A Community Makes the Paradigm Shift

Person-centered, Trauma-informed Care in an Interdisciplinary Agency
Serving Adults Traumatized as Children

with
Kathleen McMahon RN, MA, EdM
Debbie Rosenstein MSW, LSW
Greg Yucht MA, MSW, LSW
To promote dignity, strength, and empowerment of trauma victims
LEARNING OBJECTIVES:

1. Clarify 2 undercurrents buttressing the paradigm shift to agency-wide trauma-informed care.

2. Expound on 2 opportunities and resources for staff development.

3. Explore the concept of self-direction or agency in respect to the concept of healing from trauma.

4. Examine a program for older adult trauma survivors and their professional and family caregivers.
Group Reflection

- Personal experiences
- Observances
- Stories
- Comments, concerns
- Questions?
Color-Coded
http://www.eliecreative.com/jfs11292017/Dinner%202017/Drafts/Hope_v2.mp4
Grant Background

- one of 23 organizations selected to receive Federal funding

The first time federal funds have provided direct support to Holocaust Survivors.

Initiative by Former Vice President Joe Biden and Mark Wilf

Close to 500 Survivors live in Central NJ.

One of the purposes of the funding is to replicate the approaches/findings to other populations suffering from trauma.
Person Centered Trauma Informed Care (PCTI)

PCTI Model based on four tenets:

1. Trauma = all encompassing. Symptoms and signs of trauma present differently
2. Strengths-based
3. A holistic approach where everyone uses a PCTI approach
4. Come to terms with their past, actively seek to create non-retraumatizing options.

New Way to Frame Question:

What has happened in your life? (Instead of What is wrong with you?)
The first federal grants to explore needs and develop programs for older adults who were traumatized as children

**Built Upon Our Pre-existing Services:**

- Food Pantry
- Garden
- Kosher Meals-on-Wheels
- Holiday Special Meals
- Emergency financial assistance (medicine, energy, appliances)
- Case Management (SW) including assist with reparations, benefits, applications
- Service Coordination (SW)
- Café Europa
- Door-to-Door Transportation
- RN and CHHA if needed

**Major Innovative Initiatives:**

- Interdisciplinary care including home visits, inclusion of a nurse on the team, caregiver interviews
- Twenty-member Caregiver Advisory Board
- Three caregiver conferences
- Caregiver support group
- Caregiver workshops
- Case management
- Counseling
- Transforming into a trauma-informed agency using 6 staff education sessions, environmental assessment, 12 hours of peer-to-peer group
- Quarterly newsletters
- 6 Direct Service Volunteers
JFNA Grant Overview

JFSCNJ just completed this two year grant

Recently embarked on a third year of Federal funding focused on Holocaust Survivors and their caregivers. (Social Isolation)
Preparation of core team staff:

- Cultural competency, Community surrogate interviews
- Self-directed expert leaning experiences and curriculum, Conference attendance, Reading, Y-Tube

Model

- Pre-identification of main focus of visit
- Allow for orientation and team-building to impact decisions about joint visits
- Allow for language barrier to impact decisions about joint visits
- Need to consider information-gathering techniques as to not overwhelm the patient with redundancies
- Need to consider productivity and minimize “footprint” so as to avoid lengthy visits, sense of overpowering/swamping client
Client Intake

- Medications and Diagnoses; request Physician Verification
- Effects of Trauma
- BioPsychoSpiritual (esp. sleep disorders, anxiety, restlessness, agitation, paranoia, nightmares, impaired self-soothing); Gastrointestinal (esp. impaired bowel function related to near starvation); Musculo-Skeletal: Gait/Mobility (esp. related to exposure to frigid conditions, gunshot wounds); PTSD
- Access to Care Providers, ADLs
- Self-care in Mitigating the Effects of Trauma, Promoting Health
- Signature Strengths
- Resources Used

- Priority Issues in Preventing/Modifying Risk
- Trauma Teaching
- Modified Caregiver Strain Index
- Health Concerns of Older Adults
- Referrals
- Follow-up Visits
- Group classes and newsletter articles (e.g., exercise, preparing for a doctor's visit, sleep promotion, fall prevention)
- Advocacy in Program design and enfoldment
Flow and Visit Components

**Beginning**
- Establish Therapeutic Alliance
- Contact Information and Consents

**Middle**
- Nazi-era Trauma History for Grant Eligibility
- Access to Care Providers, Medication List
- Presenting Problems, Medical Diagnoses
- Survey of Trauma S/S & Manifestations
- Self-care in Mitigating the Effects, Signature Strengths, Hobbies and Pastimes
- Modified Caregiver Strain Scale,
- Teaching.
- Next steps.

