

Summary

Gigi Amato, an assistant professor for the Virginia Commonwealth University Department of Gerontology, discusses the importance of trauma-informed care for older adults. She explains that trauma-informed care recognizes the chronic and ongoing experiences of adversity that can disrupt an older adult's health and quality of life. Gigi emphasizes the need for agencies serving older adults to adopt trauma-informed approaches that prioritize safety, agency, and independence. She also introduces the concept of healing-centered engagement, which focuses on culture, agency, social connection, and meaning and purpose. Gigi highlights the importance of human connection and building authentic relationships in providing care for older adults.

Takeaways

Trauma-informed care recognizes the chronic and ongoing experiences of adversity that can disrupt an older adult's health and quality of life.

Agencies serving older adults should adopt trauma-informed approaches that prioritize safety, agency, and independence.

Healing-centered engagement focuses on culture, agency, social connection, and meaning and purpose.

Human connection and building authentic relationships are essential in providing care for older adults.

Sound Bites

"Trauma-informed care really extends person-centered care and places even greater emphasis on agency and independence, but also on safety, both physical safety and psychological safety."

"Trauma-informed care offers us a way to have conversations specifically about trauma and how it manifests over a lifespan and in old age."

"Healing-centered engagement offers us an invitation to move into a new way of thinking related to flourishing, thriving, and dreaming, be that for older adults or for the workforce."

TRANSCRIPT

Jen Yanez Pryor (00:02)

Hello and welcome to Aging for All. We are your hosts. I am Jen Yanez-Pryor.

Andrea (00:08)

and I am Andrea Price. Thank you all for joining us today.

Jen Yanez Pryor (00:12)

Joining us on today's episode is Gigi Amato. Gigi serves as assistant professor for the Virginia Commonwealth University Department of Gerontology. She holds a master of science in gerontology and a PhD in health science. She is also certified personal care aid in the

Commonwealth of Virginia and is certified by Yoga Alliance as an RYT 200 yoga instructor. In her role with the department,

She focuses on developing trauma-informed approaches in nursing homes, evaluating a statewide training initiative for the direct care workforce, and teaching in the graduate program. Gigi speaks and trains at the national, state, and local levels on topics related to social connection, person-centered practices for direct care providers, and trauma-informed care for agencies serving elders. She serves on Virginia's No Wrong Door Resource Advisory Council.

Gigi's professional goal is to foster respect, appreciation, and fair compensation and treatment for direct care providers working in all settings. She is also a children's book author interested in how diverse stories and children's literature can promote appreciation and celebration of elderhood and intergenerational friendships.

Gigi was awarded the Best Data Insight Award by Homeward for early identification of an increase in older adults experiencing homelessness in the Richmond region in 2019. And in 2017, she was awarded the Pat Ash Social Justice Fellowship by the YWCA Richmond.

Andrea (01:52)

Hello and welcome, Gigi.

Gigi (01:54)

Hi, thank you, Andrea and Jen. It's really great to be with y'all.

Jen Yanez Pryor (01:58)

We're really excited to have you here with us today.

Andrea (02:01)

Yes, yes. Your service in gerontology is vast and quite diverse and really, we thank you for all that you do. So please share with us a little bit about your trauma-informed care work and why trauma-informed care is important for older adults.

Gigi (02:25)

Thank you. I like that question because it really relates to the reason that I came back to school to pursue my master's in gerontology and then my PhD. After working in the field for about 30 years, I had been working in philanthropy as a regional funder in 2016. And we noticed that

a through line to all of our funding that we had not expected was something related to violence, whether it was violence prevention or violence intervention. And we really hadn't put the call for funding out to anything related to violence prevention or violence intervention. So we spent some time.

talking with families, community members, local governments, our grantees to say, hey, we see this thread across all ages. Is it real? What is this? And so it was really the community who said

to us, yes, it's real. And the language we use to talk about this is trauma. The chronic, ongoing experiences of adversity that disrupt development.

and disrupt quality of life through all dimensions. And when we sat with our aging service providers, there was a bit of a disconnect in continuing to understand how adversity that is chronic and ongoing and unaddressed really continues to influence older adults' health, happiness, and quality of life as we age.

