Trauma Informed Care, the COVID-19 Pandemic, and Music Therapy

AMTA COVID-19 Task Force
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Traumatic experiences are already prevalent. Roughly 60% of all people report an Adverse Childhood Experience (ACE), and most people will experience a traumatic event at some point in their lifetime. The COVID-19 pandemic and the subsequent measures taken to reduce the spread of illness can be considered a collective trauma, the impacts of which are currently affecting well-being and will continue to unfold for years.

What is trauma?

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as resulting "from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." Additionally, van der Kolk (2015) notes traumatization occurs when both internal and external resources of an individual are inadequate to cope with an external threat to safety—physical or psychological. Traumatic experiences can happen at any time in a person's life, often without much warning.

The Impact of Trauma and Stress on Brain Function

When a person is confronted with a threat to safety, increased activation of the brain stem results in what is commonly called the "fight-flight-or-freeze response." The behaviors of the stress response are varied and not always easily observable in humans. A person may display combative behavior, actively run away, or shut down, but could also be experiencing rumination on negative thoughts, isolation, or self-criticism. During the stress response, less brain activity occurs in the prefrontal cortex, the region of the brain which coordinates executive functioning. This may result in inability to focus or remember details, difficulty making a decision, limited awareness or understanding of the effects of their behavior, or the use of unhealthy coping strategies to numb or avoid pain.

Traumatization is rooted in loss and damages one's sense of control over their own life, their ability to understand the world or the people in it, and their sense of meaning or purpose.

For those of us with a history of trauma, the world may become ominous and chaotic; we may become hypervigilant and highly reactive because our brains have been primed to react quickly to threats to our well-being. Additionally, increased stress and trauma responses may translate into increased psychological symptoms as well as physical symptoms, such as headaches, gastrointestinal difficulties, and pain (localized or generalized). Furthermore, the systems in which we work and live can also be susceptible to the impact of trauma; organizational trauma and stress contributes to instability, breakdowns in communication, and reduced efficiency and/or effectiveness.

Implications for Music Therapists

The effects of trauma, whether from the pandemic, individual events, or historical and systemic trauma such as racism, have deep impacts on our music therapy service users. Although many music therapists will find themselves delivering services to directly address the effects of trauma, being trauma-informed extends beyond the clinic and direct service. It is imperative that we also recognize that those same effects impact us individually as music therapists, as well as our colleagues, friends, family, and community members. To be trauma-informed, we must

- Realize the prevalence of trauma;
- Recognize how trauma affects people;
- Respond by infusing knowledge about trauma and the principles of trauma informed care into policies, procedures, and practices; and
- Resist re-traumatization (Substance Abuse and Mental Health Services Administration, 2014).

To carry this out, we recognize that all behavior has meaning and we intentionally adopt a stance of curiosity, resisting the automatic judgment that we may make about the cause of behavior. We strive to create an environment that is safe, collaborative, and relational, based upon the principles of trauma informed care (Missouri Department of Mental Health and Partners, 2014):

Safety: *Ensure physical and emotional safety, recognizing and responding to how racial, ethnic, religious, gender or sexual identity may impact safety across the lifespan.*

Trustworthiness: *Foster genuine relationships and practices that build trust, making tasks clear, maintaining appropriate boundaries and creating norms for interaction that promote reconciliation and healing. Understand and respond to ways in which explicit and implicit power can affect the development of trusting relationships. This includes acknowledging and mitigating internal biases and recognizing the historic power of majority populations.*

Choice: *Maximize choice, addressing how privilege, power, and historic relationships impact both perceptions about and ability to act upon choice.*

Collaboration: *Honor transparency and self-determination, and seek to minimize the impact of the inherent power differential while maximizing collaboration and sharing responsibility for making meaningful decisions.*

Empowerment: *Encouraging self-efficacy, identifying strengths and building skills which, in turn, leads to individual pathways for healing while recognizing and responding to the impact of historical trauma and oppression.*

All of the principles of trauma informed care operate with a goal of resilience. Resilience may be defined as the capacity to prepare for, cope with, and grow through adversity. Whether at an individual, organizational, or systemic level, promoting resilience begins with an underlying acknowledgement that people can and do heal.

