

# Trauma Informed Care Overview

For all SNF Staff

## INTRODUCTION

The focus of Mega Rule 3 is to provide resident-centered care, which includes approaching our residents with compassion, caring, and empathy and, to offer them assistance and support despite cognitive deficits or an ability to state their needs.

The Mega Rule 3 requirement for trauma-informed care reflects the importance of compassion and empathy when we assess for potential trauma that our residents may have experienced, including the possible trauma of coming to live in a nursing home may pose.

Adopting a trauma-informed care approach also allows staff to think differently about their potentially traumatized residents by asking **“What happened to you?”** instead of **“What is wrong with you?”** This is a far more engaging and respectful approach, especially when working with a resident who may already feel broken, unwanted, or unloved.

Another important component of trauma-informed care is recognizing trauma’s impact on our residents’ perception of physical and emotional safety, relationships, and behaviors. When trauma goes unrecognized, it can be difficult to understand a residents’ behaviors or attitudes, and staff may be tempted to see a behavior as willful, attention-seeking or related to dementia or mental illness. A resident may even end up being put on medications as a result of what appears to be bizarre behavior or unfounded beliefs. Not implementing trauma-informed care may result in a resident being classified as noncompliant or difficult. Often, however, residents otherwise challenging behavior may be provoked by a legitimate trigger that easily could have been avoided.

**Our goal in screening and assessing for possible trauma is to be made aware of its impact on our residents, not to get our residents to share the painful, stressful details. We want to provide an environment where interactions and care are sensitive to significant life experiences of our residents.**

In summary, trauma-informed care can be described as a reminder to staff of the dangerous or frightening things that may have happened in the past to our residents. It offers examples of feelings that may arise such as helplessness, rage, sadness and terror, and behavior that may result from these feelings.

**Our job as caregivers/staff in a nursing home is to provide a safe, supportive environment. We do not need to explore the cause of the trauma and its related feelings and behaviors, that is the job of a mental health professional.**

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## Older Adults and Trauma-Informed Care

Over the course of lives, many older people have experienced one or more potentially traumatic events. The impact of trauma can continue to affect people throughout their lives.

One of the requirements of the Mega Rule 3 is to provide trauma-informed care for our nursing home residents. Trauma-informed care is the understanding and sensitivity to triggers of trauma survivors, so the care we provide can be supportive and avoid re-traumatization.

Trauma-informed care can be viewed as an all-embracing philosophy and a set of universal precautions designed to be both preventive and rehabilitative. It creates a setting that is sensitive to the relationship among the environment, triggers, and perceived dangers of our residents. These potential factors are noted and addressed for each resident.

Older people may also experience trauma later in life, so they may also be coping with recent traumatic events. These traumatic events may be related to the aging process itself, including increased dependence on caregivers, and a series of losses, for example:

- Loved ones
- Their own physical abilities
- Their own cognitive and mental abilities
- Their roles in life-both social (teacher lawyer, cook, etc.) and familial (wife, husband, sister, etc.)
- Their home
- Ability to drive
- Some may experience neglect or elder abuse

### **Why do they do that? Behavior as way of communication.**

Behavior can be an important form of communication. Paying attention to someone's behavior can help us better understand what they need. Sometimes, the traumatic behavior a resident exhibit can be misunderstood or misdiagnosed. This behavior might include things like confused thinking, irritability, and impulsiveness. Of course, sometimes these behaviors are caused by things other than trauma, so we also need to assess these behaviors as possible:

- Dementia
- Psychosis or psychiatric illness
- Being intentionally difficult or oppositional

When seeking to understand behavior, all these possible causes are important to consider, adding prior trauma as a possibility improves our ability to understand our residents.

The Screening and Assessment tools provided on our website can assist with this understanding.

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## **SCREENING AND ASSESSMENT**

Screening and assessment for history of trauma is conducted by nursing or SS upon admission and periodically on a regular basis (usually annually) or when a residents' behavior, mood, or comments indicate a re-assessment.

## **TRIGGERS**

In interacting with our residents with a history of trauma, it's important to understand that occurrences, including sensations, happening in the present time, can evoke a traumatic experience, often without the individual even realizing that this is occurring.

These occurrences are referred to as **trauma triggers**, and are defined in the following way: **A trigger is a stimulus that sets off a memory of a trauma or a specific portion of an identified traumatic experience.** Some triggers can be identified and anticipated easily, but many are subtle and inconspicuous, often surprising the resident or catching him or her off guard.

**\*A trigger is any sensory reminder of the traumatic event:**

- a noise,
- smell,
- temperature,
- other physical sensation,
- visual scene.

Triggers can act as reminders of dangerous or frightening things that have happened in the past and can evoke feelings such as helplessness, rage, sadness, and terror.

## **DE-ESCALATION**

When we encounter a resident, who may be experiencing a behavior or emotion related to trauma, we want to de-escalate the frightening feelings or dangerous behaviors.

The keys to de-escalation are to help create a sense of calm and safety that allows the individual to return from what's sometimes called the "there and ten" to the present moment or "here and now". Some tips for doing this include:

- ▶ Remain calm and connect in a positive, gentle way
- ▶ Avoid raised voices or harsh tones
- ▶ Be cautious about physical contact
- ▶ Help redirect the person's attention in always that are grounding. For example, ask them to notice the floor beneath their feet, or the chair they are sitting in.

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## **SUMMARY:**

Awareness of the potential impact of past and current trauma may impact our residents can assist us in providing the compassionate, respectful care we strive to provide for all our residents. Information on how trauma may impact those we provide care for enhances the meaningful careers we have chosen.

**Our goal in screening and assessing for possible trauma is to be made aware of its impact on our residents, not to get our residents to share the painful, stressful details. We want to provide an environment where interactions and care are sensitive to significant life experiences of our residents.**

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## **REFERENCES:**

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