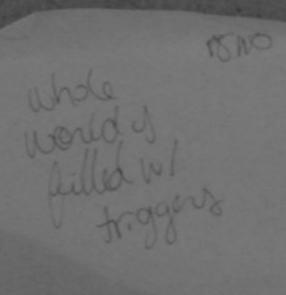
TOXIC STRESS

Thesis 1 Progress Report



No

inability to remember + being TRAPPED in that memory

1. 50

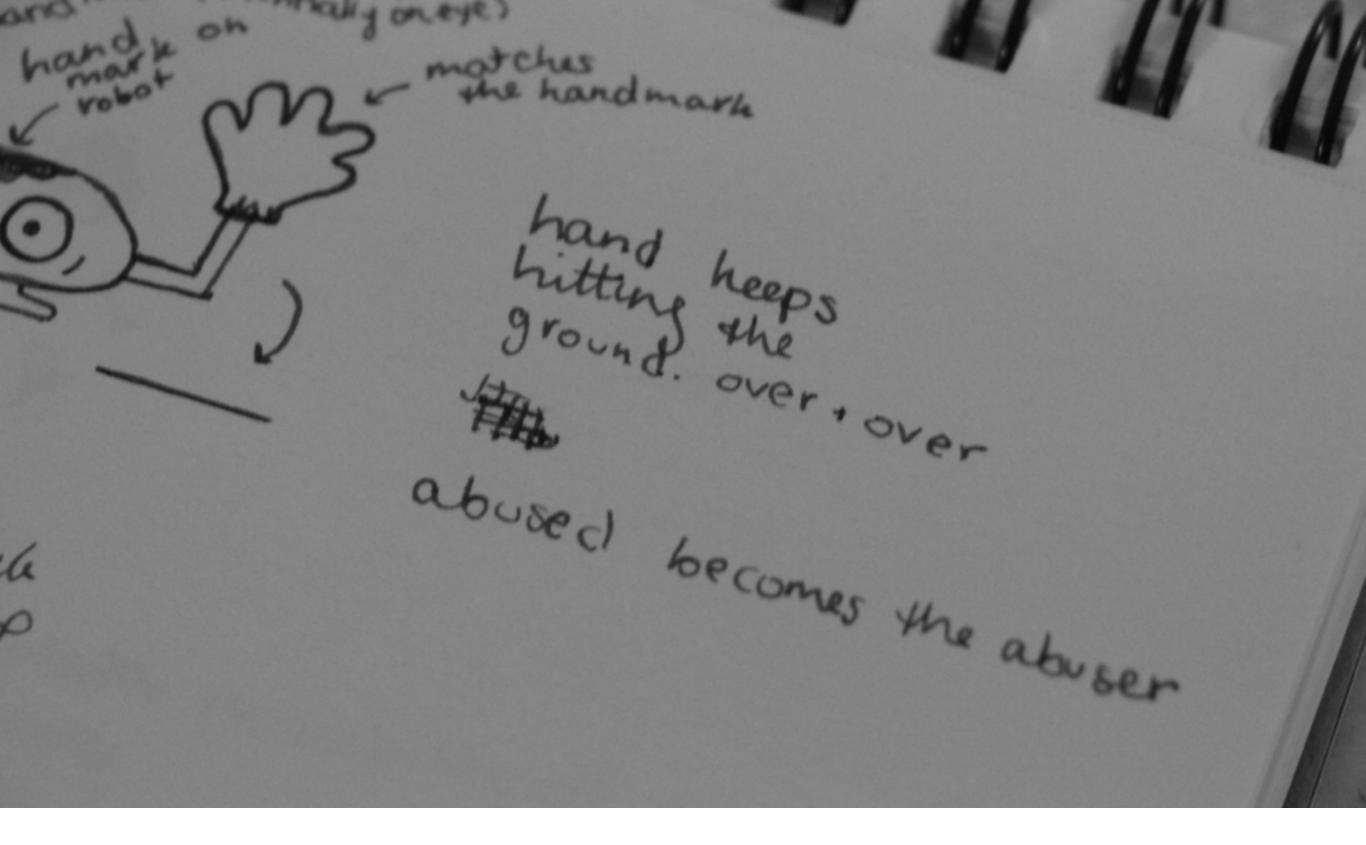
2. tiq

3. fre

How do defense mechanisms formed during a period of childhood toxic stress impact one's behavior?

Brocas alextingmia area Amydala, >h0 Brodmann's wordstor avec 19 cover story Wablity to

"I HAVE IT! I'M GOING TO MAKE A SERIES OF REALLY TRAUMATIZED ROBOTS!"



PROTOTYPE #|

Traumatized Robots

Russions 1. how do tohaviors/falings the anxiety. Control, anger, wolation manifest themselves in daily behavior? a. what are the gubtlies?

