

Engage360 | Episode 16: Adolescent Challenges and Trauma

Introduction: 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.

Dr. Don Payne: Hi, I'm Don Payne. I'm glad to be your host for Engage360. We are glad you joined us this week. We're always glad that you do. We try to provide conversations that are going to be encouraging and stimulating, informative as you engage the needs of the world with the redemptive power of the gospel in your own setting, wherever you are. We're excited this week to have a topic that's going to really cut to the heart of some things that we all struggle with. There was one time in my own life that I've been on a climbing wall. It's been a few years ago, and it was actually a pretty tall climbing wall. As those things go. And I'm glad to say I made it to the top, but on the, on the way up, one of the most challenging spaces on that wall was where the angle of the wall jutted out backward toward me. And I couldn't rely on gravity to help me stay against the wall. Gravity was actually moving me away from the wall. So it became all the more important to find the right hand holds and foot holds and the best way to position myself on them. Those were my only options. And in a way that parallels how we often feel in light of the events that keep assaulting our nation. A few things, it seems are currently traumatizing our nation more than public acts of violence and the unprecedented rates of teen depression and suicide. And in some ways those all seem to be linked. For the latter of those two, the number of families touched by this either directly or indirectly is staggering. And those are two of the more notable and alarming trends. Yet it seems that a more amorphous undercurrent of stress and despair exerts an equally powerful, traumatizing influence on a lot in our country. So these days, any consideration of redemptive engagement with the world's needs has to confront these really disorienting phenomena. The undercurrent of despair and hopelessness that contributes to so much trauma seems to be matched by a sense of despair and hopeless, that hopelessness that we can feel and knowing what to do about it. So we need to have a conversation about this, not simply to recycle clichéd announcements or to ameliorate own sense of helplessness by launching programs and campaigns, but to identify some handholds, some footholds that will allow us to move forward meaningfully and redemptively. So to help us find some of these hand holds in all of this, we have guests this week, two of my colleagues, two professors from our counseling department here at Denver Seminary, both with particular expertise and experience that can give us some wise guidance as we think about all of these issues surrounding trauma, traumatization. And what do we do about that? Dr. Heather Gingrich is a Professor of Counseling here at Denver Seminary. Dr. Gingrich earned a PhD from the University of the Philippines and MA from Wheaton College Graduate School, and BA from Carlton University in Canada. She specializes in the treatment of complex trauma, including adult survivors of abuse. She's done

research writing and clinical work in the area of dissociative disorders and trauma and she has a new book out called, *Restoring the Shattered Self, A Christian Counselors Guide to Complex Trauma*. Joining us also is Dr. Adam Wilson, from our counseling department. Adam graduated from the University of Northern Colorado with a BA in psychology and MA in Counseling from Denver Seminary and a PhD in Counselor Education and Supervision from Regent University. He has worked with children and families in the Arapahoe Douglas mental health network and has also worked within the school systems to coordinate the education and care of his clients. He served as the Director and Supervisor of Child and Family Services at Southwest Counseling Associates and is the co author of a chapter and title in *The Neurobiology of Stress and Trauma*, and a forthcoming book, by edited by, Heather and Fred Gingrich. So welcome to both of you. We're glad to have you on the podcast today.

Dr. Adam Wilson: Thank you very much for having us.

Dr. Heather Gingrich: Thank you.

Dr. Don Payne: Yeah. Let's start the conversation by having you give us maybe a brief overall assessment of what teenage students are dealing with currently, especially in the context of their schools and how that might compare to what was happening in some previous time periods.

