From Active Shooter to COVID-19, Understanding Your Vicarious Trauma

By Jill Bassett and Michael Taberski

Michael Taberski Narrative

IT HAPPENED TO BE the coldest night in February 2020 when my phone rang at 3:00 am. The words that quickly came from the other end of the line jolted me awake in an instant, and were the words any practitioner prays they will never hear, "Shooting . . . students . . . possible dead . . ." Having experienced extensive emergency training throughout my career, my brain quickly developed an almost mechanical checklist of tasks: It's cold out so dress warmly, but I will need to look professional given the long tough day ahead; focus on getting on the road and call the President on the way; call the Dean to confirm he is sending out an emergency text message; call the Associate Dean to head in; and wake up!

My drive to campus is 13 miles long and usually takes about 20 minutes to traverse. That night it took much less, and I managed to make 11 phone calls along the way. My head continued to check off the list of tasks that was growing with every thought: "Who should I have with me when I am making calls to parents?" "What is the new fire chief's name again?" I arrived in town and was stopped by firemen who had used a fire truck to block the road in an attempt to stop the shooter from leaving the area and to stop unnecessary traffic into town. They directed me around the outskirts of town to the only checkpoint that would be allowing personnel into the area. I was on phone call number 20 or 21 by that point. I was escorted onto campus and pulled up to our student center when it all slowed down. Upon seeing just one student being escorted into our student center with a SWAT team officer, it felt like I awoke again, out of my mechanical emergency task brain and into my conscious emotional brain. "My God," I thought, "this is really happening. How many of my students are dead?"

It would take about an hour to finally confirm that no one was dead, but two current students and a former student had been shot. My role quickly became leading the college's efforts from the emergency command post, which was initially set up on the street next to the apartment where the shooting had taken place. There was frozen blood on the sidewalk along with cell phones, bags, and other personal belongings students dropped as they fled in all directions from the party. The rest of the day and the weeks following were filled with supporting the shooting victims, students traumatized from witnessing the shooting of their friends, or those who were startled out of their sleep by a SWAT team going room to room looking for the shooter believed to be hiding in our campus' largest residence hall—guns drawn, shouting commands to hit the floor with their hands in the air.

The most common response I have received since that day from well-meaning friends and family is that they cannot believe how stressful that day and the following weeks must have been. If it had not been for my friend and colleague's research and training, I probably

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would have characterized the experience the same way: "stressful." But given the important research and training by Dr. Jill Bassett, I know that many of my experiences, including this one, were not stressful. They were traumatic. I was not at the party; I did not personally know the students who had been shot; I did not have the experience of waking up to a SWAT team officer's rifle pointing at me; but through supporting my students who had those experiences, I know I had experienced vicarious trauma.

I had been through my colleague's training on how to cope with vicarious trauma months before this incident but made the mistake of assuming I was not experiencing vicarious trauma as much as I had been. I believe this happened because my emergency training had kicked in, and while completing tasks to address the needs of the incident, I thought I was emotionally removed from what had happened. Our emergency planning and my emergency training had prepared me to deal with the logistical side of this incident, but had not prepared me for the traumatic toll. This became clear during a meeting several days after the shooting when the college's senior team was developing a community update message. Understandably, the college wanted to distance itself from the shooting given the fact it happened off-campus and the negative publicity this would garner. I had already made the comment to colleagues that I believed it was important to stop referring to the shooting as the "off-campus shooting" as our students had been traumatized both by the shooting, and the SWAT team search on campus afterwards—thus the short distance off-campus (essentially across the street) did not make a difference for their emotions or trauma. The effects of my vicarious trauma came to a head when during a meeting a colleague referred to the "off-campus" shooting and was attempting once again to distance the college from the incident. I was immediately triggered: I felt my blood pressure rise, I tensed up, and as a result, I fired back with an explosive rant. "Two students were shot! Over a hundred more woke up to a SWAT team rifle in their face being screamed at to hit the floor. For God's sake stop minimizing this!" This was beyond "stress." This was not a lack of sleep. This was not being overworked. As I fired back with my triggered response, I felt the pain I had experienced days before upon seeing the fear in my students' eyes and the blood-soaked clothing as well as hearing students recount their trauma at the party or waking up to the SWAT team in their residence hall room.

