



Trauma Informed Implementation Strategies in Long Term Care Facilities

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Key Principle of Trauma-Informed Services

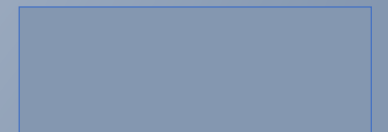
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**‘You Don’t Have to be a Therapist to be
Therapeutic’**



Dr. Joan Gillece

A lot of trauma-informed care is just common sense, adds Joan Gillece, PhD, director of the Center for Innovation in Behavioral Health Policy and Practice at the National Association of State Mental Health Program Directors in Alexandria, VA. “We need to learn to look at these symptoms through a different lens. There’s meaning in the behaviors you see.”



Dr Joan Gillece (cont'd)

Based on her experience in long-term care, Dr. Gillece says that instead of medicating or restraining patients who act out, it's better to offer them comfort and try to see their behaviors as adaptive. "We can prevent a lot of behaviors from escalating just by being aware that behind these symptoms there's a story."



Things to Remember



Underlying question =

“What happened to you?”

Symptoms =

Adaptations to traumatic events

Healing happens

In relationships

Trauma Disconnects – It can...

- Leave people feeling powerless
- Have lasting effects on the ability to trust others and form intimate relationships
- Impact relationships with self, others, communities, and environment
- Create distance between people





UNHELPFUL Responses

- Engaging in Power Struggles
- Reminders of Visits/ Special Activity (*depends on How and When)
- Reminders of Past Poor Choices
- Confidence in Failure (“Here he/she goes again!”)
- Sarcasm
- Humiliation
- Laughing*
- Remember.....If we do not know a person’s story we as well don’t know their triggers

Co-Optation

To assimilate, take, or win over into a larger or established group, a unified concept

Co-optation

- Can happen if we lose connection with those we treat and begin to take on views and beliefs that demean people who use our services
- If the organization doesn't support consistent themes of practice through uniform policy, many of your staff may feel alienated or threatened, as well as persons served



To Avoid Co-optation

- Develop strong relationships with support staff
- Reach out to local, state, and national organizations for consumers/survivors
- Talk about support values to your staff





Trauma-Sensitive Services

DON'T

- › **Do not screen for trauma unless there is a clear reason, preferably with mental health support to address what comes up**
 - **A trauma history screening is NOT a quiz, it does not stand alone; it must have purpose**

DO

- › **Be flexible: there are many ways to provide trauma-sensitive services**
- › **Adapt your systems and design new ones**
- › **You don't have to be a therapist to be therapeutic**

What Gets in the Way of Help?

- Lack of role clarity
- Struggling to manage strong emotions
- Preconceived attitudes
- Desire to manage other's behavior (particularly if viewed as harmful, self-inflicted violence)
- Fear, discomfort, misunderstanding
- How “safety” is defined and used

