

Trauma Informed Care in Dementia



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Learning Objectives

- 1. Evaluate your current dementia care practices through a trauma-informed lens.
- 2. Describe two new approaches you can apply to make your services more trauma-informed.
- 3. Identify two common outcomes that could be improved by adopting trauma-informed practices.

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Trauma and Trauma Informed Care Principles and Practices

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What is trauma?

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Both of these answers are used

- a. Exposure to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence through direct exposure, witnessing in person, indirectly learning of loved one's exposure to trauma, or through repeated occupational exposure
- b. 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

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Potential Trauma is Universal



Centers for Disease Control and Prevention (CDC)

- Adverse Childhood Experiences (ACEs)
- Focuses on the impacts of childhood experiences in adulthood.

American Psychiatric Association (APA)

- Defines trauma in the context of trauma-related mental disorders.

Substance Abuse and Mental Health Services Administration (SAMHSA)

- Trauma-informed care for adults in behavioral health services.

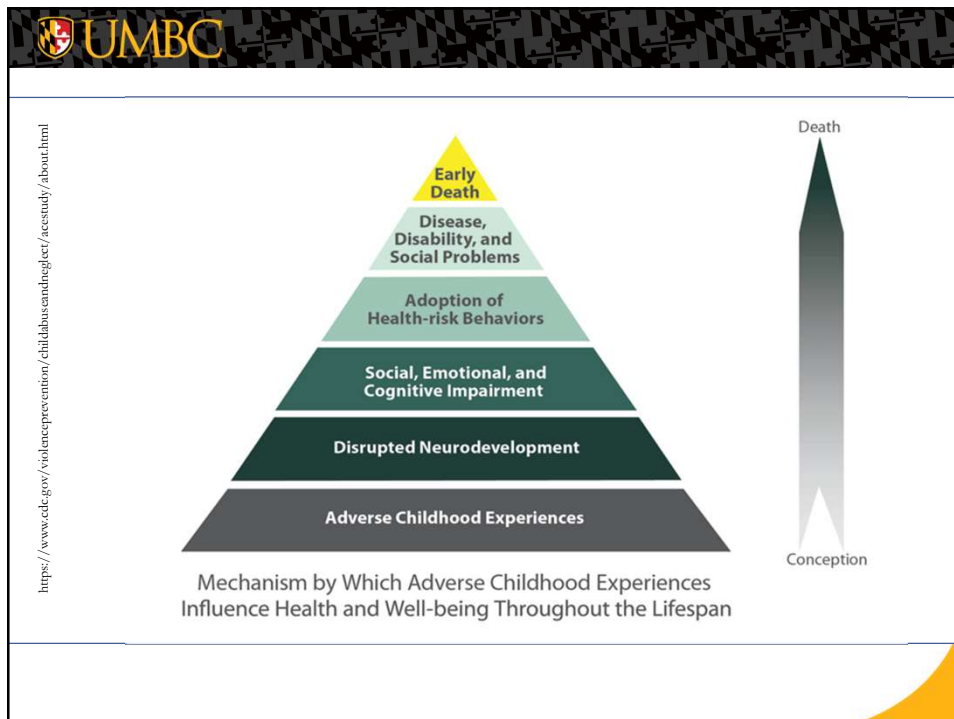
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Adverse Childhood Experiences

- Potentially traumatic events that occur from the ages of 0-17.
 - Experiencing all types of abuse or neglect
 - Witnessing domestic or other violence in the home or community
 - Household instability due to substance use problems, mental health problems, incarceration
 - Any type of parental separation

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For adults, ACES may only be part of the story

- Military trauma
- Domestic violence
- Medical trauma
- **Isolation/neglect**
- **Natural and human-caused disasters**

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American Psychiatric Association

- Defines trauma as exposure to death, threatened death, actual or threatened serious injury, actual or threatened sexual violence.
 - Experienced directly
 - Witnessed in person
 - Learned about it happening to close relative/friend
 - Repeated indirect exposure in a professional setting (secondary traumatic stress)

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SAMHSA

- An event, series of events, or set of circumstances
- Experienced as physically or emotionally harmful or life-threatening
- Lasting adverse effects on mental, physical, social, emotional, or spiritual functioning and well-being

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Which definition of trauma do you use
in your practice?

