

Personal Support Worker Community of Practice Series

Trauma Informed Care and Cultural Safety



Hosts: Tracey Human and Diane Roscoe
Guest Presenter: Rami Shami

Date: May 17, 2022

The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

Stay connected: www.echopalliative.com

Thank you!

The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.



Health
Canada

Santé
Canada

LEAP Personal Support Worker

- Online, self-learning course that provides personal support workers and care aides with the essential competencies to provide a palliative care approach.
- Interactive online modules completed at your own pace (approximately 8 – 10 hours of work).
- Short quizzes at the end of each module to assess knowledge.
- For personal support workers, care aides, and health care assistants working in long-term care, home care, nursing homes, and acute care.



Learn more about the course and topics covered by visiting

www.pallium.ca/course/leap-personal-support-worker

Welcome and Reminders

- Please introduce yourselves in the chat!
- Your microphones are muted for background noise, but we do want dynamic sharing, so please raise your hand to unmute to talk. Sharing or asking questions in the chat is also welcome.
- This session is being recorded and will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session
- Terminology (Personal Support Worker)

Series Objectives

Our PSW Palliative Care Community of Practice

- **PSWs with a passion to become PSW experts in palliative care**
- A place for Peer-to-Peer practice support
- Facilitated and coached by palliative care experts
- Shared skill building in the Palliative Approach to Care
 - We engage in topic-based discussions, share knowledge and experiences to learn from each other, used cases to practice applying our skill caring for individuals/ families living with life-limiting illness
 - We share resources, tools, best-practice approaches
- Build on foundational knowledge acquired through LEAP PSW

Overview of Topics

Session #	Session Title	Date/ Time
Session 1	Introductory Session	Nov 16 th , 2021 from 5-6pm ET
Session 2	Essential Communication Skills Part 1	Nov. 30 th , 2021 from 5-6pm ET
Session 3	Essential Communication Skills Part 2	Dec. 14 th , 2021 from 5-6pm ET
Session 4	Tools Practicum Part 1	Jan. 11 th , 2022 from 5-6pm ET
Session 5	Tools Practicum Part 2	Jan. 25 th , 2022 from 5-6pm ET
Session 6	Pain and Shortness of Breath Management	Feb. 8 th , 2022 from 5-6pm ET
Session 7	The PSWs Role in the Last Days and Hours	Mar. 8 th , 2022 from 5-6pm ET
Session 8	End of Life Medications and Side Effects	Mar. 22 nd , 2022 from 5-6pm ET
Session 9	End of Life Delirium	Apr. 5 th , 2022 from 5-6pm ET
Session 10	Post-mortem Care: Cultural Considerations and what happens at the funeral Home	Apr. 19 th , 2022 from 5-6pm ET
Session 11	Culturally Relevant Care	May 3 rd , 2022 from 5-6pm ET
Session 12	Trauma Informed Care and Cultural Safety	May 17 th , 2022 from 5-6pm ET
Session 13	End-of-Life Care in Indigenous Contexts: Spotlight on the Six Nations Palliative Program	May 31 st , 2022 from 5-6pm ET
Session 14	Understanding Tubes, Pumps, Bags and Lines	Jun. 14 th , 2022 from 5-6pm ET

Topic: Trauma Informed Care and Cultural Safety

What is your role as a PSW?





I ACKNOWLEDGE

the land I am standing on today is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. I also acknowledge that Toronto is covered by Treaty 13 signed with the Mississaugas of the Credit, and the Williams Treaty signed with multiple Mississaugas and Chippewa bands.



Tkaronto is built on sacred land that is part of an agreement between Indigenous peoples and then extended to allied nations to peacefully and respectfully care for it. By personally making a land acknowledgement you are taking part in an act of reconciliation, honouring the land and Indigenous heritage, which dates back over 10,000 years.



TorontoForAll.ca



Learning Objectives

By the end of the session, participants will be able to:

Contextualize
Trauma within
PSW role

Apply Trauma
Informed
Approach to care

Utilize Culturally
Humble and Safe
Principles

Listen at your own risk







A Bit of a Background...



