TRANSCRIPT OF TRAUMA DURING COVID 19: HEALING THROUGH RELATIONSHIPS (RESIDENTS)

hi and greetings my name is dr sherry gibson I’m licensed psychologist and I’m coming to you from my office located in Colorado springs Colorado on a wintry morning just a few days before Christmas and I’m bringing to you today a webinar training titled trauma during covet 19 healing through relationships this training has been developed specifically for you as a resident in long-term care and this training is also brought to you in a collab by a collaboration between me and the Connecticut state long-term care ombudsman and the department of aging disability services the intent of this training is to share with you my knowledge about trauma-informed care what does it mean to provide trauma-informed care in long-term care communities and to explore the range of experiences that can happen to people when either they are dealing with a current traumatic event or as they respond to maybe even a lifetime of events and to identify ways that you as a resident can either help yourself or help others that you notice who are struggling and maybe having a trauma reaction and then hopefully um through collaboration with your resident council and with staff in your communities that your questions can be answered even further within your communities and then most importantly to remind you and to remind all of us as we journey through what is a very changing landscape of covet 19 to remind us all that healing happens in relationships the coronavirus crisis has affected us in so many different ways physically emotionally economically socially psychologically and for some spiritually all of us are dealing with the very real challenges of widespread serious illness and the inabilities of health care systems to cope with it um social and community disruption economic fallout and financial problems obstacles and interruptions to many aspects of our daily lives and the list goes on and one thing that's been paramount also during this pandemic is that at some level most of us are experiencing grief there are losses that are real such as losing a loved one a family member or perhaps friends and peers of yours living in long-term care those losses are real and are also disrupted by the inability for us to have opportunities for rituals such as funerals where we can commune together as we once did and then losses during this time have been also symbolic missing um you know milestones of our loved ones graduations or birthdays anniversaries perhaps even missing uh family gatherings around mother's day and father's day and thanksgiving and now as we approach Christmas and although as we speak there is hope there is light at the end of the tunnel in terms of a vaccine many of you may have already received the vaccine in your state and some of us will be getting it very soon and we're all hopeful that by this time next year we'll be looking in the rear view mirror at coronavirus but also moving forward in new ways ways that we've had to adapt during this pandemic and while scientists are continually trying to understand the multiple layers of physical illness associated with covid19 the stressors associated with the pandemic are also likely to have serious mental health consequences it's quite normal for us to experience distress as a result of chronic stress of this magnitude individual responses to stress or to trauma are multifaceted there are two things that i think we have to think about uh in terms of how people react to trauma particularly trauma related to coven 19. and that is we have to understand what were the pre-pandemic circumstances of any individual and the resources that were available to him or her so that involves a prior exposure to adversity such as you know poverty or illness physical mental health vulnerabilities economic and social supports and then secondly what is the exposure what kind of exposures have been encountered since the pandemic so illnesses or a loss of a family member or another resident you may have family members or staff within your community who've lost their jobs or have lost health insurance because of the pandemic also people who are essential health care workers have been you know exposed to stress in a new way the stress of coming to work and serving those who are most vulnerable or those who are sick and then going home to their own lives where they have children or maybe they have an older adult with chronic health conditions who are living in their same home that can cause some chronic stress as you can imagine and also the time that we spend we spend immersed in social media or in news watching the news overexposure to information over time can cause us stress and then the community level of stress for some of us were living in uh towns cities where they were identified as hot spots and those were places where um restaurants and uh and uh you know stores were maybe temporarily closed but then never reopened because of the economic fallout and so that can cause additional community level stress that we have to consider so the emotional and behavioral response to this ongoing crisis will be multi-determined but not random meaning that psychological science has isolated risk factors that can guide health care professionals and social service organizations to identify the most psychologically vulnerable among us so when we talk about trauma responses I’m referring to not only the residents and families that that we are all charged with serving during this time but also the staff and your family members and maybe your old colleagues who are out there living and visiting you as they can in the different ways that they can all of these everybody is impacted even at the leadership level within long-term care everyone is impacted trauma-informed