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Visit https://www.surveymonkey.com/r/PreTestTrauma_May10

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SCAN ME

We will get started shortly!

CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

An Introduction to Creating a Trauma-Informed Culture in the Post-Acute and Long-Term Care Facility

May 10, 2023|2-2:30 p.m. EST

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Today's Event Host

Nikki Harris, MA, CBHC-BS

TRAINING AND EDUCATION LEAD

For the past 20 years, Nikki has provided program implementation, development, management, external and internal trainings, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.

Previously, she served as the project manager for the Division of Behavioral Health and Substance Use Services within the South Carolina Department of Corrections.

She has a bachelor's degree in psychology from the University of South Carolina, a master's degree in counseling from Webster University and is a certified behavioral specialist.

Today's Presenter

Paige Hector, LMSW

PRINCIPAL, PAIGE AHEAD HEALTHCARE EDUCATION & CONSULTING

Paige is a consultant, nationally recognized speaker, and author with over 25 years of experience in post-acute and long-term care settings.

She specializes in diverse topics for the interdisciplinary team, person-centered trauma-informed care, nonviolent communication, sustainable process improvement and advanced care planning.

Paige writes extensively on topics relevant to nursing homes, including multiple chapters of *Managing the Long-Term Care Facility, 2nd Edition,* due for publication in 2023.

She was actively involved in the AMDA Online Education in 2018 and was named the Gerontologist of the Year for the Arizona Geriatrics Society.

Contact: www.paigeahead.com | paige@paigeahead.com

An Introduction To Creating Trauma-Informed Culture in the Post-Acute and Long-Term Care Facility

"The health care system is populated by trauma survivors, both those providing and receiving care."

(Fleishman, 2019)

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Learning Objective

Describe some key trauma-informed care terms and concepts and how they apply in the nursing home setting.

What do you think about when you heard the word “trauma”?

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Potential Sources of Trauma

- Verbal, emotional, sexual, physical abuse or assault
- Physical or emotional neglect, poverty, homelessness
- Attachment injuries, loss of roles
- Institutionalization, loss of mobility and/or other loss of control
- Bullying, shaming
- Discrimination
- Exposure to substance abuse, imprisonment
- Generational trauma (Holocaust, slavery, genocide, victimization, oppression)
- Loss of relationship
- Natural Disasters, accidents, injury, illness, disability, medical treatment
- Warfare, torture, or other acts of terrorism
- ***Witnessing any of these***

"Trauma pervades our culture, from personal functioning through social relationships, parenting, education, popular culture, economics, and politics. In fact, someone *without* the marks of trauma would be an outlier in our society."

~Dr. Gabor Mate in The Myth of Normal

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Trauma Definition (CMS uses this definition)

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.

(emphasis added)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Emotional and Psychological Trauma

"Result of **extraordinarily stressful events** that shatter your sense of security, making you feel **helpless** in a dangerous world. Often involve a threat to life or safety, but any situation that leaves you **feeling overwhelmed** and **isolated** can result in trauma, even if it doesn't involve physical harm. The more **frightened and helpless** you feel, the more likely you are to be traumatized."

(emphasis added)

Emotional and Psychological Trauma
https://www.helpguide.org/articles/ptsd-trauma/coping-with-emotional-and-psychological-trauma.htm

"Trauma is perhaps the most avoided, ignored, belittled, denied, misunderstood, and untreated cause of human suffering."

~Peter Levine, PhD

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Medical Trauma
Psychological traumas that result from medical diagnosis and/or medical interventions

"The idea that medical treatment can be traumatic may seem counterintuitive. We tend to associate medical care with expertise, skill, and advanced technology in service of healing, not harming."

