CHAPTER 22

Trauma-Informed Practice: Working With Youth Who Have Suffered Adverse Childhood (or Adolescent) Experiences

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22.0 Trauma-Informed Practice: Working With Youth Who Have Suffered Adverse Experiences

Why This Matters

Youth who have experienced trauma have learned to be reactive. In fact, their brain, stress hormones, and even the expression of their DNA have been altered by their adverse experiences. As a matter of survival, some youth may have needed to act reflexively before thinking, to take an offensive stance rather than leave themselves vulnerable. Others may have learned to dissociate themselves from the horrors they experienced—to zone out or disconnect from reality when they were powerless to change it.

Adverse childhood experiences can affect people in every racial and ethnic group, and occurs across all economic strata. Therefore, we must consistently practice in a trauma-informed manner that assumes the young person we serve has endured severe adversity. This assumption reminds us to ask the right questions, interact
with young people in a way that will not trigger their reactivity or cause them to dissociate, and structure our practices in a way that will not re-traumatize youth by reinforcing their sense of powerlessness or shame.

### The Effects of Toxic Stress and Trauma on Development and Well-being

The immediate and long-term effects of stress and trauma are discussed in detail in Chapter 6. The following points represent a brief summary:

- **Positive stress** produces short-lived physiological responses that promote growth and change necessary for healthy development.
- **Tolerable stress** occurs as the result of more severe, longer-lasting difficulty. If it is time-limited and there are sufficient social supports, there can be recovery without long-term negative effects.
- **Toxic or traumatic stress** can change the brain's architecture with long-term physical, emotional, and psychological consequences. Research demonstrates that adverse childhood experiences (ACEs) affect health over the life span.
- In response to adversity, we prepare for fight or flight. When this is a response to real danger, it is time-limited, and is effective, it is life-saving and adaptive. Problems arise when this reaction is evoked in the absence of any threat, when the threat is prolonged, or when nothing can be done to protect oneself from the threat.
- Under conditions of chronic stress, something goes wrong as the body attempts to cope with a chronic overload of physiological responses. The system can become dysregulated, resulting in dysfunctional and maladaptive brain activities. People who have been severely or repeatedly traumatized are in a state of chronic hyperarousal and may lose the capacity to modulate their level of arousal.
- Under normal conditions, the brain is constantly integrating every component of experience—behavior, emotions, sensations, and knowledge. Under extreme stress, the brain stops properly integrating experience, leading to dissociation. As an acutely adaptive state, dissociation prevents a vulnerable and frightened person from needing to process an unimaginable reality. In the longer term, the loss of integration creates significant problems.
- Putting all of this together, we might note the following in teens who have experienced trauma:
  - It may be harder to forge a trusting relationship, because the young person has not experienced adults as consistently safe.
  - Parents and teachers may describe the youth as easily upset, easily provoked, or highly reactive.
  - The youth may display what others consider inappropriate emotions and behavior.
  - The young person may be triggered by traumatic reminders, and emotional responses may be occurring during an altered state during which the youth experiences flashbacks.
  - The youth may be diagnosed as hyperactive, oppositional, or conduct disordered.
  - The teen may appear inattentive as he is focused on internal stimuli or hyperattentive to "danger signals" of which adults are not aware.
  - A common post-traumatic presentation is dissociation. This may be reported as "lying," which actually represents a confabulated reality produced to replace actual events difficult to recall, or "zoning out," which has proven adaptive during traumatic moments.
The Protective Force of Connection With Caring Adults

Substantial research demonstrates the protective nature of caring connections with adults. Children exposed to trauma or toxic stress who also have a nurturing parent are far less likely to suffer long-term consequences from ACEs.

A person's repertoire of responses to high levels of stress is often described as fight-flight-freeze. However, the data that prove how protective connection is in early childhood supports the work of Taylor et al. that suggests "tend and befriend" is also part of the stress response. The question, of course, is whether others will be there to care for children in need of attentive care.

Although there is not yet a parallel body of evidence that proves the powerful protective nature of connection against trauma during adolescence, it remains our most important tool. This chapter, at its core, is about how to connect with traumatized youth to offer them the needed support to move forward.

