Purpose – People who have experienced some kind of trauma need to be given the “Best Practice” that we can give in trauma-informed care.

What is Trauma –
1) An event or circumstance or a range of experiences that an individual has experienced physically or emotionally and it has been harmful to them with lasting adverse effects.
2) The effects:
   a. Function
   b. Mental
   c. Physical
   d. Social
   e. Emotional
   f. Spiritual Well-being

Types of trauma:
   a. Adverse Childhood Experiences
   b. Intimate Partner Violence
   c. PTSD From War
   d. The Holocaust
   e. Systemic Racism
   f. Disaster
   g. Grief/Loss
   h. Transfer Trauma

Secondary Loss:
   a. Health
   b. Relationship Loss -such as friendships
   c. Social Role – such as role in the family
   d. Life Role – Occupation
   e. Functional Ability
   f. Financial Security
   g. Independence
   h. Support Systems
   i. Hopes and Dreams of plans for the future
TRAUMA INFORMED-CARE IS A PROCESS, NOT A DESTINATION

What Do We Do and How Do We Prepare?
1) Person Centered Care – we have to learn about our resident and what has happened in their life and what is the history of their trauma.

KNOW YOUR RESIDENTS:
- Physical Health & Strengths
- Illness and pain patterns
- Sleep patterns
- Dietary routines and preferences
- Interactions with family, friends, staff and other residents.
- Spiritual preferences
- Behavior patterns
- Trauma history
- Changes in desire to be “left alone”
- Coping, and resilience.

2) Realize the widespread impact of trauma and understand the potential paths of recovery.

3) Be able to recognize the signs and symptoms of trauma in residents, staff and even families.

4) Provide educational opportunities for staff, residents, and family members about trauma in policies, procedures, and practices.

5) At no time generate re-traumatization.

6) Health Outcomes – Learn how we can make this an effective treatment so that the resident’s quality of life may be improved.

7) Identify and build on strengths of residents, families, and staff.

8) Build community partnerships and become familiar with mental health professionals and community resources.

9) Keep it positive.

POINTS:
- 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 and addressed.
- Resilience is highly individualized. Everyone copes differently.
- Understand that everyone adopts coping mechanisms and everyone has strengths.
- Joy, curiosity, and positive social connections change the brain.
- Knowing the resident’s strengths and resources is key to growing our resident’s resilience.
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.

POSITIVE ENGAGEMENTS:
- 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 and someone to listen to them.

Trauma 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).

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.
Key Ingredients of Trauma-Informed Organizational Practices

- Leading and communicating about the transformation process
- Engaging patients in organizational planning
- Training clinical as well as non-clinical staff members
- Creating a safe environment
- Preventing secondary traumatic stress in staff

A Holistic Look at Trauma

According to the National Council for Community Behavioral Health Care, “Trauma occurs when a person is overwhelmed by events or circumstances and responds with intense fear, horror, and helplessness. Extreme stress overwhelms the person’s capacity to cope. There is a direct correlation between trauma and conditions such as diabetes, COPD, heart disease, cancer, and high blood pressure. Trauma may be experienced and expressed in numerous ways and dimensions.” Often trauma, like grief, is misunderstood or misdiagnosed and not attributed to the effects of trauma. People deal with trauma differently.

- Biological symptoms include brain function, headaches, stomach aches, sleep changes
- Psychological symptoms include fear, anxiety, outbursts, flashbacks, nightmares
- Social symptoms include apathy, isolation, difficulty trusting, detachment
- Spiritual symptoms include struggle to find meaning, anger with God

Trauma and ageism

As trauma survivors age or experience trauma in old age, they may also experience ageism in the forms of: age itself being stigmatized:

- Receiving differential treatment or not treatment because due to age bias
- Providers may mistake older adult masking or coping mechanisms for absence of trauma and fail to inquire
- Loss of voice and power associated with trauma and old age
- Pressure to remain silent and not disrupt family systems

Resilience

- The ability to return to being healthy and hopeful after bad things happen. Everybody copes differently. Sources of strength and resilience may include:
  - Biological: singing, dancing, laughing, movement, sleep
  - Psychological: curiosity, self-soothing, imagination, learning
  - Social: positive relationships, storytelling
  - Spiritual: connecting with a higher power, a sense of hope, a sense of purpose, reflective writing
SURVEY

