TRAUMA INFORMED CARE POLICY FORUM FINAL REPORT

In October 2024, Translating Research in Elder Care (TREC) in partnership with Assisted Living and Social Services (ALSS), Continuing Care and Alberta Health Services, hosted a two-day policy forum on trauma informed care in continuing care homes (CCHs). The forum looked to advance continuing care transformation, including addressing recommendations made in the province's **Facility-Based Continuing Care Review**.

The policy forum had three aims:

1. To achieve a common understanding of trauma, its consequences and impact on continuing care residents, families and staff, and the ability to achieve a high quality of life at the end-of-life.
2. To achieve a common understanding of the goals of a trauma informed approach, and the system resources needed for such an approach in Alberta.
3. To develop recommendations regarding trauma informed care, including actions expected to improve quality of care and dementia care, and considerations for how these could be implemented in the province's continuing care homes.

The 60 participants attending the forum were diverse and included frontline continuing care home staff (health care aides, RNs/LPNs and ancillary staff as well as social workers and chaplains), managers and operators, and government/health services decision-makers. Trauma was defined as the ongoing psychological effect of experiences including abuse/neglect, personal loss, accidents, war/armed conflict, and the COVID-19 pandemic. Presentations and discussions focused on fostering resilience and quality of life among residents and their families as well as those working in CCHs. A mental health support team was present for the entirety of the forum to support attendees.

What is Translating Research in Elder Care (TREC)?

Translating Research in Elder Care (TREC) is an applied and partnered health services research program. It aims to contribute to system change in continuing care by developing innovations and practical solutions that contribute to sustainable improvements in:

- **Quality of care**
- **Quality of life**
- **Quality of end-of-life for frail, vulnerable residents**
- **Quality of work-life for their paid staff**

DAY 1

Dr. Carole Estabrooks, TREC Scientific Director, opened the first day of the forum with a clear message: "This work really matters." She highlighted the trauma of living and working in CCHs during COVID and the associated long periods of mandated isolation and high numbers of deaths. "Health and care workers should not have nightmares for decades after the pandemic."

To understand trauma and trauma informed care, participants spent Day 1 learning from **three international trauma and quality of life experts.** These presentations were interspersed with **three short videos created specifically for the forum.** In them, a care aide, an Indigenous resident, and a resident from the 2SLGBTQQIA+ community reflected on their experiences of trauma. The care aide, for example, spoke about working through the pandemic: "It was too much…a real trauma with no chance to breathe [or] grieve. We are human. We are connected. You never know if someone will be there the next day."

KEYNOTE FROM DR. RUTH LANIUS

PROFESSOR OF PSYCHIATRY AND HARRIS-WOODMAN CHAIR, WESTERN UNIVERSITY, ONTARIO

TRAUMA: WHAT IS IT AND WHY DOES IT MATTER?

"Trauma is the human condition," Dr. Ruth Lanius told participants in the first keynote presentation. Most humans have experienced trauma, with some having experienced significant or chronic trauma. Residents may enter continuing care homes with existing trauma and/or they may experience trauma from living in this setting. Furthermore, trauma can sometimes present alongside dementia as unpredictable or aggressive behavioural symptoms. CCH staff may similarly have personal and/or workplace trauma, especially as a result of the COVID-19 pandemic. The challenge is how to ensure all aspects of the CCH environment are healthy and safe for everyone.

As Dr. Lanius noted, the good news is that effective leadership can make a significant difference. Staff need to feel heard and acknowledged. Leaders cannot erase past trauma, but they can help establish an environment in which everyone feels safe and supported. "Safety first" (prioritizing the creation of a physically and emotionally secure environment to help individuals regain control and trust) calms the nervous system, offers a locus of control so staff feel "they make things happen" instead of things just happening to them, and allows those who work in CCHs greater capacity to support and care for residents living with trauma.

