

# 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

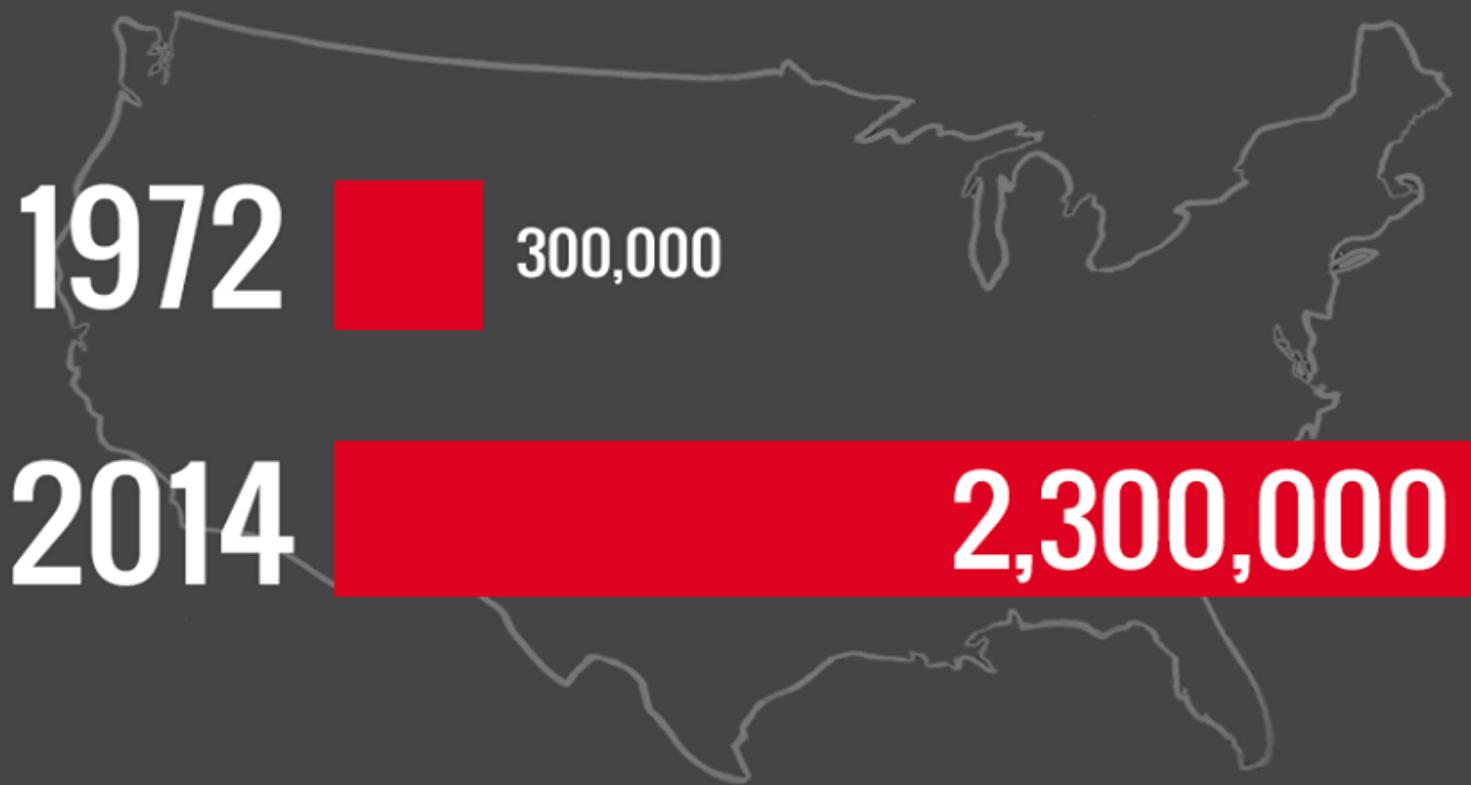
**In all of our attachments**

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



PRISON STATE | April 29 | 10PM on PBS | [www.pbs.org/frontline](http://www.pbs.org/frontline) | #LockedUp

