

# Brain Power: Healing through Trauma-Informed Care



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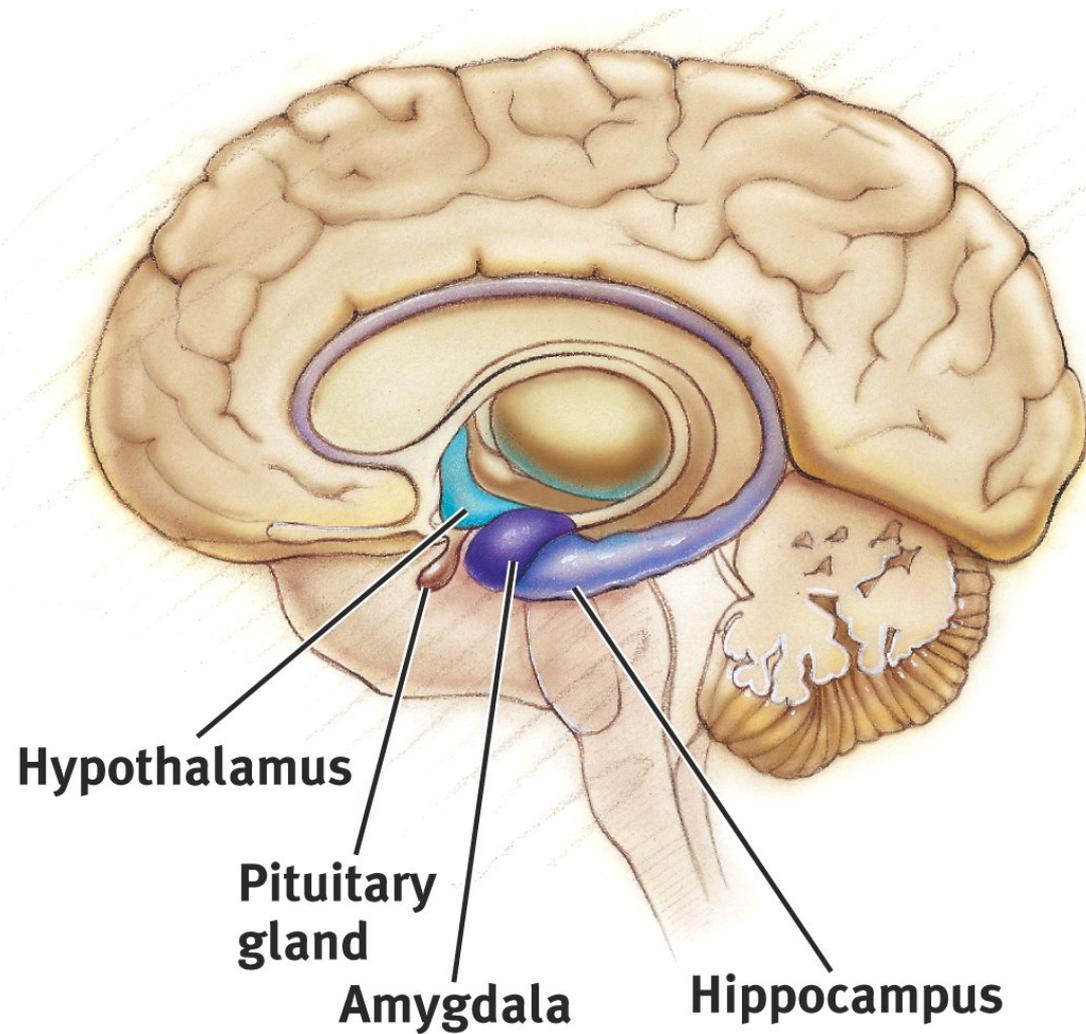
# Learning Objectives

- Understand basic concepts regarding stress and trauma, including ACEs and brain anatomy.
- Understand impact of and responses to trauma.
- Integrate concepts of empowerment and trauma-focused approaches.

