The Psychology of Trauma and COVID-19

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Lecture in the faculty Senate sponsored series for the shelter in place lecture series. I am Laura Luehrmann professor of political science and president of the Wright State faculty, and I'm really happy that you're joining us today for this extremely important and very interesting talk. And I'm happy to introduce today's speaker.

Dr. Jeremy Schumm received his PhD in clinical psychology from Kent State University. He completed his clinical internship at the Boston consortium in clinical psychology, which included the National Center for PTSD, residential substance use disorder treatment in general, outpatient mental health.

Prior to joining Wright State he was the associate director of the trauma recovery center at the Cincinnati VA and clinical associate professor at the University of Cincinnati.
He is nationally board certified and clinical psychology. His scholarship interested areas of clinical practice include treating adults with post traumatic stress disorder and substance abuse disorders and substance use disorders.

He also specializes in couples based treatment and is a certified national Trainor in both behavior in couples therapy for substance use disorders and cognitive behavioral conjoint therapy for PTSD.

Finally, doctor Schumm is a Wright State alumni, so we're really excited about that. He received his bachelor degree of science and psychology from Wright State, and was a psychology student and university honor scholar.

We know we have some university honor students in our audience today, and so special welcome to them. Joining us as well on this panel is Dr. Cheryl Meyer. Dr.

Meyer serves as the vice provost for faculty affairs, and she's also the former associate dean of our school of professional psychology. We're really glad to have her here today to help us moderate questions.

So without taking any more of your time, I'll turn it over to Dr. Schumm for his discussion today.

Great Thank you. Dr. Luehrmann. It's a pleasure to be here. So we, my slides going here.

So I'll be talking today about the psychology of trauma and COVID-19.

And I'm gonna start with an overview of my talk so I'll start with the definition of a psychological trauma. Both the diagnostic definition
as well as less technical language that's often used in describing psychological trauma.

Next, I'll talk about the psychological impact of COVID-19 as well as its aftermath.

And finally, I'll talk about a few mental health tips as well as some informational resources.

So, let me start with talking about what is psychological trauma and how do we understand that definition?

So I'll start with the definition, according to the diagnostic and Statistical manual, mental health disorders, or the DSM five.

So, and I should mentioned the DSM five is the way in the United States in which mental health disorders are diagnosed. So, this is, this is the more technical definition of what, what constitutes psychological trauma.

So, according to the DSM five there are certain experiences that qualify as meeting criteria for post traumatic stress disorder, or for other trauma related disorders.

And as I will discuss further, that that doesn't mean that all individuals who experienced those events necessarily will have a trauma related mental health disorder. But rather those events have the potential to trigger those particular mental health conditions.

The event can be something that the person has experienced directly.
It can also involve witnessing the event happening to someone in person.

That could also include learning that the event has happened to a close friend or family member. So, in this case to qualify for a trauma related mental health disorder, this would have to be learning about a violent or accidental death.

So something like a car accident, for example, or a family member being murdered.

The events can also involve repeated exposure to aversive details, and that might produce a post traumatic mental health problem.

So, for example,

first responders are in jobs that they were repeatedly confronted with a of details of trauma and exposure in that manner could cause post traumatic symptoms.

Now, according to the DSM five exposure through media or TV doesn't count unless
an example would be an individual in the military whose responsibility it is to oversee installations that are bombed and they're

they're watching videos of that happening real time over and over and of deaths that may be occurring because of that.

So, the technical definition for, what is psychological trauma a change from the DSM three to the DSM four so there's been different additions of of the DSM.

Obviously, we're on our fifth edition here, and previously the definition described psychological trauma as events that were out outside the range of human experiences.

However, research on psychological trauma showed that, in fact, most individuals and their lifetime experience, one or more events that would constitute a life threatening event or event where someone can be seriously injured or killed.

So, therefore, the definition in this case was removed and changed. So, I also mentioned a less technical definition that you, you may have actually heard in your day to day conversations and that's one

For example, individuals who have gone through a divorce often say that was a psychologically traumatizing event or experiencing job loss.

Now, while those events may not meet the technical definition for a trauma related mental health condition,
nonetheless they are events that can certainly profoundly impact people's mental health,
and cause certain mental health conditions.

So, one of the mental health disorders, that can result from psychological trauma is post traumatic stress disorder or P. T. S.

D. and population based study showed that has a lifetime prevalence of somewhere between five and ten percent of the population in the United States.

And so, what that means is that means about five to ten percent of individuals will, we'll meet the diagnosis for PTSD at some point during their lives.

Prevalence rates do vary, and that could be dependent upon things like the nature of the traumatic event.

