

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



Southeast (HHS Region 4)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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.

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Here is Jamy painting a wishing well to go in the rose garden. The virus is not going to keep us from getting ready for the Spring and Summer fun. We are all still doing fine.

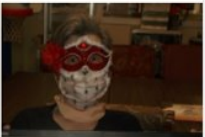
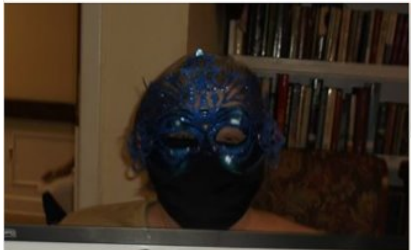


Riverview Health Care 5/5/20

<p> Today's Weather Rain Temperature 61</p> <p>Check out CHANNEL 51 for news, upcoming events, movies, church services, etc</p>	<p>Today's Menu</p> <p><i>Lunch</i></p> <ul style="list-style-type: none"> Salisbury Steak Scalloped Potatoes Broccoli Cookies Dinner Chicken Breast Mashed Yams Peas Frosted Marble Cake
<p>5th MAY HAPPY CINCO DE MAYO</p> <p>If you have questions or concerns or just need someone to talk to, please contact Stephanie Greer Social Service Director at extension 3307</p>	<p>May is Maturation Month</p> <p>Wash your hands often with soap and water for at least 20 seconds!</p> <p>At this time, only one on one visits will be offered. No group activities will be provided. Please wear your mask when in the hallway, practice social distancing, wash your hands often, and refrain from from visiting others rooms.</p> <p>The Quality of Life Department will be providing individual visits at different times throughout the day. If you need anything for independent activities, please contact them at extension 3308</p>
<p>Be of good courage, and he shall strengthen your heart; all ye that hope in the LORD.</p> <p><i>Psalm 124:8, KJV</i></p> <p>During this time, if you need a spiritual visit, please let our staff know, or contact Phillip Ramsey, Chaplain at extension 3333</p>	



This summer, we are finding out all kinds of things about the Super Heroes that live in our home. Here are three of them with their information about how they feel about the Super Hero that they are. Thanks, Cheryl, Barb, and Butch for sharing. #SignatureSummer



Super Hero
MY name: Tuffy
MY Symbol: A smile
I want others to smile
My Colors: Red/Blue
MY Power: Love
I will help others to be Happy!

Super Hero
MY name: Super Woman
MY Symbol: Stars
Multitude of things you can do!
My Colors: Red/White/Blue
MY Power: Compassion, Justice, Care
Special Talent: Motivator
I like to help others in my midst.



Super Hero
MY name: Super Dad
MY Symbol: Eagle
Freedom Flying
MY color: green/white
MY Power: Flying/helping other people
I like to help everyone.



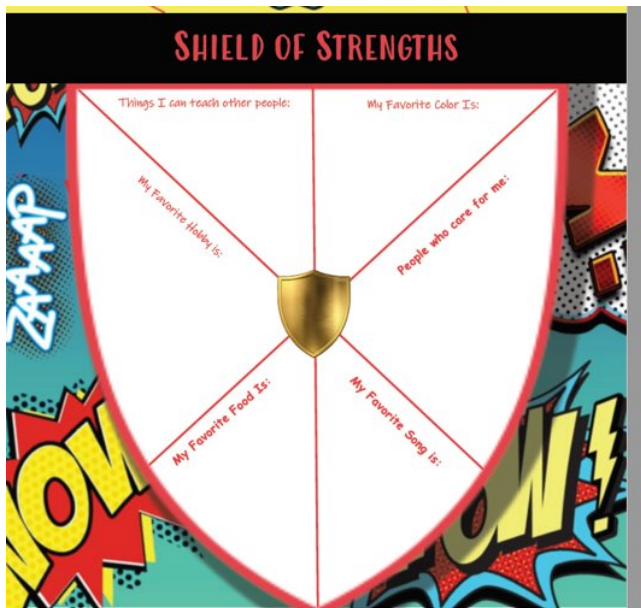
During the #SignatureSummer our elders have been hard at work discovering their superpowers and even making their own comics!



My name is Joe Young! My favorite superhero is @SpiderMan! I use my superpowers to fight the #COVID19 virus and get big wins every day! cc: @angiemcallister @LTRevolution #SignatureSummer #SignatureStrong



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



Denice Morris MS, MEd, CADDC

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

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COURSE OBJECTIVES

Define	Define trauma and inform participants on the different types.
Enlighten	Enlighten participants of the long-term effects of trauma untreated.
Discuss	Discuss traumatic events and challenges unique to the COVID-19 pandemic.
Educate	Educate participants on responding to trauma including therapy types, coping skills and minor environmental changes.

