

**A Trauma-Informed Approach to Resolving Anxiety and Depression Symptoms in
Adolescents Living in ACE-Concentrated Communities.**

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Abstract

Anxiety, depression, and substance abuse are just three side effects that children aged 11 through 18 are handling as a result of adverse childhood experiences. In Calhoun County, the rate of children who skip school out of concern for their safety, felt hopeless, and experienced over 4 ACEs was drastically higher than all other counties in Florida. To address these risk behaviors and predecessors to chronic health conditions or dropping out of school, our program aims to utilize a trauma-informed mentorship program between at-risk students and their teachers, with the guidance of health educators. We will focus on strength-building and relationship bonding between classmates and their role models. Together, we aim to set the new generation of leaders up for success.

Statement of Need

Anxiety is defined as a feeling of uneasiness in which the body mentally and physically reacts as though it is anticipating danger or a threat (Centers for Disease Control and Prevention, 2019; Mayo Clinic, 2018). Anxiety can be classified as positive if it is short-term, such as preparation for an interview or exam, or negative if it is long-term, such as concern for maintaining a standard of living while earning minimum wage or concern for safety as one walks to school (Mayo Clinic, 2018). Anxiety has a significant presence and comorbidity with other mental illnesses or psychosis within geographical areas where residents largely experience low socioeconomic status and/or safety concerns since anxiety and anxiety-related disorders are an effect of the long-term stress from these living conditions (Santiago et al., 2011). The negative and longer-lasting forms of anxiety will be the prime focus of this intervention.

Depression is a common comorbidity of anxiety (Lamers et al., 2011). Depression, or major depressive disorder, is defined as a mood disorder that involves a persistent feeling of sadness, loss of interest, and hopelessness (Centers for Disease Control and Prevention, 2019; Mayo Clinic, 2022a). Depression can be experienced as a single episode, a series of episodes, or on and off state for a person's entire life (Mayo Clinic, 2022b). According to health research data from the Florida Youth Tobacco Survey, a large number of adolescents reported feeling symptoms of depression (Florida Health Charts, 2023). Rates in Calhoun County, Florida were higher than the reported state average for the year 2022, and this county has reported a higher average of risk factors and adverse childhood experiences (ACEs) by middle and high schoolers than the Florida state average. Here are examples, collected from the years 2020-2022:

Category	Calhoun County, FL	FL Average, Same Yr
Mental illness within household	36.4%	30.5%

Physical abuse within household	12.1%	8.8%
Substance Abuse	32.1%	26.8%
Skipped School out of Concern for Safety	11.6%	10.0%
Experience 4+ ACEs	26.6%	21.7%
Felt Sad or Hopeless for 2 Consecutive Weeks and Stopped Usual Activities	39.0%	31.5%

(Florida Health Charts, 2023)

From the data, it is clear that adolescents within Calhoun County are experiencing a higher volume of stress, anxiety, unsafety, and ACEs compared to the Florida state average (Florida Health Charts, 2023). ACEs, adverse childhood experiences, are events in which a child is negatively impacted physically or emotionally by a form of abuse or maltreatment (Finkelhor, 2018). Examples of ACEs are physical abuse to the child from a parent, abuse between parents, having a family member incarcerated, and witnessing or participating in substance abuse (Centers for Disease Control and Prevention, 2020). There is a linkage between ACEs, anxiety, depression, and other major health threats, such as developing high-risk coping mechanisms such as substance abuse or violence (Finkelhor, 2018). It is our primary focus to create a program to educate, counsel, and empower middle and high school students attending public school in Calhoun County to decrease the prevalence of anxiety and depression symptoms and decrease the development of high-risk coping mechanisms linked with ACEs.

Target Audience

The program’s priority age group is children aged 11 through 18 and enrolled in grades 6 through 12 at public middle and high schools within the borders of Calhoun County, Florida, who have reported experiencing at least three adverse childhood experiences, symptoms of

anxiety, and/or symptoms of major depressive disorder. The participant size is expected to be 30 to 40 children at each location, dependent on the level of risk, to be determined from the utilized assessments. The intervention team will be comprised of current and previous middle and high school teachers and guidance counselors employed by the Calhoun County school board, under the supervision of and collaboration with health education specialists and/or general child psychologists from the Area Health Education Center (AHEC) of Calhoun County or respective AHEC in which Calhoun County is a catchment area. The utilization of current and previous teachers serves the purpose of creating familiarity and possible mentorship between students and faculty that can extend into the regular school environment. Students will be likely to listen to advice from a role model.