Behavioral and Emotional Manifestations of Trauma

Many kinds of symptoms become intertwined with development over the course of time, making the symptom picture complex and sometimes perplexing. There is no classic picture to which all traumatized youth adhere; however, certain behavioral constellations are common and may raise concern that a history of trauma drives the behavior. Bear in mind, however, pain and trauma can also result in resilience and a deep commitment to repair the world.

In some cases, the young person's life becomes organized around unintegrated fragments of experience. They remain stuck in time, unable to move ahead, haunted by an unspoken and unresolved past. The most significant and recurrent problems will arise in young people who have been exposed to high levels of toxic stress, traumatic stress, and allostatic load (the wear-and-tear on the body and brain resulting from forces such as poverty, bigotry, chronic hunger, and lowered socioeconomic status). If we summarize what actually shows up differently in every youth, what do we see?

They may have a fundamental mistrust of others, especially adults because adults have not proven trustworthy and have often betrayed their trust. They have developed a protective shell around their emotions; they are numb and want to stay that way. They are most likely to become aggressive toward themselves or others as a way of warding off disturbing feelings, memories, or traumatic reminders, but they cannot openly talk about any of this. Instead, they communicate largely nonverbally, through behavioral reactions. They are unable to remember the worst aspects of their experiences, have difficulty learning from new experiences, and tend to repeat relational patterns from the past. They often do not recognize danger until it is too late and are unlikely to make meaningful connections between their previous experiences and the problems they are having in the present. They are likely to have very uneasy relationships to authority. They seem unable to anticipate the consequences of their behavior. They feel helpless and hopeless about being able to solve their problems, even while denying they have any. They are likely to have a very confused, unjustified, and erratic sense of justice and fair play. Real and imagined loss of any sort is likely to be a trigger for negative emotional reactions.

In brief, (1) they have difficulty maintaining safety in interpersonal relationships largely due to disrupted attachment experiences and the erosion of trust that accompanies such experiences; (2) they have significant challenges in adequately managing distressful emotions in ways that are not self-destructive, including exercising the capacities for self-discipline, self-control, and willpower; (3) cognitive problems beset them, particularly when stress occurs and the development of essential higher-level brain functions has not
The Sanctuary Model: Healing = Integration

Over time and after working with many survivors of terrible life events, we recognized that their past experiences had produced symptoms of post-traumatic stress and the chronic hyperarousal that accompanies it, but often with no memory. The symptoms were the remnants of attempts to cope with overwhelming stress and had become firmly entrenched bad habits, severely compromising their capacity to create and sustain interpersonal trust. The challenges presented to us as helpers were significant and, without this new understanding, incomprehensible.

Understanding that most of the symptoms we were seeing were secondary to a failure to fully integrate past experiences, we began to see how we could meaningfully facilitate recovery. We had to teach safety skills so they could build their capacity for trust. They had to learn how to manage intense emotion in safe and secure ways and to learn to use reason and judgment even in the face of emotional arousal. We had to teach communication skills so they could clearly assert their needs, create safe boundaries, and exercise self-control and self-discipline. We had to help people mourn for what was lost, prepare for the losses associated with change, and imagine a future that would make all of this new learning and habit change worthwhile.

This then was what we came to understand as "trauma-informed" treatment. As we saw it unfolding, developing these cognitive-emotional-behavior skills set the stage for trauma-specific treatment approaches that had a cathartic effect and helped people integrate fragmented bits of experience into a cohesive whole that allowed the past to reside safely in the past rather than continuing to haunt the present. This was RECOVERY.

Experience in creating healing environments taught us that we had to have a very broad definition of what it means to be safe and secure. Our clients reacted to a multitude of toxins, some from their families, some from others, and some from dysfunctional systems that were supposed to help them. All of this represented a loss of social support, which is the only barrier any of us have against the cruelties of life.

In order to create safe environments for healing, we needed to concern ourselves not just with physical safety, but with psychological, social, and moral safety as well. That meant staff had to "walk the talk" if we were to be trusted. When we grasped the enormous power behind the reenactment dynamic (the powerful inclination to repeat the past that is so typical of human behavior), we realized interpersonal trust was vital. If our clients were to change, they would have to make significant decisions to go against their own "instincts" and listen to us instead. But, we recognized that we were not always trustworthy. Things had happened to us as well, and those injuries had shaped who we had become as helping professionals. If we wanted our clients to change, then we had to change as well.

