A Trauma-Informed Approach to Disaster or Pandemic:

Strategies for Providers

Dr. Kathleen Weissberg, MS, OTD, OTR/L, CMDCP, CDP, CFPS, CGCS
National Director of Education – Select Rehabilitation
kweissberg@selectrehab.com

Objectives

The learner will be able to:

- Define the key elements of a trauma informed approach to care and apply these to the current pandemic environment

- Identify suggested guidance and practical strategies for addressing residents and staff during crisis and beyond

- Describe techniques supervisors can utilize to address trauma and secondary trauma in employees

Key Definitions
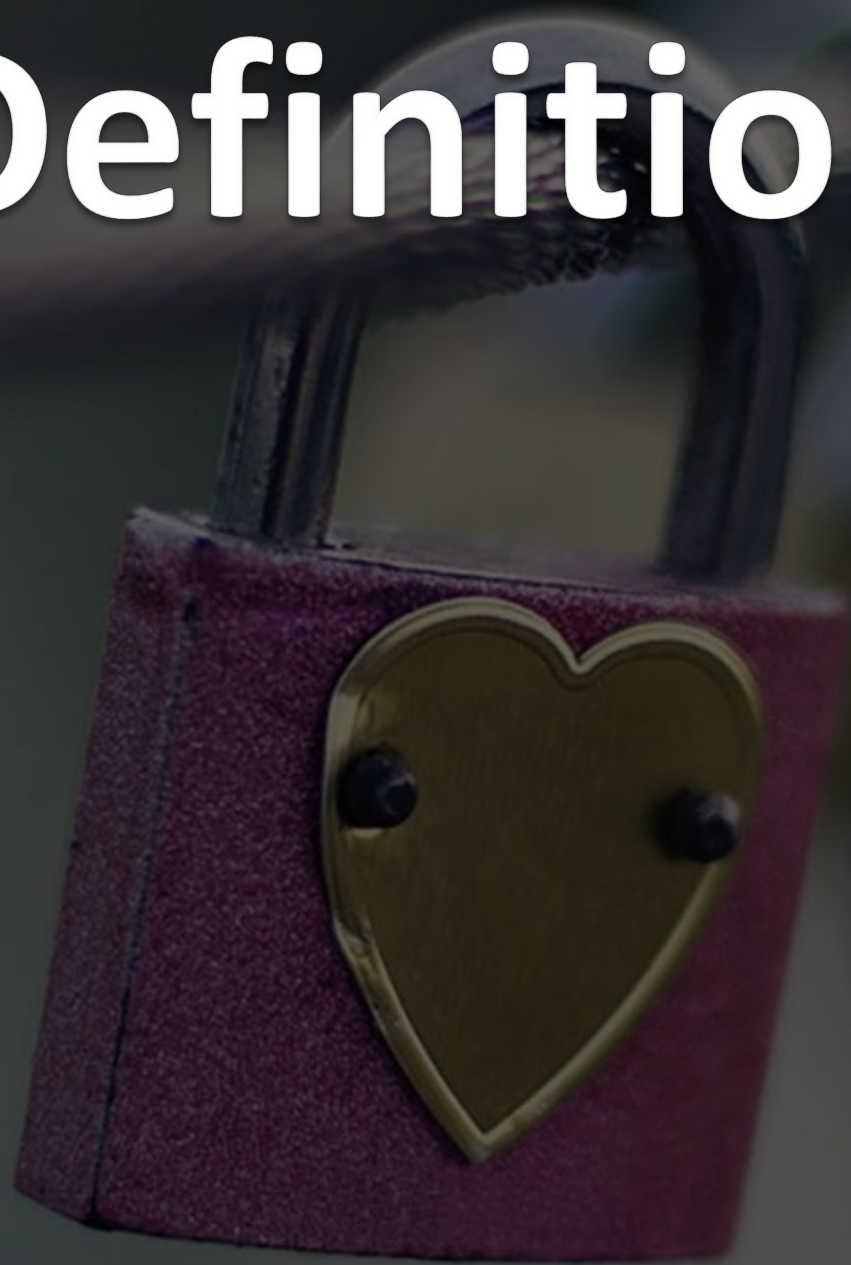
SAMHSA Definition

Individual trauma results from an event, series of events, or set 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 mental, physical, social, emotional, or spiritual well-being.

