

ENGAGING PATIENTS THROUGH TRAUMA-INFORMED CARE IN THE AGE OF COVID-19



Engaging Patients through Trauma-Informed Care in the Age of COVID-19

Nancy Bateman, MSW, Senior Public Health Advisor, Behavioral Health Services

As individuals and society navigate the stressors and traumas associated with the ongoing pandemic, there is renewed emphasis on the role and benefits of trauma-informed care. (Ranjbar, 2020).

What is Trauma-Informed Care?

Trauma-informed care (TIC) is a strength-based framework that recognizes that many people have experienced traumatic events. These traumatic experiences can lead to significant health problems and other adverse consequences and can influence how affected individuals engage with and experience health care. The TIC approach frames individuals as resilient and survivors, versus as victims (Sullivan, 2020). The focus shifts from “What’s wrong with you?” to “What happened to you?” Since clients are actively engaged in treatment, they feel a sense of control and involvement and are empowered through collaboration and choices. TIC ensures that health care is delivered in an effective, safe, and inclusive manner that is oriented towards healing and recovery (Ranjbar, 2020; TIC Implementation Resource Center, 2021). The benefits for patients include increased engagement and adherence to their treatment and recovery, and improved health outcomes. TIC can benefit organizations, too, by reducing Trauma-Informed Care Principles

TIC recognizes the importance of individuals participating in the development, delivery, and evaluation of their care and services (Sullivan, 2021). They learn that their responses to a traumatic experience are a normal reaction to an abnormal situation and are often strategies for coping with these extreme situations (Sullivan 2021).

To be effective, TIC needs to be adopted and supported at the clinical and organization levels as it is both a treatment framework and an organizational approach. The following are some of the key principles for organizations and health care providers

TRAUMA-INFORMED CARE APPROACH

- Ensures Physical and Psychological Safety of Patients and Staff
- Emphasizes Trustworthiness and Transparency in Decision Making
- Integrates Peer Support in Service Delivery
- Collaborates and Shares Decision Making to Level Power Differences among Clients and Staff
- Empowers and Fosters Resilience and Healing through a Strength-based Approach
- Recognizes and Addresses Biases, Stereotypes, and Historical Trauma

Source: Trauma-Informed Care Implementation Resource Center, 2021

to effectively implement TIC (National Center for Excellence in Primary Care Research, 2015; Trauma-Informed Care Implementation Resource Center, 2021):

- Realize the prevalence and widespread impact of trauma and understand the paths to recovery. Most individuals will have some experience with trauma.
- Recognize the signs and symptoms of trauma in patients, families, and staff. Consider how this impacts every level of an organization and system.
- Integrate trauma knowledge into policies, procedures, and practices.

- Actively avoid re-traumatization of patients, providers, and staff.

Trauma and Traumatic Events

Many individuals and communities have had traumatic experiences as a result of the COVID-19 pandemic. Some experts have suggested the pandemic represents a “collective trauma,” that is, a traumatic event or experience shared by an entire group of people. To explore this more fully, it is important to consider how trauma is defined, and recognize its prevalence across the population.

SAMHSA defines individual trauma as resulting “... from an event, series of events, or set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual’s physical, social, emotional, or spiritual well-being (SAMHSA, 2014).”

TRAUMATIC EVENTS

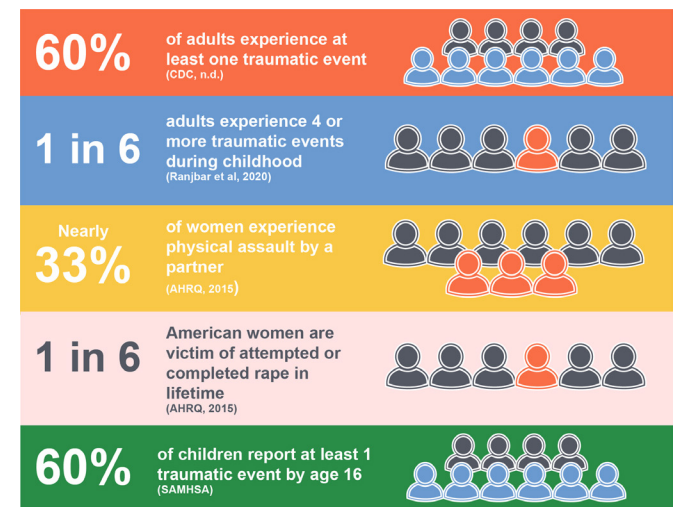
- Witnessing or experiencing community, school, or domestic violence
- Physical and sexual abuse or assaults
- Serious accidents or life-threatening illnesses
- Sudden or violent loss of a loved one
- Neglect
- National disasters, terrorism
- Refugee or war experiences