In the context of the treatment/intervention setting, much is demanded of anyone associated with young people. We must model and support the development of (1) safety skills and significant improvements in the capacity for interpersonal trust; (2) emotional management skills, including self-control, self-discipline, and the exercise of willpower; (3) cognitive skills, including identifying triggers and problem-solving patterns while still being able to think in the presence of strong emotion; (4) communication skills that include rehearsals in what to say and how to say it; (5) participatory and leadership skills; (6) judgment skills, including socially acceptable and fair behavioral schemas; and (7) skills to manage grief and plan for the future.

What characteristics best describe people able to do this complex, demanding work? They need to be secure, reasonably healthy adults who have good emotional management skills themselves. They must be emotionally intelligent and able to teach new skills and routines while serving as role models. They are constant demands on them for patience and for empathy so they must be able to endure intense emotional labor. To balance the demands of home and work, managers and supervisors, children and their families, they must be self-disciplined, self-controlled, and never abuse their own personal power.

That means that the place in which you serve youth, the practice context, must be a safe and healthy environment for everyone, including staff. Young people can sense immediately if an environment is hostile, even without any overt visible behavior. It must have a commitment to open communication; how else could it become a place that is (ultimately, when the youth is ready) safe enough to discuss the "undiscussables"?

gone as smoothly as it should; (4) as a result, open and direct communication at home, at work, and at school pose significant challenges and they frequently communicate through behavior, not directly, openly, or in words; (5) they feel helpless and powerless in the face of a world they perceive has been unjust and cruel and, as a result, may be repeatedly bullied or become bullies themselves; (6) living under adverse conditions, these youth frequently do not develop a clear sense of social responsibility even into adulthood, and moral development may have been affected by disrupted attachment experiences and inadequate role models; (7) they are likely to have experienced significant loss while lacking the capacity to grieve secondary to emotional management problems, may repeat the experiences that are a part of their past, and often lack any hope that the future will be any better; and (8) their emotional and cognitive challenges interfere with the capacity to plan ahead and tolerate delayed gratification (Figure 22.1).

**FIGURE 22.1**
TRAUMA-ORGANIZED INDIVIDUAL

![Diagram](image)

**How Might Youth Be Described?**

"It doesn't take anything to set this kid off!" This is a good description of chronic hyperarousal as a result of which the teen is easily provoked, highly reactive, and displays what others consider to be inappropriate emotions and behavior. Unrecognized by others, the youth may be triggered by traumatic reminders in the environment, and the emotional responses may be occurring during an altered state during which the teen is experiencing flashbacks.

"This kid cannot keep still and he won’t pay attention." Some hyperactivity may actually be secondary to chronic hyperarousal and the physical agitation that accompanies it. Remember, under normal conditions, the stress response is preparing our minds and bodies to physically react, not to sit quietly and listen. The chemistry of a chronically hyperaroused young person is set to attend and respond to danger, not to geography or geometry. You may also hear something like, "with this kid, things go in one ear and out the other." Again, this may represent the cognitive problems associated with chronic hyperarousal since only things tagged with danger are cognitively attended to and retained.

"This kid is really going to hurt someone." Aggression can get people to distance themselves from you, an especially important response if someone is getting a little too close to you and to the memories you cannot process. But it is important to recognize
that aggression is a normal part of the human stress response—the fight part. The more frightened or startled we are, the more likely we are to respond aggressively and our body responds with aggression long before our brain has time to make a judgment about whether or not fighting is a good idea.

"This girl is a pathological liar—she lies all the time, even when it’s obvious she’ll get caught." No one is likely to come to you with the complaint that a youth is dissociative. You may hear accusations of lying, but the behavior may be confabulation. A person who has gaps in time where she does not remember what happened or who she was with will fill in the gaps with whatever seems like it might fit. Young people who do this are often very poor liars; their lies are frequently glaringly obvious and without underlying motivation.

"This kid is looking for trouble." Parents or teachers may complain about a teen who causes trouble wherever he goes and who takes unnecessary risks. Traumatized youth can become physiologically “addicted to trauma” and unwittingly hooked on the internal physical changes associated with the stress response.

"He’s a loner." The difficulties that chronically traumatized youth have in trusting others can lead to severe deficits in age-appropriate social skills.

