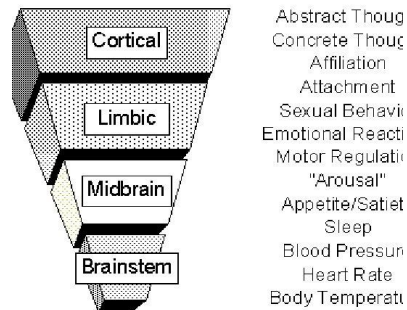


Notes from the book “What Happened To You” by Bruce Perry MD PhD and Oprah Winfrey

The title of the book emphasizes the positive strength-based approach of trauma-informed providers who ask this question, “*What Happened to You*” as opposed to the problem-based approach which asks, “*What Is Wrong With You?*”

Dr. Perry: Connection is the key!

Hierarchical Organization of the Human Brain: 4 interconnected areas. An inverted triangle



Input from all our senses (vision, hearing, touch, smell) come into the brain in the lower areas where it is processed. It matches the current sensory input with previously stored experiences. This is where complex trauma causes a block, and sometimes creates a flashback of the trauma memory that is not understood by the upper brain, because the trauma episode activates the fight-flight-freeze reaction.

Bottom line: our brain is programmed to act and feel before it thinks. This is very freeing to many trauma survivors. To understand that they are not crazy, just trauma affected.

Brain development of babies and toddlers develop from the bottom up as this. Therefore, trauma within the first 2 years of life is more life changing than trauma occurring later in life. Resilience-building is more likely to be successful for those who experience trauma later in life, even if the nurturing parent or adult is not ideal. Unfortunately, resilience-building is much more difficult in those kids/teens/adults who experience their trauma less than age 2.

When babies are nonverbal in the first 2 years, they are more able to interpret nonverbal communication: picking up anger, tension and despair from an adult speaking a language that they don't yet know.

However, the “processing” of these traumatic experiences can't occur because they are not developmentally ready for that yet.

Oprah calls it a “vibration” which is the emotional tone of the home. Both Oprah and Dr. Perry talk about the “rhythms” in our life that can be soothing: walking, swimming, dance, the sounds of waves on the beach, rocking babies when they cry.

Rhythm is regulating - being in balance. In the early months, parents need to provide those rhythms for regulation. Later, we ask the child to learn to self-regulate. When a parent does not respond with attunement to the needs of a child, the child becomes dysregulated.

Therapeutic moments do not usually happen in 45-minute therapy sessions. They are more likely to happen in brief moments, often 2-3 minutes, where the adult or friend is completely present and attentive. The value of early intervention programs, even those that have only brief “doses” of positive interaction, cannot be underestimated.

Dissociation is a complex mental capability that we use in everyday life. It is protective (though not productive).

Discussion of ACEs: they are not predictive of poor outcome, only associated with the risk of poor outcome.

More important than ACEs: CONNECTION – or relational health. Our connectedness to family, community, and culture is more predictive of your mental health than your history of adversity. CONNECTION HAS THE POWER TO COUNTERBALANCE ADVERSITY!

Don't force a child to talk about their trauma. Let them bring it up. They will know what dose is needed for a therapeutic moment. If we exceed that amount, it could be triggering.

Most children and teens with recurrent abdominal pain have functional pain, i.e., not caused by physical abnormalities (medical definition). However, many children with trauma present with “nonorganic” abdominal pain or headaches. Interoception is the term that describes input to the lower brain from our body. Again, if this does not make it up to the upper brain, we cannot process it as possibly caused by stress or trauma.

Regulation is the key to creating a safe connection. This can be accomplished even in small, short effective ways by teachers, coaches, physicians, mentors, or therapists.

Steps to help someone who has experienced trauma:

1. Regulate
2. Relate (connect)
3. Reason

Once they are regulated (no longer with “flipped lid”) the cortical memories can be accessed.