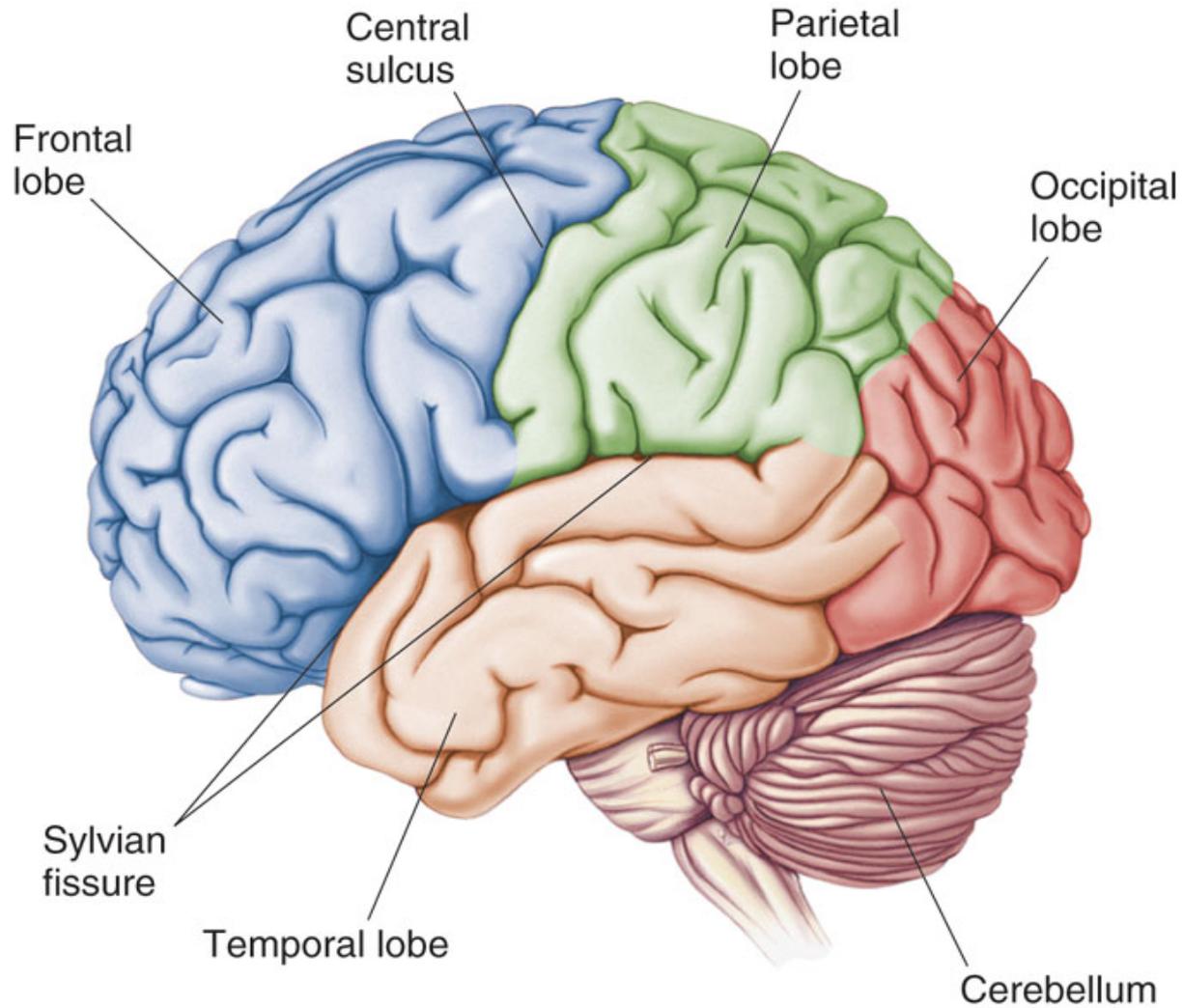
# Steven: An Illustration

- Steven is a skater-punk smart aleck, who has landed in juvie many times for fighting, truancy, and drugs.
- One day in class he pulls out a lighter and starts flicking it.
- He refuses prompts to give up the lighter, escalating with each prompt.

