

EVERYTHING IS CONNECTED

Teaching struggling kids and systems
from
multiple disciplines



TIC is not the “flavor of the month”

- Trauma informed care is the compilation of the collective science in response to observed consequences of trauma exposure over the last 100 years

Trauma Theory

Sickness/Badness vs. Injury

Changing the fundamental question from:

“What’s wrong with you?”

to

“What’s happened to you?”

The Foundation of TIC

How do we decrease the use of

1)Coercion

2)Restraint

3)Seclusion

4) Isolation

In all of our attachments

How do we manage relationships
without the use of aggression?

Barriers To TIC:

The mentalist model

- ▣ The mentalist approach to child development has a narrowing effect
- ▣ Does not account for psychological trauma
- ▣ Does not account for environmental factors
- ▣ Does not account for physiological variabilities
- ▣ Consequences for “behaviors” are only black & white-very concrete, and usually use coercion-restraint-seclusion and isolation

AMERICA'S PRISON POPULATION

1972



300,000

2014



2,300,000

FRONTLINE.

PRISON STATE | April 29 | 10PM on PBS | www.pbs.org/frontline | #LockedUp



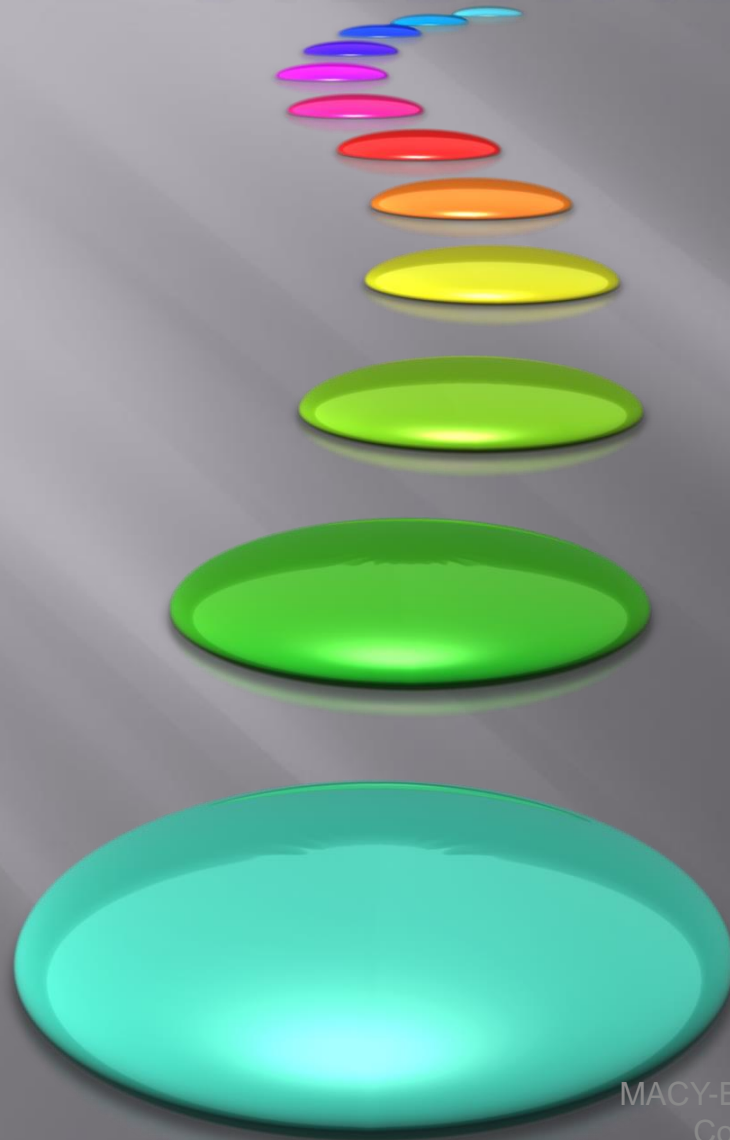
Self with Other

Non - judgmental
Compassionate/curious
observer of self -
And then other.

