**TRANSCRIPT OF INFORMED CARE IN A TIME OF COVID 19: Promoting Healing for Caregivers**

hi my name is dr sheri gibson and i am coming to you from colorado springs colorado i'm a licensed psychologist and this training today is titled trauma informed care in a time of covet 19 promoting healing this webinar series is brought to you by the connecticut state long-term care ombudsman in addition with the department of aging and disability services we're so glad that you could join us for this hopefully engaging webinar training to help you understand trauma during a time of a global pandemic to give you some tools and some strategies and ways of thinking about trauma in terms of your interactions with residents and families as direct care staff so the coronavirus has affected millions of people and has killed killed tens of thousands of people across the globe a vaccine is now in our midst and is happening as we speak in this moment but there's still a long call in front of us and it often begs the question how will people respond to and bounce back from this type of adversity as the pandemic waxes and wanes even in the face of a vaccine 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 illnesses associated with covet 19 the stressors associated with the pandemic are also likely to have mental health consequences and it's quite normal to experience distress as a result of chronic stress of this magnitude the losses that are felt around the world and of course around our nation are real such as the loss of loved ones and residents without the opportunity to have our usual uh ritual funerals but losses are also symbolic in that there's been a loss of how our normal life has been and how we've seen that um prior to the pandemic the loss of graduations attending graduations that happened in the spring and now uh during the fall semester missing mother's days and father's days and now as we approach christmas not being able to convene in the ways that we used to with all of our family together so grief for many comes in a multiple types of forms and at multiple levels and it's it's one that is not uh it doesn't is not one size fits all if you will in terms of the response to the crisis and the individual grief and trauma that people experience individual responses are also multifaceted so thinking about how people respond to trauma we want to understand what was going on pre-pandemic what were the circumstances and the resources available to people prior to so things to think about is a person's prior exposure to adversity their physical and mental health vulnerabilities or economic and social supports where were they prior to the pandemic and then since the pandemic what has the exposure been like for individuals such as maybe um an illness of a family member loss of job or health insurance uh job status for so many of you who are essential health care workers uh going in and out of your work environment back to home and the amount of anxiety that presents itself in that situation and then also how much time we spend immersed in so social media the time that we spend in the news and getting over exposed to a lot of information and maybe being confused at times about what information to believe what information to follow who's got the best information out there and that can all lead to um and contribute to our own trauma reactions and then the final thing i've listed here is the community level stressors and by that i mean do you particularly live in a hot spot um did your shops and restaurants close and never to reopen i know we've seen that here in my town of colorado springs was there um and uh you know kind of fluent guidance or was there good guidance from your state's governor that was also backed by the best science and so we know that the emotional and behavioral responses to this ongoing crisis will be multi-determined but not random actually that means that psychological science has isolated risk factors that can guide providers including you and social service organizations to better identify the most psychologically vulnerable among us so when we talk about trauma response i'm referring to not only the residents and families that you're charged with serving but also your peers your colleagues and even at the leadership level at your community the substance abuse and mental health services administration has done a lot of work around understanding trauma-informed approaches to care and three main tenants that have come from their research and this is quite simplified but are that behavioral health is essential to overall health and prevention does work and treatment of trauma is effective so i want to differentiate between trauma specific treatment and trauma-informed care what i'm going to be talking about today is trauma-informed care approaches which essentially is a philosophy of care it's something that we embody and embrace in our everyday lives trauma-specific care or trauma-specific treatment on the on the uh on that side is that um these are empirically supported treatments that actually help alleviate symptoms that are directly related to trauma such as addressing nightmares and flashbacks addressing a person's hyper vigilance to their environment and those are you know those are done with trauma-specific therapists so you should know or be familiar with the therapist in your community to whom you could refer residents or even family members who might be showing more symptoms of trauma the the main elements of trauma-informed care is that we have to understand the prevalence of trauma so that we can recognize how trauma impacts individuals and then we put that knowledge into our own practice our daily practice in order to actively resist re-traumatization of people our approach to this issue is is critical typically what we ask of people is what is wrong with you and what we want to do from a trauma-informed approach is we want to find out what happened to the person and what we normally define or assess as symptoms of an individual are actually seen as adaptations to traumatic events and that healing and i think this is where you can be most impactful is that healing happens in relationships we are um consistently given the opportunity to provide a um healing and a positive experience in relationship with the people we serve and so i'm really going to highlight the relationship piece throughout this webinar training i want to share with you um a video that i find to be very impactful this is a video that uh from a talk that was given by brene brene brown some of you may be familiar with her if you're not she's a renowned sociologist and researcher who has researched over