Kensington Health



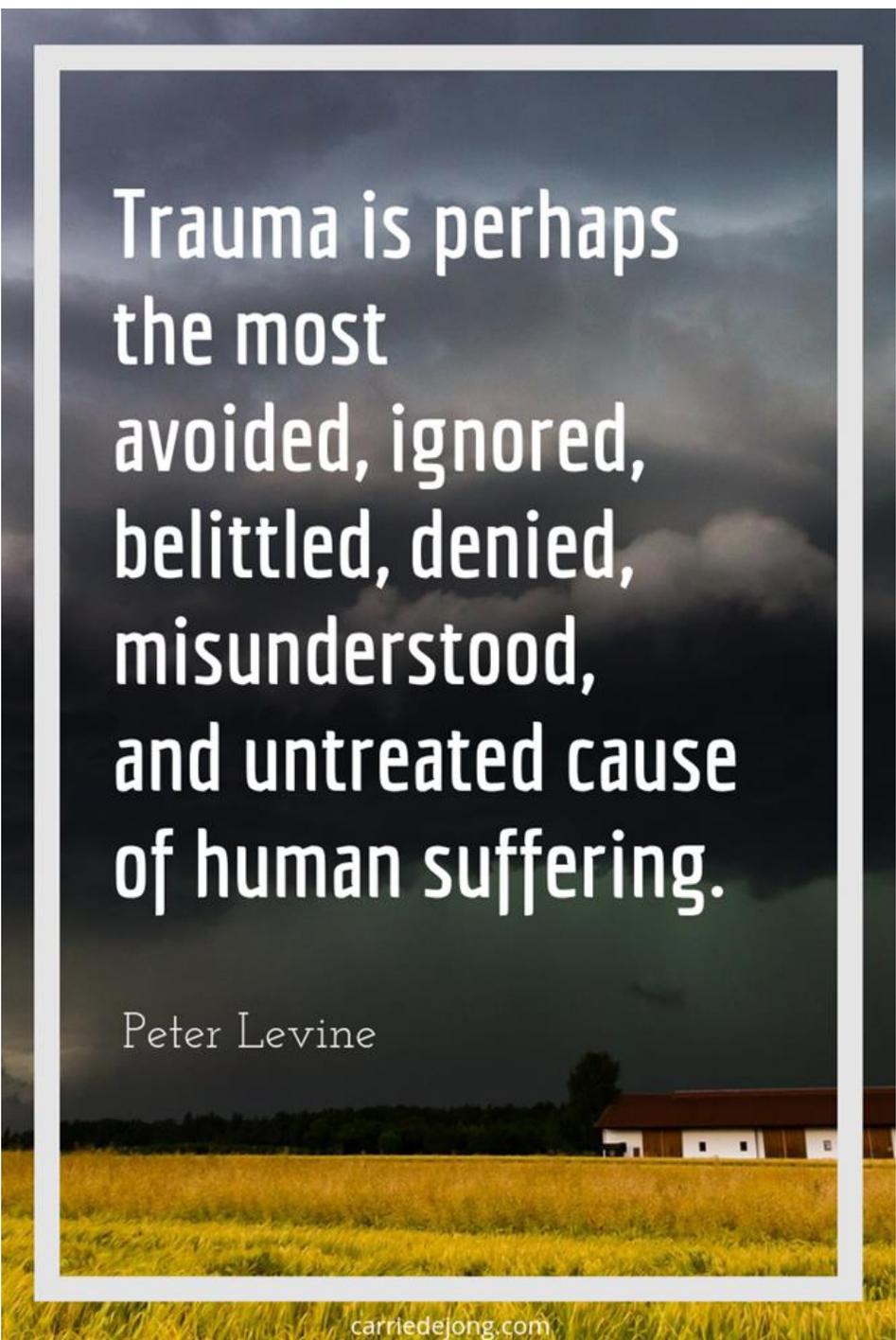
Lighthouse for Grieving Children



Why are we not talking more about trauma in Healthcare?

COVID 19 Pandemic
Intergenerational
Intellectual and Development
Racial
Gender Specific
Colonial
Child Maltreatment
Domestic Violence
War Related
Genocide
School and Community
Medical Trauma
Vulnerable Housing
Sexual Assault
Accident
Immigration
Refugee
Natural Disasters





Trauma is perhaps
the most
avoided, ignored,
belittled, denied,
misunderstood,
and untreated cause
of human suffering.

