

## Interview on COVID-19 response with Perri, a provider

**00:00 Whitney:** Hi. My name is Whitney! Welcome to Rising from the Ashes Trauma Talks, a podcast series brought to you by the UB School of Social Works the Institute on Trauma and Trauma-Informed care. Our trauma talk series provides a platform for people who've worked within the field of trauma, as well as those who have experienced trauma, to share their witness of how strength and resiliency have allowed themselves and others to rise from the ashes of adversity. Today I'm joined by Perri Kruse, who currently serves as a social worker at the George Washington University Hospital, and also provides telehealth therapy through BetterHelp. On behalf of the Institute, thank you so much for being here today Perri, and for sharing your story with us.

**00:50 Perri:** Thanks for having me, Whitney.  
having me Whitney

**00:53 Whitney:** It's our pleasure! it's a delight to have you on the podcast. And I'm wondering if just to get us started, you could let us know a little bit about the capacity in which you're interacting with trauma survivors?

**01:04 Perri:** Yeah sure. So, this is interesting because, as you may know, I was working for Community Connections for several years, which is an outpatient behavioral health agency coincidentally co-founded by Maxine Harris, who I'm sure we will talk about. I was serving folks with co-occurring disorders such as mental health, substance abuse, homelessness, trauma, legal and social or familial issues. The capacity in which I interacted with trauma survivors there was that about 99% of the clients had experienced some form of trauma, whether that be watching a family member get murdered, domestic violence, child abuse, sexual violence or assault incarceration and abuse in the prison system, verbal and emotional abuse and so on. So, I worked in various roles there. I started as a case manager promoted, to assistant supervisor and then eventually began my own program leading a community support case management team and managing a reentry grant. So, in that, in those roles I worked with clients several months to several years and really got to know them and experience their story. And now my role has shifted -- I'm working at George Washington University Hospital as a social worker and I assist patients. And, by the way, I might use the term patient and clients interchangeably with discharge planning and transitioning from the hospital back into the community in a safe way. So, in this role, it's a little bit less therapeutic and more transactional, though I will strive to engage and spend time with them in their rooms and it's my own choice, probably more than other social workers in the hospital. So, in that role I learned significantly less about their personal life and experiences but focus more on the media issue and any psychosocial barriers to discharge. So, I will have these patients from 1 to 7 days at the most, and you know, sometimes they'll stay a lot longer depending on the medical issues they're experiencing. So, while I do have a way of eliciting information from them, from patients who stay for such little time, we often don't scratch the surface of significant traumatic experiences or their trauma history. So, in that role I have to approach them with this trauma informed care and assume that everyone has experienced trauma in some way. I do currently work on the trauma and surgery unit, but the trauma patients that come in it's with significant physical injuries like gunshot wounds, assault, stabbings, motor vehicle incidents, and other type of accidents.

**03:44 Whitney:** Wow. So extensive experience! And I really appreciate that you've drawn attention immediately to how you approach everyone in every role, whether you have five months or five minutes with them, with this universal precaution that they have experienced trauma and thus remain intentionally sensitive to their potential lived experience. And I think that right now as we navigate this crisis that's a really safe assumption because this is an ongoing collective traumatic event as you and I chat. And I just have to wonder with all that's going on, on top of the already rigorous demands and trauma exposure inherent in your job, how do you manage to continue in your role?

**04:31 Perri:** As we talk, I think you'll learn how I manage to continue working as a social worker, but underlying all of that, my own personal character and my value as a person is to really help and service others. I've always been raised to do that so it's sort of built into who I am. Quite honestly, I get more personal fulfillment out of helping others than I do taking care of myself, which is not always the best. But I do feel a real sense of obligation to help others through this horrific pandemic and learning about their experiences and how to help them continue to survive.

**05:06 Whitney:** Hmm. Wow. Yeah, I think that's a really lovely quality to feel called to serving and supporting others. And honestly, some of the things you've already mentioned really call attention to how vital it is for those who are in these positions of helping others to remain tuned into the central aspects of trauma-informed care which invites us all to stop asking what's wrong with this person and moves us towards considering what has happened to this person. Doctors Roger Fallot, and yes you were definitely right, Maxine Harris have pioneered seminal research about the implementation of trauma-informed care and in doing so, they've identified the frameworks five guiding principles as safety, trust, choice, collaboration, and empowerment. And so today we are going to explore how these principles can act as tools for providers and systems of care, as well as how they've specifically shaped and maybe continued to shape your work in the era of COVID-19. Beginning with how you notice physical and psychological safety and manifesting in your role?

