



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

Sheri Gibson, Ph.D.

[www.DrSheriGibson.com](http://www.DrSheriGibson.com)

# 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

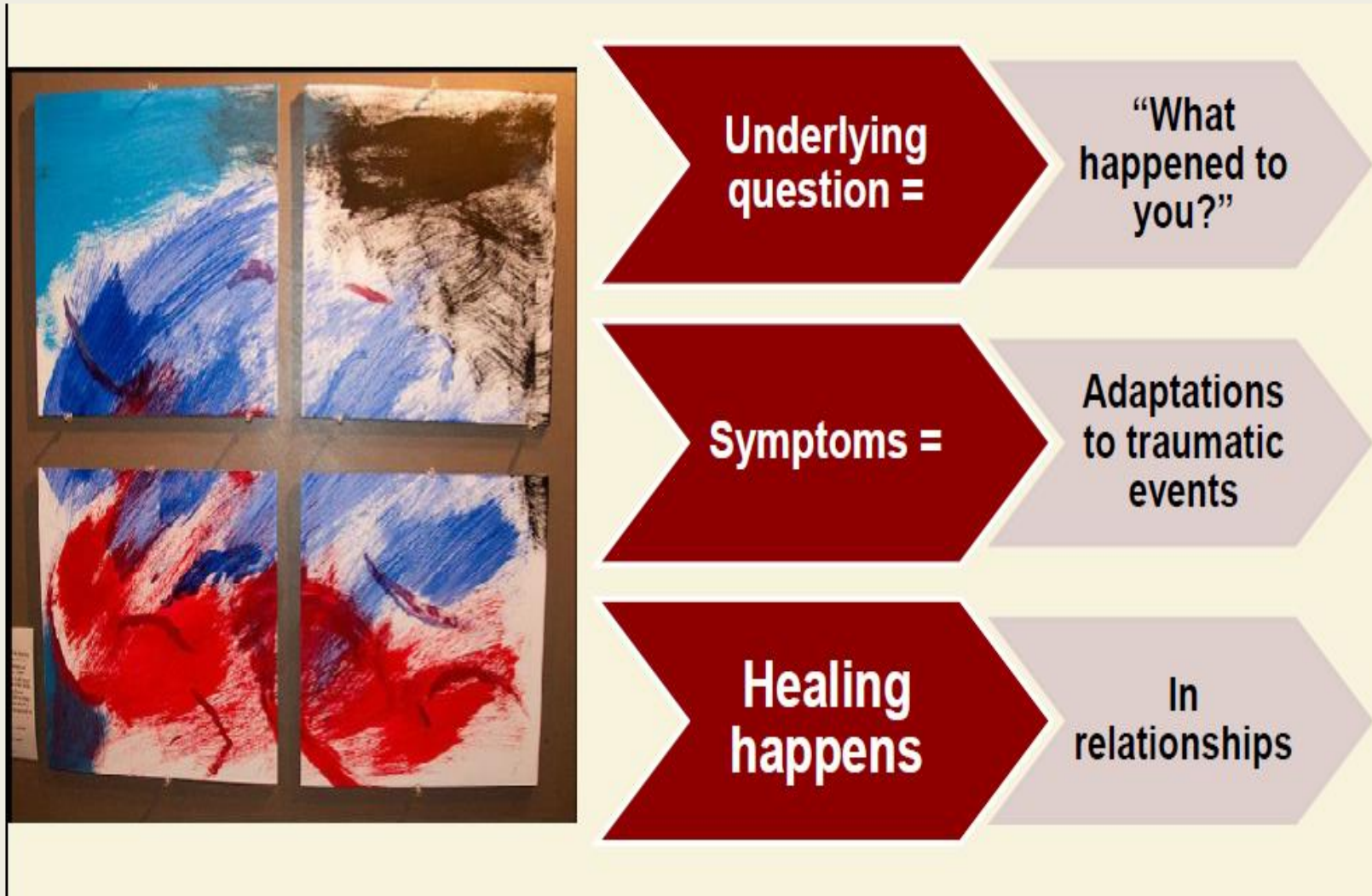
Understanding the **prevalence** of trauma

