**TRANSCRIPT OF INFORMED CARE IN A TIME OF COVID 19: A PRIMER FOR FAMILIES PRESENTATION**

hi uh greetings from colorado springs colorado my name is dr sherry Gibson licensed psychologist and i'm coming to you with a partnership through the connecticut state long-term care ombudsman program

and the department of aging disability services to bring you a webinar training on trauma-informed care in a time of covet 19 a primer for families i want to welcome you all to this training i hope that it will be informative for you may be inspiring and at least give you some tools and some information to help you Understand how to be in relationship with others who are experiencing trauma the coronavirus has Affected millions of people and has killed millions of people across the globe and here in our own country a vaccine as we speak is being disseminated across our nation and we still despite that have a long

haul that we face the begs the question how will people respond to and bounce back from adversity as this pandemic waxes and wanes what will a post-pandemic world look like and will our society prove to be a resilient one while scientists are continually trying to understand the multiple layers of physical illness

associated with kovic 19. the stressors associated with the pandemic are also likely to have serious Mental health consequences it is quite normal to experience distress as a result of the chronic stress of this magnitude losses have prevailed throughout this pandemic losses that are real such as death of Loved ones having the opportunity for a funeral ritual but losses are also symbolic in that the loss of what We knew to be a normal way of life prior to the pandemic and what life looks like now loss of times that we get together for graduations mother's days father's days right now as i'm recording this we're only days away from Christmas and christmas has taken on a whole different meaning and hue through the lens of a pandemic where we have to be quarantined and we have to have extreme caution in the ways that we commune with one another there's also grief that we have felt at level that we never have seen in this country anyway and so it's important that we understand that there's not one size that fits all in terms Of our own perceptions to the pandemic our own reaction or experiences of grief of trauma we know that These individual responses are multifaceted so we have to think about what was what were we like prior to the pandemic and people that your your family members for example and even yourselves what were your circumstances prior to the pandemic and the resources that were available to you and your loved ones um a couple of things that come to mind for me is what kinds of prior exposures did your loved ones have to adversity were there physical or mental health vulnerabilities that were already there before this pandemic and what were the economical and social supports that your loved ones were receiving prior to the pandemic now since coven 19 we also have to look at what kinds of exposures have people Encountered such as an illness of a family member maybe even a death of a family member loss of

job or loss of health insurance job status is an important factor especially when we consider essential health care workers and maybe just essential workers um by and large people who work for the post office people in grocery stores people who'd deliver things whether that's food or essential items across the country and and also part of this is the time that we spend immersed in social media the news overexposure to information and sometimes questioning the um the type of information that we're getting and the accuracy of that information that's another important piece to factor in and then the community level types of stressors stressors and by that i mean whether or not your community was considered a hot spot did shops and restaurants close to never reopen i know in my town of colorado springs there's been multiple shops and restaurants that have closed indefinitely because of the pandemic and what was the guidance of your own state government was there guidance directed by the best science did your communities in general feel confident in your government's attempt to minimize or respond to the pandemic or the spikes in cases or deaths around your your state the emotional and behavioral responses to this ongoing crisis will be multi-determined but not random believe it or not meaning that psychological science has isolated risk factors that can guide health care providers and social service organizations to identify the most psychologically vulnerable among us so when we talk about trauma response i'm referring to not only your loved ones but also your family your neighbors your co-workers your peers um and people at the leadership level so this is a broad understanding of trauma and how it impacts people at the individual level now the one thing i want to differentiate in this training is that i'm talking about an approach to people when we understand trauma it is a philosophy of care that we teach in long-term care communities and other health care settings this is differentiated from trauma-specific treatment now trauma-specific treatment means that there are empirically based treatments that work to elimi alleviate specific symptoms related to trauma a diagnosis of for example post-traumatic stress disorder and those types of symptoms can be you know nightmares flashbacks they can result in depression or anxiety they can you know lead to feelings of paranoia agoraphobia not wanting to leave one's house so those kinds of trauma-specific treatments are done through and with a mental health professional who has specific training in that type of symptom so if you have those concerns about your loved one living in long-term care or you have concerns about yourself in terms of trauma you'll want to know who your resources are your mental health resources in your community and please do get professional help to alleviate those symptoms trauma-informed care has been mostly guided by the scientific efforts of the substance abuse and mental health service administration at the federal level and they have come up through their years of research and and learning about uh trauma survivors from trauma survivors three main tenants and that is that behavioral health is essential to overall health and well-being that prevention works and treatment is effective now i've oversimplified this but