

UNDERSTANDING TRAUMA, RESILIENCE, AND HEALING

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WHAT HAPPENED TO YOU?

CONVERSATIONS ON TRAUMA,
RESILIENCE, AND HEALING



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WHAT HAPPENED TO YOU?

- By asking this question, rather than 'What's wrong with you?', we can look at a person NOT from a place of judgement, but from a place of trying to understand what went on before that is causing the problem behaviour.
- The experiences you have as you are growing up, both good and bad, shape the biology of your brain, and that sets you up for the way that you see the world, the way you process experience, the way you interact with other people, and the way that you manage the physiology of your body.

WHAT IS TRAUMA?

- **Event**, or series of events, or set of circumstances.
- **Experienced** as physically or emotionally harmful or life threatening.
- Adverse **effects** on functioning and mental, physical, social, emotional or spiritual well-being.

THE NATURE OF TRAUMA

- Capital 'T' trauma, such as major violence, rape, natural disaster, etc.
- Neglect, e.g. fragmented, patternless caregiving.
- Marginalisation – being excluded, minimised or shamed.
- People can be retraumatised, even by helping professionals, institutions or systems, e.g. child welfare, educational, mental health, juvenile justice.

EXAMPLES OF ADVERSE EFFECTS

- Inability to cope with normal stresses and strains of everyday life.
- Inability to form & maintain relationships.
- To manage cognitive processes, such as memory, attention and thinking.
- To control the expression of emotions.
- To regulate behaviour.
- Hypervigilance, numbing or avoidance.

DISSOCIATIVE RESPONSE

- Used when there is inescapable, unavoidable distress and pain.
- Since you cannot fight or flee, you disconnect from the threat of the outer world. You psychologically flee into your inner world.
- Your sense of time distorts.
- You may have a sensation of watching yourself like in a movie.
- Your heart rate drops, peripheral blood flow constricts.
- Your brain releases endogenous opioids to reduce pain.

FOUR MAIN SYMPTOM CLUSTERS OF PTSD

- 'Intrusive' symptoms, include recurring, unwanted images and thoughts of the traumatic event.
- 'Avoidant' symptoms, an attempt to regain control over what feels like the uncontrollability of the traumatic experience, e.g. avoid intimacy in a relationship.
- Changes in mood and thinking, e.g. sadness, lack of pleasure, guilt, shame, emotional exhaustion.
- Alteration in arousal and reactivity, e.g. anxiety, hypervigilance, increased startle response, sleep problems.

ADVERSE CHILDHOOD EXPERIENCES (ACES)

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ADVERSE CHILDHOOD EXPERIENCES HAVE BEEN LINKED TO:



ADVERSE CHILDHOOD EXPERIENCES (ACES)

- 'With a so-called ACE score of six, experiencing any six of the ten categories studied, that person was 4,600% more likely to become an intravenous drug user than a person who had experienced none of those ten categories.
- The same ACE score of six produces a likelihood of attempting suicide that is between 3,100 and 5,000% greater than the likelihood of suicide attempts in someone with none of those life experiences.'

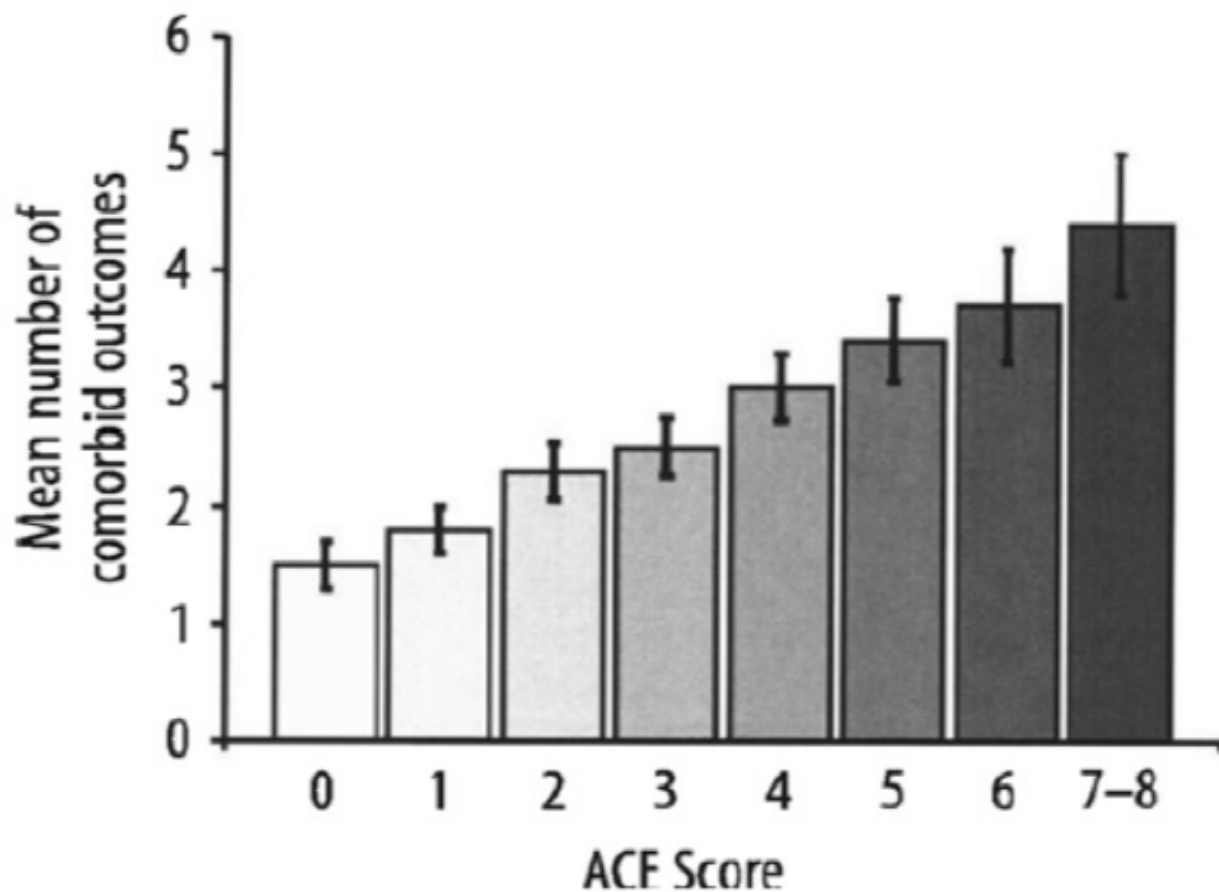


Fig. 1 The mean number of comorbid outcomes in the study sample was 2.1 (range: 0–14); means are adjusted for age, sex, race, and educational attainment. The trend in the means is significant ($P < 0.0001$); vertical error bars represent 95 % confidence intervals

