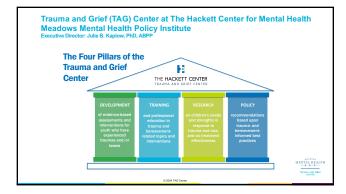


Overview

- * Introductions
- ⋆ Supporting Youth Exposed to Trauma and Loss (Part 1)
- Trauma and Grief Overview
- · Supporting Youth
- Navigating Difficult Conversations
- ⋆ Break
- * Beyond Burnout: Exploring the Cost of Caring (Part 2)
- Strategies to Enhance Resilience
- * Wrap-up

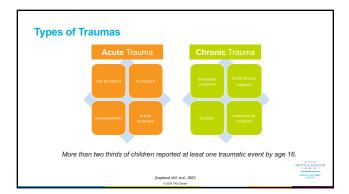
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Supporting Youth Exposed to Trauma and Loss Part 1	
Trauma Overview	
How do you determine if an experience is "traumatic" or just really stressful??	
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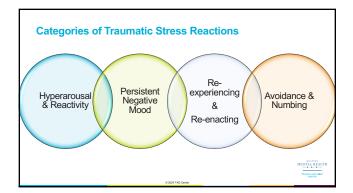




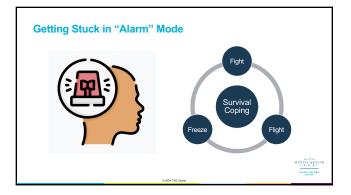
Posttraumatic Stress

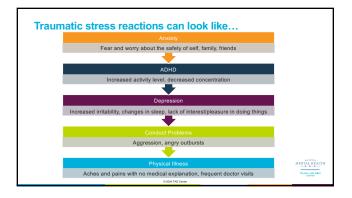
Psychological or behavioral reactions that can arise in response to trauma





Traumatic stress is a "normal" response to an abnormal event.





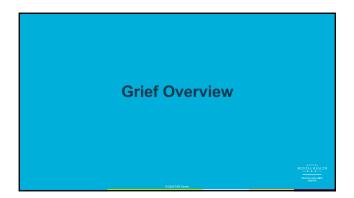
Long-Term Consequences of Unaddressed Trauma

Smaller brain volume
Depression
Suicide risk
School problems
Problems with peer relations
Substance/drug abuse
Violent behavior
Delinquent behavior



Intergenerational transmission of trauma/traumatic stress

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referred youth







Most distressing form of trauma among adults and youth in the general population (Breslau et al., 2004; Kaplow et al., 2010)



Strongest predictor of poor school outcomes above and beyond any other form of trauma

(Oosterhoff et al., 2018)

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Important Facts About Grief

- * Most children who experience bereavement will go on to lead healthy, happy, productive lives.
- * There is no "right" or "wrong" way to grieve.
- . There is no set timeline for grief.
- * Grief is not a problem to be fixed. It is a natural part of life and a reflection of the relationship we had with the person who died.

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Children's grief reactions (not simply bereavement) play an important role in future psychological functioning.

How Do Children Typically Grieve?

- "Typical" grief reactions are hard to define.
- Very few large studies of bereaved children... even fewer studies of bereaved children followed over time.. even fewer with diverse populations
- Grief reactions influenced by:
 - developmental level
 - » previous life experiences
 - relationship to deceased
 - culture
 - religious/spiritual beliefs
 - family
 - social environment
 - cause of death



Typical Grief Reactions

- · Can be very intense (pining, yearning, sadness, anger or protest over the loss).
- · Are often at least temporarily associated with decreased functioning.
- Typically transition from pain to more pleasant reminiscing over time.



Grief Within a Cultural Context

(Samuel, J., 2023)

Cultural factors that impact grieving may include:

- · Religious beliefs about the afterlife
- Norms regarding emotional expression
- · Family dynamics and gender roles
- Mourning rituals and customs for honoring the deceased



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Prolonged Grief Disorder (PGD)

- Newer diagnosis in DSM-5
- For diagnosis of a child, the death had to have occurred at least 6 months ago, symptoms must be present for at least a month and be intense enough to cause impairment.
- Approximately 10-20% of bereaved youth develop PGD, but most studies have focused on middle class, Caucasian youth only.
- Rates are closer to 20% among youth exposed to homicide
- Informed by Multidimensional Grief Theory



Multidimensional Grief Theory (Layne, Kaplow, & Pyncos, 2011) Separation Distress Existential / Identity Distress Circumstance-Related Distress Adaptive/Helpful Maladaptive/Unhelpful

A multidimensional	framework is i	mportant	because
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Distinct dimensions of grief:

- May be more prominent at certain developmental stages
- May not be present in all bereaved populations
- * Require different treatment components



Grief in the Context of Ambiguous Loss

Ambiguous loss differs from ordinary loss in that

- No verification of death (e.g., person is missing)
- · No certainty the person will come back
- No guarantee things will return to the way they used to be