Dr. Adam Wilson: Yeah, this is a question that's been coming up a lot, in a lot of different contexts, in classes as well as just conversations because there's this sense based off of the headlines and based off of statistics related to adolescent suicide or depression, that there's this growing crisis that's occurring. And so people have been trying to understand what is causing this to these numbers to increase. The assumption would be that there's, you know, an increase in overall mental health issues for adolescents, and the question is why would that be? So part of what we look at is that adolescents today face unique pressures that just didn't exist in previous decades. And a lot of that surrounds technology and the pace of information. It also has a lot to do with the nature of the culture and how it manages support resiliency factors that maybe supported teens in the past that aren't as solidly in place today as they would've been in the past. So what'd you have as an increase of pressure or experience of pressure, whether that's academically, whether that's in the sports culture, in America there's a high, high emphasis placed on achievement in sports. And so there's a lot of pressure for students to maintain both academic performance at the highest levels as well as sports performance at the highest levels. And the combination of those two, provides very little time for those other things in life that have been shown to be protective against stress and anxiety. Things like, extracurricular activities, time with friends, times with family, times involved in activities like church or other enjoyable activities. And so what we have is just kind of a, you know, a pressure cooker that kids are existing in that while some of the pressures might be the same, concepts is existed in previous decades. It's the, the intensity, the combination of those pressures I think in place is unique, weight on those students.

Dr. Don Payne: That seems to be almost a tidal wave, that it's really hard to push back to one, one thing for us to name that, to speak about it diagnostically. And, and at the same time that seems to leave us wondering is there any reversal on this or are there ways to mitigate that, or at least meaningfully dilute some of that pressure.

Dr. Adam Wilson: So I think when we look at the idea that the solutions to the difficulty, part of what we have to look at here is that the solution is within the larger context of our culture and family systems. Often we're looking at the individual once they're at a point of crisis, you know, a student has said they have suicidal thoughts or they're starting to fail out of their classes or they're withdrawing, and family and friends are getting concerned. And so people start to intervene at that point and try to get them connected to counselors, try to get them maybe perhaps on medication if that's needed. There's other solutions, but they're, they're reactive solutions. And much of what we're finding is that while that is crucial and important to help kids and even adults who are in crisis, the reality is the solution to the larger problem exists in our proactive or wellness based approaches. So how do we approach life in general? How is it that we set up our value system as a family or as a culture, as to what success means? What achievement means. How we define wellness at all, and in our culture, that pace, you know, you can buy new in technology and the pace has quickened over time. As we've incorporated technology into our workplaces, in our home lives, it becomes difficult to be proactive because we're perpetually reacting. So the solution is often in taking a deep breath as a culture, as a family, in deciding how do we want to live our lives, how now shall we live?

Dr. Don Payne: As [inaudible] Shafer asked the question.

Dr. Heather Gingrich: And while we can't necessarily change our whole culture all at once, we can change how we interact with our own children. And what we say as success in our own families, you know, to encourage efforts say rather than necessarily that something specific has to mean success in terms of achievement. One of the other things that was occurring to me is the whole social media and how people post their achievements. They don't generally post their failures. And so that ends up with, with a kind of a false sense of what everyone else is experiencing and what their successes actually are. And I think that that has also increased some of this risk.

Dr. Adam Wilson: There's been a lot of research, in recent years on the concept of resiliency and what factors play into resiliency. So resiliency being the idea that when some, when some form of difficulty hits, is the person able to recover? Are they able, when there's failure or there's an unexpected negative event, how is it that they are able to kind of stand back up after that? And it's not a pull yourself up by your bootstraps concept. It's more in the sense of are there these internal factors that people can have that allow them to be resilient against the negative impacts of trauma or against stress? Because trauma and stress unfortunately are unavoidable in a fallen world. This will happen. So it's more a question of how shall we respond to it as opposed to being impervious to it. And, there's a

great book, I know by someone named Carol Dweck, written called *Mindset*, which is all about this idea of a growth mindset. The idea of how do I grow through failure, through difficulty, as opposed to being successful by my abilities, by automatically being the best or winning every time. Instead, it's through failure. How do I see that as an opportunity for growth? And that's again, kind of that related concept of resiliency.

Dr. Don Payne: Oh, very much. It's, as you're, as you're saying that, it makes me think of how our vision even for which often is called discipleship or spiritual formation, needs to broaden beyond the remedial, to the more preemptive. But that takes a particular vision. Does it not for that. That is motivated by the kind of person and persons we want to be, and we want to nurture in others rather than always being in that reactive mode. I mean, being in a reactive mode is always a very motivating because you're, you're doing just that. You're reacting, and it's far more difficult to try to preempt or, predict a potential problem and prepare oneself, prepare others to face that when you're not yet facing it. And there are a lot of lot of forces that would want us to believe that, it won't happen to us. It won't be our problem.

