

TRAUMA-INFORMED CARE IN A TIME OF COVID-19: DIRECT CARE PROMOTING HEALING

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A Shattered World



"One size *does not* fit all"



Individual Responses are Multifaceted

Pre-pandemic circumstances and resources

- Prior exposure to adversity
- Physical and mental health vulnerabilities
- Economic and social supports
- Exposures encountered since the pandemic:
 - □ Illness of a family member
 - Loss of job or health insurance
 - □ Job status essential health care workers
 - □ Time immersed in social media, news, over-exposure to information
 - □ Community-level stressors e.g., "Hot spots"

Trauma-Informed Care

SAMHSA's Trauma-Informed Approach:
Behavioral Health is essential to health
Prevention works

□ Treatment is effective

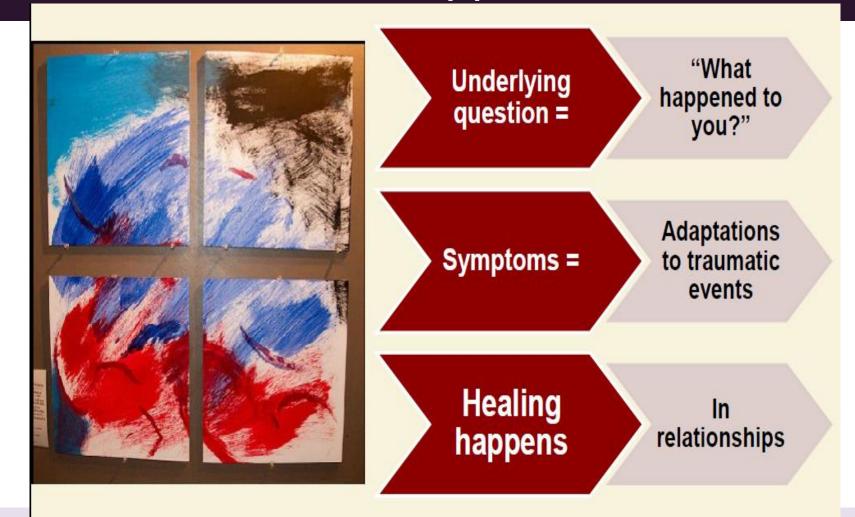
Trauma Informed Care Elements

Understanding the **prevalence** of trauma Recognizing how trauma **impacts** individuals Putting this knowledge into **practice**

to actively resist re-traumatization

SAMHSA

Prevalence of Trauma: Approach



Prevalence of Trauma: Approach



Video: Power of Empathy <u>https://www.youtube.com/watch?v=1Evwgu369Jw</u>

What is Trauma?

Individual trauma results from an <u>event</u>, series of events, or set of circumstances <u>experienced</u> by an individual as physically or emotionally harmful or life threatening and that has lasting adverse <u>effects</u> on the individual's functioning and mental, physical, social, emotional, or spiritual well-being

Potential Traumatic Events

Abuse

- Emotional
- Sexual
- Physical
- Domestic violence
- Witnessing violence
- Bullying
- Cyberbullying
- Institutional

Loss

- Death
- Abandonment
- Neglect
- Separation
- Natural disaster
- Accidents
- Terrorism
- War

Chronic Stressors

- Poverty
- Racism
- Invasive medical procedure
- Community trauma
- Historical trauma
- Family member with substance use disorder

Prevalence of Trauma

Exposure to trauma is ubiquitous: seven out of ten respondents worldwide and nine out of ten adults in the USA report experiencing one or more lifetime traumas.

