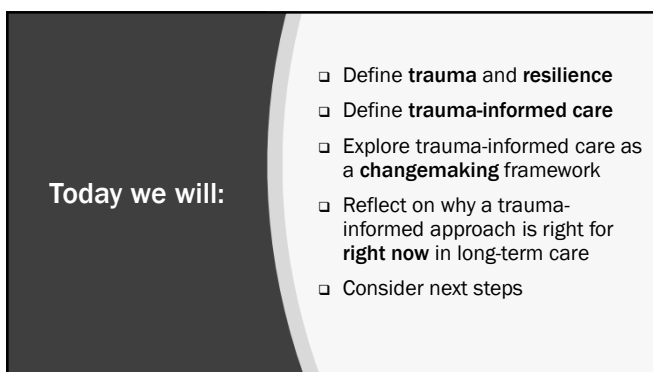




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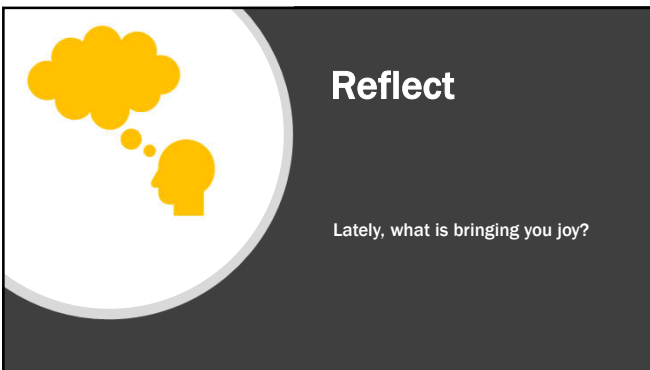
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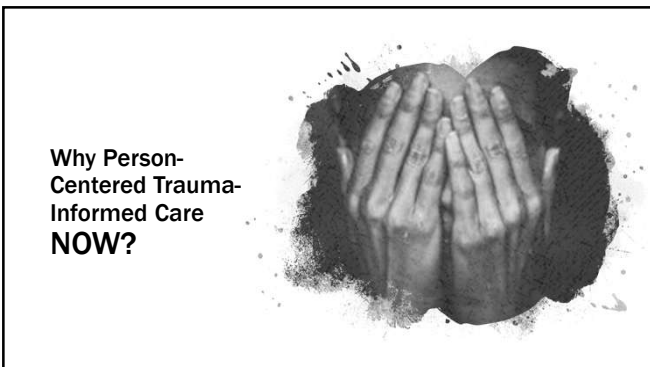
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6

Understanding trauma is **ESSENTIAL** to transforming long-term care

Most of us, if not all, have experienced disruptive, traumatic events in our lives.

The impact of trauma changes the outlook, trajectory, and quality of our lives.

Trauma is pervasive and corrosive across the lifespan.

The impact of trauma manifests differently for everyone.

Trauma transmission is multi-generational.

Trauma exacerbates existing inequities.

Long-term care, and other services systems, are historically and often traumatizing and re-traumatizing.



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COVID-19 has further exposed existing inequities in long-term care services and supports

The forgotten ones: Virginia's home health aides look for state relief in coronavirus crisis

WASHINGTON — April 2020

'Us against them': Workers cite racial divide on front line of long-term-care fight against COVID-19

WASHINGTON — May 5, 2020

Trauma and triumph: my father, his dementia and surviving segregation



8

The broader policy environment supports a shift to trauma-informed approaches

Older Americans Act 2020 Reauthorization

Centers for Medicare and Medicaid Services, Phase 3 regulations

Social Determinants of Health

9

Results from an event, series of events, or set of circumstances

that is experienced by an individual as physical 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.

What is Trauma?

The 3 Es

SAMHSA, 2014

10

What

kind of trauma **events** may people have **experienced** that leave their mark through lingering adverse **effects**?