Dr. Adam Wilson: And I think it connects very much. My mind is connecting it very much to generationally. Why would we have either this massive increase in suicidality or depression or anxiety that might occur? And part of that difficulty comes from this big picture of how we experience life generationally. So if you look like the boomer generation, they grew up in the Leave it to Beaver kind of generation where there's an ideal as, and this is the way life is supposed to be, it's pristine and it's perfect and orderly. And then you have the Vietnam War and you have Watergate and you have these experiences that all of a sudden just drastically contradicted that. And there was kind of a developmental crisis for that generation in that, what should be isn't. And I think in some ways there's a mirroring of that with current generations where there's an overprotection that's occurred and that we do our best to safety wise, protect our kids and we try to limit the negative influences that they experience. And you know, sleepovers are less common because of concerns about what might happen outside of that. And yet there's this unfiltered access on the internet. Often there's exposure through social media to concepts and topics and issues and the 24 hour news cycle.

Dr. Don Payne: They're not prepared to deal with.

Dr. Adam Wilson: They are overwhelmed by, because the adults themselves are also overwhelmed by, and so what you have is then I think this kind of similar experience where my reality is both comforting and anxiety producing. I should be safe. And yet I don't feel safe. And I think there's a, for a lot of children, I think as adults we may not recognize it in ourselves as well, because we have some of those resiliency factors or coping skills that can help us to compensate for that. But for our kiddos, they don't necessarily have those built in yet. And so they tend to decompensate a lot more quickly than maybe some adults would because they have less of that resiliency kind of built in already.

Dr. Heather Gingrich: And of course as Christians, we have a whole other perspective on some of this as well. And that is in term of the identity formation, our identity in Christ, both for ourselves and teaching our children that it is not about achievement, it is God who loves because he created us and he created us wonderfully. Whatever we achieve or don't achieve. The other aspect is that I think we need to be careful how we talk to, to our children about God, even God's protection because we can't promise our children that nothing bad will happen to them. Things, bad things do happen to all of us even as Christians. And so I think even a theology of suffering that we can begin to talk to even our children about that, God will be with us in the midst of whatever happens, is different than saying God will make sure nothing bad happens to you.

Dr. Don Payne: That is such powerful theological formation, that has all kinds of resiliency effects, collateral effects in so many ways. Simply the way, I just want to underscore how you said that Heather, the way in which we talk about God's presence with us to children has incredible long term effects.

Dr. Adam Wilson: I think you can see, if you look at somebody like Victor Frankel and *The Man's Search for Meaning* is a very famous book where his experience in the Holocaust, in the concentration camp was seeing those who seem to have that resiliency through that horrendous experience and others who kind of collapsed and failed, emotionally or physically in that and part of it, he found it as connected to what do they have that is larger as outside of themselves, outside of these circumstances, outside of the evil being done to them, that gives them an anchor. It gives them a hope that's beyond this. And we think ultimately, you know, that that resiliency comes outside of our self. It comes through our reliance on a God who loves us and cares for us regardless of the evil that's been done or that exists in our life.

Dr. Heather Gingrich: So these are all things that can be part of how we talk to each other and talk to our children apart from any trauma before there's any trauma just as part and parcel of teaching about life, developing character, developing, a sense of what it is to, to live as a person, as a Christian in God's world. That, kind of realistic sense but also a hope in, in God that doesn't promise what isn't realistic, is huge.

