

# Managing the Impact of COVID Through Prevention Strategies



UNDERWOOD & ASSOCIATES  
Suicide Prevention Specialists

UNDERWOOD & ASSOCIATES, LLC

## WHO WE ARE

### Maureen Underwood

Maureen Underwood & Associates LLC is a social service organization that specializes in training, consultation, and program development related to suicide and traumatic life events. Underwood is an LCSW who has published extensively on these topics. She and her associates have developed training programs and protocols for mental health professionals and first responders related to September 11th, Hurricanes Floyd, Katrina and Sandy, and are currently engaged in several projects related to COVID-19. Ms. Underwood is nationally and internationally recognized for her suicide and trauma response programs and has created award winning videos and online training. She also is a content provider for the Association of Social Work Board's [ASWB] clinical certification examination.

### Marney Rohda

Marney Rohda is a Certified Professional Co-Active Coach and has been coaching professionals through life changes and challenges for 12 years. She joined Maureen Underwood & Associates following 9/11, as the co-director of the Families Going On After Loss (GOALs) Project, developing and implementing evidence-based interventions for families impacted by those events, and training mental health clinicians to assess and manage the mental health needs of affected populations. Rohda served in that position until 2009, managing almost one million dollars in grant funding. With Underwood, she has developed and implemented care for the caregiver retreats and workshops for hospital crisis care staff, firefighters and police officers. Ms. Rohda serves as a Project Manager for the Society for the Prevention of Teen Suicide.

# WHAT'S INSIDE?

- Handouts that expand on content:
  - A PERSPECTIVE ON TRAUMA & CRISIS
  - A WORD ABOUT LOSSES
  - POSTTRAUMATIC GROWTH OUTCOMES
  - ABC'S OF SELF CARE
  
- Selected slides to give you room to take notes



## **A PERSPECTIVE ON TRAUMA & CRISIS**

### **OVERVIEW**

Whether we are clinicians with advanced practice skills or just starting out, very few of us have experience dealing with responses in a pandemic. The specialized body of knowledge that comprises trauma informed care is large. How do we figure out what would be nice to know, what we need to know, and what is imperative knowledge?

Here is the definition of trauma that will frame these interventions:

- Trauma- any situation that violates the familiar ideas and expectations about the world of an individual or their society, plunging them into a state of extreme confusion or uncertainty (Aydin, 2017)
- Trauma overwhelms ordinary adaptations to life
- Pandemic = collective trauma

What's important to recognize is that very few of the current theoretical approaches to trauma reflect experiences with a pandemic the size of COVID-19. We can see aspects of terrorism responses, facets of natural disasters, and characteristics of responses to sudden, traumatic loss. Sifting through these for the most relevant denominators, let's look at a consensus definition of trauma-informed care that combines elements from several experts in the field and consider how it can be extrapolated to this pandemic:

Trauma informed care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities to rebuild a sense of control and empowerment. (Hopper, Bassuk & Olivet 2010).

### **WHAT DOES THIS LOOK LIKE IN A PRACTICE SETTING**

- Understand that the first principle of care is assessing safety needs. Keeping in mind Maslow's Hierarchy of Needs, be sure to ask about safety concerns related to the virus and to the other life circumstances necessitated by sheltering in place. Use a generalized statement like:
  - Some people who have been sheltering in place have found that it created extra pressure and strain on family relationships. I wonder how your family is holding up?

You are opening the door, if the client chooses to enter, for a more personal discussion of safety related to domestic abuse, excessive use of alcohol, etc. Remember, you can't force someone to bring up an uncomfortable topic, but by asking about it gently (and safely!), you give permission for the conversation to go in that direction.

- Focusing on empowerment and strength may not be the primary approach you would use in providing therapy, but it is essential to remember that what you're doing now is using a crisis approach to help your client deal with the pandemic. This is the focus of any brief intervention: to help return the client to their pre-crisis state- not fix all their life problems. You CAN empower someone in a crisis more quickly than you can when dealing with a longer history of mental health challenges. Remind them, for example, that just picking up the phone to call for support is a brave and empowering step. Try to keep the concept of empowerment in the front of your mind and validate the client whenever they talk about something that reflects their courage or resiliency.
  
