Building Resilience in Our Patients, Communities, and Ourselves in a Time of COVID-19

Lessons for Behavioral Health Providers

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Presenter Introduction

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- Clinical Focus: Trauma, complex trauma, dissociative disorders, anxiety disorders
- Public health focus: community resilience, mental health communication, program evaluation

Presentation Agenda

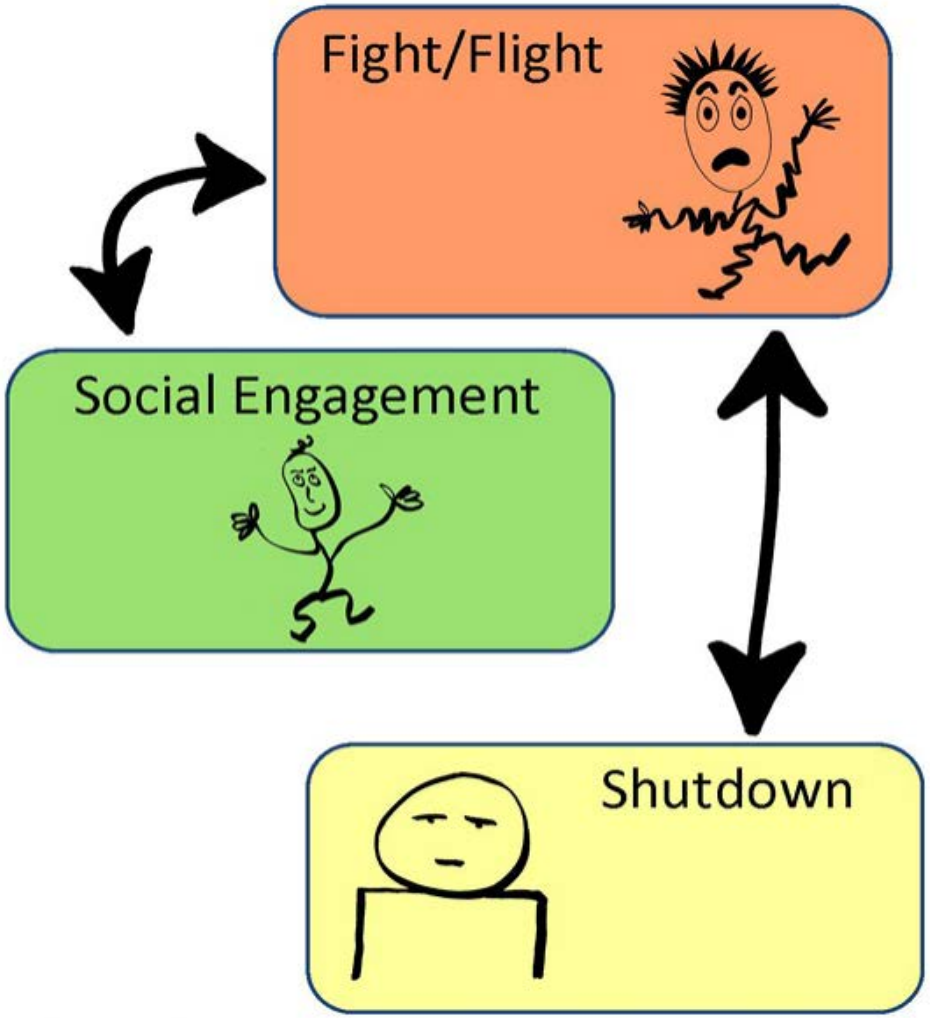
1. Living in the time of COVID-19
2. Trauma informed care practices to reduce/ prevent trauma responses in ourselves and others
3. Fostering resilience for AI/AN
4. Building your resilience as a provider
5. Helping grow the resilience of those around us
6. Building your community's resilience

Living in the Time of COVID-19

- Increased uncertainty and stress
- Acute stress = we are more likely to operate from survival areas of the brain
- Focus is on here and now
- Harder to regulate our emotions

  … but everyone's reactions are different

Polyvagal Theory



Living in a Time of COVID-19
Considerations for Native People

Living in a Time of COVID-19 Considerations for Native People

Historical trauma related to infectious diseases:

- Decimation of Indigenous populations
- We are not strangers to pandemic disease
- Our bodies remember

Living in a Time of COVID-19 Considerations for Native People

Epigenetics: Our Bodies Remember

- Chronic trauma mutates genes
- Mutation results in overactivation of stress-response system
- Mutation passed down across generations

The traumas of our ancestors become our traumas to bare.

Considerations for Native People

COVID-19 exposes cracks in our healthcare systems:

- Scale of pandemic exceeds the capacity of many Tribal Nations' ability to protect lives
- IHS: underfunded, under-equipped and short staffed
  - -funded at 1/6 the estimated need
  - -37 ICU beds, 81 ventilators, 1,257 hospital beds for 2.5 million people "but actual number might be higher"
  - -Short-staffed: Vacancy rates ~30%
- Federal Trust Responsibility to TNs unfulfilled

Fawn Sharp, President NCAI

"We are getting crumbs off the table... Tribal Nations are the last in line when it comes to receiving PPE and tests from the federal government and the states."