Sources: Benjet et al, 2016, SAMHSA, 2022

Collective trauma is defined as the psychological reactions to a traumatic event or experience that are shared by an entire group of people or society (Hirschberger, 2018). It includes events such as wars, natural disasters, acts of terrorism, or severe recessions.

Prevalence of Trauma

Most individuals will experience a traumatic event in their lifetime. The CDC estimates that nearly 60 percent of adults have experienced a traumatic event (CDC, n.d.; Felita et al, 1998). The landmark 1998 Adverse Childhood Experiences (ACE) study highlighted the association between potentially traumatic events such as abuse, neglect, and dysfunction at home, and serious physical and behavioral health consequences (Felitti et al, 1998). However, the study did not consider social determinants of health and inequities. Later research with broadened study populations considered social determinants of health and found that women and people from low income and historically underserved and marginalized populations face a greater risk of trauma exposure (Ranjbar et al, 2020). Repeated exposure to trauma can





affect the brain's development as well as emotional regulation and responses to stress. It can lead to an increased risk for health and mental health issues as well as suicidal behaviors (Trauma Informed Care Implementation Resource Center, 2021).

COVID-19 and Trauma

There is no doubt that the COVID-19 pandemic has led to significant stress and stressors. Many individuals and families have faced daunting financial and economic hardships, isolation from family and friends, extended quarantines, excessive work, and the loss of jobs, loved ones, and even daily routines. The rates of depression and anxiety among adults and children have risen dramatically during the pandemic—nearly four times greater than pre-pandemic rates (APA, 2022). Academic achievement among school-aged children has regressed during the pandemic (Kuhfeld et al., 2022). Suicide rates among adolescents increased significantly during the pandemic (Yard et al, 2021). In addition, rates of interpersonal violence and race-based violence have increased (Boserup et al., 2020; Findling et al., 2022; Usher et al., 2020).

Certain populations have been particularly impacted by the Covid-19 pandemic. First responders and health care professionals have faced intense work pressures, extreme caseloads of severely ill patients,

exposures to high death rates, as well as disrupted social support and increased risk for infection (Sullivan, 2021). A 2021 systematic review found high rates of trauma-related disorders, as well as anxiety, depression, and sleep disorders, among health care providers practicing during the pandemic (Marvaldi et al, 2021). In addition, individuals who have experienced past trauma may be more vulnerable to COVID-related traumatic stress and PTSD (Ashby et al, 2021).

Some experts have characterized the pandemic as a global trauma and as such, it requires novel approaches for conceptualizing and categorizing it (Chen et al, 2021; Kira et al, 2021). Others hesitate to define the pandemic as a collective trauma. Dr. Bessel van der Kolk, a psychiatrist and neurologist who has extensively studied and written about trauma, suggests that while the pandemic has been “painful” and an “ongoing stress” there may need to be a new term, different from collective trauma, which captures the scope of the pandemic and its aftermath (Lonsdorf, 2022).

Dr. Debra Kaysen, a professor of Psychiatry and Behavioral Sciences with Stanford, distinguishes the collective stressor most people are experiencing as a result of the pandemic from the traumatic events some people experienced that were caused by the pandemic (Stanford Medicine, n.d.). She notes, “Stress is an uncomfortable emotional experience that causes tension. Traumatic stress is more specific. It involves exposure to actual or threatened death, acute injury, or sexual violence or repeated or extreme exposure to the awful details of traumatic events as a result of one’s occupation.” She states that traumatic stress may manifest in response to sudden deaths of loved ones, and among first responders, paramedics, and frontline and health-care workers who are dealing with severe numbers of deaths, infection risks, and traumatic events through their work. Dr. Kaysen also emphasized the

resilience of individuals and that trauma reactions are not necessarily chronic.

