



The National **Long-Term Care**
Ombudsman Resource Center

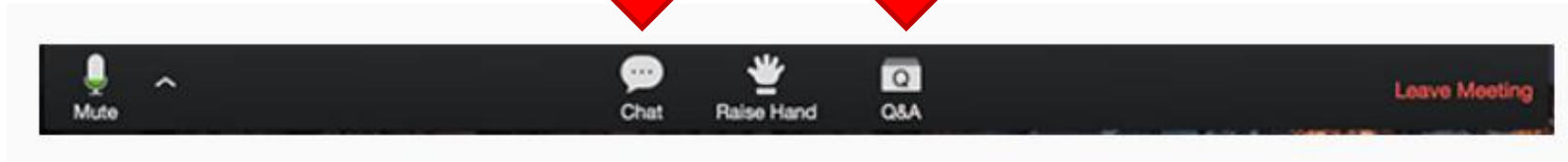
COVID-19 AND OMBUDSMAN PROGRAMS:

**UNDERSTANDING HOW TRAUMA IMPACTS YOU, RESIDENTS, AND
YOUR ADVOCACY**

PERSON-CENTERED, TRAUMA-INFORMED CARE

April 29, 2020

Questions? Use the Q&A or Chat box.



Question & Answer

The Q&A window allows you to ask questions to the host and panelists. They can either reply back to you via text in the Q&A window or answer your question live.

1. Click Q&A to open the Q&A window.
2. Type your question into the Q&A box. Click **Send**.

A screenshot of the Zoom Q&A window. The title bar says 'Q&A'. The main area contains the text 'You have no question.' Below this is a text input field with the placeholder text 'What happens when I raise my hand?'. At the bottom left, there is a checkbox labeled 'Send Anonymously'. At the bottom right, there is a blue 'Send' button.

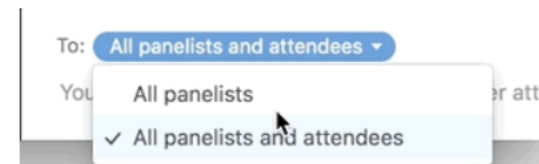
Chat

The in-meeting chat allows you to send chat messages to and send a message to the host, panelists, and attendees (if permitted).

1. Click **Chat** to open the in-meeting chat.



2. The chat will appear on the right side of your Zoom window if you are not in full screen. If you are in full screen, it will appear in a window that you can move around your screen as needed.
3. To change who you are chatting with, click the drop down beside **To:**.



4. Type your message and press **Enter**.

Leah McMahon

Colorado State Long-Term Care Ombudsman

Disability Law Colorado



Poll Question #1

- Who is on the call?

Person-Centered Trauma-Informed Care In a Time of COVID-19

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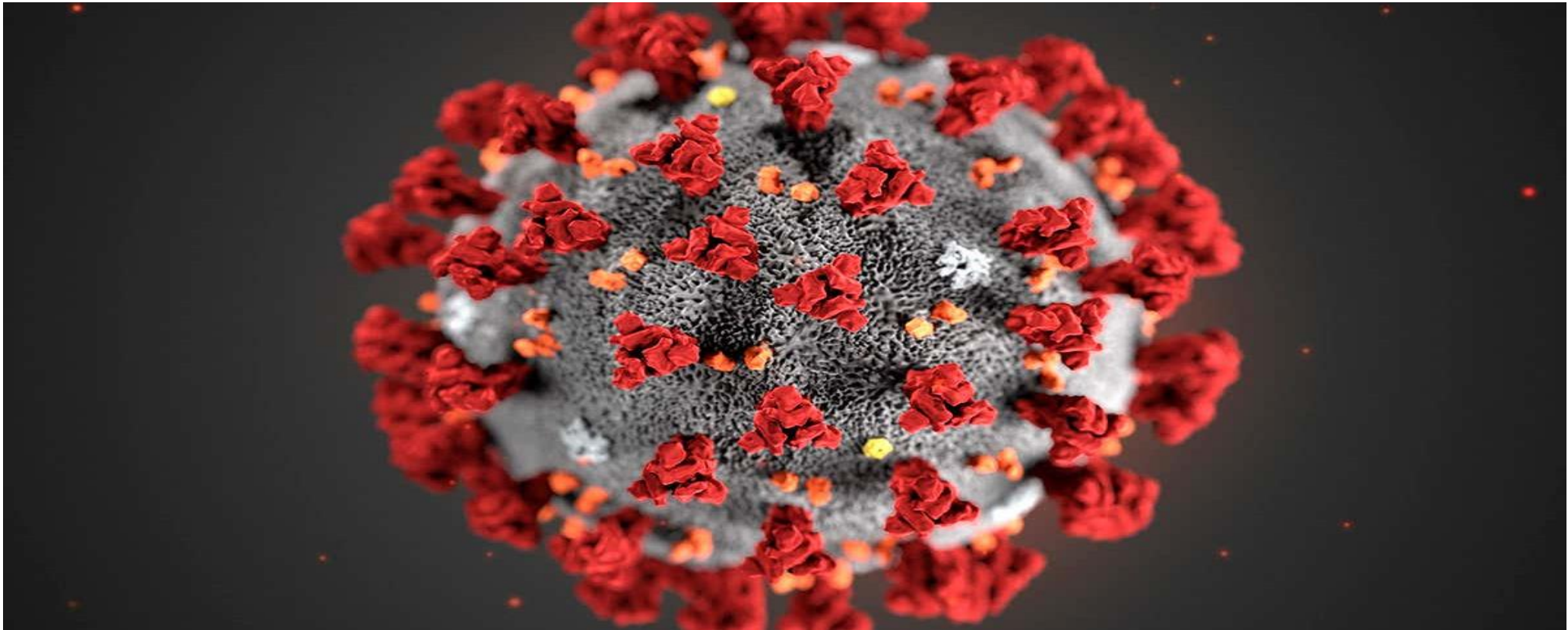
April 29, 2020

