

## *Trauma Informed Care for Persons with Dementia, Brain Failure and Cognitive Impairment*

Adopting a universal, trauma-informed approach to working with and touching persons with dementia, brain failure or cognitive impairment does not involve pre-screening for trauma of any kind. It is used **whether or not** you know that this particular person is a trauma survivor. It involves paying particular attention to a person's choices during processes or procedures that may be triggering. These procedures are used any time that a caregiver touches a patient. They may seem cumbersome at first, but they are more likely to smooth things out than slow things down. They are also part of developing a trustworthy and collaborative care environment that is open, nurturing, and safe for all patients.

*"The goal and the foundation of our intervention is building the relationship, not the task."* - Teepa Snow

### **How to provide trauma-informed care:**

#### **Assume universal precautions**

- ◆ The research shows that between 55-90% of people have experienced at least one traumatic event in their lives.
- ◆ There is no doubt that the behaviors people present with can be challenging, but these behaviors are coping strategies designed to help them survive adversity and overwhelming circumstances. They may be seeking a way to find resolution.

#### **Don't take it personally**

- ◆ The person with dementia or cognitive impairment is not being challenging or combative on purpose.
- ◆ Their reaction may have nothing at all to do with you but may have a lot to do with triggering a past experience.

#### **Sensitivity, caring and good observation skills are key.**

- ◆ **Look for clues** that the patient may be distressed. Clues may be as obvious as screaming, fighting or crying. They may also be more subtle, such as strained laughter, rapid speech, muscle tensing, sadness or emotionally "shutting down".
- ◆ **Greet the person.** Approach them from the front. Call them by name if you know it. Get at eye level, and if they are sitting try to sit, too. Smile and offer a handshake using the hand under hand method.
- ◆ **Briefly explain** what you plan to do using simple language before you start. As you proceed, explain each step **before** you do it and tell the patient why you are doing it in simple, everyday language. This is particularly important for invasive or potentially uncomfortable procedures, such as personal care, insertion of urinary catheters, feeding tubes, suppositories, enemas, etc. 800.707.8922 | hospicewr.org

- ◆ **Ask one question at a time** and allow up to 20 seconds for a response. Watch for reactions to what you are saying: do they seem calm and approving or distraught and fearful?
- ◆ **Tell the patient about the touch you are about to do before you do it and** check in afterwards. For example, *“I’m wetting this washcloth with warm water and soap. I am going to wash your groin area now -- your private parts. Tell me if it’s too warm or too cold.”* Avoid asking if “that’s ok”, as people with dementia will often say “no” when asked a yes or no question. Use hand under hand techniques whenever possible to offer the person a greater sense of control. Listen and watch for verbal and non-verbal responses – learn together what feels safe to the patient and what does not. Remember that a negative reaction to personal care may indicate fear, discomfort or even pain. For patients with pain, ensure that medications are given well in advance of providing care.
- ◆ If a person is agitated and talking in what might appear to make no sense, **repeat the phrase at the same tempo and cadence, and show concern.** For example, if the person is saying *my baby, my baby, my baby* with pressured speech. Repeat back at the same cadence but with worry and concern - *my baby, my baby, my baby?*
- ◆ **Take more time with patients who need more time.** This is part of person-centered care and trauma-informed care. If your schedule does not allow you to take more time, talk to your clinical supervisor about the needs of the patients in your care.
- ◆ **Meet them in their “space.”** Gaining trust may take a little bit of time. Demonstrate that you will be respectful of their space. Don’t make them feel like your care is intrusive. If they resist, STOP and reassess the situation. Explain the plan again and approach at a slower pace.