

# Supporting Students & Colleagues During Collective Trauma

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C O M P A N Y



# Learning Outcomes


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- Practice mindful meditation
- Understand the impacts of trauma
- Gain self-awareness around needs
- Learn methods and strategies to support students and colleagues during collective trauma
- Understand how to make meaning of trauma after an event is over

# Meditation



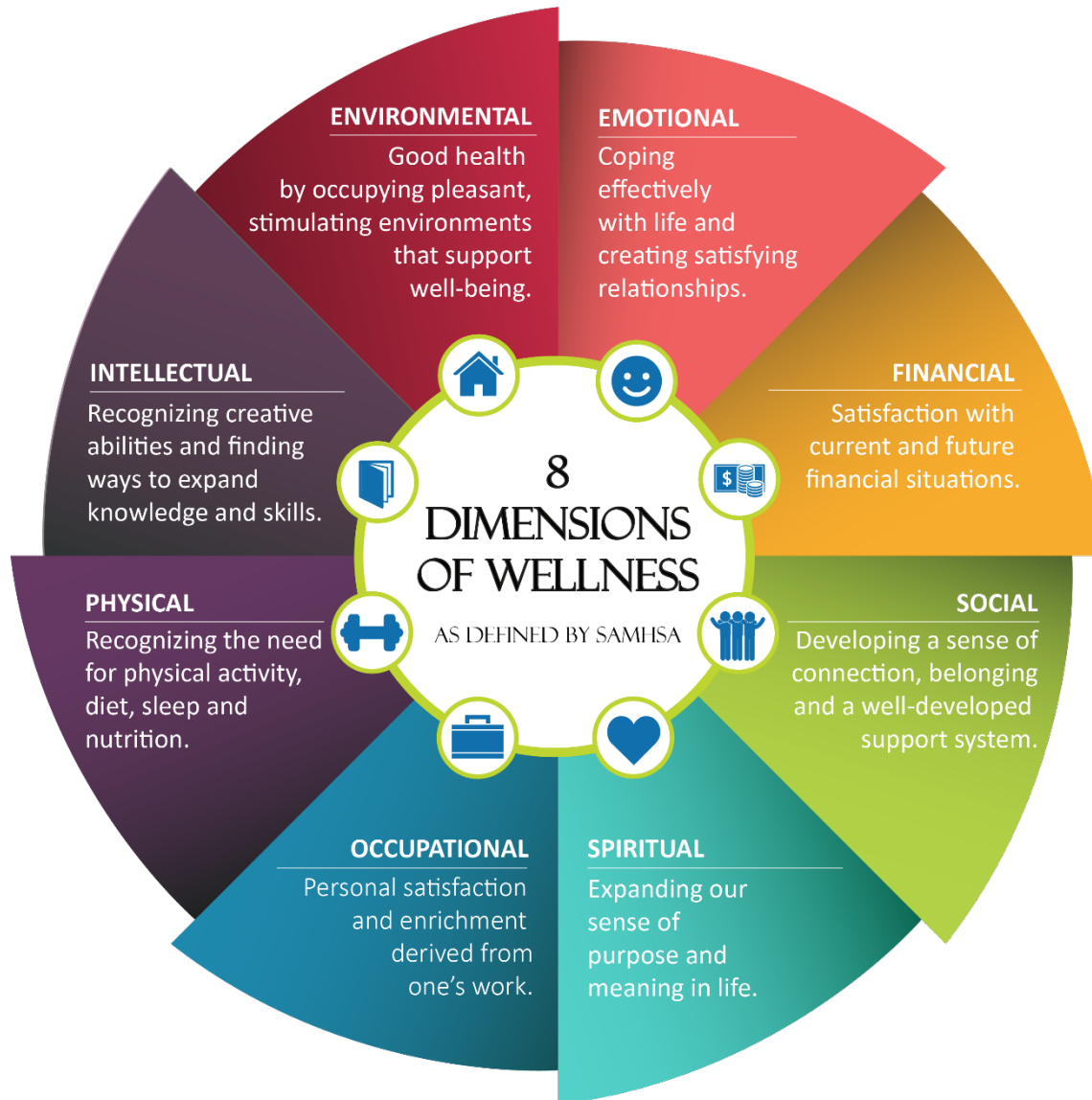
**BREATHING**



"I've learned that  
people will forget  
what you said, people  
will forget what you  
did, but people will  
never forget how you  
made them feel."