So for example, prevalence of is higher among individuals who have experienced sexual assault or combat as examples.

Other factors can also increase or decrease risk for PTSD.

It's occurrence can increase risk for developing PTSD.
So, it's possible in the context of COVID-19 that you know, a serious illness episode from the virus that was life threatening, could trigger PTSD symptoms.

and in addition the broader stress and consequences COVID-19 might also trigger an elevation of PTSD symptoms and those who already have Pre existing PTSD.

So they had PTSD based upon an event that happened before COVID-19, they may see in fact, a worsening of their symptoms.

So, let me now just briefly describe what is PTSD, what are some of the common features or symptoms that go along with PTSD and is characterized by four main groups of symptoms.

The first grouping is what we call intrusive symptoms. So these are things like having wanted memory...

...having feelings that that remind you of the event. Another set of symptoms that go along with PTSD are avoidance symptoms.

And this could be things like avoiding going places because they remind you of the traumatic event, or trying to avoid memories or feelings.

So, for example, someone prior to a trauma may have thought that the world is relatively safe. Following the trauma
they may have noticed changes and they're thinking where they have thoughts that the world is a completely dangerous place to go. And, you know, there's nowhere safe in the world.

And then the final set of symptoms that goes along with PTSD or symptoms that are associated with increased arousal. So, that could be things like, feeling is easily startled, not being able to concentrate, feeling on edge constantly, (audio loss) that are reactive.

These are all symptoms that go along with increased arousal. In order to be diagnosed with PTSD, a person will have to have had these experiencing these symptoms at least a month since the dramatic event happened. So it has to be at least a month.

And I should also mentioned too, with with PTSD, in order to be diagnosed with PTSD the person will have had to really has a distress associated with the symptoms. So they're very distressed by the symptoms, or they're having functional impairment. So, their relationships are being disrupted, or their ability to work is being disrupted because of the symptoms.

Now, there's another class of trauma related disorder, it's called acute stress disorder. And what acute stress disorder involves, acute stress disorder involves some of the symptoms of PTSD that I just described or having
and a number of these.

But it's been less than a month since the trauma. So it's the immediate aftermath of their trauma. Approximately five to twenty percent of individuals might experience acute stress disorder, or meet that diagnosis following a trauma.

And again, just like with PTSD, it's not enough to just have the symptoms. An individual to meet diagnosis for acute stress disorder has to be significantly distressed by those symptoms or having difficulty functioning.

Like they can't go to work or they're having major problems in the relationships because of these symptoms.

So one of the things that's important to understand following traumatic events is trajectories of individuals following trauma and so this slide just demonstrates kind of two courses of trajectories following dramatic events.

So one of the things I want to highlight is that in both of these trajectories,

in the initial weeks,
many people have symptoms where we might otherwise call (audio loss)

Just maybe having nightmares about the event, or having difficulty sleeping or concentrating. But what this slide highlights is that there, what we see with when people develop PTSD is there's a distinct trajectory there.

And that is a trajectory where the symptoms maybe start a little bit higher but really what most importantly is we see that over the weeks following the trauma the symptoms do not decline.

The symptoms remain, whereas for individuals, and this is for most individuals, so this is the other thing I want to highlight the purple trajectory is characteristic of most individuals following trauma.

So most individuals following trauma have some of these symptoms yet and the days and weeks following those symptoms will decline. And that's what we consider to be natural recovery from the trauma.

The first is depression. Now, unlike PTSD or unlike acute stress disorder, there's no qualifying event that's needed to be diagnosed with depression.

You don't have to needed to have experienced a certain thing in one's life to be diagnosed with, with major depression.
However, depression can occur in response to psychological trauma and, in fact, studies show that most individuals who experience major depression have a lost related event that precedes the depressive episode.

So that could be, for example, loss of a job or loss of an important relationships. So that's very common.

Scale epidemiologic studies suggest that could be somewhere between twenty and thirty percent of individuals at some point in their life, having a major depressive episode.

Major depression is characterized by a couple of things. First of all with major depression it's having a certain set of symptoms for most of the day for at least two weeks. Okay, so it's not having a bad day here or there. Most people will experience that, but this is having the symptoms most of the day, for at least two weeks, and the symptoms are characterized by the following.

So having sadness or loss of interest in activities that you'd normally enjoy and the sadness is really generally very, very pervasive and persistent sadness.

And then people have other sets of symptoms to go along with sadness or loss of interest.

So, things like changes in their appetite. Maybe eating a lot more a lot less or gaining a lot of weight or losing weight rapidly. Changes in their, sleep suicidal thoughts.
So these are some of those examples of symptoms that people might experience.

