An introduction to insidious trauma

Gwendolyn "Gwen" Downing (she/her), LPC
Version: May 1, 2024

Table of Contents

Opening:

Acknowledging lived experience, with all the differing degrees, as we proceed, we keep that in mind.

Description:

Insidious trauma is the daily incidents of marginalization, objectification, dehumanization, intimidation, et cetera that are experienced by members of groups targeted by racism, heterosexism, ageism, ableism, sexism, and other forms of oppression, and groups impacted by poverty (VAWnet). This session provides an introduction to the definition and some of the possible impacts, and gives some ideas for what one might be able to do.

Trainer and contact:

Gwendolyn "Gwen" Downing (she/her) Gwen@ConnectAll.online or www.ConnectAll.online

Info, Disclosures, and Disclaimers:

- Any sources used are not endorsements of the source.
- As recognized, information is what it is, and may be constantly evolving.
- Provided for informational purposes only.
- I am the originator and Director of the Connect All initiative, which has 501c3 fiscal sponsorship by We, the World.
- Whatever your role in the child care system, you are first a person.

Self-Care:

- Because this is about insidious trauma, some of the material I cover may create responses in our bodies, behaviors, thoughts, or emotions.

- Even if it wasn't about trauma, we all have internal and external factors, creating responses in our bodies, behaviors, thoughts, or emotions.

- Do whatever you need to.

- Mindfulness-Other section pp 5-8

- Mindful moments: 30 seconds. Whatever works for you. Can help with retention of information and self-care.

- A three-step skill set for self-care - YouTube 20 minutes. Description: This video provides an overview of a three-step skill set for self-care, of one's body, behaviors, thoughts, and emotions. And then, there is an additional segment with some possible approaches for thoughts, mindfulness, grounding, and resetting/relaxing.

- Help lines and other information

Mindfulness-Other

Possible techniques:

NOTE: Not all techniques work for everyone. And if one works one time, it might not work another time; and vice versa, it might not work then work later.

SBNRR Mindfulness Practice - This can be modified to your needs and time available:

Stop: Stop what you are doing, take the pause, give yourself space. If you need to, use verbal or internal mental cues to do this.

Breathe: Everyone is different. For some, it is helpful to pay attention to your breath and take a moment to breathe in whatever way works for you. For others, you might need a different or combined approach, including skipping and going to Notice. For anyone, you might need to try different approaches at different times.

Notice: Notice what is going on in your body, behaviors, thoughts, emotions. You are not judging yourself, just notice what is going on.

Reflect: Where is this coming from? Why am I thinking/feeling this? Why am I doing this? Any other curious questions that help clarify the source. Remember interaction of body, behaviors, thoughts, and emotions.

Respond: What is the best way to respond to this and move forward? Again, use whatever questions might help you.

5-4-3-2-1 practice - In your mind, out loud, or written:
- 5 things I can see
- 4 things I can touch
- 3 things I can hear
- 2 things I can smell
- 1 thing I can taste

Mental – Physical – Soothing Grounding - Healthline: 30 Grounding Techniques to Quiet Distressing Thoughts (https://www.healthline.com/health/grounding-techniques)

A few examples:

Mental: List as many things in a category as you can. Alphabetically list a category. Do math/number exercises. Go through anchoring facts.

Physical: Touch something. Breathing exercise. Physical activity. Use your 5 senses.

Soothing: Think of a face/voice/thing/place that soothes you. Talk yourself kindly through it. List positive things.

SOS Technique - Developed by Julian Ford:
- Slow down - Slow down or stop; as needed, connect to body, and let mind clear.
- Orient - Pay attention to where you are, what you are doing, who you are with, what's important.
- Self-check - How stressed or calm you are in the moment *and* how in control or dysregulated you are.

30 second body scan meditation:
This 30-Second Exercise Can Reduce Your Anxiety Significantly (It's True – We've Tried!)
(https://youaligned.com/body-scan-meditation/)

1. Get comfortable

2. Find your breath

3. Become the observer

4. Notice even more

5. Give yourself permission to relax

Example other approaches:
- **Thoughts:** Check for values alignment. Check for accuracy. Replace them. Let go. Think about or do something else. Make a plan. Express them/do something creative. Talk to someone.
- **Do a blend of mindfulness and physical**. While stretching, walking, so on: What's the closest/farthest sound I hear? What's the closest/farthest thing I see? What's the loudest/quietest sound? How relaxed/tense? So on.
- **Physical and empty mind**. Maybe focus on the movement or your breath as needed.
  - These stretches may be good for times like mini breaks: 4 Quick Stretches to Do If You've Been Sitting in the Car for Hours (https://www.self.com/gallery/sos-stretch-long-car-ride)
- **Physical and** sing, talk nonsense, recite a poem, so on.
- **Relax physically and mentally**. Slump, stretch out, curl up, let your mind empty, let your mind wander…
- **Total stillness**

Mindful Breathing Exercise: Mindful Breathing Exercise - YouTube

Possibly helpful apps:

NOTE: Some things to consider when using hotlines or mental health/wellness apps/online services.
• How do they protect my privacy? Are there steps I can take to protect my privacy?
• Are they ethical in their practices?
• What is the benefit/cost/risk of using them?

PTSD Coach (https://mobile.va.gov/app/ptsd-coach): By the Veterans Administration, is for anyone experiencing Post Traumatic Stress, or wanting to know more to help someone else.

WYSA stress: Depression & anxiety therapy chatbot app (has free option).

Moving forward (https://www.veterantraining.va.gov/movingforward/): By the Veterans Administration, is for anyone coping with stressful problems.

Woebot - Your Self-Care Expert (https://woebothealth.com/): Helps with an array; everyday stresses and challenges, symptoms of depression and addiction.

Mindfulness: Headspace, Insight Timer, Mindfulness Coach, 10% Happier

Other: Provider Resilience, ACT coach, Virtual Hope Box, Well Body Coach, CALMapp

Adapted SBNRR Mindfulness Practice

This can be modified to your needs and time available.

Stop: Stop what you are doing, take the pause, give yourself space. If you need to, use verbal or internal mental cues to do this.

Breathe: Everyone is different. For some, it is helpful to pay attention to your breath and take a moment to breathe in whatever way works for you. For others, you might need a different or combined approach, including skipping and going to Notice. For anyone, you might need to try different approaches at different times.

Notice: Notice what is going on with your body, behaviors, thoughts, emotions. You are not judging yourself, just notice what is going on.

Awareness of My Body, Behaviors, Thoughts, Emotions

- **Body:** What's happening in my body, from the top of my head to my toes? Am I warm, cold; relaxed, tense; numb, stiff, achy; tired, wired; thirsty, hungry; have a headache; and so on?
- **Behaviors:** What are my behaviors? What are my behaviors communicating to myself or/and others about how I'm doing?
- **Thoughts:** What are my thoughts? Am I present? Thinking about something I'm excited about, something that is bothering me? Any change from my normal? Are they accurate? Line up with my values? So on
- **Emotions:** What am I feelings? Calm? Happy? Stressed? Furious? Anxious? Need to escape? "Spaced out"? Disconnected? Withdrawn? Bored? Numb? Confident? Proud? Surprised? Embarrassed? Nervous? Indifferent? Envious? Compassionate? So on.

