

# **Supporting Emotional Wellness in Black Youth: Trauma-Informed Techniques**

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# Disclosure

- There are no disclosure regarding commercial support for today's program.
- Dr. Wimms is the founder of The Village Family Support Center of Baltimore, a Supervising Psychologist at Loyola Clinical Centers, and Clinical Director at The Resource Group Counseling and Education, Inc.

# Wellness

- Not sick, right? *But it's more than that.*
- Growth, Healing, Actively Engaged in Pursuit of Positive Outcomes
  - Physical
  - Political
  - Financial
  - Academic
  - Environmental
  - Emotional
  - Social



# Resilience: Wellness in the Face of Risk

## The 7 C's of Resilience

- Confidence
- Competence
- Connection
- Character
- Contribution
- Coping
- Control

(Ginsburg & Jablow, 2015)

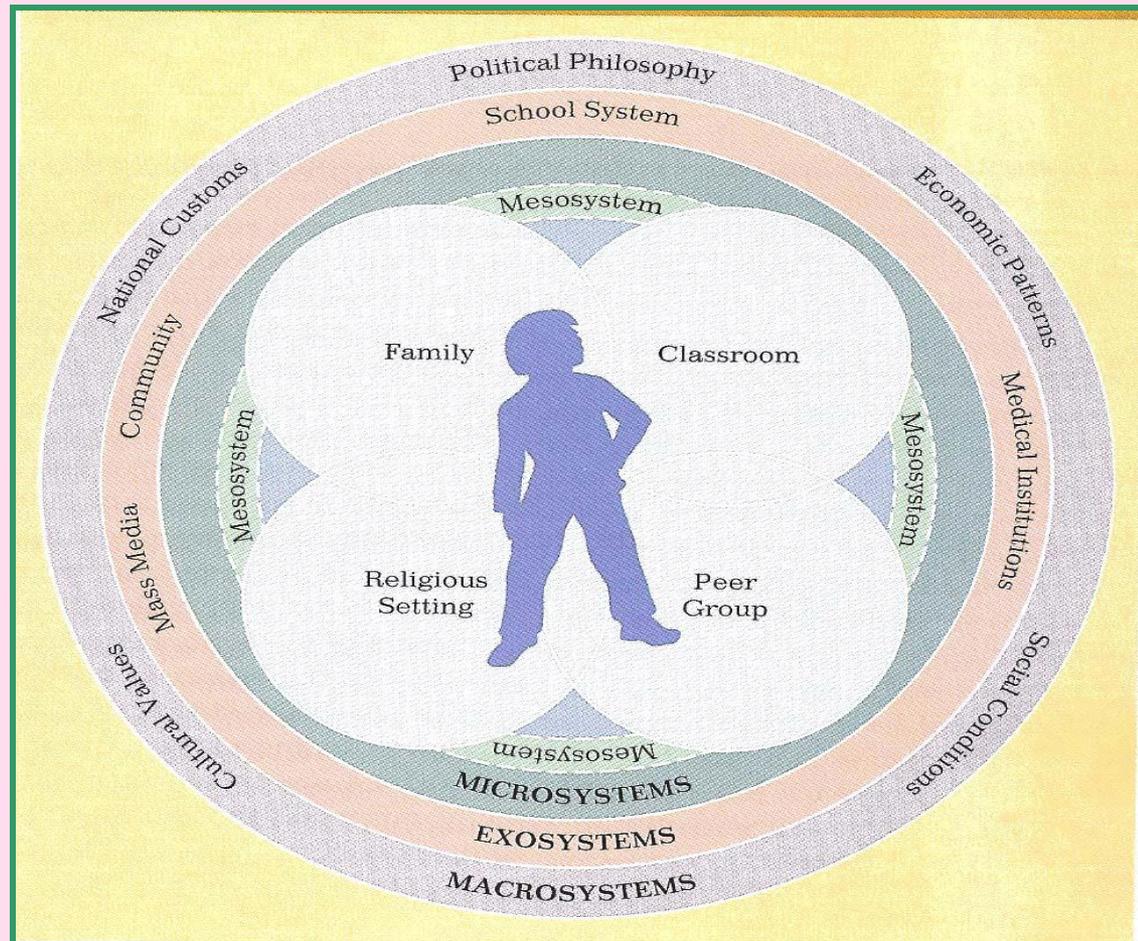
# Adversity, Vulnerability and Resilience