- Another tool is to remember the practical elements of crisis intervention. If you think of a crisis as any situation in which our perception is that we cannot meet environmental demands, it becomes clear that crisis may be an almost constant companion in most of our lives. A simple exercise is to take a minute and think of a time on your life when you experienced a crisis. Could be recent, remote, small, large- all it needs to be is a time when you felt you couldn't do what you needed to do to resolve it. Got a situation in mind?
  - First, think of how you felt in that situation- not what you did to get out of it. Once you have identified your feelings, think about your coping techniques. Don't evaluate their effectiveness- just acknowledge them. Sometimes, as we all know, our first attempts at coping may be in response to that fight/flight/freeze mechanism that goes off in our brains; at the end of the day, they might not be the most effective.
  - How many people respond to this activity is to identify someone in their life to whom they turn for support. Regardless of the relationship, here are some of the qualities that person usually has in common:
    - Nonjudgmental
    - Doesn't interrupt
    - Doesn't belittle me
    - Doesn't tell me about a similar life situation they had
    - Trustworthy
    - Doesn't try to fix the problem
  - If you talk to someone when you're in crisis, do they meet these criteria? The good news about this is that this is exactly what a client expects from you. You can't make things better immediately, even if you are redirecting them to other resources, but you CAN provide a nonjudgmental listening ear. By letting them tell their story, you can help them organize their thoughts and create a more cohesive narrative of why they feel the way they do. This helps them to feel more in control of the jumble of thoughts and feelings in their head, which is also a key piece of trauma recovery.

### **REMEMBER SHATTERED LIFE ASSUMPTIONS!**

Let's review the concept of shattered life assumptions. The perceptions we make as kids about the way the world works are pretty hard wired- for example, how many times in your

life have you been dismayed by the fact that life isn't fair when you probably learned first about unfairness when your 3<sup>rd</sup> birthday picnic had to be cancelled because it rained? In some ways, the assumption about the meaning or fairness in life may be the assumption most violated by COVID-19. And, as you probably learned and forgot after that 3<sup>rd</sup> birthday, there isn't anything anyone can do to change this reality.

What does this mean for you as a clinician? Don't get caught in the trap of trying to explain away unfairness; you set yourself up for an impossible task and you will fail. Acknowledge it, validate how many opportunities there seem to be in this pandemic that challenge our belief that there is any meaningful order in this universe, and explain that reestablishing that previous sense of meaning won't be accomplished -for any of us- for quite some time. And depending on what that violation of fairness was, some people may live with a wounded sense of meaning in life. In other words, just be honest and give words to the struggle.



## **A WORD ABOUT LOSSES...**

Although we are confronted with loss and grief from the minute we are born and lose the security of the womb, these topics are often only discussed in hushed tones at funeral parlors or in the confidentiality of self-help support groups. Until now. COVID-19 has splashed death and grief over the front pages of newspapers, catapulted it into the lead story on television news broadcasts, and moved it closer to the front of our worries about the uncertain future and the unsettling question 'what if this happens to me?'

Even though we know at some level that death is inevitable, we may unconsciously add conditions to that reality: when you are old, when you have lived a good life, if you don't take care of yourself, if you are really sick for a long time. When a death violates these unspoken stipulations, we may find ourselves facing those shattered life assumptions we talked about in Week 1- the world has lost meaning and it's no longer fair. Adding insult to injury, we may have been denied the opportunity to be with our loved one when they died so our sense of self-worth is compromised as well.

