Preparing for Trauma-Informed Care in Post-Acute and Long Term Care Settings

Paige Hector, LMSW
Professional Speaker and Clinical Educator
Paige Ahead Healthcare Education and Consulting, LLC
www.paigeahead.com
paige@paigeahead.com
520-955-3387
Objectives

• Define trauma and trauma-informed care
• Review regulatory requirements for trauma-informed care
• Differentiate trauma screening and trauma assessment and treatment
• Explain how to incorporate a trauma informed approach for resident expressions of distress
• Discuss next steps to operationalize trauma-informed care in your facility
Building the Plane as we FLY

Lauren Kinser AmeriCorps VISTA, MPH-D
Examples of Trauma?
Potential Sources

Verbal, emotional, sexual, physical abuse or assault
Physical or emotional neglect, poverty, homelessness
Attachment injuries, loss of roles
Institutionalization, loss of mobility and/or other loss of control
Bullying, shaming, marginalization, discrimination
Exposure to substance abuse, imprisonment
Generational trauma (i.e., grandchildren of holocaust victims)
Loss of relationship
Natural Disasters, accidents, injury, illness, disability, medical treatment
War, torture, or other acts of terrorism

Witnessing any of these
More Potential Sources

**Aging** — (McLeod, 1994; Andrews et al., 2007, 2016; Potter et al., 2013)

**Illness** — i.e., cancer

- PTSD sxs in 20% early-stage cancer
- 80% with recurrent cancer

National Cancer Institute [http://www.cancer.gov/cancertopics/pdq/supportivecare/post-traumatic-stress/HealthProfessional/page1/AllPages/Printalso; also see Kaas et al., 1993](http://www.cancer.gov/cancertopics/pdq/supportivecare/post-traumatic-stress/HealthProfessional/page1/AllPages/Printalso; also see Kaas et al., 1993)

(adapted from Anderson, Ganzel, & Jannsen, 2018; Ganzel, 2018)
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.

(SAMHSA, 2014, Page 7)

CMS uses this definition of trauma
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)

“Sudden, unexpected, adverse health-related events can lead to extensive psychological trauma for patients and their families.”
60% men, 50% women (ages 15 -54 years)

_Trauma doesn’t go away because people age_

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Any Psychological Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-69 years</td>
<td>59.72 %</td>
</tr>
<tr>
<td>70-74 years</td>
<td>64.77 %</td>
</tr>
<tr>
<td>75+ years</td>
<td>75.51%</td>
</tr>
</tbody>
</table>

(Adapted from Anderson, Ganzel, Jannsen, 2018 & Ganzel, 2018)

© Carla Cheatham
ICU - Potential Source of Trauma

Sedation, restraint, intubation, light, noise

- >80% mechanically-vented ICU patients experience delirium
- Delirium predicts PTSD, cognitive declines, six-month mortality
- Full PTSD in 18-34% of all patients after ICU care

(Granja et al., 2008)
(adapted from Anderson, Ganzel, Jannsen, 2018 & Ganzel, 2018)
“Institutional environments can feel dehumanizing.”

• Rigid routines and norms
• Loud noises
• Interference with sleep and privacy
• Physical illness and fear of death
• Isolation
• Need for personal care
• Little control over who touches them or how

Life Review Can Be Traumatic

“Thoughts about mortality and impulses to look back on one’s life may uncover painful memories of trauma that trigger feelings of sadness, fear, or vulnerability.”
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”
“You can’t discount things just because they’re common.”

Barbara L. Ganzel  PhD, LMSW  
Director, Gerontology Institute  
Associate Professor, Gerontology  
Ithaca College
What is Trauma-Informed Care (TIC)?
Describes TIC as...

“...adoption of principles and practices that promote a culture of safety, empowerment, and healing.”

https://www.integration.samhsa.gov/clinical-practice/trauma
More Definitions

“...an organizational culture change process...reflecting the paradigm shift from “What is wrong with you?” to “What has happened to you?””

(Bloom, 1994; Bloom, 2013, Harris & Fallot, 2001)

“...recognizes that an undesirable behavior is the manifestation of an unmet need or a tool to relieve suffering that’s been reinforced over time.”

(Rhoton Robert. Transformative Care A Trauma-Focused Approach to Caregiving. Poughkeepsie, NY: Arizona Trauma Institute; 2018.)
To be trauma-informed, the organization does not attend to the symptomology or the behaviors of the trauma survivor but to the person themselves.

