

# Understanding Trauma-Informed Care for APS Supervisors

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## Participant Manual

Virtual Course



The Academy for Professional Excellence is a project of the San Diego State University School of Social Work



**This training was developed by the Academy for Professional Excellence,  
with funding from the California Department of Social Services, Adult  
Programs Division.**



**Curriculum Developer, 2022  
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## **INTRODUCTION**

### **THE ACADEMY FOR PROFESSIONAL EXCELLENCE**

We are pleased to welcome you to Understanding Trauma-Informed Care for APS Supervisors in APS, developed by Adult Protective Services Workforce Innovations (APSWI), a program of the Academy for Professional Excellence under a grant from the California Department of Social Services, Adult Programs Division.

The Academy for Professional Excellence, a project of San Diego State University School of Social Work, was established in 1996 to provide exceptional workforce development and organizational support to the health and human services community by providing training, technical assistance, organizational development, research, and evaluation. Serving over 20,000 people annually, the Academy continues to grow with new programs and a diversity of training focused on serving the health and human services community in Southern California and beyond.

The Academy is a project of San Diego State University School of Social Work (founded in 1963), which offers both a bachelor's and master's degree in Social Work. The School of Social Work at San Diego State University was founded in 1963 and has been continuously accredited by the Council of Social Work Education since 1966.

APSWI is a program of the Academy for Professional Excellence. APSWI is designed to provide competency-based, multidisciplinary training to Adult Protective Services professionals and their partners. APSWI's overarching goal is the professionalization of Adult Protective Services professionals to ensure that abused and vulnerable older adults and adults with disabilities receive high quality, effective interventions and services.

In partnership with state and national organizations, APSWI is developing a national APS Supervisor Core Competency Training Curriculum. This curriculum is developed, reviewed and approved by experts in the elder and dependent adult abuse fields.

APSWI's partners include:

- National Adult Protective Services Association (NAPSA) Education Committee
- California Department of Social Services (CDSS), Adult Programs Division
- County Welfare Directors Association of California (CWDA), Protective Services Operations Committee (PSOC)

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## **ACKNOWLEDGEMENTS**

This training is the result of a collaborative effort between Adult Protective Services administrators, supervisors, staff development officers and workers across the state and the nation; professional educators; and the Academy for Professional Excellence staff members. APSWI would like to thank the following individuals and agencies:

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California Department of Social Services, Adult Programs Division  
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**EXECUTIVE SUMMARY**

***UNDERSTANDING TRAUMA-INFORMED CARE FOR APS SUPERVISORS***

There are critical intersections between adult maltreatment and trauma over the life course and research, practice, and training for caseworkers and supervisors from a trauma-informed framework is crucial. Join us for this interactive, foundational training on a trauma-informed framework for APS supervisors. We'll learn about a trauma-informed care approach from biological, programmatic, and policy levels. We'll explore the definition of trauma, the ACEs study and its impact on our understanding of trauma across the lifetime, the link between trauma and adult maltreatment, and some practical tips and tools for you and your staff to use on the job.

**Virtual Training:**

- The following virtual instructional strategies are used throughout the course: short lectures (lecturettes), interactive activities/exercises including breakout groups, chat box discussions, large group discussions, self-reflection, poll options, and individual practice. PowerPoint slides and role-playing/demonstrations are used to stimulate discussion and skill development.
- Participants will need access to a computer with video conferencing capability and be able to connect to the virtual platform being used to deliver this training. A headset or earbuds with microphone and a video camera are highly encouraged. Participant Manual is a fillable PDF if using Adobe Acrobat. Participants are encouraged to either print a hard copy or ensure access to Adobe Acrobat to allow for highlighting, typing in comments and filling out worksheets.

**Course Requirements:** Completion of the entire module is required to receive course completion credit.

**Target Audience:** This workshop is intended for new supervisors or experienced staff who may require a refresher.

**Outcome Objectives for Participants:**

By the end of this training, participants will be able to:

- Explain SAMHSA's trauma-informed three-part model, and how trauma can lead to neuro-dysregulation.
- Describe the relationship between Adverse Childhood Experiences (ACEs) and trauma in early life, and elder abuse, adult disease, disability, and early death.



- Identify the ways trauma impacts people throughout their lifespans, the signs of trauma in older adults and adults with disabilities, and best practices for asking about exposure to trauma.
- Distinguish between a threat to physical safety and a risk to emotional security using a decision tree; and
- Apply trauma-informed care principles to safety screening and safety planning.


**COURSE OUTLINE**

<b>CONTENT</b>	<b>MATERIALS</b>	<b>TIME</b>
<b>WELCOME, INTRODUCTIONS, &amp; COURSE OVERVIEW</b>		20 minutes
Welcome, Housekeeping, Technology Overview, and Introductions	Lecture Slides 1-7	18 minutes
Learning Objectives	Lecture Slide 8	2 minutes
<b>WHAT IS TRAUMA?</b>		45 minutes
What is Trauma, Trauma Defined	Lecture Slides 9-10	2 minutes
SAMHSA's 3 Part Model	Lecture Slide 11	3 minutes
Mrs. X Case Study	Activity# 1 Slides 12-13	30 minutes
Neuro-Dysregulation	Lecture Slide 14	2 minutes
Polling Questions	Polling Activity Slides 15-17	8 minutes
<b>BREAK</b>		10 minutes
<b>ACEs (ADVERSE CHILDHOOD EXPERIENCES)</b>		40 minutes
ACEs and Understanding Childhood Trauma	Lecture Slides 18-20	7 minutes
Historical Collective Trauma and Trauma Among Adults with Disabilities	Lecture Slides 21-28	11 minutes
The ACEs Ratio of Risk Scale	Lecture Slide 29	5 minutes
Clinical Implications and Adult Disease	Lecture Slides 30-34	10 minutes
Polling Questions	Polling Activity Slides 35-37	7 minutes
<b>TRAUMA ACROSS THE LIFESPAN</b>		50 minutes
Developmental Traumatology and the Intersection of APS and Trauma Informed Care	Lecture Slides 38-41	10 minutes

Decision Tree Polling Activity	Polling Activity Slide 50	10 minutes
Safety Talk Screening Activity	Partner Activity # 4 Slides 51-52	25 minutes
Safety Talk Planning in the Moment	Lecture Slide 53	4 minutes
Transfer of Learning	Lecture Slide 54	2 minutes
Written Statement of Commitment	Lecture Slide 55	1 minute
<b>WRAP-UP AND EVALUATIONS</b>		<b>25 minutes</b>
Conclusion	Lecture Slide 56	3 minutes
Closing Thoughts	Lecture Slide 57	7 minutes
Delta/Plus, Evaluations, Thank you	Evaluations Slides 58-60	15 minutes
<b>Total Time (Including Breaks)</b>		<b>4 hours</b>
<b>TRANSFER OF LEARNING</b>	On Own	<b>30 minutes</b>

# UNDERSTANDING TRAUMA-INFORMED CARE FOR APS SUPERVISORS

# PARTICIPANT MANUAL


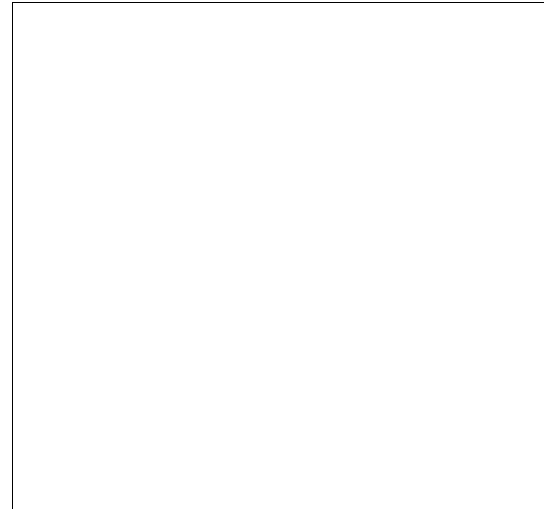


**APSWI**  
Adult Protective Services  
Workforce Innovations

**APS Supervisor Core:**  
Understanding Trauma-Informed  
Care for APS Supervisors

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We create experiences that transform the heart, mind, and practice.



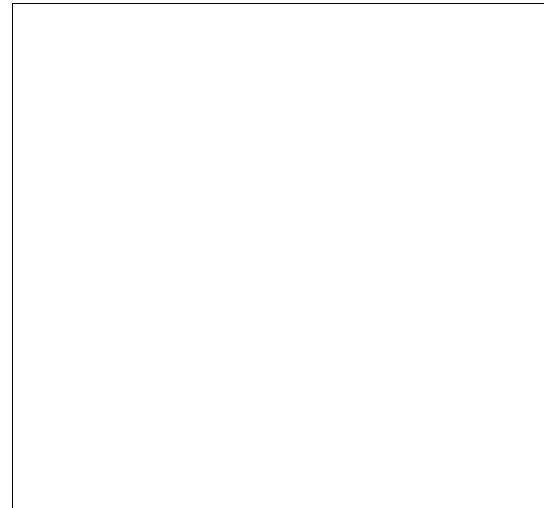
**About the Academy & APSWI**

The Academy is a project of San Diego State School of Social Work. Serving over 20,000 health and human services professionals annually, the Academy's mission is to provide exceptional workforce development and learning experiences for the transformation of individuals, organizations and communities.



APSWI, or Adult Protective Services Workforce Innovations, is a training program of the Academy that provides innovative workforce development to APS professionals and their partners.

ACADEMY PROGRAMS

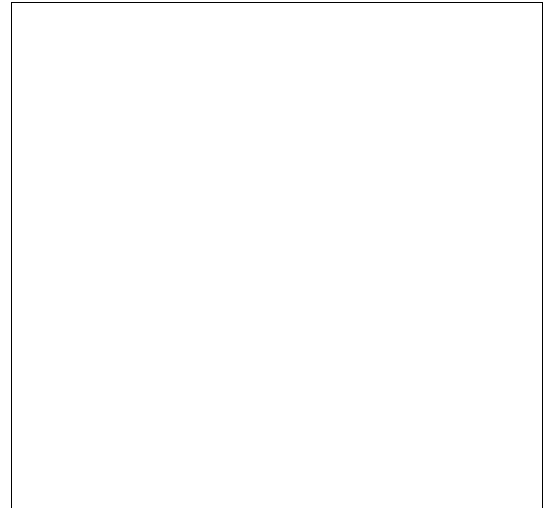
**About APSWI & The Academy**

- Adult Protective Services Workforce Innovations (APSWI)
  - Training program of the Academy for Professional Excellence, a project of the San Diego State University School of Social Work.
  - APSWI provides innovative workforce development to APS professionals and their partners.
  - The Academy provides workforce development and learning experiences to health and human service professionals.

