

# **Addressing Collective Trauma from COVID-19: Integrating Trauma-Informed Practices in the Workplace**

Presented by Thrive in Your Workplace  
with Jess Trane, LMSW

# About Us: Thrive in Your Workplace

Thrive in Your Workplace is a public-private partnership that helps local employers integrate mental health support into the workplace. We work with employers from across sectors and industries to shape customized workplace mental health strategies and implement workplace mental health programming. We also offer free trainings, resources and events to support the resilience of New York City's workforce.

Our goals are to promote employee mental health and connection to mental healthcare.

# Today's Facilitators

**Rachael Steimnitz, MPH**, is a public health professional who helps organizations develop and implement health improvement programs. She currently leads content development and implementation for Thrive in Your Workplace, working closely with employers across New York City. Previously, she supported various quality initiatives for Health and Hospitals Corporation (H+H) and directed trainings and programs at the State Office of Mental Health. Rachael has a BA from the New School and a Master's in Public Health in Sociomedical Sciences from the Mailman School of Public Health at Columbia University.

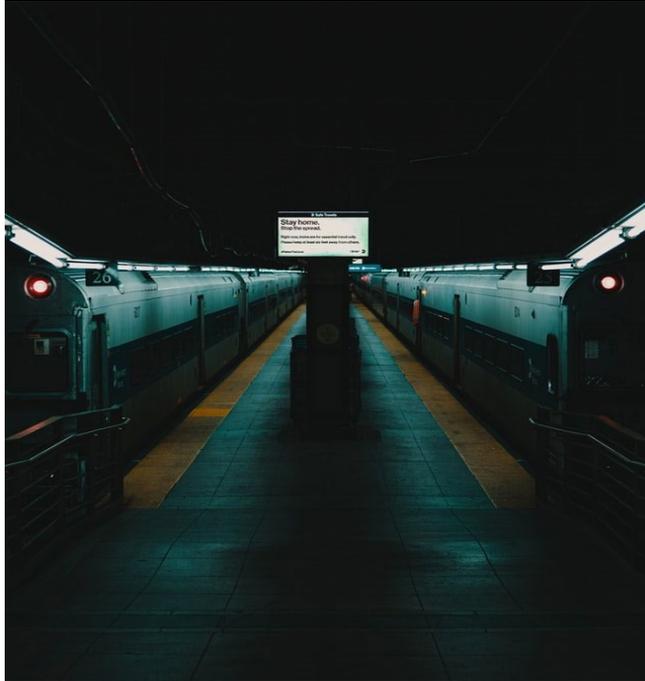
# Today's Facilitators

**Jess Trane, LMSW**, has years of experience in New York City public schools and non-profits, and currently serves as the Assistant Director of Training & Capacity Building at The Door – A Center of Alternatives, a comprehensive youth development center in downtown Manhattan. In this role, she has led initiatives to develop and sustain a consistent, supportive, and trauma-informed management culture and has the pleasure of providing training, coaching, and supervision to both clinical and non-clinical staff in program areas such as health care, legal services, workforce development, homeless services, traditional and alternative educational settings, and many others. In addition, she is a practicing clinician and consultant. She has provided training and/or consulting to organizations such as Henry Street Settlement, The ASPCA, and Brooklyn Legal Services Corporation A, and is a member of the Motivational Interviewing Network of Trainers.

# Agenda

- Overview of COVID-19 and mental health
- Impact of collective trauma and emotional responses
- Organizational strategies to integrate trauma-informed workplace practices
- Q & A

# COVID-19 pandemic: A time of uncertainty



- The pandemic and encouragement to stay home as much as possible have continued for months
- The public health emergency has spread across the world and to all 50 states
- COVID-19 has triggered the sharpest economic contraction in modern U.S. history as measured by Gross Domestic Product
- In a nationwide survey assessing the effects of the COVID-19 pandemic, 90% of survey respondents reported experiencing emotional distress

# COVID-19 inequities disproportionately affect people of color

- Witnessing and experiencing racism, discrimination and trauma greatly impacts mental health and can lead to depression, anxiety and trauma
- In NYC, frontline workers are disproportionately people of color, making up 75% of essential workers
  - Essential workers face increased risk of exposure and infection, and may experience increased fear and stress as a result
- Employees of color are less likely to work for organizations that offer paid sick leave or a work culture that encourages time off for illness, which often means they will be more likely to keep working when they are sick

