Trauma-Informed Care is a Culture that Helps Us All

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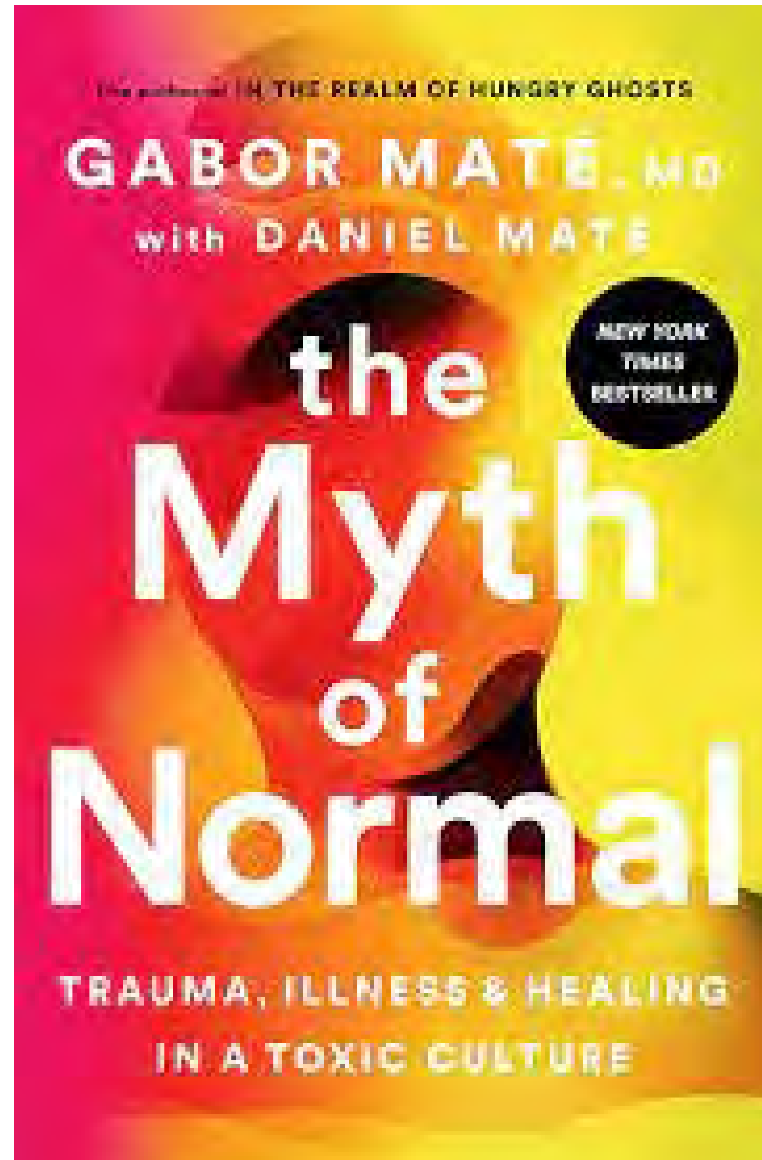
everyone you meet
is fighting a battle
you know nothing about

"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



IN THE REALM OF HUNGRY GHOSTS
GABOR MATÉ, MD
with DANIEL MATÉ
NEW YORK TIMES BESTSELLER
the Myth of Normal
TRAUMA, ILLNESS & HEALING IN A TOXIC CULTURE

SHOUT OUT!

This talk includes content from a 3-hour workshop presented at the AMDA Annual Conference
March 2023
Tampa, FL

Creating a Sustainable Trauma-Informed Care Culture for Residents and Staff Post Pandemic

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

(Fleishman, 2019)

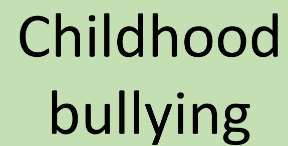
Paige Hector, LMSW, Lea Watson, MD
Lisa Lind, PhD, Allison Villegas, PA-C

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



Childhood bullying

Divorce

Medical crisis

Emotionally charged interaction with a staff member

Pandemic

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

Emotional Exhaustion Among Health Care Workers (HCWs)

- 40% of nurses and 23.8% of physicians plan to exit their practice in the next 2 years
- Comparison of post 9/11 combat veterans to HCWs during the pandemic shows equivalent rates of moral injury in both groups
  - Emotional exhaustion rates among HCWs were already considered alarmingly high before the pandemic

