



Trauma & Resilience 101 from Starr Commonwealth

Starr provides a wide array of services for children, families, communities, and professionals. From prevention and intervention, to enrichment and residential treatment, all of our trauma-informed, resilience-based programs are rooted in creating powerful and positive experiences for all to heal— and for all to thrive.

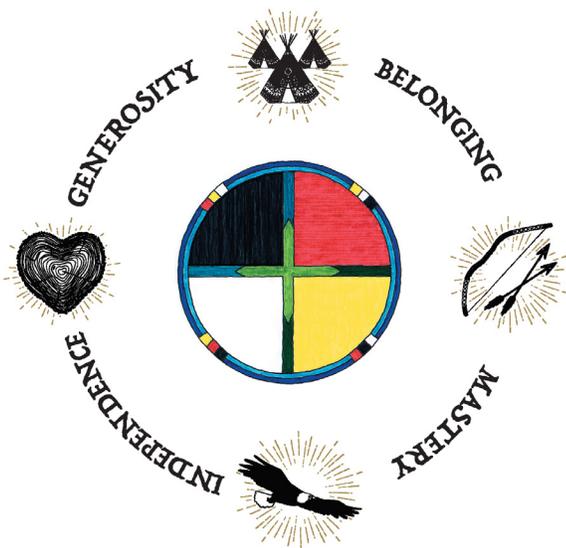
WE BELIEVE

- That there is no such thing as a bad child.
- That badness is not a normal condition but the result of misdirected energy and unmet needs.
- That every child will be good if given an opportunity in an environment of love and activity.
- In play.
- That children are resources.
- That children merit confidence and trust.
- That problems are opportunities.
- That everyone has a responsibility to help and no one has the right to hurt.



THE CIRCLE OF COURAGE®

Our belief statements (adapted from Floyd Starr's original 1913 creed) are applied with curiosity toward children through a model of positive youth development known as the Circle of Courage® and its teachings on universal needs. This unique model integrates the cultural wisdom of tribal peoples, the practice wisdom of professional pioneers with troubled youth, and findings of modern youth development research.



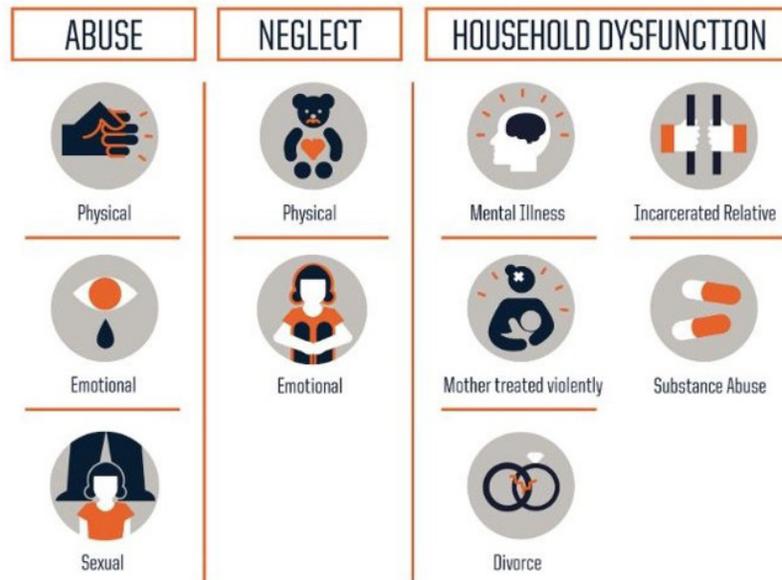
How do these universal needs become absent in the lives of children?

What happens to children when these needs go unmet?

ADVERSE CHILDHOOD EXPERIENCES (ACES) STUDY

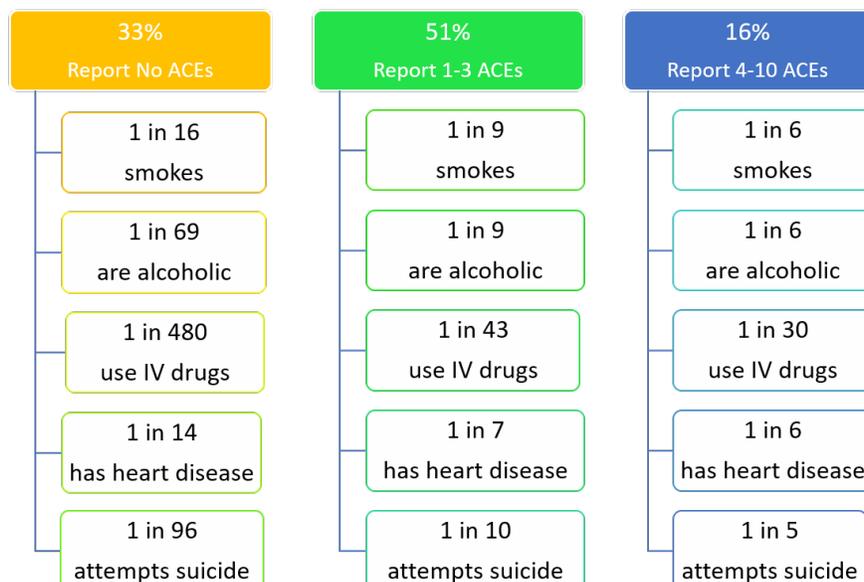
What was it? A large investigation to assess the associations between childhood maltreatment and later-life health and well-being.