care has been studied and researched and looked at for many years through the substance abuse and mental health services administration this is an organization at the federal level who's done a lot of important work meaningful work with of survivors of trauma and families of survivors and what they have found and this is in its most simplistic form that they found that behavioral health is essential to overall health and that prevention works and treatment is effective now it's important here that i differentiate between trauma-informed approach to care and trauma-specific treatment these two things are very different what I’m here to talk about with you today is what does it mean to be trauma informed care providers what does it mean to be a trauma informed oh I’m sorry I’m getting a um pardon me technology has its challenges you probably just saw something come up on my screen i just hopefully deleted it but trauma-informed care approach means that we take we adapt a philosophy of care we adapt a philosophy of being with people so it's not only in our care as as care providers but it's also just as community members how we approach people understanding that a lot of people may come into our presence into our lives with trauma histories and so how do we understand that so that we can uh have relationships that are meaningful trauma-specific treatment is more about empirically based uh manualized treatments that specifically target symptoms of trauma you may have heard of a diagnosis called post-traumatic stress disorder and and that type of diagnosis involves a constellation of symptoms and behaviors that have to be treated by a mental health professional who has specialization in that area has expertise in that area to help alleviate those symptoms so if you or or a loved one or another resident might be having symptoms of trauma please do talk to somebody about getting connected with an external resource a mental health professional who can really target those things and help promote healing and alleviation so getting back to what trauma informed care means there are some basic elements that samsa the substance abuse mental health services administration has laid out for us and what they say is that we have to understand the prevalence of trauma meaning how how often does trauma occur within a particular time frame within within the world for example or a certain society and we and once we understand the prevalence of trauma how often trauma occurs then we recognize that trauma can impact people at an individual level we have to put all that knowledge into our own practice to actively resist the re-traumatization of other people we have to know that people may respond to us in very different ways because they're having they're being triggered somehow by a previous trauma or having a trauma reaction to the moment and so we want to resist re-traumatizing people who may have had a history the other important thing here is that we approach uh working with people who've had trauma histories and asking the question not it not what is wrong with you but what happened to you we want to understand what happened to that individual and that we see symptoms as adaptations to traumatic events and we also know that healing happens in relationship you and me are always constantly given opportunities to provide a corrective positive experience to somebody else to heal within a relationship to provide a healing element to our relationships and so i want to share on that point i want to share with you a video that was um taken from a talk given by a renowned professor and doctor of sociology her name is brene brown some of you may have heard of her because she's gotten quite popular over the last several years but she's giving a talk here in this video that i'm going to share with you in a moment about the differences between empathy and sympathy and the talk has been put to animation which is uh quite sweet but i think the underlying message is come as a compelling one so i'd like to share it with you now so what is empathy and why is it very different than sympathy empathy fuels connection sympathy drives disconnection empathy it's 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 hey 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 this a little whining 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 i'm curious about what your reaction is to that video i'll share with you what my reaction was when i saw it a few years ago and that was that i was so aware of the times that i used that phrase at least and how invalidating that can be for the other person who did share something so intimate and so personal and brene brown has it right here where um we come by it very naturally because we want uh to put that silver lining around the trauma around the suffering around the painful experience and what really people need from us is maybe not to fix it maybe not to highlight that at least you've got it better than others but that to we we just sit with it with the person and acknowledge the difficulty that they're having i'm curious how many of you have either been in the situation where somebody has used that term with you at least at least you're you know not homeless at least you have family those kinds of statements and what you felt in that moment and i think it's these moments where we learn something new that way that we can be differently and and it's and it changes the dynamic between us and other people in a way that is positive and healing and optimistic and connective so what is trauma well at its basic elements this is a framework i'm going to share with you um it was developed by a working group of researchers practitioners trauma survivors and family members who were convened by the substance abuse and mental health services