Two types of ambiguous loss:

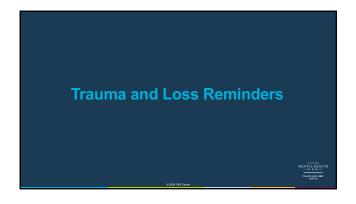
- · Person is physically missing
- Person is psychologically absent (i.e., emotionally or cognitively missing)



Hypothesized Risk Factors For Childhood Maladaptive Grief

- · Previous traumas
- · Older children (teens)
- · Prior mental health problems
- Avoidant coping strategies
- · Impaired functioning of surviving parent
- · Lack of social support
- · Frequent exposure to trauma/loss reminders
- · Secondary problems following death
- · Circumstances of the death

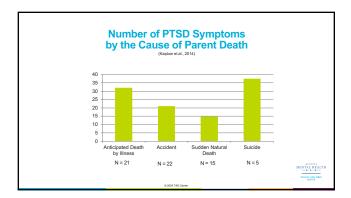


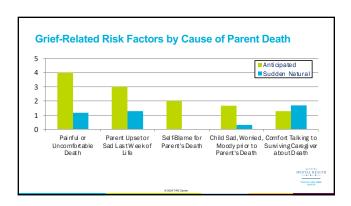


Trauma Reminders Images, sounds, smells, people, situations that remind child of the traumatic event Often lead to PTSD Always distressing Trauma Reminders Loss Reminders Images, sounds, smells, people, situations that remind child of the absence of the person who died Often lead to grief reactions Can be comforting

Common Trauma and Loss Reminders Following Mass Violence Trauma Reminders People, places, situations (school, people who were there, fire drills) Sounds, sights (loud noises, fireworks, crying, yelling) Time/date (same day of week, month of the year) Bodily sensations (heart pounding, hands trembling, hunger) Emotions (fear, sadness, anger, shame) Loss Reminders Empty situations (classes, extracurricular activities) Shared activities (video games, recess, favorite music) Celebrations/events (birthdays, graduation, holidays)







Consequences	of	Untreated	Maladaptive	Grie
(Kaplow et al. 2008)				

- Relationship problems
- · Substance abuse
- Police involvement (criminal behavior)
- · School drop-out, poor school grades
- Violence (revenge)
- Depression and suicidal thoughts/behaviors



Why distinguish PTSD from grief?

- ✓ PTSD and grief are not the same thing
- √ Have different precipitating factors
- √ Have different physiological effects
- ✓ Require different assessment tools
- ✓ Require different practice elements



Supporting Youth NEAR THE PROPERTY OF THE PRO



Not everyone needs the same level of care.

Circumstantial risk factors

- Life threat (severe injury)
- Exposure to graphic scenes
- · Death of a loved one

Preexisting risk factors

- · History of mental health issues
- Prior traumas and/or losses

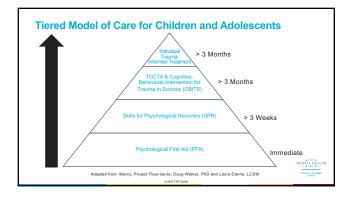
Environmental risk factors

- Caregiver impairment
- Exposure to trauma and loss reminders



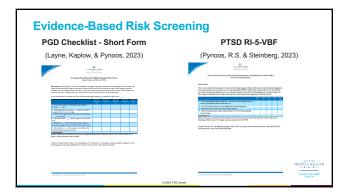


Practical help and education for all individuals exposed to traumatic event Immediate Practical Help Adapted from: Mercy, Project Fleur-de-lis, Doug Walker, PhD and Laura Danna, LCSW BORD Adapted from: Mercy, Project Fleur-de-lis, Doug Walker, PhD and Laura Danna, LCSW BORD Adapted from: Mercy, Project Fleur-de-lis, Doug Walker, PhD and Laura Danna, LCSW

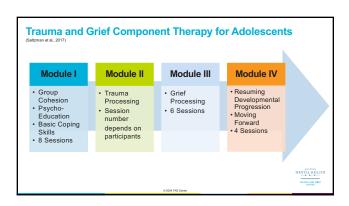












Evidence of TGCTA's Effectiveness

Results of effectiveness studies showed:

- Reductions in PTSD, depression, and unhelpful grief reactions
- · Improved school behaviors include:
- · enhanced classroom rule compliance
- · enhanced positive peer relationships
- · enhanced school performance
- · increased school interest
- · decreased school anxiety/withdrawal
- · decreased violence

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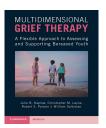


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Multidimensional Grief Therapy (Kaplow et al., 2023)

