

PAGING DR. MEREDITH GREY: TRAUMA INFORMED CARE NEEDED IN THE E.R. STAT!

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- ▶ <http://successfulaging.milkeninstitute.org/bcsa-map.html>



THANK YOU MINNESOTA!

It is estimated that by 2030, nearly one in five persons will be aged 65 and over.

In 2009–2010, a total of 19.6 million emergency department (ED) visits in the United States were made by persons aged 65 and over. The visit rate for this age group was 511 per 1,000 persons and increased with age.

Twenty-nine percent of ED visits by persons aged 65 and over were related to injury, and the percentage was higher among those aged 85 and over than among those aged 65–74 or 75–84.

Elders who have been abused have a 300% higher risk of death when compared to those who have not been mistreated.

Nearly half of victims with disabilities did not report abuse to authorities. Most thought it would be futile to do so. For those who did report abuse, nearly 54% said that nothing happened. In fewer than 10% of reported cases was the perpetrator arrested.

The need for adult protective services generally and elder mistreatment specifically are early indicators of death.



WE HAVE AN EMERGENCY

- ▶ "There are millions and millions of people who are affected, and it is enormous in its scope; you go to a dinner, and everyone has a . . . story," Mark Lachs a geriatrician and social scientist at Weill Cornell Medical College in New York, says. "If this were a disease, we would probably say it is an epidemic."

ARE WE PREPARED FOR THE EPIDEMIC?

- ▶ Coming to terms with terms
- ▶ ACL's draft proposal suggestion
- ▶ The drama on trauma and connection to elder abuse
- ▶ Principles of trauma informed care
- ▶ The proposal
- ▶ Steps & resources to get started
- ▶ Principles, practice , and people



THE PLAN

Agreeing upon terms and what it is that we are all doing!



FIRST STEPS ON THIS JOURNEY



“Everyone has duties to the community in which alone the free and full development of his personality is possible.”

A COMMUNITY'S RESPONSIBILITY TO THE COMMUNITY

- The Universal Declaration of Human Rights states that: **“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”**

MY HUMANITY IS TIED TO YOURS
EVERY PERSON HAS RIGHTS

NAPSA (or APS) Code of Ethics

Dedicated to the memory of Rosalie Wolf

Adult Protective Services programs and staff promote safety, independence, and quality-of-life for older persons and persons with disabilities who are being mistreated or in danger of being mistreated, and who are unable to protect themselves.

Guiding Value

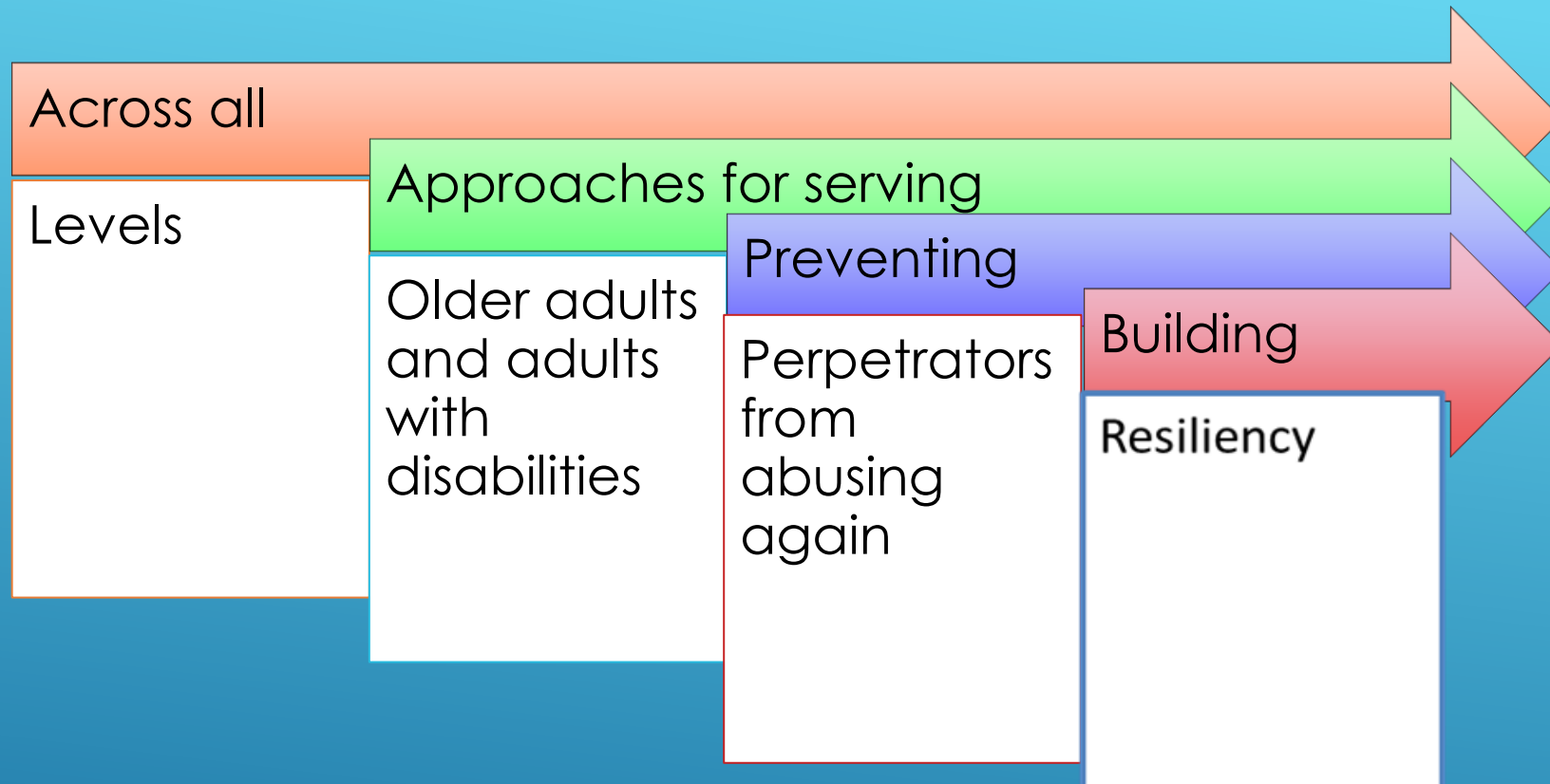
Every action taken by Adult Protective Services must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination.

Secondary Value

Older persons and persons with disabilities who are victims of mistreatment should be treated with honesty, caring, and respect.

Principles

- Adults have the right to be safe.
- Adults retain all their civil and constitutional rights, i.e., the right to live their lives as they wish, manage their own finances, enter into contracts, marry, etc. unless a court adjudicates otherwise.
- Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm others.
- Adults have the right to accept or refuse services.



ACL ENVISIONS INTERDISCIPLINARY
COOPERATION AND COORDINATION

“A program, organization, or system that is trauma -informed realizes the widespread impact of trauma and understands potential paths for healing”

WHAT DOES BEING
TRAUMA INFORMED MEAN?



SO, WHAT IS ALL THIS DRAMA
ABOUT TRAUMA?

Center for Nonviolence and Social Justice describes trauma to include:

- ▶ Experiences that are physically or emotionally painful/distressing
- ▶ Overwhelm a person's ability to cope;
- ▶ A circumstance(s) that is outside the sphere of normal events;
- ▶ *Note: for some, traumatic events occur repeatedly and are a part of the "norm."*

To more fully understand the long term implications of trauma, especially childhood trauma, see the Adverse Childhood Experiences Study. Here is one resource: <http://www.cdc.gov/violenceprevention/acestudy/>

WHAT IS TRAUMA?

