

ARTICLE

Integrating trauma-informed care into career counseling: A response to COVID-19 job loss for Black, indigenous, and people of color

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Abstract

The drastic increase among the U.S. unemployment rate led to increased trauma among those who lost their job as a result of the global COVID-19 pandemic. Combined with racial and ethnic disparities, the culmination of these traumatic stressors creates unique challenges and barriers for individuals from historically marginalized populations and low socioeconomic backgrounds. In this article, we explore how trauma-informed care can be integrated into career development practices for career practitioners. We provide a conceptualization of trauma-informed practice, interventions, and practical implications for career practitioners to incorporate in their work with historically marginalized clients.

KEYWORDS

trauma-informed practice, COVID-19, equity, career disparities, social justice

INTRODUCTION

Serving as the highest number of unemployment since the Great Depression, 30 million adults in the U.S. filed for unemployment benefit in 2020 (Crayne, 2020) Labor. Even with this rate having decreased since then, the U.S. Bureau of Labor Statistics (2021) reported an approximate total of 6.9 million unemployed persons as of November 2021, remaining at a higher level than prior to COVID-19 in February 2020. The decreased rate of unemployment can serve as a misleading metric, given many individuals continue to suffer from the aftermath of this sudden turn in the global economy and experience traumatic effects that heighten the risk for long-term mental health issues (Akkermans et al., 2020). Compounded with job losses, the litany of stressors stemming from the COVID-19 pandemic creates an urgent need to examine unemployment as a residual effect of trauma and warrants the application of a trauma-informed perspective (Blustein & Guarino, 2020; Crayne, 2020; Wright et al.,

2021). As trauma-informed practice has become a burgeoning area of practice in career development (see Barrow et al., 2019; Powers & Duys, 2020; Prescod & Zeligman, 2018), it has become increasingly vital for career practitioners to institute protocols under the trauma-informed lens to provide a more holistic outlook for the client and their unique needs related to the pandemic.

With COVID-19 disproportionately affecting career development opportunities for historically marginalized communities (Guan et al., 2020; Litam & Hipolito-Delgado, 2021), trauma-informed practices will inform empathy, integrate culturally responsive approaches, and facilitate overlapping processes of the job search, career exploration, and mental health resources. Additionally, there is still a dearth of empirical research that exists addressing vocational hardships in the workplace for historically marginalized populations, including black, indigenous, and people of color (BIPOC), lesbian, gay, bisexual, transgender, and questioning (LGBTQ+) communities, and communities experiencing working-class conditions (Autin et al., 2020; Blustein & Guarino, 2020). In this article, we explore the impact of COVID-19 on marginalized communities, elaborate on the foundation for integrating trauma-informed care (TIC), and provide implications for career practitioners.

TRAUMA OF COVID-19 AND JOB LOSS

At its core, the global COVID-19 pandemic has directly impacted the safety and well-being of working-class communities and increased multiple risk factors associated with trauma. Job loss as a result of the pandemic has instigated several losses of financial security, family stability, and perception of environmental safety (Akkermans et al., 2020; Fortuna et al., 2020). Work provides individuals with economic and social privilege, including access to credit, status, and mobility (Barrow et al., 2019). The deficits of the 2020 economic crisis have collectively heightened traumatic psychological and social impact (Crayne, 2020). Pew Research Center (2020) reported that Asian American (46%) and Black (38%) workers had the highest amount of long-term unemployment at the end of 2020, extending past 6 months. Economic and employment issues can conflate with instances of discrimination and social determinants of health (SDOH), and this confluence can leave marginalized communities susceptible to increased mental health issues, maladaptive coping behaviors, and lower outcomes of wellness (Fortuna et al., 2020). To better address the constellation of these issues, we further explore the traumatic aspects of job loss for historically marginalized populations during COVID-19 and specifically focus on challenges in finding work, vocational meaning-making, and job placement amidst pandemic stress and social unrest.