Academy Programs include:



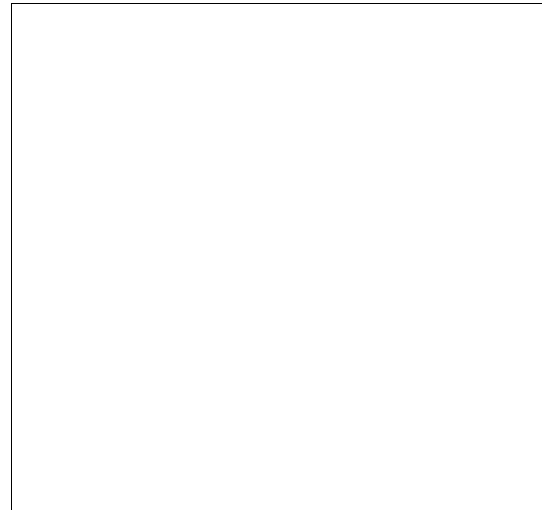

We create experiences that transform the heart, mind, and practice.



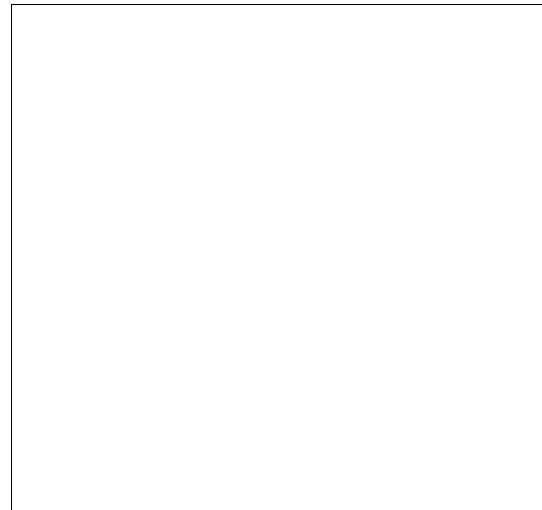
Housekeeping



- Video Camera
  - Option to hide "self view"
- Mute, unmute
- Chat box
- Reactions:
  - Thumbs up, clap, raise hand, heart emoji, etc.
- If you must step away
  
- Potential technical glitches



What are some of the benefits, skills, tools or tips you hope to gain by the end of the training?

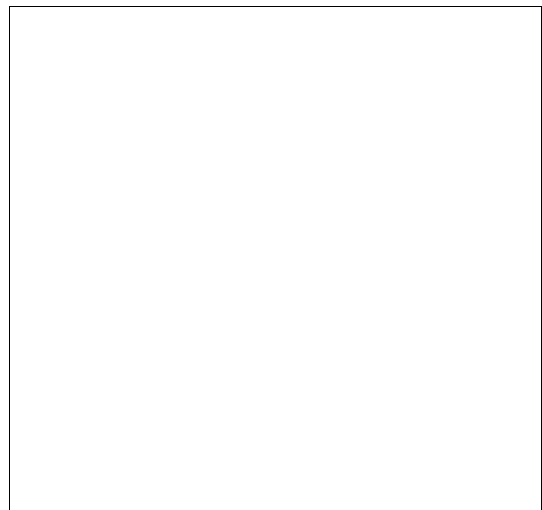


Introduction



The population we serve

has lived through a traumatic experience

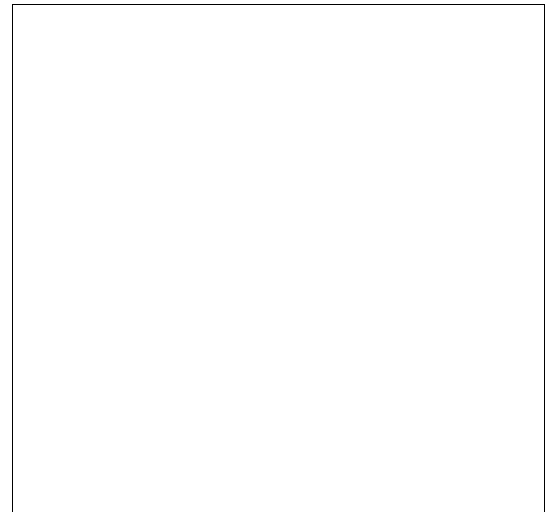


Introduction



## Trauma-informed framework for APS supervisors


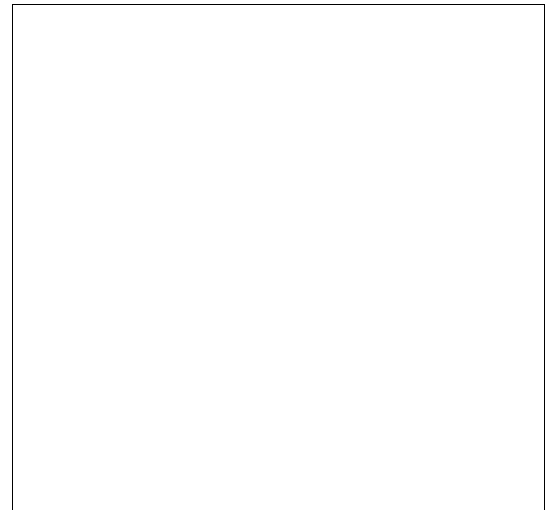
- trauma-informed care from definition of trauma
- ACE study
- trauma and adult maltreatment
- practical tips and tools



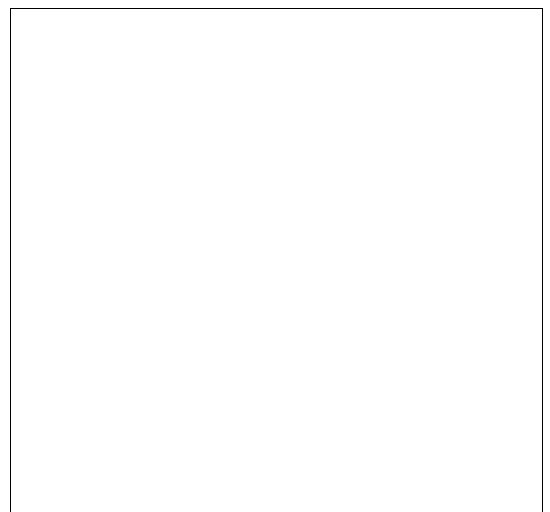
### Objectives

After completing this course, you will be able to:

EXPLAIN	SAMHSA's trauma-informed three-part model, and how trauma can lead to neuro-dysregulation
DESCRIBE	the relationship between Adverse Childhood Experiences (ACEs) and trauma in early life, and elder abuse, adult disease, disability, and early death.
IDENTIFY	the ways trauma impacts people throughout their lifespans, the signs of trauma in older and vulnerable adults, and best practices for asking about exposure to trauma.
DISTINGUISH	between physical safety threat and emotional safety risk using a decision tree.
APPLY	trauma-informed care principles to safety screening and safety planning.



## What is Trauma?

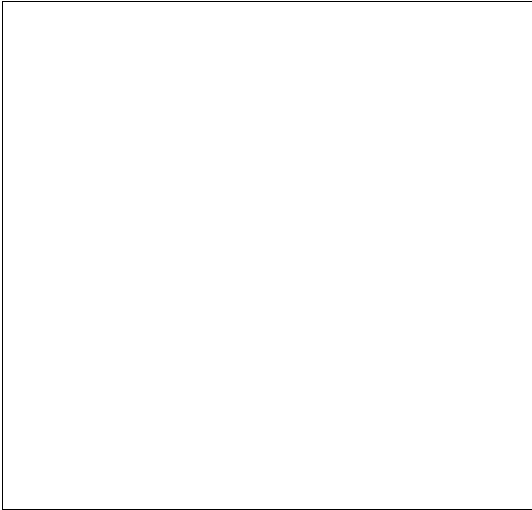


### Trauma Defined

Trauma results from an **event, series of events, or set of circumstances** that is **experienced by an individual** as **physically or emotionally harmful or threatening** and that has **lasting adverse effects** on the individual's **functioning and physical, social, emotional, or spiritual well-being**.

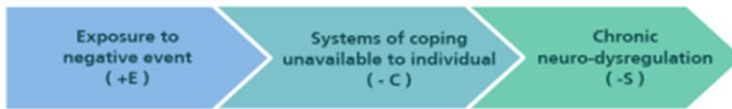
## TRAUMA

can affect anyone      be one event, many events, or a chronic condition      can affect communities, cultures, and generations



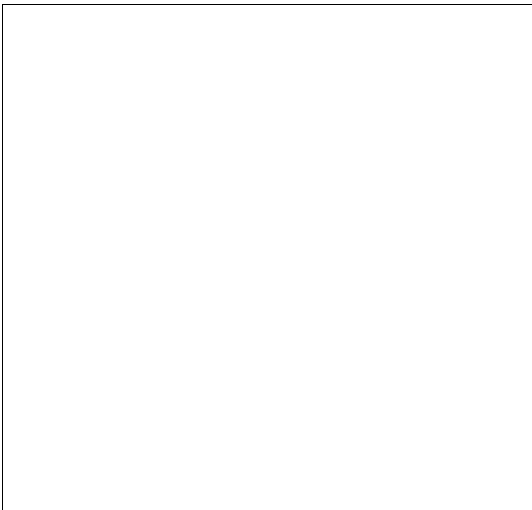
### SAMHSA's Three-Part Model

#### Defining Trauma



Individual trauma results from exposure to 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 adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.