Adverse childhood experiences (ACEs)	Intimate partner violence	PTSD, such as resulting from war
The Holocaust	Systemic racism	Marginalization (e.g., LGBTQ+)
Secondary trauma, burnout, compassion fatigue	Transfer trauma	Long-term loneliness

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- Brain development/function
- Headaches, backaches
- Stomach aches
- Appetite changes
- Cold susceptibility
- Intestinal problems
- Sleep changes

BIOLOGICAL

- Fearfulness, anxiety
- Loneliness
- Helplessness
- Dissociation
- Outbursts
- Flashbacks
- Nightmares

PSYCHOLOGICAL

- Struggle to find meaning
- Anger at God
- Desolation

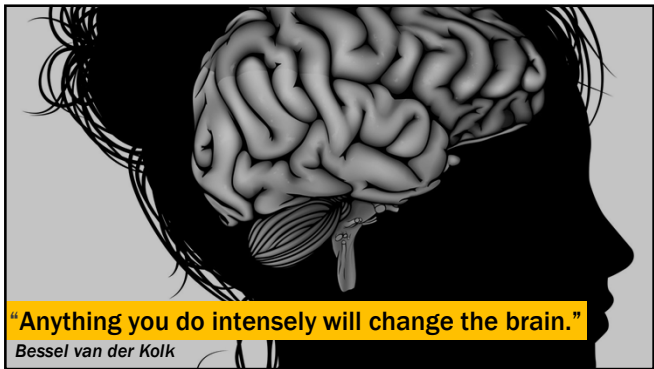
SPIRITUAL

- Apathy
- Isolation
- Difficulty trusting
- Detachment

SOCIAL

A HOLISTIC LOOK AT TRAUMA

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14



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Trauma-informed approaches extend to direct care staff

SAMHSA TI GUIDELINES	SANCTUARY MODEL (Bloom)
Safety for staff	Organizational power differentials may reenact historical racial and economic power differentials.
Trust among staff	Frontline staff may feel expendable, vulnerable, and dismissed-devalued.
Organizational power differences	Organizational power structure: staff value is tied to ability to control "inappropriate" behavior
Empowered staff and clients	
Staff well-being and self-care	

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Reasonable care ratios	Living wage	Supportive onboarding and supervision	Peer supports
Respect from interdisciplinary team	Specialization pathways	Training and professional development support	Equitable workplace expectations
CNAs across Virginia asked for change			

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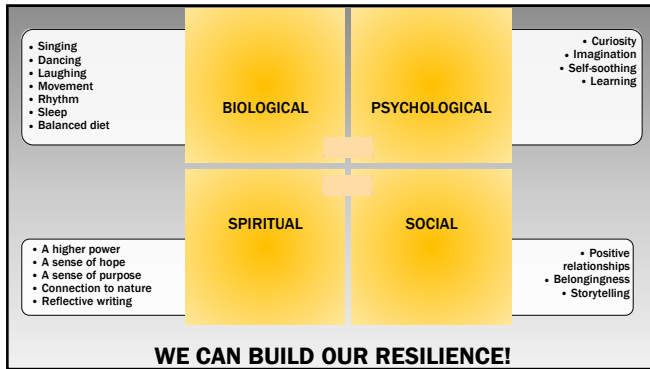
Good relationships keep us health and happier. Period.

—Robert Waldinger, *The Harvard Study*

Resilience



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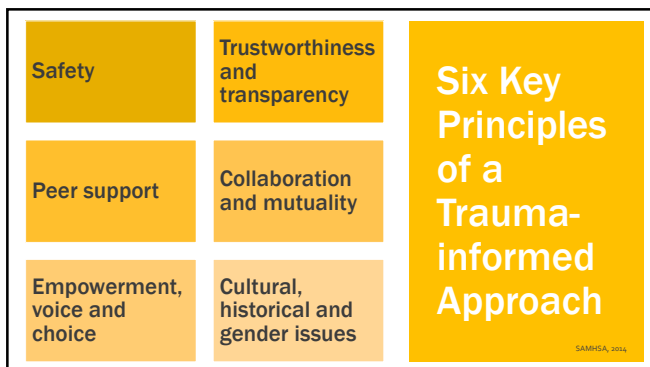
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Reflect

What helps you return to a state of calm?