Peter Levine

carriedejong.com

Trauma?

Trauma is a lasting emotional response that often results from living through a distressing event.

CAMH

Trauma – is the event

Traumatization – refers to the response to the traumatic event

Traumatic Event:

- One that leaves a person feeling overwhelmed
- The situation is perceived as threatening
- It leaves person feeling out of control, helpless, unable to assimilate or integrate the event
- An event that overwhelms person's ability to cope with the trauma

Clark, Classen, Fournier, Shetty
Treating the Trauma Survivor, 2014



Memory

76%

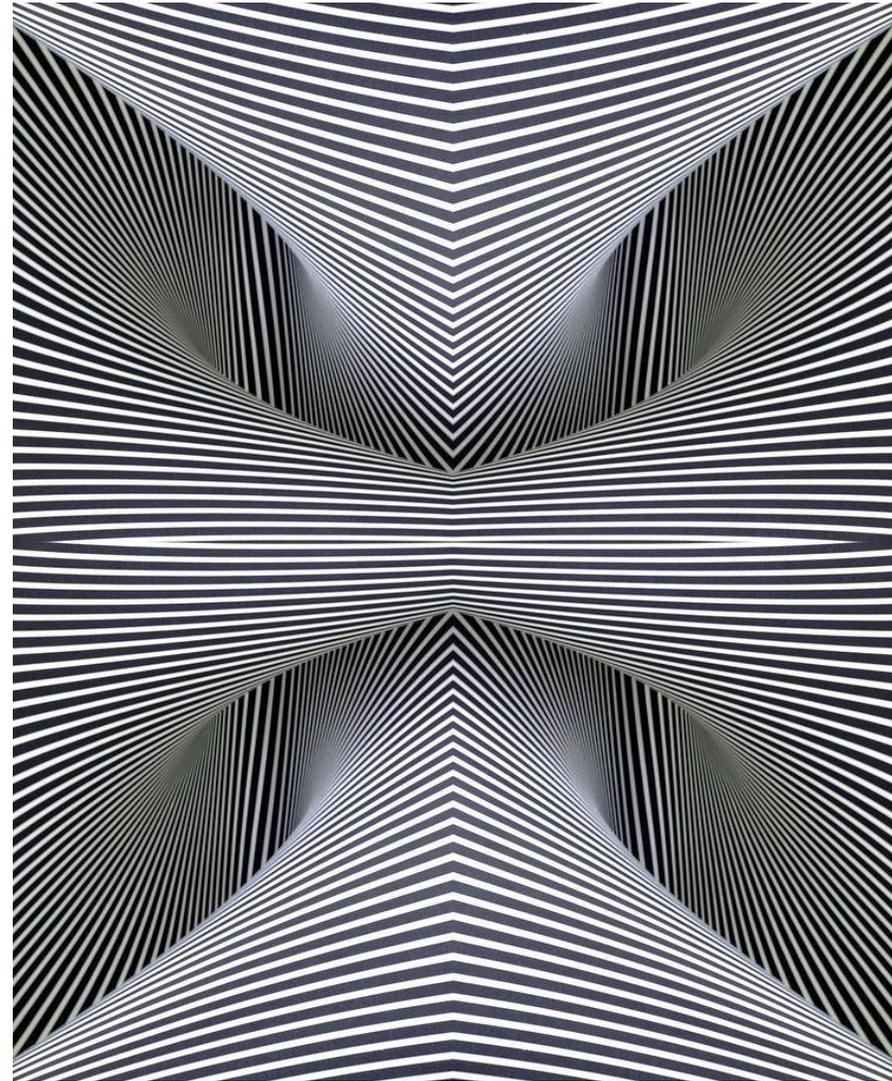
Van Amweringen et al., 2008

TRAUMA OUTCOME

- Adaptive vs Maladaptive
- Relational Mistrust
- Survival Mechanisms



An individual's **PERCEPTION** of an event as threatening is key to traumatization by the event. It's how the person experiences the event that will determine whether or not it is traumatic.



