An Introduction to Trauma-informed Care

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CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

Today's Event Host

Nikki Harris, MA, CBHC-BS

COE-NF TRAINING AND EDUCATION LEAD

Nikki serves as the training and education lead for the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF). 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

LaVerne Hanes Collins, PhD, NCC, LPC (GA), LCMHC (NC)

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Dr. Collins is a national certified counselor who holds credentials as a licensed clinical mental health counselor in North Carolina and as a licensed professional counselor in Georgia. She is certified in coaching, clinical supervision, grief, trauma, integrative nutrition coaching, mental telehealth counseling, and addictions counseling.

She is the owner of a private practice and counselor training company called New Seasons Counseling, Training and Consulting, LLC, and the owner of Collins Life Coaching, LLC. She is also co-owner of Equity Training Partners, LLC which provides customized diversity, equity, and inclusion training and coaching for businesses. Working as a counselor, writer, coach, mentor, trainer, and serial entrepreneur for over 25 years, she has vast experience in helping people manage life's unexpected crises, grief and loss issues, relationship issues, and mental health.

Dr. Collins has a dual bachelor's degree from Syracuse University, and an M.S. Ed in community counseling from Duquesne University in Pittsburgh in addition to a Ph.D. in Christian counseling from South Florida Bible College and theological seminary.

OBJECTIVES

Define

…trauma and trauma informed care

Examine

…what happens to the traumatized body and why trauma behavior is misunderstood.

Learn

…the basic concepts of trauma informed care.

Objective #1

Defining Trauma and Trauma-informed Care

…is the ***result*** of 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***.

SAMHSA

Trauma-informed Care

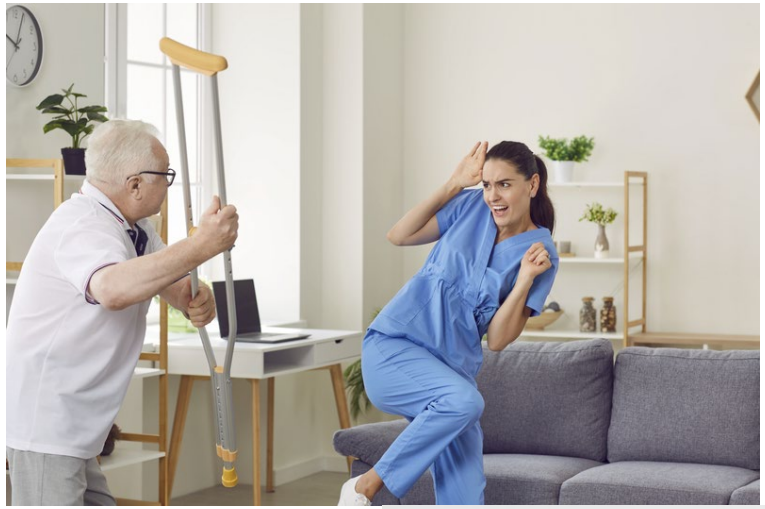
An approach that aims to:

- Engage people with histories of trauma.
- Recognize the presence of trauma symptoms.
- Acknowledge the role that trauma has played in their lives.

Objective #2

What happens to the traumatized body and why is trauma behavior misunderstood?

Resident Reactivity! What's that about?



A male resident throws his food tray at a staff person.

An older male lifts his crutch to threaten staff.

A resident picks up her walker and shakes it at a staff person.

