



Psychology Department

UNIVERSITY OF COLORADO
COLORADO SPRINGS

Diversity Committee E-Blast

January 2023

By: Kelly Dixon

This Month's Newsletter At a Glance

1. **Upcoming Events**
2. **Learn:** The COS LGBTQ+ Oral History Project
3. **Serve:** Volunteer Opportunities
3. **Editorial:** Reflections on the Shooting at Club Q and our Community's Response

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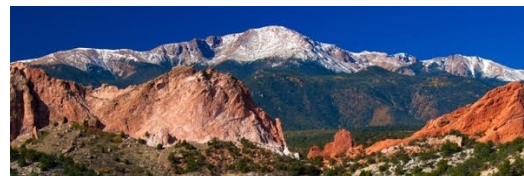
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Communications Subcommittee: Kelly Dixon

Education Subcommittee: Marcus Chur, Sophie Brickman, Molly Higgins, Christine Mason



Introduction to the Newsletter

Dear Colleagues,

The events of the November 19th mass shooting at Club Q and their consequences have continued to reverberate throughout the UCCS and broader Colorado Springs community in the weeks since, as well as for the broader LGBTQ community as whole. These circumstances have posed challenges for our department as helping professionals, with many of our faculty and student clinicians working daily with trauma survivors as well as impacted members of the community. These challenges are unlikely to dissipate quickly, and oftentimes outpourings of support in the immediate aftermath of a crisis dissipate over time – leaving many without adequate resources and guidance for healing and recovery in the long-term. In an effort to continue giving voice, space, and advocacy to these issues, we dedicate this quarterly newsletter to considerations of equity, diversity, and inclusion as they relate to navigating violence against marginalized gender and sexual minority populations. We spotlight an editorial contribution by Dr. Tim Doenges, staff psychologist at the Lyda Hill Institute for Human Resilience, who has led efforts to provide both acute and long-term psychological services to survivors of the Club Q shooting at UCH Memorial Hospital and at the Veteran’s Health and Trauma Clinic. Local organizations that provide opportunities for learning and volunteering are highlighted, and local events are presented. Additionally, we encourage you to revisit previous editorials written by former committee student member McKenzie Lockett titled ‘[A Primer on Pronouns](#)’ and ‘[How to Ask About Gender and Sexuality in Research](#)’ as a reminder that such topics merit frequent revisitation in the context of providing optimal care and strong allyship.

Best,

Kelly Dixon, Psychology Department Diversity Communications Subcommittee

Upcoming Events



Q-munnity Love: A Club Q Tribute and Fundraiser (January 15th)

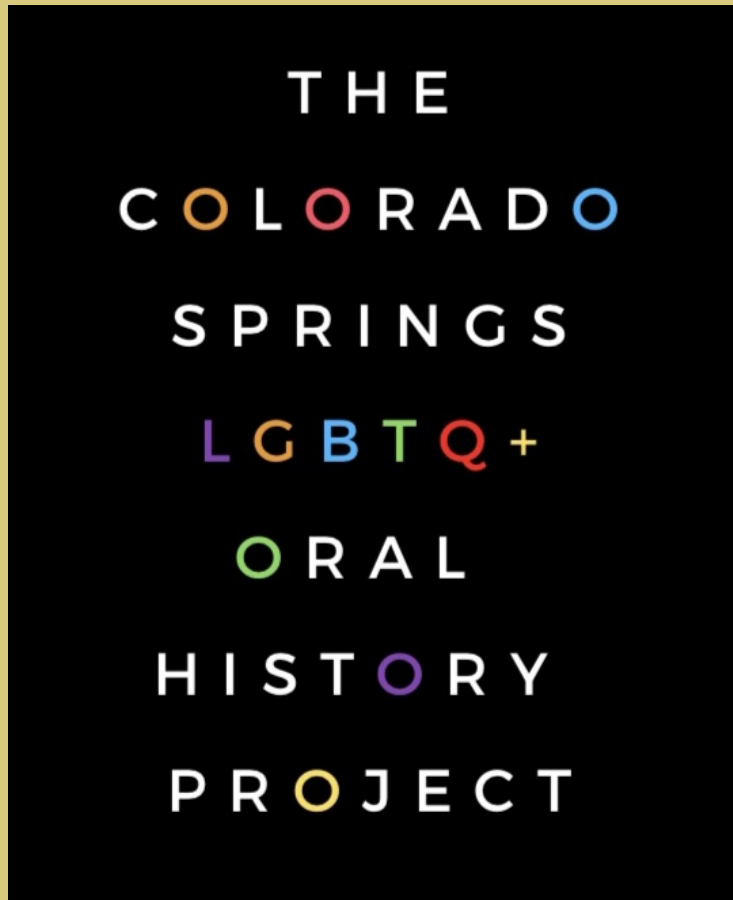
[Q-munnity Love: A Club Q Tribute](#) and Fundraiser. January 15th 3-7pm at Phantom Canyon Brewing Company. Pouring up Phantom Canyon beers along with other local brews, a live performance with local band Ozonic and drag show, MC, guest bartenders, a full snack spread, and more -- this tribute event is all about rising up for our community

