

## Interview on COVID-19 response with Sherie, 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 have 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 Sherie Friedrich, a clinical psychologist and the chief psychology officer at MediTelecare, a technology enabled behavioral health company that services the mental health needs of residents at long-term care facilities. On behalf of the Institute, thank you so much for being here today Sherie and for sharing your story with us.

**00:55 Sherie:** Thanks for having me.

**00:58 Whitney:** Oh, the pleasure is all ours! I'm wondering if we might be able to begin with you just telling us a little bit about the capacity in which you're interacting with trauma survivors?

**01:07 Sherie:** Absolutely! Well, I've been working with trauma survivors throughout my career in mental health, as you can imagine, and really what we see in the field is trauma across many different populations. Currently, as the chief clinical officer at MediTelecare, I am seeing patients in long-term care settings – so, the aging community as well as younger patients – with severe mental illness who end up coming into long-term care settings. And across both of those groups I am really seeing a lot of patients with various backgrounds, and who have been affected by trauma in a lot of different ways. Whether it's working with veterans who have PTSD related to combat, working with folks who have severe and persistent mental illness and who have had just lost a lot and had very difficult life experiences. There are many different childhood experiences and working with adults who have been exposed to violence, substance abuse... just lots of different areas of trauma that we come across.

**02:27 Whitney:** Wow thanks for the context. And you're spot on and that trauma touches so many people's lives. It's prevalent and it cuts across many segments of society in the population. With that in mind right now as you and I talk, we are all in the midst of a collective and active trauma event. Navigating this pandemic, you know, we're all being touched by COVID-19 in some way. And how we respond as providers really does matter. So, I'm really wondering how you've managed to continue in your role even with all of this uncertainty and disruption.

**3:08 Sherie:** Well I think that now more than ever providing just that, you know, added emotional and psychological support for the patients that we're caring for and making sure that we are also understanding this sort of hidden trauma, of emotional trauma, and being isolated from loved ones and supports can just really trigger any past traumas for people who have had previous traumatic exposures. So, patients of course, in skilled nursing facilities are more isolated now. You know they're... they don't have access to their loved ones and their families coming in, in many cases, and ending up spending a lot more time alone. And we know that for people who really need to socialize and have connection with others, this is exacerbating a number of symptoms across mental health concerns, but especially for people who have a trauma background.

**04:11 Whitney:** Absolutely, and that's such an important piece -- the ways that systems can activate and retraumatize, and maybe especially now. And I already hear you really recognizing how important it is to be tuned into the central aspects of trauma-informed care, which invites us all to stop asking what is wrong with the person and moves us toward considering what has happened to the person. Doctors Roger Fallot and 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. So, during our time together today we are going to explore how these principles, which can act as tools for providers and systems of care, have really shaped and continue to shape your work in the era of COVID-19. So, as we start to dig in -- I am wondering first with all the disruption that has been going on, how do you maintain your own psychological safety?

**05:24 Sherie:** That's a great question and it's something that I'm finding myself having conversations with my co-workers and the individuals that I supervise -- Just discussing how as providers we keep ourselves healthy and comfortable and safe -- because right now, as you mentioned before, we're all on edge and we're all vulnerable and acknowledging that is so important, as we know, for mental health workers, so that we are not bringing our own baggage, our own emotional baggage, to our work with patients. So, to answer your question, things that I do to keep myself psychologically protected -- I think consultation with colleagues is so important. Being able to reach out to people that you feel safe processing cases with and getting feedback about. I'm taking good care of myself by making sure that I'm engaging in meaningful activities. I'm turning off the news and getting outside and working in my garden, doing those protective things -- those self-caring acts. Being compassionate with myself. And also, I think allowing myself to indulge in my feelings because this is such a difficult time and we're seeing so much sadness and so much loss and trauma, and it's also okay to take a moment and reflect and feel like that and go through the emotions. And I think that what I know for my work with patients is that it's so important for people who have been through trauma, or going through trauma, to do that -- to acknowledge their own feelings so that they can leave them behind and kind of move on. Otherwise we know that they're gonna come back and resurface at a later time in ways that may be unhealthy and harmful for the person.

