Therapeutic Response to Trauma and Loss in the COVID-19 Pandemic

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Therese A. Rando, PhD, BCETS, BCBT, is a clinical psychologist, traumatologist, and thanatologist located in Warwick, Rhode Island. She is the Clinical Director of The Institute for the Study and Treatment of Loss, which provides mental health services through psychotherapy, training, supervision, and consultation; and specializes in: grief and loss; trauma; illness; injury; death; andbereavement. She has provided expert witness testimony in legal proceedings involving divorce, child custody, personal injury, and medical issues. She has been a consultant to the corporate, government, and non-profit sectors and has conducted training and consultation in areas related to loss, grief, illness, injury, death, and bereavement. She has consulted, conducted research, provided therapy, written, and lectured internationally in areas related to loss, grief, illness, injury, death, and bereavement. She has also provided expert witness testimony in legal proceedings involving divorce, child custody, personal injury, and medical issues. She has been a consultant to the corporate, government, and non-profit sectors and has conducted training and consultation in areas related to loss, grief, illness, injury, death, and bereavement.

Main Points of this Webinar

- The COVID-19 pandemic presents us with a variety of death and non-death losses.
- These transpire within circumstances that have varying degrees of personal traumatization.
- Elements that were identified pre-COVID-19 to predict high risk for complicated mourning and failures in adaptation are now routinely found in today’s situations.
- To prevent or ameliorate potentially serious consequences in all realms, attention must be paid to the combination of trauma and loss that presents itself in this pandemic.

* Due to time constraints, not all information on the following slides will be discussed during the webinar but is retained to provide resources for you.
Four Populations Targeted in This Presentation

- Persons contending with *general non-death trauma and loss* in the pandemic
- Persons who, in addition to general trauma and loss, are contending with loss of a loved one to COVID-19 related death
- Persons who, in addition to general trauma and loss, are contending with loss of a loved one to a non-COVID-19 related death
- Professionals who, in addition to general trauma and loss in their personal life, are contending with work-related trauma and loss

Selected Key Concepts of Loss

**Loss: Two Categories**

- Death loss
- Non-death loss
  - Physical (tangible, e.g., home, body part)
  - Abstract (intangible, e.g., job, violation of assumptive world)

Selected Key Concepts of Loss (cont.)

**Special Case of Non-Death Loss: Violation of the Assumptive World** (Tando, Forthcoming)

- Assumptions, expectations, and beliefs
  - Global
  - Specific
Selected Key Concepts of Loss (cont.)

- Personal life narrative
  - Sense of self
  - Identity
  - Life "script"
  - Purpose in life; goals and strivings
  - Future plans
  - "Life path" person perceives self to be on

- Subjective experience of meaningfulness

Selected Key Concepts of Loss (cont.)

Secondary loss (Rando, 1984)

- Loss (physical or abstract) that goes along with or results as a consequence of the index loss

Grief (Adapted from Rando, Forthcoming)

- Refers to the process of experiencing the psychological, spiritual, behavioral, social, and physical reactions to the perception of loss

Selected Key Concepts of Loss (cont.)

Mourning (Rando, Forthcoming)

Refers to coping efforts through engagement in six processes that promote the personal readjustments and three reorientation operations required to accommodate the loss.

Focus:
- Who: What has been lost
- The mourner
- The external world
Selected Key Concepts of Trauma

A psychological trauma is an event, perceived to be inescapable, that confronts a person with actual or threatened death or serious injury (physical, psychological, or spiritual) to the self or another. It brings about four sets of effects, each of which dysregulates the person. Such trauma (Frand, Forthcoming)

- Instantly propels the brain into “survival mode”
- Overwhelms your usual coping abilities
- Creates significant psychological distress and dysfunction
- Violates the assumptive world

Selected Key Concepts of Trauma (cont.)

Traumatic stress refers to a person’s distress that is caused by their experience of psychological trauma.