# Impact of COVID-19 on workers' emotional wellbeing nationwide

As the US moves to re-open, mental health concerns are prevalent:

- 85 percent of workers feel "worried and anxious they may catch COVID-19"
- 85 percent are also "worried and anxious they may lose their jobs"
- 84 percent of American workers report "really struggling" with employment-related matters. The reasons include mental health (37 percent), changes at work (27 percent), and managing money at home (23 percent)

# Impact of Collective Trauma on Emotional Responses



# Where are we now?

In some ways, we are adjusting:

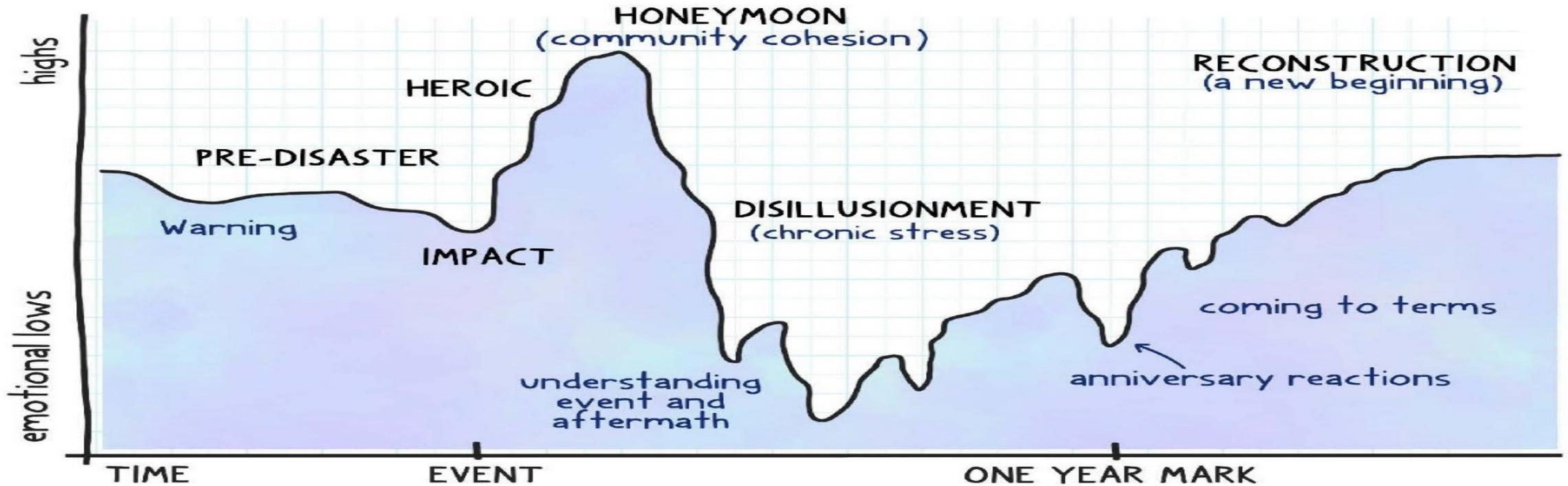
- Many individuals are starting to demonstrate some level of adjustment to remote work and/or working in environments with significant new levels of public health protocols
- We have now had some time to adjust to the reality of social distancing

But in many ways, stress and uncertainty are still acute:

- Pandemic fears still run high with concerns of a second wave
- Fears of the economic impact of COVID-19
- An urgent need for social change is stressful, and there has been a *massive* escalation in racialized trauma

# The collective trauma of COVID-19

## EMOTIONAL EXPERIENCE IN DISASTERS (and other collective traumas)



# We may experience different types of trauma

Trauma	Vicarious trauma	Collective trauma
<ul style="list-style-type: none"><li>• Results from an event or series of events experienced by an individual as physically or emotionally harmful or threatening</li><li>• Can lead to long-term adverse effects on physical, social, and emotional well-being</li></ul>	<ul style="list-style-type: none"><li>• Results from exposure to traumatic material (stories, details, images, etc.) in someone else's experience</li><li>• May lead to similar emotional impact as the direct survivor of the experience</li></ul>	<ul style="list-style-type: none"><li>• Community or social exposure to a large-scale traumatic event or series of events</li><li>• Can lead to wide-reaching disorientation, helplessness, loss, as well as an increase in questioning related to identity and meaning</li></ul>