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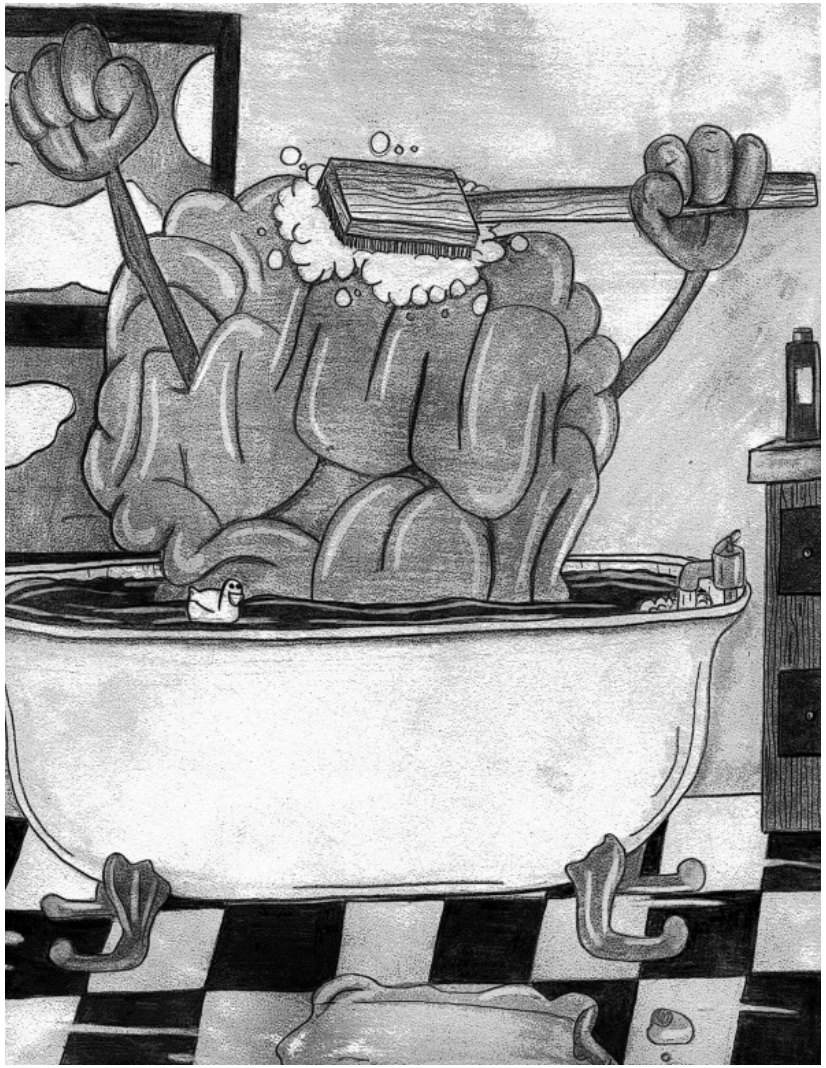
What really happens to the brain in trauma?

- The resident may experience neutral situations as threatening.
- The limbic system is the part of the brain involved in our behavioral and emotional responses, especially when it comes to behaviors we need for survival.
- This system in the brain gets flooded with stress hormones. As a result, it can stay stuck in fight, flight, or freeze mode.
- The individual constantly feels on edge. Nothing seems to help. The emotional trauma gets physically stuck in your body and becomes your normal.

Autonomic Nervous System (Balance System)

In sympathetic dominance, the brain is being bathed in a hormonal and neurochemical cocktail.

- Interferes with new protein production
- Builds neuropathways built on being in a state of arousal



Comparing the Trauma Brain vs. the Resting Brain

TRAUMA BRAIN

- Accelerate heart rate
- Constrict blood vessels
- Raise blood pressure, muscle tension, physical sensation amplification
- Inhibition of insulin production to maximize fuel availability
- Cold hands and feet
- Headaches

RESTING BRAIN

- Promote digestion
- Intestinal motility
- Fuel storage (increases insulin activity)
- Resistance to infection
- Circulation to non-vital organs
- Release endorphins
- Brings down heart rate, blood pressure and body temperature

Residents' Experiences of Re-traumatization in Acute MH Inpatient Settings

- Studies show that many people accessing mental healthcare have a history of trauma and often experience re-traumatization in acute mental health inpatient settings.
- Treatment for trauma is not routinely explored as a treatment option.
- Nursing facility staff may not draw connections between trauma history and the resident's presenting mental health problems.

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Sympathetic Nervous System (SNS)

Activation of our survival system under high stress.

Reactivity IS the correct physiological response.

May not be logical, reasonable, and rational

Dysregulates (shuts down) non-essential systems (should be temporary).

What happens with trauma histories--particularly developmental trauma histories--is that they get in the SNS response that is designed for survival, and they stay in it too long.

