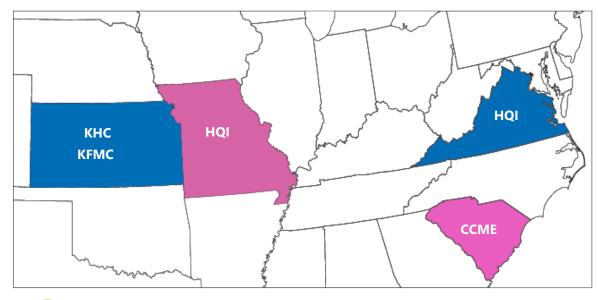


Trauma-Informed Care – Part 1



* Health Quality Innovation Network









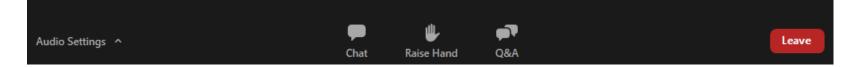






Logistics – Zoom Webinar





To ask a question, click on the **Q&A** icon.

Raise your hand if you want to verbally ask a question.

Resources from today's session will be posted in **Chat**.

You may adjust your audio by clicking **Audio Settings**.

You have been automatically muted with video turned off.



Your Team





Allison Spangler, BSN, RN, RAC-CT,QCP Quality Improvement Advisor



Gigi Amateau, MS, PhDAssistant Professor,
Virginia Commonwealth
University, Dept. of
Gerontology



Mary Locklin, MSN, RN, CIC Senior Quality Improvement Advisor-Infection Prevention



Laura Finch, MS, GNP, RN HQIN Consultant



April Faulkner Communications Specialist



Goals for this Series:

- Assist attendees in gaining knowledge related to updates associated with COVID-19 vaccines and boosters
- Assist attendees in meeting CMS regulatory expectations



The content presented in this webinar is based on COVID-19 information and guidance as of the date of this session.



Polling Question



Where is your community on its trauma-informed journey?

- A. Interested and ready to get started
- B. Not sure this approach is for us
- C. Some of our staff have been trained
- D. We are actively working toward becoming a trauma-informed community









- Explore language about resilience and trauma
- Introduce trauma-informed care as a framework for healing and growth in health care organizations
- Share resources and tools to begin your trauma-informed journey





Why Now?



- CMS Phase 3 regulations
- Extension of person-centered care
- Employee well-being = intent to stay
- Recovery, healing and growth as we enter a different phase of COVID-19





Polling Question



What are some job performance changes that result from exposure to human suffering?

- A. Low motivation and increased errors
- B. Decreased work quality and lack of flexibility
- C. Avoidance of job responsibilities
- D. Over-involved in details/perfectionism
- E. All of the above





What is Trauma?



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.

Shock trauma occurs when we experience potentially life-threatening events that overwhelm our capacities to respond effectively.

–Levine, 1997, p. 10

A sudden and forceful event that overwhelms a person's ability to respond to it, recognizing that a trauma need not involve actual physical harm to oneself; an event can be traumatic if it contradicts one's worldview and overpowers one's ability to cope. –Horowitz, 1989

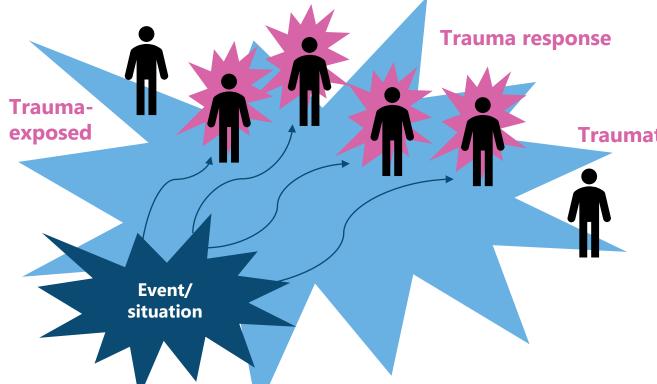
An experience, series of experiences, and/or impacts from social conditions, that break or betray our inherent need for safety, belonging, and dignity.

—Haines, 2019, p. 74



Trauma and Related Words





Trauma (noun): when our ability to respond to threat is overwhelmed

- P. Levine

Traumatized?

