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## Innovations in Geriatric Care Virtual Conference

Guest Editor: Kathleen Weissberg,  
OTD, OTR/L

### continued™ Innovations in Geriatric Care Virtual Conference

- |            |   |
|------------|---|
| Mon 2/18   | Trauma-Informed Care: What It Is and Why It's Important<br>Kathleen Weissberg OTD, OTR/L  |
| Tues 2/19  | Human Trafficking: Identification and Prevention<br>Kathleen Weissberg OTD, OTR/L   |
| Wed 2/20   | Multisensory Environments: A Non Pharmacological Intervention for Managing Behaviors in Clients with Dementia<br>Jennifer Lape OTD, OTR/L |
| Thurs 2/21 | Evidence-Based Interventions for Falls<br>Holly Hester PT, DPT, CHC   |
| Fri 2/22   | Sleep and the Challenge of Aging<br>Teresa Fair-Field OTD, OTR/L  |



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## Innovations in Geriatric Care: Trauma-Informed Care; What It Is and Why It's Important (Day 1)

Kathleen Weissberg, OTD, OTR/L

Moderated by:  
Fawn Carson, MS, OTR/L, ATP, Managing Editor, OccupationalTherapy.com



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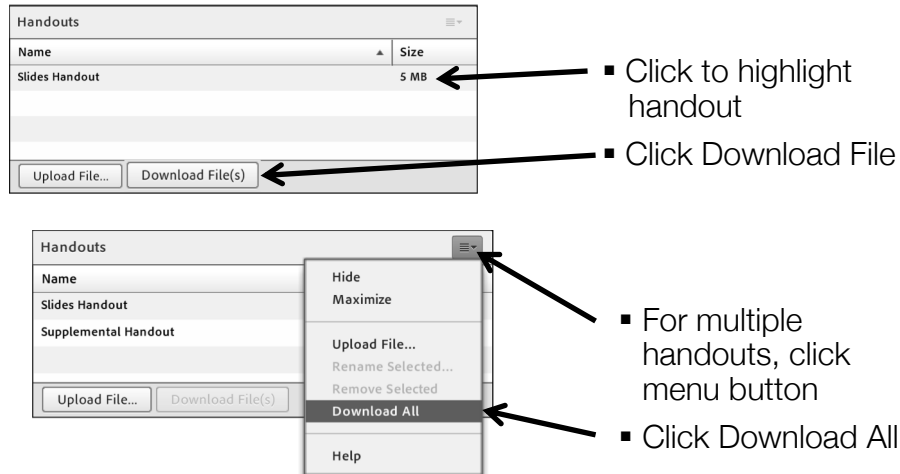


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## Innovations in Geriatric Care: Trauma-Informed Care; What It Is and Why It's Important (Day 1)

Kathleen Weissberg, OTD, OTR/L  
February 18, 2019

continued

## Learning Outcomes

1. Define trauma and the pervasive impact that trauma has.
2. Describe what is meant by a trauma-informed approach to care.
3. List the key principles and essential components of a trauma-informed approach.
4. Identify the suggested guidance for implementing a trauma-informed approach.
5. Describe the concept of trauma in the context of community.

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continued

## CMS and State Survey Guidance

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## F319 Trauma-Informed 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.

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## Regulatory Requirements

- §483.40 Behavioral health services
- §483.40(a) Sufficient staff with competency skillset
- §483.40(a)(1) Caring for residents with mental and psychosocial disorders
- §483.40(b)(1) Attaining highest practicable mental and psychosocial wellbeing

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## Survey Guidelines

- “Mental and psychosocial adjustment difficulties” refer to problems residents have in adapting to changes in life’s circumstances
- Characterized by an overwhelming sense of loss of one’s capabilities; family and friends; ability to pursue activities and hobbies; possessions
- May have sad or anxious mood or aggression

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continued

## Survey Guidelines

Other manifestations include

- Impaired verbal communication
- Social isolation
- Sleep pattern disturbance
- Spiritual distress
- Inability to control behavior and potential for violence
- Stereotyped response to any stressor

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continued

# Background and Effects of Trauma on the Body

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continued

## Overview

- Life trauma can lead to lifestyle practices that influence the development of chronic illness
- Trauma-informed care is an approach that recognizes trauma symptoms and acknowledges the role trauma plays in one's life

(SAMHSA, 2015)

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continued

## Adverse Childhood Events (ACE) Study

- Conducted from 1998 to 2010 at Kaiser Permanente Department of Preventative Medicine, in collaboration with the CDC
- 17,421 participants

How do childhood events affect adult health?