Suppresses non-essential systems that you need in order to function.

Trauma is not just an event

- Trauma is a physiological response in the body. Events are best described as "traumatic."
- When in "hot" system dominance for a prolonged period of time, the symptomology gets labeled as pathological.
- Reality: What gets "diagnosed" as behavior problems in children or psychiatric in adults is really just the manifestations of this system working the way it is supposed to.

Body's Threat/Stress Response System

Anterior Cingulate Cortex (ACC)

Environmental filter for the things that are relevant to you, such as safety.

Like a radar system

Threat perception is sharpened and more acute

The ACC can access your entire physiology in just 15 milliseconds. In other words, that system can activate 8 or 9 times before you can get into your executive system ONCE!

The more it's used, the faster it becomes.

The Paradox!

Trauma behavior is protective behavior!

REMEMBER…

Residents are acting exactly as their history has wired them to act, perceive, emote.

Growth and change require intentional, and sustained ability to stay in the cool system.

Behavior should never be the starting point of treatment (except for immediate danger of death or injury).

Objective #3

The Basic Tenets of Trauma-informed Care

What is TRAUMA-INFORMED CARE?

Trauma-informed care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.

Trauma-informed care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.

Just as trauma damages trust, trauma-informed care builds trust.

6 Principles of Trauma-informed Care

1. **Safety:** Physical and emotional
2. **Culture, History & Gender Issues**:
   - Value culture
   - Address historical trauma
3. **Trustworthiness & Transparency:** Making tasks clear and maintaining boundaries
4. **Empowerment, Voice & Choice:** Prioritizing resident's choice and control
5. **Collaboration:**
   - Between staff and residents
   - Emphasizing working together on goals, not top down
6. **Peer Support:**
   - Encourage resident involvement in support groups
   - Skill building

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PARADIGM COMPARISONS

Standard Paradigm

"What's wrong with this person?"

"What's wrong with you?"

NOT asking historical factors.

Trauma-informed Paradigm

"What happened to this person?"

"What's strong with you?"

"What traumatic events happened over time in your family or community?"

Standard vs. Trauma-informed Human Services Relationship

Standard View

- Trust is assumed
- Hierarchical
- Safety is assumed
- Resident is passive recipient of services (or chooses from a menu)