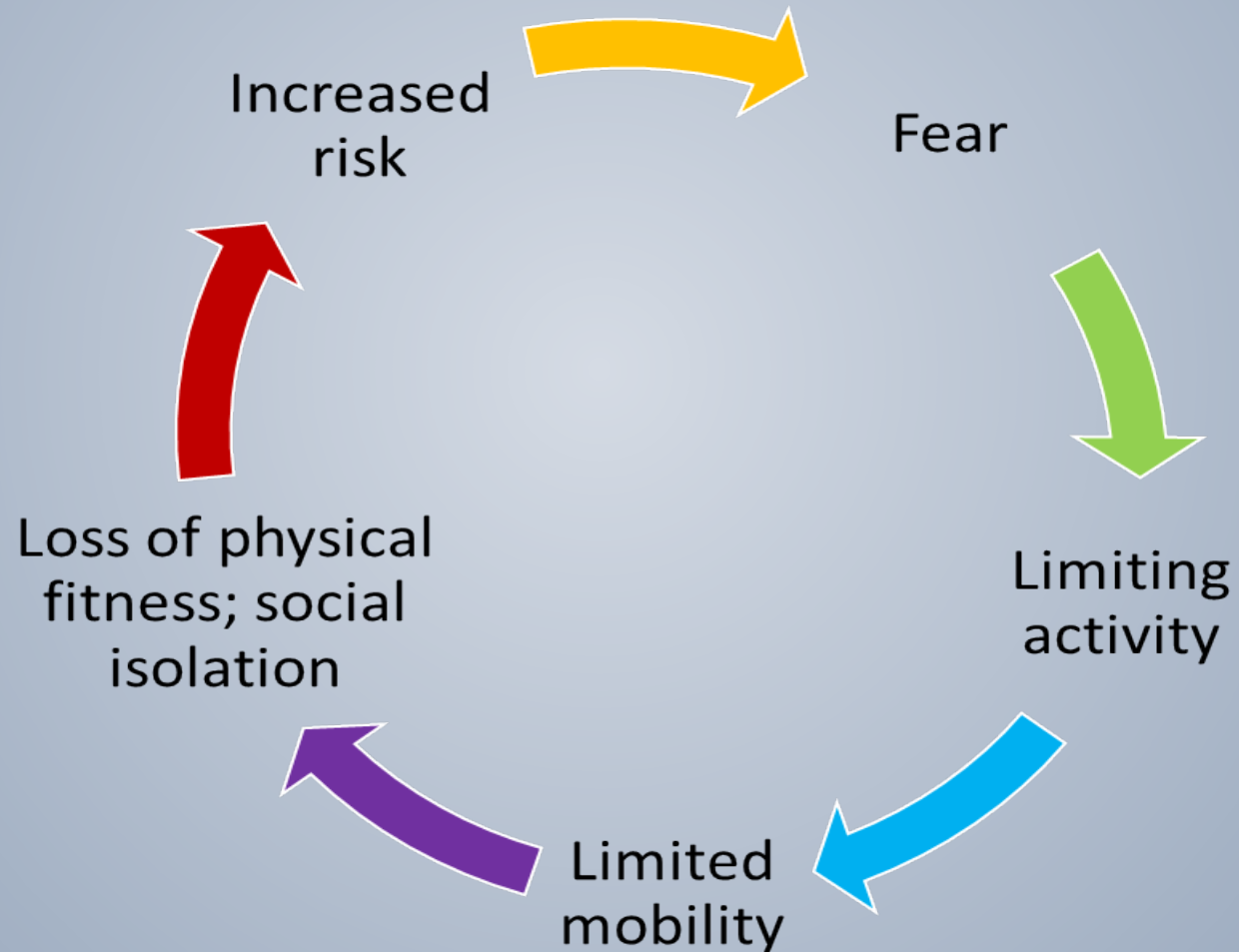




Our Aging Population

Understanding the importance of addressing our co-occurring population in all age groups and their prevalence of trauma

Understanding Mental Health and Aging





Mental Health and Aging in America

- 20% of people age 55 years or older have mental health issues
- The most common mental health conditions for older adults are:
 - Mood disorders
 - Anxiety
 - Severe cognitive impairment
- Depression is the most common mental health condition among older adults

The State of Mental Health and Aging in America



<http://1.usa.gov/Hff1qP>

Mental Health and Aging



<http://1.usa.gov/17GDCNq>

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DEPRESSION

LATE IN LIFE

Depression in Americans 65+

20% of suicides per year are people 65+



About 1 in 15 people 65+ suffer from depression



Only 10% of those 65+ get help for depression



Approximately a quarter of elderly adults with a substance abuse disorder also suffer from depression.