Reflect: Where is this coming from? Why am I thinking/feeling this? Why am I doing this? Any other curious questions that help clarify the source. Remember interaction of body, behaviors, thoughts, and emotions.

Explore possible sources, for what I am aware of in my body, behaviors, thoughts, emotions

Can I determine the source(s)? What's my best guess, if I can make one?

Personal factors (Internal) examples

- Personality
- Intelligence
- Physical ability
- Preferences
- My choices
- Medical
- Mental health
- A need, e.g., hungry, tired
- Disability

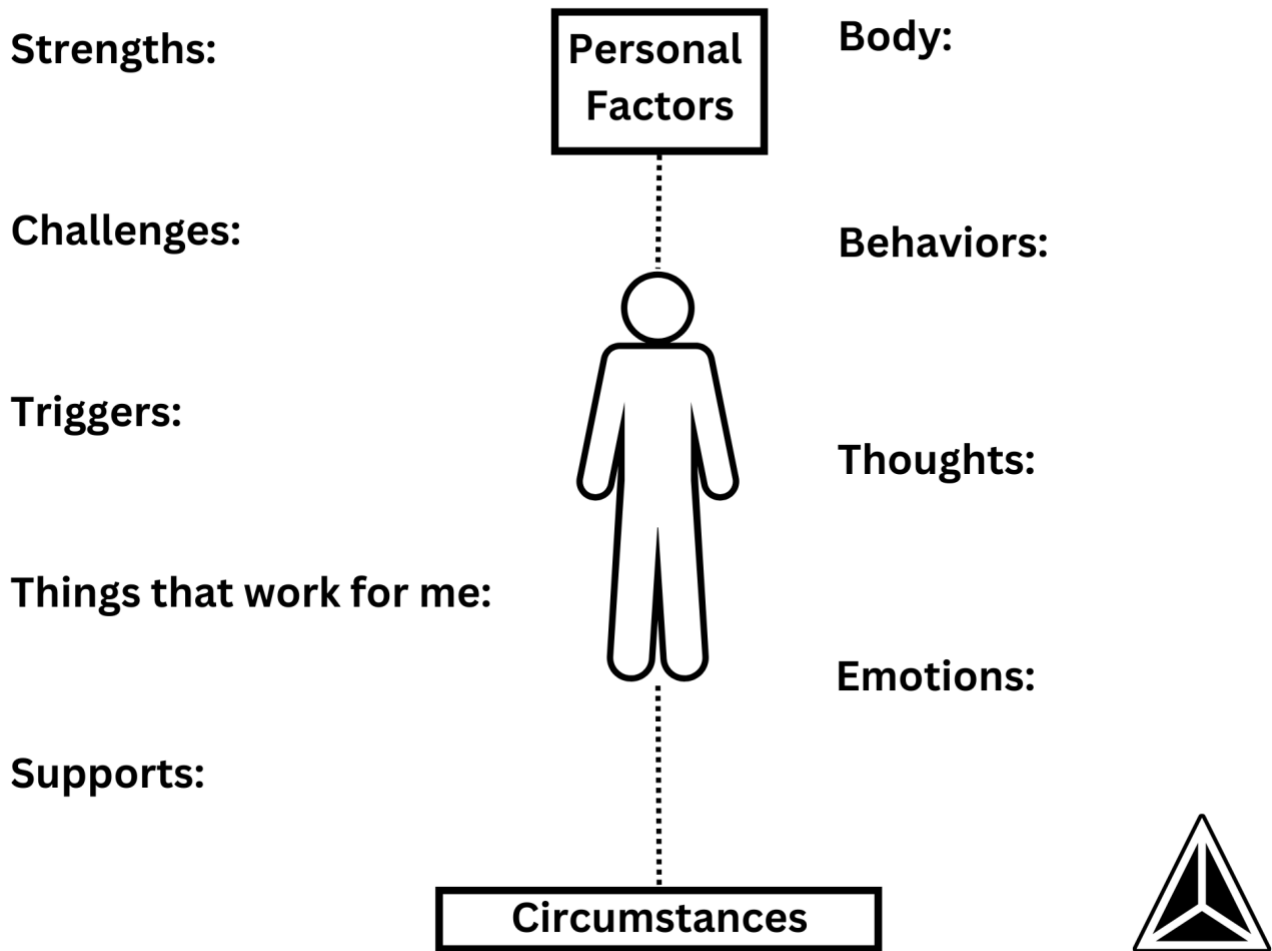**Circumstances (External) examples**

- Groups: e.g., peer, work, school
- Societal: globally, nation, state, town, neighborhood, etc
- Physical environment
- Postive stress
- Negative stress
- Trauma
- Medical treatment

Respond: What is the best way to respond to this? Again, use whatever questions might help you.

Explore possible approaches for what I am aware of in my body, behaviors, thoughts, emotions

- Is there something I can do/try about the source?
- Is there something I can do/try about the response?
- Is there anything else I can do/try?

Sometimes all we can do is try things.

Strengths:

Challenges:

Triggers:

Things that work for me:

Supports:

Personal Factors

Body:

Behaviors:

Thoughts:

Emotions:

Circumstances

What is insidious trauma?

The three Es of trauma (SAMHSA, 2023)**:**

- Individual trauma results from an **Event**, series of events, or a set of circumstances

- that an individual **Experiences** as physically, mentally, or emotionally harmful or life threatening

- and that may have lasting adverse **Effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Insidious trauma:

The daily incidents of marginalization, objectification, dehumanization, intimidation, et cetera that are experienced by members of groups targeted by racism, heterosexism, ageism, ableism, sexism, and other forms of oppression, and groups impacted by poverty. (VAWnet, n.d.)

Some of the terms:

Marginalization: to relegate to an unimportant or powerless position within a society or group.

Objectification: to treat as an object.

Dehumanization: to deprive someone of human qualities, personality, or dignity; to subject. someone to inhuman or degrading conditions or treatment; to address or portray someone in a way that obscures or demeans that person's humanity or individuality.

Intimidation: to make timid or fearful; especially to compel or deter by or as if by threats.

Oppression: unjust or cruel exercise of authority or power.

Insidious trauma questions ©2022-2024 Gwendolyn Downing

Questions about possible experiences one might have had or/and are having:

Have you ever? (To the right) **Because of?** (Below)	Been afraid of what might happen (including what might not happen)?	Had others act in a way you didn't like (e.g., be mean, avoid you, not care)?	Experienced any other injury of any type (e.g., bad water, bad air, no food, bad food, not getting any type of care you need, disasters)?
How much money you don't/do have			
The color of your skin, or anything about your physical appearance, that others would identify as part of a racial/ethnic group(s)			
Where you live now or/and lived before			
You appear male, female, other			
You have, or look like you have, a disability (acknowledging the issues regarding the word "disability" for some areas it's applied to)			
Your age or the age you appear			
The way you dress or/and make your physical appearance, that would identify you as part of a group(s)			
What gender(s) you are sexually attracted to			
Other			

Reflection areas:

You

Individuals in your life

Others, including those you work with/for

Questions:

While going through the definition(s), what was something significant to you?

