

Creating Change Through
Trauma-Informed Leadership:
Counselors as Community Leaders

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Trauma in a Post (?) Pandemic World

“As opposed to previous disasters in the U.S. that affected certain specific regions or populations where aid and trauma response could be concentrated, the COVID-19 pandemic has affected the entire population of the country.

While the risk of contracting COVID-19 is a population-wide traumatizing event, over the course of 2020 and 2021 it was coupled with traumatic changes to people’s social environments, including financial hardship, housing and food insecurity, death of loved ones, dramatic changes to work and schooling environments, and increased household stress that may have led to increases in interpersonal violence.

During this time, the U.S. also experienced increasingly visible race-based violence, including the harassment and killing of Black and Asian community members.

Each of these experiences can cause an acute stress response that may lead to future mental health problems if not addressed early; and for many individuals in the U.S., these experiences compounded one another.

Additionally, for many individuals who had experienced past trauma or were already living with PTSD, these traumatic experiences likely exacerbated symptoms.”

Impact of COVID-19 on Mental Health

- In the first year of the COVID-19 pandemic, global prevalence of anxiety and depression increased by a massive 25%, according to a scientific brief released by the World Health Organization (WHO) today (WHO, 2022).
 - Most negatively affected the mental health of young people and that they are disproportionately at risk of suicidal and self-harming behaviors.
 - Women have been more severely impacted than men



Impact of COVID-19 on Mental Health

- June 2020, national surveys conducted by CDC (2020) found
 - U.S. adults reported considerably elevated adverse mental health conditions associated with COVID-19.
 - Younger adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation.
- Overall, 40.9% of respondents who completed surveys during June reported an adverse mental or behavioral health condition,
 - Anxiety disorder or depressive disorder (30.9%)
 - TSRD symptoms related to COVID-19 (26.3%)
 - Started or increased substance use to cope with stress or emotions related to COVID-19 (13.3%)
 - Seriously considered suicide in the preceding 30 days (10.7%)

Covid, Trauma & ACEs



- Adverse childhood experiences (ACEs) are potentially traumatic events that can affect a person's health, well-being and success into adulthood.
- Due to COVID-19, over [140,000 children](#) have lost a primary or secondary caregiver and, as a result of school disruptions, many children have become more socially isolated (NGA, 2022)
- According to the new data, in 2021 (NGA, 2022)
 - 37% of high school students reported they experienced poor mental health during the COVID-19 pandemic
 - 44% reported they persistently felt sad or hopeless during the past year.
- The new analyses also describe some of the severe challenges youth encountered during the pandemic:
 - 55% reported they experienced emotional abuse by a parent or other adult in the home
 - 11% experienced physical abuse by a parent or other adult in the home, including hitting, beating, kicking
 - More than a quarter (29%) reported a parent or other adult in their home lost a job

Call To Action: Recovery and Resilience in Post (?) Pandemic World

- International
 - 90% of countries are working to provide mental health and psychosocial support to COVID-19 patients and responders alike.
 - Comprehensive Mental Health Action Plan 2013-2030
 - Governments worldwide spent on average just over 2% of their health budgets on mental health and many low-income countries reported having fewer than 1 mental health worker per 100,000 people
- Statewide
 - ACES Learning Collaborative
 - Trauma-Informed States
 - State Trauma and Resilience Network
- Individual Considerations
 - Agency Responses
 - The Great Resignation
 - Healthcare Workers
 - Education System



Need for Trauma-Informed Systems & People

- Almost none of us have escaped the impact of trauma in the last few years
 - We are NOT ok, yet we are being asked to care for others
- Trauma informed systems and people make it possible for us as counselors to continue to DO THE WORK
- Successful trauma informed systems have
 - Ongoing mechanisms for learning about trauma, preventing re-traumatization
 - Supporting for collaboration and resilience among both clients and staff.
 - Training and co-learning opportunities,
 - Ability to monitor and measure impact
 - Involve and collaborate with all sectors in translating policies into practice.



