
Trauma Informed Approaches During COVID 19

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Today's Goals

Briefly explain what trauma is, where it comes from, and how we might recognize it in the behaviors of our residents.

Recognize that we deal with people who most likely have experienced significant trauma.

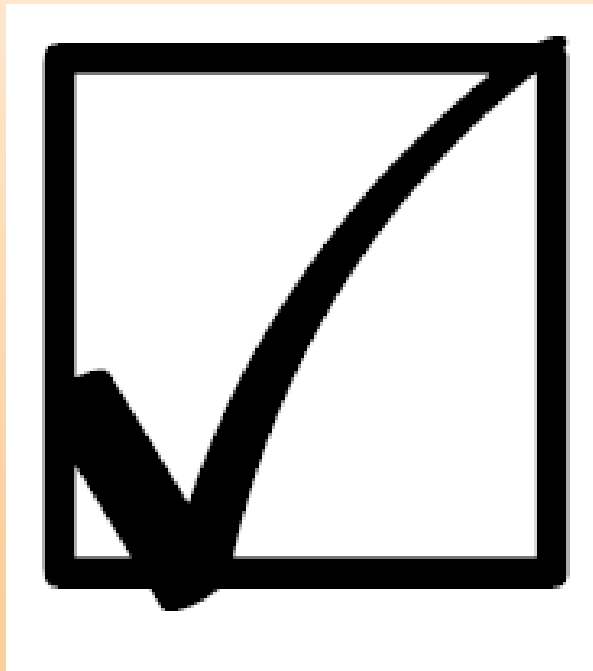
Acknowledge that we are in a trauma-inducing or “triggering” situation with the COVID-19 pandemic.

Explain basics of trauma-informed care.

Explain that the ways we interact with our residents can make a significant difference in how they get through the current crisis.

Provide some time to answer questions.

POLL #1



Trauma Basics



What do we mean by trauma

Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Trauma is much more extensive than “stress.”

Common Causes of Trauma

Lack of appropriate attachment to mother (in particular) and father.

Death/loss of a loved one

Physical abuse

Sexual abuse

Verbal abuse

War

Being a victim of crime

Poverty

Torture

Witnessing the harm/death of others

History

Natural disaster/Pandemic****

Bullying

Surgical procedures

Auto accidents

Homelessness

Others

What do we know about trauma?

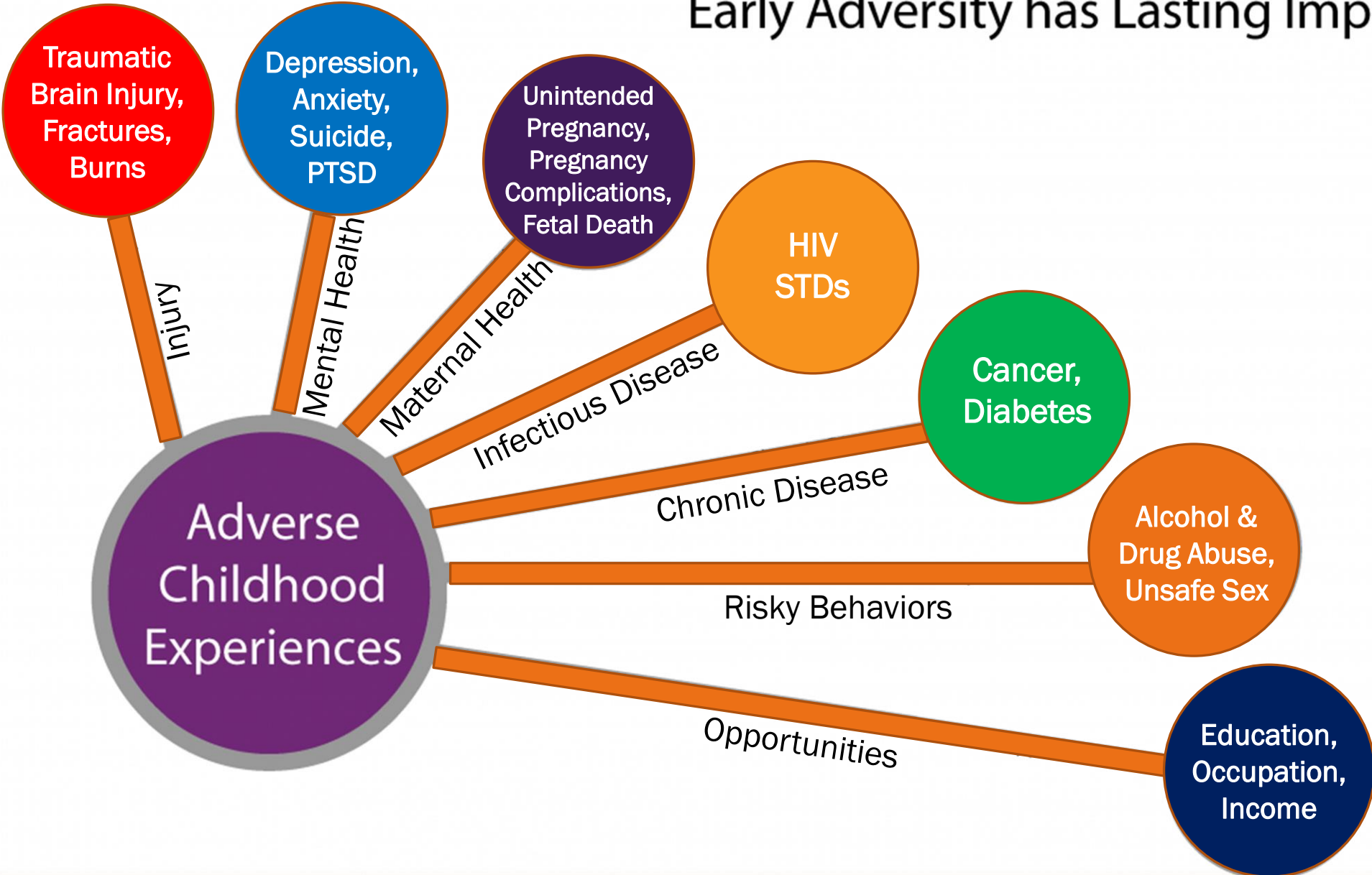
Much has been known based on research on people after wars (WWI and WWII) in particular.