Practical Applications of the Principles of Trauma Informed Care

With Service Users

- Take time to familiarize the person with the physical environment, asking about lighting and seating preferences
- Actively listen without judgment, avoiding distractions and giving your full attention
- Share control and give a balanced amount of choice
- Encourage the person to make decisions about treatment
- Do what you say you will do; acknowledge and apologize if you are not able to or if you made a mistake
- Pay attention to body cues—some survivors may have been conditioned to defer to authority and may not disclose distress

With Supervisees and Colleagues

- Regularly check in with your supervisees and allow time to talk. Consider how you might also check in with colleagues, or work with your supervisor to ensure equity in opportunities for support. Suggested questions for conversation:
    - What are you feeling (physically and mentally)?
    - How would you rate your stress level on a scale of 1-10?
    - What are your main concerns in the current situation?
    - What can you do, that's in your control, to address those concerns?
    - What is one thing that you would change if you could?
    - What other support do you need?
- Comparisons of suffering or pep talks can have an unintended negative effect. Instead, try empathizing by staying out of judgment, validating emotions and experiences, and staying connected.
- Avoid “saviorism” in your interactions; listen to understand, not to fix or solve situations outside of your control

With Yourself

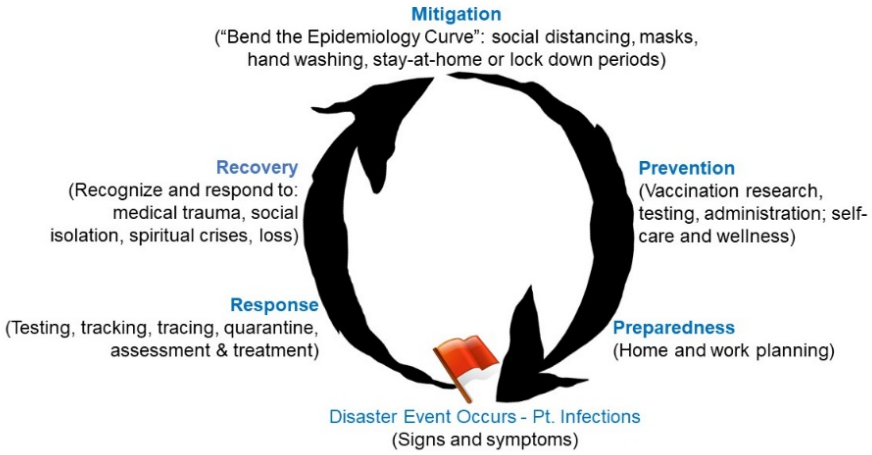
- Practice self-compassion (Neff, 2003):
    - Acknowledge when you have a moment of suffering
    - Note that it is a normal human experience
    - Pay attention to your needs and give yourself kindness

- Engage in practices of self-care
    - Review Resiliency for Music Therapists and other Self-Care Resources on the AMTA COVID-19 Resource page: https://www.musictherapy.org/about/covid19_resources/#Self-Care%20Resources
    - Visit the Virtual Room of Refuge from the Center for Trauma Informed Innovation at Truman Medical Centers: https://bit.ly/communityroomofrefuge

The principles of trauma informed care are relevant at any stage of the pandemic (Figure 1) as well as at any point in time (Else, 2010). Increasing self-awareness, integrating the curious and nonjudgmental approach of trauma informed care, and providing compassionate care fosters resilience at a personal, professional, and organizational level, no matter the individual or systemic stressor.

Figure 1

TIC May Be Applied Throughout All Phases of the COVID-19 Disaster Cycle (adapted from Else, 2010)



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