**06:16 Perri:** So, in my current role in general when I think about safety I go to the physical sense of safety. So, while working in a hospital I think about what I can do to protect myself from the Coronavirus, which includes wearing the proper PPE or personal protective equipment. I'm always sure to wear a mask, gloves, and when I need to, shoe covers. What I need to and always do is to have proper hand hygiene. And in my previous position at Community Connections, I'd think about safety in the same way. For example, you know when we're doing home visits or working with others in the community, making sure I always had an exit plan or that I was closest to the exit -- making sure that someone from my team always knew where I was in case, I wasn't back at a certain time. So, as a social worker, you know, we have to think about our physical safety, but we also have to think about our psychological and emotional safety which can kind of get lost in all of that. So, I will say in terms of learning how to promote that in my career I've had to change my internal dialogue about failure. So, there have been many ideas that I've tried to implement within my agencies that have worked and many that have not, and it can be really easy to get caught up in that mindset -- that once an idea has failed, it's gonna continue to happen. So, I've worked to manage on how to change my own

perspective and try to promote my own success rather than inhibit it, so, that's helped to protect my psychological safety and, as much as I can within my own means, I will try to help include others in decision-making. I try to reduce the spread of negativity by not engaging in that -- which can be really tricky in this line of work -- and show others that I'm paying attention so that really has helped keep me safe psychologically emotionally and physically in the workplace.

**08:09 Whitney:** Wow, sure yeah! I think that's a really tremendous answer and much of what you said reminds me that at the Institute, we actually have this sort of mantra of what you focus on grows bigger, so totally in alignment with the idea that reframing what we may see as deficits by noticing what is working and maintaining a focus on that can be really powerful in helping us feel safe to move forward and to be effective in our roles. And with that thought, in mind I just have to wonder based on the fact that you are in a medical setting where you and your colleagues have to attend to other people's safety in a pretty unique way, that must be pretty trying sometimes. What sort of ways do you notice your colleagues working to cultivate an atmosphere of safety?

**08:57 Perri:** Yeah, I mean it's hard because we work in such a fast-paced environment and we as social workers are scattered throughout the hospital. So, we don't interact quite often with each other as much as you might think. So, we're often interacting with the doctors, the nurses, specialists, and people who are coming in and out of the unit. So, it's hard to kind of keep track of what other people are doing in the hospital. But I will say that the resources that have been available to us is the EAP or the Employee Assistance Program. I've found that that's been available at MOU in most workplaces. I know that people have had both positive and negative experiences with it. I have not used it myself. It's more of a short-term service, and by short-term, I mean six to eight sessions. They provide therapy usually by phone to clinicians and they try to address issues that will impact their productivity at work. So, it's less about processing things that are going on outside of the workplace, and it's not always a useful tool. But other than that, I will say that our supervisors have tried to be as available and supportive as possible. We're all kind of leaning on each other as much as we can in a virtual space, so it's been very strange. But yeah, that's kind of what I've heard. Other people's use is the EAP or just talking with each other.

**10:24 Whitney:** Sure, makes sense. And actually, that raises a really interesting point that you are all working together on the same team with the same patients in a way that works without even really ever having much of an opportunity to spend time with each other under quote/unquote normal circumstances. So, thinking about the principle of collaboration, I'm wondering how the pandemic and physical distancing may have changed the ways that you sort of do collaboration to be sure that patient needs still get met?

**10:59 Perri:** Yeah, I will say that you know, they offer... our supervisors will offer help throughout the work day as needed. Outside of the organization I will notice that community members have really stepped up to take care of us almost daily. There are food deliveries to our hospital from various restaurants, big and small. We're open 24/7 so there's constant deliveries and this is hundreds and hundreds of meals each day. And so, it really means so much to see people come together in the community to feed us when you know, we can't go to restaurants in

the area. And we're often working long hours and we forget to eat... and we are taking care of patients. So, that's been really nice especially when so many businesses are suffering that they're still here to look out for us. And in terms of taking care of patients with coronavirus, we've all become kind of something outside of our role so we're working all as social workers, as therapists, as nurses, as maintenance workers, family members, and so on to kind of take care of our patients. So, another rule that we have in the hospital, we can't have visitors come in. So, the day-to-day is gonna be very different especially for folks who are very sick and the ones who are dying alone of coronavirus. So, we're there to you know hold somebody's hand, help FaceTime their families for them, bring them a gift, clean up their room... So, we all kind of come together and we've collaborated in a beautiful way.