However, the “Adverse Childhood Experiences” (ACE) studies done in the 1990’s dramatically impacted our understanding of what trauma can do to children and how that trauma can effect the lifespan of children who are exposed to trauma. The study launched a much more serious look at how we view people who have significant life problems.

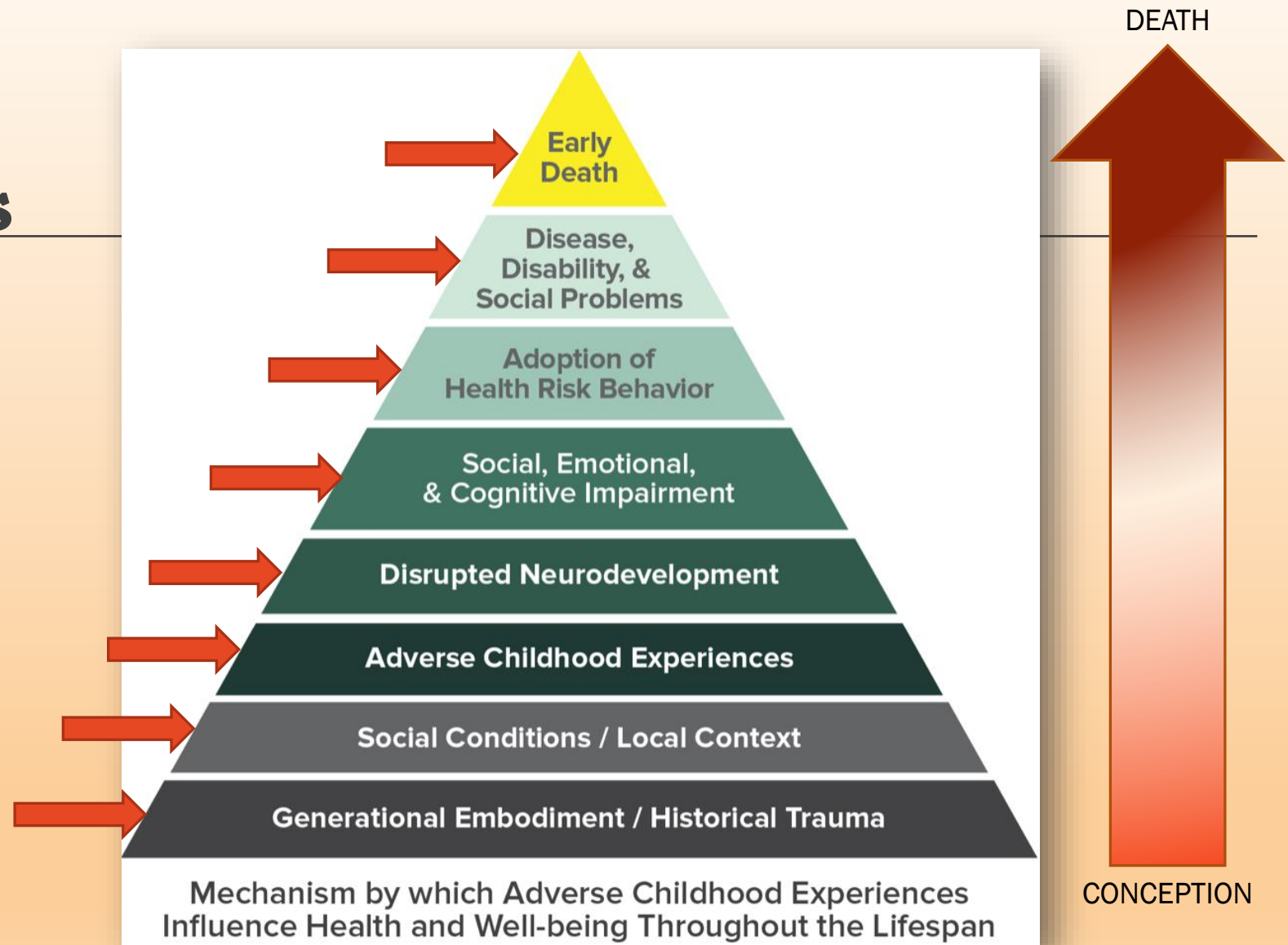
ACE Studies

The original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection. Over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors.

Early Adversity has Lasting Impacts



Adverse Childhood Experiences



Adults Experience Trauma Too!

- Loss of love and support of family and friends
- Loss of respect within the community; becoming an “addict” rather than a “person”
- Loss of security (home, finances, routine); living on the street; prison
- Interactions with potentially dangerous people
- Sacrifice of personal integrity (being used for sex or other illegal activities; being verbally abused; being devalued as a human being)
- Living in a violent environment; witnessing violence; watching others die or be harmed; being physically abused
- Plus many of the things mentioned earlier, including living during a pandemic.

How pervasive is trauma in people with SUD's

It has been estimated that

60-75%

of people with SUD's experienced significant adverse childhood experiences.

This does not take into consideration any adult trauma they may have experienced prior to—or as a result of—their SUDs.

Trauma is often an underlying cause of SUDs

Turning to drugs or alcohol may have been the only means the person could imagine or had available for coping with the trauma that was experienced.

Why we need to understand trauma

