Practitioners use trauma and resiliency-focused tools in assessment, service plans, treatment, and evaluation. Children increase resilience and decrease symptoms of traumatic stress and behavior problems:

- Developmental growth, e.g. on the DLA, SDQ or CANS
- Improvement on trauma and behavioral surveys, e.g. UCLA PTSD Index for DSM IV—Child and Parent; TSCC, TSCYC

**Goals**

**Real Life Heroes**

**Curriculum**

- RLH: a Toolkit for Complex PTSD (Overview, Framework, Components, Research)
- "Nuts and Bolts: Self-Regulation & Relationships (Life Storybook Chapters 1-5)
- Using a Trauma Lens: Integrated Assessment, Enrollment, Fidelity
- Caregiver Engagement, Power, & Resilience
- Moving Through the 'Tough Times': Desensitization Strategies & Developing a Future (Life Storybook Chapters 7-9)
- Adaptations and Strategies for Challenging Situations

**RLH Training Components**

- Organizational Preparation and Support
- Workshops—18-24 hours
- Consultation Groups—Monthly (11 hours)
- Individualized Consultation—Biweekly (20 hours)
- Supervisors’ and Coaches Meetings—Monthly (12 hours each)

**Developing a Learning Community**

Making It Work, Step by Step

- Plan
- Act
- Do
- Study

**Real Life Heroes: Overview**

- Complex PTSD
- RLH Core Components
- Practice session
- Application to a child and a family
- Systems Integration
- Pilot results; HEROES Project
- A Little Magic
LEGACY OF UNRESOLVED TRAUMA

CHILD  

• ABANDONMENTS/LOSSES/NEGLECT/ABUSE
• CRISIS
• NO SAFETY
• PARENTS+ADULT WORLD: OUT OF CONTROL

CHILD MUST BE IN CONTROL

Parents:
Shaping Pathways in the Brain

Brain Growth

Parents:
Shaping Pathways in the Brain

Human connections create neuronal connections. Behavior [shared between infant and caregiver] creates behavior.*
Daniel Siegel

Turning on neurons with experience leads to protein synthesis, changing the brain.

Adoptive parents are just as much biological parents as birth parents.

“Experience is biology...Parents are the active sculptors of their children’s growing brains.” -Siegel & Hartzell

EXPERIENCES SHAPE THE BRAIN

Trauma impacts at the developmental level of the child and family when experienced

Cumulative traumas lead to high risk behaviors, addictions, illness, and death

Experiences Shape the Brain

The Influence of Adverse Childhood Experiences Throughout Life

Multiple Traumas

- Disrupted & Disorganized Attachments
- Dysregulation

Emotional Stability

- Children and adolescents in the child welfare system typically had experienced at least one caregiver-related trauma (e.g., abuse or neglect).
- At least 83% of youth received at least one clinical diagnosis, such as depression and generalized anxiety disorder.
- The mean number of types of traumatic exposure was 5 for the total sample and 6 for the complex trauma subsample.
- Youth with complex trauma histories experienced significantly more trauma types overall than those without such histories.

- Greeson et al., 2011

GROWING UP WITH FAMILY VIOLENCE: CHILDREN LEARN:

- Adults you love can sometimes:
  - Hurt you deep inside
  - Scare you more than any scary story
  - Make you keep secrets.
  - Take way your home.

Behavioral and Developmental Impact of Maltreatment on Children in the Child Welfare System

- Children in child welfare programs found overall to have moderate to major developmental delays: receptive language—64%, expressive language—62%, fine motor—79%, Sequential—71%, Visual Processing—59%, Memory—59%.
- Greater developmental delays found to be significantly correlated with the number of types of maltreatment events experienced by children.
- Significant levels of regression, breaking rules, social difficulties, and total behavior problems also found.
- All children, in the sample, regardless of history of maltreatment, had significant problems with instillation.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Total Sample (%)</th>
<th>Complex Trauma Subsample (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>68.0</td>
<td>82.6</td>
</tr>
<tr>
<td>Traumatic loss/separation/abandonment</td>
<td>53.1</td>
<td>62.2</td>
</tr>
<tr>
<td>Impaired/abandment</td>
<td>30.8</td>
<td>74.4</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>51.4</td>
<td>71.9</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>49.4</td>
<td>94.0</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>52.0</td>
<td>41.9</td>
</tr>
<tr>
<td>Sexual assault</td>
<td>15.1</td>
<td>17.2</td>
</tr>
<tr>
<td>Community violence</td>
<td>14.3</td>
<td>18.7</td>
</tr>
<tr>
<td>Physical assault</td>
<td>12.0</td>
<td>14.6</td>
</tr>
<tr>
<td>Other trauma</td>
<td>11.8</td>
<td>12.9</td>
</tr>
<tr>
<td>School/medical trauma</td>
<td>9.3</td>
<td>9.7</td>
</tr>
<tr>
<td>School violence</td>
<td>8.0</td>
<td>8.8</td>
</tr>
<tr>
<td>Serious injury/accident</td>
<td>7.5</td>
<td>8.9</td>
</tr>
<tr>
<td>Extreme interpersonal violence</td>
<td>5.4</td>
<td>6.7</td>
</tr>
<tr>
<td>Natural disaster</td>
<td>3.0</td>
<td>3.2</td>
</tr>
<tr>
<td>Faced displacement</td>
<td>2.2</td>
<td>2.4</td>
</tr>
<tr>
<td>Killings</td>
<td>1.8</td>
<td>2.0</td>
</tr>
<tr>
<td>Maltreatment in United States</td>
<td>6.3</td>
<td>16.4</td>
</tr>
</tbody>
</table>

