody>
<tr>
<td>Start a facility book group</td>
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<tr>
<td>Create a trauma-informed care team</td>
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<td>Hold community conversations</td>
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<td>Form partnerships with community-based or academic subject matter experts</td>
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<td>Observe how, when, and where story and narrative are part of your culture</td>
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<td>Debrief with interdisciplinary team</td>
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<tr>
<td>Get family members, residents, and staff involved in learning about resilience and wellness</td>
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<tr>
<td>Be present in the moment with residents</td>
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<tr>
<td>Expand interdisciplinary team to include direct care and social services</td>
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<td>Deepen cultural competency, for example regarding Judaism, Holocaust survivors</td>
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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
4. Build partnerships and become familiar with resources!
5. Promote positive engagement

- 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
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
- Phone: (804) 828-1565
- Website: [http://www.agebyvcu.com](http://www.agebyvcu.com)
- Email: tlgendro@vcu.edu
References


CPI. Trauma-informed care resources guide. 2017.

Center for Advancing Holocaust Survivor Care. Jewish Federations of North American.


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