FRONTLINE



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# Self with Other

Non - judgmental

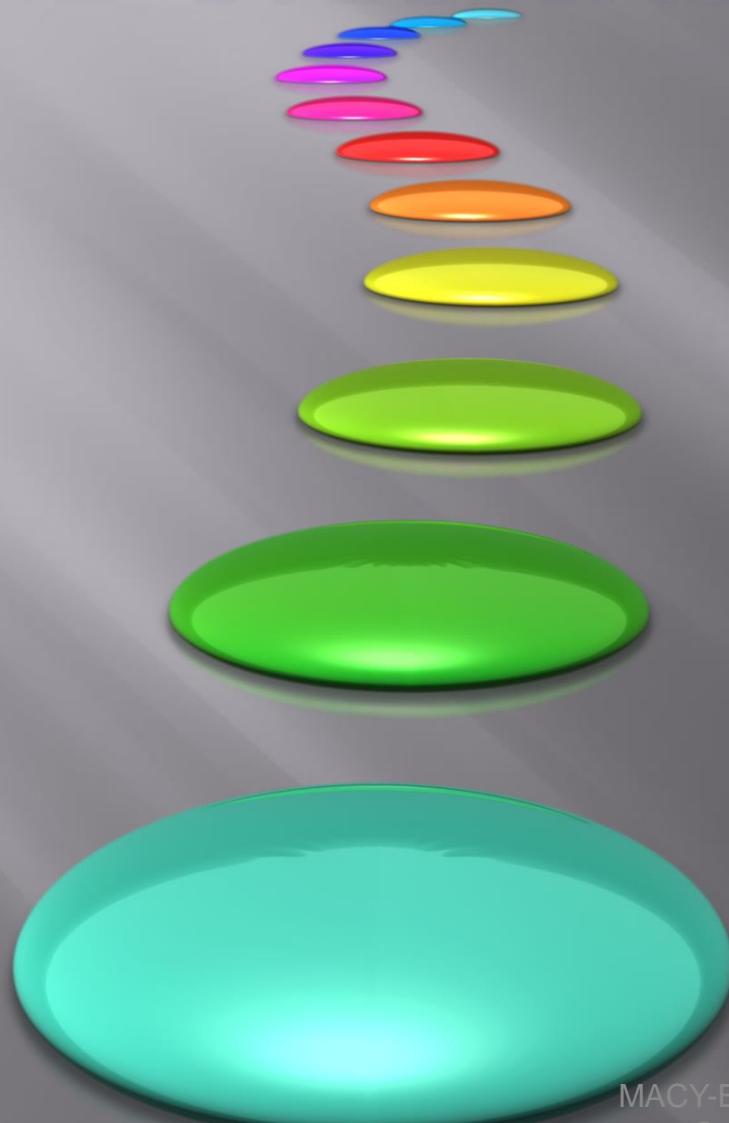
Compassionate/curious  
observer of self -