Our findings indicate that the **major factor** underlying addiction is adverse childhood experiences that have not healed with time and that are overwhelmingly concealed from awareness by shame, secrecy, and social taboo.

(Vincent Felitti, "Origins of Addiction")

First step in dealing with trauma



**Recognize
that ALL
behavior has
meaning!**

Noticing behaviors can tell us much about people

We can choose to see a person with an SUD as a problem or see the behaviors as a challenge to understand what has happened to the person.

Are the PERSON's behaviors the result of being a "bad person"? The result of bad upbringing? The normal result of having an SUD? Or might there be something else going on?

Is the PROBLEM that we don't take the time to see the behaviors as symptoms of distress that the person may not know how to communicate in any other way?

Seen any of these?

- **Self-destructive behaviors (in addition to drug and alcohol disorders)**
- **Heightened arousal symptoms**
 - **Hypervigilance**
 - **Exaggerated startle responses**
- **Problems focusing or paying attention**
- **Sleep disturbance**
- **Increased irritability/ outbursts of anger**
- **Depression and/or anxiety**
- **“Zoning out”—inability to concentrate**
- **Sensitivity to triggering stimuli**

Moving beyond symptoms

**There is more to
substance use than
substances!**

So, how do we deal with it?

Develop trauma competence

Trauma Competence is not an option if you are working with an addicted population

This means being both informed and able to interact effectively with people who are dealing with unresolved trauma.

This means learning how to help people gain resilience (effective coping) skills.

Foundational Concept

Healing happens in
relationships!

How we treat people has profound impact.