COLONISATION AND TRAUMA



COLONISATION AND TRAUMA

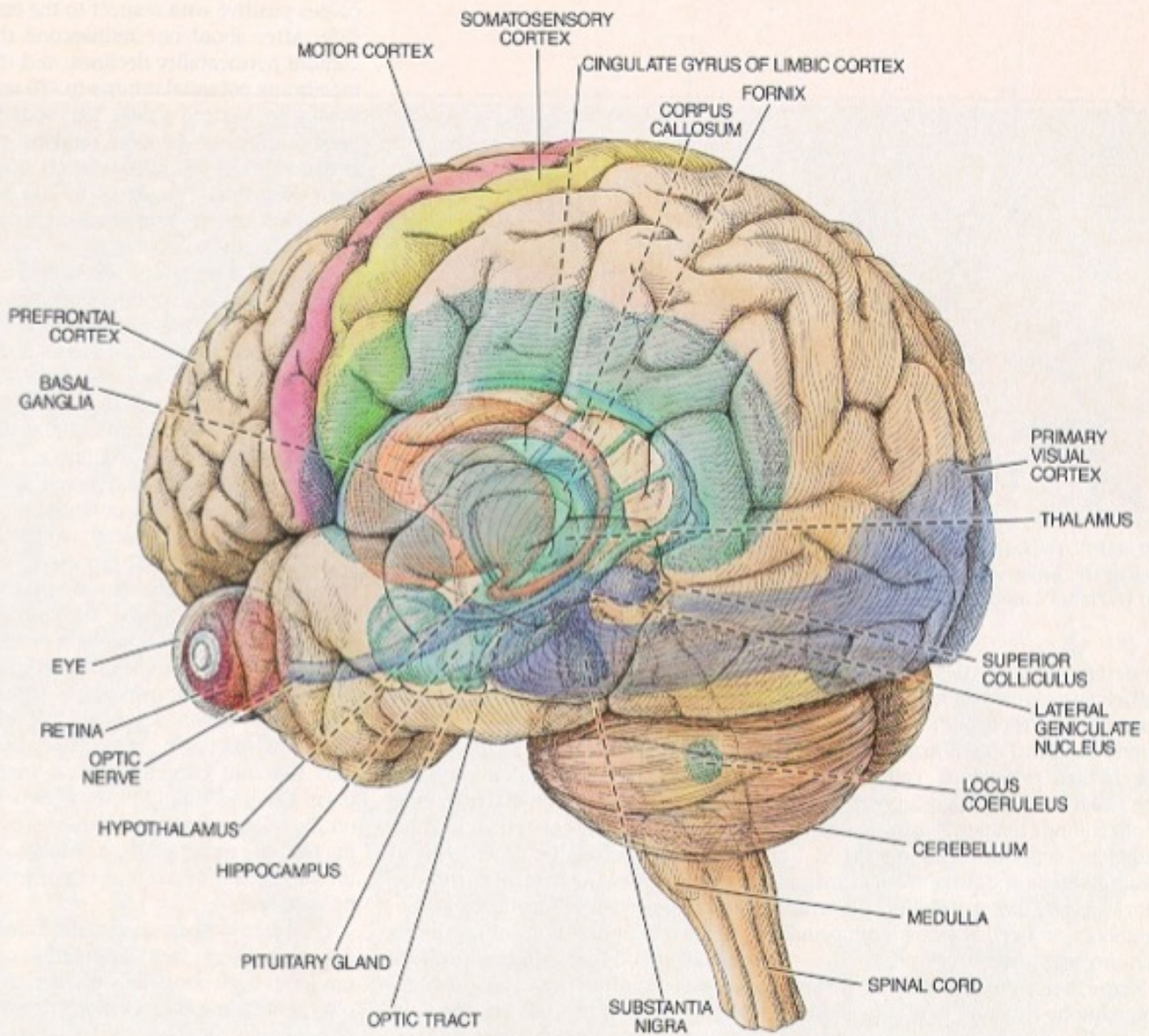
- Starvation, violence, disease, abduction, exploitation, taking of land, and destruction of culture.
- 1905 Aborigines Act: coercive control and taking of children.
- Trauma passed down generations: transgenerational trauma.

EXPRESSIONS OF TRANSGENERATIONAL TRAUMA

- Adults who feel inadequate in their day-to-day functioning.
- The poor physical and psychological health and much lower life expectancy.
- The escalation in addiction to alcohol and other substances which are used as a coping mechanism.
- The increase in domestic violence across generations.
- The self-harm, suicide and risk-taking that occurs when people can find no meaning to their existence, and have no sense of purpose for their day-to-day activities.

