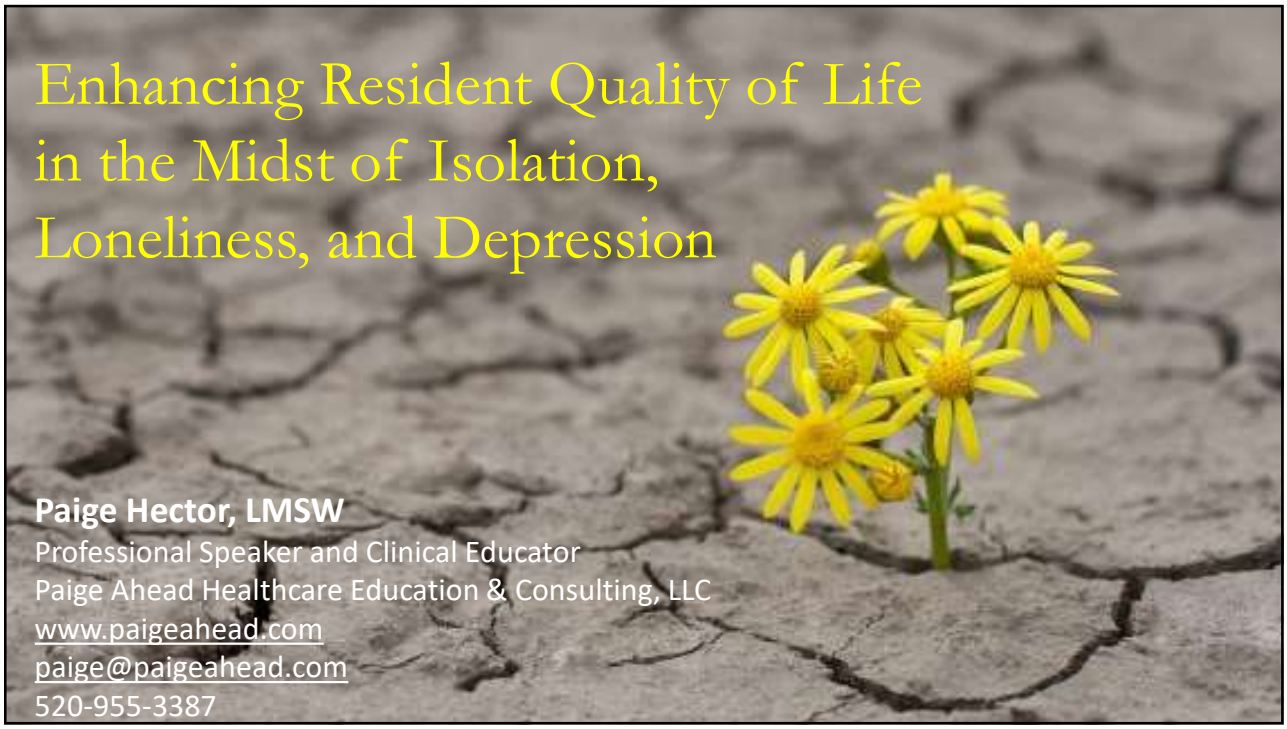
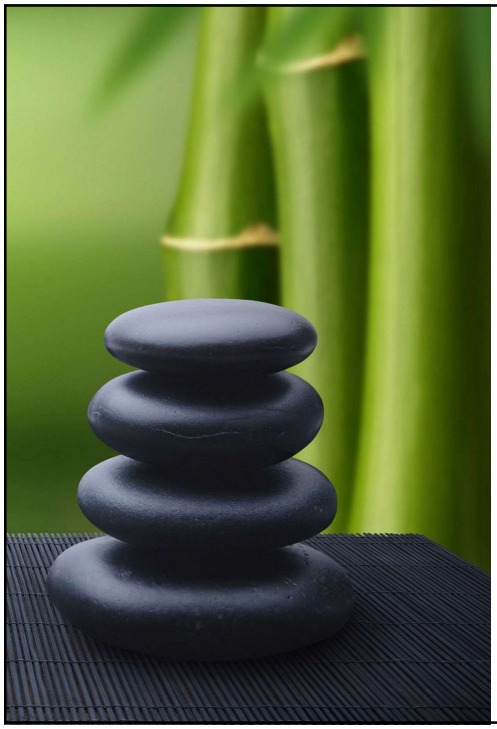


1



Topics

- Universal human needs
- Emotional intelligence
- Quality of life
- Trauma-informed care
- Isolation and loneliness
- Trauma screening
- Trauma triggers
- Resilience
- Resource states
- Process improvement

2

Poll: Who's In the Room?

- NF/SNF - Executive Director or Administrator
- ALF/RCF – Executive Director or Administrator
- NF/SNF - Department Manager
- ALF/RCF – Department Manager
- NF/SNF – Staff Member
- ALF/RCF – Staff Member

3

4

What contributes to YOUR quality of life?

5

Universal Human Needs

6

7

F675 Quality of Life

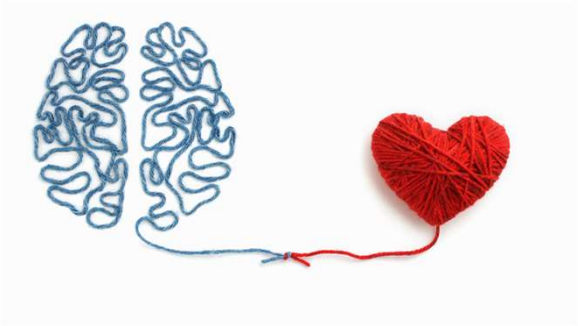
Fundamental principle that applies to all care and services

Each resident must receive and the facility must provide the necessary care and services to attain or maintain the **highest practicable physical, mental, and psychosocial well-being**, consistent with the resident's comprehensive assessment and plan of care.

