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We will get started shortly!



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IN NURSING FACILITIES



An Introduction to Creating a Trauma-Informed Culture in the Post-Acute and Long-Term Care Facility: PART 2

June 22, 2023



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IN NURSING FACILITIES

Today's Event Host

Nikki Harris, MA, CBHC-BS

COE-NF 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 B.A. in Psychology from the University of South Carolina, a M.A. 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 a Trauma-Informed Culture in the Post-Acute and Long-Term Care Facility

PART 2: Trauma Informed Principles, “Behaviors”, and an Activated Nervous System

Paige Hector, LMSW

Consultant | Speaker | Writer

www.paigeahead.com

paige@paigeahead.com

520-955-3387

Learning Objectives

1. Discuss trauma-informed principles and how a trauma-informed culture supports residents and staff.
2. Explain how triggers impact a person's behavior.
3. Describe how the nervous system may respond when it perceives a threat and why this is important for staff to integrate into resident interactions.

Quick Recap - what we covered in Part 1

- Definition of trauma
- Sources of trauma
- Impacts of trauma
- Reactions, not behaviors
- Trauma is cumulative
- Delayed reaction to trauma worksheet
- Triggers and retraumatization
- Becoming trauma-informed is a continual process, not an endpoint

Even before the relentless stress of the pandemic, trauma was recognized as “a widespread, harmful and costly public health problem” and addressing trauma “an important component of effective behavioral health service delivery.”

(SAMHSA, the Substance Abuse and Mental Health Services Administration)

Every \$1 spent on trauma-informed
care saves \$5 over a lifetime of costs.
(SAMHSA 2014)

A Perspective on Time

We are socialized with perceptions around time (that emphasize scarcity thinking)

- I don't have enough time.
- There isn't enough time.

“Instead of saving time up front and losing it later, the choice is to invest time up front and harvest the results later.” (Miki Kashtan in *The Highest Common Denominator*)