# Trauma can result in both long-term and short-term effects

A common example of short-term effect is the stress response:

- Survival responses driven by biology and/or early learning
- Generally elicited during periods of peak emotion
- Attempting to argue with someone about their response or present logical reasons why a response can or should be changed is unlikely to be effective

# Understanding stress reactions

## Fight

- Irritable, grumpy, agitated & confrontational
- Attempts to enforce standards of perfection on others
- Anger turned inward – self-loathing, self-punishment, denial

## Flight

- Restless
- Present as chronically busy and perfectionistic
- Very frustrated when they run out of work
- Very chatty – lots of ideas, questions, etc.

## Freeze

- Numb, out of it
- Withdrawn and isolating, unresponsive to attempts at connection
- Couch potato – doing minimal work, chores, etc.
- Difficulty making or acting on decisions, feeling paralyzed

## Fawn

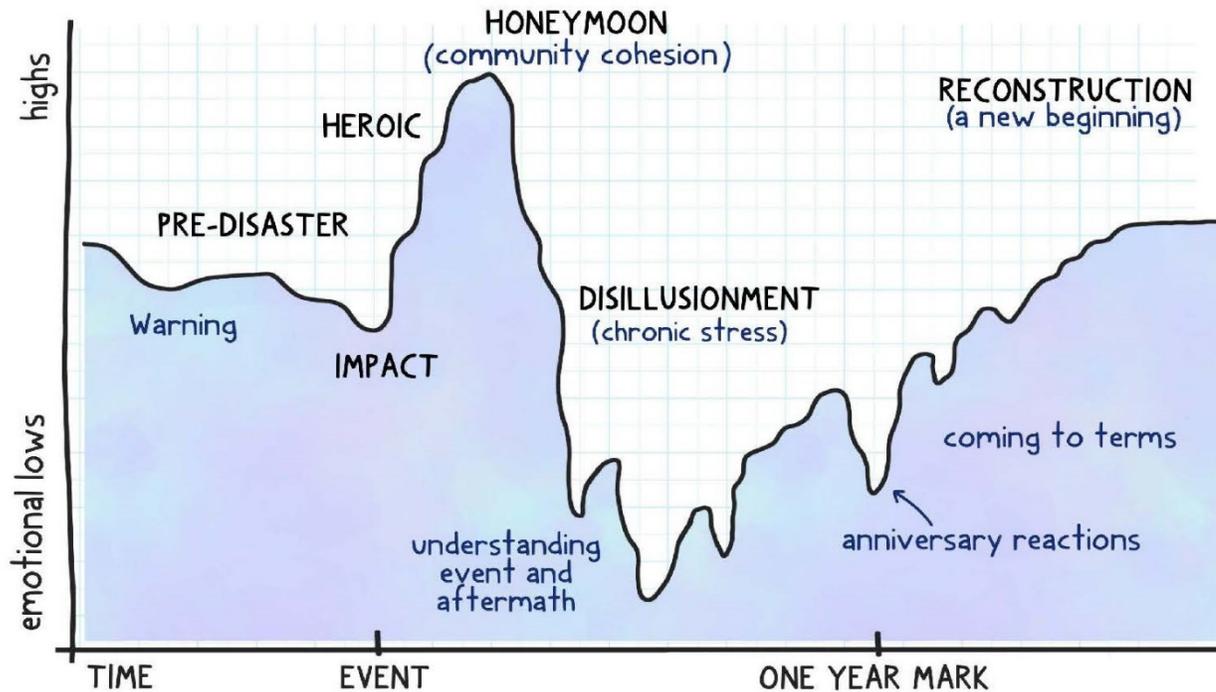
- People pleasing and caretaking of others
- Difficulty saying what they think
- Conflict avoidant
- Highly concerned with fitting in, strong need for approval

