

# **From COVID 19 to Racial Unrest: Research-Based Best Practices in Responding to Experiences of Trauma**

AHEAD Webinar, April 24, 2023

Dr. Catherine Lounsbury, Antioch University

Zac Lounsbury, Colorado College

## **Agenda:**

1. Introductions and positionality statements
2. Review traditional understandings of trauma and PTSD
3. Let's complicate it, personal reflections
4. Let's complicate it, new research and new understandings
5. Cumulative trauma (COVID-19)
6. Community / Collective trauma
7. Racial discrimination and trauma symptomology
8. Trauma-informed approaches, an overview
9. Trauma-informed approaches, disability services
10. Questions

## **Introductions and Positionality Statements**

Zac

"I am the current Access and Accommodation Specialist at Colorado College, a small private liberal arts college in Colorado Springs, Colorado. I was born and raised in Maine and lived in the Northeast until February 2022. I am a 29 year old white, queer, cisgender male with a mental health disability that is, at present, well managed, though this has not always been the case. I personally identify with much of the content in this presentation on a personal basis. I was a graduate student during the COVID 19 pandemic and have been impacted directly and indirectly by physical, emotional, and political violence targeted against LGBTQ+ individuals."

Cathy

I am a Professor of Counseling at Antioch University, a private, primarily graduate-level institution with campuses in New England, Washington State, and California. I was born and raised in Massachusetts, a first generation college graduate, granddaughter of immigrants from Italy and Hungary. I am a 60 year old white, heterosexual, cisgender female, mother of three. I have been engaged in counseling practice for the past 30 years with a clinical focus on trauma. I have experienced direct, indirect, and secondary traumatic events with accompanying trauma symptomatology.

## **Intentionality Statement**

We recognize that...

1. We do not have lived experience in some areas discussed in this presentation
2. The burden of anti-racism and anti-oppression work is often taken on by those most deeply impacted

We intend to.

1. Speak from our own experiences when applicable
2. Defer to experts (research, lived experience) when appropriate
3. Remain open to feedback, exercise humility, stay flexible

Presentation is a result of dialogue integrating two professional areas of focus during a time of chaos, upheaval, and uncertainty.

### **Our Context:**

A brief look at some of the impactful events since January 1, 2020. There are so many others that have impacted you and your students based on who you are and where you are.

Jan.1, 2020

Jan 19, 2020: The first recorded COVID-19 illness in the United States

March 10, 2020: Harvard and MIT close campuses

March 11, 2020: The World Health Organization declares coronavirus a global pandemic

May 25, 2020: George Floyd murdered by police officer, followed by a summer of protest, rallies, and activism

Nov 3, 2020: Presidential Elections

Jan 6, 2021: Attack on U.S. Capitol Attack

May 24, 2021: Robb Elementary School Shooting

June 24, 2021: Condo collapse in Surfside, Florida

August 29, 2021: Hurricane Ida hits New Orleans

Feb 24, 2022: Russian invades Ukraine

May 16, 2022: 1 million deaths from COVID in USA

June 24, 2022: Roe v. Wade overturned

Sep 23, 2022: 25,000 monkeypox cases in USA

Feb 4, 2023: Chinese spy balloon shot down

April 24, 2023: Today

### **What is the Human Stress Response?**

We are biologically primed to seek survival data:

- Seek safety and avoid threat

We are biologically primed to remember threats to survival:

- Respond to any future cues related to threat

Psychological Trauma can be defined as overwhelming demands placed upon the physiological survival system that result in a profound sense of vulnerability and/or loss of control.

Trauma responses are survival responses to threats to our safety (physical or psychological safety)- hypervigilance, avoidance, high arousal- threat focused and safety seeking

Diagnostic and Statistical Manual of Mental Disorders (DSM) 5: Trauma- and Stressor-Related Disorders- handbook used by mental health professionals in the US as the guide to mental health diagnoses

Consideration: Western psychiatric diagnoses within the Diagnostic and Statistical Manual, such as posttraumatic stress disorder (PTSD), may be limited in capturing the breadth of trauma reactions in cross-cultural contexts, as well as the experience of traumatic symptomatology resulting from events that are not death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence

## **DSM 5: Post Traumatic Stress Disorder**

Criterion A:

A. The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows:

1. Direct exposure
2. Witnessing, in person
3. Indirectly (close family or friend)- violent or accidental
4. If indirect, repeated exposure to details (does not apply to exposure through media, TV, etc., unless work-related)

Criterion B: Intrusion Symptoms

Distressing memories, dreams, flashbacks, physical reactions, distress

Criterion C: Avoidance Symptoms

Avoiding memories, thoughts, feelings, or external reminders that distress

Criterion D: Negative associated cognitions and mood

Memory gaps, negative beliefs, distorted cognitions, negative emotional state, disinterest, feelings of detachment or estrangement from others, inability to experience positive emotions

Criterion E. Marked alterations in arousal and reactivity

Irritable behavior, angry outbursts, reckless or self-destructive behavior, hypervigilance, exaggerated startle response, problems with concentration, sleep disturbance

Criterion F: Duration is more than 1 month

Criterion G: The Disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning

Criterion H: The disturbance is not attributable to the physiological effects of a substance or other medical condition

Other considerations:

- Being bullied may qualify as Criterion A1 when there is a “credible” threat of serious harm or sexual violence
- Indirect exposure is limited to events affecting close relatives or friends that were violent or accidental
- Acute Stress Disorder: 3 days to 1 month after trauma exposure.