www.DrSheriGibson.com

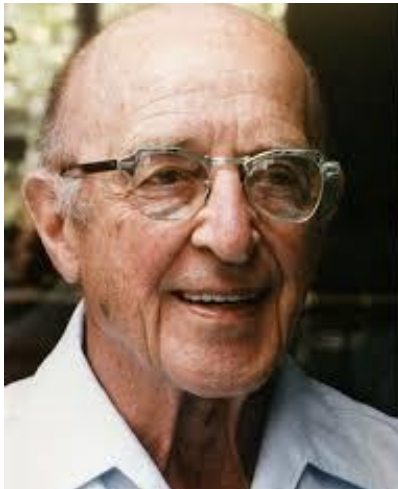
Intent of this Training

- To Share
- To Explore
- To Identify
- To Answer
- Most Importantly – To Remind

COVID-19



Carl Rogers



Creator of Person-Centered therapy

- Empathy at the core of therapeutic change
- Clients are viewed through the lens of potential
- Therapist exhibits positive, non-judgmental regard

What is Person-Centered Thinking?

- Definition- **supporting versus dictating or fixing**
- Strength base approach and build off strengths of the person
- Knowing the personal story of the people we serve
- Build a culture of learning, partnership and accountability
- An approach used to discover meaningful information regarding a person which is later used to create a person centered plan of supports.
- Aims to promote the individual choice, direction, and control of their life and supports they receive.
- Helps to ensure individuals are allowed positive control over their desired life, are recognized for their contributions to their community of choice, and are supported through paid and natural supports within their community.

Creating a System and Culture of Person-Centered Care

- How are you doing within your organization?
- Language- reframe
- Perspective- of knowing people and honoring what is **important to** them while balancing what is **important for** them.
- Listen to how they want to live
- Support people in making use of community resources to have the life they want to live.
- Provide the support to assist people with making these things happen.

Five Foundational Beliefs

1. Important questions: *Who is this person and what is important to them?*
2. Person-centeredness aims to change common patterns of community life.
3. Person-centeredness fundamentally challenges practices that separate people and perpetuate controlling relationships.
4. Honest person-centered planning can only come from respect for the dignity and completeness of the whole person.
5. Assisting people to define and pursue a desirable future tests the person's clarity, commitment and courage.

Trauma-Informed Care

- SAMHSA's Trauma-Informed Approach:
 - Behavioral Health is essential to health
 - Prevention works
 - Treatment is effective

Trauma Informed Care Elements

Understanding the **prevalence** of trauma

Recognizing how trauma **impacts** individuals

Putting this knowledge into **practice** to **actively resist re-traumatization.**

Prevalence of Trauma: Approach



Prevalence of Trauma:

What is Trauma?

