How to Create a Trauma Responsive Environment: Covid-19 Protective Factors and Responses

Welcome!

- All lines are muted, so please ask your questions in chat.
- For technical issues, chat to the ‘Technical Support’ Panelist.
- Please actively participate in the poll that will pop up on the lower righthand side of your screen at the end of the presentation.
Ryan Myracle MSSW, LAPSW, LNHA, CCTP

CULTURE CHANGE RESOURCES COORDINATOR AT SIGNATURE HEALTHCARE

Ryan Myracle is a licensed Nursing Home Administrator and licensed Advance Practice Social Worker in the state of TN and has served in various roles in the skilled and long-term care industry since 1998. Currently he resides in Jackson, TN and works remotely for Signature Healthcare in Louisville, KY as the Culture Change Resource Coordinator where he supports 110 skilled nursing centers in 10 states.

Ryan first learned of culture change in the field of Eldercare while he was in college. That interest grew stronger as he began working as a Social Worker in skilled and long-term Eldercare settings. In 2003 Ryan became a Certified Eden Associate. Later in 2008, he became a Certified Eden Educator and Eden Mentor. Since then, he has used his passion for improving the quality of life for Elders and their Care Partners to inspire change through personal transformation and the blending of roles to better meet Elders’ needs.

Contact: rmyracle@signaturehealthcarellc.com
Spring City Care and Rehabilitation Center

Here is Jerry painting a wishing well in the east garden. The virus is not going to keep us from getting ready for the Spring and Summer fun. We are all still doing fine.
This summer, we are finding out all kinds of things about the Super Heroes that live in our home. Here are three of them and their information about how they feel about the Super Hero that they are. Thanks, Gio, Mr. Berts, and Burch for sharing #SignatureSummer

Supercity Care and Rehabilitation Center
June 20 at 12:00 AM

My name is Joe Young! My favorite superhero is Spiderman! I use my superpowers to fight the PLONKYN Virus and help our friends every day!!
@angiecolsifer @DCTcrusaders #SignatureSummer #SupermanYoung

Super City Care and Rehabilitation Center
July 2 at 07:50 AM

During the #SignatureSummer our elders have been hard at work discovering their superpowers and even making their own comic!!

Prestonsburg Health Care Center
June 8 at 05:50 AM

Every one of us has a superpower. For Wonder Woman Day, our elders were given the opportunity to share theirs.

My superpower is:
Berry Pukin!

Signature HealthCare at Jackson Manor Rehab & Wellness Center
June 8 at 05:37 AM

The great dog rescue by Declan.

Write Your Own Comic!

My Superpower is:

The End!
Denice Morris MS, MEd, CADC

ADULT TREATMENT PROGRAM COORDINATOR

Denice attended Tuskegee University and Miles College receiving her bachelor's in criminal justice and later received a double masters from the University of West Alabama in Counseling Psychology and Adult Continuing Education. Denice began her career in the substance abuse treatment field at the Aletheia House residential treatment center in Birmingham, AL in 2004. She has served as Clinical Supervisor and later Director of Re-Entry services at Gadsden Re-entry and Correctional Facility in Tallahassee, FL. Her current occupation is with the Alabama Department of Mental Health Substance Abuse Division as an Adult Treatment Program Coordinator for certified substance abuse treatment facilities across the state. Within this position she conducts specialty trainings for Trauma Responsiveness, Clinical Supervision, Outreach and Social Marketing. She is the mother of 3 and the wife of Mr. Cecil Morris of Mobile, AL. She has served in the United States Air Force Reserves and is a member of Alpha Kappa Alpha Sorority Inc.