Stress

- We are interacting with stressors all the time
- The impact of a stressor is dependent on several factors
- Sudden stressors activate us in a way that can injure us in several ways
- Negotiating stressors
- Stress can be good as well as bad
- Stress can facilitate resilience

STRESSOR CONTINUUM



Allostatic Load

Toxic Distress:

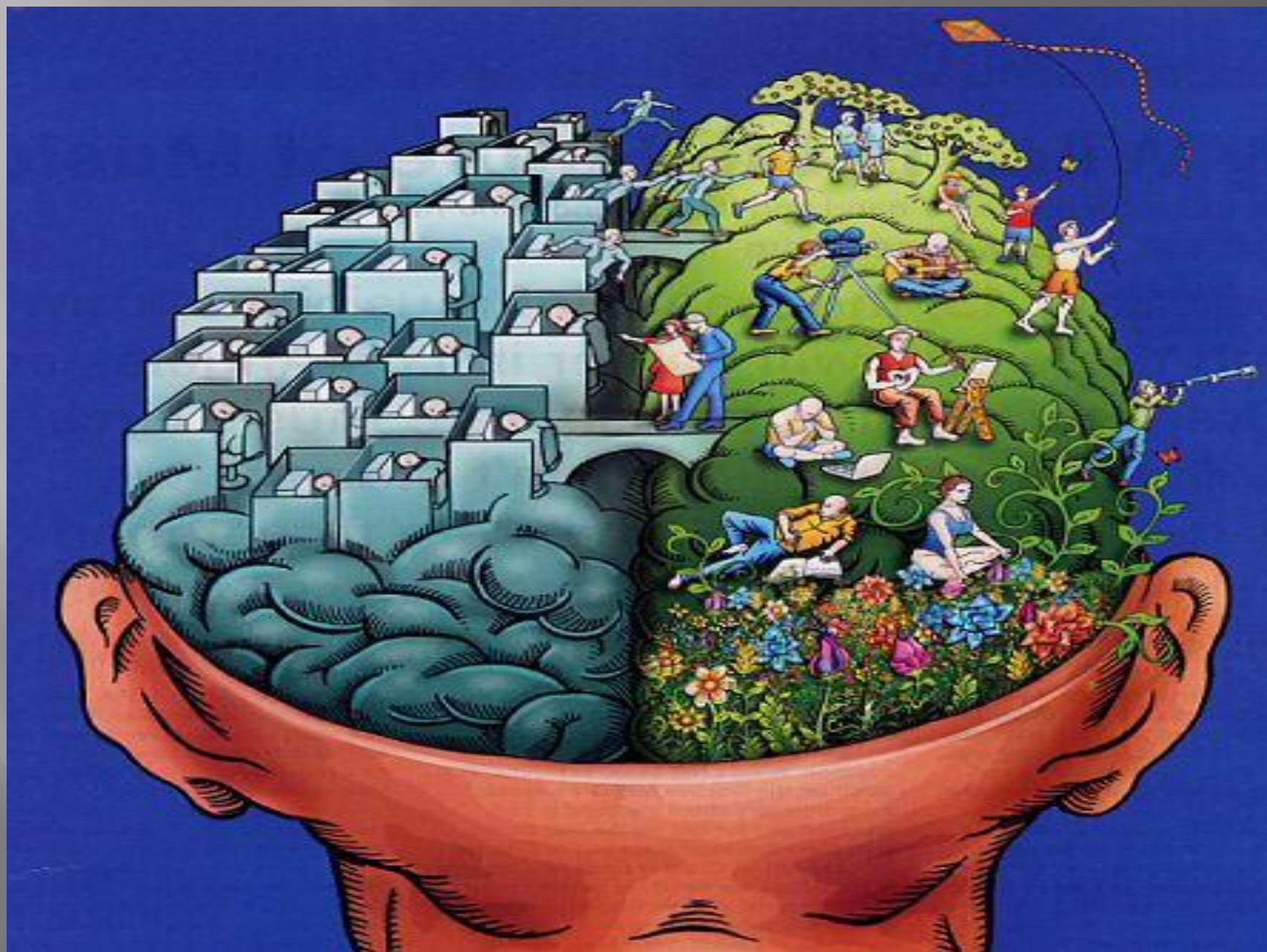
Strong and prolonged activation of the body's stress management system

Effects Brain Architecture

Intense Distress

Tolerable Stress

Positive Stress



What is
Psychological
Trauma?