Effects of trauma include:

- Changes to the brain
- Increased physical and mental stress
- Affect Dysregulation
- Dissociation and changes in consciousness
- Changes in self-perception
- Disturbance in relationships
- Somatization
- Somatization
- Alterations in systems of meaning
- Decreased trust
- Attachment difficulties; conflictual relationships
- Hyperarousal and hypoarousal
- Rigid or chaotic behaviour

Effects of trauma are felt across the life span

Tension Reducing Behaviours:

- substance use
- suicidality
- hypersexuality
- binge eating
- overeating
- spending sprees
- self-harm (self-preservation)





How can we use a
Trauma Informed Approach
in ALL Care Settings?

The Trauma Informed Approach...

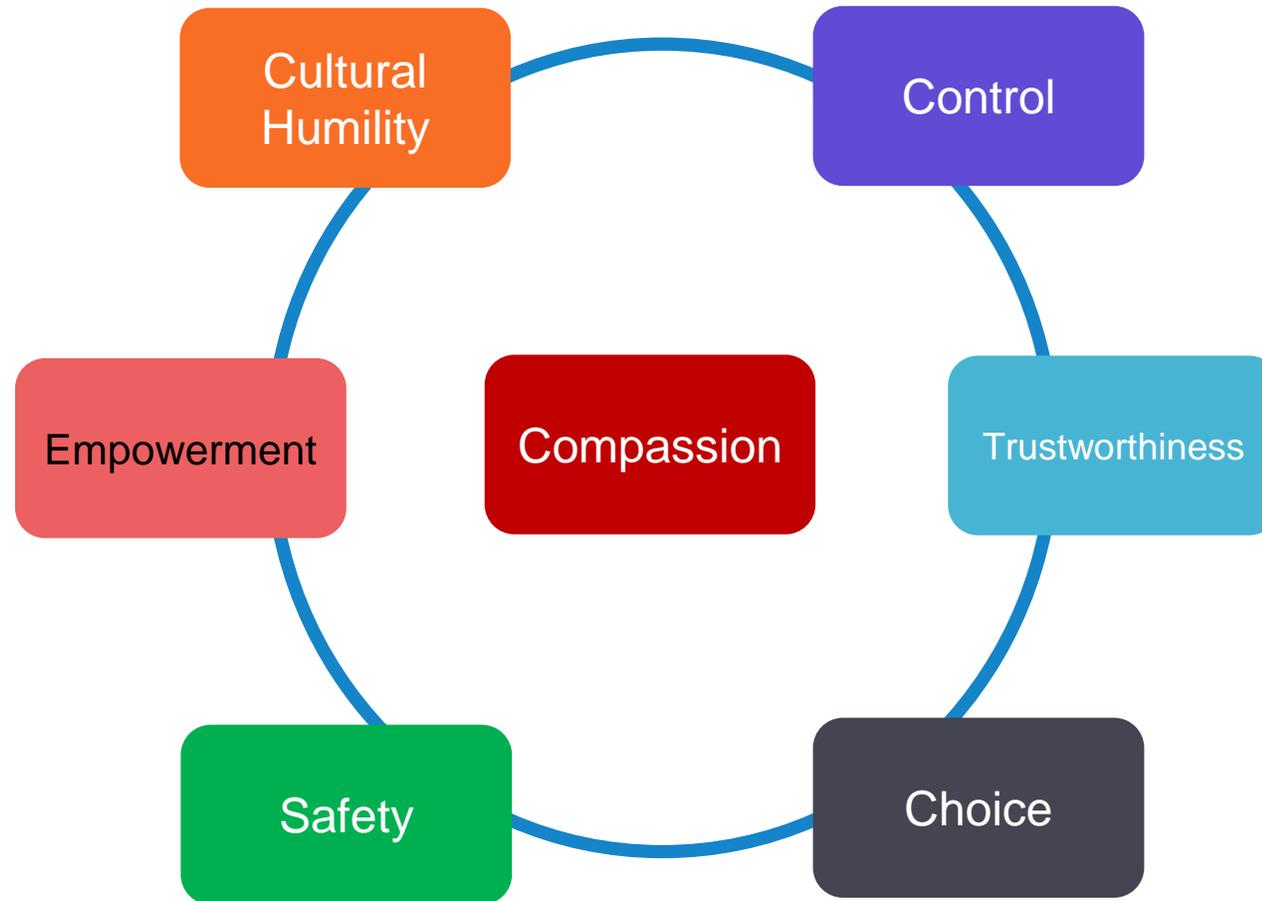
Assumes that every client/resident/patient may have experienced some form of trauma.

