Supporting Students & Colleagues During Collective Trauma

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Learning Outcomes

- 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



BRRAADHEOUT

"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







- 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-actualization

desire to become the most that one can be

Esteem

respect, self-esteem, status, recognition, strength, freedom

Love and belonging

friendship, intimacy, family, sense of connection

Safety needs

personal security, employment, resources, health, property

Physiological needs

air, water, food, shelter, sleep, clothing, reproduction





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

- 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

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



NaBITA Risk Rubric

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-injunous 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 mability 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 thomes, increasingly medically dangerous binging/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/misuse, 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 locus

DEVELOPING

- Experiencing situational stressors but demonstrating appropriate coping skills.
- Offen 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

CRITICAL

In this stage, there is a serious risk of suicide, life-threatening self-injury, dangerous risk taking. ie g. driving a motorcycle at top speed at night with the lights off) and/or inability to care for oneself. They may display racing thoughts, high risk substance dependence, intense anger, and or perceived unfor treatment or grevance that has a major impact on the students' academic. social, and peer interactions. The individual has clear target for their threats and ultimatums. access to lethal means, and an attack plan to punish those they see as responsible for perceived wrongs. Without immediate intervention (such as law enforcement or psychiatric hospitalization). it is likely violence will occur. There may be leakage about the attack plan (social media posts that say 'Tim going to be the next school shooter' or telling a friend to avoid coming to campus on a particular day). There may be stalking behavior and escalating predatory actions prior to violence such as intimidation, telegraphing, and "test-runs" such as causing a disruption to better understand reaction time of emergency response.

ELEVATED

Behavior at the elevated stage is increasingly disruptive (with multiple incidents) and involves multiple offices such as student conduct, law enforcement, and counseling. The individual may engage in suicidal talk, self-injury, substance intoxication. Threats of violence and ultimatums may be vague but direct or specific but indirect. A fixation and focus on a target often emerge (person, place, or system) and the individual continues to attack the target's self-esteem, public image, and/or access to safety and support. Others may feel threatened around this individual, but any threat lacks depth, follow-through, or a nanowing against an individual, office, or community. More serious social, mental health, academic, and adjustment concerns coour, and the individual is in need of more timely support and resources to avoid further escalation. Conditional ultimatums such as "do this or else" may be made to instructors, peers, faculty, and staff.

MODERATE

Prior to this stage, conflict with others has been fairly limited. The hallmark of moderate is an increase in conflict with others through aggressive speech, actions, and mannersms. They may become frustrated and engage in non-verbal behaviors or begin to post things on social media, put up posters around campus, or storm away from conversations. Stress, illness, lack of friends, and support are now becoming an increasing concern. The individual may be tearful, sad, hopeless, aroxicus, or frustrated. This may be caused by difficulty adjusting, dating stress, failure in class assignments, and/or increasing social isolation. If there is a threat or physical violence such as carelessly pushing someone out of their way while storming off, the violence is typically limited and driven by adrenaline and impulsiveness, rather than any deeper plan to hurt others.

The individual here may be struggling and not doing well. The impact of their difficulty is limited. around others, with the occasional report being made to the BITICARE team out of an abundance of caution and concern rather than any direct behavior or threats. They may be having trouble fitting in, adjusting to college, making thends, or may rub people the wrong way. They alienate others with their thoughts or mannerisms, and there may be minor bullying and conflict. With support and resources, it is likely the individual will be successful adapting and overcoming obstacles. Without support, it is possible they will continue to escalate on the rubric.

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 factical language; acquisition of costume for affack.
- 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

- Facation and focus on a singular individual, group, or department, depersonalization of target, infimidating target to lessen their ability to advocate for safety
- Seeking others to support and empower future threatening action: may find extremests looking to exploit vulnerability; encouraging violence
- Threats and ultimatume may be vague or direct and are motivated by a hardened viewpoint; potential leakage around what should happen to fix grievances and ingustices
- 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 troil on social media. · Argues with others with inlent to embarrass, shame, or shut down
- · Physical violence, if present, is impulsive, non-lethal, and brief, may seem sim
 - ilar 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-
- Narrowing on consumption of news, social media, or friendships; seeking only those who share the same perspective
- No threats of violence

TRAJECTORY?

TRAJECTORY?

BASELINE

C 2019 National Behavioral Intervention Team Association

INTERVENTION OPTIONS TO ADDRESS RISK AS CLASSIFIED

CRITICAL (4)

- Initiate wellness checklevaluation 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 VRAW^e 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.
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Supporting Students



Supporting Students

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

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

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

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?

66

WHAT HAVE YOU DONE FOR SELF-CARE TODAY?

"

Supporting Employees

Triad of Support

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

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...

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

Apps

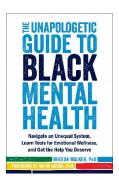


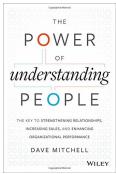
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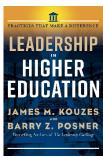


Keep

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

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

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







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