- Growth
  - Psychological Growth
  - Resilience
- Status Quo
  - Neutrality
  - No change or growth
- Harm
  - Disability
  - Stunted Outcomes

**Adversity**

# The Contexts for Risk and Resilience

- All people are located within contexts:
  - Physical Needs
  - Emotional Needs
  - Cognitive Functioning
  - Developmental Status
  - Social Context
  - Community Experience
  - Historical Context



# Societal

## Risk Factors

- Laws/ Government Policy
- Economic Factors
- Community/Environmental Factors
- **Educational Policy and Perceptions**
- Healthcare Policy
- **Mental Health Policy and Factors**
- **Social Norms=power and privilege differentials**
- **Systemic Oppression**

# School, Neighborhood, and Community

## Risk Factors

- Social rejection
- Stressful events
- Poor academic achievement
- School failure/Not college bound
- Low commitment to school
- **Community-level stressful or traumatic events**
- School-level stressful or traumatic events
- **Community violence/School violence**
- Aggression toward peers/Associating with deviant peers
- Associating with drug-using peers
- Community norms of alcohol and drug use
- **Urban setting**
- Poverty
- **Loss of close relationship or friends**

# Family

## Risk Factors

- Parental depression/anxiety
- Parent-child conflict/Poor parenting
- Negative family environment (may include substance abuse in parents)
- Child abuse/maltreatment
- Single-parent family (for girls only)
- Divorce/Marital conflict/Family conflict
- Parental drug/alcohol use
- Parental unemployment
- Substance use among parents
- Lack of adult supervision
- Poor attachment with parents
- Family dysfunction
- Poor parental supervision
- Sexual abuse

# Individual

## Risk Factors

- Negative Events
  - Violence
  - “Isms”
  - Traumatic situations (see list)
- Personal Factors
  - Physical Illness
  - Mental Illness
  - Lack of access
- Accumulative Stress

# TRUAMATIC SITUATIONS

- Physical or sexual abuse
- Abandonment
- Neglect
- The death or loss of a loved one
- Life-threatening violence in a caregiver
- Witnessing domestic violence
- Automobile accidents or other serious accidents
- Bullying
- Life-threatening health situations and/or painful medical procedures
- Witnessing or experiencing community violence (e.g., shootings, stabbings, robbery, or fighting at home, in the neighborhood, or at school)
- Witnessing police activity or having a close relative incarcerated
- Life-threatening natural disasters
- Acts or threats of terrorism (viewed in person or on television)
- Living in chronically chaotic environments in which housing and financial resources are not consistently available

# REACTIONS TO VULNERABILITY

- Disengagement
- Lack on interest
- Avoidance
- Fatigue
- Irritability
- Tearfulness
- Hopelessness
- Problems concentrating
- Feelings of rage and behavioral acting out
- Feelings of worthlessness
- Suicidal thoughts
- Sleep Disturbance
- Eating Disturbance
- Developmental regression
- Avoidance
- Excessive worry
- Hypervigilence
- Sleep Disturbance
- Restlessness
- Fatigue
- Irritability
- Problems concentrating
- Sleep Disturbance
- Eating Disturbance
- Developmental regression

