

Trauma Informed Care

Summary

Trauma Informed Care is understanding, recognising and responding appropriately to the trauma or distress experienced by an individual, that may have occurred at any time in their life. It is about recognising the signs and symptoms of trauma, the triggers for re-traumatisation and actively avoiding events or circumstances that could trigger re-traumatisation.



Description

Many different events can cause trauma over a person's lifetime. These include accidents the person or a loved one experienced or they have witnessed, natural disasters, war or conflicts and abuse of some sort. Systemic discrimination can also have a negative and traumatic impact. The trauma may have been caused by one-off events, have occurred on multiple occasions, or have been passed down through **intergenerational trauma**.

Traumatic events can impact a person's emotional, psychological and physical well-being. Sometimes people have been able to manage the impact of these events on their life through various coping mechanisms. However, as the person ages and start receiving aged care support in their home or they enter residential care, the traumatic incident/s can create significant distress for the person. Entering residential care and losing independence, close networks, and perhaps a much-loved home might also be viewed as a traumatic event experienced by a person. This may be even more difficult where the person is a **careleaver**.

Often traumatic events in the past may have been glossed over, hidden, or suppressed by the person, either deliberately or unconsciously. However, the traumatic event could have had a more significant influence on their life than the person realises. Traumatic events, even in childhood, can influence a person's mental health, social, emotional and cognitive development, and ability to maintain employment and social relationships.

How is the brain impacted during a traumatic event?

During traumatic events, different parts of the brain are either stimulated or suppressed; this affects memory and the person's response to the memory.

After experiencing trauma, the brain may struggle to tag memories with times and dates, which can result in a person remembering an experience and feel as though it is occurring in real-time; this is known as a flashback.

Flashbacks can range in intensity but have a lasting emotional, mental, and physical impact.

When memories are triggered, the person may display physical symptoms of distress as their body prepares for the perceived threat.

While flashbacks can occur in the old and young, the symptoms can be worse for older people due to increased memory loss and altered memories regarding the context of past trauma.

Who is most at risk of having experienced trauma?

Some people are at more risk of having experienced trauma in their life. These include:

- Refugees and people who have lived in conflict zones
- Indigenous people
- People who identify as LGBTQIA+
- People living with a disability
- Those in professions such as armed forces, police or corrections

What is the impact of having experienced trauma in older people?

Trauma can have long-lasting consequences on the person, affecting physical health and wellbeing as they age. However, trauma symptoms can be masked by other health conditions related to ageing.

As a person ages, coping mechanisms previously used to deal with trauma triggers or symptoms, such as exercise or diversional activities, may be less accessible to the person. This can lead to the person experiencing persistent traumatic stress symptoms such as feeling fearful, being hypervigilant, or having difficulty sleeping, concentrating, thinking clearly and regulating their emotions.

People with dementia may remember traumatic experiences more than other aspects of their life. Care staff need to know that cognition and diversionary strategies may be required.

Where trauma is known, additional consideration and tailoring of approaches and support to minimise the risk of flashbacks and **re-traumatisation** need to be used.

What might trigger re-traumatisation

Flashbacks are triggered by senses associated with a traumatic event, such as sight, smell, sound, and touch, with the inability to remember the context of the trauma. Because of this, the person experiencing the flashback can feel like they are currently under threat.

For example, a staff member or visitor may use the same aftershave cologne as a past abuser, or a fireworks display may impact a person who has lived in a war zone.

What can you do?

Prevention and Support

- Where it is known that a person has experienced a traumatic event, identify triggers and strategies to avoid re-traumatising the person, these should be included in a **behaviour support plan**.
Disclosure or knowledge of past trauma may not occur until after the person has commenced services and a deeper understanding of their social history or **life story** is known.
- Get to know the people you support, find out their story - learn about possible experiences they may have faced, e.g. wars, **stolen generations**, and discrimination.
- If people do share their stories, consider how this information can be included in their **care plan**.
- Be mindful of people who are identified as being a part of an at-risk group for trauma.
- Recognise and provide care that supports **cultural safety** for each individual.
- Respect **diversity** in all its forms. Use training and staff discussion to support understanding.
- Provide physically, emotionally, and spiritually **safe care** to the person, encouraging them to express choice and independence that helps the person to feel in control.
- **Notice** when a person is different (their demeanour, behaviour or interactions); report any incidents so that these can be investigated, and potential triggers identified.
- Tell your supervisor when you **become aware** that trauma may be a concern, as specialised services and support may be required.

If an incidence occurs

- Where relevant, talk to family members or significant others who may be able to identify the event or triggers.
- Support and listen to the person - simply being present can help, or where the person needs time and space to be alone, respect their choice.
- Where possible, change the conditions that triggered re-traumatisation, e.g. request that a staff member or visitor use different shaving cream. Avoid fireworks displays and settings where loud noises may be a problem.
- Inform your manager if you feel you need a debrief in caring for a person who has experienced trauma.



Case Studies

War veteran

Bob is a man who was proud to serve his country in the armed forces, protecting the shores of Australia and others living in war zones. During his career, Bob was based overseas in various conflict zones and experienced active duty on numerous occasions.