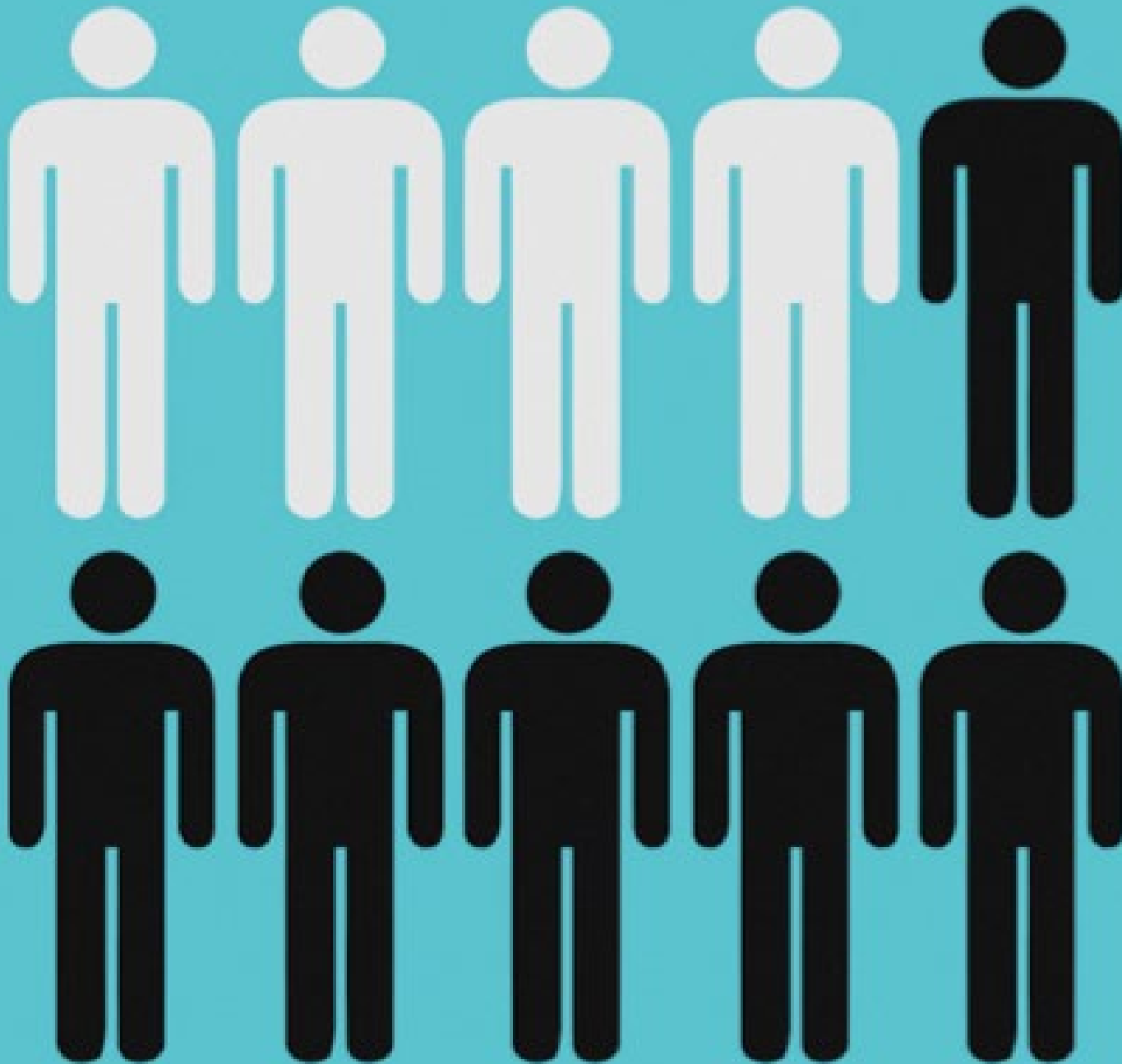




Why is TIC important for staff wellbeing?

**Healthcare staff have deep intention to care
for other human beings.**





4 out of 10
US employees
strongly agree that
their supervisor,
or someone at
work, seems to
care about them
as a person

67% of
employees ready to
quit say leaders
made empty
promises for well-
being

41% of
employees are likely
to quit to resolve
stress

25% of
respondents said
they are
underperforming
due to stress

Person-centered
trauma-informed
care recognizes the
pervasive nature of
trauma and
integrates principles
and practices to
promote healing
and recovery.



*Person-Centered Trauma-Informed handouts will
be made available to participants

Dr. Barbera says, “I operate from a belief that virtually every resident coming into long-term care has been traumatized to at least some extent by the health event that precipitated their admission, the medical procedures they’ve undergone, being away from home and other losses. While not every resident has post-traumatic stress disorder (PTSD), for most people this experience brings up past times when aspects of their lives were out of control.”



“Trauma-informed care is the practice of engaging others and providing care by **intentionally considering** the impact of their past experiences on their current presentation.”

(emphasis added)

