Eldercare Webinar:

Trauma-Informed Care – Practical Implications

Feb. 21, 2019

2 p.m. ET

Reflection

The thing the church needs most today is the ability to heal wounds and to warm the hearts… I see the church as a field hospital after battle. It is useless to ask a seriously injured person if he has high cholesterol and about the level of his blood sugars! You have to heal his wounds. Then we can talk about everything else. Heal the wounds, heal the wounds.

➢ Pope Francis

Karen Key

Karen Key has held roles in local, regional and national nonprofit human services organizations, including six years at the national level with AARP, where she led initiatives aimed at the civic engagement of older Americans.

Karen has studied the cognitive dimensions of how individuals and groups learn and change, how humans make meaning of communications, and how trauma and traumatic stress impact the brain's executive function. She has worked on the application of cognitive science in a variety of human services settings.

Jill Schumann

Jill serves as President and CEO of LeadingAge Maryland. For more than ten years, Schumann served as President and CEO of Lutheran Services in America (LSA) and worked with many organizations engaged in trauma-informed care. She has consulted with a wide range of organizations across the country including, among others the areas of: governance and board development; strategic planning; organizational development; community health needs assessments; and living out organizational values.

Schumann currently serves on the boards of directors of the National Human Services Assembly, and The Evangelical Lutheran Good Samaritan Society.. For the ninth year in a row in 2011, she was named by the *NonProfit Times* one of the top 50 leaders of power and influence in the United States. She holds an MBA from Mount St. Mary's University and has been awarded honorary doctoral degrees by Valparaiso University and Concordia University Chicago.

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RESILIENCE FOR ALL AGES

Get Ready for Trauma-Informed Care RoP Phase 3

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
- Adjunct faculty includes…

Webinar 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?


GRIEF
REGRET
suffering
disappointment
sadness
heartache
HATE

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AGS
ARE
BEASTS
2:12
MOURN
FOR
NS
YOU
EAT
YOUR
KIDS
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PEACE
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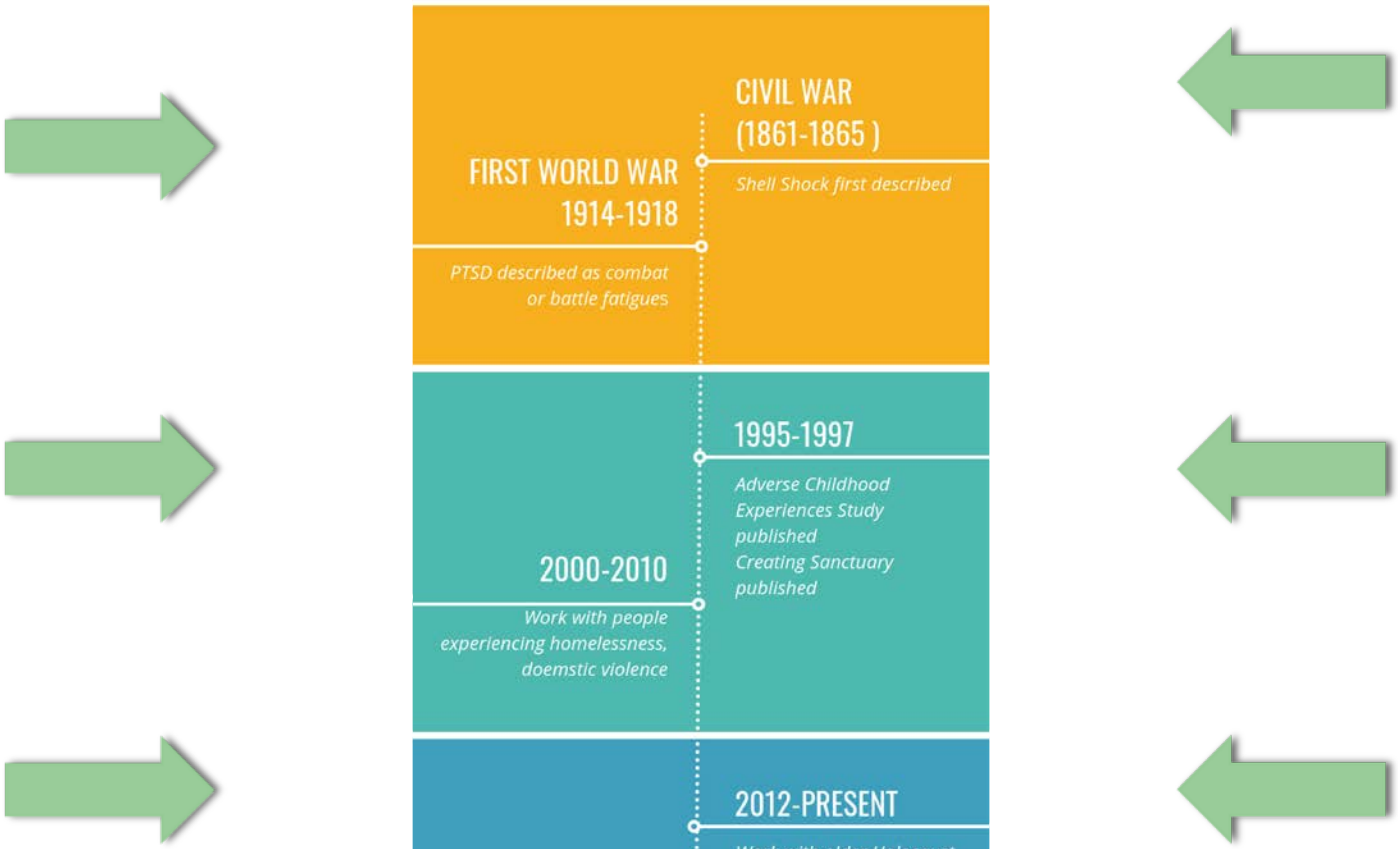
OUR UNDERSTANDING OF TRAUMA: SOME HISTORY