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:**

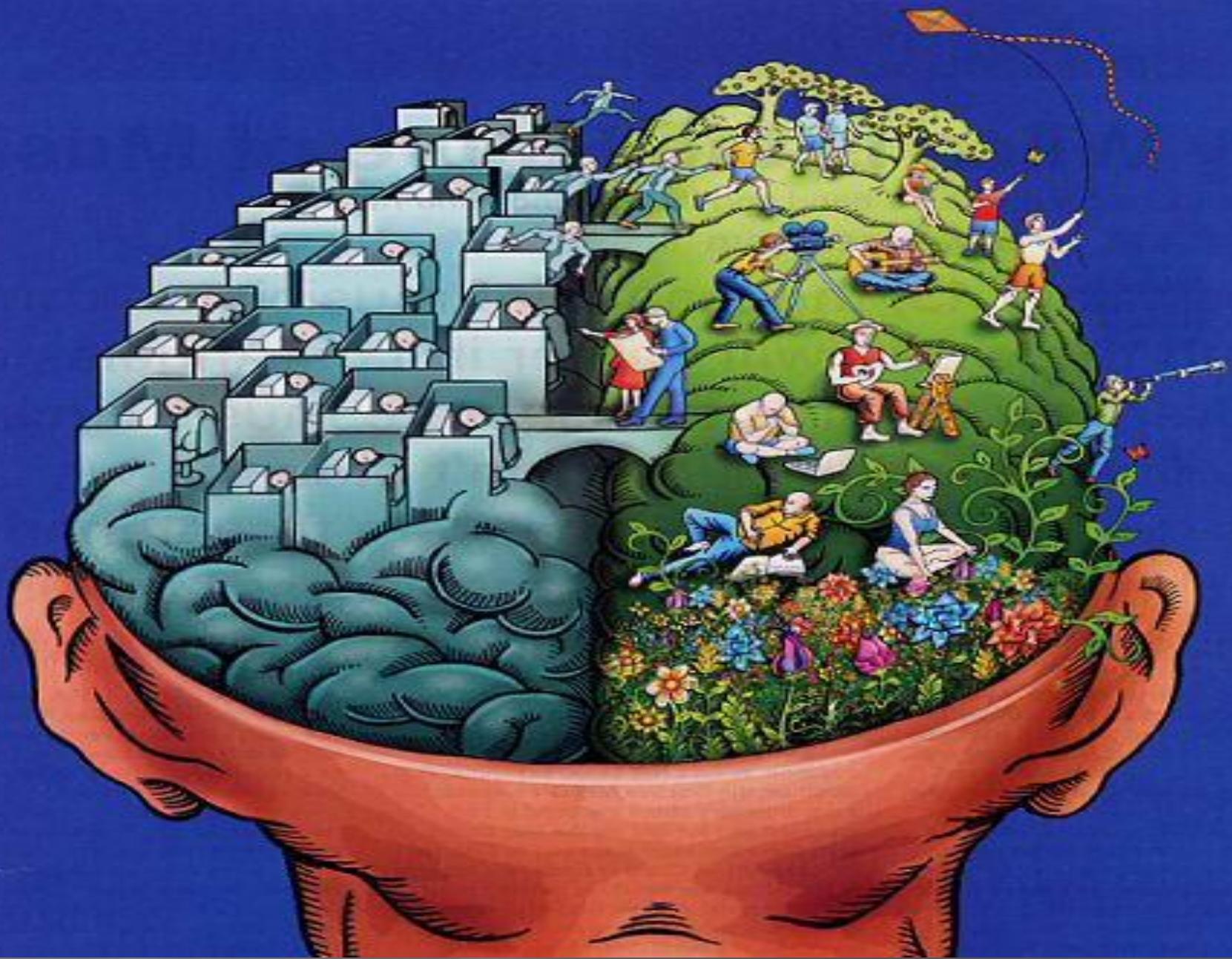
Strong and prolonged activation of the body's stress management system