Application of Trauma-Informed Principles

- Individual Safety
 - physical, psychological, emotional, and social
- Trustworthiness and transparency
 - among staff, clients/patients, family members, and partners
- Peer support and mutual self-help
- Collaboration and mutuality
 - partnering to level power differentials
- Empowerment, voice, and choice
 - for staff, clients/patients, family members, and partners
- Confronts cultural, historical, and gender issues to promote meaningful inclusion
- Diversity, equity, and inclusion as central principles



Trauma-Informed Leadership in Mental Health Organizations

- Facilitate culture change in the organization = social learning and emotional intelligence.
- Identify and map existing trauma-informed practices – Build on these!
- Incorporate trauma knowledge into all practice models.
- Integrate safe, respectful, learning-oriented, solution focused approaches to case review, debriefing of incidents and supervision, paying close attention to language.
- Consider trauma experienced by ALL stakeholders and how to help build/support resilience
- Share trauma-informed resources across systems.
- Integrate alternate forms of information sharing to support trust and understanding

What Can I do?

- Counselors come to the table with a unique set of skills that are essential to leadership
- Leadership is not just positional
 - Personal/Relational
 - Clinical Supervision
 - Advocacy
- Organizational and Individual Change



Skills and Behaviors: Safety is Essential (50% Say So!)

Interpersonal interaction

- Display authentic warmth
- Keep body language open, approachable, and caring.
- Ensure communication is clear and consistent and also warm.
- Pay attention to tone of voice and the use of triggering words
- Be non-judgmental.

Professional behavior

- Stay calm even when staff or service users are activated.
- Avoid knee-jerk or reactive responses.
- Check In on others wellbeing and use positive methods to connect/motivate (not fear based).



Skills and Behaviors: Positional Leadership

- Advocacy vs. Inquiry:
 - Advocacy is stating a point of view and urging action.
 - Inquiry involves asking questions, clarifying information, and sensing processes.
 - Leadership requires both, but balance is important.
- Empowerment:
 - Accept different ways of doing the work
 - Acknowledge and validate the knowledge people possess.
 - When holding staff accountable, they are constructive and compassionate.
 - Give staff the benefit of the doubt
 - Acknowledge their hard work and decisions.
 - Incorporate staff ideas when considering policies, practice, and resources
- Voice
 - Listen regularly and actively through check-ins and feedback loops.
 - Work to gain a deeper understanding of staff situations and context.
- Choice
 - Trauma informed leaders offer and honor choice for both staff and service users.



Skills and Behaviors: Non-Positional Leadership

- **Engage in Discussion & Dialogue**

- Discussion: the facilitator has already identified the challenge and solution and seeks input from others.
- Dialogue: enables the group to define the challenge and brainstorm the best solution.
- While a dialogue may be more collaborative, consider when discussion may be more productive.

- **Stepping into the Void (Risk & Courage)**

- Take Risks
- Put it on the Table
- Be Transparent
- Be Collaborative

- **Creating a Holding Environment**

- A place where difficult challenges can be discussed safely,
- Where diversity of opinion is welcome
- Where experiences, values and assumptions are shared and challenged
- Where stress is expected and tolerated.
- Regulate your own personal emotional response

- **Protect All Voices**

- Confronts cultural, historical, and gender issues to promote meaningful inclusion
- Empower voice and choice through elevating or creating space for folks historically marginalized.

Things HAVE TO CHANGE!

“If your job is costing you your mental health, your passion, your relationships, your physical health, the spark inside of you, your joy, the things that make you who you are..... Its too expensive.”

Resources

WHO (2022)

<https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide>

CDC (2020)

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>

CDC (2022)

<https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html>

NGA (2022)

<https://www.nga.org/news/commentary/state-efforts-to-address-aces-and-trauma-and-build-resilience/>

Reinert, M. & Nguyen, T. (October 2021). “Trauma and COVID-19: Communities in Need Across the U.S.” Mental Health America, Alexandria VA.