How can other people best support you when you are stressed and overwhelmed?

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Trauma-informed Care

Realizes the widespread impact of trauma and understands potential paths for recovery.

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

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

Seeks to actively **resist re-traumatization**

SAMHSA, 2014

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TRAUMA-INFORMED
all team members

TRAUMA-SKILLED
team members with direct, frequent contact with people who may have experienced trauma

TRAUMA-ENHANCED
team members with direct, frequent contact and responsibility for advocacy, support, or psychological intervention

TRAUMA-SPECIALIST
team members with responsibility for evidence-based intervention and treatment for people affected by trauma with complex needs

BEST PRACTICE:

Scottish National Trauma Training Framework: Knowledge & Skill Levels

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Trauma-informed Practice Level

Understand what kinds of experiences may be traumatic

Know what types of situations may trigger or activate traumatic memories or feelings

Listen when a person shares stories of trauma or abuse

Respond with empathy and compassion

Respond by asking what help they need, if any

Consider that a person's behavior may be trauma-related

Ask: What happened to you, NOT what's wrong with you?

Reflect on each of the principles of trauma-informed care

Examine your own practice and habits

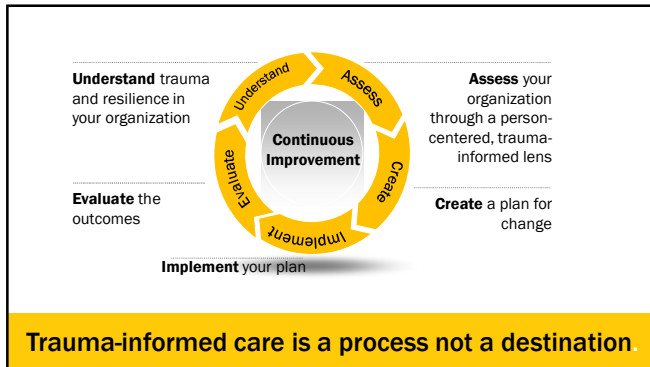
Work to reduce risk of trauma-related distress

Ask for support from your supervisor

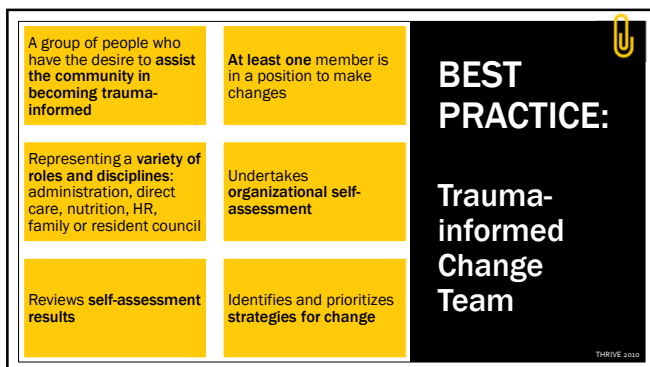
Prioritize personal wellness and care

Trauma-informed Level Skills Building

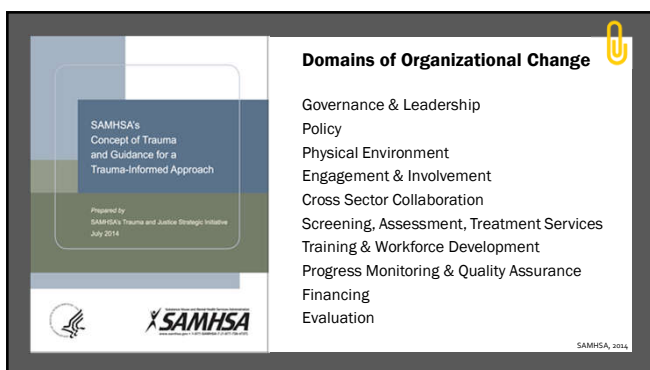
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