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SAMHSA's Three E's

Event(s)

Experience of Event(s)

Effect

Key to SAMHSA's definition

Incorporates individual variability

"Concept of Trauma and Guidance for a Trauma-Informed Approach"

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Event

What happened?

Potentially traumatic events include the threat of physical or psychological harm and/or severe neglect.

An event may occur once or re-occur repeatedly over time.

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Experience

How did the person experience the event?

A person's experience of the event determines whether it is traumatic.

An event that is traumatic for one individual may not be for another.

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Effect

What happened as a result of the event?

Long-lasting adverse effects are a critical component of trauma.

Adverse effects may occur immediately or may have a delayed onset.

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Key Takeaways

Not everyone who experiences a potentially traumatic event has a negative effect.

Negative effects can be seen long after the event.

Two people can experience the same event and have different outcomes.

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Trauma and Older Adults

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Trauma Exposure and Age

University of North Carolina Alumni/Spouse Study:

2,515 respondents born in the 1940's
 Mean age = 60.8 years
 Mostly white, college educated

Mean # of potentially
 traumatic events = **6+**

Trauma
 exposure
 accumulates
 with age



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Age Associated with More Trauma Symptoms

- Occur during normal developmental processes such as life review
- Reactivation of old trauma memories
- Can also experience new trauma symptoms based on long ago event

McLeod (1994); Andrews et al. (2007, 2016), Potter et al. (2013)

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Loss in Older Adulthood

- Death of significant other/spouse
- Deaths of peers/friends
- Loss of physical abilities
- Loss of independence
- Loss of home/neighborhood/community

Any of these could be traumatic or could reactivate previous trauma.

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Generational Risks

- Attitudes and upbringing may have meant hiding traumas.
- Lessons like “take it like a man” or “you made your bed, now lie in it” may be associated with secrecy or stoicism.

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Persons with Dementia

- Research related to trauma and dementia is limited
- People may re-experience earlier traumas as cognitive impairment advances
- Ability to engage in evidence-based treatments is limited

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Trauma and Patient Care

- Affects experiences of pain and anxiety
- Complicates treatment of pain
- Symptoms exacerbate anxiety and/or depression
 - Arousal and reactivity
 - Negative beliefs
 - Poor sleep
- High comorbidity with alcohol and substance use disorder

¹Defrin et al. J Pain 2015 16(10):961-70. ²Mostoufi et al. Ann Gen Psychiatry 2014;13:31. ³Gómez-Pérez & López-Martínez. Clin J Pain. 2013 29(5):425-34. ⁴Loeb et al. Psychol Trauma. 2017 Nov 20 (epub). ⁵Bae et al. PLoS One 2018. Jun 21;13(6):e0199138. ⁶Roth et al. JPSM. 2013;46:182-191. ⁷Bilevicius et al. Drug Alcohol Depend. 2018 Jul 1;188:119-125.

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What can late life trauma look like?

- Greater estrangement and/or isolation from family members
- Guilt associated with the original trauma
- Exacerbation of symptoms during transitions
- May manifest as somatic symptoms
- Greater likelihood of developing dementia; greater distress in dementia

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How can we identify trauma?

- Patients might exhibit challenging behavior or seemingly disproportionate reaction to care or event.
- Patients may report feeling “triggered”

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When assessing for trauma, what do you need to know?

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Assessment

- You do not need to know what happened to treat symptoms/distress
- Trauma informed care is different than trauma treatment
- Older adults can respond to treatment approaches but not all older adults want to address their trauma

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Manifestations of Trauma

- Active Symptoms
 - Suspicion & lack of trust
 - Anxiety, agitation, acting out
 - Nightmares
- History/context
 - Substance use current or past
 - History of homelessness
 - Estrangements/disrupted relationships

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Remember



- Trauma reactions develop as normal reactions to abnormal situations. When a person is reminded (even subconsciously) of the situation they have the same reaction.

