Episode 263—Dr. Nancy Kusmaul: Trauma-Informed Care in Residential Long-Term Care for Older Adults

[00:00:08] Welcome to inSocialWork, the podcast series of the University at Buffalo School of Social Work at www.inSocialWork.org. We're glad you could join us today. The purpose of inSocialWork is to engage practitioners and researchers in lifelong learning and to promote research to practice and practice to research. We educate. We connect. We care. We're inSocialWork.

[00:00:37] Hello and welcome to inSocialWork. This is Louanne Bakk and I'll be your host for this episode. We are thrilled to announce that after 10 years of releasing bi-weekly episodes the inSocialWork podcast has reached 2 million successful downloads of our 260 plus episodes. This accomplishment would not be possible without our presenters, our interviewers and our listeners. Thank you for contributing to our podcast and we look forward to reaching three million with you. Until recently prior traumatic experiences of nursing home residents were unrecognized or misdiagnosed. In this podcast Dr. Nancy Kusmaul defines Trauma Informed Care within residential long term care and describes regulations that will soon require skilled nursing facilities receiving federal funding to incorporate Trauma Informed principles into person centered care. She compares and contrasts how Trauma Informed Care is viewed in long term care settings as opposed to other social work settings and why Trauma Informed Care is particularly important when working with older adults. Dr. Kusmaul applies SAMHSA's Trauma Informed Principles to residential long term care and highlights risks that long term care clients often face. The episode concludes by emphasizing social work's role in long term care and how social workers can create environments that eliminate or mitigate triggers that have the potential to cause retraumatization. Dr. Nancy Kusmaul received her MSW from the University of Michigan and her PhD from the University at Buffalo School of Social Work. She is an assistant professor at the University of Maryland, Baltimore County. Dr. Kusmaul was a social worker in health care settings for more than a decade. Her research focuses on organizational culture, Trauma Informed Care and the impacts of culture on care recipients and the workforce. She was interviewed in January 2019 by Ziv Noam, MSW student here at the UB School of Social Work.

[00:02:55] Hi my name is Ziv Noam. I'm an MSW student here at the University at Buffalo School of Social Work and I am here with Nancy Kusmaul and we are going to be talking today about Trauma Informed Care and long term care. So Nancy can you start by giving us an overview of what we are going to be talking about today? Broadly what is Trauma Informed Care in long term care?

[00:03:17] Definitely, Ziv. Thanks so much for having me today. If you've been listening to inSocialWork for any length of time you probably have at least a basic idea of what Trauma Informed Care is. I'm using the definition "an organizational culture that operates under the assumption that everyone who encounters the system might have had some past traumatic experience and it seeks to create environments that are not retraumatizing. It doesn't assume that everyone who's had a traumatic experience has had ill effects from it and it doesn't necessarily seek to assess or to treat, even though it might. But instead it treats people in ways that reduce ill effects." Today specifically we're talking about implementing such a model in residential long term care settings for older adults, more specifically nursing homes. And I'll explain why in a little bit.

[00:04:10] So why is this an important topic now?

[00:04:13] Historically, and I'm talking generations ago, nursing homes were minimally regulated. Now if you've worked in the nursing home world, the big change in regulations came as a result of a 1986 Institute of Medicine Report entitled Improving the Quality of Care in Nursing Homes." The result of that report was the Nursing Home Reform Act, which was part of the Omnibus Budget Reconciliation Act or OBRA 1987. And nursing homes operated under these regulations for pretty much the last 30 years. That is until 2016. In 2016 the Centers for Medicare and Medicaid Services released its first substantive revisions of the regulations since that 1987 act. And as part of those regulations they introduced Trauma Informed Care. Now those regulations are being rolled out in three phases. Phase three, which goes into effect November 2019, is the one that includes Trauma Informed Care.

[00:05:13] So how is it different exactly from other types of Trauma Informed Care?

