Housekeeping

- Please ensure microphones are muted and during presentation cameras are turned off.

- The event will be recorded and shared.

- The webinar recording and presentation will be circulated and uploaded on to the website following the event.

- If you have any questions during the session then please use the chat facility. We will attempt to address questions, if we can't then we will follow up after the event.

- Please also use the chat facility to inform us of any technical issues as this will be monitored closely throughout by one of the EnCOP team.

- Occasionally you may have difficulty seeing or hearing video clips that are played, this will usually be due to your own device or software settings and not something we can influence during the webinar session. Please be assured all content will be shared following the event so you will have an opportunity to view afterwards.

- If you need to take a break at any time throughout the session please feel free to do so.
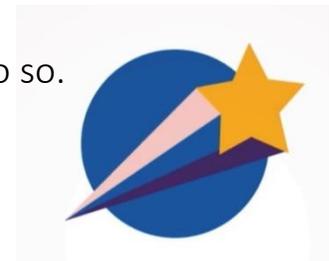
Session Aim & Linked Competencies

Aim: To increase awareness and understanding of Trauma Informed Care to support older people with mental health and wellbeing

Linked EnCOP Domains:

Domain A: Values, Attitudes and Ethical Practice
Domain B: Evidence Based Care : Supporting learning, leadership and improving care for older people
Domain C1: Partnership working and communication with older people, families and others
Domain D2 : Ageing Well: Assessing, planning , implementing and evaluating care and support with older people
Domain D3 : Ageing Well : Promoting & Supporting Independence, Autonomy & Community Connectivity for Older People
Domain D5: Ageing Well: Promoting and supporting holistic psychological health and wellbeing with older people

A little about me…

A little about where I work and what we do….

Session aims:

- To develop a better understanding of the development of personality and how different people develop.
- Have an understanding of trauma and adversity
- Have an understanding of Trauma Informed Care and how we can apply it

With YOU in mind

Trigger Warning

With YOU in mind

What is Personality?

The word 'Personality' refers to the collection of characteristics or traits that we have developed as we have grown up and which make each of us an individual. These include the ways that we:

- think

- feel

- behave

Individuals with Personality disorders/ complex emotional needs

- Personality disorder refers to disturbances within a person's personality and behaviour, which can make it difficult for them to live with themselves and/or other people and negatively impacts on their social functioning and relationships.

- Personality disorders can have a significant impact on the ability to respond to life stresses.

- People with a personality disorder can feel stigmatised because of this diagnosis and some prefer the use of the term having complex emotional needs instead

With YOU in mind

Diagnosis of Personality disorders

Diagnosis of personality disorder in older adults is done using the history

From childhood and early teens, it has been difficult to:

- make or keep close relationships
- get on with people at work
- get on with friends and family
- keep out of trouble
- control their feelings or behaviour
- listen to other people

With YOU in mind

Barriers to diagnosis

Barriers to diagnosis of a Personality disorder in older adult

- Lack of co-informant or co-informant has little knowledge of older adults' early life

- Cognitive impairment of patient and/or co-informant

- Co-informant's attitude (e.g. shame, minimisation, embarrassment, guilt) can affect their account

- Severe physical illness in the older adult

- Reluctance of care team to make the diagnosis

With YOU in mind

Reasons for presentation

Why personality disorders may present in later life

- They may loose the significant other who has contained or compensated for the personality disorder in the other person
- A move to long term care
- Loss of a stabilising situation
- Increased use of alcohol and prescription drugs
- Retriggering of trauma
- Bereavement and losses including loss of jobs/ roles
- Difficulty in adapting to ageing

With YOU in mind

Challenges for the older adult

Challenges for an older adult with personality disorder

- Worse physical functioning

- Greater use of medication

- More unstable/brief relationships

- More likely to have other mental health difficulties, like depression and anxiety

- Increased chances of being discharged to a residential placement and ongoing challenges with forming relationships with carers

- Less responsive to treatment for any of their other mental illnesses

- Older adult with Personality Disorder make up 44% of completed suicides

With YOU in mind

Challenges for the teams

Challenges for the teams caring for an older adult with personality disorder

- Staff receive a lot more calls from this cohort
- They may repeatedly ask for prescription medication
- They may have frequent attendances to A&E departments
- The increased somatization and demands for care from staff/ family can lead to team frustration and longer admissions
- They can lead to splitting among the team members (this is when staff begin disagreeing amongst themselves about the best way to support the person)

