Agenda

• Introduction

• Background of Trauma related diagnosis/treatment

• Trauma therapy in practice during COVID-19

• Q & A

• Conclusion
Interactive Webinar

Communicating during the webinar:

- For questions or comments during the presentation, please click on the chat box function
- Select “Everyone” and enter your question or comment
- This will also be used during all Q&A portions of the presentation
INTRODUCING OUR TOPIC AND OUR SPEAKERS

JOEL BRADLEY MD FAAP
CMO UNITEDHEALTHCARE
COMMUNITY PLAN OF TENNESSEE
Objectives

- Attendees will learn the basic definition of key terms related to trauma informed care.
- After the program, each provider should have the ability to further transform their practice by implementing the basic knowledge of trauma informed care.
Overview of Webinar Today

• Follow the Triple Aim
  ▫ Better Care- member experience- trust/engagement; quality of life
  ▫ Improve Outcomes- quality – gaps close as members and providers partner
  ▫ Smarter Cost- discover and remediate toxic stress vs high cost of chronic illness
• Our mission is changing- Keep up!
  ▫ The Opiate epidemic- strong roots in Trauma
  ▫ COVID-19 Pandemic: increasing toxic stress, depression, and overdoses
• Practice Transformation- move further toward our PCMH/THL Goals
  ▫ For the PCMH- increasing Behavioral Health capacity and integration
  ▫ For the THL- refine PCP relationships- referrals and trauma informed therapy
Dr Charles Freed is the CMO for Behavioral Health at United Healthcare. He is ABPN certified in General and Child and Adolescent Psychiatry, ABPM certified in Addiction Medicine (ASAM) and ABOIHM certified in Integrative and Holistic Medicine. He recently completed a year-long training program in Integrative Psychiatry and is completing certification as a Culinary Medical Specialist. He has a strong interest in the role of Nutrition in health and wellness. In addition, he is both a certified Meditation and Yoga Instructor. In addition to his role at United Healthcare, Dr Freed maintains a small private practice where he specializes in Nutrition and MindBody therapies, as well as Mental Health and Addiction disorders.
Kellie Davis, LPC, MHSP, a graduate of the University of Memphis Counseling program, is the Executive Director of the Mental and Emotional Resource Center, Inc (MERCI). MERCI provides trauma-informed care to people living with HIV and AIDS through the Ryan White Program. Kelli was named Private Sector Counselor of the Year in 2015-2016 by the West Tennessee Counseling Association and is a member of the American Society of Group Psychotherapy and Group Psychodrama. For the past 7 years, Kelli has served as the Director of the Grief and Trauma at one of the most extensive behavioral health facilities in the state of Tennessee. Kelli is currently pursuing a PhD in Counselor Education and Supervision at the University of Memphis.
THE NEW LENSES OF
TRAUMA INFORMED CARE-
PHYSICIAN PERSPECTIVE

A Virtual Presentation to PCMH/THL
October 23rd 2020
Presenter: Charles Freed, MD, MHA, FAPA, ABIHM
CMO for Behavioral Health at United Healthcare of TN
Child, Adolescent and Adult Psychiatry, Addiction Medicine, Integrative and Holistic Medicine,
Yoga and Meditation Instructor
Topic Areas We Will Cover Today

- Difference between stress and trauma
- Overview of DSM V criteria for Trauma- and Stressor- Related Disorders
- Post Traumatic Stress Disorder (PTSD) screening tool for PCPs
- Effects of PTSD on the Brain and Nervous System
- Emotional, Cognitive and Physical Health Consequences of PTSD
- Evidence Based Treatment of PTSD
- Statistics on Impact of COVID-19
- Healthy Ways to Cope with Stress
- COVID-19 Resources for Individuals (including the COVID Coach Mobile app), Primary Care Providers and Healthcare and Community Leaders
Differentiating between Stress and Trauma
Stress vs Trauma

Stress is like feeling sad, while trauma is like having depression.

**Stressor characteristics:**
- Stress is a reaction (tension) to less dramatic and often daily events that are perceived as threatening.
- Trauma is a sudden event that dramatically explodes into our lives and changes the way we perceive the world. Traumatic events have the following elements: they are intense, unexpected, uncontrollable and inescapable.

**Sense of Control:**
- With stress, the person maintains a feeling of being in control in the daily functioning.
- With trauma, there is a loss of control of cognitions, emotions and behaviors resulting in impairment of their ability to manage their activities of daily functioning.

