



THE HINDA INSTITUTE
presents

NAVIGATING TO HEALTH: DIFFUSING & MANAGING TRAUMA

Wednesday, April 15, 2026

Presented by:

Dr. Stephanie Kutzen, LCSW & Mr. William Bouton

Upcoming Course Dates: April 22nd & 29th, May 6th & 13th

Seminar Objectives:

- (1) To understand how trauma affects people over the life stages**
- (2) To recognize trauma responses vs. behavioral problems**
- (3) To learn and apply trauma diffusion strategies with increased motivation**
- (4) To increase grounding and emotional regulation across the lifespan**
- (5) To support resilience promoting post traumatic growth**



**“Trauma is not
only what
happens to you,
but what happens
inside you.”**



I. Understanding Reactions to Trauma ARE NORMAL

A. Trauma experience is an emotional shock defined by The Three E's



B. Defining Trauma

**Impacts of Trauma, Fight, Flight, Freeze,
Recognizing Impacts of Trauma, Trauma
Informed Assessment Questions**



Defining Trauma: 3 E's

“Individual trauma results from an **EVENT**, series of events, or set of circumstances that is **EXPERIENCED** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **EFFECTS** on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

(SAMHSA, Concept and Guidance for a Trauma-Informed Approach, 2014)



Impacts of Trauma

Physical

- Hyperarousal and hypervigilance
- Sleep disturbances
- Physical health issues

Psychological

- PTSD, depression, and anxiety
- Dissociation
- Emotional dysregulation
- PICS

Social

- Isolation
- Stigmatization
- Relationship and trust issues



Fight, Flight, or Freeze: Trauma Responses

01

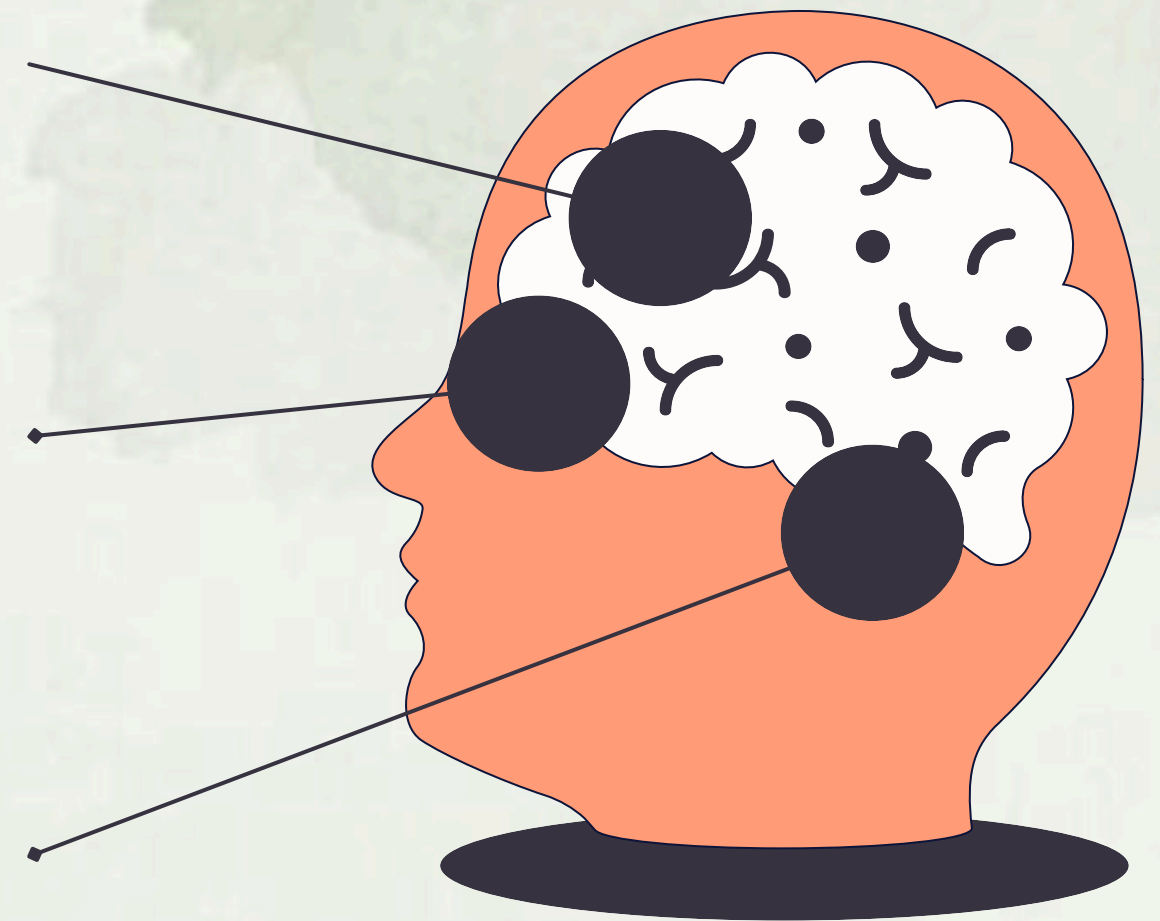
Brain signals the body to respond to a perceived threat and the body prepares to fight, flight, or freeze to protect itself.