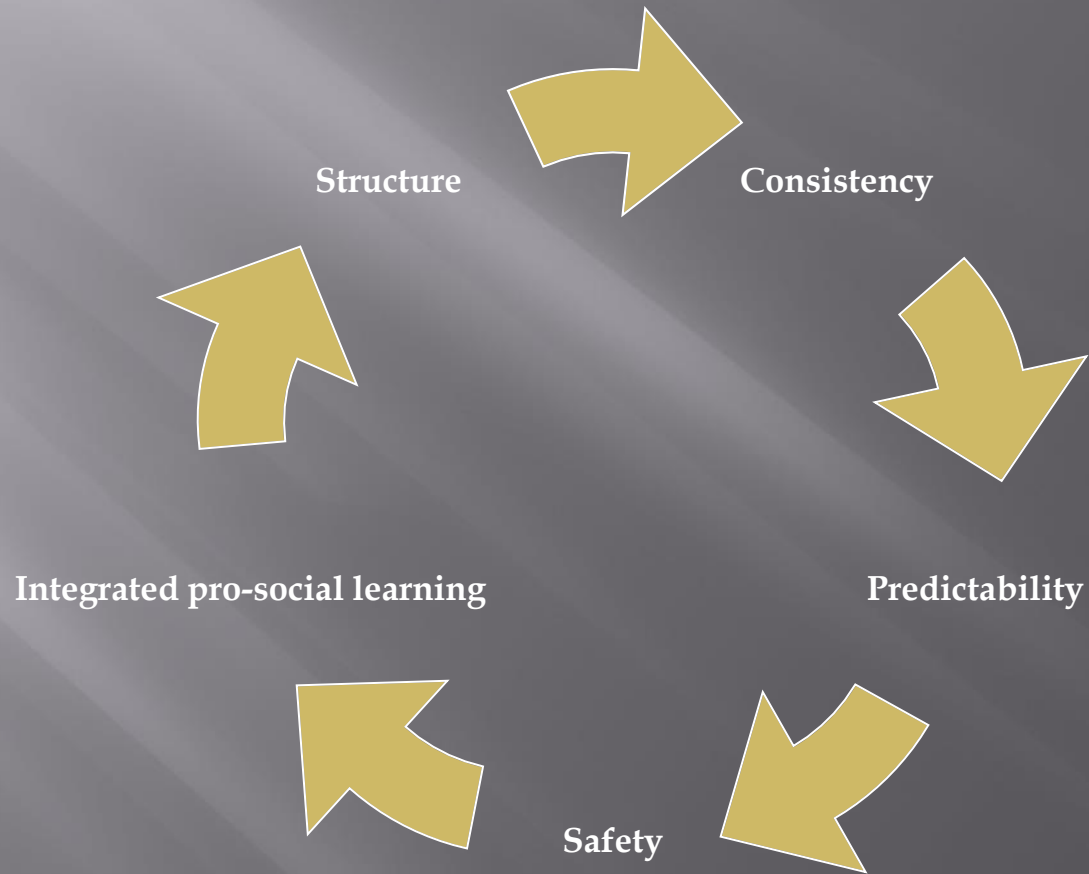
How is it different
than adversity?

The Human Stress Response Continuum

Psychological Trauma:

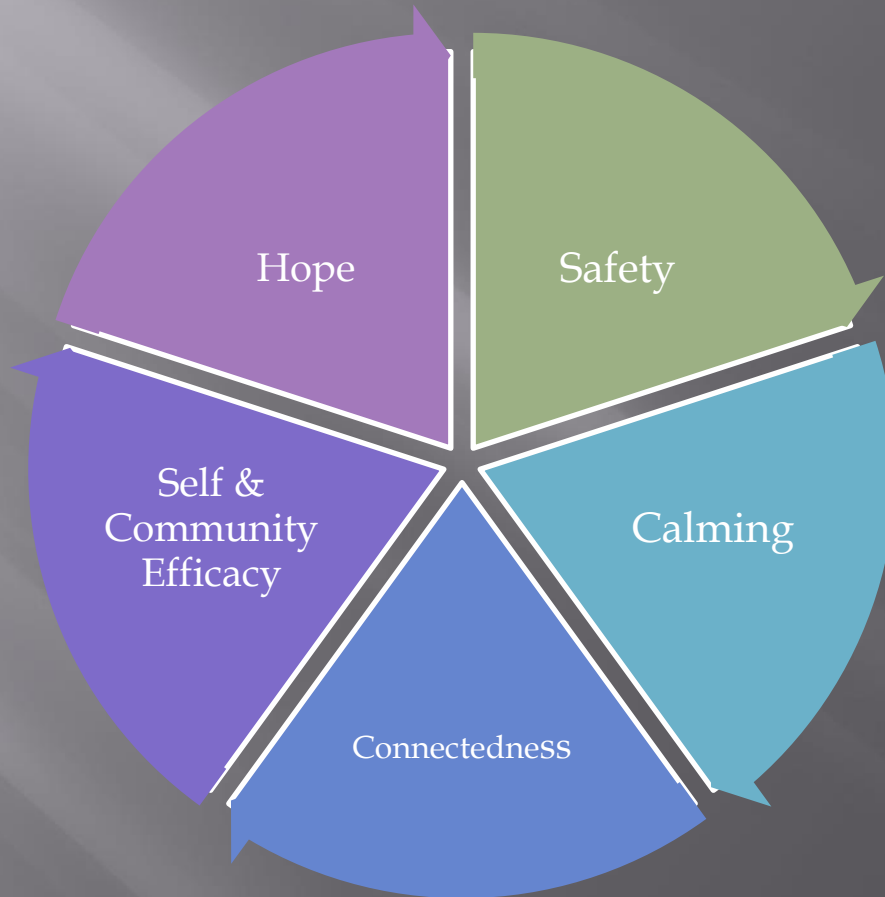
- Overwhelming Demands Placed upon the Physiological System that result in a *profound felt sense* of Loss of Control, Vulnerability, Immobilization,
AND BETRAYAL

