

Trauma-Informed Care

Background and Resources
for Hotel Staff

July 2020

Webinar Recording

- Download recording link:
<https://hhc.webex.com/hhc/ldr.php?RCID=88459618e6e165ffabc014b4be2a1d61>
- Playback recording link:
<https://hhc.webex.com/hhc/lsr.php?RCID=88459618e6e165ffabc014b4be2a1d61>

Learning Objectives

- Understand how trauma can affect the way an individual engages with the healthcare system
- Understand how individuals who have experienced trauma may face additional challenges during COVID-19 and hotel isolation
- Identify ways to better support people who have experienced trauma
- Identify ways to take care of ourselves during times of stress

Agenda

- What is Trauma?
- What is Trauma-Informed Care?
- How to practice Trauma-Informed Care
- Resources for Providers

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- **What is Trauma?**
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What is Trauma?

Results from an event or series of events that are physically or emotionally harmful and have lasting adverse effects on mental, physical, social, and emotional wellbeing.



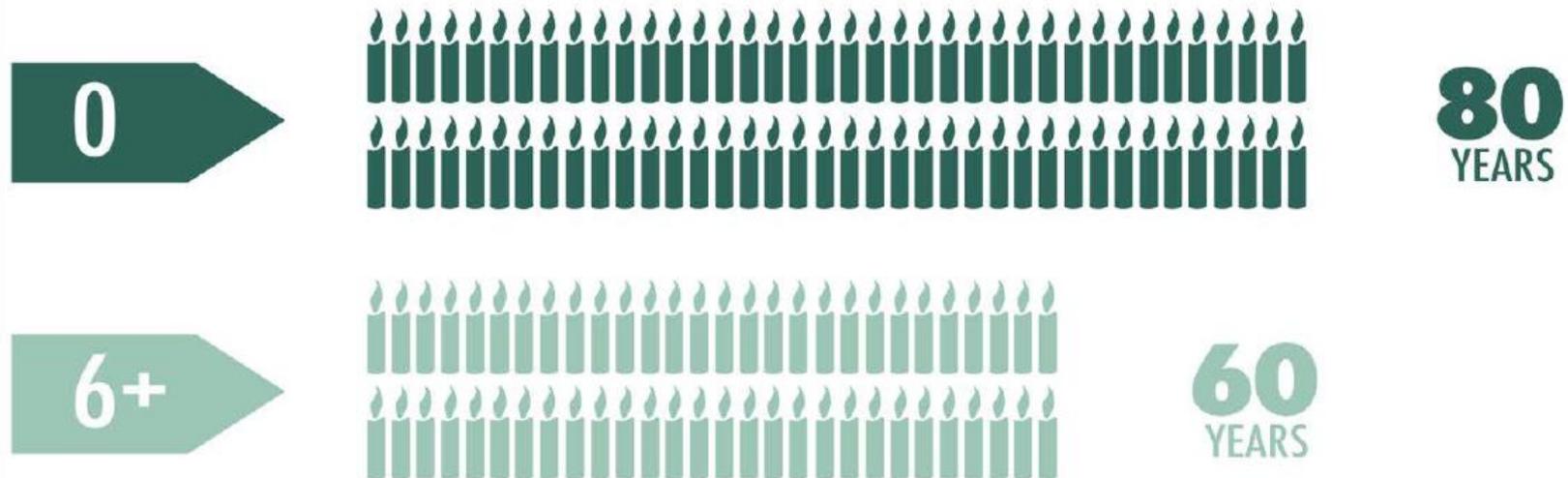
Trauma is a public health issue

More traumatic experiences are associated with higher odds of having more conditions and behaviors, such as:

- Ischemic heart disease
- Cancer
- Liver Disease
- COPD
- Depression
- Skeletal fractures
- Sexually transmitted diseases
- Smoking
- Severe obesity
- Alcohol use disorder
- Substance use disorder
- Early initiation of smoking
- Early initiation of sexual activity
- Risk of sexual violence
- Risk of intimate partner violence
- Adolescent pregnancy

LIFE EXPECTANCY

People with six or more ACEs died nearly **20 years earlier on average** than those without ACEs.



ACEs: Adverse Childhood Events; a screener that can be used to predict various health outcomes.

Spectrum of trauma-related disorders

- Certain traumatic experiences don't fully develop into PTSD
- Knowing where one is in the spectrum can help prevent the progression.



Anxiety could also possibly be seen and co-occur together with PTSD or acute stress disorder

An example of...

