TRAUMA
WHAT IS TRAUMA?

Experiences or situations that are emotionally painful and distressing, and that overwhelm people’s ability to cope.

Trauma has sometimes been defined in reference to circumstances that are outside the realm of normal human experience. Unfortunately, this definition doesn’t always hold true. For some groups of people, trauma can occur frequently and become part of the common human experience (Center for Nonviolence & Social Justice, 2015)
Fight / Flight Response
Emotional overwhelm, panic, feeling threatened, unsafe, angry, anxious, stressed etc

Hyper Aroused

Normal ‘Window of Tolerance’

Unregulated Responses
Erratic Emotions & Behaviour

Hypo Aroused

Freeze Response
Numb, emotionless, lethargic, spacey, disconnected, depressed, stuck etc.

Stuck ‘On’

Traumatic Event
• Doubly stressed
• Hyper sensitized
• Impacts ability to retrieve and process information
Fight / Flight Response
Emotional overwhelm, panic, feeling threatened, unsafe, angry, anxious, stressed etc.

Hyper Aroused

Stuck ‘On’

Normal ‘Window of Tolerance’

Unregulated Responses
Erratic Emotions & Behaviour

Freeze Response
Numb, emotionless, lethargic, spacey, disconnected, depressed, stuck etc.

Hypo Aroused

Traumatic Event

X
SAMHSA’S PRINCIPLES OF A TRAUMA INFORMED APPROACH

• Safety
• Trustworthiness and Transparency
• Peer Support
• Collaboration and Mutuality
• Empowerment, Voice and Choice
• Cultural, Historical, and Gender Issues
STRATEGIES

• Don’t make assumptions about the experience of our students
• Establish and maintain clear expectations
• Be curious about the experience of your students, e.g. “Is there something you’d like me to know or understand about you?”
• Focus on strength, growth and resilience

• Have a redirect script for safety and boundaries, e.g. “It is my job to facilitate discussions and keep us safe and on-track in our conversation. At some point, I may redirect us if we are veering off-topic or if I think that we may need to take a break, introduce resources...”

• Recognize distress
www.integration.samhsa.gov/clinical-practice/trauma
EXPECTATIONS & BOUNDARIES
• Empathic response and referral
• “Thank you for sharing this with me.”
• “You seem to be in distress.”
• “I know just the place you should go for support.”
• Dependency
• Chronic Needs
• Risk
• Amount of time
• Stress
IN THE MIDDLE

- SUPPORTIVE
- KIND
- EMPATHIC
STRESS, DISTRESS & CRISIS

DISTRESS, PROBLEM & DISORDER/ILLNESS

WHAT TO LOOK FOR
POSSIBLE WARNING SIGNS

- EXAGGERATED OR EXTREME REACTIONS
- CHANGES IN PHYSICAL APPEARANCE OR HYGIENE
- UNUSUAL BEHAVIOR
- ACTING WITHDRAWN
- EXPRESSIONS OF HOPELESSNESS
- GUT FEELING
IF YOU ARE UNSURE, SAYING SOMETHING TO A STUDENT IS ALWAYS BETTER THAN DOING NOTHING.
### STRESS VS DISTRESS

<table>
<thead>
<tr>
<th>STRESS</th>
<th>DISTRESS</th>
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<tbody>
<tr>
<td>• BAD MOOD</td>
<td>• SUDDEN BEHAVIOR CHANGES</td>
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<tr>
<td>• LOW ENERGY</td>
<td>• DETERIORATION OF WORK</td>
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<tr>
<td>• LACK OF ENJOYMENT</td>
<td>• INTENSE EMOTIONS</td>
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<tr>
<td>• SLEEPING DIFFICULTIES</td>
<td>• DETERIORATION IN APPEARANCE</td>
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<tr>
<td>• PHYSICAL DISCOMFORT</td>
<td>• SELF-HARM</td>
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CORRESPONDING LEVELS OF RESPONSE

- STRESS: COMPASSION & REFERALL
- DISTRESS: COMPASSION & REFERALL
COMMUNICATING WITH COMPASSION

Identifying and Responding to Students Experiencing Mental Health Challenges
FIRST PRINCIPLES

- NON-JUDGMENTAL RESPONSES
- AVOID GLIB RESPONSES
- ACCEPTING AT FACE VALUE
HOW TO COMMUNICATE EFFECTIVELY AND WITH COMPASSION

1. Attending
2. Understanding
3. Focusing on solutions
4. Summarizing
STEP 1: ATTENDING

• PAYING ATTENTION PHYSICALLY AND PSYCHOLOGICALLY
• REDUCING DISTRACTIONS
STEP 2: UNDERSTANDING

• REFLECTING
• CLARIFYING
COMPASSION, CARE, SOLUTIONS AND TIME LIMITS

• ATTENDING & UNDERSTANDING = 1/3 OF YOUR TIME

• IT’S OK TO STEER THE CONVERSATION

  • “I’m here to listen to you and to help you, but we only have a short time available”
STEP 3: FOCUSING ON SOLUTIONS