(Felitti et al., 1998)

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continued

## Adverse Childhood Events (ACE) Study

- The more exposure a person had, the greater the risk for chronic disease, mental illness, violence, and being a victim of violence
- Twice as likely to be smokers
- Seven times more likely to be alcoholics
- Increase risk of chronic bronchitis by 400%
- Increase risk of suicide by 1,200%

(Felitti et al., 1998; Starecheski, 2015)

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## Physiological Response to Trauma

- Survival mode; state of constant hypervigilance
- Hypothalamic-pituitary-adrenal axis (HPA) stress response causes release of cortisol
- Increased stress = increased HPA = impaired hippocampus neuron growth/atrophy
- Atrophy leads to decreased memory resources available to form an appropriate reaction to stress

(Sherin & Nemeroff, 2011)

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## Physiological Response to Trauma

- Decreased connectivity between hippocampus and prefrontal cortex
- Amygdala treats perceived threats as real
- May appear overly defensive or angry
- Trauma is linked to CNS disorders, cardiovascular, respiratory, and sexual health problems

(Evans & Coccoma, 2014; Marcellus, 2014; Miehl & Applegate, 2014; Norman et al., 2006; Spitzer et al., 2009)

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continued

## Effects of Trauma on the Body

- Survivors may be more likely to smoke, drink alcohol, and abuse drugs
- Depression, anxiety, and emotional numbness
- Memory lapses, decreased ability to concentrate, and difficulty making decisions
- Inner feelings of shame, self-blame, being damaged, or that they are bad

(Haskell & Randall, 2009)

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## Statistics: HHS

- 55% – 99% of women in substance use treatment and 85% – 95% of women in public mental health system report a history of trauma
- Economic costs of untreated trauma-related alcohol and drug abuse alone were estimated at \$161 billion in 2000

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continued

## Statistics: CDC

- One in four children experiences some sort of maltreatment
- One in four women has experienced domestic violence
- One in five women and one in 71 men have experienced rape
  - 12% of these women and 30% of these men were younger than 10 years old when they were raped

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continued

## What Do We Mean By Trauma?

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continued

## SAMHSA Definition

Individual trauma results from an event, series of events, or set 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.

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## Definitions

- Secondary trauma
  - Results from exposure to another individual's traumatic experiences, rather than from exposure directly to a traumatic event
- Trauma-informed
  - Understanding trauma and awareness of its impact across settings, services, and populations
- Trauma-informed care
  - Strengths-based service delivery approach grounded in an understanding of and responsiveness to the impact of trauma

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continued

## The Three E's of Trauma

### Events

- Events and circumstances may include the actual or extreme threat of physical or psychological harm
- Single occurrence or repeatedly over time

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continued

## The Three E's of Trauma

### Experience

- How the individual labels, assigns meaning to, and is disrupted physically and psychologically by an event will contribute to whether or not it is experienced as traumatic.
- Feelings of humiliation, guilt, shame, betrayal, or silencing often shape the experience of the event
- Linked to a range of factors including cultural beliefs, availability of social supports, developmental stage

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continued

## The Three E's of Trauma

### Effects

- Immediately or delayed onset
- Short- or long-term
- Can eventually wear a person down and cause health issues

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continued

## Clinical Application

- Direct impact of trauma on health behaviors and risk of mortality from chronic illness
- Translates into:
  - Understanding the why behind the health behaviors of our patients
  - Withholding judgment
  - Helping patients heal

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continued

## What Is A Trauma-Informed Approach?

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continued

## Paradigm Shift

Trauma-informed care seeks to change the illness paradigm from one that asks, "What's wrong with you?" to, "What has happened to you?"