“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.”

(Ashley Swinson, MSW, LCSW)
Medical Model

• Very familiar to healthcare professionals
• Problems, symptoms, diagnoses, treatment

TIC *adds in* a missing component by building on the medical model of care to *emphasize* person-centered care and strengths.

TIC is a foundation, a unifying framework for everything we do.

Ashley Swinson, MSW, LCSW
Things we attribute and medicate as signs of aging **may be signs of trauma.**

**Changes in:**

- Intake
- Cognition
- Sleep
- Verbalization
- Socialization
- Activity
- Anxiety
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 ‘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
Adverse Childhood Experiences (ACES) Study

Mid-90s Kaiser-Permanente and CDC

Expanded to study various adverse experiences

17,000+ participants in HMO, middle class, college-educated, white Americans

ACES Questionnaire

1) Emotional abuse
2) Physical abuse
3) Sexual abuse
4) Emotional neglect
5) Physical neglect
6) Parental separation/divorce
7) Domestic violence
8) Alcoholism/addiction in home
9) Mental illness in the home
10) Incarceration of someone in home

https://aces toohigh.com/got-your-ace-score/
© Carla Cheatham
<table>
<thead>
<tr>
<th>ACES Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse 28%</td>
</tr>
<tr>
<td>Alcoholism/Substance abuse 27%</td>
</tr>
<tr>
<td>Parental separation/divorce 23%</td>
</tr>
<tr>
<td>Sexual abuse 21%</td>
</tr>
<tr>
<td>Mental Illness 17%</td>
</tr>
<tr>
<td>Emotional neglect 15%</td>
</tr>
<tr>
<td>Domestic violence 13%</td>
</tr>
<tr>
<td>Emotional abuse 11%</td>
</tr>
<tr>
<td>Physical neglect 10%</td>
</tr>
<tr>
<td>Incarceration 6%</td>
</tr>
</tbody>
</table>

© Carla Cheatham
Prevalence of ACEs

67% at least one

12.5% 4 or more
ACES Results - 4 or more

700% increase in ETOH abuse; 11x risk of IV drug use
2x risk cancer and liver disease
3x risk smoking and lung disease
14x number suicide attempts

*Increases risk for 7/10 of leading causes of death in U.S.*

Increased risk of revictimization
Impacts relationship stability
Decreases performance in the workplace
Childhood Trauma is Associated With...

- Depression
- Heart, lung, liver diagnoses
- Obesity
- Emphysema
- Hepatitis
- Cancer
- Stroke
- Diabetes
“Trauma is a widespread, harmful and costly public health problem.”

“The need to address trauma is increasingly viewed as an important component of effective behavioral health service delivery.”

Trauma Focused Organizations and Service Systems

- Early childhood education
- Juvenile justice
- Mental health
- Military
- Workforce development
- Government programs (i.e., housing authorities)
- Trauma informed communities
- Healthcare is slowing coming along
- NHPCO Trauma Informed End of Life Care Workgroup began 2018

Benefits of Trauma-Informed Care

- Increases quality of services, reducing unnecessary interventions, lowering costs (National Council for Behavioral Health, 2013)

- Potential to reduce hospitalizations & use of psychotropic medications

- Better staff retention (SAMHSA, 2014)

- Reduces potential for compassion fatigue, burn-out (SAMHSA, 2014)

- Protects against secondary trauma (Center for Health Care Strategies, 2016)

(Adapted from Anderson, Ganzel, Jannsen, 2018 & Ganzel, 2018)
Benefits of Trauma-Informed Care

- Identifies patients with trauma histories, ensuring more effective care planning and better outcomes (SAMHSA, 2015; Feldman, 2017; Ganzel, 2016)

- Enhances inter-disciplinary & inter-agency communication (Hopper, Bassuk, Olivet, 2010)

- More cohesive & mutually supportive teams

- Increases opportunities for learning & skills development (Hopper, Bassuk, Olivet, 2010)

(Adapted from Anderson, Ganzel, Jannsen, 2018 & Ganzel, 2018)

© Carla Cheatham
Benefits of Trauma-Informed Care

- More effective nonpharmacological responses to patient’s adverse behavioral & psychological symptoms (Feldman, 2017; Janssen, 2018)

- Enhances patients’ sense of safety and creates safer physical and emotional environments (National Council for Behavioral Health, 2013)

- Enhances choice and control (National Council for Behavioral Health, 2013)

- Reduces the possibility of re-traumatization

- Improves communication and client/family satisfaction (Hopper; Bassuk; Olivet, 2010)

(Adapted from Anderson, Ganzel, Jannsen, 2018 & Ganzel, 2018)
Trauma-Informed Care
Phase 3, November 2019
F699 Trauma-Informed Care
(483.25 Quality of 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.”