We don't necessarily need to question about their experiences, rather just assume a possible history of trauma.

Harvard Health



Principles of Trauma Informed Care



Fallon and Harris, 2009

Cultural Safety

*“Cultural safety is an outcome based on respectful engagement that recognizes and strives to address **power imbalances** inherent in the health care system. It results in an environment **free of racism and discrimination**, where people feel safe when receiving health care.”*

from Creating a Climate for Change
First Nations Health Authority
#itstartswithme

Cultural Humility

*“Cultural humility is a process of self-reflection to understand **personal and systemic biases** and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as **a learner** when it comes to understanding another’s experience.”*

from *Creating a Climate for Change*
First Nations Health Authority
#itstartswithme



Normalizing and validating someone who has experienced trauma can be one of the most powerful interventions that a staff can make.



Trauma Glasses – **On and Off**

Personal Account: Part 1

Sunita is a resident recently admitted to a Hospice residence during COVID-19. She has a progressive life-limiting illness. She is married, her wife's name is Rachel. She's stated that she has 'no other family'.

Upon arrival she asks that her bed be repositioned repeatedly, until she felt it was in the position she wanted.

Staff and volunteers report Sunita is constantly asking for things and asking repeated questions. In rounds it is stated that she can be brash and at times "demanding." She has raised her voice several times when she doesn't get what she's asking for.

MD orders lorazepam prn.

Personal Account: Part 2

Staff and volunteers claim that she is a “difficult resident/patient” and suggest “not give in to her demands.”

One night Sunita repeatedly pulls the call bell for the nurse. She says the nurses aren't coming to her and giving her her hydromorphone quickly enough.

Sometimes she says she is ‘waiting hours’ for help. She states that if she doesn't get it quickly, she will baracade her door, or leave the hospice.

Trauma Glasses ON: Summary

- Getting needs met in ways that have worked in the past
- Threatened, unsafe, out of control, fearful, retraumatized
- Out of her comfort zone, unfamiliar with the environment
- Depressed, alone, overwhelmed, and in ‘fawn’ of the flight or fight response
- Mistrustful, progress, repeated losses



Kintsugi: The Art of Precious Scars



iTunes
Google Podcast
iHeart Radio
Podbean
Spotify



The image shows the cover art for the 'Light House Beacon' podcast. At the top left is a circular logo featuring a lighthouse on a small island with waves. To the right of the logo, the words 'Light House' are stacked in orange and blue, and 'Beacon' is written in a large, bold, dark grey font. Below 'Beacon' is the word 'PODCAST' in a smaller, dark grey font. Underneath that is the tagline 'EXPLORING GRIEF IN CHILDREN & YOUTH' in a small, dark grey font. In the center, there are two circular portraits of a woman and a man, both smiling. The woman is on the left and the man is on the right. They are framed by yellow curved lines that resemble radio waves. Below the portraits, the text reads 'Guest | Andrea Warnick' and 'Host | Rami Shami'. At the bottom, it says 'EPISODE #: 10' and 'Exploring Inequitable Access to Children's Grief Support During COVID-19'.

Light House
Beacon
PODCAST
EXPLORING GRIEF IN CHILDREN & YOUTH

Guest | Andrea Warnick Host | Rami Shami

EPISODE #: 10
Exploring Inequitable Access to Children's Grief Support During COVID-19

Final Points

- Trauma affects how we see the world, how we interact with others, and how we cope.
- You don't need to know someone's trauma history to provide trauma-informed care.
- Trauma-informed care is person-centered care. It focuses on trust, safety and empowerment.
- Experiences of trauma can cause suffering. Our actions as healthcare providers can either help alleviate or exacerbate suffering.
- Having an understanding of structural vulnerability, harm reduction, cultural humility, safety & anti-oppressive practices will enhance your ability to provide trauma-informed care.

Wrap Up

- Please fill out our feedback survey! A link has been shared in the chat
- A recording of this session will be emailed to you within the next week
- Make sure you have the next session marked in your calendar!
 - Indigenous End of Life Care
 - May 31st, 2022 from 5-6pm ET

Thank You
See you on May 31st!



BY
 Pallium Canada

Stay Connected
www.echopalliative.com