**Relief:**
- The stressed individual is capable of disconnecting from their thoughts and engaging in relaxing and enjoyable activities.
- Traumatized individuals are prisoners of their disturbing thoughts and unpleasant emotions.

**Chronic stress,** sometimes called ‘toxic stress’, can become traumatic in some circumstances. For example, a person exposed by caregivers to demoralizing and demeaning statements (‘we must have picked up the wrong child at the hospital’, ‘you will never amount to anything’, ‘you’re fat/ugly’, ‘you’re stupid’), feel they are not valued as a person (ignored; not ‘seen’), or feel they are not loved can become traumatized. Or, a person might be a first responder or essential healthcare giver repeatedly exposed to a stressful event that is ongoing. DSM does not have a diagnostic category for this type of stress.
Overview of DSM V Diagnostic Criteria for Trauma- and Stressor-Related Disorders
DSM V Trauma- and Stress- Related Disorders

- The most current iteration of the Diagnostic and Statistical Manual, DSM V, was released in 2013.

- Diagnostic Criterion are based on research and clinical findings as well as expert consensus.

- There are 5 different T&S Related Disorders in DSM V:
  - Reactive Attachment Disorder (related to early childhood neglect)
  - Disinhibited Social Engagement Disorder (related to early childhood neglect)
  - Adjustment Disorder
  - Acute Stress Disorder
  - Posttraumatic Stress Disorder

DSM V Diagnostic Criteria are proprietary and the Manual and/or the Mobile app can be purchased at [www.appi.org](http://www.appi.org). You can find distillations of these criteria by googling the specific disorder.
Adjustment Disorder

- These are emotional or behavioral symptoms that occur in response to a stressor. The level of distress is out of proportion to the severity of the stressor and result in ‘significant’ impairment in social, occupational/academic or other functioning.
- Duration is less than 6 months unless it is not, in which case it is considered chronic.
- Must specify the emotional component (depressed mood, anxiety, mixed) or behavioral (disturbance of conduct) or both (disturbance of emotions and conduct). Each one of these emotional, behavioral or mixed presentations have unique ICD 10 codes.
- It is not related to bereavement, which has its own criteria
- Prevalence is 5-20% in OP population.
- One of most treatable mental health conditions
- Risk of developing depression or becoming suicidal
- Treatment consists of counseling but may require prescriptions for persistent or severe target symptoms
Acute Stress Disorder (ASD)

- Requires actual exposure or threatened exposure to death, serious injury or sexual violence,
- Must exhibit (9) symptoms from 5 categories: **Intrusive Symptoms** (e.g.- intrusive memories, flashbacks), **Negative Mood** (e.g.- inability to experience happiness, love; negative self talk), **Dissociative symptoms** (e.g.- inability to remember important aspects of the trauma, altered sense of reality of one’s surroundings), **Avoidance symptoms** (e.g.- efforts to avoid distressing thoughts, feelings about the trauma), **Arousal symptoms** (e.g.- sleep disturbance, irritable/angry outbursts, hypervigilance, problems concentrating, exaggerated startle response).
- Above symptoms last up to a month with significant distress or impaired functioning.
- Prevalence between 5-20%. About 50% of individuals with ASD will go on to have Post Traumatic Stress Disorder (PTSD). PTSD can be the starting point itself.
- Treatment is cognitive behavioral therapy (CBT) and exposure therapy. Meds not usually used except to address sleep, depression or anxiety.
Posttraumatic Stress Disorder (PTSD)

- Requires actual exposure or threatened exposure to death, serious injury or sexual violence,
- Results in symptoms from the following: **Intrusion symptoms** (same as ASD), **Dissociative reactions** (same as ASD), **Avoidance symptoms** (same as ASD), **Negative alterations in Cognitions and Mood** (dissociative amnesia of the trauma, negative feelings about self or the world, shame and guilt, detachment from others, anhedonia), **Arousal symptoms** (same as ASD)

- Experiences either Dissociative Reactions of **Depersonalization** (feel outside of their body) or **Derealization** (their body is outside of surroundings). Lifetime prevalence of 6.1-9.2% and one-year prevalence of 3.5-4.7%
  - Sexual assault (most frequent type of trauma in women) is 12.3%
  - Mass conflict and displacement is around 30%
  - Combat (strongly correlated with extent of injury and severity of TBI) is around 12.2% and in those with TBI is around 50%
  - Intensive care unit survivors is 20%
Posttraumatic Stress Disorder

