



**An Introduction to Trauma-Informed Care Approaches**  
April 24, 2024



CENTER OF  
**EXCELLENCE**  
FOR BEHAVIORAL HEALTH  
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 program 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

## Talisha Carter-Moody, LPC, CPCS, MS

### TCM COUNSELING & TRAINING LLC

Talisha is a licensed professional counselor and a certified professional counselor supervisor, which demonstrates her dedication to maintaining high standards of practice. As a highly experienced professional with over 30 years of expertise in providing training and counseling services to challenging populations, Talisha has demonstrated her commitment to excellence by being trained in multiple evidenced-based programs and continuously updating her skills.

She has played a pivotal role in creating and implementing new training programs, as well as overseeing their quality and effectiveness. Her leadership as the statewide counseling and cognitive behavioral unit manager for the Georgia Department of Corrections speaks to her ability to manage large-scale operations and lead teams effectively.

Talisha's contributions extend beyond her professional roles as she remains active in her community and operates a private counseling practice, where she provides services to adolescents and adults. She has a bachelor of science in criminal justice and a master's degree in community counseling.



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# Learning Objectives

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By the end of this 30-minute training session, nursing facility staff will be able to:

A. Define trauma-informed care.

B. Recognize trauma triggers.

C. Offer easy-to-implement strategies for enhancing interactions with residents and staff.

# What is Trauma: Definition

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## **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.

Substance Abuse and Mental Health Services Administration (SAMHSA)

# 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.”

# Types of Trauma



# Understanding Trauma-informed Care



- **Trauma-informed care** is an approach that recognizes the importance of understanding a resident's life experiences in order to deliver effective care.
- [It has the potential to improve resident engagement, treatment adherence, health outcomes, and provider and staff wellness<sup>1</sup>.](#)
- This approach acknowledges the impact of trauma across various settings, services, and populations. By considering trauma history, providers can create a supportive and empathetic environment that promotes healing and resilience.



# Principles of Trauma-Informed Care:

## 6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's [Center for Preparedness and Response \(CPR\)](#), in collaboration with SAMHSA's [National Center for Trauma-Informed Care \(NCTIC\)](#), developed and led a new training for CPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work.

Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



# 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.

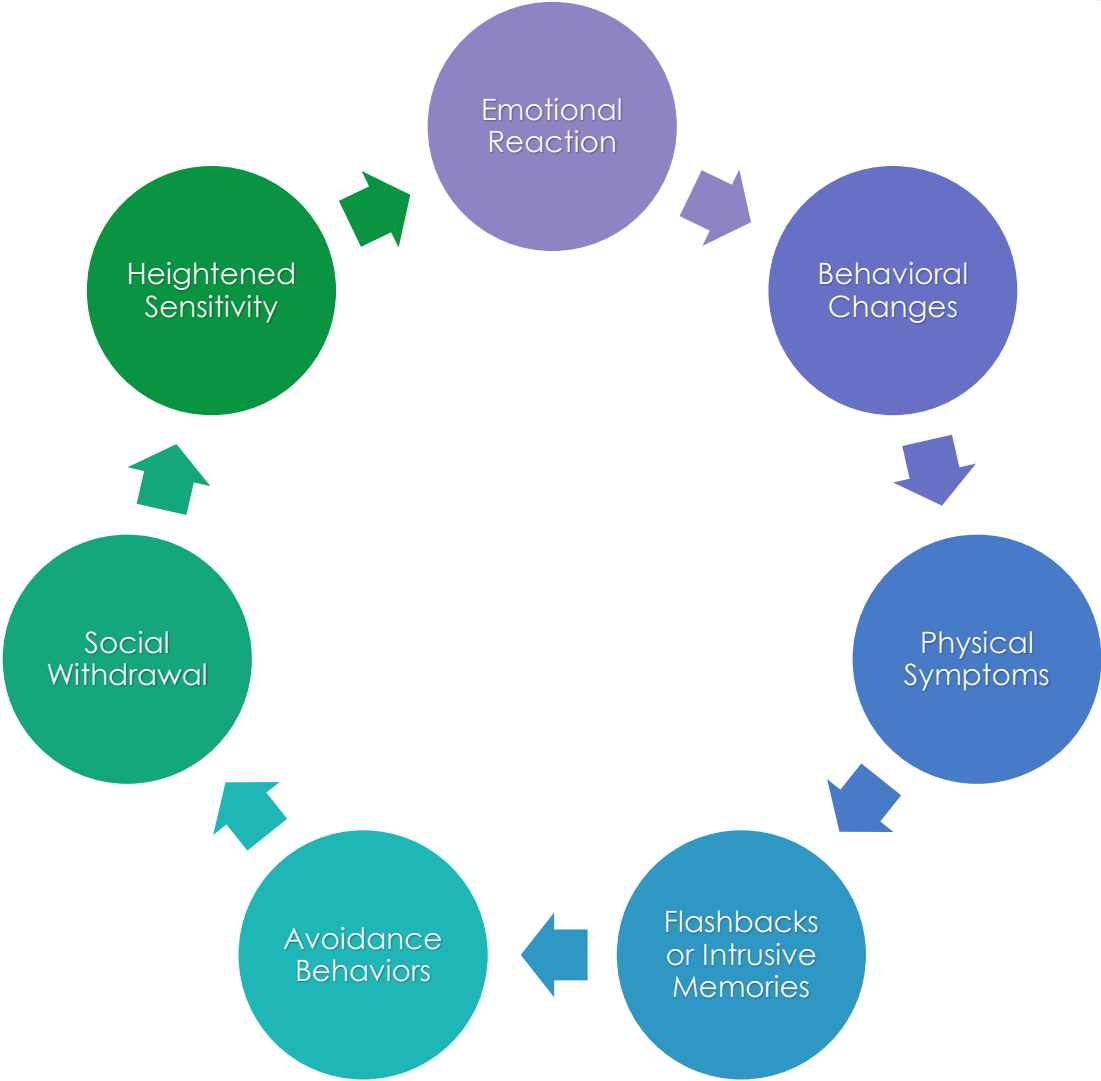
- Triggers can be puzzling or disturbing for others, especially when the person associates us or something we are doing with trauma

