



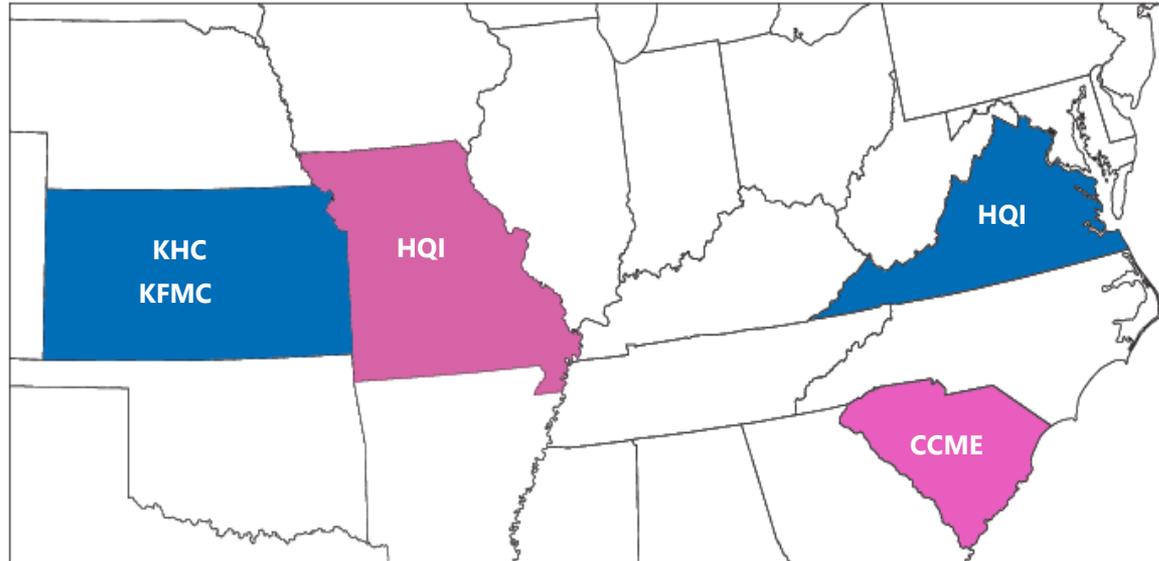
Health Quality Innovation Network

*Simple Strategies Stand-Up*

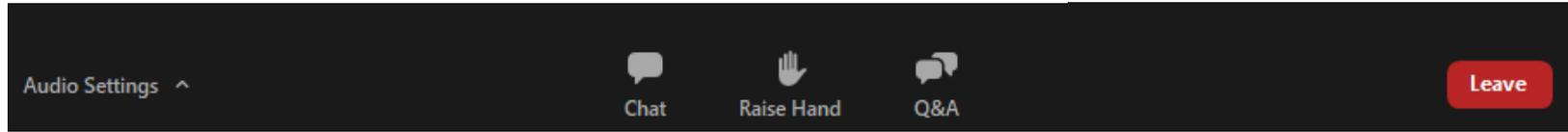
# Trauma-Informed Care – Part 2

11/8/2022

# 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, PhD**  
Assistant 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.*



# Learning Objectives

- Review concepts of resilience and trauma
- Introduce the six principles of trauma-informed care
- Share a simple organizational trauma-informed care road map



# Review: 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



# Review: 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*

# Review: 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)

# Review: Impact of Trauma

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



# Review:

## 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

*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

*The ability to bend not break. Bouncing back.*

\*Masten, 2014, p.3

# Review: Pathways to Healing

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



Adapted from STAR Level 1, Eastern Mennonite University; Herman, 2015

# Trauma-Informed Care: Where Do We Begin?



## A program, organization or system that is trauma-informed:

- **Realizes** the widespread impact of trauma and understands potential recovery paths
- **Recognizes** the signs and symptoms of trauma in clients, families, staff and others
- **Responds** by integrating knowledge about trauma into policies, procedures, practices
- Actively **Resists Re-traumatization**



## The 4 Rs



# Mission, Vision, Values

**Reflect on the mission of your community.**

**Call to mind the values your community espouses in its culture.**



# Trauma-Informed Care Environment



**Organizations are operationally interlinked, which means that there cannot be a trauma-informed approach if the organization is not culturally responsive and fully accessible.**