Are the individual's universal human needs being met?

8

What is Emotional Intelligence?



- The ability to understand and manage your own emotions.
- The ability to communicate, read and navigate social situations and conflicts.

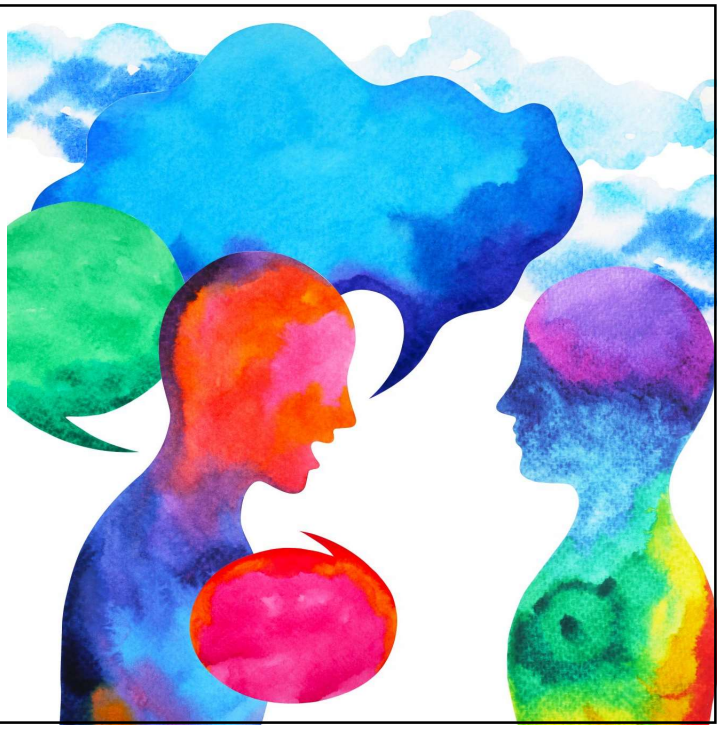
7 Tips to Raise Your Emotional Intelligence
https://www.psychologytoday.com/us/blog/liking-the-child-you-love/202101/7-tips-raise-your-emotional-intelligence

What You Need to Know About Emotional Intelligence,
https://www.healthline.com/health/emotional-intelligence

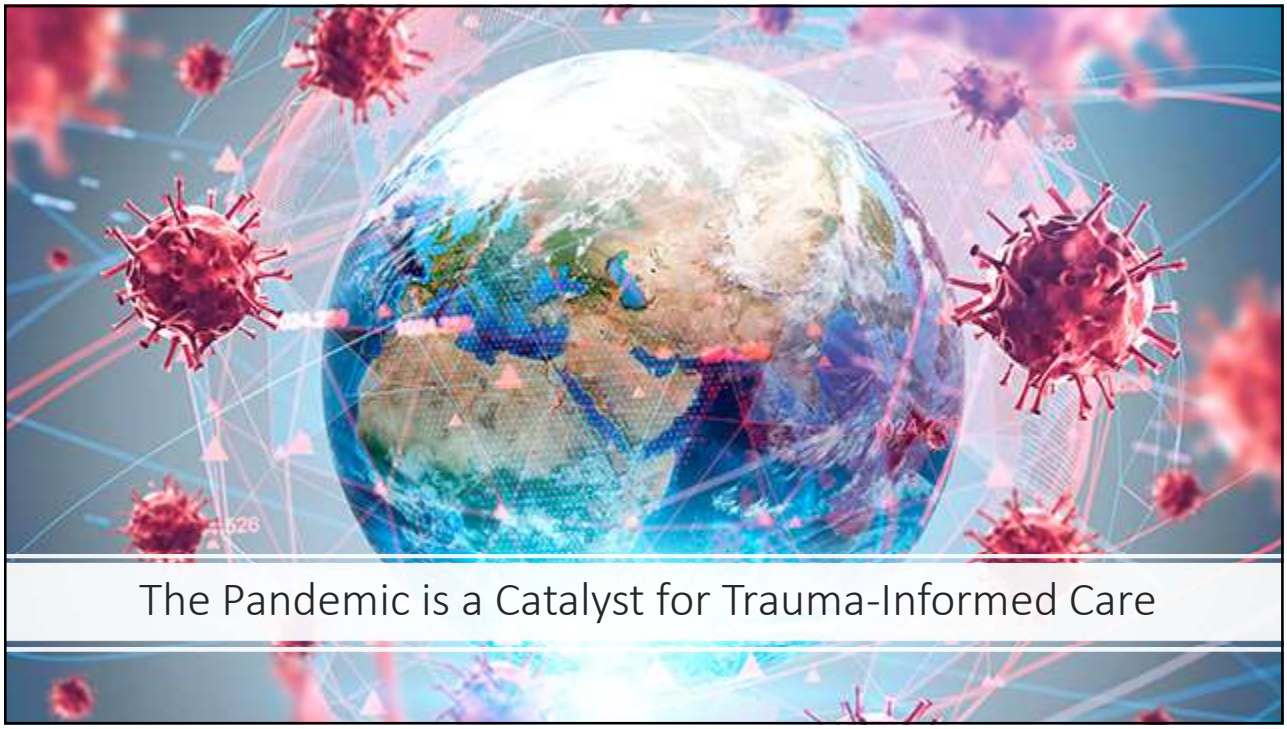
9

Emotional Intelligence Includes…

- **Self-awareness** - Being conscious of your emotions, how they affect you and others
- **Mood-management** – consider consequences before acting, reacting appropriately
- **Empathy** – able to listen deeply, not judge, understand needs/wants of others, seek to understand 'why'
- **Social skills** – ability to collaborate, demonstrate leadership skills and ability to be present in relationships