<http://www.nonviolenceandsocialjustice.org/FAQs/What-is-Trauma/41/>

“Individual trauma results from 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.”



SAMHSA'S DEFINITION

FOR MORE INFO ON SAMHSA [HTTP://WWW.SAMHSA.GOV/](http://www.samhsa.gov/)

<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Sudden,
unexpected

Anticipated,
chronic

Lifelong or episodic
vulnerability

- ▶ Accident/Disaster/"Act of God"
- ▶ Interpersonal
- ▶ Identity/ethnicity/gender
- ▶ Community/group membership

TYPES OF TRAUMA

- ▶ <https://www.youtube.com/watch?v=4-tcKYx24aA>



OUR BRAINS ON TRAUMA

Exhibit 1.1-3: Understanding the Levels Within the Social-Ecological Model of Trauma and Its Effects

Individual Factors	Interpersonal Factors	Community and Organizational Factors	Societal Factors	Cultural and Developmental Factors	Period of Time in History
Age, biophysical state, mental health status, temperament and other personality traits, education, gender, coping styles, socioeconomic status	Family, peer, and significant other interaction patterns, parent/family mental health, parents' history of trauma, social network	Neighborhood quality, school system and/or work environment, behavioral health system quality and accessibility, faith-based settings, transportation availability, community socioeconomic status, community employment rates	Laws, State and Federal economic and social policies, media, societal norms, judicial system	Collective or individualistic cultural norms, ethnicity, cultural subsystem norms, cognitive and maturational development	Societal attitudes related to military service members' homecomings, changes in diagnostic understanding between DSM-III-R* and DSM-5**

**Diagnostic and Statistical Manual of Mental Disorders*, Third Edition, Revised (American Psychiatric Association [APA], 1987)

***Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (APA, 2013a)



A GLIMPSE AT INTERPERSONAL TRAUMA

<https://www.youtube.com/watch?v=jFdn9479U3s&t=6s>

- ▶ Poor physical health
- ▶ Poor emotional health
- ▶ Social difficulties
- ▶ Cognitive dysfunction
- ▶ High risk behaviors
- ▶ Behavioral problems
- ▶ <https://www.youtube.com/watch?v=AB51V3fAAvs>
 - ▶ Effects on brain when attachment is disrupted



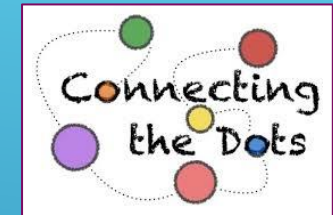
LONG TERM EFFECTS OF ABUSE IN FORMATIVE YEARS

Individual or individuals at risk	Risk factors
Older adult	• Cognitive impairment • Behavioral problems • Psychiatric diagnosis • Functional dependency • Low income/high income • Ethnicity • History of trauma • Other factors – alcohol misuse, anti-social personality, having no regular doctor, social isolation
Perpetrator	• Psychiatric diagnosis • <i>Stress of caregiving * controversial</i> • Financial difficulties • Alcohol or drug misuse • Caregiver reluctance • Behavioral problems • Anti-social personality



CONNECTING THE DOTS
TRAUMA AND EA RISK FACTORS

Considerations for risk	Risk factors
Relationship	• Conflictual relationships • Family disharmony
Environment	• Social isolation • Low social support • Genocide, systematic elimination of culture, colonization



TRAUMA AND EA RISK FACTORS



POWER & CONTROL WHEEL: PEOPLE WITH DISABILITIES AND THEIR CAREGIVERS



Developed by:
Wisconsin Coalition Against Domestic Violence
307 S. Paterson St., Suite 2, Madison, WI 53703
608-255-0539

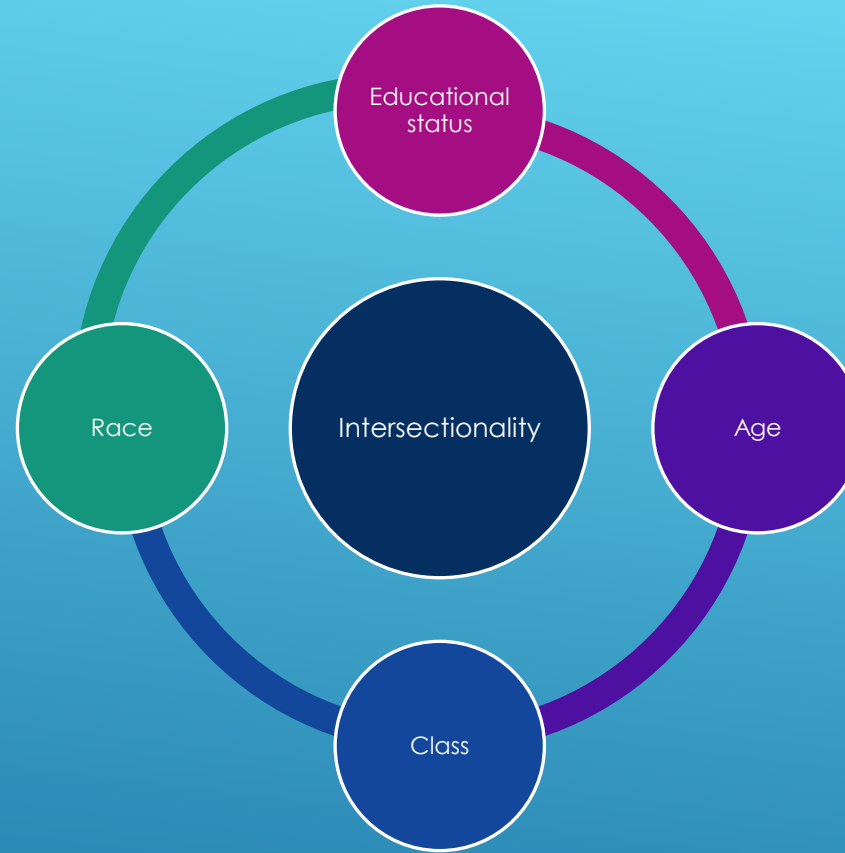
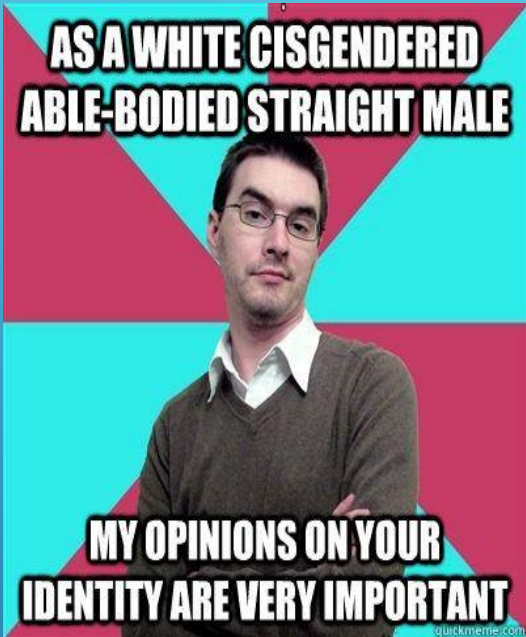
Based on the model by the Domestic Violence
Intervention Project, Duluth, MN.