- Includes any defense the person uses to cope with that trauma and its effects (e.g., avoidance, emotional numbing, dissociation, behavioral acting out) and any consequences flowing from them.
- Applies to general reactions (e.g., nervousness or irritability), as well as to specific disorders (PTSD or depression)
- A common error is to view PTSD as the only manifestation of traumatic stress

Selected Key Concepts of Trauma (cont.)

Professional job-related stress can manifest in:

- Traumatic stress responses
- Mental health symptoms or a diagnosable disorder (e.g., depression, PTSD)
- Assorted psychological, behavioral, social, and physical responses
Selected Key Concepts of Trauma (cont.)

- Spiritual crisis
- Caregiver syndrome
  - Compassion fatigue
  - Secondary traumatic stress disorder
  - Vicarious traumatization

Selected Key Concepts of Trauma (cont.)

Traumatic bereavement is the state of having suffered loss when grief and mourning over it is complicated or overpowered by the traumatic stress brought about by, or associated with, its circumstances (Adapted from Rando, Forthcoming)

- Twin tasks in traumatic bereavement
  - Trauma mastery
  - Loss accommodation

- Key element in both trauma and loss reactions = Anxiety

Problems With the Co- Incidence of Trauma and Loss

The Triad of Troubles in Traumatic Bereavement (Adapted from Rando, Forthcoming)

- Personal traumatization (comes from the trauma elements and requires trauma mastery)
  - Increases problems and distress
  - Decreases coping abilities and psychological functioning

- Loss under abrupt, unexpected, or traumatic circumstances (comes from the loss elements and requires healthy grief and mourning)
  - Complicates mourning and adaptation
Problems With the Co-Incidence of Trauma and Loss (cont.)

• The trauma-loss combination (Comes from the mixture of trauma and loss in which each can compromise and/or potentiate the other. Requires recognition of the unique problems posed and selection of specific strategies)

  • Compromise each other
    ➢ Traumatic stress interferes with grief over loss
    ➢ Grief over loss interferes with trauma mastery

Problems With the Co-Incidence of Trauma and Loss (cont.)

• Potentiate each other

  ➢ They intensify each other's symptoms
  ➢ They escalate problems common to both (e.g., anxiety, helplessness, depression, guilt)

Selected Examples of Generic Trauma and Loss Presenting in the COVID-19 Pandemic

Trauma and loss come from:

• General circumstances of this pandemic, such as:
  • Societal destabilization
  • Economic downturn
  • Social distancing/isolation
  • Loss of support
  • Loss of others to give feedback (e.g., to point out if one needs help or is doing/not doing certain things)
  • Situations that challenge one's view of oneself and world view
Selected Examples of Generic Trauma and Loss Presenting in the COVID-19 Pandemic (cont.)

- Physical disconnection from coping resources, traditional supports, and sources of pleasure (e.g., faith communities, social activities, “old” way of life, sports, etc.)
- 24/7 media coverage, with distressing images and stories of trauma, loss, and death
- Conflicting information and advice
- Escalated political conflict and censorship
- No definite end of crisis
- Concern about future “waves” of COVID-19

Selected Examples of Personal Trauma and Loss Presenting in the COVID-19 Pandemic (cont.)

- Personal circumstances visited upon the person in this pandemic, such as, among others:
  - Loss of loved one
    - Not being able to care for loved one, say goodbye, or be present at death
    - Not having traditional end-of-life rituals (e.g., washing body, having a wake/funeral, sitting shiva)
    - Not receiving in-person consolation, physical touch, and “grounding” from others

Selected Examples of Personal Trauma and Loss Presenting in the COVID-19 Pandemic (cont.)