SAMHSA (Substance Abuse Mental Health Services Administration)  
[https://ncsacw.samhsa.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf)

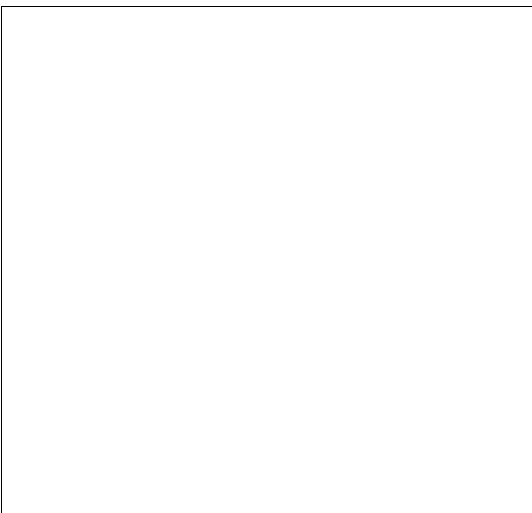


### Activity #1 Mrs. X Case Study



#### Small Group Activity #1 The Case Study of Mrs. X

- Read the case study of Mrs. X
- Discuss in your small groups the following questions...
- What are some examples in the story that Mrs. X has had exposure to a negative event?
- What are some of Mrs. X's reactions, examples of her beliefs and behaviors that she's been exposed to a traumatic event
- If Mrs. X were on your staff's caseload, what would your staff be able to change regarding her exposure to trauma? What would they be unable to change?



**Case Scenario of Mrs. X**


- Mrs. X's son verbally and often physically abuses her when he gets angry. When discussing the situation with the APS caseworker, Mrs. X states that she does not want her son prosecuted. She feels that, no matter how mean her son is, she has to protect him "because she didn't when he was a child". The APS caseworker asks what Mrs. X means and she says her now deceased husband drank a lot and was violent with her and the children. She feels her son learned his violent behavior from his father and it is her fault. Mrs. X also feels guilty that she let her husband "drink up every paycheck" which left her unable to provide for her children.





### Chronic Neuro-Dysregulation





**Chronic Neuro-Dysregulation**



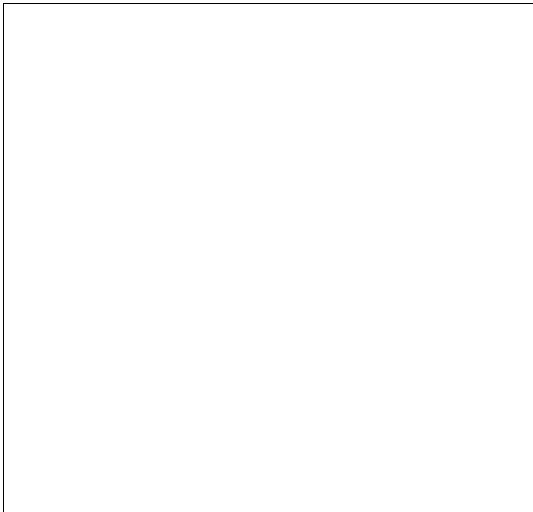

The third part of SAMHSA's three-part model: Chronic neuro-dysregulation

**Neuro-Dysregulation:**  
Result of tension on the nervous system that causes imbalance of neurological function.

Neuro-dysregulation can result in:

 Psychosocial Impairments	 Developmental Impairments	 Psychiatric Impairments	 Medical Impairments
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SAMHSA CITATION

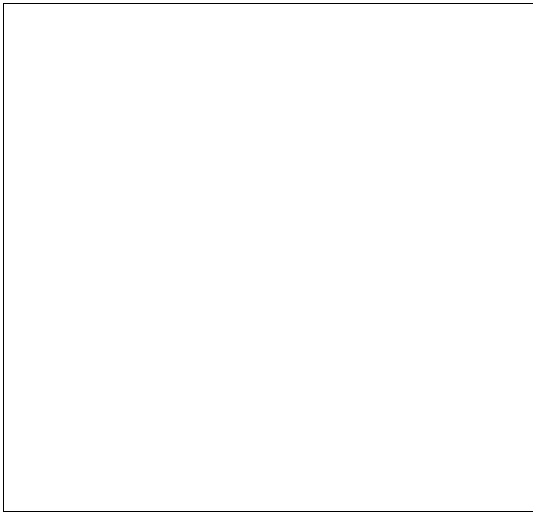


### Polling Activity Question 1

**Check Your Learning**

Which of these statements about trauma are true?  
Select the best answer, then click submit.

- Whether an event is traumatic to an individual depends on their experience of it.
- Trauma involves an event or events that induce physical harm
- An event that threatens harm is less traumatic than an event that causes harm
- If you do not perceive an event as traumatic, you can assume nobody would.

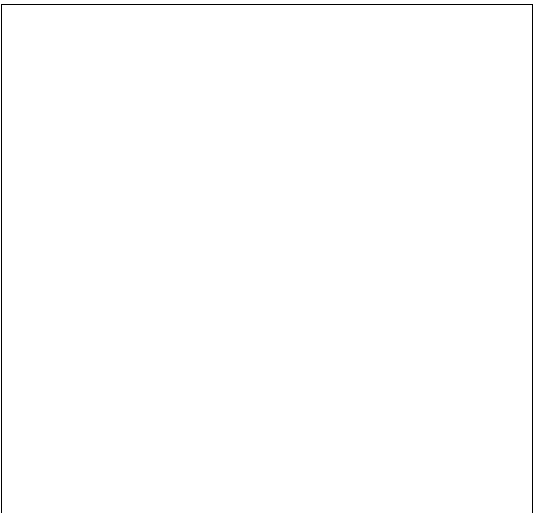


### Polling Activity Question 2

**Check Your Learning**

Neuro-dysregulation is  
Select all that apply, then click submit.

- A result of tension on the nervous system
- Caused by trauma, stress, or substance use
- Resolved with healthy nutrition
- An imbalance of neurological function



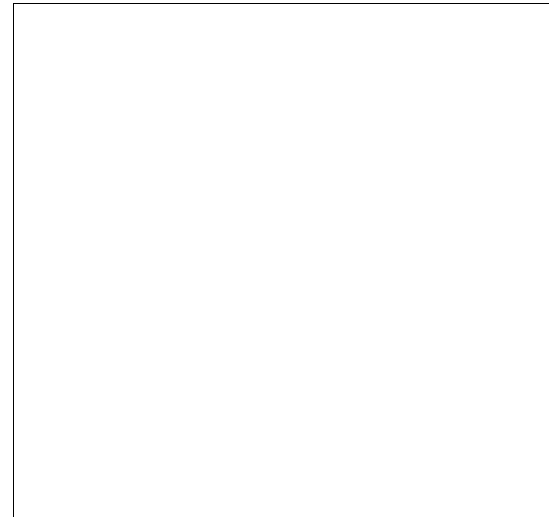
**Polling Activity Question 3**



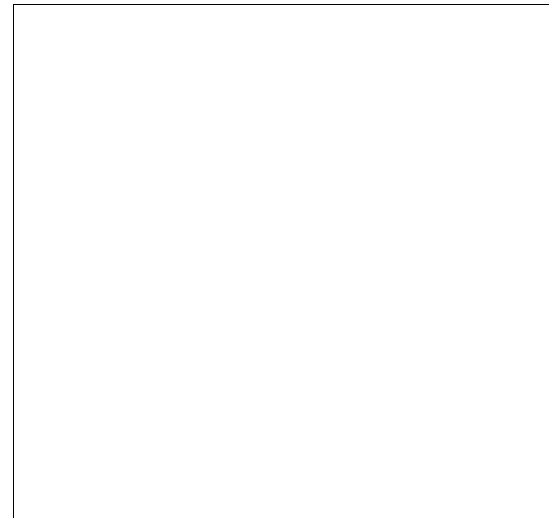
**Check Your Learning**

True or False. Exposure to a negative event is not necessarily traumatic.

- True
- False



**Adverse Childhood Experiences**



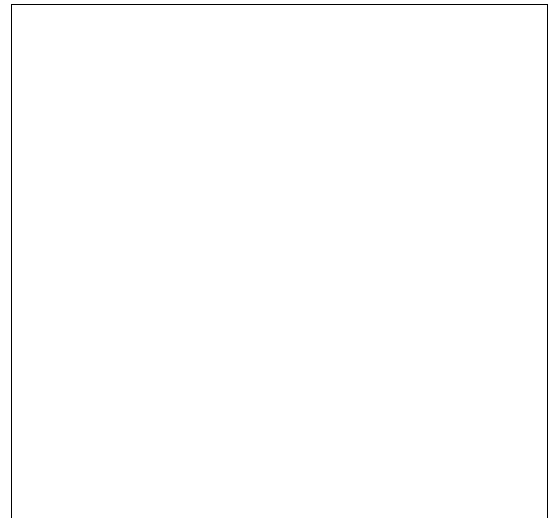
**Why Look at Childhood Trauma**

Children who experience traumatic event... become adults with neuro-dysregulation.

Adverse Childhood Experiences (ACEs) include:

- Physical abuse or neglect
- Emotional abuse or neglect
- Sexual abuse
- Parental substance use disorder
- Incarceration of a household member
- Living with a family member experiencing mental illness
- Domestic violence
- Loss of a parent
- Parental separation or divorce

More than  
**62%**  
of Californians have  
experienced at least  
one ACE.



### Why Look at Childhood Trauma

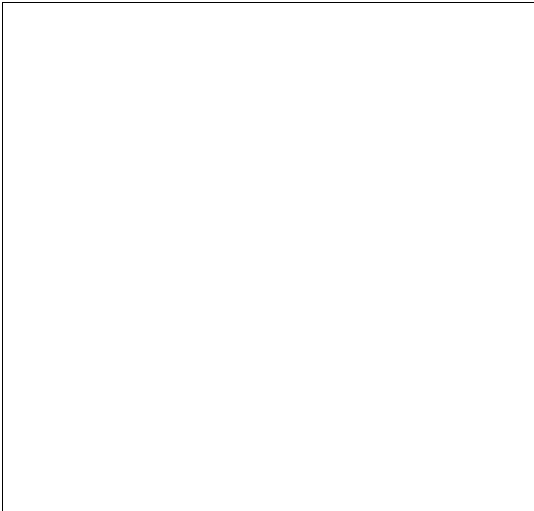

Children who experience traumatic event... become adults with neuro-dysregulation.