and coming together in support. 100% of proceeds will be donated to the Club Q Compassion Fund + The Trevor Project. Ticket prices range from \$25 (early bird pricing) to \$35 (day-of entry).

Mental Health with a Side of Pasta (February 1st)

Come join the Women's Student Association in partnership with the Wellness Center for their event "[Mental Health with a Side of Pasta](#)," hosted February 1st 5:30-7:30pm in University Center room 302. The event will include a free Italian dinner, a presentation on mental health, and a community discussion!

Learn: The Colorado Springs LGBTQ+ Oral History Project



[The Colorado Springs LGBTQ+ Oral History Project](#) is a collaboration between faculty and students at UCCS and at Colorado College, and was established in 2021 to harness the power of oral histories in preserving LGBTQ+ subcultures, memories, and lived experiences. This project aims to document, celebrate and make accessible the rich LGBTQ+ history of Colorado Springs by collecting stories of long-term LGBTQ+ residents of the city. It is an archive of the Springs' LGBTQ+ life, resistance, and resilience. Listen to the oral histories on [Spotify](#) or by clicking [here](#). Keep yourself updated on the latest interviews, follow [@coslgbtqohp](#) on [Instagram](#)!

Serve

Inside Out Youth Services

[Inside Out](#) is dedicated to providing quality programs and services to LGBTQIA2+ youth in Colorado Springs and the surrounding counties. Their wide range of offerings includes support groups, mentoring opportunities, educational workshops, and social activities, designed to meet the unique needs of LGBTQIA2+ youth and young adults at all stages of their journey. Opportunities to volunteer or intern at Inside Out can be found [here](#); you can also contribute to the mission of Inside Out by making a monetary donation at [this page](#).

Finally, trainings are frequently provided for community members, professionals, and families – you can check their schedule of events to participate in [here](#).

One Colorado

[One Colorado](#) is the state's leading advocacy organization dedicated to advancing equality for lesbian, gay, bisexual, transgender, and queer (LGBTQ) Coloradans and their families. They effectively advocate for LGBTQ Coloradans and their families by lobbying the General Assembly, the executive branch, and local governments on issues like safe schools, transgender equality, relationship recognition, and LGBTQ health and human services. Notably, One Colorado provides extensive resources for healthcare providers working with LGBTQ populations; see [here](#) for incredibly helpful information such as how to create inclusive intake forms, create inclusive spaces, provide education on relevant health practices and considerations, use of appropriate language and terminology, etc. They also provide [opportunities for volunteering](#) at legislative lobby days, and participating in petitions aimed at enhancing gender and sexual equality in the state of Colorado.