Medical Trauma by Scott Janssen, MSW, LCSW
https://www.socialworktoday.com/news/enews_0416_1.shtml

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Potential Sources of Medical Trauma

- Receiving a new diagnosis, e.g., cancer
- Interactions with "the system"
- Communication that is too technical, too vague, too infrequent or too frequent
- Medication side effects
- Illness-related symptoms (e.g., pain, shortness of breath, racing heartbeat, GI distress, physical weakness, difficulty swallowing/choking)
- Loud noises, falls, nightmares
- IV placement, limited movement, restraints
- Exposure to sounds, lights, odors
- Private areas being seen/touched by multiple people
- Exposure to needles, blood, and temperature changes
- Feeling isolated, powerless, vulnerable, terrified, depressed
- Fearing for one's well-being and life
- Being in the dark
- Being treated or talked to "like a child"

ICU - Potential Source of Trauma

- Sedation, restraint, intubation, light, noise
  - >80% of mechanically-vented ICU patients experience delirium
    - Delirium predicts PTSD, cognitive declines, six-month mortality
- 18-34% of all ICU patients have PTSD

(Granja et al., 2008)
(adapted from Anderson, Ganzel, Jannsen, 2018 & Ganzel, 2018)

Medical Trauma May Be Suffered In Silence

- We are socialized to endure medical treatment
  - Expected to "just deal with the emotional effects of care on the psyche"
- We ask patients if they have pain or any medication side effects
- We do not ask about "fear, sadness, worry and the myriad emotions people face as a consequence of their medical event or illness."

Michelle Flaum Hall, EdD, LPCC-S

Medical Trauma by Scott Janssen, MSW, LCSW
https://www.socialworktoday.com/news/enews_0416_1.shtml

Losses Related to Aging and Illness (which may also be traumatic)

- Independence – e.g., driving
- Daily living skills (ADLs and IADLs)
- Finances
- Death (or decline) of partner or spouse
- Meaningful roles
- Health and cognition
- Transition into long-term care

Things We Attribute and Medicate As Signs of Aging May Be Signs of Trauma

Changes in:

- Intake
- Cognition
- Sleep
- Verbalization
- Socialization
- Activity
- Anxiety

Reactions, Not "Behaviors" May Contribute To Challenging Care Situations

- Yelling
- Arguing
- OCD and other anxiety disorders
- Isolation, withdrawal
- Protective gestures
- Aggression (verbal and physical)
- Resistance to care
- Declining care
- Self-injurious coping mechanisms – drugs, alcohol, prostitution
- Unwelcome sexual expression

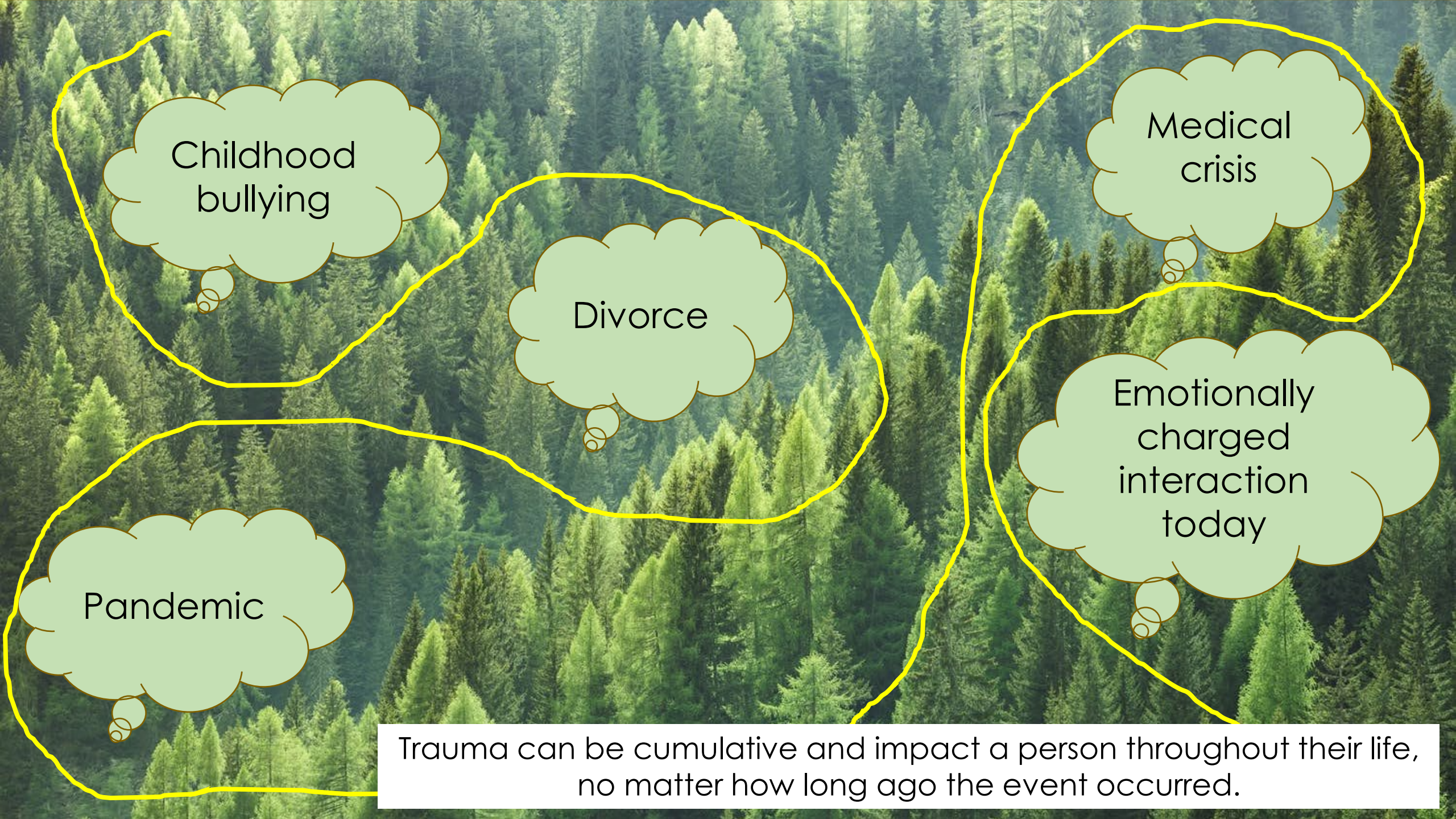
These may be COPING MECHANISMS that made perfect sense at the time of a traumatic experience, although they may no longer suit the current circumstance.

