

This information is provided for background learning in preparation for your organization's implementation of trauma-informed care. Your organization will provide more instructions later regarding your specific role when it begins to implement trauma-informed care.

TRIGGER WARNING: What we are going to be covering in these materials has to do with difficult life experiences. For some people, this can remind them of things that have been painful or have been upsetting in their own lives. If you find that this is the case, this is normal, and it is OK to do what you need to do to take care of yourself.

I. What is “trauma-informed care”?

Many people have had difficult life experiences. One word for these experiences is trauma. Trauma-informed care is a way of providing supports and services that is sensitive to the needs of people who have been traumatized. Becoming more aware of what trauma is and how it affects people, can help you better understand puzzling behaviors in residents, your fellow staff members, and even yourself. Learning to approach others in a trauma-informed way can help improve your ability to work with others in a variety of situations and settings.

II. What does “trauma-informed care” look like?

A program, organization or system that is trauma-informed creates an environment that helps everyone feel safe. This includes things like:

- ▶ Being aware that many people have experienced trauma and that trauma affects people in different ways at different times
- ▶ Understanding that recovery from trauma is different from person to person
- ▶ Recognizing the signs and symptoms that someone – clients, families, staff, or others - may have experienced trauma
- ▶ Creating a culture where the environment, practices and procedures promote a sense of safety and are sensitive to the needs of those who have experienced trauma

DID YOU KNOW?

- ▶ Trauma can take a major toll on survivors' health and well-being over the entire course of their lives – not only in the time immediately after a traumatic event.
- ▶ Many Americans have lived through traumatic experiences.
- ▶ Places where individuals get care – such as hospitals, counseling centers, nursing homes and other kinds of healthcare settings - now recognize the importance of understanding the effects of trauma in order to enhance the experience of care.



III. How does this apply to my role and my organization?

The federal Centers for Medicare and Medicaid Services (CMS) has recently made changes to the requirements for nursing home communities such as yours that participate in the Medicare and Medicaid programs. These changes include a requirement that all of the services your community offers, and the way you work with residents, must be sensitive to the special needs of those who have lived through trauma.

IV. Where does “trauma-informed care” come from?

Most of what we understand about the effects of trauma comes from the fields of services for military veterans, and for children and youth. More recently, work on traumatic stress in older adults became more mainstream as researchers and clinicians explored how to best support and care for elderly Holocaust survivors. You may be most familiar with trauma as the cause of PTSD, or post-traumatic stress disorder – a term that is most often associated with veterans, though it applies to many individuals and groups who have had difficult life experiences. As we continue to understand the many causes and effects of trauma, more and more social services, human services and health care organizations are taking a trauma-informed approach to working with the individuals in their support and care.

QUESTIONS TO CONSIDER:

- ▶ When you hear the word “trauma” what comes to mind?

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I. What is Trauma?

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, social, emotional or spiritual well-being.

DID YOU KNOW?

Trauma can be caused by any powerful event that affects your daily life. Many different experiences can potentially be traumatic. Some examples include:

- ▶ Experiencing or witnessing violence in the home or community
- ▶ Natural disasters, like earthquakes, hurricanes, fires, or floods
- ▶ Car, train, and airplane crashes
- ▶ Combat
- ▶ Homelessness
- ▶ Medical Trauma – like pain, injury, serious illness, or invasive or frightening experiences while receiving medical treatment
- ▶ Bias, discrimination, hate crimes, and hate speech

II. How common is trauma?

Researchers have found that most of us – between 55-90% - have experienced at least one traumatic event.

III. How and when does trauma affect us?

All of us react to stressful experiences with a physiological stress response that helps us cope with a situation. The stress response is normal – it doesn't mean that the event was traumatic. We may experience an event as traumatic when something stressful happens *that overwhelms our ability to cope.*

IV. Not all stress is bad for you.

Stress can motivate you and help you perform well. But, there is such a thing as too much stress. **Toxic stress** is a level of stress that is so high that it overwhelms your ability to function and cope.

Toxic or traumatic stress responses include things like:

- ▶ Physical responses – Muscle tension, headache, fatigue.
- ▶ Emotional responses– Irritability, depression, anxiety, fight-flight-freeze responses.
- ▶ Cognitive responses – Problems with thinking, worrying, impaired judgement, nightmares or other sleep problems.
- ▶ Behavioral responses – Using substances like alcohol or drugs, eating more or less.



V. What does trauma look and feel like?

Trauma affects everyone differently. Adverse effects from trauma might occur immediately or after a delay, and how long they last varies from person to person. They can include things like:

- ▶ Trouble coping with normal stresses of daily life.
- ▶ Trouble trusting others and benefiting from relationships.
- ▶ Problems with thinking, memory, attention, and managing actions and feelings.
- ▶ Startled easily - always being anxious and on the alert (hypervigilance), or constantly feeling tense and ready to respond to danger or a threat (hyperarousal).
- ▶ Feeling numb or avoiding people, situations or experiences.