COVID-19 challenges in finding work

The task to find work and make important career decisions becomes increasingly daunting with the added barriers instigated by a global pandemic. Given the context of previous global economic crises, researchers have found that the mere fear of becoming unemployed alters the work attitudes of those that are even *still* employed during a crisis (Giorgi et al., 2020; Prescod & Zeligman, 2018). Mandates of quarantine and social isolation not only added to the barriers of finding employment but also increased the prevalence of mental health disorders, such as posttraumatic stress disorder, depression, anxiety, and psychological burden (Crayne, 2020; Mimoun et al., 2020). Additionally, loneliness resulting from social isolation can lead to the perception of limited or lack of support during job search (Autin et al., 2020).

Another challenge stemming from the current pandemic crisis includes individuals from historically marginalized populations facing pre-existing SDOH that compromise their health and safety (Fortuna et al., 2020). According to the Center for Disease Control and Prevention, SDOH are defined as community, work, and educational conditions that affect health outcomes (2020).

Historically, BIPOC communities have experienced generations of systemic divestment, and large gaps of infrastructure and resources (Andraska et al., 2021). The inability to convert certain jobs to remote platforms, including positions for essential workers, increases the risk of individuals obtaining the COVID-19 virus (Litam & Hipolito-Delgado, 2021). Researchers have identified that marginalized populations, such as BIPOC communities, have disproportionate rates of death from the virus and are identified with an increased need for accessible mental health services (Fortuna et al., 2020; Litam & Hipolito-Delgado, 2021). Workers that have lost their jobs due to the pandemic face the difficult decision to either provide for their families financially or potentially limit future employment opportunities to maintain their safety. In addition, racial capitalism also works relationally to affect health outcomes for BIPOC communities via inequality to healthcare access, inadequate housing, and precarious employment in service work (Vange, 2021). Coexisting with the issues of finding work, BIPOC communities are also challenged with facing experiences of social unrest.

Impact of social unrest

The severe burden of witnessing social unrest for marginalized communities creates an added barrier toward job loss recovery. For individuals of marginalized backgrounds, work environments and labor markets enact systems of power, privilege, and oppression (Blustein & Guarino, 2020). Although racial, gender, and social class disparities have been in existence prior to COVID-19 for decades, the pandemic has illuminated the cascading effects of these disparities (Guan et al., 2020; Kantamneni, 2020).

With the concurrence of the pandemic and massive unemployment, recent social justice protests have emerged associated with the deaths of historically marginalized individuals. Several scholars (Gravlee, 2020; Litam & Hipolito-Delgado, 2021; Misra et al., 2020) elaborated how national civil unrest has signified a combination of longstanding racism and racial inequities, in addition to anxiety and tension from the pandemic. Social class divides create a *public* narrative derived from only the wealthiest 20% of the nation, as opposed to the remaining 80%, who are less likely to be married, have savings, or have a college degree. Due to these confounding factors that attribute to experienced trauma, it is vital that job loss for BIPOC communities is explored from a trauma-informed perspective.

A FRAMEWORK OF TIC

To address the effects of the recent economic and workforce crises, we propose for career practitioners to approach their clients from a trauma-informed lens. TIC practices differ from trauma-specific treatments; rather than *treating* trauma, career practitioners focus on understanding the *impact* of trauma that an individual has experienced (Powers & Duys, 2020). When assessing the needs of clients under TIC, career practitioners' initial priority is the safety of their client(s) and their environment to prevent the risk of re-traumatization (Barrow et al., 2019). Safety of the client also includes understanding their personal narratives, cultural values, and social identities to fully contextualize the extent of their job loss and the unique challenges they face in finding employment (Guan et al., 2020; Kantamneni, 2020). SAMHSA (2014) recommended that clients must be physically and psychologically safe through the context of precipitating events, chronic stress, and social and contextual factors. Consequently, career practitioners can leverage social and contextual factors, chronic stress, and resilience to identify how clients might define their own safety needs.