<table>
<thead>
<tr>
<th>Intrusion</th>
<th>Avoidance</th>
<th>Cognition &amp; Mood Changes</th>
<th>Arousal &amp; Reactivity Changes</th>
</tr>
</thead>
</table>
| • Involuntary & recurrent memories  
• Traumatic nightmares  
• Flashbacks  
• Intense or prolonged distress after exposure to reminders | Avoiding trauma-related  
• Thoughts  
• Feelings  
• People  
• Places  
• Conversations  
• Activities  
• Objects  
• Situations | • Can’t recall key features of event  
• Negative beliefs about self or world  
• Distorted blame  
• Persistent fear, horror, anger, guilt or shame  
• Diminished interest in activities  
• Feeling alienated  
• Inability to feel positive emotions | • Irritable or aggressive  
• Self-destructive  
• Hypervigilance  
• Exaggerated startle response  
• Problems with concentration  
• Sleep problems |
PTSD Screening Tool for PCPs
PTSD Screening Tool for Primary Care Providers (PCPs)

The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide

Have you ever experienced this kind of event? YES/NO

- If ‘No,’ screen total = 0; if ‘Yes,’ continue with screening.
- In the past month, have you…

- 1. Had nightmares about the event(s) or thought about the event(s) when you did not want to? YES/NO
- 2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)? YES/NO
- 3. Been constantly on guard, watchful, or easily startled? YES/NO
- 4. Felt numb or detached from people, activities, or your surroundings? YES/NO
- 5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused? YES/NO

Effects of PTSD on the Brain and Nervous System
How PTSD Affects The Brain

NORMAL INFORMATION PROCESSING AND PTSD MALFUNCTIONS IN THE BRAIN

PREFRONTAL CORTEX
- Normal Brain: Complex thinking, decision making and appropriate behavior
- PTSD Brain: Dysfunctional thought processes & decision making; inappropriate responses to situations

HIPPOCAMPUS
- Normal Brain: Transfers and stores information into memories
- OCD Brain: Stores memories incorrectly and affects memory retrieval

HYPOTHALAMUS
- Normal Brain: Releases hormones like cortisol to help manage and direct efforts to stressor
- PTSD Brain: Overactive, which leads to imbalances in hormone levels and increases stress and anxiety

AMYGDALA
- Normal Brain: Sets off fight or flight in response to danger
- PTSD Brain: Sets off fight or flight in response to memories or thoughts about danger
Stress and the Autonomic Nervous System (ANS)

In the upper graphic, the sympathetic and parasympathetic branches of the ANS balance each other.

In contrast, the lower graph shows how trauma can illicit sympathetic or parasympathetic dominance.

Flight/Fight is autonomic dominance. Freeze/Fawn is parasympathetic dominance.
Posttraumatic Stress Disorder

- Pathophysiology remains unclear, but MRI studies show decreased volume of hypothalamic, amygdala (left only) and anterior cingulate cortex. In addition, there is a relative failure of left hemispheric function.
- As a result, limbic system control of hormone regulation, memory processing, decision-making (in conjunction with the prefrontal cortex) and emotional regulation are impaired.
- Broca's area and Wernicke's area, located in the left hemisphere, are both involved in language processing functions; they order words during speech. In visual perception the left hemisphere registers the locations of objects in space relative to other objects.
- These MRI findings help explain the symptoms complex, not only the neuropsychologic symptoms.
- Individuals who experience PTSD lose connection with their self and their perceptions of their bodies. They are stripped of what it feels like to be human.
Emotional, Cognitive and Physical Health Consequences of PTSD
COGNITIVE & EMOTIONAL IMPACTS OF TRAUMA

- Re-enactment
  Recreating the childhood dynamic expecting the same result but hoping for a different one. This strategy is doomed to failure because the need is in the past and cannot be resolved. Also, you will interpret anything as confirmation that you have been betrayed once more.

- Loss of self-worth
  Trauma survivors can swing between feeling special, with grandiose beliefs about themselves, and feeling dirty and bad. This self-aggrandizement is an elaborate defense against the unbearable feeling of being an outcast and unworthy of love.

- Loss of sense of self
  One of the roles of the primary caregiver is to help us discover our identity by reflecting who we are back at us. If the abuser was a parent or caregiver, then that sense of self is not well developed and can leave us feeling phony or fake.