Real Life Heroes

Severe problems
No simple solutions

• Simply stopping overt abuse, neglect, or domestic violence does not mean that the working models, expectations, and traumatic stress reactions of family members will change.
  • The ‘unspoken’ remains alive at an unconscious level; can be seen in bodily reactions

What happens if you drop a cat hair into a cage with baby rats?


How to Raise an Adventurous Mouse

Mice raised in enriched stable environment with mazes, nesting materials, and toys explored more, learned faster, sought pleasure, showed more active and adventurous behavior, and were found to have more hippocampal neural growth. (Gage et al, 2012)

Movement found to be a key factor linked to learning and neural growth. (Rhodes et al, 2012)

How to create a depressed mouse

Mice who were chronically stressed by sudden changes to their living environments, removal of bedding material, etc., demonstrated behavioral symptoms of anxiety or lethargy, decreased adventurousness and were found to have decreased hippocampal neural growth (Gate et al, 2012).

What does this mean for federal, state, and agency policies for children in placement?

Children who experienced neglect or abuse have abnormally high levels of cortisol, a hormone associated with stress. High cortisol levels continue even after they are removed from maltreating caregivers and placed in safe circumstances. High cortisol levels decrease child’s capacity to manage stressors, emotion, and memory (National Scientific Council on the Developing Child, 2005).

If states of arousal continue over time, the body may cope by decreasing the growth of neural cells in the hippocampus or the number of receptor sites for activation of arousal leading to increased likelihood of depression.

Depression: “a normal response to abnormal experiences”

Traumatic stress results from experiences that represent a real or perceived threat to existence when resources (inside the individual and outside) are not sufficient to manage the threat (adapted from van der Kolk, 1989).

**Children with PTSD (De Bellis et al, 1999)**

- Smaller intracranial and cerebral volumes
- Smaller corpus callosum and middle and posterior regions normalized smaller; white, right, left, and basal telencephalic ventricles were proportionally larger than controls
- Brain size correlated with age of onset of PTSD trauma and negatively correlated with duration of abuse

- Impact tied to gender: Smaller corpus callosum found in maltreated males with PTSD and a trend for smaller cerebral volume than found in maltreated females
- Corpus callosum smaller in maltreated children with PTSD
- Smaller corpus callosum and brain volume correlated with increases in intrusive thoughts, avoidance, hyperarousal, dissociation with greater effects on boys than girls

See van der Kolk, 1989).
Smaller hippocampus found in adults abused as children

Neglect: The worst offender
3-Year-Old Children

Corpus Callosum
- 100 million neurons!!!
- Connects the two brain hemispheres
- Allows the left side to communicate with the right side
- Assists the individual child to calm down during/after "meltdowns"
- Is often damaged by prenatal alcohol exposure/traumatic stress

Brain Development
- Bottom up: Inside out
1. Caregiver Regulates
2. Co-regulates
3. Self-regulates

Chronic stress impairs the development of the prefrontal cortex, the brain region that is critical for the emergence of abilities that are essential to "autonomous functioning and executive functions" necessary to successfully managing school, work, and healthy relationships: planning, focusing, self-regulation, and decision-making.

Neglect: The worst offender

Copyright 2012 Richard Kagan, Ph.D.

Copyright 2012 Richard Kagan, Ph.D.

Copyright 2012 Richard Kagan, Ph.D.

Copyright 2012 Richard Kagan, Ph.D.
What are we doing to help?

Behaviors tied to traumatic stress are often treated as defiance or an individual’s inner mental disorder, when these behaviors represent, in large part, coping devices developed to manage the effects of living with chaotic, disorganized attachments, hostile, coercive parenting and adverse childhood experiences (Fellitti & Anda; Valentino et al., 2010).

A Challenge for Practitioners

Children in child welfare programs who received typical mental health services had more behavioral problems over time than those who received none (McCrae, Guo, and Barth, 2010), “...children [in child welfare] do not predictably receive services that are sufficient to help them overcome their behavioral difficulties” (p.358).

Opening our eyes to the unspoken; what’s often hidden in referrals and diagnoses

Trauma and Resiliency Lens

Asking ‘What happened?’ Looking for ‘What helps.’

What has the greatest impact?