With YOU in mind

Labels: A service user perspective

"The first label I had was when I first become ill and I was in an abusive marriage. My diagnosis was a "hysteric" which gave my husband every freedom to continue the abuse because he was doing it for "me". I've been labelled schizophrenia, psychosis, bipolar, depression, attention seeking, personality disorders of whatever kind was in favour at the time and none of them actually felt right to me. Depression yes. But it wasn't until probably only 15 years ago that the Consultant that I had at that time recognised that what was happening to me was trauma based and that it was PTSD. That was the first time I felt comfortable with a label. Cos it wasn't just something being imposed on me, it was something understanding of what had been happening to me through my life."

Service user, March 2021

With **YOU** in mind

Why does it matter?

"This consensus statement is a call to action to stop the appalling treatment which people given a diagnosis of Personality Disorder too often experience. This needs to stop now. It is intolerable that the services we offer do not meet the needs of this group of people when small changes could make such a difference …… It is vital that Government and the NHS grasps the urgency of this."

(Lamb, Sibbald and Stirzaker, 2018).

With YOU in mind

NHS Long Term Plan

Severe Mental Health Problems:
A new community-based offer will include access to psychological therapies,
improved physical health care……trauma informed care.

With YOU in mind

What is Trauma?

*Trauma results from an **event**, series of events, or set of circumstances **experienced** by an individual as physically or emotionally harmful or life-threatening with lasting adverse **effect** on a person's functioning and mental, physical, social, emotional, or spiritual wellbeing.*

The Three E's in Trauma

Events

Experience

Effects

Events/circumstances cause trauma.

An individual's *experience* of the event determines whether it is traumatic.

Effects of trauma include adverse physical, social, emotional, or spiritual consequences.

Caring | Discovering | Growing | **Together** With YOU in mind

Examples of Trauma and Adversity

- Childhood neglect

- Physical Abuse: physical aggression and violence

- Psychological Abuse: hostility; excessive criticism; inappropriate or excessive demands; routine humiliation; ignoring or withholding communication

- Sexual Abuse as a child or as an adult

- Domestic violence – experiencing as an adult, or witnessing as a child

- Sudden unexplained separation from someone you love

- A family member with a mental health or substance misuse problem

- Experiencing or witnessing violence, abuse, maltreatment

- War or terrorism

- Natural or human disasters and enforced displacement

- Poverty, discrimination, historical trauma

With YOU in mind

Adverse Childhood Events (ACEs)

ACE Examples:
- Physical abuse
- Sexual Abuse
- Emotional Abuse
- Living with someone who abused drugs
- Living with someone who abused alcohol
- Exposure to domestic violence
- Living with someone who has gone to prison
- Living with someone with serious mental illness
- Losing a parent through divorce, death or abandonment

Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.
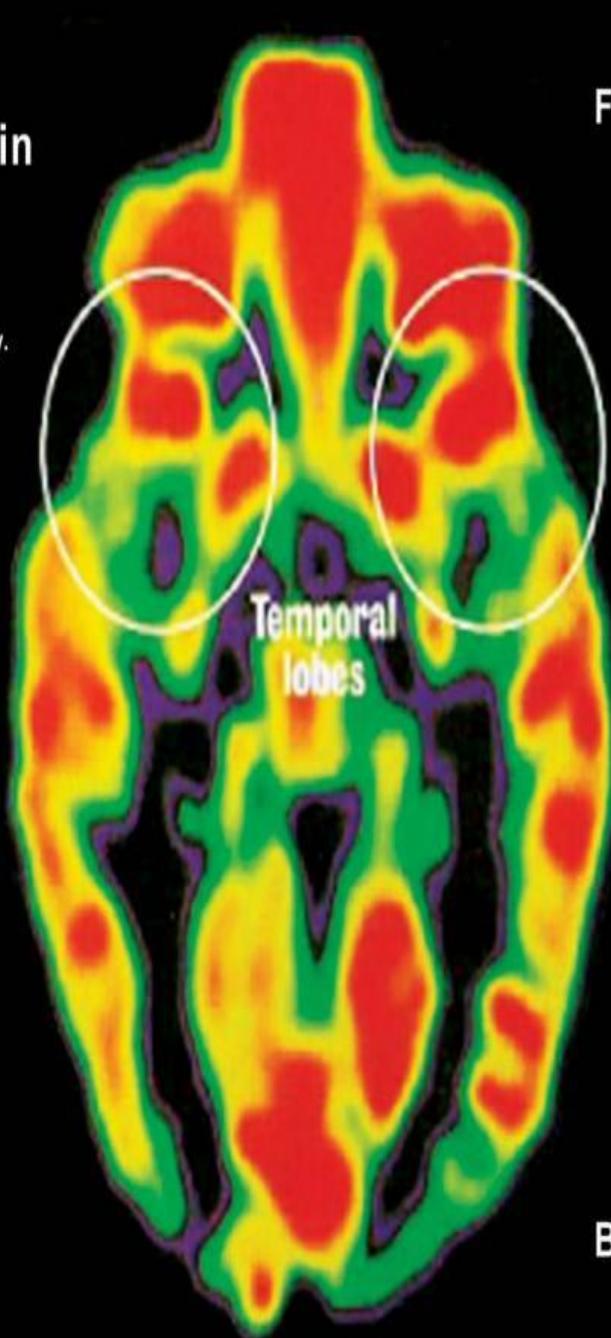
Front

An Abused Brain

This PET scan of the brain of a Romanian Orphan, who was instutionlized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top),which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.
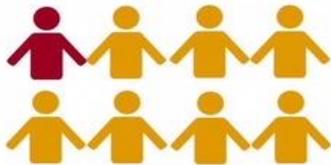
Temporal lobes

Temporal lobes

Back

MOST ACTIVE   LEAST ACTIVE

With YOU in mind
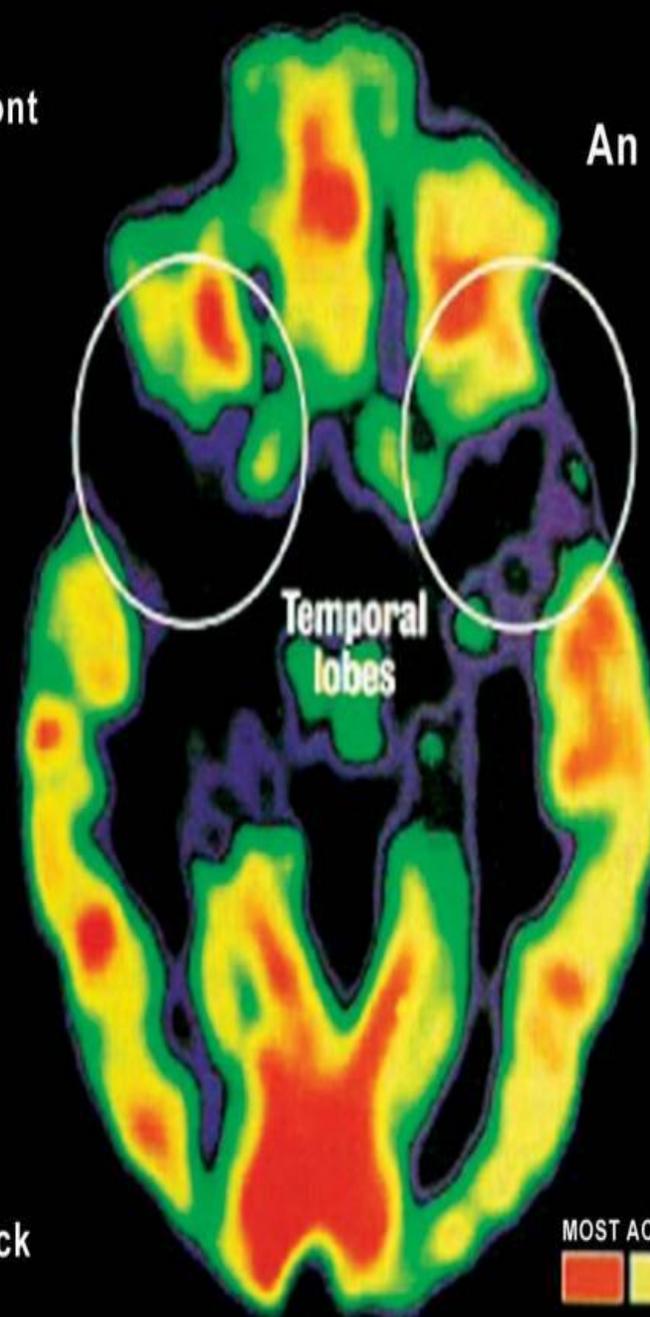
Adverse Childhood Experiences