Project Activities

The program will resemble a model of group therapy and mentorship within separate groups of middle school and high school student participants. Groups will meet twice each week at the end of the school day in an appropriately-sized common area that fosters communication and room for activity, such as the school gymnasium, cafeteria, or outdoor field. The school environment will be the primary host environment in order to alleviate the pressures of transportation after school and concern for safety regarding traveling through unsafe neighborhoods. There will be opportunities for group sessions to take place away from the host environment, such as on a nature trail, off-campus park in a protected neighborhood, or by a protected pond or lake, in which transportation will be provided by the adult facilitators. The reason for this change in environment is so participants can be given opportunities to participate in physical activity as well as identify locations for further enrichment that are more protected

than their household environment or neighborhood if they feel their neighborhood is not a safe place for recreation.

The goal of each session is to share out feelings and experiences and give advice to other participants to create a sense of belonging to a group. Adult facilitators, being the school teachers and health education specialists, will provoke this conversation through motivational interviewing and leading of team-building activities. The style of activities presented is subject to the desire of the group with each meeting in order to create a comfortable setting for participants and allows them to make democratic decisions. Student participants can elect to lead an activity, game, or discussion. Student participants can choose to identify an issue or goal that they can work toward, such as finding ways to relieve anxiety, learning how to study efficiently, creating a closer bond with a parent, and others. The adult facilitators will act as mentors in this process and talk more with the students during each session to help them achieve their goals by the end of the program. There will always be an opportunity for a student to elect to speak with a counselor individually and in complete privacy.

Since this program is addressing the effects of ACEs, a trauma-informed approach will be utilized. There are six major principles for a trauma-informed approach: Safety, Trustworthiness, Peer Support, Collaboration, Empowerment, and Culture (Substance Abuse and Mental Health Services Administration, 2014). We will prioritize Peer Support, Collaboration, and Empowerment as three of our principles, to be discussed shortly.

Capacity

To maintain the program's quality of service and updated trauma-informed approach methods, this organization will partner with the Big Bend Area Health Education Center, North West Florida Health Network (NWF Health Network), the Monique Burr Foundation - Teen

Safety Matters program, and Life Management Center - Calhoun County Facility. Big Bend Area Health Education Center offers resources centered around health education and disease prevention, including tobacco cessation. The NWF Health Network specializes in social work and interventions regarding child protection and substance abuse. The Teen Safety Matters program, by the Monique Burr Foundation, offers a curriculum for middle- and high-school-aged children to prepare for identifying unsafe and abusive situations and trafficking. The Life Management Center - Calhoun County Facility is a rehabilitation facility offering services to all ages. Specialists from each organization receiving at least 4 years of post-secondary education holding the titles of Health Education Specialist, Licensed Clinical Social Worker, Clinical Child Psychologist, etc. will bring forth their expertise as part of the intervention. All assistants in this program will need to provide a certificate of completion for trauma-informed coursework through their home organization as well as take the Teen Safety Matters program by the Monique Burr Foundation and other programs to understand the information that will be provided to the student participants upon implementation. Receiving grant funds will assist with the assignment and compensation of Project Manager and Lead Health Education Specialist/Lead Counselor positions to facilitate partnership between organizations and assign leadership roles to other adult participants. Funds will also directly go toward providing transportation, food, and supplies for activities.

Project Goals

The organization's goal is to create social rapport and increase the knowledge of ACEs and healthful coping strategies. In effect, we expect to decrease the prevalence of anxiety and depression symptoms among middle and high-school-aged children who are living in ACE-concentrated neighborhoods. We are pursuing the necessary funding to support

trauma-based care and the facilitation of group therapy activities and safe field trips for participants who are interested in forming lasting healthy relationships with others in their cohort to mitigate feelings of loneliness and perceived inability to self-express with the intention of growing these relationships post-program. Achievement of goals will be assessed via a pre-and post-program interview in which participants will speak on home living, feelings of self-efficacy, friendships, perceived ability to thrive following graduation, and other details.

