



Becoming Trauma Informed: The Whats, Whys, and Hows

Elizabeth Power, M.Ed.

Founder, The Trauma Informed Academy®
--for the Tennessee Health Care Association

1

Objectives

When we complete this program, attendees will be able to:

1. Describe the prevalence of traumatic events
2. Recognize the impact of trauma on staff, patients and family.
3. Implement at least three strategies that address the impact of traumatic experiences.

2

Trauma Informed Care is...

- An operating philosophy, a set of knowledge and skills
- Informed by the most current transdisciplinary research
- Equally concerned with the well-being of all involved
- Focused on social determinants of health
- Present-focused, strength-based
- Collaborative, avoids retraumatizing
- Focuses on evidence in the impact observed, not the name of the event
- Asks how problematic behavior may be helpful
- Responds to people who are in distress

3

1. The prevalence of traumatic events

4

Trauma

- The **reaction**
- To **any event** that is so **overwhelming** to see, hear, or experience
- That the person **fears they may die, be badly injured, or lose their mind**



5

Frequency across the lifespan: physical

- ▶ 329 GSW daily
- ▶ 805,000 MIs annually²
- ▶ 795,000+ Strokes annually³
- ▶ 6,000,000 MVAs annually⁴
- ▶ 1,900,000 new cases of cancer annually⁶
- ▶ 260,000+ Hip Fractures annually⁷
- ▶ 5,800,000 with forms of dementia annually⁵

6

Frequency across the lifespan; psychological

- “70% of adults in the U.S. have experienced some type of traumatic event at least once in their lives.”⁸

7

Trauma

- Natural disasters
- Medical crises
- Crime victimization
- War / regional conflict
- Economic crises
- Loss of function | place
- ▶ Exclusionary systems
- ▶ Structural violence
- ▶ Structural “-isms”
- ▶ Economic crises
- ▶ Accidents
- ▶ Death | loss

8

Generational trauma: epigenetics

- ▶ We inherit the **impact** of what has happened to our ancestors (the vulnerabilities and the strengths)



9

The Question

Is there anyone who has never been affected (or overwhelmed) by any of the things we've talked about?



10

2. The impact of trauma

11

Trauma's impact

- Musculoskeletal
- Gut / Heart
- Immune system
- Decision making
- Trust
- Agency)
- Organization
- Communication
- POV
- Self-awareness and -regulation
- Social skills
- Memory

12

Potential impact in caregiving facilities

“The Alzheimer’s in 402”

- Moderate to severe cognitive decline
- Becomes combative when anyone enters her room, especially after dark.
- Heavy sedation reduces the risk of injury.
- Requires restraints, which increase her agitation.
- No known family.



13

Potential impact in caregiving facilities

“The Alzheimer’s in 402”

How might you respond?

How do you think this story ends?

...the rest of the story



14

How the impact relates to costs of turnover, patient care, and quality

Based on what you've learned so far....

How might trauma relate to staff morale and turnover?

What might the impact on patient care and quality be?



15

CMS Deficiencies | Trauma-related

- **Immediate Jeopardy (IJ) to resident health or safety... yes**
- **Probably a pattern, maybe widespread... can't determine from story**
- **Level 2—No actual harm with a potential for more than minimal harm; physical, mental, psychosocial harm risk... yes**
- **Level 3 - Actual harm that is not immediate jeopardy... probably, yes**

16

3. Strategies that address the impact of traumatic experiences

17

Assess organization based on general criteria

- Is safety (multiple types, levels) the number one priority in light of universal exposure?
- Are SAMHSA's 6 principles clearly applied in the facility, foodservice, interactions, and staff support?
- Does facility clearly differentiate between trauma treatments and trauma informed care?
- Is there evidence of collaboration, reduced retraumatization, expanded staff relational skills that align with TIC?

18

Assess organization based on general criteria

- Are policies and procedures informed by the impact of overwhelming experiences?
- Are the people who receive services and their allies involved in the organization's planning activities?
- Does leadership do what they ask staff to do?
- Are staff compensated fairly and involved in continuous learning?

19

Select three key tools to implement.

1. Accept and promote universal exposure | universal response
2. Create a culture of installing the good" for staff (20 seconds of focusing on something good)
3. Help staff learn to use positive inner connections for self- and other-soothing (Calling up and telling positive story)

20

Select three key tools to implement.

4. Screen for impact instead of event (difficulty managing feelings, withdrawn, not willing to talk about events in the past, not trusting own instincts)
5. Teach, model, and reward civility skills (Please, thank you, you're welcome)
6. Engage in program to strengthen resilience in staff and reward evidence of ability to self-regulate

21

Select three key tools to implement.

7. Adjust documentation to reflect implementation
8. Reward staff for "right behavior"—catch someone doing something right
9. Emphasize the difference between trauma treatments delivered by MH services and trauma informed culture of care
10. Master and teach skills that reduce impact of personal history in workplace as part of professional development.

22

Demonstrate each tool.

- Your turn--



23

SAMHSA's Four Rs

- Realize the presence
- Recognize the impact
- Respond with systems adjustments
- Reduce the risk of retraumatization

24



Thank you!

Elizabeth Power, M.Ed.

Founder, The Trauma Informed Academy®

epower@elizabethpower.com

calendly.com/epower/zoom (or) /phone