Considerations for Native People

COVID-19 exposes our vulnerability:

- COVID-19 most seriously impacts those with underlying health conditions
  - E.g. diabetes, heart disease, and kidney disease
- Native people experience these conditions at higher rates compared to the general population

Considerations for Native People

COVID-19 threatens our Elders:

- 80% of deaths in those 65 years old and older
- Elders are revered as knowledge our keepers

STAY HOME FOR OUR ELDERS

STAY HOME FOR EVERYONE

Considerations for Native People

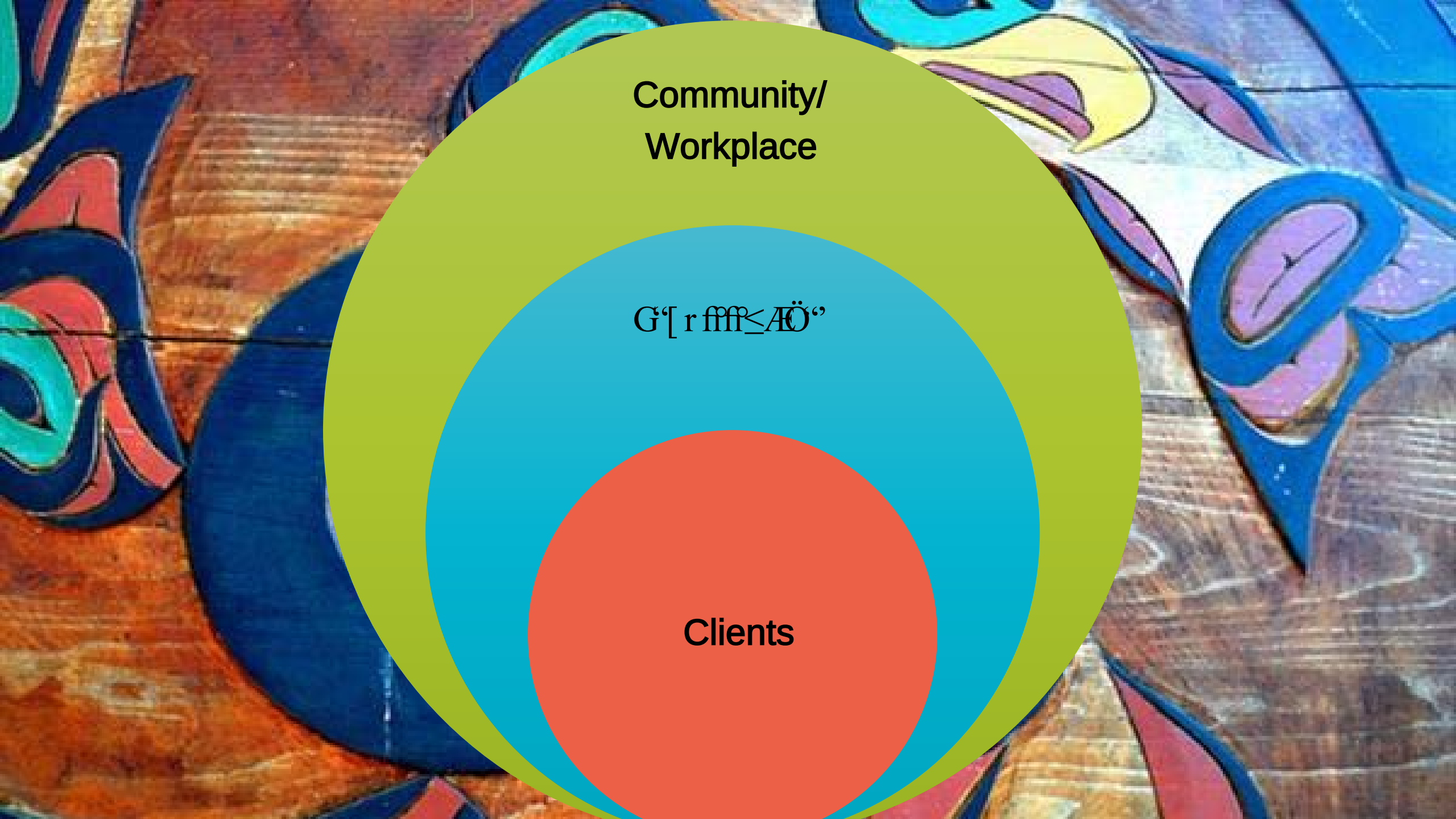
Conclusions:

COVID-19 may be particularly traumatizing for Native people, resulting in moderate to severe stress reactions

COVID-19 may be re-traumatizing for an already traumatized population

A trauma informed approach can help reduce or prevent the impact of a trauma response.