2. does the trainatic incident(s) heed to be stated?

"WOW, I HAVE NO IDEA WHAT I'M DOING. I'M NOT A PSYCHIATRIST."

"THINK IN TERMS OF DEFENSE MECHANISMS."

-Blake Phillips, M.D.

Clinical Assistant Professor Department of Child and Adolescent Psychiatry

Attending Psychiatrist Bellevue Hospital Center Child and Adolescent Partial Hospitalization Program



GEORGE VAILLANT'S MODEL OF DEFENSE MECHANISMS

"THIS COULD BE A TOOL FOR TRAINING."

-Blake Phillips, M.D.

Clinical Assistant Professor Department of Child and Adolescent Psychiatry

Attending Psychiatrist Bellevue Hospital Center Child and Adolescent Partial Hospitalization Program

MOMENT OF REALIZATION

HUMANS AREN'T ROBOTS.

I WANT TO CONTRIBUTE TO THE CONVERSATION, NOT JUST POINT OUT THE PROBLEM.

THESIS SHIFT!

I am creating an educational resource for medical students in training to help them better identify behavioral responses to toxic stress.

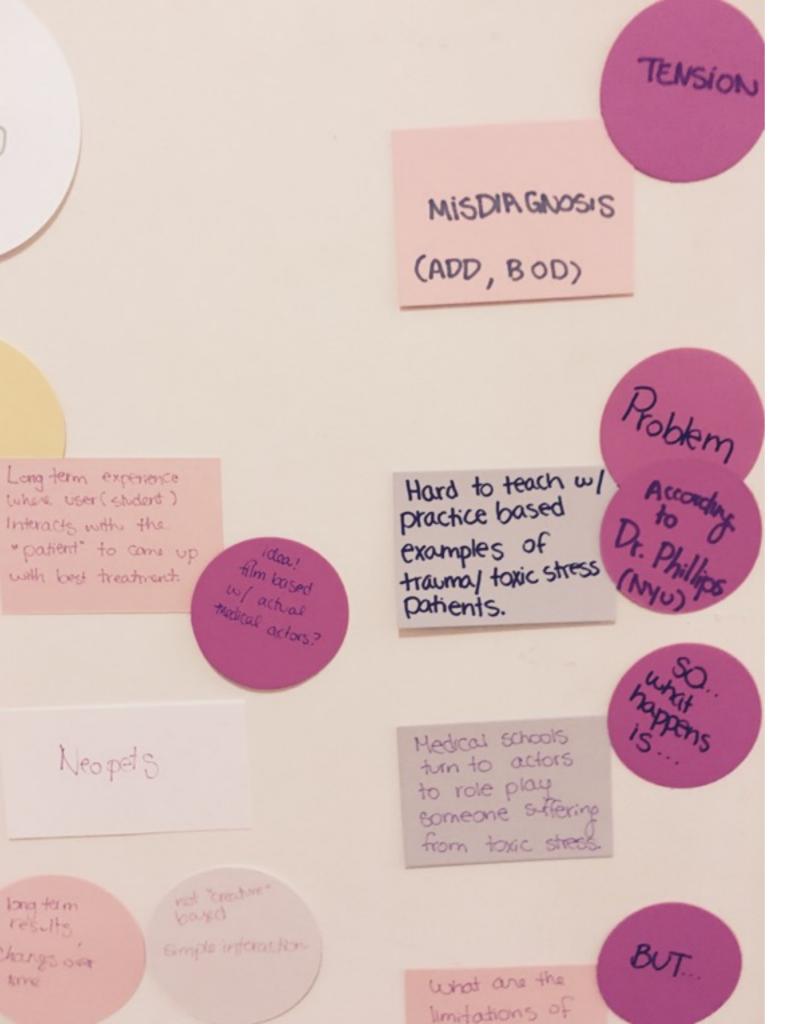
Core Questions

What are the defense mechanisms and behavioral responses to toxic stress?

What are the different needs of medical students in the learning process?

Why aren't medical students being able to properly learn about toxic stress and defense mechanisms in their current environment?

WHY IS THERE A NEED FOR A TOOL?



KNOWN CIRCUMSTANCES

Due to many reasons, training medical professionals to fully understand toxic stress symptoms in youth is very limited and often relies on textbooks or medical actors.

"MEDICAL ACTORS AREN'T USED FOR THESE SITUATIONS."