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Special considerations in dementia

- Person may not actively remember traumatic event
- Person may be re-experiencing the trauma as their cognition declines
- Family members may be unaware of past trauma due to stigma/taboo

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What can you do?

- Remember that reactions are involuntary
- Ask yourself “could this be due to trauma?”
- Realize the person may or may not be aware of its origin and/or they may not associate it with previous trauma.
- Assess, address, change YOUR behavior

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Trauma-Informed Care Paradigm

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Office of Public Health Preparedness and Response (DPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for DPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:

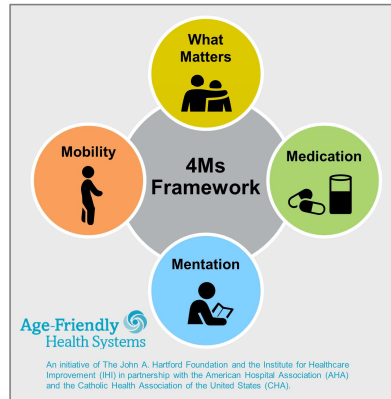


Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by DPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

Healing trauma requires safety

- We cannot heal when we are in survival mode.
- Many healthcare settings feel inherently unsafe (noise, chaos, and other triggers).
- Consider the whole environment.

Age Friendly Paradigm



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

For related work, this graphic may be used in its entirety without requesting permission. Graphic files and guidance at ihf.org/agefriendly

Age-Friendly

- Aims to:
 - Follow an essential set of evidence-based practices
 - Cause no harm
 - Align care with what matters to the older adult and their caregivers

ihi.org

INTERSECTION OF TRAUMA- INFORMED AND AGE FRIENDLY

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What Matters?

- Safety
- Trustworthiness and Transparency
- Collaboration & Mutuality
- Empowerment, Voice, and Choice

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Medication

- Is someone with a trauma history using medication to mask trauma-related distress?
- Do providers have cultural and gender biases that influence prescribing?

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Resource

- Project Justice Hidden Bias Test
- <https://www.learningforjustice.org/professional-development/test-yourself-for-hidden-bias>

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Mentation

- Trauma increases the likelihood of developing dementia
- What happens when someone with a trauma history develops dementia?

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Mobility

- Safety
- Trustworthiness and transparency

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Outcomes

- Improved patient safety
- Improved patient focused outcomes
- Decreased distress for patients, families, and staff
- Better communication

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APPLYING AGE-FRIENDLY TRAUMA- INFORMED PRACTICES

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Case Example

- Sam arrived in the emergency room from his long term care community due to a fall with suspected hip fracture. He has some mild cognitive impairment and his daughter is his primary decision maker. She has been called and is on her way from a meeting in a nearby suburb.

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Which of the 4 M's should you be most concerned with first?

- What Matters
- Medication
- Mentation
- Mobility

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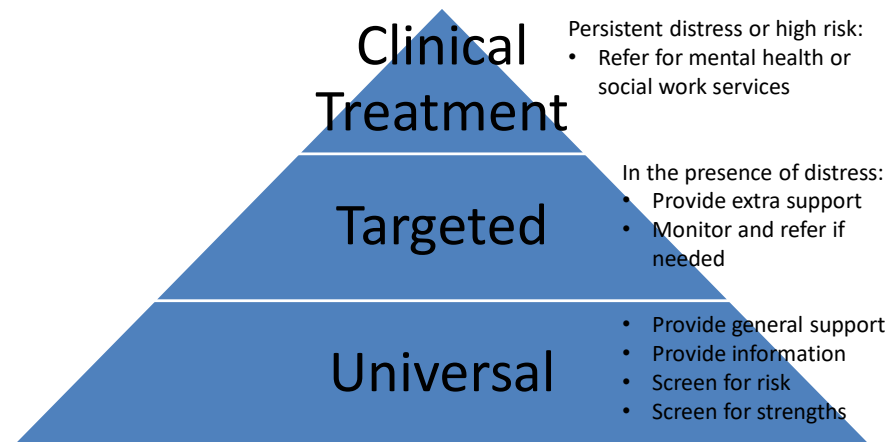
How are the 4Ms built into practice?

