



Is PTSD the New Normal? Survival Tips for Professional and the Value of Mindfulness

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Opinion

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At the time of this publication the Corona Virus Resource Center at Johns Hopkins School of Medicine reports 4.8 million COVID-19 related fatalities. Every life lost leaves behind multiple lives mourning. Considering parents, spouses, partners, children, close relatives, and friends of those who succumbed to the pandemic, it is reasonable to extrapolate 4.8 million fatalities to 15-48 million people experiencing trauma, grief, and the mourning process related to the death of a loved one.

The number of people grieving is compounded by survivors of the pandemic grieving the loss of their pre-infection bodies. For those who survived infection or cared for one who did the same, they find themselves emerging from the illness with bodies that did not perform as they once did.

Others discovered during long periods of sequestration and quarantine that their relationships with other household members were flawed beyond repair. Others suffered devastating economic hardship; and some are grieving an overall loss of security and confidence. COVID -19 is a global trauma.

The world population is grieving the loss of a pre-pandemic life. It raises the question of whether Post Traumatic Stress Disorder is the "new normal" and how those conditions affect service professionals in the legal and medical community.

In this era, the global professional community in law and health consists of freshly traumatized people servicing other freshly traumatized people who are also communicating through multiple levels of trauma.

COVID-19 trauma is complex, and each layer requires attention. Professionals have a personal and ethical obligation to recognize and address their own trauma because failure to do so may interfere with the duty of service and loyalty to the client/patient. Furthermore, it is paramount to address the co-morbidity of COVID-19 related trauma and distress with the primary issue that necessitates the client/patient treatment and the effect that it may have on deciphering the patient's narrative.

Professional's Duty of Self Awareness

Trauma yields grief: the grieving of the one's prê-trauma reality. Professional are not immune. According to the Kubler -Ross model, denial is a significant stage of the grieving process.

Awareness is the remedy. Although it sounds simple, it is paramount for professionals be mindful of the DSM-5 criteria for Post-Traumatic Stress Disorders and consider seeking help if they experience clusters of symptoms (APA 2013) including, but not limited to re-experiencing the pain/discomfort of the disease or witnessing someone close to them experience the same; alterations in arousal; negative emotions in cognition or mood; dissociation; and feelings of alienation. Such understandable human frailties may nonetheless curtail the professional's ability to provide quality service to clients and patients.

Awareness and processing of trauma take different forms and structure for each individual. However, the first step is identification of the issue though a pledge of deliberate self-awareness, candid self-assessment, and recognizing the professional obligation to address the issue.

Honoring the Client/Patient's Narrative

Regardless of a professional's natural disposition empathy is a practice tool. The patient/client's narrative is sacred, and empathic approach is a critical component for quality treatment. Accordingly, factoring for COVID-19 related Post Traumatic Stress is co-morbidity with the primary reason for care is of utmost importance.

COVID-19 affected clients/patients communicate through multiple levels of trauma. Few seek medical or legal services because "everything is fine". Some trauma, crisis, or pathology compels them to seek assistance. In addition to pandemic life, those individuals may be mourning loss of additional physical abilities actual freedom (if incarcerated) a former lifestyle, old relationships, financial security, and more. COVID-19 related stress exacerbates their symptoms and adds to their hurdles.

Before the pandemic, factors including age, heritage, nationality, race, language proficiency, education, cognitive ability, physical impairment related to verbosity, physical

pain, and mental health hinder communication and thwart quality care. The pandemic amplifies this complication.

It is of utmost importance to consider the new hurdles faced by clients/patients and their coping mechanisms in order to truly honor the narrative of the person seeking service. Mechanisms such as humor or hyperbole should not automatically lead to conclusions of delusion, psychosis, an anti-social disposition, or the need for medication. Quality care requires empathy before any other conclusion is considered.

The present presents a benchmark moment for the role of empathy in quality care. Although a percentage of professionals always struggled with hurdles that ultimately provided insight to the plight of those that they serve, the present makes that shared experience more pronounced and universal than ever in recent history. Awareness and empathy are essential in providing quality care now and in the future.

