

Engage360 Ep 104 | Engaging Children and Teens Who Have Experienced Trauma, Dr. Adam Wilson

Intro [00:00:04] Welcome to Engage360 Denver Seminary's Podcast. Join us as we explore the redemptive power of the Gospel and the life changing truth of Scripture at work in our culture today.

Don Payne [00:00:17] Hi friends, this is Engage360 with Denver Seminary. I want to let you know that this episode we're about to air is on some rather sensitive material. And I want you to know that in advance in case this might be a little difficult. We're going to be talking about stress, particularly childhood and teenage stress, that is kind of a widespread phenomenon. And I hope this will be a really helpful conversation to you. But just want to let you know that it's a heavy subject. And we want you to be able to engage this conversation in a way that's going to be helpful and not hurtful to you. We're glad you're with us. My name is Don Payne. I'm your host. And we have a variety of conversations about important issues related to how we engage the needs of the world with the redemptive power of the gospel and the life changing truth of scripture. That's our mission here at Denver Seminary. There was a time when the word trauma was associated primarily with maybe particular groups of people who had endured specific or extreme experiences. For example, military combat veterans with PTSD. And trauma, for all I know, may have been very widespread. But as far as many people were concerned, it was an unusual experience for a minority population who had undergone something unusually devastating. But in only a few years' time, it seems, all that has changed to the point that trauma of some sort is a pretty widespread and crippling phenomenon. In some ways, it's altered or intensified the landscape of ministry for pastors, for therapists, for others whose ministries never really took this into consideration. Now, one of the groups or the demographics whose trauma seems increasingly to have surfaced is students, teens. Their parents, their teachers, their church leaders, maybe also their peers and others in their lives find themselves scrambling to know how to help. And perhaps they're even somewhat traumatized themselves by all of this. And once again, we're honored, delighted, in fact, to have with us one of our colleagues, Dr. Adam Wilson from our counseling faculty. Welcome, Adam. Adam is here to interact with us about this and provide some perspective and some guidance, because Adam is the director of our school counseling program here at Denver Seminary. And we're really honored and grateful for all the expertise he brings to this subject of trauma, particularly as we want to focus today, trauma as students and schools experience that. So, to get us started, Adam, maybe describe trauma in general. I know from some conversation you and I have had previously and even before we started recording, you were talking about how trauma is a really broad category. But bring some contours to that, some specificity to what we're talking about or what we ought to be talking about when we use that word, trauma.

Adam Wilson [00:03:34] Yeah, I think that's a great place to start. So, trauma is a term that's getting used a lot more frequently out in maybe the kind of the common vernacular. It's something that many of us use somewhat casually, like, oh, that was traumatic, when we're in like a traffic jam, in the same way we'll use other terms as kind of hyperbole, just a way to describe or emphasize our discomfort or annoyance or whatever it might be. But when we really talk about the true definition of trauma, you can look at it from a clinical perspective. And I think that's how many clinicians would identify it is that it's a diagnosis. It's post-traumatic stress disorder. So, PTSD. So, we'd say there's this category, but then there's even kind of conversations among clinicians of like, well, that category doesn't quite encompass everything we see because it's a way to understand particular kind of criteria that help us identify when someone is struggling with stress responses after a traumatic event. But there's also the question of what do you do for folks who grow up in a chronically stressful environment, say, abusive or neglectful environment, where there's not just an event that was traumatic, but their entire kind of existence was one of high stress. And almost like if you take, for example, kids growing up in Ukraine right now. Even if they didn't experience bombing or warfare directly in their vision or their hearing, their entire childhood now is being defined by this level of heightened awareness and stress.

Don Payne [00:05:11] So the trauma gets kind of spread out over a long period of time.

