Trauma-Informed Care

What It Is and Why It's Important

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Objectives

1. Define trauma and the pervasive impact that trauma has
2. Describe what is meant by a trauma-informed approach to care
3. List the key principles and essential components of a trauma-informed approach
4. Identify the suggested guidance for implementing a trauma-informed approach
5. Describe the concept of trauma in the context of community
6. Identify regulatory guidelines related to trauma-informed care in skilled nursing facilities

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F319 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.

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What if — LeadingAge

Regulatory Requirements

- §483.40 Behavioral health services

- §483.40(a) Sufficient staff with competency skillset

- §483.40(a)(1) Caring for residents with mental and psychosocial disorders

- §483.40(b)(1) Attaining highest practicable mental and psychosocial wellbeing

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What if — LeadingAge

Survey Guidelines

- "Mental and psychosocial adjustment difficulties" refer to problems residents have in adapting to changes in life's circumstances
- Characterized by an overwhelming sense of loss of one's capabilities; family and friends; ability to pursue activities and hobbies; possessions
- May have sad or anxious mood or aggression

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What if — LeadingAge

Survey Guidelines

Other manifestations include
- Impaired verbal communication
- Social isolation
- Sleep pattern disturbance
- Spiritual distress
- Inability to control behavior and potential for violence
- Stereotyped response to any stressor

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What if — LeadingAge

Survey Guidelines

Treatment may include
- Opportunities for self-governance
- Orientation programs
- Helping to keep in touch with community, cultural heritage, former lifestyle, religious practices; contact with family
- Crisis intervention services
- Psychotherapy
- Drug therapy

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What if — LeadingAge

Overview

- Life trauma can lead to lifestyle practices that influence the development of chronic illness
- Trauma-informed care is an approach that recognizes trauma symptoms and acknowledges the role trauma plays in one's life

(SAMHSA, 2015)

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What if — LeadingAge

Adverse Childhood Events (ACE) Study

- Conducted from 1998 to 2010 at Kaiser Permanente Department of Preventative Medicine, in collaboration with the CDC
- 17,421 participants

How do childhood events affect adult health?

(Felitti et al., 1998)

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Adverse Childhood Events (ACE) Study

Study background
- Conducted by MD Vincent Felitti
- Noted 50% five-year dropout rate in obesity clinic
- When they lost weight, always gained it back
- Discovered sexually abused as children or raped as adults
- Many turned to food or substance abuse
- Speculated a relationship between adverse trauma and health

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Adverse Childhood Events (ACE) Study

Measured
- Childhood sexual abuse
- Smoking
- Severe obesity
- Physical inactivity
- Depressed mood
- Suicide attempts
- Alcoholism
- Drug abuse
- Sexually transmitted infections
- Self-assessment of health

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Adverse Childhood Events (ACE) Study

- The more exposure a person had, the greater the risk for chronic disease, mental illness, violence, and being a victim of violence
- Twice as likely to be smokers
- Seven times more likely to be alcoholics
- Increase risk of chronic bronchitis by 400%
- Increase risk of suicide by 1,200%

(Felitti et al., 1998; Starecheski, 2015)

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What if — Physiological Response to Trauma

Physiological Response to Trauma

- Survival mode; state of constant hypervigilance
- Hypothalamic-pituitary-adrenal axis (HPA) stress response causes release of cortisol
- Increased stress = increased HPA = impaired hippocampus neuron growth/atrophy
- Atrophy leads to decreased memory resources available to form an appropriate reaction to stress

(Sherin & Nemeroff, 2011)

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What if — Physiological Response to Trauma

Physiological Response to Trauma

- Decreased connectivity between hippocampus and prefrontal cortex
- Amygdala treats perceived threats as real
- May appear overly defensive or angry
- Trauma is linked to CNS disorders, cardiovascular, respiratory, and sexual health problems

(Evans & Coccoma, 2014; Marcellus, 2014; Miehls & Applegate, 2014; Norman et al., 2006; Spitzer et al., 2009)

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What if — Effects of Trauma on the Body

Effects of Trauma on the Body

- Survivors may be more likely to smoke, drink alcohol, and abuse drugs
- Depression, anxiety, and emotional numbness
- Memory lapses, decreased ability to concentrate, and difficulty making decisions
- Inner feelings of shame, self-blame, being damaged, or that they are bad

