

### Topic Description

This federally required topic provides information about the care and services provided by staff to ensure they are trauma-informed and culturally competent.

### Learning Objectives:

- Recall the definitions of cultural competency and trauma-informed care.
- Describe the principles of trauma informed care.
- Explain the impact of culture and cultural preferences on the provision of care.

### Definitions

**Cultural Competency:** Cultural competencies help staff communicate effectively with residents and their families and help provide care that is appropriate to the culture and the individual. Cultural competence (also known as cultural responsiveness, cultural awareness, and cultural sensitivity) refers to a person's ability to interact effectively with persons of cultures different from their own. With regard to health care, cultural competence is a set of behaviors and attitudes held by staff that allows them to communicate effectively with individuals of various cultural backgrounds and to plan for and provide care that is appropriate to the culture and to the individual.

**Trauma-Informed Care:** An approach to delivering care that involves understanding, recognizing and responding to the effects of all types of trauma. 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 effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being.

### Principles of Trauma Informed Care

#### **The Three E's of Trauma: Event(s), Experience, Effect**

**Events** and circumstances may include actual or extreme threats of physical or psychological harm (i.e. natural disasters, violence, etc.). These events and circumstances may occur as a single occurrence or repeatedly over time. Traumatic events impact an individual's health.

The individual's **experience** of these events helps to determine whether it is a traumatic event. A particular event may be experienced as traumatic for one individual and not another (e.g., one refugee may experience fleeing one's country differently from another refugee; one military veteran may experience deployment to a war zone as traumatic while another veteran is not similarly affected).

The long-lasting adverse **effects** of the event are a critical component of trauma. These adverse effects may occur immediately or may have a delayed onset. The duration of the effects can be short or long term. Examples of adverse effects include an individual's inability to cope with the normal stresses and strains of daily living; to trust and benefit from relationships; to manage cognitive processes, such as memory, attention, thinking; to regulate behavior; or to control the expression of emotions.

# Trauma Informed Care / Culturally Competent Care

## The Six Key Principles of Trauma-Informed Care

1. **Safety** – Ensuring residents have a sense of emotional and physical safety.
2. **Trustworthiness and Transparency** – Efforts to establish a relationship based on trust, and clear and open communication between the staff and the resident.
3. **Peer Support** – If practicable, it may be appropriate to assist the resident in locating and arranging to attend support groups which are organized by qualified professionals.
4. **Collaboration** – Emphasis on partnering between residents and/or his or her representative, and all staff and disciplines involved in the resident's care in developing the plan of care. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making.
5. **Empowerment, Voice, and Choice** – Ensuring that resident's choice and preferences are honored and that residents are empowered to be active participants in their care and decision-making, including recognition of, and building on resident's strengths.
6. **Cultural, Historical and Gender Issues**– Moving past cultural stereotypes and bias (e.g. based on race, ethnicity, sexual orientation, age, religion, gender identity, geography, etc.)

## Impact of Culture and Cultural Preferences for Care Delivery

Staff awareness of the impact of culture and cultural preferences on the provision of care is essential. Staff need an understanding of the cultural norms and practices of the individuals they care for. For example, in some cultures, it may be considered taboo to direct care at end of life; or in other cultures care must be provided by caregivers of the same sex as the resident.

In order to provide culturally competent care, staff must understand the cultural preferences of the individual and how it impacts the delivery of care. A key component is identifying how to communicate with the resident, in order to be able to identify physical concerns and issues, and for developing a trusting relationship with staff. For example, if the resident is non-English speaking, or has limited understanding of English, staff should identify how communication will occur with the resident.

There are many aspects of cultural preferences which may impact the delivery of care, such as:

- Food preparation and choices;
- Clothing preferences such as covering hair or exposed skin;
- Physical contact or provision of care by a person of the opposite sex; or
- Cultural etiquette, such as avoiding eye contact or not raising the voice.
- Offering activities that are culturally relevant to resident populations within the facility;
- Group activities with both sexes may not be permitted or appropriate in some cultures, or the type of programming may be in conflict with cultural preferences;
- Providing reading materials, movies, newspapers in the resident's preferred language may help orient a resident to date, times and events;
- Allowing the performance of religious rites at end of life to the extent possible; and
- Certain medications, procedures or treatments may be prohibited.

# Trauma Informed Care / Culturally Competent Care

## Knowledge Check

1. Actual or extreme threats of physical or psychological harm which occur as a single occurrence or repeatedly over time is know as:
  - a. Safety Threat
  - b. Trauma
  - c. Violence
  - d. Unfortunate Experience
  
2. In order to provide culturally competent care, staff must understand the cultural preferences of the individual and how it impacts the delivery of care.
  - a. True
  - b. False
  
3. Examples of adverse effects from trauma include:
  - a. An individual's inability to cope with the normal stresses and strains of daily living
  - b. An individual's inability to trust and benefit from relationships
  - c. An individual's inability to manage cognitive processes, such as memory, attention, thinking
  - d. All of the above