Individual trauma results from an **event**, series of events, or set of circumstances **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

Prevalence of Trauma:

Potential Traumatic Events

Abuse

- *Emotional*
- *Sexual*
- *Physical*
- *Domestic violence*
- *Witnessing violence*
- *Bullying*
- *Cyberbullying*
- *Institutional*

Loss

- *Death*
- *Abandonment*
- *Neglect*
- *Separation*
- *Natural disaster*
- *Accidents*
- *Terrorism*
- *War*

Chronic Stressors

- *Poverty*
- *Racism*
- *Invasive medical procedure*
- *Community trauma*
- *Historical trauma*
- *Family member with substance use disorder*

Prevalence of Trauma

Exposure to trauma is ubiquitous: seven out of ten respondents worldwide and nine out of ten adults in the USA report experiencing one or more lifetime traumas.

Prevalence of Trauma

13% of children in the US will experience a confirmed case of abuse or neglect by age 18. [Fink & Galea, 2013]

3.5-10 million witness violence against their mother each year [Child Witness to Violence Project, 2013]

1 in 4 girls and 1 in 6 boys are sexually abused before adulthood [NCTSN Fact Sheet, 2009]

Prevalence of Trauma

84% of adult mental health clients have a history of trauma [Mueser et al, 2004]

50% of female and 25% of male clients experience sexual assault in adulthood [Read et al, 2008]

Prevalence of Trauma

Up to 65% of all clients in substance abuse treatment report childhood abuse [SAMHSA, 2013]

Up to 75% of women in substance abuse treatment report trauma histories [SAMHSA, 2009]

Prevalence of Trauma

Over 92% of homeless mothers have severe trauma histories. They have twice the rate of drug and alcohol dependence as those without. [SAMHSA, 2011]

Almost 1/3 of all veterans seeking treatment for a substance use disorder have PTSD. [National Center for PTSD]

Impact of Trauma

Impact of Trauma: Adverse Childhood Experiences

The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study:

- one of the largest investigations of childhood abuse and neglect and later-life health and well-being.
- original ACE Study conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection.
- Over 17,000 Health Maintenance Organization members receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors.
- The CDC continues ongoing study of ACEs by assessing the medical status of the study participants via periodic updates of morbidity and mortality data.

Impact of Trauma: Adverse Childhood Experiences

Adverse Childhood Experiences included:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Mother treated violently
- Household substance abuse
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

Impact of Trauma: Adverse Childhood Experiences

With 0 ACEs:

1 in 16 smoke

1 in 69 alcoholic

1 in 480 uses IV drugs

1 in 14 has heart disease

1 in 96 attempt suicide

With 7+ ACEs:

1 in 6 smoke

1 in 6 alcoholic

1 in 30 uses IV drugs

1 in 6 has heart disease

1 in 5 attempt suicide

Impact of Trauma: Adverse Childhood Experiences

As the number of ACEs increases so does the risk for the following*:

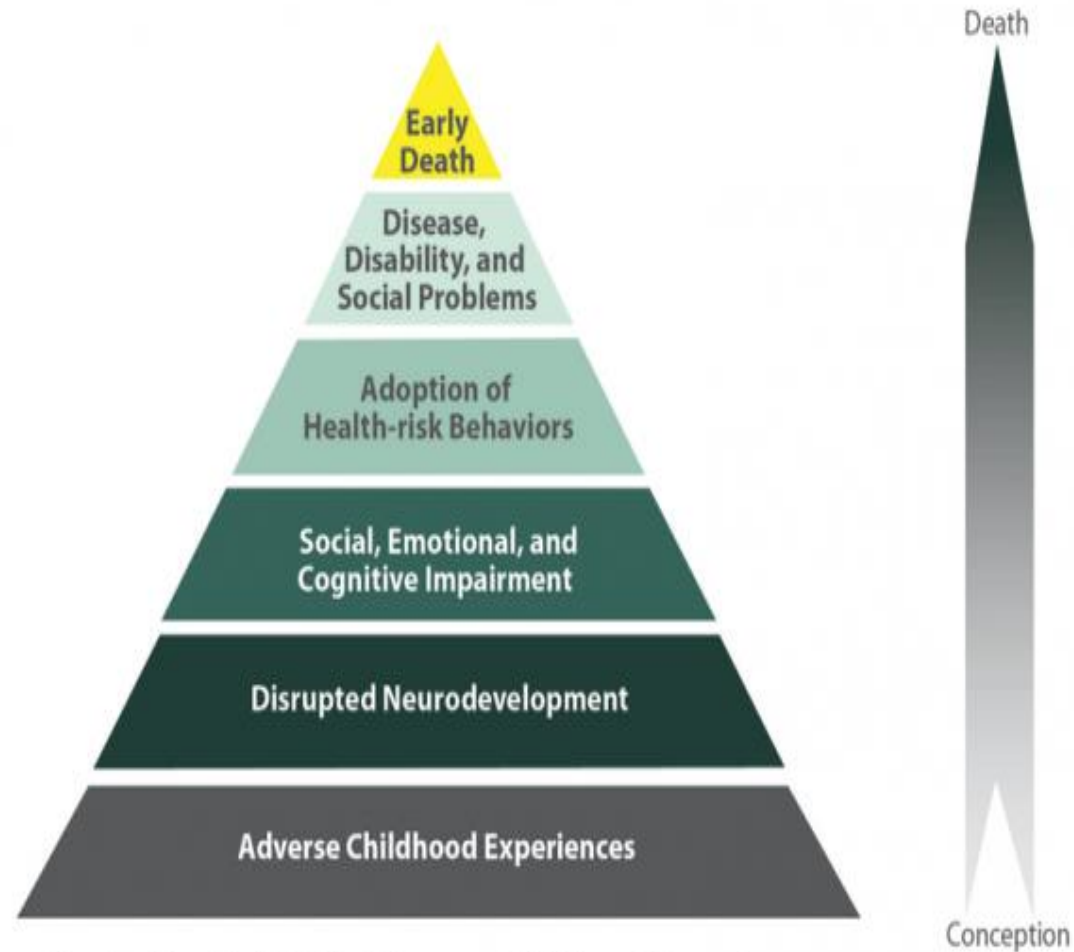
- **Alcoholism and alcohol abuse**
- **Chronic obstructive pulmonary disease**
- **Depression**
- **Fetal death**
- **Illicit drug use**
- **Ischemic heart disease**
- **Liver disease**
- **Financial stress**
- **Risk for intimate partner violence**
- **Multiple sexual partners**
- **Sexually transmitted diseases**
- **Smoking**
- **Suicide attempts**
- **Unintended pregnancies**
- **Early initiation of smoking**
- **Early initiation of sexual activity**
- **Adolescent pregnancy**
- **Risk for sexual violence**
- **Poor academic achievement**

***This list is not exhaustive.**

Impact of Trauma on the Brain

- The brain has a bottom-up organization
- Experiences build brain architecture
- Fear activates the amygdala and shuts down the frontal lobes of the cortex.
- Toxic stress derails healthy development, and interferes with normal functioning

Impact of Trauma: Adverse Childhood Experiences



Mechanism by Which Adverse Childhood Experiences
Influence Health and Well-being Throughout the Lifespan

Impact of Trauma



The effect of trauma on an individual can be conceptualized as a normal response to an abnormal situation

Impact of Trauma: Problems OR Adaptations?

Fight

**“Non-compliant, combative”
OR
Struggling to regain or hold onto
personal power**

Flight

**“Treatment resistant, uncooperative”
OR
Disengaging, withdrawing**

Freeze

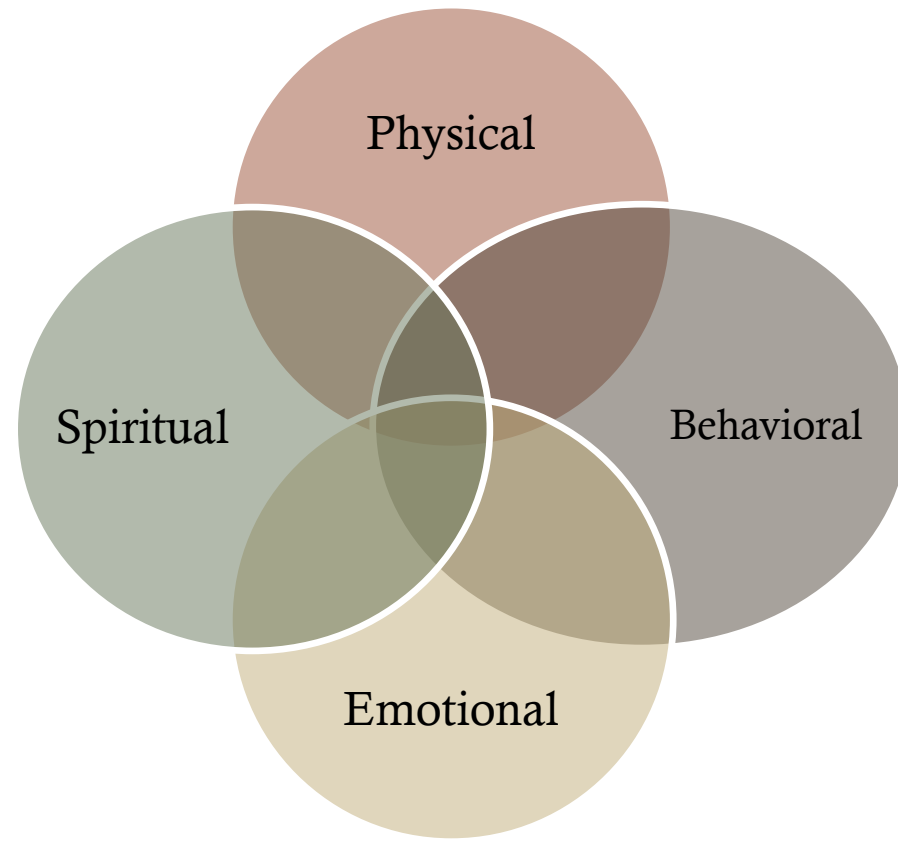
**“Passive, unmotivated”
OR
Giving in to those in power**