# The Limbic System



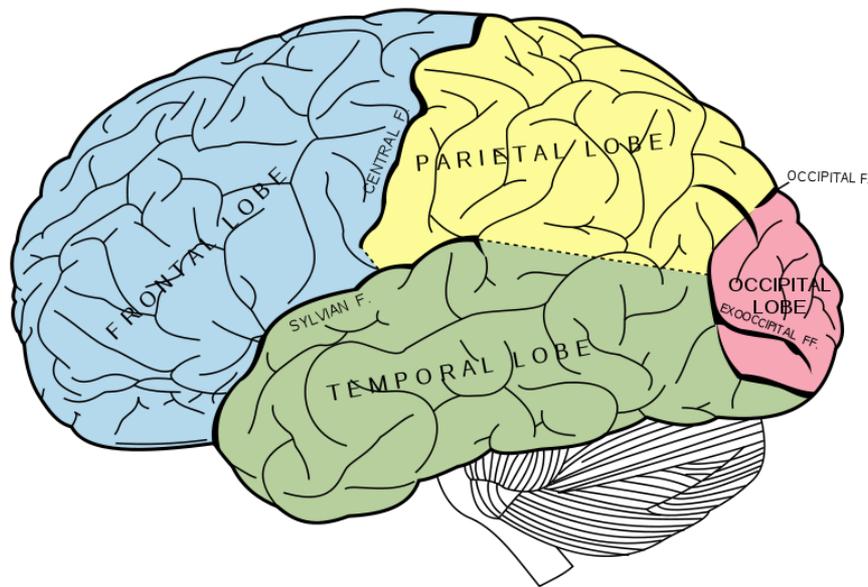
# The Cerebrum



# The Other Lobes (FYI)

- Parietal Lobe
  - Primary sensory cortex
  - Spatial awareness
  - Interpretation of senses

- Temporal Lobe
  - Hearing
  - Information retrieval
  - Language comprehension



- Occipital Lobe
  - Vision
  - Recognition of size, color, light, motion, & dimensions

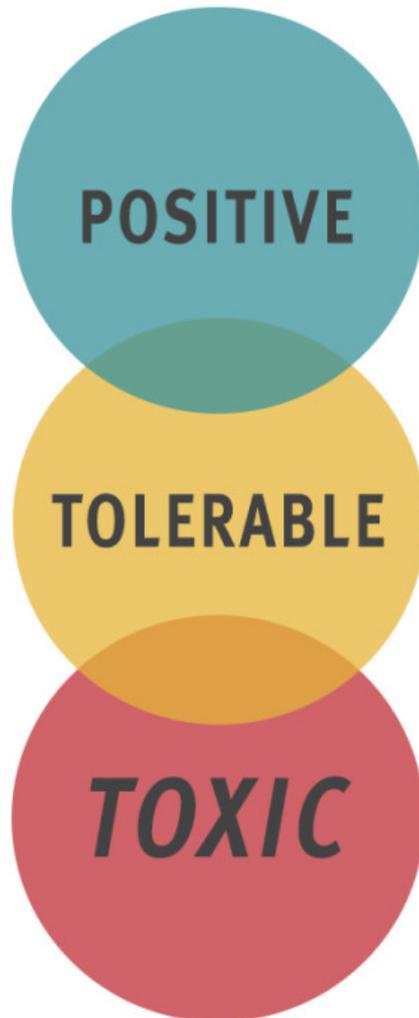
# The Stress Response

- Fight
  - Take the bull by the horns
- Flight
  - Run away/withdraw; avoid/ignore
- Freeze
  - Clam up

# Graphic Depiction

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# Levels of Stress



**POSITIVE**

Brief increases in heart rate,  
mild elevations in stress hormone levels.

**TOLERABLE**

Serious, temporary stress responses,  
buffered by supportive relationships.

***TOXIC***

Prolonged activation of stress  
response systems in the absence  
of protective relationships.



# What is Trauma?



# Trauma Defined

(Adapted from SAMHSA)

- The unique individual experience of an event or **enduring condition** in which:
  - A threat to life, bodily integrity, or sanity takes place
  - The capacity to cope and/or the ability to process an emotional experience is affected
  - A person's functioning is adversely affected
- Above and beyond normal daily stressors

# Complex Trauma

Complex Trauma describes *both* children's exposure to multiple traumatic events, often of an invasive, interpersonal nature, *and* the wide-ranging, long-term impact of this exposure

(National Child Traumatic Stress Network)

**ACEs are a prime example of Complex Trauma**

# Intro to the ACE Study – Film

For more info on the ACE Study:

[www.cestudy.org](http://www.cestudy.org)

[www.cdc.gov/ace](http://www.cdc.gov/ace)

