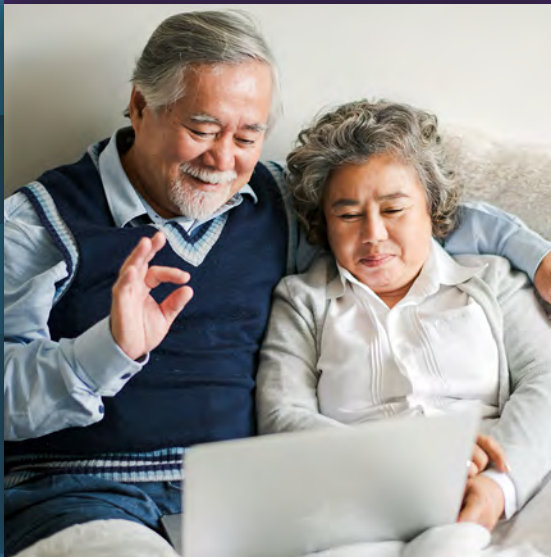


COVID-19 *TOTAL RESPONSE* SERIES

Trauma-Informed COVID-19 Considerations in Virtual Human Services

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Trauma-Informed COVID-19 Considerations in Virtual Human Services

The storms of the past looked quite different. There was a forecast, period to prepare, weathering through it, and then a hopeful recovery. The COVID-19 pandemic presents unfamiliar conditions – there was a slow recognition of the threat, inability to forecast where or when it would hit, and no known prevention or treatment from something that quickly became a global killer. The needed mitigation of lockdown has prevented even further loss of life, but the trauma of living through this has had significant implications for individuals, families, and communities. It has also dramatically changed the way we care for, interact with, support, and manage human service programs.

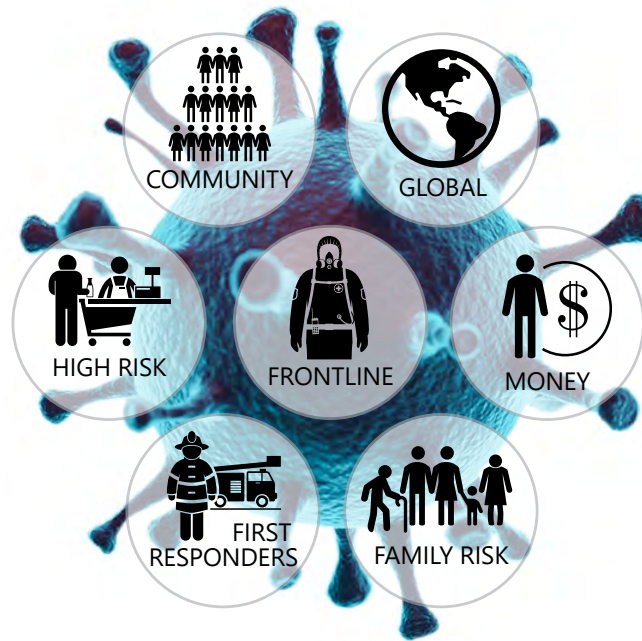
Trauma-informed care is not new to human services or to policies that drive service delivery in states, territories, and tribal communities. In 2018, there were two bi-partisan efforts that advanced trauma-informed approaches – House ([HR443](#)) and Senate ([SR346](#)) resolutions that changed the landscape of human service delivery. But during a pandemic, when so many things have been altered and there is an uncertain future and timeline, trauma-informed care will look differently.