Produced and distributed by:



NATIONAL CENTER
on Domestic and Sexual Violence
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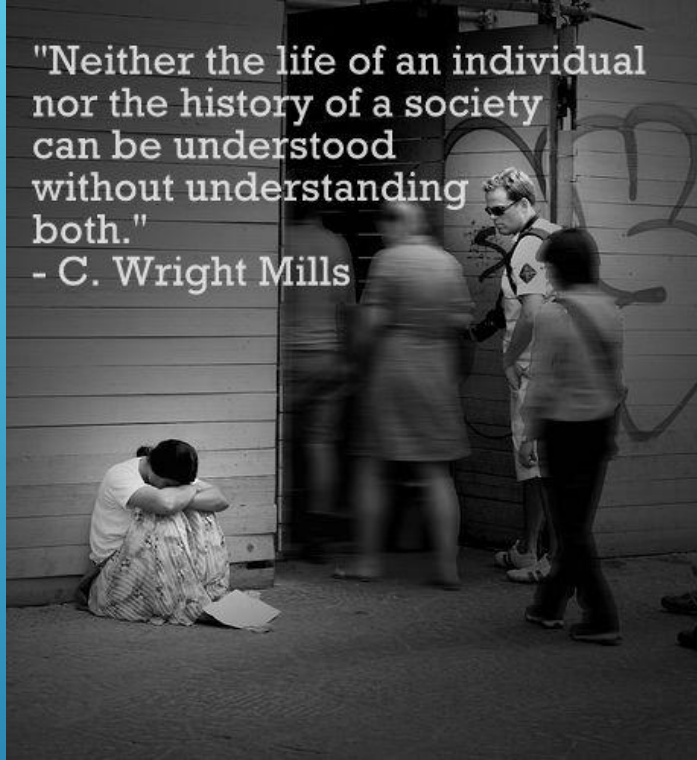


INTERSECTIONALITY OF YOUR CLIENTS

ITS EFFECTS ON THEIR EXPERIENCE AND ITS EFFECTS ON YOU

"Neither the life of an individual
nor the history of a society
can be understood
without understanding
both."

- C. Wright Mills



PERSON IN ENVIRONMENT – CRITICAL
TO INVESTIGATIONS AND TIC



HOW AM I GOING TO USE THIS IN MY PRACTICE?

A victim of abuse may

- ▶ Deny (s)he is a victim
- ▶ Be fearful of what will happen to her/him
- ▶ Be fearful of you and what you will do to her/him
- ▶ Be distracted, angry, reluctant, or concerned about her/his own needs
- ▶ Have fears around safety and privacy, particularly if the interview is in front of others
- ▶ Have unmet medical needs, including nutrition or lack of sleep

DOES ANY OF THIS SEEM FAMILIAR?

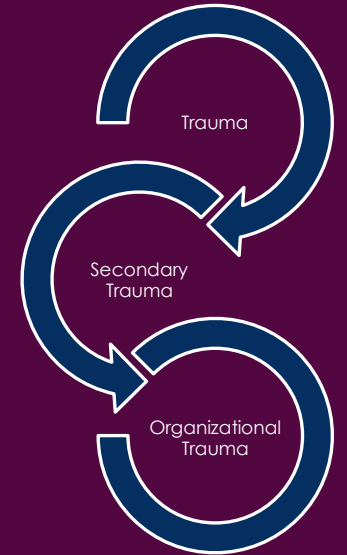
“A program, organization, or system that is trauma -informed realizes the widespread impact of trauma and understands potential paths for healing”

WHAT DOES BEING
TRAUMA INFORMED MEAN AGAIN?

“Recognizes the signs and symptoms of trauma in:

- ▶ staff,
- ▶ clients,
- ▶ and others

involved with the system”



IT ALSO

“And responds by fully integrating knowledge about trauma into :

- ▶ policies,
- ▶ procedures,
- ▶ practices,
- ▶ and settings.”

(SAMHSA, 2012, p. 4)

THAT'S NOT ALL...



- 1.Safety
- 2.Trustworthiness and Transparency
- 3.Peer support
- 4.Collaboration and mutuality
- 5.Empowerment, voice and choice
- 6.Cultural, Historical, and Gender Issues

PRINCIPLES OF A TRAUMA-INFORMED APPROACH

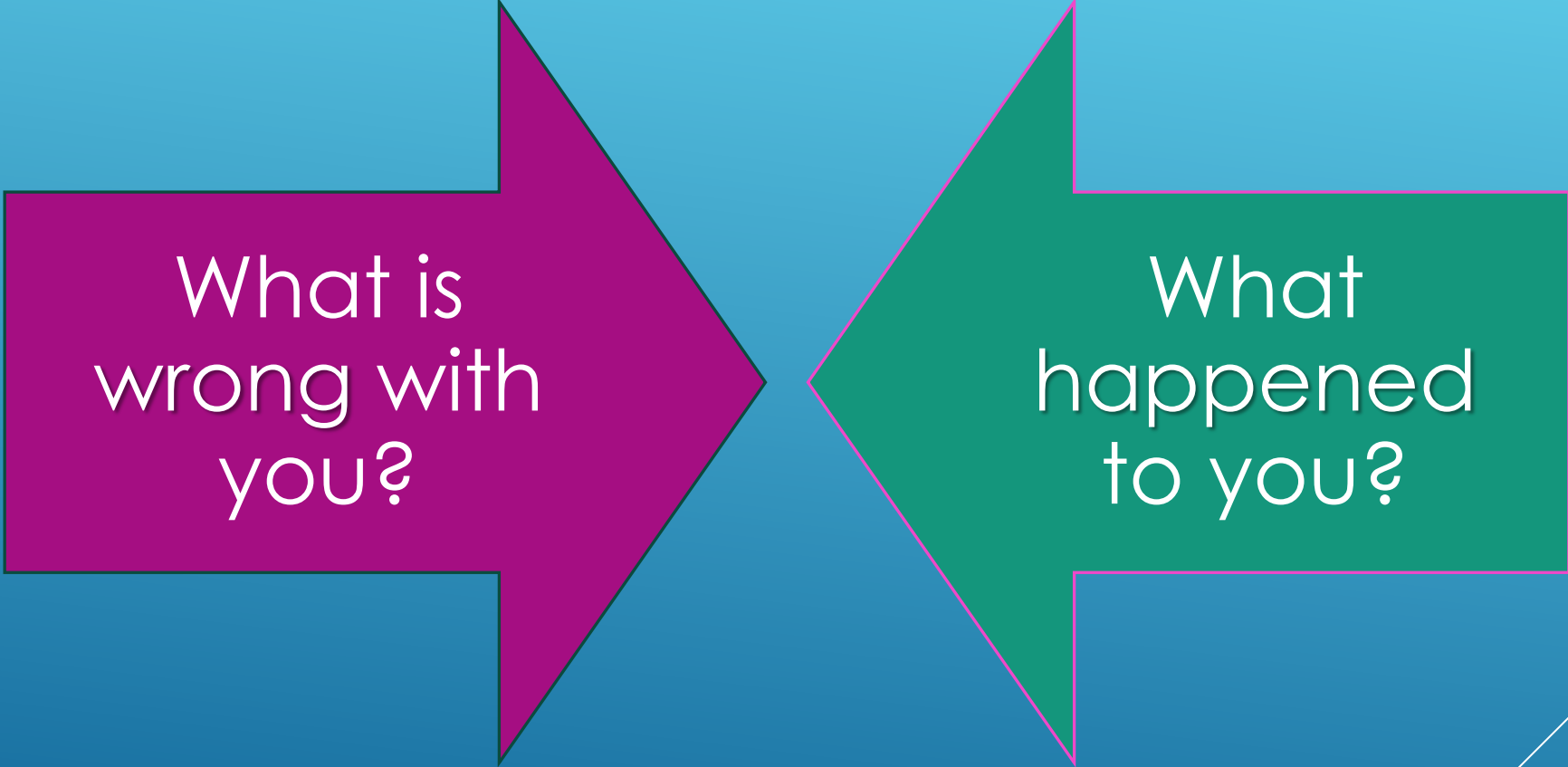
<https://vimeo.com/22918106>

<http://www.samhsa.gov/nctic/trauma-interventions>

Being trauma aware does not mean	What staff who are trauma aware know
Everyone has a history of trauma.	Trauma does not only impact the person who experienced the event(s) first-hand.
Everyone who experienced trauma has PTSD.	Most people meet the effects of trauma with resilience.
All employees using the TIC principles must be a clinician.	Clients and staff are inclined to be empowered, invested, and satisfied when they are involved in the ongoing development and delivery of trauma-informed services. It may also result in more cost-effective practice.
All clients will disclose their trauma histories.	Individualized attention to each client , that involves that client in decision making, is more effective.