Correlations of early childhood traumatic exposure severities with Complex PTSD symptoms

<table>
<thead>
<tr>
<th></th>
<th>Affect Dysreg</th>
<th>Depression</th>
<th>Self-perception</th>
<th>Relationships</th>
<th>Reliefs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>.04</td>
<td>.09</td>
<td>.15</td>
<td>-.02</td>
<td>.08</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>.17</td>
<td>.25</td>
<td>.26</td>
<td>.18</td>
<td>.25</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>.15</td>
<td>.22</td>
<td>.35</td>
<td>.03</td>
<td>.01</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>.12</td>
<td>.24</td>
<td>.34</td>
<td>.24</td>
<td>.11</td>
</tr>
<tr>
<td>Seps. and loss</td>
<td>.03</td>
<td>.09</td>
<td>.07</td>
<td>.06</td>
<td>.02</td>
</tr>
<tr>
<td>Other traumas</td>
<td>.14</td>
<td>.18</td>
<td>.15</td>
<td>.20*</td>
<td>.18*</td>
</tr>
</tbody>
</table>

*p < .05  ** p < .01

van der Kolk et al. DSM Field Trial, 1994

Emotional Abuse identified as the strongest predictor of emotional dysregulation—Survey of 912 female college students found that women who reported a history of sexual, physical, or emotional abuse endorsed greater emotional regulation difficulties compared to women without abuse histories. (Kim et al, 2011)

- Severity of emotional abuse identified as the primary trauma type associated with diagnosed bipolar disorder (p<.01) in a dose-effect relationship. (Kim et al, 2011)

<table>
<thead>
<tr>
<th>Emotional Abuse Severity</th>
<th>Estimated Proportion of Patients Diagnosed to Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe</td>
<td>90%</td>
</tr>
<tr>
<td>Moderate</td>
<td>82%</td>
</tr>
<tr>
<td>Low</td>
<td>75%</td>
</tr>
<tr>
<td>None</td>
<td>51%</td>
</tr>
</tbody>
</table>

Proportion of Bipolar Patients (N=278) to Control Group (N=94) Listed by Severity Level of Emotional Abuse

Differential Effects of Trauma By Age and Gender

- Children ages 2-6 predisposed to see themselves as causing events. (Hill, 2001)
- Maltreated children ages 5-7 showed increased feelings of shame with age events. (Miller & Long, 2009)
- Guilt reactions to events increased between ages 5-9. (Kochanska et al, 1990)
- Younger children ages 5-13 were more likely to blame themselves for their abuse. (Kochanska et al, 1990)
- Children ages 6-11 expressed more guilt over uncontrollable or accidental events. (Kochanska et al, 1990)

Feelings of shame more likely to lead to symptoms of depression in girls and symptoms of rage in boys. (Mast & Bracha, 1986; Masel, 1998)

Preschool and Latency Age Children Are Especially Susceptible to Shame

Pathways to Adult Disorders

Maltreatment during childhood and insecure attachments leads to diminished capacity for negative affect regulation and reduced expectations of support. This serves as a pathway to psychopathological impairment in adults. (Putnam, 1990)

Impaired attachments have been found to be associated with anxiety, eating, mood, and personality disorders in adults. (Kochanska et al, 1990)

Complex trauma arises when a child is exposed to danger that is unpredictable and uncontrollable while attachment with a caretaker who reliably and responsibly protects and nurtures the child is disrupted or has not occurred at all. (Cicchetti & Lynch, 1995)

Family Violence and Insecure Attachments

- 80% of children with Complex PTSD have insecure attachments
- Growing up with fear, terror, and survival threats associated with primary relationships

The child needs to feel connected in order to heal, but has learned to be afraid of trusting caregivers or other adults:

- Becomes fearful / dysregulated in intimate relationships
- Gets in more and more trouble
- Shame
**Real Life Heroes**

“Disorganized attachment is fright without solution”  
-van der Kolk, 2008

**Developmental Trauma Disorder**

- Experienced or witnessed multiple or prolonged adverse events beginning in childhood or early adolescence.
  - Multiple episodes of severe interpersonal violence
  - Disruptions of protective care giving
    - Repeated, unpredictable changes/disruptions of caregivers
  - Severe/persistent emotional abuse
- Dysregulation
  - Affective
  - Cognitive
  - Behavioral
  - Both

**My Child** Worksheet  (RLH Developmental Attachment-Centered Assessment and Service Plan)

Focus on one child—a child in your home, a child from your neighborhood, or even a child from the past that you have worked with.

- Fill in the basic information about your child—first name, age, gender—on the worksheet.
- Write down what you know about this child’s life before he or she came into your home.
- Make a note of anything about this child that you would like to understand better.

**Sharing What You Know**

Pair off and Take Turns Sharing with Partner as a Resource Parent  
Caring for a Child with Traumatic Stress. Use charts if desired.

- How would you summarize what was learned from the ACE study?
- How would you explain key parts of the brain and impact on behavior using your fist (after Siegel)?
- How does the Amygdala and Corpus Callosum affect behavioral reactions after traumatic events?
- How does the brain function ‘bottom up’ and ‘inside out’ and how does help us shape treatment for traumatic stress?
- What are the key components related to Complex PTSD or Developmental Trauma Disorder?