- Using a “What Matters” flowsheet
- Evaluating medication with the BEERS criteria
- Assessing for delirium using the Confusion Assessment Method (CAM) or similar
- Prioritizing mobility

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TIC Paradigm



Adapted from the NCTSN Pediatric Medical Traumatic Stress Guide

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Trauma Informed Care

Prevention and Treatment in a Geriatric Health Setting

- Elements Specific to TIC
 - Minimize potentially traumatic aspects of care (touch, startle)
 - Address distress: pain, fear, grief, depression
 - Provide reassurance and clear, realistic medical information/prognosis
 - Promote emotional support of the patient by family members
 - Support family members
 - Approach family conflict in a trauma informed way
 - Appropriately screen for distress, risk & protective factors, refer as needed to social services or mental health
- Elements Shared between TIC & Age-Friendly
 - Should be part of all patient interactions
 - Work collaboratively with patients and family members whom they wish to have as a part of their care
 - Encourage/allow family presence in the setting
 - Provide patient/family with accurate information about choices
 - Operate from a strengths perspective
 - Ensure that you use interpreters when needed and address cultural norms

Adapted from Marsac et al (2016)

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Sam's Case

- Sam's daughter arrives at the emergency room.
- [In Chat] What have you already done for him?
- [In Chat] What is next?

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Nursing Home Case

- Jane was just transferred into your care when she moved from the rehab unit to the long term care unit following a failed attempt to return home. You learn from her record that she is widowed and has three children. She is only in contact with one, who lives out of state. The nurses in rehab describe her as anxious and irritable.

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Apply TIC and Age Friendly Principles

- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice, and Choice
- Cultural, Historical, & Gender Issues
- What Matters
- Medication
- Mentation
- Mobility

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Trauma Informed Care

- Addresses the symptoms without awareness of the origins of the underlying trauma
- Relieves distress for everyone, especially people with dementia, families, and staff

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Trauma-Informed Organizations

- Presume that everyone (from staff to clients) has experienced trauma.
- Respond to the needs of trauma survivors by evaluating the organization's policies, procedures, and practices.

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What does it mean to provide care that promotes:

- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice, & Choice

- And addresses cultural, historical, and gender issues?

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Why Those Principles?

- Traumatic experiences often occur in threatening situations beyond an individual's control.

- TIC restores control to the individual and avoids repeating the lack of control through rigid organizational practices.

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Paradigm to practice

- Organizational culture is the shared norms and attitudes that shape collective behaviors (Stone & Reinhard, 2007); “The way we do things around here”.
- Trauma informed care requires us to change culture and practice.

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Current Practices

- Implementing TIC does not require a complete organizational shift
- What are some things your organization is doing now that are trauma informed?

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Organizations and Individuals

- These principles should be applied on an organizational level.
- You can apply them individually in your own practice.
- Change takes time and every day everyone can do a little better.

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Staff Dynamics

- Organizations can be traumatized by repeated external and internal threats
- Staff dynamics can mirror power dynamics of abusive situations
- Staff who do not feel safe, or trusted, and so on, cannot be present to address resident trauma

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Implementation Basics

- Four R's:
- **Realize** the widespread impact of trauma and understand potential paths for recovery
- **Recognize** the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- **Respond** by integrating knowledge about trauma into policies, procedures, and practices
- Seek means to actively **resist** re-traumatization

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Changing Practices

- What organizational practices could be made more trauma informed with minor changes?

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Three Things You Can Do: Safety

- 1. Walk through of the physical spaces of your care setting, noting lighting, security, and privacy. Use all of your senses. List items that need to be addressed. Submit work orders for simple things - discuss larger issues.



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Three Things: Trustworthiness and Transparency

- 2. Start by changing your own actions. In times of fear and uncertainty be as clear and transparent as you can with patients, families, staff, and co-workers. It will go a long way towards building trust and rapport.



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Three Things: Peer Support

- 3. Take time to seek support from your peers, especially stressful times. Staff at all levels should be able to trust each other, but it is also important for staff to have peers they can turn to who have walked in their shoes.



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Organizational Trauma
Informed Care

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All staff must provide
trauma-focused treatment

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QUESTIONS?

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