Another mental health condition to highlight is generalized anxiety disorder. Generalized anxiety disorder is a condition that affects roughly about nine percent of the population at some point in their life.

And this condition is characterized by excessive worry across multiple domains.

So that it's not just worry about one area or one thing, but it's, you know, having worry about my job and my employment and my health and my loved ones and, you know, whether I'm gonna have a place to stay, whether I'm going to have food to eat.

So that occurs and then there are other symptoms that go along these symptoms of excessive worry. So, symptoms can include things like muscle tension or problems sleeping.

And I should highlight that in the context of COVID-19 most people are experiencing some degrees of worry and in fact, these concerns or well founded, in many cases. However with generalized anxiety disorder, the worry again is across many domains. It's both excessive, an unrealistic.

And the person cannot control the worry once it start. So that's some of the differences that it's much more than just kind of normal worry if you will.
So some other types of issues, mental health issues that can be impacted by COVID-19 are substance use disorders. So these are things, including alcohol use disorder, or other drug use disorders.

And these disorders are characterized by repeated substance use that results in one's relationship or inability to control. One's use.

Okay so you need to, to be diagnosed with the substance use disorder the person would need to experience these problems recurrently within the same year. Multiple problems within the same one year period of time now.

Certainly we've heard a lot in Dayton about Opioid use disorder and it's devastating impact, and although, you know, Dayton has certainly higher rates of individuals with opioid use disorder if we add all drug use disorders combined. The lifetime prevalence rate overall for the United States of drug use disorder collectively is about ten percent, the leading drug use disorder in terms of lifetime prevalence is cannabis use disorder at six percent. By comparison,
If we look at lifetime prevalence rates for alcohol use disorder it's thirty percent or it's about three times the number of all of the drug use disorders combined.

So while these other drug use disorders are prevalent, we clearly see them in our community.

It's also important to remember that alcohol use disorder is still much more prevalent than any other drug use disorder combined.

Now, COVID-19 presents several challenges for people with substance use disorders.

So one being the fact that the stay at home restrictions cut off people from their social support systems and from mutual help groups. So one an important recovery component for some people with substance use disorders is connecting with other people in recovery through things like alcoholics anonymous. so COVID-19 has made that impossible really for people to meet face to face.

Now fortunately, I think people have gotten creative and have found some of these recovery groups online, and obviously, technology allows us to connect, but nonetheless, you know, that can certainly, stay at home orders certainly has made staying socially connected challenging.
Another challenge is the increased psychological stress,

and that can, for individuals who struggle with drugs or alcohol problems, that can increase for just to want to use or cravings to want to use and certainly many people as a result of COVID-19 are experiencing elevated psychological distress.

And then a final challenge is boredom, which is a risk for some individuals to use alcohol and drugs, and, you know, being stuck at home without an ability to go out and do the things you might want to do certainly could run that, you know, could increase that risk.

So,

I'm gonna transition to talking about trauma following COVID-19 infections and those who become symptomatic from COVID-19 and whose symptoms become life threatening are likely to be a greater risk for experiencing mental health problems once they recover from the infection.
threatening injuries,

from other forms of trauma,

we could project that that hospitalization and being ill enough or sick enough,

that your hospitalized,

you know, could be a risk factor for later mental health problems.

And particularly being ill enough that you end up in the ICU, you know, that certainly is directly correlated with how ill someone becomes with COVID-19.

But there could be later psychological consequences of that, that you know, someone really thinking "I might die from this" or having, you know, having a family member where you're thinking that "I might die from this."

The other way that COVID-19 will directly challenge individuals mental health is through experiencing the death of loved ones. So, experiencing the unexpected death of a love one from COVID-19 no doubt could lead to things like PTSD, depression, and
you know,

this picture on the slide that I showed is a story about a family from New Jersey who experience multiple COVID-19 infections and the death of four family members from the same family. And so in addition to the highly contagious nature of the disease, they can lead to multiple individuals becoming ill with the infection, family members who survive this illness maybe facing things like survivor guilt or guilt over perceiving that... profound psychological consequences for individuals. And then another issue that can impact psychological functioning in the context of COVID-19 is the stay at home orders and quarantines that people may be experiencing. However,
these things result in separation from loved ones,

and for some social isolation and loneliness, and social isolation

and loneliness are obvious risk factors for individuals who live alone,

however,

increase loneliness is still a risk for individuals

who are not living alone. Some individuals may have stronger
connections to people that are living outside of their home and, for
example, you know, research shows that it's developmentally normal for
youth to become

more oriented toward their friends and, you know, more aligned with,
wanting to spend time with their friend groups as they become older,
and in situations like this. we're simply, not able to do that.