25%



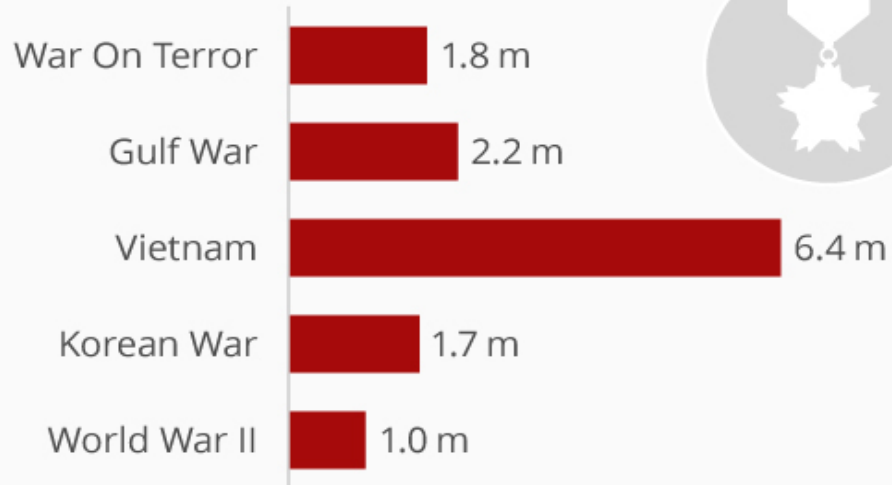
Veteran Population

1. Definition of Veteran not as clear
2. More Veterans without services are involved in the state systems

Fast Facts On America's Nearly 20 Million Veterans

The number of U.S. veterans from 2010-2014

U.S. veterans by war in 2014*



Number of female veterans in 2014: 1.6 m

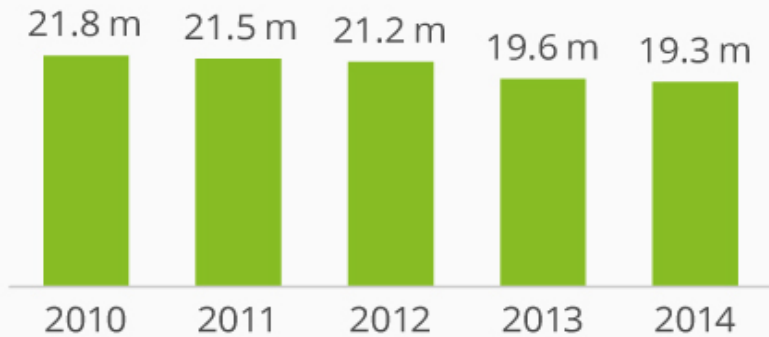
Number of veterans aged below 35 in 2014: 1.7 m

Number of veterans aged 65+ in 2014: 9.4 m

Interesting fact

Number of veterans who served in WWII, Korea and Vietnam combined in 2014: 36,396