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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***.

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

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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**.

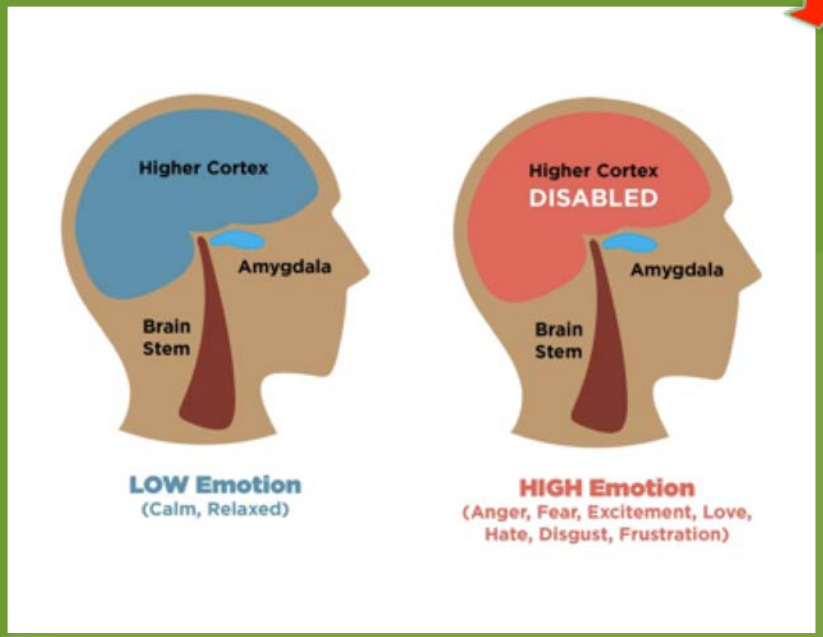
The ACEs study found that almost **two thirds** of respondents reported at least one adverse childhood experience.