Stability Cycle

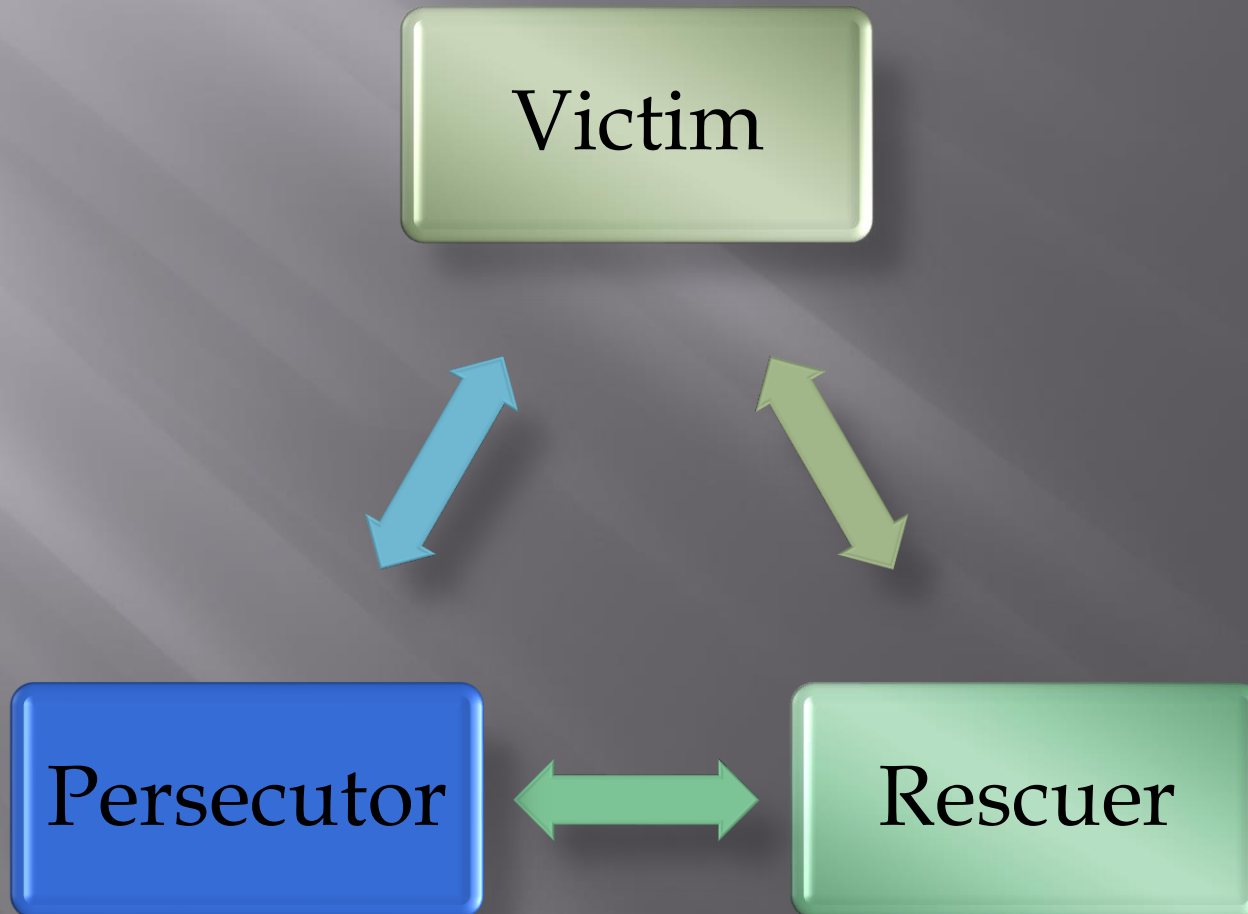


Safety Wheel

Five Empirically- Supported Early Intervention Principles



REENACTMENT: *NEVER HAVING TO SAY GOOD-BYE*



Behavior and consequences

- ▣ How were you sanctioned/punished as a child?
- ▣ Does it inform or have an impact on how you consequence or punish now?

Verbal skills and narrative

- ▣ Understanding the depth of development
- ▣ Reframing the meaning of words (Dr. Bruce Perry)
- ▣ Building vocabulary
- ▣ Creating a safe environment that allows the narrative