Number of veterans by year

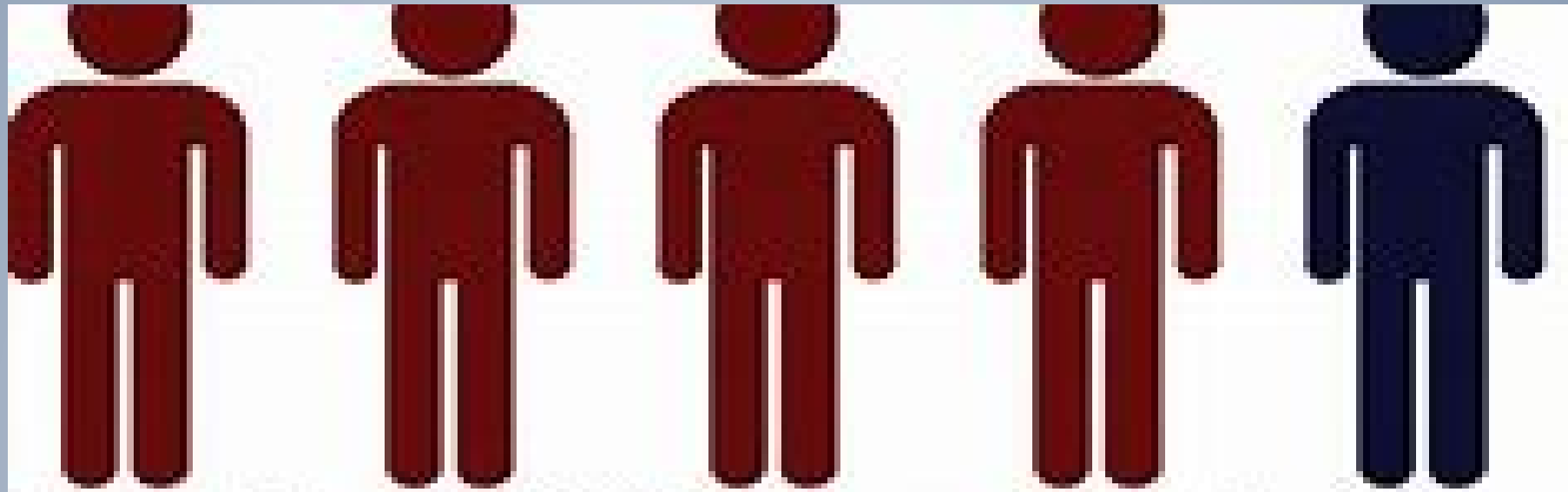


@StatistaCharts

* Selection of conflicts - pre-WWII and service between these conflicts are not included

Source: U.S. Census Bureau

statista



**4 out of 5 Vietnam Veterans
reported recent symptoms
of PTSD 20-25 years after
Vietnam.**

Self-Care

- Do the Basics
(Eat, Drink, Sleep)
- Exercise
- Breathe
- Detach
- Stretch
- Get Outside in Nature
- Stretch
- ASK FOR HELP!
- LAUGH





Methods of Self-Care

- › **Meditation**
- › **Exercise**
- › **Therapy**
- › **Nutrition, avoid substance dependence**
- › **Sleep**
- › **Nurture yourself (address the stress, but don't beat yourself up)**



SAMHSA's Key Principles of Trauma-Informed Approaches

- Safety
- Trustworthiness and Transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, Historical, and Gender Issues

Establishing Safety

- › Consider the physical environment, position of seating, client's view
- › Be non-judgmental (Not “what’s wrong with you,” but “what happened to you?”)
- › Continued assurance that information shared is confidential
- › Previewing what will come



Be Trustworthy

- › Be predictable and consistent
- › Establish clear boundaries
- › When you fail, acknowledge it, apologize
- › Don't sugarcoat the situation - never say "at least"
- › Keep promises, and don't overpromise



Provide Choice

- › Provide options at the start of each conversation
- › Lay out different paths to get to client's goal
- › Never say “you have to”



Be Collaborative

- › Ask open-ended questions, allow space and time for the client to share their perspective and story

Provide choice, even with small things

- › Frame representation as partnership



Empowerment

- › Affirming all successes and achievements, no matter how small or irrelevant
- › “How did you do so well in the face of so many challenges?” and draw on those strengths
- › Empower the client for future needs



THE FOUR R'S

Realizes

- ***Realizes*** widespread impact of trauma and understands potential paths for recovery

Recognizes

- ***Recognizes*** signs and symptoms of trauma in clients, families, staff, and others involved with the system

Responds

- ***Responds*** by fully integrating knowledge about trauma into policies, procedures, and practices

Resists

- Seeks to actively ***Resist*** re-traumatization.

Important Factors for Trauma Informed Approaches

There are two major drivers for trauma-informed approaches in mental health:

- **Adverse childhood experiences** and their effects on health and mental health in later life.
- Iatrogenic harm in psychiatry and mental health services, typified by coercion and control and practices like restraint and seclusion that ‘recreate abuse through ‘power over relationships’, which can re-traumatize and prevent recovery.

Sweeney and Taggart, 2015

ACE Questions:

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often**... Swear at you, insult you, put you down, or humiliate you? **Or** Act in a way that made you afraid that you might be physically hurt?
2. Did a parent or other adult in the household **often or very often**... Push, grab, slap, or throw something at you? **Or Ever** hit you so hard that you had marks or were injured?
3. Did an adult or person at least 5 years older than you **ever**... Touch or fondle you or have you touch their body in a sexual way? **Or** Attempt or actually have oral, anal, or vaginal intercourse with you?
4. Did you **often or very often** feel that ... No one in your family loved you or thought you were important or special? **Or** Your family didn't look out for each other, feel close to each other, or support each other?