SAMHSA
Substance Abuse and Mental Health
Services Administration

Definitions

- Secondary trauma

  - Results from exposure to another individual's traumatic experiences, rather than from exposure directly to a traumatic event

- Trauma-informed

  - Understanding trauma and awareness of its impact across settings, services, and populations

- Trauma-informed care

  - Strengths-based service delivery approach grounded in an understanding of and responsiveness to the impact of trauma

Keep in Mind...

- TIC is not necessarily therapeutic in nature

- Its main function is not intended to alleviate symptoms of toxic stress, but instead is intended to inform practice, procedure, and policy

Realize ▶ Recognize ▶ Respond ▶ Resist Re-traumatization
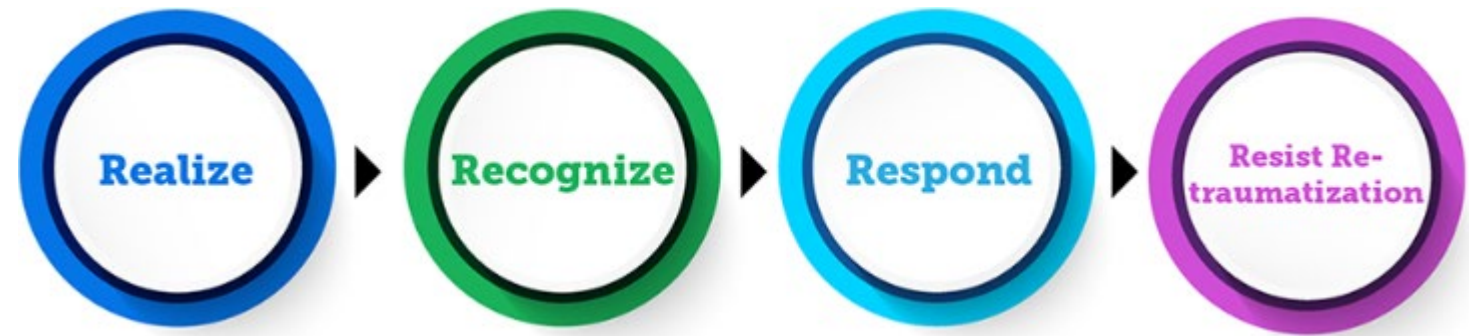
What is A Trauma Informed Approach?

Paradigm Shift

- Trauma-informed care seeks to change the illness paradigm from one that asks, "What's wrong with you?" to, "What has happened to you?"

  (SAMHSA, 2015)

- "A non-trauma-informed system punishes and blames your adult actions and asks, 'what's wrong with you?' A trauma-informed provider will hold you accountable for your adult actions but give you space and time to process 'what happened to you?' without adding guilt and more trauma."

Trauma comes in many forms. Trauma-informed care is the open-mindedness and compassion that all patients deserve.

Key Principles

- Safety

- Trustworthiness and Transparency

- Peer Support

- Collaboration Mutuality

- Empowerment, Voice, Choice

- Cultural, Historical, Gender Issues

(SAMHSA, 2015)

Safety

- Staff and individuals we serve should feel safe, physically and psychologically

- All interactions should promote a sense of safety

- Understanding the client's definition of safety is a high priority

Physical Safety

- Ensuring individuals feel they're being protected and that their physical safety is a priority

- Communicating clearly to staff, patients and community partners about crisis response efforts