QUESTIONS TO CONSIDER:

- ▶ Have you worked with an older adult who had experienced trauma? What did you notice?
- ▶ What do you think about the fact that most of us have experienced at least one traumatic event? Does this surprise you, or not?

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I. Older people and trauma

Over the course of their lives, many older people have experienced one or more of the potentially traumatic events and experiences we discussed earlier. The impact of this trauma can continue to affect people throughout their lives. Older people may also experience trauma later in life, so they may be dealing with both past and recent traumatic events.

Older people also experience traumas related to the aging process itself, including increased dependence on caregivers, and a series of losses, including the loss of:

- ▶ Loved ones
- ▶ Their own physical abilities
- ▶ Their own cognitive and mental abilities
- ▶ Their roles in life – both social (teacher, lawyer, cook, etc) and familial (wife, husband, sister, etc)
- ▶ Their home
- ▶ Some may experience neglect or elder abuse

II. Why do they do that? Behavior as communication

Behavior can be an important form of communication. Paying attention to someone's behavior can help us better understand what they need. Sometimes, the behavior an older person exhibits because of experiencing trauma can be misunderstood or misdiagnosed. This might include things like confused thinking, irritability, and impulsiveness. Of course, sometimes these behaviors *are* caused by things other than trauma, so we might see these behaviors and think they are due to:

- ▶ Dementia
- ▶ Psychosis or psychiatric illness
- ▶ Being intentionally difficult or oppositional

When seeking to understand behavior, all of these possible causes are important to consider — adding prior trauma as a possibility improves our ability to understand behavior.

DID YOU KNOW?

1/4- 1/3 of all older people who show hoarding behavior have a history of experiencing physical or sexual abuse in childhood.



III. Why don't they talk about it? Reluctance to talk about past trauma

It is important to remember that older adults may be less likely than others to report histories of trauma. Older adults may deny or minimize trauma experiences, because they may have experienced these traumas before our society understood and recognized post-traumatic stress disorder. Older adults may fear the blame or the stigma related to psychiatric or mental conditions that was common during the time in which they grew up.

IV. What can I do?

It is important that we as healthcare professionals learn some of the signs that someone may have been traumatized, so that we can help the person feel safe, and help prevent misdiagnosis and unnecessary use of antipsychotic medications and other treatments.

QUESTIONS TO CONSIDER:

- ▶ Have you seen or experienced the way society views PTSD, psychiatric, or mental conditions?
- ▶ Give an example of a time you had trouble understanding a residents behavior. What happened? What did you learn?

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Principles of Trauma Informed Care: What you need to know

We have put together some simple principles and tips that can help your community better understand and help those who may have experienced trauma. In reading about these basic rules of the road, keep in mind that all of us have been affected by difficult life experiences. Lessons learned about working with trauma survivors are valuable in working with everyone we care for and with each other.

Principle 1: The impact of adversity is not a choice.

Experiencing trauma causes changes in the brain and body that occur without us even knowing it.

We now know that difficult life experiences affect all of us, and that we don't always have a lot of control over how they affect us. The affect of trauma is more about the way our brains and nervous systems function (neurobiology), and less about our ability to be tough. We sometimes hear the saying "what doesn't kill us makes us stronger," but we now know that this is not always true.

Human bodies have evolved to respond effectively to threatening external events, whether to wild animals in earlier human history, or threats of violence, illness, or psychological threats in our current environment. Our normal reactions to external threats include things like increased heart rate and surges in certain hormones in our bodies. When we experience trauma, the emotional parts of our brain take over, making it difficult for us to think rationally. If we experience a difficult life situation that is intense and goes on for a long period of time, this normal bodily stress response stays activated and never really turns off. When our stress responses are stuck "on," we call this toxic stress, because our brain's normal functioning is disrupted, which can lead to stress-related diseases and cognitive impairments throughout life.

DID YOU KNOW?

Experiencing trauma as a child – even if it's just one traumatic event - can permanently change the developing brain. Additionally, research has shown a strong relationship between experiencing childhood adversity and having health challenges later in life, including things like arthritis, diabetes, heart disease, stroke, and even cancer.

Principle 2: Understanding adversity helps us make sense out of behavior.

Understanding the difficult life situations that someone may have experienced can help us more fully understand a person's behavior.

As healthcare professionals, we are constantly observing and interpreting the behavior of others. When we see a change in someone's behavior or a behavior that seems odd or confusing to us, we might think about different causes. We might ask whether the person is experiencing medical or physical factors, (for example, pain, infection, or unmet needs like hunger, need to use the restroom, etc.), environmental factors (too much going on around them, loud noise, etc.) or emotional factors and social factors (for example, what's happening in the person's friendships or relationships).