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HOW TO CREATE A TRAUMA RESPONSIVE ENVIRONMENT

COVID-19 PROTECTIVE FACTORS AND RESPONSES

DENICE MORRIS MS, MED, ADC
NATIONALLY CERTIFIED TRAUMA TRAINER
ALABAMA DEPARTMENT OF MENTAL HEALTH
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DENICE.MORRIS@MH.ALABAMA.GOV
# COURSE OBJECTIVES

<table>
<thead>
<tr>
<th>Define</th>
<th>Define trauma and inform participants on the different types.</th>
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<tbody>
<tr>
<td>Enlighten</td>
<td>Enlighten participants of the long-term effects of trauma untreated.</td>
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<tr>
<td>Discuss</td>
<td>Discuss traumatic events and challenges unique to the COVID-19 pandemic.</td>
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<tr>
<td>Educate</td>
<td>Educate participants on responding to trauma including therapy types, coping skills and minor environmental changes.</td>
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In the United States, 61 percent of men and 51 percent of women report exposure to at least one lifetime traumatic event, and 90 percent of clients in public behavioral health care settings have experienced trauma.

If trauma goes unaddressed, people will have poor physical health outcomes and ignoring trauma can hinder recovery for those with mental illnesses and addictions. To ensure the best possible health outcomes, all care — in all health settings — must address trauma in a safe and sensitive way.
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 occurs in layers over time, with each layer affecting every other layer. Current trauma is the outer layer. Former trauma in one’s life are more fundamental inner layers.
The Adverse Childhood Experiences study found that people who had experiences difficult or adverse experiences in childhood had a greater risk of both physical and mental health problems during adulthood.

The risk increases significantly for people with larger numbers of adverse experiences in their childhood. Adverse experiences include not only trauma and abuse, but also non-traumatic stressors like parental divorce and household dysfunction.

Focus is on the first 18 years of life.

Try it yourself: http://traumadissociation.com/ace
STAFF

While you were growing up, during your first eighteen years of life:

1. Did a parent or other adult in the household often
   * Swear at you, insult you, put you down, or humiliate you?
     or
   * Act in a way that made you afraid that you might be physically hurt?
     IF YES, CHECK MARK ___

2. Did a parent or other adult in the household often
   * Push, grab, or slap you or throw something at you?
     or
   * Ever hit you so hard that you had marks or were injured?
     IF YES, CHECK MARK ___

5. Did an adult or person at least five years older than you ever
   * Touch or fondle you or have you touch his/her body in a sexual way?
     or
   * Try to or actually have oral, anal, or vaginal sex with you?
     IF YES, CHECK MARK ___

4. Did you often feel that
   * No one in your family loved you or thought you were important or special?
     or
   * Your family members didn’t look out for one another, feel close to
     one another, or support one another?
     IF YES, CHECK MARK ___

5. Did you often feel that
   * You didn’t have enough to eat, had to wear dirty clothes, and
     had no one to protect you?
     or
   * Your parents were too drunk or high to take care of you or
     take you to the doctor if you needed it?
     IF YES, CHECK MARK ___

6. Were your parents ever separated or divorced?
   IF YES, CHECK MARK ___

7. Was your mother or stepmother:
   * Often pushed, grabbed, or slapped or had something thrown at her?
     or
   * Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
     or
   * Ever repeatedly hit over at least a few minutes or threatened
     with a gun or knife?
     IF YES, CHECK MARK ___

8. Did you live with anyone who was a problem drinker or alcoholic or
   who used street drugs?
   IF YES, CHECK MARK ___

9. Was a household member depressed or mentally ill or did a household
   member attempt suicide?
   IF YES, CHECK MARK ___

10. Did a household member go to prison?
    IF YES, CHECK MARK ___

Now add up your “Yes” answers: __________

This is your ACE score.
Drew Barrymore

ACE SCORE: 5

* Domestic violence
* Neglect
* Emotional abuse
* Parents used substances
* Parents divorced at 9 years
Oprah Winfrey

ACE SCORE: 4

* Parental separation/divorce
* Emotional neglect
* Sexual abuse
* Physical abuse
UNRESOLVED TRAUMA IS COMMON

- Addictive behaviors excessively turning to drugs, alcohol, sex, shopping, ...
- Inability to tolerate conflicts.
- Inability to tolerate intense feelings.
- Innate belief that they are bad.
- Black and white thinking.
- Suicidal thoughts.
- Disorganized attachment patterns.
- Dissociation
UNRESOLVED TRAUMA IS COMMON