[00:05:18] It's different in that it's a different kind of setting. From a regulatory perspective, CMS, Centers for Medicare and Medicaid Services, specifically talks about thinking about it in the context of trauma survivors, veterans, people who've survived disasters, Holocaust survivors, abuse survivors, and looks at the potential for them being people who may live in nursing homes, and a lot of the new regulations talks about person centred care and so it recognizes that Trauma Informed approaches would be part of person centered care for those individuals and they specifically refer facilities to some SAMHSA guidelines, which I'll go into in a second. In my view this goes a little bit against prior discussions of Trauma Informed Care because we don't know who's had these traumatic experiences and we need to operate as though everyone might. Either way just bringing it into the regulations is an important first step in a setting that has not really addressed trauma in any systematic way before this. The other way is a little different from maybe things that inSocialWork has talked about is that I know from my experience with UB and I'm a UB PhD alum, I know that much of UB's work on Trauma Informed Care uses the Phthalate and Harris model which outlines five principles for Trauma Informed Care: safety, trustworthiness, choice, collaboration, and empowerment. And the long term care regulations refers providers, as I said, to the SAMHSA guidelines and SAMHSA has similar but slightly different principles. SAMHSA's principles are safety, trustworthiness and transparency, peer support, collaboration and neutrality, empowerment, voice and choice and, cultural, historical and gender issues.

[00:07:04] All of those are really important topics. I can see a lot of similarities between the two, the ones that UB has and the ones that SAMHSA has, like with the safety and trustworthiness.

[00:07:13] Definitely, there's a lot of overlap and in some ways SAMHSA just takes it one step further.

[00:07:19] Okay, that's a good way of looking at it. So why is Trauma Informed Care especially important for work with this population?

[00:07:25] A lot of the work on Trauma Informed Care has really overlooked older adults and older adults have had a lifetime of opportunity to have had traumatic experiences. And often older adults grew up in a time and a culture that didn't recognize them, or didn't acknowledge them. If you think about some of the lessons on being stoic or taking it like a man, for example. These experiences might not have been processed or addressed when they occurred. At the same time, especially when you think about older adults coming into nursing homes, previous things that people did to cope might have been compromised by

the new situations. For example if somebody was able to cope when they could control their environment in their own home with their independence and now in short order they've lost their independence, they've lost their home environment and are coming into a setting where they have very limited control over their immediate environment, maybe who their roommate is or whether or not they have a roommate even. And so those coping skills can be compromised by these changes. Healthcare settings in general can mimic previous traumatic experiences, so if we think about trauma as threatening situations that somebody cannot control, health care settings may take away power, mobility, choice, through the nature of the things that they do with people in the process of providing care.

[00:08:56] That can be a very difficult thing for a healthcare center to try to help, but in the way they still end up traumatizing the individual.

[00:09:03] Absolutely. And just a couple of others, kind of thinking along those same lines. When we think about nursing homes, often people equate that with end of life, and that's not to say that all nursing home experiences are end of life experiences, but they are a part of that. And if you think about definitions of trauma, the talk about threats to your life, end of life and dying is part of that. And so end of life experiences can be especially triggering past experiences, and can also create new traumatic experiences in and of themselves. And the last one that I think is important to think about is older adults who may experience memory loss or dementia. Adult children might not know about past traumatic experiences. That might not have been something that families talked about. And so when you have an older adult with dementia who's in some way being retraumatized by some care process and the adult children can't tell the staff about it, that's another reason why it's especially important for us to be very Trauma Informed in all of the ways that we approach care and older adults.

[00:10:04] So that way adult children don't even know what's traumatizing them.

[00:10:08] Absolutely. And so they may not be able to suggest to staff what might even be a trigger.

[00:10:14] I can see how they can be very difficult. Can you give examples of how we can apply each of the principles so we've talked about of Trauma Informed Care in long term care?

[00:10:22] Absolutely. So safety is a bit of a paradox. Safety is something that is emphasized very heavily in long term care but it's often physical safety over all else. So in both considering how physically safe an environment is, and making sure that we're also protecting somebody's emotional safety. So I'll give you an example. For somebody who might not have worked or been in a long term care setting this might seem a little counterintuitive. So somebody who has frequent falls at home comes into a long term care setting and one of the reasons they maybe they had falls was because they wanted to continue to walk on their own when that was not the safest thing anymore. So in a long term care setting the staff maybe encouraged that person not to walk or "sit down we'll be with you in a minute" kind of approach. And yet the person feels more restricted or less safe because they can't move as they want to. So there's a balance between emotional safety and physical safety that needs to be struck and evaluated in that kind of setting. Trustworthiness, in my some of my research I've looked at what clients think of as trustworthiness. And the biggest thing that came up was delivery of services as promised and follow through. And not that this is unique to long term care but making sure that care processes are open, that people are not being promised things that can't be delivered, and