KEY POINTS





What is
wrong with
you?

What
happened
to you?

Abuse

Willful

Physical, Emotional,
Sexual,
Abandonment,
Financial Exploitation

Neglect

Act of Omission

Self-Neglect
Neglect of Others

DIFFERENTIATION OF NEGLECT AND ABUSE

- ▶ An intentional act or failure to act by a caregiver or another person in a relationship involving an *expectation of trust* that causes or creates harm to an older adult.

Principles of a trauma-informed approach

- 1.Safety
- 2.Trustworthiness and Transparency
- 3.Peer support
- 4.Collaboration and mutuality
- 5.Empowerment, voice and choice
- 6.Cultural, Historical, and Gender Issues

<https://www.samhsa.gov/ncj101810>
<http://www.samhsa.gov/ncj101810/trauma-interventions>

ELDER ABUSE (EA)

▶ CDC

- ▶ Public health issue
- ▶ Uniform definitions
- ▶ “While this document focuses on five types of EA, other related phenomena are defined in the literature and state EA statutes.

▶ These include abandonment, abduction, medical abuse, resident-to-resident abuse/aggression, and the broad category of rights violations.”

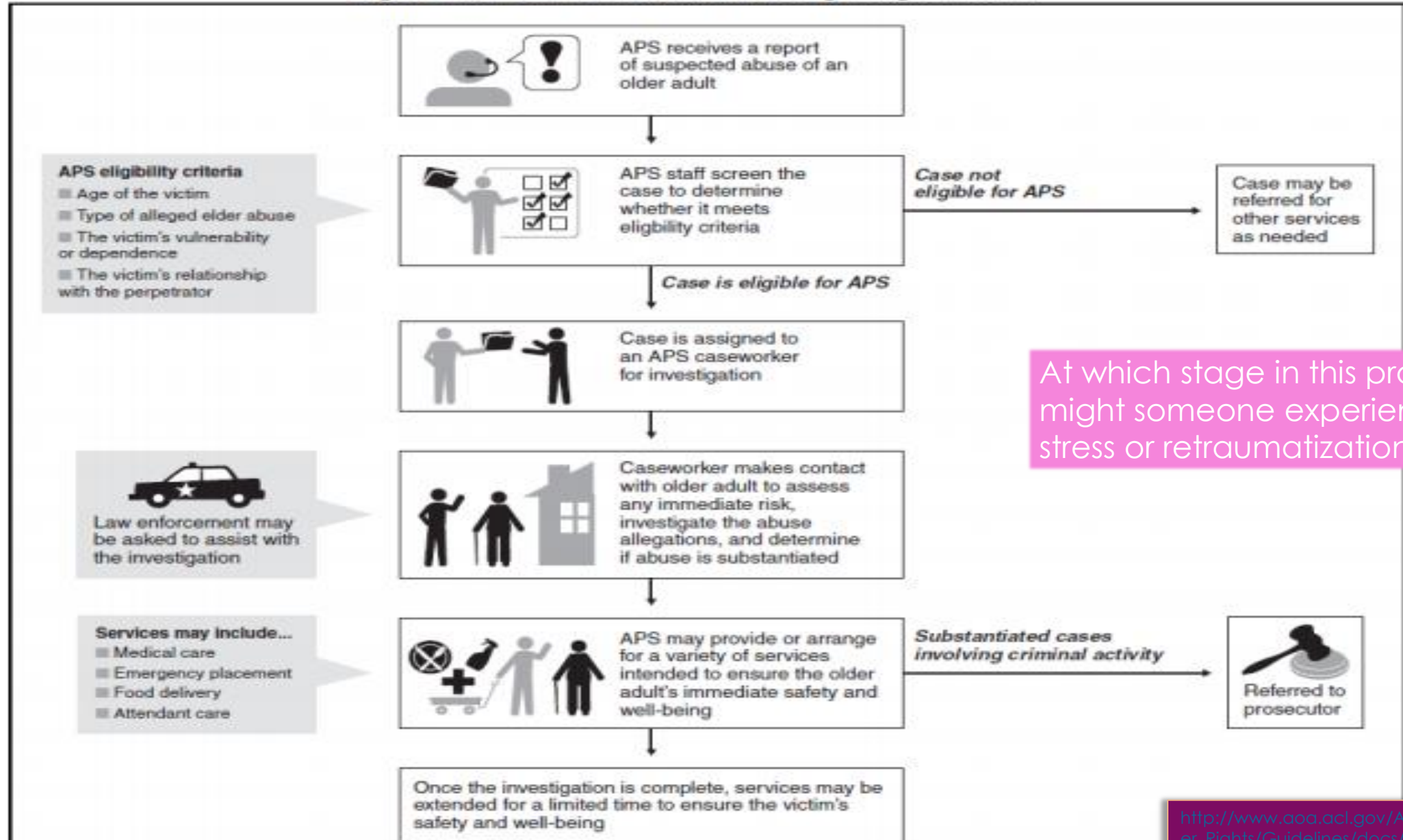
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- 1.Safety
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<http://www.samhsa.gov/trauma-informed>

2016 DEFINITIONS

Figure 1. APS Process for Addressing Alleged Abuse³³



Arrange for housing services

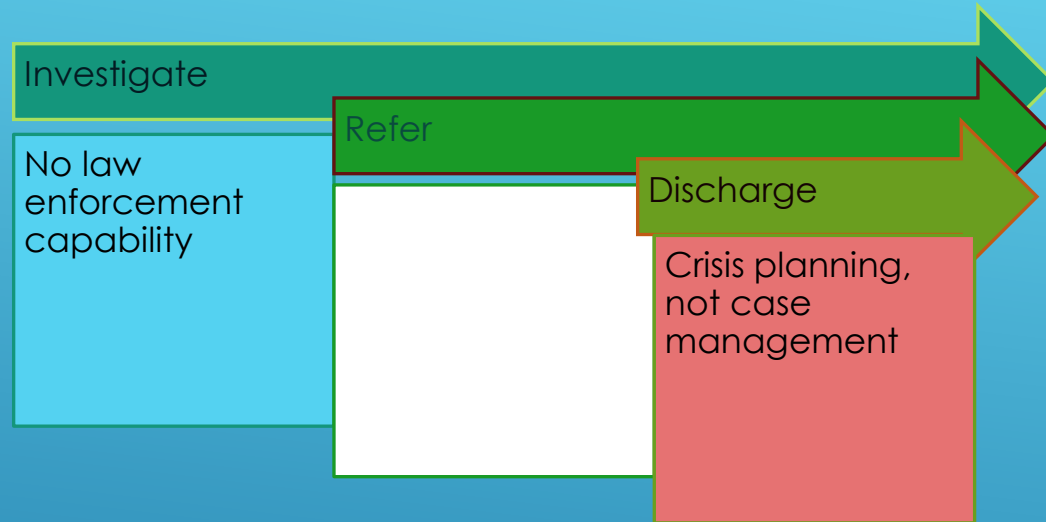
Obtain medical services

Address personal needs

Provide service coordination

Serve as client advocate

Implement legal actions



SERVICES OF APS IN CASES OF SUBSTANTIATED ABUSE



HOW CAN WE AVOID RETRAUMATIZATION?