if you ever want to learn more about the work that samsa does around trauma-informed care you'll want to go to samhsa.org and look you they have a ton of resources available samsa has given us some elements core elements to what it means to be a trauma-informed care provider and that is that we have to understand the prevalence of trauma in order to recognize how trauma impacts people at the individual level and then we put that knowledge into our practice to actively resist re-traumatization i want to give you an example of how this might look in a long-term care community or among health care providers providing care to older adults for example about five well a couple years ago and for about five years i was the director of behavioral health for the program of all inclusive care for the elderly located here in colorado springs you might have one in your community as well and i was working with this woman she was in her mid-60s and she had a significant trauma history from from early childhood trauma they impacted her whole life i had had broad range of impact in her psychological well-being mental health her social well-being even impacted her ability to hold a job or to have steady consistent healthy relationships and as this person aged as many of us will do she also had co-occurring um health problems and one of the things that happened with her is that she became incontinent and at pace we had um two different types of incontinence briefs that we um delivered to people's homes one type of incontinence brief if you may know or not know is the type that fastens at the side it really does mimic an infant diaper the other type of incontinence brief is one that you pull up that mimics you know an underwear a piece of underwear clothing and pace at the time had an overflow of the um diaper types of incontinence briefs and as as a result um they tried to get rid of those as quick as possible so that they could integrate the new type of incontinence brief well my client this woman had come to our session one day and she was sobbing uncontrollably and when i was finally able to get her to find her words and tell me what had happened i learned that she had received the the type of incontinence brief that mimics mimics an infant diaper and she was instantly propelled into her trauma experience as a young child and without going into any gory details her childhood trauma involved feces and so you can imagine how this triggered an emotional reaction right away by something that seemingly was very benign from a provider's standpoint from our perspective and it scared her so much her reaction was so big to it that she had to hide the knives in her house so as she so that she wouldn't uh inadvertently harm herself and so as she's telling me her story and as i'm listening to her i finally asked her if she would be willing or she would consent to me advocating for her with our home care nursing staff to make sure that she gets the other type of incontinence brief without disclosing any of her trauma but just letting them know that it was paramount that she do not get the kind that fasten at the side and she agreed to that and we fixed it immediately and she felt better immediately but this is one example of many examples that i have as a psychologist working in long-term care settings where we may do something that seems very benign seems completely you know has all good intention behind it that unfortunately re-traumatizes a person that has a history of trauma and so what trauma informed care teaches us is to be more aware and to have some insight that people that we're working with may come to us with a trauma history we may not know it we don't need to know it necessarily but we can assume that a lot of people have a trauma history and so we have to be very mindful of our own approach and this would be something for you as a family member to understand about your loved one's history and your role in this is to inform us as care providers about how best to work with your loved one if you know that your loved one has been through trauma even if you don't know all the details but you have some sense of that you informing us and educating us about your loved one will help us be better stewards of that and hopefully put these elements into practice so that we can actively resist re-traumatizing your loved one or anybody's loved one that is in our care so another interesting piece about trauma-informed care is is our approach to it and the underlying question that we need to ask is not what is wrong with you but what has happened to you and that symptoms are actually adaptations to traumatic events and finally that healing happens in relationship i want to share with you next a video that um was it's a talk actually by brene brown some of you may have heard of her she's a renowned sociologist and researcher scholar that has um invested and dedicated uh decades of of her career to understanding the concept and the construct of vulnerability what does it mean to be vulnerable and how do we enter into vulnerable spaces and when we allow ourselves to be vulnerable it actually becomes the birthplace of growth and creativity she gave this small talk on differentiating between empathy and sympathy and it was put to an animation that i find really sweet and endearing but also compelling and provocative in terms of how we need to be with people so i'm going to share this now and i hope that you enjoy it so what is empathy and why is it very different than sympathy empathy fuels connection sympathy drives disconnection empathy it's it very interesting teresa wiseman is a nursing scholar who studied professions very diverse professions where empathy is relevant and came up with four qualities of empathy perspective taking the ability to take the perspective of another person or recognize their perspective as their truth staying out of judgment not easy when you enjoy it as much as most of us do recognizing emotion in other people and then communicating that empathy is feeling with people and to me i always think of empathy as this kind of sacred space when someone's kind of in a deep hole and they shout out from the bottom and they say i'm stuck it's dark i'm overwhelmed and then we look and we say hey climb down i know what it's like down here and you're not alone sympathy is oh it's bad uh-huh uh no you want a sandwich um empathy is a choice and it's a vulnerable choice because in order to connect with you i have to connect