How do we apply those key concepts of providing support, control, and structure to helping others- and perhaps ourselves- navigate the tricky minefield of loss related to the pandemic? Here are some suggestions:

- ✓ Remember: a loss is a loss is a loss. Loss lurks behind every disappointment ("I always dreamed of what my high school prom would be like and now I won't even have one") as well as every accomplishment ("I'm excited about college but I'll miss my high school friends"). The process of grieving is the same, regardless of the situation creating the loss. Explaining this can help people understand the relevance of their reactions and place them into a context.
- ✓ Acknowledge that Elizabeth Kubler-Ross made a significant contribution to our knowledge about feelings that can surround any loss event, but don't expect feelings about a loss to proceed sequentially. It may help to think about the process of 'personal integrity' when trying to understand an individual's reaction to loss. For example, people who are slow to anger in the rest of their lives will probably show the same characteristic in their response to a death. Likewise, folks who are hyperemotional about living are likely to be hyperemotional in their grief responses. And all reactions are normal!
- ✓ Remember that getting through the grief process takes work. No matter what grief theorist you consult, they all outline a series of tasks that must be accomplished to come to terms with a loss event on an intrapsychic level. The timetable for this process is unique to an individual and often predicated by the circumstances surround the loss. The reality of sudden losses, for example, may complicate the ability of the griever to accept or acknowledge their reality. Other factors that complicate grief include:

- Quality of the relationship with the deceased- ambivalent relationships tend to be more complicated to mourn
  - Pre-mature losses- any death that occurs before its 'expected' time carries emotional complications
  - Nature of last contact with the deceased- especially if it was angry
  - Acknowledgement of unfinished business- thinking 'we were in the middle of something' can make a death feel like there will always be a loose end.
- ✓ Another circumstance that can complicate grief is multiple losses. Listen to the voices of the health care workers on the front line and you'll hear how we can become psychologically numb when there is too much to grieve. As a protective mechanism, our ability to process death simply shuts down. A helpful response to someone in that situation is to explain the empathic shutdown as protective, and encourage small, life affirming acts until the cycle of loss is over. Once the numbness starts to recede, the losses can be separated and each can be addressed individually. Be aware that using alcohol or drugs to deal with the losses won't make them go away but may create additional problems in both the short and long run.
  - ✓ Not that you probably need to be reminded of this right now but being exposed to the death of someone else can make us think about our own mortality. Unless you live under a rock, there has been no way to avoid hearing about the rising death toll not just in our country but around the world. Intimations of mortality are natural and expected right now. They're not telling you anything you don't already know- we all will die one day- so take them as a reminder that time is fleeting and set up some realistic short- and long-term goals. Even though we don't have a timetable for the pandemic, we do know this crisis will end and looking ahead is the way to get the positive energy of hope on your side.
  - ✓ Sometimes the best thing to say is nothing but in telehealth that can feel awkward and uncomfortable. When someone tells you something that stuns you, acknowledging that you don't know what to say may be the most real and honest answer. Sometimes life leaves all of us speechless and rather than coming up with a cliché or platitude, your inability to find words may be the most genuine and comforting response.





## POSTTRAUMATIC GROWTH OUTCOMES

Thinking about specific next steps in this pandemic is hard because it's so unclear about the steps we should be taking in the present. With shelter-in-place orders disappearing at differing rates around the country, even within the same state, and concerns about a recurrence or second wave punctuating public health briefings, there is an aura of the unknown that challenges even the most clear visions of how to move ahead.

The literature on exposure to natural disasters gives us some insight into how communities and people cope long term with the impact of trauma and distress. Adaptation to large scale disasters appears to depend not only on the individual's personal resources, but on the extent of the death toll and associated community impact. Not unsurprisingly, high death rates are associated with more psychological problems for their victims. With COVID, we know that there has been a disproportionate impact of death in minority communities as well as more social and economic disruption. The research is also clear, however, that the more support affected communities and individuals receive, the better the chance for positive outcomes. Perhaps, then, that gives all of us in the business of caring for people a clue to where to put our energy and focus?

What the literature also tells us are some of the ways in which posttraumatic growth (PTG) manifests itself in individuals. Understanding these outcomes may be helpful in providing you with some psychoeducational information to share with clients and students you're working with. We've also tried to give you some suggestions for therapeutic interventions.