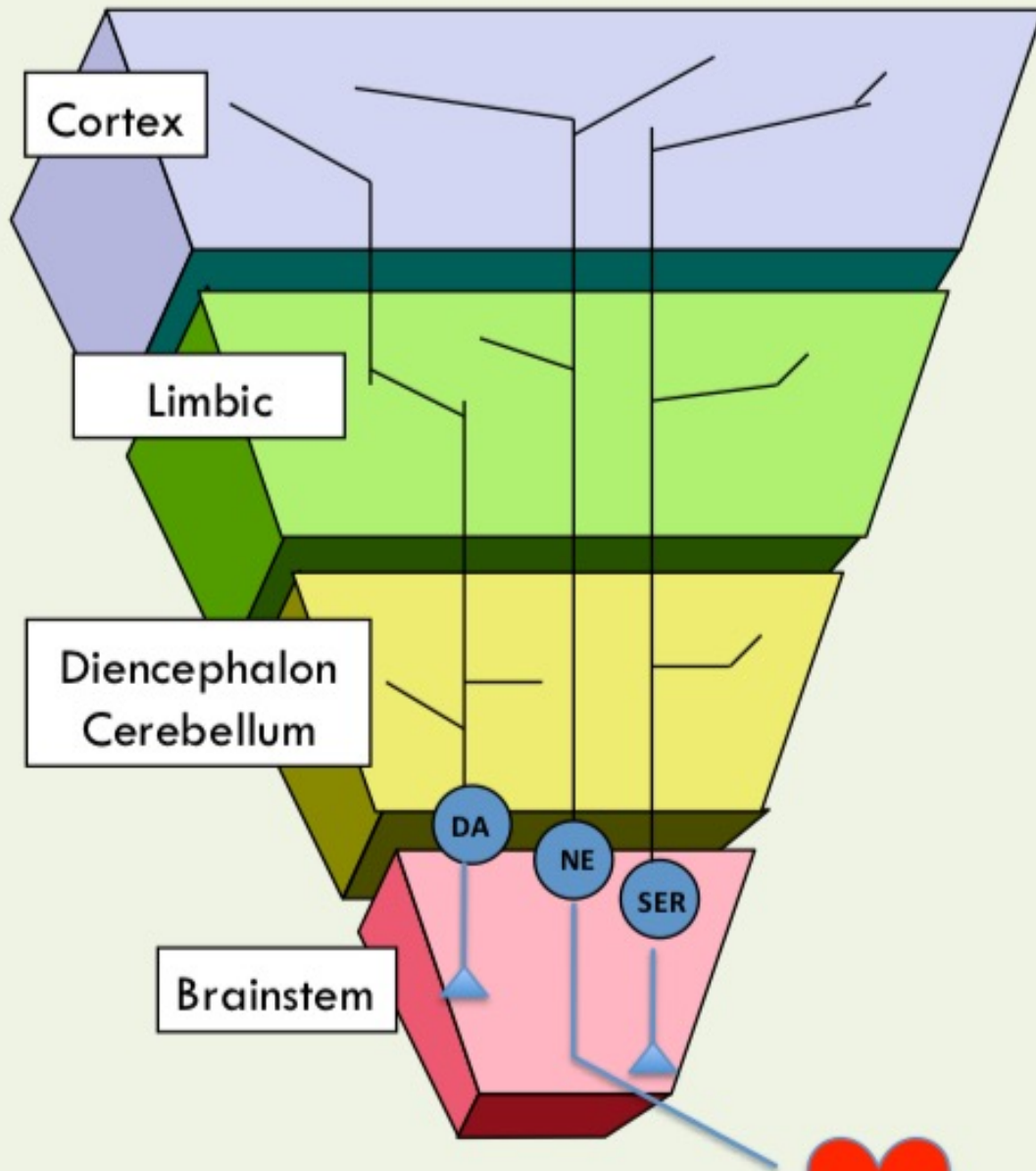
MAKING SENSE OF THE WORLD







Efferent Distribution of Primary Regulatory Networks



Abstract & Reflective Cognition

Concrete Cognition

Affiliation

Attachment/Reward

Sexual Behavior

Emotional Reactivity

Motor Regulation

Arousal

Appetite/Satiety

Sleep

Blood Pressure

Heart Rate

Body Temperature



ANS - body

Afferent Components: Modulation of Primary Regulatory Networks

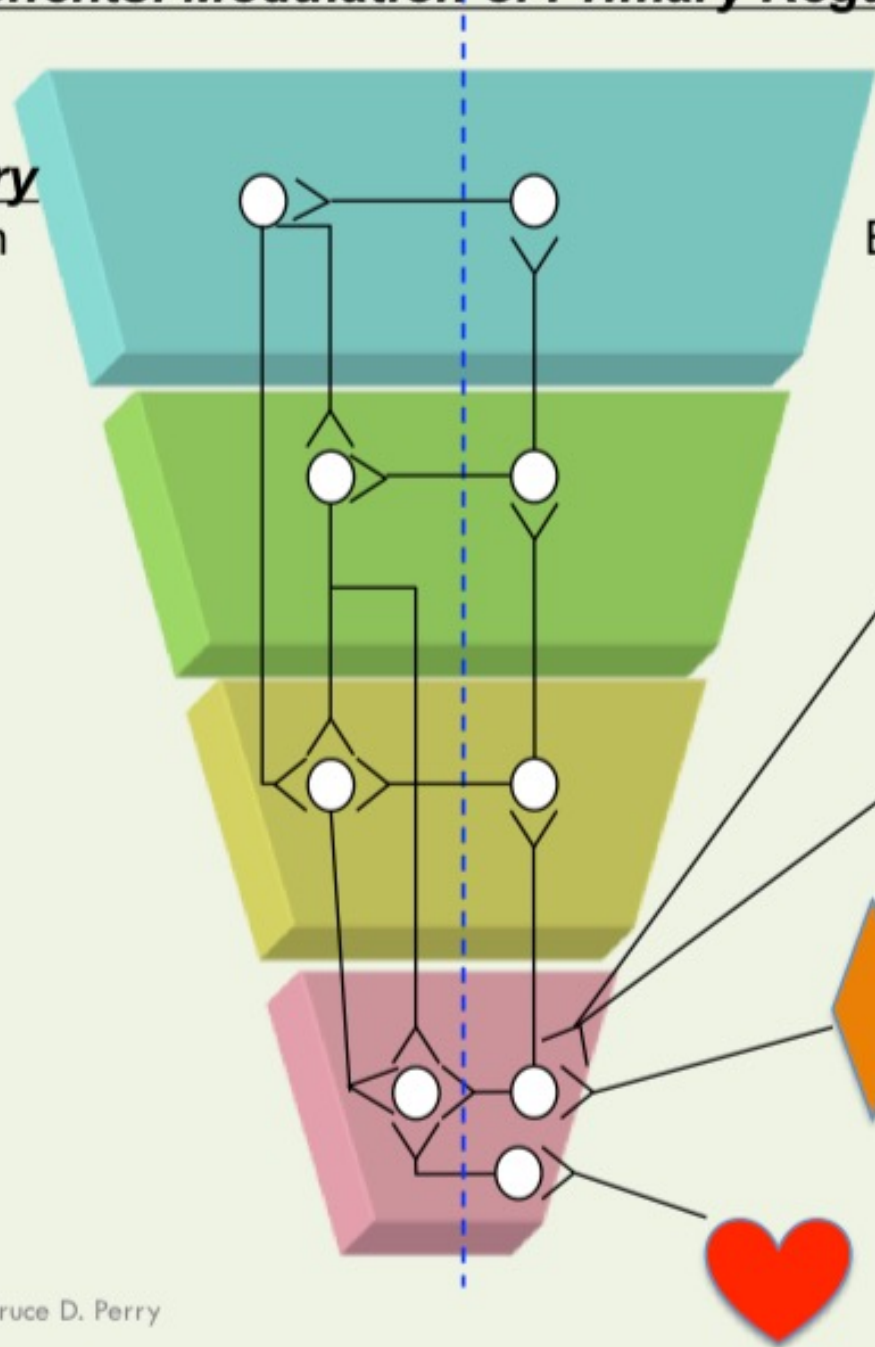
Cerebro-modulatory
Top-down modulation

Somatosensory
Bottom-up modulation

*Internal
World:*
Brain

*External
World:*
**Primary
Senses**

*Internal
World:*
Body



OUR BRAIN AND THE OUTSIDE WORLD

- All experience is processed from bottom up: our brain is organised to feel and act before we think.
- The incoming signal is matched against previously stored experiences.
- Lower part of the brain cannot tell time.
- The incoming signal is passed up to higher levels of the brain which integrate and process it further.
- Our life experiences shape the way key systems in our brain organise and function.
- The younger you are, the more you depend on your caregivers to help you interpret the world.
- Each of us creates a unique worldview shaped by our life's experiences.

EMOTIONAL TONE

- Parts of our brain are very sensitive to nonverbal relational cues.
- In our society, this is an under-appreciated aspect of the way that humans work.
- We tend to be a very verbal society, but the majority of communication is actually nonverbal.
- You can feel the emotional tone (vibration) of an environment.

BALANCE & REGULATION

- **Balance** is the core of health. Body systems monitor our body and the outside world.
- Stress is what occurs when a demand or challenge takes us out of balance.
- Following 'bad' stress, we become dysregulated and feel discomfort or distress.
- When we get back in balance & relieve distress our brain's reward networks are activated.
- A severely or chronically dysregulated stress-response system can make us hyper-reactive to future stressors.