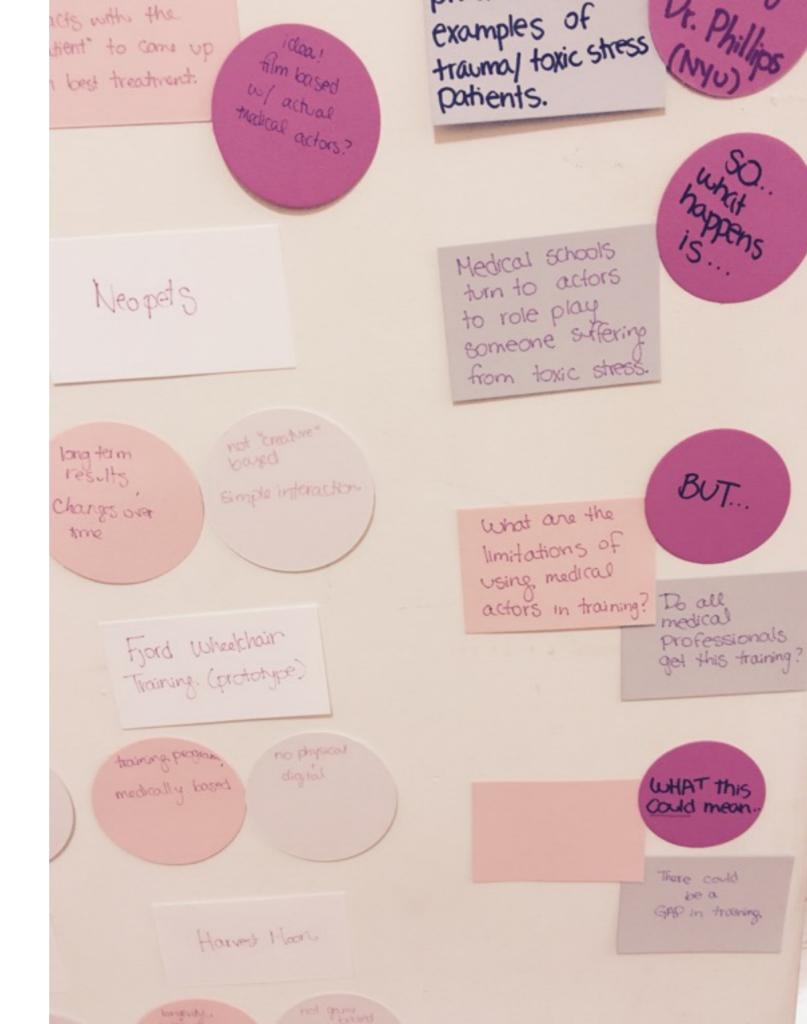
-Sam Wilkes

USC Instructor of Clinical Medical Education

ARGUMENT

Medical professionals may not get proper training to understand and treat individuals with toxic stress.

This may lead to misdiagnosis or incorrect treatment practices, if any treatment occurs.



"MEDICAL STUDENTS ARE GOOD AT STUDY AND GENERALLY STRUGGLE WITH THE ACTUAL IMPLEMENTATION..."