No guidance issued, Yet…
F659 qualified persons
F699 trauma informed care (effective 11/28/2019)
F741 sufficient competent staff, behavioral health needs
F740 behavioral health services
F742 treatment/services for mental-psychosocial concerns
F743 no pattern of behavioral difficulties unless unavoidable

“Resources to Support Trauma Informed Care for Persons in Post-Acute and Long Term Care Settings” (pg.3)
PHASE 3
Training Requirements
and TIC

Communication
Resident’s rights
Behavioral health
Compliance and ethics
Becoming a trauma-informed organization is not an item on a checklist.
TIC is not a “task” to be assigned to one person or department.
Urge, and urgency, to DO SOMETHING!
BREATHE DEEPLY
Good News!

You are likely already doing some aspects of trauma-informed care.
Trauma-Informed Care

and

Trauma-Specific Treatment
Universal Precautions Model

Gloving and gowning no matter level of hazard

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

<table>
<thead>
<tr>
<th>Screening</th>
<th>Assessment and Treatment</th>
</tr>
</thead>
</table>

**Generalists** (all staff) need to be trained to be ready to notice, respond, and refer to a specialist.

Not being asked to treat trauma, but to provide safe space to empower healing and prevent re-traumatization.

**Specialists** (clinical social workers, psychologists, etc.) must be specifically trained to provide a thorough evaluation of trauma and develop a treatment plan.
We can HARM an individual

“While non-clinical workers who are trained can provide the screening, they need to understand their role is to provide validation and supportive responses.”

Trauma-Informed Organizational Change Manual, page 76
http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/Trauma-Informed-Organizational-Change-Manual0.html
“What If...”

• What if a person tells me they are experiencing family violence?
• What if I can’t cope with what the person is telling me?
• What if the person rejects my concern outright?
• What if the person I am speaking to becomes angry or upset?
• What if the person insists there’s nothing wrong but I don’t buy it?
• What if the person tells me about their interpersonal trauma but wants me to promise that I won’t tell anyone?
Importance of Perceptions

“It is important to remember that what happened is not nearly as important as what the trauma means to the individual.”
Trauma Screening and Limited Capacity

• Using a screening tool is not appropriate

• There may be enough indicators for staff to act as if the person is experiencing posttraumatic stress.

• Acting AS IF is a very important feature of a trauma-informed care approach.
Consider use of mixed formats:

• Self-inventory
• Checklist
• Questionnaire
• Interview
• Combination...

How will staff introduce the topic prior to screening?
Sample Screening Questions

Have you ever been in a situation in which you were afraid you were going to die?

Have you ever experienced something that made you feel less safe in the world or changed you in a way that has made life more difficult?

Have you had any experiences in your life that have made it hard to trust/feel happy/express your needs/connect with others?

(adapted from Anderson, Ganzel, Jannsen, 2018 & Ganzel, 2018)
# Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)

In the past month, have you ...

<table>
<thead>
<tr>
<th>Item</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. had nightmares about the event(s) or thought about the event(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>when you did not want to?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. tried hard not to think about the event(s) or went out of your</td>
<td></td>
<td></td>
</tr>
<tr>
<td>way to avoid situations that reminded you of the event(s)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. been constantly on guard, watchful, or easily startled?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. felt numb or detached from people, activities, or your</td>
<td></td>
<td></td>
</tr>
<tr>
<td>surroundings?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. felt guilty or unable to stop blaming yourself or others for the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>event(s) or any problems the events may have caused?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total score is sum of “YES” responses in items 1-5.**

Life Events Checklist for DSM-5 (LEC-5) Standard Version


**Instructions:** Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it happened to you personally; (b) you witnessed it happen to someone else; (c) you learned about it happening to a close family member or close friend; (d) you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder); (e) you’re not sure if it fits; or (f) it doesn’t apply to you.