with something in myself that knows that feeling rarely if ever does an empathic response begin with at least i had a yeah and we do it all the time because you know what someone just shared something with us that's incredibly painful and we're trying to silver lining it i don't think that's a verb but i'm using it as one we're trying to put the silver lining around it so i had a miscarriage at least you know you can get pregnant i think my marriage is falling apart at least you have a marriage john's getting kicked out of school at least sarah is an a student but one of the things we do sometimes in the face of very difficult conversations is we try to make things better if i share something with you that's very difficult i'd rather you say i don't even know what to say right now i'm just so glad you told me because the truth is rarely can a response make something better what makes something better is connection so if we were all in the same room right now i'd be asking you what you thought of that video what kind of reactions you had to the video i know my own reaction i'll share with you is when i first saw it i thought oh my gosh how many times do i use the phrase at least and since that time this video has been out for a number of years now i'm so aware of that because if you're on the receiving end of that statement and you probably have been i suspect it does feel a bit invalidating doesn't it when somebody tries to as brene brown says silver line are um our pain when we've shared something really intimate very vulnerable with somebody when they try to put that silver lining around it so again i think what what bernay brown is saying here and what i hope will be communicated to you throughout this webinar is the importance of connection the importance of relationship the importance of communicating through various ways that we're listening that we understand people and then using that knowledge that we have of an individual to either sit with them in that suffering and let it be or work towards advocating fixing solving if we need to i've provided here a framework for understanding trauma that was developed by a working group of researchers practitioners trauma survivors and family members all convened by samhsa the substance abuse and mental health services administration and it's important because it creates a framework for understanding the complex nature of trauma it states that individual trauma results from an event a series of events or set of circumstances experienced by an individual or 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 now you'll notice that there are three words that are highlighted and underlined and i want to talk about those three words because they're very important the focus on events places the cause of trauma in the environment and not in some defect of the individual this is what underlies the basic credo of trauma-informed approaches that is it's not what's wrong with you but what's happened to you the focus on experience as underlined here highlights the fact that not every child or adult will experience the same events as traumatic and then finally the identification of a broad range of potential effects the third word here reminds us that our response must be holistic it's not enough to focus on symptoms or behaviors our goal is to support an adult in learning how to grow and live a satisfying life there's a wide range of events that can potentially cause trauma trauma can be caused by events that the individual doesn't remember such as events that occurred in early childhood trauma can also be caused by events that are well intentioned and necessary such as medical procedure and trauma can be caused by an event that didn't happen to the person per se but to a group that he or she active or identifies closely with such as slavery or the holocaust or the genocide of native american people over time those chronic stressors can accumulate to cause trauma it's particularly important also to emphasize that many people experience multiple traumatic experiences over the lifetime while the immediate focus might be on a recent event occurring right now the individual's reaction to that event will be affected by earlier experiences the majority of persons exposed to trauma endure mild to moderate psychological distress followed by a return to pre-trauma health shortly thereafter nevertheless a substantial proportion of persons exposed to traumatic events develop chronic pathological symptoms that may be debilitating and can last for several years psychopathology in response to trauma represents a consequence of the very complex accumulation and interaction of life experiences that range from the social to the biological factors that occur over the life from gestation until death and across generations thus trauma can be cumulative i want to transition to talking about the impact of trauma now the brain is impacted by trauma and to understand that we have to also know that the brain has a bottom up organization what does that mean well it means that the bottom regions of the brain such as the brain stem and the midbrain that control the most simple functions such as respiration heart rate blood pressure regulation those develop first and then you have the top areas of the brain such as the limbic which is associated with our emotions our reactions to fear our memories and our cortex those control more the complex functions such as thinking and regulating our emotions at birth the human brain is underdeveloped not all the brain's areas are organized or fully functional at that time during childhood the brain starts to mature and the whole set of brain related capabilities develop in sequence for example we crawl before we walk and we babble before we talk the development of the brain during infancy and childhood follows that bottom up structure again the most regulatory bottom regions of the brain develop first followed in sequence by the adjacent but higher more complex regions that process of sequential development if you will of the brain is also guided by experience so many of you have probably heard of the nature and nurture interaction in development so the brain develops and modifies itself in response to experiences of what happens in the environment toxic stress can derail the healthy development of the brain and can interfere with normal functioning i have on here a um a graph or a schematic if you will that shows the mechanism by which adverse childhood