several decades of vulnerability and what what it means to be vulnerable and so what she describes here in this video is the difference between empathy and sympathy which has been put to an animation that i think um really you know gives us the heart of the matter if you will so i want to share this with you now [Music] 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 i'm 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 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 that video really gets at the difference between sympathy and empathy and it and it really highlights i think the important of the relate the importance of the relationship that you have with your residents with families of residents and with your even your co-workers i don't know about you but when i first saw this video i was aware of how many times i said at least to somebody and i don't think i did it a lot but every time i would do it i would say oh wait a minute that doesn't help when i use the word or the phrase at least it really doesn't validate what the person is trying to tell me it invalidates their suffering and yes all suffering is rel it is has some relevance to the person and what i may think as you know painful may be different from what you would perceive as painful and yet pain is pain so how do we choose to be vulnerable with that person in order to sit with their pain and be okay with sometimes we can't fix that pain sometimes there is no fix but to sit with a person and let them share with us what they're going through is healing in and of itself as i'm going through this webinar i'd like for you to be thinking about a particular resident or residence that you're working with or maybe family members where you can take these approaches that i'm sharing with you today and apply it directly to your work your direct uh care um with those individuals and just try it on for size and see if you get any different um results different responses and reactions in your work so i want to um talk about what is trauma and what what's the definition of trauma well samsa has come up with a definition and what i have here is that trauma is individual trauma that is 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 has a less lasting adverse effects on the individual's functioning and mental physical social emotional and spiritual well-being now you'll see that three words are underlined and highlighted here the word event is highlighted because the focus on events places the cause of trauma in the environment and not in some defect in the individual this is what underlies the basic credo of trauma-informed approach remember it's not what's wrong with you but it's what's happened to you the focus on experience the other word that i have underlined here highlights the fact that not every child or adult will experience the same events as traumatic and the identification of a broad range of potential effects the the third word i've had listed here reminds us that our response must be holistic it's not enough to focus on symptoms or behaviors our goal here is to support an adult in learning and growing to live a satisfying life so i think this is a wonderful framework if you will for understanding trauma as it was developed by a working group of researchers practitioners trauma survivors and family members that were convened by samsa there's a wide range of events that can potentially cause trauma trauma can be caused by events that an individual doesn't remember such as events that occurred in early childhood trauma can be caused by events that were well intentioned and necessary such as a medical procedure trauma can be caused by an event that didn't happen to the person per se but to a group of people that he or she identifies with such as slavery or the holocaust or the genocide of native american people over time chronic stressors can accumulate to cause trauma it's particularly important to emphasize here that many people experience multiple traumatic experiences over a lifetime while the immediate focus might be on a recent event the individual's reaction to that event may be affected by earlier experiences so you might want to be thinking about the people that you're serving right now and what do you know about their history are there people you're serving that may experience multiple sources of trauma 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 last for several years psychopathology in response to trauma represents a consequence of the complex accumulation and interaction of life experiences that range from the social to the biological factors that occur over a life span from gestation until death and across generations trauma therefore can be cumulative it's interesting that and it may be not surprising though that trauma has an impact on our brains the brain has a bottom up organization meaning that the bottom regions of the brain such as the brain stem and the midbrain control the most simple functions such as respiration heart rate blood pressure those types of regulatory processes the top areas such as the limbic and the cortex control the more complex functions such as thinking and regulating our emotions at birth the human brain is underdeveloped not all the brain's areas are organized and fully functional at birth during childhood our brains 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 most regulatory bottom regions of the brain develops first followed in sequence but by adjacent but higher more complex regions of the brain that process of sequential development of the brain is guided also by our experience so you may have heard of the nature and nurture factors involved in our brains development and our brain develops around those experiences and modifies itself in response to experience so we can see here that um what can happen is in in early childhood some people may have um may experience adverse child childhood experiences perhaps one of the largest if not the largest study on of ongoing health risk that established a relationship between trauma exposure and physical health is the ace study um the a study was put together by the cdc and kaiser permanente and what they looked at was they surveyed insured persons between 1995 and 1997 and they got surveys back from about 17 000 people and they looked at how many adverse childhood experiences people had before the age of 18 and they correlated that with health risk behaviors or health risk uh conditions over the lifetime and so one of the things that they found is that when people have adverse childhood experiences early on while the brain is still developing because we know that the last region of brain development is