(Haskell & Randall, 2009)

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Statistics: HHS

- 55% – 99% of women in substance use treatment and 85% – 95% of women in public mental health system report a history of trauma
- Economic costs of untreated trauma-related alcohol and drug abuse alone were estimated at $161 billion in 2000

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Statistics: CDC

- One in four children experiences some sort of maltreatment
- One in four women has experienced domestic violence
- One in five women and one in 71 men have experienced rape
  - 12% of these women and 30% of these men were younger than 10 years old when they were raped

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SAMHSA Definition

Individual trauma results from an event, series of events, or set 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.

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Definitions

- Secondary trauma
  - Results from exposure to another individual's traumatic experiences, rather than from exposure directly to a traumatic event
- Trauma-informed
  - Understanding trauma and awareness of its impact across settings, services, and populations
- Trauma-informed care
  - Strengths-based service delivery approach grounded in an understanding of and responsiveness to the impact of trauma

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The Three E's of Trauma

Events
- Events and circumstances may include the actual or extreme threat of physical or psychological harm
- Single occurrence or repeatedly over time

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The Three E's of Trauma

Experience
- How the individual labels, assigns meaning to, and is disrupted physically and psychologically by an event will contribute to whether or not it is experienced as traumatic.
- Feelings of humiliation, guilt, shame, betrayal, or silencing often shape the experience of the event
- Linked to a range of factors including cultural beliefs, availability of social supports, developmental stage

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What if *LeadingAge*

The Three E's of Trauma

Effects
- Immediately or delayed onset
- Short- or long-term
- Can eventually wear a person down and cause health issues

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What if *LeadingAge*

Clinical Application

- Direct impact of trauma on health behaviors and risk of mortality from chronic illness
- Translates into:
  - Understanding the why behind the health behaviors of our patients
  - Withholding judgment
  - Helping patients heal

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What if *LeadingAge*

Paradigm Shift

Trauma-informed care seeks to change the illness paradigm from one that asks, "What's wrong with you?" to, "What has happened to you?"
(SAMHSA, 2015)

"A non-trauma-informed system punishes and blames your adult actions and asks, 'what's wrong with you?' A trauma-informed provider will hold you accountable for your adult actions but give you space and time to process 'what happened to you?' without adding guilt and more trauma."

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What if — LeadingAge

To Be Trauma-Informed

A program, organization, or system that is trauma-informed REALIZES the widespread impact of trauma and understands potential paths for recovery; RECOGNIZES signs symptoms in clients, families, staff, others involved with system; and RESPONDS by fully integrating knowledge about into policies, procedures, practices, and seeks to actively RESIST RE-TRAUMATIZATION

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What if — LeadingAge

Realize

- Basic realization and understanding of effects of trauma
- Context of coping strategies designed to survive adversity and overwhelming circumstances
  - Past, current, or secondary in nature

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What if — LeadingAge

Recognize

- Recognize the symptoms of trauma through screening
- Universal screening can reduce risk of racial/ethnic bias
- Opponents state patients should have the opportunity to build trust before being questioned
- Providers must retain confidentiality
- Upfront screening removes the patient's choice of whether or not to share and can re-traumatize

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What if LeadingAge

A Client May Not Report

- Concern for safety
- Fear of being judged
- Shame about victimization
- Reticence about talking with others
- Not recalling past trauma
- Lack of trust in others
- Not seeing a significant event as traumatic

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What if LeadingAge

Screening

- Treatment setting should guide screening practices
- Screening should benefit the patient
- Re-screening should be avoided
- Ample training should precede screening

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What if LeadingAge

Respond

- Apply principles of TIC to all areas of function
- Policies, mission statement, handbooks, manuals reflect TIC
- Incorporating perspectives of people served in facility committees/groups
- Helping staff address secondary traumatic stress
- Physically and psychologically safe environment
- Universal precautions approach

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What if — LeadingAge

Resist Re-Traumatization

Organizations often inadvertently create stressful or toxic environments that interfere with the recovery of clients, the well-being of staff and the fulfillment of the organizational mission

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What if — LeadingAge

Consider the Following …

• Use of coercive practices
• Isolation
• Use of restraints
• Invasive medical exams
• Skin assessments for open areas/wounds
• Bathing and dressing/removing clothing
• Vital signs or labs
• Perceived power differential

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What if — LeadingAge

Trauma comes in many forms. Trauma-informed care is the open-mindedness and compassion that all patients deserve, because anyone can have a history that impacts their encounter with the medical system.