- **Adjustment disorder** - A 45 year old has just come into the hotel after learning they had COVID. They are also dealing with stressors related to taking care of their elderly mother who had just fallen a few months back who is now in a short term facility. This patient has not had anxiety or other mental illness before, but is saying they are feeling very stressed and overwhelmed with everything.
- **Acute Stress Disorder** - A 30 year old female has just come into the hotel saying they are feeling out of body experiences and at times feeling like they are not themselves. They report they had witnessed the death of one of their friends with COVID two weeks ago. They report having issues with sleep and they feel more irritable lately. They also report they are a bit more on edge.

An example of...

- **Post Traumatic Stress Disorder** - A 55 year old has just come into the hotel after learning they had COVID. They like the last patient report they had witnessed the death of one of their friends with COVID about 2 months ago. When the first were dealing with the loss, they were feeling not right about their surroundings and themselves. They were feeling on edge, feeling more irritable and having issues with sleep. This has continued now and has been getting worse over the last 2 months. They are also saying they feel as though being in the hotel is bringing back and triggering certain memories which are distressing to the patient.

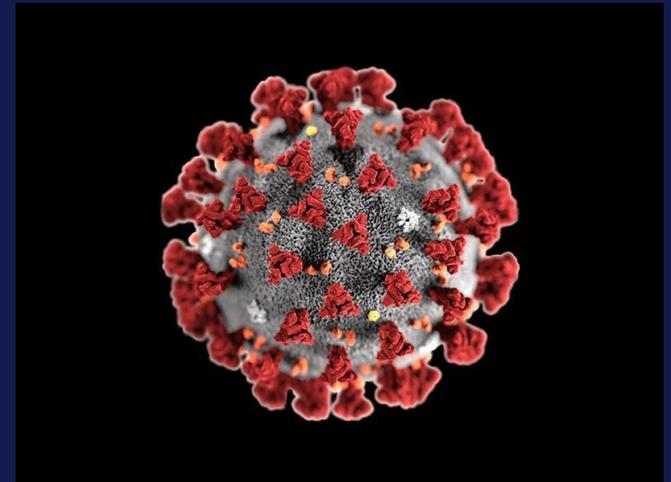
Factors that can contribute to stress and trauma

Living in NYC has its perks, but it can also be a stressful experience for many. Some of these factors include:

- Poverty
- Incarceration/incarcerated family member
- Racism
- Vehicle/subway accidents
- Domestic violence
- Childhood neglect
- Terrorist attack
- Homelessness
- Interactions with police
- Gun violence
- Food insecurity
- Sexual assault
- Natural disaster
- **COVID-19**

COVID-19 can also contribute to stress and trauma

- We are experiencing anxiety, isolation, and uncertainty globally due to COVID-19
- Those with trauma histories may face additional challenges and feel the impact of coronavirus more intensely
 - Triggering or re-activating past trauma symptoms and memories.
 - Cut off from supports and ways of coping that helped them heal



Coping mechanisms can negatively impact health and healthcare engagement

Common Coping Mechanisms	Common psychological adaptations
<ul style="list-style-type: none"> • Drug use • Alcohol use • Addiction to exercise/work • Overeating • Anorexia • Gambling • Risky driving 	<ul style="list-style-type: none"> • Mistrust • Guardedness • Hypervigilance • Aggression • Social withdrawal and isolation • Desire to not show weakness • Not expressing needs because of history of needs not being met

“Trauma breeds further trauma; hurt people hurt other people.”

-Bessel A. van der Kolk, MD

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Trauma-informed care

A treatment model that provides whole-person patient-centered care by avoiding re-traumatization and creating an environment of safety and understanding for patients who have experienced trauma.

Why trauma-informed care matters

Acknowledging the need to understand a patient's life experiences to deliver effective care can:

- Improve patient engagement
- Improve health outcomes
- Enhance provider and staff wellness

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Building Blocks for Trauma-Informed Care

Relationships

Physical
Environment

Policies and
Procedures

Attitudes and
Beliefs

Building Blocks for Trauma-Informed Care



Relationships built on trust can promote psychological and emotional safety

Relationship-building begins with the initial phone greeting, initial in-person meeting, and initial intake.

Try this:

- Interactions that express kindness, patience, reassurance, calm, acceptance, and listening
- Frequent use of words like PLEASE and THANK YOU

There is no clear guidance for screening of trauma

Pros: Better understanding of social history and disease risk; can target interventions to meet complex needs

Cons: Asking about traumatic experiences can re-traumatize a patient or hinder progress if appropriate interventions or referrals are not in place.

How to have conversations about trauma

If you have built a trusting relationship with the patient, it may be easier for them to open up to you. When asking about trauma, use open-ended questions:

- How would you describe...?
- What's your past experience related to...?
- In what way...?

