



Introduction to Responsive Mindfulness Theory

A Model for Trauma-Informed Practices

An Executive Summary Report

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Introduction

The COVID-19 pandemic of 2020-2021 has been and continues to be traumatic for care providers, counselors, educators, families, parents, and students. For example, in the field of education, the pandemic plunged teachers and students into uncharted areas of teaching and learning in different ways. Research shows that people—including children—respond to trauma with a range of emotions including anger, anxiety, depression, and difficulty with regulating their emotions (NCTSN, 2011; Phelps & Sperry, 2020). The purpose of this Executive Summary report is to introduce and discuss our conceptual framework called Responsive Mindfulness Theory, which is a model for trauma informed practices. We organize the paper with background information about trauma and then we will explain the Responsive Mindfulness Theory.

Background

According to the literature, trauma is defined as when a person is overwhelmed by the stress of an event or events so much so that it stymies the person's ability to adapt to changes and can lead to detrimental emotions about life (Blaustein, 2013; Phelps & Sperry, 2020). Krupnik (2019) asserts that people are susceptible to trauma. Indicators of trauma include the force and duration of the stress of an event or events. The literature shows how the COVID-19 pandemic was and continues to be an example of a long-last event with multiple stressors—including anxiety about employment, food insecurity, health and well-being, and managing day-to-day life (Phelps & Sperry, 2020). The impact and effects of trauma can be long-lasting for people (Zhou, 2020). For example, Wang et al. (2020) found how trauma impacts mental health by exacerbating feelings of uncertainty that can negatively impact students' academic and social performance in school. Stress and trauma among children is also known as adverse childhood experiences or ACES. The Centers for Disease Control (CDC) 2020 data

suggested that more than 50 percent of children in the United States would experience ACES in relation to the COVID-19 pandemic (Atchison, Butler, & Damiano, 2020). It is important for care providers, counselors, and educators to be prepared to know how to be aware of and respond to the children and young people under their care.

Responsive Mindfulness Theory

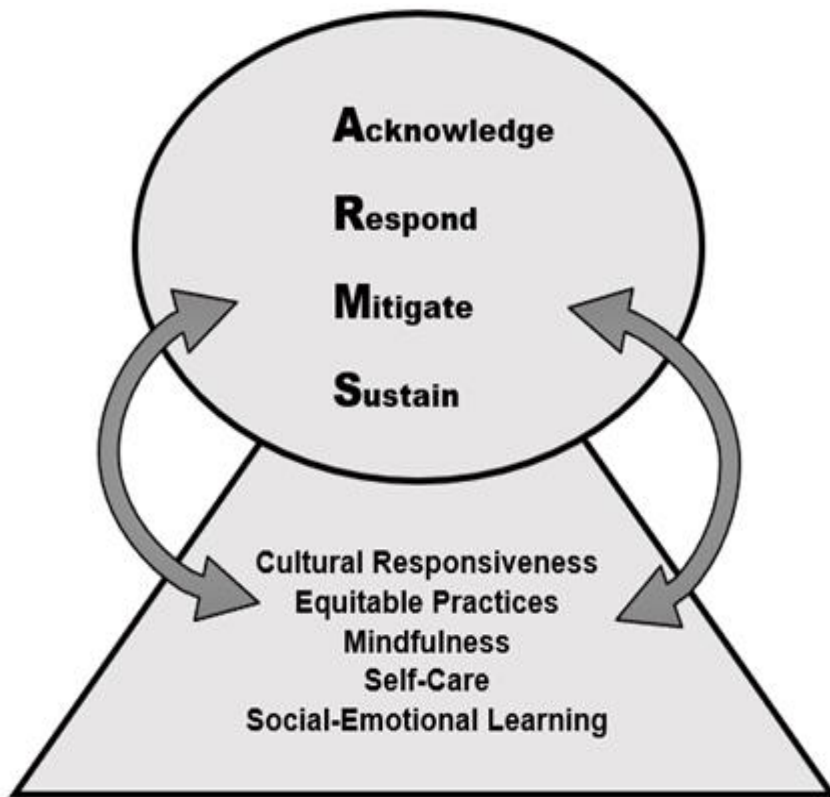
Responsive Mindfulness Theory (RMT) is a conceptual model that guides care providers, counselors, and educators to be responsive to children experiencing ACES and trauma. Our theory incorporates a four step process of support. We use the acronym ARMS to explain these steps. ARMS stands for: (1) acknowledging trauma, (2) responding to a learner's social-emotional needs in equitable ways, (3) mitigating the trauma with resources and social-emotional support, and (4) sustaining the response to the trauma. Another important feature of RMT is how ARMS is grounded in prosocial practices like cultural responsiveness, equity, mindfulness, and self-care to support children toward resiliency. Masten and Barnes (2018) explains that resiliency is the development of strategies to “successfully adapt to challenges that threaten the function, survival, or future development” of the person or people (p. 102). Pinderhughes et al. (2015) explains that one of the most damaging challenges related to trauma is the degradation of social linkages and supportive relationships. Care providers, counselors, and educators have the ability to effect positive changes in the environment in which children and their families are situated. Indeed, they can be a great source of encouragement and support for children and families while providing space for positive peer interactions and for the development of resiliency.

Building capacity within educational systems and among caregivers, counselors, parents, and educators to recognize and address indicators of trauma in children is essential to RMT. As stated earlier, Responsive Mindfulness Theory is grounded in the

notions of culturally responsiveness (Gay, 2010), equitable practices (Byker et al., 2021), mindfulness, self-care, and social-emotional learning (Byker, 2019). Figure 1 shows a graphic representation of the ARMS model of Responsiveness Mindfulness Theory.

Figure 1

Graphic Representation of the Responsive Mindfulness Theory (developed by Dr. Erik Jon Byker and Dr. K. Merri Davis



As illustrated in Figure 1, the first part of RMT is to acknowledge the trauma. As Phelps and Sperry (2020) explain, acknowledging trauma means not ignoring or denying that the trauma exists and is real. This can be especially important in this post COVID-19 pandemic where historical systems of inequalities often impact children of color living and families who are in a lower socio-economic status (SES). We believe that the

development of awareness is a key way to acknowledge trauma. Next, responding is the second step in ARMS. Responding means not only acknowledging trauma, but providing social-emotional support to children. This support includes being culturally responsive and connected to the cultural background and home language of the person receiving care.

Third, ARMS includes mitigating trauma with resources and social-emotional support. The National Child Traumatic Stress Network (NCTSN) Learning Center (<https://www.nctsn.org/>) has a comprehensive list of strategies for connecting evidence-based practices to reduce trauma. We recommend the NCTSN strategies, as well as, the programs and strategies provided by the Center for Well-Being and Resilience (<https://www.cwbr.center/>) in beginning the journey to mitigate trauma with resources and social-emotional support. Last, the fourth feature of ARMS is sustaining. To effectively implement trauma-informed practices, RMT needs to be sustained through the commitment and a long-term version of caregivers, counselors, families, and educators. The Center for Disease Control recommend that trauma-informed practices can be sustained through: (1) strengthening economic supports for families; (2) reinforcement of social norms—including culturally responsive norms—that protects against bullying and adversity; (3) teach mindfulness and social-emotional strategies to handle stress, manage emotions, and tackle everyday challenges; and (4) through connecting youth to caring adults and activities.

In sum, we believe that Responsive Mindfulness Theory is a model for equipping caregivers, counselors, families, and educators with a conceptual framework for trauma-informed practice. The RMT features of ARMS will help to embrace and support children and young people through trauma and towards resilience, healing, and well-being.

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