Be sure to consider your entire life (growing up as well as adulthood) as you go through the list of events.

<table>
<thead>
<tr>
<th>Event</th>
<th>Happened to me</th>
<th>Witnessed it</th>
<th>Learned about it</th>
<th>Part of my job</th>
<th>Not sure</th>
<th>Doesn’t apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Natural disaster (for example, flood, hurricane, tornado, earthquake)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Fire or explosion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Serious accident at work, home, or during recreational activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Exposure to toxic substance (for example, dangerous chemicals, radiation)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Other unwanted or uncomfortable sexual experience</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Combat or exposure to a war-zone (in the military or as a civilian)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Life Events Checklist for DSM-5 (LEC-5) Interview Version

Visit [this link](https://www.ptsd.va.gov/professional/assessment/documents/LEC-5_Interview.pdf) for more information.

#### Item 4: Serious accident at work, home, or during recreational activity

<table>
<thead>
<tr>
<th>Experience</th>
<th>Witnessed</th>
<th>Learned about</th>
<th>Job-related</th>
<th>Not sure</th>
</tr>
</thead>
</table>

**What happened?**
- How old were you?
- How were you involved?
- Who else was involved?
- Was anyone seriously injured or killed?
- Was anyone's life in danger?
- How many times did this happen?

**Exposure type:**
- Experienced
- Witnessed
- Learned about
- Exposed to aversive details

**Life threat?**
- NO
- YES (self __ other __)

**Serious injury?**
- NO
- YES (self __ other __)

**Criterion A met?**
- NO
- PROBABLY
- YES

**Number of times** __________

---

LEC-5 Interview (12 April 2018)  
National Center for PTSD

---

[Link to website](https://www.ptsd.va.gov/professional/assessment/documents/LEC-5_Interview.pdf)
Facility must have screening procedures and what to do in the event of a positive screen.

- For a positive screen, a comprehensive assessment by a qualified individual (with clinical expertise) is warranted.

“Screening procedures should always define the steps to take after a positive or negative screening; Screening is only as good as the actions taken afterward to address a positive screen.”
Residents and “Behaviors”
George is a 70 year old resident who is morbidly obese and insists on double portions. He keeps snacks in his room and family brings him home-cooked meals. His blood sugars, when he allows them to be checked, vary wildly.

His current life choices of eating beyond his daily caloric needs, storing food in his room which has resulted in insects, and declining his blood sugar being checked all have potential negative health implications.
Indications/Expressions of Distress

• Calling out
• OCD and other anxiety disorders
• Argumentativeness
• Isolation, withdrawal
• Protective gestures
• Aggression (verbal and physical)
• Resistance to care
• Refusal of care
• Lying
• Self injurious coping mechanisms – drugs, alcohol, prostitution
• Sexual inappropriateness
• Victim thinking, blaming
Needs Include

To feel loved
To have privacy
To belong
To have a friend
To feel useful and productive
To be safe and receive good care
To be understood
To express feelings
To be in control of something
A child suffers trauma. The child “acts out” in school.

Makes sense, right?
An adult suffers trauma. The adult “acts out” in the nursing home.

Does it make more sense now?
“Typical” Scenario – Resident becomes agitated during bath

Most facilities immediately implement interventions:
• Cover body parts
• Approach slowly
• Distractions
• Consistent caregiver
• Encourage resident to do tasks (rather than doing for them)

What’s the missing connection? Trauma-informed lens:
• WHY is the resident exhibiting agitation?
• Did something happened to him/her?
• Are there unmet needs?
A TIC Approach seeks to understand “behaviors.”

Shift from “What’s wrong with you?” to “What happened to you?”
Adult “thrivers” of trauma

“Everyone has life events that contribute to the current situation/presentation.”

Ashley Swinson, MSW, LSCW
“George”

Trauma-informed lens:
George suffered severe neglect as a child, was malnourished and often hungry. He needs to feel in control and not have fear that he will starve. His eating habits were definitely helpful for him in the past.

IDT Approaches:
How to create sense of safety for George?
Consider talking with him about a TIC approach.
How to ensure he has choice and is in charge?
How to build trust with him (instead of shaming him)?
How to refocus discussions that are not on weight loss?
How to enhance his resiliency?
What are his strengths? How can staff use strengths in the care plan?
“Difficult” Family Member

Daughter has become aggressive and very demanding with staff. She brings up concerns from years ago and complains staff “retaliate” against the resident. The staff really enjoy working with the resident; however, have become fearful of going in to see the resident with the daughter present. She has kicked many staff out of the room and uses the grievance procedure multiple times a week (3 in 2 days). She now believes staff smirk at her and talk behind her back.