Building Blocks for Trauma-Informed Care



Consider physical and emotional safety

Try this:

- Create physical space that is comfortable, calming and offers privacy
- No wrong door philosophy: we are all here to help
- Convey a positive, hopeful message in the environment (posters, pictures, etc.)
- Clear signage



How to help patients feel safe

Intake/History-taking	Examination
<ul style="list-style-type: none"> • Greet patients while they are fully clothed • Emphasize the patient's control of the session • Attend to body language and follow up on signs of discomfort • Establish sensible and fair rules that are clearly explained • Focus on what patients can do vs. what they can't 	<ul style="list-style-type: none"> • Offer to shift an item of clothing in lieu of undressing • Offer ways to signal distress and pause/stop exam • Ask for consent prior to each touch • Talk through what you are doing and why

Building Blocks for Trauma-Informed Care

Relationships

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Attitudes and
Beliefs

Trauma-informed policies can promote patient choice and safety

Try this:

- Sensible and fair rules that are clearly explained
- Focus more on what you CAN DO rather than what you CAN'T DO
- Ask patients what they need and offer acceptable alternative choices
- Provide materials and communication in the person's language
- Implement 1-1 policy for discussion of sensitive matters

How to create a trauma-informed care plan

- Collaborate on decisions and goals
- Assume individuals are doing their best
- Acknowledge and validate feelings
- Honor coping mechanisms, acknowledge progress, and build on strengths

Building Blocks for Trauma-Informed Care

Relationships

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“What happened to you?”

VS.

“What’s wrong with you?”

De-escalation Techniques

- Imagine yourself in the person's shoes to better understand what they might be feeling
- Using a calm tone of voice and giving patients physical space
- Stating what you observe and acknowledging their feelings (e.g. "I can see that you feel angry and scared")
- Asking patients what they need and offering acceptable alternative choices
- Distracting them (e.g. change the focus, tell a story, offer water or a book)
- Using guided imagery to describe a relaxing view, a safe place
- Grounding patients by helping them notice their breath and gain awareness of their senses (e.g. running hands under cold water)

Grounding Techniques



What are 5 things you can see? Look for small details such as a pattern on the ceiling, the way light reflects off a surface, or an object you never noticed.



What are 4 things you can feel? Notice the sensation of clothing on your body, the sun on your skin, or the feeling of the chair you are sitting in. Pick up an object and examine its weight, texture, and other physical qualities.



What are 3 things you can hear? Pay special attention to the sounds your mind has tuned out, such as a ticking clock, distant traffic, or trees blowing in the wind.



What are 2 things you can smell? Try to notice smells in the air around you, like an air freshener or freshly mowed grass. You may also look around for something that has a scent, such as a flower or an unlit candle.



What is 1 thing you can taste? Carry gum, candy, or small snacks for this step. Pop one in your mouth and focus your attention closely on the flavors.

Trauma-informed attitudes promote psychological safety

- Recognize mental health, substance use, and physical health *symptoms* may be a person's way of coping with trauma
- Ask questions for the purpose of understanding what harmful events may contribute to current problems
- Consider the patients preferences around comfort and safety
- Pay attention to staff perception of safety, comfort, trust and seek their feedback.

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Working with people who have experienced trauma can have an impact on providers

Secondary Trauma

Trauma experienced by family members, friends, first responders, providers caring for those who have experienced primary trauma

Compassion Fatigue

Physical, emotional, and/or spiritual exhaustion that can rapidly result from caring for patients with complex needs

Burnout

Process over an extended period of time marked by emotional exhaustion and withdrawal from work