### **PERCEPTION OF SELF**

- **Survivor v. Victim.** We all know that the labels we give ourselves affect not only our self-perception but the ways in which we interact with the world around us. Attaching the less negative label of 'survivor' rather than that of 'victim' can give people affected by trauma the idea that they have a special status and strength.
- **Self-Reliant.** When you hear a COVID survivor say: "if I survived this, I can survive anything" you are hearing a sense of strength and self-efficacy. Helping them identify the coping strategies that got them through may give them a sense of feeling less vulnerable in the uncertain future.
- **Vulnerable.** Paradoxically, many people who report PTG, even those who recognize their strength, often describe a heightened awareness of their vulnerability, mortality, and the preciousness and fragility of life. Reframing this vulnerability as another type of strength may prompt positive life changes, especially in appreciation of life and redefining priorities for spending one's time.

## **INTERPERSONAL RELATIONSHIPS**

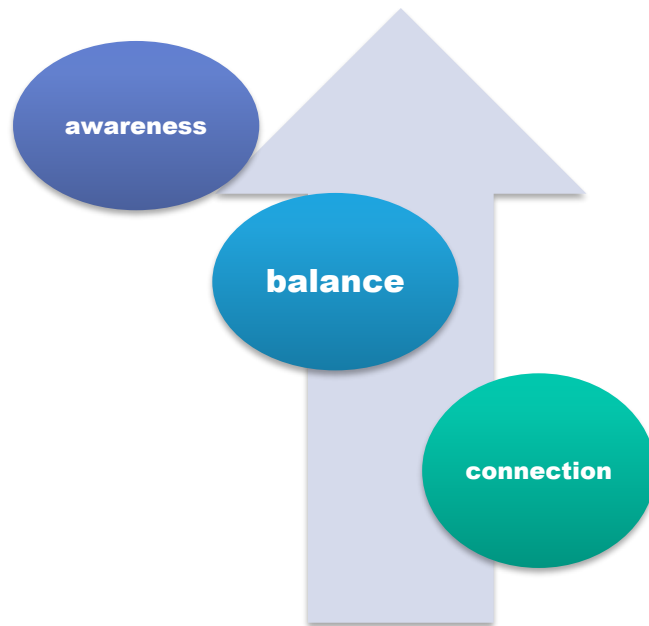
- **Self-disclosure and Emotional Expressiveness-** While there are no studies related to natural disasters, there is limited research that suggests that trauma survivors who sought out or received social support had the opportunity, and perhaps the need, to express themselves more openly. People frequently report feeling closer to the trusted people in their lives as a result of traumatic events like heart attacks. If we extrapolate this to the COVID pandemic, we might hypothesize that the worried well who seek mental health support will learn techniques for expressing feelings, especially about the trauma, that they could generalize to other relationships in their lives. If you are working with this population, you might suggest this coping skill extension.
- **Compassion and Giving to Others-** When people recognize their own vulnerability, they may be better able to feel compassion and empathy for others. As one author writes 'The gift of trauma is an understanding of events that no one but a survivor can have on an affective level'. When enough time has passed since the traumatic event, survivors can realize they have something to offer and providing help to others in difficult circumstances can facilitate additional healing. Many trauma survivors actually use the word 'gift' when reviewing the long-term takeaway from their experience. Be patient, however, because for some survivors it may take quite a while to gain this perspective.

## **PHILOSOPHY OF LIFE**

- **Priorities and Appreciation of Life-** If the person you are working with has survived the virus, they may feel like they have been given a second chance at life that should be treated with care. Indeed, people who have experienced a greater sense of vulnerability because of their trauma exposure often shift their life priorities to things that feel more consequential. This may be difficult for members of their support system to understand so helping the survivor articulate the reasons for their change in focus and perspective may be beneficial.
- **Existential Themes and Sense of Meaning –** Facing existential questions like 'what is the meaning and purpose of life?' is not fun; for most it is a dark road that leads to nowhere. Some people already ask these questions as a part of their personal search for meaning, but for people affected by trauma, this may be the first time they have had these thoughts. It may be helpful to those who are newly considering these cosmic issues to explain that for most people they are not a constant companion- they will come and go. The answers, unfortunately, may always be elusive.
- **Spiritual Development-** Spirituality refers to a greater sense of somehow being connected to something transcendent, in a way that was not possible before the trauma. The literature reports that many people dealing with the aftermath of trauma have experienced a religious conversion. There will be, however, those who experience that sense of spiritual disenfranchisement we talked about earlier, and reconnection with spiritual or religious beliefs will be an ongoing struggle. As a clinician, open yourself up to these conversations and consider consultation with a spiritual figure if the waters get too deep.