Impact of Trauma

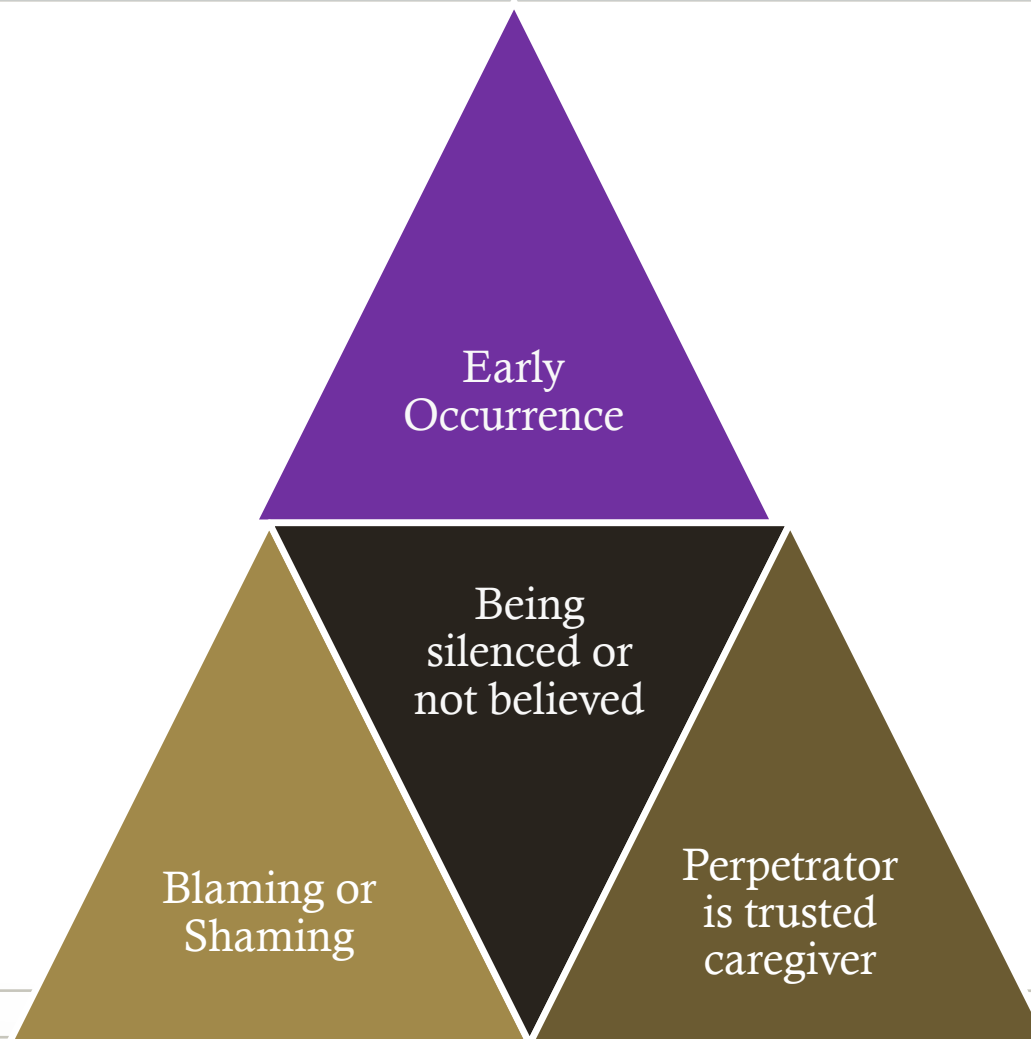
Trauma Can:

- Cause short and long-term effects
- Affect coping responses, relationships, or developmental tasks
- Impact physiological responses, well-being, social relationships, and/or spiritual beliefs

Impact of Trauma



Impact of Trauma: Factors Increasing Impact



Practice of Trauma Informed Care

Practice of Trauma Informed Care

Fully integrates knowledge about trauma into policies, procedures, and practices

Seeks to actively resist *re-traumatization*

<https://www.samhsa.gov/nctic/trauma-interventions>

Trauma Informed Care is **NOT** Trauma-Specific Treatment

Trauma Informed Care

- takes into account knowledge about trauma into all aspects of service delivery
- it is not specifically designed to treat symptoms or syndromes related to trauma.
- Is an organizational to providing care that recognizes and takes into account possibility of trauma in a participant's history.

Trauma Specific Treatment

- evidence based and best practice treatment models that have been proven to facilitate recovery from trauma.
- directly address the impact of trauma on an individual's life and facilitate trauma recovery- they are designed to treat the actual consequences of trauma.

Trauma Informed Care, Alameda County
alamedacountytraumainformedcare.org

Practice: Six Core Principles of Trauma Informed Care

Principles of Trauma Informed Care

Understanding

Safety

Trustworthiness
and
Transparency

Choice

Collaboration
and Mutuality

Empowerment

Trauma Informed Care, Alameda County:
alamedacountytraumainformedcare.org; SAMHSA

Principles of Trauma Informed Care: Understanding

Through knowledge and understanding of trauma and stress we can act compassionately and take well-informed steps towards wellness. We actively move past cultural stereotypes and biases, offer gender-responsive services, leverage the healing value of traditional cultural connections, and recognize and address historical trauma.

Principles of Trauma Informed Care: Safety

Staff and the people served feel physically and psychologically safe.

Principles of Trauma Informed Care: Safety

For Clients

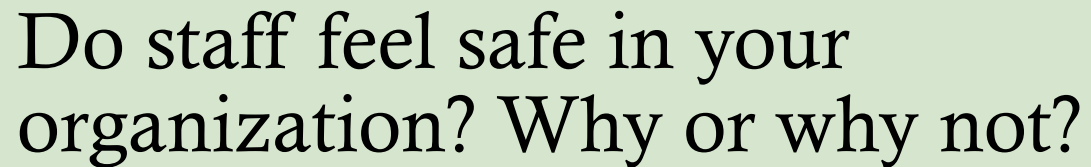
- Safety means maximizing control over their own lives

For Providers

- Safety means maximizing control over the service environment and minimizing risk

Principles of Trauma Informed Care: Safety

Do staff feel safe in your organization? Why or why not?



Do residents feel safe? How do you know?



What changes could be made to address safety concerns?



Principles of Trauma Informed Care: Trustworthiness & Transparency

Operations and decisions are conducted with transparency and the goal of building and maintaining trust among participants, family members, staff, and others, including through meaningful sharing of power, mutual decision-making, authenticity, and consistency.

Principles of Trauma Informed Care: Choice

Individuals' strengths and experiences are recognized and built upon. The experience of having a voice and choice is validated and new skills developed. The organization fosters a belief in resilience. Participants are supported in developing self-advocacy skill.

Principles of Trauma Informed Care: Collaboration & Mutuality

Partnership and leveling of power differences,
recognizing healing happens in relationships and
meaningful sharing of power in decision making.

Empowerment

We recognize, build on and validate participants' strengths, individually and through peer support. Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, serving as models of recovery and healing, and maximizing a sense of empowerment.



Trauma Informed Care Skill Development

Trauma Informed Care Skill Development

**Identifying and
Validating
Feelings**

**Regulating
Feelings**

**Understanding
the Stress
Response**

**Identifying and
Managing
Triggers**

**Reframing
Symptoms as
Coping
Behaviors**

**Responding to
Trauma
Disclosures**

**Open and
Respectful
Communication**

**Setting
Appropriate
Boundaries**

Appreciation

Reason for Being

**Self-soothing and
Stress
Management**

Trauma Informed Care Skill Development: Identifying and Validating Feelings

People who have experienced traumatic events, particularly at the hands of a significant caregiver, were given contradictory messages, dismissed, ignored, silenced, abandoned, blamed, shamed, told they had no rights to feel, etc.

You have repeated opportunities to offer corrective experiences.

Trauma Informed Care Skill Development: Identifying and Validating Feelings

I know when I am feeling tired, angry, sad, frightened, etc.