- Loss of physical connection to body
  Survivors of sexual and physical abuse often have a hard time being in their body. This disconnection from the body makes some therapies, such as yoga, harder for these survivors.

- Dissociation
  Often, to cope with what is happening to the body during the abuse, the child will dissociate from the consciousness from what is happening. Later, this becomes a coping strategy that is used whenever the survivor feels overwhelmed.

- Loss of safety
  The world becomes a place where anything can happen.

- Loss of danger cues
  How do you know what is dangerous when someone you trust hurts you and this is then your normal?

- Loss of trust
  This is especially true if the abuser is a family member or a close family friend.

- Shame
  Huge, overwhelming, debilitating shame. As a child, even getting an exercise wrong at school can trigger the shame. The child may grow into an adult who cannot bear to be in the wrong because it is such a bigger.
Effects of Long-Term Trauma on Health

- High blood pressure which can lead to stroke, enlarged heart and kidney disease.
- Coronary artery disease.
- Increased risk of drug use and addictions.
- General anxiety and depression.
- Sleep interruption and insomnia.
- Chronic fatigue.
- Impaired memory.
- Heart burn, ulcers and irritable bowel.
- Increased risk of infections and cancer.
- Obesity and increased risk of diabetes.
- Worsening of all forms of pain.
- Worsening of PMS and infertility.
- Worsening of certain skin diseases.
- Sexual dysfunction.
- Premature aging.
- Worsening of certain auto immune disorders such as arthritis.
Evidence Based
Treatment of PTSD
### Evidence Based Treatment of PTSD

**TABLE. PTSD treatment options based on evidence**

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Psychotherapies</th>
<th>Psychopharmacology</th>
</tr>
</thead>
</table>
| First-line treatments | Prolonged exposure (PE)  
Cognitive processing therapy  
Eye movement desensitization and reprocessing | Sertraline*  
Paroxetine*  
Fluoxetine | |
| Demonstrated benefit | CBT specific for PTSD  
Narrative exposure therapy  
Brief eclectic psychotherapy | Venlafaxine  
Imipramine  
Prazosin* | |
| Some benefit, use cautiously | Meditation-based interventions | Nefazodone | |
| Recommend against using | | Monotherapy with antipsychotics, benzodiazepines; medical marijuana | |
| Experimental | | MDMA-assisted psychotherapy | |

CBT, cognitive behavioral therapy; MDMA, methylenedioxymethamphetamine; VA/DoD, Veterans Affairs/Department of Defense.

* Sertraline and paroxetine are approved for PTSD.

* Prazosin has demonstrated efficacy for nightmares, flashbacks (re-experiencing symptoms), and sleep disorder in PTSD in small trials, although the VA/DoD clinical practice guidelines state that there is insufficient evidence either for or against using prazosin (based on an unpublished VA Cooperative Studies Program trial).
Statistics on Impact of COVID-19
Impact of COVID-19

- Despite surge in telehealth, primary care visits drop 21% amid COVID-19
- An estimated 59,000 residents and employees of LTC have died as a result of COVID-19, which is about 42% of all US deaths.
- In a web-based survey that 5470 US adults completed in late June, an international team of researchers reported that 40.9% of respondents reported at least one adverse mental or behavioral health condition, including symptoms of anxiety disorder or depressive disorder (30.9%), symptoms of a trauma- and stressor-related disorder (TSRD) related to the pandemic† (26.3%), and having started or increased substance use to cope with stress or emotions related to COVID-19 (13.3%). The percentage of respondents who reported having seriously considered suicide in the 30 days before completing the survey (10.7%). Amongst essential workers this number was 21.7%

Source: https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6932a1-H.pdf

- COVID-19 shutdown fuels sharp rise in alcohol use- the overall frequency of alcohol consumption increased by 14% among adults over age 30 in the spring of 2020 versus the same period a year earlier. Women reported a 41% increase in heavy drinking days - four or more drinks in a couple of hours.

- Frontline medical workers are at risk of not just adverse physical outcomes from coronavirus disease 2019 (covid-19) but psychological ones too. Preliminary data from China and Italy during the covid-19 pandemic offer further evidence; healthcare workers in China reported depression (in 50.3%), anxiety (44.6%), and insomnia (34.0%). Concerns about these data are compounded by high rates of pre-existing mental health and substance use disorders in this population, with physicians having rates of suicide among the highest of any profession. Although evidence based effective interventions and treatments are available, barriers such as stigma and lack of time limit their uptake, even in normal times.
The New Lenses of Trauma Informed Care-
Therapist Perspective
Kelli Harris Davis, LPC-MHSP
Objectives

- Trauma defined by a trauma therapist
- PTSD & DSM V
- Treatment Modalities
  - Trauma informed care in action
- Vicarious Trauma
- Universal Trauma
  - Pandemic
  - Social Climate
Trauma defined by a Trauma therapist

Trauma is the day, time, situation or circumstance that cause a person to feel **hopeless, helpless and horror**.