the frontal lobes which research estimates between the ages of 24 and 26 years of years of age and so when uh trauma happens early on that disrupts the normal neurodevelopment and that can lead to social emotional and cognitive impairment which then leads to an adoption of health risk behaviors leading to disease disability social problems and early death the effect of trauma on an individual can be conceptualized as a normal response to a very abnormal situation i suspect that most of you have heard of the fight flight or freeze reaction those are responses that are activated by danger some common behaviors of trauma survivors behaviors that are often labeled as problems by the mental health system for example can be linked to these responses and to the effects that trauma has on the brain this slide lists three sets 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 fight flight or freeze response so first i have listed the fight response in the mental health system someone who struggles too hard to hold on to personal power may be labeled as non-compliant or combative the flight response refers to anyone who emotionally withdraws or disengages too much may be labeled as treatment resistant or uncooperative and third is the freeze response in the mental health system anyone who gives in too easily to authority may be labeled as passive or unmotivated i refer to this as the bobble head response the person just says whatever it is that you want to hear or what they think you want to hear in order to get out to escape the situation many of the people we serve have survived circumstances that we can hardly imagine what we often label as pathological may be the very things that help them to survive so when we take a trauma-informed approach we recognize the symptoms and problem behaviors as our adaptations to trauma and frequently include the feelings of helplessness and loss of control that trauma often causes some additional signs of of trauma that you can look for are flashbacks or frequent nightmares sensitivity to noise or being touched always expecting something bad to happen not remembering whole periods of a person's life feeling emotionally numb inability to concentrate or to attend irritability that may come out as anger explosive anger excessive watchfulness anxiety anger shame and sadness none of these signs are always associated with trauma but each of these signs again can be adaptation to the neurobiological changes that we discussed earlier each of these behaviors can in fact play an important role in a person's life they may protect the person or help them to survive so let's put what we know now into [Music] practice it's important for you to understand that as a resident's anxiety increases their thinking brain if you will becomes less engaged and behavior becomes more dysregulated this is where the trauma brain takes over where you might get that fight flight or freeze response from a person you are in the position to develop skills that can help residents regulate better regulate and can and thereby can become more calmer and more connected through relatedness between you and the resident and that can be achieved by some simple things that are sound very basic although i know can be difficult at times particularly when you're working with somebody who's very dysregulated or angry but it's achieved through our communication of warmth validating the person's emotional experience our own flexibility in the moment to not push a person knowing that when we do they may sense danger and act in response to us being able to provide structure to people who are dysregulated providing hope for the future sometimes i will say to people i know that you don't feel that there's any hope for a better future you there's no hope for something better to come along but my job is to hold the hope for you so while you can feel hopeless i'll hold it i'll be the holder of hope using humor humor goes such a long way with people um using you know comics or jokes or singing songs together anything that brings a smile to a person's face when we do that we allow for a different state to happen because being angry and being joyful being anxious and being relaxed those are all incompatible states we can't be both at the same time so if we can help a person be the opposite of that negative emotion that they're experiencing whether that's fear or anger or sadness if we can present the opposite for them they can engage in something different and then also helping people feel as if and being a part of a connected community enveloping people into our process being transparent with them all of these are things that you have the ability to do and again this is about relationship it all comes back down to that so who's the best to do all this well it's you so let's talk about skill development what can you do what skills can you develop here and now to help you in your care of residence and being a trauma informed care provider i want to talk about things we never say to an individual we never say come here you wouldn't understand because those are the rules it's none of your business what do you want me to do about it calm down what's your problem you never or you always i'm not gonna say this again i'm doing this for your own good and why don't you be reasonable now why why are there 11 and not 10 i don't know but these are the ones that i've come up with and while some of these when you when you go down this list you might recognize these are things that we would say to children this is what parents say to kids maybe you say it to your own kids i don't have kids but i know my parents said a couple of these things to me growing up but we don't want to be in that dynamic we don't want that dynamic or be in that type of dynamic relational dynamic with our residents we want to have an adult to adult relationship so these are things that you never say when a person is dysregulated you want to verbally reflect their emotional state i've given you an example here it sounds like you feel very angry about this or offer an ultimate empathic statement which is let me be sure i heard what you just said you want to check it out with a person because here's what it does that statement alone communicates that you're interested that you've heard the person and it gives the other person the opportunity to correct your error if you've made one when we check it out this is an active listening skill let me be sure i heard what you said and repeat back or you can say i want to make sure i've gotten this right you also want to validate the person's emotion so for example you had to wait three days for me to return your call your