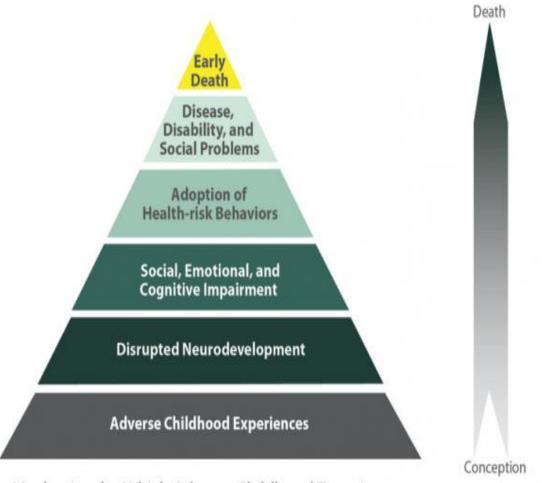
Impact of Trauma



Impact of Trauma on the Brain

- The brain has a bottom-up organization
- Experiences build brain architecture
- Fear activates the amygdala and shuts down the frontal lobes of the cortex.
- Toxic stress derails healthy development, and interferes with normal functioning

Impact of Trauma: Adverse Childhood Experiences



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

Impact of Trauma

The effect of trauma on an individual can be conceptualized as a normal response to an abnormal situation

Impact of Trauma: Problems OR Adaptations?

| Fight | "Non-compliant, combative" OR Struggling to regain or hold onto |
|--------|--|
| | personal power |
| Flight | "Treatment resistant, uncooperative" OR Disengaging, withdrawing |

| Freeze | "Passive, unmotivated" |
|--------|-----------------------------|
| | OR |
| | Giving in to those in power |

Impact of Trauma: Signs of Trauma Responses

- Flashbacks or frequent nightmares
- Sensitivity to noise or to being touched
- Always expecting something bad to happen

Additional Signs

- Not remembering periods of one's life
 - Feeling emotionally numb
 - Lack of concentration
 - Irritability
 - Excessive watchfulness, anxiety, anger, shame or sadness

Practice of Trauma Informed Care during COVID-19

Trauma Brain = Dysregulated Behavior

- As residents' anxiety increases, their "thinking" brains become less engaged and behavior becomes more dysregulated.
- YOU can develop skills to help residents regulate and related by becoming calmer and more connected.
- **This is achieved by:**
 - Warmth
 - Validation
 - Flexibility
 - Structure
 - **□** Hope for the future
 - Humor
 - Being part of a connected community

Who best to do that?



Skill Development



Trauma Informed Care Skill Development: Identifying and Validating Feelings

People who have experienced traumatic events, particularly at the hands of a significant caregiver, were given contradictory messages, dismissed, ignored, silenced, abandoned, blamed, shamed, told they had no rights to feel, etc.

You have repeated opportunities to offer corrective experiences.

Trauma Informed Care Skill Development: Identifying and Validating Feelings

I know when I am feeling tired, angry, sad, frightened, etc.

I can read non-verbal emotional cues, e.g., eye contact, facial expression, tone of voice, body posture, movement and gestures, rhythm and rate of voice. I am able to verbally reflect other's emotional state. "It sounds like you feel very angry about this."

After reflecting feelings, I am able to validate the emotion. "You had to wait three days for me to return your call, and your question was really important to you. I understand why you're mad about this." Trauma Informed Care Skill Development: Regulating Feelings

A significant outcome of having an overwhelmed nervous system is emotional dysregulation. This can make it harder to use skills learned in the past.

Dementia can also undermine accessing skills to regulate emotions.

Trauma Informed Care Skill Development: Regulating Feelings

When I start to feel overwhelmed, I know how to bring myself back to emotional balance.

I am equipped to engage with others who are experiencing overwhelming feelings and am able to help them manage these feelings.

I am aware of GROUNDING strategies (e.g., focus on breathing, sensory strategies, redirecting attention). Trauma Informed Care Skill Development: Understanding the Stress Response

The nervous system's most important function is to keep us alive by alerting us to danger.

Many people are under and/or over responsive to even the slightest perception of danger. Behaviors may include violence, running away, self- abuse or shutting down. Trauma Informed Care Skill Development: Open and Respectful Communication

Many trauma experiences are dehumanizing, leaving people feeling shame and internalized judgment.