experiences influence the health and well-being throughout the lifespan so perhaps one of the largest if not the largest ongoing health risk studies that establish this relationship between traumatic trauma exposure and physical health is the ace study and a stands for adverse childhood experiences that study was organized by the cdc and the kaiser permanente in san diego california and researchers surveyed just over 17 000 individuals who were insured between the years of 1995 and 97 about their history of adverse childhood experiences and the study showed that they use an ace score so that's the number of these experiences that happen before the age of 18 and they count the total number of aces that respondents reported to assess the total amount of stress during childhood what they found was that childhood abuse neglect and exposure to other traumatic stressors were very common and almost two-thirds of the participants reported at least one ace adversive childhood experience more than one in five reported three or more aces the short and long-term outcomes of these childhood exposures included a multitude of health and social problems so as a scores increased the risk for the types those types of health problems also increase in a very strong and graded fashion and with that a very direct negative impact on mortality and longevity so you can see that when these things happen if you look at this graph those adverse childhood experiences they disrupt that normal sequence of neurodevelopment that then leads to social emotional and cognitive impairment for the individual and adoption of health risk behaviors ranging from smoking to sexual promiscuity everything in between that can lead to disability and disease and social problems and lead to early death and mortality the effect of trauma on an individual can be conceptualized as a normal response to an abnormal situation and this is highly highlighted i think most accurately in the fight flight or freeze reaction that has been used to describe what happens in the behaviors that come across in trauma survivors so most of you can know that the fight fighter freeze response is our body's reaction to danger to perceived danger it's how we get out of a dangerous situation but some common behaviors are described by trauma survivors behaviors that are often labeled as problems by the mental health system for example can be lead to those same responses and to the effects that trauma has on the brain this slide lists those set of problems if you will that are often attributed to people in the mental health system and shows how the behavior may be a survival mechanism tied to that flight fighter freeze response first is the flight response in the mental health system anyone who emotionally withdraws or i'm sorry who is emotionally tries to hold on to their personal power rather may be labeled as non-compliant or combative second is the flight response and in the mental health system anyone who emotionally withdraws or disengages too much may be labeled as treatment resistant or uncooperative and finally is the freeze response anyone who gives in too easily to authority may be labeled as passive or unmotivated i also refer to this as the bobble head syndrome the person will just say or do anything and everything to get out of a situation whatever you want to hear in order to escape many of the people that we serve as providers and and certainly many of the people who live in long-term care communities have survived circumstances that we can hardly imag imagine what we often label as pathological may be the very things that help that person to survive so when we take a trauma-informed approach we recognize that those symptoms and problem behaviors are really adaptations to trauma and and that they frequently include feelings of helplessness and loss of control that trauma often causes some additional signs of a trauma response would be flashbacks or frequent nightmares sensitivity to noise or being touched even always expecting something bad to happen not remembering whole periods of one's life or feeling emotionally numb inability to concentrate or attend irritability that can also mimic uh or look manifest as anger angry outbursts excessive watchfulness anxiety shame and sadness now none of these signs are always associated with trauma each of these signs again can be adaptations to those neurobiological changes that we discussed earlier each of these behaviors can in fact play an important role in the person's life and that they may protect that person or help them survive very difficult situations throughout their life one of the important pieces of work that came out of a working group of trauma survivors and researchers researchers were six core principles of trauma-informed care so i want to kind of review some of those principles and then transition into what kinds of things can you do in order to you know understand this more and help your loved one or inform care staff so that they can better help your loved one those six principles are the following understanding safety trustworthiness and transparency choice collaboration and mutuality and empowerment first there's understanding and what we need to know is that through that knowledge and understanding of trauma and stress that we can all act more compassionately and take a take well-informed steps towards wellness long-term care communities actively move past the cultural stereotypes and biases and offer gender responsive services they leverage the healing value of traditional cultural connections and they recognize and address historical trauma when possible the second is about safety now staff and residents need to feel physically and psychologically safe which is so hard right now in a global pandemic where safety is paramount and yet the actual um protocols around safety further isolate people that then creates some psychological distress or exacerbation of psychological distress safety is also a perceived safety too so there was some earlier research done in inpatient psychiatric hospitals where researchers asked uh patients what they perceived to be a safe or unsafe in in that setting and they asked staff what they perceived as safe or unsafe and what they found is that the two reports from the two different populations were very discrepant because the things that staff felt kept them safe from the behaviors of their psychiatric patients are the very things that patients reported that made them