The Great Communicator

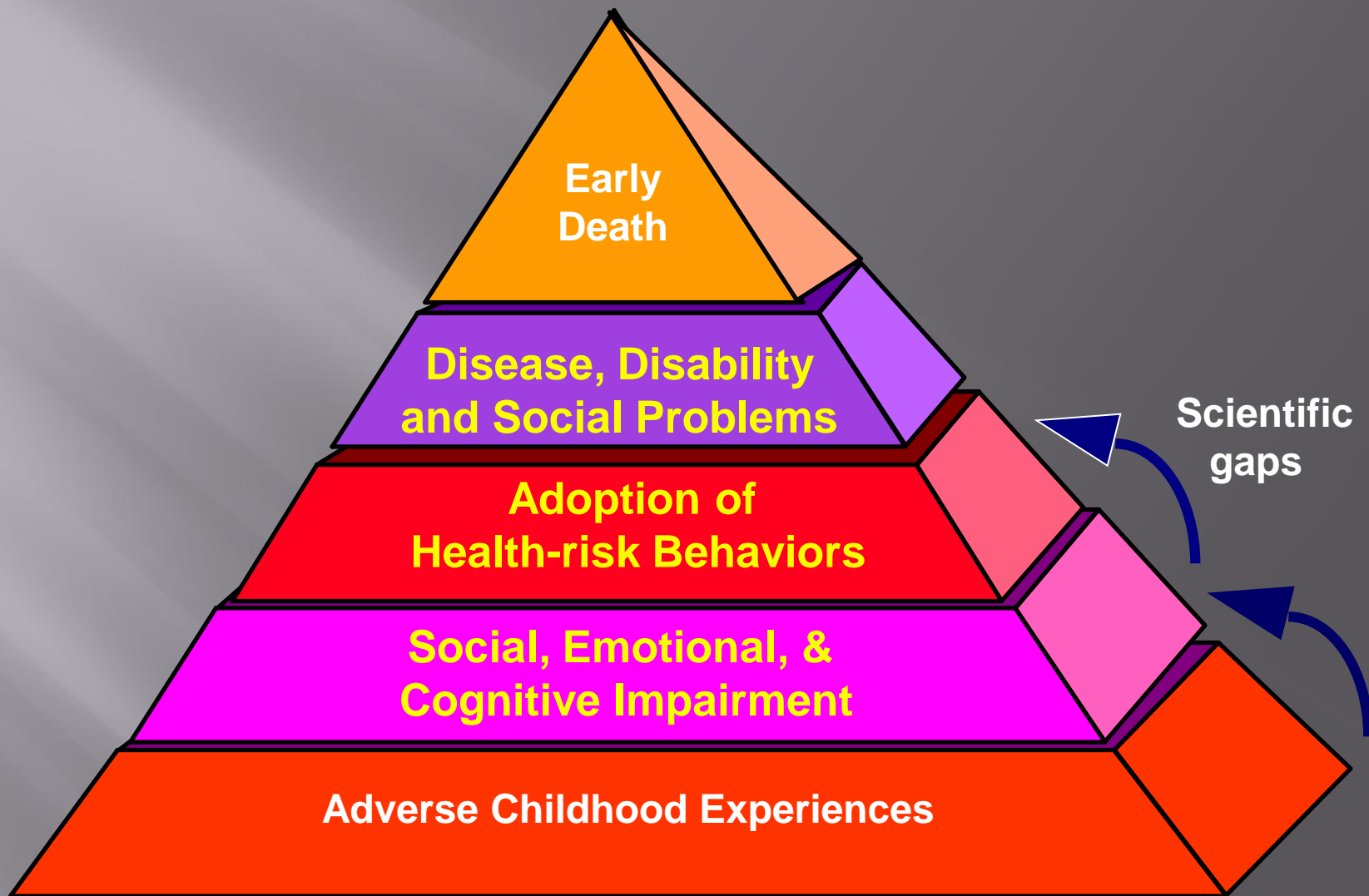
Activity demonstration

- ▣ You, me and Lisa
- ▣ Commonality
- ▣ Ah- So- Ko
- ▣ Team Juggle

Death