- Soliciting input and feedback from staff

- Attending to staff unease

Emotional Safety

- Helping staff understand what to expect

- Demonstrating flexible consistency

- Paying attention to nonverbal communication

- Building in time to check in about feelings

Trustworthiness and Transparency

Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services

Trust and Transparency

- Communicating regularly

- Explaining "the why" behind decisions, policies, or practices

- Being transparent with policy and practice

- Conveying strength and sensitivity

- Creating a trusted source of information

Peer Support

- The term "Peer" refers to individuals with lived experiences of trauma

- Mutual self-help

- Vehicle for building trust, establishing safety, and empowerment

Peer Support and Relationships

- Supporting multiple ways for communication

- Encouraging opportunities and methods for face-to-face contact and engagement

- Setting up and supporting regular peer check-ins to connect

- Create a culture of calm

"Physical distancing" not "social distancing"

Collaboration and Mutuality

- Leveling power differences

- Everyone is equal and has a role on the team

- Healing happens in relationships and in the meaningful sharing of power and decision-making

"One does not have to be a therapist to be therapeutic."

Collaboration

- Making your policy decisions with other systems in mind

- Working together to create policies that promote shared delivery of services, and working to eliminate policies where shared delivery is hindered

- Initiating new partnerships and nontraditional collaborations.

- Collaborating within the organization

Empowerment, Voice and Choice

- Individual strengths are recognized

- Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action.

- Cultivate self-advocacy skills

- Staff are facilitators of recovery rather than controllers of recovery

Voice, Choice, and Empowerment

- Sharing power

- Providing choice whenever possible

- Providing staff with the scripts needed to explain the situation and policies to service users

- Listening to staff ideas and input about being trauma informed during crisis

Cultural, Historical, and Gender Issues

- Actively move past cultural stereotypes and biases

- Leverages the healing value of traditional cultural connections

- Incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served

Cultural Responsivity

- Recognizing and building upon cultural strengths

- Ensuring intended and unintended consequences of policy and practice decisions do not create harm

- Being mindful of historical contexts

- Using strategies that encourage engagement and minimize mistrust

- Ensure important information is offered in multiple languages

Context of Community

- Trauma does not occur in a vacuum

- Community can be defined:

  - Geographically

 - Virtually

  - Organizationally

How a community responds to individual trauma sets the foundation for the impact of the traumatic event, experience and effect

Community Response to Trauma

- Communities that provide a context of understanding and self-determination

  – Facilitate healing and recovery

- Communities that avoid, overlook or misunderstand the impact of trauma

  – May re-traumatize and interfere with the healing process

Consider the Following...