Maya Angelou

# Collective Trauma



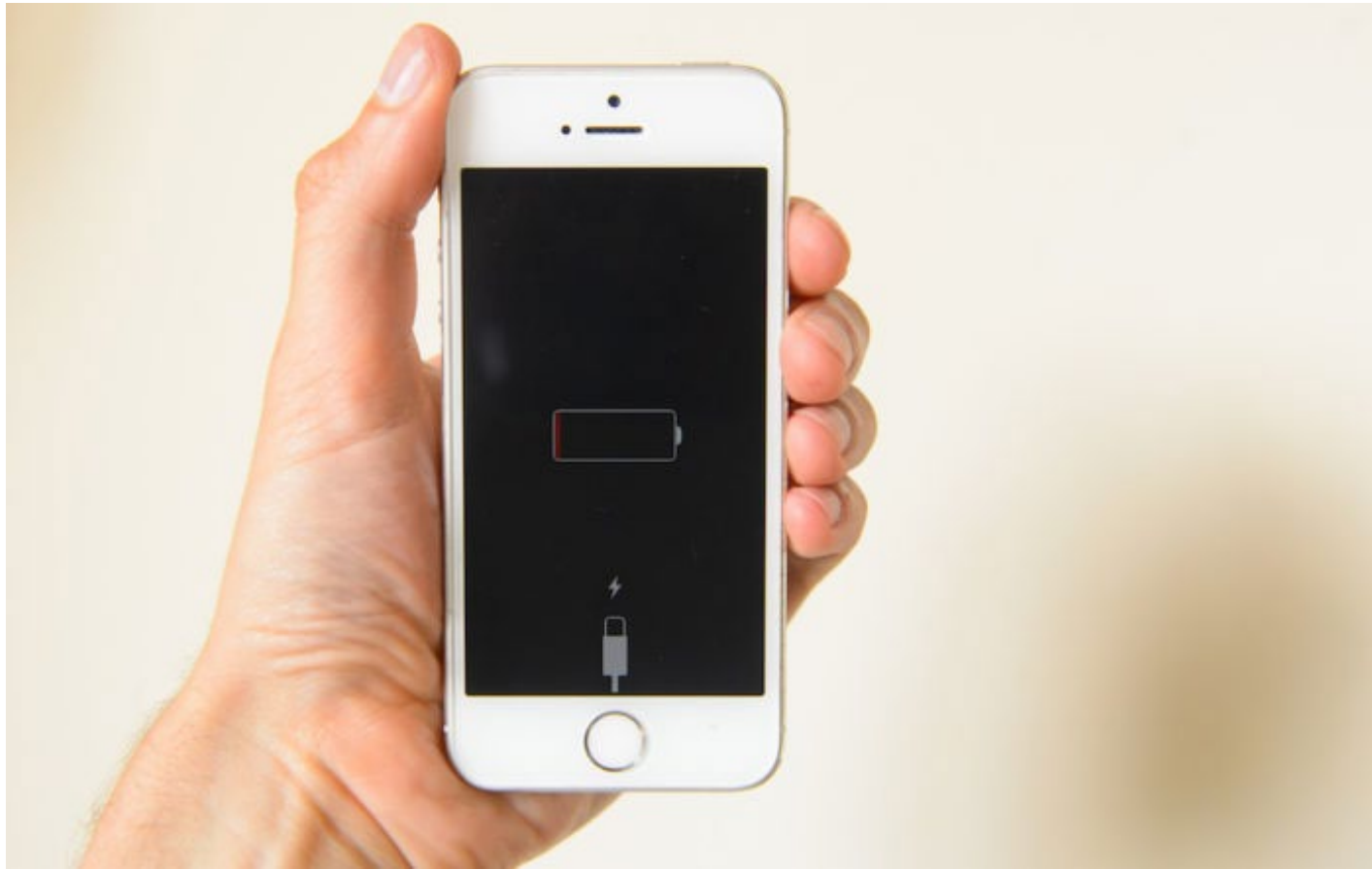
# Supporting Yourself





# Self-Awareness First

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# Self-Awareness First

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- Check in with yourself
- Practice mindfulness
- Incorporate grounding exercises
- Set boundaries
- Routinely release pent up energy/emotions
- **Self-care is a priority, not a luxury**







# Self-Awareness First

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# Self-Awareness First

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## **Strengths-Based Goals**

Do I have what I need to reach my full potential?