administration that i mentioned earlier it's an important framework because it creates an understanding around the complex nature of trauma so i'll read it for you here it says individual trauma results from an event a series of events or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening and that it has lasting adverse effects on the individual's functioning and mental physical social emotional or spiritual well-being now you'll notice here that i've got three words that have been uh highlighted and underlined and i want to talk about those words because they really do have important meaning embedded within this definition of trauma the focus on events places the cause of trauma in the environment not in some defect in the individual this is what underlines the basic credo of trauma-informed approach and that is it's not what's wrong with you but what happened to you the focus on experience the second word that i have underlined here highlights the fact that not every child or adult will experience the same events as traumatic this is so um this was profound for me to understand as a psychologist when i was working with veterans at the va palo alto during my pre-doctoral internship years ago and one of the things that i discovered is that there were some veterans who came back from conflicts war conflicts such as vietnam the korean war uh gulf war and who had suffered long lasting effects from the horrific things that they saw or took part in when they were in in these conflicts just set aside from people who also were in those wars but came back and seemingly didn't have a trauma reaction so these are groups of people who experience the same thing but came out of it in different ways so that's the individualized experience that we're talking about here affects the identification of a broad range of effects reminds us that our response must be holistic it's not enough just to focus on symptoms or behaviors of people but our goal is to support any individual whether that's a child or an adult to grow to be able to live a very satisfying life there's a wide range of traumas or events that can potentially cause trauma trauma is caused by events that that sometimes individuals don't remember such as events that occurred early in childhood trauma can be caused by events that are well intentioned and necessary such as medical procedures and traumas can be also caused by events that didn't happen to a person per se but happen to a group of people that he or she identifies with such as an example is 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 here to emphasize that many people experience multiple traumatic experiences over their lifespan while the immediate focus might be on a recent event such as covet 19 for example the isolation that is inherent in covet 19. while it might focus on that event the individual's reaction to that event may be affected by earlier experiences the majority of persons exposed to a trauma endure mild to moderate psychological distress following the um followed by a return to pre-trauma health shortly thereafter but nevertheless a substantial proportion of persons exposed to tr a trauma or traumatic event develop chronic pathological symptoms that may be debilitating and can last for several years psychopathology in that sense uh in response to trauma represents a consequence of the complex accumulation and interaction of life experiences that range from the social to the biological that occurs over the lifetime from gestation to death and across generations so thus you can understand that trauma can be cumulative i want to transition now to talk about the impact of trauma for people to understand the impact of trauma we have to start with a discussion of the brain the brain's development so the brain has a bottom top if you will or bottom up organization the bottom regions which is our brain stem and our midbrain those are ones that control the most simple functions such as our respiration our heart rate and our blood pressure regulation for example the top areas we refer to that as the limbic system or the cortex have more control over 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 birth so during childhood the brain naturally organically develops and a 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 the process of sequential development if you will of the brain is also guided by experience and by the environment so the brain then when the environment and experience is also in interplayed with the natural development of the brain the brain modifies itself in response to experience so you've probably heard of the nature and nurture interaction of brain development or even human development that's where this comes into play too this schematic or this graph if you will shows the mechanisms by which when adverse childhood experiences happen early in life what kind of influence they have in overall health and well-being through the lifespan so what we know here is that when a child in that early brain development stage which really is between the age of infancy to about 24 26 years of age during that time when a person has a traumatic event happen to them that can disrupt the normal development of the brain which then you can understand would have consequences on a person's social emotional and cognitive development and abilities that can lead to an adoption of health risk behaviors such as smoking or drinking alcohol using drugs and the reason why people adopt those health risk behaviors is to deal with to cope with the anxiety or the fear or the sadness related to the trauma it's a way to survive the trauma but those health risk behaviors such as smoking drinking alcohol other things can lead to disease and disability and social problems which in the end can also lead to early mortality people