- An assessment-driven intervention based on Multidimensional Grief Theory
- Designed to promote adaptive grief reactions and reduce unhelpful grief reactions
- First evidence-based, grief-focused intervention for children and adolescents that directly addresses the three primary domains of grief
- Provides a "continuum" of grief-informed care given its tiered approach
- Can be used individually or in groups

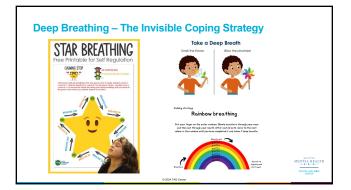
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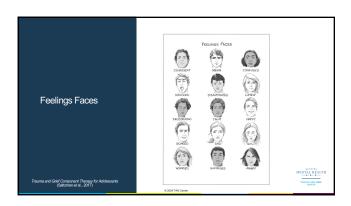




MGT Treatment Effects on Psychological Distress (Hall et al., 2019) Significant reductions in symptoms of distress after receiving Phase I - 40-47% decrease in symptoms after receiving Phase II - Among youth who received Phase II, symptoms decreased an additional 22-44% from T2 Treatment effects were consistent across race, age, gender, and time since death.

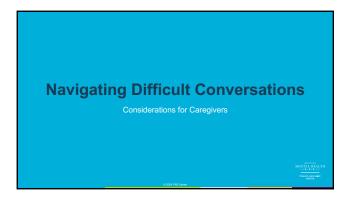












The "Why"

- Kids will hear about it.
- When we don't discuss it, it sends the message it's too scary to talk about
- Creating safe spaces for open discussion can help build trust and resilience
- They will seek answers elsewhere if not from you.
- Talking to children about troubling current events doesn't make kids more traumatized.
- Even young children pick-up on verbal and non-verbal cues. They
 can sense when adults are stressed.



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Conversations: Early Childhood (0-5)

- Children this age are unable to process details of these types of events.
- When possible, shield preschool children from information and discussion.
- ✓ When shielding is not possible, keep language simple and focus on the helpers of the story.





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Conversations: School-Aged (6-11)



- Only share what you decide is necessary and answer questions honestly, in an ageappropriate way.
- ✓ For example, you might say "Yesterday a person went to a school and hurt people."
- ✓ Gently correct misinformation.
- Provide concrete examples of what is being done to keep their school/community safe.
- Acknowledge your own feelings and model healthy coping.
- ✓ Keep lines of communication open.



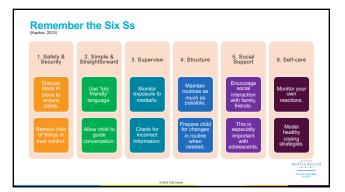
Conversations: Adolescents (12-18)

- Start conversation with inquiring about what they may have already heard and correct misinformation.
- Encourage practicing healthy habits and connection with others.
- Find ways the adolescent can get involved (if that's something they are interested in doing).
- ✓ Discuss roles youth have in following safety guidelines and reporting suspicious activity to empower them to take action.





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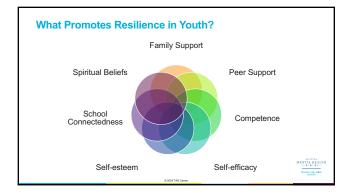


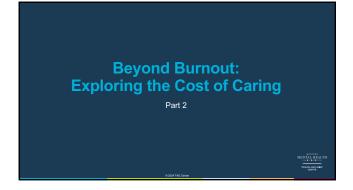
When to Seek Support



- Behaviors impact different parts of student's daily life (school, home, with peers)
- Extreme signs of depression (tearful, not able to get out of bed in the morning)
- Any gesture related to self-harm or mention of suicidal or homicidal ideation
- · Signs of possible PTSD
- When in doubt, refer out!





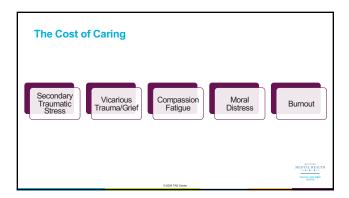


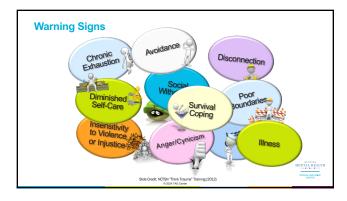
Being "Trauma-Informed"

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

row SAMHSA (2014)





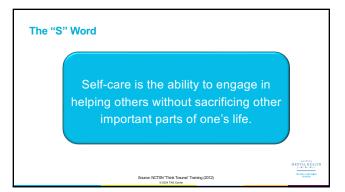












Cultural Considerations (Jonaton, et al., 2020) Cultural factors that can influence beliefs surrounding self-care practices may include: Dietary traditions Family structure Beliefs about self-care Religious practices Beliefs about physical activity Beliefs regarding medical care







Put guilt in the background Silence the "noise" from others Know your three choices (yes, no, negotiate) Clearly communicate your boundaries Page Lakshmin, MD Page Lakshmin