"Nothing bothers him. He has enough to handle just managing his pain." Many young people will internalize their pain and present with somatic symptoms (fatigue, dizziness, pain syndromes). They are not “faking”; their pain is real. They are unlikely to grasp the connection between the trauma and their pain, but may be guided toward understanding that their pain worsens with stress. Over time, therapy is an important part of the healing process.

"He’s got oppositional defiant disorder/conduct disorder/bipolar disorder/attention-deficit disorder." Trauma generates volatility, moodiness, and reactivity. Always consider that a young person diagnosed with one of the psychiatric disorders that also manifests with unstable behavior or mood actually has a history of trauma.

### Tips for Youth-Serving Professionals

#### Interview and Assessment

Youth-serving professionals are on the front lines in identifying and responding to young people who have already experienced adversity as well as those at risk. In light of this, accurate screening and assessment becomes essential. Because we may be unlikely to have the time or knowledge to do in-depth assessment, it is important to work with colleagues and have a referral network. Regardless of the depth of involvement your position allows, remember that every time a youth interacts with an adult there is an opportunity for a trustworthy interaction.

- Ask about the trauma history like you would any other part of the history—it doesn't mean you have to fix it. It does, however, mean you need a sound and reliable referral network so that you can make whatever effort you can to provide integrative body-mind-spirit care. You may say, “At some point in their lives, many people have experienced extremely distressing events, such as the death of a loved one, physical or sexual abuse, or a bad accident. Have you ever had any experiences like that?” You don’t have to go into details but be matter of fact, direct, supportive, and encouraging. Use language that is concrete and specific to behaviors. Not, “Were you ever sexually abused?” but, “Did anyone ever force you to have sex with them, including unwanted touching, against your will?” Not, “Are you being physically abused?” but, “Is anyone now hitting you repeatedly or physically harming you?” “Has anyone ever hit you repeatedly or physically harmed you?”

- Make no assumptions about how the young person has been affected—ask him.
How Do We Work With Our Traumatized Youth?

Unconditional LOVE

1. Because our youth come from a place of mistrust/distrust toward adults, we stress relationship building as the foundation that holds the rest of our work and progress with each student. We reach out to youth through casual conversations, a game of ping-pong and, generally, through relating on a human level. The optimal atmosphere when working with trauma is one in which youth and staff are unafraid of having or discussing healthy human experiences. We affirm our roles as professionals while still making ourselves relatable and approachable.

2. We give them the opposite of what they are used to. They are used to abusive relationships and we give them a safe place of compassion and love, and one that is free of judgment.

3. We don’t undermine their acuity/perceptiveness in picking up on triggers and responding to their perceived/real threats. If it’s real to them, it is real and worthy of a space to be heard and processed.

4. We are honest and hold them to the standard of staying honest with themselves and us.

5. We empower them to break abusive patterns in their lives. We advocate wholeheartedly.

6. We are active listeners who play back their stories with an outsider’s voice.

7. We are unafraid of showing them what is both right and wrong in how they deal with conflict. We hold them accountable when negative behaviors become comfortable coping mechanisms.

8. We cannot react back to their behaviors.

9. We stay mindful of the big picture and their point of reference when we see inappropriate behaviors.

10. We do not speak over them. If they are in an escalated state, we provide a safe space for them to take a time-out and pass the reactive state. We work to get them into a reflective and thoughtful state, thereafter using calm, respectful tones.

11. We introduce a radical calmness in their chaotic realities.

12. We let them be their own teachers by learning from their patterns in their lives or in their family and friends’ histories. We let them be the authors of their own stories.

13. We acknowledge trauma. We name it to address it, we address it to resolve it, and we resolve it by empowering youth to define themselves outside of their past trauma(s).

14. We focus on what is right rather than what is wrong in them. We take a strength-based approach instead of a fix-it approach.

15. We encourage a high emotional base with youth to allow them to feel and express suppressed emotions or those others have invalidated.

16. We choose our words carefully; we use words that construct versus destruct. We don’t generalize negative behaviors by making global judgments on youth (for example, “You are bad because you act like this.”). Instead we work to have them replace negative self-image with a positive and confident self-esteem.

