Trauma-Informed Care for Staff, Residents, and Families

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Topics

Mental health and a different paradigm
Trauma
Triggers and retraumatization
Stress response
Trauma-informed care
Trauma screening and assessment
Strategies to increase comfort
Low impact debriefing

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Include Everyone (operational and clinical staff)

- Business office
- Environmental services
- Security
- Dietary
- Central supply
- Nursing
- Social work
- Life development
- Pharmacy
- Medical providers
- Rehabilitation
- Admissions

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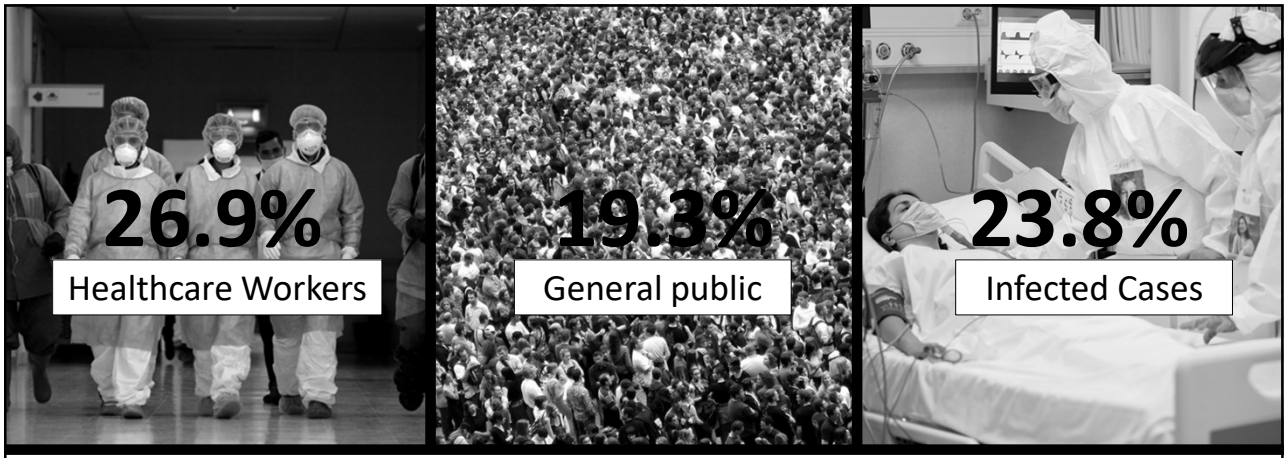

PTSD following pandemics is a significant public health concern

(COVID-19, SARS, H1N1, Ebola, Zika included in this study)

Yuan K, Gong YM, Liu L, et al. Prevalence of posttraumatic stress disorder after infectious disease pandemics in the twenty-first century, including COVID-19: a meta-analysis and systematic review. *Mol Psychiatry*. 2021; https://doi.org/10.1038/s41380-021-01036-x.

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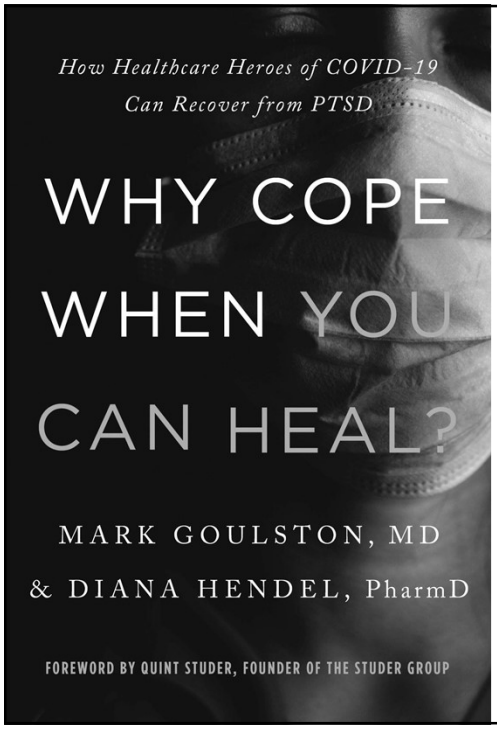

Just-Get-Over-It-Culture

- Dominates in healthcare
- No time to process emotions (which may contribute to PTSD)

"This means they don't have the time or ability to pause, reflect, and process the crisis that continues grinding away at them."

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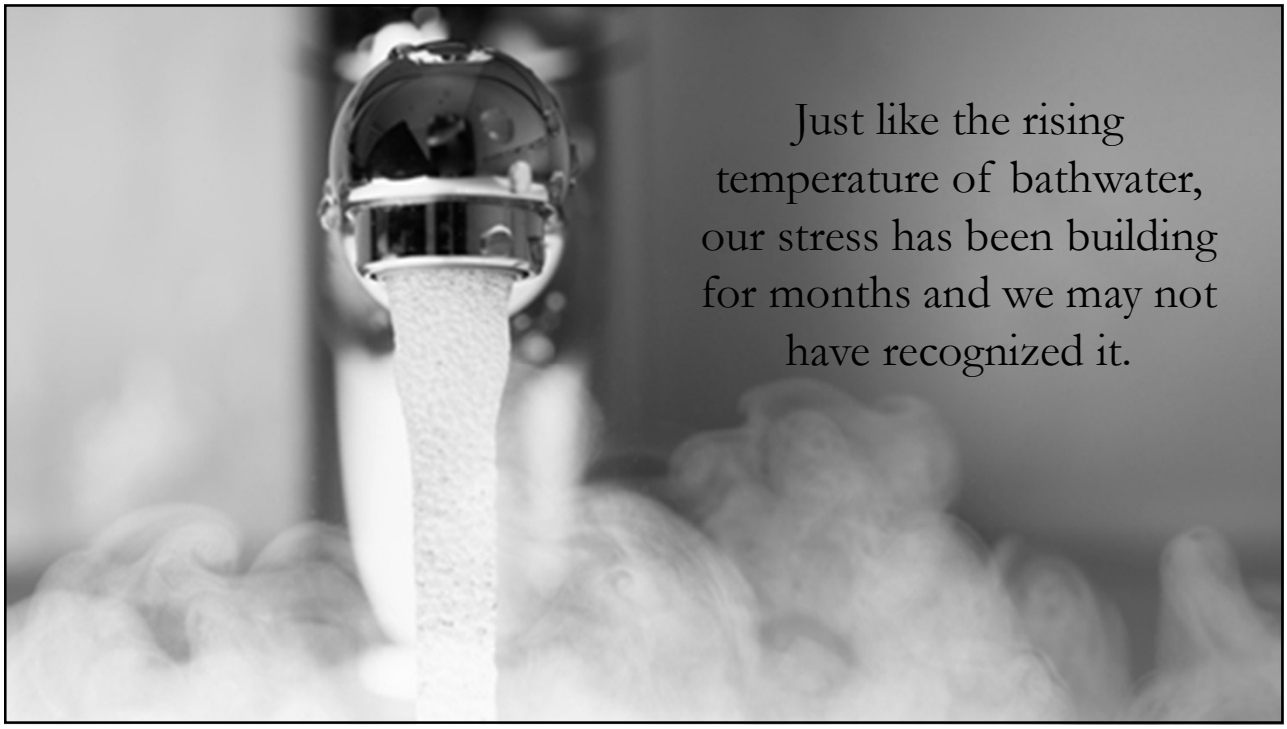

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Why are these topics important?

Slide developed by https://goshadow.org/

Kaiser Family Foundation (KFF) and The Washington Post Health Care Workers Survey of 1,327 frontline healthcare workers

62% report **worry or stress related to COVID-19 has a negative impact on their mental health**

Many are experiencing:

Trouble sleeping: 56%

Frequent headaches / stomachaches: 31%

Increased alcohol / drug use: 16%

13% have received mental health services

18% report they think they need services (reasons reported included too busy, afraid or embarrassed, couldn't afford it, couldn't get time off work)

58% of **staff report their employer is "falling short" when it comes to additional pay for employees working in the most high-risk situations**

55% **feel "burnt out"**

46% **feel "anxious"**

21% **feel "angry" when they go to work**

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We are human beings, not human doings.

Yoram Mosenzon
Nonviolent Communication Trainer

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We need more deposits than withdrawals in our wellbeing trust account

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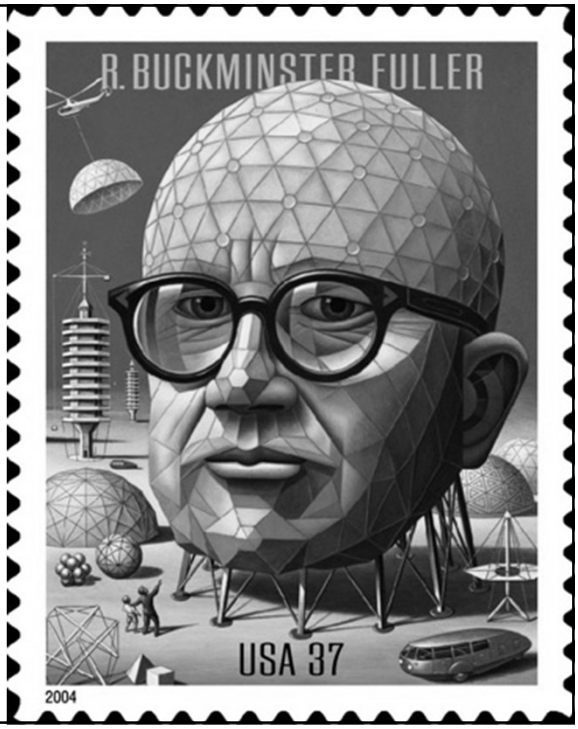
You never change things by fighting the existing reality. To change something, build a new model that makes the existing model obsolete.