Implications

While experts do not necessarily agree on whether the pandemic is a collective trauma, most agree that “...the pandemic’s devastating consequences have spared almost no one (Iati, 2021),” suggesting that many individuals have been exposed to traumatic events as a result of the pandemic. It is important that providers and organizations are equipped to effectively support these individuals. Trauma-informed care offers a framework for providing safe, respectful, collaborative, and effective services.

Additional Resources

Bizzell US supports federal, state, and local governments as well as assist other stakeholders navigate the growing demand for mental health and behavioral health care services. Bizzell’s Behavioral Health Advancement Resource Center (BHARC) is an ever-growing and trusted source for current behavioral health program development and research findings, examples of evidence-informed and promising practices, and emerging behavioral health policy and interventions. Specifically, BHARC highlights Bizzell’s relevant work in this area and how it has impacted the field. This dedicated space also allows subject matter experts (SMEs) to provide timely insights into current research, trends, and thought leadership in the behavioral health field. The BHARC Advisory Council consists of experts in substance use, mental health, clinical trials, pharmaceuticals, and healthcare standards and quality.



About Bizzell US

Established in 2010, Bizzell US is a U.S. Small Business Administration (SBA) HUBZone certified strategy, consulting, and technology firm with a mission to improve lives and accelerate change. Bizzell US develops innovative solutions to some of the most critical issues of our time such as health care services equity, global health, workforce innovation and other urgent needs facing the world. Under the leadership and vision of founder, Anton C. Bizzell, MD, the company has grown into a thriving firm headquartered in New Carrollton, Maryland with staff and offices in various regions around the country including California, Colorado, Oklahoma, and Georgia, and globally in Africa, Asia, and Central America. Learn more about how we develop data-driven, research-informed, innovative solutions to complex-real-world challenges: www.BizzellUS.com.

References

- American Psychological Association. (2022, March 22). Psychological fallout of COVID may be with us for years, APA CEO says. APA News. <https://www.apa.org/news/apa/2022/covid-psychological-fallout>
- Ashby, J.S., Rice, K.G., Kira, I.A., & Davari, J. (2021). The relationship of COVID-19 traumatic stress, cumulative trauma, and race to posttraumatic stress disorder symptoms. *Journal of Community Psychology*. <https://onlinelibrary.wiley.com/doi/10.1002/jcop.22762>
- Benjet, C., Bromet, E., Karam, E. G., Kessler, R. C., McLaughlin, K. A., Ruscio, A. M., ... & Koenen, K. C. (2016). The epidemiology of traumatic event exposure worldwide: results from the World Mental Health Survey Consortium. *Psychological Medicine*, 46(2), 327-343.
- Boserup, B., McKenney, M., & Elkbuli, A. (2020) Alarming trends in US domestic violence during the COVID-19 pandemic. *The American Journal of Emergency Medicine*. 38(12), 2753-2755.
- Centers for Disease Control and Prevention. (n.d.). Violence prevention: Fast Facts: Preventing adverse child-

hood experiences. <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

Chen, R., Sun, C., Chen, J. J., Jen, H. J., Kang, X. L., Kao, C. C., & Chou, K. R. (2021). A large-scale survey on trauma, burnout, and posttraumatic growth among nurses during the COVID-19 pandemic. *International Journal of Mental Health Nursing*, 30(1), 102-116. <https://onlinelibrary.wiley.com/doi/full/10.1111/inm.12796>

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V. Koss, M.P., & Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*. 14, 245–258. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study - ScienceDirect

Findling, M., Blendon, R.J., Benson, J., & Koh, H. (2022, April 12). Covid-19 has driven racism and violence against Asian Americans: Perspective from 12 national polls. *Health Affairs Forefront*. <https://www.healthaffairs.org/doi/10.1377/forefront.20220411.655787/>

Hirschberger G. (2018). Collective trauma and the social construction of meaning. *Frontiers in Psychology*, 9, 1441. <https://doi.org/10.3389/fpsyg.2018.01441>

Iati, M. (2021, December 24). The pandemic has caused nearly two years of collective trauma. Many people are near breaking point. *The Washington Post*. <https://www.washingtonpost.com/health/2021/12/24/collective-trauma-public-outbursts/>