> "**Emotional exhaustion** is a chronic state of physical and emotional depletion that results from excessive job demands and continuous hassles." (Psychology Wiki)

JAMA Network Open. 2022;5(9):e2232748. doi:10.1001/jamanetworkopen.2022.32748

Losses Related to Aging and Illness

- Independence – living space, driving
- Daily living skills (ADLs and IADLs)
- Finances
- Death of partner or spouse
- Loss of meaningful roles
- Health and cognition
- Nursing home “placement”

Sources of Medical Trauma

- 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, temperature changes
- Feeling isolated, powerless, vulnerable, depressed
- Fearing for one’s wellbeing and life
- Being in the dark
- Being treated or talked to “like a child”

Hospitalization can cause trauma

- Especially in those living with dementia
- Waiting can trigger feelings associated with neglect, abandonment
- Fragmented care
- Propensity for over-testing
- Transfer and transitions = uncertainty, discomfort, overwhelm, fear, anxiety
- Goals of care interrupted

Trauma-informed care is the adoption of principles and practices that promote a culture of safety, empowerment, and healing.

Substance Abuse and Mental Health Services Administration (SAMHSA), https://www.integration.samhsa.gov/clinical-practice/trauma

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

Ashley Swinson, MSW, LCSW

Fight

Flight

Freeze

Our Nervous System Reacts

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

“Trauma is a psychic injury,
lodged in our nervous system,
mind, and body, lasting long past
the originating incident(s),
triggerable at any moment.”

~Dr. Gabor Mate

"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

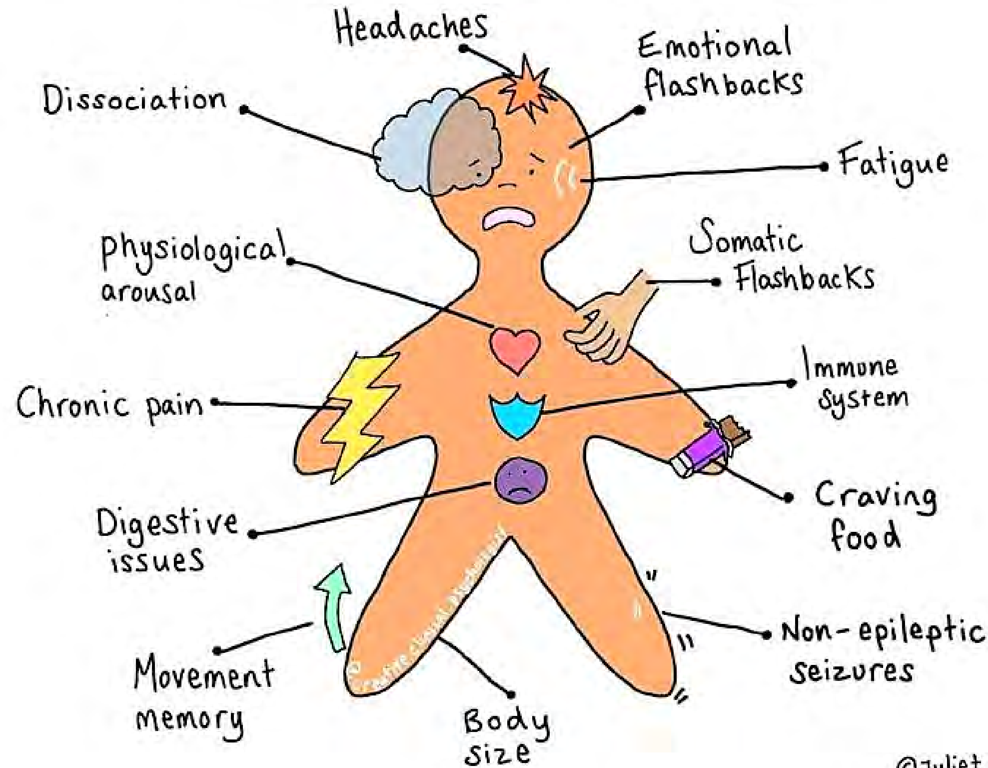
THE BODY KEEPS THE SCORE

BRAIN, MIND, AND BODY
IN THE HEALING OF TRAUMA

BESSEL VAN DER KOLK, MD

How Does the Body Keep the Score?

Sometimes when overwhelming traumatic events happen, the physiological energy can be pushed down into the body. This 'trapped trauma' energy can show in different ways...