Whether those were things experienced, adversities experienced in childhood or continuing along the way into midlife, adulthood, and elderhood. We encountered some ageism among aging service providers, sort of questioning the valuable use of interventions, for example, for someone who might be in their 80s with cognitive impairment.

And so I came back to school because I could see in early childhood education and juvenile justice and family services that providers who were working in what they were what I was learning was called a trauma-informed lens really were beginning to work more structurally at root causes and were understanding that broadening our view to moving out of this thinking about individual factors and individual actions and thinking more societally about patterns and trends experienced over a lifetime with changing the way they provided services and were changing the results that they were getting. And that really hadn't begun to emerge in aging services. And I looked around the nation and didn't see these same conversations around trauma-informed care or trauma adversity happening in spaces that were serving older adults. So I came back to school to say, let me see, is this a thing? And for sure the evidence is there, it has been for some time, you know, language changes. And about the time I was coming back to school, really there was a lot of alignment beginning in the federal government, and with some national organizations like Jewish Federations for North America, the Administration for Community Living, and Centers for Medicare and Medicaid Services that were beginning the conversation for home and community-based providers and nursing homes to say. It's imperative that you offer trauma-informed services to older adults and their families. And as I was learning and have continued to learn, you know, trauma-informed care, I think of it really as an extension of person-centered care, which, you know, we all for decades have really embraced the importance of centering older adults who are serving around their values, their preferences, their autonomy, and their desires for what may be their future. Quality of life. Trauma informed care really extends that and places even greater emphasis on agency and independence, but also on safety, both physical safety and psychological safety. So you can see you push the right button for me to start talking and not stop talking.

Jen Yanez Pryor (06:50)

I'm going to go to bed.

Andrea (06:53)

Thanks for watching!

Jen Yanez Pryor (06:55)

Great. Gigi, I love kind of the historical walk you just kind of took us through from the beginnings of these conversations, kind of at the national level, into where we are today, which is really this expectation that we're implementing trauma-informed care across many different agencies. And we know with person-centered care that it's challenging to meet those types of...

characteristics and I'm curious, what do you think, you know, now that we're layering on trauma, what is a big barrier you're seeing with implementation kind of at nursing homes or any other agency serving older adults?

Gigi (07:43)

As with person-centered care, I think one of the barriers is time or perception of time. This takes too long. And money. None of these mandates as a resource, none of the mandates around trauma-informed care come with additional funding to learn or to implement. So I think there are perceived barriers around it's going to cost a lot to learn about it. It will cost way too much to actually...

provide the care in a person-centered trauma-informed care way. I don't think that's new to trauma-informed care. I think this issue of perception of time as a constraint or a barrier and a reality of time is also true of person-centered care. You know, if we were gonna expand out, it certainly also relates to, you know, number of hands-on care hours, right, and ratio of providers to...

to residents or to participants. And so that is a barrier, time is a barrier, but it doesn't have to be a tremendous barrier. The trauma-informed care journey will be different for every agency because it's based on a set of principles. Five or six principles, depending on what model you look at.

peer support, safety, trustworthiness, collaboration, voice and choice, and then attention to like cultural, historical, and gender issues. So those principles might look very different.

from environment to environment. And so I think some of the perceptions that make it difficult of our, where do we start? This is a brand new thing. We're not staffed for this. We can't afford this. So I think that all that is true, whether you're talking about person centered care, trauma informed care, it's true if you're talking about infection prevention and control, right? To maintain ongoing cultural, you know,

values and priorities that need to be steeped throughout an organization takes time, takes training and education, takes resources, takes strategy, takes intention and a commitment to continuous improvement. That's true regardless of whether we're talking about full accessibility or trauma-informed care. You know, what I like to say to nursing homes as well as community-based providers is, it is likely you're already working in a trauma-informed care in some way. In large part because as a network of aging services or long-term care or long-term services and supports, we've been grounded in person-centered care for decades and aiming to move toward that. So there's overlap and connection there. Sometimes when I...

when we can get into a conversation at different communities or agencies and start to hear some of what is happening based on the specific community and specific community needs that have arisen over the years, you hear some very trauma-informed responses. Now, they're not necessarily intentionally through the lens of trauma-informed care. For example, a nursing home might do ongoing education around relocation stress syndrome or AKA transfer trauma.