Kira, I. A., Shuwiekh, H. A., Ashby, J. S., Elwakeel, S. A., Al-huwailah, A., Sous, M. S. F., ... & Jamil, H. J. (2021). The impact of COVID-19 traumatic stressors on mental health: Is COVID-19 a new trauma type. *International Journal of Mental Health and Addiction*, 1-20. <https://pubmed.ncbi.nlm.nih.gov/34248442/>

Kuhfeld, Megan, James Soland, and Karyn Lewis. (2022). Test score patterns across three COVID-19-impacted school years. (EdWorkingPaper: 22-521). Retrieved from Annenberg Institute at Brown University: <https://doi.org/10.26300/ga82-6v47>

Lebow, H.I. & Johnson, J. (2021, June 3). Can you recover from trauma? 5 therapy options. *PsychCentral*. <https://>

psychcentral.com/health/trauma-therapy

Lonsdorf, K. (2022, April 7). People are developing trauma-like symptoms as the pandemic wears on. *NPR*. <https://www.npr.org/2022/04/07/1087195915/covid-pandemic-trauma-mentalhealth>

Marvaldi, M., Mallet, J., Dubertret, C., Moro, M. R., & Guesoum, S. B. (2021). Anxiety, depression, trauma-related, and sleep disorders among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. *Neuroscience & Biobehavioral Reviews*, 126, 252-264. <https://www.sciencedirect.com/science/article/pii/S014976342100141X>

National Center for Excellence in Primary Care Research (2015, April). Trauma-informed care. (Fact Sheet). Agency for Healthcare Research and Quality. <https://www.ahrq.gov/ncepcr/tools/healthier-pregnancy/fact-sheets/trauma.html>

Ranjbar, N., Erb, M., Mohammad, O., & Moreno, F.A. (2020). Trauma-informed care and cultural humility in the mental health care of people from minoritized communities. *Focus: The Journal of Lifelong Learning in Psychiatry*. 18(1), 18-15. <https://doi.org/10.1176/appi.focus.20190027>

Stanford Medicine. (n.d.). Covid-19 Q&A: Dr. Debra Kay-sen on Individual and Collective Stress & Grief. Department of Psychiatry and Behavioral Services. <https://med.stanford.edu/psychiatry/about/covid19/stress.html>

Substance Abuse Mental Health Services Administration (2014). TIP 57: Trauma-informed care in behavioral health services. <https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>

Sullivan, M. (2021, July 2). How the COVID-19 pandemic underscores the need for trauma-informed care. *Behavioral Health News*. <https://behavioralhealthnews.org/how-the-covid-19-pandemic-underscores-the-need-for-trauma-informed-care/>

Trauma-Informed Care Implementation Resource Center. (2021). What is trauma-informed care? Center for Health Care Strategies. <https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/>

Usher, K., Bhullar, N., Durkin, J., Gyamfi, N., & Jackson, D. (2020). Family violence and COVID-19: Increased vulner-

ability and reduced options for support. *International Journal of Mental Health Nursing*, 29(4), 549–552. <https://doi.org/10.1111/inm.12735>

Yard, E., Radhakrishnan, L., Ballesteros, M.F., et al. (2021). Emergency department visits for suspected suicide attempts among persons aged 12–25 years before and during the COVID-19 pandemic — United States, January 2019–May 2021. *MMWR Morbidity and Mortality Weekly Report*. 70:888–894. <http://dx.doi.org/10.15585/mmwr.mm7024e1externalicon>



BEHAVIORAL HEALTH SPOTLIGHT

About BHARC

The [Behavioral Health Advancement Resource Center \(BHARC\)](#) is an authoritative source for behavioral health information, insights, technical assistance, training, and innovative tools. BHARC is a mechanism to share evidence-based behavioral health interventions. The BHARC Advisory Council consists of experts who specialize in substance use disorders, mental health, clinical trials, pharmaceuticals, healthcare standards/quality across various sectors, communities, and special populations. The BHARC Advisory Council reviewed and approved this issue of the BHARC Behavioral Health Spotlight.

Copyright © 2022 Behavioral Health Advancement Resource Center. All rights reserved.

Subsidiary of Bizzell US (Formerly the Bizzell Group, LLC)