**12:27 Whitney:** Wow, I'll say! So, yeah silver linings even in this chaotic time and I'm really struck by your team's dedication to your patients and the fact that you are ready and able and willing to flex into virtually any role it sounds like to take care of the people who are in likely one of the most challenging periods of their lives. So, sort of on the parallel of the workplace collaboration how do you include important people in client's lives in ways that can help create a healthy and helpful collaborative environment in spite of not being able to have people physically visit?

**13:09 Perri:** Since we can't have hospital visitors except in the very rare case that a patient's about to die, and unfortunately in that circumstance that people can't even enter the room, they can only wave through the window...it's.... it's awful. But we're working to use technology to help them come together so we will FaceTime or email or call or text family with the patients as much as we can... and that's really important to them. So, when we can't get the family there, we often also become their second family. And I've had a patient who was about to be transferred to Hospice, her health decompensated very quickly, she came into the hospital with a very small infection and within a week or so they discovered she had metastatic brain cancer. So, you know, she was very young... she was in her early 60s, and I took the time to sit with her at her bedside every day for long periods of time and this is really outside of the role of what I'm supposed to be doing at the hospital... but she could not see her family and they would not approve a visit from her son for a really long time... so, I kind of took on that role of becoming her family and we talked about her life her successes her failures and her legacy and at the end of it all before she was transferred over to Hospice, she kind of said to me you know, I never thought I would make new friends here but this has helped me heal even though I'm dying and it's just... it's the lesson that reminded me the importance of human connections, whether you are blood relatives or not... so, we do our best to include families as much as we can and then when we can't we kind of take on that role.

**14:56 Whitney:** Oh wow. I am deeply impressed and moved by what you just mentioned and I think that is a theme that we're honestly noticing at the Institute and the work that we do, too. Just... that meaningful connection has seemingly assumed elevated importance in times of the pandemic, or at least we're becoming more aware of how critical that connection is to our very being. And as we chat about this, I just find myself wondering how you managed to establish Trust of that caliber in a setting where people may understandably be, you know, in distress and at a time when trust in our larger systems has been eroded?

**15:39 Perri:** Lately, in terms of programming and trauma-informed care, I think about what my organization is doing to make our service delivery very clear -- making sure that we have boundaries with folks, and make sure that we're being consistent as well as being honest and transparent. I will say that trust has been always a hard principle for me personally throughout my entire life. So, I might answer this differently than somebody else. And when you work as a social worker long enough, you too may have many issues with trust simply based on the stories that you hear, but you know, during this time we often look to our community, state, and executive leaders for guidance as experts that we can trust. And when somebody such as our president is providing such mixed messages about what we're gonna do, dates were going to reopen, access we're gonna have, two vaccines relief funds we're gonna get... and in reality things aren't that way, it can certainly impact our ability to trust and maintain that trust. I will say that impacts me in my daily role because I worry about myself such as if I were to get sick, who's gonna take care of me? Will I continue to get paid? Will I have access to the health care that I need? And you know, there are really times when I should probably be providing services to a patient in the hospital in person, but I do a lot over the phone because of my own fear of getting sick. So, although I can still be very effective...it's just not the same.

**17:11 Whitney:** For sure, yeah. it's not the same.

**17:13 Perri:** And it's not an easy shift either. It's tough and I think it sounds like maybe embedded in your way that you are filling some of those gaps where you may not be able to engage in the ways you would prefer to or that you would under normal circumstances to help establish you know, safety and trust, is to notice and work within what you can do -- like providing those choices of even while your family is not able to come into the room with you right now. So, what would help you that we can do? Skype? FaceTime? Etc. You know, in lieu of personal contact.

**17:45 Whitney:** And that's such an interesting evolution of connection and a great example of adaptability to meet the circumstances. And even those small choices really do matter in these scenarios where people are confined to hospital beds, either sick with a highly contagious virus or perhaps fearful of contracting it while they are there for something else. And that's without a great deal of control over the time they spend there. So, yes. Those choices really do matter even if they seem teensy tiny and I'm wondering in the parallel what sort of choices has your workplace given you during this time and what sort of difference has having those choices offered made for you?

**18:33 Perri:** It's very limited in a way. I will say that as a practitioner in general, I get to choose how I provide my clinical interventions, how I will structure my day and my time, how I communicate with other people, how I interact with staff and patients and so on. So, as a social worker we do have these benchmarks that we need to meet each day for work by our various agencies. They have given us some sense of autonomy and how to personalize the day to day structuring of our time. So, in that sense... like giving us our own autonomy will reassure ourselves that others are confidence in our work and one thing I wish, you know, we had a little bit more choice over is our caseload size or our work space, you know? I'm sitting up there on the unit in a very small area with two other colleagues who we could be exposed to the virus at any time, even though we're taking precautions. Were in a very small space -- not six feet away -

- and our caseload size often varies day to day from 25 to 40 patients. So, that can be very stressful or challenging. But I do take solace in the fact that I can structure my own time, provide clinical interventions in the best way I know how, and communicate in the best way that I know how.