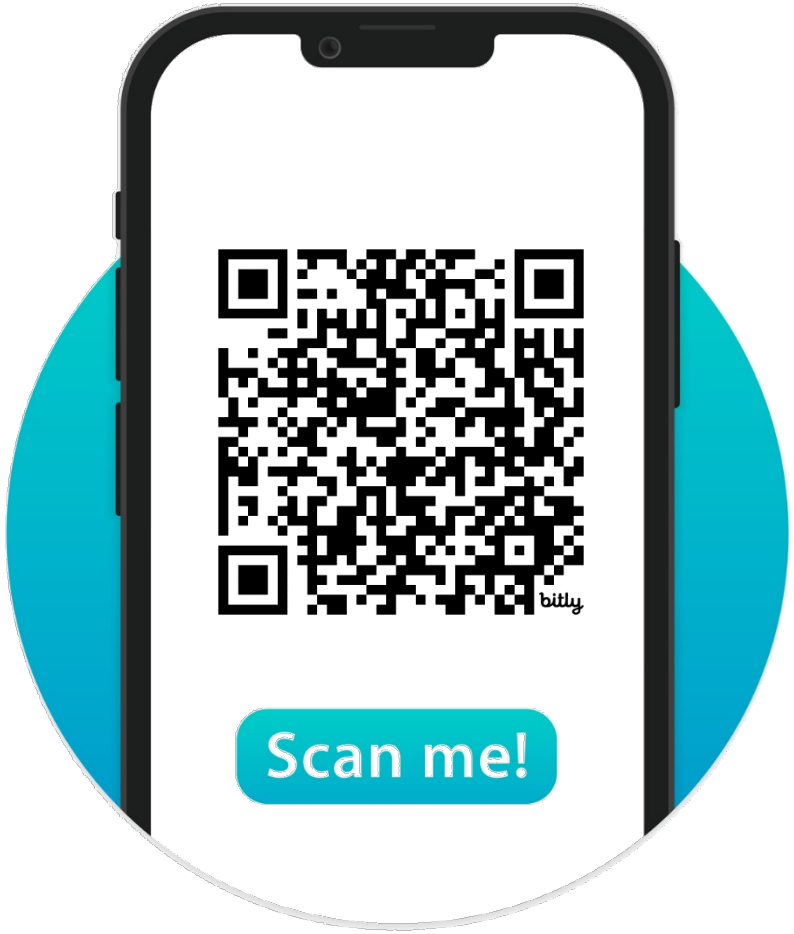
Trauma-informed View

- Trust develops over time
- Collaborative
- Steps are taken to ensure safety
- Resident is encouraged/skills developed to express choice

What You Can Do Tomorrow

- 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 resident need to avoid reliving their trauma in the future?
    - Discuss the ***impact*** of trauma (not sources of trauma).

What You Can Do Tomorrow



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.

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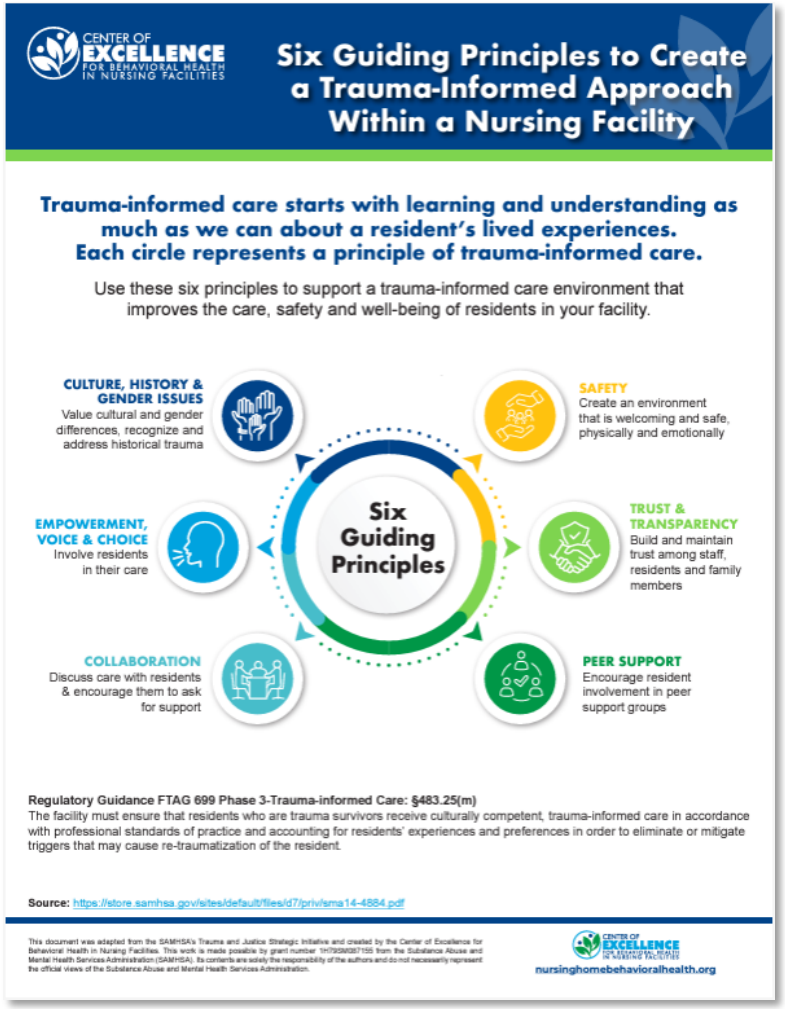
Questions?

COE-NF Resources



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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.

Six Guiding Principles

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

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

EMPOWERMENT, VOICE & CHOICE
Involve residents in their care

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

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

PEER SUPPORT
Encourage resident involvement in peer support groups

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/sma14-4884.pdf

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nursinghomebehavioralhealth.org

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

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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

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Thank You!

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