The key to having many healthy relationships in your life is having only a few safe, stable and nurturing relationship in your first year. Not lots of loving caretakers, but only a few that are stable and available. Therefore, screens and phones are a big risk to kids < age 2. It takes away the relationships with the adults in their lives.

Explanation of cutting. Many stressed teens or kids will try a method of coping (drugs, eating, food restricting, trichotillomania, cutting). Most will not pursue it, but 15-20% find that it is soothing to them: like an opioid burst. It is a form of coping, of self-soothing. It is not logical, but it makes them feel better.

Oprah's method of coping was people-pleasing. Giving everyone what they wanted.

Dealing with a dysregulated individual. Realize that they are more likely to act out and react than be thoughtful in their behavior. Telling someone who is dysregulated to “calm down” never works. Words are less effective. Our presence is. Use “reflective listening” by being a sponge and absorb their emotional intensity. Stay regulated your self and absorb their dysregulation, so that in time they will

“catch” your calm demeanor. Engage in some sort of rhythmic activity: take a walk, kick a ball back and forth, shoot hoops, color together. “Rhythm is an often-overlooked therapeutic tool.”

Nature therapy: therapeutic walks. Evidence-based!

Healing can take place when there are dozens of therapeutic moments available each day for the person to control, revisit their trauma memory and rework their trauma experience.

Most healing from trauma hasn't come from trauma therapists. It comes from connection, from finding rhythm in your life, from faith, and occasionally medication. When this is attained, Dr Perry calls it “post-traumatic wisdom”, which can also be called resilience.

Healing comes from connection. A healthy community is a healing community. Most healing happens outside of formal therapy.

Dr Perry: no one therapeutic approach for counseling can be recommended. You must have a lot of tools in your toolbelt: Trauma-focused CBT, EMDR, somatosensory interventions, animal-assisted interventions, and more.

[Email to MP Providers On Aug 28, 2021, at 08:00, Dean Moshofsky](#)

All,

I just listened to the audiobook "*What Happened to You?*" co-written by Bruce Perry MD PhD (long time trauma researcher and child psychiatrist) and Oprah Winfrey (who has multiple ACEs and a passion to help those with trauma).

This is the best book I have read about trauma. It is written for non-scientists and has the flavor of Oprah's talk show where she interviews Dr. Perry to bring out the information. It is brilliantly done. I recommend the audiobook over reading it because of this interactive feature. The audiobook is 8.5 hours in duration, and it is on the NY Times Best Seller list.

I consider this book a "master class" in Trauma-informed care. In addition, Dr. Perry gives tips and tricks on how to talk with our patients who have experienced trauma so that we can provide therapeutic benefit. The information in this book is particularly relevant, perhaps even essential, for pediatricians and BHC's trying to help families with ACEs or mental illness.

So here are a few “pearls” that I learned from this book.

1. The title of the book emphasizes the current approach of trauma-informed providers. Instead of the now-outdated problem-based approach which asked the question, “What is wrong with you?” we now utilize the strength-based approach which asks the question “What Happened to You?”. Trauma-informed care looks past the outward symptoms or presenting behavior and realizes that past trauma can be a significant factor in present-day concerns: headaches, “functional” abdominal pain, school avoidance, oppositional-defiance, etc.

[My opinion: ODD is trauma until proven otherwise.]

2. Relational health is more important than ACEs. Our connectedness to family, community, and culture is more predictive of our mental health than our history of adversity. Connection has the power to counterbalance adversity.

[The most important of the 7 C's of Resilience is Connection].

3. Therapeutic moments don't usually happen in 45-minute therapy sessions. They are more likely to happen in brief moments, often 2-3 minutes, where the adult or friend is completely present and attentive. The value of early intervention programs, even those that have only brief "doses" of positive interaction, can't be underestimated.

[I might add: the value that providers give during resilience-building interventions are not to be underestimated. Role model these interventions for parents, and they will continue the work at home.]