While going through the reflection, what was something significant to you?
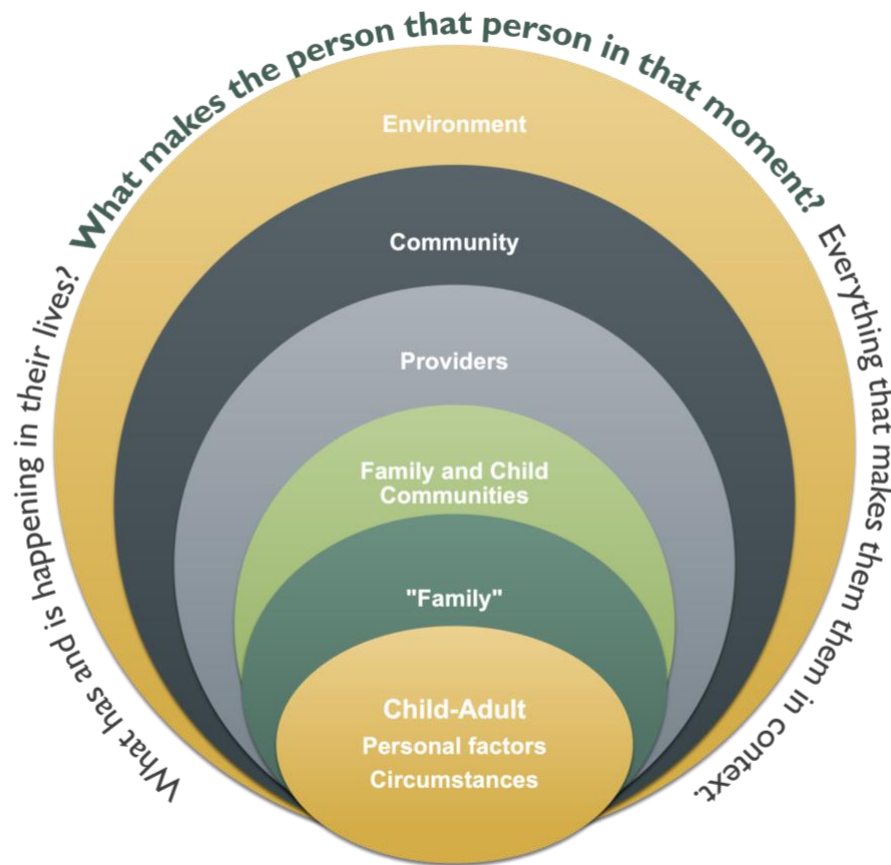

What is one way you think insidious trauma applies to your work?

Possible impacts of insidious trauma

Not everyone all the time:

Everyone has their personal factors and circumstances; in which there are intrinsic, adaptive, and protective factors. And even if it appears to be happening, trajectory isn't determination.

Who we are in context:

- Strengths
- Protective factors
- Historical trauma
- Inter-generational trauma
- Daily life stress
- Burnout
- Adversity
- Past or/and current trauma: Direct; Indirect; Acute; Chronic; Complex; Insidious; Collective, organizational, community; Vicarious; Secondary traumatic stress

Social Determinants of Health example

Social Determinants of Health

Education Access and Quality

Health Care Access and Quality

Economic Stability

Neighborhood and Built Environment

Social and Community Context

Social Determinants of Health
Copyright-free

Healthy People 2030

https://health.gov/healthypeople/priority-areas/social-determinants-health

Examples of SDOH include:

- Safe housing, transportation, and neighborhoods

- Racism, discrimination, and violence

- Education, job opportunities, and income

- Access to nutritious foods and physical activity opportunities

- Polluted air and water

- Language and literacy skills

Insidious trauma with the SDOH:

Insidious trauma with child care as a SDOH:

Impact of trauma on individuals:

Impact of Trauma on Individuals

Emotional	Behavioral	Physical	Developmental	Cognitive	Interpersonal	Spiritual
• Difficulty regulating emotions • Emotional numbness • Depression and anxiety • Post traumatic stress disorder	• Substance use • Self-destructive behaviors • Avoidance of situations, people, and places	• Physical symptoms resulting from emotional distress, including headaches, high blood presssure, and fatigue • Hyperarousal resulting in muscle tension and insomnia	• Impact varies by age group • Children and elderly at greatest risk • Changes occur in brain development	• Impaired short-term memory • Decreased focus or concentration • Feeling alienated or ashamed • Dissociation, depersonalization, and derealization • Flashbacks or re-experiences of the event	• Withdrawal from family, friends, community • Difficulty trusting others	• Depression and loneliness can lead to feelings of abandonment and loss of faith • Over time can experience increased appreciation of life or enhanced spiritual well-being

https://www.samhsa.gov/resource/ebp/practical-guide-implementing-trauma-informed-approach

Allostatic load:

Allostasis is the process by which the body responds to stressors to regain homeostasis.

Allostatic load/overload is the related effects in the body, from repeat or chronic stress.

Original term from Bruce S McEwen and Eliot Stellar, 1993

Weathering:

Chronic exposure to experiences like racism, can lead to earlier health deterioration; both earlier health conditions (morbidity) and earlier death (mortality).

Original term from Arline Geronimus, 1992

Moral distress and secondary traumatic stress – insidious trauma

Adapted from: National Child Traumatic Stress Network's learning center: Cuellar, R., Hendricks, A., Clarke, M., Sprang, G., & the NCTSN Secondary Traumatic Stress Collaborative Group. (2021). Secondary Traumatic Stress: Understanding the Impact on Professionals in Trauma-Exposed Workplaces. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

Moral Distress

"Stress that occurs when one believes they know the right thing to do, but institutional or other constraints make it difficult to pursue the desired course of action."

Secondary Traumatic Stress (STS)

- Symptoms similar to, and at its most severe meet the criteria for, PTSD – from being indirectly exposed to another person's direct traumatic experience(s).
- Can impact children/youth and adults.

Moral distress, STS, and insidious trauma

- Connected to - my child, my child's friend, my partner, my friend, my colleague, etc
- Working with - any formal role, including volunteer

- The daily incidents of marginalization, objectification, dehumanization, intimidation, et cetera, experienced by those I'm connected to/work with, can create moral distress or STS.
- One may be both personally experiencing insidious trauma (outside of or/and at work)- as well as any moral distress/STS from those they're connect to/working with.
- If any part(s) of my identity/circumstance is part of the group that can experience insidious trauma, I may have additional vulnerabilities, such as:
  - Identification with individuals of a similar identity(ies) or with similar experiences.
  - Being asked/feeling compelled to contribute expertise about my marginalized identity(ies).
  - Having a greater load than others.
    - Higher workloads and being asked to take on additional responsibilities.
  - Work specific - Lack of safety or support in their agency.

Reflections:

- If experiencing insidious trauma outside/at work + moral/STS from insidious trauma -- possible impacts in creating safety for others?
- If experiencing moral/STS from insidious trauma -- possible impacts in creating safety for others?
- Think about a caregiver, with either of the above -- possible impacts in creating safety for a child?