(Felitti et al, 1998)



ACE Questions: (Cont'd)

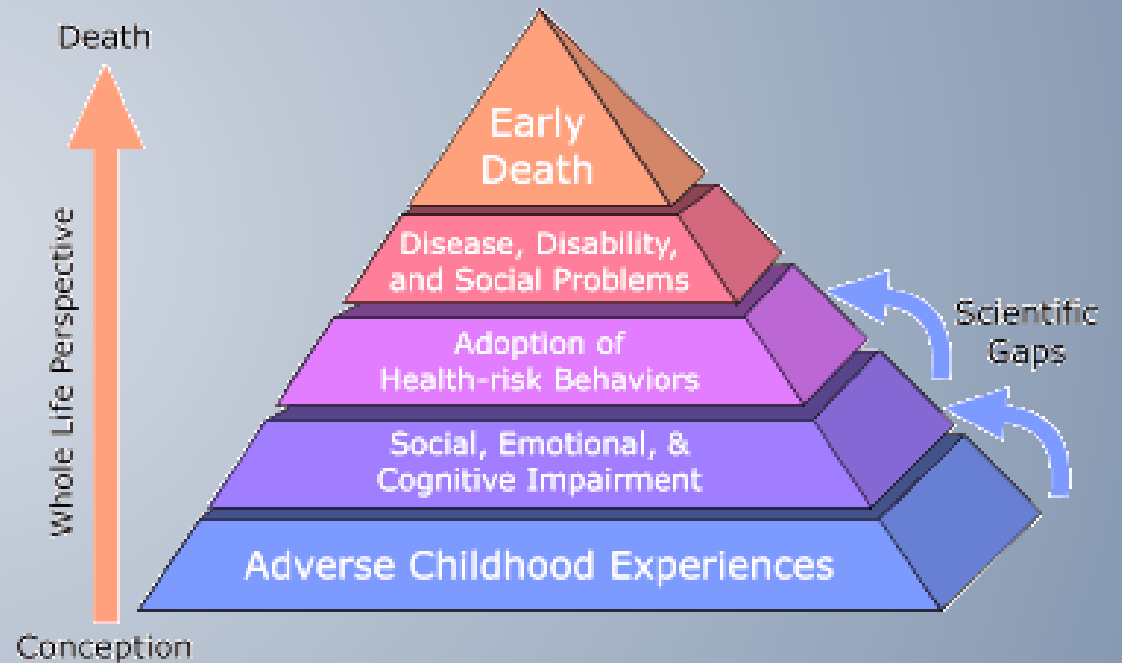
5. Did you **often or very often** feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? **Or** Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
6. Were your parents **ever** separated or divorced?
7. Was your mother or stepmother: **Often or very often** pushed, grabbed, slapped, or had something thrown at her? **Or Sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard? **Or Ever** repeatedly hit at least a few minutes or threatened with a gun or knife?
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
10. Did a household member go to prison?

(Felitti et al, 1998)

The ACE Study

“Male child with an ACE score of 6 has a 4600% increase in likelihood of later becoming an IV drug user when compared to a male child with an ACE score of 0. Might heroin be used for the relief of profound anguish dating back to childhood experiences? Might it be the best coping device that an individual can find?”

(Felitti et al, 1998)



What Does Help Look Like?

Not Trauma-Informed

- Needs are defined by staff
- Safety is defined as risk management
- The helper decides what help looks like
- Relationships based on problem-solving and accessing resources
- Help is top-down and authoritarian

Trauma-Informed

- Needs are identified by survivor
- Safety defined by each survivor
- Survivors choose the help they want
- Relationships are based on autonomy and connection
- Help is collaborative and responsive





Implementation Strategies

1. Adopting a broad definition of trauma extending beyond PTSD.
2. Making trauma inquiries sensitively.
3. Referring people to evidence-based, trauma specific support.
4. Addressing vicarious trauma and re traumatization.
5. 'Seeing' through a trauma lens.
6. Prioritizing trustworthiness and transparency.
7. Moving towards collaborative relationships.
8. Adopting strengths-based approaches.
9. Prioritizing emotional and physical safety.
10. Working in partnership with trauma survivors.