STRONG
RESILIENT
INDIGENOUS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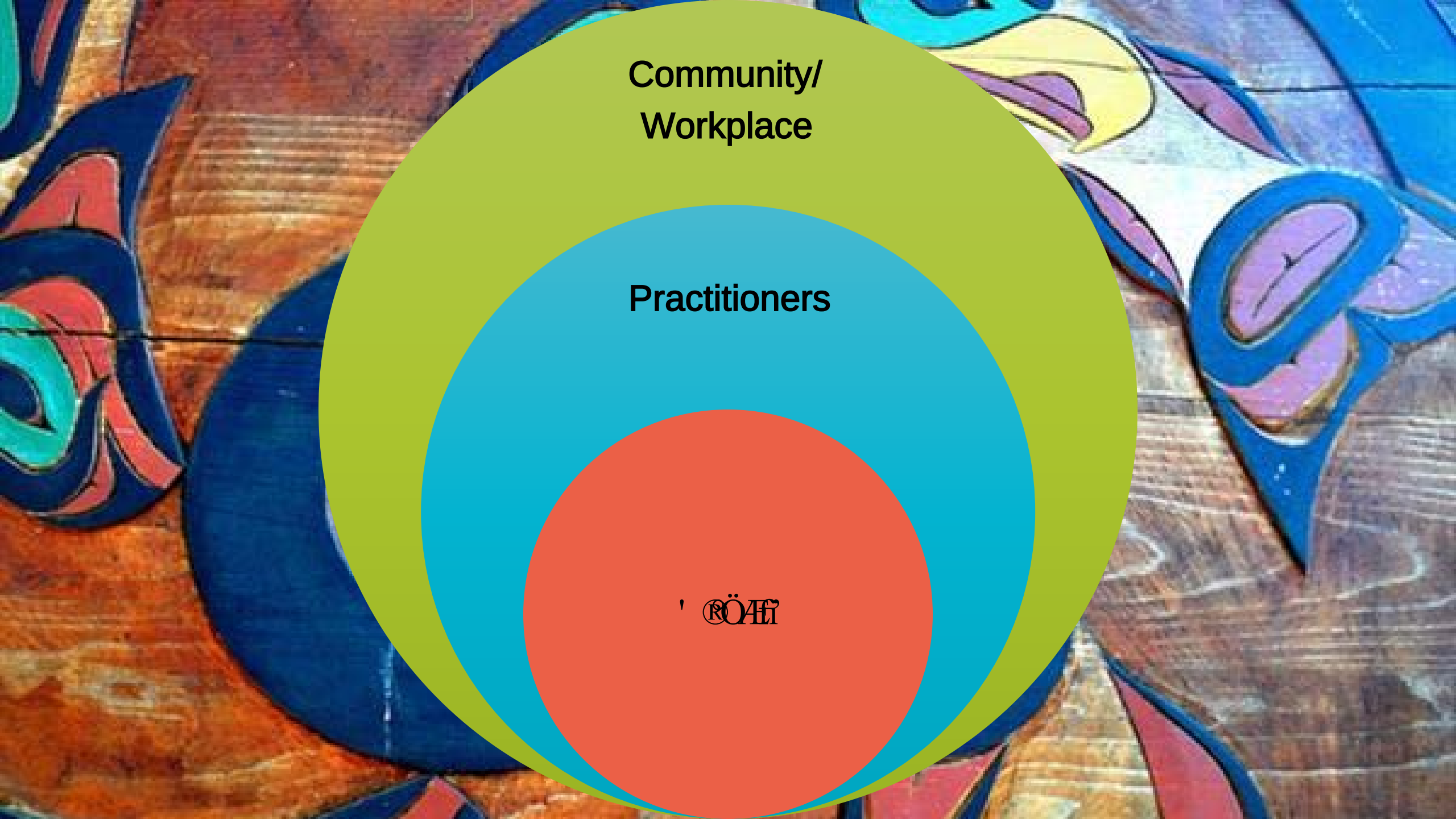
Clients

Resilience is...

- Ordinary
- Universal
- Systemic
- Contextually dependent
- Learnable
- Cumulative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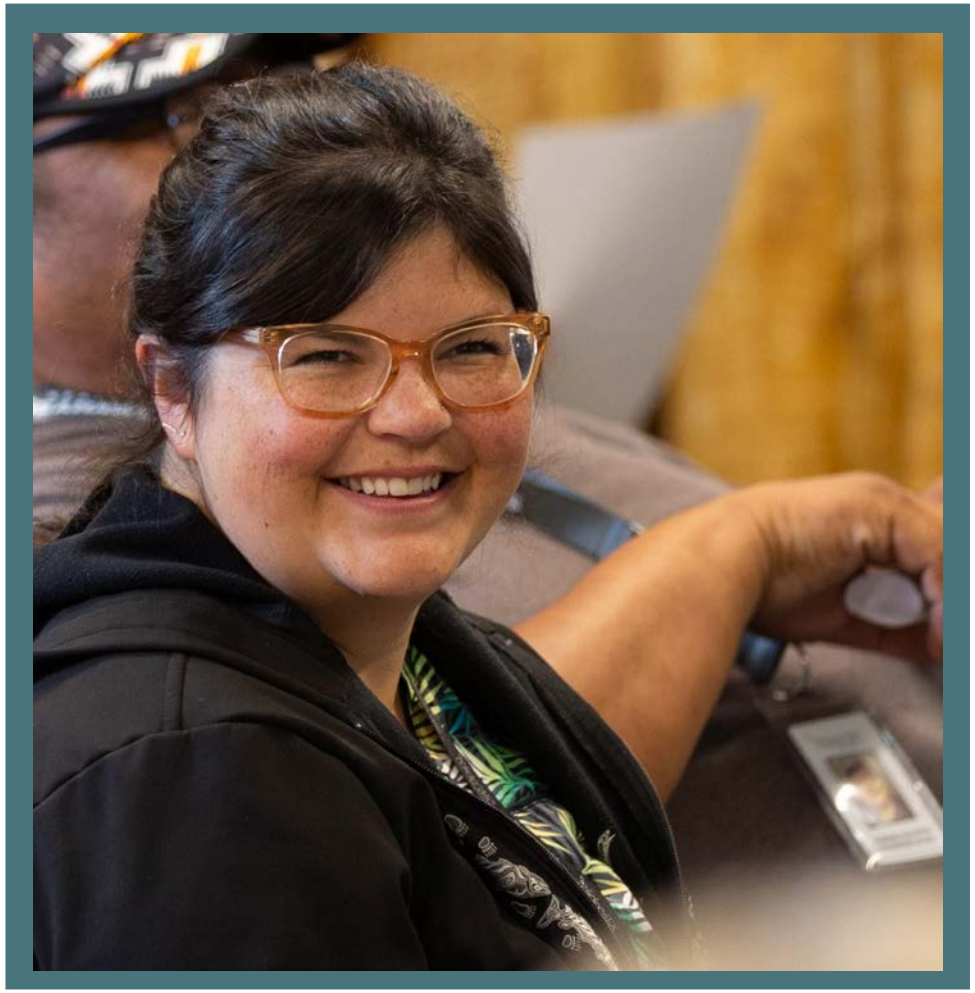
Protective Factors for AI/AN



- **Participating in cultural traditions**
- **Practicing traditional knowledge about health**
- **Connecting to community**
- **Interdependence**