With a TIC Lens:
What might you think?
What action might you consider?
“Unpleasant” Co-Worker

This person treats co-workers disrespectfully and is not a team player. She rarely engages in discussions at meetings but when she does, is often negative. She is a department manager and is not receptive to input from anyone. Sometimes, she redoes the work of her peers because they “didn’t do it right.” In her supervisory role, she chooses to criticize staff instead of teach or instruct.

With a TIC lens...?
Beginning the Process to Become a Trauma-Informed Organization
“Creating a trauma-informed organization is a fluid, ongoing process; it has no completion date.”

(SAMHSA, 2014)
What TIC Looks Like—4 Concepts

“A program, organization, or system that is trauma-informed:

1) **Realizes** the widespread impact of trauma and understands potential paths for recovery;
2) **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3) **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and
4) Seeks to actively **resist re-traumatization**."

https://www.samhsa.gov/nctic/trauma-interventions

© Carla Cheatham
What is Re-Traumatization?

“...any interaction, procedure or even something in the physical environment that either replicates someone’s trauma literally or symbolically, which then triggers the emotions and cognitions associated with the original experience.”
“A trigger can be *any* stimulus that was paired with the trauma whether we remember it or not.” (Pease-Banitt, *Trauma Tool Kit*)

- **Multi-sensory** (sight, sound, smell, taste, touch)
  - Old Spice, cigarette smoke, beeping, flashing lights, ceiling fan blades, yells for help, rubbing alcohol, being awakened, coffee breathe, 5’oclock stubble, invasions of personal space

- **Inner & outer physical sensations**
  - Heat, pressure, SOB, blood pressure cuff compression, being elevated in a mechanical lift device, pain, racing heart

(adapted from Anderson, Ganzel, Jannsen, 2018 & Ganzel, 2018)
Re-traumatization

- Emotional states
  Fear, helplessness, power-imbalance, exposure to others’ heightened emotions, boundary violations, infantilization, feeling not heard/believed/responded to

- Situations
  Being crowded or immobilized, medical interventions, dental work, changes in routine, uncertainty, anniversaries or holidays, feeling out of control

(adapted from Anderson, Ganzel, Jannsen, 2018 & Ganzel, 2018)
Triggers (trauma reminders) Can Be Interpreted As...

“I’m not safe.”

“I can’t protect myself.”

“I’m going to die.”

Do Residents Feel *Unsafe* In Your Facility?

Kathleen Bickel, MD, MPhil, MS
University of Colorado School of Medicine
What TIC Looks Like - 6 Principles

“A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector -specific:

1. Safety
2. Trustworthiness and Transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, Historical, and Gender Issues”

https://www.samhsa.gov/nctic/trauma-interventions
© Carla Cheatham
TIC is a *mindset*, **not** a toolset

- Seek understanding
- No judgment
- Minimize harm
- Enhance safety
- Give choice
- Respect one’s past and appreciate how it informs the present
Next Steps in Your Facility?
First Thing’s First - Assessment

• Assess facility capacity to screen for trauma
• Determine what services are available (internally and externally)
• Assess facility readiness to implement a TIC approach (example on next slide)
• Assess staff perceptions of your organization (example to come)
**GOAL:** Stimulate change-focused discussion