At the foundation of trauma-informed services is the presumption that most people seeking behavioral health or other services have experienced some trauma. This is not to label or potentially stigmatize any experience, but rather to normalize the life conditions and experiences that shape who we become and how we view the world. There's no question that COVID-19 is traumatic on a global scale. Some of the traumatic impacts include:

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| ■ Disruption of Daily Routines and Activities | ■ Loss of Life |
| ■ Family Stress | ■ Domestic Abuse |
| ■ Lingering Threat of Illness or Disease | ■ Threat Multipliers (e.g., natural disaster, civil unrest) |
| ■ Invisible Enemy | ■ Unknown Timeline |
| ■ Illness | ■ Unknown Cure or Treatment |
| ■ Inability to Access Care for Other Illnesses | ■ Unemployment and Financial Stress |
| ■ Unknown Infection/Lack of Testing | |

In addition to the fear or experience of these traumatic factors, there are complicating and compounding factors that make this experience even more difficult to manage through. Figure 1 illustrates some of these additional stressors. The impact on our communities means that services, programs, and other supports have been discontinued, suspended, or moved to a virtual experience, if possible. We are more aware than ever of our interconnected reliance on each other and nature to be well and thrive. At the same time, and unlike a natural disaster where we might rely on neighboring or other communities to help, we are all going through this pandemic together as a global crisis. Frontline workers are being asked to care for those who are severely ill, while not having adequate personal protective equipment to preserve their own health and life. And there are millions of people who have lost their jobs and incomes due to the shutdown and are experiencing incomparable financial stress and hunger. Those working in essential positions at grocery stores or public transportation are at increased risk and stress, as they cannot socially distance at work. First responders, who are trained and more accustomed to risk, are experiencing a higher level of threat and exposure from an invisible enemy. And at the end of the day, those working with or around people who are symptomatic or could be, have the added worry of bringing contagion into their homes and potentially exposing children, spouses or partners, or parents. All of these factors potentially intensify the traumatic impact of the pandemic.

Figure 1: Other Complicating Traumatic Factors



With this realization that what we are all experiencing may be traumatic, there will undoubtedly be an increased need for mental health services in the months and years to come. There also needs to be an awareness, understanding, and compassion for children who have had developmental and emotional disruptions (including missing big life benchmarks like birthdays, religious observations, prom, and graduation). They are also disconnected from school-based health and mental health services. This disconnection may impact their wellbeing now, and in the future.

For case managers, therapists, and counselors, the challenges to providing support and maintaining connection are compounded by a situation that requires isolation. Some of the new COVID-19 specific challenges include:

- Inability to meet in person
- Lack of privacy; inability to speak openly
- Time constraints
- Enormous unemployment rate and inability to seek employment
- New or old ways of coping
- Technology barriers (e.g., no internet or smart phone)
- Cultural or language barriers that impede being informed

At the same time, some of the pandemic conditions could be particularly triggering for the people receiving services – which can make it even more challenging to meet benchmarks, goals, or requirements. COVID-19 presents a lack of control, threatens or increases risk, forces isolation, creates uncertainty, requires leadership telling people what to do, compromises privacy, supports the “lock down” of everyone, can make individuals feel invisible or ignored, disrupts routine, and increases a feeling of vulnerability. All of these can trigger a trauma response – especially for those who have survived trauma in the past.

Trauma-Informed COVID-19 Considerations in Virtual Human Services

With this awareness, trauma-informed approaches need to be adapted with new sensitivities:

Trauma-Informed Approaches	Trauma-Informed with COVID-19 Sensitivity
Work with Survivors in a Collaborative Way with Mutual Goals	Collaborate with Survivors and Adjust Goals to Reduce Stress and Adapt to New Schedules and Needs
Minimize Re-traumatization	Acknowledge Re-traumatization of COVID-19, Discuss Effects, and Identify Supports and Coping Strategies
Minimize Re-traumatization	Minimize Re-traumatization by Promoting Accessible Protective Factors
Meet the Survivor “Where They Are”	Meet the Survivor in a Virtual Context, While Realizing Conditions May Not Support an Authentic Connection and Experience
Screen for and Respond to Past Trauma	Screen for and Respond to this and Other Past Traumas and How this May be Affecting Life Right Now
See Adaptive Behaviors as Part of Being Resilient – Serving a Purpose	See Adaptive Behaviors as Resilience, While Also Discussing Potential Risks (e.g., addiction, self-harm, etc.)
Be Culturally Competent	Be Culturally Competent, While Understanding Cultural and Language Barriers to Information; Include Age, Gender, and Other Demographically Sensitive Approaches to Connect More Effectively
Include Individualized Plans and Approaches	Include Individualized Plans and Approaches that are Flexible and Adaptable to Changing Conditions
Avoid Shaming and Humiliating	Afford an Abundance of Understanding During this Crisis that is Free of Labeling, Shaming, or Humiliating
Recognize that Coercive Practices Cause (Re)Trauma and Should be Avoided	Recognize that Coercive Practices are Part of Most Public Health Responses and that this May Compound the Traumatic Experience
Include All Staff in Trauma Training (from receptionist to managerial and treatment staff)	Ensure that All Staff Employ and Abundance of Understanding, While Avoiding Judgment