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Similar to how my emergency response training kicked-in when my phone rang early that Sunday morning, this triggering moment woke me up to the training I should have utilized in the days following the event. I realized that I needed to address the vicarious trauma I had experienced and began processing the incident with colleagues and friends, as well as utilizing other self-care methods, such as meditation and exercise. I also needed to ensure I was not taking out my trauma on my family. I am very fortunate to have a spouse who is extremely supportive and understood the weight I was carrying as a result of this situation. Fortunately, my good friend and colleague was also nearby to lend her expert support.

Jill Bassett Narrative

WHEN I ASKED Dr. Michael Taberski about his experience with an active shooter on campus, I (Dr. Jill Bassett) could hear the influx of emotional responses coming through the phone. I quickly reached out to our higher education colleagues to ask for support in the way of texts, emails, and cards to be sent to him and his staff. Mike and I had known each other for many years, and I could hear that he was not himself, and while that fact was understandable, I was eager to support him.

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MICHAEL TABERSKI, EdD, serves as the vice president for student and campus life at SUNY Geneseo. During the aforementioned shooting incident, he was serving as the vice president of student affairs at New England College in New Hampshire.

We love feedback. Send letters to executive editor Ryan Evely Gildersleeve (aboutcampus@du.edu), and please copy him on notes to authors.

According to the Vicarious Trauma Institute (n.d.), vicarious trauma is what happens to an individual's neurological, cognitive, physical, psychological, emotional, and spiritual health when you hear traumatic stories. Some examples of what educators may hear include stories of sexual violence; death of a loved one; physical, emotional, or mental health issues; and/or financial hardship. It was not a surprise that Mike was minimizing his own vicarious trauma as his leadership role would require that he take care of his students and staff first.

Since the COVID-19 pandemic, college students are met with a variety of life challenges such as food and housing insecurities, loss of work and income, family difficulty, and grieving family/friend death(s). Additionally, higher education case managers are hearing stories of mixed emotions ranging from anxiety due to displacement, frustrations with online learning, sadness facing the disappointment of graduation, and senior rituals not being conducted, just to reference a few.

While colleges and universities are challenged with meeting enrollment goals, faculty and staff furloughs and layoffs, and balancing options for how to function as a business as well as educational organization, it is vital for vicarious trauma to be part of that conversation. Figley (1995) stated in *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized* that there is "a cost of caring" and professionals who hear stories of fear, pain, and suffering may feel similar fear, pain, or suffering. Professionals whose role is to assist students by providing support, resources, and services are increasingly exposed to vicarious trauma, and one might argue that they are more prone than ever before. Newell and MacNeil (2010) explain in *Best Practices in Mental Health: An International Journal* that it is critical that educators understand the risk factors and indirect effects of vicarious trauma to identity, prevent, and/or minimize their effects.

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Experts from the National Child Traumatic Network identified fear, sleep difficulties, intrusive images or thoughts, flashbacks, hypervigilance, hopelessness, inability to embrace complexity, inability to listen, anger and cynicism, sleeplessness, chronic exhaustion, physical ailments, minimizing, and guilt as indicators of vicarious trauma (The National Child Traumatic Stress Network, 2011). Sprang et al. (2019) add in the *Journal on Loss and Trauma* that associated effects of vicarious trauma include anxiety, disconnection, avoidance of social contact, becoming judgmental, depression, somatization, and disrupted beliefs about self and others. The first step in how we address vicarious trauma appropriately is to understand these signs.

My research titled, "Vicarious Trauma in Higher Education for those Engaged with Sexual Misconduct (Title IX) Cases" (Bassett, 2019), suggests that higher education professionals exhibit a variety of the vicarious trauma indicators. Of the 253 participants, 126 (50 percent) self-disclosed a story of their vicarious trauma related to their higher education work. Sleep difficulties at 29 percent was the most common emerging theme reported. Additionally, stress at 54 percent and anxiety at 42 percent were the highest ranked indicators that professionals most recognized within themselves.