Some Concepts to Consider

- Trauma-informed approaches assume that all mental health service users have experienced trauma;
- Trauma-informed approaches treat people who have experienced trauma, promoting hope, healing and resilience
- The shift from asking ‘what’s wrong with you?’, to considering ‘what’s happened to you?’
- Trauma-informed approaches emphasize ‘treat others as you would like to be treated’

Organizational resistance to vicarious trauma



- › **How can you adjust your systems?**
- › **Boundaries with clients**
- › **Celebrate even small successes**
- › **Don't share traumatic stories/details unless it's necessary**
- › **Use allotted vacation and sick days**
- › **Organization-wide trauma trainings**



What Else Can We Do?

◆ Provide a Safe and Nurturing Environment

Use of Individualized Soothing Plans

Reminders of Resilience

STRENGTH- based

◆ **VOICE & CHOICE**

Take Home Items

- All behavior has meaning
- Symptoms are ADAPTATIONS
- Comfort vs. Control
- We build on success not deficits



Resources

- [A Descriptive Epidemiology of Lifetime Trauma and the Physical Health Status of Older Adults \(2004\)](#)
- [Adult Protective Services - Ohio Revised Code 5101.60 - 5101.72](#)
- [Bridging Troubled Waters - Family Caregivers, Transitions and Long-Term Care \(2010\)](#)
- [Changes Due to Normal Aging and Potential for Abuse/Neglect](#)
- [Adult Protective Services Opportunities for Savings through Economies of Scale \(April 2013\)](#)
- [Core Principles of Strength-Based Practice](#)
- [Domestic Violence Later in Life](#)
- [In Loving Arms - The Protective Role of Grandparents \(2017\)](#)
- [OCAPS- Support for Adult Protective Services in Ohio \(2014\)](#)
- [OCAPS The Adult Protective Services System \(2014\)](#)
- [Questions to Ask Caregivers When Exploring Possible Abuse, Neglect or Exploitation](#)
- [Reaching Diverse Older Adult Populations and Engaging Them in Prevention and Early Intervention Services \(2011\)](#)
- [Policy Matters Ohio Protecting Elderly Ohioans from Abuse and Neglect \(2014\)](#)
- [Post-Traumatic Stress Disorder in Older Adults \(2011\)](#)
- [The Elder Justice Road Map A Stakeholder Initiative to Respond to Emerging Health, Justice, Financial and Social Crisis \(2014\)](#)
- [The Ties That Bind \(Sam\) Discussion Questions](#)
- [Understanding Elder Abuse \(2013\)](#)
- [We Now Know Why People Appear Older than Stated Age Often Suffered Adverse Childhood Experiences \(ACEs\) \(2014\)](#)

Resources

- › SAMHSA - Substance Abuse Mental Health Services Administration (<http://www.samhsa.gov/nctic/trauma-interventions>)
- › Bessel Van Der Kolk, The Body Keeps The Score
- › Near@Home Toolkit (free) for bringing Neuroscience, Epigenetics, ACEs, and Resilience to home visiting and client-centered services (<https://thrivewa.org/work/trauma-and-resilience-4/>)
- › Paper Tigers and Resilience - KPJR Films (<http://kpjrfilms.co/paper-tigers/>)
- › ACEs Too High (<https://acestoohigh.com/>)
- › NCTSN - National Child Traumatic Stress Network (<http://www.nctsn.org/>)
- › ACE Interface - Laura Porter (<http://www.aceinterface.com/index.html>)
- › Jack P. Shonkoff, “The Lifelong Effects of Early Childhood Adversity and Toxic Stress,” AAP News & Journals Gateways, December 2011 (<http://pediatrics.aappublications.org/content/early/2011/12/21/peds.2011-2663>).



Thank You!

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