We're not able to appropriately socialize with,

people outside of where we're living and also youth may not feel, or
others not just youth, people may not feel necessarily as connected or
supported,

unfortunately,

by their family units.
And so, in this case, the stay at home orders can result in increased feelings of loneliness and isolation, even though you're living with other people. So, sadly, that's also the case in nursing homes and rehabilitation centers, where family members are permitted to visit loved ones. As depicted in this photograph, some family are trying to still visit their loved ones through creative means by having window visits. But they're not able to have that face to face time. They're not able to give their loved ones, you know, a hug or be in the same room with them.

And studies on mental health disorders, like PTSD and depression are pretty clear, and loneliness has a strong association with being diagnosed with these conditions as well as having trouble recovering from these from mental health conditions. And research from multiple studies show that when compared to those who become ill, but are not quarantine individuals who are quarantined as a result of an infectious disease show,
worse,

191 00:26:30,565 --> 00:26:31,404 psychological

192 00:26:31,404 --> 00:26:34,315 functioning up to three years following quarantine.

193 00:26:35,545 --> 00:26:50,154 So and that could be due to a variety of reasons. That could be to do to things like social isolation that come, you know, during the quarantine and one's left alone and not being able to be around your family or friends because you're quarantined.

194 00:26:51,055 --> 00:27:03,535 It could also be due to the possibility that those who are quarantine had a more severe course of the illness then those who are not. So therefore they were faced with a more serious and life threatening illness.

195 00:27:03,565 --> 00:27:04,065 So,

196 00:27:04,194 --> 00:27:08,125 you know, so there's lots of reasons that might explain those findings,

197 00:27:08,125 --> 00:27:09,474 but the findings are pretty clear that,

198 00:27:09,474 --> 00:27:18,174 that is a marker for both immediate and longer term issues that people might have related to mental health

199 00:27:18,894 --> 00:27:20,605 following the quarantine period.

200 00:27:23,305 --> 00:27:31,045 I also want to talk about the economic impact, because it has profound psychological impact as well.

201
So COVID-19 will likely impact mental health functioning through the financial damage and job loss that it will produce and it is obviously producing right now for us.

So, it's probably not surprising to any anyone listening to this talk to hear that the research findings have have shown that from many studies that job last is a predictor of worse mental health outcomes.

So probably no surprise anyone

But certainly, for some individuals, it could produce, you know, greater problems with alcohol use as well.

The effects of job loss is also, and this is me being a bit speculative here, but just kind of trying to observe what I see going on, it's also, I would say, likely to be disproportionate toward those economic.

so,

for example,
you know, people who do nails or hair for a living or those who are

a waiter or waitress or bartend,

these individuals are currently unemployed or temporarily laid off.

I mean, they are not in a position, like some of us where they can do their job from home and get paid. Okay, that's not that's not possible.

So there are certain job categories that because they don't have work from home options and they're going to be laid off. They're gonna be unemployed.

They're more likely to suffer economically than those who are in jobs, you know, where work from home is a possibility and is an option.

And then, for some individuals, the stay at home orders, you know, for some of us, they, you know, we see benefits. Right? It's given us kind of a nice break.

But for others,
places them in what we might think about as a psychological pressure cooker.

Where it's, many studies have shown that the family environments that are characterized by high degrees of hostility and criticism or predictive of worse mental health prognosis.

So, for some individuals who are in families that exhibit a high degree of hostility and criticism, they're in an environment right now where they're trapped right? They, they really can't go, they can't escape this environment. There's no place for them to really go or to go for long periods of time and so they have no choice and they can't escape to a friend's house or they can't go hang out at the mall because that's not an option right now.

And risk for family violence will also be elevated for some families in this context. So, for family, for for families, for violence was already occurring. Unfortunately, the stay at home orders is going to provide basically greater opportunity, greater contact and duration of contact for that to that to occur.

And furthermore, it's gonna cause some real challenges for people trying to stay safe from family violence because they may not feel capable and they may not be capable of going anywhere else.
And so, they're in this family environment where family violence was already occurring.

And now, you know, being around family members who are violent, you know, for the most part all the time, and the detrimental effects of family, violence and mental health are well established.

So we know that that is not good for mental health. And then, furthermore, there are some conditions, like alcohol or drug problems that are shown to increase risk or family violence to occur.

So when we see that, you know, there could be worsening of some of these conditions, mental health conditions, those in turn could even increase risk. For family violence.