Judgmental or 'clinical' language may reinforce these beliefs. This language also allows staff to put clients in an 'other' category, ex: 'this person is very different from me.'

This type of distance may prohibit the formation of a therapeutic/healing relationship.

Trauma Informed Care Skill Development: Appreciation

> The survival brain becomes preoccupied with pain & danger but can be distracted when redirected and reminded of pleasure, fun, security, belonging, joy, beauty, humor, etc.

Trauma Informed Care Skill Development: Reason for Being

I have a deep connection to things that are important to me.

Most of the time, I believe my life has purpose and meaning.

I am able to talk to other people about what makes them unique and to help them connect with activities that promote a sense of hope and value.



Thank you



Trauma Informed Care: Further Reading

Judith Herman (2015) <u>Trauma and Recovery</u>

Linda Sanford (1991) Strong at the Broken Places

Robert Sapolsky (2004) Why Zebras Don't Get Ulcers

Bessel Van Der Kolk (2014). <u>The Body Keeps the Score</u>

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Felitti, Vincent J.; Anda, Robert F.; Nordenberg, Dale; Williamson, David; Spitz, Alison; Edwards, Valerie; Koss, Mary; and Marks, James. (1998) Relationship of Child Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventive Medicine*, 14:4, 245-258.

Fink, David S., and Galea, Sandro. (2015). Life Course Epidemiology of Trauma and Related Psychopathology in Civilian Populations. *Curr Psychiatry Rep*, 17:31.

Lieberman, Leslie. "Walking the Walk: Modeling Trauma Informed Practice in the Training Environment." Multiplying Connections.

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National Center for PTSD.

http://www.ptsd.va.gov/public/pages/ptsd_substance_abuse_veterans.asp

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Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

SAMHSA (2011). Current Statistics on the Prevalence and Characteristics of People Experiencing Homelessness in the United States. http://homeless.samhsa.gov/ResourceFiles/hrc_factsheet.pdf

SAMHSA (2009) Substance Abuse Treatment: Addressing the Specific Needs of Women. Treatment Improvement Protocol (TIP) Series, No. 51. Center for Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration.

Wisconsin Department of Health Services. Trauma Informed Care Skill Development. Wisconsin Department of Health Services, Division of Mental Health and Substance Abuse Services. https://www.dhs.wisconsin.gov/tic/skilldev.pdf

RESOURCES

Trauma-Informed, Person-Centered Care Resources

NORC

- Trauma-informed care <u>https://ltcombudsman.org/issues/trauma-informed-care</u>
- Person-centered care <u>https://ltcombudsman.org/issues/person-centered-care</u>

Consumer Voice

- Resident-Directed Care/Culture Change <u>https://theconsumervoice.org/issues/for-advocates/resident-directed-care</u>
- My Personal Directions for Quality Living <u>Blank Form & Sample</u>
 - A tool from Consumer Voice, with edits by SAGE, for individuals to share what matters to them for person-centered care.
- Information for LTC consumers <u>https://theconsumervoice.org/issues/recipients</u>
- Information for Family Members <u>https://theconsumervoice.org/issues/family</u>

Resources

National Long-Term Care Ombudsman Resource Center (NORC) www.ltcombudsman.org

 Coronavirus Prevention in Long-Term Care Facilities: Information for Ombudsman Programs <u>https://ltcombudsman.org/omb_support/COVID-19</u>

National Consumer Voice for Quality Long-Term Care (Consumer Voice) www.theconsumervoice.org

- Coronavirus in Long-Term Care Facilities: Information for Advocates <u>https://theconsumervoice.org/issues/other-issues-and-resources/covid-19</u>
- Coronavirus in Long-Term Care Facilities: Information for Residents and Families <u>https://theconsumervoice.org/issues/other-issues-and-resources/covid-19/residents-families</u>



Connect with us:

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