Public Health Framework

A public health framework will be utilized to maximize the program's reach. Utilizing a public health framework means addressing primary, secondary, and tertiary levels of prevention to protect against disease, disorder, or chronic health conditions (Philadelphia ACE Project, 2016). Many of the children in Calhoun County, FL, have surpassed the primary stage, as they have already been exposed to at least one ACE, however, addressing secondary and tertiary levels is still very appropriate for this program as students can navigate their past and future experiences with ACEs and build resilience. Our organization is focused on building self-efficacy within children and providing them with resources to decrease the traumatic effect of adverse childhood experiences that are out of their control. With our organization's program, we can build resilience and healing within children by strengthening friendships and providing guidance through mentorship. Public health is not only focused on the prevention of disease, moreover, it is also focused on combatting health disparity and the social determinants of health, such as socioeconomic status, level of education, and social support network (Healthy People 2030, 2022). There is a correlation between low-level social determinants of health and ACEs (Bruner, 2017). Approximately 20 percent of residents living in Calhoun County, FL, reported living at or below the poverty level in 2021 (U.S. Census Bureau, n.d.). Our organization plans to

focus on children in this county using the public health framework because although it is not possible to change a family's income, it is possible to offer emotional and educational mentorship, guidance, resilience training, mental health resources, and other intangible tools to propel children forward to lead lives without adverse experiences.

Levels of the Social Ecological Model

The Social Ecological Model (SEM) published by the CDC will be utilized to introduce the areas our organization wishes to affect through the proposed intervention. The CDC's model of SEM (2022) contains 4 levels: Individual, Relationship, Community, and Society. Our proposed intervention will most closely address the relationship and individual levels of this model. The relationship level of SEM involves interpersonal experiences that influence behavior, risk of abuse, or perceived norms (CDC, 2022). Our proposed program will address gaps in interpersonal relationships with regard to building companionship. This will be done through the bi-weekly group activities and bonding time to build peer support. There is also the option for students to work on a yearlong project with their teacher of choice, in which the project is related to their personal development and the teacher serves as an older peer or mentor. Peer support will be useful in resilience building (Chinman et al., 2014). Learning from others who have experienced similar events or share the same internal struggle can change the feeling of loneliness in participants. Strengthening rapport and camaraderie directly affects the individual level of SEM which is concerned with intrapersonal experiences, thoughts, and emotions (CDC, 2022). The individual level of SEM is addressed within our program through individuals learning how their life at home and within their neighborhoods has affected them and shaped them into who they are today, but they do not predict who they will become tomorrow. There will be time

for self-reflective activities, such as journaling, creating a road map for their individual goal, and meditation.

Trauma-Informed Principles

Three of the six trauma-informed principles identified by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) will be emphasized in this program. Firstly, the principle of peer support will be the most heavily capitalized principle, as the primary method of communication through this program takes place in the style of group therapy and learning from other participants. Peer support will be incorporated into the program via group discussion moderated by a health professional, similar to a focus group or group therapy intervention. There will also be peer-led games that allow participants to engage in safe and playful activities with one another to appeal to the child demographic of student participants.

Collaboration is a second trauma-informed principle that will be utilized within the program. This principle lies in the foundation of healing coming from the sharing of power, rather than one holding power over another (SAMHSA, 2014). This program involves health professionals and clinical psychologists as health figures and children as participants. It is very easy for this difference in age and life experience to appear as though there is a power imbalance in the program. There are also power imbalances between people of different professions, such as school teachers and licensed therapists. However, all facilitators will be trained to understand that all persons are equally important to the trauma healing and relationship-building process. The child participants carry valuable experiences that both the peers and adults listening can learn from. Children in this style of program have most likely been disrespected time and time again, therefore it is important to empower them to share and build resilience.

Empowerment, voice, and choice is the third principle to be directly emphasized in this intervention. This involves recognizing individuals' strengths and building upon them to increase resilience, and trauma unifies all who are involved within a supporting organization such as this program (SAMHSA, 2014). Empowerment of others will be one of the keywords utilized in every facilitator's role and included in the mission statement for both children and adults involved in this program. Health professionals will be trained on how to facilitate recovery in children participants rather than control it.

Project Outcomes

Overall, this program aims to decrease the symptoms of anxiety and depression reported by student participants experiencing trauma in Calhoun County. This goal can be achieved in multiple ways. Our program focuses on changing the amount of knowledge, interaction, and skillset that each participant holds in order to build resilience and eliminate feelings of loneliness and unsafety. We plan to utilize group activities and discussions to expand the knowledge of traumatic experiences and how trauma and lived experiences influence anxiety, depression, and feelings of loneliness. In addition to this, we plan to educate participants on resilience-building strategies. Educators who will act as facilitators in this program will learn about adverse childhood experiences that their students are facing at home. Through the self-made yearlong plans of mentorship with students and a selected teacher, the student will learn to develop a trusting relationship with an adult who has access to resilience-building resources outside of what the program offers.