**What helps?**

Matching Trauma Treatments

TF-CBT and EMDR have been found to be effective treatments for PTSD in children (Kruglanski, P., & Pino, L. G., 2009; Shonk, K., McCall, B. S., 1999; Delahanty, D. L., et al., 2008).

Sequential treatment that works to alleviate problems with affect dysregulation and interpersonal relationships followed by trauma-focused exposure was found to be more effective than either component provided separately with Complex PTSD.


Caring adults can become the knights children need with the support, skills, and courage to face the demons of the past and the challenges ("tests") of troubled children.

Real Life Heroes = Re-pair work for disrupted and disorganized attachments
- De-code behaviors
- Listen to children’s messages
- Find caring adults (heroes) for each child
- Support caring adults
- Help caregivers pass the child’s "tests"
- Bring out the hero in each child

Caregivers learn sensitive points (triggers) and how they work (traumatic stress reactions); use understanding to help protect, soothe, and guide child to stay safe, stay in control and succeed.

Transform Vulnerabilities and Reactions into Sensitivities and Strengths
“Take the gifts you’re given and make them count for something.” - Sonya Sotomayor

So children can count on adults to protect them from the monsters of the past.
Real Life Heroes

**Life Stories: a Therapeutic Journey**

"Life is not a problem to be solved but a mystery to be lived."

- Joseph Campbell

**Developing Resiliency: Coping Skills & Resources**

*Life Story Integration: Who am I?*

- Action: How can I make things better?

- Relationships: Who is there for me?

- Emotional Regulation: How can I stay safe, stay in control and stay out of trouble?

**Real Life Heroes: Core Components (REAL)**

- Life Story Integration: Time lines & Desensitization
- Action: Creative Arts, Skill-building, Power Plays, Helping Others, ‘Letting Go’

**Recommended Components of Complex Trauma Treatment**

- Safety for child and child's family
- ‘Relational bridge’ promoted between child, primary caregivers and therapists
- Assessments and services are always relational
- Assessments and services are always strengths-focused
- All phases of treatment promote self-regulation for child and primary caregiver
- Trauma memory re-integration matched to child and primary caregiver’s capacity
- Prevention and management of disruptions of primary relationships and crises including trauma reactions

**Essential Elements of Trauma-Informed Child Welfare**

- Maximized physical and psychological safety for the child, family, and workforce
- Identification of trauma-related needs of children, families, and the workforce
- Enhancing child well-being and resiliency
- Enhancing family well-being and resiliency
- Enhancing the well-being and resiliency of those working in the system
- Partnering with youth and families
- Partnering with system agencies

**Components include:**

- Relationships: Strengthening (or Building) Emotionally Supportive Relationship:
  1. Safety—Creating “the protective shield”
  2. Attachment
  3. Co-regulation

**Emotional Regulation:**

- Letting go
- Delaying gratification (building and modulating emotions)
- Changing the Script—Cognitive Behavioral Therapy skills
- Reducing and preventing traumatic stress reactions

**Action:**

- Caring, Commitment, Protection, Guidance, & Co-regulation
- “Mysteries of Life”
- “Art of Storytelling”
- “Power Play”
- “Making Others - Feel Good Power”
- “Ask Me What I Am Doing”
- “Helping Others”

**Life Story Integration:**

- Letting go
- Delaying gratification (building and modulating emotions)
- Changing the Script—Cognitive Behavioral Therapy skills
- Reducing and preventing traumatic stress reactions

**Reductions:**

- Caring, Commitment, Protection, Guidance, & Co-regulation
- “Mysteries of Life”
- “Art of Storytelling”
- “Power Play”
- “Making Others - Feel Good Power”
- “Ask Me What I Am Doing”
- “Helping Others”

**Creative Arts, Skill-building, Power Plays, Helping Others, ‘Letting Go’**

Revised 2013, NCTSN Child Welfare Committee

Attachment and Resilience-building Interventions
Expand the ‘Window of Tolerance’

Telling the Story on his headboard

9-year old had been ‘resisting’ going to therapy sessions and difficult to engage.
Therapist begin using Real Life Heroes 1st chapters
told boy she’d be away two weeks, a vacation for both
Boy wrote on headboard in permanent marker:
“i don’t want to see Aunt ___. She hurts me.”
Boy had been spending time with paternal aunt during visits
with father. Mother - Father separated. Told mother aunt
sexually abused him.

Chapter by Chapter

Provides practitioners with an easy-to-use, phase-based toolkit for assessments, service planning, and treatment of Complex PTSD.

SAFETY THROUGH STRUCTURED ACTIVITIES

- Work ‘Chapter by Chapter’ with creative arts engages caring adults and children to strengthen skills, foster communication, and rebuild, or build, nurturing, enduring relationships with caring, committed adults.

- Rebuild (or build) emotionally supportive relationships to make it safe enough to access emotional memories, process traumas, modulate arousal to triggers, desensitize traumas, and help children reintegrate and rewrite their life stories.