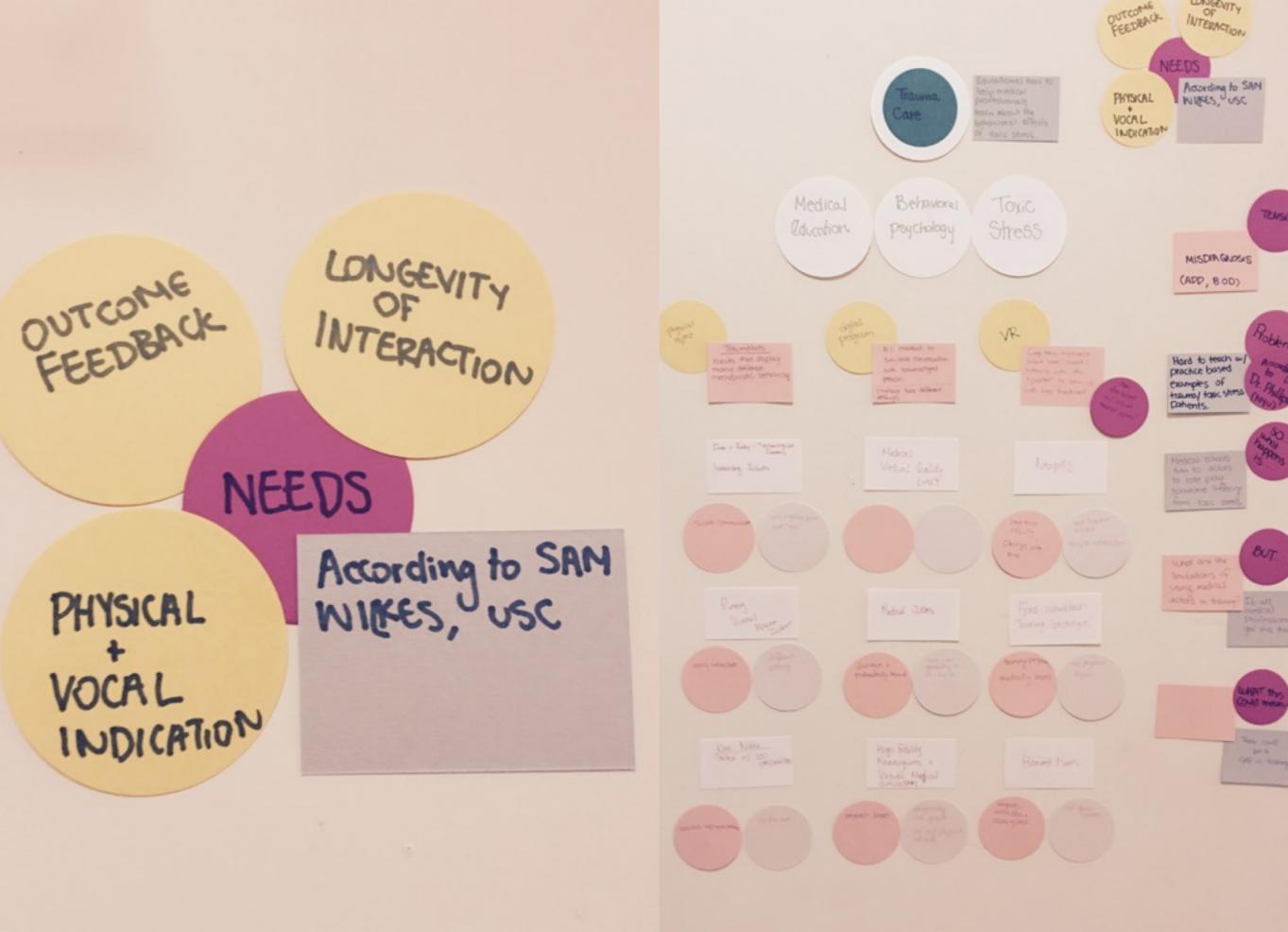
-Sam Wilkes

USC Instructor of Clinical Medical Education

"...THEY NEED TO BE ABLE TO MAKE MISTAKES AND SEE NEGATIVE OUTCOMES."

-Sam Wilkes

USC Instructor of Clinical Medical Education



"PSYCH-CATION" FOR 3RD YEAR MEDICAL STUDENTS

-Doug Zoerner

University of Kentucky School of Medicine M2 Curriculum Committee Representative

"MOST PEOPLE END UP MEMORIZING THE DSM-V DURING THEIR SPARE TIME..."

-Doug Zoerner

University of Kentucky School of Medicine M2 Curriculum Committee Representative

"... BUT EVEN WITH THAT, I'VE HEARD IT IS STILL EASIER THAN OTHER ROTATIONS."