- Eating Disorders
- Excessive Sense of Self-Blame
- Inappropriate Attachments
- Intense Anxiety
- Intrusive Thoughts, Flashbacks, Body Memories, Nightmares
- Depression
- Victim Role
- Rescuer Role
- Self-Harm
PEOPLE WHO HAVE EXPERIENCED TRAUMA ARE:

- 4 Times More Likely To Become An Alcoholic
- 4 Times More Likely To Develop A Sexually Transmitted Disease
- 4 Times More Likely To Inject Drugs
- 15 Times More Likely To Commit Suicide
- 2.5 Times More Likely To Smoke Tobacco
- 3 Times More Likely To Use Antidepressant Medication
- 3 Times More Likely To Have Serious Job Problems
- 3 Times More Likely To Be Absent From Work
- 3 Times More Likely To Experience Depression
PSYCHOLOGICAL TRAUMA

- Refers to the individual’s (or family’s) perception of significant events or circumstances, past or present. These events or circumstances may result in a cluster of symptoms, adaptations, and reactions that interfere with the individual’s functioning.
PSYCHOLOGICAL TRAUMA - EXAMPLES

- Violence in the home, personal relationships, workplace, school, systems/institutions, or community.
- Maltreatment or abuse: emotional, verbal, physical, sexual, or spiritual.
- Exploitation: sexual, financial or psychological.
- Change in living situation such as eviction or move to nursing home.
- Neglect and deprivation.
- War or armed conflict.
- Natural or human caused disaster.
COMPLEX TRAUMA

- Result of traumatic experiences that are interpersonal, intentional, prolonged and repeated. Often leads to immediate and long-term difficulties in many areas of functioning.
Historical trauma is the cumulative emotional and psychological wounding over the life span and across generations, resulting from trauma experienced by the individual’s social group.
SURVIVORS GUILT

Symptoms

When people survive a traumatic event, they may experience feelings of guilt about:

- surviving when others did not
- what they did during the traumatic event
- what they did not do during the traumatic event
SURVIVORS GUILT

Accept and allow the feelings
Connect with others
Use mindfulness techniques
Practice self-care
Do something good for others
COVID-19 AND SURVIVORS GUILT.

DO YOU BELIEVE YOUR AGENCY IS EQUIPPED TO DEAL WITH PATIENTS WHO PRESENT SYMPTOMS OF SURVIVORS GUILT DURING AND AFTER THE COVID-19 PANDEMIC?

IF NOT WHAT DO YOU THINK NEEDS TO HAPPEN TO GET PREPARED?

DEFINITION OF SURVIVORS GUILT: A CONDITION OF PERSISTENT MENTAL AND EMOTIONAL STRESS EXPERIENCED BY SOMEONE WHO HAS SURVIVED AN INCIDENT IN WHICH OTHERS DIED.
COVID-19 CONSIDERATIONS FOR A TRAUMA INFORMED RESPONSE FOR WORK SETTINGS

- Support Regulations
- Prioritize Relationships
- Explain the “Why”
- Help Staff and Clients Know What to Expect.
- Reframe Behaviors
“...Place the oxygen mask on yourself first before helping small children or others who may need your assistance.”
Providing care in a trauma-informed manner promotes positive health outcomes. A trauma-responsive approach is defined as a program, organization, or system that recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and environment and seeks to actively resist re-traumatization.
Learn everything you can about trauma, PTSD, triggers and symptoms. Knowing this information, you will be better equipped to handle the situation.

Don’t judge or jump to conclusions. No two trauma victims will never be the same so treatment can be similar but never the same.

Be there to listen. Make yourself available to them when they need to talk or connect this client with a peer that has a lived experience with trauma and seems to have acquired the help they needed. Be an active listener by giving input when needed.
Show respect. Respect them even though they may be having a difficult time at that moment.