~ Buckminster Fuller



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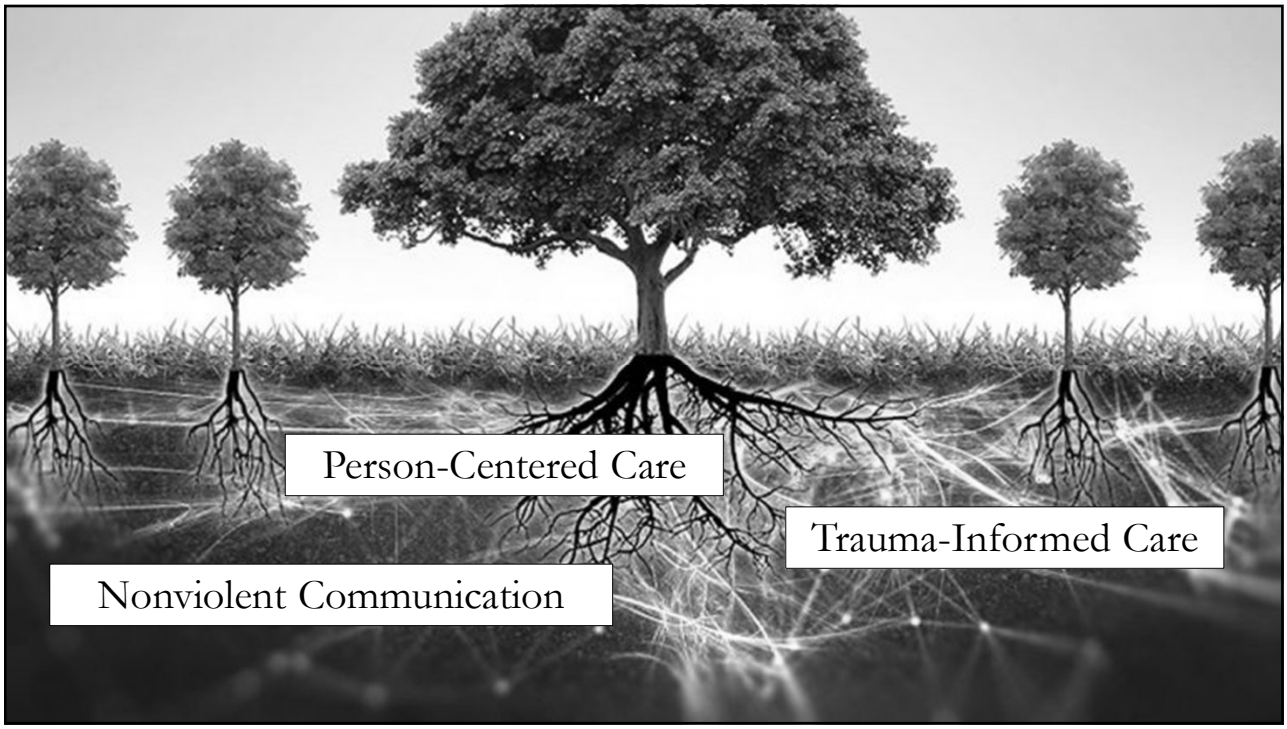
Person-Centered Care
Trauma-Informed Care
Nonviolent Communication

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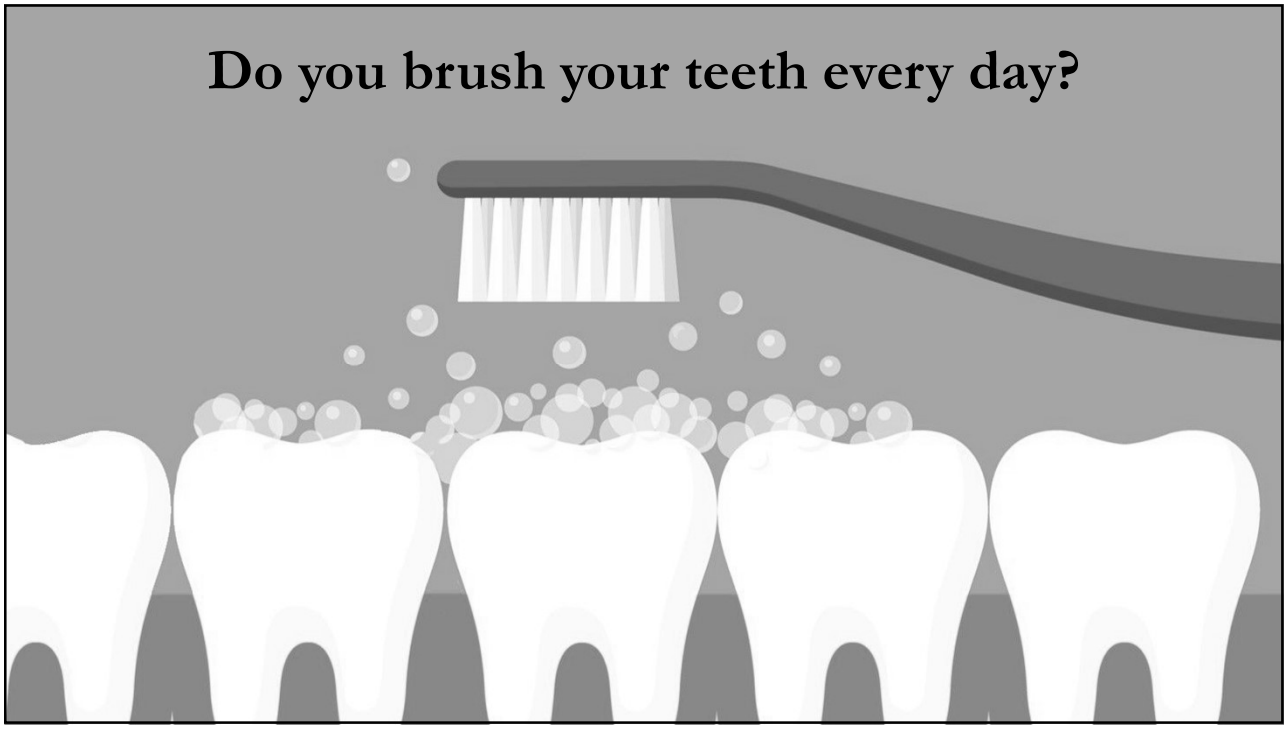
Do you brush your teeth every day?

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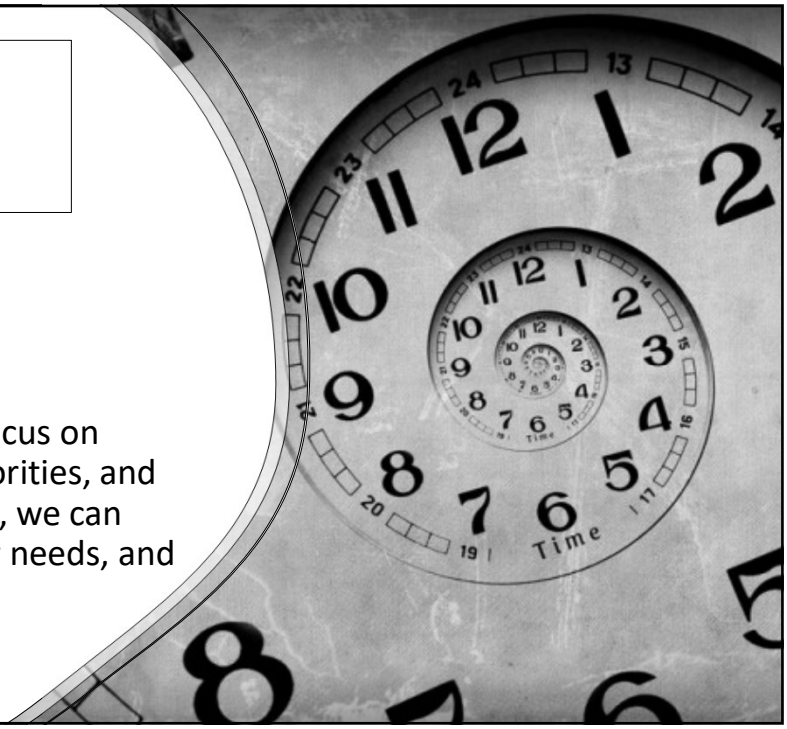
Relationship With Time



"I don't have enough time."

"I can't take on another task."

- Instead of focusing on time, focus on *priorities*. By changing our priorities, and having different conversations, we can rearrange our day to meet our needs, and those of the people we serve.

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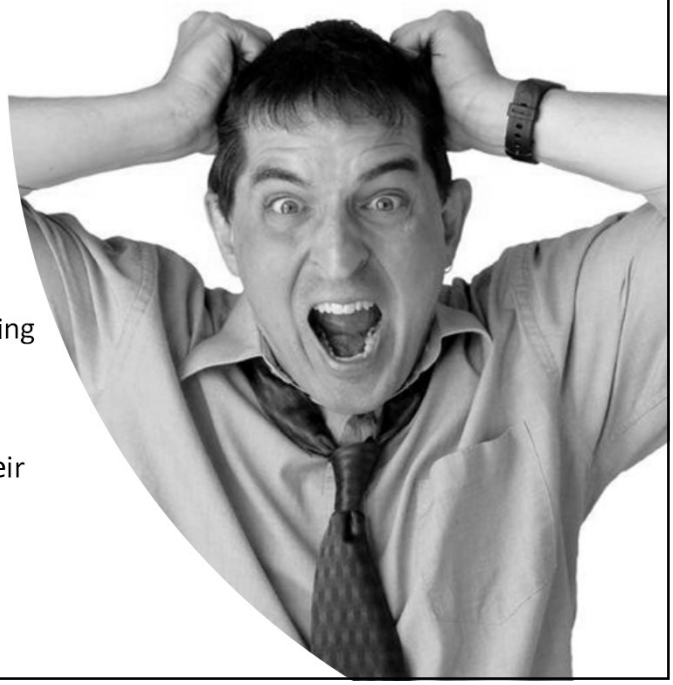
Process Questions



Do you ever waste time waiting, when you should not have to?

Do you ever redo your work because something failed the first time?

Do the procedures you use waste steps, duplicate efforts, or frustrate you through their unpredictability?

Is information that you need ever lost?

Does communication ever fail?

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When you hear the word “trauma”,
what do you think of?

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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

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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)

(adapted from Anderson, Ganzel, & Janssen, 2018; Ganzel, 2018)

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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)

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Trauma 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*)

(emphasis added)

CMS uses this definition of trauma

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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

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Medical Trauma

"Medical traumas are psychological traumas that result from medical diagnosis and/or medical interventions."

"The idea that medical treatment can be traumatic may seem counterintuitive. We tend to associate medical care with expertise, skill, and advanced technology in service of healing, not harming."

Medical Trauma by Scott Janssen, MSW, LCSW
https://www.socialworktoday.com/news/enews_0416_1.shtml

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Sources of Medical Trauma

- Interactions with 'the system'
- Communication that is too technical, too vague, too infrequent or too frequent
- Medication side effects
- IV placement, limited movement
- Exposure to sounds, lights, odors
- Private areas being seen by multiple people
- Exposure to needles, blood, temperature changes
- Feeling isolated, powerless, vulnerable, depressed
- Fearing for one's life and wellbeing

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Potential Impacts of Trauma

- Emotional Regulation
  - Control impulses, interpret emotional cues, trust
- Cognitive Functioning
  - Form memories, learn and concentrate, make decisions, process and express language
- Relationships
  - Identify and form healthy relationships, trust, express needs and wants, set boundaries
- Perceptions and Beliefs
  - Core beliefs about self, others, and the world, ability to hope
- Physical and Mental Health
  - Higher risk of conditions (cancer, heart disease, etc.), substance use, suicidality

Trauma-Informed Organizational Change Manual, The University of Buffalo School of Social Work, page 17

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Trauma is an INJURY, *not* a weakness, illness or character flaw

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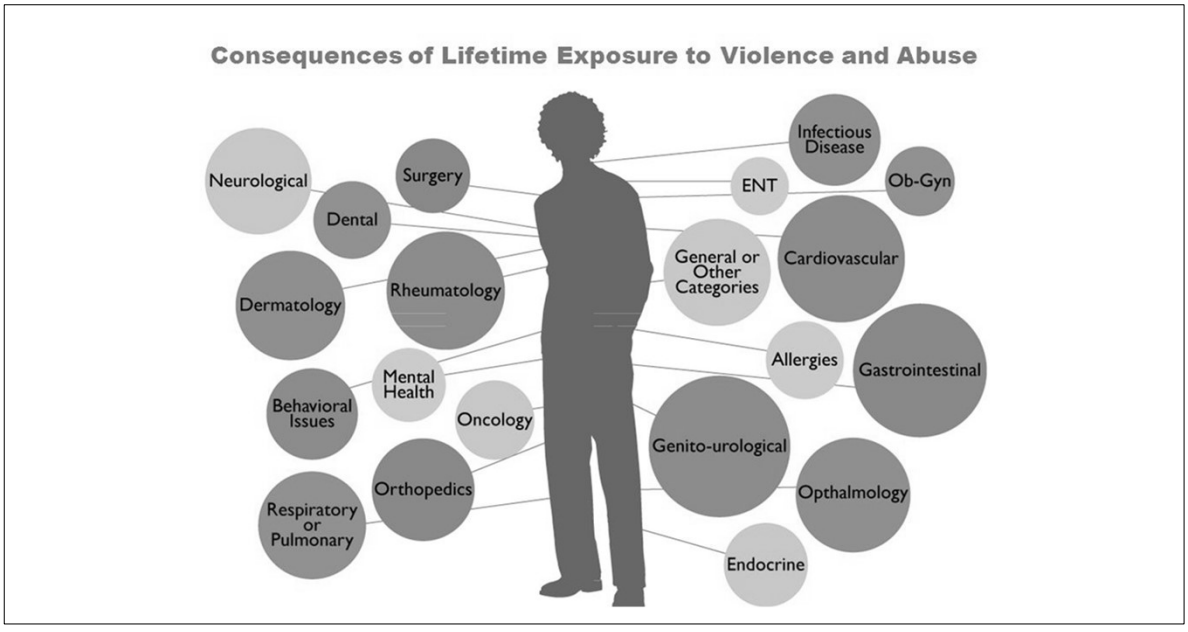

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Triggers and Re-traumatization

- A trigger is anything (a smell, a sound, an emotional state, a situation, etc.) that reminds a person of a trauma.
- Re-traumatization is "…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."