02

Ordinarily, when the threat is gone, the body returns to “baseline.”

03

If an ongoing threat is perceived, the body doesn't return to baseline, remains prepared for threat. The switch is stuck in the “on” position resulting in a trauma response.



Recognizing the Impacts of Trauma

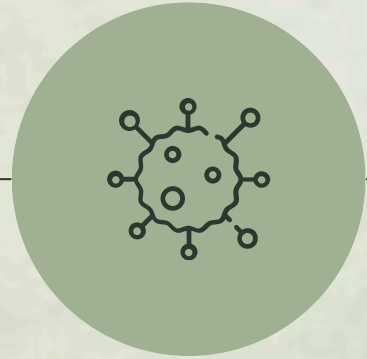


Initial Trauma-Informed Assessment Questions



Mood

- Low to high
- 1-10 scale
- Suicidality
- Hyper-alert



Behavior

- Isolating
- Impulsive
- Aggression
- Avoidance
- Self-harming
- Thrill-seeking
- Feeling threatened



Thinking

- Flashbacks
- Easily startled
- Hypervigilant
- Poor concentration
- Preoccupied
- Feeling stuck
- Confused



Physical

- Headache
- Insomnia
- Vision abnormalities
- Muscle tension
- Dizziness
- Balance issues



II. Trauma Across the Life Stages

Key Points: For children: dependent on developmental stage, brain maturity, and available supports/attachments

“Children do not just grow out of trauma buried somewhere – it should never be dismissed.”

Dr. Richard James and Dr. Burl Gilliland



A. Early Childhood (0–5 years)

- 1. Early brain architecture disrupted**
- 2. Difficulty forming secure attachments to caregivers**
- 3. Delays in language, emotional regulation, social skills**
- 4. Heightened fear, irritability, sleep problems**

**“Trauma becomes embedded into body,
not just the memory”**



B. Middle Childhood (6–12 years)

- 1. Attention, memory, school performance problems**
- 2. Increasing anxiety, aggression, withdrawal**
- 3. Low self-esteem**
- 4. Limited trust in adults & peers**

“I’m bad vs. something bad is happening to me”