In viewing clients with a TIC lens, career practitioners can identify signs and symptoms that are associated with past trauma and begin to explore the impact that trauma has on clients finding employment (SAMHSA, 2014). Specifically for BIPOC communities that have experienced job loss, TIC

is most effective as a comprehensive approach that entails (a) recognition of chronic stress from traumatic experiences, (b) social and contextual factors, and (c) identifying opportunities for resilience (Liu & Modir, 2020).

Chronic stress

Infusing TIC practices into career development involves an intentional practice of recognizing the long-term effects of stress that can occur physiologically, cognitively, and emotionally (Powers & Duys, 2020; SAMHSA, 2014). Powers and Duys (2020) specifically noted the proliferation of *toxic stress* by highlighting a lifelong trajectory of stressors and likely reactions. Combined with the trauma informed by marginalization, career development stressors, such as job loss during COVID-19, do not occur in isolation (Blustein & Guarino, 2020; Crayne, 2020). Pandemic stress and global events related to COVID-19 leave long-lasting physiological effects that can predispose workers to increased rates of suicidality and underlying medical conditions later in life (Autin et al., 2020; Mimoun et al., 2020). For this reason, the plight of older adult workers has raised significant attention not only as a result of reentry into the workforce, but also due to the cascading effects of psychosocial traumatic events (e.g., marginalization). Across the lifespan, chronic stress from trauma can increase the risk for mortality and comorbidity of physical and mental health disorders (Powers & Duys, 2020).

Career development practitioners should be mindful that clients may not verbally explore their career issues with mental health and traumatic effects. Instead, they may describe the traumatic experiences through physiological symptoms or behaviors outside of the workplace to sufficiently manage their responses to trauma (SAMHSA, 2014). Traumatic events, such as COVID-19, can incite effects on the body and diminish their engagement with workplace environments and the workforce. Due to capability of long-term effects of COVID-19 (Autin et al., 2020; Crayne, 2020) and toxic stress (Powers & Duys, 2020) predisposing workers to suicidal ideation and exhaustion, career practitioners should pay close attention to the indicators of hopelessness in addition to cognitive and physical fatigue. For instance, workers may verbalize their thoughts about exhaustion, emphasize bodily reactions to pandemic stress, or express their presence as a burden (Mimoun et al., 2020). In the midst of a crisis, Litam and Hipolito-Delgado (2021) highlighted workers may neglect their basic needs (e.g., food, housing). Behaviorally, these factors may establish a pattern evidenced by an employee missing several days of work or avoiding specific job functions. Consistent with trauma-informed practice, the recognition of chronic stress from traumatic experiences can precipitate major shifts in identity that range from disconnection to crucial social connections to diminished viewpoints of future success (Blustein & Guarino, 2020). As a more pressing consequence of COVID-19, workers may persistently disengage from their workplace, face unsuccessful attempts to reenter the workforce, and experience heightened physical and mental health issues. With recommendations from SAMHSA (2014) for TIC, career practitioners must recognize the wide range of symptoms and risks associated with a traumatic event.

To directly address chronic stress among BIPOC workers, career practitioners can intentionally broach the effects of larger systemic events, such as racial violence or COVID-19, on their employment opportunities and experiences. Beyond merely highlighting COVID-19 as a precipitating event to job loss and opportunity foreclosure, career practitioners need to be able to anticipate the symptomatology of chronic stress, assess whether the client is ready to broach, and provide information about the long-term effects of chronic stress (Powers & Duys, 2020; Prescod & Zeligman, 2018). It is possible that BIPOC workers may have already faced other precipitating traumatic events prior to COVID-19, which may exacerbate overall cognitive and physical fatigue along with somatic responses (Misra et al., 2020). To this end, recognizing the chronic stress component of TIC in career development requires that career practitioners (a) assess for culminating events of trauma, (b) attend to trends in responses (e.g., avoidance of work), and (c) clarify. As career practitioners assess the effects of

chronic stress, they can, for instance, detect the restriction or hypervigilance of emotional expression or identify distrust of workplace systems and relationships (SAMHSA, 2014).