Real Life HEROES
A Life Storybook for Children
Second Edition
Richard Kagan, PhD

Copyright 2012 Richard Kagan, Ph.D.
Real Life Heroes

CHAPTERS TARGET COMPONENTS OF COMPLEX TRAUMA THERAPY

- The Pledge—safety, "doing with"
- A Little About Me—expression and identification of feelings, affect regulation, testing safety
- Heroes and Heroines—openings for hope, modeling, from imaginary to real life; developing positive ethnic heritage
- People in My Life—rebuild awareness of people who cared, open up past
- Good Times—Fun, connections, resources, allies
- Making Things Better—pulling together new perspectives, resources, and allies to make a difference, restitution, using what was learned

- The ABC's of Trauma and The Hero's Quest—understanding the impact of trauma on our bodies and beliefs, accepting and recognizing bodily reaction, changing from Catastrophic beliefs to Coping Strategies, rewriting our scripts, and practice using new strategies with a low level stressful situation.
- Looking Back—making sense out of past, who was there, transitions.
- Through the Tough Times; desensitization to progressively more difficult traumatic memories utilizing CBT approaches and creative arts.
- Into the Future—open up possibilities, goals, faith

TABLE OF CONTENTS

- The Pledge—safety, "doing with"
- A Little About Me—expression and identification of feelings, affect regulation, testing safety
- Heroes and Heroines—openings for hope, modeling, from imaginary to real life; developing positive ethnic heritage
- People in My Life—rebuild awareness of people who cared, open up past
- Good Times—Fun, connections, resources, allies
- Making Things Better—pulling together new perspectives, resources, and allies to make a difference, restitution, using what was learned

- The ABC's of Trauma and The Hero's Quest—understanding the impact of trauma on our bodies and beliefs, accepting and recognizing bodily reaction, changing from Catastrophic beliefs to Coping Strategies, rewriting our scripts, and practice using new strategies with a low level stressful situation.
- Looking Back—making sense out of past, who was there, transitions.
- Through the Tough Times; desensitization to progressively more difficult traumatic memories utilizing CBT approaches and creative arts.
- Into the Future—open up possibilities, goals, faith

RLH Toolkit: Core Components

- Life Story Integration
- Emotions
- Mindfulness Practice with Creative Arts, Movement & Movement, Poetry, Education, Grieving, Youth & Foster Power Plans, Helping Others, Letting Go

RLH Toolkit: Developmental Attachment-Centered Assessment and Service Plan

- ASSESS:
  - ATTACHMENTS
  - TRAUMATIC STRESS
  - DEVELOPMENTAL AGE
  - STRENGTHS
  - TRIGGERS & TRAUMATIC STRESS REACTIONS

- COORDINATE SERVICES:
  - SAFETY
  - REBUILDING ATTACHMENTS
  - SKILL BUILDING FOR DESENSITIZATION AND SUCCESS
  - REINTEGRATION (IDENTITY, FAMILY, HERITAGE, FUTURE)
He drew a circle to shut me out. He drew a circle to shut me out. He drew a circle to shut me out. He drew a circle to shut me out. He drew a circle to shut me out. He drew a circle to shut me out. He drew a circle to shut me out. He drew a circle to shut me out. He drew a circle to shut me out.

Heretic rebel, a thing to flout. Heretic rebel, a thing to flout. Heretic rebel, a thing to flout. Heretic rebel, a thing to flout. Heretic rebel, a thing to flout. Heretic rebel, a thing to flout. Heretic rebel, a thing to flout. Heretic rebel, a thing to flout. Heretic rebel, a thing to flout.

He drew a circle to shut me out. Heretic rebel, a thing to flout. But love and I had the wit to win. We drew a circle that took him in. 

Edwin Markham

Real Life Heroes = Re-pair work for disrupted and disorganized attachments

The RLH Toolkit helps practitioners:
- De-code behaviors
- Listen to children’s messages
- Find caring adults (heroes) committed to each child
- Empower caring adults (knowledge, skills, tools)
- Help caregivers pass the child’s “tests”
- Bring out the hero in each child

**Part V: Treatment Priority**

<table>
<thead>
<tr>
<th>STRENGTH OF EMOTIONALLY SUPPORTIVE ENDURING RELATIONSHIPS</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHILD SELF-REGULATION</strong></td>
<td>Life Story &amp; Trauma Integration with Caregivers</td>
<td>Attachments, Regulation &amp; Safety for Child and Caregiver</td>
<td>Attachments &amp; Support</td>
</tr>
<tr>
<td><strong>Reparative Relationships</strong></td>
<td>Attachments, Caregiver, Regulation &amp; Life Story Integration</td>
<td>Attachments, Caregiver, Regulation &amp; Life Story Integration</td>
<td>Attachments, Caregiver, Regulation &amp; Life Story Integration</td>
</tr>
<tr>
<td><strong>Priority Guide</strong></td>
<td>Attachments, Caregiver, Regulation &amp; Life Story Integration</td>
<td>Attachments, Caregiver, Regulation &amp; Life Story Integration</td>
<td>Attachments, Caregiver, Regulation &amp; Life Story Integration</td>
</tr>
</tbody>
</table>

**Notes:**
- High: Life Story & Trauma Integration with Caregivers
- Medium: Reparative Relationships
- Low: Priority Guide

---

Real Life Heroes

Supportive Relationships & Memories of Caring (3-4)

- Caring adults provide safety, nurture, or support, even for a limited time.
- Adapted from Saxe et al (2007)

**Session Matched to Child and Family**

- Inner Circle: Caregivers and people with whom you feel so close that you can share and heal experienced during the best and worst times in your life. People you love, helped, heal, and did and to whom you look for safety, nurturance, and guidance into adulthood.
- Middle Circle: People who are not so close but are important to you and will provide safety, nurture, or guidance in a temporary role.
- Outer Circle: People who are not close but are important for providing guidance, mentoring, or support, even for a limited time.