10


The Pandemic is a Catalyst for Trauma-Informed Care

11


CAUTION
failure
Disillusionment
SUPER STAINLESS
ONE HUNDRED
© Carla Cheatham

12

Potential Sources

Verbal, emotional, sexual, physical abuse or assault
Physical or emotional neglect, poverty, homelessness
Attachment injuries, loss of roles
Institutionalization, loss of mobility and/or other loss of control
Bullying, shaming, marginalization, discrimination
Exposure to substance abuse, imprisonment
Generational trauma (i.e., grandchildren of holocaust victims)
Loss of relationship
Natural Disasters, accidents, injury, illness, disability, medical treatment
War, torture, or other acts of terrorism
Witnessing any of these

13

More Potential Sources

Aging – (*McLeod, 1994; Andrews et al., 2007, 2016; Potter et al., 2013)*

Illness – i.e., cancer
PTSD sxs in 20% early-stage cancer
80% with recurrent cancer

National Cancer Institute http://www.cancer.gov/cancertopics/pdq/supportivecare/post-traumatic-stress/HealthProfessional/page1/AllPages/Printalso; also see Kaas et al., 1993)

(adapted from Anderson, Ganzel, & Janssen, 2018; Ganzel, 2018)

14

Definition

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, 2014, Page 7*)

CMS uses this definition of trauma

15

Emotional and Psychological Trauma

- "Result of **extraordinarily stressful events** that shatter your sense of security, making you feel **helpless** in a dangerous world.
- Often involves a **threat to life or safety**, but any situation that leaves you **feeling overwhelmed** and **isolated** can result in trauma, even if it doesn't involve physical harm.
- The more **frightened and helpless** you feel, the more likely you are to be traumatized."

(emphasis added)

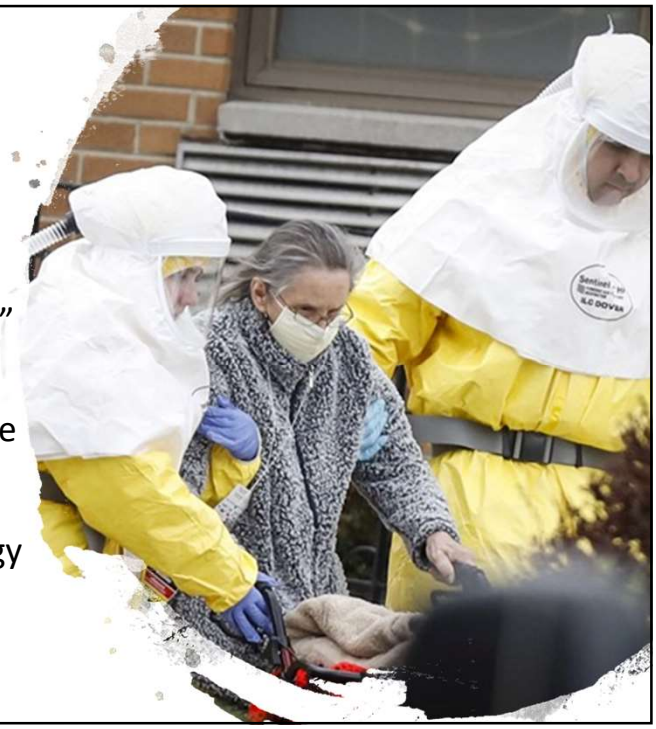
Emotional and Psychological Trauma
https://www.helpguide.org/articles/ptsd-trauma/coping-with-emotional-and-psychological-trauma.htm

16

Medical Trauma

"Medical traumas are psychological traumas that result from medical diagnosis and/or medical interventions."

"The idea that medical treatment can be traumatic may seem counterintuitive. We tend to associate medical care with expertise, skill, and advanced technology in service of healing, not harming."



Medical Trauma by Scott Janssen, MSW, LCSW
https://www.socialworktoday.com/news/enews_0416_1.shtml

17

Edward Machtinger, MD
Professor of Medicine
Director, Women's HIV Program
University of California, San Fra

"My framework for thinking about this is that there are two pandemics – one caused by the virus and the other caused by the trauma and stress associated with the pandemic."

https://www.chcs.org/how-the-covid-19-pandemic-is-highlighting-the-importance-of-trauma-informed-care-qa-with-dr-edward-machtinger/

18

Dr. Van der Kolk
Psychiatrist, trauma researcher, and author of *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*

The Virus is a Pre-Traumatic Condition: Two Core Variables

1. **Immobilization** – cannot move (quarantine, shelter-in-place)
2. **Unpredictability** – not knowing what is going to happen next, cannot say tomorrow will be a different day or the day after

When the world is unpredictable and you cannot move, then the vulnerability to become traumatized is very great.

Lifelines: How COVID-19 Creates 'Pre-Traumatic Conditions' in the Brain
By ALEX MCOWEN & PETER BIELLO • MAY 4, 2020

19

Right now, the emphasis is on trauma *management*, not prevention.

20

21

Social isolation or Loneliness?

Social isolation is the **objective** physical separation from other people

Loneliness is the **subjective** distressed feeling of being alone or separated

They are different and can exist independently from each other

Losing sense of connection and community changes a person's perception of the world - may feel threatened, mistrustful – which can trigger the biological defense mechanism

"Social isolation, loneliness in older people pose health risks", National Institute on Aging 2019, https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks

22

Touch starvation is a consequence of COVID-19's physical distancing, https://www.tmc.edu/news/2020/05/touch-starvation/

Touch Starvation (skin hunger)

- Physical contact is limited or eliminated
- Instinctively, we want to touch someone, but we can't do it because of the fear associated with the pandemic
- Touch starvation increases stress, depression and anxiety, triggering a cascade of negative physiological effects
- Can increase heart rate, blood pressure, respiration and muscle tension, and suppress the digestive system and immune system leading to increased risk of infection, cognitive decline, and even death
- Can lead to PTSD

23

Depression Symptoms

- Tired, lack of energy
- Feelings of worthlessness
- Difficulty focusing, remembering details and making decisions
- Sleep disturbance
- No interest or pleasure in activities
- Frequent thoughts about death or suicide
- Restlessness
- Weight changes
- Physical signs such as pain

24


Do we believe that once we can touch, hug and hold people again that the negative effects of isolation and touch starvation will 'disappear'?