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

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Possible Trauma Reminders/Triggers in the Medical Setting and Contexts

- Illness-related symptoms (e.g. pain, shortness of breath, racing heartbeat, GI distress, physical weakness, difficulty swallowing/choking)
- Loud noises, falls, nightmares
- Blood and other body fluids, smells
- Medication effects (e.g. sleepiness, loss of alertness, need for delivery through injection or suppository)
- Direct personal care (e.g. being touched, dressed/undressed, toileting)
- Being "stuck" in bed
- Dehumanizing situations/contexts associated with illness and/or medical care
- Being in the dark
- Being treat or talked to "like a child"
- Being naked in front of others, strangers looking over you as you lay in bed
- Difficult conversations (e.g. about hospice care, treatment planning, disease progression, funeral arrangements, needing help with personal care)

Scott Janssen MA, MSW, LCSW

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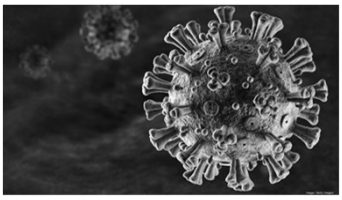
Re-traumatization from COVID-19



Multi-Sensory (sight, sound, smell, touch and taste)

Sirens, latex smell, crinkle of gowns, seeing residents sitting alone in rooms, residents calling out for help

Inner and outer physical sensations

Shortness of breath, racing heart, claustrophobia from PPE

Emotional States

Fear, powerlessness, uncertainty, shock, regret, isolation, exhaustion, depression, tense, anxiety, confusion, suspicion

Situations

Being refrained from touching, being allowed to touch, prohibiting residents from seeing their families, being around crowds, residents dying alone

(adapted from Anderson, Ganzel, Janssen, 2018 & Ganzel, 2018)

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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.

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Stress Response & Our Body

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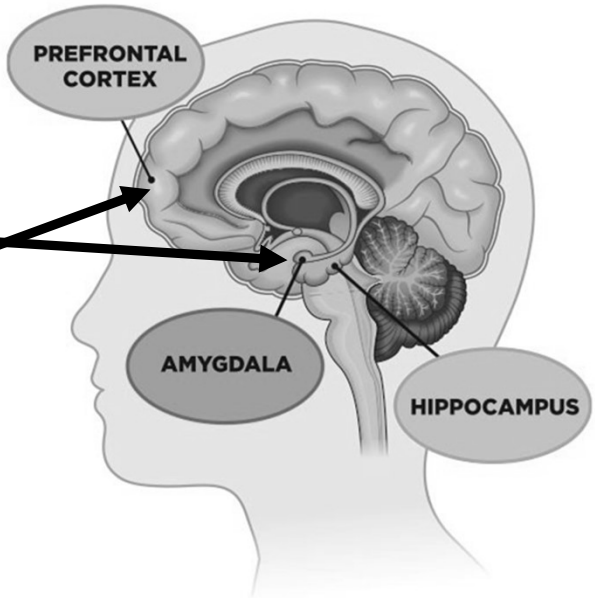
AMYGDALA
The part of our brain that keeps us safe. It is considered our emotional brain and when we are stressed, anxious or angry, it TAKES OVER. It turns on flight, fight or freeze states. You CAN'T control it!

PREFRONTAL CORTEX
The logical part of our brain that helps us with decision-making. But, it goes "off-line" when the amygdala is in charge. It SHUTS down!



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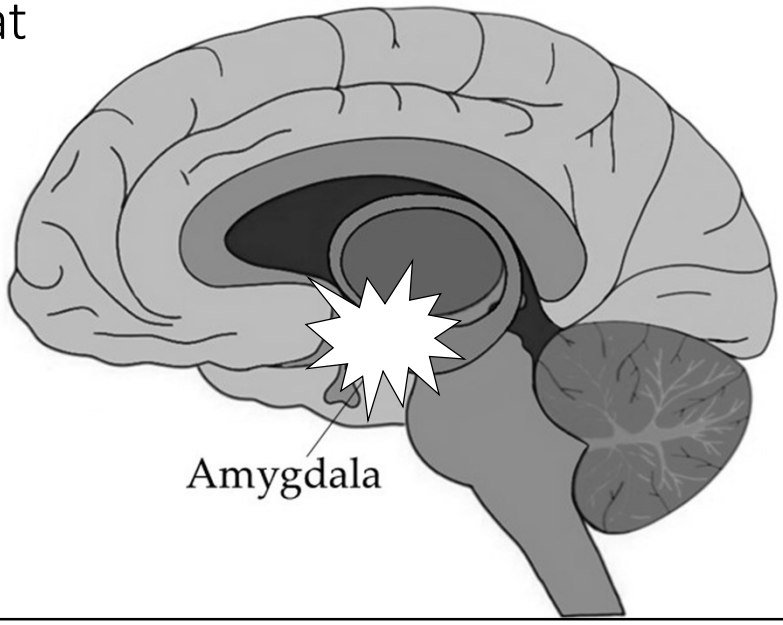
The amygdala **BURSTS** into action when it perceives a threat



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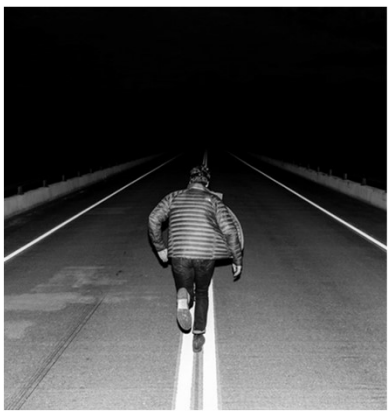

Fight **Flight** **Freeze**

Our Biology Picks One of These

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Our Biology **REACTS** the **SAME**,
no matter if the threat is perceived or real.

Anxiety causes a mis-trigger which essentially means the amygdala is stuck in the "on" mode

COVID-19 Anxiety Workbook
https://health.uark.edu/coronavirus/caps-covid-19-resources-anxiety-workbook.pdf

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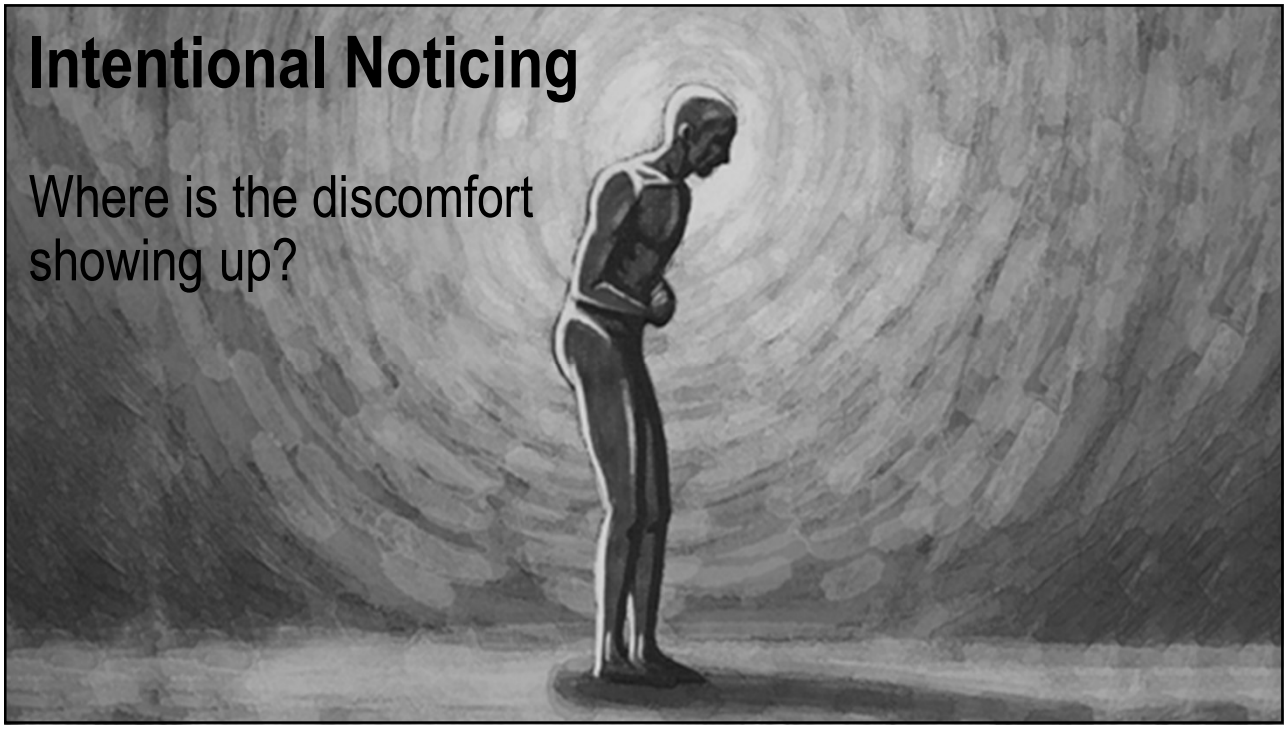

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Self Awareness – How Does YOUR Body Communicate Overwhelm?

Physical	Behavioral and Emotional
• Shallow breathing	• Anger
• Increased heart rate	• Blame
• Clenched teeth	• Fearful
• Upset stomach, nausea	• Irritability
• Headache	• Frustration, impatience
• Shoulders at “your ears”	• Exhaustion
• Creased facial expression	• Hopelessness
• Tense muscles	• Edgy, jittery

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Cognitive Symptoms of Anxiety (Overwhelm)

- Fear of losing control, being unable to cope
- Fear of physical injury or death
- Fear of “going crazy”
- Frightening thoughts, images, or memories
- Poor concentration, confusion, distractibility
- Narrow attention, hypervigilance for threat
- Poor memory
- Difficulty in reasoning

COVID-19 Anxiety Workbook
https://health.uark.edu/coronavirus/caps-covid-19-resources-anxiety-workbook.pdf

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Past and Present Self-regulation Choices

Efforts to self-regulate

- Loving relationships
- Addictions
- Meditation
- Suicide attempt
- Going to place of worship
- Isolation
- Exercise
- Violence
- Hobbies

How has this helped you to survive?
What does [fill in] do for you?