Explore with your clients how they make sense of their intersecting identities and what parts of their identities and support systems do they draw on during times of challenge

Building Resilience in Your Clients

Find safety and predictability:

- **Find a rhythm to the day**
  - Regular sleep and wake times
  - meal times
  - Transition times
  - Work/leisure times
- **Identify what is in their control**
  - Limit social media
  - How I practice public health recommendations

Building Resilience in Your Clients

Safety through the senses:

- **Grounding through 54321**
- **Create a "sensory calming kit"**
- **Have a "safe place" in where you live**

Building Resilience in Your Clients

Encourage Clients to Check in with their needs:

- **Experiencing fight/flight**
  - **Quiet reflection, artistic pursuits, prayer and other grounding exercises**

Experiencing freeze/collapse:

- **Movement, stretching, changing environment, temperature change**

Building Resilience in Your Clients

Can’t do positive thinking? Try neutral observing

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Validate the full range of emotions

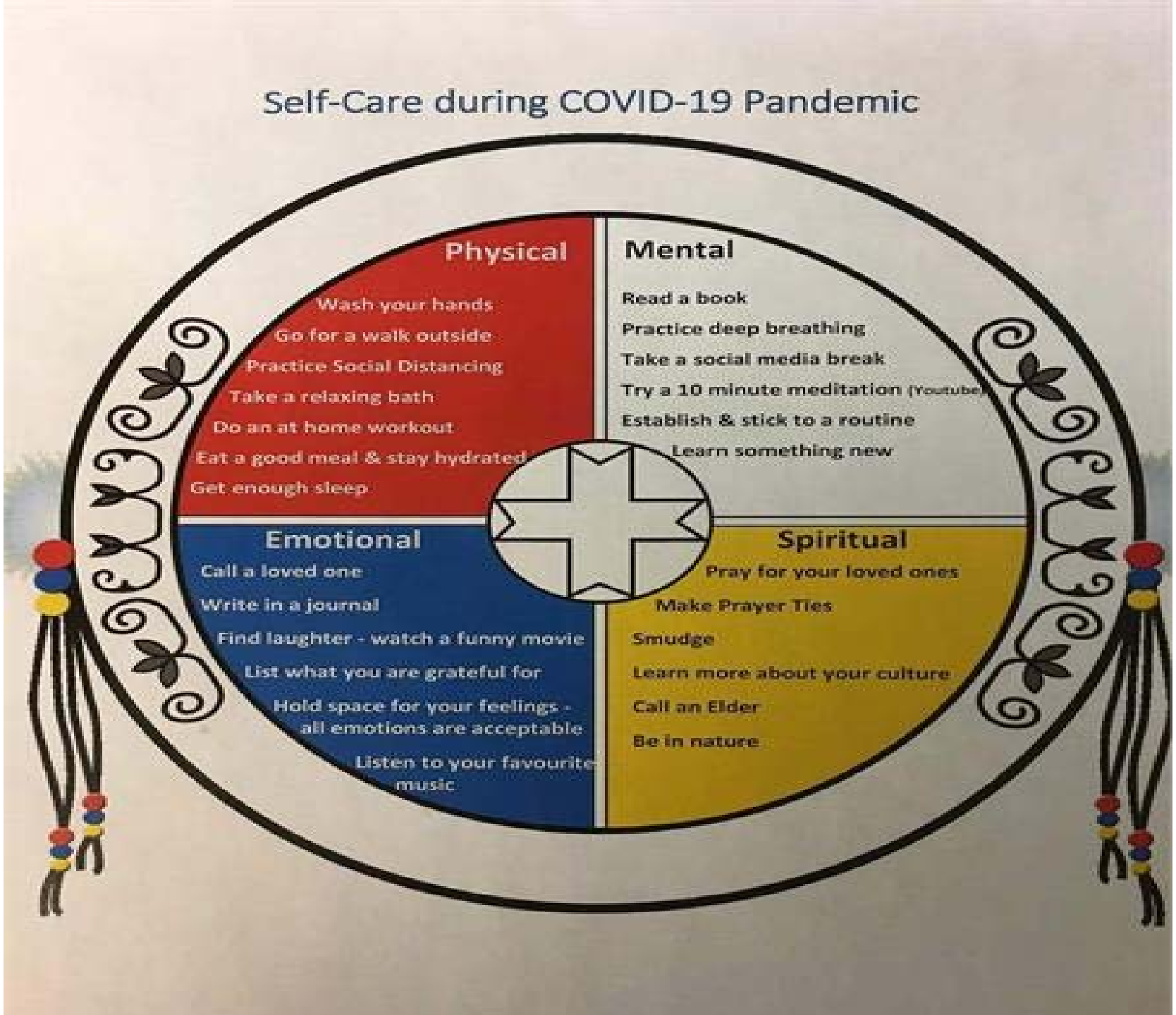
- Coping with COVID can bring up many emotions – all of which are normal
- Help clients welcome their emotions with compassion
- Give grace to self and others

Building Resilience in Your Clients

Acknowledge many clients have histories of trauma:

- **Learn about historical and other traumas**
- **Past coping behaviors and old trauma memories may show up**
- **Identify what helped clients cope in the past**

Self-Care during COVID-19 Pandemic



Building Resiliency in Your Clients

Connecting to Community:

- Help clients form connections, find new innovative ways to have community involvement
  - Virtual Talking Circles
  - Virtual Crafting Circles
  - Social distance powwow
  - Virtual support groups

social distance powwow 2020

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Social Distance Powwow Marketplace — + Join

Group · 6.8K members

In Partnership with Social Distance Powwow. This is a Marketplace for North American and Canadian...
250 posts a day