- Being challenged by competing demands in bereavement during a pandemic (e.g., grieving while working, home schoolng children, and being anxious about illness)
- Lack of healthy diversions
- Not the same environment as before to help indicate loved one is missing and changes must be undertaken
Heightened anxiety regarding, among other things:

- Health and welfare of self and others
- Job loss
- Economic insecurity
- Ability to attend to needs of others (e.g., children, elderly) when so overwhelmed by demands of situation

Secondary losses

- Numerous violations of assumptive world (regarding self, others, the world, life and God)
- Losses of control, security, safety, and predictability
- Lack of routine/structure to life
- Relative loss of stimulation and novelty during lockdown

Loss of milestone events (e.g., graduations, weddings, senior year experiences, birth of a child, etc.)
- Loss of personal freedom
- Relative loss of light-heartedness, joy, spontaneity, and freedom from anxiety and worry
Selected Examples of Personal Trauma and Loss Presenting In the COVID-19 Pandemic (cont.)

- Previous losses, abandonments, and trauma can be triggered
- Distress secondary to health disparities if you perceive:
  - Your loved one’s occupation or socio-economic circumstances put them at risk for contracting COVID-19
  - Your loved one received sub-optimal care if they contracted the disease
  - Your loved one’s death is not accorded the same societal attention as someone else’s
- Concern about forced vaccinations
- All of these generic and personal trauma and losses → Traumatic stress and bereavement overload (Kastenbaum, 1969)!
Previously-Identified High-Risk Factors Operating in the COVID-19 Pandemic (cont.)

- Prior or concurrent mourner liabilities of:
  - Unaccommodated losses and/or stresses (Yes)
  - Mental health problems (Possibly)

- The mourner’s perception of lack of support (Most probably)

Previously-Identified High-Risk Factors Operating in the COVID-19 Pandemic (cont.)

High-risk factors for making any death traumatic (Rando, Forthcoming)

- Sudden death (Yes)
- Violence and its consequences, injury, mutilation, and destruction (Possibly)
- Human-caused event (Yes)
- Suffering (physical or emotional) of loved one prior to death (Most probably)
- Unnaturalness (Yes)
- Preventability (Yes)

Previously-Identified High-Risk Factors Operating in the COVID-19 Pandemic (cont.)

- Intent of the responsible agent(s) (Possibly)
- Randomness (Yes)
- Multiple loss (Yes)
- One’s own personal encounter with death (Possibly)
- Untimeliness (Most probably)
- Loss of one’s child (Possibly)
Eight Strategies to Cope With Trauma and Loss in the COVID-19 Pandemic

• For Professional Work with Patients/ Clients
• For Self-Care

I. EDUCATE YOURSELF AND SET REALISTIC EXPECTATIONS

• Understand the realities of trauma and loss in this pandemic

  - Identify personal impacts and reactions
  - Identify how these combine with prevailing circumstances to influence if, how, and when addressed

EDUCATE YOURSELF AND SET REALISTIC EXPECTATIONS (cont.)

• Recognize other issues can be created, exacerbated, or triggered, such as:

  - Previous losses and trauma
  - Substance abuse
  - Serious mental illness
  - Psychological symptoms (e.g., OCD, anxiety, depression)
EDUCATE YOURSELF AND SET REALISTIC EXPECTATIONS (cont.)

• Appreciate the need to address one or more specific traumatic experiences (e.g., the death of a loved one) within an ongoing, general context of trauma and loss.

• Understand that you're dealing not just with today's traumatic loss, but with what's been triggered from the past and what you're concerned about in the future.

• Grasp that you may or may not be able to grieve/mourn as you'd ordinarily do because of other ongoing demands.

II. EMPLOY SELF-STABILIZATION AND SELF-CARE SKILLS

• Develop or tap capacities to:

  • Self-stabilize
  • Ground yourself
  • Self-soothe

• Practice good self-care

  • Tend to your physical health
  • Replenish yourself
  • Engage in positive activities

III. PRACTICE HEALTHY COPING

• Identify yourself as a genuinely traumatized person and treat yourself accordingly.

• Appreciate that your coping is not just directed at contending with trauma and loss, but also with general life.