---

Case Discussion: Relationships and Emotional Regulation

General Format for Case Discussions

1. What do we know (the facts)?
2. What are your hypotheses (hunches to test)?
3. What do you want to find out?
4. Next Steps?

Developmental, Attachment-Centered Assessment—Practice Case (James)
Fill in Genogram and Timeline (p.2) as you read case (What do we know)
Discuss in groups (Hypotheses):
Basics: Goals
Relationships: How might James fill out Hierarchical Circles?
What do you want to find out?
How would you do this (Next Steps)?

Case (James)
Fill in Genogram Genogram Genogram Genogram and Timeline (p.2) as you read case and Timeline (p.2) as you read case and Timeline (p.2) as you read case and Timeline (p.2) as you read case
Discuss in groups (Hypotheses):
Basics: Goals
What do you want to find out?
How would you do this (Next Steps)?

'MY CHILD' ASSESSMENT AND SERVICE PLAN

Start a Developmental, Attachment-Centered Assessment
Fill in Genogram and Timeline (p.2)
Outline:
Basics: Goals
Relationships:
How might your child fill out Hierarchical Circles?
What are your hypotheses (hunches to test)?
What do you want to find out?
Next Steps?

SESSION STRUCTURE

Interventions Expand the ‘Window of Tolerance’
By Strengthening (or Building) Self and Co-Regulation Skills and Enduring, Emotionally Supportive Relationships

RLH Toolkit: Session Structure

Trauma → Chaos
Chapter Structure → Healing

Ritualized Session Structure

- Increases safety in session
- Adds creativity and fun
- Builds capacity of child and caregivers to move through traumatic stress experiences in Chapter 8
- Demonstrates to caregivers how child is changing, session to session, e.g. on thermometers
- Linked to Simplified, In-session Progress Note
  - Adaptable for funding requirements
  - Digital or paper

Chapter (circled): Pledge 1 2 3 4 5 6 7 8 9 Life Narrative; Pages Completed: __ __
1st: Nonverbally, child selects color, sketches image, taps rhythm, tries out tone to match, then 2-3 note (chord improv), exact Action Pose
2nd: Child develops a story with a beginning, middle, and end, utilizing rhythm, music, art, or movement, and ending at a safe place or time
3rd: Child responds to questions listed on page or reflects with thoughts on drawing, rhythm, music, or movement
4th: Therapist highlights strengths, coping skills, and positive and challenges dysfunctional beliefs
End of Session Thermometers (1-10); Knots: ___; Personal Power: ___; Most: ___; Seat: ___; Glad: ___
Focusing/Centering exercises repeated if necessary to calm

REAL LIFE HEROES
SESSION SUMMARY/PROGRESS NOTE

Child: Program: Service Goal (if required): Date: __/__/____
Adults and other children participating in session: ____________
Check off what was completed:
Service Plan: ___; Personal Power Plan: ___
Safety First: safety plans in place; before/during/after reminders for predictable crises; child's signal and action plan if knots begin to rise or Personal Power falls; plan for practitioner and caring adult self-care
Openings: Magical Moment (e.g. herbal tea, cookie, magic trick, ___)

SESSION SUMMARY/PROGRESS NOTE

Child's work shared, when possible, with safe, caring adult in sessions; therapist encourages attunement by adults and validation of losses, hardships, adult ownership of responsibilities for what happened
Reassurance provided to child for: thoughts or feelings to be expected as normal, how your mind is healing and becoming stronger and stronger, how to utilize bodily sensations as messages or reminders, ways to calm and self-soothe using understanding of trauma and positive self-statements; choices; caring adults to call if distressed (on safety cards); plans with caring adults and children to manage reminders of trauma
Session ended on a positive note reinforcing strengths, lessons learned, helping others, etc.
Activities for week planned (fun, skill, and relationship-building activities with modulation practice, related to chapter): ___

REAL LIFE HEROES

Personal Power Plan

Personal Power

UCLA Parent

Copyright 2012 Richard Kagan, Ph.D.

Centering skill building with feathers

- Use of a peacock feather (Macy, 2004) is very useful to engage children into centering activities at the beginning of sessions. The child can be encouraged to experiment balancing the feather in different ways: (1.) In an attentive position with knees bent, feet comfortably spread, shoulders centered over hips, eyes on the top of the feather with head upright and deep smooth breathing; (2.) Kneel forward or body lifted to the side; (3.) Whiling saying a negative belief, e.g. “Everybody hates me” or “I’m bad, really bad”; (4.) While moving quickly around the room in a hyper manner; or (5.) With eyes darting everywhere.