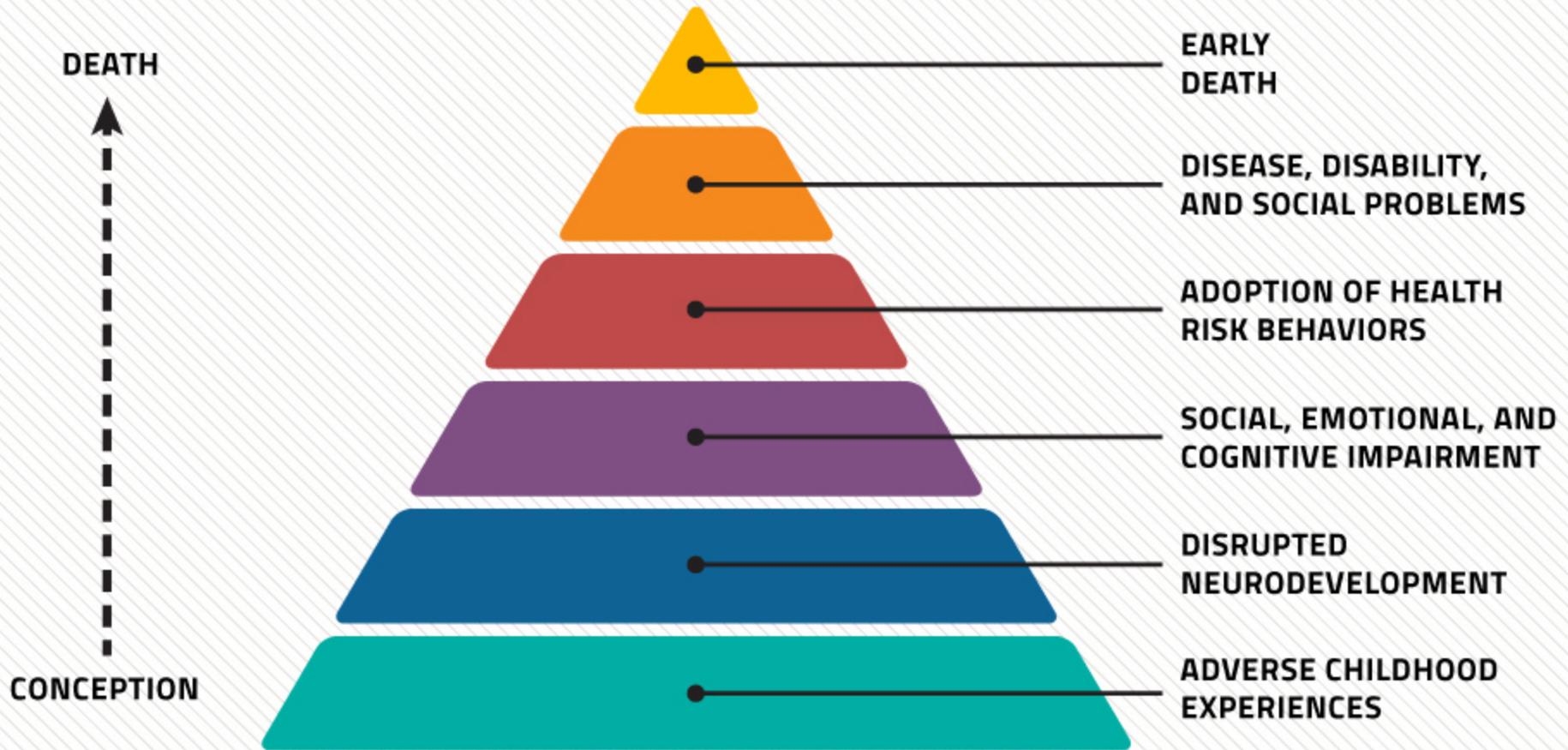
[www.cestoohigh.org](http://www.cestoohigh.org)

<http://aceresponse.org>

[www.ted.com](http://www.ted.com)

(Search for “Nadine Burke Harris”)