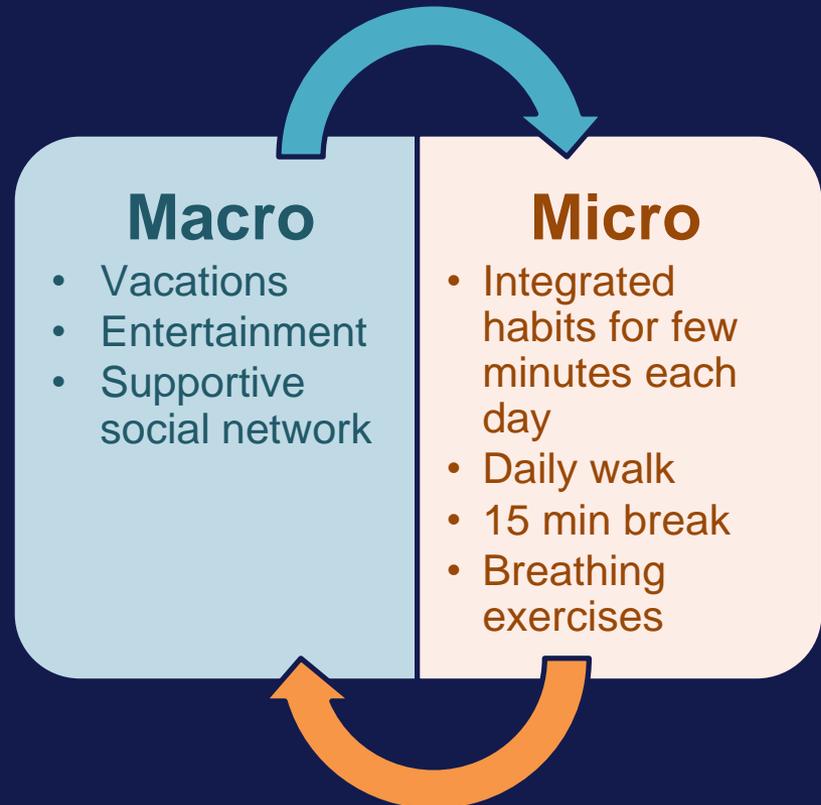
Self-Care is care for all

Building compassion and resilience for ourselves can help prevent burnout

- Set realistic **expectations** for yourself and for others
- **Boundary setting:** know your limits and know what you want
- **Staff culture:** connect with colleagues to heal and support each other
- Engage in **self-care**

Types of Self-care

Macro self-care without micro-self care will not likely have long lasting influence or be as effective.



Tips for Building a Resilient Team

- Model your own personal resilience
- Encourage autonomy and flexibility
- Help employees manage change
- Provide opportunities for ongoing learning
- Help employees find a sense of meaning in their work

TEACH Framework



Helping Healers Heal Crisis Response

In response to COVID-19, the Helping Healers Heal (H3) initiative is providing:

- [Direct Request Form](#) for Emotional or Psychological Support on the COVID Page
- [Anonymous Support Hotline, 646-815-4150](#), Available Monday-Friday 9 AM-3 PM
- Wellness respite areas for providers in departments particularly hard-hit
- System-wide training on topics such as:
 - Grounding a Panic Attack
 - Crisis Response Training
 - Coping with Workplace Grief & Loss
 - Compassion Fatigue
 - Personal Resilience

HHC Insider COVID-19 Page



**CLICK HERE TO REQUEST
EMOTIONAL OR
PSYCHOLOGICAL SUPPORT**



**CLICK HERE TO ACCESS
CRISIS RESPONSE
JUST-IN-TIME TRAINING
AND TRAINING SCHEDULES**



**PERSONAL PROTECTIVE
EQUIPMENT HOTLINE**



FOR ALL NYC HEALTH + HOSPITALS EMPLOYEES.

Counseling Services

NYC Health + Hospitals Anonymous Support Line

- Call 646-815-4150 (M-F, 9am-3pm)

NYC Employee Assistance Program (EAP)

- Offers City of New York employees and their dependents education, information, counseling, and individualized referrals to assist with personal and social issues
- **212-306-7660** (M-F, 8am-11pm)
- Email eap@olr.nyc.gov

NYS Emotional Support Helpline

- **844-863-9314** (7 days, 8am-10pm)

NYC Well

- Call **888-NYCWELL** (692-9355)
- Text "**WELL**" to **65173**
- Chat online: nycwell.cityofnewyork.us/en/



**Thank you Health
Care Heroes!!**

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- What is Trauma?
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- **Case Studies**
- Resources for Providers

Case #1

- 34 year old woman with no chronic medical problems diagnosed with COVID-19 two days ago and came to the hotels for 10 days of isolation 1 day ago, who reports shortness of breath that started 20 minutes ago.
- How would you assess this patient?

Discussion: how to assess this patient

- Want to differentiate – is this a physiological response to COVID-19 or a manifestation of something else?
- Assessment:
 - Can the individual speak full sentences or are they struggling to speak full sentences?
 - Is their oxygen level normal or abnormal?
 - Could this be a manifestation of anxiety?
 - What are other stressors that could be leading to this response?

Managing Stress in COVID-19

- How would you want someone to converse with you if you were in this position?
- Sometimes, listening is the best treatment for these patients. Being open and being emphatic can go a long way. There might not be fixes but that's okay. Just listening is enough.
- Simple breathing exercises where one closes their eyes and takes a deep breath in and out for a minute helps
- Grounding someone during a panic attack
- Respond in a calm and soothing voice

Let's Try a Grounding Technique...



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Case #2

- 70 year old homeless man with several medical problems comes to the hotel as a place for him to safely quarantine. As the nurses search his bags on intake, he becomes upset, saying “I have been taking care of myself all of my life and don’t need you to meddle in my business.”
- He raises his walking cane at a nurse. He is transferred via 911 to an emergency room for psychiatric evaluation and alternative living arrangement.

Discussion:

- What might be going through the hotel guest's mind?
- What might be going through the nurse's mind?
- What challenges arise from this situation?
- How might the situation be managed differently?
- What skills have you used in similar situations?
- What skills would you like to learn?

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