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When Danger Turns Into Trauma

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What a Traumatic Situation is Like for an Adolescent

With the help of their friends, adolescents begin a shift toward more actively judging and addressing dangers on their own. This is a developing skill, and lots of things can go wrong along the way.

With independence, adolescents can be in more situations that can turn from danger to trauma. They can be drivers or passengers in horrible car accidents, be victims of rape, dating violence and criminal assault, be present during school or community violence, and experience the loss of friends under traumatic circumstances.

During traumatic situations, adolescents make decisions about whether and how to intervene, and about using violence to counter violence. They can feel guilty, sometimes thinking their actions made matters worse.

Adolescents are learning to handle intense physical and emotional reactions in order to take action in the face of danger. They are also learning more about human motivation and intent and struggle over issues of irresponsibility, malevolence, and human accountability.

Post-Traumatic Stress Responses

For reasons that are basic to survival, traumatic experiences, long after they are over, can dominate the thoughts, emotions, and behavior of children, adolescents and adults. Fears and other strong emotions, intense physical reactions, and the new way of looking at dangers in the world may recede into the background, but events and reminders may bring them to mind again.

There are three core groups of posttraumatic stress reactions.

First, there are the different ways these experiences stay on our minds. We continue to have upsetting images of or thoughts about what happened or the harm that resulted. We may overreact to other things that happen, as if the danger were about to happen again.

Second, we may try our best to avoid any situation, person, or place that reminds us of what happened, fighting hard to keep the thoughts, feelings, and images from coming back. We may even “forget” some of the worst parts of the experience, while continuing to react to reminders of those moments.

Third, our bodies may continue to stay “on alert.” We may have trouble sleeping, become irritable or easily angered, startle or jump at noises or



have trouble concentrating and have recurring physical symptoms, like headaches or stomach aches.

As children grow up, they learn from their experiences and form a picture of what the world is like. What do they learn from traumatic experiences?

Children may also take on “traumatic expectations” and the sense that things can go horribly wrong at a moment’s notice, that no one can really provide protection. Adolescents can then think it is not worth working toward a better future or that it is better not to get close to others at all.

However, they may learn positive things about how they conduct themselves in the midst of danger. Most important, traumatic experiences can lead children and adolescents to be more compassionate, to work harder to make the world better and safer, and to do something valuable with their lives.

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To learn more about New Oakland’s state of Michigan-licensed FACE to FACE day program, visit us online at www.NewOakland.org

Addressing Youth Trauma with Openness and Compassion

by **Dr. David Harris,**
New Oakland
Medical Director



This issue of *New Oakland News* is devoted to the important subject of youth trauma . . . and the many ways it can be and is experienced by kids and teens across our communities.

There are many things mental health professionals can do to help children and teens facing the impact of traumatic experiences. But what sometimes limits our ability to do our jobs is the difficulty people have in recognizing or facing the issue in the first place.

Parents, caregivers, teachers and others should always be alert to the possibility that a behavior problem a child may be having is, at its core, a manifestation of and response to a traumatic experience in his or her life.

These kinds of experiences happen all the time. In fact, each of us has probably experienced a significant traumatic event at some point in our lives.

Think about it. A car accident. The death of someone close to us (even a pet). An experience that caused us great anxiety of a sense of being out of control. These are all potentially traumatic events in the life of any person and can be particularly challenging to overcome for children.

This doesn’t mean that every negative experience is a “trauma.” Most of the time, people are well-equipped to get over life’s challenges and move on.

But for kids and teens, those abilities to cope are not yet fully developed and so they may be more likely to have negative responses that need attention.

The most important thing to know is that if and when this occurs, there are many things we in the mental health professions can do to help . . . and that seeking our help is so important!

When Danger Turns Into Trauma

The following is adapted from the website of the National Child Traumatic Stress Network (NCTSN). Established by Congress in 2000, NCTSN brings a singular and comprehensive focus to childhood trauma, collaborating with providers, researchers, and families committed to raising the standard of care while increasing access to services.

We live with dangers every day. As children and adolescents grow up, they continually learn about different types of dangers.

We are always looking for ways to make our lives safer. However, terrible things sometimes happen within and outside the family. They can happen suddenly without warning.



Children may experience different traumas over the course of childhood and adolescence. Some traumas, such as child abuse or witnessing domestic violence, may happen repeatedly over a long period of time.

Dangers can become “traumatic” when they threaten serious injury or death. Traumatic experiences also include physical or sexual violation of the body. The witnessing of violence, serious injury, or grotesque death can be equally traumatic.

In traumatic situations, we experience immediate threat to ourselves or to others, often followed by serious injury or harm. We feel terror, helplessness, or horror because of the extreme seriousness of what is happening and the failure of any way to protect against or reverse the harmful outcome.

These powerful, distressing emotions go along with strong, even frightening physical reactions, such as rapid heartbeat, trembling, stomach dropping, and a sense of being in a dream.

There are large-scale dangers like disasters, war, and terrorism that threaten large numbers of children and families all at the same time. There are dangers that are particular to a community or neighborhood, like crime, school violence, or traffic accidents. And there are dangers that come from within the family through domestic violence and child abuse. Traumatic experiences fall into a number of categories.

What a Traumatic Situation is Like for a Young Child

Think of what it is like for young children to be in traumatic situations. They can feel totally helpless and passive. They can cry for help or desperately wish for someone to intervene.

They can feel deeply threatened by separation from parents or caretakers. Young children rely on a “protective shield” provided by adults and older siblings to judge the seriousness of danger and to ensure their safety and welfare.