Other potentially traumatic experiences include experiencing or witnessing:

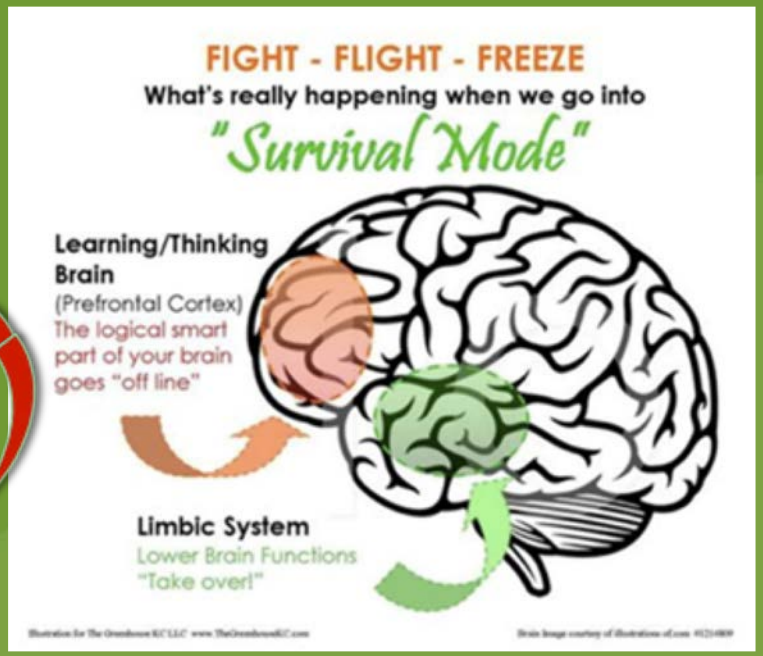
- Domestic and sexual violence
- Natural disasters
- Car, train and airplane crashes
- Combat
- Becoming a refugee
- Homelessness
- Medical trauma
- Violent crime
- Bias and discrimination
- Hate crimes and hate speech

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*

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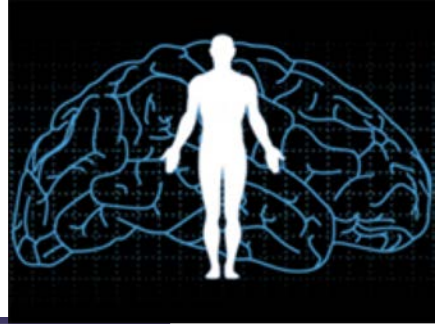
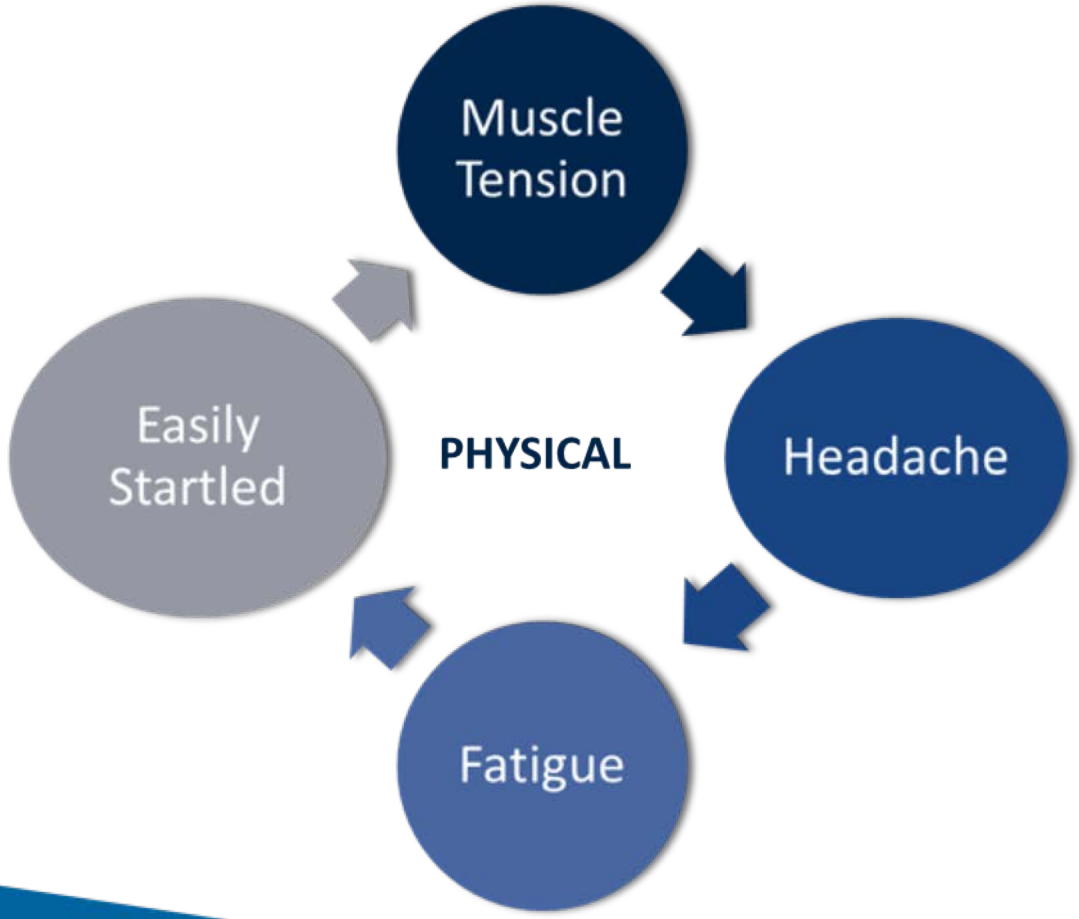
IMPACT OF TRAUMA ON THE BRAIN AND BODY