State Operations Manual, Interpretive Guidelines
The interpretive guidelines contain information on a number of F tags that address trauma informed care. Regulations state that 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. Relevant F tags include, but are not limited to:

F659 qualified persons
F699 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. (effective 11/28/2019)
F741 sufficient competent staff, behavioral health needs
F740 behavioral health services
F742 treatment/services for mental-psychosocial concerns
F743 no pattern of behavioral difficulties unless unavoidable

Access the State Operations Manual Appendix PP

LTC SURVEY PATHWAY

Behavioral and Emotional Status Critical Element Pathway
Surveyors use this pathway to determine if the facility is providing necessary behavioral, mental, and/or emotional healthcare and services to each resident. For example, surveyors will look for:

Did the facility provide appropriate treatment and services to correct the assessed problem for a resident who displays or is diagnosed with a mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder (PTSD)? If no, cite F742.

Did the facility ensure that the resident whose assessment did not reveal or who does not have a diagnosis of a mental or psychosocial adjustment difficulty or a documented history of trauma and/or PTSD does not display a pattern of decreased social interaction and/or increased withdrawal, anger, or depressive behaviors, unless the resident’s clinical condition demonstrates that such a pattern is unavoidable? If no, cite F743.

Download the pathway here:
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html
POSSIBLE TRAINING (Not an all-Inclusive List)

1) What traumatic stress is.
2) How traumatic stress affects the brain and body.
3) The relationship between mental health and trauma.
4) The relationship between substance use and trauma.
5) The relationship between homelessness and trauma.
6) How trauma affects a child’s development.
7) How trauma affects a child’s attachment to his/her caregivers.
8) The relationship between childhood trauma and adult re-victimization (e.g. domestic violence, sexual assault).
9) Different cultural issues (e.g. different cultural practices, beliefs, rituals).
10) Cultural differences in how people understand and respond to trauma.
11) How working with trauma survivors impacts staff.
12) How to help consumers identify triggers (i.e. reminders of dangerous or frightening things that have happened in the past)
13) How to help consumers manage their feelings (e.g. helplessness, rage, sadness, terror)
14) De-escalation strategies (i.e. ways to help people to calm down before reaching the point of crisis)
15) How to develop safety and crisis prevention plans.
16) What is asked in the intake assessment?
17) How to establish and maintain healthy professional boundaries.
18) Staff members have regular team meetings.
19) Topics related to trauma are addressed in team meetings.
20) Topics related to self-care are addressed in team meetings (e.g. vicarious trauma, burn-out, stress-reducing strategies).
21) Help staff members understand their own stress reactions.
22) Help staff members understand how their stress reactions impact their work with consumers.
23) Help staff members debrief after a crisis.
24) The home has a formal system for reviewing staff performance.
25) Provide opportunities for on-going staff evaluation of the program.
26) Provide opportunities for staff input into program practices.
27) Engage outside consultants with expertise in trauma provide on-going education and consultation.
28) Provide on-going education for whatever is needed in your home.
Websites and Resources:

- Adverse Childhood Experiences-Centers for Disease Control: https://tinyurl.com/y8fc6qok
- ACEs Connection https://www.acesconnection.com/
- Center for Advancing Holocaust Survivor Care, Jewish Federations of North America https://www.holocaustsurvivorc.Int.org/
- Trauma-informed Oregon https://traumainformedoregon.org/

Reports & Publications:

- NHS (Scotland). Transforming Psychological Trauma: https://tinyurl.com/y9z4ewus
- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach https://tinyurl.com/yde4p9zc
- Thrive. Guide to Trauma-informed Organizational Development: https://tinyurl.com/y9qbf8zs
- Veterans Administration. Trauma-informed Care Fact Sheet: https://tinyurl.com/ycpcc8b3
- Quality Innovation Network-QIOs (QIN-QIOs) https://qioprogram.org
- How to Compile and Examine Self-Assessment Results http://www.traumainformedcareproject.org

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