Dr. Don Payne: Right. Yeah. One of the reasons I wanted to interact with both of you in this episode is that it seems like we have a rather broad based, multifaceted context of stressors. Some of the, many of the factors you've elucidated Adam, that then contribute to this, maybe unprecedented level of stress and trauma that is a little bit more, at least for me, for people like me, a little bit more difficult for me to get my hands around because it's so complex. And so multi angular. And then we have the more definable, traumatizing events that come into people's lives, acts of violence, other forms of sudden and indescribable loss, irreversible loss, abuse that that can set people back miles if that's the right metaphor all at once. And this is such a complex phenomenon to get some kind of purchase on and know how do we even begin to position ourselves? And we've talked about some of the proactive, the preemptive nurturance factors. But then there is

remediation as well. There is addressing trauma that whatever the source it has to, it's there. So, Heather, what do we need to know about trauma? This is your wheelhouse. What do we need to know about trauma and trauma recovery, in light of these major trauma inducing events at work in our country?

Dr. Heather Gingrich: Well, one thing that isn't always understood is that no one person will necessarily experience a particular event that's traumatic. In other words, trauma is a subjective experience. So it may at times be surprising by someone who doesn't seem to be traumatized and be looking for the trauma that actually isn't there for them. Maybe because of the resiliency factors that Adam talked about that, that they're able to bounce back quickly. So not everyone will be traumatized even by something like a big event like, a school shooting. Conversely, there are things that can be perceived as very traumatizing by one individual that seems like something very small to someone else. So say in a school situation, maybe a comment is made by a teacher or even a fellow student in front of a class, where a student ends up feeling humiliated, and maybe everyone kind of laughs and goes on and doesn't think it's any big deal. You know, the kind of joking around can kind of happen. But for that particular individual, it may have kind of cut to something that was really sensitive to them, and that might actually be experienced as traumatic to them. So I think that's important to recognize is that it isn't so much the external event that is traumatic in itself, but it is the subjective perception and experience of that event that makes it traumatic or not. So that means we don't want to minimize something that for someone else is feeling like a big deal saying, well that's not a big deal. Isn't going to help.

Dr. Don Payne: That's just what was going through my mind that the, the phrase it's no big deal really doesn't fit. Does it?

Dr. Heather Gingrich: No, no, it's not. It's not a helpful response. It, you really have to listen to why is this person experiencing this as a big deal? Or, why are they not experiencing this as a big deal to make sure that they're not just kind of blocking out the trauma. They're not dissociative, they're not just cut off from it, but that it really isn't impacting them. And certainly the other factor is, you know, you, you mentioned abuse. There are all kinds of other factors, say adverse childhood experiences that include abuse, that include living in an alcoholic family or in a family where it may be a parent is struggling with mental illness or, a divorce that's been very conflictual. Any of those kinds of factors can either serve to help with resilience. In other words, a child that goes through that and kind of survives is like, hey, I'm strong enough, I can handle anything. And so like a school shooting comes up or something else, they can actually handle it pretty well. But it could also mean that those factors mean that they're more potentially more likely to respond negatively to a future trauma. So for example, there is research that shows that, military personnel who've been in combat are more likely to develop PTSD if they've had some kind of trauma in their background. If they're a survivor of child abuse, for example, or one of these other adverse childhood experiences, they're more susceptible. They're not as resilient because they already are struggling. Even if it's not, not obvious or even

if it's been kind of pushed away or hidden. And then another big trauma then kind of opens Pandora's box. Sometimes the lid blows off.

Dr. Adam Wilson: I think you get in some ways kind of create a metaphor similar to like a traumatic brain injury where if you have a concussion, there's a lot of emphasis now on removing people from like, you know, a football game or pulling away and they have to stay off the field, low impact activity until their brain has had a chance to recover from that kind of bruising. And, if there's a concussion that occurs on top of another concussion, the damages is much more significant and much more lasting. It was a similar idea neurologically in fact with trauma, if the impact on, you know, the limbic system and the other systems that kind of managed to the reaction to threat, when they have been affected by a trauma and they've been thrown out of balance to have a repeated trauma, exacerbates that problem and can make it long lasting.