# Principles of Trauma-Informed Approaches



[CDC, Falloot & Harris, 2008; SAMHSA, 2014](#)



RESIDENT WEBSITE ACCESS

800-554-5517

EMPLOYMENT GIVING NEWS & PHOTOS [in](#) [You Tube](#) [f](#)

HOME

ABOUT

OUR VIBRANT COMMUNITY

HEALTH CARE SERVICES

JOIN OUR COMMUNITY

CONTACT

COVID-19

## Our Vision & Mission

The importance of Williamsburg Landing's mission is clear: united by an uncompromising commitment to excellence, a dedication to the residents, and a passionate desire to provide exceptional service in a healthy, safe and hospitable environment.

### Our Vision

Living Fully Beyond Ageism

### Our Mission

As an innovative, nonprofit, life plan community, Williamsburg Landing offers a full spectrum of opportunities to foster independence, connection and security.

### Values

- P-Passion for life and our mission
- R-Respect for the dignity of all individuals and the choices they make
- I-Integrity as a hallmark of both our individual and organizational character
- D-Diversity welcomed within a safe and inclusive community
- E-Excellence as our standard while innovating for continuous improvement

# Polling Question 1

Where do you notice alignment between your community's mission-vision and the principles of TIC?

*\*Please respond in chat.\**



# Best Practice: Scottish National Trauma Training Framework: Knowledge & Skill Levels

- **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

# Trauma-informed Practice Level: All Team Members

**Best Practice: Scottish  
National Trauma Training  
Framework: Knowledge &  
Skill Levels**



# Trauma-informed Approaches Extend to Direct Care Staff

## SAMHSA TI Guidelines:

- Safety for staff
- Trust among staff
- Organizational power differences
- Empowered staff and clients
- Staff well-being and self-care

## Sanctuary Model (Bloom)

- Organizational power differentials may reenact historical racial and economic power differentials
- Frontline staff may feel expendable, vulnerable, and dismissed – devalued
- Organizational power structure: staff *value is tied to ability to control “inappropriate” behavior*

# Trauma-informed Care is a Process, Not a Destination

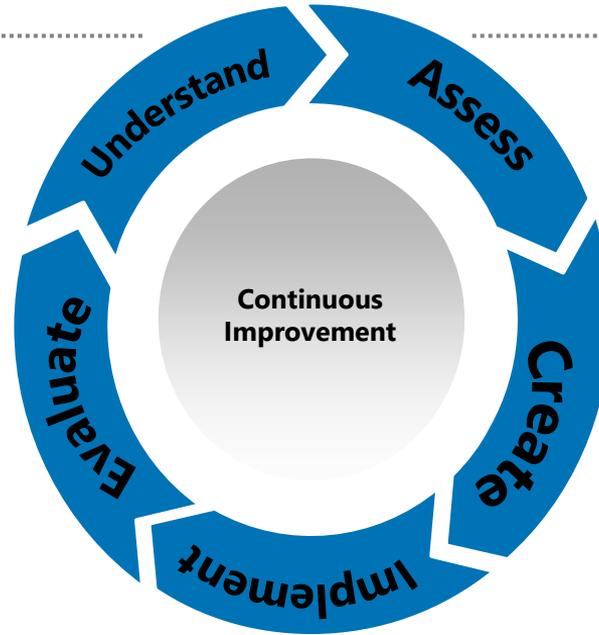
Understand trauma and resilience in your facility