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What if *LeadingAge*

Need for Trauma-Informed Care

- Trauma-informed care means treating a whole person, taking into account past trauma and the resulting coping mechanisms when attempting to understand behaviors and treat the patient
- Lack of understanding can lead to judgmental attitudes, re-victimization, stereotypes, and victim blame

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What if *LeadingAge*

Trauma-Specific Interventions

Recognizing
- The survivor's need to be respected, informed, connected
- The interrelation between trauma and symptoms of trauma
- The need to work in a collaborative way with survivors for empowerment

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What if *LeadingAge*

Key Principles

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration Mutuality
5. Empowerment, Voice, Choice
6. Cultural, Historical, Gender Issues

(SAMHSA, 2015)

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What if   *LeadingAge*

Safety

- Staff and people we serve should feel safe, physically and psychologically
- All interactions should promote a sense of safety
- Understanding the client's definition of safety is a high priority

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What if   *LeadingAge*

Creating a Safe Environment

Physical Environment
- Keeping parking lots, common areas, bathrooms, entrances, and exits well lit
- No smoking, loitering, or congregating at entrances and exits
- Monitoring who is coming in and out of the building
- Positioning security personnel
- Keeping noise levels low
- Welcoming language
- Clear access to exit door during exam

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What if   *LeadingAge*

Creating a Safe Environment

Social-Emotional Environment
- Welcoming patients; showing respect and support
- Healthy interpersonal boundaries from staff
- Manage conflict
- Consistent schedules and procedures
- Notice of changes to occur
- Open, honest communication
- Awareness of impact of culture

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What if · LeadingAge

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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What if · LeadingAge

Peer Support

- The term "Peer" refers to individuals with lived experiences of trauma
- Mutual self-help
- Vehicle for building trust, establishing safety, and empowerment

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What if · LeadingAge

Collaboration and Mutuality

- Leveling power differences
- Everyone is equal and has a role on the team
- Healing happens in relationships and in the meaningful sharing of power and decision-making

"One does not have to be a therapist to be therapeutic."

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What if — LeadingAge

Empowerment, Voice and Choice

- Individual strengths are recognized
- Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action.
- Cultivate self-advocacy skills
- Staff are facilitators of recovery rather than controllers of recovery

Does this sound like person-directed care planning?

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What if — LeadingAge

Cultural, Historical, and Gender Issues

- Actively move past cultural stereotypes and biases
- Offers access to gender responsive services
- Leverages the healing value of traditional cultural connections
- Incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served
- Recognizes and addresses historical trauma

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What if — LeadingAge

Consider Spirituality

- Spirituality increases mental health and general well-being
- Providing spiritually competent care includes promotion of open, nonjudgmental discussions, and opportunities to fulfill spiritual needs
- Work alongside providers who are relevant to patient needs

(Hipolito et al., 2014)

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What if — LeadingAge

Guiding Principles

- Reducing barriers
- Remaining client-centered
- Embracing transparency
- Building a relationship
- Avoiding judgment and labels
- Staying community based

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What if — LeadingAge

Ten Domains of Implementation

1. Governance and Leadership
2. Policy
3. Physical Environment
4. Engagement Involvement
5. Cross Sector Collaboration
6. Screening, Assessment, Treatment Services
7. Training Workforce Development
8. Progress Monitoring Quality Assurance
9. Financing
10. Evaluation

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What if — LeadingAge

Ten Domains of Implementation

- Governance and Leadership
  - Point of responsibility to lead and oversee this work
  - Inclusion of the peer voice
- Policy
  - Written policies and protocols
- Physical Environment
  - Promotes safety and collaboration

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Ten Domains of Implementation

- Engagement and Involvement
  - Involvement, voice, and meaningful choice at all levels and in all areas of organizational functioning