25


What is Trauma-Informed Care (TIC)?

26

F699 Trauma-Informed Care
(483.25 Quality of Care)

"The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident."

No guidance issued, *Yet…*

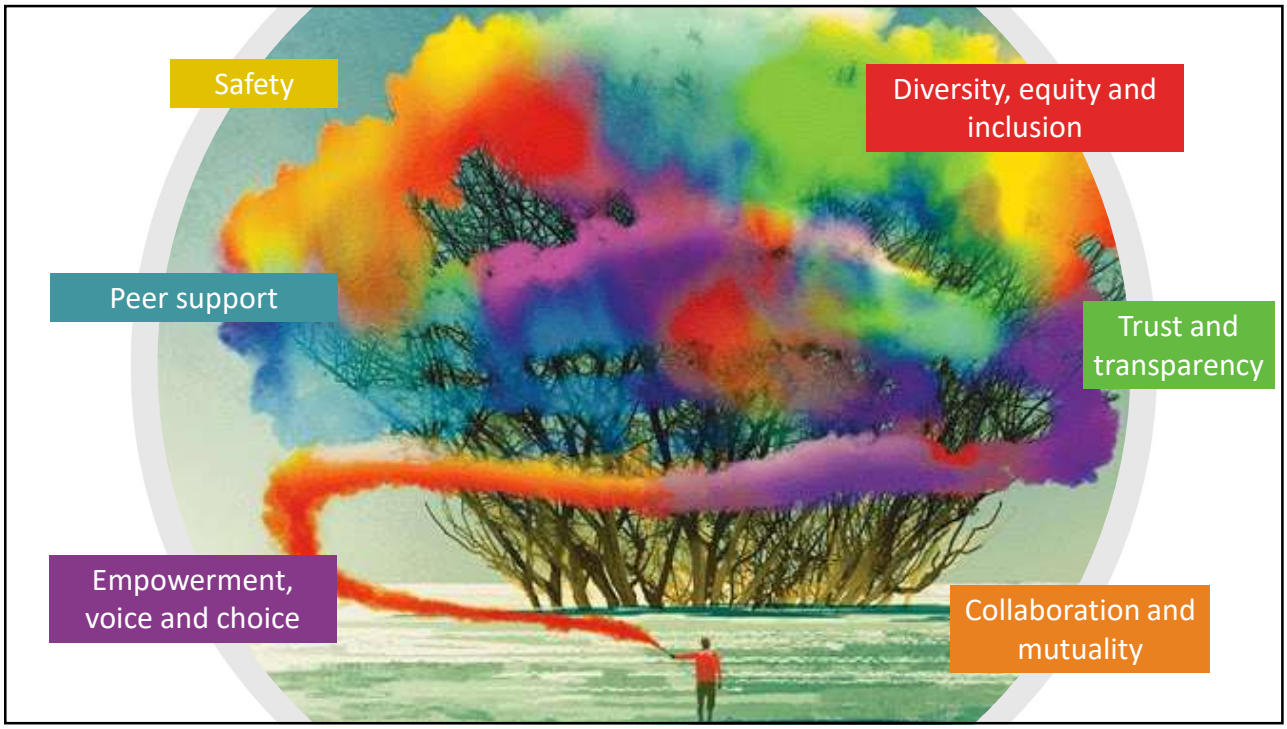
27

MULTIPLE F-tags Address TIC

F659 qualified persons
F699 trauma informed care (effective 11/28/2019)
F741 sufficient competent staff, behavioral health needs
F740 behavioral health services
F742 treatment/services for mental-psychosocial concerns
F743 no pattern of behavioral difficulties unless unavoidable

"Resources to Support Trauma Informed Care for Persons in Post-Acute and Long Term Care Settings" (pg.3)
https://www.lsqin.org/wp-content/uploads/2018/09/Trauma-Informed-Care-Resources.pdf

28



29

"Trauma-informed care is the practice of engaging others and providing care by intentionally considering the impact of their past experiences on their current presentation."

(emphasis added)

Ashley Swinson, MSW, LCSW

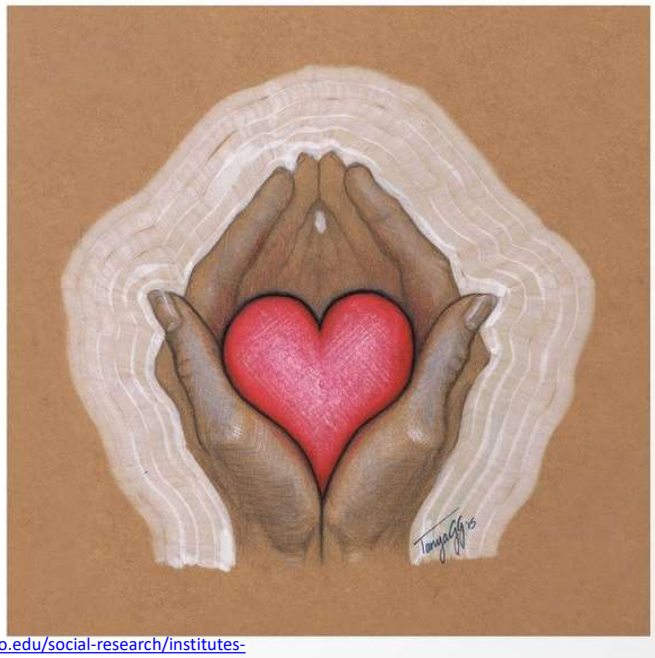
30

31

Universal Precautions Model

Gloving and gowning no matter level of hazard

Assume all individuals have a history of trauma and glove up metaphorically to reduce possibility of triggering or re-traumatizing others.