Bob is now living with dementia in a residential aged care facility. Bob is a quiet man who interacts well with others; however, some triggers bring the trauma of war back to Bob, resulting in displays of aggression or withdrawal. The staff identified that Bob's mood changed when a war movie, the ANZAC parade, or a traumatic event related to conflict zones was on the TV news.

A Behaviour Support Plan was developed for Bob, which is read by all staff. The plan helps staff know how to engage Bob in activities he enjoys and avoid known triggers. For example, gardening is an activity Bob enjoys, and a special area has been set aside to use and enjoy. Staff noted that he also loves country music, so they often put his favourite music on and sing along with him. These activities help to keep Bob engaged and help Bob with managing his stress levels. They also actively seek to reduce any triggers, such as ensuring the news is not shown on his TV and that his favourite old-time movies are played instead. While it can be tricky when other residents enjoy watching the ANZAC Day march on TV, the staff will ensure that Bob has other activities planned to divert his attention on this day.

Mother of child who was taken - Stolen Generation

Bessie is an older Aboriginal woman from a remote community. Bessie now lives in residential care because of her dementia. The facility has a lovely outlook down to the riverbank. During the hot months, children can be seen splashing around and enjoying the cool water. Staff noticed that Bessie becomes very distressed, crying out for someone and wailing as if in mourning when she sees the children playing in the water. The staff speak to her family and discover that Bessie is calling out for her daughter who was removed from her care during the 1950's. The child, who was of mixed descent, was picked up by an Aboriginal Protection Officer while she was out playing in the water with other children, and it was many years before they were reunited. Bessie is reliving the trauma caused by her daughter being taken away from her.

To minimise distress to Bessie, the staff try to ensure that she is seated on the opposite side of the river when there are likely to be children playing in or near the water. If Bessie becomes distressed, someone will sit with her, and they look through a photo album of her life, take her to the art shed to enjoy an hour or two of painting or, if the weather is not too hot, someone will take her for a walk around the gardens located away from the river.

Definition(s)

- **Care Leavers** are any adult who has spent some time in the care system away from their family, including foster care and institutional care.
- **Cultural Safety** is providing a safe environment for people where there is no assault, challenge or denial of their identity, who they are or what they need.
- **Intergenerational trauma** is passed down from the first generation of survivors who directly experienced or witnessed traumatic events to future generations and can be passed on through parenting practices, behavioural problems, violence, harmful substance use and mental health issues.
- **Re-traumatisation** is a conscious or unconscious reminder of a past trauma that results in the person re-experiencing the event.
- **The Stolen Generations** are Aboriginal and Torres Strait Islander children who were forcibly removed from their families and communities between 1910 and 1970. They were put in institutional care, adopted, or fostered out to non-indigenous families.

Further Reading and References

Healing Foundation, Intergenerational trauma (**animated video**)

<https://healingfoundation.org.au/intergenerational-trauma/>

Working with Stolen Generations: understanding trauma (Fact Sheet):

[https://healingfoundation.org.au/app/uploads/2019/12/Snapshot Action Plan for Healing Aged Care Services WEB.pdf](https://healingfoundation.org.au/app/uploads/2019/12/Snapshot_Action_Plan_for_Healing_Aged_Care_Services_WEB.pdf)

Mental Health Coordinating Council, Trauma-informed care and practice organisation toolkit (ticpot), <https://mhcc.org.au/wp-content/uploads/2018/11/TICPOT-Stage-1.pdf>

Phoenix Australia <https://www.phoenixaustralia.org/>

Phoenix Australia, What is Trauma Informed Care (**animated video**)

<https://youtu.be/gwDrg8xgPAg>

The Lincoln Centre - How does trauma affect the brain, especially as we age:

<https://thelincolncenter.com/trauma-affect-brain-especially-age/>

Quiz Question (Answers)

This is a quick quiz to see how well staff listened. Ask these questions at the end of the session.

Question 1: What is trauma informed care?

Answers may include:

- *Understanding, recognising and responding appropriately to the trauma or distress experienced by an individual includes recognising signs and triggers.*

Question 2: What might trigger re-traumatisation? Give an example

Answers may include:

- *Flashbacks to events can be triggered by sights, sounds, smells and touch*

Question 3: Who is most at risk of having experienced trauma?

Answers may include:

- *Refugees, war veterans, Indigenous families, people living with a disability and people who identify as LGBTIQ+*

Question 4: What can you do to avoid re-traumatising a person? What can you do to help them?

Answers may include:

- *Understand the person's history and avoid known triggers*
- *Listening to them*
- *Providing care according to their care or service plan and any behavioural management plans*
- *Helping the person in a way that supports independence and allows them to feel in control*

Information Session Record Form

By signing this form, you acknowledge that you have received and understand the information provided in this Talk.

Session Details

Location: _____

Subject: **Trauma-Informed Care**

Supervisor's name: _____

Supervisor's signature: _____ Date: _____

Staff Present

Staff Name	Staff Signature