Social and contextual factors

Despite the necessity to find employment, communities that have experienced trauma as a result of their unemployment also risk an increase of associated barriers. These barriers may also create challenges for career practitioners, as they look to assist various populations (Autin et al., 2020). Researchers have found that trauma can have an adverse effect on individuals' work performance, impacting their employability, vocational development, and financial health (Giorgi et al., 2020; Powers & Duys, 2020; Prescod & Zeligman, 2018). Due to mandates regarding client safety during COVID-19, clients may also face recurring feelings of trauma due to social isolation, lack of support, and feelings of powerlessness (Barrow et al., 2019; Litam & Hipolito-Delgado, 2021). These symptoms of trauma may present in sessions with clients in varying ways, from clients having unreal expectations for urgent employment to clients being avoidant with work tasks and initiatives.

For clients from historically marginalized populations, individuals face added stressors of battling negative societal action and responses to the trauma already faced from sudden unemployment. Several researchers (Blustein & Guarino, 2020; Fortuna et al., 2020; Guan et al., 2020; Kantamneni, 2020) posited how individuals from historically marginalized groups typically experience higher rates of employment difficulties due to negative stereotypes and portrayals perpetuated by longstanding hierarchies of power. For instance, racial hierarchies already instigate numerous employment difficulties to reenter the workforce, which will likely become exacerbated by COVID-19 (Gravlee, 2020). Barrow and colleagues (2019) particularly identified that the danger of racial hierarchies can leave BIPOC clients without the perception of opportunities, representation, or role models, which will foreclose a number of career choices. A litany of marginalized populations may find themselves in a conundrum while struggling to find employment, remain safe from the COVID-19 virus, attempt to survive, and honor the care of family and community (Litam & Hipolito-Delgado, 2021). Under the lens of TIC, career practitioners have an obligation to find ways to address the social and contextual factors of trauma (SAMHSA, 2014). By pinpointing these factors, career practitioners can begin to ameliorate the physiological and cognitive effects of trauma on employability and reentry into the workforce. Trauma is not mutually exclusive with marginalization, and career practitioners can ultimately utilize TIC to reflect how a traumatic experience becomes exacerbated by other contextual factors (Misra et al., 2020). Career practitioners can highlight these contextual factors to elicit insight on how clients might be coping with traumatic events from COVID-19 and racial violence (Liu & Modir, 2020). Coping strategies in response to trauma may affect their vocational functioning or meaning in the workplace (Blustein & Guarino, 2020).

Social and contextual factors can illuminate possibilities for career practitioners to better assess the trauma embedded within COVID-19. Career practitioners should be knowledgeable about multiple events of racial injustice and violence that can overload the physical, cognitive, and emotional fatigue of BIPOC clients (Fortuna et al., 2020; Misra et al., 2020). Career practitioners can be attentive and willing to broach the confluence of racial injustice with career development (Kantamneni, 2020), especially as opportunity foreclosure, job loss, and racism in the workplace have been symptoms of pervasive societal issues in the United States (see Cornileus, 2013; Marks et al., 2020; Tovar-Murray et al., 2012). In this vein, career practitioners can discuss how experiences of racism and COVID-19 cascade the effect of trauma (Liu & Modir, 2020) and alter perceptions of choice (SAMHSA, 2014). As career practitioners enact the TIC approach, they must be intentional in establishing the physical and psychological safety of the client, where they allow the client to indicate their readiness to discuss explicit experiences with COVID-19, racism, and employment. Affording clients this choice requires a collaborative approach of providing permission for clients to openly discuss issues of racism and COVID-19 losses while joining together with the client in their conversation (Day-Vines et al.,

2021). Notably, the career practitioner can elicit an environment with empowerment and choice for the client as they integrate traumatic responses with explicit discussions in the counseling relationship (SAMHSA, 2014). Additionally, career practitioners can assess for coping strategies in light of a traumatic event, such as COVID-19 and racial violence, given that some BIPOC clients may avoid work out of fear (Blustein & Guarino, 2020) or begin to overwork as a form of distraction (Litam & Hipolito-Delgado, 2021).