Questions:

What was significant to you?

Thoughts on how being aware of the possible impacts, might be a stressor?

Thoughts on how this ties to creating physical and psychological safety, for ourselves and others?

How much hope there is in us doing better, as individuals and a society.

What can WE individually do?

Example possibilities

- **Start with ourselves** - Examine own biases, blind spots, behaviors, so on -- Even if you are experiencing insidious trauma, there might be areas you unknowingly contribute.

- **Include a lens of** "How might insidious trauma be a source/contributing source to what this individual is experiencing/exhibiting?" Also, the personal application.

- **Practice the best self-care we can** - Learn more, or be more intentional, about self-care, including ways to mitigate STS; Reach out for help, as safe to do so.

- **Learn more about the issue**

- **Create awareness** – help others understand the issue, possible impacts, things to do.

- **Advocate for change** – if possible, search for partners who are already doing advocacy work, and team up for greater impact.
  - Consider your role in where the field/profession is going.

- **Incorporate into the work you are already doing** – e.g., part of a group, such as parent, neighborhood, business, so on; or you're part of a specific initiative, like trauma informed change or DEI/similar efforts.

- **Safety** - Think of insidious trauma's interplay with creating physical and psychological safety in Environment, Practice, and Policy – home, business, neighborhood, system, field of work, agency, role(s), so on
  - **Question things** – What insidious trauma sources are present in our (fill in the blank)? What is the evidence based, based on?
  - **Role(s)** – presentations/trainings, administration, research, supervision
  - **Set up** – location, hours, costs, languages, honoring distrust of systems – and system created biases against services
  - **Accessibility** – physical set up, materials
  - **Pragmatics** – transportation, child-care
  - **Culture** – self-care, supportive, interactions with colleagues

The child care system and insidious trauma

Mental health field	Child care system
The field's role in: • Creating/perpetuating in general population • Discrimination in the field, tied to research, screening, assessment, treatment • Discrimination in the field toward those working within the field or trying to • Impacting the whole system of care, such as in access to and set up of services **The field's role in:** • Solutions and healing	**The system's role in:** • Discrimination in the system – services specific • Discrimination in the system - towards those working within the system or trying to • Impacting the whole system of care for children and families **The system's role in:** • Solutions and healing

	Physical Safety	Psychological Safety
Environment		
Practice		
Policy		

Things we are already doing well

Things we know we could do/try differently

Things we want to think/talk/ask/learn more about

Onus

> Nothing about us, without us; without the onus on us.

For those who need this,
Gwendolyn Downing and Shannon Crossbear

Question:

What is one thing you are going to do/thinking about doing – new, more, differently?

Closing:

[The Monkey Business Illusion, Daniel J. Simons – YouTube](https://www.youtube.com/watch?v=IGQmdoK_ZfY)
(https://www.youtube.com/watch?v=IGQmdoK_ZfY)

What are we missing with insidious trauma?

- Blind spots for what is known.

- What are some sources of insidious trauma, "we" might not recognize yet?

Bibliography:

Bibliography notes:
- I may not have read/watched all, but of those I didn't, at least thought they should be considered.
- This bibliography was compiled for other insidious trauma trainings I have.

Adams, G. (April 2019). *Toward a decolonial psychology - The history of decolonial struggle came alive at this conference in Cape Town*. American Psychological Association. https://www.apa.org/international/global-insights/decolonial-psychology

Airenti G. The Place of Development in the History of Psychology and Cognitive Science. Front Psychol. 2019 Apr 24;10:895. doi: 10.3389/fpsyg.2019.00895. PMID: 31068874; PMCID: PMC6491641. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6491641/#ref36

Amaya-Jackson, L., Absher, L.E., Gerrity, E.T., Layne, C.M., Halladay Goldman, J. (2021). Beyond the ACE Score: Perspectives from the NCTSN on Child Trauma and Adversity Screening and Impact. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress. https://www.nctsn.org/sites/default/files/resources/special-resource/beyond-the-ace-score-perspectives-from-the-nctsn-on-child-tauma-and-adversity-screening-and-impact.pdf

American Association for Marriage and Family Therapy. (2015). *Revised AAMFT Code of Ethics (effective January 1, 2015)*. https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx

American Bar Association. (n.d.) Model Rules of Professional Conduct. American Bar Association. https://www.americanbar.org/groups/professional_responsibility/publications/model_rules_of_professional_conduct/

American Counseling Association. (2014). *ACA code of ethics.* https://www.counseling.org/resources/aca-code-of-ethics.pdf

American Medical Association (n.d.) History of the Code. American Medical Association. https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/ethics/ama-code-ethics-history.pdf

American Psychiatric Association. (2013). *American Psychiatric Association's Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry (2013 Edition).* https://www.psychiatry.org/psychiatrists/practice/ethics

American Psychiatric Association. (n.d.) *Best Practice Highlights: Lesbian, Gay, Bisexual, Transgender and people who may be questioning their sexual orientation or sexual identity (LGBTQ). Prepared by Robert Paul Cabaj, M.D*. https://www.psychiatry.org/psychiatrists/diversity/education/best-practice-highlights/working-with-lgbtq-patients

American Psychological Association. (2021) *Apology to People of Color for APA's Role in Promoting, Perpetuating, and Failing to Challenge Racism, Racial Discrimination, and Human Hierarchy in U.S. Resolution adopted by the APA Council of Representatives on October 29, 2021*. https://www.apa.org/about/policy/racism-apology

American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct (2002, amended effective June 1, 2010, and January 1, 2017)*. http://www.apa.org/ethics/code/index.html

American Psychological Association. (?2021). Historical chronology. Examining psychology's contributions to the belief in racial hierarchy and perpetuation of inequality for people of color in U.S. https://www.apa.org/about/apa/addressing-racism/historical-chronology

American Psychological Association. (?2021) *History of racism in American psychology PPT deck.* Retrieved from: https://www.apa.org/about/policy/racism-apology

American Psychological Association Committee for Women in Psychology (2004). *52 Resolutions and Motions Regarding the Status of Women in Psychology: Chronicling 30 Years of Passion and Progress.* https://www.apa.org/pi/women/resources/reports/52-resolutions.pdf

Arrow Passage Recovery (2021) C-PTSD and ACES https://www.arrowpassage.com/c-ptsd-and-aces/

Association of State and Provincial Psychology Boards. (2018). *Code of conduct (January 1, 2018; Modified for non-substantive changes, September 14, 2018).* https://www.asppb.net/page/Guidelines

Bertolote J. The roots of the concept of mental health. World Psychiatry. 2008;7(2):113-6. doi: 10.1002/j.2051-5545.2008.tb00172.x. PMID: 18560478; PMCID: PMC2408392. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2408392/

Bloch S, Kenn F, Lim I (2022). Codes of ethics for psychiatrists: past, present and prospect. Psychological Medicine 52, 1201–1207. https://doi.org/10.1017/ S0033291722000125 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9157294/

Buckner, S. *History of Same-Sex Marriage Law in the United States.* Find Law. Legally reviewed by Aisha Success, Esq., Last reviewed July 11, 2023. https://www.findlaw.com/family/marriage/same-sex-marriage-a-historical-introduction.html