TRAUMA

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.

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



- 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.

ADVERSE CHILDHOOD EXPERIENCES (ACE) STUDY

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 ____

3. 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 ____

STAFF

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

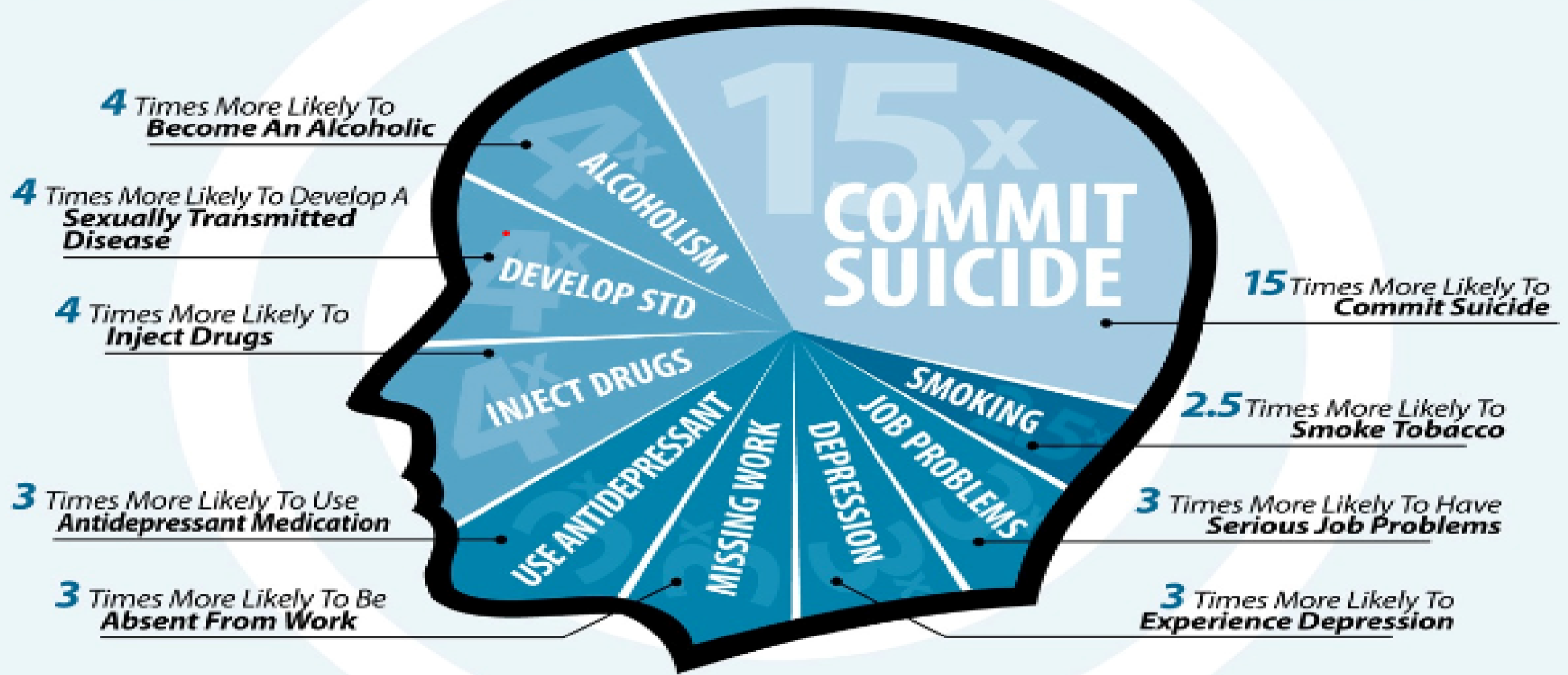


UNRESOLVED TRAUMA IS COMMON

- 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:



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.