question was really important i understand why you're mad about this this can be translated to a number of things you've pushed your call light three times in the last 15 minutes i know that you need some help and i can understand why you're really frustrated right now because i couldn't respond quickly quick enough these are ways that you validate the person's emotions it's not necessarily about you apologizing or taking responsibility although that does have a place if if that needs to happen but really what you're doing is you're telling the person i see how hurt you are right now i see that i might have been a part of that i understand what why you would feel that way that's what we're doing here you also want to be concise when people are agitated their ability to process verbal information may be very compromised remember the trauma brain works kind of kicks in all rational thought goes out the door and the person is only engaged in their emotional reactions so you want to use short sentences and simple vocabulary you also want to speak lower softer and more slowly and you want to give that person some time to process what's been said to them to res and give them time to respond before you're providing additional information it's going to take the brain a little longer time to process what you've said so give that person the time to do that repetition is essential you need to sometimes repeat your message before it is actually heard and understood by the person and it's essential whenever you're wanting to either make a request or you're setting limits offering choices or proposing some alternatives you want to combine that skill with assertive skills such as active listening and agreeing with the individual's position whenever possible i'm going to talk about the agreement piece a little bit later because that's that's an important way to provide information to the individual that you've heard them that you've actively been listening to them whether or not a request by the individual can be fulfilled or granted all people need to be asked what their request is so you need to ask people i really want to understand what you expected when you came here or when you asked for this um whatever that is even if i can't provide it i'd like to know so that we can work on it so again it's about um making sure the person is heard making sure that you're clear about what they're asking and even if you can't resolve it in that moment you can help get them to the place they need to be or get them re connected with other resources active listening means that we convey through verbal acknowledgement conversation and body language that we're really paying attention to that individual what they're saying and feeling so eye contact is really important and and what's interesting here is that non-verbal communication makes up 85 of all communication and that's a universal fact so when i sit here like this i'll bet you could already guess how i'm feeling if i'm leaned in like this and i'm going uh-huh okay and what else and i'm looking at you i convey something else i convey that i'm interested that i'm listening i'm leaning i'm leaning in i'm using either non-verbal encourager such as nodding my head listening or i'm using verbal encourager saying uh-huh okay and what happened next this is really important when we're providing trauma-informed care we need to communicate that we are actively listening to the person we want to use clarifying statements too such as tell me if i have this right this does not mean that you necessarily agree with the individual but that you are understanding what he or she is saying so i want to play another video for you to just kind of exaggerate overly exaggerate what it means to be there with a person in a moment where you can see what the problem is but they just need you to listen it's just there's all this pressure you know and sometimes it feels like it's right up on me and i can just feel it like literally feel it in my head and it's relentless and i don't know if it's gonna stop i mean that's the thing that scares me the most is that i don't know if it's ever gonna stop yeah well you do have a nail in your head it is not about the nail are you sure because i mean i'll bet if we got that out of there stop trying to fix it no i'm not trying to fix it i'm just pointing out that maybe the nail is causing you always do this you always try to fix things when what i really need is for you to just listen see i don't think that is what you need i think what you need is to get the nails now okay fine i will listen fine it's just sometimes it's like there's this achy i don't know what it is and i'm not sleeping very well at all and all my sweaters are snagged i mean all of them yeah that sounds really hard it is thank you ow oh come on if you would just don't try to see things so what did you notice there oftentimes when we're sitting across from somebody as they were on the couch and we can clearly see what needs to be fixed you've been in that position you just know what could what would make things better and yet the other person despite us having all that knowledge what the other person really needs from us is to just listen to just be with them remember the earlier video i showed you bernay brown says that when we choose to be empathic and just listen to the person it's a vulnerable choice it's a choice to be with them and not fix something and sometimes we can ask people i've learned to do this with when i was a psychologist at our local program for al of all inclusive care for the elderly and staff would come in and just kind of want to vent well it took me a while to decide you know are are they just venting or do they need me to advocate for them and usually i was you know my brain was processing what i needed to fix and i learned pretty quickly that i should probably ask people as they're talking to me do you need just an ear do you need to vent right now or do you need me to do something about this do you need an advocate right now so if we get clear about with the person what it is that they need from us typically people will tell us no i just i just need to have a good cry i just need to vent i just need to talk about how bad this is perfect i can do that so to agree or to disagree this is something that i mentioned earlier and i want to hone in on it for a moment we want to find something about the person's position that we can agree with and there are three ways in which we can agree one we can agree with the truth i've given you some examples here yes it's warm in here let me see if i can adjust the temperature that's agreeing with the truth you can agree in