Trauma-Informed Organization Change Manual, http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/Trauma-Informed-Organizational-Change-Manual0.html

32

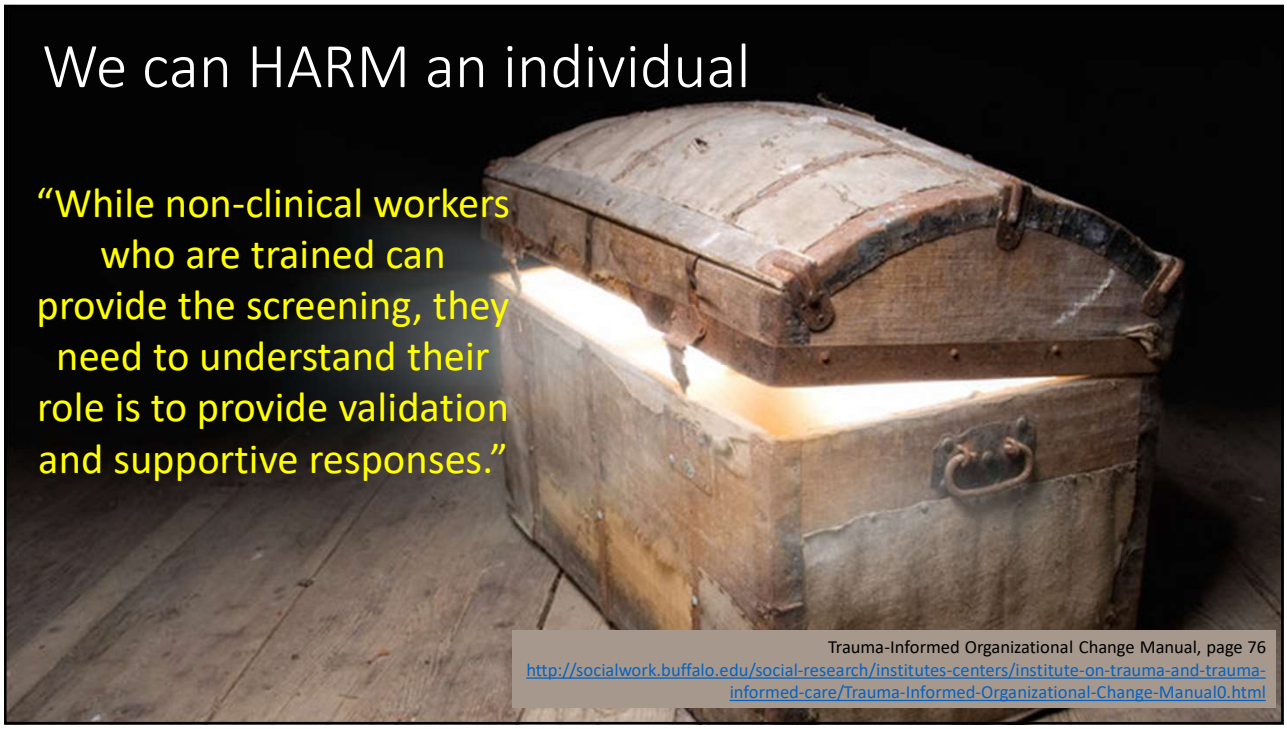
Trauma Screening *vs.* Trauma Assessment and Treatment

Screening	Assessment and Treatment
Generalists (all staff) need to be trained to be ready to notice, respond, and refer to a specialist Not being asked to treat trauma, but to provide safe space to empower healing and prevent re-traumatization	***Specialists*** (clinical social workers, psychologists, etc.) must be specifically trained to provide a thorough evaluation of trauma and develop a treatment plan

33

34

We can HARM an individual



"While non-clinical workers who are trained can provide the screening, they need to understand their role is to provide validation and supportive responses."

Trauma-Informed Organizational Change Manual, page 76
http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/Trauma-Informed-Organizational-Change-Manual0.html

35

Validate and Support

Do not try to investigate or ask for details, simply create a safe environment that welcomes the resident to share if desired. Respond with validating language:

- "I'm really glad you shared this with me. It will help us provide the best care possible for you."
- "I am so sorry that happened to you."
- "Thank you for telling me."
- "I believe you."
- "This is not your fault."
- "I want you to feel safe."
- "There are people who can help."

36

If a resident discloses a traumatic event…

- **DO** respond with validating language. For example, *"I'm really glad you told me – this will help us take the best possible care of you."*
- **DON'T** try to investigate or ask for details right away – allow them to talk.
  - If they are getting upset or going into disturbing material, gently close the conversation and follow up with a clinical referral right away
- **DO** document any reported traumas and inform the clinical team. Include all known or suspected trauma triggers associated with the disclosed experience. This helps the team avoid those triggers.
- **DO** let the resident know that you will need to let a few key staff members know about "what happened" so that staff can avoid doing things that trigger difficult memories.
- **Do** refer to the disclosed experience in general terms. Avoid naming "what happened" unless the resident defines it in a given way.
- **DO** let the resident know that they won't need to talk about "what happened" if they don't want to -- but they may find that they do want to talk about it as time goes on. Let the resident know someone can be available for them to talk to if and when they are ready, including right away. **Follow up.**
- **DO** uphold the resident's privacy, even if the information is unusual.
- **DO** assess current safety. Was it a recent event or far in the past?