Ruth A. Lanius, MD, PhD, is a Psychiatry Professor and Harris-Woodman Chair at Western University and Director of its Clinical Research Program for PTSD. She has over 25 years of clinical and research experience with trauma-related disorders and has published over 200 research articles and chapters on brain adaptations to psychological trauma and novel treatments for PTSD.

PARTICIPANT: *"We are grieving from a mass trauma [COVID]. We've moved on but we're just dragging our grief further and further. We haven't put it somewhere. We haven't made it real or concrete. We are supposed to forget but we can't forget. We need some recognition it actually occurred."*

KEYNOTE FROM PROFESSOR SUBE BANERJEE

PRO-VICE CHANCELLOR AND PROFESSOR OF DEMENTIA, UNIVERSITY OF NOTTINGHAM, UK

QUALITY OF LIFE FOR PEOPLE WITH DEMENTIA

Professor Sube Banerjee next spoke about how non-drug interventions can be more effective than pharmaceuticals in improving the quality of life (QoL) of residents experiencing depression, agitation or other behavioural and psychological symptoms of dementia (BPSD). Indeed, the complexity of dementia requires equally sophisticated, non-drug approaches. "Mental health services work. Mental health interventions work. Non-drug treatments work," he said.

Dementia and trauma-related behaviours must be understood in context when providing person-centered care. Pharmaceutical treatments often fail to improve QoL and can even worsen outcomes due to side effects. Approaches like communication skills training, music therapy, and dementia care mapping should be prioritized. QoL is influenced as well by factors such as interactions with staff, addressing mental health symptoms (including trauma-related), and improvements to the CCH environment. While acknowledging the challenges of delivering non-drug interventions, Prof. Banerjee reminded participants that improving QoL should be the ultimate goal of dementia care: "People with dementia are people."

Exploring trauma in the continuing care home setting

To help them reflect on the first two keynote presentations, participants engaged in an inner/outer circle discussion. The inner circle – eight direct care staff – shared personal experiences of interacting with residents and other staff with known or suspected trauma. The outer circle of remaining participants listened before contributing their own thoughts and reflections.

The discussion identified several person-centred approaches for caring for residents with trauma:

- **Observing and getting to know residents** as a means of recognizing behavioural changes, facial expressions and body language that may indicate a trigger or unmet need.
- **Using residents' life histories** to better gauge how to approach and interact with them.
- **Ensuring everyone who interacts with a resident is aware of their history**, including staff working in the home as well as health care providers visiting from offsite.
- **Recognizing that a resident's trauma can "echo outwards"** and affect others living or working in shared spaces such as care units.
- **Building trust** with residents to help them feel safe enough to share their traumas but equally recognizing that sharing carries a risk of re-traumatization.
- **Being culturally sensitive** to potential triggers for traumatized residents, notably Indigenous residents who experienced the residential school system.
- **Acknowledging that staff cannot always fix everything** and that sometimes simply listening is most important.

Sube Banerjee, MBE, MBBS, MSc, MBA, MD, FRCPsych, is Pro-Vice Chancellor of the Faculty of Medicine and Health Sciences at the University of Nottingham. His research focus is on improving quality of life and quality of care in dementia. He co-led the development of the National Dementia Strategy for England and has worked closely with the WHO and governments internationally on dementia policy.

KEYNOTE FROM PROFESSOR SUE GREEN

CLINICAL PROFESSOR, UNIVERSITY OF BUFFALO SCHOOL OF SOCIAL WORK, BUFFALO USA
CO-DIRECTOR OF THE INSTITUTE OF TRAUMA AND TRAUMA INFORMED CARE

CREATING A TRAUMA INFORMED CARE FRAMEWORK

In the third keynote, Professor Sue Green argued that organizations like CCHs need to adopt a universal precaution for trauma given that at least some residents and staff will have experienced trauma. CCHs need to work towards creating an environment that prevents re-traumatization and promotes wellbeing. "We can't fix what's happened – trauma has already happened – but we absolutely can be in a position of not making it worse…and sometimes we can make it better." Professor Green used her Institute's *Trauma Informed Organizational Change Manual* to examine the role of leadership in driving such change. "This is a top-down approach. When we have leadership, we do not have to roll the boulder uphill."