## Stoic

- Some people are genuinely able to stay calm in crisis
- Some hide or disconnect from emotions
- May present as distracted
- May experience changes in sleep, eating, or hygiene
- May exhibit increased substance use

# Impact of collective trauma on workplace practices

## EMOTIONAL EXPERIENCE IN DISASTERS (and other collective traumas)



**Pre-disaster:** Daily meetings with new updates, changing to different shifts, organizations have different responses

**Impact:** Shelter in place order for NYC, many individuals/families are sick, employers scrambling to set up work from home or add safety measures to workplaces

**Heroic/ honeymoon:** Town halls, Zoom parties, many informal support opportunities

**Disillusionment:** Work from home continues, virus spread across country, worry about quality of government response

# Impact of collective trauma on employees

- Fear of returning to work
- Fear of losing a job
- Lack of clarity around roles and responsibilities
- Lack of control
- Increased social isolation
- Interpersonal conflict
- High levels of anxiety
- Burnout

# Organizational strategies to address collective trauma



# Trauma-informed approaches can reduce or prevent stress responses

Key principles of a trauma-informed response in the workplace include three elements:

1. Prioritizing physical safety
2. Promoting trust and accountability
3. Facilitating social support

# (1) Physical safety in the workplace

Safe workplaces allow people to show up without fear and may reduce stress responses

Key areas of importance for safe spaces include:

- Social distancing: keep employees at least six feet apart from each other
- Hygiene: ensure robust hygiene protocols, including access to handwashing facilities and hand sanitizer
- Staffing and operations: include safety procedures in operations
- Cleaning and hygiene: incorporate robust cleaning protocols

**Note:** The City, State, and Federal governments and the Centers for Disease Control and Prevention continue to update guidance about ensuring a safe return to work

## (2) Promoting trust and accountability

Organizations can help reduce or mitigate stress responses by communicating with transparency. This can help staff know what to expect and foster a culture of trust:

- Research shows that surprise can increase the intensity of an emotion by 400%, which is why a sudden betrayal can feel particularly devastating or receiving support when you did not expect it can feel so moving
- Research also shows that for most people most of the time, trust and distrust are developed over time based on small details and interactions

# Brene Brown's framework for building trust

- Boundaries
- Reliability
- Accountability
- Vault
- Integrity
- Non-judgment
- Generosity

# Practice values to demonstrate integrity

Values must be defined in action terms:

- Proclaiming a value in theory without actively practicing it can lead to mistrust
- “I” statements can be an effective way of defining what a value looks like in action

When considering your values, consider:

- Is this who I am at my best?
- Is this a filter I use to make hard decisions?

# Accountability

- Crises require us to shift how we apply accountability – not to remove all accountability
- Blame is the inverse of accountability
  - May feel like it provides an element of control
  - Discharges discomfort and pain
  - Expend energy on rage, frustration, and self-pity – leaving us with no fuel left to meaningfully engage the other person on how to move forward

## Scenario: Starting a conversation about accountability

Explicitly name the issue. Be direct, give context for why it matters, and keep it brief:

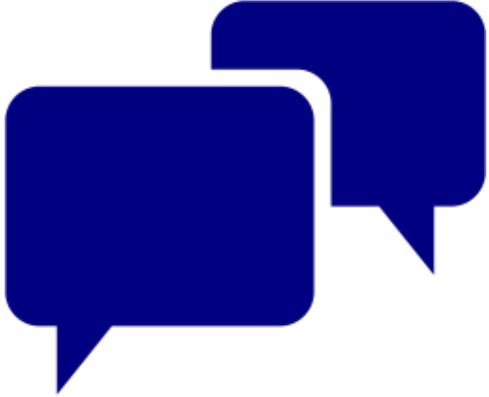
"I'd like to talk about your attendance at meetings lately. You've missed quite a few or seemed very distracted, and this presents a lot of challenges: both in making sure we're all on the same page and in making sure we get to hear your voice and feedback in the decisions that are being made. How can we work together to make sure you're fully present?"