**07:15 Whitney:** Yes, that makes so much sense. And I really appreciate the attention that you've draw into the ways that there is a sort of a parallel process here how we, as providers, would do well to consider what we need to fill our own cups so that we're able to be present to consciously create those safe atmospheres and support others in meeting their own needs as well. So, with what you've mentioned about the importance of physical and psychological safety, I'm wondering what sort of ways making safety a priority has really shaped your work?

**07:55 Sherie:** Sure. Well, I think the first thing that that comes to mind for me is in my work with the other psychologists and social workers that I supervise, as well as the staff at the facilities that I work at. One of the most important things for me in that role is to avoid blaming and to try to achieve understanding because I think that, you know, blaming is obviously a way to shut down a process and to prevent people from growing. And it can also compromise trust, and I want the clinicians at our company... I want them to feel like they can come to me about

anything. And so, I tried to have a real openness to invite them to do that and to invite them to have a process with me so that we can have a resolution that feels helpful and that there's really not space for blame in that process, especially when you're talking about the work we do as mental health providers. Understanding is so much more important... and when I go to facilities and see patients virtually right now, of course, and I'm working with the staff at the facilities -- that same principle is really important to avoid blaming because nursing staff, you know -- that's a very, very difficult profession and sometimes I think it can be a rather thankless job. And the nursing staff that I work closely with often feels, you know, that they're under scrutiny all the time -- whether it's from families, whether it's from, you know, insurance bodies, governing agencies. It's very tough. They have a lot of people to answer to and they do this really difficult job and they are exposed to a tremendous amount of trauma, you know, they're witnessing people who are very, very sick -- who are... there's so much loss. They're the ones that are holding hands of patients when they take their final breath. And so, for my work with those individuals, I really try to help them understand their own processes, their own reactions to the patients that they're treating -- to help understand their patient's motivations and emotional life so that they, in turn, can maybe have more empathy for them. And I also try to show them a lot of empathy for the work that they do. So that, I guess that aligns with that feeling of creating a safe... a safe space for people.

**10:30 Whitney:** It certainly does! And, you actually already drew such a nice line from safety to trust. You know, they're so often... so closely related. Certainly, as you expressed in the many roles that you play, and I think that you also have touched really nicely on how just as we can observe and notice stress responses in individuals, we may also notice those stress responses transpiring at an organizational level. And people in spots like yours really can take meaningful action to buffer it. And so, I'm impressed because you have a really dynamic position and that you're directly working with people across 17 states is that right?

**11:15 Sherie:** Yes, that's right.

**11:18 Whitney:** Wow yeah so you have a big reach and really, you've sort of always been managing and integrating these principles into the work without everyone gathering in the same room. So, I just can't help but wonder what do you notice helps to maximize honesty and transparency to build that trust among your clinicians as well as the facility staff to buffer that multi-level stress?

**11:43 Sherie:** Well, I'm lucky because I'm surrounded, I think, by a lot of really great people and people who are very into process... even if they may not be in the field of psychology or mental health... So, I'm lucky to have coworkers who want to talk and process things and identify things that are going well, and identify challenges and work as a team. I think we'd use a lot of humor as a way to relieve stress and to feel connected with one another. And I think that one of the things that we all stand behind that's so important, is that every one of us in the organization has some level of responsibility to the patients that we're servicing. And so, I think that that is a place where we all find meaning in our work and having meaning in the work that we do is a buffer. My thought is that right now, even though we're all under tremendous amounts of stress and there's a lot of challenges that we're facing, you know, individually and collectively... I think

that having meaning that drives the work that you do mitigates a lot of the stress and helps us to carry forward with our mission, which is really about servicing underserved patient populations

**13:06 Whitney:** That's really beautiful. And I appreciate that you draw attention to the ways that yeah, when we are able to derive meaning from doing this sometimes incredibly trying work, it can help us continue to do good work. Certainly, people in these roles got into the field because they care about other people and do want to make that impact. And especially right now, there are also these elements of powerlessness that can be really challenging to grapple with in a helper role. And I think what you've touched on is something we at the Institute find ourselves revisiting as a sort of mantra of what we focus on grows bigger. So, yes, finding those reflective moments of 'wow I have really been able to make a difference,' or noticing that we ourselves maybe as providers might be experiencing some elements of vicarious resilience, as we watch those that we work with find creative ways to thrive. And that can be so valuable... So, thinking about how you are seeing new ways to establish safety and trust, even where our control over some situations is compromised, I wonder how you've noticed the principle of choice manifest in your role?