Positive, caring relationships help develop resilience

- Genuine regard for the PERSON! (Unconditional positive regard)
- Understanding that the person likely does not yet have the skills needed to function appropriately in many situations.
- Recognizing that the person has developed habits for coping with the world that have worked for them in the past.
- Recognizing that telling someone something does **not** mean the person has LEARNED.
- Recognizing that learning takes time and patience on the part of the care giver.
- Over time, people respond to the REWARD of someone's caring about them.

SAMHSA's Six Key Principles of a Trauma-Informed Approach

- 1. Safety**
- 2. Trustworthiness and Transparency**
- 3. Peer Support**
- 4. Collaboration and Mutuality**
- 5. Empowerment, Voice, and Choice**
- 6. Cultural, Historical, and Gender Issues**

Recognize that language has power

- It can help.
- But used thoughtlessly, it can cause harm.
- Avoid language that may re-traumatize or diminish the person's sense of self, hope, and personal strengths.

Seek to learn about the person behind the behaviors

- Master language as a tool for helping a person discover who s/he might be or become.
- Instead of “What’s wrong with you?” seek to understand “What happened to you?”
- Listen, listen, listen. (Don’t try to fix it!) Empathize. Affirm the person’s strengths.

continued

- Practice “validation.” (Do not dismiss the trauma: “I believe you.” “I am sorry that happened to you.”)
- Learn “patience” and welcome the silence of your own voice.
- Learn about and correctly use motivational interviewing.
- Help the person make her/his own decisions about how to proceed.
- Unless you have a license, you are not a psychologist, counselor, therapist, psychiatrist, etc. Don’t play one.

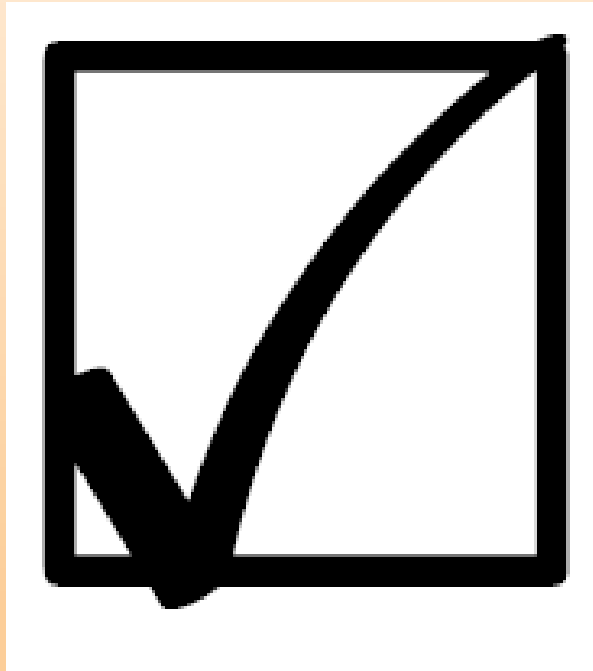
“Uncommon Sense” things that help!

- **good nutrition**
- **regular exercise**
- **enough sleep**
- **relaxation and imaging skills**
- **positive affirmation**
- **self-help groups**
- **prayer**
- **change/vacation**
- **time management**
- **social support network inter-dependence**
- **assertiveness skills**
- **negotiation skills**
- **Problem-solving directly rather than avoidance**

Trauma Competence

- **Be aware of your own trauma experiences and potential triggers. Know thyself!**
- **Take care of yourself!**
- **Practice “acceptance.”**

POLL #2



Trauma and COVID-19



COVID-19 takes an emotional toll

Trauma, moral injury, and grief

What we are facing now in the midst of this pandemic is acute traumatic stress. In other words, COVID-19 is a direct threat to our life or the lives of others we know. We are all either vicariously witnessing trauma, through media or through supporting others, or directly experiencing trauma, by becoming ill, isolated, or experiencing the plight of close others. We all know, in some vague way, that “normal” has changed and the world will never be the same.