# Emotional considerations to keep in mind



- If the person becomes defensive or seems to shut down, do not follow suit
- Practice patience
- Reiterate that this is not about blame and that your goal is to work together to identify a solution
- Remind yourself that many people have had significant histories of being shamed, blamed, and called out
- There are power dynamics and various systems of oppression to consider: fear about an accountability conversation probably is not about you as an individual

## Explore and empathize with the feelings that come up



Staff member: "I know, I'm sorry. Things are just so hard right now! I feel like I just can't deal with all these meetings."

Supervisor: "I'm sorry to hear things have been so tough. Can you tell me more about what it is that's making our meetings challenging?"

**Note:** It is important for the supervisor to express genuine empathy and have true curiosity about what is going on. A lot of your work in this conversation is to manage your own emotions so you can stay open to the other party's experience.

# Moving forward from the conversation

Sometimes with attention and empathy, the staff member will be prepared to move forward on their own.

If this isn't the case, consider the following questions:

- Is this a stand-alone issue or part of a larger pattern of concerning behavior?
- What is the priority level of this task? *Is my understanding of that priority level grounded in our current circumstances?*
- What are my next steps if this behavior continues? Have these next steps been made clear to the staff member? *Am I prepared to implement these steps?*
- If the issue is rooted in a mental health challenge, are there available resources? Does the staff member know about them?

## (3) Facilitating social support



- Relationships are a key part of maintaining both mental and physical health
- Social support gives us the feeling of being loved, cared for, respected, and belonging to a group
- A strong social support system can improve or protect mental health and decrease symptoms of depression and anxiety

# How does social support strengthen the workplace?

Social connections between colleagues can:

- Create a sense of purpose and well-being
- Reduce symptoms of burnout
- Increase collaboration and innovation

# Three commonly used social support programs for the workplace

## Employee champions



## Employee resource groups



## Peer navigators



# Cultivating supportive spaces for staff

- Support groups
- Weekly "Get It Off Your Chest" current events discussion group
- Affinity groups by race/ethnicity for processing and learning
- Trauma-informed care committee
- Regular staff newsletter
- Anonymous digital sharing space for grief and loss
- Encourage staff to participate in organizing actions, so long as job responsibilities are maintained

# Managing for social support

Being a supportive manager is a balancing act between being both an employee and supervisor. Managers:

- Are often the first people employees reach out to for emotional support
- Rarely receive training in promoting and addressing mental health in the workplace
- May be uncomfortable discussing mental health at work
- Are people with their own emotional needs!

# General principles for engaging people about mental health

Inquire about how people are feeling and listen actively

Use supportive language and maintain a positive outlook

Share mental health resources and encourage people to seek help

# Best practices in communication: Start with curiosity and empathy

- **Ask open ended questions** (e.g. ‘How are you feeling? Has this been an issue before?’)
- **Relate by sharing individual challenges** (e.g. ‘It has been really hard for me to sit and focus lately because I have been so worried about COVID-19’)
- **Resist the urge to “fix”** (e.g. don’t look for simple solutions or try to cheer the person up, because quick fixes tend to lack depth)
- **Acknowledge different experiences and needs of people** with different identities (e.g. encourage Black colleagues to practice self-care in relation to recent political events)
- **Practice reflexive listening** (e.g. paraphrase concerns, validate what you hear, ask clarifying questions)

# Moving forward

As we enter the next phase of the pandemic response, organizations must identify creative ways to engage staff to help them feel safe and supported:

- Naming the impact of collective trauma can help employees and organizations identify what they are feeling and seeing in the workplace
- Regularly talking about mental health and getting early support in place can help us face the challenges in the months ahead
- Ensuring the physical and emotional safety of our workforce can provide the tools we need to build back better

## Q&A

- Please share your questions in the chat
- A copy of the training slides and recording will be shared after the session

# Additional workplace mental health resources from Thrive in Your Workplace



## Thrive in Your Workplace

Redefining Workplace  
Mental Health

Visit <https://thrivenyc.cityofnewyork.us/workplace> to learn more about workplace mental health or contact [twp@thrive.nyc.gov](mailto:twp@thrive.nyc.gov) to schedule a free consult.