[HTTPS://WWW.YOUTUBE.COM/WATCH?V=KCD8RLK0T_4](https://www.youtube.com/watch?v=KCD8RLK0T_4)

- ▶ Power and control – whose needs are being served and are policies empowering
- ▶ Doing with and not doing to
- ▶ Explaining W, W, H
- ▶ Offering *real* choices
- ▶ Understanding fight, flight, freeze, and appease
- ▶ Examining power issues within the organization

A COMMITMENT TO TIC MEANS LOOKING AT

http://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf



- ▶ Program policies, practices, & procedures reflect trauma informed principles
- ▶ Visible commitment to building and retaining a workforce competent in trauma informed approaches
- ▶ First contact: “First, do no harm”
- ▶ Reevaluation of each delivery component through a trauma aware lens
- ▶ Development of continuity of TIC across systems

BASIC COMPONENTS OF A TRAUMA INFORMED APPROACH

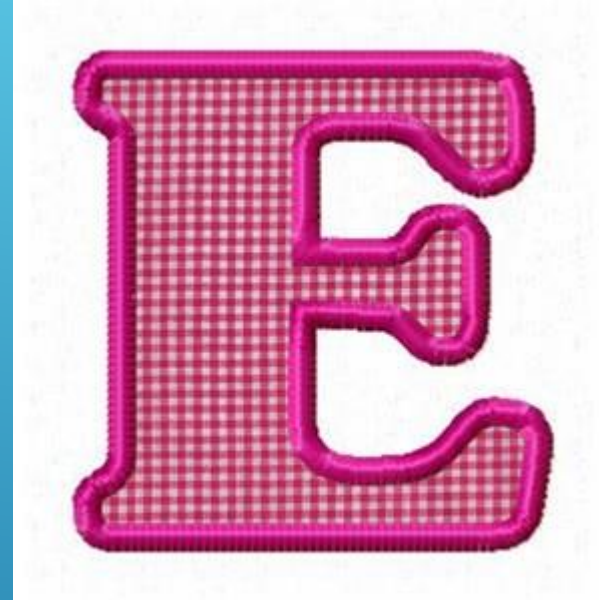
- ▶ Trauma histories matter.
 - ▶ Development
 - ▶ Social support & social isolation
 - ▶ Health – mental health, psychosocial functioning, and physical well-being
- ▶ “The majority of individuals who experience a trauma report exposure to more than one traumatic event during their lifetime.”

KEY POINTS FOR APS PROFESSIONALS

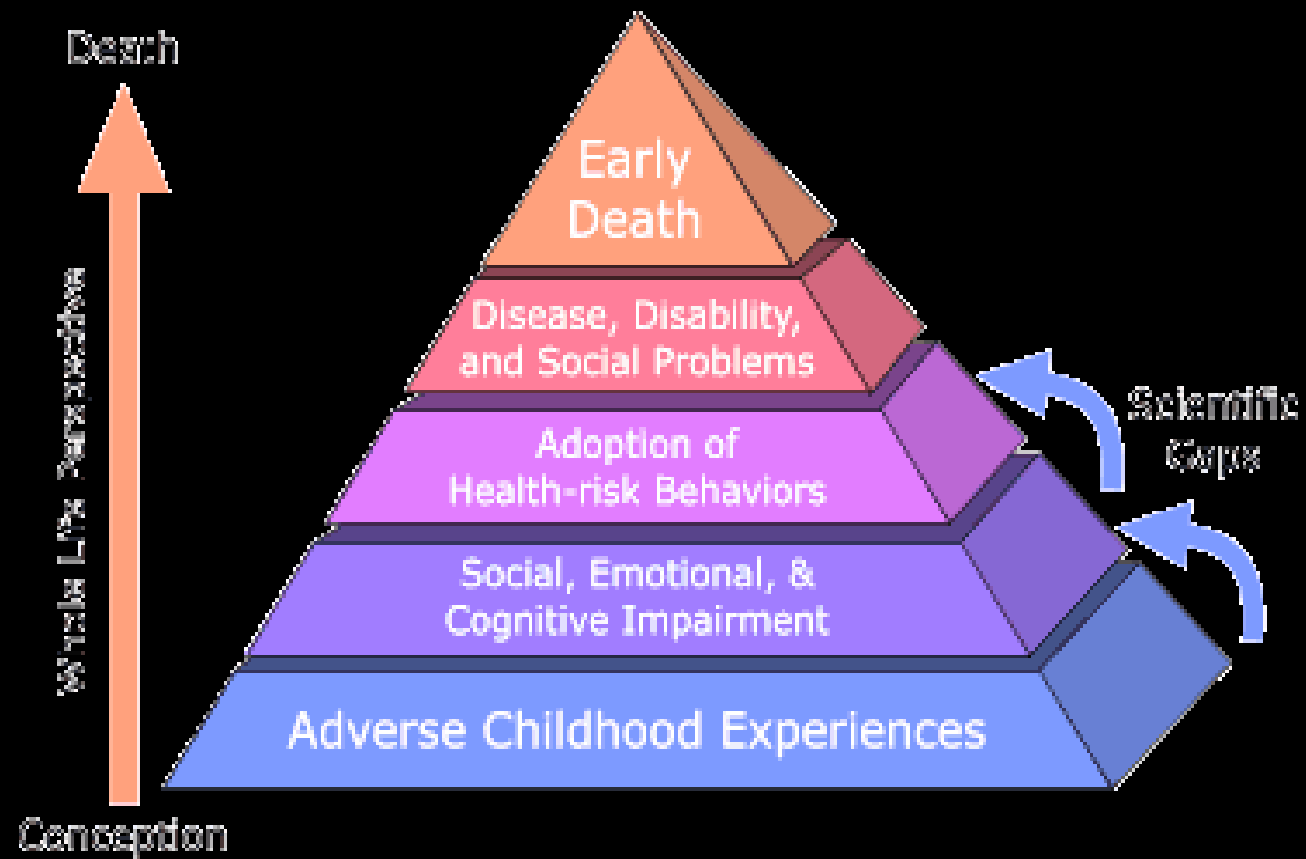
Ogle, Rubin, & Siegler. (November 2013)
<http://www.ncbi.nlm.nih.gov/pubmed/23458662>

Ogle, Rubin, & Siegler (April 2014)
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3944195/pdf/nihms552519.pdf>

- ▶ Event
- ▶ Experience
- ▶ Effect



THE THREE ES



PRIOR TO YOUR 18TH BIRTHDAY:

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
No___If Yes, enter 1 __
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
No___If Yes, enter 1 __
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
No___If Yes, enter 1 __
4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or your family didn't look out for each other, feel close to each other, or support each other?
No___If Yes, enter 1 __
5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
No___If Yes, enter 1 __
6. Was a biological parent ever lost to you through divorce, abandonment, or other reason ?
No___If Yes, enter 1 __
7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
No___If Yes, enter 1 __
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
No___If Yes, enter 1 __
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
No___If Yes, enter 1 __
10. Did a household member go to prison?
No___If Yes, enter 1 __



Strategies

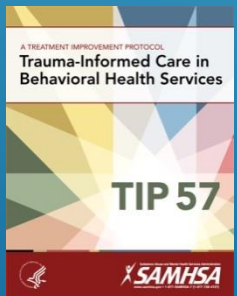
to Create System Change Using SAMHSA's TIP 57



- ▶ Show administrative commitment for development of a trauma informed system
 - ▶ Seminal Resource for Administrators: Using Trauma Theory to Design Service Systems: New Directions for Mental Health Services.