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Healthcare seeking

- Can be a proxy for getting emotional needs met
- Creates significant risk for iatrogenic harm
- Is often confounded by complex medical history
- Places high burden on the clinician

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 moments ago or many years ago.

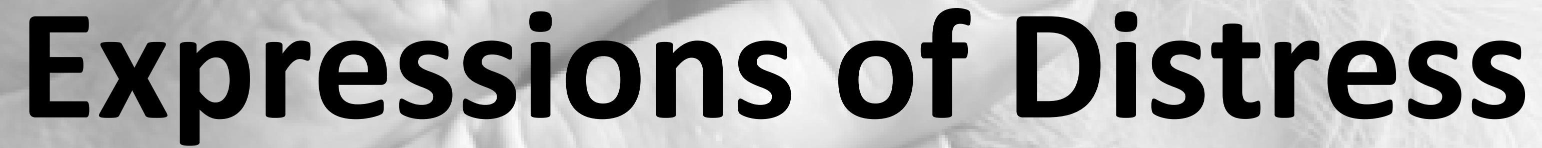
Triggers (*trauma reminders*) can be interpreted as…

"I'm not safe."

"I can't protect myself."

"I'm going to die."

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



Expressions of Distress

A Means of Communicating Unmet Needs

(safety, trust, choice, that they matter, etc.)

- 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)

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?

(Crisis and Trauma Resource Institute)

Six Principles of Trauma-Informed Care

Cultural, Historical and Gender Issues

Peer support

Trust and transparency

Safety

Collaboration and mutuality

Empowerment, voice and choice

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf

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 without engaging in behavior or activities that destroy the integrity of the self or the group.
- **Moral safety** reflects an environment that actively defines and redefines a moral universe of integrity, responsibility, honesty, tolerance, compassion, peace, nonviolence, justice, and an abiding concern for human rights.

The Sanctuary Model: Through the Lens of Moral Safety by Sandra Bloom, https://sandrabloom.com/wp-content/uploads/2017-BLOOM-THE-SANCTUARY-MODEL-THROUGH-THE-LENS-OF-MORAL-SAFETY.pdf

Trust and Transparency

Trust – being vulnerable and sharing personal information can feel risky

- Gentle, low-key approach, no 'agenda'
- Confidentiality and privacy are key

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

Kezelman C, Stavropoulos P. *Talking About Trauma, Guide to Conversations and Screening for Health and Other Service Providers.* Blue Knot Foundation; 2018.

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, https://store.samhsa.gov/system/files/sma14-4884.pdf

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

(SAMHSA, 2014)

F699 Trauma-Informed Care
(Guidance issued in 2022)

"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."

F699 Trauma-Informed Care
(topics included in the Guidance to Surveyors)

- 6 principles of trauma
- "Assessment" – CMS advises a multi-pronged approach to identifying a resident's history of trauma
- Triggers and retraumatization
- Cultural "competency" defined by CMS
  - A "set of behaviors and attitudes held by clinicians that allows them to communicate effectively with individuals of various cultural backgrounds and to plan for and provide care that is appropriate to the culture and to the individual."

F699 Trauma-Informed Care, cont.
(topics included in the Guidance to Surveyors)

- Care planning to minimize or eliminate the effect of the trigger on the resident
- Care planning to address cultural preferences
  - Language – verbal and written communication (e.g., forms)
  - Food preparation and choices
  - Clothing
  - Physical contact or provision of care by a member of the opposite sex
  - Cultural etiquette, e.g., eye contact
  - Activities that are culturally relevant
  - Religious or spiritual preferences throughout stay and at the end of life
- Monitoring delivery of care and services
  - Do the interventions mitigate or reduce the impact of identified triggers

Facility Culture

"The way we do things around here"