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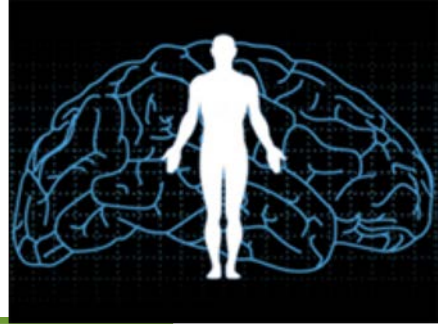

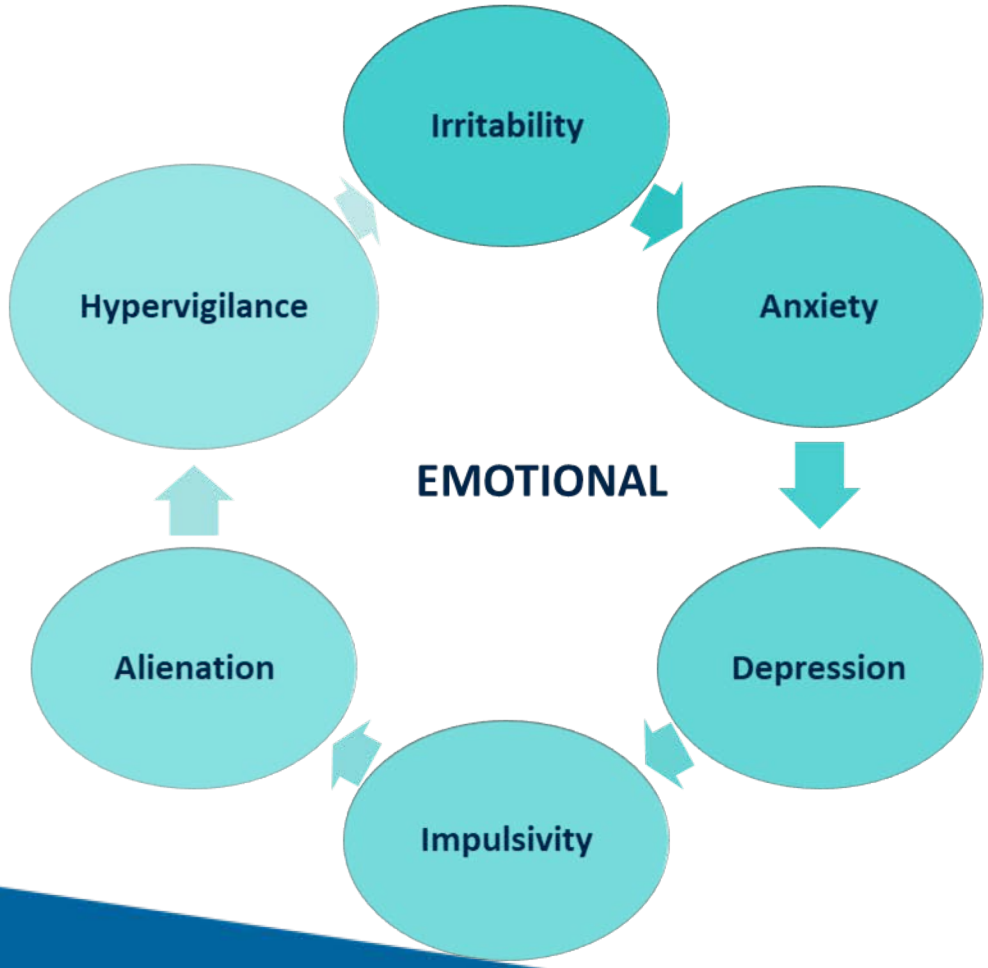

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