Retrieved, July 21, 2020, from <https://psychiatry.ucsf.edu/coronavirus/coping>

Prevention, Prevention, Prevention

- **Stay physically safe from the virus**
- **Limit media to reduce anxiety**
- **Get and provide warm, comforting, social support by video, phone, or text**
- **Find ways of expressing kindness, patience, and compassion**
- **Create new routines and keep practicing health behaviors**
- **Eat well**
- **Exercise**

Teach

Recognize that the people we serve may not know how to practice safety or establish a routine or any of the things listed on the previous slide, learn to be an effective teacher:

- Not everyone learns at the same pace.
- Not everyone learns by being “told.” And even those who learn by hearing don’t always get it the first few times they hear it.
- Mistakes are a normal part of the learning process and can be extremely valuable if the learner isn’t treated badly because of it.
- Learners look to their teachers as models of how to do things as well as how not to do things.
- Teachers can learn a lot from learners if the teachers are willing to be quiet sometimes and listen.

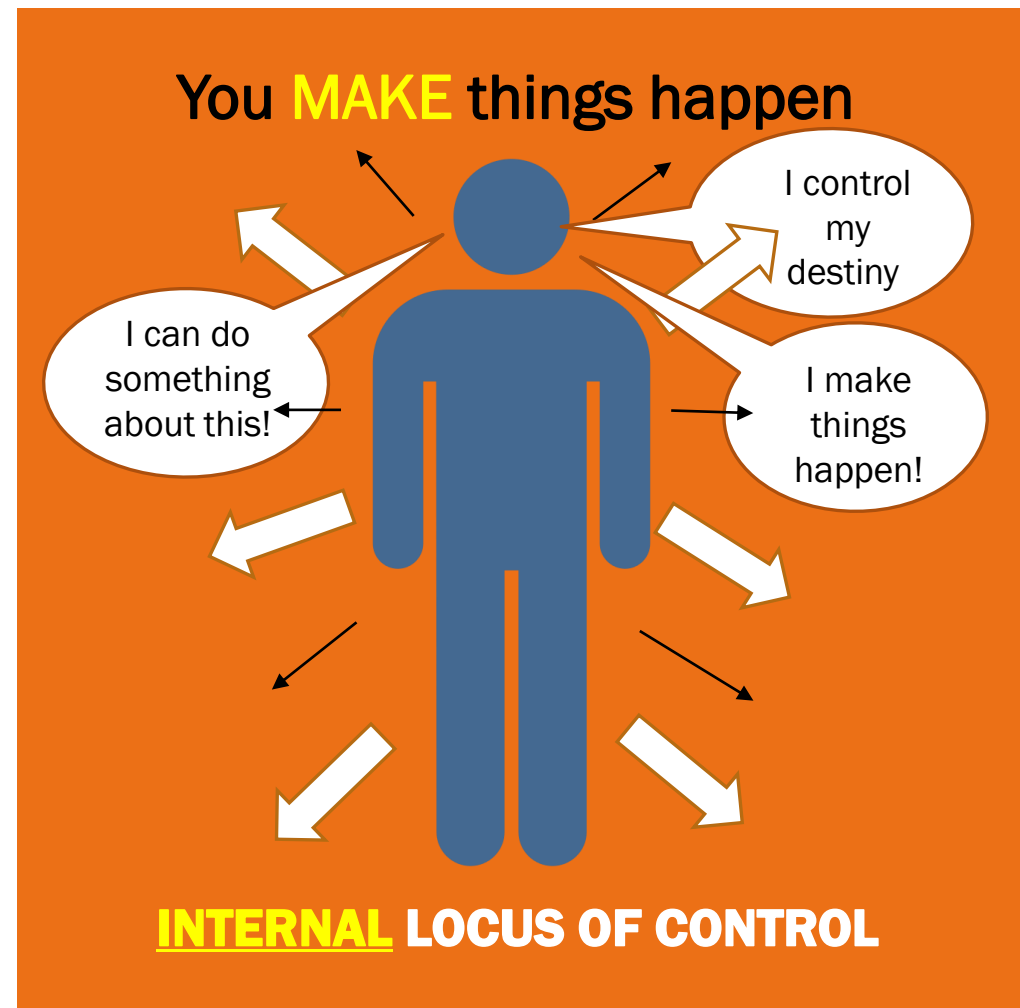
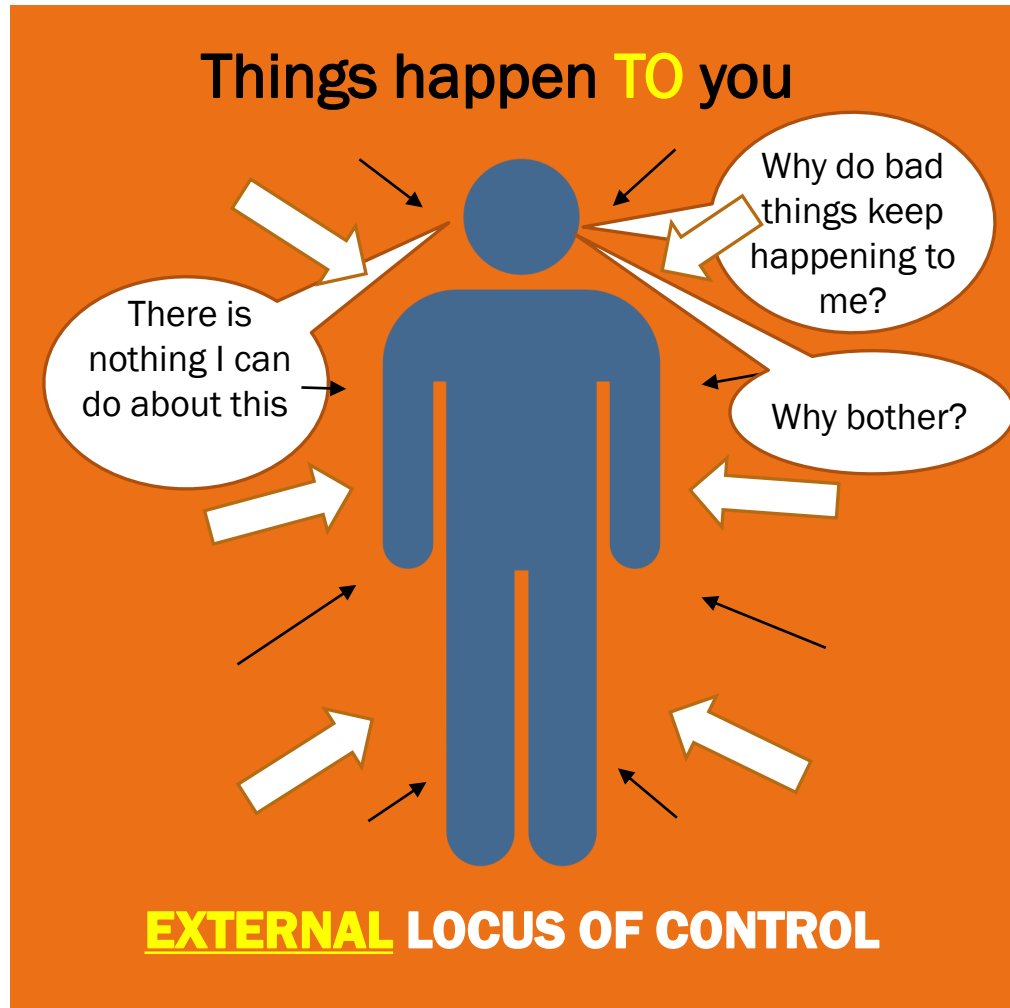
Teach (continued)

