Genetics
Insufficient Resources
Social Media
Oh, crap! Was that TODAY?
Trauma
Anxiety &
Depression
Trauma is a neurophysiological response to a deeply disturbing or distressing experience.
Going through a disturbing or distressing event *in the absence of an empathic observer.*
Trauma Informed Care

- Leadership and staff understand trauma, its effects on youth and necessity of a community wide approach.
- Culture where all youth feel “safe” (physically, emotionally).
- Explicitly connects youth to the larger community.
- Nimble and able to anticipate and adapt to the changing needs of young people.
Trauma

- Impairs language
- Activates/ triggers fight-flight-freeze
- Narrows focus/alternatives
- “Re wires” the brain
Trauma

- Cuts off blood flow to language/speech areas of the brain
- Cortisol system derailed - too much or not enough
- Narrows focus and alternatives
Trauma Informed Care

Provide Meaning

Relational Supports

Regulating Body Rythymns
Trauma Informed Care

- **Realizes** the widespread impact of trauma
- **Recognizes** the signs and symptoms of trauma in students, parents, faculty and staff
- **Responds** with resilience oriented approaches integrated into policies and procedures.
- **Avoids** Re-traumatization
What is Anxiety?
Ambiguous Data → Worst Conclusions
Overestimation of the problem with underestimation of one’s ability to deal with the problem.
When you’re in your head,
You’re dead.
What does anxiety want?
Anxiety Wants

1. Certainty
2. Comfort
Anxiety Operates

1. Content
2. Process
Helping Youth

- Tolerate momentary distress
- Identify and label “Moments of distress”
- Step into uncertainty
- Problem solve (anti catastrophizing)
“I just keep picturing my mom and dad (who I love and know love me) killing me and roasting me over a spit”

~6th grade boy with intrusive thoughts and Generalized Anxiety Disorder
Action helps Anxiety

• Move
• Walk while drinking water
• Crunches, squats
• Micro-actions
Action helps Anxiety

- Participation in ritual
- Tactile prayer
- Visiting Burial places
- Retreats
Encourage and allow safe Failures
**Safe Failures**

- Student’s own goals
- Borrow prefrontal cortex to evaluate risk
- Provide support and encouragement
- Be a Resource
Depression
Depression Symptoms

- Sadness
- Irritability
- Withdrawal/ Isolation
- Falling Grades
- Loss of Interest
- Substance abuse

- Sleep (+/-)
- Appetite (+/-)
- Aggression/ Recklessness
- Illegal activity
- Suicidal thoughts

*Concerned Friends* or parents
Is it Depression or Sadness?

- Severity
- Suddenness
- Frequency
- Duration (2 wks +)
SUICIDE BIG THREE

• Perceived burden
• Loss of belonging
• Impulsivity
DEPRESSION

• Listen

• Exercise

• Social

• Sobriety
Adolescent Grief

- Adolescents don’t grieve in the same ways adults do.
- They don’t move through the linear “stages” of grief
- Initial experience of grief lasting 2-4 weeks
- Resurfaces as something else (grades, act out) in 9-14 months
- Mark your calendar to check in - 9, 10, 12, 18, 24 months out
SUICIDE

• If you suspect, ask directly “Are you thinking, have you thought about?”

• Do you have a plan? Means to a plan?
PASSIVE SUICIDAL IDEATION

• Thoughts or wish to die but does not have a plan

• “I wish I weren’t here…”

• “Things would be better if I just didn’t wake up in the morning…”

• “I wouldn’t mind it if a car were to hit me while crossing the street…”
RISK ASSESSMENT

• Are you thinking of killing yourself? Wish you were dead?
• Do you have a plan?
• Do you have the means to execute your plan?
RISK ASSESSMENT

• Have you ever attempted suicide before?
• Have you thought of suicide before?
• Do you know of anyone who has completed Suicide?