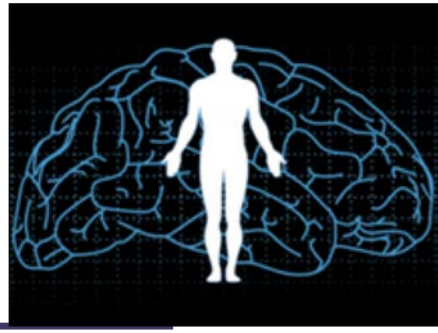

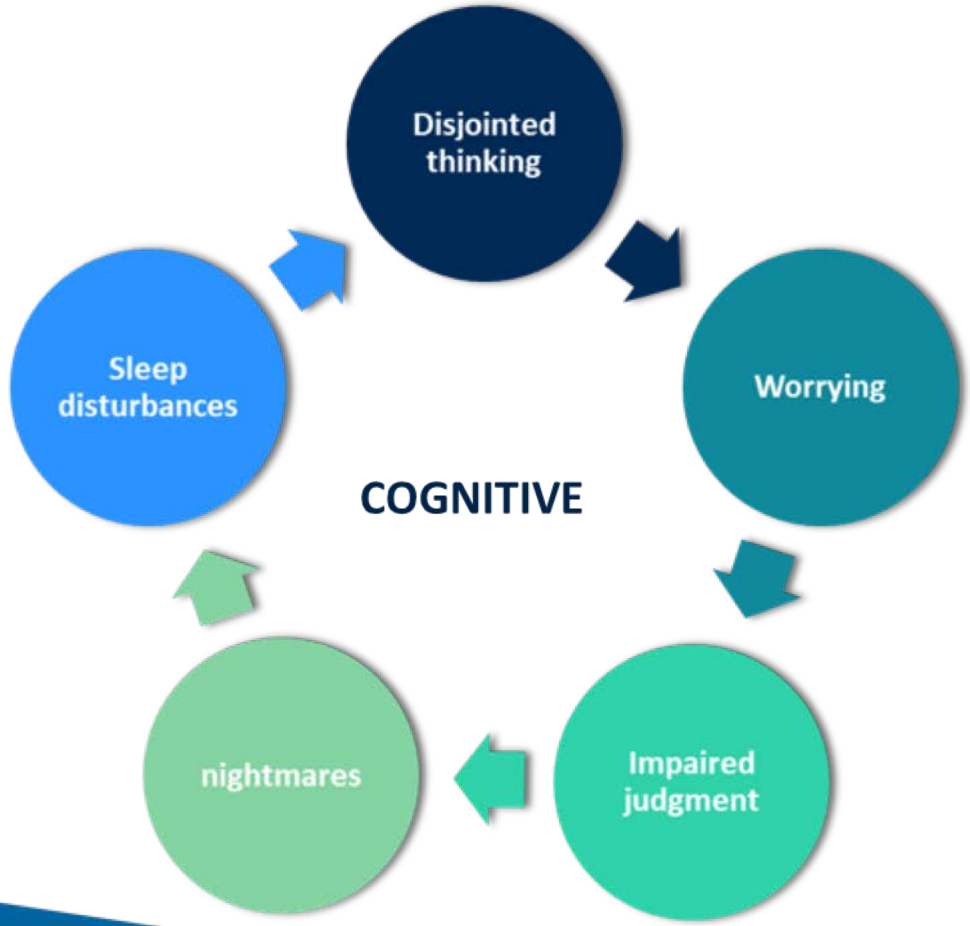

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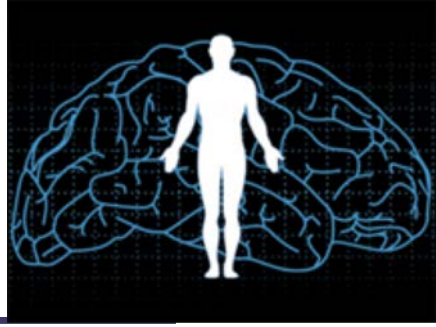