Trauma is after something was said to you after something was done to you, or after something happened to someone you love life didn’t make sense any more.

Trauma is the stuff that people have said: “get over it”, “forget about it”, “let it go.”
Chronic Stress vs. Unresolved trauma

Chronic Stress

Stress happens and it is an expected part of life good or bad, and can be managed by exercise, diet, deep breathing and therapy.

Unresolved Trauma

Trauma happens “TO” you.

- Unexpected, catastrophic
- Leaves 3 feelings
  - Helpless
  - Hopeless
  - Horror
Trauma is the stuff you thought you were over, until there was a song, a smell, a sound, a time of year that brought memories and pain again.
Trauma often comes back as a reaction, not a memory.
PTSD diagnosis substantially modified in DSM V

**Diagnostic Classification of PTSD**
Removed from Anxiety Disorder to Trauma Stressor Related disorder

**Criterion A: Exposure to Trauma**
DSM V restrict inclusiveness, stating not all stressful events are trauma. Eliminated the DSM-IV threat to physical integrity

**The Symptom Criteria**
3 new symptoms were added:
1. persistent negative emotional state,
2. persistent distorted cognitions about the cause or consequences of trauma leading to blame of self/others,
3. reckless or self destructive behaviors.
Common Symptoms of PTSD

- Confusion
- Fear Guilt
- Shame
- Hopelessness
- Numb
- Agitation
- Nightmares
- Flashback

**DSM- V clinical definition of PTSD:**
Posttraumatic stress disorder (PTSD) is a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, or rape or who have been threatened with death, sexual violence or serious injury.
Treatment Modalities

Because unresolved trauma can cause many people to feel trapped, it is believed that traditional talk therapy is the least effective in treating trauma.

Experiential therapies such as Psychodrama and EMDR have proven to be effective, primarily because of “movement and fluidity.”

Brain Spotting
Hakomi
### THE COST OF CARING

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Controlled Empathy</strong></td>
<td>vigorous neurological activity. When a “helping professional” is listening to shocking, sad, or awful stories of another, it may look like he or she is calmly sitting and listening. But the activity going on inside the listener’s brain and body looks anything but calm.</td>
</tr>
<tr>
<td><strong>Vicarious Trauma</strong></td>
<td>changes the inner experience of the “helping professional” resulting in empathizing with traumatized individuals. Not to mention if helping professionals have not processed their own personal traumas.</td>
</tr>
<tr>
<td><strong>Compassion Fatigue</strong></td>
<td>is the emotional duress resulting from hearing about first hand trauma experienced by another.</td>
</tr>
<tr>
<td><strong>Burnout</strong></td>
<td>which is emotional exhaustion and depersonalization, reduced feelings of accomplishment. Results due to the accumulated exposure.</td>
</tr>
</tbody>
</table>
COVID-19 has proven traumatic for many Americans due to the sheer powerlessness we have over something that may or may not be fatal and is invisible to the naked eye.

Caring by way of human touch and proximity has been the traditional way to deal with feelings of powerlessness, close human contact has helped to satiate and aid in times of distress.

Current social climate in America can be considered traumatic for various reasons to various races.

Racial trauma, or race-based traumatic stress (RBTS)
Trauma Treatments in COVID-19

- Best Practices
  - Telehealth
    - Video Conferencing
- Medication Management
COPING in COVID-19

- Mindfulness
- Deep Breathing
- Meditation
- Learning new coping skills
- Gardening
- Exercise
- Journaling
What contract shall we make with ourselves in order to do things differently and/or better, so that we can make things BETTER FOR THE GREATER GOOD!
Q & A
Resources
Healthy Ways to Cope with Stress
Healthy Ways To Cope With Stress

• **Know what to do if you are sick** and are concerned about COVID-19. Contact a health professional before you start any self-treatment for COVID-19.

• **Know where and how to get treatment** and other support services and resources, including counseling or therapy (in person or through telehealth services).