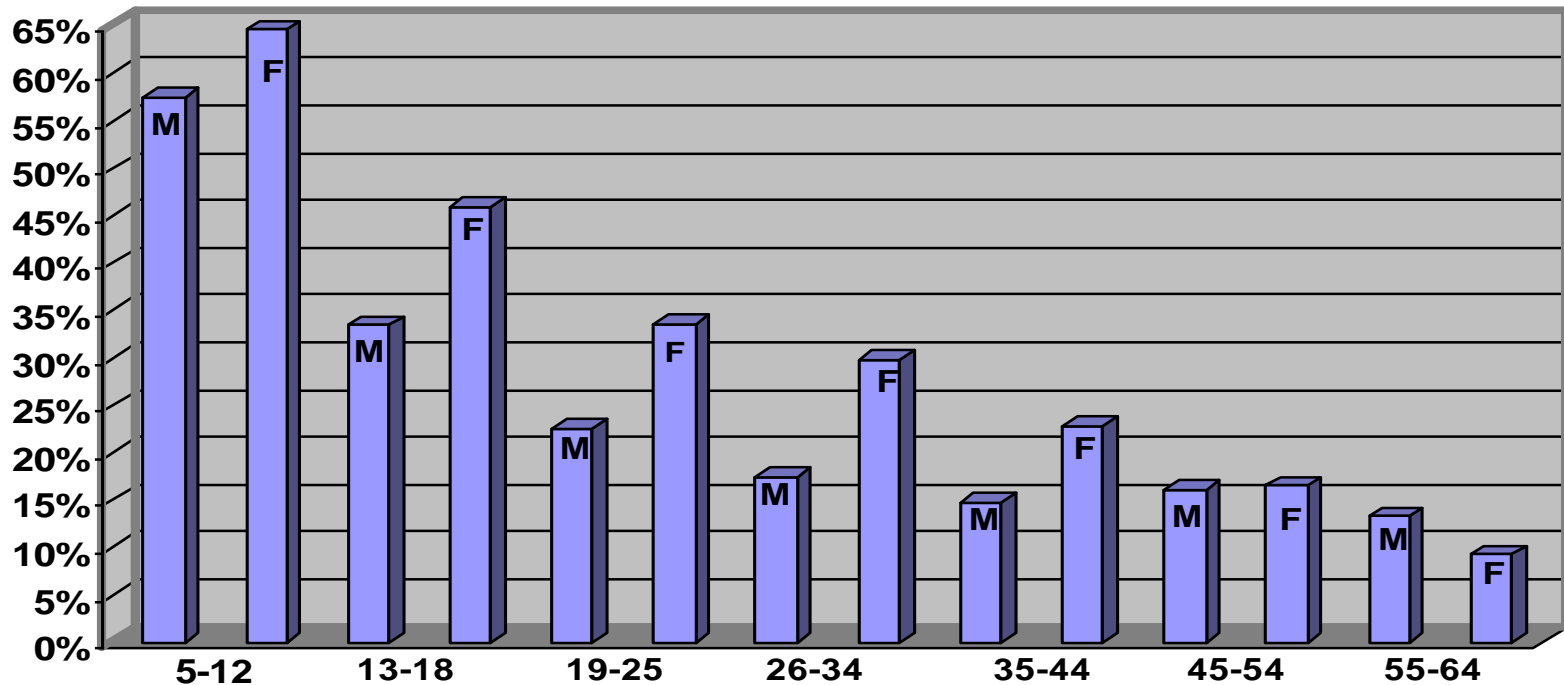


Conception



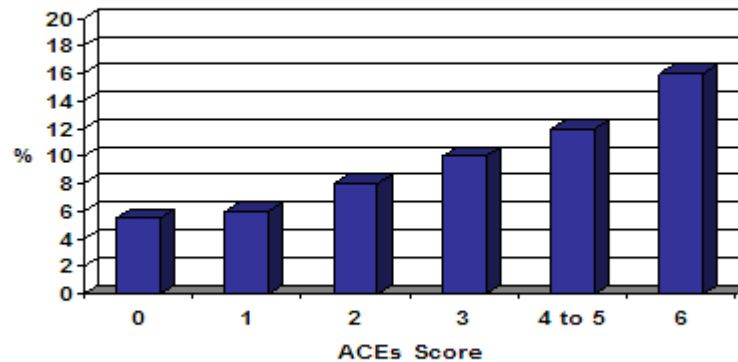
MA Medicaid Enrollees (Macy, 2002)

PTSD Period Prevalence by Age by Gender (n=19,775)