"Nor are they character faults; though they may cause us difficulty now, they began as modes of survival." (Dr. Mate)

Potential Impacts of Trauma

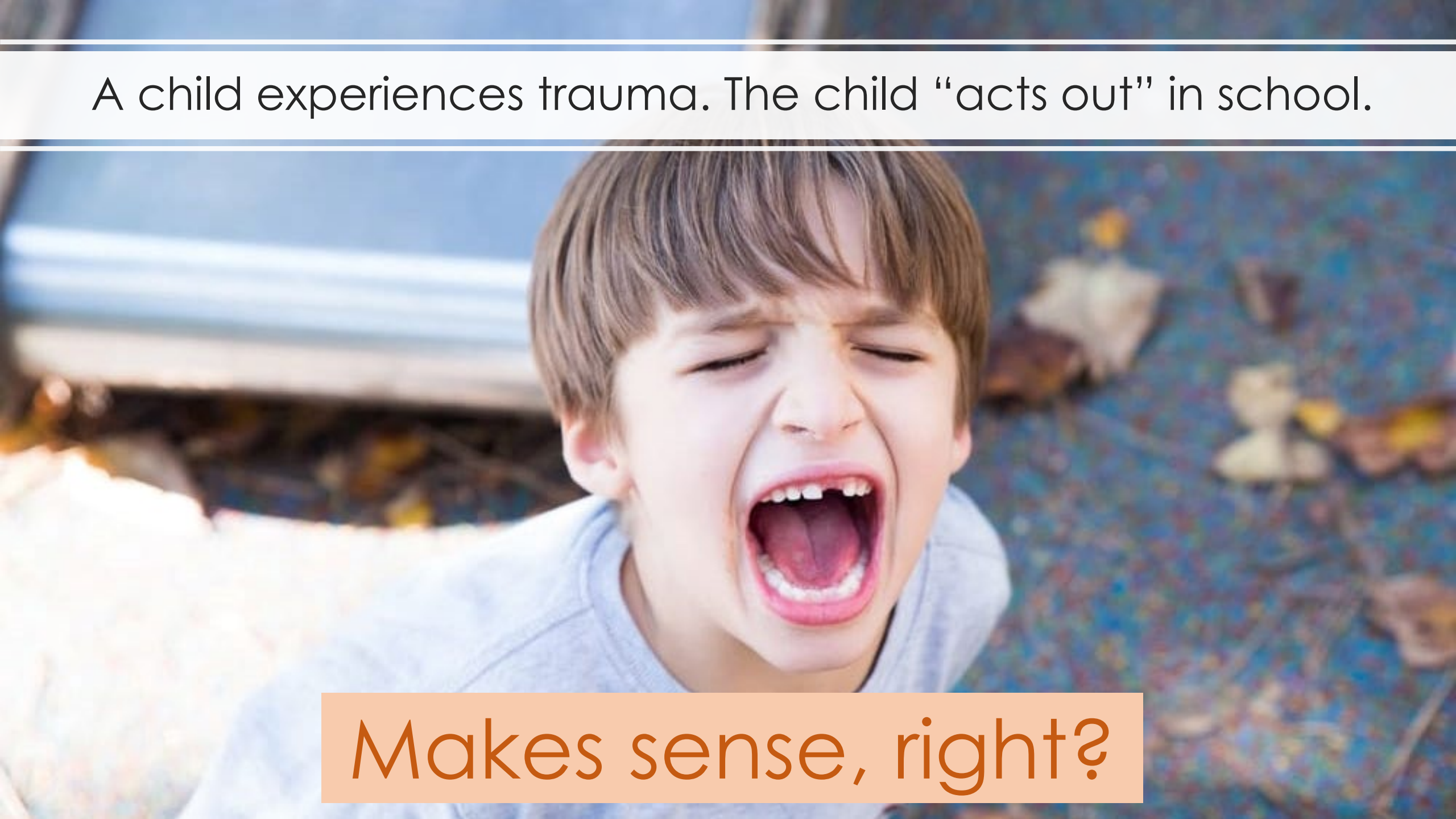
- Emotional Regulation
  - Control impulses, interpret emotional cues, trust
- Cognitive Functioning
  - Form memories, learn and concentrate, make decisions, process and express language
- Relationships
  - Identify and form healthy relationships, trust, express needs and wants, set boundaries
- Perceptions and Beliefs
  - Core beliefs about self, others, and the world, ability to hope
- Physical and Mental Health
  - Higher risk of conditions (cancer, heart disease, etc.), substance use, suicidality