There are three stages in introducing trauma informed care: **pre-implementation** (planning, building foundations, creating structures), **implementation**, and **sustainability** (maintaining a trauma informed culture). The introduction of a trauma informed framework must be flexible, responsive, and tailored to specific units in a continuing care home (e.g., residents in memory care). Early evidence from non-CCH environments indicates that the introduction of trauma informed care can increase physical and psychological safety, staff satisfaction and retention, and decrease staff burnout, fatigue and productivity challenges. Professor Green invited participants to consider possibilities for applying this approach to residents and staff working in CCHs.

PARTICIPANT: *"We must start trauma informed care. Why? Change is possible. Not starting is not an option. It's our job."*

Susan A. Green, LCSW, is a Clinical Full Professor at the University at Buffalo School of Social Work and Co-Director of the Institute on Trauma and Trauma-Informed Care (ITTIC). She has led multiple projects to implement trauma-informed approaches in various agencies, organizations, and systems of care. She also practices and is trained and licensed in several trauma therapies.

PARTICIPANT: *"Staff aren't OK. People are grieving. What are we going to do about it? Because that's now. That's a priority resource consideration."*

DR. JAMES SILVIUS
SENIOR MEDICAL DIRECTOR, PROVINCIAL SENIORS HEALTH AND CONTINUING CARE, ASSISTED LIVING ALBERTA (FORMERLY PROVINCIAL MEDICAL DIRECTOR FOR PROVINCIAL SENIORS HEALTH & CONTINUING CARE, ALBERTA HEALTH SERVICES)

AN OVERVIEW OF ALBERTA'S QoL FRAMEWORK AND NEXT STEPS

Day 1 closed with an overview by Dr. James Silvius of the province's Quality of Life (QoL) Framework, a continuing care transformation outcome which builds on TREC's 2019 policy forum on QoL for CCH residents living with dementia and other evidence. The framework identifies QoL as one of Alberta's highest continuing care priorities. It focuses on establishing stronger partnerships, collaborative decision making, continuous learning, and equity, diversity, inclusion and accessibility across the continuing care sector. As part of the session, participants were invited to recommend working groups to help develop a parallel trauma informed care approach focused on the specific considerations of residents/families, staff, and leadership.