Dr. Bessel van der Kolk

Michael Keller, LSCSW
Center for Psychological Truama, LLC

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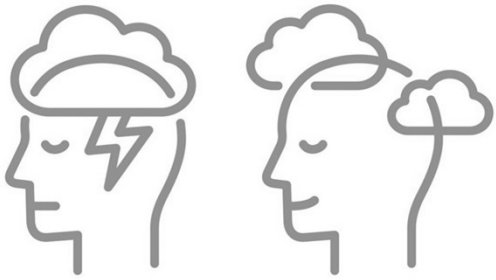
Validate *effort to cope*



- General therapy technique to validate efforts to cope, even if those efforts are maladaptive.
  - "Who wouldn't want to feel better? I get why you do what you do."
- This is not validating maladaptive choices; *it is validating the effort to cope.*

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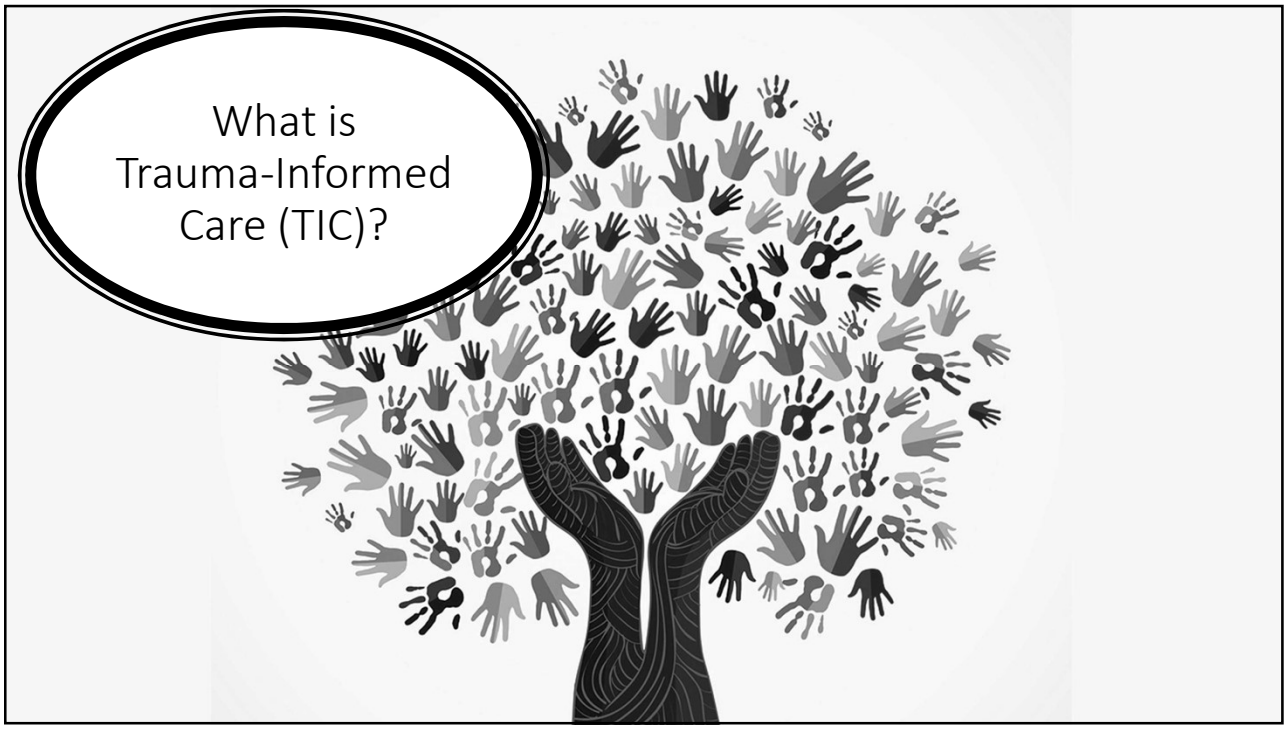

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Trauma-informed care is the adoption of principles and practices that promote a culture of safety, empowerment, and healing.

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

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"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."

(emphasis added)

Ashley Swinson, MSW, LCSW

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TIC is a *mindset*, not a toolset

- Seek understanding
- No judgment, blame or criticism
- Minimize harm
- Enhance safety
- Offer choice
- Respect one's past and appreciate how it informs the present

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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.

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

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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…*

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MULTIPLE F-tags Address TIC

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)
https://www.lsqin.org/wp-content/uploads/2018/09/Trauma-Informed-Care-Resources.pdf

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Incorporate Trauma-Informed Care into Training Requirements

F941 Communication

F942 Resident's rights

F943 Abuse, Neglect, and Exploitation

F949 Behavioral health

F946 Compliance and ethics

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F675 Quality of Life

Fundamental principle that applies to all care and services

Each resident must receive and the facility must provide the necessary care and services to attain or maintain the **highest practicable physical, mental, and psychosocial well-being**, consistent with the resident's comprehensive assessment and plan of care.

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"Creating a trauma-informed organization is a fluid, ongoing process; it has no completion date."
(SAMHSA, 2014)

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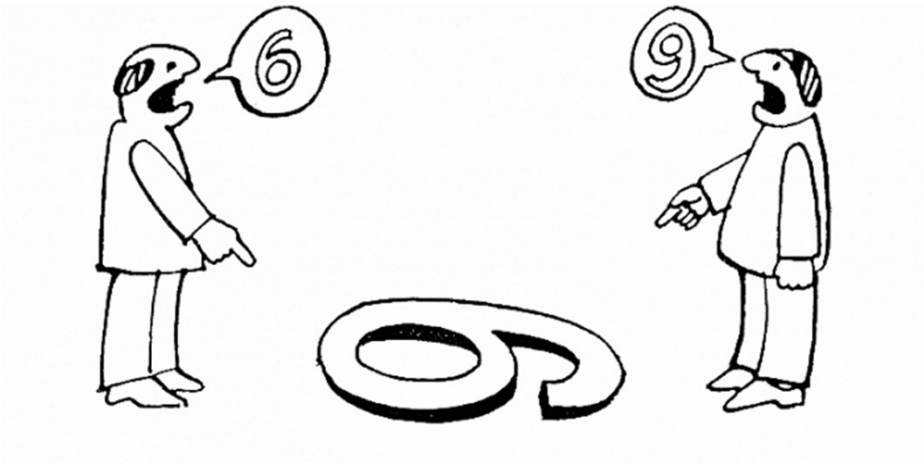
Assess staff perceptions of the organization



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Trauma-Informed Climate Scale - 10

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 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.

_____ 8. This organization doesn't seem to care whether staff gets what they need to do their

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

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"The TICS-10 ultimately measures the extent to which employee rights, freedoms, and contributions are valued within the agency, and research has demonstrated how the prioritization of these values can contribute to the overall success of the agency."

(Hales, Green, Bissonette et al., 2018)

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Results of the TICS-10

- What would you do if a majority of staff respond that they do not believe that the organization cares whether staff gets what they need to do their job well?
- What would you do if a significant segment of staff respond that they don't know where they stand if they disagree with administration?
- What happens if a few people report they are uncomfortable with a co-worker?

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An Organization that is Trauma-Informed is Grounded in Key Assumptions (the 4 R's)

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
4. Seeks to actively RESIST RE-TRAUMATIZATION

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

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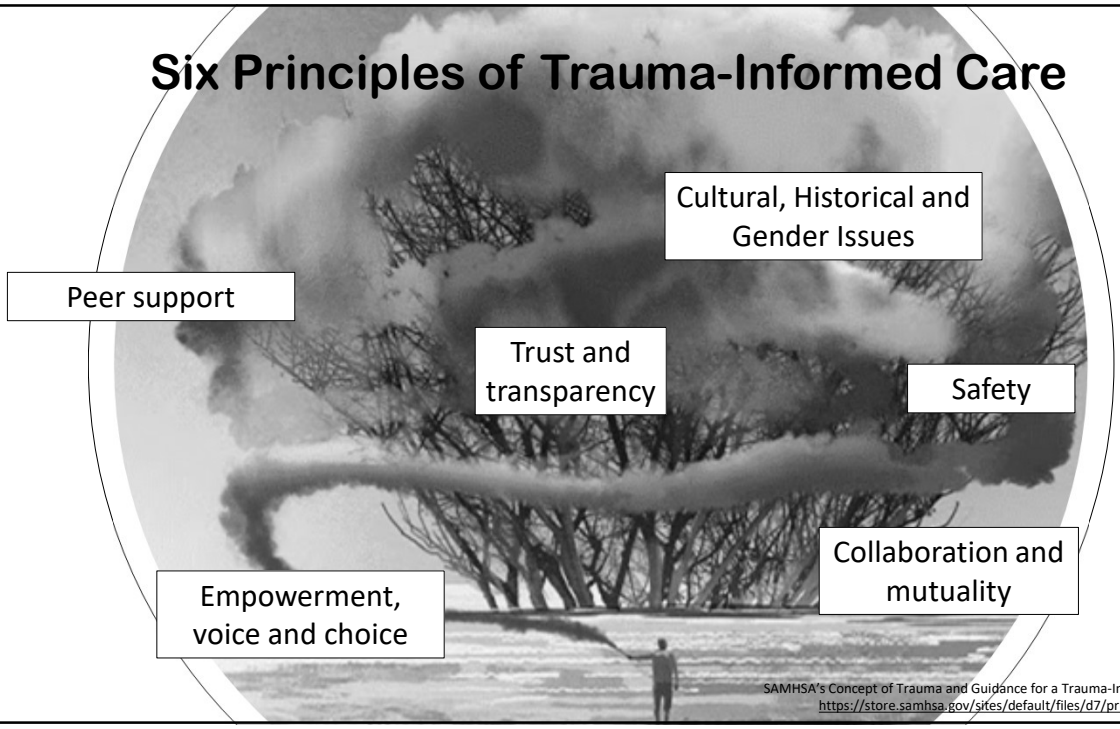
Six Principles of Trauma-Informed Care



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

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Safety

- A safe work environment includes:
  - Physical plant, security, disaster planning, policies and procedures
- Creating safety within a trauma-informed framework exceeds those standard expectations **to include emotional safety:**
  - Feeling empowered to speak up and safe to discuss challenges
  - Zero tolerance for blaming, bullying or retaliation
  - Interpersonal interactions promote a sense of safety

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Do residents feel safe in your nursing home?

- No doubt we *want* to create environments where people feel safe
  - Our instinct is that "we already do this."
- We believe this because most people do not come to work with the intention to hurt or re-traumatize people.
  - *"I'm a caring, compassionate person. Of course I don't traumatize people."*
- The reality is that we can trigger and/or retraumatize another person

Kathleen Bickel, MD, MPhil, MS
University of Colorado School of Medicine

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Safety
(Exploration questions)

- How do you describe safety (physical and emotional)?
- What helps you feel safe?
- What can we do to help your space feel safe for you?
- What helps you achieve a sense of calm? A sense of comfort?
- What's bothering you the most right now?
- What turns on the painful memory for you?
- When you think about that painful memory, what happens to your pain?
- Is the pain where the disease/injury is or where the stress is?