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.

# Recognizing Trauma Triggers



# Common Triggers

<b>Loud noises</b>	Slamming doors, shouting, alarms, construction, loud equipment
<b>Crowded spaces</b>	Crowded hallways, common areas, dining rooms or activity rooms
<b>Certain behaviors</b>	Aggressive behavior, sudden movements, or intrusive personal space, bedtime
<b>Physical contact</b>	ADL assistance, hugs, handshakes, bathing, physical care or physical restraint
<b>Specific scents or odors</b>	Antiseptic smells, cleaning products, certain perfumes
<b>Certain words or phrases</b>	Yelling, swearing, derogatory language, triggering topics, songs

Things we attribute and medicate as signs of aging,  
may be signs of trauma.

## Changes in:

- Cognition
- Sleep
- Verbalization
- Socialization
- Isolation – avoiding activities
- Anxiety

# Strategies for Enhancing Interactions



## Creating a Safe/Secure Environment

Calm demeanor

Provide clear communication

Respecting personal boundaries

Active listening skills

Building trust

Offer choices

Empathy & validation of feelings/thoughts

Follow Up



## Self-Care for Staff

Prevents burnout

Enhances resilience

# BENEFITS

1

**IMPROVED  
RESIDENT  
OUTCOMES**

2

**ENHANCED STAFF  
SATISFACTION**

3

**INCREASED  
TRUST  
&  
RAPPORT**

4

**REDUCED  
RE-TRAUMATIZATION**

# Recap & Encouragement

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

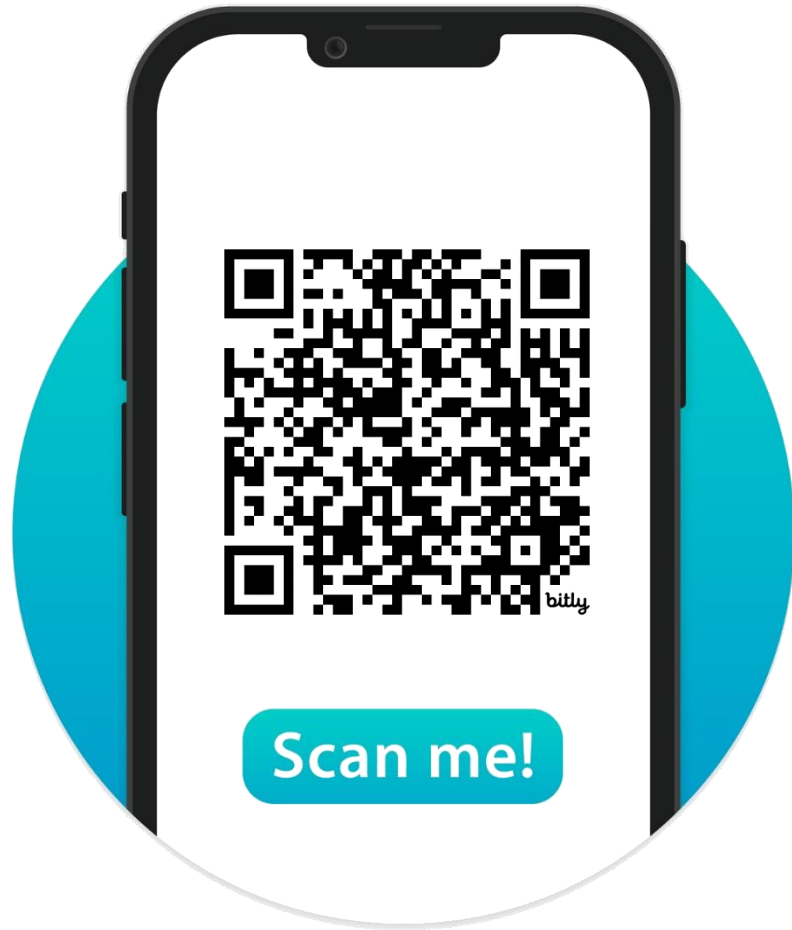




# What You Can Do Tomorrow to Begin Creating a Trauma-informed Care Organization?

- Discuss the **impact** of trauma (not sources of trauma) in clinical meetings, 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?


# What You Can Do Tomorrow



[https://bit.ly/RequestAssistance\\_COENF](https://bit.ly/RequestAssistance_COENF)


- Incorporate trauma informed care (TIC) screening questionnaires into the intake process. Identified trauma experiences should be included in the resident's care plan.
- Provide TIC training to staff at all levels that draws connections between trauma history and the resident's presenting mental health challenges.
- **Request technical assistance** from the Center of Excellence for Behavioral Health in Nursing Facilities to assist with your TIC training needs.