(SAMHSA, 2015)

"A non-trauma-informed system punishes and blames your adult actions and asks, 'what's wrong with you?' A trauma-informed provider will hold you accountable for your adult actions but give you space and time to process 'what happened to you?' without adding guilt and more trauma."

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## To Be Trauma-Informed

A program, organization, or system that is trauma-informed **REALIZES** the widespread impact of trauma and understands potential paths for recovery; **RECOGNIZES** signs symptoms in clients, families, staff, others involved with system; and **RESPONDS** by fully integrating knowledge about into policies, procedures, practices, and seeks to actively **RESIST RE-TRAUMATIZATION**

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## Realize

- Basic realization and understanding of effects of trauma
- Context of coping strategies designed to survive adversity and overwhelming circumstances
  - Past, current, or secondary in nature

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## Recognize

- Recognize the symptoms of trauma through screening
- Universal screening can reduce risk of racial/ethnic bias
- Opponents state patients should have the opportunity to build trust before being questioned
- Providers must retain confidentiality
- Upfront screening removes the patient's choice of whether or not to share and can re-traumatize

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continued

## A Client May Not Report

- Concern for safety
- Fear of being judged
- Shame about victimization
- Reticence about talking with others
- Not recalling past trauma
- Lack of trust in others
- Not seeing a significant event as traumatic

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continued

## Screening

- Treatment setting should guide screening practices
- Screening should benefit the patient
- Re-screening should be avoided
- Ample training should precede screening

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continued

## Respond

- Apply principles of TIC to all areas of function
- Policies, mission statement, handbooks, manuals reflect TIC
- Incorporating perspectives of people served in facility committees/groups
- Helping staff address secondary traumatic stress
- Physically and psychologically safe environment
- Universal precautions approach

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## Resist Re-Traumatization

Organizations often inadvertently create stressful or toxic environments that interfere with the recovery of clients, the well-being of staff and the fulfillment of the organizational mission

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## Consider the Following ...

- Use of coercive practices
- Isolation
- Use of restraints
- Invasive medical exams
- Skin assessments for open areas/wounds
- Bathing and dressing/removing clothing
- Vital signs or labs
- Perceived power differential

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continued

## Need for Trauma-Informed Care

- Trauma-informed care means treating a whole person, taking into account past trauma and the resulting coping mechanisms when attempting to understand behaviors and treat the patient
- Lack of understanding can lead to judgmental attitudes, re-victimization, stereotypes, and victim blame

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continued

## Key Principles of a Trauma-Informed Approach?

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continued

## Key Principles

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration Mutuality
5. Empowerment, Voice, Choice
6. Cultural, Historical, Gender Issues

(SAMHSA, 2015)

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## Safety

- Staff and people we serve should feel safe, physically and psychologically
- All interactions should promote a sense of safety
- Understanding the client's definition of safety is a high priority

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## Creating a Safe Environment

### Physical Environment

- Keeping parking lots, common areas, bathrooms, entrances, and exits well lit
- No smoking, loitering, or congregating at entrances and exits
- Monitoring who is coming in and out of the building
- Positioning security personnel
- Keeping noise levels low
- Welcoming language
- Clear access to exit door during exam

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## Creating a Safe Environment

### Social-Emotional Environment

- Welcoming patients; showing respect and support
- Healthy interpersonal boundaries from staff
- Manage conflict
- Consistent schedules and procedures
- Notice of changes to occur
- Open, honest communication
- Awareness of impact of culture

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## Trustworthiness and Transparency

Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services

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## Peer Support

- The term “Peer” refers to individuals with lived experiences of trauma
- Mutual self-help
- Vehicle for building trust, establishing safety, and empowerment

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## Collaboration and Mutuality

- Leveling power differences
- Everyone is equal and has a role on the team
- Healing happens in relationships and in the meaningful sharing of power and decision-making

“One does not have to be a therapist to be therapeutic.”

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## Empowerment, Voice and Choice

- Individual strengths are recognized
- Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action.
- Cultivate self-advocacy skills
- Staff are facilitators of recovery rather than controllers of recovery

Does this sound like person-directed care planning?