dying of heart disease people dying of lung cancer and in the worst case scenarios people dying from suicide so the effect of trauma can have on the individual can be conceptualized as that normal response to an abnormal situation when we view it this way through a framework of coping with trauma we see it differently and we approach people in a more holistic way when we see it through that lens our bodies naturally respond to danger in this fight flight or freeze response you've probably heard about that and there's some common behaviors even by uh trauma survivors problem behav or behaviors that are often labeled as problems uh by the mental health system for example can be linked to those responses and to the effects that trauma has on the brain so this slide lists the sets of three sets of problems if you will that are often attributed to people in the mental health system and shows how the behavior might actually be a survival mechanism tied to a fight flight or freeze response so first you have the fight response in the mental health system people who struggle too hard to hold on to their personal power 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 or may be labeled as disengaging or withdrawing could be labeled also as resistant or uncooperative and thirdly in the freeze response anyone who gives in to power or gives in too easily to authority may be labeled as passive or unmotivated many people that you know that i know and people living in long-term care communities can survive have survived circumstances that we can hardly imagine you might even be one of those people and what we label sometimes as pathological or problem behaviors may be the very thing that has helped them or you to survive so when we take a trauma-informed approach with people we recognize that those symptoms or those problem behaviors are actually adaptations to trauma and those uh can come with feelings of helplessness or hopelessness for the individual so what kind of skills do you need to develop in order to help others where you live there's a few things that i want to review with you and one i think probably the most impactful skill that you can develop is being able to identify and validate feelings that you see in other people so we know that people who've experienced traumatic events particularly at the hands of a caregiver from childhood for example were given very contradictory messages they were often dismissed or ignored maybe silenced abandoned blamed shamed told they had no rights to feel the way they felt you have a repeated opportunity over and over again to offer a corrective experience to somebody by validating their feelings so what you want to do is you want to look for non-verbal emotional cues by people whether or not they hold your eye contact their facial expression are they grimacing or are they smiling their tone of voice and their body posture their movements rhythm and rate of voice so for example if i'm if you're sitting with me and i and i'm like this with my hands crossed leaning back what does that communicate to you what do you interpret from my body language as to what i'm feeling what would you say to me in this moment well one thing you could say is wow sherry you look frustrated or you look closed off how are you feeling so you want to reflect that person's state if i'm being angry or if i'm or if i'm yelling about something you could actually say it sounds like you feel very angry about this once you've reflected a feeling once you know that feeling then you want to validate their emotion you had to i just give you an example here you had to wait three days to get an answer and your question was really important i understand why you'd be mad about this so once you've labeled the feeling then you want to validate that person's experience it doesn't mean that you're condoning their experience or that you're agreeing with their experience but you're recognizing it you're showing that you understand it you don't have to like it you don't have to agree with it but you can understand it another important skill is learning how we can regulate our own emotions and when we can regulate our own emotions we can help others regulate their feelings one significant outcome of having an overwhelmed nervous system remember that fight flight or freeze reaction is emotional dysregulation this can make it hard to use skills that people have learned in the past and particularly if a person has dementia for example that can undermine the ability to access any kinds of skills that they learn to regulate their emotions in the past in the present day so what you can do is when when when a person starts to feel overwhelmed get curious about how they can bring themselves back to emotional balance and i do this simply by asking the person what would be helpful to you right now maybe i think it starts with us knowing how we get into emotional balance we have to know something about ourselves before we can really help others and so it's really important for you to spend some time reflecting about what is what what helps you what helps you distract what is helpful for you to think about so that you can maybe help another person or give them some ideas in a moment where they can't generate an idea for themselves because they're so dysregulated some grounding strategies that i use with clients is to focus on breathing if i'm with a person who's sobbing or angry i will ask them to just take a few deep breaths with me breathe in through the nose deeply and out through the mouth and i'll ask the person to do that three times with me what i have found over and over again is that when a person can focus on their breathing it lowers their heart rate and it can have a calming and relaxing effect on the body and the mind it can also be helpful once