

**`Ike aku, `ike mai, kokua aku
kokua mai;
pela iho la ka nohana `ohana.**

Translation: Recognize others, be recognized,
help others, be helped;
such is a family relationship.

Recognize, Respond, Refer

September 2017



UNIVERSITY OF HAWAI'I AT HILO

**STUDENT HEALTH &
WELLNESS PROGRAMS**

PREVENTION • MEDICAL • COUNSELING

Emily Low, M.A, LMHC,

Clinical Team Leader, Counseling Services

Kerith Edwards, M.A

Mental Health Counselor

Andrew Polloi, M.A, LMHC

Mental Health Counselor

2nd floor Student Services Center (theater end of the building)

808-932-7465 uhhcouns@hawaii.edu

Learning Outcomes

Recognize relationship between student mental health and wellness and retention and well-being

Recognize professional role in supporting at-risk students

Recognize student signs of distress

Respond to students in distress

Increase comfort with referral process

Identify campus resources

Student mental health and retention

Mental illness in college is common; nationally, 39% students have an apparent mental health problem

Prevalence is increasing over time

25% of students who dropped out with <3.0 screened positive for at least one mental illness

National College Health Assessment Data UH Hilo 2016

Felt so depressed that it was difficult to function

Percent (%)	Male	Female	Total
No, never	44.6	34.4	36.3
No, not last 12 months	17.9	21.3	20.4
Yes, last 2 weeks	14.3	16.9	17.1
Yes, last 30 days	5.4	9.8	8.6
Yes, in last 12 months	17.9	17.5	17.6
<i>Any time within the last 12 months</i>	37.5	44.3	43.3

Felt overwhelming anxiety

Percent (%)	Male	Female	Total
No, never	41.1	23.0	26.9
No, not last 12 months	12.5	15.3	14.3
Yes, last 2 weeks	14.3	29.5	27.3
Yes, last 30 days	12.5	12.0	11.8
Yes, in last 12 months	19.6	20.2	19.6
<i>Any time within the last 12 months</i>	46.4	61.7	58.8

Minority (13%, depression and 14.7%, anxiety) reported they had been diagnosed or treated in the last 12 months

Within the last 12 months, any of the following been traumatic or very difficult to handle:

	<i>Percent (%)</i>	Male	Female	Total
Academics		43.6	56.8	54.1
Career-related issue		21.8	26.8	26.2
Death of family member or friend		17.9	20.7	20.3
Family problems		28.6	29.9	30.1
Intimate relationships		33.9	35.3	35.8
Other social relationships		18.2	33.7	31.4
Finances		33.9	47.0	43.7
Health problem of family member or partner		23.6	24.5	24.1
Personal appearance		21.4	39.7	36.2
Personal health issue		25.0	30.1	29.8
Sleep difficulties		34.5	43.5	41.2
Other		9.1	12.0	12.3
<i>Students reporting none of the above</i>		35.7	16.3	20.7
<i>Students reporting only one of the above</i>		10.7	9.2	9.3
<i>Students reporting 2 of the above</i>		14.3	9.8	10.6
<i>Students reporting 3 or more of the above</i>		39.3	64.7	59.3

Data on Faculty/ Staff Role

95% faculty/staff felt it was their role to connect students experiencing distress to mental health support

50-60% report not feeling prepared to recognize, approach or recommend

50% did not recognize any student

60% hadn't approached or referred any student

Faculty/Staff engagement key factor in student success

Recognize

withdrawn, isolated, down

agitated, hypervigilant, easily startled

missing class or work

non-responsive to communication

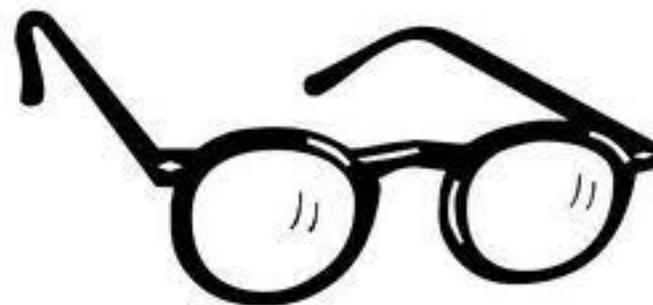
lack of participation in group work

major change in behavior or mood

apparent gap or difference in performance

difficulty concentrating, making decisions

Instead of, “What’s wrong with you?”