Dr. Heather Gingrich: I think that's a good analogy Adam. Another thing that I wanted to say is that trauma doesn't necessarily just go away with time. Time does not necessarily heal all wounds, so you can have traumatic events that can impact people decades later. In fact, I just got a long letter from a childhood friend that I knew when I lived in Pakistan as a child, and we were both evacuated from the Indo Pakistani War. I had some mild reactions to that for awhile, some post-traumatic reactions to sirens that that triggered responses of, memories, an air raid sirens. But she has been, she reiterated details of the 24 hours that she was in that zone that have continued to traumatize her. She has been severely impacted. I was really kind of shocked, but I was thinking that that is kind of a perfect illustration of how I didn't require any counseling over time. That response did go away partly because of a six o'clock siren at Wheaton, when I was there, that after a while just kind of desensitized me to sirens. Otherwise I might still be struggling, but it wasn't.

Dr. Don Payne: It had its own therapeutic effect on you.

Dr. Heather Gingrich: Yes, it did. It, it did. But I didn't require any, any treatment from that. But she was told that, Oh, there was nothing wrong because she was out of the war zone. This was before PTSD actually became a formal diagnosis just a few years before. And so, she's really illustrative of how very many people's experience that they just kind of hope it will go away. And often nightmares, flashbacks, high anxiety, fear, hypervigilance, kind of nervous system on edge, are things that people can experience for decades.

Dr. Don Payne: I feel like we could, there's enough substance here that we could talk about this for three hours. I wish we had three hours. But for those of us who are not professionally trained in all this, either diagnostically or, in terms of, treatment options, do you have any practical tips for people in knowing how to navigate these areas, either with parents, with friends, with teachers? Give us some, give us some thoughts on how we can approach this, how we can be sensitive to others who might be experiencing trauma, how to maybe how do we recognize what's going on.

- Dr. Adam Wilson: On a very specific kind of a.
- Dr. Don Payne: Handholds. Yeah. That's what I'm thinking. That's what I'm thinking.
- Dr. Adam Wilson: Handholds. So for those who actually would like to have some experiences with some, you know, trained climbing coaches, related to crisis, actually Caleb is going to be putting on a crisis training in partnership with Denver Seminary, connected to school-based crisis and dealing with a kind of first aid to stressful situations. And so they will be walking people through some basic skills on how to respond when there are crises, not necessarily school shootings, but that would be a part of that kind of topic. But also things like suicidality and such. But that's something specific coming up.
- Dr. Heather Gingrich: And then just in general, listen, listen, listen. I encourage people to talk about what happened. I think sometimes we're afraid that we'll make things worse, but people need to talk. They need to have permission and encouragement to talk about the details of their experience and whether that's to parents, whether that's to other friends, whether there are groups of people that have undergone the same kind of event, that can be very helpful. Not everyone needs professional help, but if someone has been given permission to talk and they, they don't, they won't, they're still symptomatic. Or they have been talking, but that doesn't seem to make anything better. That's an indicator, that may be a late person to refer someone to professional help to someone who specializes in the specific type of trauma.
- Dr. Don Payne: Okay. Okay. On that note, what does all of all of this imply for those who are training to serve professionally in this kind of area? Now I'm teasing you up here to put in a plug for our counseling program. Okay.
- Dr. Heather Gingrich: We have a counseling program. I teach the course on counseling for trauma and abuse that looks more at childhood adverse experiences. There are courses in crisis management.
- Dr. Adam Wilson: I'm a director of the school counseling program and one of the things that I'm really excited about is our school counseling program is geared around preparing those who will be in schools to be very aware and very skilled in assessing and helping with mental health issues as well as promoting wellness factors like resiliency. When we're actually in the process of developing an initiative, school counseling, mental health initiative, where we're going to go into schools and do research on the mental health needs and interventions that help in that area within the Denver Metro school districts. And then try to expand that out. So within our program, there's these opportunities for students to not just talk about the concepts, but to get really hands on in their internships and practicums and then these research opportunities to dig into solutions and not just reading about the problem.

Dr. Don Payne: Yeah. Good. So this is, it's a thick topic. It's a heavy, where, where do you find, where do you see hope and redemption at work in all of this?

Dr. Heather Gingrich: God.

Dr. Don Payne: Good answer.