Trauma-Informed Organizational Change Manual, The University of Buffalo School of Social Work, page 17



Trauma can be cumulative and impact a person throughout their life, no matter how long ago the event occurred.

A child experiences trauma. The child "acts out" in school.



Makes sense, right?

An adult experiences trauma. The adult "acts out" in the nursing home.

Does it make more sense now?

"Some nursing homes use trauma-informed practices but are not using a TIC lens. Their practices provide care that ensures safety, promotes trustworthiness, transparency, and other principles promoted by the trauma-informed care lens but do not consider the role of trauma in behaviors."

Kusmaul N, Wallace BH, Cheon JH, Sundborg S. Implementation of Trauma-Informed Care in Nursing Home Settings. J Am Med Dir Assoc. 2022 Sep;23(9):1505-1506. doi: 10.1016/j.jamda.2022.05.023. Epub 2022 Jun 27. PMID: 35772471.

Delayed Reaction to Trauma – More Impacts

Figure in chapter: Ganzel, B., Kusmal, N., Cheatham, C., Hector, P. & Clarke, D. (accepted). Trauma-informed long-term care. In R. Perley (ed.), *Managing the long-term care facility: Practical approaches to providing quality care* (2nd Edition, Chapter 3). John Wiley and Sons.

Box 3.9

DELAYED REACTION TO TRAUMA

Signs & Symptoms of Posttraumatic Stress

Possible Delayed Emotional Reactions **YES/ NO** source_____

Irritability; Aggression; Negative affect; Distress at trauma reminderes; Fear of trauma happening again; Negative thoughts about self; Detachment; Feelings of vulnerability; Mood swings; Grief reactions.