Traumagenic (adjective): describes situation that MAY result in a trauma response (think "carcinogenic")

- D. Anderson Hooker

Adapted from STAR Level 1, Eastern Mennonite University



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Sources of Traumagenic Experiences

Individual

- Adverse childhood experiences
- Intimate partner violence
- Death or loss important person
- Abandonment
- Exposure to war or torture
- Bullying
- Relocating to a new home/ housing loss

Collective

- Race-based trauma, ageism and other forms of marginalization and discrimination
- Poverty
- Diaspora, exile, statelessness
- Intergenerational/historical suffering
- Acute events (COVID-19)



Impact of Trauma



- 1. Body-brain regulation
- 2. Meaning making
- 3. Unmet needs
- 4. Impaired/severed interpersonal connection





1. Body-Brain Regulation



Stress and trauma

Optimal Level: Productivity and creativity

Distress: Frustration, anxiety, dis-ease Traumatic stress

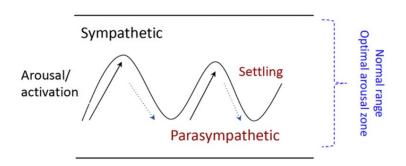
OVERWHELMING



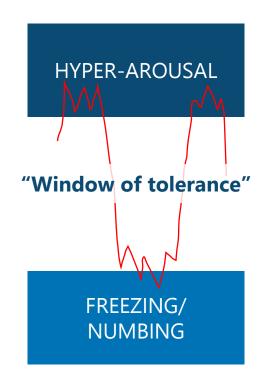
Nervous System Responses



"Resilient Zone"



Illustrations regarding nervous system informed by Dan Siegel's The Developing Mind (1999), Peter Levine, and Pat Ogden's Trauma and the Body (2006).



Adapted from STAR Level 1, Eastern Mennonite University





¹ 2. Meaning Making

- Disillusionment/shattered beliefs
- Assigning meaning to what happened
- Systemically creating safe spaces for healing-centered stories
- Memorializing digitally or physically
- Celebrating

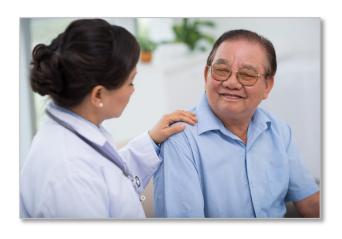




3. Unmet Needs



- Safety
- Truth
- Acknowledgement and repair
- Shared power and information
- Choice and participation
- Transformation





Quality Improvement Organizations Sharing Knowledge. Improving Health Care.

4. Positive Social Connection

- Narrative care
- Arts and culture
- Knowing and respecting people
- Person-centered practices
- Engagement with family, culture, community
- Assistive technology

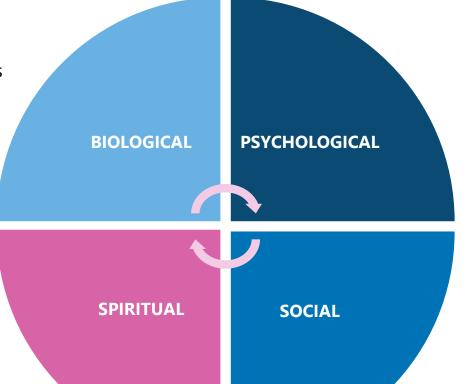




A Holistic Look at Trauma

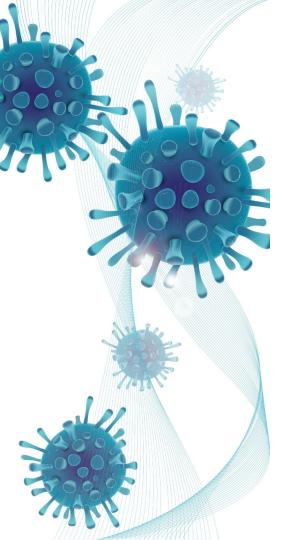
- Brain function
- Headaches, backaches
- Stomach aches
- Appetite changes
- Cold susceptibility
- Intestinal issues
- Sleep changes

- Struggle to find meaning
- Anger at God
- Desolation



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

- Apathy
- Isolation
- Difficulty trusting
- Detachment



COVID-19: Our Collective Trauma Response

- **Body-brain regulation:** Stress response, compassion fatigue, burnout, state of fearfulness and anxiety
- Meaning making: Disenfranchised grief, disillusionment, abandonment, ageism, racism
- Unmet needs: Accurate/timely information, vaccine access, un/under-resourced workforce, inequity and disparity, food scarcity
- Impaired social connection: Social distancing, illness/death, isolation, feelings of unbelonging



Resilience arises from ordinary resources and processes.*

The ability to return to being healthy and hopeful after bad things happen.