Effects Brain Architecture

Intense Distress

Tolerable Stress

Positive Stress



# What is Psychological Trauma?

# How is it different than adversity?

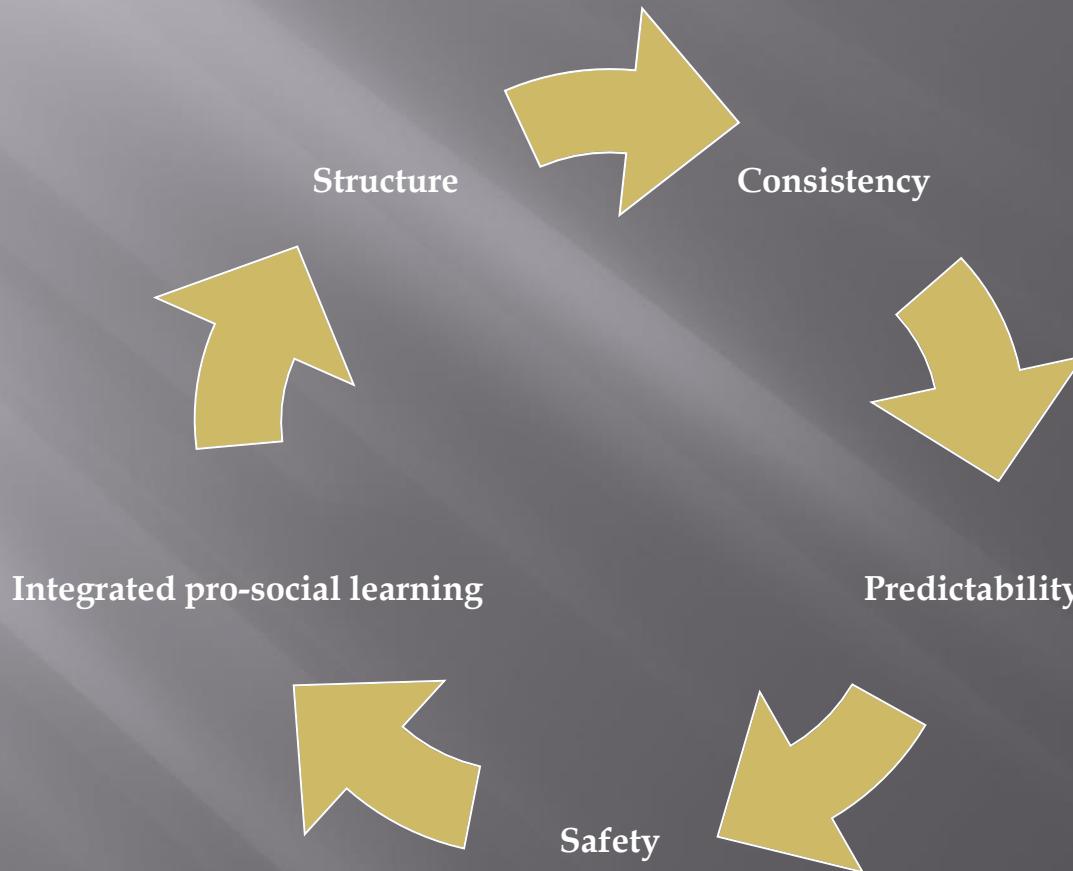