Assess your facility through a person-centered, trauma-informed lens

Evaluate the outcomes

Create a plan for change

Implement your plan

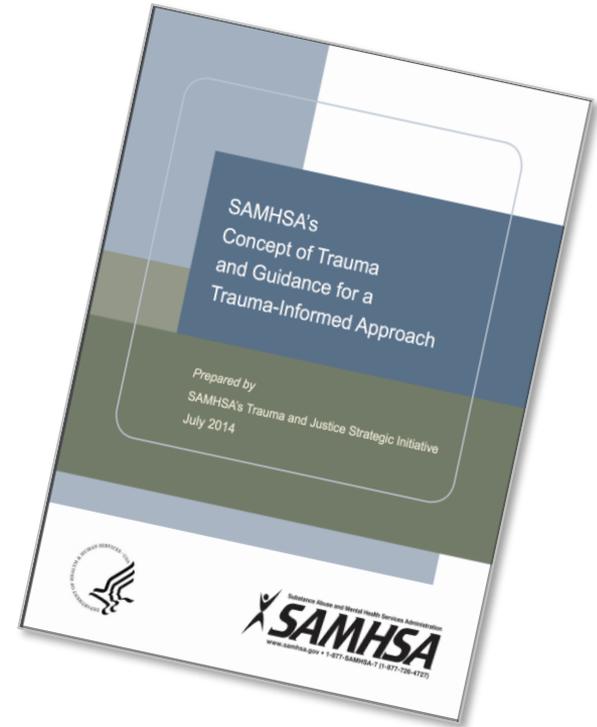


# Best Practice: Trauma-informed Change Team

- Consists of a group of people who have the desire to assist the community in becoming trauma-informed
- Includes at least one member who is in a position to make changes
- Represents a variety of roles and disciplines: administration, direct care, nutrition, HR, family or resident council
- Undertakes organizational self-assessment
- Reviews self-assessment results
- Identifies and prioritizes strategies for change

# Domains of Organizational Change

- Governance & Leadership
- Policy
- Physical Environment
- Engagement & Involvement
- Cross Sector Collaboration
- Screening, Assessment, Treatment Services
- Training & Workforce Development
- Progress Monitoring & Quality Assurance
- Financing
- Evaluation



# Prioritization Matrix

		CHANGEABILITY	
		HIGH	LOW
IMPORTANCE	HIGH	<p>Example: We have several family members of new long-stay residents who are eager to share and volunteer (changeability). We also know that having a family champions for trauma-informed care directly correlates to the principles of trauma-informed approaches (importance).</p>	
	LOW		

## 6 Principles

- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice & Choice
- Cultural, Historical & Gender Issues

## Polling Question 2

What resources, tools or knowledge feels most urgent for you right now, relative to trauma-informed care?

*\*Please respond in chat.\**



# In Summary

- Create a trauma-informed change team
- Renew your commitment to transitions support
- Observe how, when and where story and narrative are part of your community culture
- Offer introductory trauma-informed training and information for all staff and volunteers
- Undertake an organizational self-assessment
- Create opportunities for positive, safe social interaction and connection
- Involve family members, individuals and staff in learning about resilience and wellness
- Be present in the moment with individuals

# Virtual Trauma-Informed Toolkit for Nursing Facilities

## Contact:

**Gigi Amateau, PhD**

Assistant Professor, VCU Gerontology

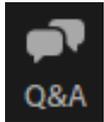
[amateaugg@vcu.edu](mailto:amateaugg@vcu.edu)

804.828.1565

# 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 | National Center on Domestic Violence, Trauma & Mental Health](#)
- [How to Integrate Trauma-Informed Care into Nursing Homes | Scholars Strategy Network](#)
- [Appendix PP Guidance to Surveyors for Long Term Care Facilities | CMS](#)

# Resources, continued

- [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](#)
- [Interim Final Rule - COVID-19 Vaccine Immunization Requirements 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](#)



# Resources, 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](#)
- [LTCSP 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 3

Tuesday, January 10, 2023  
2:00 p.m. EST | 1:00 p.m. CST



# FOR MORE INFORMATION

Call 877.731.4746 or visit [www.hqin.org](http://www.hqin.org)

[LTC@hqin.solutions](mailto:LTC@hqin.solutions)

## Kansas

**Brenda Groves**

Quality Improvement Advisor

[bgroves@kfmc.org](mailto:bgroves@kfmc.org)

785.271.4150

## Missouri

**Dana Schmitz**

Quality Improvement Advisor

[dschmitz@hqi.solutions](mailto:dschmitz@hqi.solutions)

314.391.5538

## South Carolina

**Beth Hercher**

Quality Improvement Advisor

[bhercher@thecarolinascenter.org](mailto:bhercher@thecarolinascenter.org)

803.212.7569

## Virginia

**Allison Spangler**

Quality Improvement Advisor

[aspangler@hqi.solutions](mailto:aspangler@hqi.solutions)

804.289.5342

**Mary Locklin**

Quality Improvement Advisor-

Infection Prevention

[mlocklin@hqi.solutions](mailto:mlocklin@hqi.solutions)

804.287.6210

---

From HQIN:

To all essential care giving teams  
supporting residents and families,

*Thank you for attending*