**19:45 Whitney:** I really do appreciate the insight that is needed to sort of say that, too you know, the best way I know how, and accepting that at this time the way we're doing things may not be ideal but that we do have these strengths and skills that we are free to mobilize in new and creative ways that can help us really recapture that sense of self-efficacy that can be especially tough to access in the current environment. And as we're chatting about this it feels really connected to empowerment. So, I'm wondering if you can just speak a little bit to how you felt empowered in your role?

**20:35 Perri:** I feel empowered when I leave a patient's room and they've told me that their day has become a little lighter. Or when a family is grateful that they understand what resources are available to them, especially when the structure of many organizations has changed. Or when a therapy client tells me that they want to schedule another appointment with me... like that just shows that something is working in the therapeutic relationship and I'm doing something right. So, while I might not always apply fancy therapeutic interventions to each and every client, I'm consistent. I follow through and I listen and that's really the biggest motivator for change for most people and that's really what keeps me going, you know? Don't get me wrong, social work is a very thankless job. Quite often most people don't even know what we do and often think that we're there to take children away, which really could not be further from the truth. And we are also often the forgotten health care professional. We're here and we're continuing to work and we soak up everybody's sadness and anger and happiness and grief and traumatic experiences. So, our role in helping people with their mental health is equally as important and that keeps me going and that helps me feel empowered in my role.

**21:50 Whitney:** Oh. That's lovely. You literally gave me goosebumps talking about it. I'm really moved by your attention to the ways that we do... we find satisfaction and excitement and hope and motivation in this work, as much as it can be vicariously or directly for that matter, traumatic. We also can experience vicarious post-traumatic growth or vicarious resilience and I'm thinking about how you really seem to be able to establish meaningful relationships by stepping outside of the box yourself. And maybe not reaching for the quote/unquote correct evidence-based intervention every single time and... and just you know holding space for, and being present with someone, and that's curative – and while we as providers don't do it for ourselves, it feels incredible to know that you're making a difference in someone's life in that way. So, on the flip side of that, I I'm wondering what strengths you've noticed emerging as you work with clients and patients in the empowering ways that you've been describing today?

**22:56 Perri:** I think that when they're able to see my resilience in the situation, it kind of feeds off for themselves and as we've discussed – like I noticed this strong sense of community that people really have in stepping up to support each other and navigate this time. You know, how businesses and essential businesses have altered their approach to accommodate the needs of others. How brave doctors and nurses and other healthcare professionals have been in continuing to show up to work every single day. How brave grocery store workers, police officers,

sanitation workers, and others who continue to do their job are extremely admirable. And you know, many of us don't have that choice and if we stopped working, we stopped being able to pay our rent or put food on the table for our kids, or pay for our medication. So, I really do think it's admirable that people continue to show up but I also recognize that they often don't have those choices. But either way, that really is a strength in both the normal person and in my patients, they continue to recognize the need to keep moving forward no matter what the circumstance is.

**24:08 Whitney:** Absolutely. And that's sort of similar to how before, we chatted about what just an honor and inspiration it is to be a witness to someone else's journey of healing and growth and strength, following stress and adversity and humankind is so remarkably resilient and yes, no doubt COVID-19 has definitely been experienced as traumatic by many. And maybe even most of us, and yet we still are able to make meaning of these experiences and emerge from them maybe even stronger as people. And maybe even more committed to our helper roles in a professional context than ever before. And so, based on the fabulous inside view shared thus far today I'm wondering in terms of psychological and spiritual and emotional coping skills that we may be able to garner in challenging times, what has been working for you lately?

**25:05 Perri:** So, I, you know... I often try to continue to take gratitude in the fact that things are slowing down. I will say that I'm less worried about planning my next trip, trying a new restaurant, making that concert on Friday night. I'm really taking time to improve myself, my health, my practice of mindfulness every day. I take care of my dog and I'm really growing as an individual. So, you know I try and keep a sense of routine every single day. I go to work I come home I walk my dog in the woods for two hours I do meditation on my headspace app for 10 minutes a day. I really am doing my best to kind of slow down and work on myself and take advantage of that during this time so I think that's keeping me centered and I know that everybody kind of copes different so this answer really is a mixed bag. Some people do turn to religion or spirituality, some turn to family and community, and some withdraw and focus on centering on themselves... others intellectualize things. There's really no right or wrong way to get through this and it's really about what works for that individual. So, for me it's just kind of continuing to work and grounding myself when I can.