17. We allow and encourage the necessary meltdowns or breakdowns to reach the breakthroughs. We are prepared to see and handle high-intensity situations.

18. We are conscientious of our body language, tones, and word choice.

19. We reinforce that relationship-building, in and outside of the school, is foundational to their recovery.

20. Sometimes in order to focus on academics, we have to first address trauma.

21. Stay innovative and creative. We are inventive in how we approach nuanced situations without imposing an inflexible predetermined approach to youth.

22. We keep a dignified space/energy that is inviting but demanding of a high level of respect, both to self and others.

—Wisdom from resilience specialists at El Centro de Estudiantes
• If a teen discloses something that reveals her experience of past trauma, listen. Don’t pressure her and don’t falsely reassure her. You are a mandated reporter, so there is only so much you can promise. Never promise what you cannot deliver. Follow her lead—if she clams up, ask her if it would be easier to write it down.
• Sexual victimization of children is appallingly common, so know the signs, such as early substance abuse, chronic running away, self-harming behavior, eating disorders, abrupt personality changes, and sexual promiscuity. Alone, none of these prove sexual abuse occurred, but, combined with the history and with each other, they can be strong indicators.
• Adolescents are often embarrassed by their bodies and any kind of physical examination. Be on the lookout for young people who react strongly in 1 of 3 ways to physical examination. Strongly consider the possibility of past or present physical maltreatment or abuse if the youth is nonchalant or brazen in their disregard for what you are doing, is hypersensitive to or repelled by touch, or behaves in a sexually provocative manner.

**Interpersonal Interactions**

• Many who have experienced trauma have a harder time distinguishing between healthy and unhealthy relationships. Therefore, the issue of trust and betrayed trust will be a major ongoing issue. Relationships worthy of trust are the foundation of progress.
• Appropriate boundaries are key underpinnings of relationships. Because traumatized youth have so little experience with trust, breaking their trust or not following through on a perceived commitment can cause great harm.
• Think about the possibility of past adversity as an underlying problem when you are up against something you don’t understand. If you cannot understand why someone does or doesn’t do something that seems to be common sense, be curious and ask, “What happened?”
• Offer youth the absolute respect and unconditional love they may never have experienced.
• Do not speak over them. If they are in an escalated state, provide a safe space for them to take a time-out and pass the reactive state. Use calm tones and space to guide them out of their altered state.
• Be an active listener; play back their stories with an outsider’s voice. Be unafraid of showing them what is both right and wrong in how to deal with conflict. Hold them accountable when negative behaviors become comfortable coping mechanisms.
• Don’t belittle their sensitivity. If it feels real to them, it is real and worthy of a space to be heard and processed.
• Allow psychiatric diagnoses to inform your approach, but not to define the teen. Remember, traumatized youth are often misdiagnosed.

**Support and Treatment**

• Psychoeducation can change a person’s view of themselves, and that is often enough to increase adherence to other strategies. Handouts, books, movies, and Web sites are available and cover a wide range of relevant topics.
• Write everything down that you want them to retain. Assume that, under stress, people are not taking in all the information they need.
• Encourage activities that are self-soothing—meditation, mindfulness, prayer, yoga, etc. If you can, offer opportunities for young people to learn to practice these skills individually or in groups.
• Encourage creative activities—writing, art, music, dance, theater—anything that offers the young person an opportunity for self-expression and possibly opens the door to healing experiences.
• Promote as much mastery and self-help as possible—involves people in their own care.
• A calm environment is a safe environment. No matter how stressed you become, lower the tension in the room to avoid triggering a traumatic memory or creating a perceived threat to safety.
• A traumatized individual may need more physical space. Any sudden moves can be misinterpreted as an attack; an encroachment on personal space can trigger a memory of being trapped.
• Body language is critical to maintaining a sense of safety. Traumatized youth will react to being judged and are hypervigilant to any perceived threat.
• Traumatized youth will often react before thinking about consequences, largely because the part of their brain that fires in response to threat reacts instantly. Activation of the reasoning, judging, and evaluating parts of the brain happens later and only then may the young person be able to inhibit their instantaneous reactions, but by that time it may be too late. In any situation where the young person is frightened, upset, or angry, it is better to create a safe space where the youth can retreat and take the time needed to calm down.