Adam Wilson [00:05:15] And so we call that complex trauma. It could be multiple traumatic events. It could be a chronic environment of neglect or a lack of resources. It could be something where there's a parent

who's just sub-functioning in their own mental health for years. And so, there's a level of emotional detachment and not purposeful neglect, but just they're not able to be present. Could be substance abuse. Like there can be all sorts of things that can go in. They won't as cleanly fit the criteria of like a singular event leading to a set of reactions that we would call PTSD. So clinically, it's somewhat complicated, but we could easily say, maybe not easily, but we could say that PTSD is very identifiable, and it is very trackable. But trauma is a little bit harder to define in and of itself, because what you have is in a basic definition is trauma is when a person's resources, their coping skills, their support systems, whether that's internally, kind of like their biological ability to regulate their response to things, or it could be the system around them being able to support them as they go through a recovery process after a difficult event or a situation, when the event, the stress overwhelms a person's ability to cope or their ability to manage that stress. That would be what we would call either crisis or trauma. Now, the long-term effects of that would be something else. That's when we talk about somebody being traumatized. We'd say, okay, so there are consequences to having gone through a trauma, but when the environment is traumatic, meaning it is damaging in and of itself for a long period of time, the traumatized result, those symptoms, are going to look different and they're going to vary quite considerably depending on the person. So, we can have somebody who, most of us would say, let's say you've seen September 11th happen, if you're old enough to have been around when that happened, you see this on TV or you see this in person. There's not many people who were not negatively affected in some way, that left a mark, left a long-term mark. You know, for older generations, JFK being assassinated or whatever it is, there's these generational events that you could say we were all negatively affected, we were impacted by it. And so, on one level, you could say that we were traumatized because we don't know how to manage something of that scale or that intensity. But when we look at the personal and we say, okay, but when somebody has been sexually abused or has been physically abused or they've been in a car crash.

Don Payne [00:07:56] It's much more isolated and specific.

Adam Wilson [00:07:58] Exactly, it's contained. It's kind of discrete. Now, it can spill over in all sorts of areas of life, but it's identifiable as opposed to some of these things that are a little bit more insidious. And you could maybe define it, but it will be harder to pinpoint precisely why you feel or react the way you do in a given moment.

Don Payne [00:08:17] Yeah, that makes me want to ask about, I don't know if this is a category, but like secondhand trauma. Is that a thing? Because when I think about lots of students today who seem to be struggling, I shouldn't say seem to be, who are in fact struggling with something traumatic, something related to trauma. You know, we think about their fear of school shootings. It seems that in many of these instances, they're not reacting to anything that they have personally witnessed or experienced, but they're reacting to something they know about, something that's kind of spread across the culture that is somehow traumatizing them, though not directly and personally, through a particular event, is that a thing?

Adam Wilson [00:09:05] Yes. It is a very important thing. It's called vicarious trauma, or secondary trauma. So, this is something counselors, doctors, pastors, anybody who's going to be in direct contact with people, hearing the stories, seeing the aftereffects of circumstances, can walk away with heightened stress responses themselves that aren't because they visually saw it, or it happened to them directly. But I have a friend who I worked with at previous organization, and he would talk about as a counselor, he said, you know, if I was a garbage man, at least I could go home and wash it off. And so, it's that recognition there's some stuff that sticks with you. And while you can't say you're as negatively affected as the person who directly experienced it, there's almost a residual, kind of impact that's overall, kind of stressing on the system's ability to cope with the darkness, the heaviness, the hurt, the pain, the evil, whatever it might be that you experience.

Don Payne [00:10:13] Now thinking about those who are on the front lines, in the lives of students in this case who are experiencing a lot of trauma. And they may not be trained clinicians, but they're still on the front lines in the lives of these young adults. Does that make it more difficult, more slippery, more elusive to deal with it when it's spread out like that, when it's vicarious?

Adam Wilson [00:10:40] I think in some ways there's maybe two things there. And maybe a way to relate to it is if you see someone who is maybe 78 and they have leukemia, it's very hard and it's very devastating. But there's a level of almost expectation of like normality to that stage of life, having serious health threats. And so, to see an older person going through that, while very upsetting and hurtful and sad, there isn't necessarily the same level of like mental revolt against the idea that if you see an eight-year-old who has leukemia. There's something just wrong about that. And I think when we talk about people that work with youth and they see kids being damaged by various circumstances, situations, it could be outright evil against them. Things like sexual abuse. It could be just the natural, unfortunate parts of living in a broken world. So, a parent dying or an older sibling killing themselves or even having a school shooting that occurs. And it's not that the child was maybe even there. But I've had clients who were not there when school shootings took place, but the fact that they weren't there left them feeling very, very guilty.

Don Payne [00:12:06] Survivor guilt.