“What happened to you; how can I help?”

What is trauma?

An experience in which a person's internal resources are not adequate to cope with external stressors.

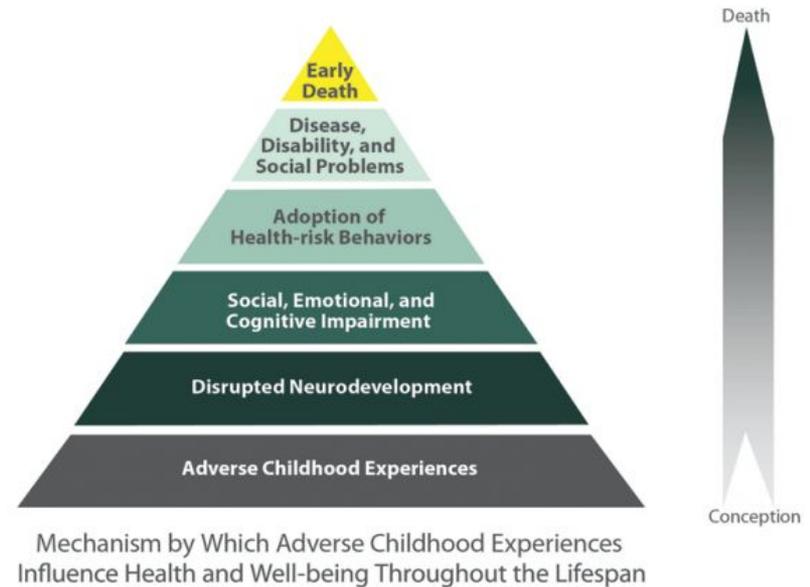
Adverse Childhood Experiences

Historical and intergenerational trauma

Single incident traumas

ACEs Kaiser Permanente Study

Assessed correlation
between childhood
maltreatment and
neglect and later life
health and well-bein



The prevalence estimates reported below are from the entire ACE Study sample (n=17,337).

Prevalence of ACEs by Category for CDC-Kaiser ACE Study Participants by Sex, Waves 1 and 2.

ACE Category	Women	Men	Total
	Percent (N = 9,367)	Percent (N = 7,970)	Percent (N = 17,337)
ABUSE			
Emotional Abuse	13.1%	7.6%	10.6%
Physical Abuse	27%	29.9%	28.3%
Sexual Abuse	24.7%	16%	20.7%
HOUSEHOLD CHALLENGES			
Mother Treated Violently	13.7%	11.5%	12.7%
Household Substance Abuse	29.5%	23.8%	26.9%
Household Mental Illness	23.3%	14.8%	19.4%
Parental Separation or Divorce	24.5%	21.8%	23.3%
Incarcerated Household Member	5.2%	4.1%	4.7%
NEGLECT			
Emotional Neglect ³	16.7%	12.4%	14.8%
Physical Neglect ³	9.2%	10.7%	9.9%

Note: ³Collected during Wave 2 only (N=8,629). Research papers that use Wave 1 and/or Wave 2 data may contain slightly different prevalence estimates.

ACE Score Prevalence for CDC-Kaiser ACE Study Participants by Sex, Waves 1 and 2.

Number of Adverse Childhood Experiences (ACE Score)	Women	Men	Total
	Percent(N = 9,367)	Percent (N = 7,970)	Percent (N = 17,337)
0	34.5%	38.0%	36.1%
1	24.5%	27.9%	26.0%
2	15.5%	16.4%	15.9%
3	10.3%	8.5%	9.5%
4 or more	15.2%	9.2%	12.5%

Note: Research papers that use Wave 1 and/or Wave 2 data may contain slightly different prevalence estimates.

Source: Centers for Disease Control and Prevention, Kaiser Permanente. The ACE Study Survey Data [Unpublished Data]. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2016.

College Students and Trauma

Particularly vulnerable to trauma

Away from social support

High risk of unwanted sexual contact

(1:5 women, 1:20 men)

Up to 50% exposed to new potentially
traumatizing event

Trauma in postsecondary learners: What you might see

Difficulty focusing, attending, retaining, and recalling

Tendency to miss a lot of classes

Challenges with emotional regulation

Fear of taking risks

Anxiety about deadlines, exams, group work, or public speaking

Anger, helplessness, or dissociation when stressed

Withdrawal and isolation

Involvement in unhealthy relationships

(Davidson)

What can we do?