# *The Human Stress Response Continuum*

## 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

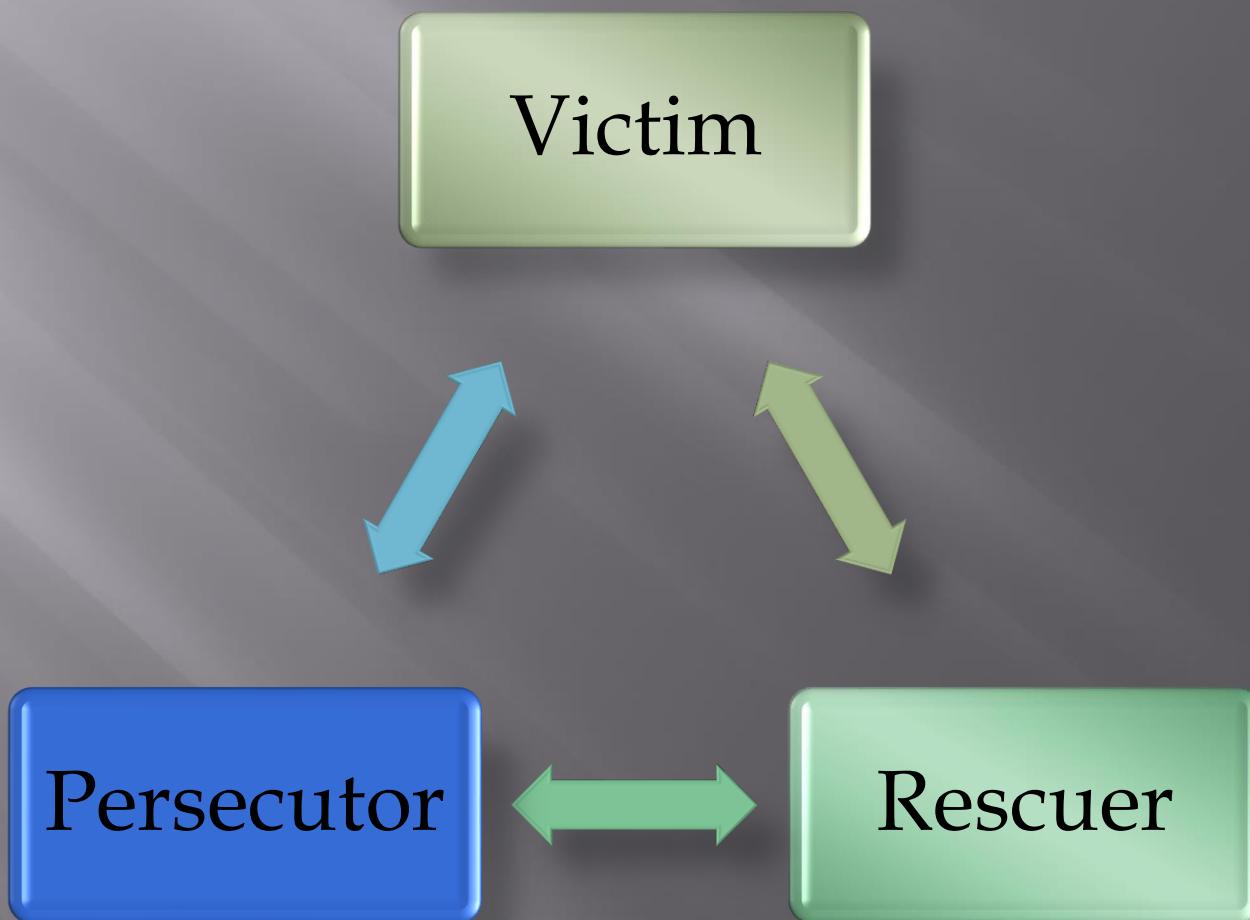


# Safety Wheel

## 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