- A community may be subjected to a community-threatening event

- Trauma can be transmitted from one generation to the next

- When explaining trauma-informed approaches, use language that reduces stigma

- Accommodate low health literacy

- Focus on how trauma affects health, not just the traumatic event/experience
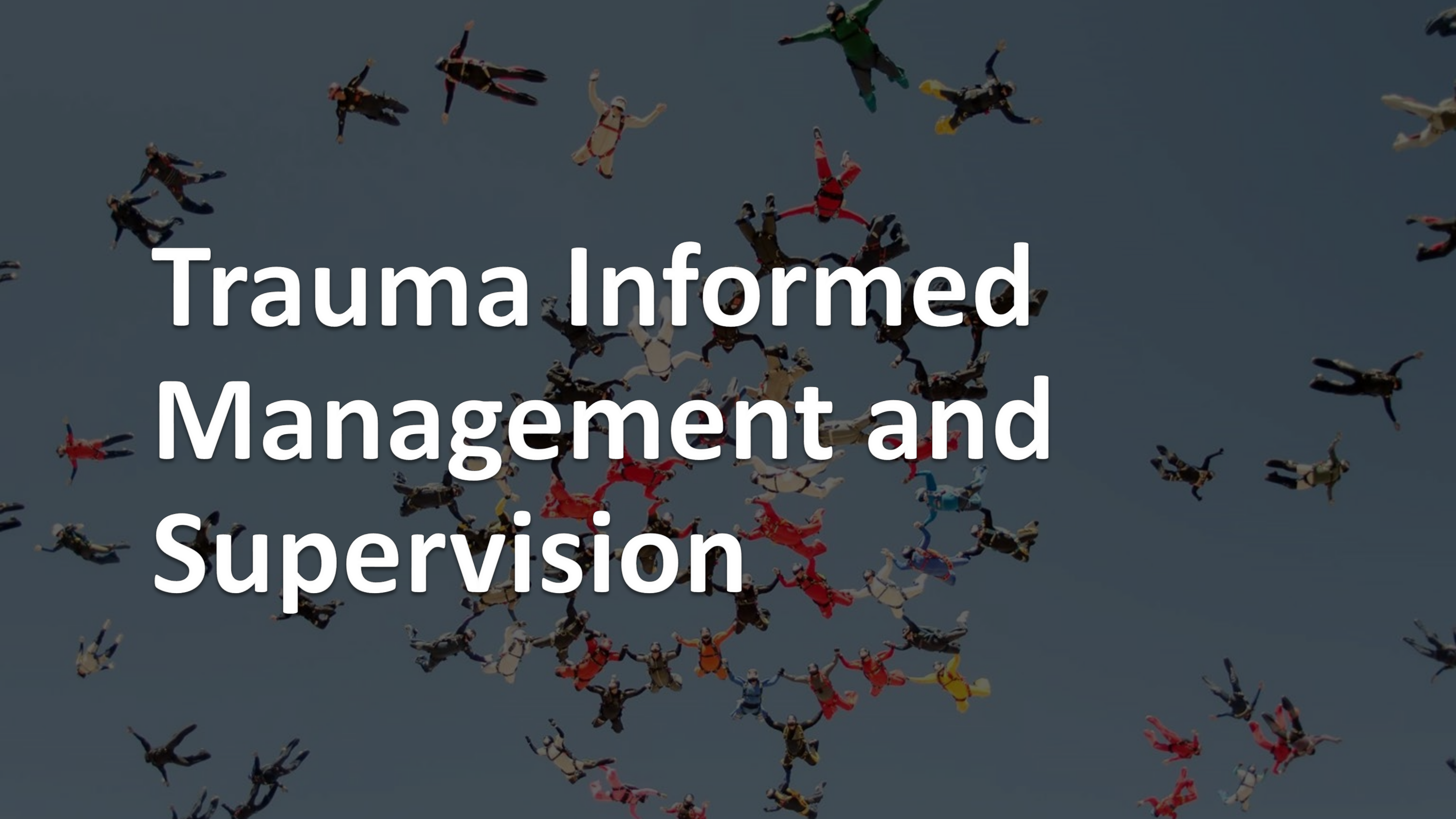
Trauma Informed Management and Supervision

Impact of Trauma on Work

- Increased absenteeism from health problems or lost productivity

- Impaired judgement

- Unwillingness to accept extra work or responsibility

- Low motivation

- Low productivity; poor work quality (leading to poor client outcomes)

- Decreased compliance with organizational requirements

- Staff conflict

- High staff turnover (leading to ongoing training costs)

Secondary Traumatization Signs

Psychological distress

- Distressing emotions

- Nightmares, flooding, flashbacks of client disclosures

- Numbing or avoidance

- Somatic issues

- Addictive/compulsive behaviors

- Impaired functioning

Secondary Traumatization Signs

Cognitive shifts

- Chronic suspicion about others

- Heightened sense of vulnerability

- Extreme sense of helplessness or exaggerated sense of control over others or situations

- Loss of personal control or freedom

- Bitterness or cynicism

- Blaming the victim or seeing everyone as a victim

- Witness or clinician guilt if client reexperiences trauma or reenacts trauma in counseling

- Feeling victimized by client

Secondary Traumatization Signs

Relational disturbances

- Decreased intimacy and trust in personal/ professional relationships

- Distancing or detachment from client

- Overidentification with the client

Secondary Traumatization Signs

Frame of reference

- Disconnection from one's sense of identity

- Dramatic change in fundamental beliefs about the world

- Loss or distortion of values or principles

- A previous sense of spirituality as comfort or resource decreases or becomes nonexistent

- Loss of faith in something greater

- Existential despair and loneliness

Loss and Grief

- We all lost something

- Primary losses are associated with significant events

- Secondary losses, as the consequences of primary losses, are often overlooked

Grief ....