- Once a child becomes comfortable balancing the feathers, it is useful to point out lessons or imagery, e.g. how looking at the top keeps our heads steady and how focusing on the bottom (feather) helps us to cope better with stress and strong emotions.

- Reframing the child: E.g., “Belief, e.g. belief, e.g. belief, e.g. belief, e.g. ‘Everyone hates me’”.

- ‘Doing With’ Activities

- Adapted for age, talents, interests, family’s cultural practices

- In sessions and homework for:
  - Affect management
  - Sharing interests
  - Helping the family

**Real Life Heroes**

**RLH Toolkit: Psychoeducation**

Empowering Children and Caregivers with Trauma Psychoeducation:
- Traumatic Stress and the Heroes' Challenge (Real Life Heroes Practitioners' Manual)
- Resource Parent Curriculum (NCTSN)

**TRAUMATIC STRESS**

_Tough Times_ start the alarm bells ringing in our bodies. That's a good thing. We feel our stomachs get tighter, our hearts beating faster, our arms and legs get ready for action. These are like little _Knots_ that wake us up to start thinking and do something to solve a problem.

But, sometimes the _tough times_ are so horrible that our stomachs may start to ache. Our hearts feel like drums beating faster and faster until they feel like they might explode; and our arms and legs feel so tight they may burn. We may feel stuck, helpless, no good, or terrified. Things may seem especially horrible when _tough times_ keep happening over and over. Our heads may hurt and everybody and everything may seem unfair and rotten. That's when our _Knots_ may grow bigger than our _Personal Power_. The _Alarm bell_ seems to grow.

When we have _Personal Power_ 

© Copyright 2012 Richard Kagan, Ph.D.
And, that's when it's easy to 'Blow your Top,' 'Lose your Mind,' and 'Get in Trouble,' even when you don't want to. It may feel like you can't turn the alarm off, or the bad memories about what happened, things that may seem too hard to say out loud. And, the only thing you can think to do is to Run Away, or if that doesn't work to Hit, Kick, or just Freeze and try to forget about everything and everybody.

Using and Adapting the NCTSN Resource Parent Curriculum: Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents

Can be adapted for birth and kinship parents, residential counselors, and intensive in-home support staff.

THE HERO’S CHALLENGE

It’s hard to face traumatic stress. In many ways, it may seem easier to stay feeling trapped or stuck, not daring to change. Heroes muster the courage to heal from their wounds and use what they learn to help other people who have to face tough times.

RLH Toolkit: Emotional Regulation

SOS1 for STRESS

Slow down: six-step breathing & body-scan. Open your eyes: who and what can help. Seek support & support others. Heroes use the tough times in their lives to learn, to grow, to help others, and to get help for themselves.
**Real Life Heroes**

**Tough Times**

- Reminder
- Distress
- Re-Experiencing
- Dysregulation
- Trapped
- Self-blame
- Shame
- Depression
- Re-enactment (old coping)
- New Trouble

**Personal Power** means:

- ‘Action’
- Practice
- Teamwork

But, First Caregivers need to:

**Make a New Plan, A Personal Power Plan**

- Reminder
- Distress
- ‘SOS’
- Personal Power
- Change the Game: Caregivers + Youths

**Caregivers: Look Behind the Mask**

- Decode Behavior
- Map Out a Plan

**When words aren’t working**

Complete Personal Power Plan and Power Plan Card:
- One for caring adult
- One for child
- One for practitioner
- Practice the Plan

**REAL LIFE HEROES**

*Youth Power Plan*

- Name: ____________________  Age: ________  Date: __________

**These are some special things about me:** skills, talents, interests, things I like to do, what I enjoy doing:

- ____________________________
- ____________________________
- ____________________________

**These are some special people who are important to me, care for me, or help me learn important skills:**

- ____________________________
- ____________________________
- ____________________________

**These are some of the best things that happened for me and my family:**

- ____________________________
- ____________________________
- ____________________________

- What happened, who was with me, what was the result?

- Table: ______________________________

Real Life Heroes

My Goal: ____________________________

My Warning Signs: _______________________________________________________

Triple S (Step by Step to Success):
1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________

With Help From Name/Phone # (a.m./p.m./night):
1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________

I would like adults to help me by: ________________________________________

HEROES PROJECT

Integrated, Developmental, Attachment-Centered Services

Lack of shared understanding
Lack of trauma informed services
Lack of training, supervision, and consultation to sustain evidence-based interventions
High stress, frequent conflicts, and low support for practitioners and caring adults
High turnover rates increasing losses for children and families