Framework – *Completed Summer 2024*

Alberta's Continuing Care Quality of Life Framework

LIVING YOUR BEST LIFE

ALIGNING QoL WITH TRAUMA AND PERSON-CENTRED CARE

DAY 2

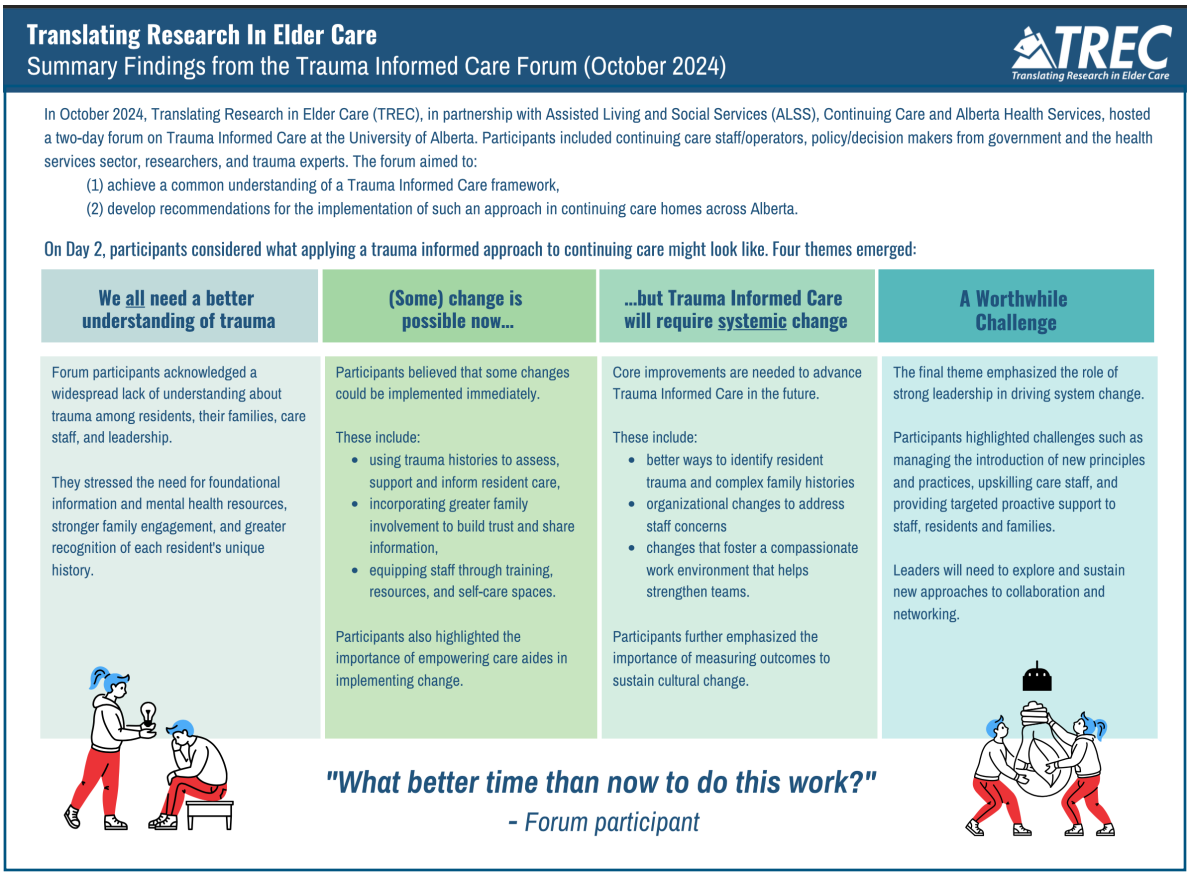
Both trauma informed care and person-centred care are critical elements in improving resident QoL in continuing care homes. In a second presentation, Prof. Banerjee spoke about aligning the two approaches, noting that while person-centred care focuses on residents, trauma informed care has QoL implications for both residents and staff because trauma can affect anyone. Trauma "is a very real part of the experience of being a staff member and also a real part of the experience of many of our residents in care homes," he said.

Referencing trauma caused by the pandemic, Prof. Banerjee underlined how trauma informed care could help deal with the "bucket of moral injury" everyone in CCHs may still carry from their experiences. While such an approach would likely require additional resources, he highlighted the need to demonstrate the cost-benefit of integrating trauma informed and person-centred care more fully into CCHs. "We're making the case for doing the right thing here – improving care," he said.

A World Café on introducing a trauma informed care approach

Forum participants next considered the benefits, challenges and practicalities of introducing trauma informed care in Alberta's CCHs using a World Café activity. They were divided into six groups and asked to answer a series of questions from first one and then a second of three possible perspectives (residents/families, staff, and leadership):

- *What would it look like if we had a trauma informed care lens?*
- *What would be different or better?*
- *How would we know if we made a difference?*
- *What concerns do you have about focusing on this work at this time?*
- *What resources would be required at the system and the organizational level to support this work?*



Translating Research In Elder Care
Summary Findings from the Trauma Informed Care Forum (October 2024)

TREC Translating Research in Elder Care

In October 2024, Translating Research in Elder Care (TREC), in partnership with Assisted Living and Social Services (ALSS), Continuing Care and Alberta Health Services, hosted a two-day forum on Trauma Informed Care at the University of Alberta. Participants included continuing care staff/operators, policy/decision makers from government and the health services sector, researchers, and trauma experts. The forum aimed to:

(1) achieve a common understanding of a Trauma Informed Care framework,
(2) develop recommendations for the implementation of such an approach in continuing care homes across Alberta.