Burton, N. (July 3, 2023) *When Homosexuality Stopped Being a Mental Disorder Not until 1987 did homosexuality completely fall out of the DSM*. Psychology Today. https://www.psychologytoday.com/us/blog/hide-and-seek/201509/when-homosexuality-stopped-being-a-mental-disorder

Cherry, K. (2022) *What Is Hysteria?* Updated on October 13, 2022. Medically reviewed by Daniel B. Block, MD. Very Well Mind. https://www.verywellmind.com/what-is-hysteria-2795232#

Chrisler, J. C., & Smith, C. A. (2004). Feminism and psychology. In M. A. Paludi (Ed.), *Praeger guide to the psychology of gender* (pp. 272–291). Praeger Publishers/Greenwood Publishing Group. https://psycnet.apa.org/record/2004-21898-013

Center for Disease Control. (Reviewed April 22, 2021). The U.S. Public Health Service Untreated Syphilis Study at Tuskegee: Research Implications. Center for Disease Control. https://www.cdc.gov/tuskegee/after.htm

Cuellar, R., Hendricks, A., Clarke, M., Sprang, G., & the NCTSN Secondary Traumatic Stress Collaborative Group. (2021). Secondary Traumatic Stress: Understanding the Impact on Professionals in Trauma-Exposed Workplaces. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress. https://learn.nctsn.org/course/view.php?id=595&section=2

Curtis, L. (Aug 25, 2021). *How Adverse Childhood Experiences (ACEs) May Lead to Trauma and PTSD.* PsychCentral. https://psychcentral.com/ptsd/adverse-childhood-experiences-post-traumatic-stress-disorder

Daniel Simmons (April 28, 2019). The Monkey Business Illusion. [Video]. YouTube: https://www.youtube.com/watch?v=IGQmdoK_ZfY

De Witte, M. (June 24, 2020). *Psychological research has a racism problem, Stanford scholar says.* Stanford News. https://news.stanford.edu/2020/06/24/psychological-research-racism-problem-stanford-scholar-says/

Demby, G. (Jan 14,2018). *Making the case that discrimination is bad for your health.* NPR. https://www.npr.org/sections/codeswitch/2018/01/14/577664626/making-the-case-that-discrimination-is-bad-for-your-health

Dictionary (Aug 18, 2022) Ethics vs. Morals: What's The Difference? https://www.dictionary.com/e/moral-vs-ethical/

EPA. (2021). Climate Change and Social Vulnerability in the United States: A Focus on Six Impacts. U.S. Environmental Protection Agency, EPA 430-R-21-003. www.epa.gov/cira/social-vulnerability-report ; https://www.epa.gov/system/files/documents/2021-09/climate-vulnerability_september-2021_508.pdf

Eugenios, J. (May 2, 2022). 'I am a homosexual. I am a psychiatrist': How Dr. Anonymous changed history. NBC News. https://www.nbcnews.com/nbc-out/out-news/-homosexual-psychiatrist-dr-anonymous-changed-history-rcna26836

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., Marks, J.S. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults the Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine. Vol 14, Iss 4, P245-258, May 1998. https://www.ajpmonline.org/article/S0749-3797(98)00017-8/fulltext

Finlay, S., Roth, C., Zimsen, T., Bridson, T.L., Sarnyai, Z., McDermott, B. (2022)Adverse childhood experiences and allostatic load: A systematic review, Neuroscience & Biobehavioral Reviews, Volume 136, 2022, 104605, ISSN 0149-7634, https://doi.org/10.1016/j.neubiorev.2022.104605. https://www.sciencedirect.com/science/article/pii/S014976342200094X?via%3Dihub

Forde AT, Crookes DM, Suglia SF, Demmer RT. The weathering hypothesis as an explanation for racial disparities in health: a systematic review. Ann Epidemiol. 2019 May; 33:1-18. e3. doi: 10.1016/j.annepidem.2019.02.011. Epub 2019 Mar 19. PMID: 30987864. https://pubmed.ncbi.nlm.nih.gov/30987864/

Forester-Miller, H., & Davis, T. E. (2016). Practitioner's guide to ethical decision making (Rev. ed.). Retrieved from https://www.counseling.org/knowledge-center/ethics/ethical-decision-making

Furtado K., Verdeflor F., and Waidmann T. (October 2023). A Conceptual Map of Structural Racism in Health Care brief. Urban Institute.
https://www.urban.org/research/publication/conceptual-map-structural-racism-health-care

Geronimus AT. The weathering hypothesis and the health of African-American women and infants: evidence and speculations. Ethn Dis. 1992 Summer;2(3):207-21. PMID: 1467758
https://pubmed.ncbi.nlm.nih.gov/1467758/

Geronimus AT, Hicken M, Keene D, Bound J. "Weathering" and age patterns of allostatic load scores among blacks and whites in the United States. Am J Public Health. 2006 May;96(5):826-33. doi: 10.2105/AJPH.2004.060749. Epub 2005 Dec 27. PMID: 16380565; PMCID: PMC1470581. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1470581/

Geronimus, A.T., Pearson, J.A., Linnenbringer, E., Eisenberg, A.K., Stokes, C., Hughes, L.D. and Schulz, A.J. (2020), Weathering in Detroit: Place, Race, Ethnicity, and Poverty as Conceptually Fluctuating Social Constructs Shaping Variation in Allostatic Load. The Milbank Quarterly, 98: 1171-1218. https://doi.org/10.1111/1468-0009.12484
https://onlinelibrary.wiley.com/action/showCitFormats?doi=10.1111%2F1468-0009.12484&mobileUi=0

Ghooi, RB. (2011). The Nuremberg Code-A critique. Perspectives in Clinical Research. 2011 Apr-Jun; 2(2): 72–76 doi: 10.4103/2229-3485.80371. PMID: 21731859; PMCID: PMC3121268
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3121268/

Grohol, J.M. (Dec 25, 2019). Psych Central 9 Pioneers Who Helped Mold the History of Psychology. Psych Central. Medically reviewed by Scientific Advisory Board.
https://psychcentral.com/blog/9-pioneers-who-helped-mold-the-history-of-psychology

Guidi J, Lucente M, Sonino N, Fava GA. Allostatic Load and Its Impact on Health: A Systematic Review. Psychother Psychosom. 2021;90(1):11-27. doi: 10.1159/000510696. Epub 2020 Aug 14. PMID: 32799204.
https://pubmed.ncbi.nlm.nih.gov/32799204/#:~:text=Abstract,cope%2C%20then%20allostatic%20overload%20ensues

Harper, R. S. (1950). The First Psychological Laboratory. *Isis*, *41*(2), 158–161.
http://www.jstor.org/stable/227184

Health Care Ethics (n.d.) In Internet Encyclopedia of Philosophy. Retrieved Dec 2023 from:
https://iep.utm.edu/h-c-ethi/

Heintzelman, C.A. (2003). The Tuskegee Syphilis Study and Its Implications for the 21st Century. The New Social Worker. Fall 2003, Vol. 10, No. 4. https://www.socialworker.com/feature-articles/ethics-articles/The_Tuskegee_Syphilis_Study_and_Its_Implications_for_the_21st_Century/