# SYMPTOMS OF DEPRESSION/ANXIETY/ETC.

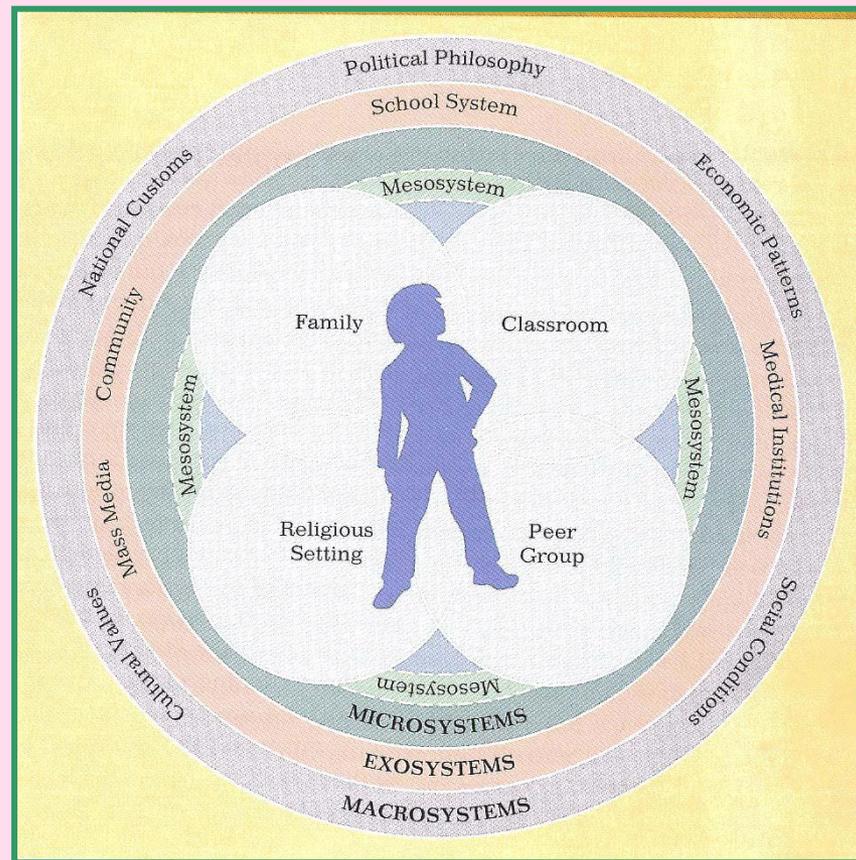
- Disengagement
- Avoidance
- School problems
- Family conflict
- Lack on interest
- Fatigue
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*“An abnormal reaction to an abnormal situation is a normal behavior.”*

Viktor E. Frankl

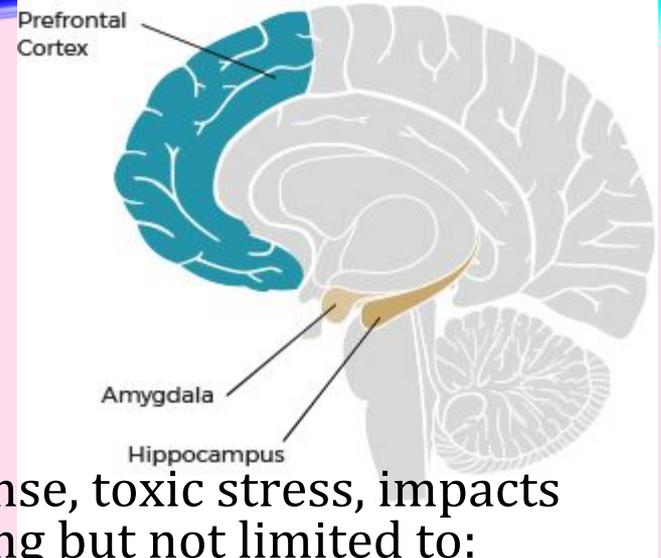
# Appropriate Response or Mental Disorder?



# ACEs

- Adverse Childhood Experiences (ACE's)
  - Physical Abuse
  - Emotional Abuse
  - Sexual Abuse
  - Physical Neglect
  - Emotional Neglect
  - Household Dysfunction: Mental Illness, Domestic Violence, Divorce, Incarcerated Relative, Substance Abuse
- **<https://www.youtube.com/watch?v=jFdn9479U3s>**