I can read non-verbal emotional cues, e.g., eye contact, facial expression, tone of voice, body posture, movement and gestures, rhythm and rate of voice.

I am able to verbally reflect other's emotional state. "It sounds like you feel very angry about this."

After reflecting feelings, I am able to validate the emotion. "You had to wait three days for me to return your call, and your question was really important to you. I understand why you're mad about this."

Trauma Informed Care Skill Development: Regulating Feelings

A significant outcome of having an overwhelmed nervous system is emotional dysregulation. This can make it harder to use skills learned in the past. Dementia can also undermine accessing skills to regulate emotions. People who did not experience the mutual dance of regulation with their caregiver during developmental years often need to learn these skills as adults.

Trauma Informed Care Skill Development: Regulating Feelings

When I start to feel overwhelmed, I know how to bring myself back to emotional balance.

I am equipped to engage with others who are experiencing overwhelming feelings and am able to help them manage these feelings.

I am aware of GROUNDING strategies (e.g., focus on breathing, sensory strategies, redirecting attention).

Understanding the Stress Response

The nervous system's most important function is to keep us alive by alerting us to danger.

Many people are under and/or over responsive to even the slightest perception of danger. Behaviors may include violence, running away, self- abuse or shutting down.

Trauma Informed Care Skill Development: Understanding the Stress Response

I can identify my typical response to overwhelming stress.

I catch myself when I become overwhelmed, e.g., more frustrated, controlling, punitive, reactive, less thoughtful.

I can provide others with a general introduction to the stress response, including basic information about how overwhelming stress may impact the nervous system.

Trauma Informed Care Skill Development: Identifying & Managing Triggers

The brain holds onto sights, sounds, smells, feelings, activities and body sensations from original traumatic events.

These are survival based memories and can lead to seemingly inexplicable reactions.

Trauma Informed Care Skill Development: Identifying & Managing Triggers

I am aware of my triggers.

I have made a list of my triggers and have created a plan to develop skills that will help me deal with these stress reactions.

I can explain the concept of 'triggers' and am able to assist others in developing a plan to respond to these reactions and to reduce exposure when possible.

Trauma Informed Care Skill Development: Reframing Symptoms / Problem Behaviors as Coping Strategies

- The price of living through adversity includes anxiety, numbness, overwhelming feeling states, restlessness, amnesia, flashbacks, nightmares, etc.
- There can be many 'problem behaviors' that are actually solutions to the above feelings. One example is using stimulants to up-regulate or depressants to down-regulate.

Trauma Informed Care Skill Development: Reframing Symptoms / Problem Behaviors as Coping Strategies

I have examined many of my
'problem' behaviors, (e.g.,
procrastination, alcohol use, over-
eating, TV escapism, smoking) and
see how they might be viewed as
coping strategies.

I think about troubling behavior
through a lens of curiosity:

'how does this behavior make sense?'

'how might this behavior serve the
person?'

'what might have happened to this
person to make this a logical
response?'

Trauma Informed Care Skill Development: Responding to Trauma Disclosures

Many events that cause trauma are highly stigmatizing. People become accustomed to keeping secrets believing they were somehow to blame; or that if others knew what had happened, the victim would be judged as culpable or damaged.

Having one's story heard by someone who is supportive, compassionate and willing to listen can be a very healing experience.

Trauma Informed Care Skill Development: Responding to Trauma Disclosures

I am comfortable talking about my past, including those things that might be considered traumatizing.

I would be willing to see a therapist trained in trauma specific interventions if the situation came up.

I am able to hear others talk about emotionally painful events without becoming overwhelmed by my own feelings.

I am able to respond to disclosures with compassion and do not respond by trying to 'fix' the person or insist that they see a therapist.

I am aware of therapists who have been trained to provide trauma specific therapy.

Trauma Informed Care Skill Development: Open and Respectful Communication

Many trauma experiences are dehumanizing, leaving people feeling shame and internalized judgment.

Judgmental or 'clinical' language may reinforce these beliefs. This language also allows staff to put clients in an 'other' category, ex: 'this person is very different from me.'

This type of distance may prohibit the formation of a therapeutic/healing relationship.

Trauma Informed Care Skill Development: Open and Respectful Communication

I have compassion for myself even when I make mistakes.

I listen with compassion.

I strive to fuel connection & hope vs. isolation & anger.

I avoid language that induces fear, guilt & shame.

I use non-judgmental/non-shaming language, ex: 'she's having a hard time getting her needs met' vs. 'she's manipulative and attention seeking'

I use person first language, ex: 'person who cuts himself' vs. 'cutter'

I use motivational interviewing techniques.