Jones, W. B. (1922). FIRST LEGAL CODE OF ETHICS ADOPTED IN THE UNITED STATES. *American Bar Association Journal*, *8*(2), 111–113. http://www.jstor.org/stable/25710782 https://www.jstor.org/stable/25710782

Kleinman A, Benson P. Anthropology in the clinic: the problem of cultural competency and how to fix it. PLoS Med. 2006 Oct;3(10):e294. doi: 10.1371/journal.pmed.0030294. PMID: 17076546; PMCID: PMC1621088. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1621088/

Knapp, S. J., Gottlieb, M. C., & Handelsman, M. M. (2015). Introduction: Problems, pitfalls, and potentials. In S. J. Knapp, M. C. Gottlieb, & M. M. Handelsman, *Ethical dilemmas in psychotherapy: Positive approaches to decision making* (pp. 3–12). American Psychological Association. https://doi.org/10.1037/14670-001

Leahy, M. J., Rak, E., Zanskas, S.A. (Jan 2015) Chapter 1: A Brief History of Counseling and Specialty Areas of Practice. The Professional Counselor's Desk Reference, 2nd Edition. DOI: 10.1891/9780826171825.0001; ISBN: 978-0-8261-7181-8 (Print), 978-0-8261-7182-5 (eBook) https://connect.springerpub.com/content/book/978-0-8261-7182-5/section/seca/chapter/ch01

Mandell, Wallace (n.d.) The Realization of an Idea. Department Of Mental Health - Origins of Mental Health. John Hopkins Bloomberg School of Public Health. https://publichealth.jhu.edu/departments/mental-health/about/origins-of-mental-health

McEwen, Bruce. (1998). McEwen BS. Protective and damaging effects of stress mediators. N Engl J Med 338: 171-9. The New England journal of medicine. 338. 171-9. 10.1056/NEJM199801153380307. https://www.researchgate.net/figure/The-Stress-Response-and-Development-of-Allostatic-Load-The-perception-of-stress-is_fig1_13801246

McEwen B.S., Huda A, (2020). Revisiting the Stress Concept: Implications for Affective Disorders. Journal of Neuroscience 2 January 2020, 40 (1) 12-21; DOI: 10.1523/JNEUROSCI.0733-19.2019   https://www.jneurosci.org/content/40/1/12

McEwen B.S., Stellar E., (1993) Stress and the Individual: Mechanisms Leading to Disease. *Arch Intern Med.* 1993;153(18):2093–2101. doi:10.1001/archinte.1993.00410180039004 https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/617820

McVean, A. (Jan 25, 2019). 40 Years of Human Experimentation in America: The Tuskegee Study. McGill University. https://www.mcgill.ca/oss/article/history/40-years-human-experimentation-america-tuskegee-study

Mental Health America (n.d.) Our History https://mhanational.org/our-history

Merriam-Webster (2022) definitions. https://www.merriam-webster.com/

Murkey, J.A., Watkins, B., Vieira, D., Boden-Albala B. (2022). Disparities in allostatic load, telomere length and chronic stress burden among African American adults: A systematic review, Psychoneuroendocrinology, Volume 140, 2022, 105730, ISSN 0306-4530, https://doi.org/10.1016/j.psyneuen.2022.105730. https://www.sciencedirect.com/science/article/abs/pii/S0306453022000713?via%3Dihub

NAADAC National Association for Addiction Professionals (Jan 1, 2021) *NAADAC, the Association for Addiction Professionals, NCC AP: The National Certification Commission for Addiction Professionals, Code of Ethics*. https://www.naadac.org/code-of-ethics

National Association of Social Workers (2021) *Code of Ethics of the National Association of Social Workers (January 1, 1996, Updated 2021).* https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

National Human Trafficking Training and Technical Assistance Center (2022) Adverse Childhood Experiences https://nhttac.acf.hhs.gov/soar/eguide/stop/adverse_childhood_experiences

National Institute of Mental Health (NIMH) (last reviewed on November 8, 2023) NIH Almanac. https://www.nih.gov/about-nih/what-we-do/nih-almanac/national-institute-mental-health-nimh

National Organization for Victim Assistance (NOVA) and National Advocacy Credentialing Program (NACP) (2021) *Code of Professional Ethics for Victim Assistance Providers (Adopted April 22, 1995; Revised January 2021)* https://www.trynova.org/office-for-advocacy-ethics/

Obeng-Gyasi S, Carlos R. Biology of Discrimination. Journal of the American College of Radiology. Dec 01, 2020; Volume 17, Issue 12, P1541-1544. DOI:https://doi.org/10.1016/j.jacr.2020.10.017

Office for Victims of Crime (OVC), U.S. Department of Justice (DOJ), *National Victim Assistance Standards Consortium (NVASC) Standards for Victim Assistance Programs and Providers* https://www.ovcttac.gov/resourceLibrary/index.cfm?nm=tsd&jcKey=NVASC ; and https://ovc.ojp.gov/sites/g/files/xyckuh226/files/model-standards/6/ethical_standards.html

PBS (Producer). (Aired: 06/10/21). Mysteries of Mental Illness: Decolonizing Mental Health Overview, Preview: Special (Video clip). PBS https://www.pbs.org/video/decolonizing-mental-health-overview/

PBS (Producer). (Aired: 06/23/21). Mysteries of Mental Illness: Experimental Treatments and the Rise of Eugenics, Clip (Video clip). PBS https://www.pbs.org/video/experimental-treatments-and-rise-eugenics-bcsqvh/

PBS (Producer). (Aired: 06/22/21). Mysteries of Mental Illness: Hysteria, Clip (Video clip). PBS https://www.pbs.org/video/hysteria-axk6v2/

PBS (Producer). (Aired: 07/15/21). Mysteries of Mental Illness: Shelby Rowe, Decolonizing Mental Health, Special (Video clip). PBS https://www.pbs.org/video/shelby-rowe-decolonizing-mental-health-qgugyi/

PBS (Producer). (Aired: 06/22/21). Mysteries of Mental Illness: The Wrong Body, Clip (Video clip). PBS https://www.pbs.org/video/wrong-body-fdol5g/

Pruitt-Young, S. (Nov 3, 2021). *American Psychological Association says it's sorry for perpetuating systemic racism*. NPR. https://www.npr.org/2021/11/03/1051992407/american-psychological-association-apology-for-systemic-racism-apa

Reamer F. When Ethics and the Law Collide. Social Work Today. Vol 8 No 5. September/October 2008 Issue. https://www.socialworktoday.com/archive/EoESepOct08.shtml

Root, M. P. P. (1992). Reconstructing the impact of trauma on personality. In L. S. Brown & M. Ballou (Eds.), Personality and psychopathology: Feminist reappraisals (pp. 229 –265). New York: Guilford Press.

Root, M. P. P. (2000). Rethinking racial identity development: An ecological framework. In P. Spickard & J. Burroughs (Eds.), We are a people: Narrative and multiplicity in constructing ethnic identity (pp. 205–220). Philadelphia: Temple University Press.

