Trauma-Specific Precautions

Barbara Ganzel  PhD, LMSW
Gerontology Institute
Ithaca College

Medical Patients  Sex  Veterans

Ganzel 11.22.19
What’s a Trigger?

“... in order to eliminate or mitigate triggers that may cause retraumatization of the resident”

HHS, Final Rule, 2016, p. 663.
Physiological (e.g. elevated respiration, increase or decrease in heart rate, pupil dilation, pale skin, dry mouth)

Behavioral (e.g. impulses suggestive of flight or defense, reactive patterns e.g. clenching muscles, tics, etc.)

Cognitive (e.g. increased or decreased alertness and focus, zoning out, dissociation)

Emotional (sudden intense reactions, e.g. anger or fear, panic, shutting down, withdrawal, numbing)

Adapted from Anderson, Ganzel, Janssen (2018)
IN VOLUNTARY
Afraid of TWO NEW THINGS
- Box itself (conditioned context)
- Tone (conditioned stimulus)
- Both are now TRIGGERS
- BOTH cause fight/flight/freeze

Concepts Behind Fear Conditioning and TRIGGERS

Training Context – Naïve Exploratory Behavior

Fear Conditioning – Tone-Shock Pairing (CS-US)

Training Context – Freezing Behavior
Information about the shock and the tone are integrated in the **amygdala**

Tone + Context = hippocampus

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After this pairing, the tone alone stimulates:

- Fight
- Flight
- Freezing
- Autonomic Arousal
  - Adrenaline
  - **Global bodily response**
This is NORMAL

We need this response
It is HOW WE LEARN to respond quickly to new dangers

Pair “RED” with “HOT” and we don’t need to get burned next time

So a TRAUMA TRIGGER is a NORMAL response to an ABNORMAL situation

*INVOLUNTARY*
Triggers Can Be

- Multi-sensory (sight, sound, **smell**, taste, touch)
- Inner and outer physical sensations (e.g. heat, pressure, constriction, belly ache, bowels)
- Memories, thoughts or images
- Emotional states (e.g. fear or helplessness)
- Situations (e.g. being crowded or immobilized)

Adapted from Anderson, Ganzel, Janssen (2018)
Observing and Understanding

Signs and Symptoms of Trauma

TRIGGERS are Trauma Reminders
Sending the Body into High Alert

“Trauma affects the entire human organism – body, mind and brain. In PTSD, the body continues to defend against a threat that belongs to the past.”  (Van der Kolk, *The Body Keeps the Score*)

“A trigger can be *any* stimulus that was paired with the trauma whether we remember it or not.”  (Pease-Banitt, *Trauma Tool Kit*)

Adapted from Anderson, Ganzel, Janssen (2018)
Identify Trauma Triggers

Casting a Wider Net of Awareness

- Medical care
- Loss of meaningful roles and routines
- Impaired physical function
- Emotions of self or others
- Cognitive impairment
- Ruptures in personal boundaries
- Falls
- Relocation/institutionalization
- Hospitalization
- Being stuck in bed
- Pain, shortness of breath, racing heartbeat, gastric distress, physical weakness, difficulty swallowing
- Loud noises
- Medication effects
- Physical examination
- Smells
- Nightmares
- Direct personal care; e.g., being touched, dressed/undressed, toileting
- Differentials in power
- Being naked in front of others
- Strangers looking down at you in bed
- Being in the dark
- Troubling thoughts - “I’m alone”; “I’m not safe”; “I’m going to die”; “I’m a burden”
- Times of year associated with painful events
- Difficult conversations, e.g., about needing help with personal care, treatment planning, disease progression, hospice care, funeral arrangements
- Life review
- Death, loss, separation
- Impaired communication or inability to make needs known
- Loss of independence and increased dependency
- Loss of privacy
- A sense of being under threat
- Loss of meaning and/or control
- Being treated or talked to “like a child”
- Impairments in visual or auditory acuity

Janssen (2018)
SKIPS UNIVERSAL PRECAUTIONS goes straight to universal paper-and-pencil trauma screening for all behavioral health patients

BECAUSE YOU CAN’T AVOID TRAUMA TRIGGERS YOU DON’T KNOW ABOUT

This is harder in a long-term care setting, so we recommend a three-step process
Universal Precautions for Trauma-Informed Care
When the Team Knows Nothing About Trauma History & Triggers

Trauma-Specific Precautions
When the Team Knows (or Guesses) More

Person-Specific Precautions
When the Team Knows THIS PERSON’S Clinically-Relevant Trauma Triggers
Based on SAMHSA, *TIP-57* (2014) and Key, Kramer, Schumann, & Schiller (2019)
Universal Precautions for Trauma-Informed Care