Show you care by recognizing when everything doesn’t seem to be okay.

Allow room for mistakes. Recognize that they will make mistakes but be there to assist and demonstrate forgiveness.
BEING TRAUMA RESPONSIVE
- RESPECT MODEL

Talk positively.

Interact and show them you don’t look down on them.

Don’t belittle them. While it is important to not expect too much, not expecting anything at all is unnecessary and can be hurtful.
BEING TRAUMA RESPONSIVE - RESPECT MODEL

Be patient.

Encourage their self-esteem.

Take care of yourself. Remember that you can’t take care of someone else if you haven’t dealt with yourself first.
SANCTUARY TRAUMA

The overt and covert traumatic events that occur in mental health and other human service settings.

These events are distressing, frightening, or humiliating. People (consumers and staff) who are exposed to sanctuary trauma may experience a cluster of symptoms and reactions that interfere with functioning.
BEING TRAUMA RESPONSIVE-SANCTUARY MODEL

- **Sanctuary Model** - The Sanctuary approach is a treatment and organizational model that integrates trauma informed care and the creation of a therapeutic community. The model provides a safe community for both residents and staff.
BEING TRAUMA RESPONSIVE - SANCTUARY MODEL

- Break silence about trauma and abuse.
- Shift blame from survivor.
- If relevant, establish short term safety plan.
- Patient given control and choice.
PHYSICAL SAFETY
EMOTIONAL SAFETY
PEER SUPPORT AND RELATIONSHIP
TRUST AND TRANSPARENCY
VOICE, CHOICE AND EMPOWERMENT
CULTURAL RESPONSIVITY

- Norms, Behaviors and artifacts. Visible, tangible.
- Personal Values and Attitudes. Less visible, but can be talked about.
- Cultural Values and Assumptions. Usually not visible at all, often held subconsciously, rarely (if ever) questioned in everyday life.
PARTNERSHIPS
VICARIOUS TRAUMA

Individual factors
- high expectations for quality of care
- personal history of unresolved or traumatic experiences
- insufficient social support (at work and at home)
- demanding domestic/childcare responsibilities
- inability to cope with job's requirements

Organisational factors
- insufficient staff resources
- insufficient staff training
- insufficient or inadequate staff supervision
- high workload or work intensity
- professional isolation
- financial and bureaucratic constraints
- high expectations for quality of care
- inability to influence change in policies and procedures

Risk of compassion fatigue

Professional factors
- repetitive exposure to individuals' suffering and trauma
- poor quality of team work and cohesion
- little variety in job activities
- poor work-life balance
VICARIOUS TRAUMA – SIGNS / SYMPTOMS

- Having difficulty talking about their feelings
- Free floating anger and/or irritation
- Startle effect/being jumpy
- Over-eating or under-eating
- Difficulty falling asleep and/or staying asleep
- Losing sleep over patients
- Worried that they are not doing enough for their clients
- Dreaming about their clients/their clients’ trauma experiences
VICARIOUS TRAUMA – SIGNS / SYMPTOMS

- Diminished joy toward things they once enjoyed
- Feeling trapped by their work in health care
- Diminished feelings of satisfaction and personal accomplishment
- Dealing with intrusive thoughts of clients with especially severe trauma histories
- Feelings of hopelessness associated with their work/clients
- Blaming others
- Personal relationships suffer
VICARIOUS TRAUMA – SIGNS / SYMPTOMS

- Diminished joy toward things they once enjoyed
- Feeling trapped by their work as a counselor (crisis counselor)
- Diminished feelings of satisfaction and personal accomplishment
- Dealing with intrusive thoughts of clients with especially severe trauma histories
- Feelings of hopelessness associated with their work/clients
- Blaming others
- Personal relationships suffer
BEING TRAUMA RESPONSIVE-RESOURCES

Gift from Within. A site for survivors of trauma and victimization. www.giftfromwithin.org

Healing Self Injury provides information about self-inflicted violence and a newsletter for people living with SIV–The Cutting Edge. www.healingselfinjury.org