**Ending**
Post-Visit Components

**Immediate**
- Staff Mutual Support and Learning
- Quality Assurance Check
- Identifying Priority Need(s)

**Middle**
- Referrals for Meals, Food.
- Claims Conference Verifications
- Homecare Referrals for CHHAs
- Referrals for Transportation, Café Europa, Mailing Lists, Volunteers

**Ending**
- Charting
- Priority for Follow-up.
- Phone Contact.
- Statistics.
Holocaust Survivors - Profile

Age at First Nazi Contact
- 11 years old
- Range in-utero to 19 years old
- Our eldest patient is 105 years old (drives, cooks for self)

Current Trauma
- Currently experiencing activated trauma = 30%
- Manifest signs and symptoms of trauma = 48%
- Self-identified trauma = 50%
Post-Trauma Adaptation Styles

1. Victim
   a. Stuck in loss and trauma rupture
   b. Leads to overprotectiveness

2. Numb
   a. Emotional isolation, conspiracy of silence
   b. Leads to intolerance for weakness

3. Fighter
   a. Valuing mastery and justice, group identity
   b. Leads to most frequent intensity of post-trauma symptoms
Group Exercise: Clarify 2 undercurrents buttressing the paradigm shift to agency-wide trauma-informed care.

- What are some of the traumas you see among the clients/patients you serve?
  - Individual
  - Group, Family, Neighborhood, Community, State
  - Country, Global

- How do these traumas appear to impact the client?

- How do you think these traumas impact the staff member?

- How do you think these traumas impact the agency?
Intake: Caregivers (Spouse, Adult Child)

- Medications and Diagnoses;
- Social and work history
- Family constellation
- Effects of Trauma; Epigenetic transmission
- Access to Care Providers, ADLs
- Self-care in Mitigating the Effects of Trauma, Promoting Health

- Signature Strengths
- Resources Used
- Priority Issues in Preventing/Modifying Risk
- Trauma Teaching
- Modified Caregiver Strain Index
- Health Concerns of Older Adults (sleep, finances, home health aides)
- Referrals
- Advocacy and Representation in Program Development
Family Caregivers - Profiles

- Self-identified Trauma/Secondary Vicarious Trauma
  - 45% = Traumatized
  - 24% = Secondary trauma
  - Rest unknown
Intergenerational Trauma

- Passed from Parent to Child
  - Symptoms,
  - Beliefs, and
  - Responses to Real or Imagined Threats

- What is genetic? What is trauma-related?

- Highest risk of both parent’s style was “Victim”. “Victim” is most relevant to transmission of trauma.

- Grandchildren of Holocaust Survivors - more irritable, angry, and held more negative views
  - Broken generational linkage=highest effect

- Higher cortisol expression in children than in the Holocaust Survivor themselves
Family Systems/Communication

- Each family develops its own way to communicate.
- **Closed systems** - make sure children only encounter immediate family and other survivors.
  - Children overly concerned with parents well being; protect from painful experience.
  - As result, Conflicts arise around individuation, separation and attachment.
- **Role reversal** as survivors age - children become caregivers
  - Children often left with feelings of anger and resentment toward parents, since they were not able to have childhood of their own.
  - Children also have feelings of guilt, due to what parents experienced and feel obligated to care for parents until the end; often overwhelmed and reluctant to ask for help.
  - Children can have difficulty entering intimate relationships and handling interpersonal conflict.
Case Study:
Kirby and His Parents - catastrophic trauma as an 11 and 14 yo

Highest Caregiver Strain Score

Ukraine  Israel  Brooklyn  Elizabeth, NJ

Financier,
Counselor,
Translator,
Advocate,
Cultural Broker,
Spokesperson
“This interview has been very good for me. It’s good to talk it out. If you don’t get the emotional illness out, it will become physical. It’s like when you are sick to your stomach, it is good to throw up. It’s a relief.”

“My mother was also ill a lot, it was physically-ill but it was also a soul sickness. Her legs hurt from the frozen forests, she needed to lay down a lot. But, compared to my father, her parenting skills were better.”

“My mother calls me 15 times a day.”