- We need to teach and model positive, healthy behaviors.
- We need to teach positive thinking, coping skills, and problem resolution
- We need to provide a wide array of meaningful activities that can help fill up time and encourage active involvement of residents.
- We need to teach daily living skills (care of self, property, loved ones).
- We need to teach ourselves to listen carefully to those we serve, look for signs of trauma or other internal struggles and get our residents the help they need when they need it.

Encourage and support . . .

- Residents remaining in contact with mental health providers, doctors, mentors/sponsors/coaches/peer supporters, etc.
- Residents feeling free to talk about what is going on with them, particularly when they start feeling agitated, frustrated, depressed, etc.
- Residents staying on a path of recovery and accessing all of the resources that are available to them to do so.
- Residents becoming their own support group. Teach peer recovery support skills and work with them to constantly improve those skills to recognize signs of distress and offer productive support.
- Kindness and caring in word and deed.

Promote & model internal locus of control



I CANNOT CONTROL



I CAN CONTROL



IF OTHERS FOLLOW THE RULES OF SOCIAL DISTANCING

THE ACTIONS OR INACTIONS OF OTHERS

WHAT MIGHT HAPPEN IN THE FUTURE

HOW LONG THIS PANDEMIC WILL LAST

HOW OTHERS REACT TO WHAT HAPPENS

WHAT STORES HAVE AVAILABLE OR WHEN PRODUCTS WILL RETURN

Common issues that may be traumatic for residents

- Wearing masks or being around people who are wearing masks
- Separation from loved ones: significant others, children, family
- Strategies for residents who have lost employment
- Strategies for residents who may not want to visit the doctor to get testing or seek medical treatment

Strategies

- Make sure you have worked through policies and procedures for dealing with the pandemic. What are the procedures if a resident has a positive test? Are masks required or not? Are they required only outside the group? Are you expecting residents to maintain “physical distancing”? If so, how are you enforcing it? Can you enforce it? What are the criteria for accepting new residents into the household? Do you require testing prior to entry? Are visitors allowed into your residence? If so, how do you maintain safety? Do your policies have teeth in them or are they merely words on paper?
- Remind residents that they are in company with many, many others who are struggling with the same issues. They are not alone.
- Help them learn what they can control and what they cannot control.
- Encourage changing the dynamic from being controlled by life to controlling their reactions to what life throws at them.

Strategies (continued)

- Provide a source of constant caring, understanding, encouragement as well as frank, honest feedback that teaches concern for others:
 - Frank discussions about the need for each member of the residence to protect the safety of everyone in the house. “All for one, and one for all!”
 - Use examples they can understand: “If we were all living in your house with your loved ones, would you feel good about one of us possibly bringing COVID-19 home to them?” “Is that a decision worth dying for or watching someone else suffer or die for?”
- Help them access resources: online resources; community resources; and internal resources (your recovery residence, the people in it, and the individual’s recovery capital).

Strategies (continued)

- Encourage them to contact people they owe money and try to work out delayed payments. Leaving your residence does not mean they are going to find lucrative work to get through these rough times; it might just leave them homeless as well as out of work.
- Work out delayed payments for your facility.

Things to do during the pandemic

- Learn something new: take an online course, read, teach others, do research online.
- Get involved in online AA, SMART Recovery, etc.; if none is available, start one.
- Find a hobby that can be done from home: learn photography; take up beading; learn to draw or paint; write a short story, poem, or essay; put models together; do genealogy; learn to knit, crochet, or do needlepoint; collect things; do scrapbooking; create art work out of odds and ends, junk, etc.
- Do something to help people: give blood, make things that others need, prepare food for needy people, volunteer to make repairs on motors/appliances/etc. for people with little income (if you have those skills and can do it safely).

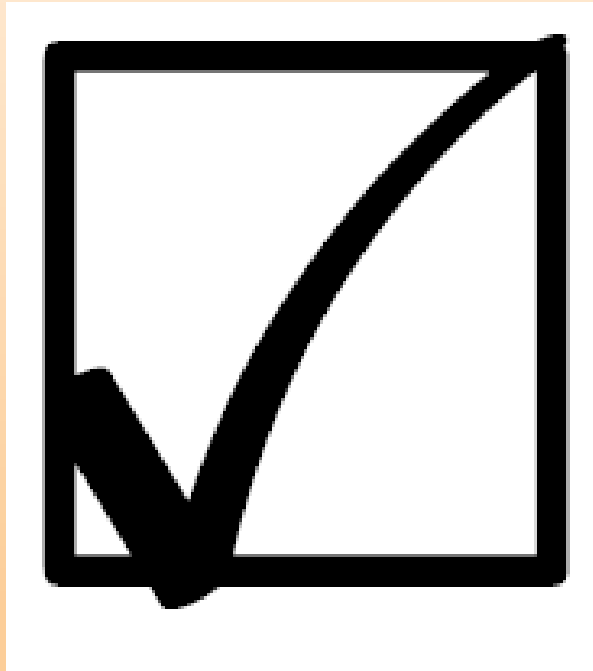
Things to do (continued)

- Plan movie nights with discussions afterward about themes, problem solving, reality vs. imagination, relationships, underlying beliefs that guided the actions of the characters, etc.
- Plan game nights: games will have to be carefully chose if you need to maintain physical distancing..
- Have contests for best cellphone photographs of the week.
- Do weekly chats about people's hobbies, interests, activities, etc. Stay focused on how they are staying actively involved in being positive and productive.
- Meet with residents on a one-on-one basis often just to check in.

Things to do (continued)

- Have different residents take charge of coming up with a daily activity for all the residents that promotes health and wellness for at least an hour per day. (Go walk in the woods, do stretching activities, learn yoga, practice breathing techniques, create comic scenarios that make people laugh, etc.)
- **WE ARE ONLY LIMITED BY OUR IMAGINATIONS!**

POLL #3



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