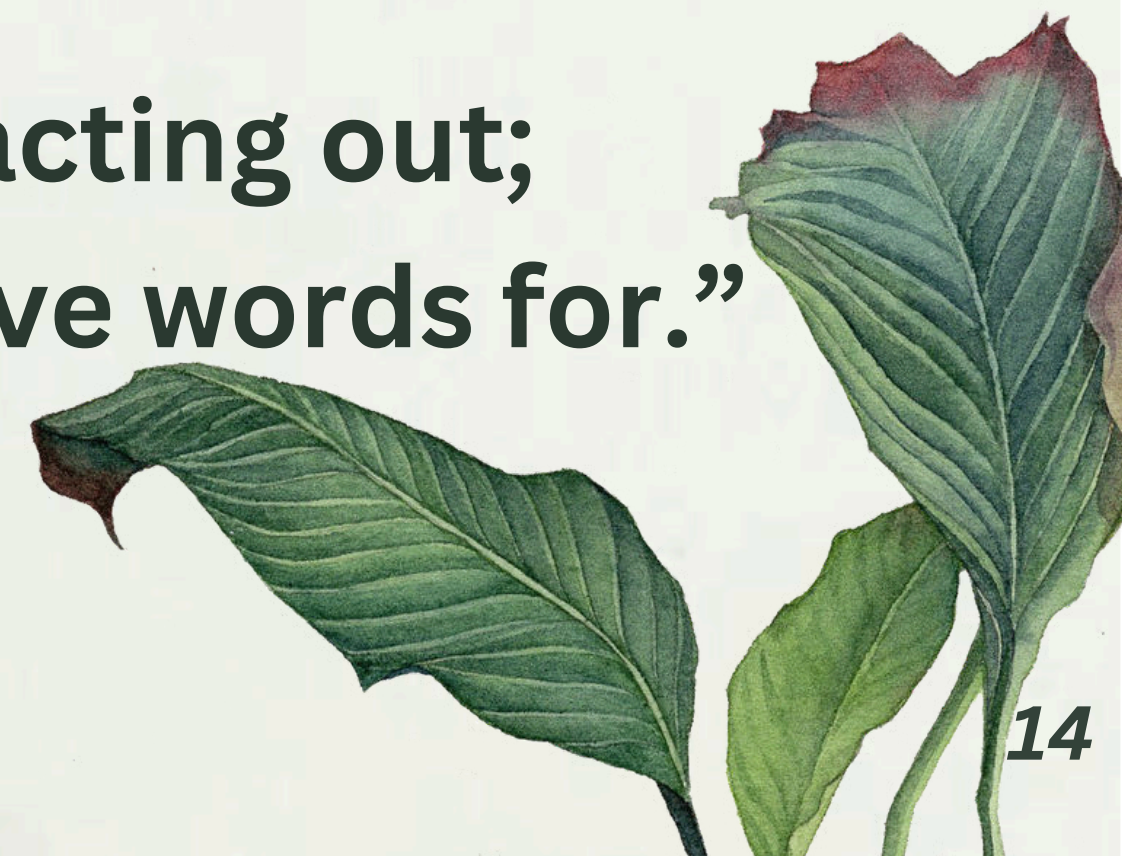


C. Adolescence (13–18 years)

- 1. Identity and risk taking**
- 2. Marked by risky behaviors: alcohol, drugs, unprotected sex, driving aggression**
- 3. Difficulty forming identity and stable relationships**
- 4. Trauma experience becomes coping & avoidance**

“A teenager carrying trauma isn’t just acting out; they are expressing pain they don’t yet have words for.”

— Dr. Stephanie Kutzen



D. Early Adulthood (18–40 years)

- 1. Relationships & Independence**
- 2. Difficulty with boundaries, intimacy & trust**
- 3. Repetition of unhealthy relationship patterns**
- 4. Disappointment reaching career goals**
- 5. Possible emergence of PTSD and/or PICS**

“Trauma can strongly shape life choices and attachment patterns.”



E. Older Adulthood (65+ years)

- 1. Reflection & Loss**
- 2. Increased vulnerability to isolation & depression**
- 3. Worsened by grief, loss of independence, loved ones**
- 4. Past trauma may re-emerge with increased cognitive decline, losses of physical abilities**
- 5. Possible to have resilience and post-traumatic growth**



“Trauma can either intensify distress or deepen with wisdom depending on processing and seeking support.”



III. Interactive Breakout Rooms

**Topic: Discussion of trauma over the life stages:
relevant or beside the point?**



IV. Breakout Rooms Feedback from Participants & Facilitators



V. Summary and Introduction of Seminar II

Wednesday, April 22nd at 7:00 pm

- Exploring difference between traumatic behavior & general behavior
- Discussion of results of seminar questionnaire