It is also important for us to evaluate whether the person may have experienced trauma or a difficult life situation, and whether this might be at the root of the behavior. A trauma-informed approach to assessing behavior does not take the place of other ways of thinking – it adds an essential missing tool to our toolkit that can help us make sense of puzzling behaviors. It can also help us understand why the way we sometimes respond to puzzling behaviors seems to backfire, and helps us come up with better ways of helping the person.

Puzzling behaviors that may stem from prior trauma might include things like:

- ▶ Hoarding
- ▶ Depression
- ▶ Self-harming and self-neglect
- ▶ Drug use, alcohol use, and smoking
- ▶ Helplessness, hopelessness, pessimism

Just because someone shows one of the above behaviors does not necessarily mean they have experienced trauma. But, it is important for us to consider this when evaluating how to best help the person.

DID YOU KNOW?

While it is easy to think that **hoarding** results from experiences of poverty in earlier life, in fact hoarding is found often in people who have a history of physical abuse, including sexual abuse, in early childhood. In fact, one in four adults who exhibit hoarding behavior report physical abuse or maltreatment, and more than one-quarter report forced sexual activity in childhood. Many of these adults have also had their possessions taken from them by force in their earlier lives.



Principle 3: Prior adversity is not destiny.

In an environment of safety and support, people have the potential to change, heal, and live better lives.

Just because someone has experienced trauma does not mean that they do not have hope for healing and a healthy, full life. In an environment that is safe and supportive, residents with a history of trauma can function better, experience a greater sense of well-being and improved health outcomes. There are specific ways that your community can improve the level of safety — physical and psychological — for all people who have experienced trauma, and specific ways to look at each individual's experiences and needs. In future lessons we will offer specific ways your organization can assess the safety and supportiveness of your environment. One key factor is that of social support. Research has shown us that social support is a key factor in both reducing the impact of difficult life situations while they are occurring, and also in making it possible for individuals to develop resilience afterwards. In nursing home communities, this support can come from fellow residents, family members and friends, and from staff. There are a two key points to remember here:

- 1. No matter how old we are, we still have the potential to heal.** Providing support and a safe environment can help an older person heal just as it would a younger person.
- 2. The ability of the brain to change (neuroplasticity) lasts a lifetime.** Our brains are amazingly resilient, and have the ability to heal and change throughout our lifetime.

QUESTIONS TO CONSIDER:

- ▶ When you are evaluating what might be behind a puzzling behavior, what are some of the things you consider?
- ▶ How might applying these three principles be helpful to you?

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I. Practices of Trauma-Informed Care: What you can do

Core Practices

There are three key things you can do to help those who have experienced trauma:

1. Find out if someone may have experienced trauma – we call this screening.
2. Find out what might remind someone of dangerous or frightening things that have happened in their past – we call these triggers.
3. Find ways to help avoid re-traumatizing experiences, and to help the person de-escalate if they do feel triggered.

II. Finding out if someone has experienced trauma: how do we know?

One does not need to be a mental health or clinical professional to help find out if someone has experienced trauma. Asking some simple questions and observing someone's behavior (we sometimes call this screening) can help us learn more about someone's experiences, and can help us to provide better support and care. It is important to remain supportive and caring when speaking with an individual about difficult experiences in their life. Focus on thinking and asking "what happened to you," rather than thinking or asking "what's wrong with you." A few simple questions can be helpful in figuring out if someone feels safe, and if they perhaps experienced trauma earlier in life.

- ▶ Do you feel safe speaking to me today? If not, what would help you feel safer?
- ▶ Do you feel safe being here/living here today? If not, how can we help you feel safer?
- ▶ Did you feel safe at home as a child? If not, how does that affect you today?



LESSON 05: WHAT YOU CAN DO

III. If someone shares that they have experienced trauma, here are some helpful ways you can respond.

Helpful things to do and say In general, we want to focus on validating the other person's feelings and emotions, and normalizing the response they are having.	Unhelpful things to do and say In general, it is not helpful (and can even be harmful) to doubt the person's story of what happened, ask about specific details of the situation, or make statements that suggest that you hold the person responsible for the incident.
<i>I'm sorry this happened to you.</i>	<i>It's not that bad.</i>
<i>I believe you.</i>	<i>Are you sure that is what happened?</i>
<i>This is not your fault.</i>	<i>What were you doing in a place like that?</i>
<i>You're not alone. I'm here for you and I'm glad you told me.</i>	<i>It's not that big of a deal. I'm sure you'll get over it soon.</i>
<i>No one ever has the right to hurt you.</i>	<i>What were you doing that might have caused this?</i>
<i>I know that this has happened to others.</i>	<i>At least...</i>
<i>That must have been very frightening.</i>	<i>Worse things have happened to other people.</i>

IV. Triggers: Reminders of dangerous or frightening things that have happened in the past.

A trigger is any sensory reminder of a traumatic event. This could be a noise, a smell, temperature, a situation, or any other physical or visual scene. Triggers can generalize to any characteristic, no matter how remote, that resembles or represents a previous trauma, such as revisiting the location where the trauma occurred, being alone, having your children reach the same age that you were when you experienced the trauma, seeing the same breed of dog that bit you, or hearing loud voices. Triggers are often associated with the time of day, season, holiday, or anniversary of the event. Some triggers can be identified and anticipated easily, but others can be hard to identify and subtle, often surprising the individual or catching him or her off guard.