**Preventing Re-traumatization**

We must look at our practices and consider whether our actions could inadvertently trigger youth to become “reactive.” Remember, this reactivity was hardwired as a survival mechanism in response to past trauma; triggers can occur any time an interaction reminds a youth of loss of control, shame, or powerlessness. The reactivity is triggered because the teen is hypervigilant to danger.

- Triggers can include
  - Invasion of body space
  - Behaviors perceived as rude, dismissive, or aggressive
  - Inflexible rules that can be overinterpreted as attempts at control
  - Questions that can be viewed as intrusive, or that are asked before trust is established

When looking at these triggers, it becomes clearer why a staff that treats ALL youth uniformly in a respectful, calm, welcoming manner sets the tone for a trauma-informed setting.

**Case 1**

Sixteen-year-old Lisa states that guys have noticed her for quite some time. She has had many boyfriends, but does not stay in a relationship very long; perhaps because she has a difficult time forgiving and an even more difficult time controlling her anger. Behind the attitude, we find a young woman who skipped her childhood. Life dealt her some traumatic blows.

She is bright and could excel at any school, but she has bounced between schools because of altercations with students or faculty. Despite anger-management classes, psychotherapy, and medication, she remains volatile. She has insight and verbalizes when she is angrier than usual so people can leave her alone.

After being expelled from her previous school, she came to a second-chance school to get her diploma. She tends to be on edge most of the time and is easily set off. She has shared that she has a hard time controlling her emotions when “irked.” She defined “irk” as someone standing over you or continually “nagging” without giving you needed space. While the details of Lisa’s life are not known, it is evident she has major struggles with her emotions and respect for authority.

One day she stormed out of her classroom after her advisor (teacher) expressed frustration with her inattention and asked her to regain focus. Lisa went to the resilience specialist’s office. She was given space and silence, letting her vent for a minute until she sat down, signaling that her emotional burst was subsiding. The resilience specialist knelt
down, taking a “one down” position, and told her she was in a safe space and that no one would harm or bother her. She had the freedom to be silent or speak. When asked if she wanted to talk about what was going on, she said no. At this point she uncrossed her arms and lifted her shoulders a bit and her leg stopped shaking. The resilience specialist reaffirmed that she could be silent, but suggested that he ask her questions to which she could nod yes or no.

“Are you upset about something relating to your friends?” She said no. The resilience specialist asked a few similar questions, and then asked a question he knew would get a verbal response. “Are you pregnant?” She said resoundingly, “Hell NO!” and they both laughed.

At that point she opened up and shared what set her off in her classroom. The resilience specialist worked through that situation and rephrased it back to her to reinforce that she was really heard. She was calmly told that her anger and her reactions went beyond the norm, being angry is not bad but what we do when we are angry can cause problems. She nodded in approval. She was told that it appeared her anger was deeply seated and that she needed to find the source because no matter how much therapy or anger management she received, without dealing with the source she would not overcome or properly manage it. She was told that he would be there when she was ready. She gave a longing look that suggested she was ready then and confirmed it with a nod.

The resilience specialist gently proceeded using trial and error. “Was the source a recent experience?” She shook her head no. “Is it your relationship with your mother?” She was silent. “Could it be your father?” Tears began to roll down her cheek. The resilience specialist stated, “It seems to me, Lisa, that your tears confirm that you don’t have the relationship with him you desire. Has he ever hurt you?” “No.” “Are you angry at him for not being around, miss him, and wish things were different?” She cried incoherently, ran out of the office and out of the school.

Sometimes pain is a by-product of the process of finding the source of emotional anguish. The resilience specialist later spoke with her and her stepfather to confirm she was all right. When the resilience specialist met with Lisa and her mother the next week, Lisa stated, “Mom, no one has done what he did. He helped me identify the source of my anger. Now I can deal with it.”

Since then, Lisa has had some ups and downs, but has proven to be an engaged student. Her trauma is not healed, but the foundation has been set for the recovery process to begin. It began with discussing what had been “undiscussable.” This can only work when trust is in place and the youth is empowered to set the pace.

Case 2

I am a resilience specialist in a school. One day I was walking up a flight of stairs in the school when I heard loud, angry voices. As I got to the top of the steps, I looked up and saw a young man, Rodney, whom I have known to be playful, easy to talk with, and energetic, walking toward me while, at the same time, turning back to the classroom he had just exited, yelling at someone. I heard his advisor telling him to lower his voice and instructing him to walk away while, at the same time, trying to control other students who had gathered around the entrance to her class, eager to witness the fireworks.