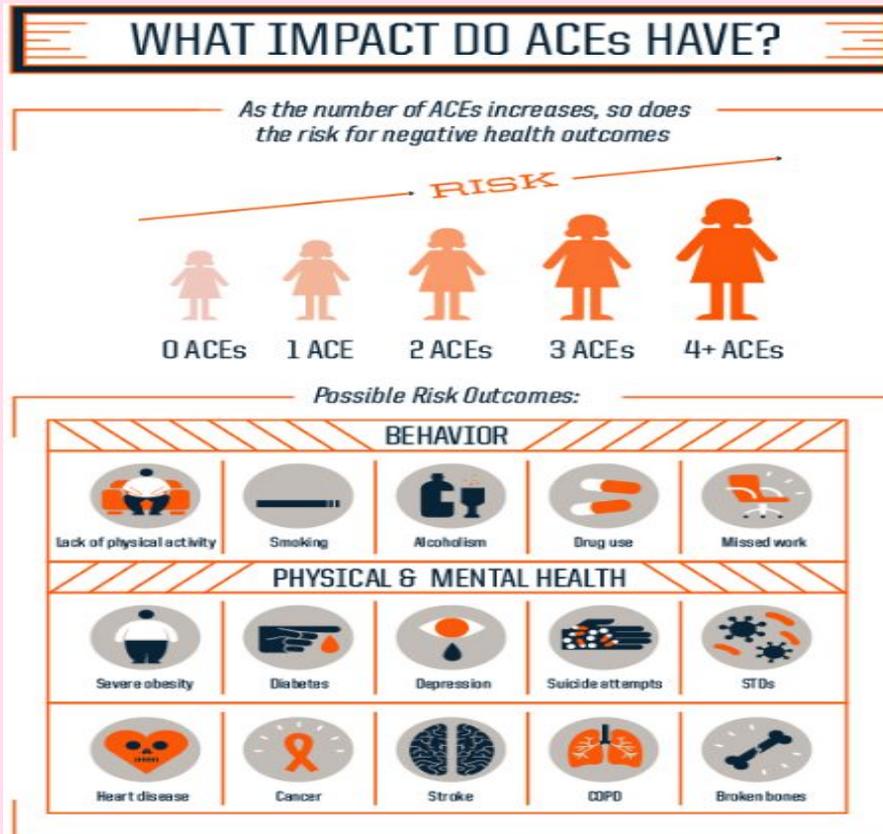
# The Impact of ACEs



- “Sustained activation of the body’s response, toxic stress, impacts many of the brain’s vital systems, including but not limited to:
- **THE STRESS PATHWAY** – Dysregulated HPA Axis, decreased hippocampal volume: **leads to anxiety, depression and impaired learning and memory.**
- **EMOTIONAL PROCESSING AND REGULATION** – Decreased gray matter in the prefrontal cortex (PFC) and increased amygdala volume **leads to hypervigilance and reduced attentional control.**
- **EVALUATION OF REWARD** – Decreased reward response in ventral striatum **leads to anhedonia, the difficulty in experiencing joy.**
- **BRAIN CONNECTIVITY** – Disrupted amygdala to ventromedial PFC pathway, decreased activity in the default mode network, and increased activity in salience networks **leads to difficulty understanding the relevance of situations and how to respond.”**

# ACEs

- Adverse Childhood Experiences (ACE's) in later adulthood:





*“It’s easier to build strong  
children than to repair  
adults.”*

Frederick Douglass

# Protective Factors

- “A protective factor can be defined as “a characteristic at the biological, psychological, family, or community (including peers and culture) level that is associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factor on problem outcomes.”

(O’Connell, M. E., Boat, T., & Warner, K. E., 2009)

# Resilience Factors



*(Masten, 2001)*

# School, Neighborhood, and Community

## Protective Factors

- Presence of mentors and support for development of skills and interests
- Opportunities for engagement within school and community
- Positive norms
- Clear expectations for behavior
- Positive community environment
- Positive school environment
- Economic opportunities
- Physical and psychological safety

# Individual

## Protective Factors

Engagement and connections in two or more of the following contexts: school, with peers, in athletics, employment, religion, culture

- Positive physical development
- Academic achievement/intellectual development
- High self-esteem
- Emotional self-regulation
- Good coping skills and problem-solving skills
- Self-regulation skills
- Relational skills
- Problem-solving skills
- Involvement in positive activities
- [https://www.youtube.com/watch?v=3qELiw\\_1Ddg](https://www.youtube.com/watch?v=3qELiw_1Ddg)

# Resiliency . . . A Key to Success

- In the face of difficulty and hardship, the ability to persevere and achieve (perceived) success.
- *“The ability to **thrive, mature, and increase competence in the face of adverse circumstances.** This requires a person to draw upon all resources: **biological, psychological, and environmental.**”*  
Gordon, 1995
- Resilience = Social Emotional Competence

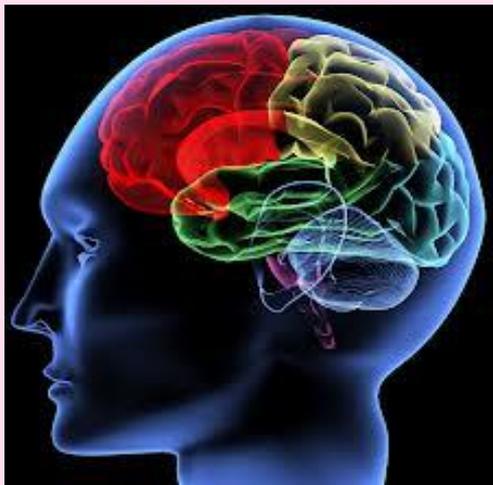
# Resilience and Social Emotional Learning