National Center for Posttraumatic Stress Disorder, http://www.ncptsd.org


WCASA. Works to ensure that every sexual assault victim in Wisconsin gets the support and care they need. http://www.wcasa.org
REFERENCES

- Bloom, Sandra. *Presentation for Center for Nonviolence and Social Justice, School of Public Health, Drexel University*. February, 2009. Stephanie S. Covington, PhD, Sandra L. Bloom, MD Moving from Trauma-Informed to Trauma-Responsive
- Elizabeth Hudson, LCSW Consultant to the Dept. of Health Services, Division of Mental Health and Substance Abuse Services, Wisconsin
- Substance Abuse and Mental Health Service Administration (SAMHSA) [www.samhsa.gov](http://www.samhsa.gov)
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<table>
<thead>
<tr>
<th>Category</th>
<th>Objectives</th>
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| Behavioral Health Outcomes & Opioid Misuse | - Promote opioid best practices  
- Decrease high dose opioid prescribing and opioid adverse events in all settings  
- Increase access to behavioral health services |
| Patient Safety                        | - Reduce risky medication combinations  
- Reduce adverse drug events  
- Reduce C. diff in all settings |
| Chronic Disease Self-Management       | - Increase performance on ABCS clinical quality measures (i.e., aspirin use, blood pressure control, cholesterol management, cardiac rehab)  
- Identify patients at high-risk for developing kidney disease & improve outcomes  
- Identify patients at high risk for diabetes-related complications & improve outcomes |
| Quality of Care Transitions           | - Convene community coalitions  
- Identify and promote optical care for super utilizers  
- Reduce community-based adverse drug events |
| Nursing Home Quality                  | - Improve the mean total quality score  
- Develop national baselines for healthcare related infections in nursing homes  
- Reduce emergency department visits and readmissions of short stay residents |
Making Health Care Better Together

Georgia, Kentucky, North Carolina, or Tennessee
Leighann Sauls
Leighann.Sauls@AlliantHealth.org

Alabama, Florida, or Louisiana
Jeana Partington
Jeana.Partington@AlliantHealth.org

Program Directors
Post Event Survey for SATTC:

https://ttc-gpra.org/P?s=924190

CEU hours are available upon completion of the GPRA evaluation from NAADAC.

Southeast (HHS Region 4)

ATTC
Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration
# Upcoming Events

## Nursing Homes
*Tuesdays, 2pm ET/1pm CT*

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>August 18(^{th}), 2020</td>
<td>Initiating an Effective Medication Reconciliation Program</td>
</tr>
<tr>
<td>September 15(^{th}), 2020</td>
<td>High risk medication use and quality practices to prevent ADE</td>
</tr>
<tr>
<td>October 20(^{th}), 2020</td>
<td>Understanding and using QAPI elements in day to day care processes</td>
</tr>
<tr>
<td>November 17(^{th}), 2020</td>
<td>Preventing and Managing C. difficile</td>
</tr>
<tr>
<td>December 15(^{th}), 2020</td>
<td>Preventing healthcare acquired infections</td>
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</tbody>
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## Community Coalitions
*Thursdays, 12:30 pm ET/11:30am CT*

<table>
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<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>July 30(^{th}), 2020</td>
<td>The Power of Engaging Local Government in Community Coalitions</td>
</tr>
<tr>
<td>August 27(^{th}), 2020</td>
<td>Using SBIRT for Effective Screening and Referral to Treatment</td>
</tr>
<tr>
<td>September 24(^{th}), 2020</td>
<td>Opioid Use in the Aging Population <em>Special 60-minute Presentation</em></td>
</tr>
<tr>
<td>October 29(^{th}), 2020</td>
<td>Blood Glucose Targets And Adapting Treatment Goals For Special Populations</td>
</tr>
<tr>
<td>November 19(^{th}), 2020</td>
<td>How Medication Reconciliation can Reduce Hospital Utilization and Readmissions</td>
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