Courtesy of Barbara L. Ganzel PhD, LMSW
Director, Gerontology Institute
Associate Professor, Gerontology, Ithaca College

37

Screen for Triggers

- Triggers are reminders of dangerous or frightening things that happened in the past
- Triggers are formed by associating a neutral stimulus with something that is painful and/or frightening
  - Associating "red" with a hot stovetop burner
- Triggers are an *involuntary response* to an abnormal situation

38

What is Re-Traumatization?

"…any interaction, procedure or even something in the physical environment that either replicates someone's trauma literally or symbolically, which then triggers the emotions and cognitions associated with the original experience."

Trauma-Informed Organizational Change Manual,
http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/Trauma-Informed-Organizational-Change-Manual0.html

39

Triggers That May Re-traumatize

"A trigger can be *any* stimulus that was paired with the trauma whether we remember it or not." (Pease-Banitt, *Trauma Tool Kit*)

- **Multi-sensory (sight, sound, smell, taste, touch)**
  Old Spice, cigarette smoke, beeping, flashing lights, ceiling fan blades, yells for help, rubbing alcohol, being awakened, coffee breath, 5'oclock stubble, invasions of personal space

- **Inner & outer physical sensations**
  Heat, pressure, SOB, blood pressure cuff compression, being elevated in a mechanical lift device, pain, racing heart

(adapted from Anderson, Ganzel, Janssen, 2018 & Ganzel, 2018)

40

More Possible Triggers

❑ Emotional states

Fear, helplessness, power-imbalance, exposure to others' heightened emotions, boundary violations, infantilization, feeling not heard/believed/responded to

❑ Situations

Being crowded or immobilized, medical interventions, dental work, changes in routine, uncertainty, anniversaries or holidays, being unable to communicate, feeling out of control

(adapted from Anderson, Ganzel, Janssen, 2018 & Ganzel, 2018)

41

Possible Trauma Reminders/Triggers in the Medical Setting and Contexts

- Illness-related symptoms (e.g. pain, shortness of breath, racing heartbeat, GI distress, physical weakness, difficulty swallowing/choking)
- Loud noises, falls, nightmares
- Blood and other body fluids, smells
- Medication effects (e.g. sleepiness, loss of alertness, need for delivery through injection or suppository)
- Direct personal care (e.g. being touched, dressed/undressed, toileting)
- Being "stuck" in bed
- Dehumanizing situations/contexts associated with illness and/or medical care
- Being in the dark
- Being treat or talked to "like a child"
- Being naked in front of others, strangers looking over you as you lay in bed
- Difficult conversations (e.g. about hospice care, treatment planning, disease progression, funeral arrangements, needing help with personal care)

Scott Janssen MA, MSW, LCSW

42

Triggers (*trauma reminders*) Can Be Interpreted As…

"I'm not safe."

"I can't protect myself."

"I'm going to die."

Janssen S. Assessing for PTSD in Terminally Ill Patients. *The New Social Worker*. Accessed April 29, 2019

43

What is an expression of distress ('behavior') that you find challenging or frustrating?

44

Fight **Flight** **Freeze**

Biological Defense Mechanism

45

Keep In Mind…

- "Unpleasant", "disruptive", "inappropriate" behaviors often have roots from a prior bad experience
- Do not label people as "difficult" or assume they are cognitively impaired or delirious
- If a person exhibits an indicator of distress that is "off" or "unexpected", be respectful of their reaction, not dismissive or judgmental
- Ask, "What happened in your life?" not "What's wrong with you?"

Kathleen Bickel, MD, Mphil, MS

46

2 Types of Screening

Direct & Indirect

Screening will not capture all traumatized people upfront

47

No Matter What Type of Screening *Always…*

- Use Universal Precautions
- Focus on trauma-related *triggers, symptoms* and *expressions of distress* (or maladaptive behaviors)

Figuring out triggers often amounts to figuring out the original trauma, but more organically, and in the context of a long term, trusting relationship.

Concept courtesy of Leanna Anderson, MSW, LICSW and Barbara Ganzel, LMSW, PhD

48

Capacity determines ***strategy***, not exclusion.

Barbara Ganzel, LMSW, PhD

49

Direct Screening

Appropriate when the individual has capacity and agrees with being asked questions (or, completing the tool independently)

No evidence-based instruments validated for use with people who have diminished capacity due to cognitive impairment, delirium, or who are seriously physically ill

50

Opening the Conversation About Trauma

- "Many people have had difficult experiences during their life. I would like to ask you a few questions…is that okay?"
- "Part of my job is to let you know that when people have major life changes, get hurt or sick, that memories of the past can come back as distressing thoughts, feelings, dreams or unexpected reactions in the present."
- "Are you currently bothered by any recent or past upsetting experience?"

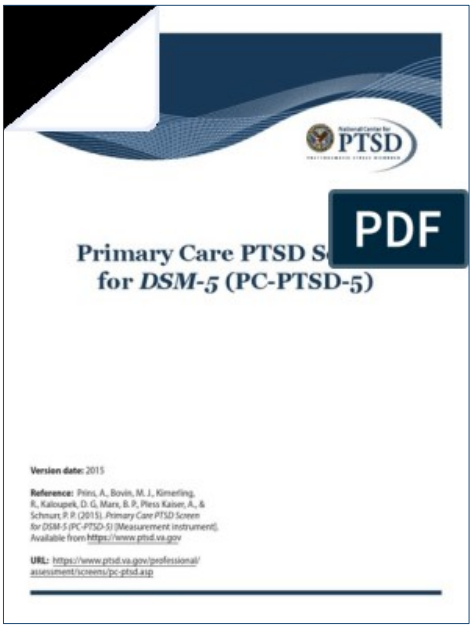
If at any point the person says 'no', honor that and note it in your documentation.