What types of maltreatment?



Why does it matter? Each stage of cognitive development can be affected by outside influences. From social, emotional, and cognitive impairment in adolescence, to disease, social issues, and early death later in life, they have been found to build on adverse childhood experiences.

What did the study find?



TRAUMA

Any experience that leaves a person feeling **hopeless, helpless, or fearing** for their life, survival, or safety.



“With trauma, perception is everything.”

- Dr. Caelan Soma, Children of Trauma & Resilience | starr.org/cotr

The causes of trauma are less important than how trauma manifests in a child’s life. We experience trauma in many ways, through either a single or multiple incidents.

The incident (which may very well be one or more adverse childhood experiences) is not what matters—it is the **child’s perception** of the incident which matters most.

Trauma exposure occurs in many forms:

Victim

(e.g., abuse, neglect, accidents)

Witness

(e.g., domestic violence, police, fire)

Related to

(e.g., peers, siblings—chronic illness, suicide, etc.)

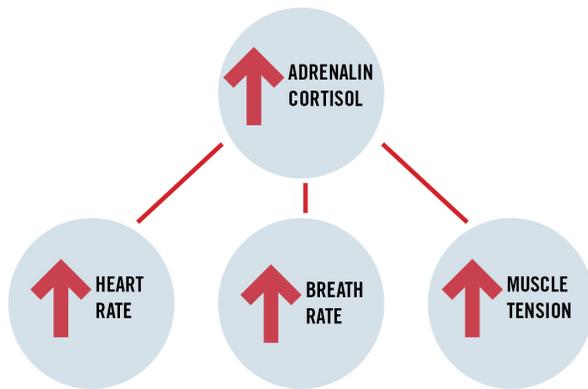
Hearing details

(e.g., therapists, media exposure, video games, etc.)

EXPERIENCES BECOME BIOLOGY

Though it may be difficult to believe, one traumatic event in one's life, especially a child's, can alter both the **structure** and the **chemistry** of the brain.

THE STRESS RESPONSE TRIGGERED BY TRAUMA



Some stress is tolerable but it is only meant to last short-term.
When trauma is prolonged and exaggerated the nervous system becomes dysregulated.

SYMPTOMS/REACTIONS

EMOTIONAL

Anger, fear, hurt, worry

BEHAVIORAL

Aggression, hyperactivity, impulsiveness

COGNITIVE

Difficulty with focus, attention, problem solving and decision making

PHYSICAL

Stomach aches, headaches

Trauma's Impact on Individuals, Families, Communities, and Society



When an individual is traumatized by an event, they are **frozen** in an activated state of arousal. In this state, stress hormones like adrenaline and cortisol are released over and over again into the brain. This prolonged exposure to stress hormones can change brain pathways and even cause damage.

The result is **cognitive**, **behavioral**, and/or **emotional** changes. When we see a child acting out, it is possible the misdirected energy displayed is rooted in trauma.

THE HOPE OF RESILIENCE

We have the power to heal children who have been affected by trauma, and display misdirected energy.

First, we must **transform the lens** through which we view behavior.

Outdated disease model



Problems are seen as symptoms of mental illness/disorder. Therefore, interventions focus on **drugs** and **behavior control**.

VS

Strength-based championing of children



Problems are **opportunities** to work with the child to discover the underlying cause of behavior, and to reassure that they are **valued**.

“We’re so focused on getting rid of the behavior we don’t want that we forget to think about why the behavior exists in the first place—and what we can do to help the child learn through the experience.”

- Derek Allen, *Resetting for Resilience* | starr.org/rfr



The effects of trauma are healed through building **resilience**.

Resilience is nurtured and restored in the context of **relationships!**

PUTTING IT ALL TOGETHER



“If you can be that person who gives a child that positive experience... you’re changing their brain, and in turn, changing their life.”

- Erin Reed, Mind Body Skills for Emotional Regulation | starr.org/mbs

We may not be able to change what has happened to an individual.

However, we do have the power to create positive experiences in the lives of those we serve. Thanks to **neuroplasticity**, or the brain’s ability to grow through our experiences, that means we have the ability to help heal and **change lives** through relationships of resilience.

Ready to **learn more?**

www.driventoheal.org

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 **DRIVEN TO HEAL**