Adam Wilson [00:12:07] Yeah, survivor guilt. So, we look at that idea of the impact of being the support system for little ones who are hurting in a way that I just think our minds aren't wanting to accept that this is possible or that this can happen because we do everything we can in the best parts of society to protect kids. And so, when they can't be protected or they aren't or something happens, there's something uniquely disturbing about that, that can have a cumulative effect for caregivers, where if you don't have the ability to kind of recalibrate, do your own kind of processing, your own work to recognize that you're not a superhero. You don't have infinite capacity to just absorb other people's pain, especially little ones' pain. I mean, parents maybe know this. You can't emotionally regulate when your child is throwing a tantrum forever. At certain point, you start to lose a bit of your emotional control and you need to tap out and hopefully you have somebody else to kind of step in because you need a break. You need to go for a walk. You need to go do something because it has a cumulative impact on your own stress system. Right, your own stress response. We're not impervious to that. And I think it's just that with kids, it's all the more potent when we see little ones hurting. I think that affects us because we have that instinct to swoop in when we see a powerless human, or frankly, even creatures, we see little animals being hurt, we want to help. The best parts of society want to swoop in there and take care of that hurt. And when we can't, there's something really, I think, disturbing and bothersome about that. I do want to back up for a second if I can, to camp on that stress response for a second, because when you look at the term trauma, what we're talking about is actually kind of the neurological system's response, kind of a fight or flight reaction. But it's not always as extensive, as if, you know, like you come across a bear on the trail. You're going to have a very large-scale reaction where it truly is life or death kind of a moment where you're making decisions and you're reacting in a way that determines some permanent outcomes. There's that level. But when we think of it as that system is also the same system, the one that kind of activates that arousal level is the same system that you use to get out of bed in the morning. It's the same system that you used to have this kind of conversation. It's what keeps you alert. It keeps you concentrated; it keeps you engaged. So, we look at that throughout the day, if it's kind of like a teeter totter between rest and activity in kind of your nervous system, activity can be just basic kind of the normal everyday things that you go about. But it can also be the farther down, I always picture it as a teeter totter, as the teeter totter goes down farther on to that activity side, that activation side, we get closer and closer to those heightened responses where if the teeter totter is all the way down, that's that fight or flight reaction. Well trauma in the sense of like PTSD is when that teeter totter is to some degree.

Don Payne [00:15:03] All the way down.

Adam Wilson [00:15:03] Yeah, or stuck most of the way down and it just doesn't rebalance, right? Or it's easily knocked down there, more easily than average knocked down into that reaction. So when you think of it as a stress response and you think of the ability to kind of regulate in the face of very stressful experiences, you start to maybe understand that the concept of trauma is a little harder to peg in a neat little category, because for one child, they might not have the internal regulation skills, it might be biologically they struggle with that, like their system is automatically running a little faster because they

have anxiety. It could be because their environment hasn't really taught them skills, could be because they live in a place where they're just higher levels of risk. You know, they live in an urban context where there's more neighborhood violence, so they just run with a higher level. That idea of trauma then becomes a longer-term ability to function well, to regulate when you're not in threat. But if your systems used to always functioning in that aroused state, that's really hard to do when all of the sudden you're sitting in class or you're sitting in church and you're being asked to sit, or someone's challenging you on like, hey, you need to be quiet, you need to sit still, or you need to pay attention to whatever it is that we're doing. And their system is on some level ready to fight a bear. Then all sudden their capability is going to be very, very impaired. But it won't be obvious that they may be having a flashback of like a war memory. Like we kind of picture of PTSD often.

Don Payne [00:16:36] So again, thinking about those parents, pastors, peers, those who are kind of in the front seat with the lives of students who are experiencing some kind of trauma that's really affecting their lives, whether they are able to pinpoint what it's from or not. And with students themselves. How do we help them understand a little bit more about what's going on with them so that we can interact with them in helpful ways?

Adam Wilson [00:17:16] So the first thing we have to start with is the fact that children by default will do the best they can. That's kind of a phrase kid counselors will use. Children will do the best that they can. So, if a kid's not doing well in a given moment, the first question should be, why are they not doing well?

Don Payne [00:17:36] Assuming they're doing the best they can?

Adam Wilson [00:17:39] Yeah, assuming the best they can.

Don Payne [00:17:40] That may be a big change for a lot of people.