## **Interest-Based Goals**

Exploration of interests, options, pathways

## **Acceptance/Value-Based Goals**

Maintaining meaningful connections, community, need exposure

## **Safety Goals**

Am I safe? Am I experiencing racial discrimination? Is there routine?

## **Survival Goals**

Am I sleeping? Do I have food and water?

# Supporting Others



# Tips for Supporting Others

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- Be mindful of toxic positivity
- Communicate/check in often
- Presence is a present
- Ask the other person what they need from you
- Validate feelings
- Use reflective/active listening techniques



# Tips for Supporting Others

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- Assess using Maslow's Hierarchy of Needs
- Personal boundaries
- Consider cultural context
- **Rupture and repair**
- Follow-up
- Assess risk





**D-SCALE**

Life Stress and Emotional Health

**DECOMPENSATING**

- ▲ Behavior is severely disruptive, directly impacts others, and is actively dangerous. This may include life-threatening, self-injurious behaviors such as:
  - ▲ Suicidal ideations or attempts, an expressed lethal plan, and/or hospitalization
  - ▲ Extreme self-injury, life-threatening disordered eating, repeated DUIs
  - ▲ Repeated acute alcohol intoxication with medical or law enforcement involvement, chronic substance abuse
  - ▲ Profoundly disturbed, detached view of reality and at risk of grievous injury or death and/or inability to care for themselves (self-care/protection/judgment)
  - ▲ Actual affective, impulsive violence or serious threats of violence such as:
    - ▲ Repeated, severe attacks while intoxicated; brandishing a weapon
    - ▲ Making threats that are concrete, consistent, and plausible
    - ▲ Impulsive stalking behaviors that present a physical danger

**DETERIORATING**

- Destructive actions, screaming or aggressive/harassing communications, rapid/odd speech, extreme isolation, stark decrease in self-care
  - Responding to voices, extremely odd dress, high risk substance abuse, troubling thoughts with paranoid/delusional themes, increasingly medically dangerous bingeing/purging
  - Suicidal thoughts that are not lethal/imminent or non-life threatening self-injury
  - Threats of affective, impulsive, poorly planned, and/or economically driven violence
  - Vague but direct threats or specific but indirect threat, explosive language
  - Stalking behaviors that do not cause physical harm, but are disruptive and concerning

**DISTRESSED**

- Distressed individuals engage in behavior that concerns others, and have an impaired ability to manage their emotions and actions. Possible presence of stressors such as:
  - Managing chronic mental illness, mild substance abuse/abuse, disordered eating
  - Situational stressors that cause disruption in mood, social, or academic areas
  - Difficulty coping/adapting to stressors/trauma; behavior may subside when stressor is removed, or trauma is addressed/processed
- If a threat is present, the threat is vague, indirect, implausible, and lacks detail or focus

**DEVELOPING**

- Experiencing situational stressors but demonstrating appropriate coping skills
- Often first contact or referral to the BIT/CARE team, etc.
- Behavior is appropriate given the circumstances and context
- No threat made or present

**OVERALL SUMMARY****E-SCALE**

Hostility and Violence to Others

**EMERGENCE OF VIOLENCE**

- ▲ Behavior is moving towards a plan of targeted violence, sense of hopelessness, and/or desperation in the attack plan; locked into an all or nothing mentality
- ▲ Increasing use of military and tactical language; acquisition of costume for attack
- ▲ Clear fixation and focus on an individual target or group; feels justified in actions
- ▲ Attack plan is credible, repeated, and specific; may be shared; may be hidden
- ▲ Increased research on target and attack plan, employing counter-surveillance measures, access to lethal means; there is a sense of imminence to the plan
- ▲ Leakage of attack plan on social media or telling friends and others to avoid locations

**ELABORATION OF THREAT**

- Fixation and focus on a singular individual, group, or department; depersonalization of target; intimidating target to lessen their ability to advocate for safety
- Seeking others to support and empower future threatening action; may find extremists looking to exploit vulnerability, encouraging violence
- Threats and ultimatums may be vague or direct and are motivated by a hardened viewpoint; potential leakage around what should happen to fix grievances and injustices
- There is rarely physical violence here, but rather an escalation in the dangerousness and lethality in the threats; they are more specific, targeted, and repeated

