



Dealing with Trauma and Mental Health: Supporting Our Youth's Mental Well-being

Dr. Jennifer Walton-Fisette, KSU
Dr. Karla Anhalt, KSU

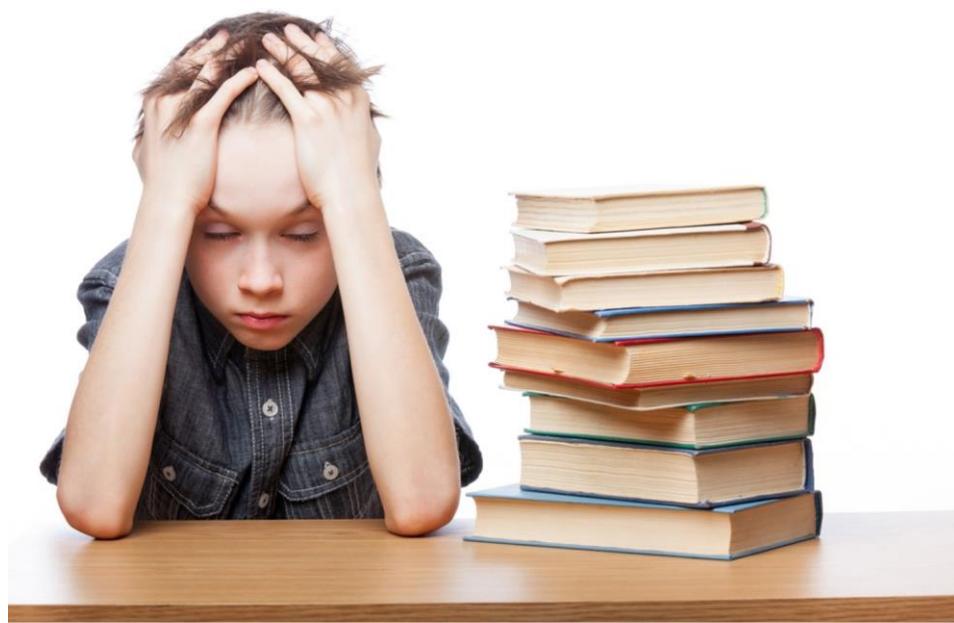
Context Matters



In small groups, discuss your education and/or employment context, including: your workspace, your program/organization and the population you serve.

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**What types of
stress do your
students/clients/
patients
experience?
What does this
'look' like to you?**



Key Definitions

Trauma: an event or series of events, an experience or prolonged experiences, and/or a threat or perceived threats to a person's well-being. The individual's daily coping mechanisms can be negatively impacted by trauma.

Triggers: signals that act as signs of possible danger, based on historical traumatic experiences. Lead to a set of emotional, physiological, and behavioral responses that arise in the service of survival and safety.

Fundamental Truths About Trauma

1. Trauma is real.
2. Trauma is prevalent (likely more common than we think...).
3. Trauma is toxic to the brain and affects development and learning.
4. We need to be prepared to support youth who have experienced trauma, even if we don't know exactly who they are.
5. Youth are resilient, and within positive learning environments they can grow, learn and succeed.

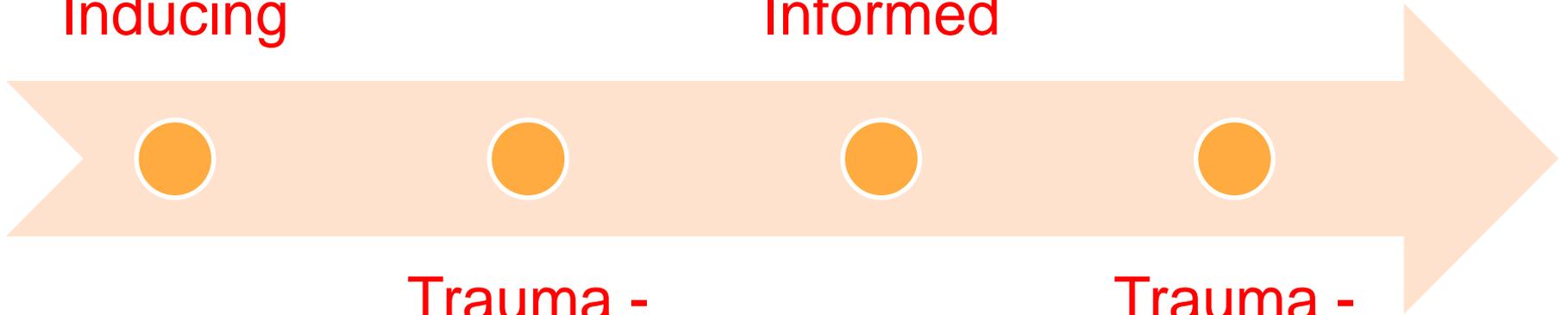
Spectrum of Trauma-Savvy Practices

Trauma -
Inducing

Trauma -
Informed

Trauma -
Indifferent

Trauma -
Invested



3 Main Types of Trauma

Acute Trauma

Results from exposure to a single overwhelming event.