That's a very trauma-informed strategy. Now, adding on the lens to understand why you're doing that, how you might wanna make some connections would be a next step. Similarly, some nursing home communities offer or require, let's say, some prerequisite training for their CNAs in the area of mental health before they can work on the floor.

I would say that's a very trauma-informed space to be working in. And so connecting the dots of why we do that can sometimes help folks see like you're not really starting from zero. This is an opportunity to identify what you've been doing, what's working, and what might be the next step forward.

Andrea (11:49)

You mentioned the values that are embedded in some of the models of trauma-informed care. And you also talked about ageism as a barrier to some places even considering this work. So how has trauma-informed care even helped to break down some ageism barriers through your work?

Gigi (12:08)

Well, I think there's a lot more work to do. Let me just start in saying that way. And I also think there are some new and evolving frameworks that can help us be even more powerful in the space of disrupting ageism and racism and homophobia and these collective social factors that make toxic environments for people across the lifespan. But in a specific way with regard to trauma-informed care,

I think one of the basics of introducing kind of a 101 curriculum for any type of organization serving older adults gives us the opportunity, want to introduce this principles of lifespan development. And believe it or not, that can be a very new way of thinking for people. The idea that, you know, the reminder that

Each of us are always a biological, psychological, social, spiritual human being in every moment. And while these dimensions can somewhat be differentiated, they are also always linked. And so working in that space helps us to kind of remember that our participants, our residents, our clients.

patients, elders we're working with are not simply biological. They're not, we're not just no human is just a body with symptoms or no human is actually a fall risk. A human may be at risk of falling for a number of factors that have to do with their body or where they live. So I think just introducing some of the lifespan things, the lifespan characteristics like the holistic view.

reminding people and showing evidence that of plasticity. Humans are always capable of change throughout our lives even until our last moment. That we are always at every stage of our life advancing, sure declining and maintaining whether we're 10, whether we're 20, whether we're 80. And also that historical and cultural context in which we live and in which we've grown up.

influenced who we are. So that's one educational piece I think that comes with a responsibility for training and trauma and resilience. But another is to really just call it out and acknowledge that ageism can be both a traumatic experience when we are excluded by our families, by our friends, by our cultures, our communities, our society.

because of our age, that can really affect us adversely. We can begin to feel like we don't belong, like we are a burden, like we have no worth or no value. And also informing providers that if we as providers carry a bias about age, however we arrive there, then we might put ourselves in the position of withholding opportunity for healing, growth, treatment, and recovery because of biased beliefs we may have about what's normal and not normal aging. So I would just say, just from a basic educational level, I think trauma informed care offers us a way to have conversations specifically about trauma.

and how it manifests over a lifespan and in old age. Now, if I can just have one little more minute, there are new, there are some evolving frameworks for care. One of the areas I'm most excited about is healing centered engagement, which like person centered care, like trauma informed care, actually kind of started outside of aging. So healing centered engagement is a way of interacting with youth.

All Humans that was developed by Sean Genright, a professor in San Francisco working with youth of color. What I love about healing centered engagement and what I'm interested in thinking about are there connections that we can make in older adult services. Is it's very, very collective oriented, right? The idea of socially toxic environments and ageism would fit there as contributing to a socially toxic environment.

that interrupts our quality of life and wellbeing. And so the principles of healing centered engagement are culture as a pathway toward identity, toward belonging, agency, really reinforcing the idea that I have agency and independence, I can make change in my life. But in particular, what I love about the healing centered engagement framework is it gets into some spaces that trauma informed care does not get, and that is around the future.

around social connection and relationships, and around meaning and purpose. So I would kind of bundle all those up, and the Healing Centering Engagement really leans deeply into the spirit of being human. And that fits for me as a gerontologist, because I think another aspect of ageism that sometimes we don't talk about is how easy it is for providers, I will include myself in that as a family member, to solely look at older adults

The lens of there's no future here, there's just a past. And that's actually not true, right? And so I love the idea of thinking about can we create environments in long-term care that center around flourishing, around thriving, around dreaming, around aspirations, whether that be for older adults or for the workforce.