Generating resilience

Another significant element of TIC, particularly in career counseling, relies on promoting resilience and meaning-making in workers' narratives (Powers & Duys, 2020). Individuals are in a constant cycle of constructing and reconstructing their own perceived truths to appropriately make sense of new experiences (Giorgi et al., 2020). As career practitioners allow room for individuals to narrate their stories and make meaning of their lives, they can assist in co-authoring the narratives of their clients and reforming ideas around empowerment and choice (Blustein & Guarino, 2020; SAMHSA, 2014). Approaching clients from a narrative approach promotes insight about how a single narrative details their traumatic experiences and encourages clients to create a narrative involving their strengths, cultural values, and goals.

Client narratives do not only include the sole client but also the factors that create their narrative, including family, culture, and support systems (Barrow et al., 2019; Powers & Duys, 2020). With TIC in mind, career practitioners play an integral role in effectively synthesizing contextual factors and personal meaning-making of trauma. TIC leverages cultural and community strengths as methods to prevent retraumatization (SAMHSA, 2014). If the connection to community resources is not adequately addressed, the trauma can lead to internalization of negative self-narratives and reinforce retraumatization (Blustein & Guarino, 2020; Gravlee, 2020). SAMHSA (2014), in particular, classified mutuality and community as key factors driving the healing process of trauma.

Because COVID-19 has conflated with racial violence and disparities (Fortuna et al., 2020; Misra et al., 2020), career practitioners can assist BIPOC clients with reauthoring their narratives and normalizing emotions that the client is experiencing while receiving job assistance. Infusing clients' cultural assets serves as a pivotal strategy for promoting resilience during traumatic events (SAMHSA, 2014). Cultural assets, work, and career development are not mutually exclusive (Barrow et al., 2019), which highlights that career aspirations, community connections, and cultural values can empower clients to resist retraumatization (Powers & Duys, 2020). Aside from acknowledging a wide range of traumatic symptoms in workforce reentry or job searches, TIC is vital to the work of career practitioners to sustain their clients' ability to recover from the traumatic losses of COVID-19.

Generating resilience can entail a variety of strategies that leverage clients' strengths (Powers & Duys, 2020) and coping strategies in light of trauma (Blustein & Guarino, 2020). Healing from trauma does not necessarily obscure clients' previous responses to traumatic events, but rather relies on the successful ways that they have adapted across their career (Prescod & Zeligman, 2018). For instance, a client may have used spiritually informed coping strategies, such as contemplation and belief in a higher power, to make meaning around the purpose of a traumatic event and sustain their belief in a future job opportunity. Thus, career practitioners can introduce a multitude of possibilities to focus on resilience and recovery once they have established an environment of safety and collaboration (SAMHSA, 2014).

Career practitioners can utilize clients' attachment to their own cultural identities, such as racial/ethnic pride, as ways to promote positive associations with work choices (Barrow et al., 2019; Bounds, 2017). Additionally, career practitioners can draw upon the aspirational capital from BIPOC clients by identifying longstanding and new career aspirations as opportunities (Anandavalli, 2021; Anandavalli et al., 2021). An example of this approach could rely on guided imagery with BIPOC clients to reimagine the success of the client in their ideal work environment within the near future

(Marshall & Farrell, 2019). To fully encompass meaningful possibilities for resilience, career practitioners should not solely focus on individualistic viewpoints, given that BIPOC clients may draw on community resources and support for resilience (Blustein & Guarino, 2020). It may be useful for the career practitioner to employ an intervention that explicitly discusses the career achievements of the community as a form of resilience (Barrow et al., 2019; Powers & Duys, 2020).