- Trauma Awareness
- Choice
- Empowerment
- Collaboration
- Trustworthiness
- Safety
- Cultural & Gender Humility
- Safe, Inviting Environment
- Build Trauma-informed Organizations

Very General
When the Team Knows Nothing About Trauma History & Triggers

Fallon & Harris (2006).
The Model

Long-Term Care Involves Medical Care = Touch
Bringing Universal Precautions to the Bedside

Medical Patients & Long-Term Care Residents

TRAUMA-INFORMED TOUCH
Touch is COMPLICATED
Touch is COMPLICATED

To illustrate this,
Let’s Try That Again

Partner # 2, please do the same thing....

BUT FOLLOW THESE STEPS

• **Explain** to Partner #1 what you are going to do: “I’m going to do _____. If it’s uncomfortable, I can stop or slow down. Just let me know.” **Look** for clues that may indicate distress.

• **Ask before** you touch if the touch you are about to do is ok. “I’m going to do _______ now. Is that ok?”
  
  • If they say no, see if you can find another way to do it that is more comfortable for them.
  
  • If they say yes, then touch them. Gently.

• **Ask afterwards** how it was for them: “was that ok?”
  
  • If they indicate discomfort, **ask** how it might be made better next time.
How Was That?

Compare the two approaches

• Which felt better? Why?
• With practice, do you think the second way would be much slower than the first?

Introduce **CHOICE** into the process

Give **Appropriate Power** = **EMPOWERMENT**

Be **COLLABORATIVE**

If you follow through, you will be **TRUSTWORTHY**

Creates **SAFETY** and promote resilience
Universal Precautions for Trauma-Informed Care at the Bedside

- Trauma Awareness
- Choice
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Meet PERSON-CENTERED TRAUMA-INFORMED GOALS OF CARE

- ++ Sense of Safety
  - Within the Environment
  - From Trauma Symptoms
- AVOID Re-traumatization
- ++ Resilience & Trust
- ++ Empowerment
DIFFERENT KINDS OF TRAUMAS HAVE DIFFERENT KINDS OF TRIGGERS.

Some are predictable

We Can Use This to Help
Trauma-Specific Precautions

Sex
Sexual Assault (U.S.)

- **300,000** women (**90,000** men) raped yearly
  U.S. Dept of Justice/ National Violence Against Women Survey (Tiaden & Theonnes, 2000)

- **Nearly 23 million** women, **1.7 million** men raped or attempted rape in lifetime
  CDC/ 2017 National Intimate Partner and Sexual Violence Survey

- **About 1 in 3** women and nearly **1 in 6** men
  experience “contact sexual violence” in lifetime
  CDC 2017 National Intimate Partner and Sexual Violence Survey

**Worse in Dangerous Environments**

- e.g. About **1 in 3** female veterans report an attempted or completed sexual assault during military service
  Brauser (2018)
  (deployed or not)
Why is this Important in Long-Term Care?

• Sexual assault is common enough that every long-term care facility will have multiple female and male residents who have experienced sexual violence.

• Many other residents will have experienced shame and/or pain as a result of the diverse cultural taboos relating to sex, genitalia, urinary and bowel control, and viewing or touching of breasts, bellies, thighs, and other body parts.
  • If severe enough, these, too, may have been traumatic.

Trauma does not go away just because people get older & sicker
TOUCH* IS COMPLICATED

Touch and viewing of genitalia*, butts*, breasts*, bellies*, thighs* can be linked to memories of shame, blame, punishment, coercion, and violence

Sex is even more Complicated
Adopting trauma-informed touch does NOT involve screening for trauma

Use any time that a caregiver touches a resident

Whether or not they are a trauma survivor

It does particularly benefit survivors of sexual trauma

It involves paying particular attention to a resident’s empowerment and choices during touch. It is part of developing a trustworthy and collaborative care environment that is open, nurturing, and safe for everybody.

- Make TOUCH as stress-free as possible for all patients
- Reduce potential triggers for residents who are trauma survivors
- Reduce the possibility of triggering or secondary trauma for staff
Trauma-Informed Touch is for Everybody
Sensitivity, caring, and good observation skills are key

- Look for clues -- BEFORE, DURING, AFTER -- that the resident may be distressed during personal care, feeding, catheter insertion, administration of suppositories or enemas, or other activities that may be potential triggers.
  - Screaming, fighting, crying, throwing their lunch tray.
  - Strained laughter, rapid speech, muscle tensing, sadness, or emotionally “shutting down” (becoming expressionless, quiet, or looking unfocused and away, which could indicate dissociation).
  - Words or behaviors that indicate anger, fear, avoidance, or increased confusion.