Traumatic events that can have negative, lasting effects on health and wellbeing

4 or more ACEs

3x the levels of lung disease and adult smoking

14x the number of suicide attempts

4.5x more likely to develop depression

11x the level of intravenous drug abuse

4x as likely to have begun intercourse by age 15

2x the level of liver disease

Abuse
- Emotional abuse
- Physical abuse
- Sexual abuse

Neglect
- Emotional neglect
- Physical neglect

Household Challenges
- Domestic violence
- Substance abuse
- Mental illness
- Parental separation / divorce
- Incarcerated parent

> **Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today**
>
> Dr. Robert Block, the former President of the American Academy of Pediatrics

67% of the population have at least 1 ACE

People with 6+ ACEs can die

20 yrs earlier than those who have none

1/8 of the population have more than 4 ACEs

Pyramid (bottom to top)
- Adverse Childhood Experiences
- Disrupted Neurodevelopment
- Social, Emotional, Cognitive Impairment
- Adoption of Health-risk Behaviours
- Disease, Disability, Social Problems
- Early Death

Lifespan
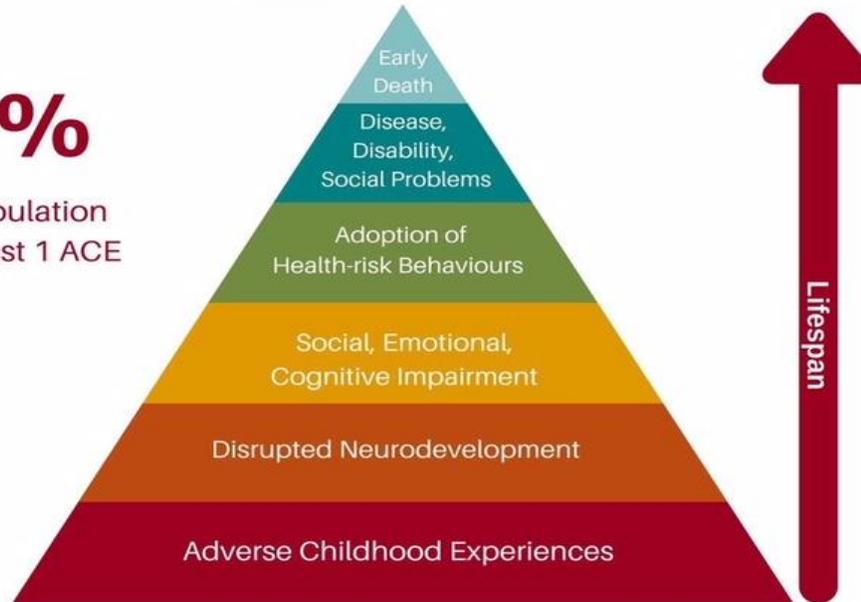
www.70-30.org.uk
@7030Campaign

With YOU in mind

Impact of ACE's

- Childhood trauma and the brain
  - [Childhood Trauma and the Brain | UK Trauma Council – YouTube](#) (5mins)

With **YOU** in mind

Trauma Impact

- Research tells us that most of us 55-90% will have experienced at least one traumatic event

- Trauma is a widespread harmful and costly public health concern
  - Impact on physical health, mental health and well being
  - Lost employment, presenteeism (at work but poor functioning), reduced productivity
  - Impact across families and generations

- The need to address trauma is now recognised as a fundamental component of healthcare delivery