**SAMPLE QUESTIONS TO CONSIDER WHEN IMPLEMENTING A TRAUMA-INFORMED APPROACH**

<table>
<thead>
<tr>
<th>KEY PRINCIPLES</th>
<th>Safety</th>
<th>Trustworthiness and Transparency</th>
<th>Peer Support</th>
<th>Collaboration and Mutuality</th>
<th>Empowerment, Voice, and Choice</th>
<th>Cultural, Historical, and Gender Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Governance and Leadership</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How does agency leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>communicate its support and guidance for implementing a trauma-informed approach?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do the agency’s mission</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>statement and/or written policies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and procedures include a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>commitment to providing trauma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>informed services and supports?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do leadership and governance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>structures demonstrate support for</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the voice and participation of</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>people using their services who</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>have trauma histories?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Policy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do the agency’s written</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>policies and procedures include a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>focus on trauma and issues of</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>safety and confidentiality?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do the agency’s written</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>policies and procedures recognize</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the pervasiveness of trauma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>in the lives of people using</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>services, and express a commitment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to reducing re-traumatization and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>promoting well-being and recovery?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do the agency’s staffing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>policies demonstrate a commitment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to staff training on providing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>services and supports that are</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>culturally relevant and trauma-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>informed as part of staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>orientation and in-service training?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do human resources policies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>attend to the impact of working</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with people who have experienced</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>trauma?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What policies and procedures are</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>in place for including trauma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>survivors/people receiving services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and peer supports in meaningful and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>significant roles in agency planning,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>governance, policy-making, services,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and evaluation?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Assess staff perceptions of the organization
TRAUMA-INFORMED CLIMATE SCALE-10 (TICS-10)

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 Follot’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.

_____ 8. This organization doesn’t seem to care whether staff gets what they need to do their...
Industry “go to” for training? Inservices!

Teaching new information or reinforcing “old” information

Staff are usually “talked at” and not actively involved in the agenda, the learning, or discussion

Is this type of training effective?
Operationalizing TIC Training

Staff may attend a TIC training and think, “Okay, that seems logical. No problem.”
- And then, they’re face-to-face with a re-traumatized resident

What do you expect staff **to do** with the information from an inservice?

**How** do they take it from a meeting and use it?

“...**understanding and knowing the information is one thing, but being able to deliver it is another.**” (Trauma-Informed Organizational Change Manual, 2019)
A Different Type of Inservice

Create a training plan
Adult Learning Strategies

• Adults learners can be ornery!
• WIIFM?
• Problem-centric, not content-centric
• Content must have meaning and immediate relevance
• Readiness to learn
• Value of mistakes
• Connect with emotions (not fear)
• Principle of fun!
• Each participant as a resource
• Actively involvement in developing content, evaluating performance and outcomes

https://elearningindustry.com/6-top-facts-about-adult-learning-theory-every-educator-should-know
Different Learning Styles

**Auditory** - hearing and listening

**Visual** - reading or seeing pictures

**Tactile** - touching and doing

Next Steps to Consider

• Read, study, educate yourselves - use the resources in this presentation
• *Study* the regulations related to trauma-informed care
• Refrain from selecting a screening tool prematurely
• Coordinate with other facilities or agencies, pool resources
• Develop a sustainable training plan
Thank you for your time.

Paige
Resources
How childhood trauma affects health across a lifetime
Nadine Burke Harris, MD

https://www.youtube.com/watch?v=95ovIJ3dsNk
“Creating Trauma-Informed Provider Organizations.” Trauma Informed Care: Perspectives and Resources, JBS International, Inc, and Georgetown University National Technical Assistance Center ofr Children’s Mental Health

https://guchdtacenter.georgetown.edu/TraumaInformedCare/IssueBrief3_CreatingTraumaInformedOrgs.pdf

SAMHSA Webinar [https://www.cffutures.org/webinar/developing-trauma-informed-organizations/](https://www.cffutures.org/webinar/developing-trauma-informed-organizations/)

Leading Age Trauma-Informed Care Resources—papers, presentations [https://leadingage.org/trauma-informed-care-resources](https://leadingage.org/trauma-informed-care-resources)

NHPCO’s Trauma-Informed End-of-Life Care Work Group [https://www.nhpco.org/trauma%E2%80%90informed-end-life-care_0](https://www.nhpco.org/trauma%E2%80%90informed-end-life-care_0)
National Center On Family Homelessness

Institute for Health and Recovery w/tenets of Trauma-Informed Supervision

Crisis Prevention Institute, Inc. http://educate.crisisprevention.com/Trauma-Informed-Care.html?code=ITG009046079TICRG&src=Pay-Per-Click&gclid=EAIaIQobChMI1onz1qfc4AlVCo1pCh3NOQzYEAAYASAAEgK0APD_BwE

© Carla Cheatham
References
Anderson L, Ganzel BL, & Jannsen JS (2018) Trauma Informed End of Life Care, presented at NHPCOs Interdisciplinary Conference


© Carla Cheatham
Ganzel, Morris, & Wethington (2010)  *Psych Review*


Kessler et al. (1995) Archives of General Psychiatry;