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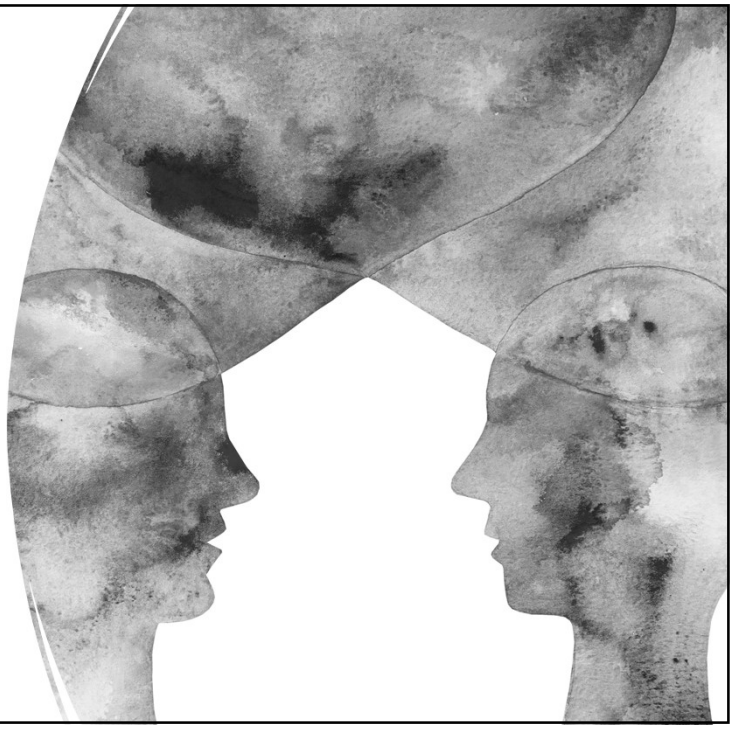
Trustworthiness and Transparency



- Qualities of respect, compassion and a genuine desire to be present with and relieve another person's suffering
  - Attentive to physical and emotional safety
  - Ask about their level of comfort
  - Gentle approach that does not convey "an agenda"
- Predictability with processes and daily activities
- Prioritizing confidentiality and privacy
- 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

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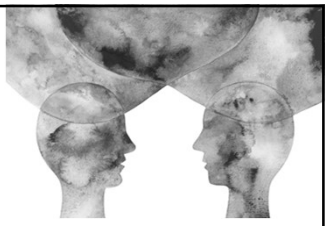
Trustworthiness and Transparency
(Exploration questions)



- In what ways would you like to be involved in decision-making about your care, the environment, and your day?
- How do you describe trustworthiness? Transparency?
- What qualities does that include?
- What would staff do that helps create a trusting relationship?

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Peer Support

Can include support from other people who share similar trauma experiences

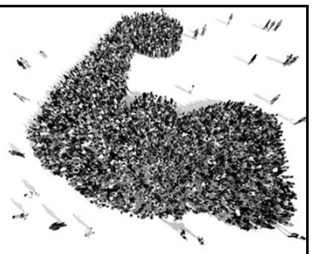
Connection that helps a person feel safe and hopeful

Utilizing stories and lived experiences are important for recovery and healing

(Peers may be referred to as “trauma survivors” in some situations)

64

Peer Support
(Exploration questions)



- What would a meaningful social support be for you?
- In what ways would you like to be engaged in life, in your care, and in the "facility" life?
- How can staff increase your sense of social support?
- What are your stories from your life when you were resilient and overcame challenges?
- How can these stories be integrated into the current situation to help support recovery and healing?

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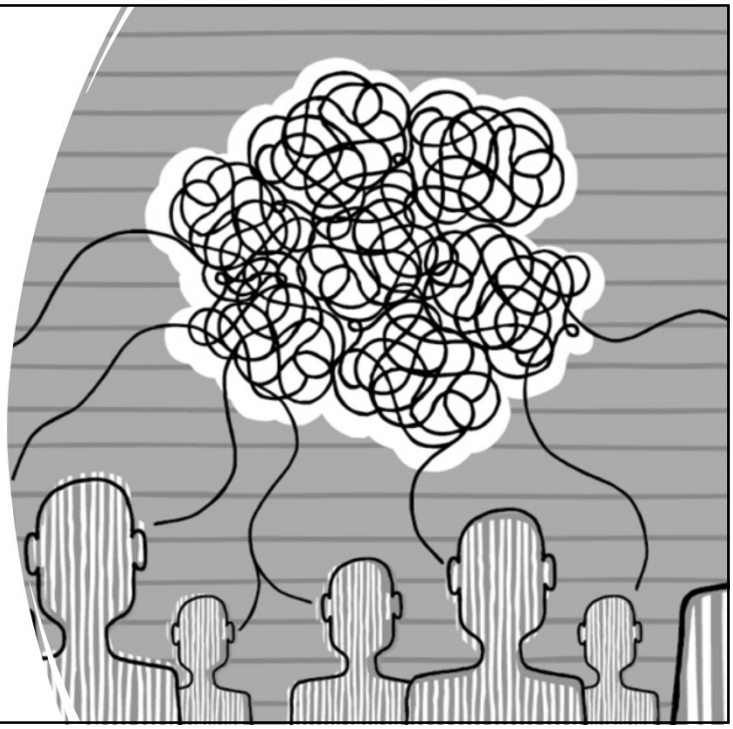
Collaboration and Mutuality

- Forming partnerships and leveling of power differences (staff and residents, staff and families, staff and leadership)
- Healing happens in relationships and with the meaningful sharing of power
- Doing WITH rather than doing TO or FOR someone
- Shared decision-making



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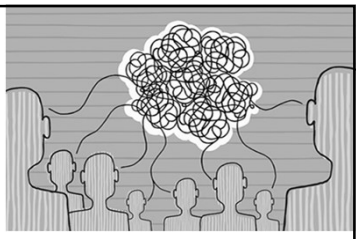
Collaboration and mutuality
(Exploration questions)



- How would you like to be involved in decision-making?
- What things are important to you to make decisions about?
- How would staff know that you need more help?
- What is important to you for developing a partnership with staff?
- What helps you feel that there is a meaningful sharing of power and decision-making?
- Do you have an experience with a relationship that you consider healing?
- How do you prefer that information is shared with you?

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Empowerment, Voice, and Choice

- Upholding self-determination
- Recognizing every person's experience is unique and requires an individualized approach
- Asking permission, sharing decision-making and goal-setting
- Incorporating resident strengths (*what people have to offer*)
- Cultivating self-advocacy skills
- Believing in resilience and recovery
- Communicating sense of hope for the future

68

Empowerment, Voice, and Choice

(Exploration questions)

- How would you like to be involved in decision-making about your care and your environment?
- What information would be helpful for us to know about what happened to you prior to arriving here?
- What do you feel you need?
- What are your strengths?
- What helps you express your feelings in a healthy way?
- What helps you find meaning in life?
- What supports you to feel good about yourself?
- What helps you feel hopeful?
- What sustains you during difficult times?
- How do you manage stress? Is this different from how you managed it before? If so, how?
- What do you value? What beliefs are important?
- From your experience, what responses from others work best for you if you feel overwhelmed or distressed by your emotions?

69

Empowerment, Voice, and Choice

(Exploration questions)

- What are some of the ways that you deal with painful feelings?
- You have survived trauma. What characteristics have helped you manage these experiences and the challenges that they have created in your life?
- Imagine for a moment that a group of people are standing behind you showing you support in some way. Who would be standing there? What would they be doing? (It doesn't matter how briefly or when they showed up in your life, or whether or not they are currently in your life or even alive.)
- Who are the people you enjoy being around? Who feels grounded to you?
- How do you gain support today?
- What does recovery look like to you?
- What makes a good day for you?
- What are the things you do each day or each week because you really prefer or choose, not because you must?
- What do you do well? What kinds of things did you previously do well?
- What has always given you confidence or made you proud?
- What is most important to you right now?
- What helps you feel good about yourself, your self-worth, and self-esteem?

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Cultural, Historical, and Gender Issues

- Self-awareness of unconscious bias, stigma, discrimination, stereotypes (gender, race, religion, age, sexual orientation, geography, etc.)
- Addressing historical trauma, events experienced by a collective community but is experienced personally and can be transmitted over generations (Holocaust, slavery, genocide, victimization, oppression)
- Integrating the healing value of traditional cultural connections
- Avoiding judgments or making assumptions
- Approaching with cultural humility and curiosity
  - "Can you share with me or teach me…"
- Offering gender responsive services

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Cultural, Historical and Gender Issues
(Exploration questions)

- Have you experienced discrimination, racism, oppression, or stereotyping?
- Do you have a shared or historical trauma in your life/family (e.g., family legacy of slavery, a family member that was killed in a concentration camp)?
- Do you identify with traditional cultural values/connections? Cultural rituals?
- What can we do in this moment to help you feel safe? (Consider body language, distance, volume and tone of voice, and eye contact)
- Can you help me understand how you express [e.g., sadness, joy]?
- What aspects of your health are important to you?
- What is important to you for healing?
- What are your beliefs about illness? About suffering? About dying? About death?
- What is your understanding of why things have happened the way they have?
- How are gender roles understood in your life/culture (rules about social distance, touch, eye contact, and how to approach a married/unmarried person)?

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Trauma Screening and Trauma Assessment

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Trauma Screening *vs.* Trauma Assessment and Treatment

Screening	Assessment and Treatment
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

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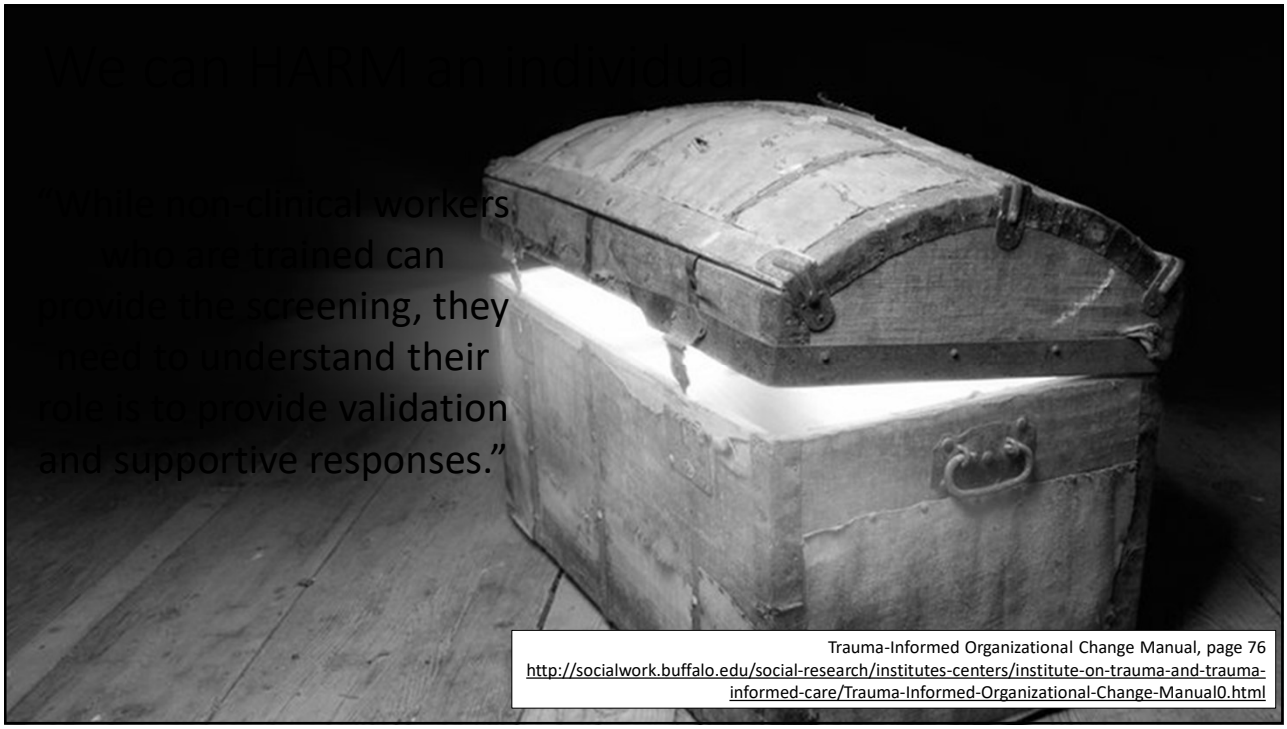

Trauma-Informed Organizational Change Manual, page 76
http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/Trauma-Informed-Organizational-Change-Manual0.html

75

Being Prepared for "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?