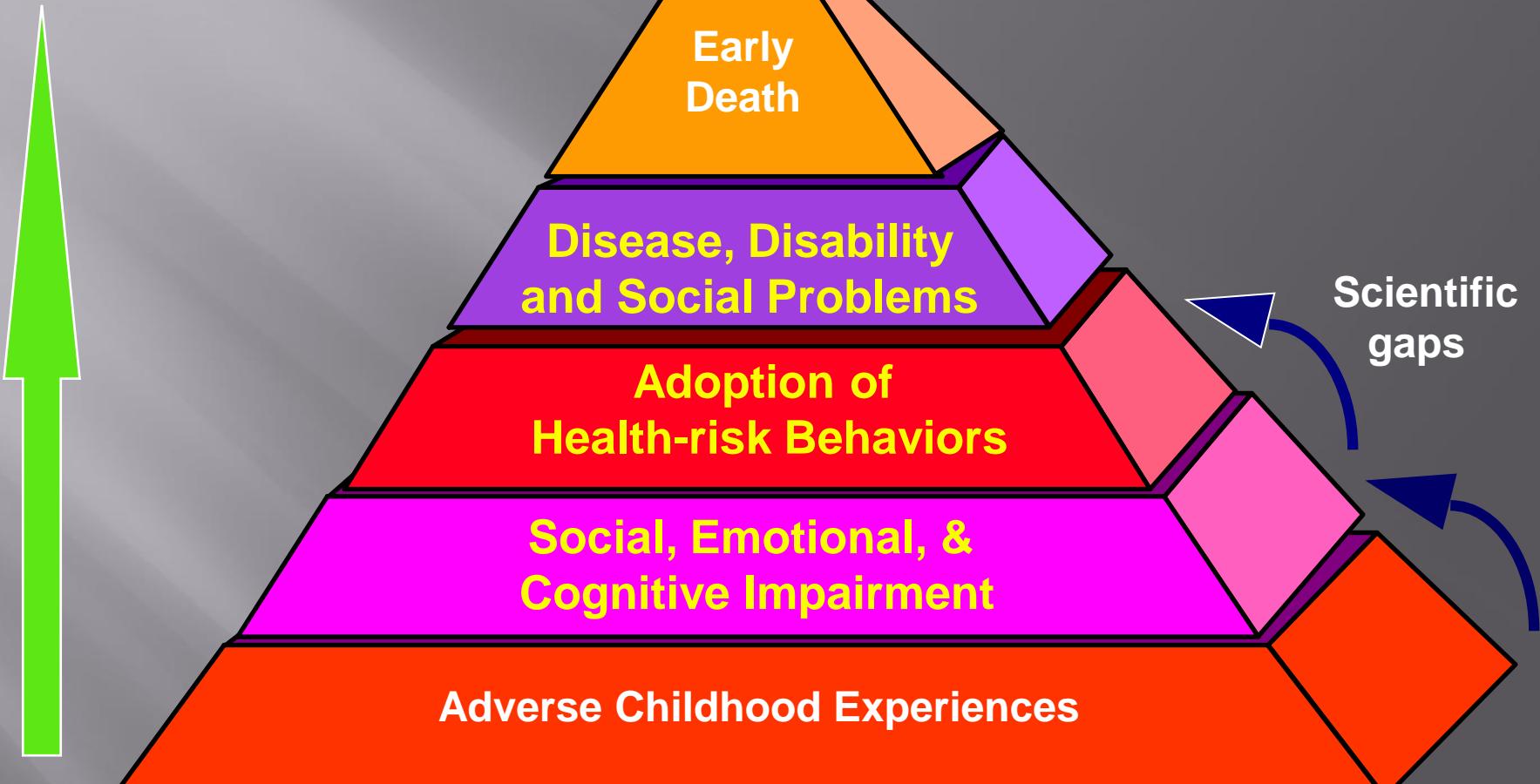
- ❑ Understanding the depth of development
- ❑ Reframing the meaning of words (Dr. Bruce Perry)
- ❑ Building vocabulary
- ❑ Creating a safe environment that allows the narrative