- Wisdom – Although wisdom is a concept found in many cultures, its definition is variable. In most cultures, however, it refers to knowledge and skills acquired in the process of aging. In Western culture, wisdom is not considered an automatic concomitant of aging or experience; rather, that through experience one becomes wise. This process often looks like taking a step back from the immediacy of events and take on a broader perspective. When considering PTG, wisdom has more to do with how people cope with the challenging life experiences that come their way. Even children, from this perspective, can be wise.

## THE ABC'S OF SELF-CARE



Providing care in any setting is demanding work but when that setting combines trauma-informed care with behavioral health services during the course of a national pandemic that affects both clients and caregivers, there is an added risk that the physical and emotional energy of the caregivers will be depleted in the process. Whether you use the term 'compassion fatigue', 'vicarious traumatization' or 'secondary traumatic stress', the result is often the same: a work force that winds up paying more attention to their clients than to themselves. Yet without self-care, it can be hard for caregivers to continue to provide the empathic engagement needed to do this difficult work.

Sometimes it can be hard for staff to make the time to think about, let alone engage in, self-care. Many great self-care resources provide suggestions for disconnection that are effective

yet require time and resources that can seem a luxury in the current climate of unpredictable and what often seem like instantaneously changing demands. So rather than present a laundry list of suggested activities, we offer a simple primer on what you need to keep in mind when developing a self-care plan. This “ABC’s of Self-Care” was developed in 1996 by Saakvitne and Colleagues:

- AWARENESS of one’s needs, limits, feelings and internal/external resources. Awareness involves mindful/nonjudgmental attention to one’s physical, psychological, emotional and spiritual needs. Such attention requires quiet time and space that supports self-reflection
- BALANCE of activities at work, between work and play, between activity and rest, between focusing on self and others. Balance provides stability and helps staff be more grounded when stress levels are high
- CONNECTION to oneself, to others, and to something greater than the self. Connection decreases isolation, increases hope, diffuses stress, and provides an anchor that enhances staff ability to witness tremendous suffering without getting caught up in it.



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## SELECTED SLIDES

### A Competent Prevention Community

**Creates informed school & community-based infrastructures that identify & respond to local needs related to health promotion; suicide, substance use prevention, etc.**

**Provides easy access to the network of best practice and evidence-based resources available at local, regional and state, and national levels**

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**IDENTIFYING  
TARGETS FOR  
COVID  
PREVENTION**

- **PERSONAL ATTITUDES**
    - About COVID per se
    - About personal safety
  - **SHATTERED LIFE ASSUMPTIONS**
    - The unfairness in life
    - Unpredictability of the future
  - **PERSONAL LOSSES**
  - **COMMUNITY LOSSES**
- 

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## Prevention Strategies for COVID

### • UNIVERSAL

- Providing accurate, concise, timely information
- Hosting online forums for resource exchange
- Encouraging community engagement

### • INDICATED

- Providing mental health support to health care workers
- Helping schools develop virtual assessment for at-risk students
- Building capacity in community gatekeepers (like clergy) to address increased needs for emotional support

### • SELECTED

- Training community mental health clinicians in suicide risk assessment & management
- Developing support services for addressing loss & grief

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# **SAMPLE SCHOOL PREVENTION STRATEGIES FOR COVID**



- **Using trauma informed model-**
  - Support for faculty and staff
  - Recognition of needs of non-classroom staff
  - Assistance in anticipating changes
  - Integration of Social Emotional Learning principles
  - Development of virtual intervention for at-risk students
  - Development of virtual postvention response plan

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# THE 3 KINDS OF RESILIENCY

Resistance

Recovery

Reconfiguration

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# HOW TO FOSTER RESILIENCY

1. Recognize resiliency is not all or nothing- a process not a static characteristic
2. May need to provide action steps of WHAT TO DO
3. Change the narrative
4. Explain the bind of uncertainty
5. Practice self- compassion



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