With YOU in mind

Trauma Impact

- Substance Abuse and Mental Health Services Administration (SAMHSA)
  - Development of a shared concept and framework of trauma and a trauma informed approach
  - Adopted globally
- Organisations often inadvertently re-traumatise people
  - A TI approach aims to resist re-traumatisation of service users as well as staff
- Staff who are TI learn to recognise how practices and/or policies may re-traumatise those with trauma history
  - i.e. placing a child in a seclusion room who has a history of neglect/abandonment
  - Using restraint with someone who has been sexually abused

Trauma and Older Adults

- OA likely to have experienced one or more traumatic/adverse events across their lifetime
- Impact does not disappear with age
- Trauma associated with ageing process
  - including the loss of loved ones, of their own capacities (physical and mental), loss of roles and identity and of their home, and increased dependence on caregivers.
- Neglect and elder abuse
- Additional complexities e.g. dementia
  - Past becomes the present….

With YOU in mind

Trauma Informed

An organisation or system that is trauma-informed recognises the widespread impact of trauma, recognises a trauma response in clients, families, staff and others involved with the system; and responds to their need with compassion and strives to integrate knowledge about trauma into policies, procedures and practices to actively resist re-traumatisation.

Principles of Trauma Informed Care

Principles of TIC

- **Safety**
  - Ensuring the physical and psychological/emotional safety of service users and staff
  - Consider triggers!

People who have experienced traumatic life events can be *very sensitive* to situations that remind them of their traumatic experiences

These reminders, or "triggers", may cause a person to re-live the trauma, placing the brain on "**high alert**" for threat.

Triggers can be known, but are often unknown

Similarities that may "trigger" include:
- Physical/ Sensory (smells, sounds, sights)
- Situational (closed door, being alone with someone)
- Emotional (feeling afraid, trapped, powerless)
- Relational (vulnerable, loss of control, unpredictable)
- Sensation (pain, discomfort, tension)

With YOU in mind

Principles of TIC

- **Trust and Transparency**
  - Transparency in decisions and processes with goal of building and maintaining trust

- **Peer Support**
  - Refers to those with lived experience of trauma
  - Peer support key in establishing safety, hope, building trust and collaboration
  - Utilising stories and lived experience to promote recovery and healing

With YOU in mind

Principles of TIC

- **Collaboration & Mutuality**
  - Emphasis on partnership working and breaking down power dynamics
  - Relationships key to healing and recovery

One does not have to be a therapist to be therapeutic

With YOU in mind
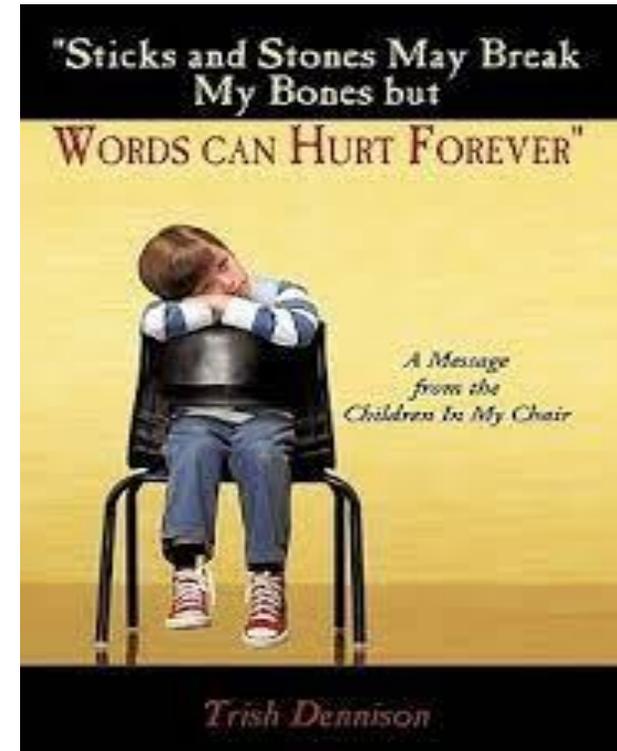
Principles of TIC

- **Empowerment, voice and choice**
  - Strengths and experiences recognised and built upon
  - Understanding of role if power and how used to influence control and coercion
  - Promotion of individual agency, resilience
  - Facilitation of choice, control, shared decision making
  - Facilitators of recovery rather than controllers of recovery

- **Cultural, historical and gender issues**
  - Organisation actively moves past cultural stereotypes and cultural biases. Gender responsive services, Policies, protocols and practice are responsive to such needs

