

Trauma-Informed Practice

(Webinar) What it Looks Like to be a Trauma-Informed Agency

Sometimes the resident behaviors that are viewed as problematic or unhealthy are:

- Hard-wired, as opposed to an active/calculated choice.
 - Seemingly intentional behaviors are often influenced by a resident's brain pathways, perception of safety, and perception of authority/power imbalances.
- A resident's coping mechanisms might be the only way they know how to get their need for safety, security, connection, and satisfaction met.
 - Interventions for resident behaviors need to include alternative, healthy ways for our residents to get their needs met.


A "trauma responsive" agency looks at its policy, practices, and environment through a trauma informed lens and asks, "Are we promoting safety, trust, choice, collaboration, and empowerment for our residents and staff?" It is necessary to have leadership buy-in and incorporate trauma-informed language into the agency's mission, values, and strategic planning. The best way for an agency to become trauma responsive is to form a trauma committee.

Trauma committees should:

- Be comprised of staff members with expertise related to trauma-informed care and/or lived trauma experience.
- Be committed to "doing no harm" and achieving socially just outcomes for both staff and residents.
- Meet weekly or monthly to assess the implementation of trauma-informed approaches and policies within the agency.

Carter, P. (2021). *Trauma-informed care: What it looks like to be a trauma-informed agency* [Webinar]. University of Missouri School of Social Work.

<https://ssw.missouri.edu/fieldinfo/behavioral-health-workforce-education-and-training-for-professionals-program/>



(Article) Trauma-Informed Dementia Care by J. Scott Janssen, MSW, LCSW

Traumatic memories can be full of vivid, multi-sensory details and are often fragmented. This combination can be especially frightening for someone whose capacity for rational reflection and self-awareness is compromised by dementia.

Recent neuroscience found that PTSD changes the brain and nervous system, placing the body and all its senses on constant high alert for perceived threats. This can create intense and instantaneous fight-flight-freeze-fawn responses to stimuli associated with the trauma. While these "triggers" are largely unconscious, the brain responds to them as though the original traumatic event is taking place. For example, a person who was assaulted years before may respond to being touched or transferred by a nurse as though there is a threat in the present. They might have no awareness that the nervous system is being activated by a past trauma. When the challenges of cognitive and social impairment are added, it warrants reflection as to the ways dementia might make such experiences even more frightening.

Trauma-Informed Nursing Home Practices:

- Committees designed to decrease resident falls.
 - Falls among older adults, even seemingly minor ones, may cause or exacerbate existing symptoms of PTSD.
- In-services on trauma informed-practices.
 - Educating staff about residents' triggers and effective de-escalation strategies is critical way of reducing the risk of re-traumatizing residents.
- Trauma/PTSD screener administered during all admissions.