Ashley Swinson, MSW, LCSW

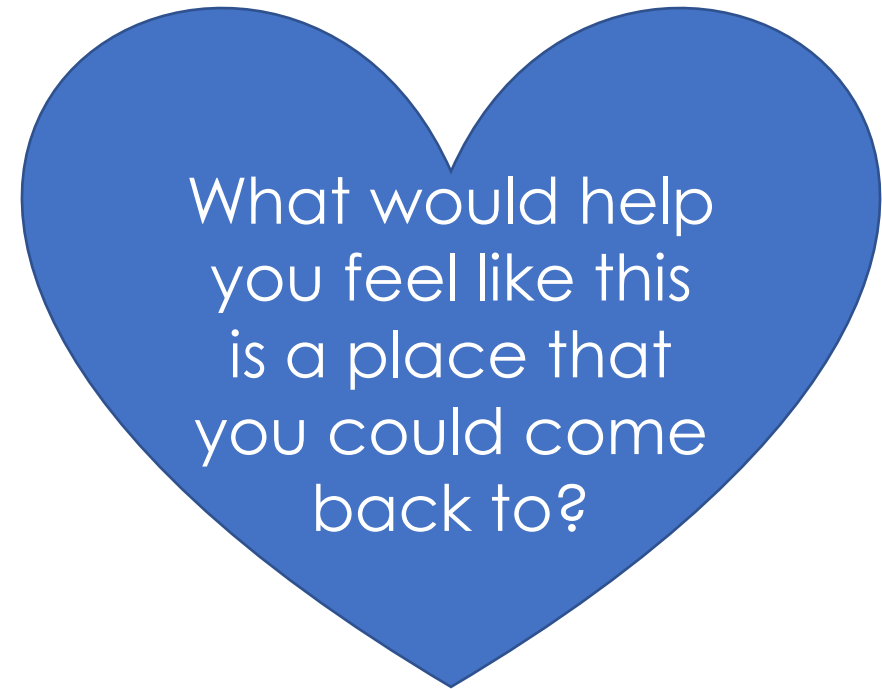
TIC is

- TIC is person-centered care
- TIC is a fundamental perspective
- TIC is an integrative framework
- TIC is a relational posture towards everyone who is involved
- TIC is a workplace culture

TIC is 'NOT'

- TIC is NOT a training on PTSD
- TIC is NOT based solely on the medical model
- TIC is NOT just a prescribed protocol or set of skills
- TIC is NOT just for residents
- TIC is NOT just for people who have PTSD

“Trauma-informed care is putting the patient in control of their environment, their body, their experience...”



Universal Precautions

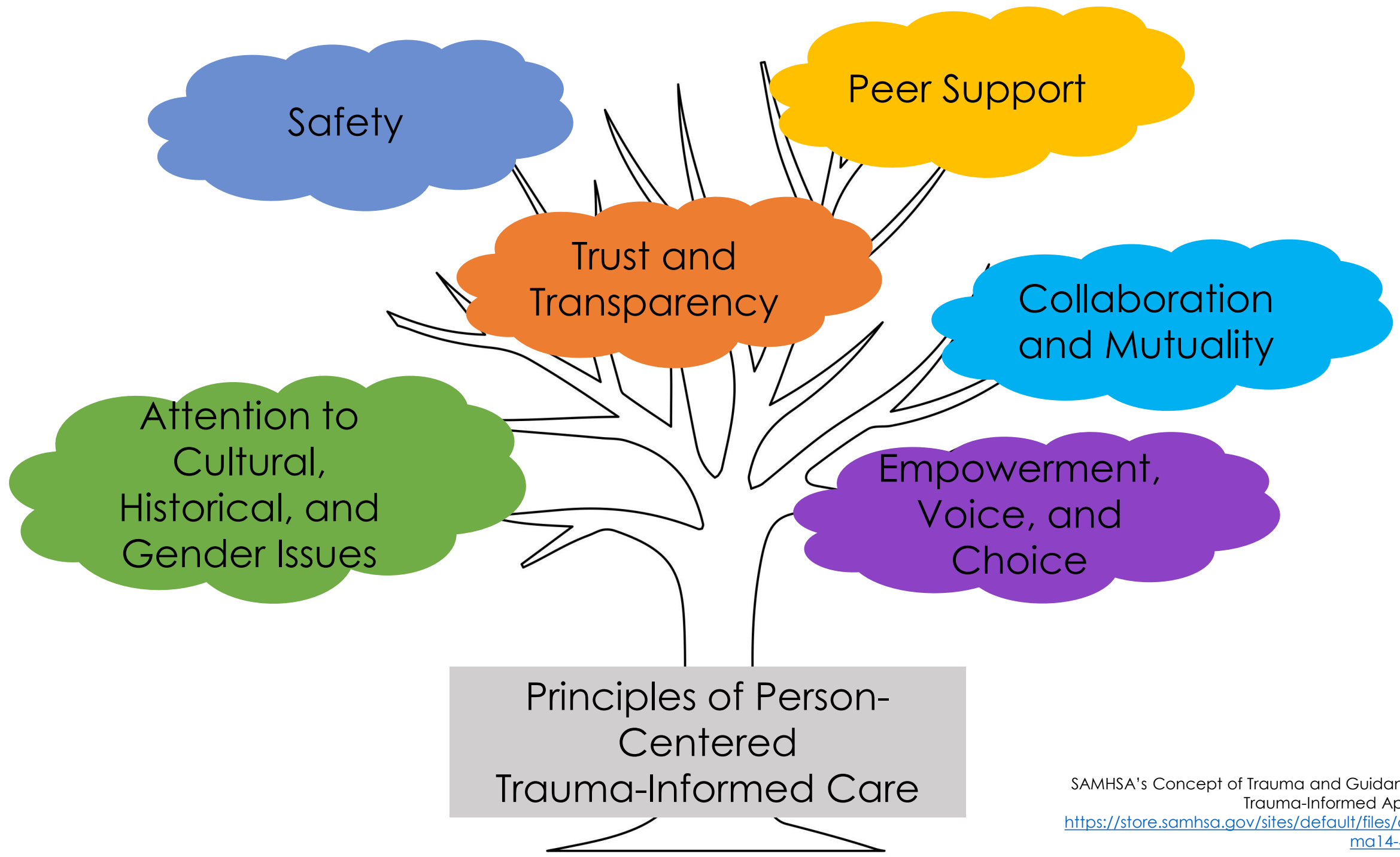
Gloving and handwashing
no matter the hazard level