And so before I discuss mental health tips,

I wanna mention a psychological theory that's been empirically supported in a variety of context in countries and that

So, this is a theory called conservation of resources here in this theory was originally developed to understand the impact of psychological stress, and then applied to understand the effects of psychological trauma.

And this theory conceptualizes psycho-social resources as being present across a variety of domains. So we might consider that individuals have resources that are in domains like things that are economics.
So, for example, your job or your savings, or having health insurance. Individual's also have categorical resources we might consider to be personal or intra-personal resources.

So those are things like, having a sense of self esteem or self worth, or sense of purpose. Resources can also be interpersonal. So those are conditional resources

we have, for example, having a good strong relationship with our family or friends. We could view those as psycho-social resources.

And finally, in the context of COVID-19 particularly we can think of health related sources, you know, our own physical well being or even things like access to healthcare.

So, resources we could think about in these different domains and according to this theory, these resources we would...

Changes in resources in one domain are going to impact changes and resources in other domains.

That they come together and furthermore, that our resources are interdependent, they don't just rely on us right?
We get our resources from our family from our, you know, from our communities and from our society. Okay. So they can be effective and multiple levels.

So, a prediction of this theory is that resource, So this is not a real positive or optimistic theory.

But what I will say is there's actually been a lot of research support for, you know, how this, how this works. But the, the one of the predictions from this theory is that resource loss will begat additional resource loss. Okay.

So, this is sometimes referred to as resource loss spirals, or you could think about it on the screen, I put the idea of dominoes. Right? So one domino tips over it starts to. It's a, it's a chain event, right?

So other things start to fall as well. So, let's think about that, just anecdotally in the context of COVID-19.

So we can imagine,

that let's say somebody loses their job as a result of this.

So this job loss

because it also leads to a loss of the person self esteem. It may worsen relationships and tension with family members.
Right? It might result in the loss of things like health insurance coverage and saving, so it's not just job loss. It doesn't just stay there, It produces this cascade of loss.

And then

another prediction is that again, not optimistic,

but I think supported by what we've seen with the research and a variety of context,

on this theory, is that resource loss has a more powerful psychological impact than resource gain.

Okay. So

for example,

the psychological damage of losing one's job can't be simply made even by getting another job.

It doesn't work that way.
Or, you know, let's think about a more extreme and tragic example.

Losing a loved one from COVID-19 cannot be offset by simply developing a new relationship with someone. Psychologically doesn't work that way. Loss will will outperform the gain in terms of predicting certain psychological outcomes.

And as I mentioned, I mean, this theory has been supported in a variety of studies, including multiple studies across different countries.

So, one site here, that was done in Turkey, following an economic crisis, another done in and Russia, following an economic crisis.

And what we see from these different studies is support for conservation resource theory prediction and the impact that resource loss has on psychological outcomes.

And also mentioned before I get into the final part of my presentation that we've also seen support for this theory in a variety of other populations and traumas ranging from individuals who experience sexual assault to those living in New York City following nine eleven individuals who experienced natural disasters such as hurricanes.

Okay. So it's, it's a pretty well supported theory across a variety of psychological traumas and context. Okay. So I'm gonna finish my talk with with some just mental health tips and strategies.
So, the first tip I want to present is it is that it's important to in the context of COVID-19 to engage in healthy routines. Now, that might mean maintaining the healthy routines that you already had. Right? Not just setting those to the side because we're in stay at home borders, but trying to maintain some of those routines.

But that might also involve developing some new routine or, you know, being creative with that. So, for example, I've had the privilege of going on walks at lunchtime with my family members. Not today. It's raining.

And when I say healthy routines, that could be things like exercise, eating meals together, maintaining regular bed times,
mental health and psychological benefits,

and help to maintain psychological mental,

psychological health.

So a second tip is to avoid COVID-19 information overload. Okay. So
now it's good to stay informed. Right?

We certainly want to stay informed about things, but, you know, we
have access to the Internet, we have access to twenty four hour news.

So, it makes it easy to get caught into obsessively reviewing
information related to COVID-19 and, you know, that's what we're
seeing over and over in the news.

And that could certainly elevate feelings of anxiety and feelings of
depression. So really, the idea here is yes stay informed, but also
make sure you're setting some boundaries and limits on how much time
you're spending

surfing the Internet, trying to find stories of COVID-19, or watching
news surrounding that. It's really important you take a break, do
other things. Watch a comedy or, you know, go for a walk.

Don't just be spending all your time on the Internet reading about
COVID-19. It's important we stay connected with others. Right?