Reflections on the Shooting at Club Q and our Community's Response

By: Dr. Timothy Doenges



I am a staff psychologist at the Lyda Hill Institute for Human Resilience at UCCS. I manage the BRIGHT Program- a partnership with UC Health Memorial Hospital, a Level 1 trauma center, that provides acute mental health support to people who have been injured. I also provide clinical supervision for trauma-track PhD students.

After the shooting at Club Q occurred here in Colorado Springs in November 2022, I started to receive communications from hospital staff about the needs of the survivors of the shooting, and our team started working with hospital staff and Institute staff to organize a response. Since that time our team has learned a good deal. The purpose of this personal reflection is to invite a shared exploration of how the Club Q shooting, and our response, can inform our thinking about supporting disenfranchised communities impacted by trauma. The perspectives I provide here are personal, and do not reflect the perspectives and opinions of other members of our team. I hope this reflection is helpful in making sense of this event and how we in the field of psychology can think about events such as this.

The week before the Club Q shooting that occurred in November 2022, I spoke with a man who was emphasizing the importance of safe spaces for the LGBTQ+ community. He said that his family had been quite supportive of his journey and identity, and he was thankful for that. "But," he said with a smile, "Sometimes I just need a place to queen out." He asserted that even when people in the LGBTQ+ community have support, safe spaces- places that provide acceptance and warmth, spaces where no one needs to pretend or explain themselves, and places where people can fully express who they are- are vital for both individual well-being and for building a circle of supportive friends. And these spaces are even more important when people do not have support, or when a community is experienced as being more generally unwelcoming, as is the case for many in Colorado Springs.

The morning after the shooting I woke up to a text message from a college friend living in Iowa, saying that he was thinking of us because of the "sad news coming out of

Colorado Springs.” As I read through the news and learned of the shooting, I thought back to the conversation from the previous week. Unfortunately, the shooting that occurred at Club Q, at least in some respects, did what it was likely intended to do- it instilled fear and shattered the sense of safety that the space provided. It impacted a space of safety and hope for people who often do not otherwise have such a space.

My own reaction to this event was shaped by my role as a parent of teenagers exploring their own identities, and my work role. My reaction to this event was a common one- one of anger, horror, grief, and a desire to be a part of a positive response to this event. Below are some reflections on my experiences, and those of our team, since this shooting occurred. Rather than provide advice, I will reflect on some of the questions that have come up for me and for our team, and some thoughts on what this event can teach us.

What do we do with our grief? With our desire to help?

The BRIGHT program clinical team is made up primarily of trauma-track graduate students. In the days following this event the people on our team, myself included, experienced a strong sense of grief and anger, and a desire to be of service to those impacted by the shooting. Our team’s reactions to this event were, I think, shaped not only by the media coverage of this event, but also by the news coming from the hospital, by its impacts on current clients and staff, and by the reactions of the hospital team we work with. The students on the team immediately offered to do whatever they could to support survivors, which was inspiring. It also required some reflection. I wanted students to have the opportunity to participate in the community response to this event; it was deeply important to the team, and many trauma-track students entered the program to be able to have the skill set to meaningfully respond to trauma such as this. Clinically, the student team is skilled and experienced. However, I was also aware that these students were already doing heavy trauma processing work on a daily basis with their existing caseload, were juggling additional stress related to graduate school, and were processing their own personal reactions to this horrific event occurring within their community. Therefore, the challenge became organizing a response that titrated the trauma exposure and responsibility level so that everyone involved, students and clinical staff alike, were supported and did not take on more than was sustainable. I think this challenge is common in the weeks following a community-level tragedy. While there are things we likely could have done better, some of the ways we discussed our response were, in my mind, helpful and important. Our team’s open communication around the impacts of this event, our discussion of each team member’s personal limits, and our development of clear structure around case distribution was helpful. In other words, an event like this requires that we consider the personal and emotional impacts on everyone involved as a factor that informs logistical responses.

Following an event like the Club Q shooting, how do we take a long view of how to provide support for survivors and the community?