I love about the healing centered engagement framework is I think it offers us an invitation to move into a new way of thinking related to flourishing, thriving, be that for older adults or for the workforce.

Jen Yanez Pryor (18:55)

Gigi, to me, it sounds like what you're describing with this healing centered engagement, the way I'm visualizing this is it's kind of sitting in between person centered care and trauma informed care because it's like you move from person centered through this healing centered engagement to the trauma informed and you layer it together in a way that creates that what you were describing as a...

an approach to where we're actually helping people to flourish and thrive, as opposed to maybe responding to certain things, right? Where we're coming in to correct something or to fill in a deficit, you know, which I think has been a historical approach to providing care and services. But really through this lens, I'm starting to see this picture where we...

Gigi (19:44)

Mm-hmm.

Jen Yanez Pryor (19:49)

We meet people where they are and we help them to find whatever that thing is that lights them up and keeps them going, right?

Gigi (19:59)

love what you have just described there. And I think that sounds nice to me, you know? And I'm not sure, it really does. And I'm a big believer in reaching the mountaintop. And I don't know that it is linear. Maybe it's like a circle and it all always works together. But what I'm learning, yeah, oh, a spiral sounds nice. Well, you know what I'm learning about?

healing centered engagement from, you know, reading the work of Dr. Genright and engaging with his resource that's called Florish Agenda, which I will put in your blog. Is, so if I can kind of distill it into how he has described his journey, not to put words in his mouth, but we often say in trauma informed care that trauma informed care changes the question from

what is wrong with you to what happened to you, right? So this is not about your own deficits or what your problem is, or it's not that. It's what has happened to you to bring you to this space. And healing-centered engagement then changes the question once again to what is right with you? What is right?

So I would say person-centered care, trauma-informed care, both strength-based approaches, and the healing-centered engagement really says, this is not, you are not, I am not, we are not the worst thing that has ever happened to us. It's very life-spanning, right? We are all always capable of change. We are all always going back to that biopsychosocial spiritual beings. We're all, you know, always advancing and having the opportunity to advance. So I love that question of what's right with you. And I think it is, Jen, very consistent with person centered care in some ways and with trauma informed care in other ways. It's just so explicit. And it wasn't even really until I started investigating and exploring, I was deeply reflecting on the healing centered framework that I realized.

This is really bringing in the spiritual dimension. And I don't see that in a palpable way in person centered care or in trauma informed care. And I'm just so grateful for the framework to really explicitly offer us in aging services and in gerontology, you know.

Let's also now think about the future. And that fits really nicely in also with my interest in narrative and in story. Because at the end of the day, I think this is about story. What is your story and what do you want your story to be? How do you think of your future? What are your dreams and your aspirations? I don't know that we ask those questions often.

Andrea (22:58)

And when those questions have been asked, asked what have you seen in terms of a shift in those who have been provided this type of care?

Gigi (23:12)

Could you repeat the question?

Andrea (23:15)

Oh, I'm sorry. So for those who have experienced this type of care, trauma-informed care through your work, what is the shift that you've seen in those who've received this care?

Gigi (23:29)

I think it's largely a shift around being seen, being heard. If I think about, you know, if I draw from my experience as a personal care aid, it was just such a wonderful way to enter into practicing trauma-informed care in a one-on-one environment when I worked as a PCA. And I would say the great benefit

to me in practicing trauma-informed care is that I slowed down a little bit and became less task-oriented and more human-oriented toward my client. And she helped me with that. Initially, I would think of all these tasks needed to be checked off. And then I began to learn as I tried to put these things into practice that I can do tasks in a way that is curious, playful, open, and connective.

And in doing so, we developed just a wonderful relationship where we connected as women. I will say the other benefit to me in practicing in a trauma-informed care way was requiring this

level of self-awareness, kind of understanding what's happening in my own organism and in my own story as I'm providing care.

the nature of being humans is we're going to be kind of triggered, if you will, or activated by one another or by our environment. So it's just not any real way to avoid that. But if we can practice self-stilling and self-awareness, we can see when that arises and then choose on how to respond. And I had situations like that as a personal care aide, where something would happen between us that would...

touching out your point in me and my history would sort of flame up inside. But with a little bit of stealing, I could say, okay, this is happening because of me. And I don't have, I can, I have a choice here how I'm going to respond to my client. So let me set that aside and know I'll have to come back to it and explore it later. But in this moment, I can still be of service. Does that make sense? Does it answer your question?

