

6 Steps to Implement Trauma-Informed Care

February 26 & February 28, 2020 Session Discussion

- 1) **Staff empowerment is a vital part of trauma-informed care, but what about traumatized organizational leaders whose trauma drives them to need control? Some can resist empowering staff (without insight to explain it's related to their own trauma)**

Very important to have a community that is trauma informed especially re-traumatization potential. In addition, very important to recognize vicarious trauma as many times staff may share information about themselves or family to the residents they care for and that can cause vicarious traumatization or re-traumatization. Innocently but it can occur.

I believe both of these questions/comments could be supported by [Dr. Sandra Bloom's](#) body of work. She is the founder of the Sanctuary Model and provided solid guidance on how to implement trauma-informed care when organizational stress could be a barrier. She is a nationally recognized professor, researcher, and consultant.

Read Dr. Sandra Bloom's work from 2010 "[Organizational Stress as a Barrier to Trauma-Sensitive Change and System Transformation.](#)"

"This paper explores the notion that organizations are living systems themselves and as such they manifest various degrees of health and dysfunction, analogous to those of individuals." Also, "it is the shared responsibility of staff and administrators to become "trauma sensitive" to the ways in which past and present overwhelming experiences impact individual performance, leadership styles, and group performance." Further, "While it provides the leaders and staff of the organization a framework for understanding the frequently dysfunctional adaptations they have made to chronic stress, it simultaneously serves to heighten their awareness of the ways in which exposure to chronic stress has impacted their clients and provides a window into the interaction between organizational dysfunction and individual dysfunction."

I believe this document and Dr. Bloom's website would be helpful while implementing trauma-informed care.

- 2) **Be careful when offering a Holocaust Survivor a shower. It can be a very Traumatic memory for survivors.**

This is an excellent point! Being trauma-informed is taking extra care. Screening for ACEs would help to determine the potential triggers. This conversation provides an opportunity to discuss the trigger and develop a plan to mitigate discomfort.

3) Families can help us understand potential past trauma for residents with dementia and who cannot express it verbally.

This is an important aspect that I neglected to mention. If a consumer is unable to provide information about the background, a family member or caregiver could be consulted. Please keep in mind that we want to resist retraumatizing this individual. Therefore, one could ask to provide just enough information without pressing for too much detail.

4) Will there eventually be surveyor attention to how staff are educated on recognizing their own trauma triggers?

Do we have any idea what surveyors are actually going to look at organizationally? I feel that we have set up systems to track and report. We have screens for clients and these are in their charts. What sort of things are they looking for?

I believe that the following resources should help to answer these questions.

[The American Association of Directors of Nursing Services](#) provides an overview of trauma-informed care and the regulations.

This [LeadingAge Guidebook](#) provides information on how to implement trauma-informed care in long-term care. Page 27 highlights the policies and procedures that surveyors will be reviewing.

The [Long-Term Care Ombudsman organization](#) provides some context and resources on this topic.

5) Is there any data that suggest that working to reduce the effects of early trauma (ACEs) reduces the adverse health problems associated with the trauma?

Here are some helpful articles that reinforce this notion:

[Adverse Childhood Experiences among a Community of Resilient Centenarians and Seniors: Implications for a Chronic Disease Prevention Framework](#)

[CDC: Preventing ACEs May Mitigate Chronic Health Issues](#)

[Primary care experiences of women with a history of childhood trauma and chronic disease](#)

[March 2019: The Need for Trauma-Informed Care](#)

6) Are there resources for trauma-informed care in long-term pediatric care?

Here are some helpful resources for integrating trauma-informed care into pediatric care:

[Trauma-Informed Care: Essential Elements for Pediatric Health Care](#)

[Implementing a Trauma-Informed Approach in Pediatric Health Care Networks](#)

[Trauma-Informed Integrated Care for Children and Families in Healthcare Settings](#)

7) How is this change package different or similar to the Change Package for Primary Care that was developed by National Council for Behavioral Health?

There are many change packages that have been developed to aid in the process to becoming trauma-informed. The National Council's package is dedicated to the primary care setting. What sets Healthcentric Advisors' change package apart is the steps are based upon the Missouri Model Developmental Framework which helps to ease an organization with the implementation process. In addition, we have developed two versions: one for nursing centers (resident-centered assessment and intervention strategies) and one for all other healthcare settings.