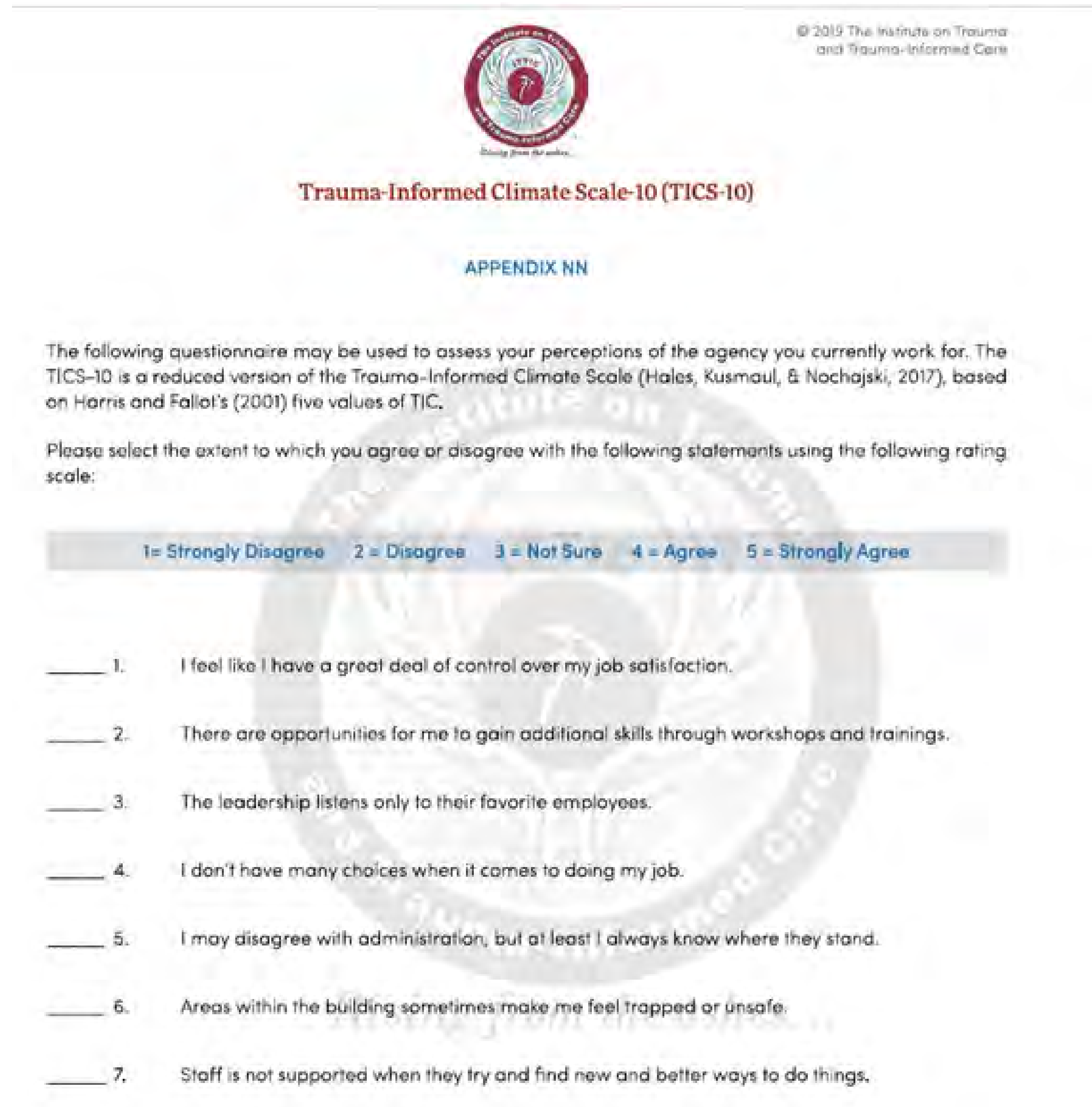
Trauma-Informed Climate Scale – 10

Assessing perceptions

Measures the extent to which employee rights, freedoms, and contributions are valued within the agency

Be clear about the intention with requesting staff to complete this questionnaire:

- How can you create a sense of safety?
- How will you uphold trust and transparency?



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Trauma-Informed Climate Scale-10 (TICS-10)

APPENDIX NN

The following questionnaire may be used to assess your perceptions of the agency you currently work for. The TICS–10 is a reduced version of the Trauma-Informed Climate Scale (Hales, Kusmaul, & Nochajski, 2017), based on Harris and Fallot's (2001) five values of TIC.