So, you know, certainly this, this disease and us trying to prevent
the spread of this disease has really disconnected us from in person
meetings with a lot of people that we care about love.
So really take advantage of the technology we have nowadays and connect with people virtually when you can. That certainly will have minimal mental health benefits. We know the mental health benefits of social support.

But the other thing is too,

to think about our family and friends,

particularly those that might live alone or that might feel isolated or that might have a hard time reaching out.

Make sure that you're regularly checking in with those people and,

that's an important thing to consider. For those that are really struggling,

those who have pre-

existing mental health conditions or noticed that they're really having a hard time with,

consider tele-mental health. There's lots of of places offering that right now. The good news is about tele-
mental health,

the research shows that it, outcomes for elemental health, and that could be video based.

there's been a lot of research with that video based tele-mental health, that could be phone calls as well. But the research, particularly on video based tele-mental health shows that it is equivalent to to face to face with regard to outcomes.

So just know, you know, you don't need to delay mental health treatment and I certainly would not encourage that tele-mental health is a real option right now.

So I'm gonna finish here with just a a few tips for parents. So I don't see children clinically. I have children who live in my house, but I don't treat children clinically.

But that's the idea of parents should establish regular family routines and try to stick with that.

So that could be really challenging with children doing online schooling and parents, either working from home or parents who have, you know, because of their jobs, have to go out and continue to work. But, you know, healthy routines are really shown to be important for kids and for their mental health. So, you know, the best that you can trying to maintain those, those regular routines.
Another suggestion is to set screen time limits. Again, 

with online school, 

and a lack of in person school, 

and a lack of extra curricular activities, that could be really hard. 

But it's like, 

We want to promote moderation and activities, and we don't want kids being so, you know, 

dominated in terms of their time by doing things online that they forget that there's actually a world that's not online. So setting some, some screen time limits can be important. When communicating with children, 

It's also important to consider a couple of things as far as how that's approached. The first is, when you're communicating with children, knowing that they will model parents behaviors. 

So what I'm not saying is, oh, you know, don't tell don't share your feelings with kids. Because that's gonna be too upsetting.
What I'm saying is, it's the manner in which you're communicating. And it is certainly important to be honest with, with kids.

Depending on, (audio loss) you know, they can't comprehend it. It's okay, sometimes for mom or dad to say "This scares me too." To be open and honest about that.

And then doing a daily check in with your kids. So, you know, very young kids may lack skills to communicate, older kids as they become teenagers as we know they naturally less and less one to communicate with their parents.

But, you know, not letting them just pull up in their room and

you know, for days on end not talking to them. It's it's really good and important to do a daily check in. How are they doing? Not just with school, but how are they doing just emotionally and psychologically with all of this because it's hard on everybody.

And then finally for kids that might need it if your child is really struggling considering tele-mental health services. That is also not just for adults.

It's available for children as well. So my last slide is just some informational resources. So these informational resources are where you can go to read more.

The American Psychological Association has some good tips. So does the CDC as well as some other options
Hey, Jeremy, thank you. So that's great. I wanna first of all remind everyone that you can ask questions but the way to ask the question is you need to go to the chat, which is for me, the third box from the right.

And it looks like a little bubble, and if you type in your question, I will receive it, and then I will moderate the questions that we can ask Jeremy. But I wanted to start out with just a couple of really basic ones.

And one of them is, you know, you talk about trauma and most of the trauma you referred to are things like sexual assault or, you know, a murder or whatever. One of the things that to me is probably more stressful about this than anything is that there is no end. You know, it's this. "I don't know when it's gonna end, I don't know when it's gonna get worse" so it's more like a war in some ways. And so what I'm asking is, how does maybe that differ?

I think you cut out there right at the information but I think I got your question. Yeah, I mean, that's a really good question, I think with regard to yeah  not knowing when it's gonna end

I think it parallels, you know, we look at some trauma are acute, right where it's an event and then it's over. Other traumas and this is true if we talk about, you know, other trauma, such as people who go through child abuse, where it's just over and over again or it's a war where it's just, "I don't know when this is gonna end."
And I think that's one of the very unique things, I think, about what we're going through right now. We don't know for sure. I mean, you know, yes,

we're projecting, maybe we start to roll out being able to go out again in public, but we don't know exactly when that will be and it's possible that we may have to stay at home again.

So, I think that that that is a, gonna be a unique thing that's gonna add to the stress and that and the trauma for a lot of people not knowing.

Well, is that trauma? Will that trauma be different than other trauma from a, you know, one time event?

I think it it can, and it does,

often times when you see, you know, we know from research where you look at traumas that are acute traumas,
you know,

and how people react may be different from traumas where they're just, they seem never ending and they seem unpredictable and thread is always there.