“I feel overwhelmed.”
PC-TIC In Action

- Anchoring Safety (Physical and Emotional)
  - Viewing trauma-related symptoms/behaviors as attempts to cope
  - Asking what safety means to the individual

- Anchoring Trustworthiness
  - Expressing patience, acceptance and reflective listening
  - Communicating reasonable expectations and providing role clarity

- Anchoring Choice
  - Building in choices during service provision
  - Informing individuals about choices and options available to them

- Anchoring Collaboration
  - Giving individual preferences/priorities substantial weight
  - Promoting shared decision making

- Anchoring Empowerment
  - Noticing what has already worked for the individual
  - Letting individuals take responsibility for their own care
  - Using strengths-based, solution-oriented language
Case Study:

Mrs. Levin (ghetto and concentration camp as a 16 yo) and Her Daughter/Son-in-Law (a toddler Holocaust Survivor)

Many Services: health aides, social affairs, dementia services, trauma books teaching, Caregiver Advisory Board, meditation, art, yoga
Caregiver Daughter/Wife – 2nd Generation

“I am a worrier, a reactor. Hypervigilant. I have had panic attacks, major depression and am now on Paxil. In the past I got Eye Movement Therapy, Trauma Treatment, took mindfulness and exercise very seriously. This decline in my mother is killing me.”
PC-TIC In Action

- **Anchoring Safety (Physical and Emotional)**
  - Viewing trauma-related symptoms/behaviors as attempts to cope
  - Asking what safety means to the individual

- **Anchoring Trustworthiness**
  - Expressing patience, acceptance and reflective listening
  - Communicating reasonable expectations and providing role clarity

- **Anchoring Choice**
  - Building in choices during service provision
  - Informing individuals about choices and options available to them

- **Anchoring Collaboration**
  - Giving individual preferences/priorities substantial weight
  - Promoting shared decision making

- **Anchoring Empowerment**
  - Noticing what has already worked for the individual
  - Letting individuals take responsibility for their own care
  - Using strengths-based, solution-oriented language
Staff Development Curriculum

Professionals

- Peer-to-Peer Group
  - 8 Sessions: SW and RN group
  - Reading Material, Discussion Seminar
  - Topics included: What is Trauma?, Types and Characteristics of Trauma, The Impact of Trauma, The Sequence of Trauma, Treatment Approaches in Behavioral Health, Self-Care Approaches

- Expert Speakers - Psychologist (Burnout Prevention), Psychiatrist (Dehumanization in Health Care), Academic (Prisoners and Trauma)

- Trauma - Informed Workplace Tour

Para Professionals - CHHAs

- What is Trauma? What Do We Do About It?

- Dreaming of a Good Night’s Sleep

- Holocaust Survivors as Patients
Self Care

- Gratitude List/Practice
  
  April 11
  
  I am thankful for a drink that can make me energize and happy - like herba life tea, herbal tea, milo, coffee

- Mindfulness Mondays

  Strive to focus on the present
Client Concerns - Common Priorities

- Medications
- Preventing falls
- Staying independent
- Memory
- Healthy eating
- Exercise
- Managing pain
- Anger
- Managing stress
- Finances
- Making the health care system work better for me

Stay Independent
Health
Falls
Sleep Hygiene

- Keep a sleep schedule (same time daily)
- Limit daytime napping
- Get daily sunlight
- Exercise at a regular time daily
- Avoid caffeine late in the day

- Skip the nightcap. Avoid nightly alcohol as a sleep aid
- Use a quiet, dark, well-ventilated room for sleeping
- Establish a bedtime routine
- Use bedroom for sleeping
- Consider a warm milk, bedtime snack.
Caregiver Concerns - Priorities

Finances

Aides

Sleep
CS-CF Model

Professional Quality of Life

Compassion Satisfaction (CS)

Compassion Fatigue (CF)

Burnout

Secondary Trauma
Complex Relationships

Professional Quality of Life

- Work Environment
- Client Environment
- Personal Environment

Compassion Satisfaction (ProQOL CS)
- Compassion Fatigue
  - Exhaustion
  - Frustration Anger
  - Depressed by Work Environment (ProQOL Burnout)

Traumatized by work
- Secondary Exposure (ProQOL STS)
- Primary Exposure
Staff Development: Vicarious Trauma

- Self-Care Assessment

- Comprehensive Self-Care Plan Worksheet

- Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL).

  www.proqol.org
Lessons Learned:

- Biophysical and Psychosocial cannot be separated.
  - Need to connect into the body
  - Need psychoeducation (e.g., how to calm down)
  - Provide sustained purpose
  - Need help to rebound from stress or crisis
  - Attend families, caregivers, communities and not just individual patients
Next Steps: Programs to Reduce Social Isolation and Loneliness

- Cooking Workshops/Paint and Pizza/Book Clubs/Creative Writing/Jewish History Lecture Series
- Russian Social Club
- Group Yoga/Exercise
- Skills Training for Survivors and Family Caregivers - Dialectical Behavior Therapy (DBT)
- Home visits for DBT, Yoga, Self-care by LSW and RN
- RN Self-care and Wellness Lunch and Learn - Guided Imagery, Handling Heatwaves, Sleep Promotion, Risking Vision Loss
- Transportation to events