-Doug Zoerner

University of Kentucky School of Medicine M2 Curriculum Committee Representative



PROTOTYPE #2

Long term VR Therapy Experience

Ben balance

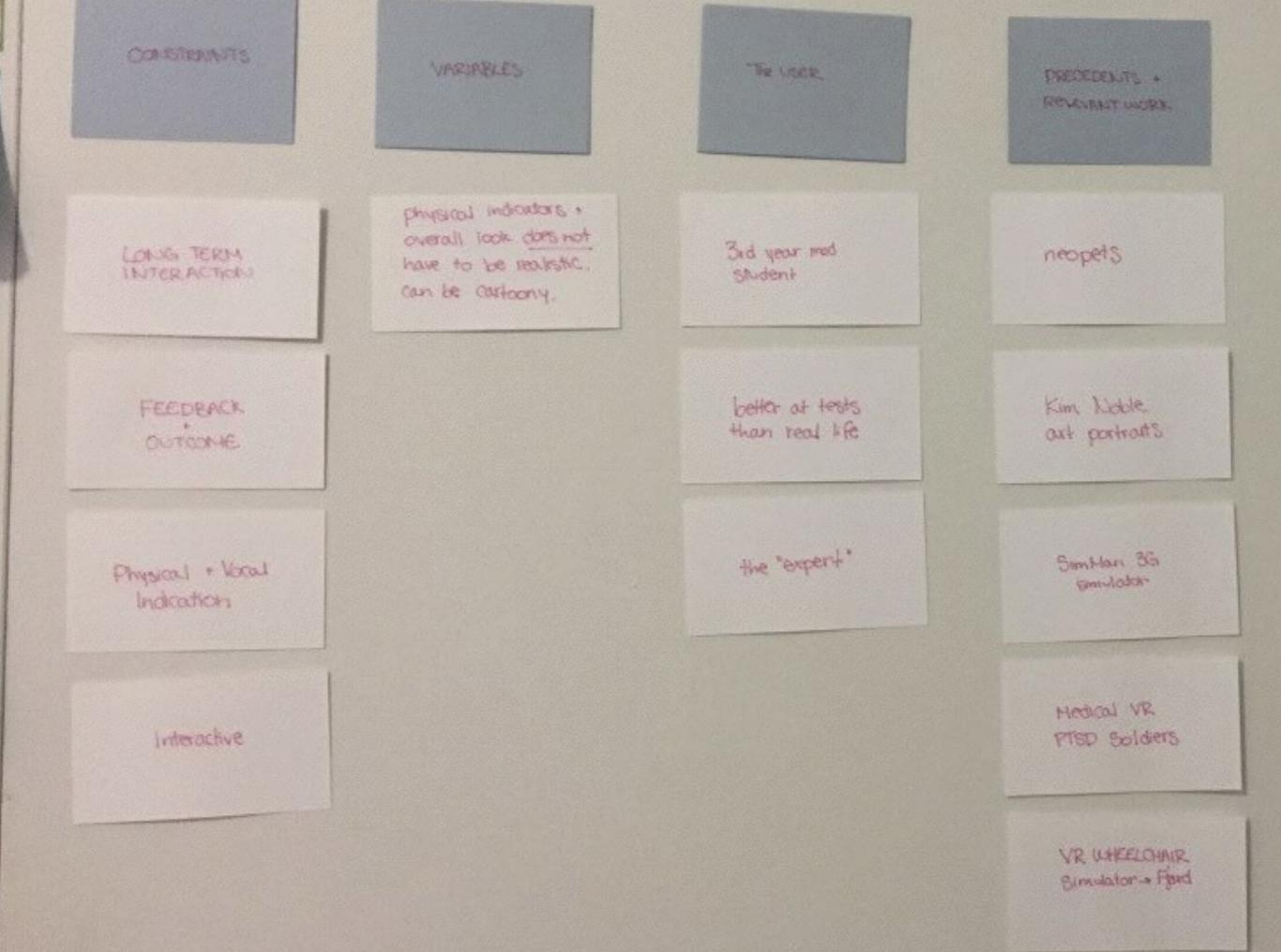
Session over. please note your thoughts about)er today's visit.

PROTOTYPE #2

Long term VR Therapy Experience

"WHAT ABOUT THE ENVIRONMENT? HOW DOES THIS EVEN WORK?"