**14:22 Sherie:** One of the things that's really challenging for the population that we service at nursing facilities is that we are often treating and caring for people who may not have made a choice to be where they're at right now, and that is such a difficult thing to unpack with our patients. And it doesn't mean that it's not a good place for them to be -- because they are where they're at now because this has been deemed as the safest or most necessary -- whether it's for physical safety or psychological safety, you know that the decision has been made that this is the safest place for them to be. Or maybe there are no alternatives... and yet for the individual there's a real struggle there because often times you know life does not evolve for people the way that they want or wish or expect that it will, and so they themselves did not necessarily come to the conclusion. Or maybe they did come to the conclusion, you know, that they have to leave their homes but it's not what they would have chosen for themselves or wanted for themselves. And so that's already something that we're often facing and entering the treatment relationship with our patients, and now layer on top of that the fact that all of us -- we don't have all of the choices we want to, you know, our choices have been taken away or our decisions have been made for us and as humans, we rebelled against that and we don't like them. So, when we're seeing our patients, you know, we're definitely aware of that -- that you know, they may not choose to be unable to leave and go and visit their families outside of a facility. And yet that's the reality or they may not have chosen to, you know, not be able to go on certain outings that they're accustomed to going on. But, that's the reality. So, it's... it's a part of the conversation. And even when I'm looking at notes for, you know, the providers on their visits with their residents, you know, it's this thread... this theme across patients that they're struggling with not being able to make those choices for themselves.

**16:34 Whitney:** Mm-hmm, absolutely. And I imagine that also impacts your staff too as they interact with people?

**16:41 Sherie:** Certainly. They have access to fewer or even just different choices than those they've maybe grown accustomed to being able to make in their work, right? What they may

recommend typically for someone to combat isolation or boredom or to help improve moods... those very things that the psychologists were so accustomed to recommending. Right now, we're not safe and there are less choices. This is a real struggle between emotional safety and physical safety, and those two right now are not really compatible.

**17:18 Whitney:** Yeah, you're so right. They're pretty much at odds. And so I have to wonder... What do you notice emerging when choice is present? You know even if it's just finding what may feel like really small opportunities to give some level of control back?

**17:35 Sherie:** Absolutely. And I think it's really important to do that... as much choice and as much freedom as possible knowing that it may not be... it's not the best, you know. It's sort of a compromise... but yet it is still important. And I think it still gives people a sense that they have some control and ownership over how they spend their time. How they spend their days. One of the things that I like to talk to my patients about when they're facing difficult situations... and my goal is in doing this... is to empower them. It is to share with them that they have some choice and how they respond to the stressor. But that be taken away from them... and that's not in a blaming way or in a, you know, you chose to be so upset or you choose... it's more an invitation. You choose what happens next. You are the one who can decide how do you want to come out on the other side of this? How do you want to present yourself to the world? How do you... what is the narrative that you want to tell? Because I think that that is really important for people to emphasize, you know, their freedom to make those decisions.

**18:51 Whitney:** Certainly. So important always, but especially now. And I think you've really hit the nail on the head acknowledging the challenges and holding space to grieve the loss of control and structure and other elements of our lives, while still empowering people by reminding them that we are each in control of how we respond. And just as you so elegantly said, you know, no one can take that away from us. And I really appreciate that at the core of what you just said is really honoring individual experiences in recognition that we are experts of ourselves, regardless of all of the uncertainty and chaos swirling around us. So, I'm wondering how in the face of the pandemic you've managed to do what you just mentioned to really empower others to notice and mobilize the tools and strengths and skills to continue to go forward?