Building Resilience in Your Clients

Connect to values: Example, interdependence

- **Encourage clients to take small values led actions:**
  - **How can we be a good relative (auntie, uncle, father, mother, daughter, son)**
    - "How can we protect one another?"
    - "Protecting one another and our community is what we've always done."
  - **Support clients in considering their role in helping/ supporting others and their community**
    - Participating in ceremony (individual or community)
  - **Encourage conversations with Elders while safely social distancing**

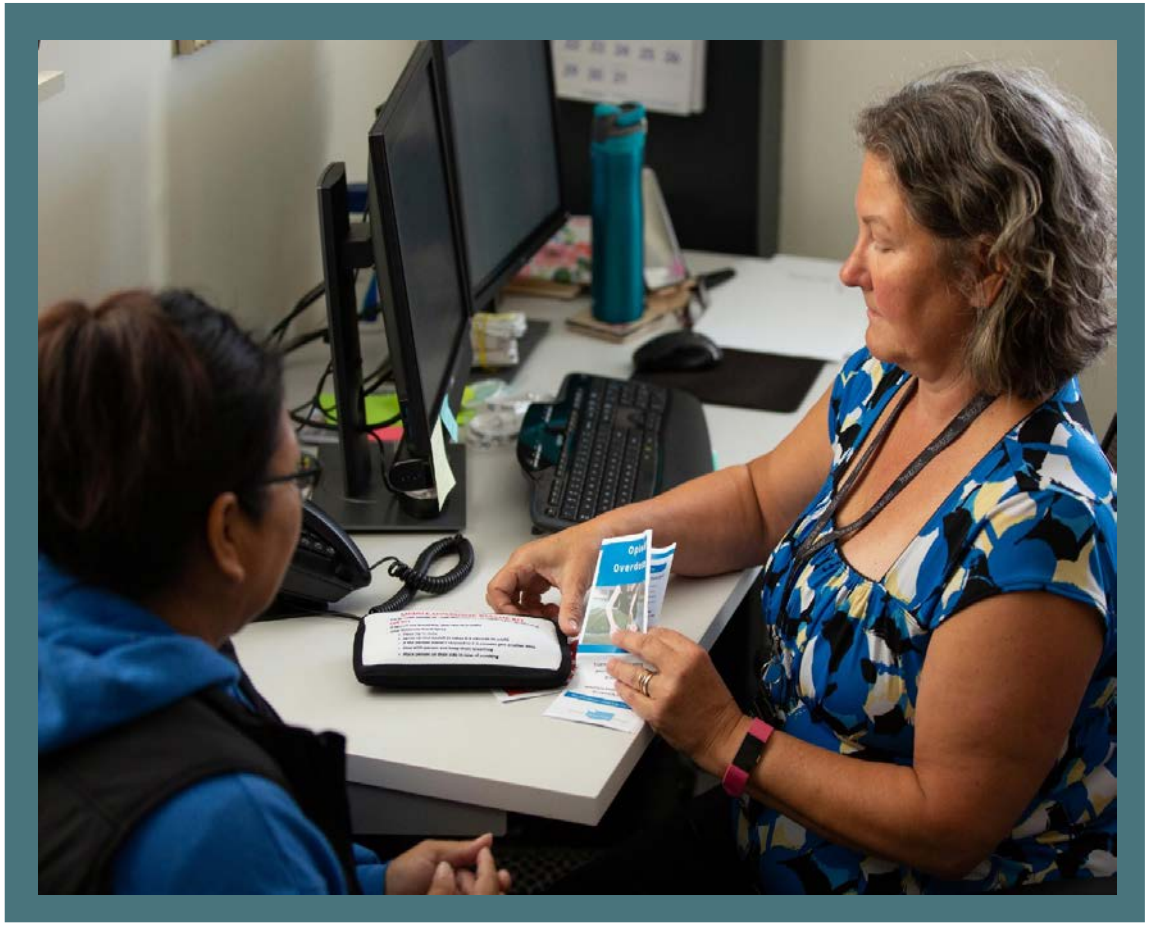
Building Resilience in Your Clients

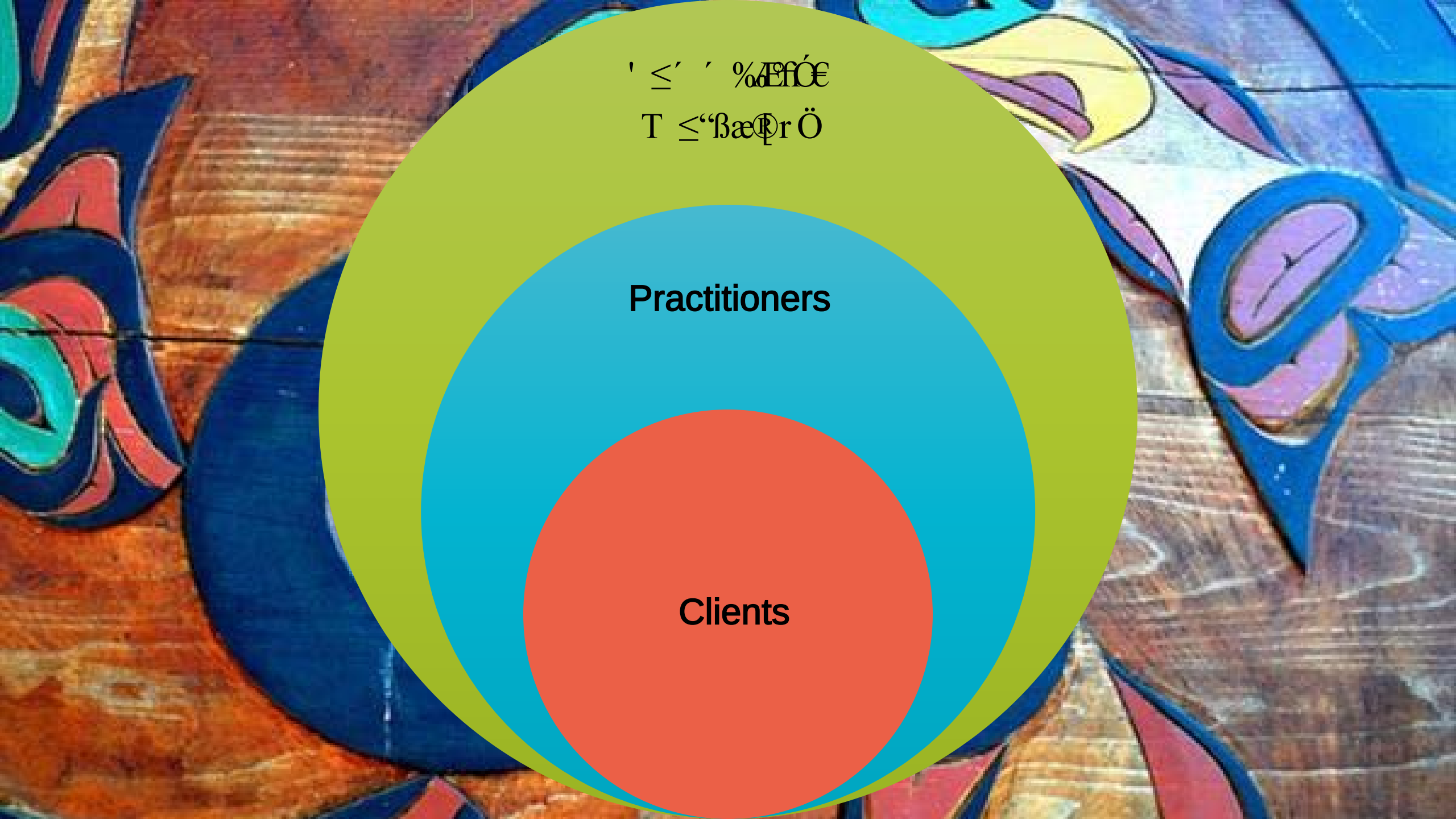
Use strength-based messaging that culturally resonates:

"We've demonstrated resilience in the past"

"Resilience is in our blood"

"We are in this together"