Examples: rape, death of a loved one, natural disaster

Characteristics: Detailed memories, omens, hypervigilance, exaggerated startle response, misperceptions or overreactions.

Chronic Trauma

Results from extended exposure to traumatizing situations.

Examples: prolonged exposure to violence or bullying, profound neglect, series of house removals

Characteristics: Denial and psychological numbing, dissociation, rage, social withdrawal, sense of foreshortened future.

Complex Trauma

Results from a layering of multiple traumas, especially those that are chronic and are long-lasting.

Characteristics: Perpetual mourning or depression, chronic pain, concentration problems, sleep disturbances, irritability

Other Potential Causes of Trauma

There are many situations that may constitute a traumatic experience for children.

A traumatizing event can be:

- Death of a parent or sibling
- Divorce
- Placement into foster care
- Relocation
- An accident
- Medical illness

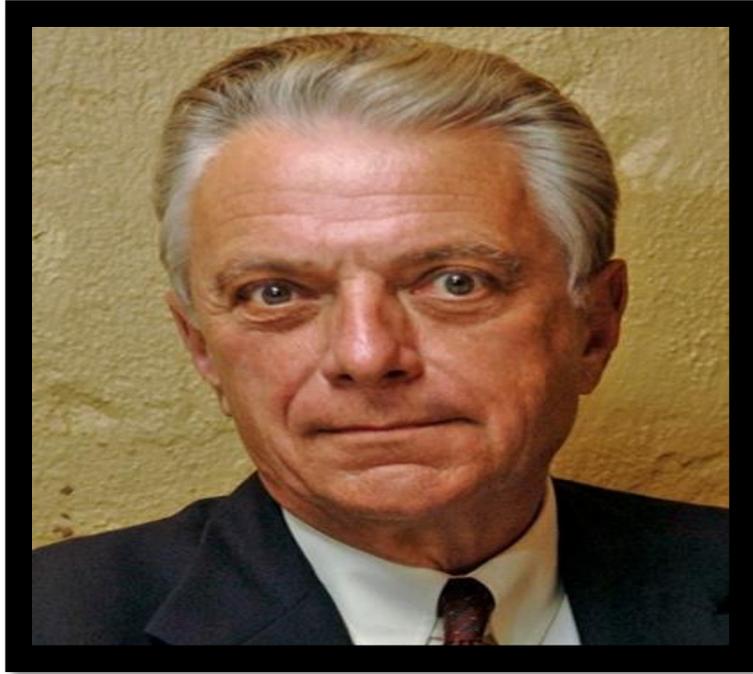
For others, it can be:

- Exposure to bullying
- Domestic violence
- Physical or sexual abuse
- A catastrophic natural disaster
- Terrorism and war

Trauma in Latinx Youth

- Latinx youth experience higher rates of victimization than their White counterparts
- Trauma associated with experiences of violence in country of origin for immigrants or refugees
- Trauma associated with immigration status and immigration process
- Negative impact of anti-immigrant policies and practices