# COE-NF Resources

 **Six Guiding Principles to Create a Trauma-Informed Approach Within a Nursing Facility**

**Trauma-informed care starts with learning and understanding as much as we can about a resident's lived experiences. Each circle represents a principle of trauma-informed care.**

Use these six principles to support a trauma-informed care environment that improves the care, safety and well-being of residents in your facility.



**CULTURE, HISTORY & GENDER ISSUES**  
Value cultural and gender differences, recognize and address historical trauma

**EMPOWERMENT, VOICE & CHOICE**  
Involve residents in their care

**COLLABORATION**  
Discuss care with residents & encourage them to ask for support

**SAFETY**  
Create an environment that is welcoming and safe, physically and emotionally

**TRUST & TRANSPARENCY**  
Build and maintain trust among staff, residents and family members


**PEER SUPPORT**  
Encourage resident involvement in peer support groups

**Six Guiding Principles**

**Regulatory Guidance FTAG 699 Phase 3-Trauma-informed Care: §483.25(m)**  
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.

Source: <https://store.samhsa.gov/sites/default/files/d7/priv/tra14-4884.pdf>

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Scan the QR code or visit the link below to view this resource.



[https://nursinghomebehavioralhealth.org/wp-content/uploads/2023/07/COE-NF-6-Guiding-Principles-to-Create-a-Trauma-Informed-Approach-Within-A-NF-FINAL\\_508.pdf](https://nursinghomebehavioralhealth.org/wp-content/uploads/2023/07/COE-NF-6-Guiding-Principles-to-Create-a-Trauma-Informed-Approach-Within-A-NF-FINAL_508.pdf)

# COE-NF Resources

Scan the QR code or  
visit the link below to view this resource.

## Trauma-informed Care Bite-sized Learning Objectives

**By the end of this session, nursing facility staff will be able to:**

- Define trauma-informed care (TIC)
- Define the “Four R’s” in a trauma-informed approach
- Understand the six guiding principles to create a trauma-informed approach
- Promote a trauma-informed culture within a nursing facility



<https://vimeo.com/896623453/39533eafee?share=copy>

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Thank You!



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