Stress

Unpredictable

Severe

Prolonged

Vulnerability

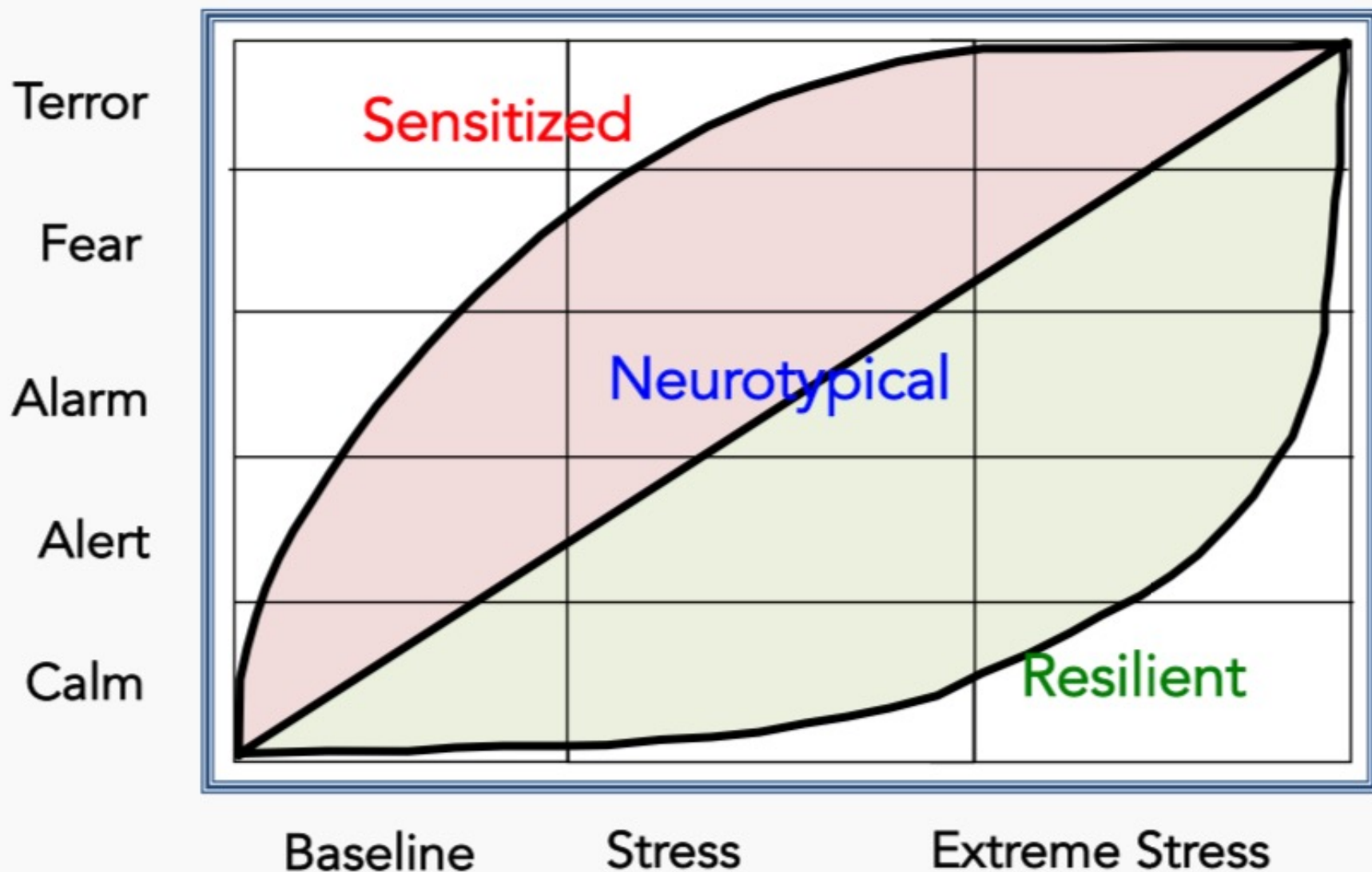
Predictable

Moderate

Controlled

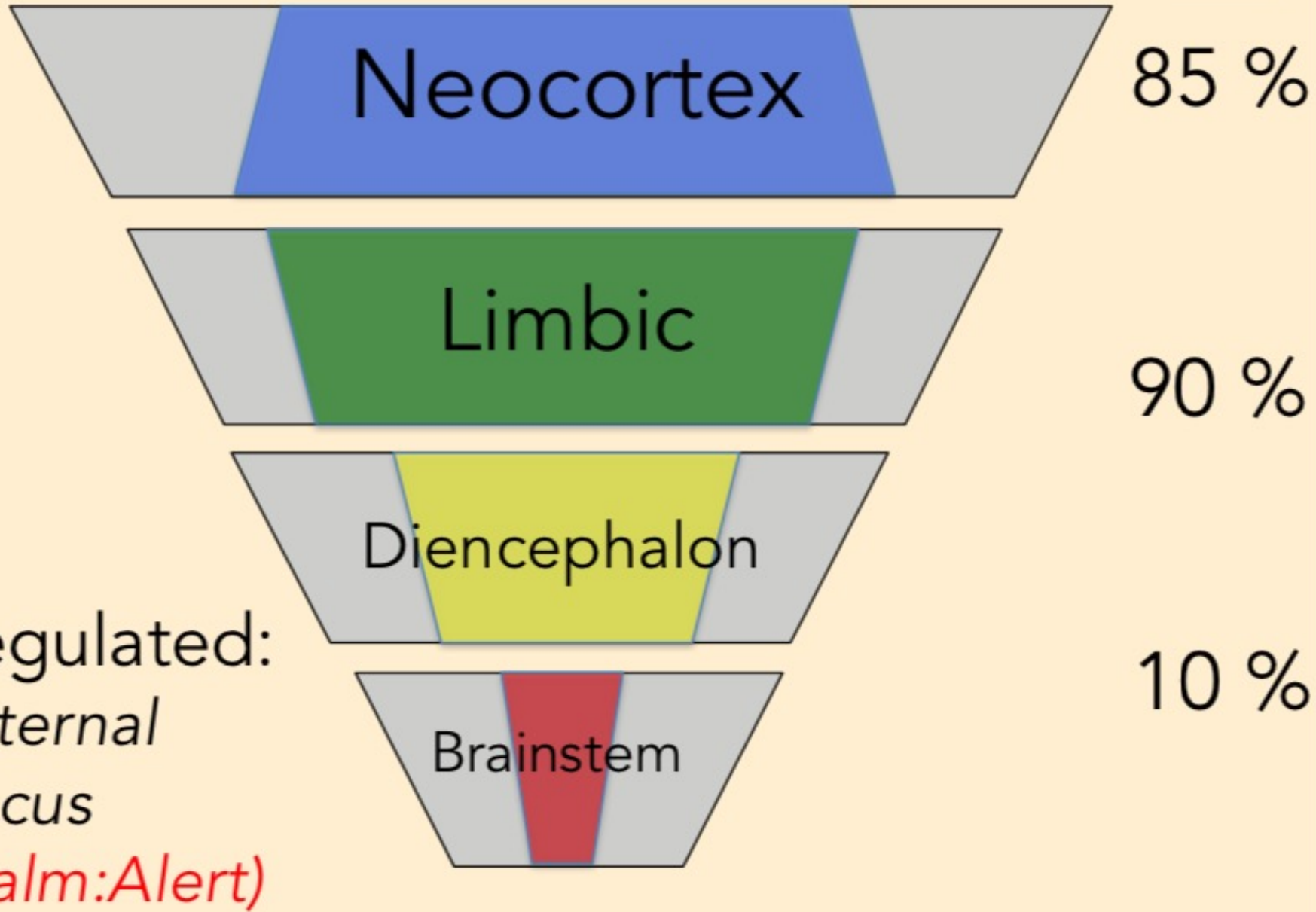
Resilience

Differential "State" Reactivity

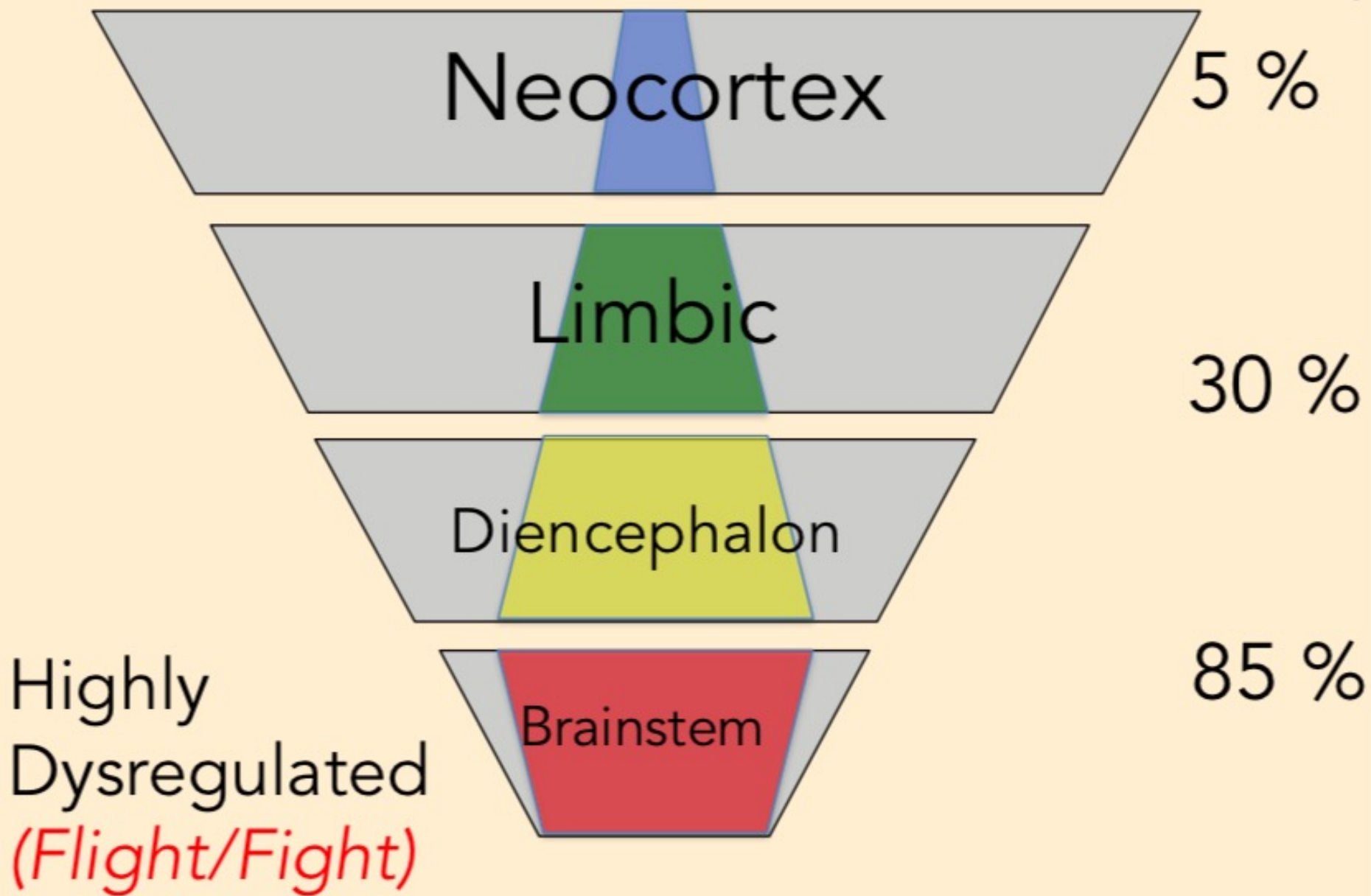


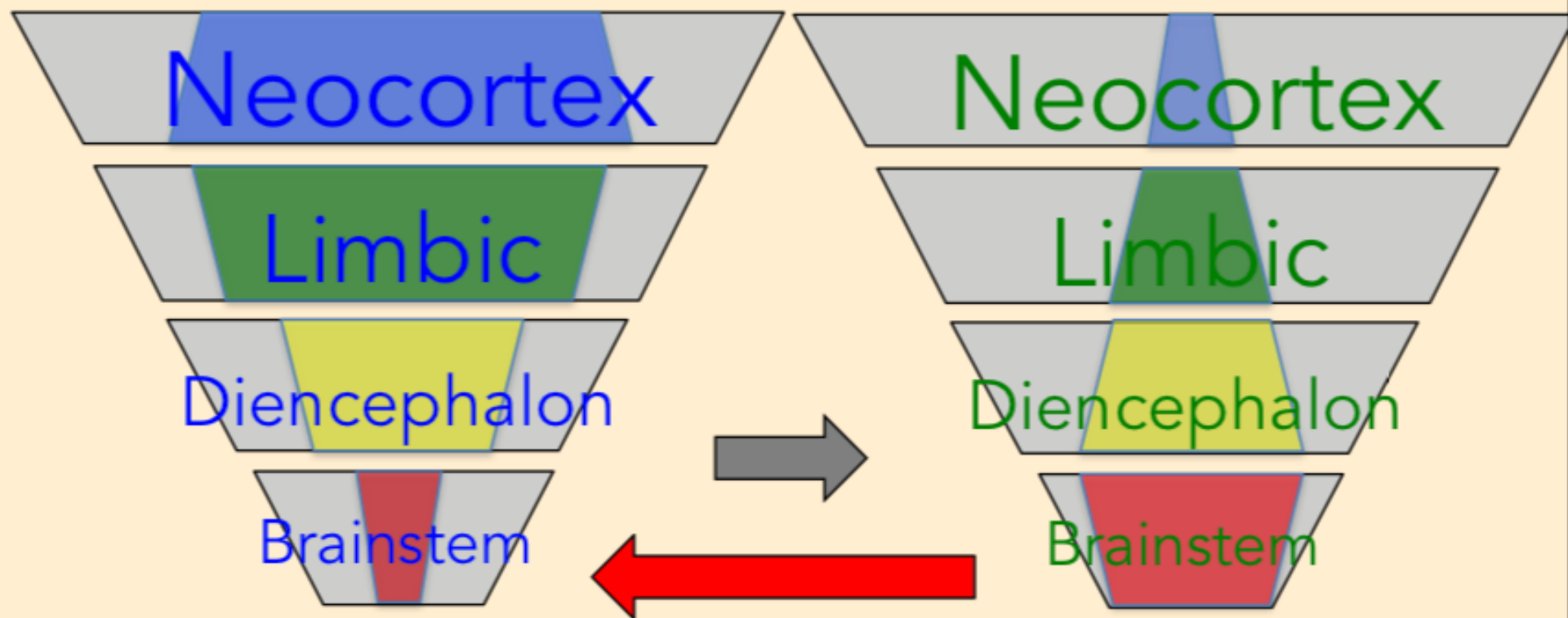
REACTIONS TO 'BAD' STRESS

- Flock, Fight, Flight or Freeze.
- Dissociation – disengage from the external world and psychologically flee into own world.
- These reactions to stress can lead to chronic dysregulation.
- They may be misinterpreted by others, leading to punishment or psychiatric labelling.
- The person may turn to alcohol and/or drugs to alleviate their distress; alleviation of distress is rewarding.
- Can lead to disconnection, marginalisation, demonising & punishment, making things worse.