I could tell that Rodney needed a way of getting away from the scene without losing face, since he was still being taunted by the other students standing behind the advisor. Using the excuse that I needed his help with something, I quickly walked him into my office and closed the door. He was still breathing hard when we arrived in the room, his head hung low, shoulders slumped, fists clenched. He looked defeated but ready to fight. His thoughts seemed to be flying around faster than he could get them out.

He said, “Mr. Jones, I don’t know what happened. That girl Carol came at me and I didn’t start anything, but I’m not going to stay shut!”
His speech was high and fast and his breathing rapid. "It's okay," I responded, keeping my voice even while making sure to give him space. "Let's take a couple of really deep, slow breaths and then we can talk about this."

He leaned back against my door his body was loosened, but his gaze was still focused on the floor. A moment or 2 passed, then he began again. "I'm gonna leave, Mr Jones. I didn't do anything wrong. She came at me in group and she came in sn prompting. I was just standing off to the side where I always do."

His voice this time was more even, his breathing had calmed, he raised his head, and our eyes met. "I hear you," I started, "so when she came back in what happened next?"

"We were finishing group when she came back," he said.

Then she said, "All I know is, you need to sit down with your fake shoes."

"I was stunned," Rodney said, "and then everyone in the class started adding their two cents."

"Okay," I said, "then what happened?"

Rodney cracked a smile. "I might have said a few bad words in there." We both smiled. Suspecting that there might be a little more between these 2 students than he had told me about thus far, I asked if they had any past issues.

"No, I mean we don't talk to each other," Rodney declared. "I try to stay basically to myself. I'm just here to get my education and that's it."

Again sadness entered into his words, "I'm gonna go, Mr Jones."

"Why would you do that?" I asked. He looked up. I said, "You said yourself you are here to get your education, your diploma, and all the positive things that both will bring. If you leave, you put that at risk; if you choose to stay, we can work through this and nothing is lost."

At this point, another student who I had worked with, Bill, entered and began explaining how he had gone through similar problems. "You can't let other people take your future away," Bill told Rodney. "If you're about getting your education, then you can't let small things stand in your way." Rodney stood with his head up, his eyes moving back and forth from me to Bill, nodding in agreement.

I began again, "You said she came in when group was ending. Where had she been?"

He responded, "She was meeting with the teacher for like a half hour; and she came back looking mad as ever."

"Do you think she got bad news?" I asked.

"Yeah probably, because when she came in she slammed her stuff down and everybody looked up."

"Do you think she might have been taking out her anger on you because you were standing and probably caught her attention first?"

He nodded and said, "Yeah, you're probably right. She might have been upset about something else." He paused for a moment. "If I could do it over again, I would have just talked to her later, like one on one."

Bing! It was like a light went on in his head and he understood it was never about him or his shoes.

"How do you feel? Would you like to join your class?" I asked.

"Yeah, I wanna go back."

The 3 of us started walking back toward his classroom. There were some last-minute words of encouragement from his schoolmate. "Don't let the little things stop you. You're here for a reason!" Bill said. Peers can be powerful forces of healing.
Trauma-Informed Strategies

The techniques presented throughout Reaching Teens are presented as strength-based or resilience-building strategies, but are also trauma-informed. The following chapters are a representative, but not exhaustive, sample of those that include trauma-informed communication or behavioral-change techniques.

“Who’s the Expert? Terms of Engagement in Adolescent Care” (Chapter 4) reinforces that youth need to have relationships with adults who understand that teens must maintain control over their decisions.

“Setting the Stage for a Trustworthy Relationship” (Chapter 14) reinforces that trust needs to be earned. This is a critical point for youth who have not experienced adults as trustworthy.

“Body Language” (Chapter 15) speaks to how low expectations and aggressive versus helpful intention can be conveyed through body language.

“Boundaries” (Chapter 20) covers the importance of not overpromising. Youth who have a history of being let down by adults are particularly vulnerable to broken expectations.