# The Great Communicator

# Activity demonstration

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

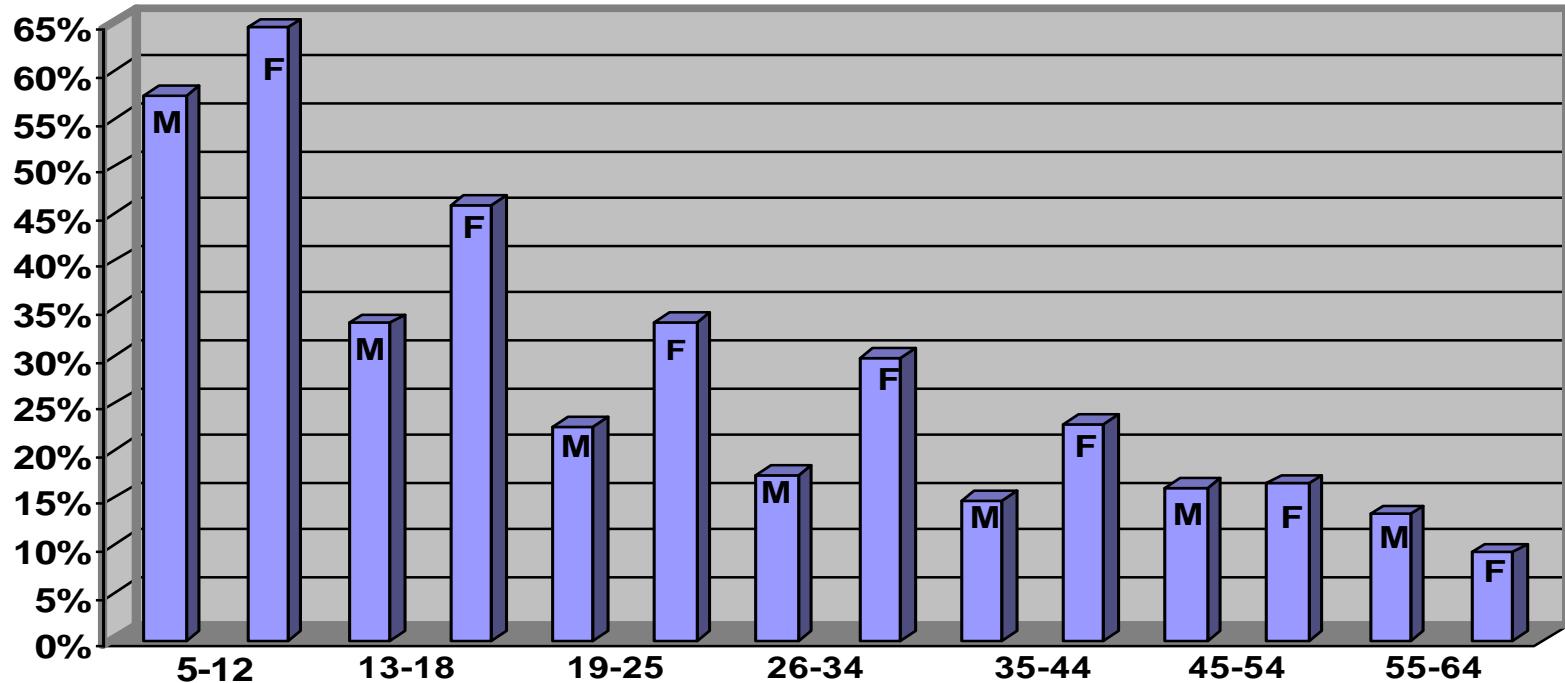
Death



# MA Medicaid Enrollees

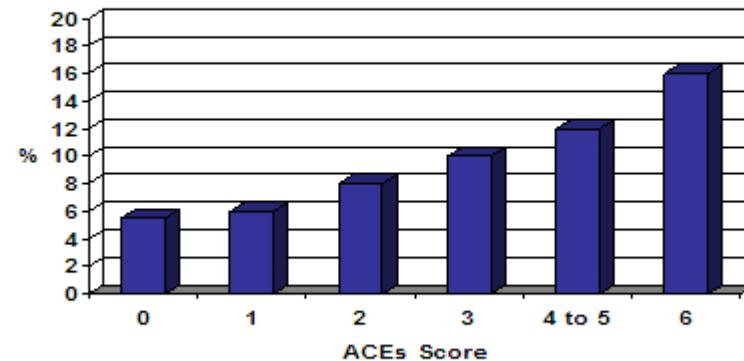
(Macy, 2002)