51

What screening tool are you using in your facility?

52

Suggestion for Screening for CURRENT symptoms



53

Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)

In the past month, have you …

1. had nightmares about the event(s) or thought about the event(s) when you did not want to?	YES	NO
2. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	YES	NO
3. been constantly on guard, watchful, or easily startled?	YES	NO
4. felt numb or detached from people, activities, or your surroundings?	YES	NO
5. felt guilty or unable to stop blaming yourself of others for the event(s) or any problems the events may have caused?	YES	NO
Total score is sum of "YES" responses in items 1-5.	**TOTAL SCORE**	

https://www.ptsd.va.gov/professional/assessment/documents/pc-ptsd5-screen.pdf

54

Direct Screening *(an adaptation)*

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you…

1. Have had nightmares about it or thought about it when you did not want to? **YES/NO**
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? **YES/NO**
3. Were constantly on guard, watchful, or easily startled? **YES/NO**
4. Felt numb or detached from others, activities, or your surroundings? **YES/NO**
5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused? **YES/NO**

If yes, ask if they would like to share what has been bothering them. If no, accept that and note it.

Slide courtesy of Barbara Ganzel
Chapter 4 SAMHSA TIP-57 (2014)

55

Other Direct Screening Questions

Have you ever been in a situation in which you were afraid you were going to die?

Have you ever experienced something that made you feel less safe in the world or changed you in a way that has made life more difficult?

Have you had any experiences in your life that have made it hard to trust/feel happy/express your needs/connect with others?

(adapted from Anderson, Ganzel, Janssen, 2018 & Ganzel, 2018)

56

Indirect Screening

- During intake and day-to-day care, pay attention to comments that could indicate symptoms of traumatic stress.
  - Review medical record, collaborate with IDT and possibly family
- After sufficient trust has been established, ask permission to discuss previous comments.
- If continued assessment/discussion indicates presence of symptoms of traumatic stress, ask if they want to speak to someone. If they do, make a referral.
- In plan of care, identify all potential trauma symptoms and trauma triggers.

Courtesy of Barbara L. Ganzel PhD, LMSW
Director, Gerontology Institute
Associate Professor, Gerontology, Ithaca College

57

INdirect Screening

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, <u>in the past month</u>, you…

1. Have had nightmares about it or thought about it when you did not want to? **YES/NO** *Source* _____
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? **YES/NO** *Source* _____
3. Were constantly on guard, watchful, or easily startled? **YES/NO** *Source* _____
4. Felt numb or detached from others, activities, or your surroundings? **YES/NO** *Source* _____
5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused? **YES/NO** *Source* _____

If yes, ask if they would like to share what has been bothering them. *If no*, accept that and note it.

Slide courtesy of Barbara Ganzel
Chapter 4 SAMHSA TIP-57 (2014)

58

59

Worksheet to supplement the PC-PTSD-5

Box 3.9 **DELAYED REACTION TO TRAUMA**
Signs & Symptoms of Posttraumatic Stress

Possible Delayed Emotional Reactions **YES/ NO** source_____
Irritability; Aggression; Negative affect; Distress at trauma reminderes; Fear of trauma happening again; Negative thoughts about self; Detachment; Feelings of vulnerability; Mood swings; Grief reactions.

Possible Delayed Physical Reactions **YES/ NO** source_____
Nightmares; sleep disturbance; Hypervigilance/Heightened startle; Persistent fatigue; Changes in appetite or digestion or cortisol levels; Lowered immune function/more colds and infections; Focus on aches and pains

Possible Delayed Cognitive Reactions **YES/ NO** source_____
Intrusive memories; Flashbacks; Exaggerated self-blame or blame of others about the event(s); Difficulty concentrating; Belief that avoidance or other behaviors will protect them from trauma; Avoidance of trauma-related feelings or memories or preoccupation with the event; Panic & phobia-like behavior in response to trauma triggers; Inability to remember key features of the trauma

Possible Delayed Behavioral Reactions **YES/ NO** source_____
Avoidance of event reminders ; Decreased interest in activities; Risky or destructive behavior; Isolation/withdrawal; Disrupted social relationships; History of abuse of alcohol or drugs

Possible Delayed Existential Reactions **YES/ NO** source_____
Questioning ("why me"), disillusionment, cynicism; Loss of purpose or faith; Hopelessness; Also potential adaptive responses such as re-establishing priorities, redefiniting meaning and importance of life, reviewing life assumptions to accommodate trauma.
Adapted from HHS (2014). *TIP-57*, pp. 61-62.

60

Trauma Impacts Pain
(physically, emotionally, spiritually)

- "I know this is causing a lot of pain."
- "When you think about [fill in], what happens to your pain?"

"Is the pain where the disease/injury is or where the stress is?"

(THIS IS A GREAT QUESTION!)

61

How can staff integrate trauma screening into their daily workflow, without adding additional tasks?

Where is it a natural fit to ask residents and families about trauma and trauma symptoms?

What are staff already doing that is providing valuable information, possibly related to trauma?