Please select the extent to which you agree or disagree with the following statements using the following rating scale:

1= Strongly Disagree 2 = Disagree 3 = Not Sure 4 = Agree 5 = Strongly Agree

_____ 1. I feel like I have a great deal of control over my job satisfaction.

_____ 2. There are opportunities for me to gain additional skills through workshops and trainings.

_____ 3. The leadership listens only to their favorite employees.

_____ 4. I don't have many choices when it comes to doing my job.

_____ 5. I may disagree with administration, but at least I always know where they stand.

_____ 6. Areas within the building sometimes make me feel trapped or unsafe.

_____ 7. Staff is not supported when they try and find new and better ways to do things.

Trauma-Informed Organization Change Manual, http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/Trauma-Informed-Organizational-Change-Manual0.html

SAMHSA 's Concept of Trauma and Guidance for a Trauma-Informed Approach

GOAL: Stimulate change-focused discussion

https://store.samhsa.gov/system/files/sma14-4884.pdf

SAMPLE QUESTIONS TO CONSIDER WHEN IMPLEMENTING A TRAUMA-INFORMED APPROACH

KEY PRINCIPLES					
Safety	Trustworthiness and Transparency	Peer Support	Collaboration and Mutuality	Empowerment, Voice, and Choice	Cultural, Historical, and Gender Issues

10 IMPLEMENTATION DOMAINS	
Governance and Leadership	• How does agency leadership communicate its support and guidance for implementing a trauma-informed approach? • How do the agency's mission statement and/or written policies and procedures include a commitment to providing trauma-informed services and supports? • How do leadership and governance structures demonstrate support for the voice and participation of people using their services who have trauma histories?
Policy	• How do the agency's written policies and procedures include a focus on trauma and issues of safety and confidentiality? • How do the agency's written policies and procedures recognize the pervasiveness of trauma in the lives of people using services, and express a commitment to reducing re-traumatization and promoting well-being and recovery? • How do the agency's staffing policies demonstrate a commitment to staff training on providing services and supports that are culturally relevant and trauma-informed as part of staff orientation and in-service training? • How do human resources policies attend to the impact of working with people who have experienced trauma? • What policies and procedures are in place for including trauma survivors/people receiving services and peer supports in meaningful and significant roles in agency planning, governance, policy-making, services, and evaluation?

If a resident discloses a traumatic event…

- **DO** respond with validating language. For example, *"I'm really glad you told me – this will help us take the best possible care of you."*
- **DON'T** try to investigate or ask for details right away – allow them to talk.
  - If they are getting upset or going into disturbing material, gently close the conversation and follow up with a clinical referral right away
- **DO** document any reported traumas and inform the clinical team. Include all known or suspected trauma triggers associated with the disclosed experience. This helps the team avoid those triggers.
- **DO** let the resident know that you will need to let a few key staff members know about "what happened" so that staff can avoid doing things that trigger difficult memories.
- **Do** refer to the disclosed experience in general terms. Avoid naming "what happened" unless the resident defines it in a given way.
- **DO** let the resident know that they won't need to talk about "what happened" if they don't want to -- but they may find that they do want to talk about it as time goes on. Let the resident know someone can be available for them to talk to if and when they are ready, including right away. **Follow up.**
- **DO** uphold the resident's privacy, even if the information is unusual.
- **DO** assess current safety. Was it a recent event or far in the past?

Barbara L. Ganzel PhD, LMSW
Director of Community Program Development
Clinical Associates/Pathways

Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)

In the past month, have you ...

1.	had nightmares about the event(s) or thought about the event(s) when you did not want to?	YES	NO
2.	tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	YES	NO
3.	been constantly on guard, watchful, or easily startled?	YES	NO
4.	felt numb or detached from people, activities, or your surroundings?	YES	NO
5.	felt guilty or unable to stop blaming yourself of others for the event(s) or any problems the events may have caused?	YES	NO
	Total score is sum of "YES" responses in items 1-5.	**TOTAL SCORE**	

https://www.ptsd.va.gov/professional/assessment/documents/pc-ptsd5-screen.pdf

Indirect Screening

- We can always be engaged in indirect screening.
  - Especially for residents with cognitive impairment and for residents who do not wish to engage in direct screening
- During intake and day-to-day care, pay attention to comments/actions that could indicate symptoms of traumatic stress.
- After sufficient trust has been established, ask permission to discuss observations.
- If discussion indicates presence of symptoms of traumatic stress, ask if they want to speak to someone. If so, make a referral.
- In the plan of care, identify all potential trauma symptoms and triggers, as well as interventions.

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Universal Precautions Model

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.

Trauma-Informed Organization Change Manual, http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/Trauma-Informed-Organizational-Change-

Pause.

Listen.

Mind your tone and body language.

Don't react, *respond*.

Trauma-Informed

CARE