Some of this will look quite differently in a virtual setting. For instance, the receptionist may not have much interaction with the people being served right now, but if accounting and billing does, there needs to be an abundance of understanding and flexibility for those who cannot work or even seek new employment. Meeting a survivor “where they are” may mean joining them by video or phone, but there may not be the needed space and privacy to speak openly and safely.

Those working in human services can also spend time actively focusing on and building protective factors with the people they serve. Affording flexibility, increasing connection, offering alternative options for communication, discussing outside supports, referring to other providers that might be needed, redefining goals, developing peer support networks, and revisiting needs regularly will all help to maintain a healthy and healing relationship. Case managers, clinical practitioners, peer support specialists, counselors, and others can find the best path forward with each person they work with by exploring these protective factors.

In case management specifically, there are some precautions to take to maintain a healthy and productive relationship:

- **Organization Actions** – Make sure what you are doing and what you are asking is trauma-informed and sensitive to all of the stressors people are feeling right now.
- **Program Requirements** – Some program requirements may not be possible to fulfill. Be clear on expectations and lessen the stress and burden on individuals who are going through a period of crisis whenever possible.
- **Organizational Culture and Environment** – Consider how your organization operates in a virtual space to maintain the needed level of safety, privacy, respect, and understanding.
- **Financial Stressors** – With so many individuals currently unemployed, do whatever possible to maintain support and consistency, while providing flexibility as not to increase financial stress.
- **Timeline Considerations** – The pandemic timeline is a shifting and uncertain reality. Re-evaluate the timeline and circumstances to ensure the people you serve are having their needs met.
- **Suggested Method of Case Management May Spark Feelings of Inequity (“less than”)** – Understand that some may not have internet access. Providing flexibility in service delivery helps to maintain a spirit of collaboration.

This historical and tragic period will leave an imprint on us all, going forward. There will be many lessons learned along the way, as we learn from what worked, what did not work, and what was missing when we needed it most. What we know for certain – even now – is that we need each other. In the spirit and delivery of trauma-informed care, we can emerge from this stronger and more connected – and with a deeper understanding of how life events can alter so much of what we love and rely on. Hopefully, this will move us to a place of getting back to better.



About MSG

Manhattan Strategy Group (MSG) is a trusted consulting firm to federal, state, and local government agencies and those they serve. MSG's innovative approaches in education, workforce development, and human services improve the health, welfare, and quality of life for children, youth, families, and communities in the United States and internationally. Our evidence-based and data driven approach results in measurable and continuous progress and success.

MSG core services include:

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MSG's COVID-19 Response Center

The MSG COVID-19 Response Center was developed to bring together the most knowledgeable subject matter experts and experienced professionals to respond to the pandemic and the changing needs and timelines of our federal clients. MSG's *TotalResponse* model offers targeted and strategic crisis and emergency management support to schools, families, people experiencing homelessness, others with significant needs, and the workforce. Our rapid and flexible approach means we quickly adapt and think creatively about how best to meet the needs of our clients. Learn more at the MSG COVID-19 Response Center: <http://manhattanstrategy.com/CrisisMgmt.aspx>

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Spotlight: Trauma-Informed Services for Homeless Veterans

Shonda manages a staff of seven in a program providing employment services to veterans transitioning out of homelessness. As she got to know the veterans she and her staff worked with, she realized that traumatic experiences were surprisingly common for them. Whether in their military service, during their experience of homelessness, or from another time in their lives, many of the veterans she and her staff served had experienced traumatic events, and continued to experience trauma as a result.