For example, imagine you were trapped in a car after an accident. Then, several years later, you were unable to unlatch a lock after using a restroom stall. You might have begun to feel a surge of panic, even though there were other ways you could escape from the stall.

How to identify potential triggers: Help the individual consider (or practice observing) what situations she or he finds stressful or overwhelming, or reminds him or her of past traumatic experiences.



LESSON 05: WHAT YOU CAN DO

V. Deescalation

We want to do all we can to ensure that a person is not triggered. However, if they are, there are ways we can help. The keys to deescalation are to help create a sense of calm and safety that allows the individual to return from what's sometimes called the “there and then” to the present moment or “here and now”. Some tips for doing this include:

- ▶ Remain calm and connect in a positive, gentle way
- ▶ Avoid raised voices or harsh tones
- ▶ Be cautious about physical contact
- ▶ Help redirect the person's attention in ways that are grounding. For example, ask them to notice the floor beneath their feet, or the chair they are sitting in.

VI. The Safety Plan

To make de-escalation more effective with individuals with a known trauma history, a staff member can work with him or her to create a personalized safety plan that provides guidance on what to do when she or he is triggered. This plan should be written down, and shared with all staff members and others who interact with him or her. This plan should include:

- ▶ A list of triggers - situations that the resident finds stressful or overwhelming and remind him/her of past traumatic experiences
- ▶ Ways that the resident shows that he/she is stressed or overwhelmed – for example, types of behavior, ways of responding, etc.
- ▶ Staff responses that are helpful when the resident is feeling upset or overwhelmed
- ▶ Staff responses that are unhelpful when the resident is feeling upset or overwhelmed
- ▶ A list of people to go to for support

QUESTIONS TO CONSIDER:

- ▶ When you have felt triggered by something in the past, what helps you?
- ▶ Have you ever experienced a resident being triggered? What helped them?

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I. What does a trauma-informed organization look like?

Trauma-informed care is much more than an approach or a way to better care for older adults. The organization itself must become trauma-informed. This might mean changing the way we provide services and supports to individual residents, and the way we interact with our fellow staff members. It takes everyone in the organization working to create a culture of safety for anyone who comes in contact with the organization (including other staff, family members, etc.). An organization that is trauma informed creates an environment of:

- ▶ Safety – all people in the organization (staff, residents, families, etc.) feel safe. This includes the safety of the physical setting and the way people treat each other.
- ▶ Trustworthiness – the organization works to build trust with all those involved.
- ▶ Support – the organization acknowledges the difficult life experiences of others, and helps others feel cared about and heard.
- ▶ Valuing others – the organization values each individual's voice and choice. It also encourages staff and residents to express themselves, and values every individual's opinions, perspectives, and needs.

II. A truly trauma-informed organization achieves two key outcomes:

1. The organization's environment feels and is safe and supportive for all people who have experienced trauma.
2. The organization avoids, even unintentionally, creating situations that could re-traumatize and harm individuals who have already experienced trauma.



Creating a trauma-informed organization is everyone's responsibility.

Changing your organization so that it is truly trauma-informed doesn't just involve taking a workshop or making small changes in the way the nurse or social worker interacts with residents. This work goes deeper and truly looks at the atmosphere of the overall organization. This work cannot be assigned to a task force or department, and it can't be achieved by a few leaders or managers. It takes the commitment and involvement of everyone. Creating a trauma-informed organization is everyone's job. It's important to remember that this process is a journey, not a destination. Remember that:

- ▶ This change affects all parts of the organization in major ways.
- ▶ It will involve all the departments and services within your organization.
- ▶ It will require steady commitment from all staff, over time.

Next steps

Your organization will likely complete some initial trainings with staff, to make sure that everyone has the knowledge and skills to begin on this journey. You might also be asked to participate in some organization assessments that look at the current level of safety and trauma-informed approaches within your organization. Residents, families, and community partners will also be involved in this journey. There will likely be some new practices, approaches, policies and procedures that help guide the ongoing work of everyone in the organization.

QUESTIONS TO CONSIDER:

- ▶ What situations help you feel safe and supported?
- ▶ What is one thing you can do each day to help residents and other staff feel safe?

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