So, I,

I, I could see that,

in this case,

one of the consequences of this and,

you know, is that people may have a real hard time,

particularly people that,

you know, for example,
I didn't even talk about a mental health condition known as obsessive compulsive disorder,

but that's a condition where people sometimes have major illness concern. This is really a nightmare for someone with OCD.

This is really like, you know, your worst case scenario. Right? So, you know, in that case, that's that's a mental health issue where "I've already had concerns about health and safety and touching things."

Now, I've gone through this nightmare where this is realistic that, you know, being around other people could get me seriously ill to the point where I could possibly die or my family members could die."

And, you know, I think that this could have really long standing problems for folks that struggle. (audio loss) And I also just thinking.

I'm sorry, you cut out a little bit. So I missed that ending there, but, you know, and even people who have recovered or have not recovered, it's kinda like, okay, great. You know, I dealt with this, and now I'm back in the same place that I was before because the nightmare that I had actually happened.

Exactly exactly.

Yeah, so you talked a little bit about mental health and and how, you know, if people have symptoms as a result of this, it may look different for different people.
And I guess I'm, there's a question about, you know, well, "how does trauma, look different for different people?" But I guess another piece of that for me is, well, maybe get a backup one,

And that is, is this a trauma? And will everybody experience this as a trauma and of those people who do you went through a lot of disorders. Well, everybody get everything? I mean, can you so, that's kind of a three step.

Is that the trauma? And then we'll have everybody experience? And then, you know. I think is the question, "Is this a trauma?" I think it depends on that individual's experience of that, right?

Like, if they, somebody who becomes seriously ill, nearly dies, that certainly is a trauma. For somebody that is, you know, staying at home, and, you know, is able to be with their family and nobody gets sick,

and, "hey, maybe this wasn't too bad for me, you know, I was able to kind of stay at home and connect with my family a little bit more." So I think, in that case, you know, it may not feel really necessarily like a trauma.

You know.

To somebody that goes through that now certainly stressful, Yes. Or they might have some concerns about going out but it's gonna be, I think, very different, depending on how that's impacted.

And I also think,
as I was talking about earlier,

in some of my slides,

I think also the economic impact of this is gonna really matter.

I mean,

somebody that has lost their job and,

is financially severely damage because of this,

and has other real losses that have just snowball that's gonna be a,

a much different pathway and experience,

then somebody else who's who's protected and safe and "I was able to kinda just go on and,
you know,
maintaining my finances and employment."

Yeah, I mean,
I am just thinking,

even personally,

you know,

that there's,

you know,

I'm experiencing with COVID

of course,

like everyone else is,

but beyond that,

we have the financial stresses at Wright

State that are a direct result of the COVID. And now that's
Compounding it. And you're right it's the domino, it just keeps, you
know, one thing, here's another piece, here's another piece.

I'm also concerned about something that you said earlier that I want
you to, if you can clarify it a little bit and I want to remind
everybody, you can type in questions and I'm reading through some of them as we do.

416
00:51:54,900 --> 00:52:04,945
You know, you talked about longterm damage or long term, you know, symptoms and I'm a little concerned about that in a lot of different areas.

417
00:52:04,945 --> 00:52:15,625
but in particular, of course, you know, my areas, violence and I am wondering about, you know, are we going to be seeing an uptick in things like domestic violence for a long time?

418
00:52:17,244 --> 00:52:24,204
I can see an uptick in some of the symptoms that you talked about. But that's more of a, you know, an interpersonal symptom

419
00:52:24,204 --> 00:52:33,744
and can I expect, can we expect that we're gonna see that there'll be long term consequences on some levels that we don't even think about like that?

420
00:52:35,065 --> 00:52:48,144
I think perhaps, I mean, I think the question of like domestic violence I mean, I don't know I think that the real risk in the acute phase is is pretty clear. Right? But I think it's possible

421
00:52:48,175 --> 00:52:52,914
I mean, I think for certainly for some families, this could sort of ignite things. Right?

422
00:52:52,945 --> 00:53:07,945
And so, yeah, I mean, I think that the, the long term impact is fairly unknown and so just like anything I think we're gonna have to, we're gonna have to research this.

423
00:53:07,945 --> 00:53:21,655
We could take from, you know, prior events and prior traumas and, you know, prior natural disasters, and try to apply that research to, to see well, "How's this gonna look?" But, you know, this is unique in its own way

424
00:53:21,655 --> 00:53:23,454
from a lot of other things we've experienced.

425
00:53:26,784 --> 00:53:40,914
So, one concept that you haven't talked a lot about, but I think, you
know, is an important concept to have people consider and that is post
dramatic growth. This is a trauma. But but there are silver linings.