Personal Reflections on events that have impacted us in ways that meet Criteria B through H, but not Criterion A.

## Key Takeaways:

- All three incidents do not meet criteria for PTSD as described by the DSM-5
- All three incidents resulted in at least some PTSD symptomology
- Existing and emerging research supports a broader array of experiences that may result in PTSD or trauma symptomology

## Research and conceptualization of trauma

1. Cumulative Trauma (COVID 19 and trauma symptomology)
2. Community / Collective trauma (identity-targeted violence)
  - 2a. Physical
  - 2b. Psychological
  - 2c. Political
3. Racial Discrimination and Trauma Symptomology

Cumulative Trauma: The impact of the COVID 19 Pandemic (March 2020 - ) “Researchers have found higher rates of anxiety depression, traumatic stress, and other issues among young adults (ages 18 to up to 35 years).” (SAMHSA, 2021)

- Generalized Anxiety at 43.3 % (ages 18 - 24) compared to 6.2% in past years
- Traumatic Stress: 31.8% had high rate of symptoms on PTSD checklist similar to traumatic orthopedic injury and earthquake (1 year post event)
- Psychological Distress: 13.6% compared to 3.7% in previous years
- Loneliness: 63% reported high levels on the Loneliness Scale
- Substance Use: 24.7% of 18 - 24 year olds reported increased substance use

	<b>Perceived Stress Score (mean)</b>	<b>Total IES score (mean)</b>	<b>Avoidance (mean)</b>	<b>Intrusive (mean)</b>	<b>Hyperarousal (mean)</b>
TOTAL	32.9	58.93	20.78	20.60	17.54

PSS = Perceived Stress Scale

- ▶ Scores ranging from 0-13 would be considered low stress.
- ▶ Scores ranging from 14-26 would be considered moderate stress.
- ▶ Scores ranging from 27-40 would be considered high perceived stress.

Impact of Events Scale

24 or more PTSD is a clinical concern.

33 and above This represents the best cutoff for a probable diagnosis of PTSD.

37 or more This is high enough to suppress your immune system's functioning (even 10 years after an impact event).

Collective Trauma: a traumatic event that impacts a group of people

“Collective trauma is a cataclysmic event that shatters the basic fabric of society. Aside from the horrific loss of life, collective trauma is also a crisis of meaning.” (Hirschberger, 2018, p. 1)

## **Research / Conceptualization of Collective Trauma in past 3 years:**

- In the week following George Floyd's murder, anger and sadness increased to unprecedented levels in the US population. During this period, more than a third of the US population reported these emotions. These increases were more pronounced for Black Americans, nearly half of whom reported these emotions. (Eichstaedt et al., 2021).
- In the case of highly visible victimization of an in-group member, strong racial identity may engender perceptions of collective threat and vulnerability and the larger sense of "linked fate," or that one's fate is inextricably shaped by the fate of the group." (Monk, 2020)

## **Cumulative / Collective traumas: Attacks on identity**

### **Impact of Anti-LGBTQIA+ Legislation:**

According to a poll of a national sample of 716 LGBTQ youth ages 13-24, (Trevor Project, 2023)

- 86% of transgender and nonbinary youth say recent debates around anti-trans bills have negatively impacted their mental health;
- 45% of trans youth experienced cyberbullying, and nearly 1 in 3 reported not feeling safe to go to the doctor or hospital when they were sick or injured as a result of these policies and debates in the last year,
- 75% of LGBTQ youth — including 82% of transgender and nonbinary youth — say that threats of violence against LGBTQ spaces, such as community centers, pride events, drag shows, or hospitals/clinics that serve transgender people, often give them stress or anxiety. Nearly half (48%) of those LGBTQ youth reported it gives them stress or anxiety "very often."

## **Racial Discrimination and Trauma Symptomology- Racial Trauma:**

UConn Racial/Ethnic Stress and Trauma Survey (UnRESTS)

Trauma Symptoms of Discrimination Scale (TSDS)

- Broadly assess the traumatizing impacts of racism
- Uncover various forms of racism experienced by clients
- Help determine if those experiences (individually or collectively) were traumatizing to the client
- Identify specific symptoms of trauma to inform treatment

Microaggressions: Defined in the study as automatic or unconscious acts of subtle racial violence directed toward people of color by white peers

- Distorted / stereotype images of people of color in classroom materials
- Erasure / lack of representation
- Negative interactions based on stereotypes or assumptions
- Exclusion/segregation
- Tokenism
- Questioning intelligence
- Assumptions of cheating and/or hyper-surveillance