Recognizing how trauma **impacts** individuals

Putting this knowledge into **practice**

to **actively resist re-traumatization**

# Approach is Key



# Prevalence of Trauma: Approach



Video: Power of Empathy



# What is Trauma?

Individual trauma results from an **event**, series of events, or set of circumstances **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

# 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.

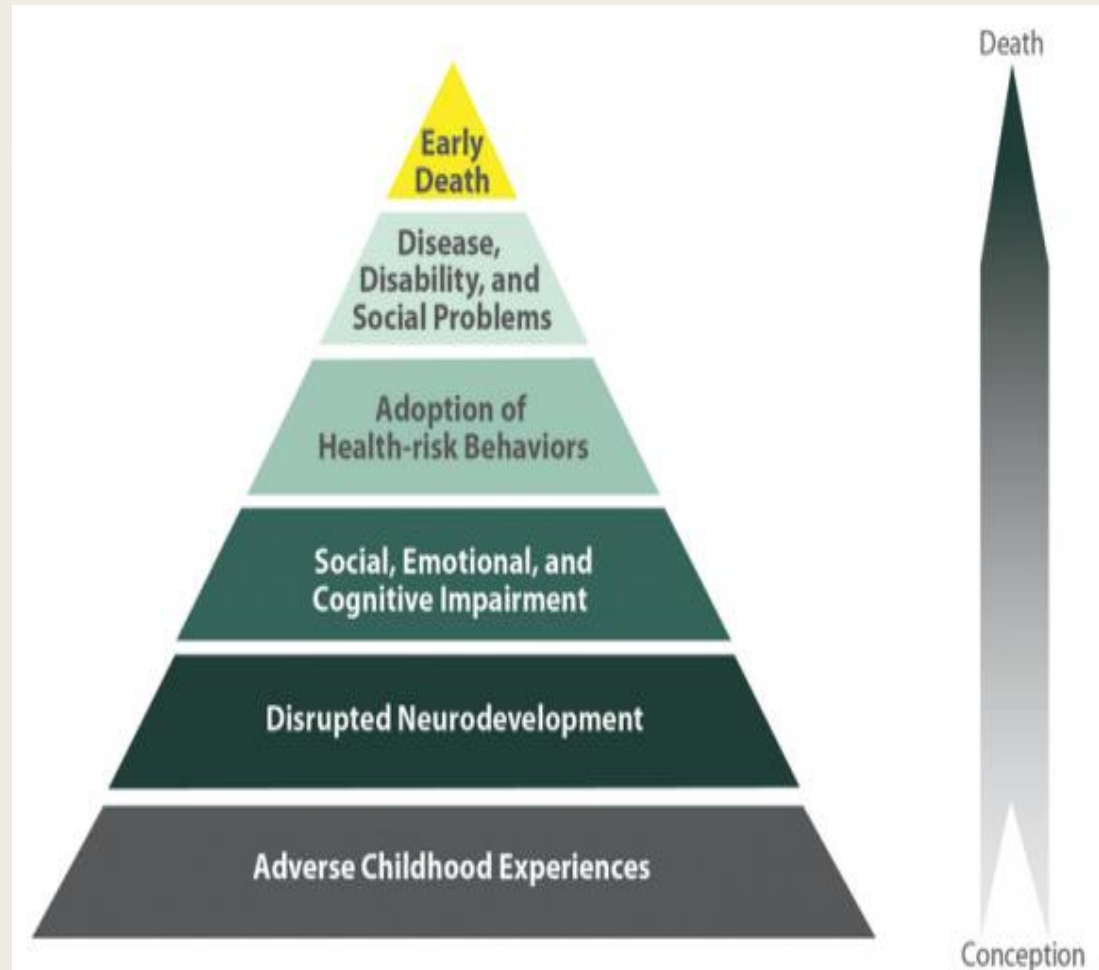
# Impact of Trauma



# 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**



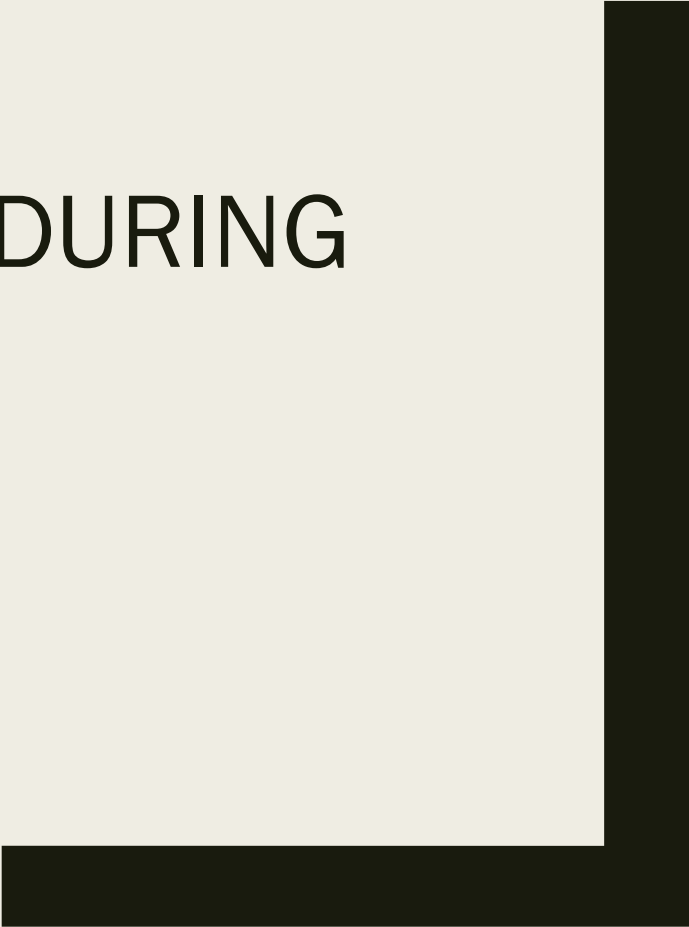
# Impact of Trauma: Signs of Trauma Responses

## **Additional Signs**

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



# Eleven things never to say to anyone

1. Come here.
2. You wouldn't understand.
3. Because those are the rules.
4. It's none of your business.
5. What do you want me to do about it?
6. Calm down.
7. What's your problem?
8. You never (or) you always.
9. I'm not going to say this again.
10. I'm doing this for your own good.
11. Why don't you be reasonable?

# Statements: Reflection, Empathy, Validation

- Verbally **reflect** another's emotional state:
  - *"It sounds like you feel very angry about this."*
- Offer the ultimate **empathic** statement:
  - *"Let me be sure what I heard is what you just said."*
- **Validate** the person's emotions:
  - *"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."*

# Be Concise

- When persons are agitated, their ability to process verbal information may be compromised; thus, use short sentences and simple vocabulary.
- Give the individual time to process what has been said to him/her and to respond before providing additional information.



# Repetition is essential

- Persistently repeat your message until it is heard.
- Repetition is essential whenever making request, setting limits, offering choices, or proposing alternatives.
- Combine this skill with assertiveness skills such as active listening and agreeing with the individual's position whenever possible.

# Identify Wants and Feelings

- Whether or not a request by the individual can be fulfilled or granted, all persons need to be asked what their request is:
  - *“I really need to know what you expected when you came here” and,*
  - *“Even if I cannot provide it, I would like to know so we can work on it.”*

# Use Active Listening

- Convey through verbal acknowledgement, conversation, and body language that you are really paying attention to the individual, and what they are saying and feeling.
- Use clarifying statements such as, “Tell me if I have this right...”
- This does not mean you agree with the individual, but that you understand what he/she is saying.