Talking About Trauma, Guide to Conversations and Screening for Health and Other Service Providers
https://www.blueknot.org.au/Portals/2/Newsletter/Talking%20About%20Trauma%20Services_WEB.pdf?ver=2018-04-06-160830-113

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Trauma Assessment

- Done by a mental health professional with specialized training
- Identify available resources in your area
  - Community setting, services that can be provided in the nursing home
  - Telehealth
- Ensure a consistent process for communication, obtaining progress notes and the treatment plan

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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?

Courtesy of Barbara L. Ganzel PhD, LMSW
Director, Gerontology Institute
Associate Professor, Gerontology, Ithaca College

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2 Types of Screening

Direct & Indirect

Screening will not capture all people experiencing trauma upfront

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Staff With Good Training Should Not Fear Screening

The chances of being traumatized by a properly administered screen are far lower than the chances of re-traumatizing a person if you do not screen

But, just talking about trauma does not create instant catharsis

Exercise caution and be mindful what you are asking people

Be prepared to respond appropriately and with "next steps" or resources

SAMSHA. 2014. *Trauma-informed care* https://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf

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Direct Screening

Appropriate when the individual has capacity and agrees with being asked questions (or, completing the tool independently)

No evidence-based instruments validated for use with people who have diminished capacity due to cognitive impairment, delirium, or who are seriously physically ill

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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.

Trauma-Informed Care by Scott Janssen, http://www.todaysgeriatricmedicine.com/news/ex_022719.shtml

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Capacity determines ***strategy***, not exclusion.

Barbara Ganzel, LMSW, PhD

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Opening the Conversation About Trauma Screening

- "Many people have had difficult experiences during their life. I would like to ask you a few questions…is that okay?"
- "Part of my job is to let you know that when people have major life changes, get hurt or sick, that memories of the past can come back as distressing thoughts, feelings, dreams or unexpected reactions in the present."
- "Are you currently bothered by any recent or past upsetting experience?"

If at any point the person says 'no', honor that and note it in your documentation.

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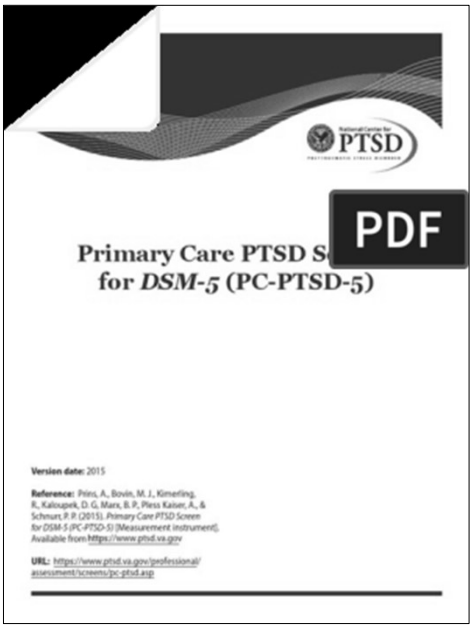
Suggestion for Screening for CURRENT symptoms



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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

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Direct Screening *(an adaptation)*

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, <u>in the past month</u>, you…

1. Have had nightmares about it or thought about it when you did not want to? **YES/NO**
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? **YES/NO**
3. Were constantly on guard, watchful, or easily startled? **YES/NO**
4. Felt numb or detached from others, activities, or your surroundings? **YES/NO**
5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused? **YES/NO**

If yes, ask if they would like to share what has been bothering them.
If no, accept that and note it.

Slide courtesy of Barbara Ganzel
Chapter 4 SAMHSA TIP-57 (2014)

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Other Direct 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, Janssen, 2018 & Ganzel, 2018)

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INdirect Screening

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, <u>in the past month</u>, you…

1. Have had nightmares about it or thought about it when you did not want to? **YES/NO** *Source* _____
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? **YES/NO** *Source* _____
3. Were constantly on guard, watchful, or easily startled? **YES/NO** *Source* _____
4. Felt numb or detached from others, activities, or your surroundings? **YES/NO** *Source* _____
5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused? **YES/NO** *Source* _____

If yes, ask if they would like to share what has been bothering them.
If no, accept that and note it.

Slide courtesy of Barbara Ganzel
Chapter 4 SAMHSA TIP-57 (2014)

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Worksheet to supplement the PC-PTSD-5

Figure in chapter: Ganzel, B., Kusmal, N., Cheatham, C., Hector, P. & Clarke, D. (accepted). Trauma-informed long-term care. In R. Perfey (ed.), *Managing the long-term care facility: Practical approaches to providing quality care* (2nd Edition, Chapter 3). John Wiley and Sons.

Box 3.9 **DELAYED REACTION TO TRAUMA**
Signs & Symptoms of Posttraumatic Stress

Possible Delayed Emotional Reactions **YES/ NO** source_____
Irritability; Aggression; Negative affect; Distress at trauma reminderes; Fear of trauma happening again; Negative thoughts about self; Detachment; Feelings of vulnerability; Mood swings; Grief reactions.

Possible Delayed Physical Reactions **YES/ NO** source_____
Nightmares; sleep disturbance; Hypervigilance/Heightened startle; Persistent fatigue; Changes in appetite or digestion or cortisol levels; Lowered immune function/more colds and infections; Focus on aches and pains

Possible Delayed Cognitive Reactions **YES/ NO** source_____
Intrusive memories; Flashbacks; Exaggerated self-blame or blame of others about the event(s); Difficulty concentrating; Belief that avoidance or other behaviors will protect them from trauma; Avoidance of trauma-related feelings or memories or preoccupation with the event; Panic & phobia-like behavior in response to trauma triggers; Inability to remember key features of the trauma

Possible Delayed Behavioral Reactions **YES/ NO** source_____
Avoidance of event reminders ; Decreased interest in activities; Risky or destructive behavior; Isolation/withdrawal; Disrupted social relationships; History of abuse of alcohol or drugs

Possible Delayed Existential Reactions **YES/ NO** source_____
Questioning ("why me"), disillusionment, cynicism; Loss of purpose or faith; Hopelessness; Also potential adaptive responses such as re-establishing priorities, redefiniting meaning and importance of life, reviewing life assumptions to accommodate trauma.
Adapted from HHS (2014). *TIP-57*, pp. 61-62.

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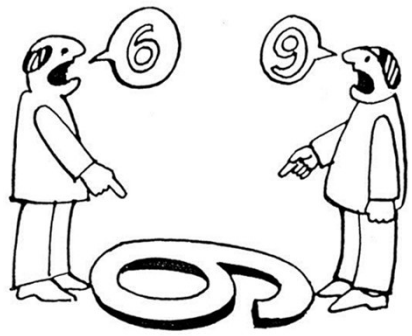
Importance of Perceptions



"It is important to remember that what happened is not nearly as important as what the trauma means to the individual."

SAMHSA Tip #57, page 51

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LOOK & LISTEN: Indications of Prior Trauma

Things patients and family members might say:

"I lost my soul after….."

"If I'd just ….. she'd still be here today."

"It seemed like my brother was missing part of himself afterwards."

"My son/daughter has never been the same."

"I didn't know the person who came back to me."

"My whole world was turned upside down."

Indications of long-term care resident with a potential prior trauma:

- PTSD or other mental illness
- History of alcohol and/or drug use
- Homelessness
- Estranged relationships
- Sleeping "on guard"
- Unfulfilled longings
- Suspicion, lack of trust
- Anxiety, agitation
- Nightmares

-Deborah Grassman, VA Hospice, Bay Pines, FL

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The Minimum Data Set (MDS)

18 different sections, almost all of them can relate to trauma history, symptom or trigger

- **C "Delirium"** – strong predictor of trauma and PTSD
- **D "Mood"** (PHQ-9) – presence of symptoms including little interest or pleasure in doing things, trouble falling asleep or staying asleep, feeling bad about yourself, trouble concentrating or thought that you would be better off dead
- **E "Behaviors"** – physician and verbal aggression towards self and others, pacing, rummaging, screaming and rejection of care
- **H "Bowel and Bladder"** – new or worsened incontinence
- **I "Active Diagnoses"** – e.g. dementia, cancer, organ failure, mood disorders, respiratory failure
- **P "Restraints and Alarms"** – physical restraints and alarms (devices applied to the individual in bed or wheelchair or directly to body (wanderguard bracelet)

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Trauma Positive Screens

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."

Talking About Trauma, Guide to Conversations and Screening for Health and Other Service Providers
https://www.blueknot.org.au/Portals/2/Newsletter/Talking%20About%20Trauma%20Services_WEB.pdf?ver=2018-04-06-160830-113

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Process to follow-up and re-screen later
A “no” could mean they don’t want to talk about it, or they don’t recognize something as possibly traumatic
Negative Screens