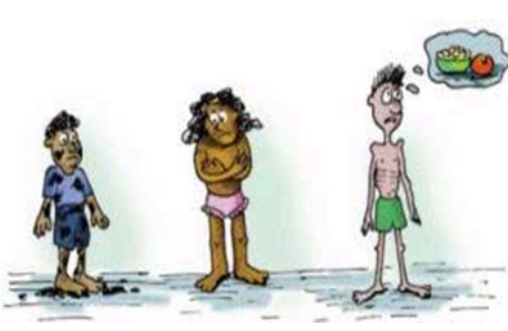
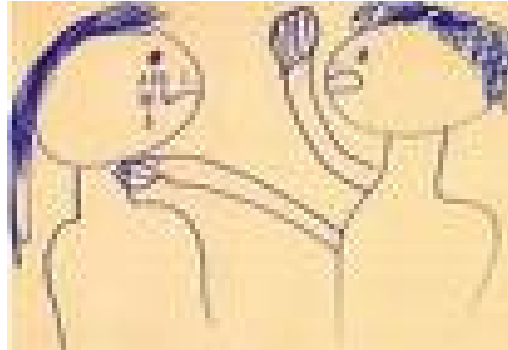


War or armed conflict.



Natural or human caused disaster.

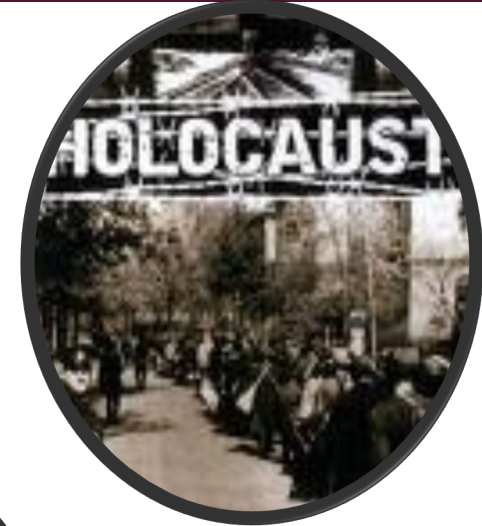
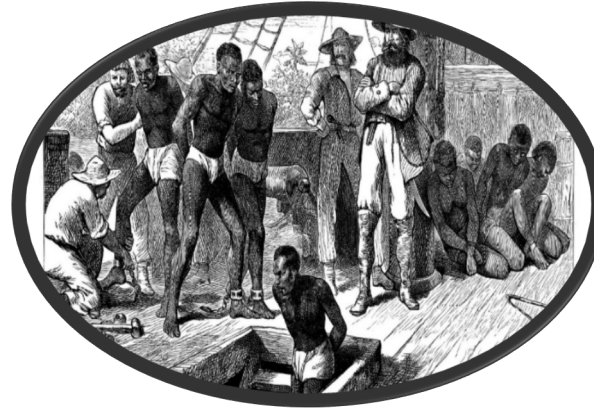
COMPLEX TRAUMA



- 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

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.



HISTORICAL TRAUMA



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

COVID-19 CONSIDERATIONS FOR A TRAUMA INFORMED RESPONSE FOR WORK SETTINGS

“...Place the oxygen mask on yourself first before helping small children or others who may need your assistance.”



COVID-19 CONSIDERATIONS FOR A TRAUMA INFORMED RESPONSE FOR WORK SETTINGS

- 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.

BEING TRAUMA RESPONSIVE

- RESPECT MODEL

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.

BEING TRAUMA RESPONSIVE

- RESPECT MODEL

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.

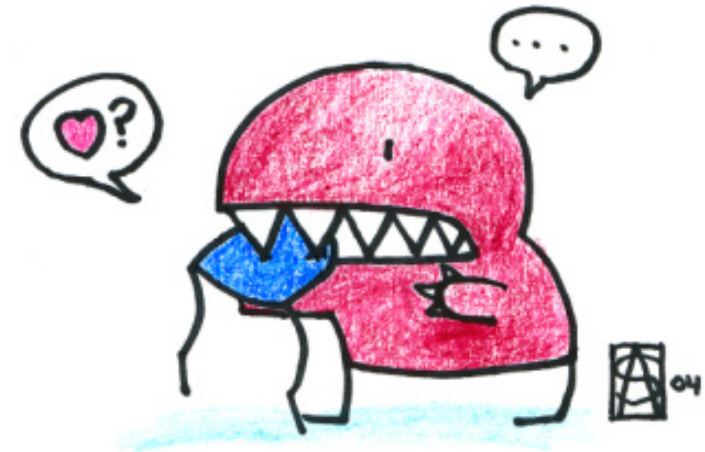
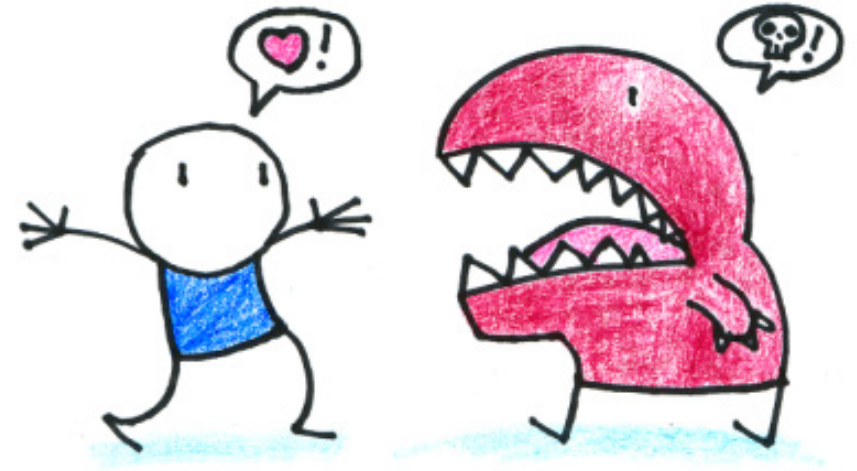
Encourage their self-esteem.