- Skills for life effectiveness especially in the face of adversity.
- At the heart of academic, personal, social, physical well being, and civic development.
- The educational and developmental process that leads to emotional intelligence.
- SEL teaches the skills we all need to handle ourselves, our relationships, our work, and our communities, to resolve conflict and be life-long learners.
- These are the skills that allow young people connect with influential adults and have open and honest communication resolve conflicts.

# Executive Functioning

The executive functions are a set of processes that all have to do with managing oneself and one's resources in order to achieve a goal. It is an umbrella term for the neurologically-based skills involving mental control and self-regulation.

*(Gioia, Isquith, Guy, and Kenworthy, 2002)*



# Resilience and Executive Functioning

- Skills to navigate the social-emotional world:
  - Inhibition
  - Shift
  - Emotional Control
  - Initiation
  - Working Memory
  - Planning/Organization
  - Organization of Materials
  - Self-Monitoring



# Social-Emotional learning



*(CASEL: The Collaborative for Academic, Social, and Emotional Learning)*

# Resilience and Social Emotional Learning

## Social Emotional Competence

- Skills for *effectively* managing ourselves, our relationships, our thoughts and feelings, and our work and learning—especially in the face of adversity:
  - Recognizing and responding to our emotions and knowing how to respond
  - Developing care and concern for others
  - Establishing and maintaining positive relationships
  - Making responsible decisions
  - Handling challenging situations constructively and ethically

# Social Emotional Learning in Action

- Calm when angry or sad
- Communicate a need for help
- Avoid risky decisions and situations
- Develop and attain goals
- Make and keep friends
- Show compassion and empathy
- Be a proactive and respectful self advocate
- Resolve conflicts

# How do we reduce the impact of toxic stress?

- What are the antidotes to high doses of adversity?
- Promotion of resilience and protective factors
- <https://www.youtube.com/watch?v=95ovIJ3dsNk>

# Empathy

- Involves: understanding the feelings, needs, and messages behind a person's actions and communicating these back.
- **Feeling understood is crucial before any changes can be made.**
- Empathy also has a calming effect on heart rate and blood pressure and results in a decrease in the production of stress hormones.
- Disengages limbic system and engages executive functioning.
- Once a person feels heard and understood, we are ready to work together.
- This sets the stage for problem solving and planning for success.

# 1) Empathy: The Magic Mirror

- 1) Listen and Observe
- 2) Identify the Emotions, Needs, Desires
- 3) Make a Statement that Communicates Understanding
  - You wish, want, fear, dislike, feel . . .

## 2) Personal Message: The Mirror Speaks

- Helping relationships are built on empathy and personal messages.
- Personal messages communicate feelings and expectations in a manner that is most likely to be heard and understood.
- Personal messages provide feedback to help a person become aware of how their actions affect others.
  - I (wish, feel, believe, want, wonder) . . .

# 3) Cooperative Problem Solving

- Create an environment where individuals feel comfortable to share opinions
- Find out desired outcomes
- Invite all parties to brainstorm possible resolutions from all points of view
- Expect differences of opinion
- Explore and discuss potential solutions and alternatives
- Choose the best plan/option(s) that meet the needs of all parties
- Sometimes the best solutions are “both/and” not “either/or”
- Check back

# Trauma-Informed Parenting

## The Essential Elements of Trauma-Informed Parenting *(Continued)*



1. Recognize the impact trauma has had on your child.
2. Help your child to feel safe.
3. Help your child to understand and manage overwhelming emotions.
4. Help your child to understand and modify problem behaviors.
5. Respect and support positive, stable, and enduring relationships in the life of your child.
6. Help your child to develop a strength-based understanding of his or her life story.
7. Be an advocate for your child.
8. Promote and support trauma-focused assessment and treatment for your child.
9. Take care of yourself.

# “What do I do?”

## Trauma-Informed Support for Children

### 1 Create safety

If the child is overwhelmed, perhaps guide them to a quiet corner or allow them to decompress by visiting the restroom. If you are in a classroom, maybe you have a peace corner that you've outfitted with blankets or a screen so that it feels like a safe place.