Experiencing four or more ACEs increases the likelihood of:

- Poor mental health
- Risky behaviors, such as acute substance use or smoking
- Chronic disease, including:
  - Heart disease
  - COPD
  - Diabetes
  - Obesity
  - Stroke
  - Asthma

Certain populations are more likely to have experienced four or more ACEs:

- Black and Latino people
- Those with less than a college or technical degree
- Those with annual household incomes below \$25,000
- Those with Medi-Cal or no health insurance



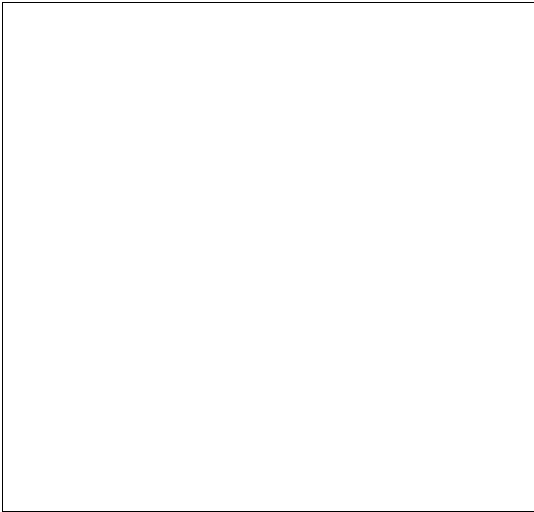
### Adverse Community Experiences

**Adverse Childhood Experiences** are individual

**Adverse Community Experiences** are *collective*, including:

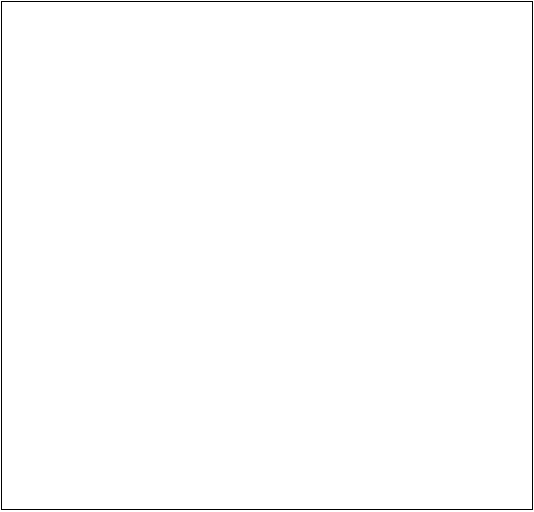

- Housing displacement due to gentrification
- Inequitable access to green spaces
- Poor transportation
- General anti-immigrant bias

**TRAUMA IS BOTH INDIVIDUAL AND COLLECTIVE.**



### What is Collective/Historical Trauma?

- Historical Collective Trauma is a wounding across generations
- The Lakota (Teton Sioux) historical trauma is associated with massive group trauma across generations.
- Similar traits have been identified among Jewish Holocaust descendants.



### What is Collective/Historical Trauma

- Specific features include:
  - Transposition-Living simultaneously in the past
  - Identification with the dead
  - Maintaining loyalty to dead ancestors
  - Survivor's guilt
  - Fixation on trauma
  - Fantasy and attempt to undo the past



### What are the Manifestations of a Collective/Historical Trauma Response

- Manifestations include:
  - Depression
  - Self-Destructive Behavior
  - Psychic numbing
  - Elevated mortality rates
  - Cardiovascular disease



### Historical Collective Trauma and the African American Population

- Post Traumatic Slave Syndrome (PTSS)
  - A condition resulting from centuries of chattel slavery
  - Institutional racism and oppression results in multigenerational adapting behavior
  - Behavior can be resilient or destructive



**Historical Collective Trauma and the African American Population**

- Jim Crow Segregation
  - Occurred between 1896-1960's
  - Racially traumatizing events included rape, lynching (loss of life) and loss of land
- Segregation Stress Syndrome
  - Unable to protect their family or themselves in dangerous situations
  - Underlying aspect is that an individual or their family could be killed or harmed at any time



**Historical Collective Trauma and the African American Population**

- Emotional, Psychological, Behavioral responses
  - Fear, mistrust, and avoidance
  - Memories triggered by symbols of Jim Crow (i.e. voting sanctions, police brutality)
- Physical Indicators (i.e. emotional numbness, crying, sweating, trembling when reflecting on events)



**Collective Trauma Among Adults with Disabilities**

- Emotional/Behavioral Communications of betrayal and violation have often been mistakenly associated with person's disability
- Consequences of physical and sexual assault are worsened by the fact that complaints made are often not taken seriously



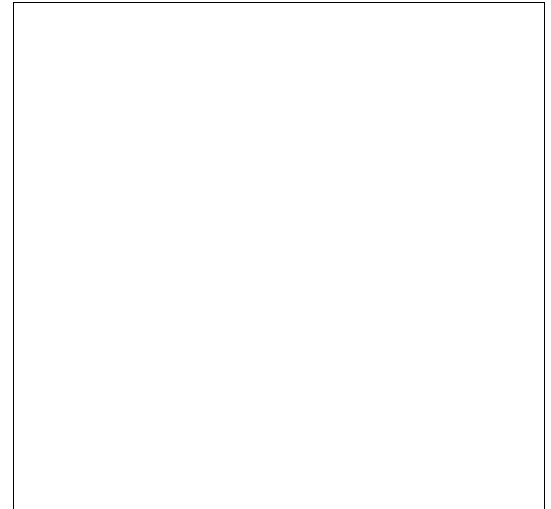
**The ACEs Ratio of Risk Scale**

Weak/modest (Ratio of Risk > 2)

Moderate (Ratio of Risk 2-3)

Strong (Ratio of Risk 3-6)

Strongest (Ratio of Risk <7)



**Clinical Implications**

ACEs screening is **not** to identify the ACEs a person has experienced.

ACEs are risk factors for the development of the **toxic stress response**. ✓

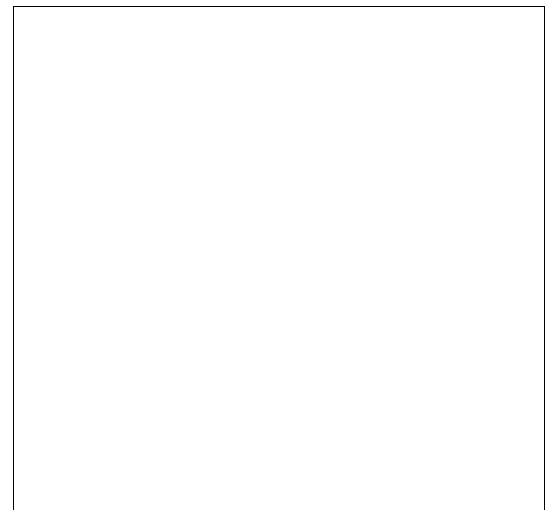
Toxic stress response leads to changes in:

- neuro-development
- development of the immune system
- development of hormonal systems

All of these together lead to behavioral and physical health problems.

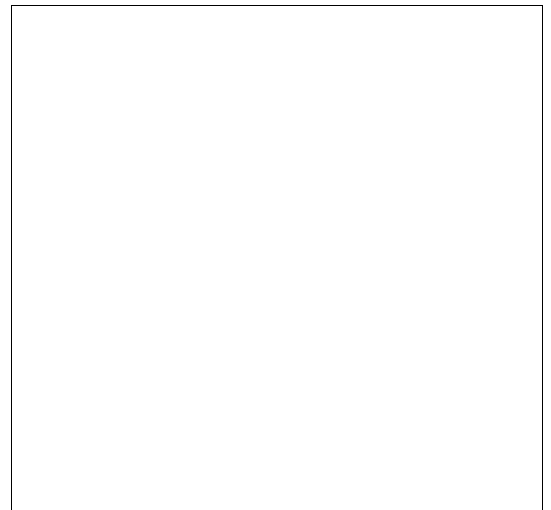
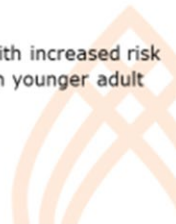
The best indicator of whether someone is at risk for or experiencing toxic stress response is an understanding of their **cumulative adversity**.

**This is why it's imperative to screen for ACEs.**



**ACEs and Older Adults and Adults with Disabilities**


- Studies of older adults and abuse or neglect at the hands of a caregiver or partner found childhood abuse to be a notable risk factor for re-victimization.
- The experience of a prior traumatic event was associated with increased risk of elder mistreatment, a finding observed in the literature on younger adult mistreatment.



# UNDERSTANDING TRAUMA-INFORMED CARE FOR APS SUPERVISORS


# PARTICIPANT MANUAL

## Increased Unsafe Behaviors in the Present

- Substance abuse and addiction
  - Promiscuous sexual behavior
  - Lack of personal boundaries
  - Isolation and difficulty trusting others
  - Humiliation and self-blame
  - Shame, low self-esteem
  - Inability to form meaningful relationships
  - Inflated sense of power due to the caregiving demands made on the survivor as a child
  - Sense of not belonging anywhere
- 

## Adult Disease

ACEs contribute to Adult Disease by 2 mechanisms:


- It happens externally...
    1. Poor coping skills of engaging in Unsafe Behaviors (i.e. Substance Abuse, isolation, and a lack of personal boundaries) increase an individual's risk of developing disease.
  - It happens Internally...
    2. The effects of chronic stress and other stress responses on the developing brain and body systems create a greater risk of the development of disease.
    3. If an individual realizes why they are engaging in these unsafe behaviors they are better equipped to stop the behavior.
- 

## What is Immunosenescence & Inflammaging?

### Immunosenescence:

- Immunosenescence: Age-related changes in immune system functioning and the process of how aging affects the immune system.

### Inflammaging:

- Inflammaging: Inflammation that develops with advanced age that can impair the immune system.
  - Older patients are particularly vulnerable to poorer outcomes after traumatic injury
  - It's important for APS staff to understand normal age-related shifts cognition as well as more extreme disease related declines
- 

**Polling Activity Question 1**

**Check Your Learning**

The toxic stress response is repeated exposure to adversity, which leads to changes in the development of which systems?  
Select all that apply, then click submit.

- Neurological
- Immune
- Hormonal
- Sensory

**Polling Activity Question 2**

**Check Your Learning**

According to a 2009 study, experience of a traumatic event in early life was associated with increased risk of:  
Select the best answer, then click submit.