**ESCALATING BEHAVIORS**

- Driven by hardened thoughts or a grievance concerning past wrongs or perceived past wrongs; increasingly adopts a singular, limited perspective
- When frustrated, storms off, disengaged, may create signs or troll on social media
- Argues with others with intent to embarrass, shame, or shut down
- Physical violence, if present, is impulsive, non-lethal, and brief, may seem similar to affective violence, but driven here by a hardened perspective rather than mental health and/or environmental stress

**EMPOWERING THOUGHTS**

- Passionate and hardened thoughts, typically related to religion, politics, academic status, money/power, social justice, or relationships
- Rejection of alternative perspectives, critical thinking, empathy, or perspective-taking
- Narrowing on consumption of news, social media, or friendships, seeking only those who share the same perspective
- No threats of violence

TRAJECTORY?

BASELINE

TRAJECTORY?

## INTERVENTION OPTIONS TO ADDRESS RISK AS CLASSIFIED

### CRITICAL (4)

- Initiate wellness check/evaluation for involuntary hold or police response for arrest
- Coordinate with necessary parties (student conduct, police, etc.) to create plan for safety, suspension, or other interim measures
- Obligatory parental/guardian/emergency contact notification unless contraindicated
- Evaluate need for emergency notification to community
- Issue mandated assessment once all involved are safe
- Evaluate the need for involuntary/voluntary withdrawal
- Coordinate with university police and/or local law enforcement
- Provide guidance, support, and safety plan to referral source/stakeholders

### ELEVATED (3)

- Consider a welfare/safety check
- Provide guidance, support, and safety plan to referral source/stakeholders
- Deliver follow up and ongoing case management or support services
- Required assessment such as the SIVRA-35, ERIS, HCR-20, WAVR-21 or similar; assess social media posts
- Evaluate parental/guardian/emergency contact notification
- Coordinate referrals to appropriate resources and provide follow-up
- Likely referral to student conduct or disability support services
- Coordinate with university police/campus safety, student conduct, and other departments as necessary to mitigate ongoing risk

### MODERATE (2)

- Provide guidance and education to referral source
- Reach out to student to encourage a meeting
- Develop and implement case management plan or support services
- Connect with offices, support resources, faculty, etc. who interact with student to enlist as support or to gather more information
- Possible referral to student conduct or disability support services
- Offer referrals to appropriate support resources
- Assess social media and other sources to gather more information
- Consider VRAWF for cases that have written elements
- Skill building in social interactions, emotional balance, and empathy; reinforcement of protective factors (social support, opportunities for positive involvement)

### MILD (0/1)

- No formal intervention; document and monitor over time
- Provide guidance and education to referral source
- Reach out to student to offer a meeting or resources, if needed
- Connect with offices, support resources, faculty, etc. who interact with student to enlist as support or to gather more information

CRITICAL

ELEVATED

MODERATE

MILD



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# Supporting Students



# Supporting Students

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- **Students are our equals**
  - They are also adults (reciprocate respect and kindness)
  - See the person beyond the student
- **Try to:**
  - Keep to scheduled meetings/appointments
  - Explain (decisions, alterations, options)
  - Survival kits/Care packages
  - Have a resource list ready
- **Ask:**
  - Open ended questions
  - About the 8 Dimensions of Wellness
  - How they are coping? What is most stressful?
  - Are they connected? (resources, services, clubs, friends)



# Supporting Students

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“ WHAT HAVE YOU  
BEEN DOING TO  
DESTRESS RECENTLY?  
DOES IT HELP? ”

“ HOW HAVE YOU BEEN  
EATING AND SLEEPING  
RECENTLY? ”

“ WHAT BRINGS YOU JOY?  
WHAT HAS BEEN STRESSING  
YOU OUT RECENTLY? ”

“ WHAT DO YOU NEED  
TO INCORPORATE  
MORE OF TO INCREASE  
YOUR WELLNESS? ”

# Supporting Colleagues



# Supporting Colleagues

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*You don't know how someone is doing until you take the time to ask...*

- Get to know your peers
  - Do they live alone? Do they have children? Are they single, or do they have a partner(s)? Are there multiple generations living together?
- Work Buddy Accountability
  - Pair up with coworkers
  - Establish set check in times
  - Establish questions that are okay to ask and ones that are off-limits
  - Establishing safety (disclosure, etc.)
- Non-Defensive Listening



# Supporting Colleagues

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DON'T  
FORGET TO  
VALIDATE AND  
SUMMARIZE...