that the facility is open to new ways of doing things, are just important things to think about every day as care is being delivered. Choice is I think after safety one of the biggest ones that is really going to have to be considered in long term care. Long term care settings are traditionally, and not all settings like this, but traditionally very institutional kinds of settings with very rigid routines and structures. And so when nursing homes are thinking about Trauma Informed Care they're going to really have to think about choice and being honest with themselves about what choices residents truly have about what programs to attend, what services to accept. Often when we talk about choice in nursing homes we're talking about meal choices and things like that. So looking at all of the ways that a nursing home resident can have control over their daily life and routine and really honestly looking at what those choices are. In terms of the SAMHSA principles peer support is one that comes up that was not part of the ballot in Harris model and for nursing home residents they're often around other nursing home residents, but are they offered quality opportunities or deliberate opportunities to connect with each other around shared experiences, whether it's common interests, whether it's the challenges of living in a long term care setting. It can take a variety of formats, it could be a book club, it could be a support group. But how are residents offered opportunities to support each other in day to day life? Collaboration is making sure that everyone's voices are being heard. The residents voice, the family's voice, the direct care staff voices. Are they all being heard in important decision making? And empowerment I think goes along with that. Are we making sure that nursing home residents' voices are being heard and are being heard even in cases when maybe they disagree with their family members? So going back to my safety point, somebody came into a nursing home because they weren't safe walking around and maybe they and their family disagree on how independent they should be. The family member wants to keep them safe, physically safe, and they're more interested in maybe walking on their own or making some other choice that is not what's being recommended by the medical provider, so it's everyone's voice being heard, and is the resident really able to decide what they want and have their opinion be not only heard but acknowledged, recognized, incorporated into the plans of care. And finally the last SAMHSA principle of cultural, historical and gender issues and this is extremely broad and there are a lot of different ways that this can be brought into a long term care environment. Everything from what kinds of foods are offered to civic knowledge, all of the cultures that are represented in the nursing home, are we recognizing the influence of historical trauma or historical oppression in our day to day interactions, are we incorporating culturally specific practices into end of life care. There are so many different ways of this one can be addressed in long term care that I don't feel like I can even scratch the surface of specific examples.

[00:14:59] Just hearing you talk about all of them, it sounds like all of them are really based on the fact that we really get to treat each of the individuals like a person, sort of to give them the respect that they deserve, the choices that they deserve to make and just sort of advocate for them to be able to have whatever they need to be comfortable.

[00:15:17] Absolutely. And one of the pitfalls of aging care, long term care is that it can be somewhat paternalistic. "We know better than you, we will do what we need to do to keep you safe" and I think it's recognizing the person and all of their experiences, good, bad, across their life and keeping them at the forefront of decision making and control.

[00:15:39] So rather than the doctors or whoever is taking care of them saying "Oh I know better because I have this degree and I already know what to do in this case" it's more of listening to the person saying "this is what I need to be able to live a good life.".

[00:15:53] Absolutely.

[00:15:54] So what risks do long term care clients face?

[00:15:57] I've alluded to some of them and I'm just going to say it a little more clearly. Multiple losses. Losses that are normalized in a long term care setting. Losses that we think about as potentially traumatic in earlier life. Things like losing a spouse, losing your home, losing all of your possessions, loss of independence, serious illness or injury or both, and loss of control over your environment. If any one of these happened in a younger population we would be really concerned about looking at them as potential traumatic experiences and looking at ways to mitigate that. But in older populations all of these are normalized. And so this is not something that's on most providers radars about addressing these issues.

[00:16:41] We really forget how many losses are really experienced in this age group.

[00:16:45] Particularly for people who end up in long term care.

[00:16:48] What about the organizations that help take care of them? What barriers do organizations providing care to clients face and how do they overcome these barriers?