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



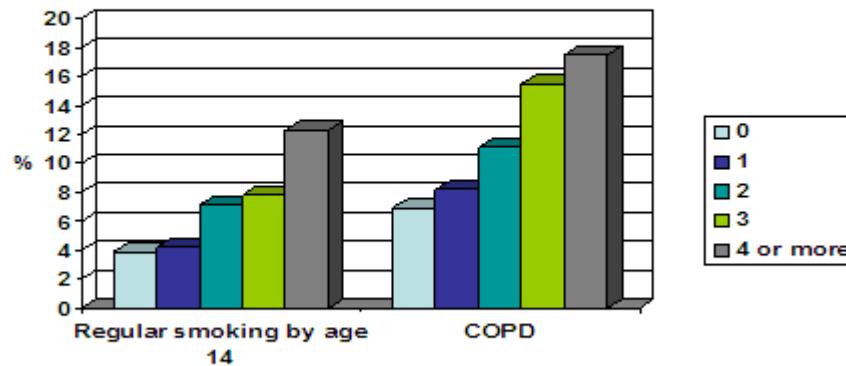
# ACEs and Current Smoking

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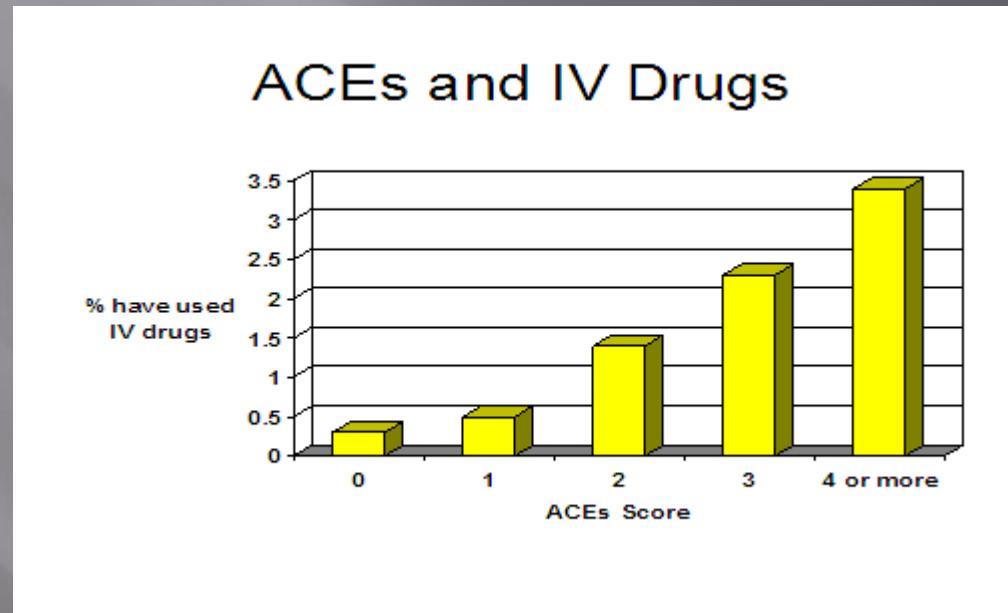


# ACEs, Smoking and COPD

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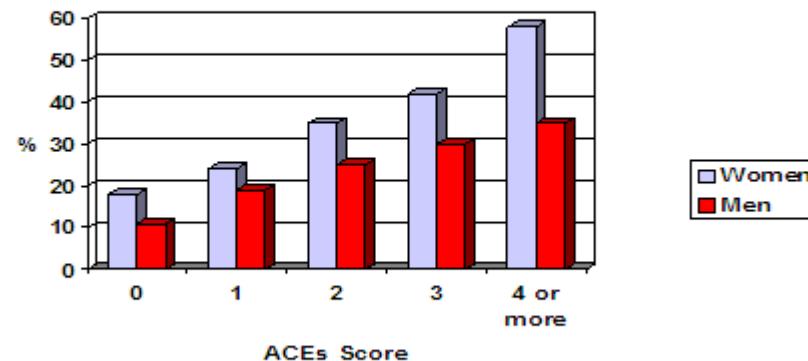


# ACEs and IV Drugs



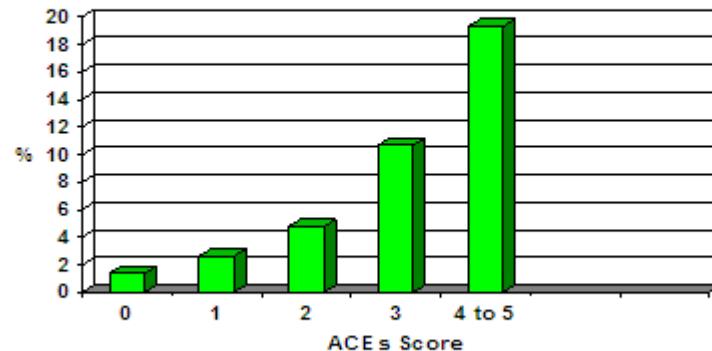
# ACEs and Chronic Depression

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# 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**