Case example

In Florida, Malcolm is a 38-year-old, Black, male who has lost his most recent full-time job because of company cutbacks following the COVID-19 pandemic. Having worked at his last employer for 15 years, Malcolm was promoted to Operations Manager merely weeks before losing his job. He shares that when he first lost his job, he struggled with the shock of seeing all his hard work toward retirement being suddenly wiped away. In addition, Malcolm had built several close relationships with his colleagues, many of which shared various milestones with him, such as his first promotion and the birth of his children. The unexpected nature of losing Malcolm's job causes him to worry severely about the financial well-being of his family. Malcolm has a wife and two children, and though his wife works part-time, they primarily rely on his income to provide for their household. This issue is heightened with feelings of guilt that he is letting his family down, and hopelessness that he will not be able to find a job similar to his previous employer.

For the time being, Malcolm has opted to temporarily work for a food delivery service to produce income for his family's most vital bills. The temporary position does not cover all his family's expenses, requires long hours for him to earn sufficient funds, and often leaves Malcolm exhausted with limited time to engage in job search. Though he has managed to obtain a few interviews, Malcolm expressed experiencing various microaggressions from hiring managers. At the end of his last interview, the hiring manager claimed Malcolm was not qualified for the position due to lack of a college degree, despite his educational background being present on the resume prior to the interview. Malcolm is further discouraged after speaking to a few of his friends and former colleagues who are also struggling with finding employment and feels he has let down his family and community.

Connecting TIC to the case example

Applying TIC to the case example requires career practitioners to first identify areas of trauma and chronic stress that may impact their clients. Malcolm has experienced various mental health symptoms as a result of his job loss (i.e., anxiety and hopelessness) that compound the chronic stressors related to financial burden and potential burnout. In addition, he has lost the work environment that served as a place of meaning with various social connections and milestones that were suddenly taken. Malcolm shares his feelings experiences of racial microaggressions that he has experienced during job search. Career practitioners have an obligation to be attentive to the deepening intersectional factors that contribute Malcolm's mental health and explore social and contextual factors that are impacted by the experiences of racism and COVID-19. This awareness includes identifying and understanding additional structures that influence Malcolm, such as cultural and subcultural functions, as well as the level of family and community support.

When working with Malcolm, career practitioners should assess and acknowledge his strengths and resiliency, particularly since they may not be at the forefront due to chronic stress. Some of Malcolm's strengths include his ability to still move forward in his job search, despite the negative experiences that he has endured, and his ability to ask for help during a troublesome time. Career practitioners should emphasize and encourage Malcolm to lean on his support system to aid with resilience during his job search, such as his friends, wife, and additional family members. Further, because Malcolm shares a strong level of rapport and comradery with his previous colleagues, career practitioners would

assess the current status of these relationships for a source of emotional support, as well as a resource for potential networking. Finally, career practitioners should consider providing Malcolm with mental health resources.

CONCLUSION

The conflation of COVID-19, career disparities, and SDOH reflect multiple points for career practitioners to examine TIC in their career development interventions. In particular, career practitioners can expand their conceptualization of trauma and use TIC to link psychosocial factors with employment and career narratives. Because career development has become a crucial factor under social determinants of health, career practitioners cannot consider TIC without an overarching understanding of marginalization experiences and contextual factors (e.g., region, mental health shortages, education) on the livelihood of workers (Fortuna et al., 2020). During a time marred by racial disparities within COVID-19 (Litam & Hipolito-Delgado, 2021; Misra et al., 2020), career practitioners must consider how traumatic experiences of marginalization heighten pandemic stress and an ability to respond to career concerns for BIPOC communities.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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