426
00:53:40,914 --> 00:53:42,565
And can you talk a little bit about that?

427
00:53:42,900 --> 00:53:43,344
Yeah,

428
00:53:43,344 --> 00:53:57,954
(audio loss) so we may go through trauma in our life and as a result
of

429
00:53:57,954 --> 00:54:06,144
having had to sort of experience those and cope with those there's
some sort of positive change that happens.

430
00:54:06,175 --> 00:54:06,625
Right?
So,

431
00:54:06,625 --> 00:54:08,275
one example might be that,

432
00:54:08,574 --> 00:54:08,965
I go through some major trauma or major life stress and on the other
end of it,

433
00:54:13,945 --> 00:54:19,344
it's given me a greater appreciation for life or a greater
appreciation for my relationships,

435
00:54:19,344 --> 00:54:21,505
Or maybe even brought me closer to other people.
And so, that's one of the things that is, can also clearly happen following major traumas like this. You know, people can have improvements in their psychological functioning, or how they see meaning in their lives. And I think certainly, we will see some of that as well. I think that and I also want to point out to those things aren't mutually exclusive. Sometimes people have both post dramatic growth as well, as mental health struggles that result from the same event. Are there ways that, I mean, you talked about what we have about five minutes left so I'm gonna be brief, but you talked a little bit about, you know, some of the tips and maintaining.
Do you have any other suggestions for how to make some how to turn something into post traumatic growth as, you know, how to take this and turn it into a positive experience? Yeah. You know that's interesting.

I think with post traumatic growth, probably some of the research would tell us well, probably maintaining and this is kind of back to more of a, the conservation of resource theory idea. Right?

Trying to maintain the resources we have. So, for example, our relationships with other people would be a way to both try to protect our resource and also set us up for post traumatic growth.

The other thing is, to research is pretty pretty clear that when people, when people share things.

So, for example,

in relationships. Sharing,

where even when you're sharing emotions that feel vulnerable or that are difficult emotions,

you know,
being respectful of each other, but we're, you know, both sharing both the good and the bad that actually tends to be glue for relationships. It actually brings people closer together.

So, I would say making sure that, you know, you're, you're connecting with your loved ones and sharing your experiences as you go through. This is is a good way to try to increase the likelihood that you do experience post traumatic growth.

I'm just gonna mentioned two quick things. One is, I don't know if you saw this or not Jeremy, but today I'm gonna try to pull it up. I went to sleep over here, the computer did. Ohio launched a COVID care line and I don't know if you did you see this?

I did not no. I just got this today and it's 1-800-720-9616

and it is a joint collaboration between the Ohio Department of mental health and addiction services, Mike Dewine and Recovery

Ohio,

and it's to provide emotional support for Ohioans who are experiencing stress,

fear, sadness,
loneliness and there's also and I can send anyone the link that wants this,

but there are two really valuable resources.

And I know you know, about these Jeremys one is therapist can volunteer to provide services and first responders, and healthcare providers can receive services.

Are you familiar with that?

Yeah, where I think that you can sign up and it's kind of a bank of individuals were, you know, you're, you're offering your time to be able to do that for first responders.

Yeah, and I just want to make sure people know about that and one last quick thing and I'm sorry, I have to do a shout out here.

I noticed,

and my neighbor logged on and my neighbor is an EMT who has COVID

and she logged on to listen to this and it's just a really stressful time and a shout out to all our healthcare providers.
Yeah I second that.

Great. Dr. Shcumm and Dr Meyer, thank you so much. I think we've all learned a lot.

You've given us some really good, very practical tips about some of the processes that we can, maybe some of the practices we can engage in, and you've also just opened our eyes, at least my own to just so many other connections that we can make with this important topic.

So thank you very much for that.

We appreciate your time. I will give you a virtual round of applause. Thank you. Dr. Meyer also for helping to moderate and lead some of the questions. I just wanted to thank everybody for attending today and let you know that we have our, we have the next four lectures scheduled in this faculty lecture series. Thank you. Remember that we alternate on Thursday afternoon at four and then Friday afternoon at three. So next week, the lecture will be on Friday afternoon at three o'clock, where we have three of our faculty members from the College of engineering and computer science.
They are all three from mechanical engineering and they're going to be talking about 3D printing and how we are using some 3D printing techniques to help combat COVID-19. So we hope many of you will be able to join us again next week.

Once again, thank you very much Dr Jeremy Schumm for lending your expertise with us today. We really appreciate it. And everybody stay safe and hope to see next week. Thank you.