# ACE Pyramid

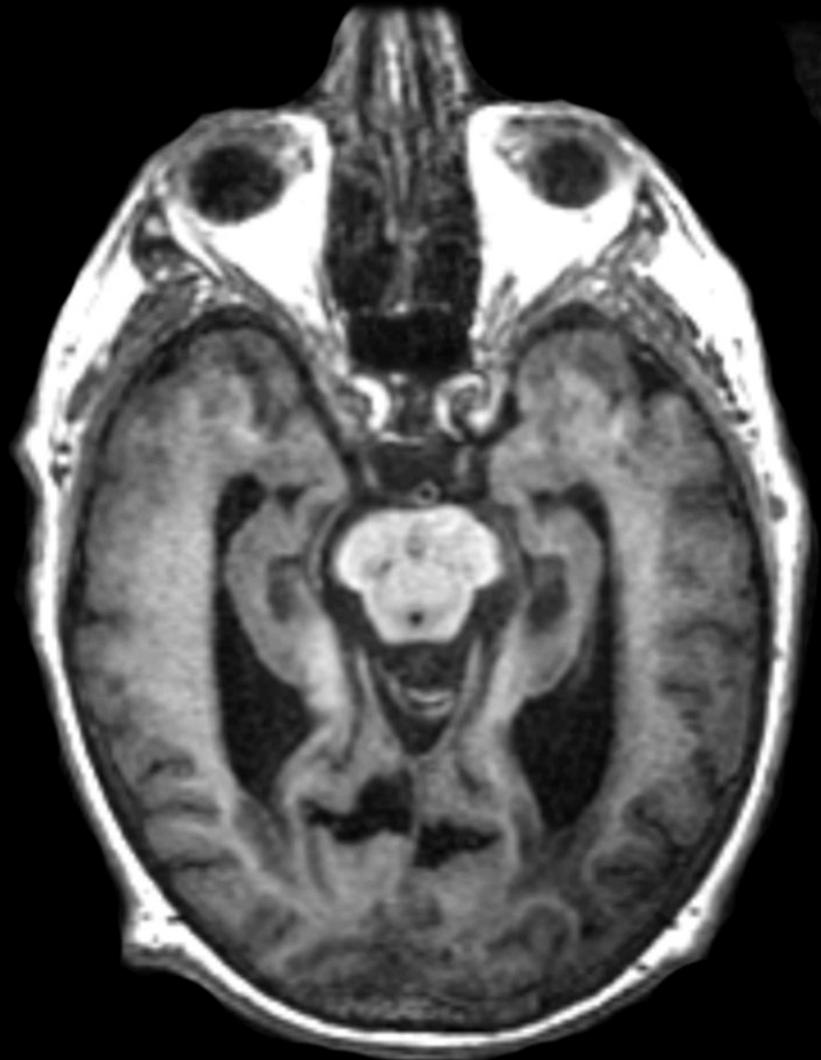
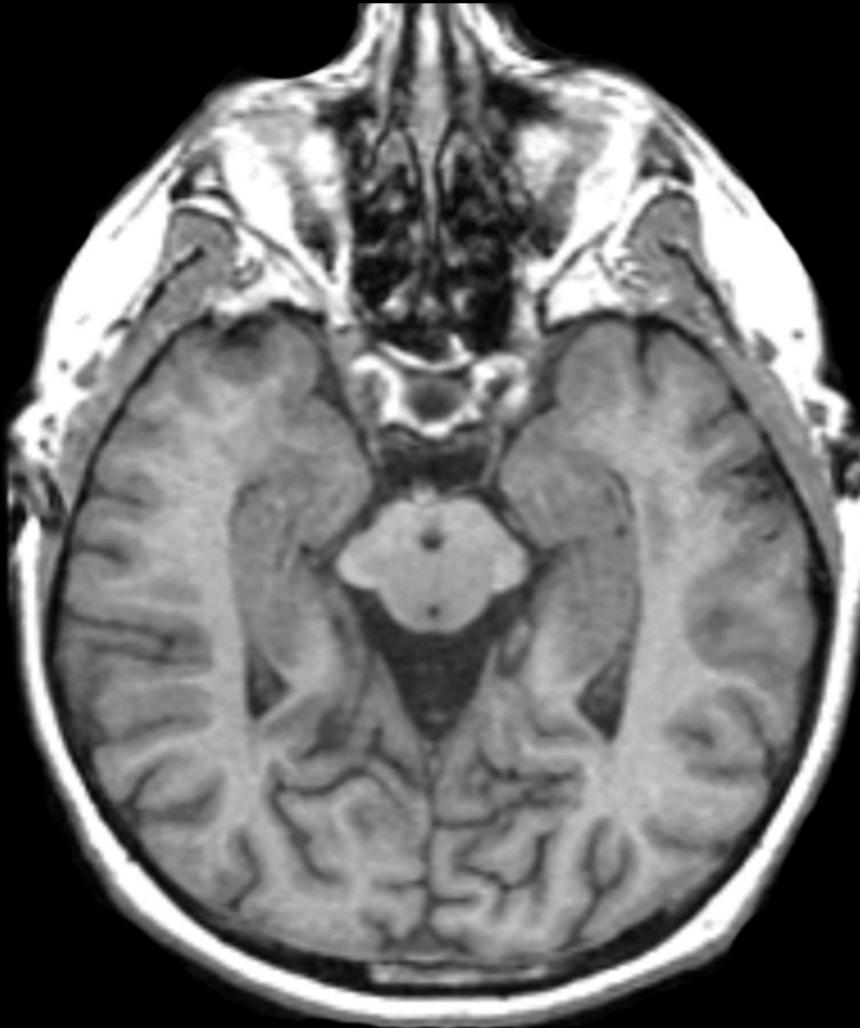


Adapted from Felitti et al., 1998 and Whitfield CL at <http://www.cbwhit.com/ACEstudy.htm>.