Jen Yanez Pryor (25:48)

Yeah.

Andrea (25:48)

It makes a lot of sense. My daughter told me when she was about in fourth grade that it doesn't matter what people do to me, mommy. It's just how I respond. So it's, she had a bad experience at school and I was like, oh my goodness, that's very profound. So I think what you described in that moment is reminiscent of what my daughter also shared.

Jen Yanez Pryor (25:56)

Oh, well, no. Right?

Gigi (25:58)

amounts of babes. Right.

with

Oh, that's beautiful. Thank you for sharing that.

Jen Yanez Pryor (26:14)

Yeah. Gigi, you know, I love that you bring up this, this human connection piece because I think we sometimes take that for granted or we assume we're connecting with people when maybe we're not really deeply connecting with them and building those relationships. And you know, your stories also reminded me of a time when I was also, I was doing private duty caregiving.

The reciprocal relationship that you experience through just connecting with people is incredible. Your examples were spot on. It elicited a memory in me where I was just having a quiet conversation with the woman that I would visit with. She would sense things in me and ask me these really deep questions that I hadn't anticipated. And it really built this really beautiful relationship that I wanted to be there with her every day. And I think that if we're looking at

workforce issues, this is absolutely a retention tool because people have these authentic, meaningful experiences with the people they're working with every day.

Gigi (27:33)

I agree. And I think as organizations, we want to see that and honor it and create space for it in our culture, right? To the extent that we create barriers for CNAs, LPNs, nurses to...

Jen Yanez Pryor (27:43)

Absolutely.

Gigi (27:50)

observe those moments and enter into those moments, you know, whether that be because of low ratios or a variety of other reasons, low pay and poor retention, we keep people in the task-based space, right, and bucking the clock, running against the clock.

But when we can see the larger picture of long-term care, long-term services and supports, this is relational work. This occurs in people's homes, whether they're living in a nursing home or an assisted living, or they're living in their home and we're coming in, this is not task-based work, it's relational work. And I think that is a thread that comes through person-centered care, trauma-informed care, and the healing-centered.

engagement, those moments of seeing and knowing someone. You know, I'm thinking of a CNA who I cared for a family member some years ago, and I met this particular CNA at my family member's funeral. She was wearing her beautiful pink scrubs and a rhinestone mask. It was toward the end of the isolating period of COVID. And she told this story about how every morning at breakfast she would greet my family member with Bonjour Madame. Now my family member was a county French teacher for her whole entire career. And so she would speak French to my family member, little bits of French. Bonjour, comment allez-vous? Minimal French that she had learned from my family member's son. And her face would light up and she would laugh. She wasn't at that time communicating with language, but she was communicating with delight.

right, with a face lit up with joy. And that was a connection, right? That was a moment of saying, I know you, you love France. You're a Francophile and you were a French teacher. And you really think it's funny when people speak French with a Southern accent, right? Like, so just in that moment, she was connecting and it didn't take any more or any less time. She was still assisting with breakfast and doing so in a way that was very relational.

Andrea (30:12)

All right, thank you so much, Gigi. You have shared so much valuable information. But for me, I think the most beautiful thing about you being with us here today is for me to remember the beauty of the story. We're more than just a moment. We're more than just right now. We are lots of days folded into this present time. So that was a great reminder for me. Is there anything else you would like to share with our guests before?

we end this wonderful conversation.

Gigi (30:42)

No, thank you so much for just giving me the opportunity to be with y'all and talk about these things. I thoroughly enjoyed it and I love your podcast. I love listening to it.

Jen Yanez Pryor (30:55)

Thank you so much. I'm very excited to read up on this healing centered engagement you shared with us. I'm very much looking forward to your resources. I do want to thank you absolutely for joining us today and I want to thank all of our listeners for tuning in and it's been quite a learning experience for me today as well.

Andrea (31:21)

And again, thank you all. Thank you, Jen. Thank you, Gigi. Thank you to every listener. Please join us again in two weeks for another amazing episode of Aging For All.