

Trauma Informed Care is Age Friendly

Nancy Kusmaul, PhD, MSW

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Learning Objectives

- Evaluate your practice for trauma-informed care and age friendliness.
- Describe two ways you can modify their practice using age friendly and trauma informed principles.
- Identify two common outcomes that could be improved by adopting these practices.

Trauma-Informed Care Paradigm

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's [Office of Public Health Preparedness and Response \(OPHPR\)](#), in collaboration with SAMHSA's [National Center for Trauma-Informed Care \(NCTIC\)](#), developed and led a new training for OPHPR 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 imbue this approach which can be augmented with organizational development and practice improvement. The training provided by [OPHPR](#) and [NCTIC](#) was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

Trauma Informed Care Addresses Trauma

- A event, series of events, or set of circumstances **experienced** as physically or emotionally harmful or life threatening
- Lasting adverse impacts on functioning and/or well-being

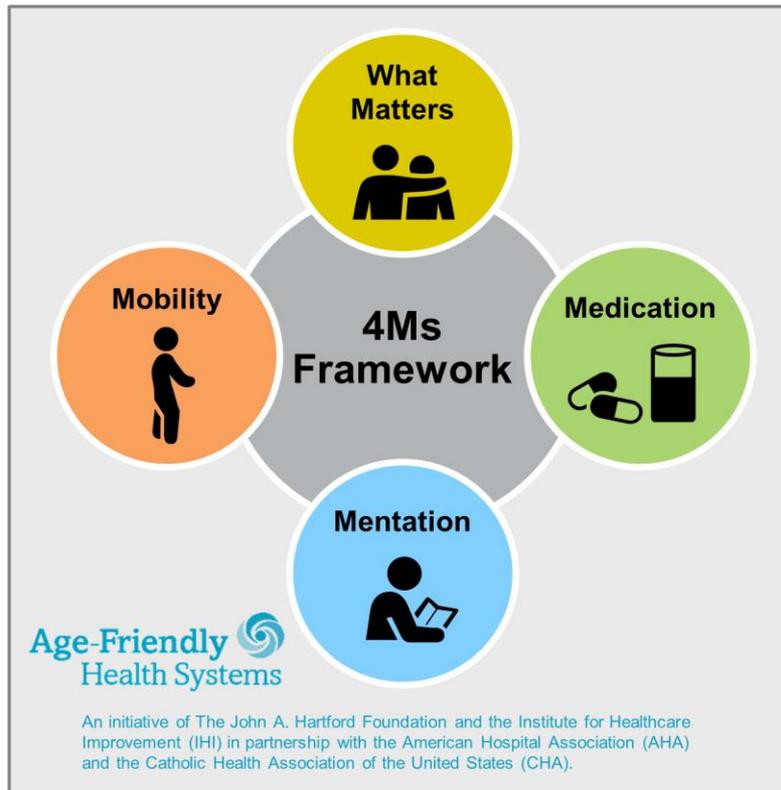
Traumas can be recent or long ago

- Military trauma
- Abuse
- Domestic violence
- Medical trauma
- Isolation/neglect

Healing trauma requires safety

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

Age Friendly Paradigm



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

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.

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

INTERSECTION OF TRAUMA- INFORMED AND AGE FRIENDLY

What Matters?

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

Medication

- Is someone with a trauma history using medication to mask trauma-related distress?
- Does the provider have cultural and gender biases?

Resource

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

Mentation

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

Mobility

- Safety
- Trustworthiness and transparency

Outcomes

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

APPLYING AGE-FRIENDLY TRAUMA- INFORMED PRACTICES

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 Victor.

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

- What Matters
- Medication
- Mentation
- Mobility

What does that look like in practice?

- How is it built into practice?
 - “What Matters” flowsheet at AAMC
 - BEERS criteria
 - Assessing for delirium using CAMS or similar
 - Prioritizing mobility

Which Trauma-Informed Care Principle Should You Apply First?

- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice, and Choice
- Cultural, Historical, & Gender Issues

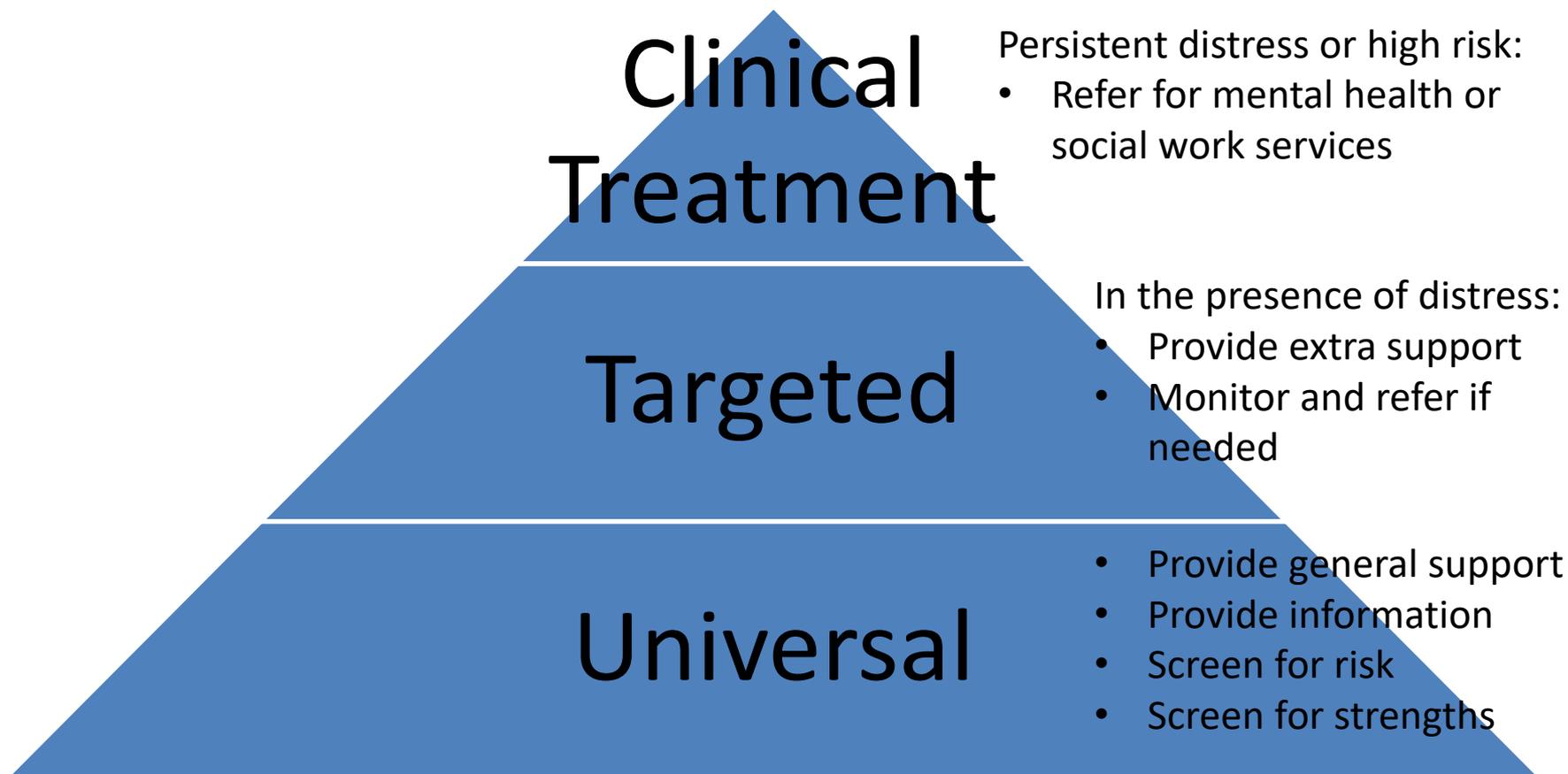
Trauma Informed Care

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)

Prevention and Treatment Paradigm



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?

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.

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

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.

Nancy Kusmaul, PhD, MSW
University of Maryland Baltimore County
nkusmaul@umbc.edu

QUESTIONS?

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