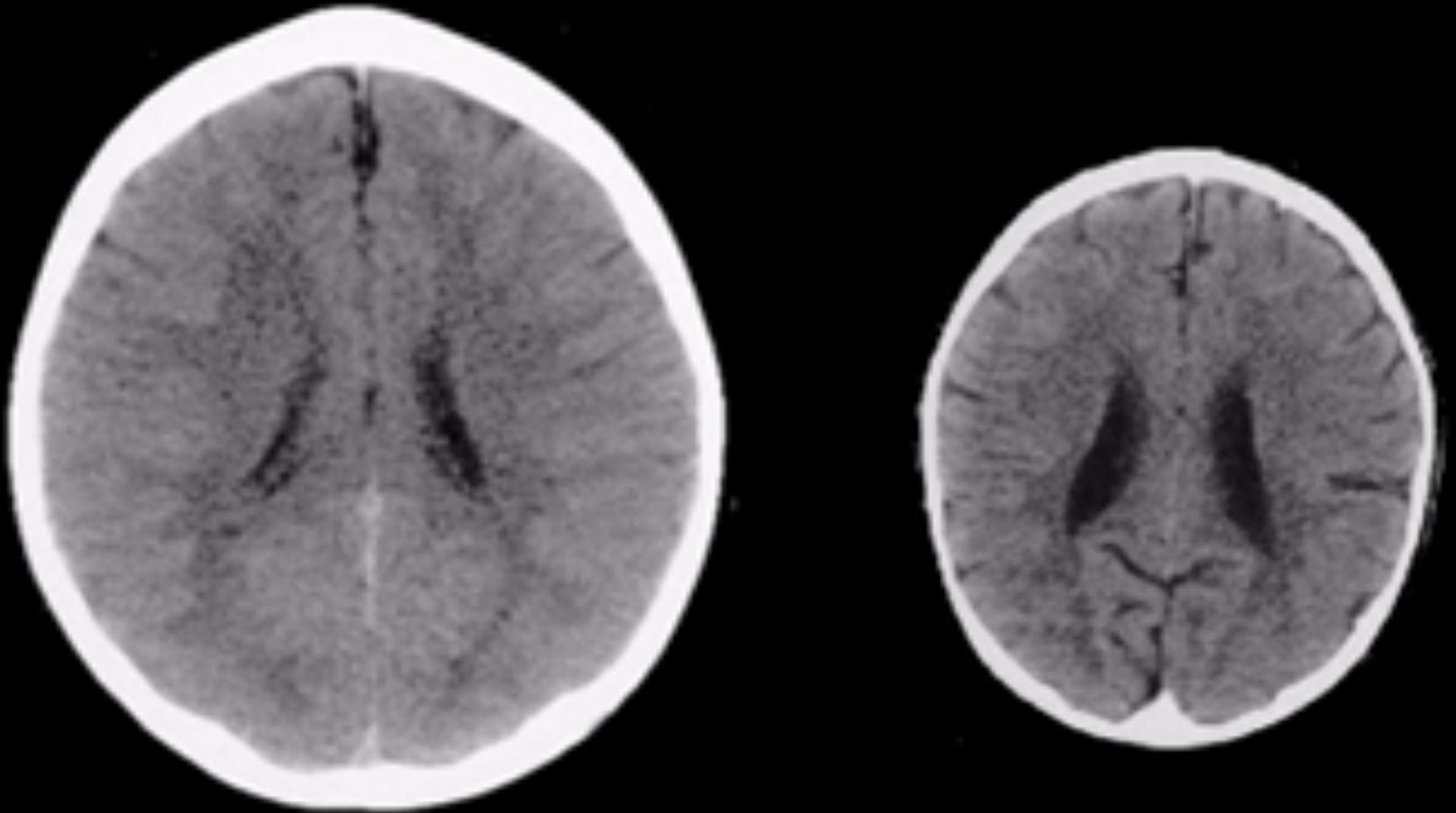
Image courtesy of Center on Society and Health, Virginia Commonwealth University