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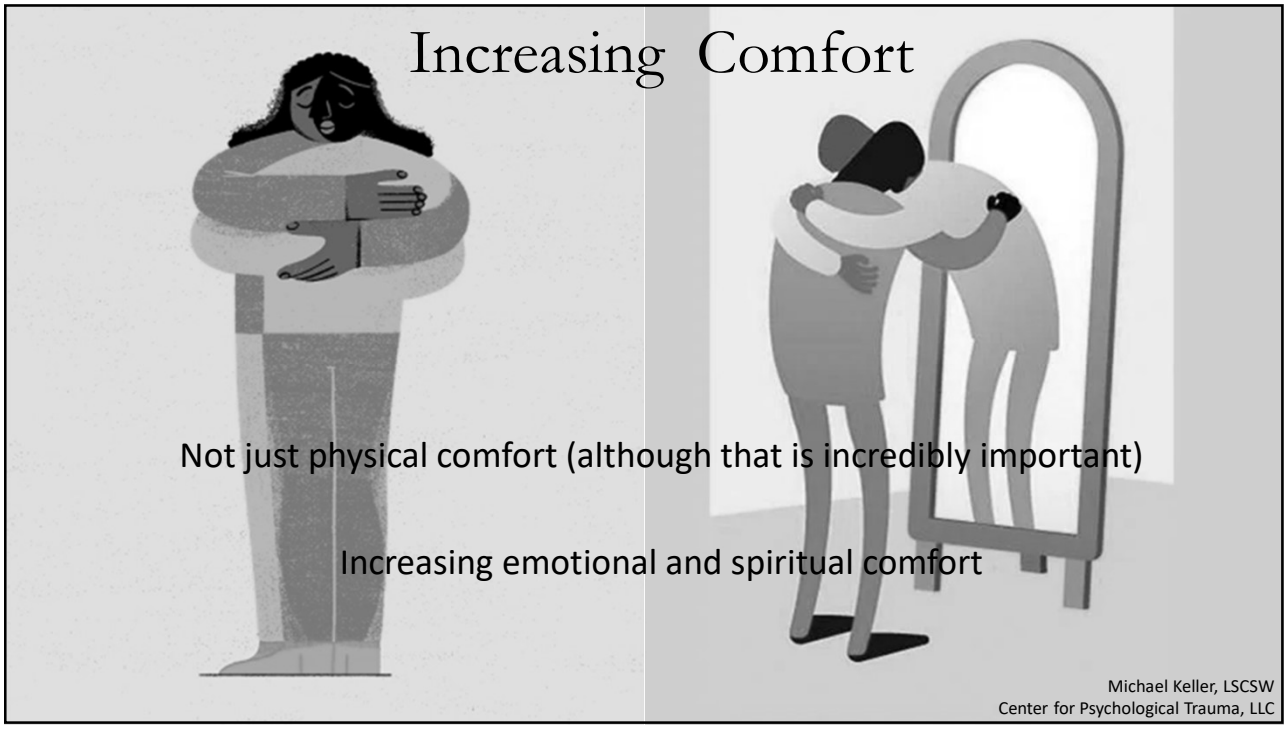
Increasing Comfort
Not just physical comfort (although that is incredibly important)
Increasing emotional and spiritual comfort
Michael Keller, LSCSW
Center for Psychological Trauma, LLC

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Resource Development

We get better at what we practice, including negative states like anger. Intentionally choosing a different emotional state – lifting the mindfulness muscles so they get stronger with practice

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Resource States & Strengths

- Personality traits
- Skills/things you do well
- Experiences/Successes/Proud moments: building something, completing an education program, finishing a painting, fostering a pet
- Hobbies
- Spirituality / Faith
- Values: compassion, community, integrity, relationships, creativity
- Emotional strengths: courage, patience, gratitude, faith

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What is one of YOUR resource states or strengths?

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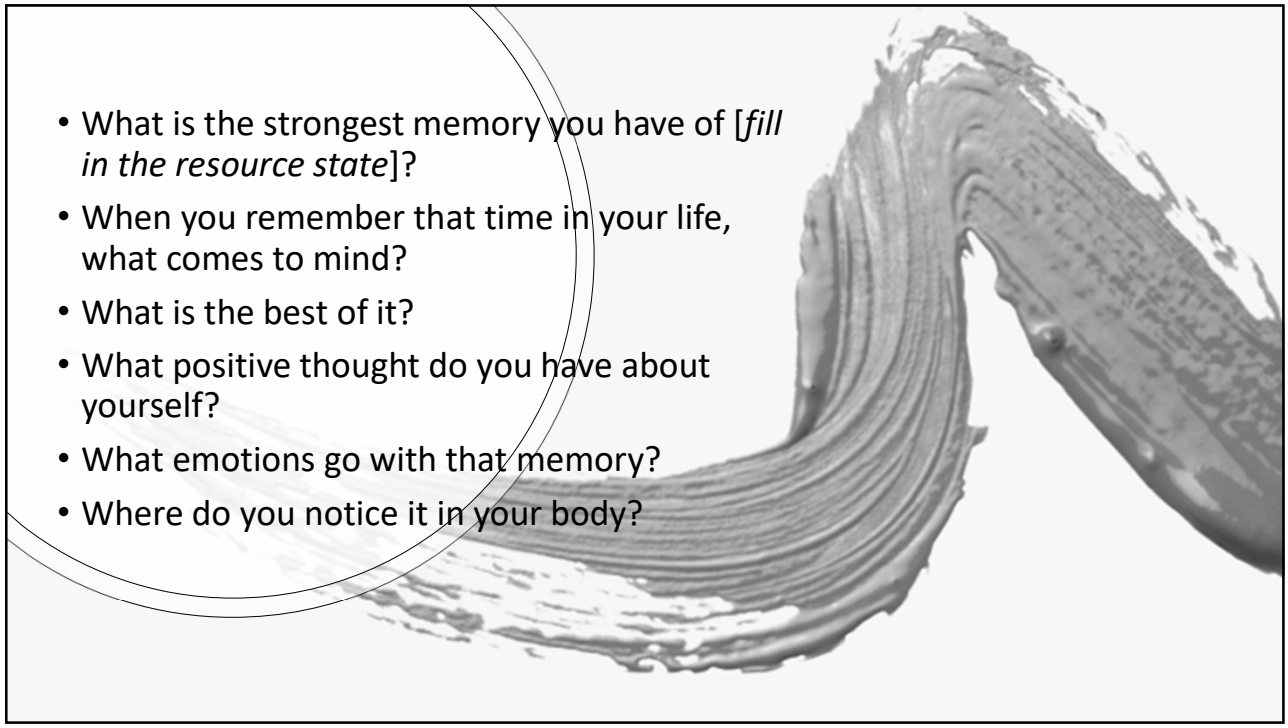
- What is the strongest memory you have of [*fill in the resource state*]?
- When you remember that time in your life, what comes to mind?
- What is the best of it?
- What positive thought do you have about yourself?
- What emotions go with that memory?
- Where do you notice it in your body?



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Use the resource state to support resilience in the present moment!

”Remember how you [*fill in brief statement that highlights a resource*.]”

- Ran a successful business…
- Accomplished….
- Made it through…
- Took such wonderful care of your children…
- Built your home…

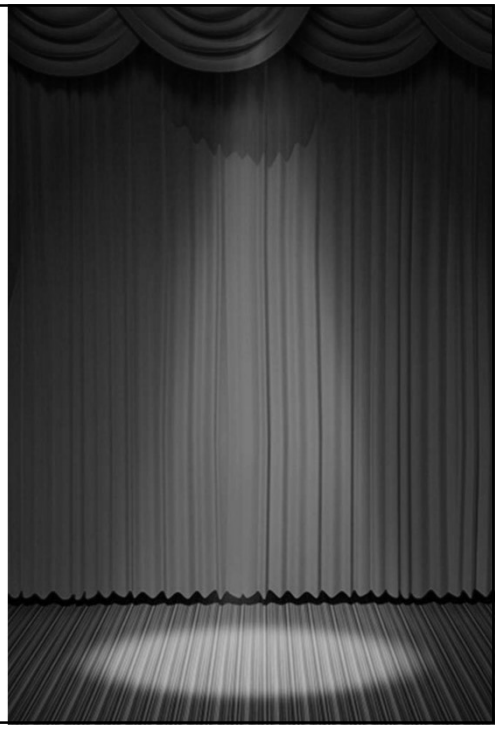
101

Celebrate Resilience
(Residents and Staff!)

People are natural story tellers and stories are powerful

Share their stories (for those who wish to do so)

- Post them on facility social media sites and website
- Invite people to read their stories (1-2 per day)
- Make plays, skits, monologues
- Get local theatre groups involved!



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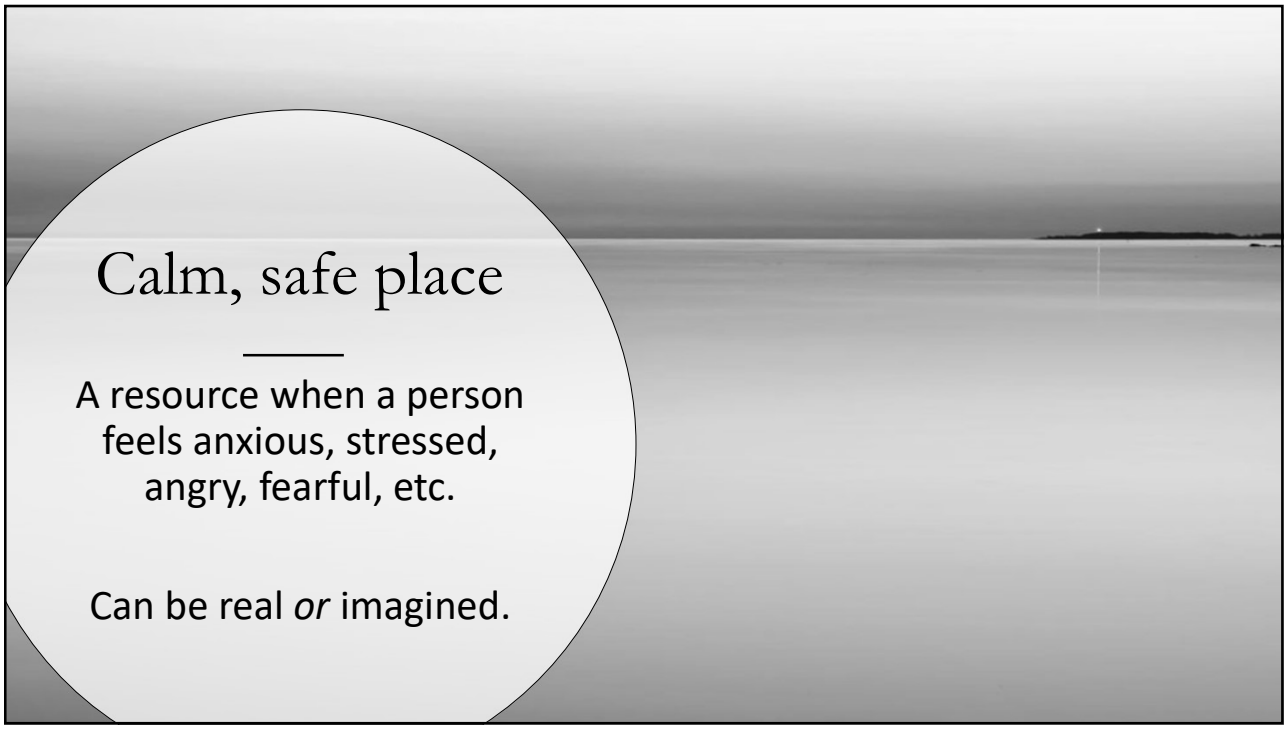

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Identifying a Calm, Safe Place

Where did you (do you) have fun? Where do you go to relax?

When you think of a peaceful place, what comes to mind?

- Strongest memory of it right now
- Images, sounds, emotions, smells that go with it
- Where do you notice it in your body

Michael Keller, LSCSW
Center for Psychological Trauma, LLC

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Incorporating Resource States

- Be intentional about bringing these resources on board
- Do not use as 'punishment'
  - "Joe, you're too agitated, why don't you try going to your calm, safe place."
  - "Just think of your positive future template."
- The intention is to use these resources to increase self-regulation, to help soothe a distressing experience, <u>not to mask it</u>

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Do not tell the individual to "calm down" which may have an unintended result of exacerbating their distress.

"De-escalation" does not work with trauma.