### 2 Regulate the nervous system

Stress brings a predictable pattern of physiological responses and anyone who has suffered toxic stress or trauma is going to be quickly stressed into hyperarousal (explosive, jittery, irritable) or hypoarousal (depressed, withdrawn, zombie-like). No matter how ingenious our regulation strategies, how artsy-crafty we get with tools, the child has to find what works for them.

### 3 Build a connected relationship

This is the number one way to regulate the nervous system. When we are around people we care about, our bodies produce oxytocin, which is the hormone responsible for calming our nervous system after stress. If we stay connected, then eventually the calm discussion of each person's feelings and needs can take place.

### 4 Support development of coherent narrative

Creating predictability through structure, routines and the presence of reliable adults helps reduce the chaos a child may feel and allows them to start creating the kind of logical sequential connections that not only help them understand their own narrative, but are also the fundamental requirement of many types of learning.

### 5 Practice 'power-with' strategies

One of the hallmarks of trauma is a loss of power and control. When someone is wielding power over you with no regard to your thoughts or feelings, the toxic shame of the original trauma may come flooding back. As adults, we should use our power well. If we model a 'power-with' relationship with children it's our best chance of creating adults who will treat others with dignity and respect.

### 6 Build social emotional and resiliency skills

Trauma robs us of time spent developing social and emotional skills. The brain is too occupied with survival to devote much of its energy to learning how to build relationships and it's a good chance we didn't see those skills modeled for us. Learning to care for one another is the most important job we have growing up.

### 7 Foster post-traumatic growth

We know that there are qualities and skills that allow people to overcome the most devastating trauma and not just survive but find new purpose and meaning in their lives. Problem solving, planning, maintaining focus despite discomfort, self-control and seeking support are all known to lead to post-traumatic growth and are skills we can foster in children.

## The Essential Elements of Trauma-Informed Parenting *(Continued)*

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# Trauma-Informed Education

## Compassionate Education

- Principle One: Always Empower, Never Disempower
- Principle Two: Provide Unconditional Positive Regard
- Principle Three: Maintain High Expectations
- Principle Four: Check Assumptions, Observe and Question
- Principle Five: Be a Relationship Mentor
- Principle Six: Provide Guided Opportunities for Helpful Participation

(<http://k12.wa.us/CompassionateSchools/HeartofLearning.aspx>)

# How to Support Someone Who Has Experienced Trauma





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.

1

2

## 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

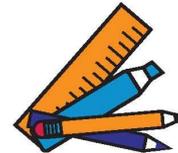
Follow through with your promises and in situations where changes are unavoidable be transparent with your explanations.

3

4

## 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).

5



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



# Positive Psychology: Resilience-Based Therapy

- Premise: It is important to understand how individuals respond successfully to adversity, trauma and tragedy
- Negative experiences (e.g., oppression) narrow focus and reduces cognitive potential
- Positive emotion exposure: (e.g., joy, curiosity, hope and contentment)
  - strengthens cognitive associations
  - broadens their attention and empowers them to implement creative and positive solutions
  - Problem-solving
  - positive meaning within adversity
- Building supportive relationships

(Domínguez, Bobele, Coppock, & Peña, 2015)

# Narrative Therapy

- Premise: “Reality is subjective, multiple and fluid in nature, socially constructed through language within communities of people, and maintained through storied trajectories In understanding how life stories are created, take shape out of these prevailing dominant voices, narrative work places importance on highlighting the voices of local, unique, or ‘other’ knowledge.”
- Core components
  - Developing shared stories to transform lives, relationships, and sense of self
  - Alternative to pathology models
  - Empathetic and supportive therapeutic context for people explore identities and create positive change
- Joining with families to move beyond problem-defined stories.
- Interventions: Focus on creating alternative stories: hope, possibilities, affirmation, and connection.

(Freedman & Combs, 1996,)

# Affirmative Practice Interventions

- Focus on affirming resilience identities.
- Replaces pathologizing with empowerment approach.
- Support self-determination.
- Considers presenting problems within a context of the marginalization and discrimination.
- Encourages individuals to engage in consciousness raising to challenge risk-related influence.
- Focus on identifying safe and affirming sources of supports.

(Ginicola, Smith & Filmore, 2017)



# Questions

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