- Elder Maltreatment
- Problematic drug use
- Domestic violence
- Divorce

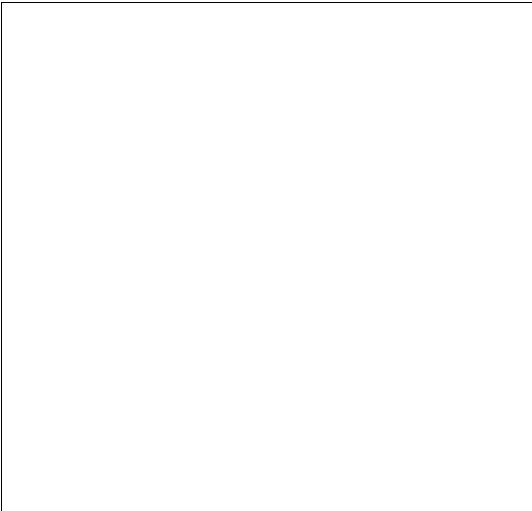
**Polling Activity Question 3**

**Check Your Learning**


Some examples of ACEs include:  
Select all that apply, then click submit.

- Physical or emotional abuse by a parent
- Poverty or economic instability
- Divorce, parental separation, or loss of a parent
- Sexual abuse


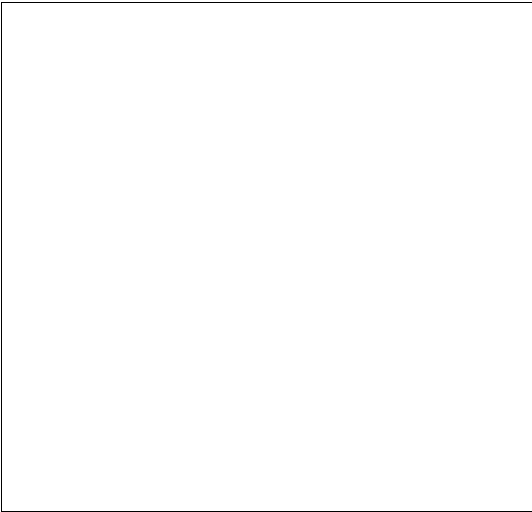




**What Does Being Trauma Informed Mean?**



**Near Universal Trauma Exposure**  
 Being trauma-informed means being able to inform, detect early and treat or refer to treatment in a manner that increases the physical and emotional safety of the individual





**Developmental Traumatology**

**Developmental Traumatology: Impact Across the Lifespan**

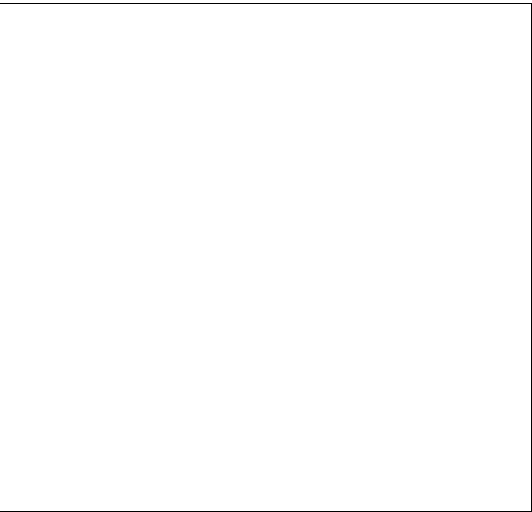
"The implications of this framework for the practice of medicine, in general, and pediatrics, specifically, are potentially transformational. They suggest that many adult diseases should be viewed as developmental disorders that begin early in life and that persistent health disparities associated with poverty, discrimination or maltreatment could be reduced by the alleviation of toxic stress in childhood."

American Academy of Pediatrics, The Lifelong Effects of Early Childhood Adversity and Toxic Stress, 2012



**Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan**

Brown et al., 2009



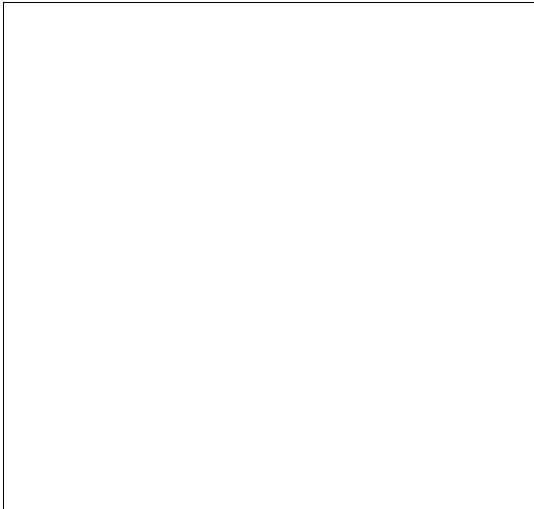
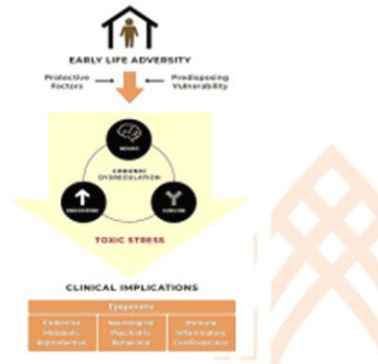
**Intersection of APS and Trauma-Informed Care**

Advancing Trauma-Informed Responses to Elder Abuse: Practice, Research, Education and Policy Symposium, October 2018

"A relatively new and highly interdisciplinary field of study and practice: trauma-informed care for older victims of abuse."

"Fundamentally, providing trauma-informed care to older victims of abuse is about supporting healing and hope among people who may have years more to live and much to give."

"Most important takeaway: trauma among the elderly needs to be understood in developmental terms."



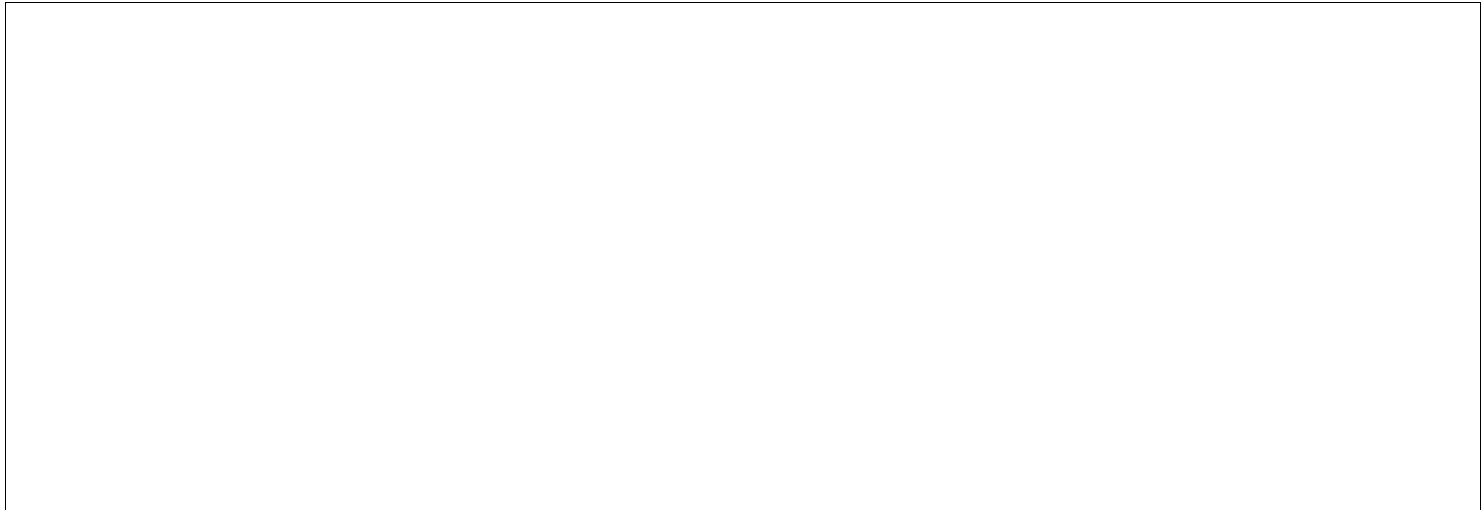
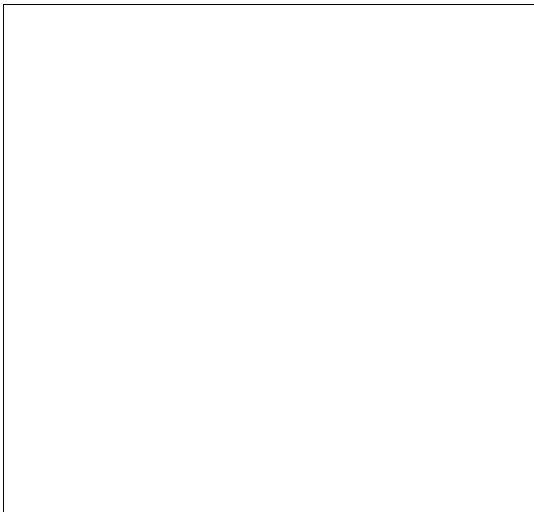
**Small Group Discussion Activity**

**Discussion**

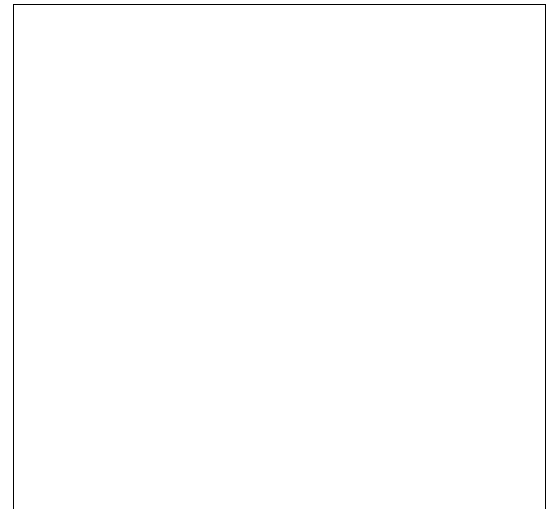
**Activity # 1:**



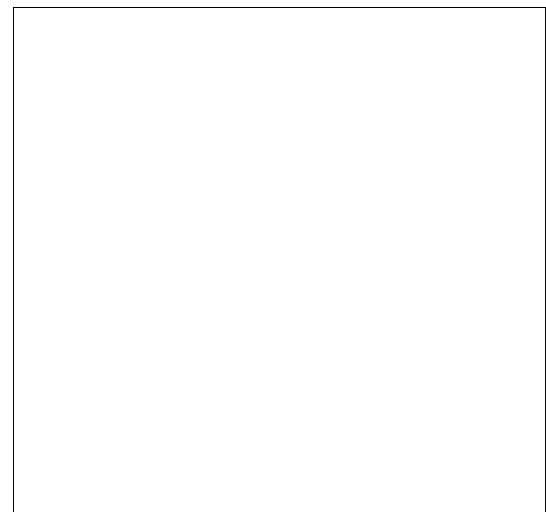
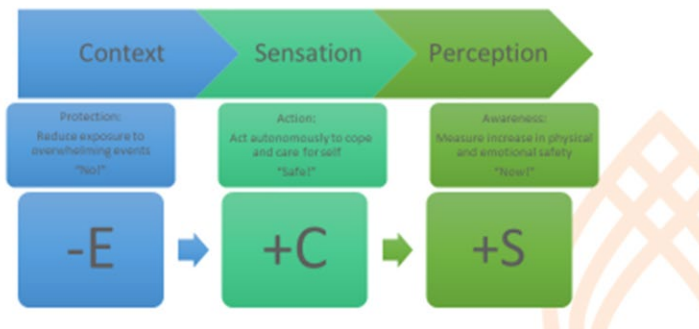
- If we looked at APS practice in terms of supporting healing and hope how might that change the way your staff works with clients?
- As a supervisor how would you support your staff in making this shift?