• BE CAREFUL WITH ADVICE
• DON’T MINIMIZE
SOLUTION-FOCUSED QUESTIONS

- Redirecting mindset to hope & action
- Student’s own ideas
- Focus on strengths & resources
• What has worked for you in the past?
• How have managed to…?
• When was the problem absent or less noticeable? What do you think you did to make that happen?
GOALS

• What would be a good outcome for you?
• If your problem were solved, what would it look like?
• What would be the smallest improvement you can imagine?
• What would you like to do about that?
STEP 4: SUMMARIZING

- REVIEW INTERACTION
- RE-STATE SOLUTIONS, STRENGTHS AND RESOURCES
OTHER CONSIDERATIONS

• YOU ARE NOT ALONE
• CHALLENGES AND SETBACKS ARE NORMAL AND NECESSARY
• SHARE YOUR OWN STRUGGLES, CAREFULLY
• NOT NECESSARILY A CRISIS
• MORE OFTEN THAN NOT, IT IS NOT
• GIVE IT SPACE
• NORMALIZE IT
CRISIS & SUICIDE
CRISIS

• STATEMENTS INDICATING INTENT TO COMMIT SUICIDE
• THREATS AGAINST OTHERS
• EXTREME EMOTIONS
• INABILITY TO COMMUNICATE
• LOSS OF CONTACT WITH REALITY
• TRAUMA
CRISIS RESPONSE

• COMPASSION

• REDUCE IMMEDIATE DANGER AND CONNECT WITH HIGHER LEVEL OF CARE (COUNSELLING SERVICES AND AFTER HOUR PROVIDERS)
CRISIS RESPONSE

**DO**
- Develop a plan
- Call others for help
- Call 911, if you are concerned for anyone’s immediate safety

**DON’T**
- Leave them alone
- Make promises of confidentiality
AFTER HOUR CRISIS

- 911 AND SECURITY
- MOBILE MENTAL HEALTH UNIT
  - 506-453-2132
  - Monday – Friday, 4:30 p.m. to midnight
  - Saturday & Sunday 3 p.m. to 11 p.m.
SUICIDE

• IT IS OKAY TO ASK!

• ASKING REDUCES THE CHANCE OF AN ATTEMPT

• NOT ALL MENTIONS OF SUICIDE REQUIRE A CRISIS RESPONSE
  • (IN FACT, MOST DON’T)

• ACT WITHIN YOUR COMFORT AND COMPETENCE
  • i.e. DON’T EVER HESITATE TO CONSULT
• CONSULT
  • COUNSELLING SERVICES
  • LOCAL 24/7 HELPLINES
  • LOCAL PROVINCIAL MENTAL HEALTH UNIT
HOW TO ASK ABOUT SUICIDE

• ENGAGE THE PERSON IN A SERIOUS CONVERSATION
• ASK ABOUT SUICIDE
• EXPLORE RISK
• ENGAGE THE PERSON IN A PLAN OF SAFETY
ASK ABOUT SUICIDE

• “ARE YOU THINKING ABOUT KILLING YOURSELF?”
• “ARE YOU HAVING THOUGHTS OF SUICIDE?”
• NORMALIZE
EXPLORE AND ASSESS RISK

• DO THEY HAVE A PLAN?
• HAVE THE ATTEMPTED BEFORE?
• WHAT SUPPORTS DO THEY HAVE?
PLAN FOR SAFETY

• WORK TOGETHER TO KEEP THE PERSON SAFE AND BUILD HOPE

• HAVE THEM AGREE TO STAY SAFE IN THE SHORT TERM

• CONNECT THEM WITH PROFESSIONAL SUPPORT
HOW TO MAKE A STRONG REFERRAL
TIPS ON HOW TO REFER

- Show that you care, but discuss your limitations
- Be specific about why you are referring a student
- Make a personal referral
- Make a plan to follow up
IF UNWILLING

- EXPLORE REASONS
- NORMALIZE HELP SEEKING
EXPRESS CONCERN

• Let the student know **what you’ve observed** and **why you are concerned**.

• “I’ve noticed you’ve been absent from class lately and I am concerned you will fall behind.”

• “You seem withdrawn lately and not like your usual self. I’m worried that you are dealing with something difficult.”

• “I saw you crying in class last week and your grades have recently gotten worse.”
LISTEN AND ASK QUESTIONS

- Ask the student open-ended questions to elicit more information about what they’re experiencing.
- “I’m here to listen. What is worrying you?”
- “What have you been dealing with?”
- “What is the reason you have been struggling lately?”
- “Can you tell me more about that?”
• Explain in a straightforward and open manner why you feel it is desirable or necessary for the student to seek support.

• “You’ve told me that you are worried about school to the point that you can’t sleep at night. I think you could benefit from learning some skills to manage that worry. This is something counselling services can help with.”