**19:52 Sherie:** I think that one of the tools of... or that for helping people to have that sense of empowerment is meaning making and helping people to make meaning. We know that historically people have been able to achieve incredible things and come to very powerful conclusions about how the world works -- how the mind works in the face of a very traumatic and difficult event. And so, there is meaning to be made even when things feel futile and hopeless. And so, encouraging people to find that meaning and understand that and digest that and process that in therapy sessions has been very important. And I think for the clinicians that I work with, helping them through that journey and process so that they can do that work with their patients... And I think we have a great team of psychologists, so they don't always need me for that. They are well on their way to doing that work themselves with their patients, but certainly being available to talk to them about that process.

**21:05 Whitney:** Sure. Humans are so remarkable the way that people are able to make meaning of, and bounce back from, these tremendous challenges. And as self-sufficient and skilled and wonderful as your clinicians are, I imagine that having you as a leader is so helpful since it sounds like you really take an approach that is rooted in recognition of the principle of collaboration. You know, you really seem to see the healing potential and the power of relationship for those who access services, as well as for the facilities staff, and also with your clinicians. So, I'm wondering what do you notice in terms of new possibilities emerging based on how you're collaborating in times of physical distancing?

**21:55 Sherie:** Well, I think that through challenges like this, that teams grow closer. Many teams grow closer, and I find that the clinicians are coming to me more often, which I see as a beautiful thing, as a wonderful thing, because they recognize the need to connect with others around the shared experience and around the clinical work. And maybe they don't need supervision necessarily or they don't even need guidance necessarily, but they want to process and they want to share and I think that opens up a lot of doors in terms of making us all better listeners and collaborators that are providers.

**22:38 Whitney:** I love the way that you support and empower each other and lift each other up in meaningful ways. That really strengthened your bonds right now, and hopefully always will. And certainly, this pandemic is by no means a good thing, yet there may be silver linings in that we do recognize now how important connection is and we've gotten creative and have been doing it differently and more. And I have to wonder on the client side of things, how have your staff found themselves able to include other important people in client's lives to help them create healthy and helpful environments in times of COVID-19?

**23:23 Sherie:** Well, definitely what I'm hearing about and seeing in the work is that providers are really going to great lengths to communicate with family members to involve them even more so in the treatment when it's comfortable for the patients who we are caring for. Giving tips for family members on how to deal with it because it's not just difficult for the residents or our patients who aren't seeing their families, but then as you can imagine how difficult would it be to have your mother or your father or your grandmother in a facility where you, maybe you're used to visiting and having lunch together once a week, and now you can't physically see that person. So, you know, providing additional support to the family and knowing that that's really important. That's definitely a part of the work now, that is, has always been important... but hasn't been prioritize like it is now. Another thing that I'll mention, and I'm... this is gonna do the stream of consciousness and talking about like, creative changes and different policies and approaches and doors that have opened up now... One of the things that we've also done at MediTelecare is opened up a line of service for the staff at the nursing facilities that we go to.

**24:42 Whitney:** Wow, so this is a new a new line of service?

**24:50 Sherie:** And it's really in recognition of the trauma that the frontline or health care workers are enduring right now. And knowing, just like how I talked about earlier, how for us as providers we have to take care of ourselves to be able to take care of our patients that can't be -- that's equally as true for the frontline health care workers. And so, that's been a really exciting part of this. If there's a silver lining, because that won't go away after coronavirus, but it's sort of

like this is what was the tipping point. It really triggered us -- looking at we need to take care of the nursing staff at these facilities so that they can take care of the patients. So that's something very exciting doing that type of work definitely and...

**25:36 Whitney:** Wow! I love that you are planning to keep that going, you know, that you recognize the importance of that support.

**25:43 Sherie:** We are taking this time to reflect on what practices we may begin... because we're all activated... But that we may keep in place long term since there have been some substantial benefits, we've seen from making these changes and certainly even after the corona virus itself dissipates, we will be dealing with the mental health and other lasting consequences for quite a while. And so, noticing what's working and carrying those practices forward will be so useful to build organizational and individual resilience to bring us through whatever the future holds.