Adam Wilson [00:17:41] I think it might be, because we have this idea of, for example, kids being manipulative. You know, if you come across a kid who seems to be really gaming the system and trying to work and even if they're little, I've always had problems with that term being applied to kids because yes, they might be trying to work the system. But you need to ask question why? Why would they need to work the system? Why do they feel the need to work the system at that age? Right. Kids don't have the capacity cognitively and even like socially, their social awareness, to really look at you and be like, yeah, I'm going to get you to do exactly what I want. They're going by instinct. Their instinct, if their instinct is to kind of game the system and to lie and kind of maneuver, you really need to pause before you react to that, because anybody's going to react to that, at least I will. I don't like it when people try to manipulate me. I'm going to react pretty negatively internally, but I have to stop and ask that question. Why would they do that? Like, why would that be necessary for them in their mind, in their system to do that? If a kid's acting out in classes where a kind of trauma informed education has started to really make a big kind of movement in how teachers approach this. And I think the same thing could be applied to kind of youth pasturing or early education, whatever it is that you're looking at. You have to recognize that we need to stop as the adults and ask, why would this kiddo be acting the way that they're acting right now? And we might not have an obvious answer, but if they're acting in a way that is, quote unquote anti-social, meaning not going in line with what we would hope or what would be typical for their age in that context, there's a reason.

Don Payne [00:19:21] And even that's a considerable shift simply to recognize that. That alone is going to change reactions to realize simply, maybe it's not simple, but simply to realize that there is a reason. There's something behind the behavior whether that is depression or outbursts.

Adam Wilson [00:19:44] It could be also if we think developmentally for some kids, they grew up in a context where they were never taught how to regulate their emotions or to interact in an appropriate way to seek out what they need. If they grew up in a context where it was kind of dangerous to reach out to the adults and ask for help because the reaction would be very volatile in response. Then they've learned how to go under the radar and kind of work the system to get what they need. That's survival. That's just smart,

right? That's not manipulative. That's just good strategy. And I think when we look at that idea of how do we identify what the kiddos need? It might not be very obvious. They're not going to be able to tell you often why they're acting the way they're acting. You know, I just need more love at home. That's why I'm throwing pencils at this kid next to me. You know, they're not going to be able to manage it because that's, again, cognitively complex, connecting those dots. So, some of it might be they never learn the skill. Some of it might be something like depression or anxiety or, you know, outright a traumatic event or events in their life that have led to dysregulation of their system where they're kind of in that semi fight or flight all the time. When we look at it, they are lacking something developmentally, regardless of the root cause. If it's a child, what the resolution, what the solution out of the scenario is, is developmental. They need skills. They need progress. Maybe they've never had modeling. They've never seen anybody regulate emotions in their family. Everybody would just blast it out or shut down, like no one ever really faced uncomfortable things and started to work through them. So, when we look at the idea of what do we need? We need to stop before we react before we discipline. I'm not saying those things aren't needed, but before we do it, we need to stop and think, okay, if this is coming from a source, other than this kid is being willful and just not wanting to obey, which again, you can have kids that are fairly strong willed. But before you jump on the discipline bandwagon or blaming it on just behavior, is saying, why would that behavior exist? Why would that kid think that's the best way or feel that's the best way to get what they need?

Don Payne [00:21:58] Okay. Now, you seem to be referring mostly to younger children. Thinking also of teens, high school students, anything different there? Because that, as far as I know, is a fairly widespread phenomenon now. We have lots and lots of high school teen students who are experiencing pretty crippling, disorienting forms of trauma based on a lot of things, what they see going on in the world, the reality or the prospect of school shootings, things like that. How do we help them?