**Identifying Trauma Among Older Adults**

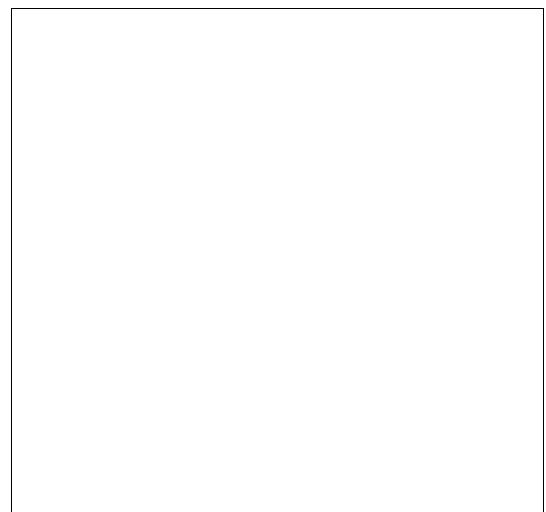


**Addressing Trauma**



**Guidelines for Asking About Trauma**

Asking about Trauma Exposure	When a Client Discloses Past Experiences of Trauma
Standard: Universal precautions first, then universal screening	Staff can ask how this affects the person today: redirect to the present
Invitational: Staff can ask about exposures	Staff can recognize the person's bravery and ask what the APS worker can do to best support them
Voluntary: Client does NOT have to tell	Staff need to be knowledgeable of mandated reporting laws and speak to a supervisor if they have doubts about whether to report
Informative: Provide trauma-related information and handouts to all persons	
Solution-Focused: Trauma-informed lens provides more solutions to the client	Note: A new 2020 law suspends the statute of limitations for three years, beginning Jan 1, 2020.

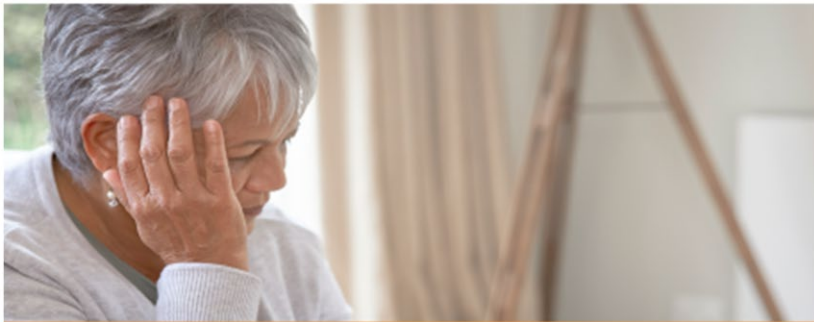
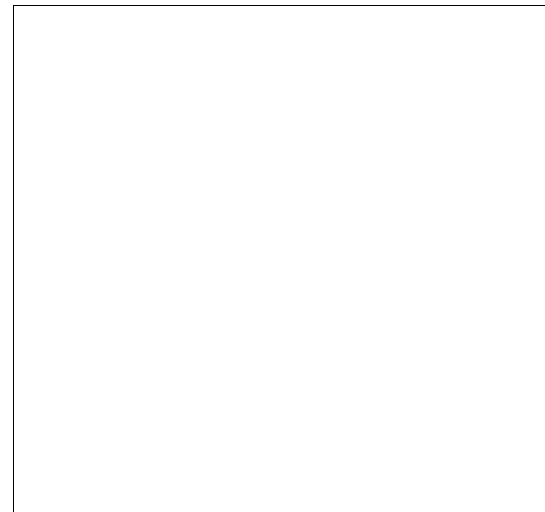


# UNDERSTANDING TRAUMA-INFORMED CARE FOR APS SUPERVISORS

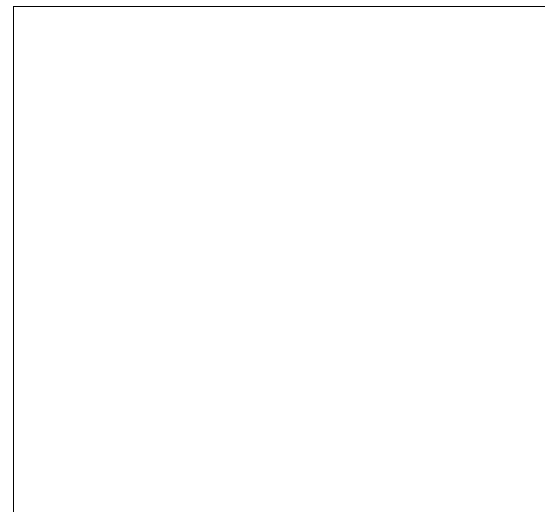
# PARTICIPANT MANUAL

## Trauma Survivors' Bill of Rights

A policy or procedure that guides the APS worker to use the handout will result in more use of the handout.



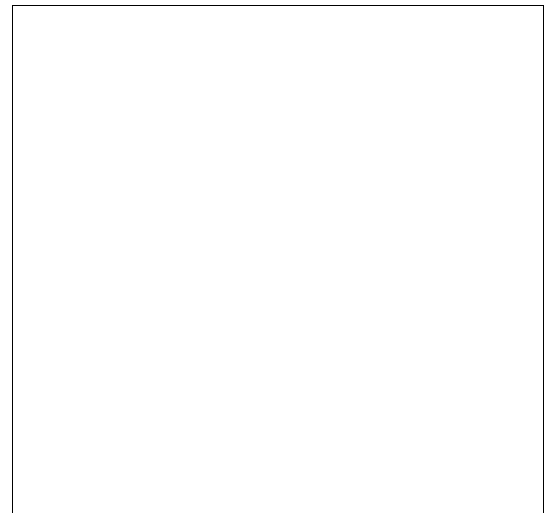
## Threat Versus Risk



## Distinguishing Between Threat and Risk

Immediate and Physical  
Threats

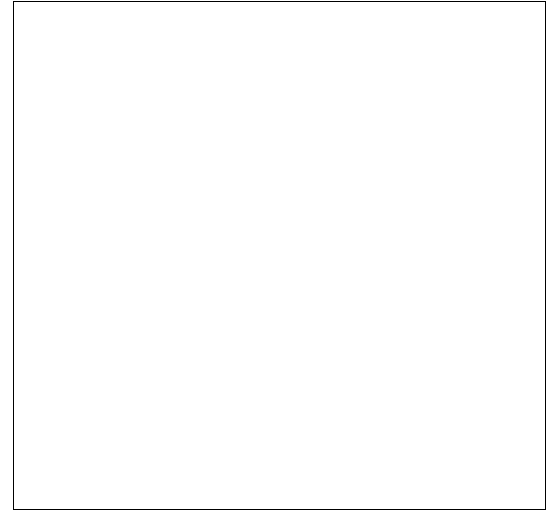
Future and Emotional  
Risks



**Skill: Decision Tree to Balance Threat and Risk**

Physical Safety (Threats)	Emotional Safety (Risks)
Expectation of bodily integrity	Expectation of personal respect and autonomy
Absence of (threat of) physical injury	Absence of humiliation
Objective: general agreement	Subjective: often debated
The threat is immediate or imminent. Right now!	The risk is not immediate. There is some time
Follow rules/laws, procedures, practice, system response and correction	Identify choices, agreements, support, progress, review – repeat over again
<b>ACTION! RUN! YELL! HIDE! FIGHT! PRAY! (FOLLOW POLICY)</b>	<b>CONSIDER: ALL OPTIONS AVAILABLE – (SAFETY PLAN)</b>

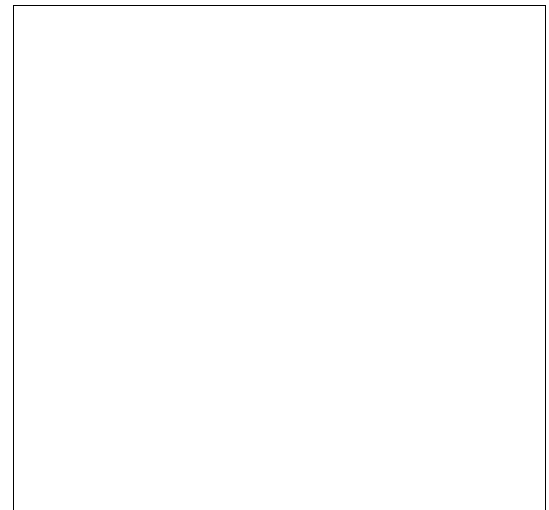
Activity developed by Grant, 2015



**Decision Tree Activity Polling Questions 1-5**

- Is this an example of a risk or a threat?  
Select the best answer.

1. Mrs. Jackson is crying because her husband has passed and her friends are "all gone." She tells you she wants to die.
2. While walking through his neighborhood Mr. Martinez gets stung by a bee and he's allergic to bees.
3. On Friday morning Ms. McMillian tells you she will be going out on Saturday to meet in person a gentleman she has only communicated with over the internet.
4. Mr. Hadid collects cleaning solvents in his garage. He does not use them to clean his home which is growing increasingly dirty.
5. Ms. Zhang has lost power to her home. Without power, she is unable to use her oxygen concentrator.