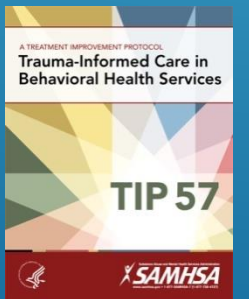
INFRASTRUCTURE CHANGES IDENTIFIED BY SAMHSA IN TIP 57



- ▶ Goal - *saturation*



INFRASTRUCTURE CHANGES IDENTIFIED BY SAMHSA IN TIP 57





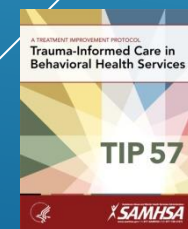
Some questions to consider:

- ▶ 1) What do we want our organization to look and feel like?
- ▶ 2) What does our organization need to Keep Doing, Stop Doing, and Start Doing?
- ▶ 3) What is the best way to make the vision a reality?
 - ▶ [http://www.integration.samhsa.gov/about-us/CIHS TIC IC Vision-Guide.pdf](http://www.integration.samhsa.gov/about-us/CIHS_TIC_IC_Vision-Guide.pdf)
 - ▶ <http://mha.ohio.gov/Portals/0/assets/Planning/BHLeadershipGroup/Statewide-TIC-Initiative-OverviewBHLG.pdf>
 - ▶ Just one example of a state initiative

MINNESOTA WHAT IS YOUR
VISION?

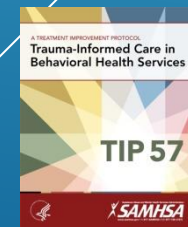
- ▶ Assign a key team member to be a trauma champion
 - ▶ Next develop a trauma informed oversight committee
- ▶ Conduct a self-assessment of trauma informed services
 - ▶ <http://trauma-informed.ca/trauma-informed-organizationssystems/organizational-self-assessment/>
 - ▶ http://www.nj.gov/humanservices/dmhas/initiatives/trauma/Guidelines_Self-Assessment.pdf

INFRASTRUCTURE CHANGES IDENTIFIED BY SAMHSA IN TIP 57



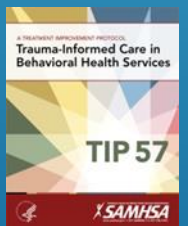
- ▶ Develop an implementation plan
 - ▶ See page 165 in TIP 57 for where to find samples of organizational guidelines for implementing trauma informed care

INFRASTRUCTURE CHANGES IDENTIFIED BY SAMHSA IN TIP 57



- ▶ Develop policies and procedures to ensure continuity of TIC, including a disaster plan
- ▶ Application of culturally responsive principles is a critical component of all planning
- ▶ Use science based knowledge

INFRASTRUCTURE CHANGES IDENTIFIED BY SAMHSA IN TIP 57



▶ Create a peer support environment

- ▶ The Carter Center's Summits and The Pillars of Peer Support Services offer examples of peer support environments in wellness and behavioral health settings

▶ Incorporate routine universal trauma screenings

- ▶ Here are some examples: <http://www.integration.samhsa.gov/clinical-practice/screening-tools#TRAUMA>

▶ Change the environment to increase safety

▶ Develop trauma informed collaborations

INFRASTRUCTURE CHANGES IDENTIFIED BY SAMHSA IN TIP 57



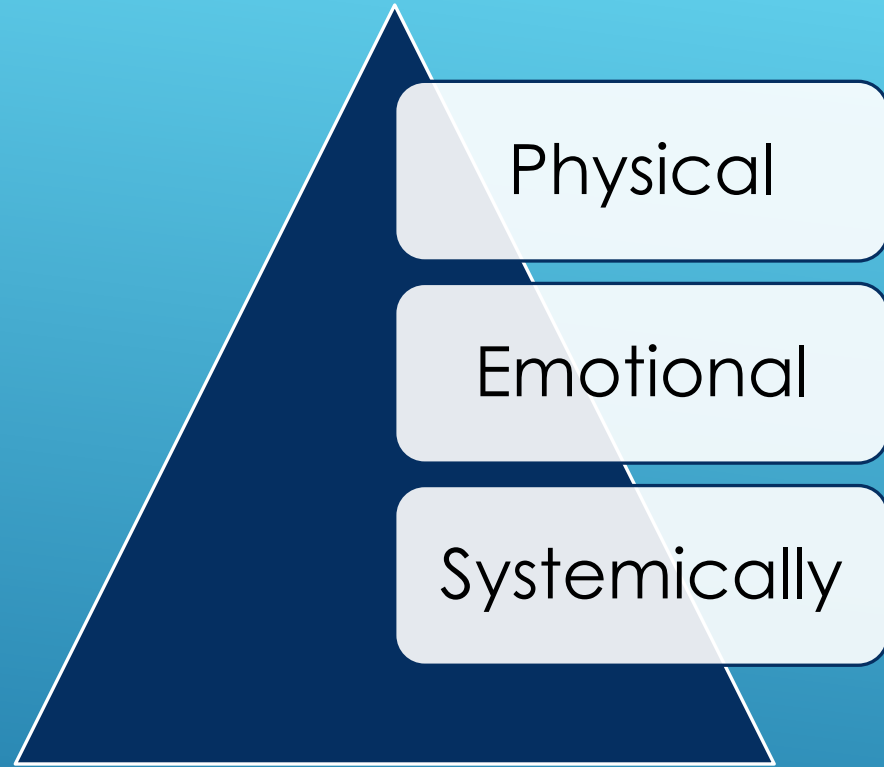
- ▶ “It is common for people to have experienced stressful and upsetting events. Even if those events happened to you a long time ago, those events can still effect how a person thinks and feels today. Things that happen to us can affect how we react to other people and situations many years later.
- ▶
- ▶ People who have experienced a traumatic event, a series of traumatic events, or certain kinds of stress over time can have different needs than people who have not. Because of this, it is helpful for us to be aware of your past experiences, and the way in which those events may still affect you. This questionnaire asks about many different types of stressful life events. “
- ▶

SAMPLE LANGUAGE TO USE TO INTRODUCE UNIVERSAL SCREENING





SAFETY



CHANGE THE ENVIRONMENT TO INCREASE
SAFETY

For client

Go to
http://www.traumacenter.org/resources/H-O%20Trauma-Informed%20Case%20Study_final_2.pdf

Grounding



Control

Power

For staff

- ▶ TIC Supervision
- ▶ Huddles
- ▶ Awareness of secondary & organizational trauma
- ▶ Creating collaborative relationships with other TIC educated organizations



EXAMINING SAFETY

- ▶ Supervision as an intervention
- ▶ Avoid “because it feels right” supervision
- ▶ Conscious choice of a model

- ▶ Program policies, practices, & procedures reflect trauma informed principles
- ▶ Visible commitment to building and retaining a workforce competent in trauma informed approaches
- ▶ First contact: “First, do no harm”
- ▶ Reevaluation of each delivery component through a trauma aware lens
- ▶ Development of continuity of TIC across systems

BASIC COMPONENTS OF A TRAUMA INFORMED APPROACH

SUPERVISION MATTERS

- ▶ An example from TIP 57
- ▶ A competence-based and social role model of supervision
- ▶ Bernard's model
- ▶ <https://www.youtube.com/watch?v=Hf8mjMU5aJk>

Counselor competencies	Supervisor roles
Intervention	Teacher
Conceptualization	Counselor
Personalization	Consultant