# “We Know What’s Happening”

Images courtesy of Sunnybrook Health Science Centre



# Changes in Brain Architecture



Images courtesy of Dr. Bruce Perry, Child Trauma Academy

# What We See on the Surface

Here are some things we can cue to:

- Uncooperative/angry outbursts
- Inattentive/daydreaming/spacing out
- Forgetfulness/memory recall spotty
- Changes in personality, eating, sleeping
- Social withdrawal
- Self-blaming or self-harming
- Chronic physical ailments
- School failure

# Digging Deeper

- Breakdown in ability to:
  - Process, integrate, and categorize experiences
  - Regulate internal state
- May lead to difficulties in:
  - Emotional regulation
  - Comforting oneself or being comforted by others
  - Staying present; feeling connected to what is happening

# Digging Deeper

- Survivor may face challenges with:
  - Solving problems
  - Exercising judgment
  - Taking initiative
  - Making decisions
  - Thoughtful planning or action
  - Developing empathy
  - Aggression and impulsivity

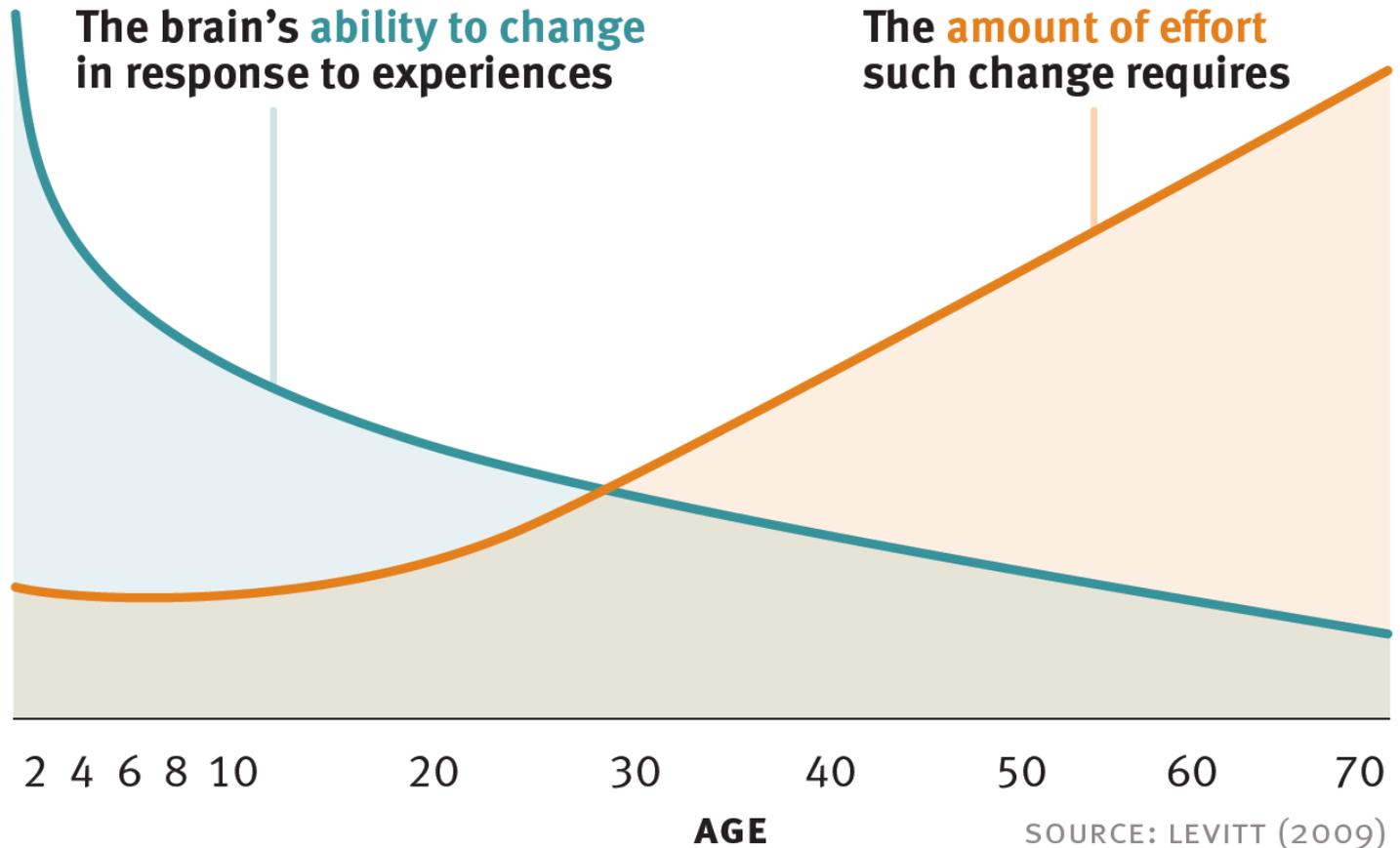
# The Good News

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**“What is predictable is preventable”  
~Dr. Robert Anda**