To better understand and serve these individuals, Shonda began to research trauma-informed care. She quickly decided that her first step would be to get in touch with veterans that she had served before, to **hear their perspective** on her services. She was careful to raise the subject in a way that would be comfortable for the veterans, and would not **re-traumatize** them. In her conversations, she learned a lot:



It was difficult for veterans who had experienced trauma to build trust and relationships. In training her staff, Shonda reminded them that it was vital to be patient and persistent, and to not take offense if veterans seemed distant. She gave her staff tips on cultivating an open and welcoming personal style.

It's important to know about trauma – but it's a hard conversation to have. Shonda described strategies like asking indirect questions – “How have you been sleeping?” – and being observant of body language and verbal clues to gently open the door for veterans to discuss trauma.

Reactions to trauma are unique. Veterans who had experienced trauma were sensitive to aspects of their environment in ways that Shonda would not have imagined. Some were bothered by loud noises, some by crowds, and

others by sitting with their backs to door and windows. Shonda reminded her staff to check in with veterans to determine their comfort levels in different settings.

Speaking with a female veteran she had previously served brought home an important point: **the experience of trauma is different for everyone.** Female veterans may be uncomfortable being in rooms with large groups of men, or may feel physical environments are threatening in ways that other veterans do not. Shonda and her staff took a careful look at their bathroom, the parking garage, and other shared spaces to ensure that all were well-lit and welcoming.

Staying Close, from a Distance: COVID-19 and Trauma-Informed Services

Now, Shonda and her staff face a new challenge: COVID 19 has changed the services provided, the daily experiences of staff, and the veterans they serve. On a video call with staff, they discussed taking the following steps:

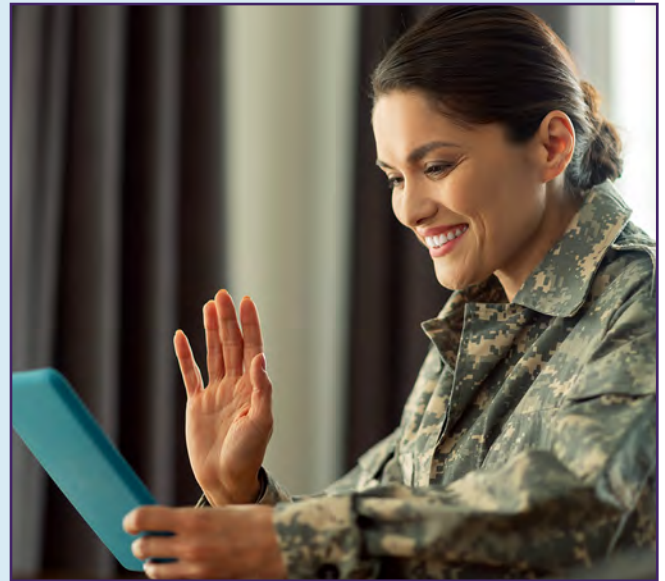
Taking extra time to build connections. Virtual interactions are not as 'rich' as being face to face, and they require taking extra time to connect on a personal level by asking about and sharing personal details – in a way that is comfortable for both staff and the veterans they serve.

Supporting veterans to support veterans.

The group discussed encouraging veterans to check in on one another, while maintaining social distancing.

Staff discussed ways ensure they were not **unintentionally coercing** veterans, without being able to observe body language and physical cues. They realized some veterans were not as comfortable with virtual communication, and often did not express themselves as readily as they would in person. They discussed strategies to circle back and gather the veteran's thoughts and feedback in the course of the conversation, and agreed that, with some veterans, they would check back in on major decisions the next day, just to be sure they were still comfortable and confident in the choices that had been made.

Staff all agreed that they would take time to **speak with veterans about COVID-19**, to hear their response to the current situation and the added stress it was causing. They would do whatever was in their power to ensure that veterans were safe, that they were taking healthy steps to deal with stress, and they had supports in place to address re-traumatization.