Another dynamic that required thought was how to build a response that could provide sustained support over time, after the initial influx of support started to wane. In the first week or two after the shooting, there was a huge outpouring of support from the

community, which was inspiring. This outpouring also could be overwhelming for some of the people involved. Additionally, many of those directly affected were not in a place to engage with mental health treatment immediately- they were still managing medical difficulties, funeral arrangements, media inquiries, and seeking out and processing new information about the shooting as it became available. Therefore, we focused on making sure people knew that support was available, and we turned our focus to building a system that could bring people into therapy quickly and efficiently when they were ready. What we found was that many people did not want to engage in therapy until several weeks or over a month after the event. As I write this, we still have people who are interested in therapy, but “not yet.” The dynamic seems to be that the mental health needs of people impacted by this event became salient just as the media and community attention on this event began to wane.

So, how do we capitalize on a community’s desire to help in a way that is organized, sustained, attuned to the capabilities and personal responses of all involved, and sensitive to varying and changing needs?

How do we organize a response in a way that works best for those affected by the tragedy?

As mentioned above, the outpouring of support following this shooting was considerable. However, it was, at times, difficult for people in need of support to access support quickly and effectively. For example, a central part of the crisis response was an open spreadsheet of mental health providers in the community who were offering free or reduced-cost mental health support; providers could add their name to this list along with some details about their offerings. It was a long list, and it was not curated and was difficult to navigate. People in need of support sometimes felt overwhelmed by this list and did not know where to start (this sense of overwhelm was also true for me and for our team, and we work in this field). Additionally, it is interesting to note that this list asked providers to indicate whether they had specialized training or experience working with LGBTQ+ clients, which is clearly important; however, it did not ask whether providers had experience or training in treating trauma, which is equally important in the aftermath of a mass shooting.

Additionally, the media attention and community-level impacts of this event changed the way it has been experienced by survivors and community members. Media presence at the site of the shooting, in the hospitals where survivors are being treated (to include broadcasting of some hospital discharges), and in the context of legal proceedings have made this tragedy more public, and more politicized, for people involved. All of this is occurring during a time of acute trauma processing and meaning making for survivors. The impacts of these dynamics are not yet clear, but certainly change the lived experience of survivors and the clinical tone in therapy.

Community support and engagement can be incredibly valuable and helpful following an event like this one. There are also ways in which it can contribute to overwhelm or even re-traumatization. A thoughtful, curated, and survivor-centered approach to community response- one that provides tailored and personal outreach to various

categories of people affected by the event (survivors, friends and family members, general community members, medical staff and first responders, mental health providers, etc.) is likely to help people know how to access support.

How do we know what expertise and support we can provide? What expertise and support is needed, and when?

Our team and organization's response to the Club Q shooting was inspiring. My sense is that we did things relatively well, and the opportunity to be a part of a meaningful response to this event has been a gift. That said, there are things we can do better in the future. For example, I reached out to several agencies in town offering support, not knowing that others within our agency had done the same with their contacts at those same agencies. In other words, the initial impulse to reach out would be best utilized when it is acted on after internal discussions and planning. Additionally, I feel that I jumped into "problem-solving" mode before fully taking stock of my own reactions and my own capabilities. My sense now is that a helpful approach would have been for each of us to start with ourselves, as individuals, and then to gradually expand out from there as we assess capabilities and limits. What are my own abilities based on my training and my role? What is our team's best role in this response? What other Institute and organizational projects are positioned to help, and how can we coordinate our efforts? And, once our internal landscape of response is mapped, how can we work with other agencies and with survivors and community members? And finally, how can we facilitate a general community response that sends a message of warmth, empathy, and sustained support to disenfranchised people impacted by trauma? The answers to these questions will be different depending on the nature of the event and the characteristics of the community and individuals it impacts. My hope is that we, as individuals and in our communities, become more and more adept at building effectual responses to community tragedies and at learning from the survivors of community-level traumas.