• **Take care of your emotional health.** Taking care of your emotional health will help you think clearly and react to the urgent needs to protect yourself and your family.

• **Take breaks from watching, reading, or listening to news stories,** including those on social media. Hearing about the pandemic repeatedly can be upsetting.

• **Take care of your body.**
  - **Try to eat healthy, well-balanced meals.**
  - **Exercise regularly.** Try [Yoga](https://www.nccih.nih.gov/health/yoga-what-you-need-to-know).
  - **Get plenty of sleep.**
  - **Avoid excessive alcohol and drug use.**

• **Make time to unwind.** Try to do some other activities you enjoy.

• **Connect with others.** Talk with people you trust about your concerns and how you are feeling.

• **Connect with your community- or faith-based organizations.** While social distancing measures are in place, consider connecting online, through social media, or by phone or mail.

COVID-19 Resources for Individuals (Mobile app), Primary Care Providers and Healthcare and Community Leaders
COVID-19 Resources for Individuals

**Mobile Apps: COVID Coach**

- The COVID Coach app was created by the VA for everyone to support self-care and overall mental health during the coronavirus (COVID-19) pandemic

Features include:

- Education about coping during the pandemic
- Tools for self-care and to improve emotional well-being
- Trackers to check your mood and measure your growth toward personal goals
- Graphs to visualize progress over time

COVID-19 Resources for Families

- Employee Mental Health & Well-being During & Beyond COVID-19 (APA Foundation’s Center for Workplace Mental Health)
- Coronavirus and Mental Health: Taking Care of Ourselves During Infectious Disease Outbreaks (APA)
- Working Remotely During COVID-19: Your Mental Health and Well-being (APA Foundation’s Center for Workplace Mental Health, CWMH)
- Taking Care of Family Well-Being (National Child Traumatic Stress Network, NCTSN)
- Supporting Homebound Children During COVID-19 (CSTS)
- Supporting Your Family During Quarantine or Isolation: Tips for Social Distancing, Quarantine, and Isolation during an Infectious Disease Outbreak (SAMHSA)
- Be Aware of Scams
  Consumers and healthcare facilities have been targeted by scammers pretending to be representatives of CDC or WHO and asking for personal information, donations, etc.
- Finding the Right Words to Talk with Children and Teens about Coronavirus (CSTS)
- Discussing Coronavirus with your Children (CSTS)
- Tips for Coping when Quarantined with COVID-19 Family Members (CSTS)
- When Family Members are Hospitalized due to COVID-19 (CSTS)
- COVID Coach App
  For coping, self-care, and goal directed efforts for a general audience during the COVID-19 pandemic, developed by The National Center for PTSD (U.S. Dept. of Veterans Affairs)
COVID-19 Resources for Hospitalists and Primary Care

- Psychological Effects of Quarantine During the Coronavirus Outbreak: What Public Health Leaders Need to Know (CSTS)
- Leaders' Guide to Risk Communication in the Face of Coronavirus and Other Emerging Public Health Threats (CSTS)
- Mental Health and Behavioral Guidelines for Preparedness and Response to Coronavirus and other Emerging Infectious Outbreaks (CSTS)
- Grief Leadership during COVID-19 (CSTS)
- Getting Better Sleep During COVID-19: A Guide for Hospital Workers (CSTS)
- Notifying Families After a COVID-19 Death (CSTS)
- Supporting Families of Healthcare Workers Exposed to COVID-19 (CSTS)
COVID-19 Resources for Health Care and Community Leaders

- Employee Mental Health & Well-being During & Beyond COVID-19 (APA Foundation's Center for Workplace Mental Health)
- Grief Leadership During COVID-19 (CSTS)
- Coronavirus and Mental Health: Taking Care of Ourselves During Infectious Disease Outbreaks (APA)
- Working Remotely During COVID-19: Your Mental Health and Well-being (APA Foundation's Center for Workplace Mental Health)
- Helping People Manage Stress Associated with the COVID-19 Virus Outbreak (National Center for PTSD)
- How Public Health Leaders Can Support Communities Dealing with Quarantine (CSTS)
- Health Risk and Crisis Communication to Enhance Community Wellness (CSTS)
- Addressing Stigma Associated with COVID-19 (World Health Organization)
Additional Resources

◦ Impact of Trauma
  ◦ www.echotraining.org

◦ Evidence Based Treatment of PTSD

◦ Brain Stimulation

◦ Hakomi
  ◦ https://hakomiinstitute.com/