On Day 2, participants considered what applying a trauma informed approach to continuing care might look like. Four themes emerged:

We all need a better understanding of trauma

Forum participants acknowledged a widespread lack of understanding about trauma among residents, their families, care staff, and leadership.

They stressed the need for foundational information and mental health resources, stronger family engagement, and greater recognition of each resident's unique history.

(Some) change is possible now...

Participants believed that some changes could be implemented immediately.

These include:
- using trauma histories to assess, support and inform resident care,
- incorporating greater family involvement to build trust and share information,
- equipping staff through training, resources, and self-care spaces.

Participants also highlighted the importance of empowering care aides in implementing change.

...but Trauma Informed Care will require systemic change

Core improvements are needed to advance Trauma Informed Care in the future.

These include:
- better ways to identify resident trauma and complex family histories
- organizational changes to address staff concerns
- changes that foster a compassionate work environment that helps strengthen teams.

Participants further emphasized the importance of measuring outcomes to sustain cultural change.

A Worthwhile Challenge

The final theme emphasized the role of strong leadership in driving system change.

Participants highlighted challenges such as managing the introduction of new principles and practices, upskilling care staff, and providing targeted proactive support to staff, residents and families.

Leaders will need to explore and sustain new approaches to collaboration and networking.

The groups recorded each of their discussions on flipcharts, which were later analyzed by TREC to identify common themes. The findings are summarized in the infographic to the left.

SUPPORTING TRAUMA INFORMED CARE IN ALBERTA'S CONTINUING CARE HOMES

In the final session, Scott Baerg (Senior Officer, Continuing Care, Covenant Health) moderated a whole group discussion looking to identify key resources critical to developing a trauma informed care approach in Alberta's CCHs. Several were identified:

- Finding **time** to do the work.
- Establishing **a baseline of knowledge** about trauma informed care and developing **information sharing platforms** by which to share it.
- Building **networks and allies** to carry this work forward and involve CCHs of all sizes.
- Providing access to **trauma experts**.
- Securing **adequate funding** to develop an approach for trauma informed care.
- Ensuring CCH staff have access to needed **Employee Assistance Programs (EAPs)** while working on the approach and beyond.

The results highlighted the need for organizational cultures to recognize and address trauma among residents as well as staff. Notably, the discussion reiterated the ongoing impact of COVID-19 almost five years after the start of the pandemic.

CONCLUDING REMARKS

Dr. Estabrooks closed the forum with a call for action, telling participants that development of a trauma informed care approach is "going to take time and deliberate effort. We cannot leave it up to the individual alone. There is institutional responsibility." The gathering offered those who attended an opportunity to learn about trauma informed care and share experiences of trauma among both residents and the CCH workforce. The group discussions explored possible collaborative efforts to advance innovative and sustainable change across the sector.

TREC, Assisted Living and Social Services (ALSS), Continuing Care, and Assisted Living Alberta, hope to continue working closely to consider a common trauma informed care approach across the province, to involve a cross section of continuing care home stakeholders in this effort, to help provide system and learning resources, and to identify new opportunities for building on the trauma-related needs and experiences of residents and CCH staff.

PARTICIPANT: *"I'm worried…are we ready if [the pandemic] happens again? Will the next one trigger us to shut down? How can we look into the trauma that we have experienced [with COVID] to be ready for the next one? How do we build support, capacity and resilience?*

ACKNOWLEDGEMENTS

The Trauma Informed Care Policy Forum organizers and speakers sincerely thank everyone who attended across the two days for their active engagement and invaluable insights.

TREC also thanks the members of the Policy Forum Working Group for their time and generous contributions in helping to organize the forum and making it a success:

SCOTT BAERG	Senior Officer, Continuing Care, Covenant Health
JANET CHAFE	Executive Director, Mental Health and Addiction Services, Recovery Alberta
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MENTAL HEALTH SUPPORT TEAM

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