Adam Wilson [00:22:33] So I think I would want to back up a little bit on that and say, okay, so if we take what we know about the little ones and we say we need to pause and ask, why would they do that? Part of what you're referencing off of is what's developmentally typical. So, if you picture that kind of bell-shaped curve of behaviors or emotional regulation skills, because like my two-year-old at home, I'm not going to hold her the same standard of emotional regulation that I do my ten-year-old. At moments they maybe act the same, but it doesn't mean that they have the same capacity, the same capability. And so, in the same way we can look at our teenagers and say, okay, from a developmental lens, like what's normal, what's kind of bell-shaped curve, what would I expect them to be capable of doing? And if you've worked with teenagers, you know, there are moments where they are four-year-olds and then they're 40 the next minute and like brilliantly wise. There's Swiss cheese. And so, their capabilities, they have the capability. They just aren't always consistent. And so, we can say, okay, so if I see a kid who was functioning a certain way and all the sudden something changed, and now they've lost capacity that they used to have. Same thing with like a little one. They had potty training down and all of a sudden, like, they've lost it completely or like sleep patterns. And it's not like a developmentally normal sleep regression or potty regression. Like, you know, they're in kindergarten. Lots of kids have potty regressions because this new world has taken all their developmental energy, so they stop paying attention to the bladder. So, there's that part. But when you see something that is kind of established, this kid had this ability and now they don't, we can start to gain some insight into what we'll see at different developmental stages. So, for like a teenager, we would say, yes, pushing for independence, kind of wanting to be with friends, the idea of gaining that sense of who I am and what I'm capable of and what I can achieve and what are my goals. We would see that typically, and sometimes that can involve pushing off of parents being little rebellious or just the grumpy mood swings that come. But if you look at what's normal, you see that, you know, that's pretty typical teenage stuff. But if you see the extremes, you see excessive substance use, high risk sexual activity, massive sleep changes, where, again, all teenagers shift in their sleep. But if it's a really drastic shift, the last more than a couple of weeks, those kinds of things where you start to say like, that's not normal for that kid. And probably not all that typical for the kind of bell-shaped curve of that age group we can start to see identifying some of the things that maybe are kind of red flags. What I would say is, is there is something that is maybe a trend that research is starting to point towards with current kind of adolescence, young adults, is that the current generation seem to be struggling with coping with uncomfortable, negative, emotional states. So, like being sad, lonely, the feeling of failure, like these kind of things that are maybe

pretty typical experiences in life. This generation seems to be having a greater difficulty not falling or collapsing underneath the weight of those experiences. And so, this is part of, like we talked about in previous podcasts related to suicidality, part of why we've seen some spikes in suicidality, they think is connected to this kind of a shortage in coping skills, a shortage in what we call discomfort or distress tolerance. And so, we look at that generationally. If we go back to what we're talking with little kids, if they never developed it, we can't really blame the kid for not being able to cope when something happened. So, the idea of increased trauma doesn't necessarily mean there are more traumatic events happening to kids now than there ever have been.

Don Payne [00:26:21] But they're experiencing it, feeling it differently?

Adam Wilson [00:26:23] Yeah, their ability to manage the stresses of life is compromised. And so, we're seeing kids struggling more with things that we would say that's connected to trauma. But again, back to what we said at the beginning, trauma is very subjective. Something that's traumatic to you might not be traumatic to me and vice versa. That's always been true. But right now, I might be able to look at a kid and be like, well, you got de-pantsed in front of the cafeteria. Like, that's super embarrassing. I get that. But you know, it's middle school. For you, maybe you walk away from that, and you aren't truly traumatized, but it's embarrassing. You are in front of your friends as a middle schooler. Like, that's just horrifying. Some kids might turn around, punch their friend in the arm, and later on be laughing about it. Another kid, that might be the source of an eating disorder. That might be the source of social anxiety disorder. And so, you say, was that traumatizing to them? Yeah. Was the event something that everybody would categorize is what they call like a capital T trauma like September 11th? No, probably not. But for that person, it had the lasting impact or it disregulated them on a long-term scale.

Don Payne [00:27:33] How do we then help students deal with this? Help them face this. Helped them, for example, feel safe, when, I keep going back to the phenomenon of school shootings, I don't want to make it all about that, but that is a cultural phenomenon that is traumatizing, in some ways, lots and lots of teens. And probably the very necessary act of having active shooter drills keeps that prospect high in their attention. How do we help them feel safe? How do we help them deal with all of this, regardless of what we might assess in terms of the reality or not, or the severity, the level of severity of the trauma?

Adam Wilson [00:28:26] So there's something in this. There's the idea of preparation. And when you work with anxiety in general, and if we look at a trauma response, you're really talking about anxiety when you're talking about somebody who is traumatized. Because if I lost my wife, I would be in a state that would look very much like somebody who has PTSD in that moment. I would lose my ability to cope. I would not be functioning well at all. My cognitive, emotional, physiological systems would just be a mess. Over time, you would expect to see me kind of gradually moving forward from that and gaining back some of those resources with support and just kind of hard work and just time. Those things would be there. But when you talk about trauma, if something continues on perpetually and it has to do with that anxiety and that kind of stress response, that becomes more of a permanent feature, semi-permanent feature of how that person copes with the world or functions in the world. So, we look at that when you're dealing with trauma, what you're ultimately dealing with is how do we manage anxiety? And that's going to be a physical thing, a cognitive thing, a spiritual thing. Like that's a holistic process. So, when we look at how do we help somebody who's in that state, and you look at kids right now, part of what we have to do is recalibrate cognitively the risk ratios. So, after a traumatic event, your brain is going to up the chances. You say, well, that thing happened. And so therefore it's very likely it's going to happen again. Right. So, if you've ever been in a fender bender, you know, the next time you come to a stoplight.