“

HOW HAVE YOU  
BEEN IN THE LAST  
7 DAYS? HOW ARE  
YOU TODAY?

”

“

WHEN YOU THINK  
ABOUT THE  
PANDEMIC, WHAT ARE  
YOU FEELING?

”

“

WHAT IS YOUR BIGGEST WORK  
STRESSOR? WHAT IS/ARE YOUR  
BIGGEST PERSONAL STRESSORS  
RIGHT NOW? ”

“

WHAT HAVE YOU  
DONE FOR SELF-  
CARE TODAY?

”



# Supporting Employees



# Triad of Support

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## COMMUNICATE

- Webinars
- Bringing in consultants
- Block an hour each week for wellness
- Vulnerability
- Advocate
- Overcommunicate
- Measure wellbeing

## SKILLS

- Coping table
- Mental health first aid
- Webinars
- Mindfulness moments
- Grants for trainings
- Bring in consultants
- Books and discussion groups

## SUPERVISION

- Setting a time to check in
- Assess distress
- Balance trauma caseloads
- Offer flextime scheduling
- Identify what employee can do and ask what you can do
- No assumptions



# Communicate, Advocate, Appreciate

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## Communicate:

- Re-establish purpose and goals
- Changes/shifts in plans, be transparent
- Share power and decision making, promote collaboration

## Advocate:

- Re-assess and re-prioritize:  
Needs, tasks, projects, scheduling, timing
- Hold staff accountable
- Train staff on the new skills they need to be successful

## Appreciate:

- Keep a list of team/individual accomplishments
- Acknowledge exceptional work/mundane
- Elevate the mood, energize the vibe



# Making Meaning



# Meaning making is...

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*How you make sense of and understand a significant life event*

- Understand what happened
- Evaluate your role
- Identify your feelings throughout the trauma
- Validate your feelings
- What have you learned?





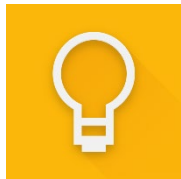
# Resources

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## Apps

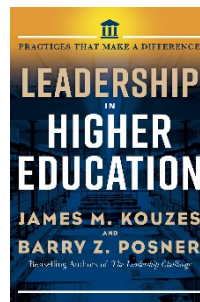
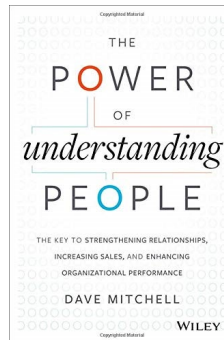
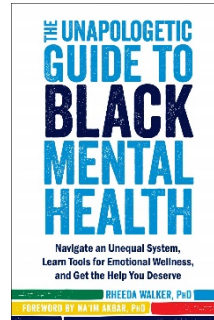


Oak



Keep

## Books



## Articles

[NaBITA Risk Rubric](#)

[Supporting Colleagues](#)

[Recognizing COVID-19 As Trauma](#)

[What Is Collective Trauma?](#)



# Contact

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# Self-Care Webinar Series

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Register for the upcoming webinars in the *It's Okay to Not Be Okay* series:

## Part Three: Beyond Book Clubs and Lip Service: Actionable Allyship in the Workplace

November 19 @ 12:00 PM CT

Speakers: Tre Johnson and Alexis "Lexi" Losch, MS.Ed., MA, LPC, NCC

## Part Four: Towards Healing: Community Meditation and Trauma-Conscious Yoga

December 15 @ 12:00 PM CT

Speakers: Nityda Gessel, LCSW, E-RYT, TITY and Alexis "Lexi" Losch, MS.Ed., MA, LPC, NCC

### GUEST SPEAKERS



Alexis "Lexi" Losch, MS.Ed.,  
MA, LPC, NCC



Dr. Komal Chandra, Ph.D.,  
New Jersey Institute  
of Technology



Tre Johnson  
Catalyst: Ed



Nityda Gessel, LCSW,  
E-RYT, TITY,  
The Trauma-Conscious  
Yoga Institute



Sana A. Meghani, M.Ed.,  
Program Manager,  
Trellis Company

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