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



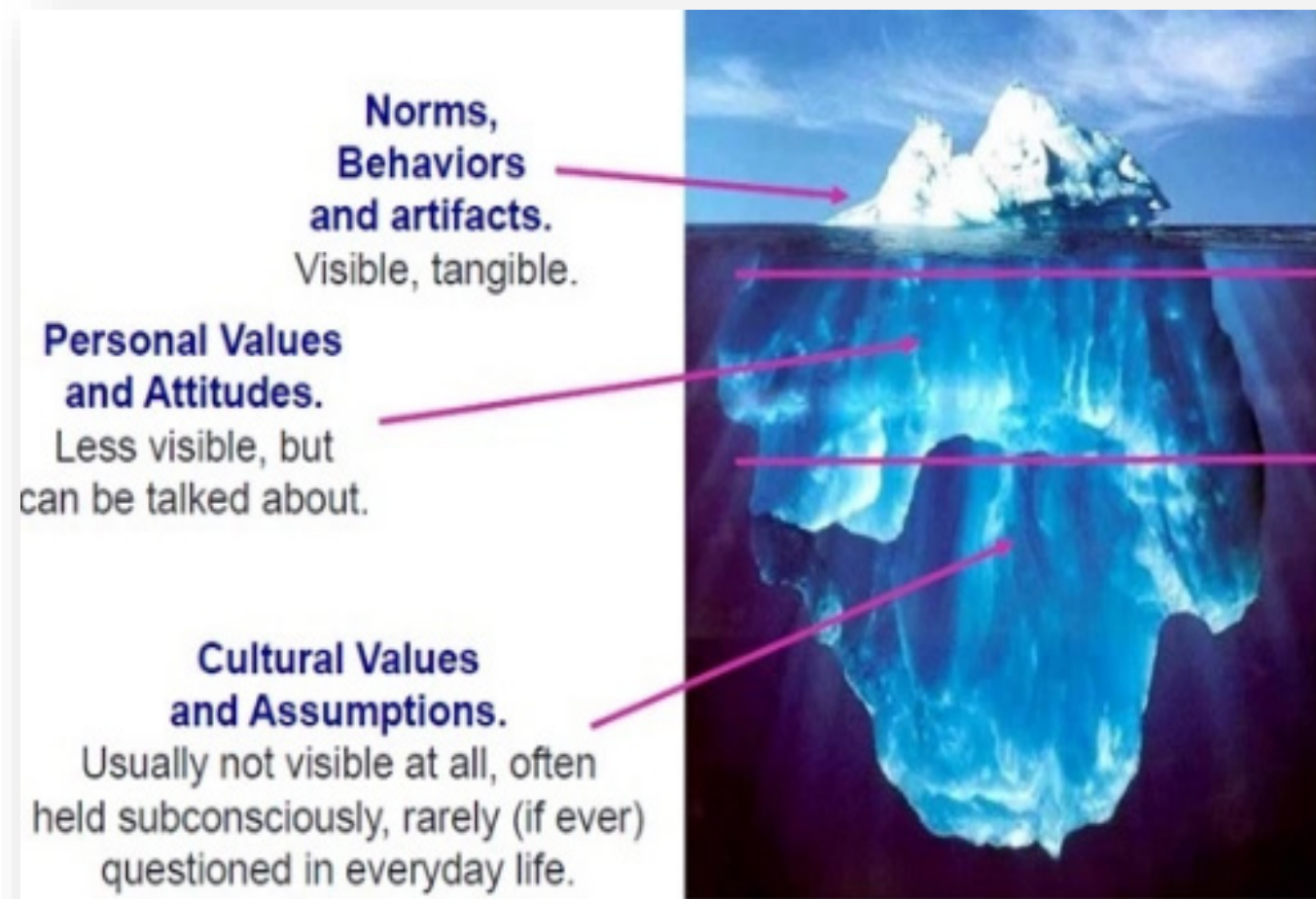
TRUST AND TRANSPARENCY

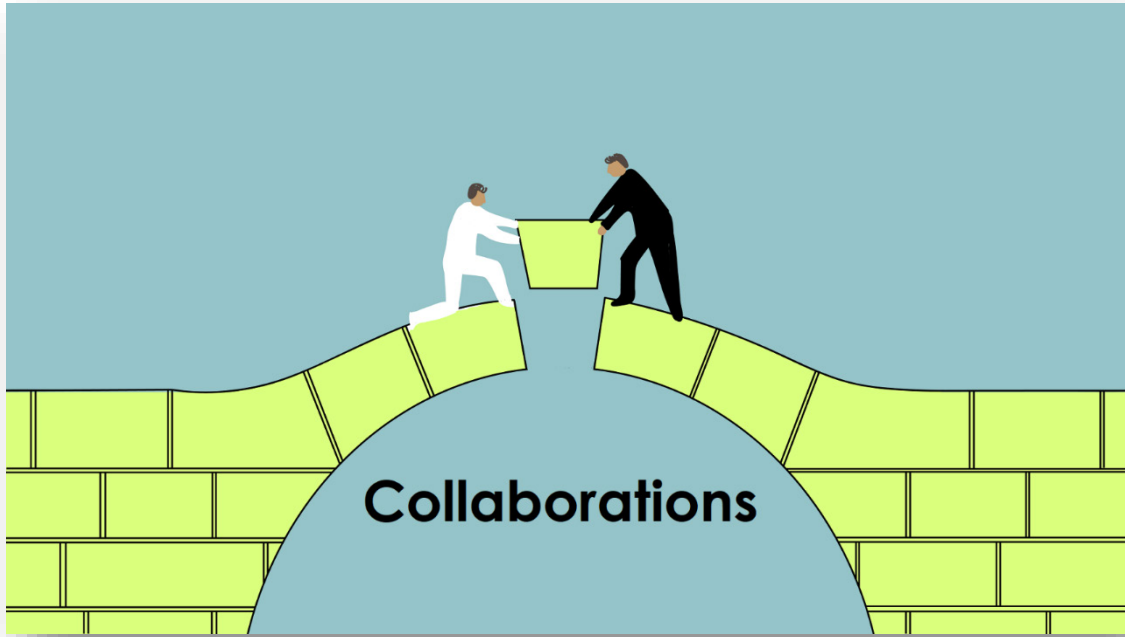




VOICE,
CHOICE
AND
EMPOWERMENT

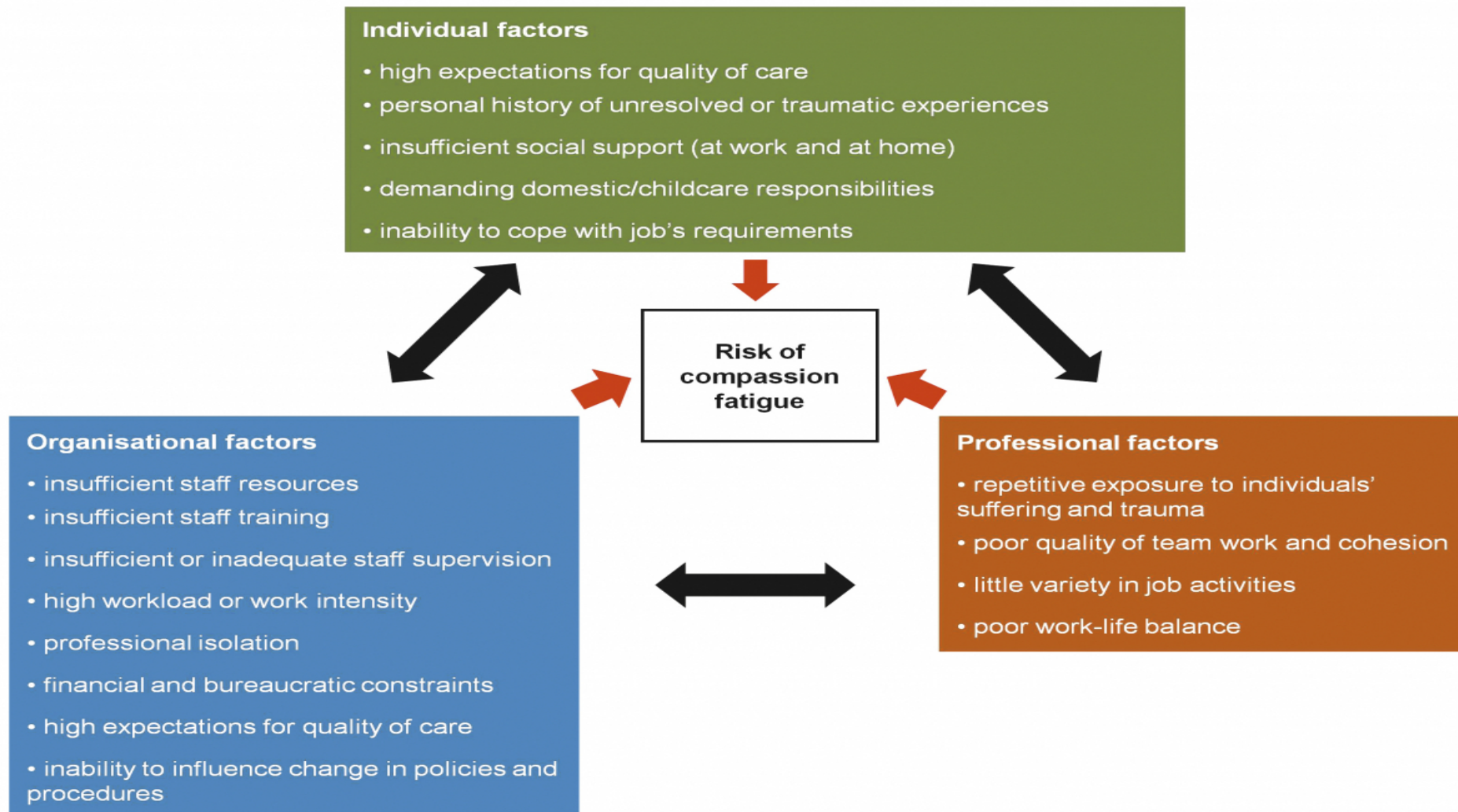
CULTURAL RESPONSIVITY



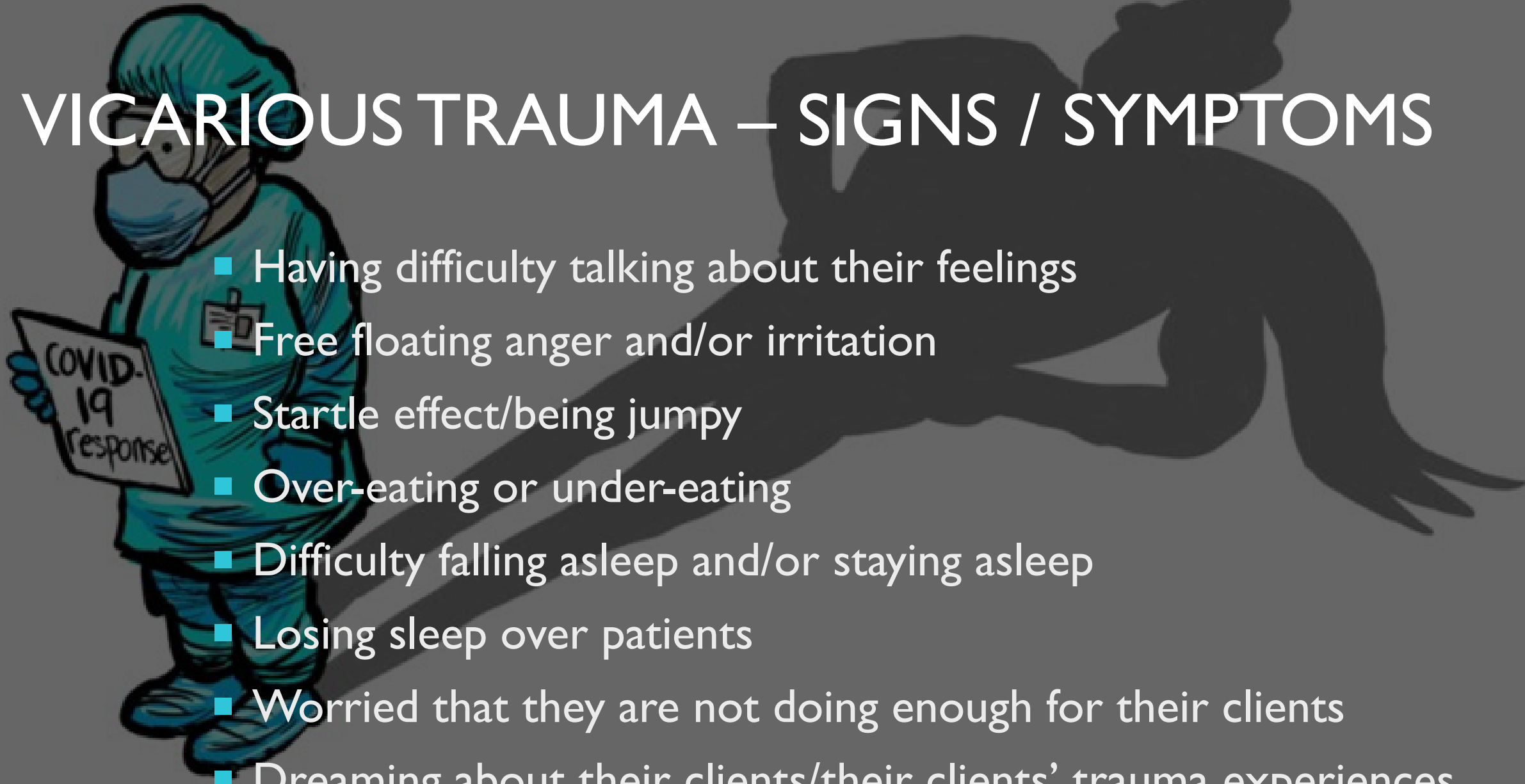


PARTNERSHIPS

VICARIOUS TRAUMA

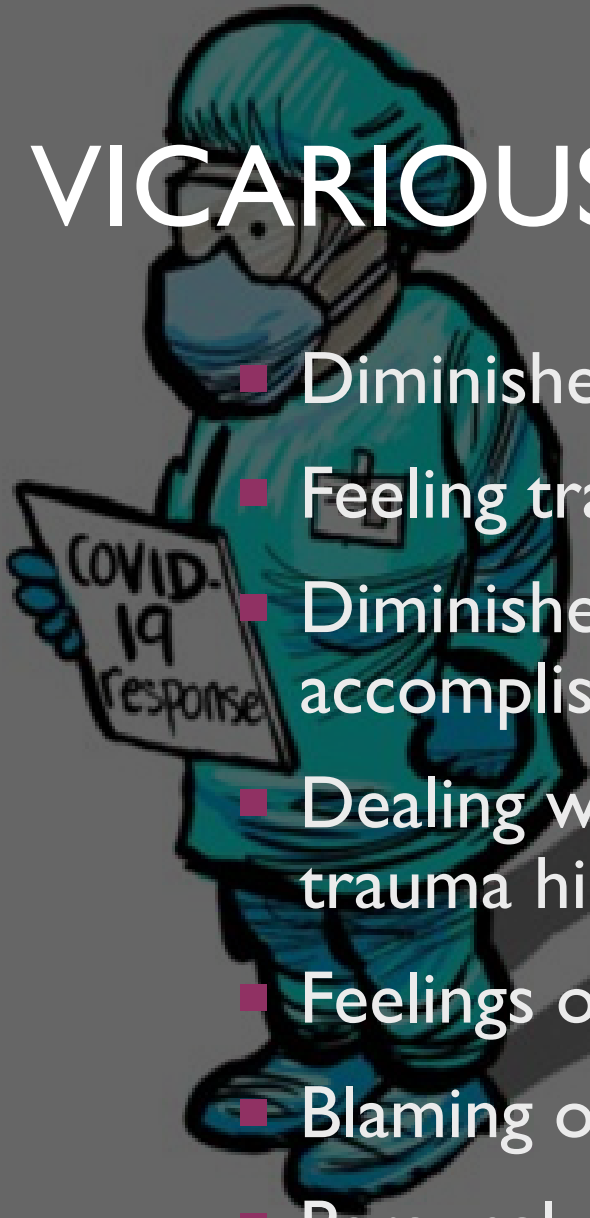


VICARIOUS TRAUMA – SIGNS / SYMPTOMS

- 
- 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>

National Child Traumatic Stress Network,
<http://www.nctsn.org>