Dr. Heather Gingrich: No, that God. I mean, God is in control. It doesn't mean he makes these things happen, but you know, this is not the new earth. This is the old earth. And ultimately we do have hope that Christ will come again, may call things new and that meanwhile, we can become closer to him through whatever we go through in life, including these kinds of traumas. That's not an automatic thing, but that is something that we are promised that if we continue on and strive to be in connection with God and, struggle with the realities of life at the same time, that's not just a simplistic kind of thing that.

Dr. Don Payne: Yeah. Well, what I hear you getting at there, Heather, is that the, the prospect of healing is a real prospect. It is not going to be total, thorough, or exhaustive in this life, and yet there is real therapeutic process that incremental healing is a real thing. It really does happen.

Dr. Heather Gingrich: That's why I specialize in trauma because it's not easy work and it's not easy for people to go through, but there is hope. There is healing. People just have to be pointed in the right direction at times. Yeah.

Dr. Adam Wilson: I think a piece I would put in there, any theology of suffering has to take into account the reality that, that God moves through suffering, not just occasionally but continually. The gospel is based around Christ's suffering and what that brought about. And I think for me, working with people who have experienced, you know, acute damage due to this world as well as just the, the general damage, we all suffer through an exist in. And, I think that hope that comes from knowing that God is not unfamiliar with suffering, that Christ suffered severe trauma. And yet God is a God who does not waste anything. And in the midst of the [inaudible] yeah, he utilizes everything to bring about healing and good. Now that's a process, a long process for some.

Dr. Heather Gingrich: And in a scripture, there are all kinds of verses, especially in the Psalms, that validate that it's okay to express our depression, our grief, our questions, our anxieties. I love that the Psalms are part of the Bible because they are just such an authentic expression of deep emotion. And I think that that can give us permission that when we're in the midst of these struggles, that it's okay for us to lament. It's okay for us to question, to cry, to experience all of these things, that doesn't make us less godly.

Dr. Don Payne: You brought that up. The Psalms really gives us a, a mouthpiece for all, maybe every conceivable human emotion. Do they not? Hey, as we begin to wrap this

up, what would be your top book or resource you would recommend to people on anything we've talked about?

Dr. Adam Wilson: I think I take an angle specifically related to kids and trauma and particularly kids in trauma in school. There's a fantastic author, Ross Green, who wrote a book called *Lost in School* and it's all about kids who have a trauma of, of various sorts or emotional dysregulation, but specifically related to trauma and how often they're missed in the school as being behavioral problems. Whether that's you know, a lack of academic achievement or whether that's acting out and yet the root is something deeper that they need engagement, they need support. And in doing that it brings them to a place of being successful and healthy.

Dr. Don Payne: Good. Heather?

Dr. Heather Gingrich: Well this is intended more as the book for counselors, but I think even non counselors can get a lot of help from an interest, understanding different types of trauma. And that's the book that you mentioned this forthcoming. It's actually been out for awhile now, *Treating Trauma in Christian Counseling*, which goes through every conceivable type of trauma. So I think that could be helpful for people to just recognize that there can be different responses, different things that are helpful for different types of trauma.

Dr. Don Payne: Thank you both. Thanks for taking time to do this. I have to say that every time I'm around you and your colleagues from the counseling department, I feel like I get smarter because I learned words I've never heard before like dysregulative and things like that. So I'm going to be saying that word to myself the rest of this day. Probably.

Dr. Heather Gingrich: Glad to be.

Dr. Don Payne: I'm going to be, yes, I'm going to be you looking for places to talk about things being dysregulative. Did I say that word or was it?

Dr. Adam Wilson: Dysregulated.

Dr. Don Payne: Dysregulated. Yes. I feel like I may be dysregulated right now. Like I want to give a shout out as we stop, to all those who are serving in ways and in places that touch people's lives with some of the hope and some of the healing, that we've talked about and that Christ offers. What you do, those of you who are touching people's lives this way will probably never make headlines, which is actually wonderful, I think if your work preempts and prevents some of the hopelessness and despair that otherwise would have wrenched people's lives. So I want to thank our guests, Dr. Adam Wilson. Dr. Heather Gingrich. We're really grateful for all that you've done. This is Engage360 from Denver Seminary. I'm Don Payne. Thanks for listening. Check in next week for another conversation.