Adverse Childhood Experiences Study



Dr. Vincent Felitti
Kaiser Permanente



Dr. Robert Anda – Center for
Disease Control and Prevention

Danger

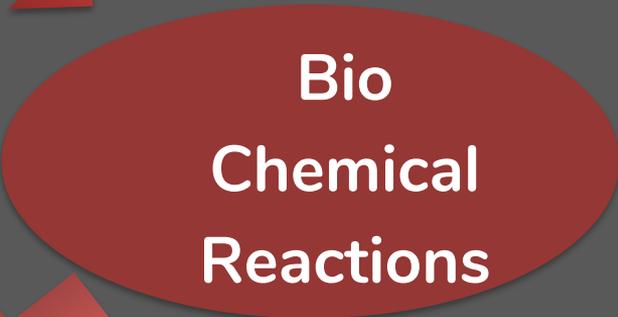
Stress

**Response
System**

**Bio
Chemical
Reactions**

Homeostasis

**Fight
Flight
Freeze**



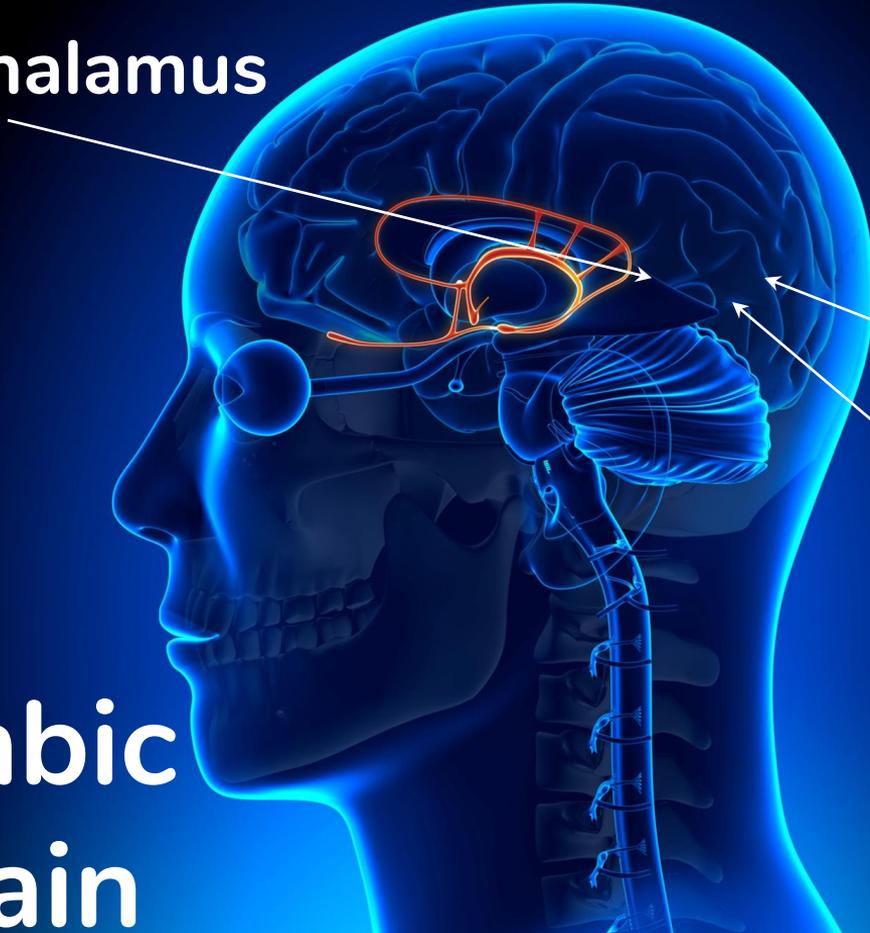
Hypothalamus

Frontal
Lobe

Amygdala

Hippocampus

Limbic
Brain



What does this mean for schools?



Small Group Discussion



What are some examples of traumatic situations that you or your students / clients / patients may have faced or are facing?

What are the behaviors you have observed from those experiencing trauma?

INTERNAL Signs/Symptoms of Traumatic Stress

- Confusion and a sense of detachment, numbness and withdrawn
- Fear of situations that may be a reminder of the traumatic event
- Difficulties getting to sleep, disturbing dreams and nightmares
- Intrusive and repetitive thoughts and images
- Difficulty concentrating and focusing
- Fear of trusting others or being left alone
- Anxiousness about fairness, justice, and rejection
- Unable to cope with stress and shame
- A sense of futurelessness

PHYSICAL Signs/Symptoms of Traumatic Stress

- Heightened startle reactions: Physical and emotional reactions to sense, sounds, sights, touches, body positions, and aromas that are associated with the traumatic events
- Intense emotional reactions: crying, guilt and fear (which may look like anger)
- Loss of appetite, stomach aches, headaches
- Decreased physical and emotional energy
- Susceptibility to ailments such as colds, sore joints, muscles
- Engages in risky behaviors
- May engage in bullying behaviors

Small Group Discussion



What factors in schools / neighborhoods / communities could potentially trigger a student/person? Potentially cause trauma?

How can schools / neighborhoods / communities be an asset in decreasing one's heightened stress response system?



*How can I
help?*

Creating a Trauma-Sensitive Learning Environment

(i.e., taking an activist approach)

DOs AND DON'Ts OF A TRAUMA-INFORMED COMPASSIONATE CLASSROOM

- 1 CREATE A SAFE SPACE**
Consider not only physical safety but the children's emotional safety as well.
- 2 ESTABLISH PREDICTABILITY**
Write out a schedule and prepare children for transitions. It helps create a sense of security and safety.
- 3 BUILD A SENSE OF TRUST**
Follow through with your promises and in situations where changes are unavoidable be transparent with your explanations.
- 4 OFFER CHOICES**
Empower students and offer "power with" rather than "power over" strategies.
- 5 STAY REGULATED**
Help your students (and yourself!) stay in the "Resiliency Zone" to promote optimum learning. Have regulation tools ready to help students bumped out of the zone into either hyperarousal (angry, nervous, panicky) or hypoarousal (numb, depressed, fatigued).

There's really only one DON'T
Let's not punish kids for behaviors that are trauma symptoms.