# It's not about the nail



# Agree or Agree to Disagree

- Find something about the person's position with which you can agree. Three ways to agree:
  - *Agree with the truth.* (“Yes, it is warm in here; let me see if I can adjust the temperature”)
  - *Agree in principle.* (“I believe everyone should be comfortable or free from discomfort.”)
  - *Agree with the odds.* (“There are probably other people here who are also warm.”)
- Agree as much as possible – it's important to acknowledge (in delusional situations) that you have never experienced what the person is experiencing but you believe they are having that experience.
- If you can't honestly agree, then agree to disagree.

# Limit Setting: Done in a reasonable and respectful manner

- Setting limits demonstrates your intent and desire to help but not to be abused by the person.
- If the person is making you feel uncomfortable, this must be acknowledged.
- Often times, telling the person that his/her behavior is frightening or provocative is helpful if it is matched with an empathic statement that the desire to help can be interrupted or derailed if you feel angry or fearful.

# Coach the Person in How to Stay in Control

- Use gentle confrontation with instruction:
- “I really want you to sit down; when you pace, I feel frightened, and I can’t pay full attention to what you are saying. I bet you could help me understand if you were to calmly tell me your concerns.”

# Offer Choices and Optimism

- Offer things that will be perceived as an act of kindness, such as a blanket, magazine, and access to a phone.
- Food and drink may be a choice the person is willing to accept that will stall aggressive behaviors.
- Be mindful that these choices must be realistic – never deceive a person by promising something that cannot be provided.



See what sticks.





Thank you



# Trauma Informed Care: Further Reading

Judith Herman (2015) [Trauma and Recovery](#)

Linda Sanford (1991) [Strong at the Broken Places](#)

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

Bessel Van Der Kolk (2014). [The Body Keeps the Score](#)

# Trauma Informed Care: Bibliography

Alameda County Behavioral Health Care Services. Trauma Informed Care.  
[alamedacountytraumainformedcare.org](http://alamedacountytraumainformedcare.org)

Brown, D. W., Anda, R. F., Tiemeier, H., Felitti, V. J., Edwards, V. J., Croft, J. B., & Giles, W. H. (2009). Adverse childhood experiences and the risk of premature mortality. *American Journal of Preventive Medicine*, *37*, 389–396.

Centers for Disease Control and Prevention. About the CDC-Kaiser ACE Study.  
<https://www.cdc.gov/violenceprevention/acestudy/about.html>

# Trauma Informed Care: Bibliography

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*.

# Trauma Informed Care: Bibliography

Mueser, K.T., Salyers, M.P., Rosenberg, S.D., Goodman, L.A., Essock, S.M., et al. (2004). Interpersonal Trauma and Posttraumatic Stress Disorder in Patients With Severe Mental Illness: Demographic, Clinical, and Health Correlates. *Schizophrenia Bulletin*, 30 (1), 45-57  
Read et al, 2008

National Center for PTSD.

[http://www.ptsd.va.gov/public/pages/ptsd\\_substance\\_abuse\\_veterans.asp](http://www.ptsd.va.gov/public/pages/ptsd_substance_abuse_veterans.asp)

Perry, B. D. (2006). Applying principles of neurodevelopment to clinical work with maltreated and traumatized children: The neurosequential model of therapeutics. In Boyd- Webb, N, ed. *Working with traumatized youth in child welfare*. New York: Guilford Press.

# Trauma Informed Care: Bibliography

Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Center for Trauma Informed Care. *SAMHSA's Trauma Informed Approach: Key Assumptions and Principles Curriculum*.

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](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.



# Trauma Informed Care: Bibliography

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/skildev.pdf>