Practitioners
Clients

Trauma Informed Considerations for Building Provider Resilience

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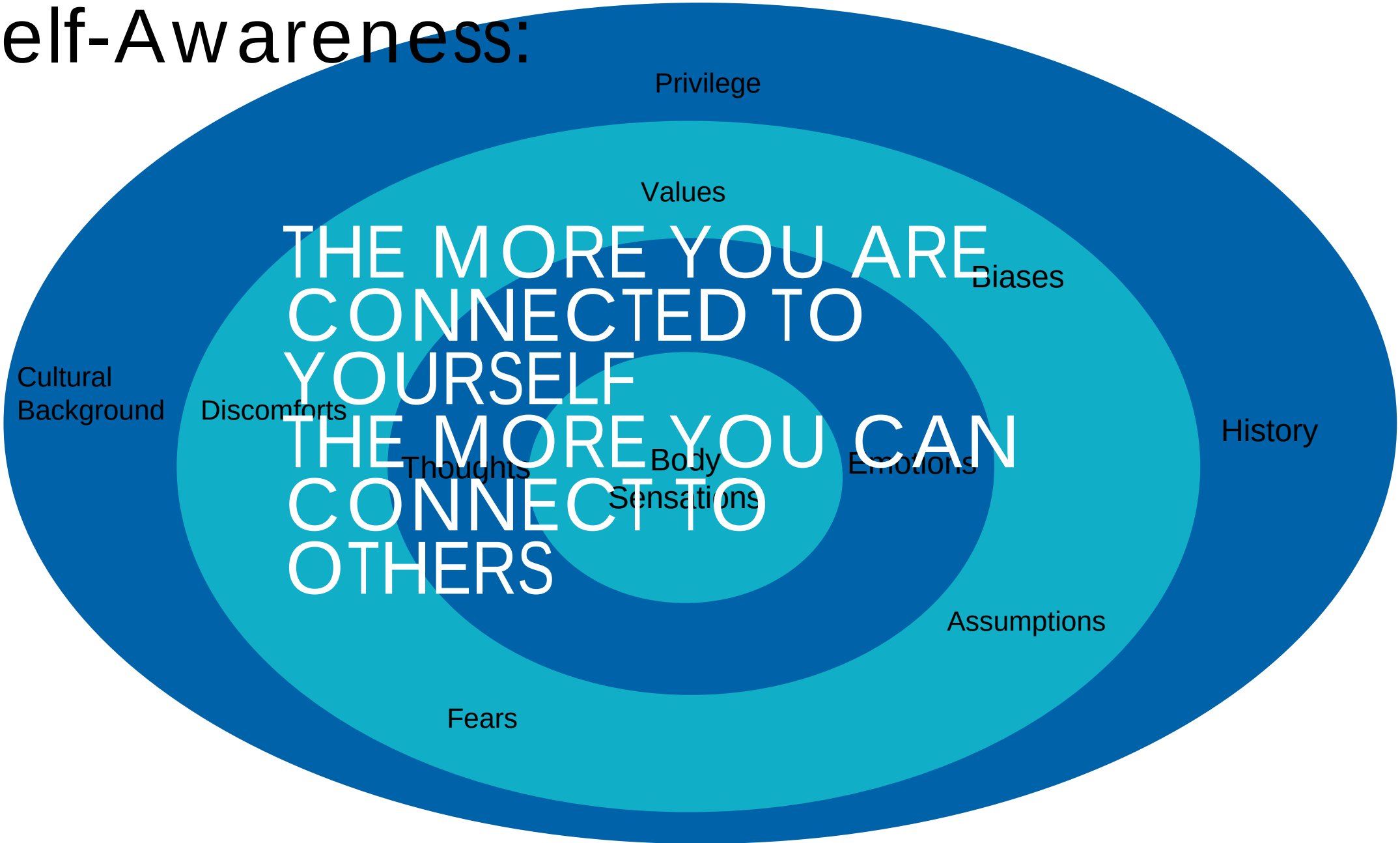
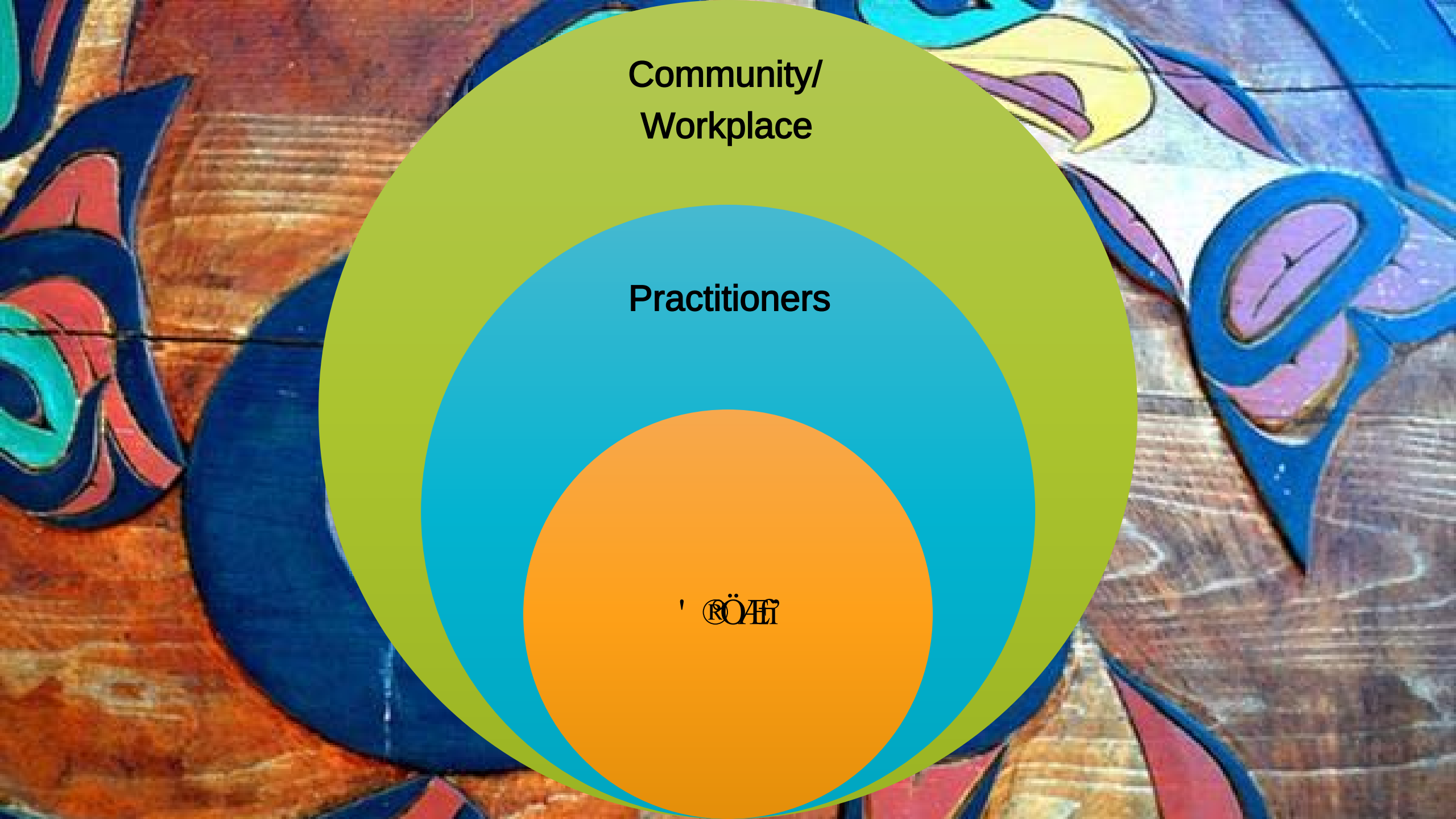
Self-Awareness:



Trauma Informed Considerations for Building Provider Resilience

Use supervision and peer support:

- Join an online peer consultation group
- Have a work-buddy you check-in with
- Check-in with colleagues about how they are coping (don’t just focus on their clinical work)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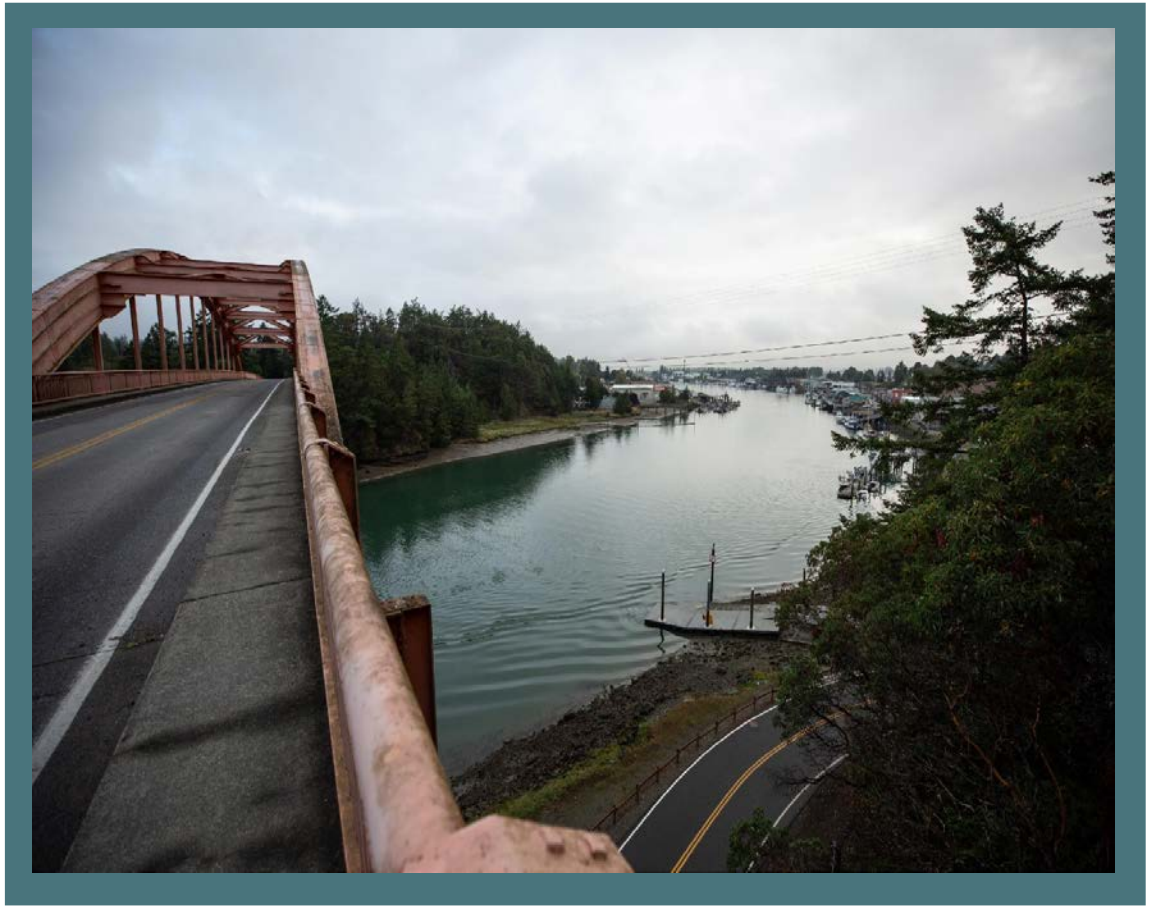
Building Resilience in Your Workplace



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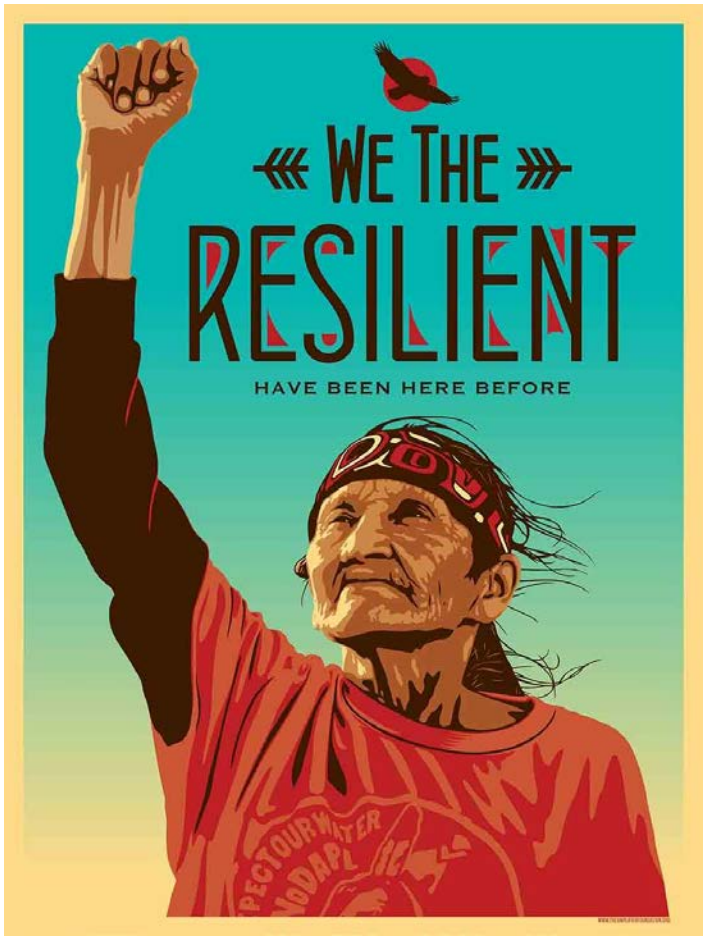
- Clients and staff feel like their physical safety is a priority
- Communicating clearly about how you are creating a safe environment
- Ask for input from staff
- Attend to concerns

Building Resilience in Your Workplace

Support Emotional:

- Communicate what to expect
- Demonstrate flexible consistency
- Pay attention to non-verbal communication
- Build-in time for processing

Building Resilience in Your Workplace



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- **Where possible share power**
- **Invite staff feedback and input**
- **Collaborate with organizations**

Discussion

1. What are some strategies you've used to build resilience in yourself, your clients, and your community?
2. How are you coping with the parallel struggles that both you and your clients are experiencing concurrently?
3. What are some areas you've witness your clients particularly struggling with right now?
4. Are there any particularly useful coping strategies you've experiences your clients using that are helpful?

Additional Resources

- **COVID-19 Resources for Managing Stress: ptsd.va.gov/covid/**
- **Building Organizational Resilience in the Face of COVID-19 link**
- **Trauma Informed Care and the Stress of COVID-19 link**
- **COVID-19 Considerations for a Trauma Informed Response for Work Settings (Organizations/Schools/Clinics) link**
- **Illuminative video: Stay Away Together link**

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Thank You!