Rudolph, D. (October 20, 2017) *A Very Brief History of LGBTQ Parenting.* Family Equality. https://www.familyequality.org/2017/10/20/a-very-brief-history-of-lgbtq-parenting/

Sacks, T.K., Savin, K., and Walton, Q.L. (2021). How Ancestral Trauma Informs Patients' Health Decision Making. AMA J Ethics. 2021;23(2): E183-188. doi: 10.1001/amajethics.2021.183. https://journalofethics.ama-assn.org/article/how-ancestral-trauma-informs-patients-health-decision-making/2021-02

Sandiou, A. (Feb 26, 2021). *'Weathering': What are the health effects of stress and discrimination?* Medical News Today. https://www.medicalnewstoday.com/articles/weathering-what-are-the-health-effects-of-stress-and-discrimination#Poverty-does-not-explain-weathering-gaps

ScienceXMedia at Global Development (Nov 6, 2017) *Bruce McEwen - The Resilient Brain: Epigenetics, Stress and the Lifecourse* [Video]. YouTube: https://www.youtube.com/watch?v=6dIeDepac-U

SMI Adviser. (2023). Culturally Competent Care for Black American Adults Living with a Serious Mental Illness. American Psychiatric Association. https://smiadviser.org/knowledge_post/culturally-competent-care-for-black-american-adults-with-serious-mental-illness-addressing-barriers-and-enhancing-clinical-practice

Shea T, Dotson S, Tyree G, Ogbu-Nwobodo L, Beck S, Shtasel D. (Dec 1, 2022). Racial and Ethnic Inequities in Inpatient Psychiatric Civil Commitment. Psychiatric Services. Issue 12 pp1322-1329 Published Online:12 Aug 2022 https://doi.org/10.1176/appi.ps.202100342 https://ps.psychiatryonline.org/doi/10.1176/appi.ps.202100342

SPSSI (Feb 22, 2019). Toward a Decolonial Psychology: Three Scholars in North American Settings [Video]. YouTube: https://www.youtube.com/watch?v=IVUgdCmianU&t=7s

Stringer, H. (Oct 1, 2023). *The healing power of Native American culture is inspiring psychologists to embrace cultural humility - A cadre of mental health professionals is calling for the development of innovative treatment approaches based on American Indian and Alaska*

Native values and worldviews. APA Monitor on Psychology. Vol. 54 No. 7. Print version: page 39 https://www.apa.org/monitor/2023/10/healing-tribal-communities-native-americans

Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884

Substance Abuse and Mental Health Services Administration: Practical Guide for Implementing a Trauma-Informed Approach. SAMHSA Publication No. PEP23-06-05-005. Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2023. https://www.samhsa.gov/resource/ebp/practical-guide-implementing-trauma-informed-approach

Syed, M. (August 8, 2020). *Psychology Must Reckon with its Racist Past—and Present.* University of Minnesota, College of Liberal Arts, Psychology. https://cla.umn.edu/psychology/story/psychology-must-reckon-its-racist-past-and-present
TEDxNashville (Feb 7, 2023) Thelma Bryant - Why we need to decolonize psychology [Video]. YouTube: https://www.youtube.com/watch?v=Db6U7qOm7IM

Torres Rivera, E. (Oct 2, 2023). *From the President: Decolonizing and reshaping the profession.* ACA's Counseling Today. https://ct.counseling.org/2023/10/from-the-president-decolonizing-and-reshaping-the-profession/

Tuskegee University (n.d.) Impact on Health Care. Tuskegee University. https://www.tuskegee.edu/about-us/centers-of-excellence/bioethics-center/impact-on-healthcare

University of Nevada, Las Vegas. (n.d.) History of Research Ethics. University of Nevada, Las Vegas. Division of Research. https://www.unlv.edu/research/ORI-HSR/history-ethics

US Department of Health and Human Services. (Content last reviewed October 17, 2022). The Belmont Report. Content created by Office for Human Research Protections (OHRP). https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/index.html

US Dept of Health and Human Services (April 6, 2022) Environmental Justice.
https://www.hhs.gov/climate-change-health-equity-environmental-justice/environmental-justice/index.html

US Dept of Health and Human Services (2023) Social Determinants of Health.
https://health.gov/healthypeople/priority-areas/social-determinants-health

VAWnet (2021). Definitions. https://vawnet.org/sc/definitions

Veto Violence. Center for Disease Control. (June 30, 2021) Understanding ACES.
https://vetoviolence.cdc.gov/apps/aces-infographic/home

Williams, M. (November 30, 2020) *Psychology's Hidden History: Racist Roots and Poison Fruits Backward notions about White superiority are slow to die.* Psychology Today.
https://www.psychologytoday.com/us/blog/culturally-speaking/202011/psychology-s-hidden-history-racist-roots-and-poison-fruits

World Medical Association (n.d.) Declaration of Geneva. World Medical Association.
https://www.wma.net/what-we-do/medical-ethics/declaration-of-geneva/
World Medical Association (Sept 6, 2022) WMA Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects. World Medical Association.
https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/

World Medical Association (April 14, 2023) WMA International Code of Medical Ethics. World Medical Association. https://www.wma.net/policies-post/wma-international-code-of-medical-ethics/

World Psychiatric Association (n.d.) Position Statements and Guidelines. World Psychiatric Association. https://www.wpanet.org/policies

Appendix A: Sources for self-care and secondary traumatic stress

CalTrin (California Training Institute) (https://www.caltrin.org/)

- **CalTrin Self-Paced Courses**
    - Understanding Compassion Fatigue and Secondary Traumatic Stress
    - Strategies for Addressing Compassion Fatigue and Secondary Traumatic Stress
- **CalTrin Training Archive**
    - Secondary Traumatic Stress and Reflective Practice/Supervision
    - Trauma, Compassion Fatigue & Secondary Traumatic Stress
    - Organizational Strategies: Addressing Compassion Fatigue & Secondary Traumatic Stress

Secondary Traumatic Stress Consortium – free resources
(https://www.stsconsortium.com/free-resources)

Southern Regional Children's Advocacy Center – Secondary Traumatic Stress Resources
(https://www.srcac.org/reflect-refuel-reset/)

University of Kentucky Center on Trauma and Children's Secondary Traumatic Stress Innovations and Solutions Center (https://ctac.uky.edu/projects-and-programs/secondary-traumatic-stress-innovations-and-solutions-center-sts-isc)

- Staying Inside the Window of Tolerance: An Advanced Training on Secondary Traumatic Stress and Resiliency

Using the Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision - NCTSN (https://www.nctsn.org/resources/using-secondary-traumatic-stress-core-competencies-trauma-informed-supervision)

Virtual Calming Room - Sacramento City Unified School District
(https://calmingroom.scusd.edu/): Has strategies and tools for students, families, and staff.

NOTE: Some things to consider when using hotlines or mental health or/and wellness, apps or/and online services.

• How do they protect my privacy? Are there steps I can take to protect my privacy?

• Are they ethical in their practices?

• What is the benefit/cost/risk of using them?