feel unsafe and so what we have to understand is that for clients safety means maximizing control over their own lives and for providers it usually means that we're maximizing control over the environment and minimizing risk now you can very readily see how this applies right now in long-term care communities during coven 19. and so how what we have to do as providers is to give where we can give control or give residents as much control over their uh environment as as possible so that they can feel safe in their environment while we also balance being able to minimize the risk in long-term care communities as well so as to not um inadvertently harm somebody by the spread of covid another principle of trauma-informed care is trustworthiness and transparency operations and decisions have to be conducted with transparency and the goal of building and maintaining trust among all participants including residents and staff members art staff family members and others including through the meaningful sharing of power mutual decision making authenticity authenticity and consistency and this is certainly the um i believe the credo by which uh long-term care ombudsmen operate that they really work through and they uh hold this as one of their higher values to build trust and to be transparent another core principle is informed care and choice so what this means here is that we want to take the individual strengths and experiences to build upon to know what their values are what their values have always been so that every intervention that we do or every step that we make towards maximizing their safety maximizing their dignity that we use that and that people have a voice and their choices validated so that new skills can be developed by everybody the organization in terms of the long-term care setting fosters a belief in resilience and that residents are supported in developing their own self-advocacy skills this can be very hard for residents living in long-term care where many might feel or some might feel that they don't have a voice and this is really difficult right now where long-term care communities do have to operate under certain government regulations while giving choice where they can for residents and also that residents residents voices are heard among long-term care staff through resident council or at the leadership level and that you as family members are also advocating on behalf of your loved one collaboration and mutuality also a very important core principle of trauma-informed care and that is that we have to level the power differences between organizations and their residents between even care provider and a care recipient and that we do that through recognizing that healing happens in relationship and that there's a meaningful sharing of power in decision making that it's a conversation that we're having with people that when we understand the world through their eyes we can better tailor uh any intervention or any um piece of advocacy that we're doing that that can be tailored to the individual that again it's not a one size fits all that's that's i think at this very uh basic core of collaboration and mutuality and then empowerment communities must recognize and build on and validate residents strengths their end of their individuality and even through peer support and peer support is really important in long-term care settings where people can feel supported through their fellow residents and that residents are empowered to advocate on behalf of other residents that may not feel that they have a voice or may not be able to share the voice or maybe their social or familial circle is very limited or maybe non-existent and so those kinds of supports are key vehicles in establishing safety and hope building trust enhancing the collaboration and serving as models of recovery and healing maximizing that sense of empowerment at every step of the way support i just talked about that but um really important and i think a lot of long-term care communities are using more and more uh the and are recognizing the value of peer support um some key components of peer support programs within long term care is that they have to kind of follow um some or it's suggested that there are some guidelines that they follow and one it has to be voluntary the person the peers have a very non-judgmental stance they're very respectful of their of the individuals that they're supporting it's a reciprocal kind of relationship between them and another resident it's a very empathic relationship too you know i think it's important in long-term care that providers recognize and even family members you all out there that you're given permission sometimes to know that there are some situations there are some behaviors even some reactions that simply can't be fixed but what we can do and and probably i think what trauma informed care approaches teaches us encourages us to do is to really sit with the individual be empathic and non-judgmental and understand that there are some situations and some behaviors or some experiences that can't be solved can't be fixed but maybe just tolerated and when we can do that in relationship with others they can feel supported they can feel empowered to maybe make small changes so as i wrap up sorry my allergies are flaring up um as i wrap up i just want to kind of do a summary of of what i've talked about here today when we take a trauma-informed care approach we understand the prevalence and impact of trauma we promote safety among residents and family members we earn the trust of residents and embrace the diversity of experiences providing holistic care and respecting basic human rights pursuing people's strengths their choice and autonomy whenever possible and sharing that power between provider and care recipient between family members and care recipients and always communicating with compassion and all of this encompasses or or embraces the fact that the healing happens in relationship you and me that we have opportunities over and over again to provide a positive corrective experience for any individual that through our own empathic stance through our own willingness to sit in an empathic place of vulnerability with our loved ones that we can provide healing in a way that people haven't experienced before and so i want to thank you for spending this time with me today i wish you all a better 2021 i wish you all blessings as you go into this new year and i thank you very much stay well