- Cross Sector Collaboration
  - Awareness of trauma is a critical aspect of building collaborations

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Ten Domains of Implementation

- Screening and Assessment
  - Trusted, effective referral system in place that facilitates connecting individuals with appropriate trauma treatment

- Training and Workforce Development
  - On-going training on trauma and peer-support are essential

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Workforce Development

- Explain why we are asking sensitive questions
- Explain why we need to perform a physical exam
- If someone refuses outright, respond with compassion versus force or annoyance
- A patient may not speak up in front of a family member
- Ask what you can do to place them at ease

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What if · *LeadingAge*

Workforce Development

- Engage – don't label – labeling may negatively affect how providers perceive and deliver services to that person
- Use a trauma-informed lens
  - Consider what happened to this person, rather than what is wrong with this person
- How Do We Hire?
- Build a trauma-informed workforce
  - Screen candidates looking for those that are familiar with TIC
  - Behavioral interviewing techniques

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What if · *LeadingAge*

Ten Domains of Implementation

- Progress Monitoring and Quality Assurance
  - Ongoing assessment

- Financing
  - Address as part of Facility Assessment

- Evaluation
  - Measure and evaluation designs to evaluate services

  This could be a part of the facility QAPI plan?

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What if · *LeadingAge*

Key Ingredients for Trauma-Informed Care

- Organizational
  - Lead and communicate about the transformation process
  - Engage patients in organizational planning
  - Train clinical as well as non-clinical staff members
  - Create a safe physical and emotional environment
  - Prevent secondary traumatic stress in staff
  - Hire a trauma-informed workforce

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What if *LeadingAge*

Preventing Secondary Trauma in Staff

- Improve morale & function, decrease turnover costs
- Strategies to prevent secondary traumatic stress include:
  - Provide training to raise awareness
  - Offer opportunities to explore their own trauma histories
  - Supporting reflective supervision
  - Encouraging and incentivizing physical activity and meditation
  - Allowing "mental health days" for staff

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What if *LeadingAge*

Key Ingredients for Trauma-Informed Care

- Clinical
  - Involve patients in the treatment process
  - Screen for trauma
  - Train staff in trauma-specific treatment approaches
  - Engage referral sources and partner organizations

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What if *LeadingAge*

Governance and Leadership

- How does facility leadership communicate its support and guidance for implementing a trauma-informed approach?
- How do the facility's mission statement and/or written policies and procedures include a commitment to providing trauma-informed services and supports?
- How do leadership and governance structures demonstrate support for the voice and participation of people using their services who have trauma histories?

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What if *LeadingAge*

Policy

- How do the facility's written policies and procedures include a focus on trauma and issues of safety and confidentiality?
- How do the facility's written policies and procedures recognize the pervasiveness of trauma in the lives of people using services, and express a commitment to reducing re-traumatization?
- How do the facility's staffing policies demonstrate a commitment to staff training on providing services and supports that are culturally relevant and trauma-informed as part of staff orientation and in-service training?
- How do human resources policies attend to the impact of working with people who have experienced trauma?
- What policies and procedures are in place for including trauma survivors/people receiving services and peer supports in meaningful and significant roles in facility planning, governance, policy-making, services, and evaluation?

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What if *LeadingAge*

Physical Environment

- How does the physical environment promote a sense of safety, calming, and de-escalation for clients and staff?
- In what ways do staff members recognize and address aspects of the physical environment that may be re-traumatizing, and work with people on developing strategies to deal with this?
- How has the facility provided space that both staff and people receiving services can use to practice self-care?
- How has the facility developed mechanisms to address gender-related physical and emotional safety concerns?

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What if *LeadingAge*

Engagement and Involvement

- How do people with lived experience have the opportunity to provide feedback to the organization on quality improvement processes for better engagement and services?
- How do staff members keep people fully informed of rules, procedures, activities, and schedules, while being mindful that people who are frightened or overwhelmed may have a difficulty processing information?
- How is transparency and trust among staff and clients promoted?
- What strategies are used to reduce the sense of power differentials among staff and clients?
- How do staff members help people to identify strategies that contribute to feeling comforted and empowered?