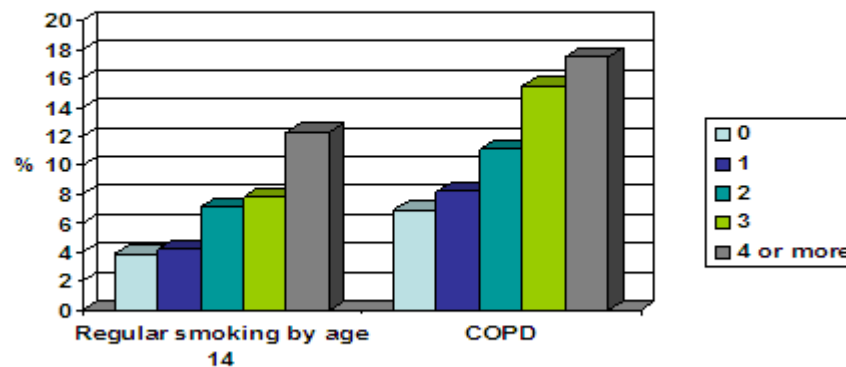
ACEs and Current Smoking

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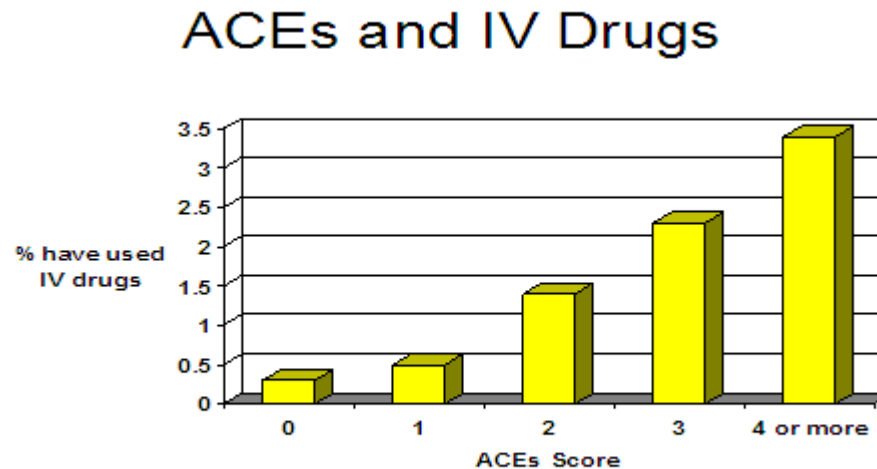


ACEs, Smoking and COPD

ACEs, Smoking and COPD

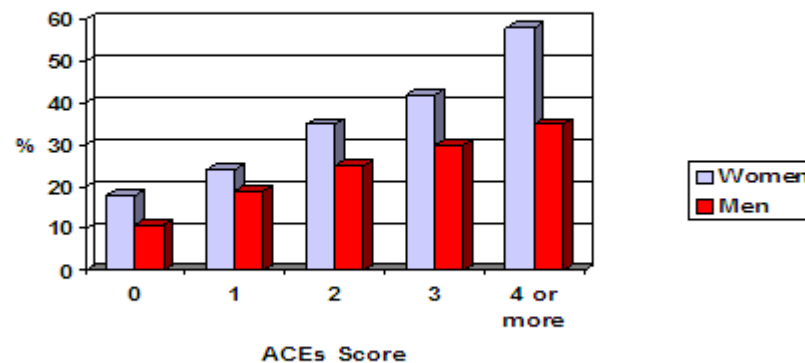


ACEs and IV Drugs



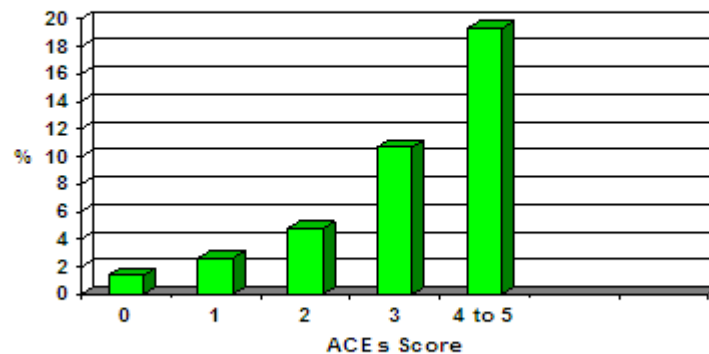
ACEs and Chronic Depression

ACEs and Chronic Depression



ACEs and Attempted Suicide

ACEs and Attempted Suicide



Trauma Informed Response

- Personal self care
- Mindfulness
- De-escalation training
- Setting up the environment/ milieu
- Understanding the necessity of a safe container.
- Creating safety
- Access to the #1 HumanResource:
ATTACHMENT

Resilience Factors in A Survivor's 'Network'

- At least one significant other person during childhood-Organized Attachment
- Feeling of group identity, belongingness (Culture)
- Common shared values between Survivor & Immediate Social Group
- Socio-cultural structures that support the Survivor's coping strategies

Attachment Trajectories-(Resources)

Attachment to:

- Primary Care Giver(s)
 - Significant Other
- Self (Image, Rhythm, Integration)
 - Our Story (Narrative)
 - Peer Group
 - Your World View
 - Landscape
- Daily Ritual(s) & Creativity
 - Anniversary Rituals
- Entrainment Domains