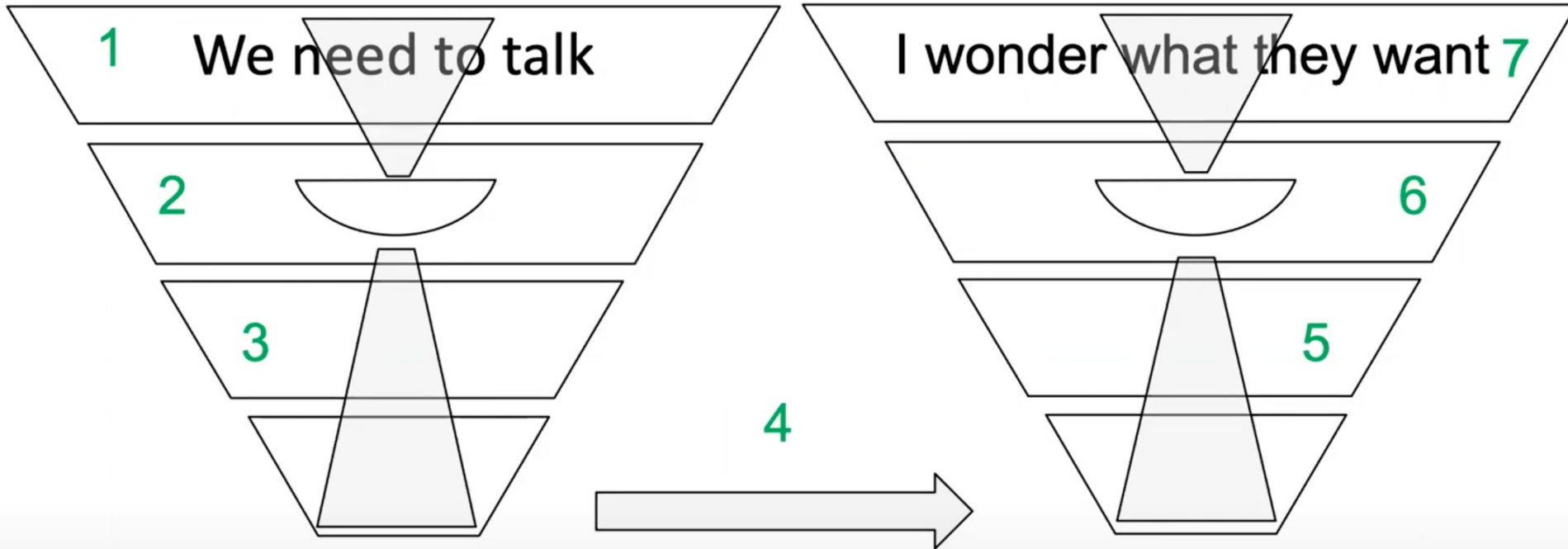
Regulated:
External
Focus
(Calm:Alert)





Complexities of Communication

From Cortex to Cortex



Facial
Expression

55%

Mehrabian, 1971



Tone of
Voice

38%



Words

7%



NEUROSEQUENTIAL
NETWORK™

THREE REGULATORY SYSTEMS

- In addition to our stress-response system, we have two other neural networks involved in regulation.
- Firstly, there are networks involved in forming and maintaining relationships.
- Secondly, there are neural networks involved in 'reward'; when these are activated they give us pleasure.
- 'A person's capacity to connect, to be regulating and regulated, to reward and be rewarded, is the glue that keeps families and communities together.' **Dr Bruce D Perry**

RELATIONAL MILIEU

- If you are with people who are sending non-verbal signals of engagement and acceptance you become better regulated.
- If you are with people who are send signals of exclusion or hostility, you become less well regulated.
- This can lead to not only problems with your mental health but also your physical health, as the stress responsivity systems control hormonal, autonomic and immune systems.

RELATIONSHIPS

- The most powerful form of reward is relational.
- Positive interactions with people are rewarding and regulating.
- Research data from over 70,000 people in 25 countries:
 - shows that your history of relational health—your connectedness to family, community and culture—is more predictive of your mental health than your history of adversity.
 - Connectedness has the power to counterbalance adversity.