- Before you start, explain the overall procedure and tell the resident why you are doing it. Use simple language.
- Before you start, tell the resident you will stop if they say so. e.g., “If anything I do feels uncomfortable, let me know. I can stop or slow down.” If there’s not verbal capacity, say you will pay attention for cues that say “stop”.
- As you proceed, explain each step BEFORE you do it in simple, everyday language. This is particularly important for invasive or potentially uncomfortable procedures, e.g., personal care.
- Ask the resident if the touch you are about to do is ok BEFORE you do it -- and check in AFTER. e.g. “I’m wetting this washcloth with warm water and soap. I am going to wash your groin area now -- your private parts. Does that sound ok? If patient indicates yes, do it. Afterwards ask, “How was that?”
- Listen and watch for their response – learn together what feels safe to the resident and what does not. Ask them what would make the process more comfortable. Provide options. If there’s not verbal capacity, look for clues of discomfort at each step. Note anything that may indicate the presence of potential triggers.
- Welcome the resident’s questions and be open to answering them in simple, everyday language.
- Take more time with residents who need more time. Figure it out with your supervisor.
Putting a trauma survivor in control of a potentially triggering situation reduces the potential for re-traumatization, it builds trust, a sense of safety, and can be healing in itself.

In this way, every care provider has the potential to be a healer.
If a resident discloses a sexual assault

• **DO respond with validating language.** For example, “I’m really glad you told me – this will help us take the best possible care of you.”

• **DON’T try to investigate** the assault or ask for details right away. *Might need to later.*

• **DO document** any reported assault and inform the clinical team. Include all known or suspected trauma triggers associated with the disclosed experience. This helps the team avoid those triggers.

• **DO tell the resident that you will need to let a few key staff members know** about “what happened” so that staff can avoid doing things that raise difficult memories.

• **DO refer to the disclosed experience in general terms.** Avoid naming it rape, sexual assault, trauma, or abuse unless the resident defines it that way.

• **DO tell the resident know that they won’t need to talk about “what happened”** if they don’t want to -- but they may find that they do want to talk about it as time goes on. Let the resident know that there can be someone for them to talk to if and when they are ready, including right away.

• **DO uphold the resident’s privacy.** As with all protected health information, information about sexual assault is confidential.

• **DO assess current safety.** Was it a recent assault or far in the past?

adapted from Onyejiaka (2018)
Coming Soon! (not me)
Trauma-Specific Precautions

Holocaust Survivors

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We Can Use This to Help
Survivors of the Holocaust

People who lived in one of the countries that was occupied by, or under the influence of, the Nazi regime between 1933 and 1945.

Survivors may have experienced:
• Uprooting
• Deportation
• Labor and/or extermination camps
• Living under false identities, in hiding, or perpetually on the run

Holocaust: The persecution and murder of European Jewry under the Nazis, beginning 1933, peaking during WWII (1939 to 1945)

Shoah: Hebrew word for the Nazi Holocaust

Ways to Identify a Holocaust Survivor

Simple facts can help identify a Holocaust Survivor without directly asking.

**Clues:** Date of birth, place of birth, date of immigration, religion, languages spoken

Indications that a person is a Holocaust Survivor may include
- accented English
- European languages spoken
- lack of family members of same generation
- a number tattoo on the arm

They will be old; may be unwilling to discuss their past or share personal/medical information
Potential Triggers

**Ghetto**: A sealed and fenced/walled area of a city to which Jews were *confined* under *overcrowded* and unsanitary conditions

**Camps**: All the *locked/guarded* areas to which Jews were transported (e.g., by *railroad*), *separated from family*, and *imprisoned*. Inmates were *stripped*, *shaved*, *deloused*, *denied privacy*, *tattooed*, *beaten*, *pushed*, *starved* in environments surrounded by *guards, dogs, alarms, loudspeakers, loud voices*.

- **Labor Camps**: Inmates were used slave labor until they died.
- **Concentration camps**: Holding areas where people *starved* to death, used in inhumane *medical experiments*, and/or killed.
- **Death or extermination camps**: Set up for the specific purpose of systematically exterminating all inmates. Inmates were gassed to death in communal “*showers*”, burned in *furnaces* (by the end of the war, most camps had become death camps).

Recommend

But there are as many different stories as there are people.

Where possible -- Move past guessing.
Connect with your residents.
Learn their individual histories and trauma triggers,
so that you can best
Collaborate. Empower. Provide choice and voice.
So that you and your facility can be safe and trustworthy.
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Person-Specific Screening, up soon