• Try to use coping strategies that are active, directed at approaching the problem, and get you outside of yourself and helping others (this is empowering).
• Regulate your affect and cognition
  - Decrease negative emotion and thoughts/rumination
  - Increase positive emotion and thoughts

• Keep a “process perspective”
  - Things are fluid
  - “This too shall pass”
  - May need to postpone some things into the future (e.g., memorial service for a loved one), but set the intention now
  - Practice mindfulness

• Create a structure/routine for yourself
  - Do something to indicate weekends (e.g., breakfast)
  - Try to put a variety of experiences into your life
  - Acknowledge this time is *more challenging, but is doable*
    - Remind self of resiliency of human beings under historically massive adversities
PRACTICE HEALTHY COPING (cont.)

• Name and claim your feelings
  - Try not to be judgmental (refer to information in Strategy #1)
  - Look for constructive ways to express/channel them under the prevailing conditions

• Engage in positive self-talk
• Focus on what you can control

PRACTICE HEALTHY COPING (cont.)

• Make a plan for what to do at times you’re really distressed (e.g., have lists of self-soothing activities, positive diversions, people to connect with, steps to take)
• Give and receive kindness
  - Actively look for ways to help others
• Practice gratitude
• Don’t wallow in what’s toxic for you: Limit your time watching the news or being on social media if it negatively impacts you

PRACTICE HEALTHY COPING (cont.)

• On a daily basis, make sure to build in actions directed towards your:
  - Body (e.g., move, exercise, etc.)
  - Mind (e.g., learn something new, exercise your mind, such as with puzzles, games, etc.)
  - Social connectedness
    ➢ Don’t remain isolated
    ➢ Reach out and do something for someone
IV. EMPLOY ANXIETY MANAGEMENT STRATEGIES

• Relaxation techniques
  - Deep breathing (from abdomen and throat)
  - Muscle relaxation
  - Meditation
• Physical movement/exercise

EMPLOY ANXIETY MANAGEMENT STRATEGIES (cont.)

• Other physiological interventions
  - Massage
  - Proper sleep
  - Proper nutrition
  - Medication (allopathic) and/or supplements (naturopathic)
• Maintain accurate information

EMPLOY MANAGEMENT ANXIETY STRATEGIES (cont.)

• Correct distorted thinking
• Utilize positive imagery and visualization
• Appropriately express/process underlying emotions
• If possible, address unfinished business (with the deceased and around the death) and unanswered questions
EMPLOY ANXIETY MANAGEMENT STRATEGIES (cont.)

- Practice mindfulness
- Prayer/connection with Higher Power/spirituality
- Choose to cultivate a positive attitude/outlook
- Maintain social connectedness and access support

V. CONNECT WITH OTHERS

- Research repeatedly confirms the therapeutic benefits of social connectedness and social support
- Work to develop, maintain, or strengthen your connections with others
  - In person
  - Online
  - With known persons
  - With virtual support communities
  - With professionals or support groups via telehealth

CONNECT WITH OTHERS (cont.)

- Move to decrease isolation; actively reach out, engage, and share with one or more others
- Recognize and actualize the powerful therapeutic value in helping others
VI. PAY ATTENTION TO THE MOURNING NECESSITATED BY THIS LOSS(ES)

- Identify the losses at hand (death/non-death, index loss/secondary losses)
- Recognize the impact of:
  - Reduced support
  - Absent or dramatically changed funeral rituals
  - Fewer/different diversions
  - Increased sense of anxiety and threat
  - Many more competing demands

PAY ATTENTION TO THE MOURNING NECESSITATED BY THIS LOSS(ES) (cont.)

- Undertake the requisite processes of mourning
  - One example: The 6 "R" processes of mourning (Rando, 1993; Forthcoming)
- May have to postpone some mourning work until later
  - This does not make you wrong/bad in any fashion
  - Explicitly set the intention to do it plan for it
- Now, and in planning for the future, recognize the therapeutic value of personal bereavement rituals

PAY ATTENTION TO THE MOURNING NECESSITATED BY THIS LOSS(ES) (cont.)

- Tell your story:
  - Verbally
  - Online
  - Use other types of expression (for your story and/or your emotions), in such ways as:
    - Journaling
    - Art
    - Music/singing
    - Building a project
    - Gardening
PAY ATTENTION TO THE MOURNING NECESSITATED BY THIS LOSS(ES) (cont.)