Community & Family Services Division,
 Spokane Regional Health District

The capacity of a dynamic system to adapt successfully to disturbances that threaten the viability, the function, or the development of that system.

- Masten, 2014

A process of moving forward and not returning back.

– Yehuda, 2016

The ability to bend not break. Bouncing back.

Resilience is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands.

-APA, 2022



Pathways to Healing



- 1. Body/brain regulation
- 2. Meaning making
- 3. Unmet needs
- 4. Positive social connection/reconnection



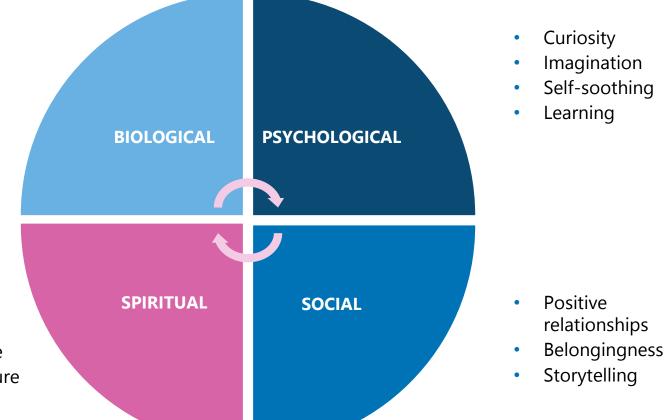


A Holistic Look at Resilience



- Dancing
- Laughing
- Movement
- Rhythm
- Sleep
- Balanced diet

- A higher power
- A sense of hope
- A sense of purpose
- Connection to nature
- Reflective writing





Virtual Trauma-Informed Toolkit for Nursing Facilities

Contact:

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Recruiting and retaining direct care staff is an ongoing challenge for long-term care facilities and providers. Join the **VCU Gerontology** Community and **Continuing Education** team and a panel of experienced experts on October 19 as we explore best practices in attracting and keeping employees.





Questions? Comments? Share With Colleagues What is Working or What is Difficult for Your Team!



Raise your hand to ask a question



Or you may type a question by clicking the **Q&A** icon

Don't hesitate to ask a question at any time during the presentation of the remaining slides



Resources



- Trauma-Informed Care | AHRQ
- SAMHSA's National Center for Trauma-Informed Care Trauma-Informed Care Implementation Resource Center
- Tools for Transformation: Becoming Accessible, Culturally
 Responsive, and Trauma-Informed Organizations Toolkit |
 National Center on Domestic Violence, Trauma & Mental Health
- How to Integrate Trauma-Informed Care into Nursing Homes | Scholars Strategy Network
- <u>State Operations Manual, Appendix PP Guidance to Surveyors</u> for Long Term Care Facilities | CMS





Resource Library

- Workplace Vaccination Program | CDC
- Clinical Care Considerations for COVID-19 Vaccination | CDC
- Entrance Conference Worksheet for COVID vaccine | LeadingAge
 MN
- CMS-20054 Infection Prevention Control and Immunizations | CMS
- <u>Interim Final Rule COVID-19 Vaccine Immunization Requirements</u> for Residents and Staff (QSO-21-19-NH) | CMS
- Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements (QSO-20-38 NH REVISED) | CMS





Resource Library, continued

- Nursing Home Visitation COVID-19 (REVISED) (QSO-20-39-NH) | CMS
- Long-Term Care and Skilled Nursing Facility Attachment A (QSO-22-07 ALL) | CMS
- Long Term Care Survey Process Procedure Guide | CMS
- Nursing Home COVID-19 Vaccination Booster Action Plan and Resources | HQIN
- Vaccine Clinic Administration Process Guide | HQIN
- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
- You Do Not Have to Cope Alone. Access Resources for Frontline Worker Mental Health | HQIN
- Identifying and Providing Person-Centered Strategies | HQIN





Next Session: Trauma-Informed Care – Part 2

Tuesday, November 8, 2022 2:00 p.m. EST | 1:00 p.m. CST







FOR MORE INFORMATION

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From HQIN:



To all essential care giving teams supporting residents and families,

Thank you for attending