Evaluation Plan

Our project outcomes are to decrease the rates of the following categories from Calhoun County's Florida Health Charts: [Middle and high school students] *participate in substance*

abuse, skip school out of concern for safety, and felt sad or hopeless for 2 consecutive weeks and stopped usual activities. Another aim of our project is to mitigate feelings of loneliness or abandonment among students and acquaint them with peers over facilitated discussion and activities. A third aim of the program is to increase knowledge of resilience-building strategies. These outcomes will be assessed via a pre-and post-intervention assessment as well as pre-and post-program interviews. The Brief Patient Health Questionnaire (Brief PHQ) assessment will be utilized for this program before it commences and after completion. Brief PHQ screens for symptoms of depression, anxiety, environmental stressors, physical abuse, and the impact on socialization, and is often administered by pediatricians or other medical offices (Spitzer et al., n.d.). Scores at both pre-and post-intervention will be compared to track the effectiveness of the program in terms of relieving internal pressure such as anxiety, depression, and loneliness. The Early Warning Systems (EWS) assessment is another assessment that can be utilized to formulate the participant roster. EWS screens for projected graduation rates based on factors related to ACEs and statistics recorded from Florida Health Charts, such as *substance abuse* (U.S. Department of Education, 2016). This assessment is beneficial to the program to find students that are in need of motivation or intervention before it is too late to graduate.

We plan to measure participants' internal feelings of loneliness along with symptoms of anxiety and depression caused by concern for their safety. Semi-structured interviews will be conducted before and after the intervention to capture emotions about the project and its impact on lifestyle that may not be captured on the mental health assessments. The rapport built within the program is expected to make participants more comfortable with sharing out the effectiveness of activities and discussions with others. Staff will be taking notes during discussions to assess changes in individual behaviors and attitudes.

Staff Qualifications

This organization is centered around a trauma-informed approach to health education. Each staff member involved will need to attend at least 4 years of post-secondary education and training in trauma-informed principles, provided by our organization. Teachers from the participating schools will have to meet their school's requirement of education, typically 4 years, and attend our organization's trauma-informed approaches course. Staff from our center will need a Bachelor's degree and hold the title of either: Licensed Clinical Social Worker, Certified Health Education Specialist, or Community Health Partner. Staff from other organizations or professional offices must hold the title of or equivalent to Licensed Child Psychologist.

Sustainability

This program is expected to remain effective beyond the term of the funding. This is because this intervention will be deeply ingrained in the socialization and building of the school community since all participants will see each other during normal school hours, students and staff included. Trauma-informed principles can potentially be disseminated within each participating school since all participants will be able to share their experiences and moments of learning with other students and staff. Teachers and other staff from the participating schools are utilized in this intervention for the purpose of building rapport with individuals whom they see every day and can provide mentorship to. The other staff, provided by our organization and other partners, will be able to do an annual follow-up analysis using the same assessment tools utilized during the intervention. Grant funds will mainly go toward an additional stipend for community professionals who opt to participate as well as for the funding of intervention activities, such as food, field trips, and project supplies.

Communication

We will hold information sessions to present the program to health professionals and school officials within the school district via Zoom meeting online, which will be emailed a link to participate at no cost. Information sessions for parents will be held both via Zoom or in person at the participating schools. Meeting time and location will be disseminated via flyers given to students as well as messages sent out by principals in their normal method of contact. The program will not be promoted as a way of blaming parents and caregivers for trauma, rather the information will be tailored with the tone of empowering students at risk of not graduating or at risk of unhealthy behaviors in adult life. No social media will be used at this time to protect the identity of the child participants.

Use of Funds

The funding provided for this program will be divided in a number of ways. Funds will go toward the salaries of 3 newly-hired part-time staff (\$30,000/each), training for trauma-informed approaches, a stipend or salary for up to 20 teachers and community health workers for their time (\$1,000/each), the administering of 2 purchased assessments (\$500/each), and supplies for program activities, including food items and transportation (\$1000/month). The total requested funding for this program is \$123,000.00.

Timeline

Project activities will begin in Spring 2023, in which recruitment for teachers, health professionals, and health education specialists will commence. Roles and training will be defined and start in June of 2023 or two months prior to the beginning of the school year for students. Preliminary assessments for students will take place during the course registration period and the first week of classes, August-September 2023. Students will be categorized based on priority

level and the highest priority group will be notified of the program by early October 2023.

Meetings as a large group will take place twice a week after the school day through the end of June 2024, with individual teachers and participants meeting on a more flexible schedule to work on mentorship and the participant's yearlong plan. Post-assessments will be administered throughout June and July 2024. To assess program sustainability, follow-up sessions between teachers, health education specialists, and participants will maintain monthly for the 12 months following post-assessment.

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