“De-escalation and Crisis Management When a Youth Is ‘Acting Out’” (Chapter 23) discusses how to lower the temperature during rising conflicts. The importance of giving space and respectful listening is emphasized.

“Addressing Demoralization: Eliciting and Reflecting Strengths” (Chapter 25) covers how to listen deeply so that youth are able to display their better sides. When existing strengths are reflected back to the teen, it can be a pivotal step to breaking the cycle of disempowerment and hopelessness.

“Health Realization—Accessing a Higher State of Mind No Matter What” (Chapter 27) is rooted in the belief that all people, no matter how traumatized, have the inherent ability to self-right and heal.

“Gaining a Sense of Control—One Step at a Time” (Chapter 29) allows an individual to move past the sense of disempowerment associated with seeing problems as insurmountable. It helps youth break problems into manageable components.

“Helping Adolescents Own Their Solutions” (Chapter 28) discusses how to empower youth to reach their own conclusions. Specifically, it recognizes that, because youth in crisis cannot think abstractly, a lecture can be experienced as condescending, even offensive. The chapter offers alternative communications strategies.

“Stress Management and Coping” (Chapter 31) offers strategies for healing, including safe emotional expression and healthy disengagement strategies.

“Mindfulness Practice for Resilience and Managing Stress and Pain” (Chapter 32) offers techniques that allow an individual to live in the present rather than being trapped in the past.

“Somatic Symptoms” (Chapter 44) discusses how to work with youth whose stress has been internalized into physical symptoms.

“Grief” (Chapter 45) discusses how to help young people recover from pain and loss.

“Emotional, Physical, and Sexual Abuse” (Chapter 57) covers assessing and supporting youth who have experienced these profound traumas.

“Healer, Heal Thyself: Self-care for the Caregiver” (Chapter 67) recognizes that, as we are exposed to others’ unimaginable pain, we must stem the forces that create a “protective” shell between us and youth, and us and our emotions. To remain emotionally intelligent, we must first care for ourselves.

Authors Zeclyna Wise, Joseph Lively, Marcos Almonte, and Stephanie Contreras are resilience specialists at El Centro de Estudiantes, a Philadelphia school whose mission includes “providing transformative educational experiences for underserved high school youth.”
Group Learning and Discussion

1. Discuss some of the adverse childhood experiences you have seen in your practice. Then discuss how youth with those experiences generally behave.
2. Reflect on how you respond to the reactivity of traumatized youth. Are youth given the calm space to regain their footing? Might they feel controlled? Shamed?
3. Reflect on whether you routinely accept diagnoses and labels of youth who often "act out." How might these labels create unconscious biases in the way you serve these adolescents? (See Chapter 21.)
4. Reflect on whether anything in your setting might inadvertently re-traumatize adolescents. If so, what action steps could be taken in your practice setting?
5. Recognizing your own human limitations, what steps can you take to control your own reactions so that you can be "radically calm" amidst chaos?
6. Read Chapter 23. Break into pairs and apply those strategies to a case your practice has recently seen.

Continuing Education

If you are applying for continuing education credits, a test is available online. For more details, visit www.aap.org/reachingteens.

Reference


Suggested Reading


Pitman RK, Orr SP. The black hole of trauma. Biol Psychiatry. 1990;27:469–479
Richters JE, Martinez P. The NIMH community violence project: I. Children as victims of and witnesses to violence. Psychiatry. 1993;56:7–21

Related Video Content

22.0 Trauma-Informed Practice: Working With Youth Who Have Suffered Adverse Experiences. El Centro staff, Covenant House staff.
22.0.1 Trauma-Informed Practice Part 1: What Happens to Youth From Traumatizing Environments? El Centro staff, Covenant House staff.
22.0.2 Trauma-Informed Practice Part 2: The Positive Force That Traumatized Youth Bring to the World. El Centro staff, Covenant House staff.
22.0.3 Trauma-Informed Practice Part 3: Essential Elements of a Healing Environment. El Centro staff, Covenant House staff.
23.2 Why Youth Act Out…and What They Really Need. YouthBuild youth.
25.0.2 Addressing Demoralization: Eliciting and Reflecting Strengths. Ginsburg.
25.9 Behaviors Must Be Seen in the Context of the Lives Youth Have Needed to Navigate. Auerswald.
57.2 The Making of a Girl. The GEMS Project.

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