They often don’t recognize a traumatic danger until it happens, for example, in a near drowning, attack by a dog, or accidental

scalding. They can be the target of physical and sexual abuse by the very people they rely on for their own protection and safety.

Young children can witness violence within the family or be left helpless after a parent or caretaker is injured, as might occur in a serious automobile accident. They have the most difficulty with their intense physical and emotional reactions. They become upset when they hear cries of distress from a parent or caretaker.

What a Traumatic Situation is Like for School-age Children

School-age children start to face additional dangers, with more ability to judge the seriousness of a threat and to think about protective actions. So, in traumatic situations when there is violence against family members, they can feel like failures for not having done something helpful. They may also feel ashamed or guilty. They may be without their parents when something traumatic happens, either on their own or with friends at school or in the neighborhood.

What Is Child Traumatic Stress?

When a child has had one or more traumatic events, and has reactions that continue and affect his or her daily life long after the events have ended, we call it Child Traumatic Stress.

Children may react by becoming very upset for long periods, depressed, or anxious. They may show changes in the way they behave, or in their eating and sleeping habits; have aches and pains; have difficulties at school, problems relating to others, or not want to be with others or take part in activities.

Older children may use drugs or alcohol, behave in risky ways, or engage in unhealthy sexual activity.

What Experiences Might Be Traumatic?

Each of us tends to think of “trauma” in a few ways that may be most familiar to us, but really, for children and teens, there are many kinds of experiences that may constitute trauma. Below is a partial list.

- Accident
- Injury
- Serious illness
- Fires
- Crime
- Community violence
- Combat injury of a loved one
- Death of a loved one
- Violence within the family
- Abuse
- Neglect
- Homelessness
- School violence
- Natural disaster
- Sudden loss of a loved one
- Act of terrorism
- Bullying or cyber-bullying
- Economic stress/poverty
- Living in or escaping from a war zone

When children have been in situations where they feared for their lives, believed that they would be injured, witnessed violence, or tragically lost a loved one, they may show signs of child traumatic stress.

Everyday Trauma in our Communities: A Critical Mental Health Issue – A Public Health Crisis



By Larke Huang, PhD
Director, Office of Behavioral Health Equity, SAMHSA

The rash of highly visible, violent events across our country highlights a critical mental health issue and a public health crisis. Experiencing and witnessing violence or traumatic events can adversely affect one’s mental health. Children and adults in these situations can experience trauma-related disorders that interfere with healthy functioning.

School children exposed to violence may have difficulty sleeping, concentrating, and maintaining attention, which puts them at-risk for poor school performance. Adults may become frightened, fearful, anxious, depressed, and have difficulty carrying out daily routines. The effects of traumatic events can also be passed from generation to generation and prevent individuals and communities from realizing their full potential.

At SAMHSA, we are trying to understand better how communities respond to violence and protect the safety and well-being of their communities. We developed a framework for addressing trauma and implementing a trauma-informed approach to help improve the



capability of service systems and public institutions to better address trauma-related issues. We know that communities can collectively react to trauma in ways that are similar to how individuals respond. They can become hyper-vigilant, distrustful, and fearful or they can be re-traumatized by circumstances resembling earlier trauma.

The good news is that community trauma and violence is a preventable public health issue. Many communities have started to respond to trauma and violence by mobilizing resources and supports to address and de-escalate violence, understanding the root causes, and building collaborations across systems and services.

In an effort to support these communities in building resilience, and becoming adversity- and trauma-informed, SAMHSA recently convened teams from six cities to develop

education, awareness, and city operations that take into account the impact of trauma on its residents and its communities.

From these six cities, we learned how important it is to consider the impact that trauma and violence can have on the mental health of a community.

Most importantly, we need to highlight community-driven strategies, assets and innovations that can promote and strengthen the mental health and well-being of communities across the country.

Larke Huang, PhD, is Director, Office of Behavioral Health Equity, Substance Abuse and Mental Health Services Administration

New Oakland locations to serve you

Center Line Center
26522 Van Dyke Avenue
Center Line, MI 48015
586-759-4400

Clarkston Center
6549 Town Center Drive
Clarkston, MI 48346
248-620-6400

Clinton Township Center
42669 Garfield Road
Clinton Township, MI 48038
586-412-5321

Farmington Hills Center
32961 Middlebelt Road
Farmington Hills, MI 48334
248-855-1540

Livonia Center
31500 Schoolcraft Road
Livonia, MI 48150
734-422-9340

Southgate Center
13305 Reeck Road
Southgate, MI 48195
734-225-2090

Warren Center
8150 E. 13 Mile Road
Warren, MI 48093
586-825-9700

FACE to FACE Crisis Stabilization Services
877-800-1650
(24 hours/day)

Meet Katherine Parker: Clinical Training Manager



Katie Parker is a Licensed Professional Counselor (LPC) and currently serves as the Clinical Training Manager for all New Oakland

locations. Her primary responsibilities include the development and implementation of staff training.

Katie works closely with all site directors, supervisors, physicians and our Quality Assurance team to help support the training process.

But in addition to her role and experience in training and quality management, Katie has had training in an emerging form of treatment known as **Trauma Informed Care**.

Trauma Informed Care is an approach that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.

“I believe so strongly in the power of individuals, especially kids and teens to overcome the effects of trauma,” Katie says. “The key is always to deal openly and honestly with whatever the issues and challenges may be.”

Katie received her Master of Arts in Professional Counseling from Oakland University. Prior to joining New Oakland, Katie worked for nearly 10 years in various outpatient treatment settings. Katie has also served as an outpatient therapist at the Center Line Center.