[00:16:58] Changing the culture of an organization is hard. An organization's culture is not just the policies. There is an unspoken "This is the way we do things around here" that exists throughout the staff, the residents and so it's a process of getting everyone on boar. In the context of an environment that is heavily regulated with many many important priorities, it already have this safety versus autonomy kind of dilemma and they have a complex web of multiple competing resident needs. Each resident has a series of things that they need that may be the same, may be different than the person even in the next bed. And so being able to address each resident's very complex web of needs while addressing everybody else's is a challenge. So how do you maximize everybody's safety choice, collaboration, empowerment, trustworthiness and all of these different things. For people with different needs in a regulated environment with all of these very important priorities.

[00:18:00] And what about social workers? What roles do social workers play in terms of long term care?

[00:18:06] So if you look nationally the role of social work in long term care varies a lot. So part of that is the regulatory perspective. So nursing homes, I'm going to quote from the regulations right here, "are responsible to meet the psychosocial needs of resident and quote unquote provide social services to attain the highest practicable physical, mental and psychosocial well-being." So whatever that means. And obviously that's going to be different for every resident and every facility is going to provide that in a different way. The other part of that is that not all nursing homes will have somebody with a social work degree serving in their social services role.

[00:18:50] That can make things tough.

[00:18:51] Yes. So facilities that have more than one hundred and twenty beds have to employ qualified social worker on a full time basis, and a qualified social worker is an individual with a minimum of a bachelor's degree in social work or a human services field including sociology, gerontology, special education, rehabilitation, counseling and psychology. So the people serving in social work roles may not have a social work

education. And so I think it's important for anybody who is working as a social worker or in social services in long term care to really educate themselves on what Trauma Informed Care is to really get back to some of those basic social work principles of starting where the client is, advocacy and empowerment, voice and choice. And I think it's important that the people in the social service and social work roles make that their guiding principle in terms of their own practice in a long term care setting.

[00:19:48] So that makes it especially important to follow these principles.

[00:19:52] Absolutely.

[00:19:53] So for our final question, other than creating Trauma Informed organizations, what can social workers do to create trauma informed environments for individuals in long term care?

[00:20:04] I think it's important for every practitioner in a long term care setting to examine their own practice and strive to make every encounter with a resident a little bit more trauma informed than it was before. Incorporating the principles in everything that they do with residents every day. When you think about a residential environment you're not talking about isolated events of care. A nursing home resident lives there. The staff may be the ones that come and go on different shifts and things like that. And so it's making every encounter and every interaction, like I said, a little bit more Trauma Informed every day.

[00:20:38] So as long as we add a little bit of Trauma Informed Care each and every day, that's what's important.

[00:20:44] I think that's how we're going to get to really Trauma Informed long term care services.

[00:20:49] This has been very insightful conversation. Thank you so much Nancy. Is there anything else that you want to add before we end the interview?

[00:20:57] A couple of things. As I said for the individual practitioner, Trauma Informed Care is not a destination. And both individuals and facilities need to do some honest self-reflection and see what they can do to make themselves more trauma informed every day, every evaluation, every interaction. And in regards to the regulations and the nursing home implementation, as of when were recording this, now it's January of 2019, the Interpretive Guidelines for the regulations have not yet been released by Centers for Medicare and Medicaid Services. So all of the things that we're talking about today are important Trauma Informed principles, But it's not intended to tell facilities what they're going to need to do to meet expectations of the regulators.

[00:21:40] Well thank you very much Nancy. This has been a really wonderful conversation, and we look forward to hearing more from you about this.

[00:21:49] Thank you. Thank you for having me.

[00:21:51] You've been listening to Dr. Nancy Kusmaul's discussion on Trauma Informed Care in long term care. I'm Louanne Bakk. Please join us again at inSocialWork.

[00:22:09] Hi I'm Nancy Smyth, professor and Dean of the University at Buffalo School of Social Work. Thanks for listening to our podcast. We look forward to your continued support of the series. For more information about who we are as a school, our history, our online and on the ground degree and continuing education programs, we invite you to visit our website at www.socialwork.buffalo.edu. And while you're there check out our Technology and Social. Work Resource Center. ou'll find it under the Community Resources menu.