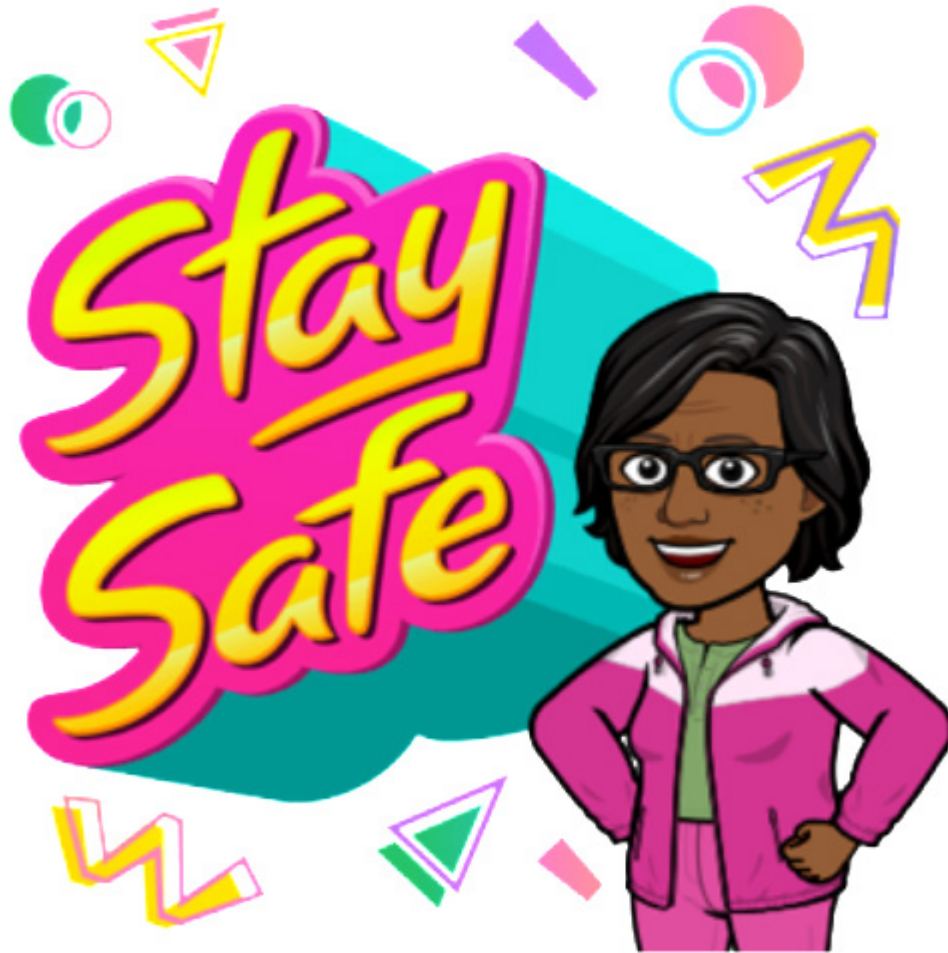
Sidran Institute. For Survivors and Loved Ones – printable handouts.
<https://www.sidran.org/for-survivors-and-loved-ones/>

WCADV. Works to prevent and eliminate domestic violence.
<http://www.wcadv.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
- National Child Traumatic Stress Network, <http://www.nctsn.org>
- Sidran Institute. For Survivors and Loved Ones – printable handouts. <http://www.sidran.org/index.cfm>
- 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