principle i believe everyone should be comfortable or free free of from discomfort or you can agree with the odds there are probably other people here who are who are also warm so you want to agree as much as possible it's important to acknowledge particularly in delusional situations that you've never experienced what the person is experiencing but you believe that they're having that experience for example i i've worked with people with serious mental illness over the years and something i might say to somebody is i've never had a chip implanted in my brain and had people listening to me to my thoughts but i believe you're having that experience right now and that's really hard for you so we don't want we don't need to talk the person out of their reality we don't need to um you know argue their reality we can simply say i've never had that experience and i believe that you are having that experience and that you're feeling that certain way but if you honestly can't agree with someone then just agree to disagree and that's okay too setting limits is really important in any relationship but we want to do it in a reasonable and a very respectful manner so setting limits demonstrates your intent and desire to help but not to be abused by another person if the person's making you feel uncomfortable this too has to be acknowledged oftentimes telling the person that his or her behavior is frightening or is provocative can sometimes be helpful especially if it's matched with an empathic statement that there's a true desire to help which can be interrupted or derailed if you're feeling angry or fearful so for example we want to teach people how to stay in control using gentle confrontation with some instruction such as i really want for you to sit down when you pace i feel frightened i can't pay full attention to what you're saying i'll bet you could help me understand if you were to calmly tell me your concerns so this is a way of coaching somebody into calming themselves i do this a lot using taking deep breaths so i might do this on the phone with a person or even in person if they are uncontrollably sobbing if they're yelling i'll ask them to please take a few deep breaths i might offer them a glass of water i might say okay i want you to take some deep breaths have a drink of water i'm going to step out of the room i'm coming back in five minutes so that we can continue talking because i want to be able to hear you but i also need you to be somewhat in control so that we can have a conversation when you do it from an empathic stance like that like i just demonstrated typically what you will get is engagement you will get that from a person if you can look at them in the eye if you can do it in a calm way not in a punitive way being very aware of your tone of voice and the way that you're posturing with the individual all of this matters because remember nonverbal communication makes up 85 percent of all communication so what we say with our body language what we say with our tone of voice our rate of our speech all of that is interpreted by the person the other person you also want to offer choices and optimism offering things that can be perceived as acts of kindness such as offering a resident a blanket or a magazine access to their phone or to video to be able to talk to somebody sometimes offering food and drink those can be choices that the person's willing to accept and can sometimes stall more aggressive behaviors you also want to be mindful that any choices that you offer they have to be realistic you never want to deceive a person by promising something that can't be provided if you tell a resident that you'll be back in five minutes with something to drink or something to snack on or you're going to go talk to your supervisor about something and you're going to follow up in a certain time frame you have to follow through with those things because one of the things we know about trauma survivors is that trust is paramount and typically the people who um violated their trust were important caregivers in their early lives and so you as a paid and professional caregiver are put into a position where one you have to be transparent you have to be truthful and these are the ways that you build trust now all of these things that i've provided for you i consider like spaghetti you know when you're checking to see if your spaghetti is done sometimes you throw it at the wall and see what sticks well that's how i view all all interventions we're going to throw it at the wall and see what sticks because some of these things that i've offered to you may work for one resident and doesn't work for another or it may work for one resident in the morning doesn't work in the afternoon but what i hope that you've got garnered from this webinar are some tools to put in your toolbox or if you've already had these tools these are basic reminders of what's available to you and the control that you have and the opportunity you have to be a trauma-informed care provider so again healing happens in relationship we want to first understand the prevalence and impact of trauma we promote safety of residents and earn their trust embrace the diversity of trauma experiences by individuals provide holistic care and respect human rights pursue the person's strengths their choice and their autonomy whenever at all possible and sharing the power the one way that we share power in relationship because you already have power in this relationship you have assumed power because of your role in a resident's life the way that we the way we balance that power is that we stop talking and we allow the other person to talk give them time to share their story with you to share what they're feeling in the moment when you take that time we balance the power and it becomes more um reciprocal more egalitarian and then communicate with compassion in all that you do i want to thank you for joining me today for this webinar i hope that it's been informative and maybe um compelling for you to modify or change your own practice through learning i've provided at the end of this slide some additional resources for you to dive into this topic even more on your own if you're interested i'd really recommend this last book that's listed here by bessel vanderkirk that is called the body keeps the score and it essentially talks about how trauma is stored in our bodies and what that long-term impact has for individuals some other things here that you can look at as well and i want to thank you and wish you all a very wonderful upcoming 2021 i hope it's a great year for all of us take care English 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