Example of "Recommended strategies to mitigate STS" from NCTSN

Secondary Traumatic Stress: Understanding the Impact on Professionals in Trauma-Exposed Workplaces. National Child Traumatic Stress Network's learning center.
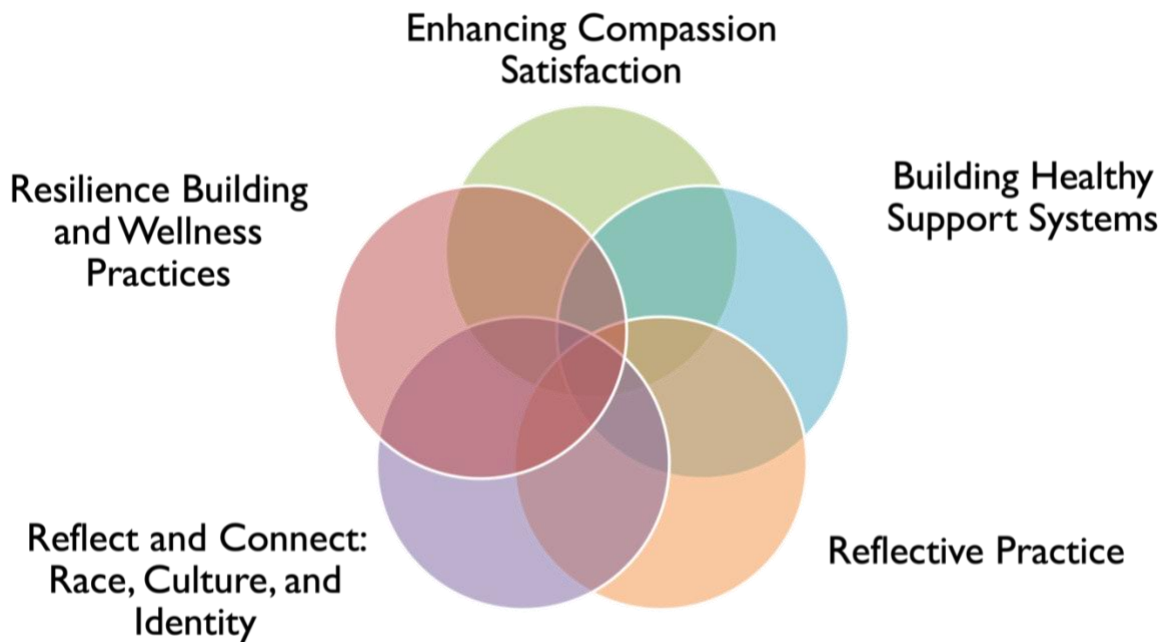
Enhancing compassion satisfaction:

We all have bad days at work, but there are also moments that remind us why we do this work.

- Think about a rewarding moment at your job.

- What are 3 things that you love/enjoy about your job?

- Think about 5 people whose lives you've touched.

- Why did you take your current job?

- What are 3 compliments you have received from your co-workers, or 3 things you think you do well?

Building healthy support systems:

- Form or attend a process/consult group.

- Ask to take a walk and/or debrief with a co-worker.

- Leave a note of gratitude for a co-worker.

- Give a compliment or praise for a job well done.

- Share "moments of grace & goosebumps" with your team.

- Eat lunch together, go for a coffee/tea break, or bring snacks to a meeting.

- Tell a joke/funny story or show photos to a co-worker.

Reflective practice:

- What are your most salient signs and symptoms of work distress? When are you most likely to notice these come up, and when could you take stock on a regular basis?

- What client encounters or histories/stories tend to bring up strong emotions and reactions in you? How might this connect to your own history, family norms, or personal vulnerabilities? How might this influence or change your interactions with clients/situations that tend to activate these "hot or soft spots" for you? What has helped you to respond effectively in the past?

- What emotions tend to be most difficult for you to feel during the work day (with clients or co-workers)? How might this relate to the way emotions were handled in your own family of origin (e.g., which emotions were "allowed" or not) or from other key influences?

Reflective practice with co-workers, low-impact debriefing:

- Have conversations in private.

- Engage in Low-Impact Processing with co-workers when you feel stuck or ruminative.

    1. Self-Awareness

    2. Fair Warning

    3. Consent

    4. Limited Disclosure (avoid "**sliming**" your co-workers!)

- Refrain from one-upmanship when describing trauma or workplace stressor stories.

Reflect and Connect: Race, Culture, and Identity

Consider your own identities. How do your identities influence…

- …the way you see the world?

- …the way you see your work?

- …the way you understand the children and families with whom you work?

Check in with yourself…

- When you think about your work and your community, how do you feel?

- How do factors related to your identities contribute to your resilience and/or your experience of STS?

- Do you have someone to talk to about how you are feeling?

Connect with others to build mutual support around how your identities, cultures, race, and history may affect your responses to your work.

- Informal, supportive discussions with peers

- Regular peer processing groups

- Peer support and/or mentorship outside of your organization

Seek out and participate in traditional, cultural, and community healing, ceremonies, and supports.

Be honest and real about current injustices and challenges while also holding space for idealism, hope, and building change for future generations.

Appendix B: Sources for trauma-informed approaches

Physical and psychological safety in Environment, Practice, and Policy

Trauma-Informed Approaches

[SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach 2014](https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884) (https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884) This manual introduces a concept of trauma and offers a framework for becoming a trauma-informed organization, system, or service sector. The manual provides a definition of trauma and a trauma-informed approach, and offers 6 key principles and 10 implementation domains.

[SAMHSA's Practical Guide for Implementing a Trauma-Informed Approach 2023](https://www.samhsa.gov/resource/ebp/practical-guide-implementing-trauma-informed-approach) (https://www.samhsa.gov/resource/ebp/practical-guide-implementing-trauma-informed-approach) This practical guide updates and expands the discussion presented in SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach Resource from 2014. The primary goal of this guide is to provide implementation strategies across multiple domains based on the original publication.

Considerations

[Older Adults' Equity Collaborative's *Equity Assessment Checklist*](https://resourcelibraryadmin.nyam.org/resource-library/oaec-equity-checklist/) (https://resourcelibraryadmin.nyam.org/resource-library/oaec-equity-checklist/) This equity self-assessment aims to help agencies determine how effectively they are supporting communities of greatest social need (GSN). It also aims to aid in identifying areas of growth. To get started, mark the boxes next to the actions your agency or team is taking to be more inclusive to this range of service recipients. Please note that this is not an all-encompassing list of items necessary to serve GSN clients in your communities. Communities of Greatest Social Need (GSN) include: Black; Latino; Indigenous and Native American; Asian American and Pacific Islander; other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; and persons who live in rural areas.

[SAMHSA TIP 59: Improving Cultural Competence](https://www.samhsa.gov/resource/ebp/tip-59-improving-cultural-competence) (https://www.samhsa.gov/resource/ebp/tip-59-improving-cultural-competence)

[United Spinal Association's Disability Etiquette, Tips On Interacting With People With Disabilities](https://www.unitedspinal.org/pdf/DisabilityEtiquette.pdf) (https://www.unitedspinal.org/pdf/DisabilityEtiquette.pdf)