**26:23 Whitney:** Wow, thanks so much for sharing all of that. And yeah, I think this period has really brought a lot of people to reflect and think about their needs with maybe more intentionality than ever before. And you're right. What works is definitely a mixed bag and I just always find myself being awestruck by the uniqueness of the ways that people find to fill their own cups so that they can continue to work in service of others. And I'm wondering what you, on the other side of things, have noticed so in clients or patients or even colleagues in your many roles in terms of meaning making or maybe new possibilities that have emerged?

**27:03 Perri:** As people similarly learn more about themselves and move forward through this pandemic, I will say that I have seen that a lot of people have come together using the technology to stay in touch with people that they might not have been in touch with before. There are people who are checking in on their neighbors more, checking in with their local health care workers, grocery store workers... they're making sure that they can kind of be there to support each other. I know people who are trying to learn a new skill or a new language or a

new musical instrument and they're just kind of taking advantage of this time to grow personally. So, it's kind of... it really is a mixed bag in how people continue to grow and then for others who continue to work, they have to keep their routine and they have to try and decompress with the resources that are available to them when they can.

**27:56 Whitney:** Yeah, I really love that you cover the spectrum of things that people could be engaging in and that you really do qualify this with that there is no right or wrong. You know, I've sort of been guilty of criticizing myself for thinking that I'm not using my time as I maybe quote/unquote should, or I am not feeling as secure as I thought I ought to be at this point of the pandemic using my usual coping skills. And so, your reminder that every reaction to this event is completely understandable and normal given how abnormal the event itself is... I think is a really important one. And now is the time to explore those creative and different ways that we can be resilient and help ourselves to meet our evolving needs. And not that there's anything good about this scenario, but to see people come out of this with maybe new perspectives or newly uncovered expertise about themselves is worth noticing as a positive aspect emerging in this time that I really do hope stays present after the whole situation with the coronavirus has dissipated. I think it's really heartening how you've highlighted the ways that the pandemic has drawn out factors of growth and resiliency and strength and on that uplifting note, as we draw our time together to a close, I'm wondering that for others who are in similar spots, you know, working in the field and interfacing with trauma in a professional context -- in addition to navigating this pandemic as we all are, can you just offer a few final words on what stands out to you as the most profound reasons as to why providing trauma-informed care is particularly crucial right now?

**29:54 Perri:** So, you know, this pandemic is impacting people on every level like you -- said physical, emotional, intellectual, spiritual -- it's given us some gifts, I will say you know, the environment is healing itself, people are slowing down, their self-centering, they're relaxing from their busy lifestyles, hygiene has improved with people so... so, there are some positives that have come out of this. But in talking about trauma-informed care, this virus has also taken a lot away and we have to be aware and sensitive to each person's individual experience and we have to remember that before this pandemic, there may have been another significant trauma in a person's life that they're still grappling with that they may not have coped with or moved through. And we have to address that appropriately and with our professional training and our interpersonal skills. We have to also remember things such as domestic violence and child abuse is going up... people don't have a place to go. They cannot escape their abusers. So, we have to get creative with how we're addressing and reaching out to these people. We need to come into this field, like I said, assuming that each person has experienced trauma and they have this history and we have to act accordingly to that. Trauma-informed care is not a therapeutic technique, it's just a shift in culture and it's a change at an organizational level so it's gonna require strong leadership and it's gonna require ongoing staff training and we have to emphasize safety on all levels to help people regain and rebuild a sense of control and empowerment, like you mentioned, and it's that shift of thinking instead of identifying what's wrong with someone we're asking what has happened and when we learn and we understand what's happened to a person. We can help, as clinicians, to avoid retrigger a memory and help them cope in new ways. And so, you know, the coronavirus is and is going to be a traumatic



experience for most people. So, as we would with any other trauma, we as clinicians need to understand that and adjust the ways in which we approach people in practicing social work here.

**32:07 Whitney:** Wow. Yeah, that's some sage wisdom you've left us to ponder. And I really do hope that many of the positive things we've talked about today remain present way past the resolution of this pandemic to really help us make that shift in our systems in a way that will help us all recover from this stronger and more resilient. So, thank you for so elegantly encapsulating the importance of awareness and sensitivity to people's lived experiences and just leaving it with your profound closing statement. On behalf of the Institute on Trauma and Trauma-Informed Care, thank you so much, Perri, for taking the time to speak with me today to share your witness of strength and resiliency. It has been a pleasure and then such an honor.

**32:54 Perri:** Like-wise Whitney. Thanks for having me and take care.