Potentially traumatizing events do not need to result in trauma if the internal resources and external supports are sufficient.

Instead, post-traumatic growth is possible, likely, and most common.



NON TRAUMA INFORMED

POWER OVER

YOU CAN'T CHANGE

JUDGING

PEOPLE NEED FIXING FIRST

OPERATE FROM THE DOMINANT CULTURE

PEOPLE ARE OUT TO GET YOU

RIGHT/WRONG

HELPING

"YOU'RE CRAZY!"

COMPLIANCE/OBEDIENCE

NEED-TO-KNOW BASIS FOR INFO

PRESENTING ISSUE

"US AND THEM"

LABELS, PATHOLOGY

FEAR-BASED

I'M HERE TO FIX YOU

DIDACTIC

PEOPLE MAKE BAD CHOICES

BEHAVIOR VIEWED AS PROBLEM

WHAT'S WRONG WITH YOU?

BLAME/SHAME

GOAL IS TO DO THINGS THE 'RIGHT' WAY

PRESCRIPTIVE

PEOPLE ARE BAD

CONSIDER ONLY RESEARCH AND EVIDENCE

POWER WITH

YOUR BRAIN IS 'PLASTIC'

OBSERVING

PEOPLE NEED SAFETY FIRST

CULTURAL HUMILITY

PEOPLE CAN LIVE UP TO THE TRUST YOU GIVE THEM

MULTIPLE VIEWPOINTS

LEARNING

"IT MAKES SENSE"

EMPOWERMENT/COLLABORATION

TRANSPARENCY AND PREDICTABILITY

WHOLE PERSON AND HISTORY

WE'RE ALL IN THIS TOGETHER

BEHAVIOR AS COMMUNICATION

EMPATHY-BASED

SUPPORT HEALING

PARTICIPATORY

PEOPLE WHO FEEL UNSAFE DO UNSAFE THINGS

BEHAVIOR VIEWED AS SOLUTION

WHAT HAPPENED TO YOU?

RESPECT

GOAL IS TO CONNECT

CHOICE

PEOPLE ARE DOING THE BEST THEY CAN

CONSIDER ALSO LIVED EXPERIENCE

TRAUMA INFORMED CARE



ECHO
PARENTING
& EDUCATION

Resilience/ Protective Factors

Growth mindset

Safe, predictable settings

Having someone to talk to

Supportive mentor/ adult

Social networks/ supportive community

Cultural humility

Recognize signs and symptoms of historical and intergenerational trauma

Actively resist retraumatization

Respond

Making a connection from a strength based perspective.

Find a private setting

Give yourself time

Allow the person to talk freely

Be direct.

Express your specific concerns

Respond

Paraphrasing and summarizing their narrative
validates that you understand

Be mindful of the righting reflex that can be
perceived as minimizing or dismissive

“You’re not suicidal are you?”

Being mindful of barriers

Consult

Refer

Outside of the box referrals

Website and ULifeline screening

HeartMath

Textline

Relaxation Station

Screenings

Refer

2nd Floor Student Services Center

Walk-ins welcomed

932-7465

What can a student expect when making an appointment?

Free and Confidential

CareTeam

Mahalo!

Questions?

Coming Soon!

October 12, 2 pm, SSC W-201

Te Taitimu Trust and Kimiora Trust: Building Resilience in At Risk Rangatahi

Kognito At Risk For Faculty & Staff: 45 minute online role play simulation training

November, TBA

Hannah Preston-Pita, PhD: Compassion Fatigue: Preventing Burnout & Managing Stress

References

Centers for Disease Control and Prevention. retrieved from:

<https://www.cdc.gov/violenceprevention/acestudy/about.html> on 9/26/2017

Davidson, Shannon. Trauma-Informed Practices for Post-Secondary Education: A Guide. retrieved from educationnorthwest.org

Eisenberg, D., Sharma, M., & Albright, G. (2017, September) Trends in Higher Education Mental Health: Research Highlights. Webinar.

Hoch, A., Stewart, D., Webb, K, & Wyandt-Hiebert, Ma.A. (2015, May)
Trauma-informed care on a college campus. Presentation at the annual meeting of the American College Health Association, Orlando, FL.

University of Hawaii at Hilo Executive Summary. American College Health Association-National College Health Assessment II. Fall 2016

Echo Parenting and Education. echoparenting.org