-Thesis 1 classmates



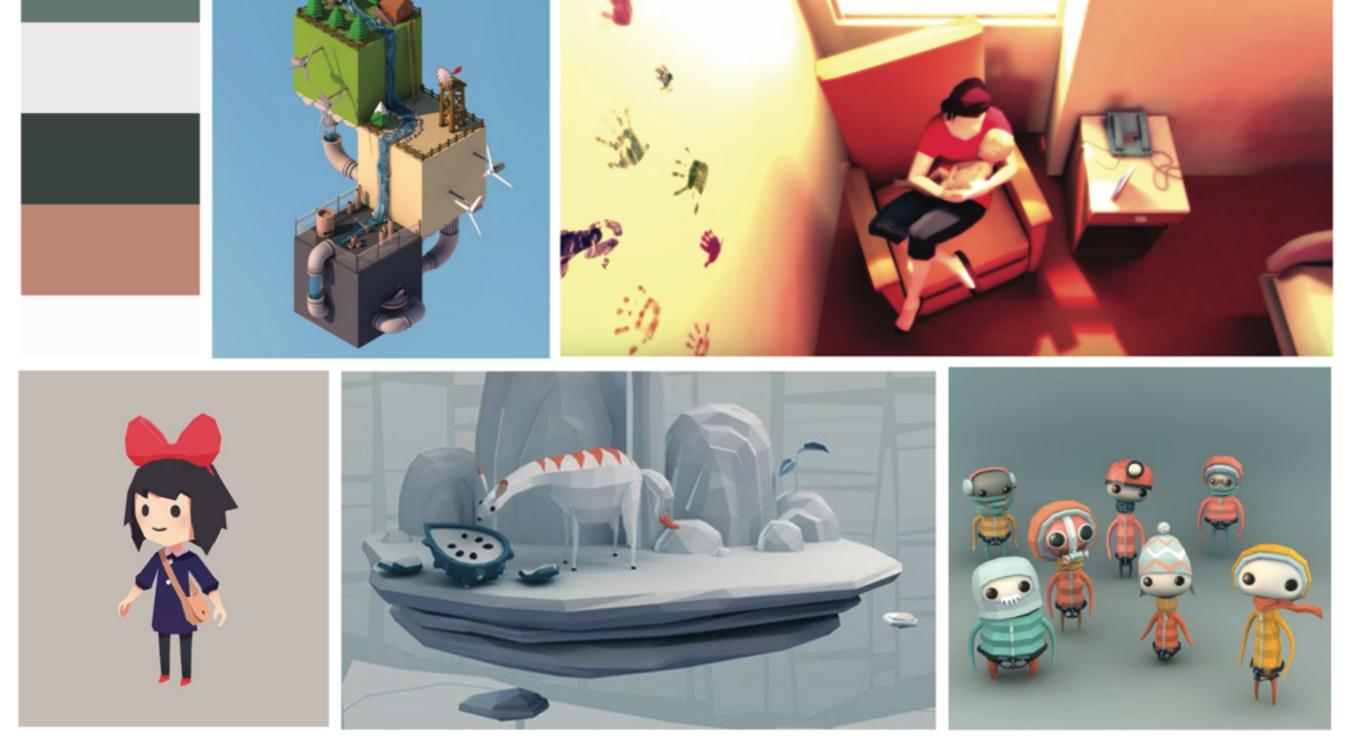


PROTOTYPE #3

Long term VR Interactive Therapy Experience

"SHOULD THEIR ASSUMPTIONS AS A MEDICAL PROFESSIONAL IMPACT THE WORLD?"