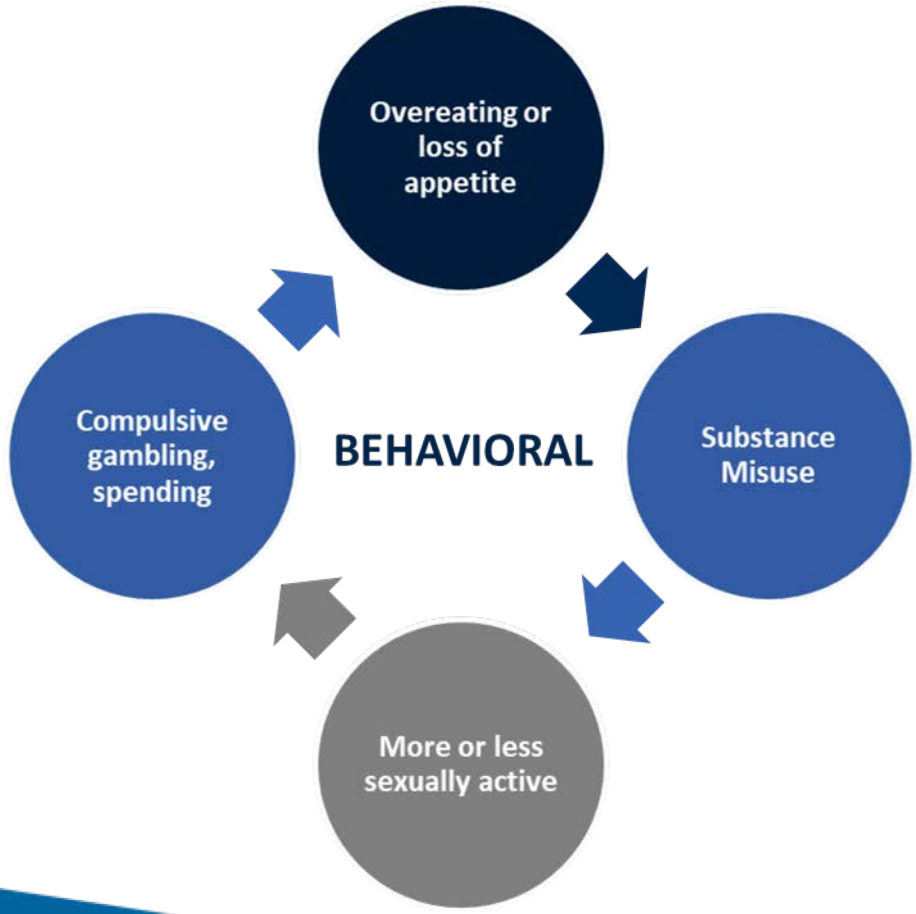

TRAUMA AND OLDER ADULTS: CONSIDERATIONS

- 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

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

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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 *SAMSHA's Concept of Trauma and Guidance for a Trauma-Informed Approach*
- Trauma-informed care is a relatively new discipline for nursing home communities

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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.

4 THE 4 "R's" of a Trauma Informed Approach

Realization — 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

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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.

(SAMSHA, 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?

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

CLOSER LOOK

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

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

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

To be released this month

Trauma-Informed Care Implementation: A Guidebook

- Description of levels of implementation
- Forming an implementation team
- Organizational assessment
- Creating an implementation plan
- Special considerations:
- Basic approaches to leading change
- Statement of intent
- Getting the board on board
- Staff & trauma
- Physicians & other health professionals
- Policies and procedures
- Working with families
- Helpful relationships
- Pre-post test

Contact Us

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