ADAPTING SUPERVISION MODELS

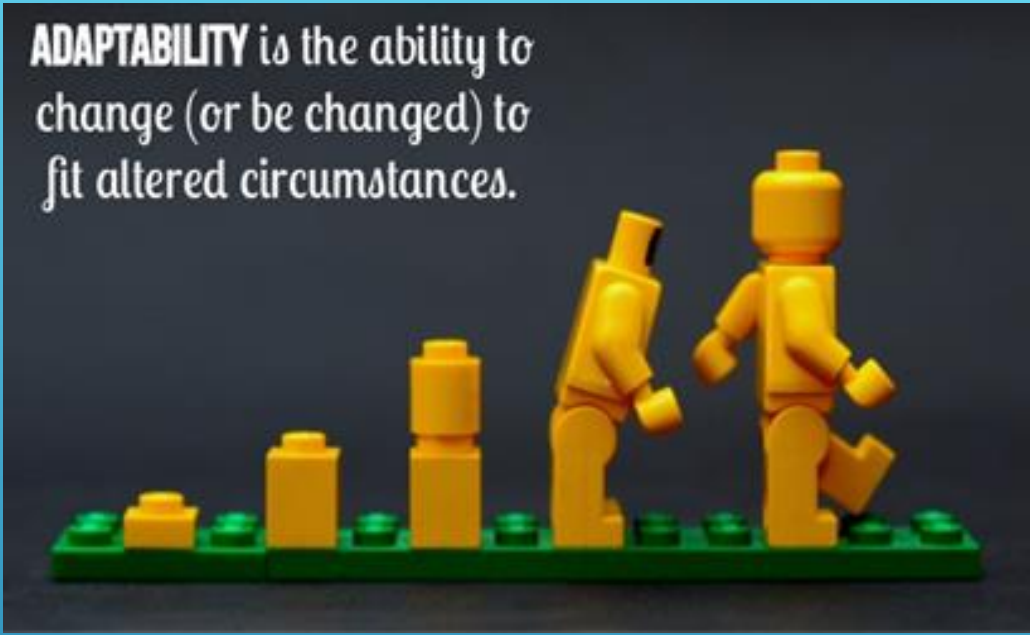
- 1.Safety
- 2.Trustworthiness and Transparency
- 3.Peer support
- 4.Collaboration and mutuality
- 5.Empowerment, voice and choice
- 6.Cultural, Historical, and Gender Issues

PRINCIPLES OF A TRAUMA-INFORMED APPROACH

<https://www.samhsa.gov/2K18/04>
<https://www.samhsa.gov/2K18/04/trauma-informed-approach>



ADAPTABILITY is the ability to change (or be changed) to fit altered circumstances.



keep it simple



IT ONLY WORKS IF YOU CAN USE IT
AND COMMIT TO IT

Carla is a 38-year-old case manager working in an integrated mental health and substance abuse agency. She provides in-home case management services to home-bound clients with chronic health and/or severe mental health and substance abuse problems. Many of her clients have PTSD and chronic, debilitating pain. Both her parents had alcohol use disorders, and as a result, Carla became the caretaker in her family. She loves her job; however, she often works 50 to 60 hours per week and has difficulty leaving her work at work. She often dreams about her clients and wakes up early, feeling anxious. She sometimes has traumatic nightmares, even though she was never physically or sexually abused, and she has never experienced the trauma of violence or a natural disaster. She drinks five cups of coffee and three to four diet sodas every day and grabs burgers and sweets for snacks while she drives from one client to the next. She has gained 20 pounds in the past year and has few friends outside of her coworkers. She has not taken a vacation in more than 2 years. She belongs to the Catholic church down the street, but she has stopped going because she says she is too busy and exhausted by the time Sunday rolls around. The agency brings in a trainer who meets with the case management department and guides the staff through a self-assessment of their current self-care practices and the development of a comprehensive self-care plan. During the training, Carla acknowledges that she has let her work take over the rest of her life and needs to make some changes to bring her back into balance. She writes out her self-care plan, which includes cutting back on the caffeine, calling a friend she knows from church to go to a movie, going to Mass on Sunday, dusting off her treadmill, and planning a short vacation to the beach. She also decides that she will discuss her plan with her supervisor and begin to ask around for a counselor for herself to talk about her anxiety and her nightmares. In the next supervision session, Carla's supervisor reviews her self-care plan with her and helps Carla evaluate the effectiveness of her self-care strategies. Her supervisor also begins to make plans for how to cover Carla's cases when she takes her vacation.

SUPERVISOR'S ROLE IN OBSERVING FOR STRESS & SECONDARY STRESS

- ▶ Reinforcing trauma informed culture
- ▶ Everyday issues and operations
- ▶ Seeking solutions
- ▶ Addressing issues
- ▶ Problem solving
- ▶ Celebration of success
- ▶ Building a strong team and workforce

HUDDLING CAN BE USED FOR:

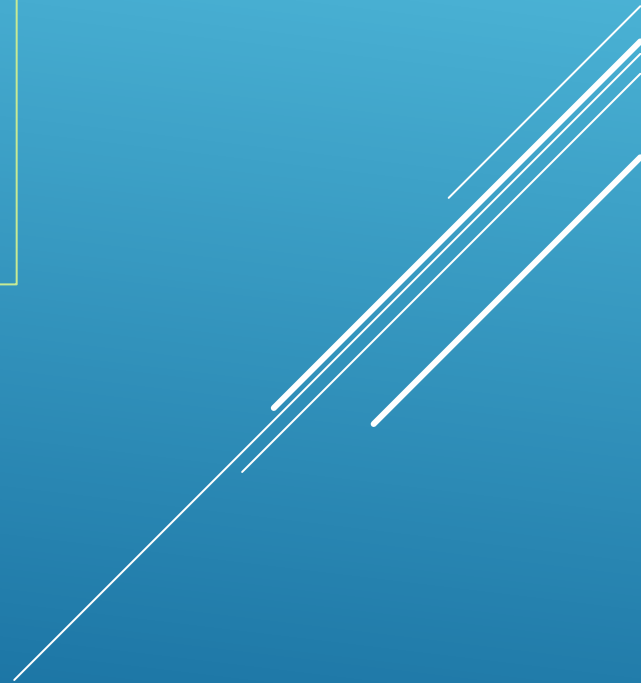


Key Areas for Discussion

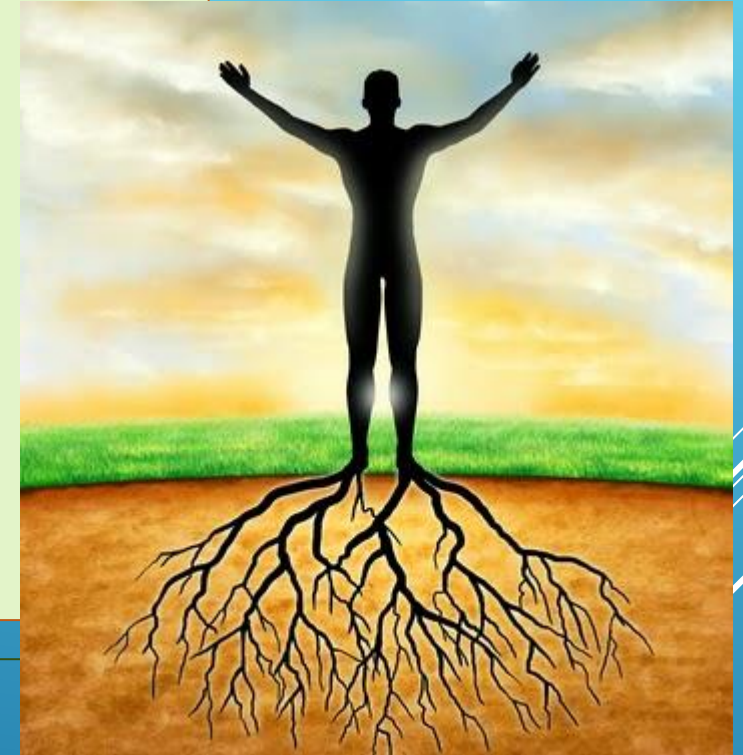


WORK IN PROGRESS... HUDDLING

HOW DO WE ADDRESS CLIENTS'
SAFETY NEEDS?