-Jane Mitchell



OPTION I: LOW POLY WORLD, EERIE FEELING, CLINICAL COLOR SCHEME

Long term VR Interactive Therapy Experience Aesthetic Prototype

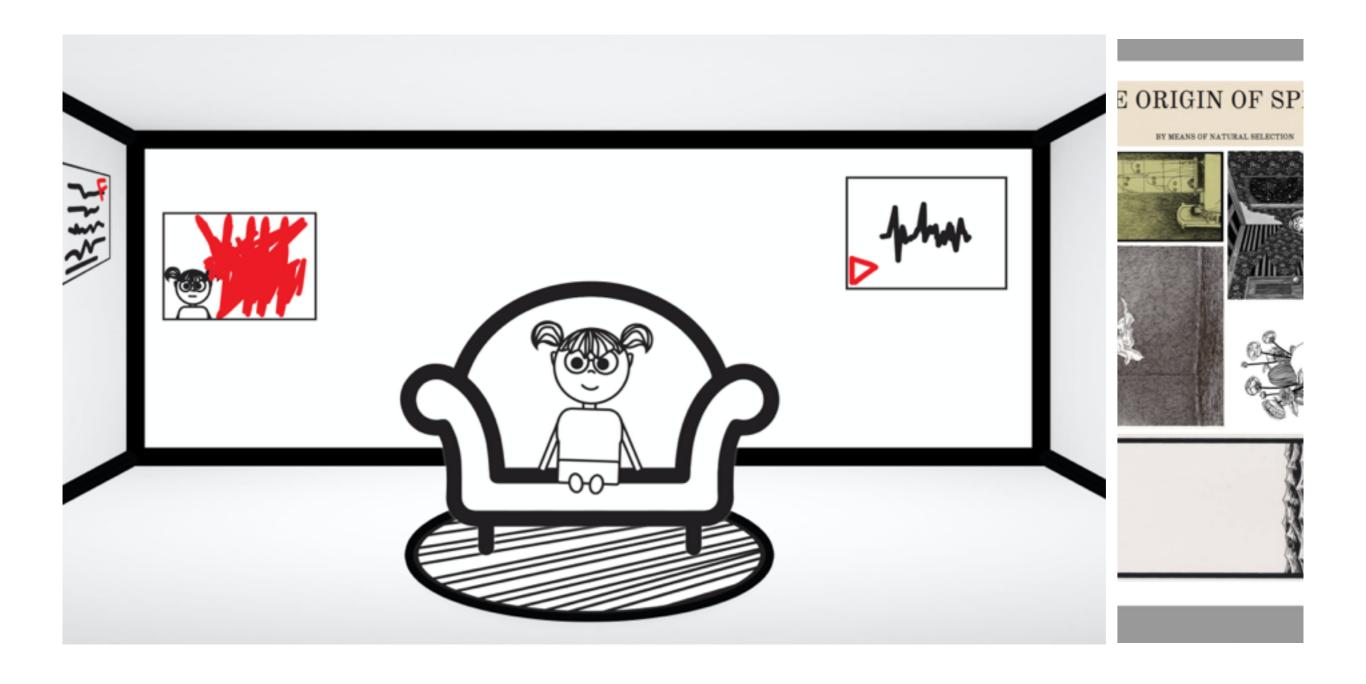
PROTOTYPE #4

OPTION 2: BLACK & WHITE WORLD-FLAT + MODERN MINIMAL AND ISOLATING FEELING

PROTOTYPE #4



Long term VR Interactive Therapy Experience Aesthetic Prototype

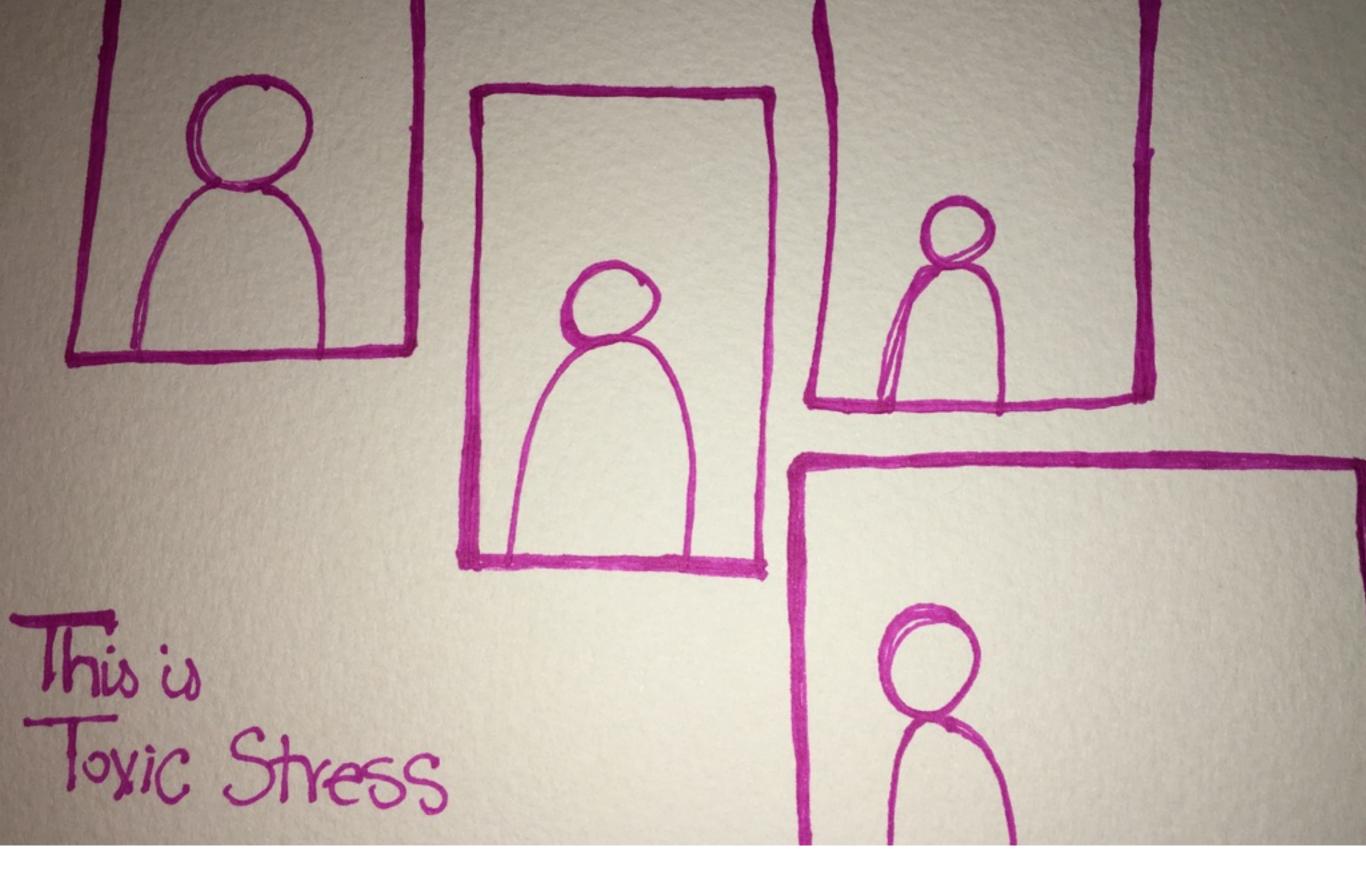


Long term VR Interactive Therapy Experience Aesthetic Prototype

PROTOTYPE #4

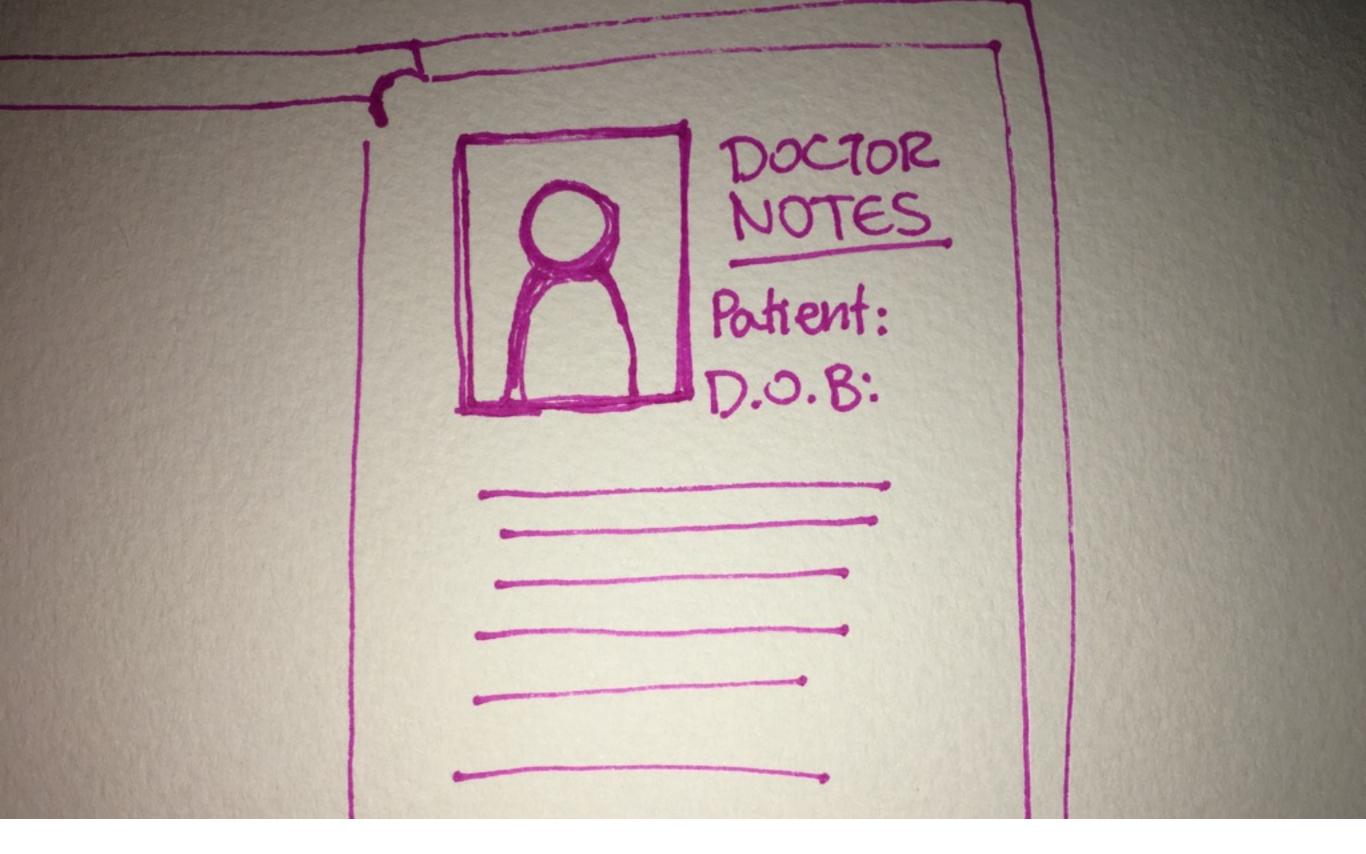
KIM NOBLE





PROTOTYPE #5

Narrative + Perspective Driven



PROTOTYPE #5

Narrative + Perspective Driven

LOW HANGING FRUIT

MOMENT OF REALIZATION

THE PROBLEM IS WAY MORE NUANCED.

LEARNING ABOUT SYMPTOMS THROUGH A VR EXPERIENCE MIGHT NOT ADDRESS THE UNDERLYING PROBLEM:

MISDIAGNOSIS.

THESIS SHIFT!

TRAUMA INFORMED CARE THROUGH THE LENS OF MISDIAGNOSIS

I am STILL creating an educational resource for medical students in training...

... BUT WITH MORE OF A FOCUS ON MISDIAGNOSIS.

(SAME CONTENT OF TOXIC STRESS, DIFFERENT ARTICULATION)

MOVING FORWARD-FEEDBACK

RUTH GERSON, M.D. & MICHAEL SCHOBER

& OTHER MEDICAL PROFESSIONALS!

MOVING FORWARD-EVENTS

HEALTHCARE HACKATHON

MOVING FORWARD-EVENTS

NATIONAL ACADEMIES OF SCIENCE, ENGINEERING, AND MEDICINE WORKSHOP

MOVING FORWARD-EVENTS

ALLIANCE FOR THE ARTS IN RESEARCH UNIVERSITIES NATIONAL CONVENTION ON CREATIVE **VENTURE, WELLBEING & THE NEW** HUMANITIES

QUESTIONS? THANKS!