- Is the response to loss of something meaningful

- Has to be, because we love

- Is normal

- Is how loss heals

- Is necessary

- Is an amalgam of emotions

- Is dynamic

- Has no particular timing

What Can Be Done?

Name It and Claim It

- Consider what you're losing in the context of crisis

- Keep a journal to put words to losses, and to help identify ways to move forward

- Write about your personal strengths and coping skills

- Write about other challenging transitions

What Can Be Done?

Self Awareness

- Take breaks and disconnect from the disaster event

- Feel prepared and informed in facilitating their response role

- Be aware of local resources and services

- Have adequate supervision and peer support

What Can Be Done?

Communication:

- Be open to having honest conversations while exploring ways to offer connection

- Recognizing, responding, and validating emotional responses

- Approach difficult and uncertain conversations directly

What Can Be Done?

Reflection

- Promote awareness of DERAILERS

- Modulate emotional pain by naming emotions, observing and reflecting on them

- Consider how you are affected by thoughts

- Mindfulness exercises

DERAILERS

Doubt that you did enough

Embracing ideas about grief that make you want to change it or control it

Repeatedly imagining scenarios where something didn't happen

Anger and bitterness you can't resolve or let go of

Insistent belief that it's unfair or wrong

Lack of faith in the possibility of adapting to the loss

Excessive avoidance of reminders of loss

Rejecting support from others

Survivor guilt

What Can Be Done?

- Social connections are still important

  – Social support can be critical in helping move on from grief, rather than get stuck in it

  – Keep checking in on people, and keep the support going even after this period of lockdown ends

  – Most will go back to "normal," but some will be chronically disrupted and will need support in recovery

Using Psychometric Measures

- If you use the ProQOL in clinical supervision, present it as a self-assessment tool

- Work collaboratively and respectfully to explore their own understanding of and meanings attached to their scores

- Scores are one way for you and your supervisees to get a sense of whether they might be at risk for secondary traumatization, what they can do to prevent it, how to address it, and how you can support them

Addressing Secondary Trauma

- Engage in regular screening/self-assessment

- Address signs of STS within clinical supervision

- Work collaboratively to develop a comprehensive self-care plan and evaluate its effectiveness on a regular basis

- Provide a safe and nonjudgmental environment

- Provide a place to debrief critical stress incidents at work

- Support and encourage individual counseling or psychotherapy, when needed

Trauma Informed Leadership

- A way of understating or appreciating there is an emotional world of experiences in our colleagues

- Recognizes and honors the emotional scars that people may struggle with

- Helps leaders have empathy and compassion for their employees

Why Trauma Informed Leadership?

- Promotes staff retention and reduces turnover

  (Barak, et al., 2001; Knudsen et al., 2013)

- Reduces levels of vicarious trauma experienced by staff (WCSAP, 2004)

- Influences supervisee ability to more effectively cope and have resilience (Sommer & Cox, 2005; Turner, 2009)

- Enhances worker well-being

- Facilitates best practices (Schwalbe et al., 2014)

What is Trauma Informed Supervision?

- Supporting staff

- Relationship based supervision

- Best practices for reflective supervision

  - Regularly scheduled meetings without interruption

  - Discussions about change management

  - Inviting colleagues to share experiences and explore experiences

Leading with Empathy

When employees experience empathy, understanding and compassion from the leadership team they will feel safe, respected and recognized

Staff Responses

- Stress will transfer to our residents

- Give yourself some space to cope

- Share resources and education about abuse

- Be watchful and vigilant for risk factors for suicide

- Practice self-kindness

- Take care of yourself

- Gain insight into where you are struggling

Additional Suggestions

Loneliness and Social Isolation

- Social isolation refers to the objective absence or paucity of contacts and interactions between a person and a social network

- Loneliness refers to a subjective feeling state of being alone, separated or apart from others, and has been conceptualized as an imbalance between desired social contacts and actual social contacts

Loneliness and Social Isolation

- Social isolation is certainly not just an American phenomenon, or a COVID issue