you get a person grounded to redirect the person let's do something different you have to get their brain to focus on something else so i you can do this uh very spontaneously in the moment if you're in the presence of somebody if you see something on their shelf or you notice something about you know something about their preferences or their likes you can say hey tell me about um tell me who's in this picture on your wall uh tell me about the the best book you ever read redirecting the brain is really important and then also using distraction so let's go look outside or let's put on some television show so you want to distract and we all can do this right um our it's important to know that we can't be both anxious and relaxed at the same time they're two incompatible states so if i'm anxious i want to find a way to become relaxed if i'm fearful i want to become relaxed if i'm angry i want to find a way to be content if i'm sad i want to find a way to be less sad or maybe even happy so we have to distract ourselves in order to change our state it's also important for you to understand that stress response remember the fight flight or freeze reaction and you can go back to these slides again to review that among yourselves or or with yourself so that you can explain it to other people you might notice when people behave a certain way that hey they're having a flight response they want to get out of here they're trying to run away or avoid many people who've been exposed to trauma are either under or over responsive to even the slightest perception of danger those behaviors can include you know violence at its worst it can include running away maybe self-abuse people hurting themselves or just shutting down these are things that you want to look for in your peers or even in yourself sometimes it's hard to see it in ourselves so you i'm hoping that when you walk away from this training that you have a better understanding of what to look for in others and how to be impactful either yourself listening to them or letting a staff member know hey i'm noticing that somebody's not doing well appreciation the survival brain becomes very preoccupied with pain and danger but it can be distracted when redirected and reminded of things that are pleasurable and fun belonging joy beauty and humor so again taking a person from one state of mind such as fear and anxiety uh to another state of mind which would be relaxation hope and joy using humor can be very important and i'll bet all of you out there have ways that you connect with humor and with joy we have to know what our reason is for being what we find meaningful because trauma triggers can elicit existential questions about life and death about good and evil sometimes i hear people say to me i wonder where god is right now i've lost my faith i i feel abandoned by god these are things that come up for a lot of people and it's normal to come up but how do we reconnect with purpose how do we reconnect with being again and finding meaning in our everyday lives so one thing that can that you can ask of yourselves is what aspect of your life do you have a deep connection to what things bring purpose and meaning to your life and be able to talk to other people about what makes them unique and help them reconnect or connect to activities that promote a sense of hope and value help others identify aspects of their lives that bring meaning and purpose so in summary what i've presented here today to you is really trying to give you some understanding about the prevalence and the impact of trauma at the individual level and what we want to do in long-term care communities is to promote safety which is really in the balance right now when we have things that long-term care communities have to do to keep people safe from contracting the disease from getting sick but then also giving people the empowerment to maximize their their control over their environment to the extent that they can to feel safe in their environment we have to earn trust of residents and as providers we have to earn trust of you we have to embrace the diversity of experiences recognizing that everybody experiences things differently if i have cancer and i'm sitting with a person who's a survivor of cancer even though we've both had cancer we're going to have a different experience with cancer we're going to see it differently view it differently have different meanings that come out of it so understanding that there's diversity in our experiences is really important and central to taking a trauma-informed approach providing holistic care seeing the person for everything that they are what their past is what their present is what their values are all of those things have to be considered strengths respecting human rights pursuing the person's strengths their choice and autonomy and sharing the power sharing our decision-making power between direct care staff providers residents families everybody sharing in that and then finally communicating with compassion using our presence to heal to provide a space for healing connecting with people in that space of vulnerability without always feeling that we have to fix it but perhaps just sit with it and lean into it rather than avoiding it rather than turning our heads or distracting ourselves with something different so again all of this encompasses the important factor which is that we we all have the ability to provide healing in every relationship you and me and so i want to wish you um a wonderful 2021 as we approach this new year with the hope of a vaccine that can put covid in the rear view mirror as we move forward into what the new normal might look like for many of us i wish you all a very safe and happy holiday season as we approach this now and thank you for joining me here today take care