Assume all individuals
have a history of trauma
and glove up
metaphorically to reduce
possibility of triggering or
re-traumatizing others.





Mindset shift *from* "What's wrong with this person?" to
"What is the impact of past experiences on the current presentation?"



Safety

Physical safety includes the physical plant, security measures, disaster planning, policies and procedures

Social safety refers to the ability to be a part of a group, to listen and to be heard, to be able to play a role in conflict resolution, to use one's intelligence and creativity to serve a group process

Moral safety reflects an environment that integrates integrity, responsibility, honesty, tolerance, compassion, peace, and nonviolence

Creating a Safe Environment for Staff

“Effective teamwork depends on (1) the team members’ psychological safety, defined as their ability to trust one another and feel safe enough within the team to admit a mistake, ask a question, offer new data, or try a new skill without fear of embarrassment or punishment, and (2) allows team members to learn, teach, communicate, reason, think together, and achieve shared goals, irrespective of their individual positions or status outside the team”



Trust and Transparency

Trust – Integrating trauma-informed values of safety, empowerment, voice and choice supports building trust

- Gentle, no ‘agenda’ approach
- Paying attention to comfort and nonverbals
- Upholding confidentiality and privacy

Transparency - organizational operations and decisions are transparent

- Predictability with processes and daily activities
- Emphasis is not on “getting it right all the time” but rather how situations are handled when circumstances provoke feelings of being vulnerable or unsafe

Empowerment, Voice and Choice

- Recognize and build on individuals' strengths and experiences
- Support self-determination (not coercion)
- Cultivate self-advocacy skills
- Give voice to people who historically have not had a say
- Emphasis on shared decision-making, choice, and goal setting
- Belief in healing and recovery, sense of hope for the future

Peer Support

Support from other people who share similar experiences

- Stories and lived experiences can support recovery and healing

Connections that help a person feel safe and hopeful

Attention to Cultural, Historical, and Gender Issues

Self-awareness of unconscious bias, stigma, discrimination, stereotypes (gender, race, religion, age, sexual orientation, geography, etc.)

- Organization actively addresses cultural stereotypes and biases
- Offer gender responsive services

Incorporate policies, protocols and processes that are responsive to the racial, ethnic, and cultural needs of individuals served

- Cultural humility and curiosity
- Healing value of traditional cultural connections

Recognize and address historical trauma

- Events experienced by a collective community that are also experienced personally *and* can be transmitted over generations, e.g., Holocaust, slavery, genocide, victimization, oppression

Collaboration and Mutuality

Everyone has a role to play in a trauma-informed culture

Emphasis on partnering *with* residents/patients/families

Meaningful sharing of power and decision-making

Leveling power differences, e.g., supervisors-employees, staff-residents



Tending To Power Differences Is CRUCIAL

- The needs, the concerns, and the dissent of people with less power are less likely to be on the table
- We are less likely to know what people with less power need because they either won't know it or not say it
- We are trained to not say anything about what we need or the impact of the situation

Integration of TIC Principles

From Domination

- Power over
- Hierarchy of control
- Obey, follow external orders
- Focus on extrinsic needs
- Based on fear
- Communicate to control
- Devalues needs for caring and empathy
- Achieve status and defend it

To Partnership

- Power with
- Moving toward consciousness
- Authenticity, follow inner truth
- Focus on intrinsic needs
- Based on trust
- Communicate to connect with others
- Caring and empathy are highly valued
- Ongoing evolution and growth

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.”



How do we use the term “behaviors” in healthcare settings?