62

PHQ-9

Consider the big picture, not just one set of responses in isolation

PATIENT HEALTH QUESTIONNAIRE-9

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING

0 + _____ + _____ + _____

=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

63

The Minimum Data Set (MDS)

18 different sections, almost all of them can relate to trauma history, symptom or trigger

- **C "Delirium"** – strong predictor of trauma and PTSD
- **D "Mood"** (PHQ-9) – presence of symptoms including little interest or pleasure in doing things, trouble falling asleep or staying asleep, feeling bad about yourself, trouble concentrating or thought that you would be better off dead
- **E "Behaviors"** – physician and verbal aggression towards self and others, pacing, rummaging, screaming and rejection of care
- **H "Bowel and Bladder"** – new or worsened incontinence
- **I "Active Diagnoses"** – e.g. dementia, cancer, organ failure, mood disorders, respiratory failure
- **P "Restraints and Alarms"** – physical restraints and alarms (devices applied to the individual in bed or wheelchair or directly to body (wanderguard bracelet)

64

Behavioral and Emotional Status
Critical Element (CE) Pathway

One of over 40 protocols from CMS to assist surveyors to determine if a facility meets regulatory requirements associated for a specific care area

Two questions on this pathway specifically address trauma:

1. Did the facility provide appropriate treatment and services to correct the assessed problem for a resident who displays or is diagnosed with a mental or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder (PTSD)?, and
2. Did the facility ensure that the resident whose assessment did not reveal or who does not have a diagnosis of a mental or psychosocial adjustment difficulty, or a documented history of trauma and/or PTSD does not display a pattern of decreased social interaction and/or increased withdrawal, anger, or depressive behaviors, unless the resident's clinical condition demonstrates that such a pattern is unavoidable?

65

Resilience

Adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress.

American Psychological Association
https://www.apa.org/topics/resilience

66

67

Resource Development

We get better at what we practice, including negative states like anger. Intentionally choosing a different emotional state – lifting the mindfulness muscles so they get stronger with practice

68

69

What is one of YOUR resource states or strengths?

70

- What is the strongest memory you have of [fill in the resource state]?
- When you remember that time in your life, what comes to mind?
- What is the best of it?
- What positive thought do you have about yourself?
- What emotions go with that memory?
- Where do you notice it in your body?

71

Use the resource state to support resilience in the present moment!

”Remember how you [fill in brief statement that highlights a resource.]”

- Ran a successful business…
- Accomplished….
- Made it through…
- Took such wonderful care of your children…
- Built your home…

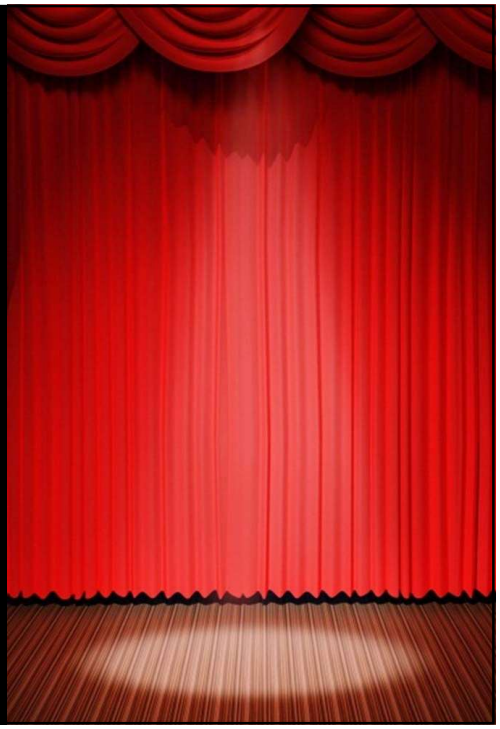
72

Celebrate Resilience
(Residents and Staff!)

People are natural story tellers and stories are powerful

Share their stories (for those who wish to do so)

- Post them on facility social media sites and website
- Invite people to read their stories (1-2 per day)
- Make plays, skits, monologues
- Get local theatre groups involved!



73

Calm, safe place

A resource when a person feels anxious, stressed, angry, fearful, etc.

Can be real *or* imagined.

74

Identifying a Calm, Safe Place

Where did you (do you) have fun? Where do you go to relax?

When you think of a peaceful place, what comes to mind?

- Strongest memory of it right now
- Images, sounds, emotions, smells that go with it
- Where do you notice it in your body

Michael Keller, LSCSW
Center for Psychological Trauma, LLC

75

76

Present Trigger……Future Template

77

Imagine a Positive Future

- "How do you see yourself handling this in the future?"
- "How would you like things to be in the next [time frame]?"
- Details about the imagined scene – sights, smells, sensations, the physical setting, emotions
- "That's a great place to be – how are you going to get there?" "
- "What do you need in order to work through barriers to get to the positive future state?"
- "When you think about your most empowered, strong, confident self, what does it look like, sound like, feel like?"
- "What strengths do you need to get through this?"

78

Incorporating Resource States

- Be intentional about bringing these resources on board
- Do not use as 'punishment' – "Joe, you're too agitated, why don't you try going to your calm, safe place." Or, "Just think of your positive future template."
- The intention is to use this resource to increase self-regulation, to help soothe a distressing experience, not to mask it
- Remember that feelings (emotions) are part of being human and they give us clues regarding unmet needs

79

Social Isolation Needs to be Included in Ongoing Disaster Planning

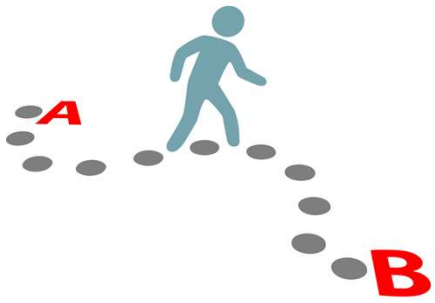
- Emotional, psychological and physical distress will continue, even when the pandemic "ends"
- Adopting and sustaining a culture of TIC is crucial
- What issues/challenges can we anticipate as we begin re-entry into "usual" community life?
- What do we need to be prepared for?

80

Identify Next Steps (for Action)

By next Monday, I will…

I will share this information with…



"Engaging Adult Learners, Delivering a "Wow Worthy" Presentation", Center for Excellence in Educational Leadership, https://cdn.ymaws.com/www.cocase.org/resource/resmgr/Professional_Learning/CASE_PresentationPlanningWor.pdf

81

82