In listening to her staff, Shonda also realized that it was more important than ever to make sure staff were also **caring for themselves**. She made a point of building at least fifteen minutes into each weekly meeting to discuss **selfcare** strategies to cope with stress, maintain healthy habits, and ensure that the trauma they were hearing from the veterans they serve did not cause **vicarious trauma or compassion fatigue** for staff. She also made a note to take the time to regularly check in with her staff, one-on-one, to give staff the chance to express their needs, concerns, and worries.

Spotlight: Trauma-Informed Virtual Script for Temporary Assistance for Needy Families (TANF) Staff and Participants

Martin is a single father and a recent applicant TANF assistance. He found himself unemployed after being fired from a job he had for five years as a construction superintendent because he had taken too much time off to care for his son, who has mental health issues. Martin has been taking his 12-year-old son to therapy since he was four years old for his anxiety and to help him cope with the trauma his mother exposed him to as a child. Therapy was routine and working well. Martin's son had tools he learned to use to cope with anxiety and help with his outbursts of anger, but stressors over the COVID-19 pandemic caused his son to hurt himself at home while Martin was at work. In addition to weekly therapy, Martin's son was in special education classes at school to support him through his Individual Education Plan (IEP), but that support structure crumbled when schools closed in his hometown, and he was redirected to home schooling to keep him and his schoolmates healthy and safe from COVID-19.



Martin is connected to Callie, a TANF case manager whose role is to assist Martin in his journey back into the workforce. She will help him with supportive services and coaching along the way and normally would see him face-to-face for his first appointment, but during the current COVID crisis, she will connect with him virtually. Also, Callie read some of Martin's background, and she has not been formally trained in trauma-informed care, but she has read some books and browsed some websites after getting resources from her supervisor to help clients in virtual case management settings.

Components of a Trauma-Informed Script

- **Validating or normalizing** conveys that you understand what else could be going on for someone.
- **Being clear and direct** is really important for a stressed brain. Complete information helps avoid misunderstanding and misinterpretation.
- **Providing the "why"** helps establish a sense of consistency and predictability.
- **Providing options and choice** helps empower and create hope.

Trauma Informed Oregon. (2020). The anatomy of a trauma informed script. Retrieved from traumainformedoregon.org



Callie contacted Martin over the phone to introduce herself and explain the program requirements and assistance she can provide. Callie **prepared** for the call by practicing a trauma-informed script (see the *Components of a Trauma-Informed Script* callout box).

Callie contacted Martin, and this is what happened:

Validating or Normalizing

"Hi Martin, this is Callie with The Workplace. We are the agency that helps those who are on public assistance to get back to the workforce. I understand that this has been a very stressful time for you and your son with this stay at home order. We've had an influx of new TANF applications due to all that is going on and we are here to assist you in any way we can – is now a good time to talk?"

Being Clear and Direct

"Great! Thank you for your time today. This call should not take more than 10 minutes and the purpose is to gain some preliminary information from you so I can help you with resources and ideas related to stabilizing your current situation so you can get back to doing what you'd like to do for work."

Providing the "Why"

"As you probably are aware from some of the preliminary information you received about the TANF program, in order to continue to receive TANF, participants in the program must connect with work or work activities. If you are unable to participate in the program due to good cause, like medical reasons or other approved reasons, we can discuss that too."



Providing options and choice

"Would you like to participate in a meeting with Zoom in the future or another platform like FaceTime to discuss next steps? What are your current goals and needs? When is a good time for us to meet next? Wednesday at 9 or Thursday at 12 or 1PM? We have a resource page that you can link to that might help with some ideas on next steps before we meet next. Are you interested in the website?"

Helpful TIPS:

- Sometimes when you are too specific with the validation statement, a person can dismiss the idea if it does not represent their situation. Try to keep it general unless you know how they are feeling and what is going on.
- You might also note that the script says precisely how long the call is going to take. That is also part of being clear and direct, and helps a stressed brain know what to expect.