- Behavior descriptions, e.g., inappropriate
- Behavior monitoring
- Behavior tracking
- Behavior care plans
- Behavior management

What is Behavior?

- Definitions:
 - The way in which one acts or conducts oneself
 - The actions or reactions of someone in response to external and internal stimuli
 - An observable action that can be seen or heard
- Behavior is not inherently good-bad, positive-negative, appropriate-inappropriate
- Everything a human being does is an attempt to meet their needs (even if they do or say something that other people do not enjoy)

Reactions, NOT “Behaviors”

(that may contribute to challenging care situations)

- Yelling, arguing
- OCD, 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.

They are not character faults and while they may cause us difficulty now, they began as modes of survival. (Gabor Mate, MD)

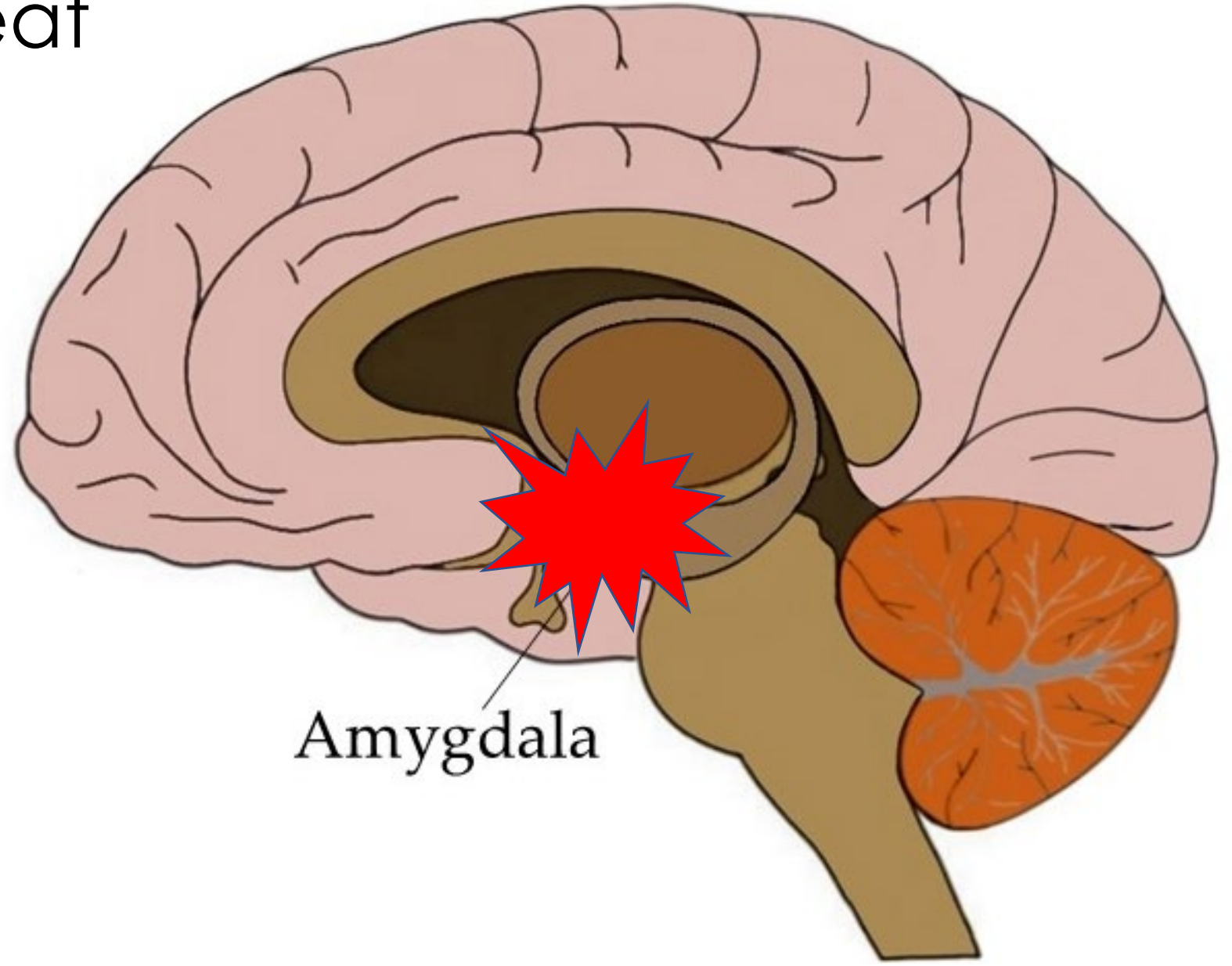
Nervous System Stress Response





Stick or snake?