• Beware of problems with guilt in this pandemic
  - Guilt for things you could not do (e.g., be with loved one, say goodbye, have funeral, etc.)
  - Survivor guilt
  - Because your guilt feels “legitimate” doesn’t mean it is (“Illegitimate” guilt feels just like “legitimate” guilt)

PAY ATTENTION TO THE MOURNING NECESSITATED BY THIS LOSS(ES) (cont.)

• Appreciate your own unique situation as a mourner
  - COVID-era mourners will not be the same just because their loss took place at the same time as, or from the same illness as, someone else’s. Be careful about comparing.

VII. RECONSTRUCT PERSONAL MEANING
(Rando, Forthcoming)

• Revise violated assumptions
• Revamp disrupted personal life narrative
• Reestablish a subjective experience in meaningfulness in life
• Attend to what matters now in light of this death
VIII. MOVING FORWARD

- If concerns remain, reach out for mental health assistance
- Do not let yourself be defined by this loss. You are more than a COVID-19 mourner (although it's okay if that experience permits you to share commonalities with others who had similar losses)
- Recognize some matters related to trauma and loss can only be addressed after there is a release from other demands upon you or certain other pressing issues have been addressed, either of which may take some time
- Appreciate that you’re dealing with a loss(es) that bring uncertainty at a point in time that you’re dealing with uncertainty regarding the nature and ending of this pandemic
  - Adopt healthy ways to manage chronic uncertainty
- Understand that you’re experiencing a trauma crossover condition
  - You’re dealing not solely with one major trauma (Type I), but as well with a longstanding series of adversities (Type II)
- For some, there will be a life-and-death struggle if it comes to pass that there are forced vaccinations
- Over time, despite your traumatic losses, it will be necessary for you to recognize that "it is okay to be okay" and is not a betrayal of your loved one or a devaluation of your experience during this pandemic
CONCLUSION

While the COVID-19 pandemic presents us with significant numbers and types of trauma and loss experiences, there is much we can do to help ourselves and others.

References

The material in this webinar has been adapted from the references below. Please note that most of Dr. Rand’s work is published in the American College of Surgeons. We are grateful to the staff that has polished and refined the webinar.


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My Story

• Early days in the ICU
• Immense need for palliative care
• Creation of the Palliative Care Mobile Unit
Goals of the PCMU specific to COVID-19

Care prioritized to patients in urgent need:
1. Known COVID-19 or ARDS/PUI
2. Multiple co-morbidities & high oxygen requirement OR requiring dialysis
3. Extensive symptom burden, frail

Services provided:
1. Direct Goals of Care (GOC) counseling
2. Medical recommendations
3. Assist with death certificate (EDRS) and pronouncing as needed
4. Update families known to PCMU service on patient status

Professional and Personal Trauma

• How can I do my job while protecting myself and my family?
• Should I live in my home or temporarily somewhere else?
• Will my family in hotspots be ok?
• What about my cancer patients?
• Will there be enough PPE?
• Will I need to decide which patients receive maximal care?

Patient Trauma

• Visitation restrictions
• Limited knowledge of disease process and outcomes
• Remote counseling from doctors
• Remote decision making
• “Code status” calls
Questions?

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Online Bereavement Support Resource  
Journeys Newsletter is available electronically

The June issue of Journeys is available as a PDF for unlimited use for $25.  
This online version makes it easy for you to forward these issues to your email distribution list.

HFA’s COVID-19 Series  
Free Programs Available On Demand

https://hospicefoundation.org/Education/Free-COVID-19-Programs
HFA's 2020 Living with Grief® Program
Intimacy and Sexuality During Illness and Loss
Live broadcast: September 24, 2020, 1:00pm to 3:00pm ET

Expert Panelists: Carrie Arnold, PhD, FT, M.Ed., RSW, CCC; Alua Arthur, JD; John G. Cagle, PhD, MSW; Kenneth J. Doka, PhD, MDiv

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