Don Payne [00:30:01] You think you're going to get hit.

Adam Wilson [00:30:02] Yeah, you look in the mirror, right? So, your brain is assessing, if it happened to me, it could happen again because the ratios went up. The probability gets reset after a traumatic event. Or for example, if a kid is, you know, there's a school shooting in the Denver metro area, it wasn't at their school, but all of the sudden in their brains says that could happen. Or we have an active shooter drill and

their brains like, man, this could be, like, what if this was real. And part of the brain is saying this is potentially going to happen. So, some folks, their brain will say it's almost guaranteed it's going to happen and that's where they're going to start to respond out of a kind of traumatic or avoidant kind of a reaction to that idea, as that would, as you should, if you thought that was likely to happen. So ultimately, if you say, okay, every time I run on this trail, I run into a rattlesnake. Every time. I've gone six times and there's a rattlesnake every time. The probabilities of running into a rattlesnake on that trail are near 100%. But if it happened one time and you've gone 20 other times and it's never been there again, except for that one time, your brain might still say, nope, 100% chance because you're deathly afraid of rattlesnakes. And so ultimately, we have to say, is helping people recalibrate the risks.

Don Payne [00:31:17] Think about it more objectively.

Adam Wilson [00:31:19] Think about it more objectively, try to get as much fact checking as you can on the thing. What are the chances of a school shooting? Well, here's where the media has kind of messed up, is there really aren't more school shootings now than there have ever been. The trends aren't really that much higher than they used to be. The difference is every single one of them is reported and extensively talked about for a long time after.

Don Payne [00:31:42] So it makes it seem like it's more prevalent.

Adam Wilson [00:31:44] Exactly. So, we're seeing rattlesnakes every day. Now, thankfully, not every day, but more far more often. So, our brains are saying this is almost a guaranteed thing, like this is normative. This is going to happen. Okay. Same thing with suicide rates. Suicide rates have increased over time. But what we have found is that the idea of it becomes lodged in our brain because it is such an awful thing.

Adam Wilson [00:32:09] It becomes normalized. So ultimately what we want to do is partly recalibrate what's possible, what's likely versus what's possible. So, could it happen? Yes, it could happen. It does happen. Is it likely to happen? No, it is not likely to happen. The chances of a school shooting in a school are astronomically low. Yet do we need to be prepared for it? Similar to like when you go on a plane, you know, a water landing, what are the chances of a water landing when you're flying in the continental U.S.? Extraordinarily low, but it could happen. So, we prepare.

Don Payne [00:32:39] So it's like the difference between living with paranoia and precautions. Or living with precautions, but not paranoia.

Adam Wilson [00:32:46] Exactly. So, we need to base our response off of the probabilities and helping kids and parents and youth workers know that in the same way, how we treat an active shooter drill, how we interact with students during an active shooter drill. Do we really need to have people with fake guns running around setting off fireworks and knocking on doors really loudly and shaking doors in an elementary school? No, we do not need to be doing that. And research is showing that's not a good idea. Do we need to have kids know the process and the flow of what they need to do if there's some kind of an emergency where they need to be quiet in the room and then they need to make their way out in an orderly fashion? Yes. We've been doing fire drills for decades and decades without simulating fires. And what research has shown is that preparation actually does decrease the effects of trauma afterwards. If you were in a school shooting and a kid does what they were trained to do, even if they are still going to be negative effects of having been in that situation, they will be lower because the child's brain knew I did what I was supposed to do. I couldn't control that other stuff, but I did what I could control. And that's sense, just that bit of like I used, the tools I was trained to do, is protective.

Don Payne [00:34:00] That's interesting. Yeah. And there's something empowering as well in simply knowing what to do, knowing that you have something to do rather than feeling utterly perplexed and helpless.