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From the then and there
to the here and now

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Grounding is a
coping strategy
Grounding Techniques for Post-Traumatic Stress Disorder
Using the Five Senses to Cope
https://www.verywellmind.com/grounding-techniques-for-ptsd-2797300 a

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Personal Safety Plan

- The personal safety plan is a strategy to manage stress/distress in the moment.
- The plan is different for each person. May have a work plan and a home plan.
  - What do you enjoy doing to relax?
- When you notice feelings of overwhelm, ("catch" the stress response), intentionally engage your safety plan
  - Increase feelings of being in charge and how you want to react to a situation
  - You have choice!

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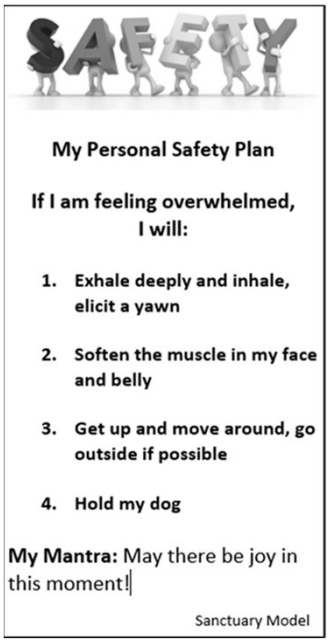
Personal Safety Plan

- What are 3-4 things that help you self-regulate, regain balance, and increase a sense of calm?
- Share the safety plans at work (with team members), help support each other.
  - *Normalize* using strategies that support wellbeing
  - Some staff may not feel comfortable sharing
- Make the plans visible and accessible
  - Laminate cards, attach to back of ID badge, paste on clipboard, attach to car dashboard



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Grounding ideas to include on your safety plan

- Rapid bursts of movement like jumping jacks or running stairs to discharge stress and quieten the body/mind
- Gentle movement like wiggling in your chair and tapping your feet on the floor to reconnect with the present moment
- Hold an ice cube in your hand and watch it melt
- Breath work (box breathing, 4-7-8 technique, etc.), elicit a yawn!
- Laughter, jokes, silliness, fun!
- Music (releases flushes of dopamine, a happiness-inducing chemical)
- Mantras like "A hard moment does not mean a hard rest of the day"
- Compassionate self-talk
- Hobby

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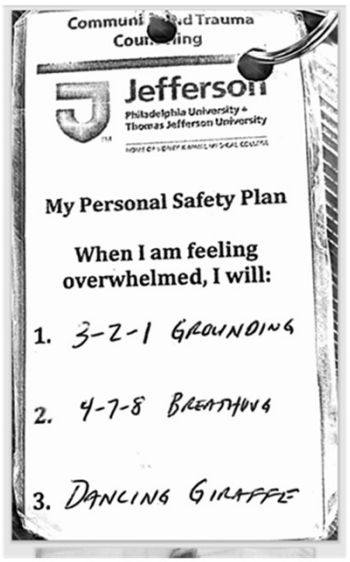
Sample ID Badge with Safety Plan

Front



Back

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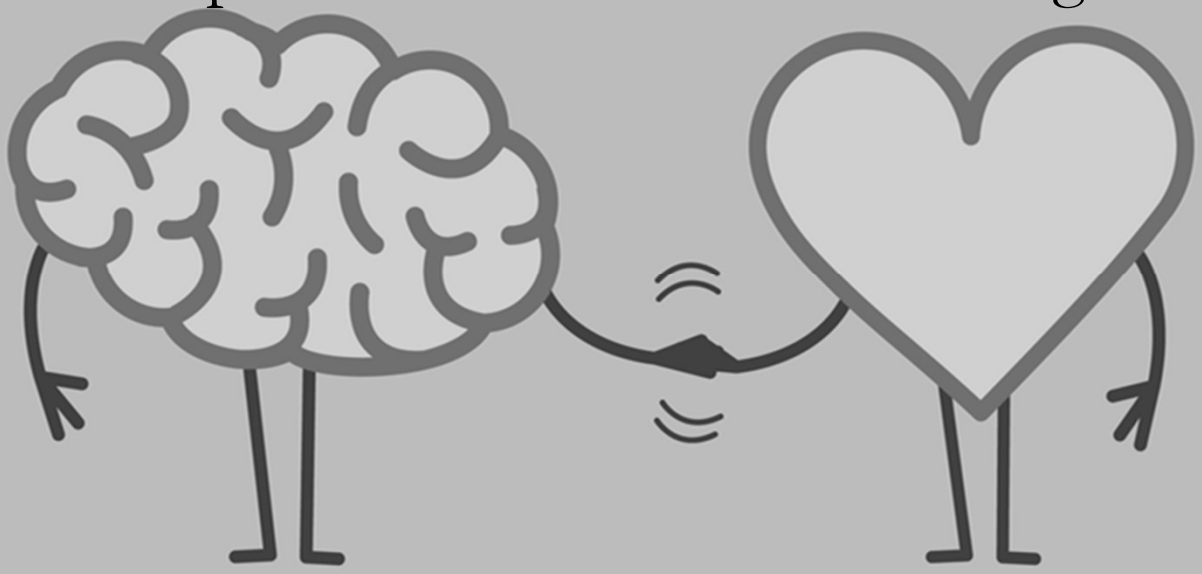
Compassionate and Mindful Sharing



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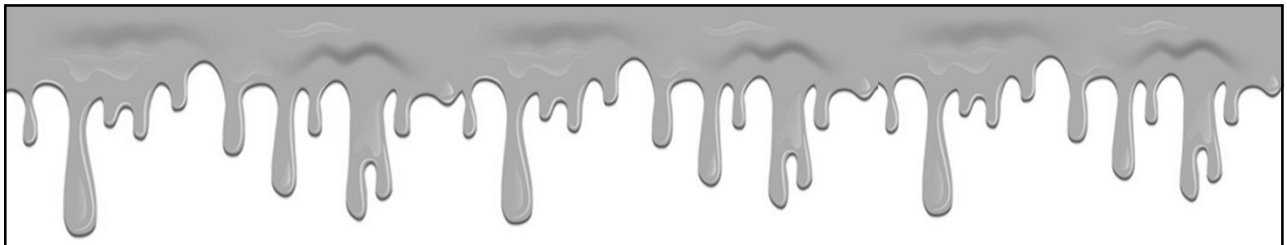

What is Sliming?

- Debriefing without warning or permission, no choice
- The person receiving the information feels as though they now carry the weight of the unnecessarily graphic or traumatic information
- Sliming is contagious when we unwittingly spread traumatic stories among colleagues, family and friends

Low Impact Debriefing by TEND, https://www.tendacademy.ca/low-impact-debriefing-how-to-stop-sliming-each-other/

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Wanting and Needing to Debrief is Natural

- Alleviate some of the burden, the grief, the sadness
- Turning to others for support and validation is healthy
- The problem is that we're not doing it properly

What can we do differently?

Francoise Mathieu of Compassion Fatigue Solutions & Professional Development, http://www.compassionfatigue.org/pages/LowImpactDisclosure.pdf

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Low Impact Debriefing

1. Self-awareness of the story
   - How do you debrief when you've seen or heard hard things? Is it in formal supervision or informal time with colleagues? How much detail do you provide? What is most helpful to you in dealing with difficult stories?
2. Fair warning, including spoken desired outcome
   - Let the other person know some of the story is traumatic, give the listener a chance to brace themselves. "I would like to talk with you about a difficult situation and the story involves traumatic content."

Francoise Mathieu of Compassion Fatigue Solutions & Professional Development, http://www.compassionfatigue.org/pages/LowImpactDisclosure.pdf

Low Impact Debriefing by TEND, https://www.tendacademy.ca/low-impact-debriefing-how-to-stop-sliming-each-other/

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Low Impact Debriefing

3. Consent by recipient
   - Ask for consent, "I heard something really hard today, could I talk to you about it?" "Is now a good time?"
   - The listener has a chance to decline or to qualify what they are able/ready to hear
     - Responsibility to say "no" if unable or not ready
4. Limited disclosure
   - Decide how much to share
   - Start with least traumatic information and gradually progress
   - You may not need to share the most graphic details

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Identify Next Steps (for Action)

By next Monday, I will…

I will share this information with…

"Engaging Adult Learners, Delivering a "Wow Worthy" Presentation", Center for Excellence in Educational Leadership, https://cdn.ymaws.com/www.cocase.org/resource/resmgr/Professional_Learning/CASE_PresentationPlanningWor.pdf

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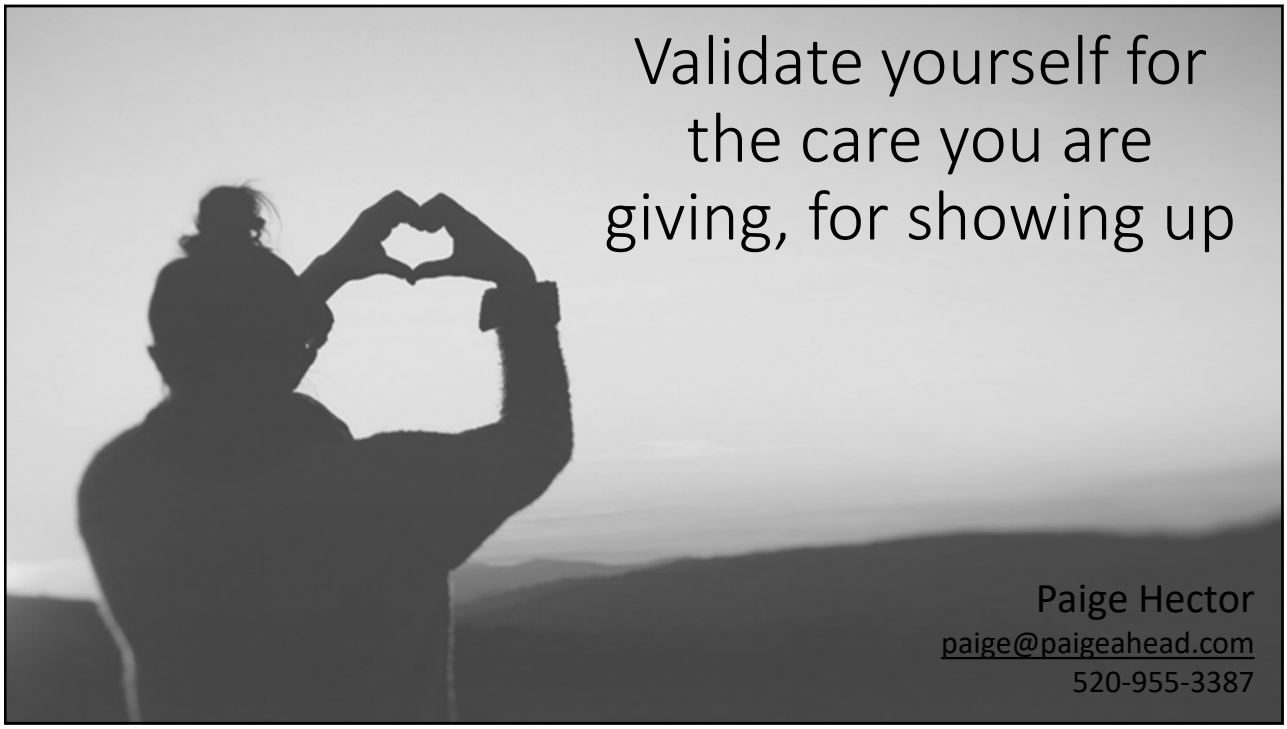
Validate yourself for the care you are giving, for showing up
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