The amygdala **BURSTS** into action when it perceives a threat



Amygdala

Our nervous system **REACTS** the same,
no matter if the threat is perceived or real.



Fight



Flight



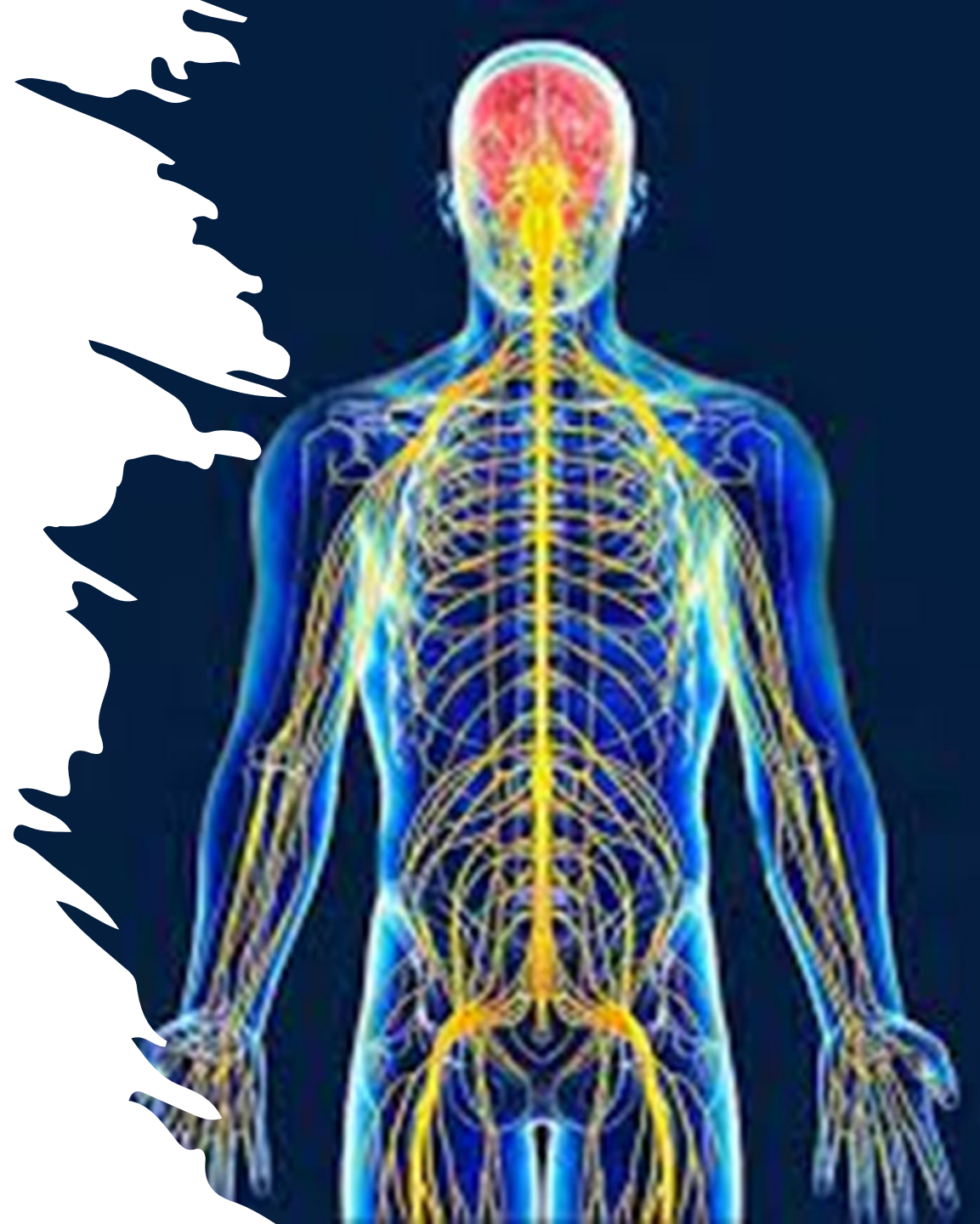
Freeze

Our Nervous System Reacts

We lose our access to choice and we react instead of respond

An activated nervous system may show signs of distress including:

- Dilated pupils
- Muscles tense
- Changes in posture
- Repetitive movement like twisting a tissue in their hand
- Hands shaking
- Changes in speech (rapid, slow, losing coherence)
- Changes in breathing (shallow, racing, holding breath)





ENGAGEMENT AND CONNECTION

CALM IN CONNECTION
SETTLED
GROUNDED

CURIOUS / OPEN
COMPASSIONATE
MINDFUL / IN THE PRESENT

ABOVE (Response)

The Line (Of Choice)

BELOW (Reaction)

IMMOBILIZATION

FREEZE
HELPLESSNESS
DEPRESSION
SHAME
SHUT DOWN

MOBILIZATION

FIGHT	FLIGHT
FRUSTRATION	WORRY
IRRITATION	ANXIETY
ANGER	FEAR
RAGE	PANIC

"Thinking about Thinking"

Higher Reasoning

Executive Function

Prefrontal Cortex

9 Functions of the Prefrontal Cortex

1. Empathy
2. Insight
3. Response Flexibility
4. Emotion Regulation
5. Body Regulation
6. Morality
7. Intuition
8. Attuned Communication
9. Fear Modulation



Limbic Brain

1. Fight, flight, freeze stress response
2. Thinks, "Am I safe? Do people want me?"
3. Emotions live here



Two Key Questions

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



What is one little thing that you
are taking with you today?

Thank you for sharing part of your day with me
and for your work to create more trauma-
informed communities for all. Paige



Resources From Paige



Person-centered Trauma-informed Conversation Prompts (2 pages)

- Provides question prompts for each trauma-informed care principle and guidance on how to use them to develop trusting and healing experiences with residents

Trauma-Informed Touch (1 page)

- Supports staff and providers to care for and consider the potential impact on the receiver of our touch

Grounding Practices (1 page)

- To support a person in reorienting to the present moment

Suggestion: Consider integrating this content in staff training.

Please complete the post-test and evaluation survey.

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Upcoming Training Series

Wednesday, July 26, 2023 | 2:00 – 3:00pm EST

An Introduction to Creating a Trauma-Informed Culture in the Post-Acute And Long-Term Care Facility - **PART 3: Trauma Screening and Trauma Assessment - Why the Difference Matters**

Thursday, August 17, 2023 | 2:00 – 3:00pm EST

An Introduction to Creating a Trauma-Informed Culture in the Post-Acute And Long-Term Care Facility - **PART 4: Grounding as an Essential Strategy to Calm an Activated Nervous System**



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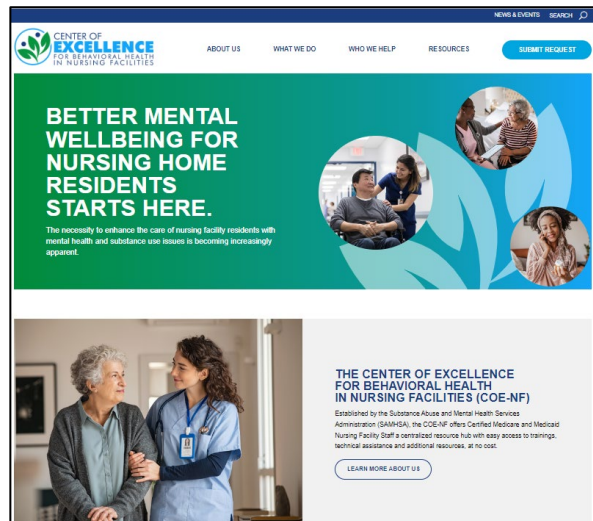
Connect with Us and Register for our Next Event!



Next event:

Treating Opioid Use Disorder (OUD) as an Ordinary Component of Service Provision
Thursday, June 29 at 2 p.m. EST

<https://bit.ly/COETreatingOpioidUse> 6-29-23



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Thank You!



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