Adam Wilson [00:34:10] And this is key when you talk about helping kids. So, another crucial thing to talk about is what they call post-vention. So, you have Prevention, you have intervention in the moment, you know, post-vention. So, after there's suicide, a shooting, a death in the family, like some traumatic event has occurred, what we do after the fact is going to have a significant impact on the long-term impact of going through that. So, for example, if there's been a death, and it doesn't always have to be death, could be divorce, could be loss. And this is why counseling is really key and always is, if we can, in that time after it has happened, equip the child with some sense of control over what they can do, it will reduce that sense of kind of chaotic uncertainty, that sense of threat. And they walk forward a little bit more. And again, it's not going to get rid of everything.

Don Payne [00:34:59] That really huge. Just having that sense of control is of massive importance whether that's in training, giving them something that they know they can do, know they are supposed to do, or even having kind of an interpretive narrative, knowing where to put something. It gives a sense of control.

Adam Wilson [00:35:18] Absolutely. I mean, it could be as simple as like if a kiddo is going through a loss, like a divorce, their parents are getting a divorce, and maybe it's a really conflicted divorce and it's really unsettling for them, to give them a place where they have full control over how they process their emotions in a way, and that's how therapy, you know, can really help. Counseling helps that way, but it doesn't have to be that. It can be sitting with a youth pastor, can be sitting with just a trusted mentor or aunt and uncle or whoever it is. If they can have somebody say to them like, Yeah, what you're feeling is absolutely normal and that totally makes sense. Just to hear that I'm not crazy. Like, yeah, that is hard. And then there's a period at the end of that sentence, I call it emotional grammar. So, there's a period at the end of that sentence. The next sentence is you're going to be able to make it through this, and I'm with you as you go through that. They need to know that what they feel is happening. That they're just not weak or like something's wrong with them. Like, yeah, you're right. This is not the way it should be. This is horrible. This is devastating. Period. You're going to make it through this and I'm going to be alongside you as you do it. That gives them that balance of like, I'm okay in the sense that like, I'm not weird or I'm not completely losing it. And there is a path forward, even if I can't really feel it.

Don Payne [00:36:38] The two biggest gifts we can give, to normalize it and give them a path forward. Before we end, Adam, any good resources you'd recommend to people either for their own experience or for trying to walk well alongside others?

Adam Wilson [00:36:53] Yeah, absolutely. So, there's a few things I would recommend. There's the Child Trauma and Stress Network. You can just Google that. Child Trauma and Stress Network is a group out there that has collected a lot of information about what stress and trauma can do and what we can do to help kids specifically with that. And when they say child, they're talking to child adolescent as well, they include the whole thing. And there's also childtrauma.org, which there's a great researcher out there, Bruce Perry, who's done a lot of work on the effects of trauma on child development, neurodevelopment, things like that. That's a great resource for people to get kind of connected to. He also has NCTSN.org. There's an academy where you have free classes online to understand more about trauma in child populations. And then lastly, I'd say, well, actually, maybe two things. There's one for substance abuse, mental health administration. So, SAMHA, they have a suicide and after suicide toolkit and I think this is something that, referencing in previous podcasts, people don't as often recognize the effects of a suicide on future risk for kids that are traumatized going through that. So, what we do post-vention after a suicide of another kid in school, a friend or family member, it doesn't matter, what we do afterwards makes a big difference in helping them, again like we were talking about move forward well. I think those would be some good resources for people to start with.

Don Payne [00:38:26] Thanks for those. Really helpful. Dr. Adam Wilson, always a pleasure to interact with you and draw on your vast experience and expertise with these things, and hope and pray that this will be of benefit to lots and lots of folks who listen to this and maybe spread the word. Thanks again. Friends, thanks for spending time with us. This has been engage360 from Denver Seminary. We hope you will find us again really soon and benefit from a lot of the other conversations we have. I want to encourage you to

contact us if you would care to do so. You can email us at podcast@DenverSeminary.edu. Check out our seminary website, just DenverSeminary.edu for lots of good resources, particularly if you're interested in studying with us in some fashion, residentially here on the Littleton campus, in Washington DC, or on our global online campus, we would love to interact with you about how we can help equip you for whatever ministry God has you in or has for you in the future. Until we talk to you again, may the Lord keep you and encourage you and help you by His Spirit be a really faithful and effective companion in the lives of others. Take care.