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continued

## Cultural, Historical, and Gender Issues

- Actively move past cultural stereotypes and biases
- Offers access to gender responsive services
- Leverages the healing value of traditional cultural connections
- Incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served
- Recognizes and addresses historical trauma

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## Guidance for Implementation

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## Ten Domains of Implementation

1. Governance and Leadership
2. Policy
3. Physical Environment
4. Engagement Involvement
5. Cross Sector Collaboration
6. Screening, Assessment, Treatment Services
7. Training Workforce Development
8. Progress Monitoring Quality Assurance
9. Financing
10. Evaluation

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## Ten Domains of Implementation

- Governance and Leadership
  - Point of responsibility to lead and oversee this work
  - Inclusion of the peer voice
- Policy
  - Written policies and protocols
- Physical Environment
  - Promotes safety and collaboration

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## Ten Domains of Implementation

- Engagement and Involvement
  - Involvement, voice, and meaningful choice at all levels and in all areas of organizational functioning
- Cross Sector Collaboration
  - Awareness of trauma is a critical aspect of building collaborations

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## Ten Domains of Implementation

- Screening and Assessment
  - Trusted, effective referral system in place that facilitates connecting individuals with appropriate trauma treatment
- Training and Workforce Development
  - On-going training on trauma and peer-support are essential

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## Workforce Development

- Explain why we are asking sensitive questions
- Explain why we need to perform a physical exam
- If someone refuses outright, respond with compassion versus force or annoyance
- A patient may not speak up in front of a family member
- Ask what you can do to place them at ease

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## Workforce Development

- Engage – don't label – labeling may negatively affect how providers perceive and deliver services to that person
- Use a trauma-informed lens
  - Consider what happened to this person, rather than what is wrong with this person
- How Do We Hire?
- Build a trauma-informed workforce
  - Screen candidates looking for those that are familiar with TIC
  - Behavioral interviewing techniques

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## Ten Domains of Implementation

- Progress Monitoring and Quality Assurance
  - Ongoing assessment
- Financing
  - Address as part of Facility Assessment
- Evaluation
  - Measure and evaluation designs to evaluate services

This could be a part of the facility QAPI plan?

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## Key Ingredients for Trauma-Informed Care

- Organizational
  - Lead and communicate about the transformation process
  - Engage patients in organizational planning
  - Train clinical as well as non-clinical staff members
  - Create a safe physical and emotional environment
  - Prevent secondary traumatic stress in staff
  - Hire a trauma-informed workforce

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## Preventing Secondary Trauma in Staff

- Improve morale & function, decrease turnover costs
- Strategies to prevent secondary traumatic stress include:
  - Provide training to raise awareness
  - Offer opportunities to explore their own trauma histories
  - Supporting reflective supervision
  - Encouraging and incentivizing physical activity and meditation
  - Allowing “mental health days” for staff

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## Key Ingredients for Trauma-Informed Care

- Clinical
  - Involve patients in the treatment process
  - Screen for trauma
  - Train staff in trauma-specific treatment approaches
  - Engage referral sources and partner organizations

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# Trauma in the Context of Community

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## Context of Community

- Trauma does not occur in a vacuum
- Community can be defined:
  - Geographically
  - Virtually
  - Organizationally

How a community responds to individual trauma sets the foundation for the impact of the traumatic event, experience and effect

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## Community Response to Trauma

- Communities that provide a context of understanding and self-determination
  - Facilitate healing and recovery
- Communities that avoid, overlook or misunderstand the impact of trauma
  - May re-traumatize and interfere with the healing process

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## Consider the Following ...

- A community may be subjected to a community-threatening event
- Trauma can be transmitted from one generation to the next
- When explaining trauma-informed approaches, use language that reduces stigma
- Accommodate low health literacy
- Focus on how trauma affects health, not just the traumatic event/experience

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## Conclusion

- Goals of trauma-informed care include:
  - Awareness of the event of trauma, the experience of those who have been exposed or victimized, and the effects on the individual
  - Guiding patients from a state of trauma to one of healing
  - Helping patients alter their family and community environment so it is less traumatic
  - Remodeling the healthcare environment to one that is holistic

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Thurs 2/21	Evidence-Based Interventions for Falls Holly Hester PT, DPT, CHC
Fri 2/22	Sleep and the Challenge of Aging Teresa Fair-Field OTD, OTR/L