**Our fate is not solely defined by  
ACEs and other traumatic  
experiences**

# Neuroplasticity



# Resilience

- *Resilience*: Capacity for successful adaptation despite challenging or threatening circumstances.
- Internal strength to overcome adversity and move forward with life.
- Innate ability to “bounce back.”
- Can be helped or harmed by external factors.

# Social-Ecology of Resilience

## FACTORS THAT INFLUENCE RESILIENCE IN YOUTH

### HARMFUL FACTORS

*Society & Institutions*

*Community*

*Family & Peers*

*Internal*

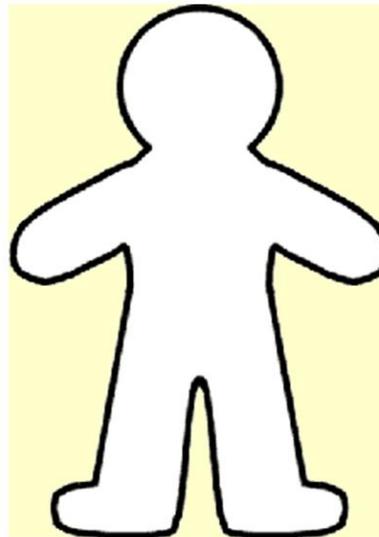
### HELPFUL FACTORS

*Society & Institutions*

*Community*

*Family & Peers*

*Internal*



# Protective Factors for Families

(From Strengthening Families Protective Factors Framework)

- Enhance parental resilience
  - Be strong and flexible
- Develop social connections
  - Parents need friends
- Build knowledge of parenting and child development
  - Being a good parent is part natural, part learned
- Concrete support in times of need
  - We all need help sometimes
- Foster social and emotional competence
  - Parents need to help kids communicate

# Trauma-Informed Framework

## MOVES FROM...

“What did you do?”

“What’s wrong with  
you?”

“At risk”

## AND TOWARD...

“What happened to you?”

“Has this person’s  
neurological status been  
altered?”

“At promise”

# Trauma-Informed Principles

- What people need:
  - Promotion of Safety
  - Positive / Helping Relationships
  - Voice & Choice
  - Access to Resources

# Trauma-Informed Principles

- Organizational aspects:
  - Understanding Trauma & Its Impact
  - Cultural Competence & Promotion of Equity
  - Culture of Self-Care

# Trauma-Informed Principles

- Youth-Oriented:
  - Positive Youth Development
    - [www.youth.gov](http://www.youth.gov)
    - [www.search-institute.org](http://www.search-institute.org)
  - Social-Emotional Learning
    - [www.casel.org](http://www.casel.org)

# Best Practice: Language

- *Power of Language*: What you say and how you say it impacts relationships.
- When frustrated with others, we easily lapse into applying negative labels.
- Reframe each example of negative language or behavior into a list of strengths-based alternatives.

# Best of the Best

One of the best things we can do to be trauma-informed is to understand the impact that trauma has had in our own personal lives.

# Best Practices

- Honor the unique story of each survivor.
- Look at “big picture” and not just view survivor as a set of “behaviors or symptoms.”
- Recognize healing is personal and individual.
- Relationships should be built on persuasion, ideas, and empathy.

# Best Practices

- Recognize that trauma may impact memory recall and other cognitive functions.
- Clarify and maintain boundaries.
- Promote staff self-care.
- Don't pull the trigger(s).

# Additional Resources

- [www.nctsn.org](http://www.nctsn.org)
- [www.CenterForYouthWellness.org](http://www.CenterForYouthWellness.org)
- <http://childtrauma.org>
- <https://dpi.wi.gov/sspw/mental-health/trauma/modules>
- <http://CommunityResilienceCookbook.org>
- Mike Ritter: 717.273.7154 or [dvipec@dviolc.org](mailto:dvipec@dviolc.org)