Trauma – Informed Care: An Opportunity for Change

Today we will:

- Define trauma and resilience
- Define trauma-informed care
- Explore trauma-informed care as a changemaking framework
- Reflect on why a trauma-informed approach is right for right now in long-term care
- Consider next steps

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Reflect

Lately, what is bringing you joy?

Why Person-Centered Trauma-Informed Care NOW?
Understanding trauma is ESSENTIAL to transforming long-term care

Most of us, if not all, have experienced disruptive, traumatic events in our lives. The impact of trauma changes the outlook, trajectory, and quality of our lives. Trauma is pervasive and corrosive across the lifespan. The impact of trauma manifests differently for everyone. Trauma transmission is multi-generational. Trauma exacerbates existing inequities. Long-term care, and other services systems, are historically and often traumatizing and re-traumatizing.

COVID-19 has further exposed existing inequities in long-term care services and supports

'The forgotten ones': Virginia's home health aides look for state relief in coronavirus crisis

'To us against them': Workers cite racial divide on front line of long-term-care fight against COVID-19

The broader policy environment supports a shift to trauma-informed approaches

Older Americans Act 2020 Reauthorization
Centers for Medicare and Medicaid Services, Phase 3 regulations
Social Determinants of Health
What is Trauma?
The 3 Es

Results from an event, series of events, or set of circumstances that is experienced by an individual as physical 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.

What kind of trauma events may people have experienced that leave their mark through lingering adverse effects?

Adverse childhood experiences (ACEs)
The Holocaust
Systemic racism
Intimate partner violence
Marginalization (e.g., LGBTQ+)
PTSD, such as resulting from war
Secondary trauma, burnout, compassion fatigue
Transfer trauma
Long-term loneliness

A HOLISTIC LOOK AT TRAUMA

- Apathy
- Isolation
- Difficulty trusting
- Detachment
- Struggle to find meaning
- Anger at God
- Desolation
- Fearfulness, anxiety
- Loneliness
- Dissociation
- Outbursts
- Flashbacks
- Nightmares
- Headaches, backaches
- Stomach aches
- Appetite changes
- Cold susceptibility
- Intestinal problems
- Sleep changes
- Brain development issues
“Anything you do intensely will change the brain.”
Bessel van der Kolk

Who Do We Encounter that Experiences Trauma?

- Residents/Participants
- Family members
- Staff/volunteers/vetivores
Trauma-informed approaches extend to direct care staff

<table>
<thead>
<tr>
<th>SAMHSA TI GUIDELINES</th>
<th>SANCTUARY MODEL (Bloom)</th>
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</thead>
<tbody>
<tr>
<td>Safety for staff</td>
<td>Organizational power differentials may reenact historical racial and economic power differentials.</td>
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<tr>
<td>Trust among staff</td>
<td>Frontline staff may feel expendable, vulnerable, and dismissed-devalued.</td>
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<tr>
<td>Organizational power differences</td>
<td>Organizational power structure: staff value is tied to ability to control “inappropriate” behavior</td>
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<tr>
<td>Empowered staff and clients</td>
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<tr>
<td>Staff well-being and self-care</td>
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CNAs across Virginia asked for change

Reasonable care ratios
Living wage
Supportive onboarding and supervision
Peer supports
Respect from interdisciplinary team
Specialization pathways
Training and professional development support
Equitable workplace expectations

Good relationships keep us healthy and happier. Period.

– Robert Waldinger, The Harvard Study

Resilience
WE CAN BUILD OUR RESILIENCE!

- Singing
- Dancing
- Laughing
- Movement
- Sleep
- Balanced diet

- Curiosity
- Imagination
- Self-care
- Learning

- A higher power
- A sense of hope
- A sense of purpose
- Connection to nature
- Reflective writing

- Positive relationships
- Belongingness
- Storytelling

- Curiosity
- Imagination
- Self
- Self-soothing
- Learning

- Singing
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- Laughing
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- Sleep
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- Curiosity
- Imagination
- Self-care
- Learning

Reflect

What helps you return to a state of calm?

How can other people best support you when you are stressed and overwhelmed?

Six Key Principles of a Trauma-informed Approach

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, historical and gender issues

Safety

Trustworthiness and transparency

Peer support

Collaboration and mutuality

Empowerment, voice and choice

Cultural, historical and gender issues

SAMHSA, 2014
Trauma-informed Care

**Realizes** the widespread impact of trauma and understands potential paths for recovery.

**Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system.

**Responds** by fully integrating knowledge about trauma into policies, procedures, and practices.

**Seeks to actively resist re-traumatization**

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**BEST PRACTICE:**
Scottish National Trauma Training Framework: Knowledge & Skill Levels

**TRAUMA-INFORMED**
all team members

**TRAUMA-SKILLED**
team members with direct, frequent contact and responsibility for advocacy, support, or psychological intervention

**TRAUMA-SPECIALIST**
team members with responsibility for evidence-based intervention and treatment for people affected by trauma with complex needs

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Trauma-informed Practice Level

**Level Skills Building**

Understand what kinds of experiences may be traumatic.

Recognize and validate expressions of trauma.

Listen when a person shares stories of trauma or abuse.

Consider that a person’s behavior may be trauma-related.

Practice personal wellness and care.

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8/25/2020
Assess your organization through a person-centered, trauma-informed lens.

Create a plan for change.

Implement your plan.

Evaluate the outcomes.

Understand trauma and resilience in your organization.

Continuous Improvement

Trauma-informed care is a process not a destination.

A group of people who have the desire to assist the community in becoming trauma-informed.

At least one member is in a position to make changes.

Representing a variety of roles and disciplines: administration, direct care, nutrition, HR, family or resident council.

Undertakes organizational self-assessment.

Reviews self-assessment results.

Identifies and prioritizes strategies for change.

Domains of Organizational Change

- Governance & Leadership
- Policy
- Physical Environment
- Engagement & Involvement
- Cross Sector Collaboration
- Screening, Assessment, Treatment Services
- Training & Workforce Development
- Progress Monitoring & Quality Assurance
- Financing
- Evaluation

BEST PRACTICE: Trauma-informed Change Team

THRIVE 2010

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WHERE TO
LEARN
MORE

VCU Gerontology Training in a Box: Trauma and Resilience
National Alliance on Mental Illness (NAMI)
Mental Health America
Veterans Administration
Jewish Federations of North America
Alzheimer's Association
Leading Age
Private Mental Health Practices
Hospitals and Health Care Associations
Community Mental Health/Social Services

Education | Training
Support Groups
Coping Skills
Resources
Advocacy

References


CPI. Trauma-informed care resources guide. 2017.

Center for Advancing Holocaust Survivor Care. Jewish Federations of North America.

Community & Family Services Division, Spokane Regional Health District.


The Learning Center for Person-Centered Practices.