In *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*, Van Dernoot Lipsky (2009) suggested that evaluating an individual's response(s) to trauma exposure is critical, because how they are affected by their work in the present directly affects their work in the future. To support professionals, the most frequently utilized assessment tool is Dr. Beth Hudnall Stamm's Professional Quality of Life Scale (ProQOL). The ProQOL measures Compassion Satisfaction, Burnout, and Secondary Trauma Stress or Vicarious Trauma and is available online for free! Since COVID-19, Stamm's website also includes a Pocket Card for COVID-19 Crisis tool added in March 2020.

Research has suggested professionals need protective strategies to manage their vicarious trauma. Sharing and communicating with others serves as a protective factor, which are conditions or attributes in individuals, families, communities, or the larger society that help people deal more effectively with stressful

events. Therefore, group care, sharing with a friend, a therapist, or partner, and balancing the amount of student stories that you hear daily, can help to manage your vicarious trauma.

The best thing that I could have done for Mike was to encourage him to talk to me about his experience, so that I could serve as a protective factor. As his colleague, it was not my place to offer solutions to his work challenge or judge him. Instead, as his friend, my role was to actively listen to the horrific trauma that occurred in his community. As Van Dernoot Lipsky (2009) suggested, trauma always creates a ripple effect, the same as when someone throws a stone into a still pond. I have witnessed the power of us talking about those ripples as each story lessens the ripple and makes the impact more manageable. It has been my experience that COVID-19 has created a lived experience similar to vigorously shaking a bottle of soda. Both can be explosive, lack control, can be feared of the unknown, and yet this analogy will never compare to the heartache and loss that we have experienced from this pandemic. Even still, it would be so helpful if professionals slowly opened the lid which is accomplished by sharing without judgement. Mike is not "weak" because he experienced vicarious trauma when his students were shot. I am not "frail" because I cried after hearing a student lost their father from the Coronavirus. As Dr. Tana Bridge told me when I was conducting my research, "The only people that are impacted by Vicarious Trauma are people that care," and I am pretty sure that educators and practitioners are supposed to be caring people.

Practitioners should consider how they are responding to their vicarious trauma and what steps they can take to address it in order to remain healthy to support their students.

Utilizing the ProQOL, increasing your protective factors and sharing with others are all helpful strategies. In my Vicarious Trauma Workshop, I developed an activity where participants can customize their responses by creating a Sensory Care Plan. The concept entails focusing on your most dominant sense. When you experience Vicarious Trauma, work toward activities that nurture your dominant sense. Here are some examples:

- If you are a visual person, keep a few pictures in your desk drawer that you only look at after a triggering situation of vicarious trauma. Practice Breathing in the flowers, and blowing out the candle as you review each photo.
- If you are an auditory person, find a song, beat, or sound that you only play after a triggering situation of vicarious trauma. Practice Breathing in the flowers, and blowing out the candle as you listen to the sounds. Most people who like sounds will want to close their eyes for this practice.
- If you are a touch/kinesthetic person, find an object (stuffed animal, ball of cotton, nail file, something you like the touch of) and create a practice where you play with the object triggering situation of vicarious trauma. It is also helpful to do this practice while you recite a positive affirmation.
- If you are a hyperosmia/smell person, find the scent that brings you positive memories. Find a way to smell that item/fragrance and create a practice where you only use that scent after you have a triggering situation of vicarious trauma. It is also helpful to do this practice while you recite a positive affirmation.
- If you are a taste-sensory person, find a flavor that brings you positive memories. Find a way to taste that item and create a practice where you only eat that item after you have a triggering situation of vicarious trauma.

Michael Taberski Narrative

I WAS FORTUNATE to have Dr. Jill Bassett as a friend and colleague who supported me through dealing with the vicarious trauma associated with the shooting incident at my former institution. As a field, we need to challenge colleagues to recognize that they are most likely experiencing vicarious trauma rather than stress, and support them in both coping with the trauma and knowing its signs before they experience it next. Fortunately for all of us, there are resources available including Dr. Bassett's training and presentations. There are opportunities for group care, but is also important to seek out and address your own self-care. It is important for practitioners to seek out their own practice for managing the information and situations that they hear due to their job. We have all been affected by the recent COVID-19 crisis including supporting our students who have experienced the loss of

family and friends, displacement, and the myriad of other traumatic situations associated with the crisis. Practitioners should consider how they are responding to their vicarious trauma and what steps they can take to address it in order to remain healthy to support their students.

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