ECHO PARENTING & EDUCATION

Strategies for Self-Awareness

- Know your triggers - what sets you off?
- Acknowledge your emotions – how are you feeling right now?
- Ask yourself what the student is really asking for
- Calmly and consistently respond accordingly.
- If it's predictable, it's preventable:
 - Prep individuals for changes in advance
 - Connect with students/clients/patients often
 - Have routines and rituals in place
 - Provide a peer-support network
 - Involve people in decision-making operations/avoid power struggles
 - Know your students/clients/patients

Reflecting on Systems of Meaning

What is your comfort level with...

- A person who is a different racial, ethnic or cultural group?
- A person who believes you are incompetent?
- A person who is openly judgmental and critical of others?
- A person who speaks a different language?
- A person with a physical disability?
- A person who is abusing drugs or alcohol?
- A person who was raised in a different social class than you?
- A person who practices a different religion than you?
- A person who is suicidal?
- A person who is loud and loves the attention of others?
- A person who is obese?
- A person who is always right and never asks for opinions?
- A person who believes women are not worthy of respect?
- A person who believes that abuse is acceptable in certain situations?

Strategies for Fostering Relationships

- Attend to your relationships
- Forget labels and control, instead, remember influence
- Find a door or window...
 - Take a breath and examine your own concerns about the situation
 - Ask trusted colleagues how they would handle the situation
 - Conduct a web search for other viable options
 - Access and online professional learning network for ideas
 - Partner with an administrator, instructional coach, or teacher leader to brainstorm strategies

Strategies for Understanding Our Belief System

- Remind students / clients / patients (and one another) that they can persist, survive, continue and thrive after a traumatic experience
- Accepting that it's ok to not be ok
- Don't let fear drive the bus

Let's reframe our belief about kids/people. What are they really asking for? Keep in mind that every behavior is an expression of a need.

Four Prevalent Areas of Need

- **Emotional Need:** Need to be regulated (in the upstairs brain). When a person is triggered or feels unsafe, their brains are lacking the ability to return to a regulated state.
- **Relational Need:** Need to feel connected and to belong.
- **Physical Need:** Encompasses our basic physiological or biological needs for survival.
- **Control Need:** The need to have a say. They usually have no sense of power or control in their lives.

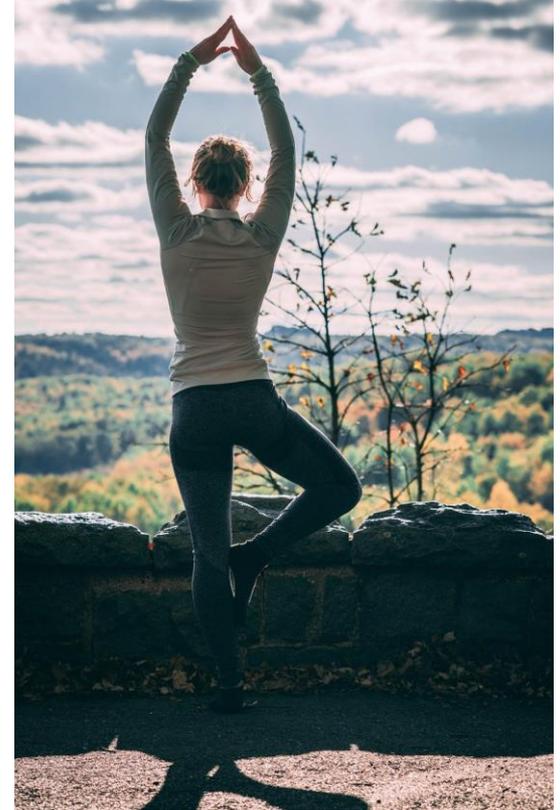
Strategies to Live, Laugh, Love

- Show others and yourself grace
- Impose grace vs. blame
- Share praise and kindness
- Practice self-care with:
 - Health - physical, mental, emotional, social, spiritual
 - Love – identify what you did to take care of yourself, just for you
 - Competence – Try something new, step out of your comfort zone
 - Gratitude – identify what you are grateful for

Calming Exercises

There are many things that can be done to aid those who have experienced trauma. Some are...

- Mindfulness and breathing exercises
- Using concrete language activities to divert the learner's attention from the trigger so they can get back into their thinking brain.
 - Make statements that are unrelated to the escalation but that will be easily answerable, i.e., what did you eat last? I like that shirt. Why did you wear that today, etc.
- Offer the student an appropriate choice that will allow them to cool down or de-stress --- Stress Tool Kit / Safe Space in classroom/gym/office



Offer hope.

Your steadfast care and patience provide the fertile ground that can spark healing and wholeness for youth who are coping with the effects of a traumatic experience.



Contact Information

- Jen Walton-Fisette: jfisette@kent.edu
- Karla Anhalt: kanhalt@kent.edu