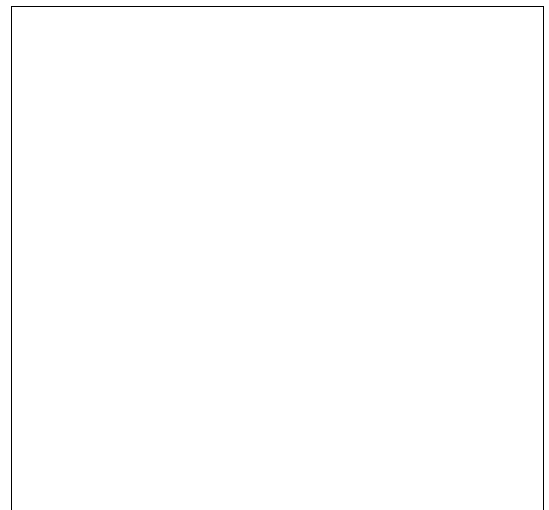


**Partner Activity: Safety Talk Screening**



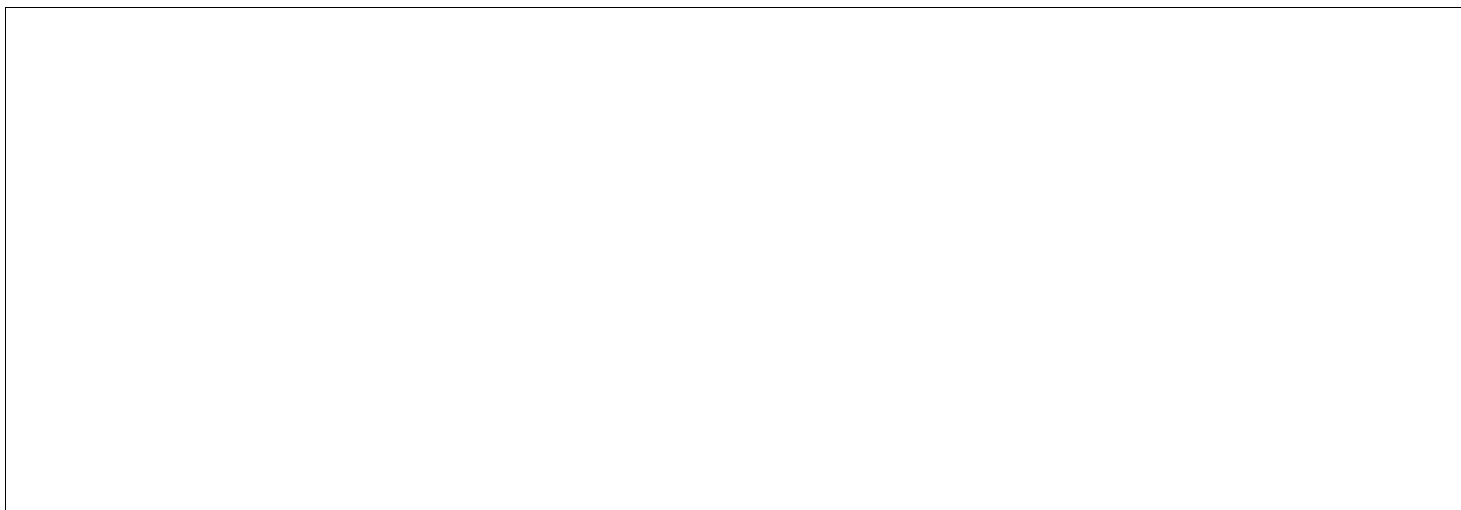
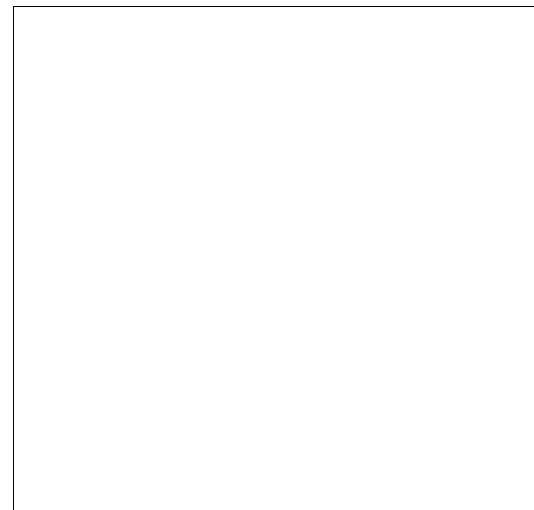
1. Do you feel safe speaking to me today?
  - If not, what would help you feel safer?
  - Safety strategies in the moment.
  - Action plan.
2. Do you feel safe at home today?
  - If not, how can we help you feel safer?
  - Safety plan for coming days or weeks.
  - Short-term safety plan.
3. Did you feel safe in your home as a child?
  - If not, how does that affect you today?
  - In general, struggles in childhood can re-appear later in life, sometimes unsafely like hoarding.
  - Tailored, individualized plan to remain safe, independent and active.

Developed for County of Ventura 2015 by G. Grant



**Case Scenario of Mrs. X**

- Mrs. X's son verbally and often physically abuses her when he gets angry. When discussing the situation with the APS caseworker, Mrs. X states that she does not want her son prosecuted. She feels that, no matter how mean her son is, she has to protect him "because she didn't when he was a child". The APS caseworker asks what Mrs. X means and she says her now deceased husband drank a lot and was violent with her and the children. She feels her son learned his violent behavior from his father and it is her fault. Mrs. X also feels guilty that she let her husband "drink up every paycheck" which left her unable to provide for her children.

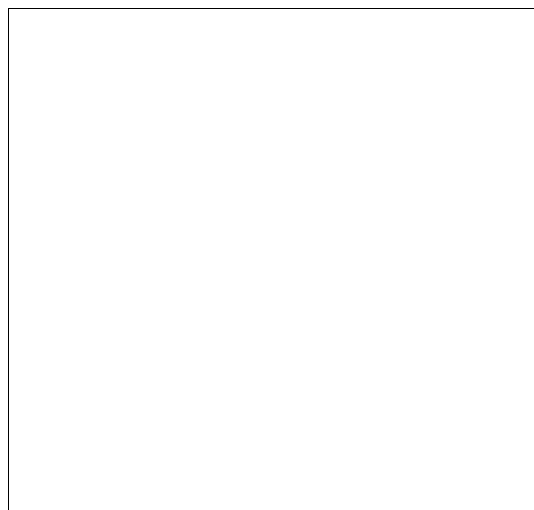


**Skill: Safety Planning in the Moment**

Environmental awareness using the senses

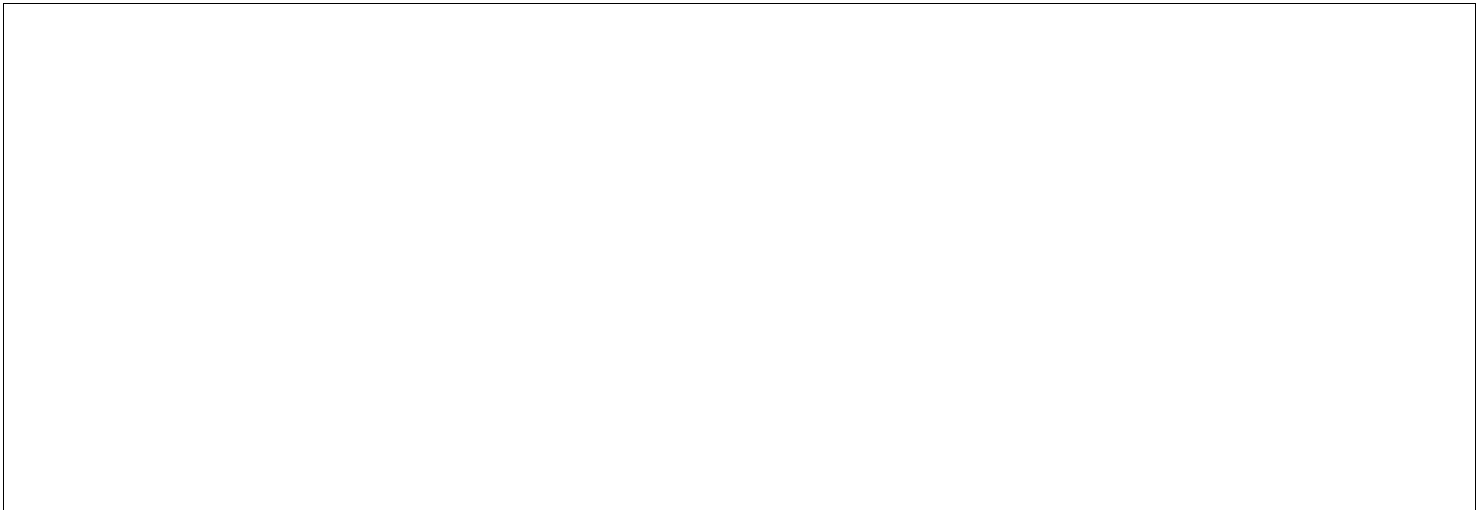
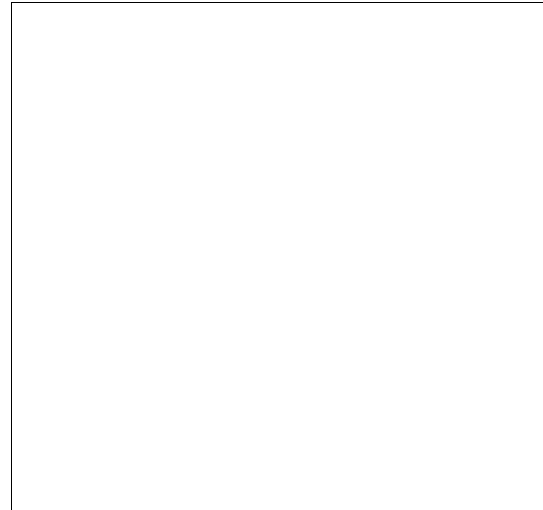
- Use a scale (like a pain scale)
  - 0 (= no bad or painful feelings) through 10 (= worst ever)
- Reduce emphasis on talking or processing feelings
- Physical environment awareness
- Ask to notice feet on ground, back against chair, object in hand
- Keep eyes open, breathe while squeezing and releasing hands

Goal is measurably decreased dysregulation by creating visceral homeostasis and thus increasing physical and emotional safety.