Possible Delayed Physical Reactions **YES/ NO** source_____

Nightmares; sleep disturbance; Hypervigilance/Heightened startle; Persistent fatigue; Changes in appetite or digestion or cortisol levels; Lowered immune function/more colds and infections; Focus on aches and pains

Possible Delayed Cognitive Reactions **YES/ NO** source_____

Intrusive memories; Flashbacks; Exaggerated self-blame or blame of others about the event(s); Difficulty concentrating; Belief that avoidance or other behaviors will protect them from trauma; Avoidance of trauma-related feelings or memories or preoccupation with the event; Panic & phobia-like behavior in response to trauma triggers; Inability to remember key features of the trauma

Possible Delayed Behavioral Reactions **YES/ NO** source_____

Avoidance of event reminders ; Decreased interest in activities; Risky or destructive behavior; Isolation/withdrawal; Disrupted social relationships; History of abuse of alcohol or drugs

Possible Delayed Existential Reactions **YES/ NO** source_____

Questioning ("why me"), disillusionment, cynicism; Loss of purpose or faith; Hopelessness; Also potential adaptive responses such as re-establishing priorities, redefiniting meaning and importance of life, reviewing life assumptions to accommodate trauma.

Adapted from HHS (2014). *TIP-57*, pp. 61-62.

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What Are Triggers?

- Triggers are reminders of dangerous or frightening things (or people) that happened in the past* and the person experiences the event all over again (even if the current environment is “safe”)

- Triggers come without warning and can be ANYTHING
  - Triggers can be puzzling or disturbing for others, especially when the person associates us or something we are doing with trauma

- The person may not even associate the trigger with the event or know it’s happening
  - Watch for stiffening, combativeness, crying out, withdrawal, sudden silence, etc.

*The past can be yesterday or many years ago.

Triggers (Trauma Reminders) Can Be Interpreted As…

- "I'm not safe."
- "I can't protect myself."
- "I'm going to die."
- "I don't matter."

Janssen S. Assessing for PTSD in Terminally Ill Patients. *The New Social Worker*. Accessed April 29, 2019

Two Key Questions

- How could this behavior make sense as a reaction to past trauma?
- What might this person need to avoid reliving their trauma in the future?

Long Term Impact of Trauma Can be Significant (for ALL of us)

- Complex situations that require increased time, effort, energy and coordination

- We need more emphasis on the impact of trauma on behavioral and mental health

Kusmaul N, Wallace BH, Cheon JH, Sundborg S. Implementation of Trauma-Informed Care in Nursing Home Settings. J Am Med Dir Assoc. 2022 Sep;23(9):1505-1506. doi: 10.1016/j.jamda.2022.05.023. Epub 2022 Jun 27. PMID: 35772471.

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."

Creating a trauma-informed organization is a fluid, ongoing process; it has no completion date.

(SAMHSA, 2014)

What Can You Do Tomorrow To Begin Creating a Trauma-Informed Care Organization?

- Discuss the impact of trauma (not sources of trauma) in clinical meetings, stand-ups, care plan conferences, etc.
- Incorporate a trauma-informed lens into all facility operations, especially clinical discussions
  - How could this behavior make sense as a reaction to past trauma?
  - What might this person need to avoid reliving their trauma in the future?
- Integrate the Delayed Reaction to Trauma worksheet to identify the impacts of trauma and support person-centered care

Thank you for sharing part of your day with me.

- Paige

Please complete the post-test and evaluation survey.

Visit https://www.surveymonkey.com/r/PostTestTrauma_May10

or scan the QR code:

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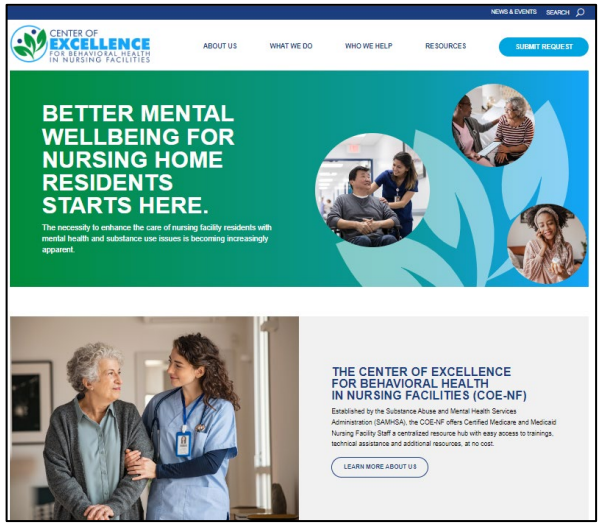
Connect with Us and Register for our Next Event!

Next event:

Addressing Co-occurring Disorders in Nursing Facilities
Wednesday, May 24 at 2 p.m. EST

https://bit.ly/COECODNF_5-24-23



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Thank You!

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