- ▶ Muti-dimensional and multi-sensory experience
- ▶ Safety must be taken into consideration
- ▶ May be calming for both supervisor, worker and client
- ▶ <https://www.youtube.com/watch?v=sMpwxl83zKU>



CONSIDER ADDING GROUNDING PRACTICES INTO YOUR PRACTICE

A client perspective of what damaged them in service settings

- ▶ When they don't/didn't listen
- ▶ When they used coercive practices in exchange for my cooperation
- ▶ When they treated me the same way every time I had a re-admission
- ▶ When I am excluded from the process
- ▶ When the different service systems I was in, didn't talk to each other
- ▶ When I was not treated with respect & dignity

COULD WE SEE THIS BEING SAID BY
ONE OF OUR CLIENTS?

A trauma-informed organization:

- ▶ Increases safety for all
- ▶ Improves the social environment in a way that improves relationships for all
- ▶ Cares for the caregivers
- ▶ Improves the quality of services
- ▶ Reduces negative encounters and events
- ▶ Creates a community of hope, wellness and recovery
- ▶ Increases success and satisfaction at work
- ▶ Promotes organizational wellness
- ▶ Improves the bottom line

WHO BENEFITS FROM THE CHANGES?

Stages of the Helping Relationship

Helping clients clarify key issues

- Worker engages client to define the issue(s), often worker and client define problem differently.
- Goal = develop agreement on issue(s)

Helping clients determine outcomes

- Definition of issue defines target outcome, often worker and client disagree on target outcome.
- Goal= develop agreement on outcome

Helping clients develop strategies to accomplish goals

- Goal = worker and client come to agreement on how to accomplish goals.
- Often worker and client will agree on issues and outcomes but will disagree on how to move forward.

Egan, Gerald (2002) *The Skilled Helper - A problem-management and opportunity-development approach to helping*

Stages of the Helping Relationship

Helping clients clarify key issues

- A 85 yr old woman whose son is taking financial advantage of her.
- She may define the problem as her son needing help rather than needing to protect her funds from her son.

Helping clients determine outcomes

- The worker may want to secure a restraining order so that the son has no access to the client's funds.
- The client may want a promise from the son that he will not use her money.

Helping clients develop strategies to accomplish goals

- The client may block any efforts to arrest her son, feeling that it's a family issue that needs to be handled within the family or, at least, outside of the criminal justice system.

Egan, Gerald (2002) *The Skilled Helper - A problem-management and opportunity-development approach to helping*

Case Closing

lived or reduced

locate

- Client refused services
- Client referred to another agency
- Client placed
- Client deceased



EXAMPLE FROM NAPSA TRAINING ON CASE CLOSURE

- ▶ Tony and Josephina
- ▶ Intake: Report from director of nursing at Sunrise Assisted Living, Rita Olsen. Requests anonymity.
- ▶ 77 year old white, Italian- American female, Catholic, residing in assisted living facility with dementia of the Alzheimer's type
- ▶ Husband, 80 year old, white male, immigrant from Italy, is reportedly abusive to wife. Engages in nonconsensual sex with wife, leaving visible bruising on her thighs and breasts. Arguments in which Tony is verbally aggressive to Josephina have been reported by residents of the facility. Staff have witnessed Josephina be berated by husband in public spaces in the facility, and have tried to intervene.
- ▶ Rita reports that the facility has tried to work with the family to separate the two at the facility, but there is no cooperation from them.
- ▶ Patient has a son, Henry, who visits sporadically.

APPLYING THIS TO CLIENTS – BREAKOUT GROUPS

CASE STUDY FROM NAPSA TRAINING

NAPSA (or APS) Code of Ethics

Dedicated to the memory of Rosalie Wolf

Adult Protective Services programs and staff promote safety, independence, and quality-of-life for older persons and persons with disabilities who are being mistreated or in danger of being mistreated, and who are unable to protect themselves.

Guiding Value

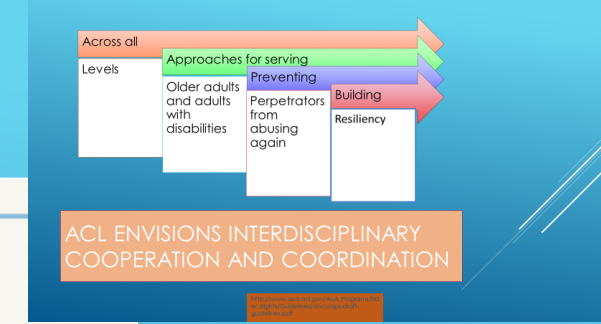
Every action taken by Adult Protective Services must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination.

Secondary Value

Older persons and persons with disabilities who are victims of mistreatment should be treated with honesty, caring, and respect.

Principles

- Adults have the right to be safe.
- Adults retain all their civil and constitutional rights, i.e., the right to live their lives as they wish, manage their own finances, enter into contracts, marry, etc. unless a court adjudicates otherwise.
- Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm others.
- Adults have the right to accept or refuse services.



- ▶ How do we use trauma informed care principles in this case?
 - ▶ Who are we interacting with and how do we operationalize the principles?
- ▶ If you were doing the intake?
- ▶ If you are the supervisor?
- ▶ If you are the APS caseworker?

APPLY TO TONY & JOSEPHINA

- 1.Safety
- 2.Trustworthiness and Transparency
- 3.Peer support
- 4.Collaboration and mutuality
- 5.Empowerment, voice and choice
- 6.Cultural, Historical, and Gender Issues

PRINCIPLES OF A TRAUMA-INFORMED APPROACH

<https://vimeo.com/22818106>
<http://www.samhsa.gov/nctc/trauma-informed-care>

- ▶ One and done trainings are simply not enough.
- ▶ Everyone needs to embrace the change, at *all* levels.
- ▶ Culture change is an investment but the returns are worth it.
- ▶ Relationship building is the most important aspect of creating sustainable change.
- ▶ This is an emergency we can do something about.

FINAL NOTES



As a community, we need to make a decision about access to trauma informed services and the impact of that decision.



- ▶ The National Center for Trauma Informed Care
 - ▶ <http://www.nasmhpd.org/content/national-center-trauma-informed-care-nctic-0>
- ▶ Guide for social services programs
 - ▶ http://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf

RESOURCES ON TIC

- ▶ http://www.frameworksinstitute.stfi.re/assets/files/evidence_implementation/NIRNreport_justdoit_2015.pdf
 - Info on how to frame change implementation
- ▶ <http://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>
 - ▶ Info on how to transition to TIC from SAMHSA
- ▶ <http://ufsac.org/wp-content/uploads/2014/09/Ut-ah-Elders-trauma-2014.pdf>
 - ▶ Info on the impact of trauma on elders
- ▶ http://nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Tipsheet_TI-DV-Advocacy_NCDVTMH_Aug2011.pdf
 - ▶ Info for agencies who serve domestic violence survivors

RESOURCES ON CHANGE IMPLEMENTATION AND TIC

Your time and attention are appreciated.

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THANK YOU MINNESOTA SOCIAL
SERVICE ASSOCIATION