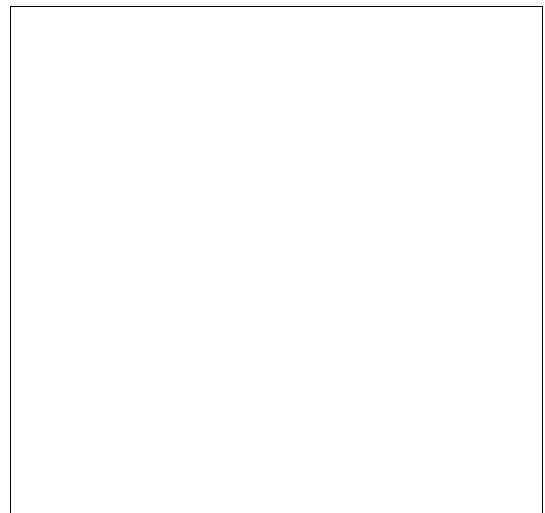
**Transfer of Learning Activity:  
Statement of Commitment**

- Draft a Statement of Commitment to trauma-informed care for your team. Reference Handout.
- Share with your team in the next two weeks.



**Written Statement of Commitment**

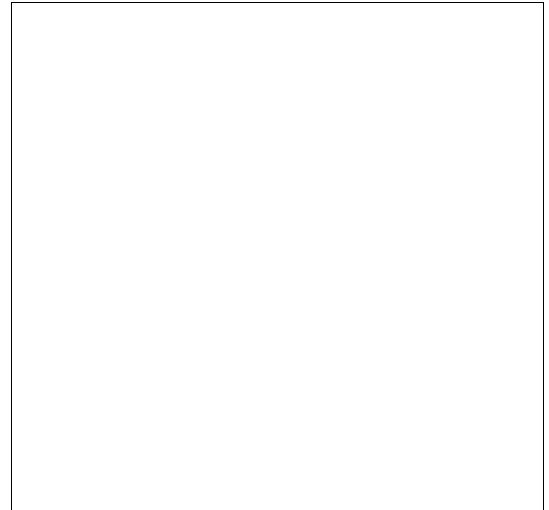

1. Connect trauma exposure/effects to the service or populations being served  
"Given the clear connection between the developmental impact of trauma on aging and age related vulnerabilities, illnesses and diseases, and older adults' quality of life outcomes...."
2. Express specific goal of the commitment  
"...are committed to becoming trauma-informed (as defined by SAMHSA and other experts in the field)...."
3. Specify actions that agency staff will take, and the measures used  
"...by incorporating safety and recovery skills into the standard set of skills of each employee, we aim to protect older and vulnerable adults, create a safer community for aging in place, and provide resources to promote older and vulnerable adult community and independence...."
4. End with a vision or values statement designed to inspire hope.  
"We believe services grounded in safe connections are a vehicle for safety, healing and wellbeing." (Add date of approval)



**Conclusion**

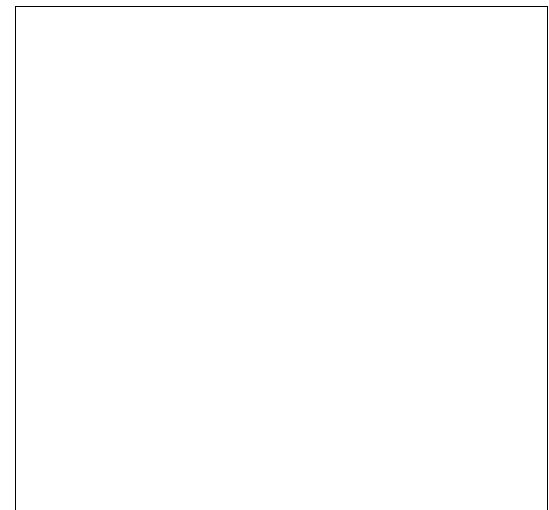

In this course you learned about

- trauma-informed care
- the definition of trauma
- the ACE study
- the link between trauma and adult maltreatment,
- practical tips and tools



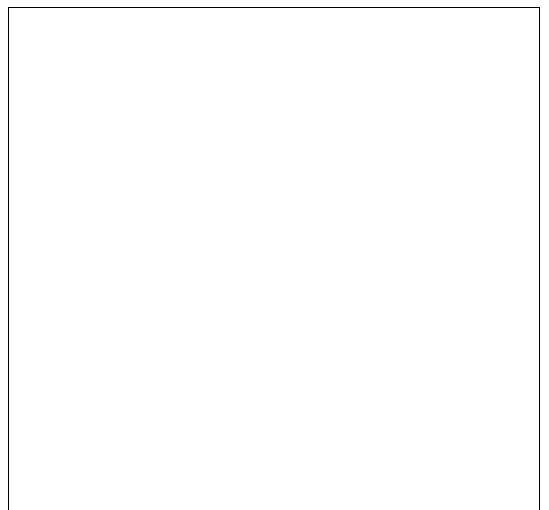
**Closing Thoughts**

- Questions?
- Reflections?
- Takeaways?



**Plus/Delta**

- What worked?
- What would you like to see more of?
- What didn't work?
- What would you like to see less of?
- What would you like us to change the next time we deliver this training?

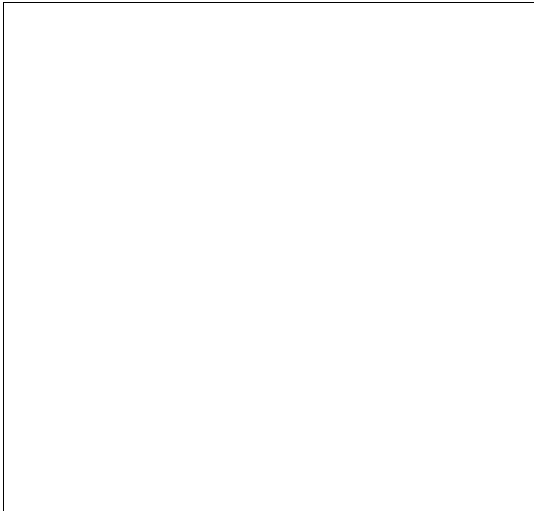




## Evaluation

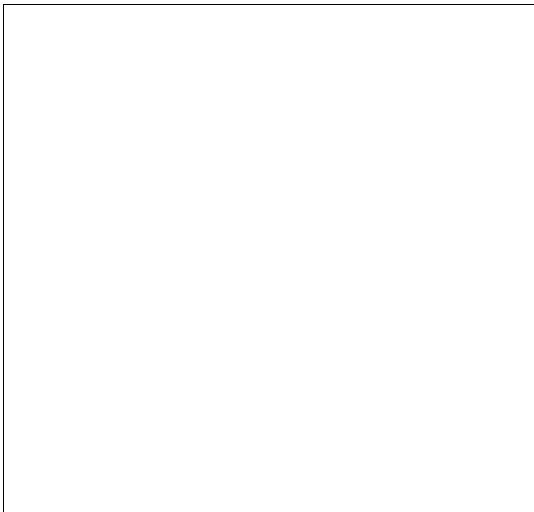




Date of Training

Online Evaluation  
Link:  
Activity ID:



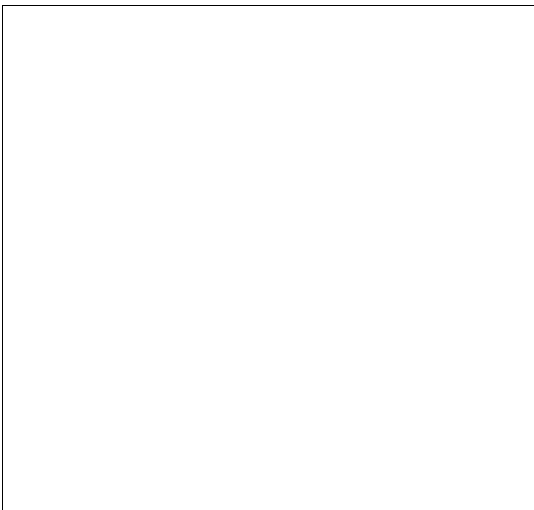
# Thank You!

We envision a world where the quality of life for individuals, organizations, and communities is transformed into a healthier place.



## Web Resources

- [ACEs Aware Self-Care Tool for Adults](#)
- [ACE Study \(aceresponse.org\)](#)
- [Trauma Symptom Checklist – 40 \(TSI-40\) | John Briere \(instanturl.net\)](#)
- [What s My ACE Score questionnaire\(aceresponse.org\)](#)



## **REFERENCES AND RESOURCES**

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**UNDERSTANDING TRAUMA-INFORMED CARE  
FOR APS SUPERVISORS**

**PARTICIPANT MANUAL**

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### **Web Resources**

- National Center for Reaching Victims – includes older adults:  
<https://reachingvictims.org>
  - Older African American Crime Survivors Toolkit:  
<https://reachingvictims.org/resource/increasing-access-toolkit/>
- Advancing Trauma Informed Responses to Elder Abuse:
  - Webinar: <https://www.elderjusticecal.org/recording---advancing-trauma-informed-responses-to-elder-abuse.html>
  - Report: [https://ncea.acl.gov/NCEA/media/Publication/WCEJ\\_Trauma-Symposium-report-2020.pdf](https://ncea.acl.gov/NCEA/media/Publication/WCEJ_Trauma-Symposium-report-2020.pdf)
- Trauma Informed Approaches for Adult Protective Services Brief (APS TARC)
  - <https://apstarc.acl.gov/getattachment/Education/Briefs/Trauma-InformedApproachtoAPS.pdf.aspx?lang=en-US>
- California Elder Justice Coalition
  - <https://www.elderjusticecal.org>
- Disability Rights California
  - <https://www.disabilityrightsca.org>
- ACEs Aware Self-Care Tool for Adults
  - [ACEs Aware Self-Care Tool for Adults](#)
- ACE Study
  - [ACE Study \(aceresponse.org\)](#)
- Trauma Symptom Checklist – 40
  - [Trauma Symptom Checklist – 40 \(TSI-40\) | John Briere \(instanturl.net\)](#)
- What’s My ACE Score Questionnaire
  - [Whats My ACE Score questionnaire \(aceresponse.org\)](#)

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OUR WHY:

**REVOLUTIONIZE  
THE WAY PEOPLE  
WORK TO ENSURE  
THE WORLD IS A  
HEALTHIER PLACE.**