# Mental health support is available



New Yorkers can visit the [ThriveNYC Resource Guide to Mental Health Services to Access While at Home](#) for regularly updated resources, including services tailored to the needs of aging New Yorkers, veterans, students and young people harmed by violence, crime, or abuse.

Follow [@MentalHealthNYC](#) on Twitter for the latest updates

# References

Anderson, Jen. (2011). The Case for Mental Health Employee Resource Groups. Thrive Global. Accessed from: [thriveglobal.com/stories/the-case-for-mental-health-employee-resource-groups-why-companies-like-google-have-a-mental-health-erg/](https://thriveglobal.com/stories/the-case-for-mental-health-employee-resource-groups-why-companies-like-google-have-a-mental-health-erg/).

Arena, M., Cross, R., Sims, J. & Uhl-Bien, M. (2017). How to Catalyze Innovation in Your Organization. MIT Sloan Management Review. Accessed from: <https://sloanreview.mit.edu/article/how-to-catalyze-innovation-in-your-organization/>.

Brown, Brene. Dare to Lead: Brave Work. Tough Conversations. Whole Hearts. . Reprint ed. New York City, NY: Atria Books, 2018.

CDC, COVID-19 in Racial and Ethnic Minority Groups. (June 2020) Accessed from: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

Corrigan, P. W., & Sokol, K. A. (2013). The impact of self- stigma and mutual help programs on the quality of life of people with serious mental illnesses. Community Mental Health Journal, 49, 1-6.

Cross, R.L., Martin, D.M. & Weiss, L.M. (2006). Mapping the value of employee collaboration. McKinsey Quarterly. Accessed from: <https://www.mckinsey.com/business-functions/organization/our-insights/mapping-the-value-of-employee-collaboration>

Early Childhood Mental Health Trauma. Accessed from: [Dmh.mo.gov/healthykids/providers/trauma](https://Dmh.mo.gov/healthykids/providers/trauma)

Emotional Experience – Phases of Disaster and Collective Trauma: A Graph. Adapted by Lindsay Brahman from Zunin and Meyers/ SAMHSA.gov pub. no. 90-538.

# References

Horsley, S. (2020) 3 Months of Hell: U.S. Economy Drops 32.9% In Worst GDP Report Ever. Accessed from: <https://www.npr.org/sections/coronavirus-live-updates/2020/07/30/896714437/3-months-of-hell-u-s-economys-worst-quarter-ever>

Luna, T. & Renninger, L. Surprise: Embrace the Unpredictable and Engineer the Unexpected. TarcherPerigee, 2015.

MA COVID-19 Checklist Office Spaces. Accessed from: <https://www.mass.gov/doc/phase-i-office-spaces-checklist/download>

New York City's Frontline Workers. (2020). Accessed from: [comptroller.nyc.gov/reports/new-york-citys-frontline-workers/](http://comptroller.nyc.gov/reports/new-york-citys-frontline-workers/).

Palsson, O.S., Ballour, S. & Gray, S. (2020) The US National Pandemic Emotional Impact Report. Accessed from: [https://www.pandemicimpactreport.com/report/PalssonBallouGray\\_2020\\_PandemicImpactReport.pdf](https://www.pandemicimpactreport.com/report/PalssonBallouGray_2020_PandemicImpactReport.pdf)

The Wellbeing Lab Van Der Noot Lipsky. Trauma Stewardship: An Everyday Guide to Caring for Self while Caring for Others. Berrett-Koehler Publishers, 2009. b 2020 Workplace Report. (2020). Accessed from: <https://wellbeing-lab.s3-us-west-2.amazonaws.com/USReport2020.pdf>.

Walker, P. (2014). Complex PTSD: From Surviving to Thriving: a Guide and Map for recovering from Childhood Trauma. Accessed from: <https://www.scribd.com/document/451143971/Complex-PTSD-From-Surviving-to-Thriving-a-Guide-and-Map-for-recovering-from-Childhood-Trauma-by-Pete-Walker>

Yuko, E. (2020). COVID-19 Is Traumatizing All of Us. How Will We Cope After It's Over? Accessed from: <https://www.rollingstone.com/culture/culture-features/covid-19-coronavirus-collective-trauma-memorial-monument-history-994173/>