With YOU in mind

Barriers to TIC in Mental Health Service

- Many systemic barriers that can make engaging in TIC approaches difficult
  - Austerity
  - Paperwork
  - Continuous change
  - Staff burnout
- Organisation / team culture
- Dominance of /over reliance on medical models

With YOU in mind

Trauma Sensitive Language

- Language matters and has power
- We need to be aware what we are communicating and the intent of our words
- Awareness of the words we choose and the tone we use
- Avoid labels
- Use their preferred terms i.e. victim / survivor – ask!
- No jargon
- No judgement
- Challenge harmful language in others

"Sticks and Stones May Break My Bones but WORDS CAN HURT FOREVER"

A Message from the Children In My Chair

Trish Dennison

With YOU in mind

Trauma Sensitive Language

Harmful	Trauma Informed
What's wrong with you	What has happened to you?
Maladaptive behaviours	Survival skills / ways of coping
They're PD	X has happened to them and they struggle to regulate their emotions
They're attention seeking	They're trying to connect
They're manipulative	Trying to get their needs met
Don't get upset	It's okay to be sad

With YOU in mind

Helpful/Unhelpful ways to respond to disclose

Helpful

- Listen
- Give time
- Show empathy
- Don't rush to 'fix' – allow the person to express their emotions
- Validate
- Ask them if there is anything you can do for them

Unhelpful

- Doubting them
- Probing for more information
- Rushing in to 'fix'
- Rushing to redirect the conversation
- Panic or display shock
- Get angry or upset on their behalf
- Trying to touch them

With YOU in mind

TI Services / Practice

TI Practice

- All staff have understanding of trauma and it's impact
- 'Think trauma' approach
- Use of TI formulation
- TI language
- TI care plans
- Empowering voice and choice
- Doing with not doing to
- Assessment/screening
- Learning about the person and their experiences
- **Ensuring safety** – physical and emotional

Non TI

- Lack of trauma understanding
- Over reliance on medical models
- Diagnostic labelling
- Blanket approaches
- Control not choice
- Lack of trauma informed interventions
- Lack of psychological safety with staff

With YOU in mind

Thank you/Questions?

A huge thank you to Dr Sarah Straughan (Consultant and Lead Clinical Psychologist).

With YOU in mind

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- Late-onset personality disorder: a condition still steeped in ignorance   Peter Tyrer & Robert Howard BJPsych Advances (2020), vol. 26, 219–220 doi: 10.1192/bja.2020.19

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- "Shining lights in dark corner of people's lives", Lamb, Sibbald and Stirzaker (2018)

With YOU in mind

Thanks

Ideas for Learning Consolidation & Competency Conclusion

Consolidating Learning:

Reflection on the session & considering application to practice & what this means 'your people'

- Think about this session in relation to your own role

- How much of this was revision?

- What have you learned today ?

- How will this help you in your role ?

- Think about your EnCOP self–assessment; consider which performance indicators this session may relate to and how this can be used as part of your own development / competency achievement.

A: Values, Attitudes and Ethical Practice
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Domain D3 : Ageing Well : Promoting & Supporting Independence, Autonomy & Community Connectivity for Older People
D5: Ageing Well: Promoting and supporting psychological health and wellbeing with older people

Enhanced Care for Older People
Learning Session Number 25

TO BE CONFIRMED

SAVE THE DATE

EnCOP
Enhanced Care for Older People

Feedback about today's session and any future sessions you may like to see included in our webinar series....

All feedback welcomed; You may want to consider the following –

Was it easy to book onto the session?
Did you find the session went well in this online format ?
Was the content of the session relevant to your area of practice / job role?
Did you enjoy the session?

Thinking about future webinar's, which topics linked to older person's care would you be most interested in?
Please put any suggestions in the chat.

Please comment in the chat today or feel free to email us: ghnt.encop@nhs.net

More information can be found within the Frailty icare website

www.frailtyicare.org

Our EnCOP pages are located in the workforce section

EnCOP Library of Learning & Development Resources can be found at:
http://frailtyicare.org.uk/making-it-happen/workforce/enhanced-care-of-older-people-with-complex-needs-encop-competency-framework/encop-learning-resources/learning-resources/