Can be perpetrated by students, faculty, community members, and/or staff

## **Trauma Symptomology:**

Symptoms almost exactly mirror PTSD symptomology in the DSM 5:

- Intrusion: Distressing memories, nightmares, flashbacks
- Avoidance: Avoiding class, avoiding white peers/staff/professors
- Negative Mood and Cognition: Depression, anxiety, believing the world is unsafe, self doubt
- Physiological Arousal: Episodes of crying, poor sleep, increased startle, concentration problems
- Negative Health Outcomes: Loss of appetite, tension headaches, fatigue, ulcers, elevated blood pressure, and increased suicidal ideation
- Outcomes:

Disrupted academic opportunities, dropping classes, changing majors, avoiding classmates/staff members/professors, social isolation, and higher rates of attrition

## **SO WHAT?**

- We know that students we work with are likely to have experiences of trauma over the past three years.
- We know that standard clinical mental health practices likely do not recognize these experiences of trauma.
- We know that students with trauma symptomology may not have diagnoses that reflect their experiences, or any diagnosis at all.

Trauma-informed approaches become essential in the work that we do with ALL OF OUR STUDENTS!

TRAUMA-INFORMED CARE: Substance Abuse and Mental Health Services Administration[<https://www.samhsa.gov/resource/dbhis/infographic-6-guiding-principles-trauma-informed-approach>]

## **The Four R's of Trauma-Informed Care:**

**REALIZATION:** all people have a basic realization about trauma and understand how trauma can affect families, groups, organizations, and communities as well as individuals. People's experience and behavior are understood in the context of coping strategies designed to survive adversity and overwhelming circumstances.

**RECOGNIZE:** all people are able to recognize the signs of trauma (intrusive, avoidance, physiological, emotional). Trauma screening and assessment of trauma are integrated into practices.

**RESPOND:** all people apply the principles of a trauma-informed approach to all areas of functioning. Staff in every part of the organization, from the person who greets clients at the door to those in leadership have changed their language, behaviors, and policies to take into

consideration the experience of trauma. The organization is committed to providing a physically and psychologically safe environment.

**RESIST RETRAUMATIZATION:** all staff and policies are intentional about NOT retraumatizing individuals through stressful or toxic environments; care is given to empowering students, providing nonpathologizing approaches, understanding symptoms, and engaging in interactions that increase SAFETY and CONNECTION (decreasing threat).

### **Six Key Principles of Trauma-informed Care:**

Trauma disrupts safety, connection, regulation, predictability, feelings of agency and worth.

### **SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH**

1. Safety
2. Trustworthiness and Transparency
3. Increasing Connection (e.g. peer support, groups)
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Understanding of Cultural, Historical, and Gender Issues

### **Additional Considerations: Co-Regulation and Psychoeducation**

### **Trauma-informed Approaches: Students with New / First-Time Symptoms**

#### Documenting Disability

- Focus on impact not diagnosis
- Rebalancing weight of student self report
- Clear process for students with self reported impacts but no documentation
- Temporary measures / provisional accommodations
- Understand the limits of your role

#### Comfort with Your Office and Processes:

- Remove barriers, how many steps to meet with a specialist?
- Be clear and transparent with who you are, what you do, and how you do it
- Consider student comfort with words and concepts like disability, mental health, accommodation, and trauma
- Consider identities of staff members
- Welcome support person(s)

## Collaborations Across Campus:

- Relationship with on campus counseling / health center
- Who are students disclosing to?
- Affinity spaces on campus
- Multicultural organizations
- Training opportunities with staff / student groups

## Visibility:

- Inclusive Advertising
- How many clicks to your website?
- Presence at campus-wide events

## **Trauma-Informed Care: 6 Key Principles applied to Accessibility Resources**

### Safety

- Reception area
- Language and tone (emails, website, phone, etc.)
- Asking permission
- Inviting student to take care of themselves as needed

### Trustworthiness and Transparency

- Clear processes across office (website, staff, forms, materials)
- Follow up and follow through, email summaries and next steps
- Review privacy practices

### Increasing Connection

- First five minutes of every conversation
- Scheduling check ins
- Showing up
- Disability / mental health affinity spaces

### Collaboration and Mutuality

- Review options, don't make assumptions

### Empowerment, Voice and Choice

- Value student input, and let them know you do
- Multiple means for students to share information (verbal, written, documentation)
- Validate challenges, celebrate victories

### Understanding of Cultural, Historical, and Gender Issues

- Cross-campus collaborations
- Training hold yourself accountable (e.g. 1 training a semester, 3 trainings a year, etc.)



**BONUS: Recognize Secondary Traumatic Stress / Compassion Fatigue / Vicarious Trauma**

- Communication and cohesion amongst staff
- Intentionality with coping mechanisms

**Trauma-informed Approaches: The 4 R's**

**REALIZATION, RECOGNIZE, RESPOND, and RESIST RETRAUMATIZATION:**

- Recognize “forced disclosure”
- ALL staff
- Written guidelines on your offices trauma-based approaches (6 principles as guidelines)
- Continued education and training (this is new and emerging research)
- Include trauma-informed approaches in internal/external reviews