Trauma Informed Care Skill Development: Setting Appropriate Boundaries

People with histories of interpersonal trauma have had physical and/or emotional boundaries violated.

People who were supposed to be trustworthy may have committed incomprehensible acts. People may respond in a variety of ways, e.g., set no boundaries, set very rigid boundaries, isolate.

Trauma Informed Care Skill Development: Setting Appropriate Boundaries

I mean it when I say 'yes' and 'no.'

I know my 'uh oh' or warning signals of 'danger ahead.'

I know and acknowledge when my boundaries have been violated or when I violate the boundaries of others.

I don't talk disparagingly about other people and instead go directly to that person when I have a problem.

I inform clients about the extent and limits of confidentiality.

I don't talk to clients about other clients.

I understand why clients may not initially want to share information.

When I 'vent' about feelings towards a client with other staff, I do so respectfully and focus on my reactions vs. the client's behavior.

Trauma Informed Care Skill Development: Self-Soothing & Stress Management

I have a self-care plan.

My supervisor provides me with opportunities to discuss the emotions connected to my job.

I take time away from work to connect with friends, family and meaningful activities.

I understand the people who live with a history of complex trauma may have become accustomed to a high level of drama and that changing this pattern may take time and patience.

I can help others create a self-care/wellness plan.

Wisconsin Department of Health Services, Division of Mental Health and Substance Abuse Services

Trauma Informed Care Skill Development: Self-Soothing & Stress Management

It is extremely difficult to change habitual ways of dealing with stress. During a crisis, people revert to old ways of coping; pre-identified, accessible tools are necessary to change old patterns.

Trauma Informed Care Skill Development: Appreciation

The survival brain becomes preoccupied with pain & danger but can be distracted when redirected and reminded of pleasure, fun, security, belonging, joy, beauty, humor, etc.

Trauma Informed Care Skill Development: Appreciation

I have a regular practice of 'appreciation' which helps to balance my nervous system and promotes hope in the face of hardship.

I don't force false hope on the people I work with, but I use opportunities to point out strengths, what is going well and the person's capacity to cope.

Trauma Informed Care Skill Development: Reason for Being

People who live with an onslaught of pain and loss begin to question life's meaning. Life appears hopeless, disconnected and without purpose.

Wisconsin Department of Health Services, Division of Mental Health and
Substance Abuse Services

Reason for Being

I have a deep connection to things that are important to me.

Most of the time, I believe my life has purpose and meaning.

I am able to talk to other people about what makes them unique and to help them connect with activities that promote a sense of hope and value.

Wisconsin Department of Health Services, Division of Mental Health and Substance Abuse Services

Be the Hummingbird



Trauma Informed Care: Further Reading

Judith Herman (2015) Trauma and Recovery

Linda Sanford (1991) Strong at the Broken Places

Robert Sapolsky (2004) Why Zebras Don't Get Ulcers

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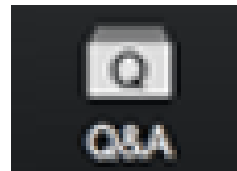
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Wissow, Lawrence. (2016, December). Introducing Psychosocial Trauma Informed Integrated Care. *Curr Probl Pediatr Adolesc Health Care*, 46: 389-389.

QUESTIONS

Please type your questions into the Question and Answer box by clicking on the Q&A icon at the bottom of your screen.



RESOURCES

Resources

- **Administration for Community Living (ACL)**

- Coronavirus Disease 2019 (COVID-19): <https://acl.gov/COVID-19>

- **NORC Resources**

- Coronavirus Prevention in Long-Term Care Facilities: Information for Long-Term Care Ombudsman Programs: https://ltcombudsman.org/omb_support/COVID-19
- Trauma-Informed Care: Nursing Home Requirements and Ombudsman Program Advocacy: <https://ltcombudsman.org/uploads/files/support/tic-factsheet.pdf>
- Trauma-Informed Care Issue page: <https://ltcombudsman.org/issues/trauma-informed-care>

- **National Consumer Voice for Quality Long-Term Care (Consumer Voice)**

- Supporting Coronavirus Prevention in Long-Term Care Facilities: <https://theconsumervoice.org/issues/other-issues-and-resources/covid-19>

New Resource

- *Taking Care of You* Resource reviews:
 - Compassion fatigue, burnout, individual trauma, and trauma-informed care
 - Typical Reactions to Stress
 - Self-Care Tips
 - Program Management Considerations (supporting staff and volunteers)



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Additional Questions? Comments?



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