Trauma Informed Care: What Your Staff NEED to Know!

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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.

Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to §483.70(e), and as linked to history of trauma and/or post-traumatic stress disorder, will be implemented 11/28/19.
Reactions to early life trauma can reemerge or be exacerbated in later life as coping resources and abilities are compromised by age-related changes and declines in health. For newly admitted nursing home residents, this can impact their receptiveness to assistance with care and elicit challenging reactions to environmental and situational triggers.

Unfortunately, most current assessment tools fail to account for reactions to early-life traumas for the nursing home resident.

Is the way an organization structures itself and develops a treatment framework that reflects an understanding, recognition and response to the effects of all types of trauma.

Emphasizes physical, psychological and emotional safety for both residents and providers, and helps survivors rebuild a sense of control and empowerment.

Includes an awareness of a resident's history of traumatic events (psychological and physical) that can influence how the resident relates to their care setting, caregivers and treatment plan.

It also includes environmental and interpersonal approaches that consider the effects of trauma on the resident.
What is trauma?

Results from an event, series of events, or set of circumstances experienced by an individual as physical or emotionally harmful or life-threatening have lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Definitions

- **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).

Definitions

- **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.
**Definitions**

- 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.

**Psychosocial Trauma**

- Direct personal experience of an event that involves actual or threatened death or serious injury; threat to one’s physical self
- Witnessing an event that involves threat of death, injury to self or others
- Learning about unexpected or violent death, serious harm, or threat of death, or injury experienced by a family member or friend/associate
Psychosocial Trauma

- Include both physical and psychological events
- Overwhelms the person’s ability to cope with their environment in the immediate present
- Occur immediately and over time
- Cause long lasting impairments in functioning and lead to serious consequences: mental, physical and emotional
- Have varying effects based on the individual

Physical Trauma

- Serious injury to the body:
  - Blunt force trauma - the body struck with an object or force, causing concussions, lacerations or fractures
  - Penetrating trauma - an object pierces the skin or body, usually creating an open wound
  - Can also include sexual assault, wounds from natural disasters, wars, terrorism, etc.

What kind of trauma might be found in nursing homes?

- Adverse Childhood Experiences
- Historical Trauma
- Disaster
- The Holocaust
- Sexual Abuse
- Homelessness
- Grief/Loss
- Intimate Partner Violence
**Symptoms**

- **Psychological:**
  - Fearfulness, anxiety
  - Loneliness
  - Helplessness
  - Dissociation
  - Outbursts
  - Flashbacks
  - Nightmares

- **Social/Behavioral:**
  - Apathy
  - Isolation
  - Difficulty trusting
  - Detachment
  - Suicide ideation, self-injury, aggression

- **Spiritual:**
  - Struggle to find meaning
  - Anger at God
  - Desolation
  - Giving up on faith or questioning lifetime beliefs
**Trauma & Ageism**

- Age is stigmatized and feared
- Masking and coping mistakes for absence of trauma
- Differential Treatment
  - Pressure to remain silent and not disrupt family systems
  - Loss of power and voice associated with trauma and old age
  - Age dramatically affects resources available

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**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 procedures and practices.
- **Seeks** to actively resist re-traumatization.

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**Six principles:**

1. Safety
2. Trustworthiness & Transparency
3. Peer Support
4. Collaboration & Mutuality
5. Empowerment, voice & choice
6. Cultural, historical and gender issues
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1. Safety:
   Throughout the organization, staff and the people they serve feel physically and psychologically safe.

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2. Trustworthiness and transparency:
   Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.

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3. Peer Support and mutual self-help:
   These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment. (Interdependence)
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4. Collaboration and mutuality:
   ✓ There is true partnering and leveling of power differences between staff and clients and among organizational staff, from direct care staff to administrators.
   ✓ There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making.
   ✓ The organization recognizes that everyone has a role to play in a trauma-informed approach.
   ✓ One does not have to be a therapist to be therapeutic.

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5. Empowerment, voice, and choice:
   ✓ Throughout the organization and among the clients served, individuals’ strengths are recognized, built on, and validated and new skills developed as necessary.
   ✓ The organization aims to strengthen the staff’s, clients’, and family members’ experience, choice, and recognize that every person’s experience is unique and requires and individualized approach.
   ✓ This includes a belief in resilience and the ability of individuals, organization, and communities to heal and promote recovery from trauma.
   ✓ This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.

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6. Cultural, historical, and gender issues:
   ✓ The organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.
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.

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

Steps to meet the requirements:

- Know and assess the residents you care for: histories, mental health, coping skills/abilities, preferences. (Record reviews, observations, interviews.)
- Train everyone! Staff, residents, family members, volunteers.
- Identify and build on strengths of staff, residents, family members.
- Build partnerships with mental health professionals and community-based resources.
- Promote positive engagement among residents, family and staff.

Understand that residents may be reliving or experiencing the impact of trauma even if the trauma is not recent.
Resilience is highly individual. Everyone copes differently.

Knowing residents’ strength and resources is key to growing our residents’ resilience.

Understand that everyone adopts coping mechanisms and everyone has strengths.

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

Trauma-Informed Care is a process, not a destination.

Group Work

- Group 1: Adverse Childhood Experiences
- Group 2: Disaster
- Group 3: Holocaust Survivor
- Group 4: Historical Trauma
- Group 5: Sexual Abuse
- Group 6: Grief/Loss
- Group 7: Homelessness
Group Work

✓ Group 8: Intimate Partner Violence
✓ Group 9: Transfer Trauma
✓ Group 10: Immigrants Leaving Their Native Countries
✓ Group 11: Bullying
✓ Group 12: Systemic Racism

Group Work

✓ Group 13: PTSD
✓ Group 14: Substance Abuse (or survivor in family user)
✓ Group 15: Falls/Accidents
✓ Group 16: Surgery or other invasive medical procedures
✓ Group 17: Life-threatening Medical Conditions

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