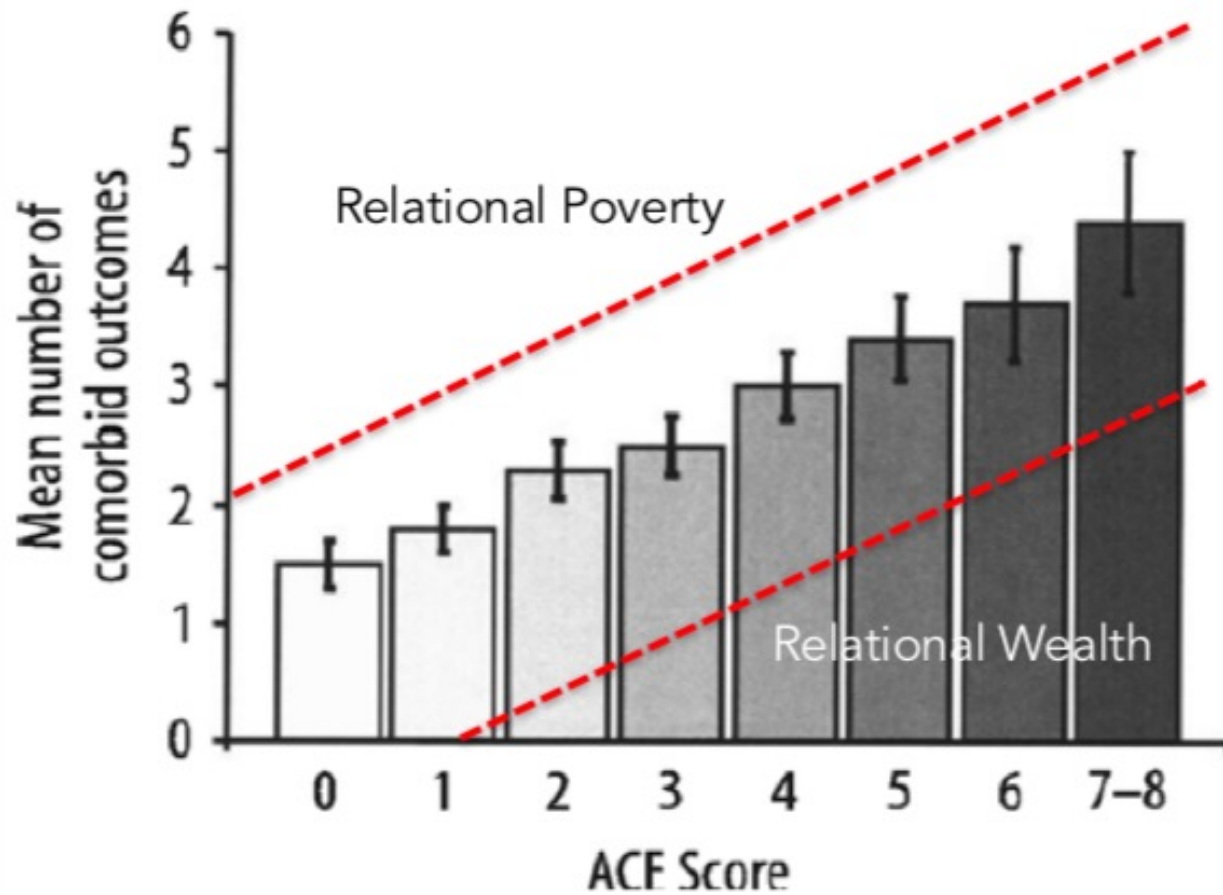


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THE TIMING OF ADVERSITY

- This study shows that the timing of adversity makes a huge difference in determining overall risk.
- The first two months of life have a disproportionately important impact on your long-term health and development.
- High adversity with minimal relationship buffering at this time of life can have a greater impact than having longer periods of adversity at later stages of childhood.
- This is related to the fact of the rapid growth of the brain at this stage and development of the all-important core regulatory networks.
- NB. Poor outcomes are not inevitable.

BELONGING AND LOVE

- Belonging and love are core to the human experience. We are a social species. We are meant to be in community.
- Belonging means safety. Isolated and disconnected, we are vulnerable.
- In community, we can protect one another, cooperatively 'hunt and gather', share with the dependents of our family and our friends, our clan.

BELONGING AND LOVE

- The capacity to be connected in meaningful and healthy ways is shaped by our earliest relationships.
- Loving, and loving caregiving, is the foundation of our development.
- *What happened to you* as an infant has a profound impact on this capacity to love and be loved.
- Relational glue keeps our species alive, and love is relational superglue.

IMPORTANCE OF RHYTHM AND REPETITION

- All life is rhythmic. The rhythms of the natural world are embedded in our biological systems.
- This begins in the womb, when the mother's beating heart (60-80bpm) creates rhythmic sound, pressure and vibrations that are sensed by the developing foetus and provide constant rhythmic input to the organising brain.
- Rhythm and repetition are associated with safety, i.e. the foetus's needs are satisfied.

IMPORTANCE OF RHYTHM AND REPETITION

- After birth, rhythms of these frequencies can comfort and soothe. Unpredictable patterns of sensory input become associated with threat.
- Responsive adults help the child's brain to build self-regulating capabilities. Rocking, feeding and loving a baby strengthens the association between rhythm and regulation.
- As we grow up, we find our own regulating rhythms and activities, e.g. walking, dancing, sport, music, listening to waves on beach.

KEY IMPORTANCE OF CAREGIVERS

- In thousands of moments, when the caregivers respond to the needs of the infant, the brain is connecting relationship, to reward and regulation.
- These bonding experiences create the infant's worldview about humans.
- A consistent, nurturing caregiver builds an internal view that humans are safe, predictable, and caring.

INADEQUATE SUPPORT FOR CAREGIVERS

An overwhelmed, exhausted, dysregulated parent has a hard time regulating a child consistently and predictably. This can impact the child in two important ways:

1. A sensitization of the child's stress response systems – they become hypervigilant to threat. By not paying attention to their teacher, they may be labelled ADHD.
2. The child builds a different worldview – the place is not consistent, reliable, or safe. 'I'm not important, I can't trust people.'

NEUROPLASTICITY

- Neuroplasticity is basically the changeability of the brain.
- A key principle of neuroplasticity is that the pattern of activation makes a big difference in how a neural network changes.
- For example, moderate, predictable, and controlled activation of our stress response systems leads to a more flexible, stronger stress-response capability that lets a person demonstrate resilience in the face of more extreme stressors.
- A meaningful 'dose'—or period of activation—for neural networks is only seconds long.

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