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Cross Sector Collaboration

- Is there a system of communication in place with other partner agencies working with the individual receiving services for making trauma-informed decisions?
- Are collaborative partners trauma-informed?
- How does the organization identify community providers and referral agencies that have experience delivering evidence-based trauma services?
- What mechanisms are in place to promote cross-sector training on trauma and trauma-informed approaches?

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Screening, Assessment, Treatment Services

- Is an individual's own definition of emotional safety included in treatment plans?
- Is timely trauma-informed screening and assessment available and accessible to individuals receiving services?
- Does the organization have the capacity to provide trauma-specific treatment or refer to appropriate trauma-specific services?
- How are peer supports integrated into the service delivery approach?
- How does the facility address gender-based needs in the context of trauma screening, assessment, and treatment?
- Do staff members talk with people about the range of trauma reactions and work to minimize feelings of fear or shame and to increase self-understanding?
- How are these trauma-specific practices incorporated into the organization's ongoing operations?

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Training and Workforce Development

- How does the facility address the emotional stress that can arise when working with individuals who have had traumatic experiences?
- How does the facility support training and workforce development for staff to understand and increase their trauma knowledge and interventions?
- How does the organization ensure that all staff receive basic training on trauma, its impact, and strategies for trauma-informed approaches across the facility and across personnel functions?
- What types of training and resources are provided to staff and supervisors on incorporating trauma-informed practice and supervision in their work?

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What if

Training and Workforce Development

- How does workforce development/staff training address the ways identity, culture, community, and oppression can affect a person's experience of trauma, access to supports and resources, and opportunities for safety?
- How does on-going workforce development/staff training provide staff supports in developing the knowledge and skills to work sensitively and effectively with trauma survivors.
- What workforce development strategies are in place to assist staff in working with peer supports and recognizing the value of peer support as integral to the organization's workforce?

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What if

Progress Monitoring and Quality Assurance

- Is there a system in place that monitors the facility's progress in being trauma-informed?
- Does the facility solicit feedback from both staff and individuals receiving services?
- What strategies and processes does the facility use to evaluate whether staff members feel safe and valued at the facility?
- How does the facility incorporate attention to culture and trauma in facility operations and quality improvement processes?
- What mechanisms are in place for information collected to be incorporated into the facility's quality assurance processes and how well do those mechanisms address creating accessible, culturally relevant, trauma-informed services and supports?

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What if

Financing

- How does the facility's budget include funding support for ongoing training on trauma and trauma-informed approaches for leadership and staff development?
- What funding exists for cross-sector training on trauma and trauma-informed approaches?
- What funding exists for peer specialists?
- How does the budget support provision of a safe physical environment?

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What if *LeadingAge*

Evaluation

- How does the facility conduct a trauma-informed organizational assessment or have measures or indicators that show their level of trauma-informed approach?
- How does the perspective of people who have experienced trauma inform the facility performance beyond consumer satisfaction survey?
- What processes are in place to solicit feedback from people who use services and ensure anonymity and confidentiality?
- What measures or indicators are used to assess the organizational progress in becoming trauma-informed?

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What if *LeadingAge*

Context of Community

- Trauma does not occur in a vacuum
- Community can be defined:
  - Geographically
  - Virtually
  - Organizationally

How a community responds to individual trauma sets the foundation for the impact of the traumatic event, experience and effect

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What if *LeadingAge*

Community Response to Trauma

- Communities that provide a context of understanding and self-determination
  - Facilitate healing and recovery
- Communities that avoid, overlook or misunderstand the impact of trauma
  - May re-traumatize and interfere with the healing process

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What if — LeadingAge

Consider the Following …

- A community may be subjected to a community-threatening event
- Trauma can be transmitted from one generation to the next
- When explaining trauma-informed approaches, use language that reduces stigma
- Accommodate low health literacy
- Focus on how trauma affects health, not just the traumatic event/experience

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What if — LeadingAge

Conclusion

- Goals of trauma-informed care include:
  - Awareness of the event of trauma, the experience of those who have been exposed or victimized, and the effects on the individual
  - Guiding patients from a state of trauma to one of healing
  - Helping patients alter their family and community environment so it is less traumatic
  - Remodeling the healthcare environment to one that is holistic

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