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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 optimal care for super utilizers
- ✓ Reduce community-based adverse drug events

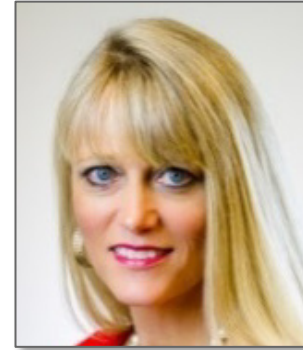


Nursing Home Quality

- ✓ 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

CMS 12th SOW AIMS

Making Health Care Better *Together*



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Program Directors

Post Event Survey for SATTTC:

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

CEU hours are available upon completion of the GPRAs 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

Community Coalitions

Thursdays, 12:30 pm ET/11:30am CT

August 18 th , 2020: Initiating an Effective Medication Reconciliation Program	July 30 th , 2020: The Power of Engaging Local Government in Community Coalitions
September 15 th , 2020: High risk medication use and quality practices to prevent ADE	August 27 th , 2020: Using SBIRT for Effective Screening and Referral to Treatment *Special 60-minute Presentation*
October 20 th , 2020: Understanding and using QAPI elements in day to day care processes	September 24 th , 2020: Opioid Use in the Aging Population *Special 60-minute Presentation*
November 17 th , 2020: Preventing and Managing C. difficile	October 29 th , 2020: Blood Glucose Targets And Adapting Treatment Goals For Special Populations
December 15 th , 2020: Preventing healthcare acquired infections	November 19 th , 2020: How Medication Reconciliation can Reduce Hospital Utilization and Readmissions

Making Health Care Better Together



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