**26:20 Whitney:** I'm just struck by your ability to notice what is working, even within this event, that may be experienced as traumatic for many, if not most of us. So, with that in mind you know, you've actually had to take a step away a couple of times just while we've been talking to respond to emergencies and you're tending to others in so many ways. So, I wonder what sort of psychological or spiritual or emotional coping skills that you notice working for you so you can be as present as you are?

**26:55 Sherie:** I spend time doing things that I love. I think that's part of self-care, but... so there's a big overlap between self-care and coping skills. I meditate. I've learned how to meditate when I was 16. My friend's mother introduced me to yoga meditation, and that's something that I learned a lot about myself, and how to take care of myself doing that. So, certainly, that's something that I incorporate into my day even if it's for a few small moments. Breathing exercises, meditation, relaxation... and I also teach my patients those skills. That's really important. And one of the really important things for me coping with stress right now is scheduling myself some time to stress and then being able to put it behind me and move on and get what I need to get done. So, I schedule it... believe it or not. I scheduled it. it's my day, just like anything else, and I give myself a window of time, you know, right after work and right before transitioning into family life to let myself worry about anything that, you know happened during the day, or I need to do the next day. And then put a cap on it and put it away so I can be productive both at work and in my personal life.

**28:15 Whitney:** Wow! I am so impressed by both your intentionality and also your containment strategies and your insight because yes, sometimes we really do need to sit in those hard moments and acknowledge like, 'oh this is hard work.' What you're doing, Sherie, is incredibly hard work at this time, but always right. So, being able to give yourself that space is remarkable and I may be taking notes for myself there! And sort of on the flip side of things, I'm wondering what you're finding gratitude in with all of the reflection it sounds like you've been doing especially lately?

**28:53 Sherie:** I feel full of gratitude right now. I really do. And maybe that sounds cliché, but it's actually something that I feel now more than I have ever in my life. I find myself just, first of all,

appreciating the beauty around me more than I ever have. I live in New Hampshire. I have beautiful gardens and forests surrounding me, and so I find a lot of calm and beauty in that. And I guess watching nature just go by unchanged as much as we are all changed, you know, the beauty of the world around us isn't so small. Things like watching the apple blossoms on my tree out my window -- that brings me a lot of gratitude and comfort. And my children watch! I have a five and a seven-year-old and watching them, you know, play outside and carefully and in a very carefree way be able to use their little nets to capture frogs and snakes in the pond. And, you know, to see the resiliency there and the joy and how wonderfully unaffected they are by all of this is something I take great comfort in... and experience a lot of gratitude around.

30:19 Whitney: It is so heartening to see that the crisis has drawn out our creativity and adaptability and resilience and gratitude in yourself and in so many other people. And as we bring our time together for a close today, I just want to draw some attention first to the fact that you have been a champion for trauma-informed care at MediTelecare and have really spearheaded meaningful change in the trauma-informed direction. So, I wonder for others who are in similar spots to yours interfacing with staff who are exposed to trauma and also directly interacting in a professional context with trauma survivors, could you please offer a few final words on what stands out to you as the most profound reasons why a trauma-informed approach is so important?

**31:11 Sherie:** Trauma-informed care is so important because it allows us to see where people have been and where they've come from and what they bring with them out the door when they enter into our lives. And I think it really allows us to understand people in a much deeper level. And for me, the goal of trauma-informed care, if I'm training on it or educating about it, is really to help people develop a greater capacity for empathy with the people that they interact with. And you know, I would be the first to say that of all the therapeutic interventions or interventions that nursing staff can take when they're approaching their patients... that empathy in itself is an intervention, and can be a curative thing and it's something that we all have, regardless of how long we went to school or trained or what our knowledge is of mental health. Approaching someone with empathy can have limitless effects on their life and how they see the world so that is, I guess the take-home message for me and trauma-informed care and working for with all patients, though particularly with people who have a trauma background.

**32:27 Whitney:** Wow! Yeah, thank you so much for those profound closing words of wisdom. Just being able to heed and bear witness to people's experiences is so powerful and what a nice way to end. Sherie, on behalf of the Institute on Trauma and Trauma-Informed Care, thank you so much for taking the time to speak with me today, and to share your witness of strength and resiliency. Thank you.

**32:52 Sherie:** Thanks for chatting with me!