- Before the pandemic began, studies indicated that nearly 25% of older Americans were socially isolated

- 43% of those age 60 and older report feeling lonely

- Loneliness and social isolation impact health
  - 26% increased risk of dementia
  - Increase risk of mortality by up to 29%
  - Chronic conditions – CAD, CVA, HBP

Coping with Depression

Perfect storm for depressive risks

- Reach out and stay connected

- Do things that make you feel good

- Get moving

- Eat a healthy, depression-fighting diet

- Get a daily dose of sunlight

- Challenge negative thinking

Negative and Unrealistic Thinking

- All-or-nothing thinking

- Overgeneralization

- The mental filter

- Diminishing the positive

- Jumping to conclusions

- Emotional reasoning

- 'Shoulds' and 'should-nots'

- Labeling

Dealing with Stress

During work shifts:

- Self-monitoring and pacing

- Check-ins with colleagues, family, and friends

- Working in partnerships or in teams

- Brief relaxation/stress management breaks

- Time-outs

- Keep anxieties conscribed to actual threats

- Helpful self-talk

- Focus efforts on what is within your power

- Accept what you cannot change

Dealing with Stress

Avoid:

- Working too long by themselves without checking in with colleagues

- Working "round the clock" with few breaks

- Feeling that they are not doing enough

- Excessive intake of sweets and caffeine

- Engaging in self-talk and attitudinal obstacles to self-care

Stress Management

- Relax your body often by doing things that work for you

- Pace yourself between stressful activities

- Talk about your experiences and feelings to loved ones and friends

- Maintain a sense of hope and positive thinking

Stress Relievers You Can Do At Work

- Progressive muscle relaxation

- Visualization

- Deep breathing

- Engage your senses

- Laugh

- Practice makes perfect

Simple Stress Relievers

- Start your day off right

- Be clear on requirements

- Stay away from conflict

- Stay organized

- Be comfortable

- Forget multitasking

- Stress well – eat well

- Keep perfectionism in check

- Stress well – move well

Sleep

- Upon waking, get at least 15–60 minutes of bright light

- Exercise close to wake-time

- Take naps and consider "banking" your sleep

- Use caffeine judiciously

- Limit alcohol before bed

- Keep a regular sleep and wake-time schedule as much as possible

- Create a regular bedtime routine of quiet activities

- Limit alerting activities close to bedtime

- Optimize your sleep environment

Strategies to Help Residents

- Establishing a routine and maintaining clear communication are crucial

- Do not assume residents understand why the routine is changing

- Do not assume residents' understanding of a global pandemic are universal

- Relationships and well-being can take priority

- Create relational rituals

Supporting Safety

- Offer residents a way to connect if there is something that they need help with or are worried about

- Encourage residents to talk to friends or family members on the phone

- Keep as much of a regular routine as possible

- Plan fun activities and connect with family

Connectedness

- Make time to ask residents about something they are doing

- Plan activities for engagement – get creative!

- Write letters

- Talk directly about the importance of connecting with others

"Physical distancing" NOT "social distancing"

Hope

- Have residents connect with someone in their family or community to ask another person they respect how they stayed hopeful in troubled times

- Download and view YouTube videos of church or inspirational speakers

- Take time to learn about other historical times of crisis, including how these ended and communities rebounded

- Encourage residents to get fresh air and to move when possible

- Share some of the many stories of hope and helping that have come out of crisis

What Else??

- Provide opportunities for residents to engage in activities that affirm their competence, sense of self-worth and feelings of safety

- Promote self-awareness

- Mindfulness or self-soothing exercises

- Model and normalize a range of emotions by giving residents opportunities to express themselves in nonverbal ways

- Appreciation or gratitude circle

Considerations

- Support regulation

- Prioritize relationships

- Explain the why behind decisions

- Help staff know what to expect to the extent possible

- Reframe behaviors

Remember that we as caregivers are the best predictors of how our residents are doing; they are watching and listening to us. When we take care of ourselves, we're showing them how they can take care of themselves, too.

Thank You!

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