A SYSTEMS MODEL FOR TRAUMA AND RESILIENCE-INFORMED SERVICES

SUPPORTIVE RELATIONSHIPS

Self-regulation

Parsons Child and Family Center CARES

HEROES Enrollment by Program*

<table>
<thead>
<tr>
<th>Program</th>
<th>M (SD)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention (Albany)</td>
<td>3.98 (2.48)</td>
<td>41</td>
</tr>
<tr>
<td>Child Guidance</td>
<td>4.00 (2.63)</td>
<td>24</td>
</tr>
<tr>
<td>Foster Care</td>
<td>3.71 (2.05)</td>
<td>14</td>
</tr>
<tr>
<td>Day Treatment</td>
<td>4.07 (2.62)</td>
<td>14</td>
</tr>
<tr>
<td>RTF</td>
<td>4.86 (2.97)</td>
<td>7</td>
</tr>
<tr>
<td>Community Residence</td>
<td>3.67 (2.52)</td>
<td>3</td>
</tr>
<tr>
<td>ACCMH</td>
<td>4.29 (2.93)</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>3.65 (2.54)</td>
<td>110</td>
</tr>
</tbody>
</table>

*The RTF group included OCF/ Residential Treatment and OMH Residential Treatment Facility. Enrollment by race included: 54 Caucasian/White, 41 African-American, 18 multi-racial, and 6 not reported.

Mean Number of Types of Traumatic Experience by Program

<table>
<thead>
<tr>
<th>Program</th>
<th>Mean Number of Types</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention (Albany)</td>
<td>3.98 (2.48)</td>
</tr>
<tr>
<td>Child Guidance</td>
<td>4.00 (2.63)</td>
</tr>
<tr>
<td>Foster Care</td>
<td>3.71 (2.05)</td>
</tr>
<tr>
<td>Day Treatment</td>
<td>4.07 (2.62)</td>
</tr>
<tr>
<td>RTF</td>
<td>4.86 (2.97)</td>
</tr>
<tr>
<td>Community Residence</td>
<td>3.67 (2.52)</td>
</tr>
<tr>
<td>ACCMH</td>
<td>4.29 (2.93)</td>
</tr>
<tr>
<td>Total</td>
<td>3.65 (2.54)</td>
</tr>
</tbody>
</table>

*The RTF group included OCFS Residential Treatment and OMH Residential Treatment Facility.

Significant Changes on Outcome Measures: Baseline to Six Months

<table>
<thead>
<tr>
<th>Index/Measure</th>
<th>N</th>
<th>Baseline Mean</th>
<th>6-Month Mean</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Behavior Checklist (CBC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inattentiveness</td>
<td>30</td>
<td>67</td>
<td>67</td>
<td>.08</td>
</tr>
<tr>
<td>Aggression</td>
<td>30</td>
<td>67</td>
<td>67</td>
<td>.08</td>
</tr>
<tr>
<td>Adaptive</td>
<td>30</td>
<td>67</td>
<td>67</td>
<td>.08</td>
</tr>
<tr>
<td>Withdrawn/Depressed</td>
<td>30</td>
<td>67</td>
<td>67</td>
<td>.08</td>
</tr>
<tr>
<td>Trafic Inclusion</td>
<td>30</td>
<td>67</td>
<td>67</td>
<td>.08</td>
</tr>
<tr>
<td>Aggression</td>
<td>30</td>
<td>67</td>
<td>67</td>
<td>.08</td>
</tr>
</tbody>
</table>

UCLA TSCC Index—Parent Version

<table>
<thead>
<tr>
<th>Index/Measure</th>
<th>N</th>
<th>Baseline Mean</th>
<th>6-Month Mean</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inattentiveness</td>
<td>30</td>
<td>67</td>
<td>67</td>
<td>.08</td>
</tr>
<tr>
<td>Aggression</td>
<td>30</td>
<td>67</td>
<td>67</td>
<td>.08</td>
</tr>
<tr>
<td>Adaptive</td>
<td>30</td>
<td>67</td>
<td>67</td>
<td>.08</td>
</tr>
<tr>
<td>Withdrawn/Depressed</td>
<td>30</td>
<td>67</td>
<td>67</td>
<td>.08</td>
</tr>
<tr>
<td>Trafic Inclusion</td>
<td>30</td>
<td>67</td>
<td>67</td>
<td>.08</td>
</tr>
</tbody>
</table>

Children had a mean of 3.65 identified traumas based on baseline interviews.

Exploratory Comparison of HEROES to Trauma-Informed ‘Treatment as Usual’

Outcomes for youths enrolled in the HEROES Project were compared to all youths in the same programs receiving trauma-informed ‘treatment as usual’ with RLH and TF-CBT-trained practitioners during the same time period on two variables of high significance for child welfare programs:

1. Placements of children who had been living at home and were receiving home-based intensive family counseling in Parsons Prevention of Placement programs; and

2. Psychiatric hospitalizations for youths in six Parsons programs.

None of the children provided with RLH treatment in the Prevention program were placed into foster care, juvenile justice or residential programs during the course of treatment.

None of the children provided with RLH treatment in the six Parsons programs had psychotropic hospitalizations.

<table>
<thead>
<tr>
<th>Table 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comparison of RLH and ‘Treatment as Usual’ Placements and Hospitalizations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prevention of Placements (Home-based Prevention Program)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>RLH</td>
</tr>
<tr>
<td>Treatment as Usual</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prevention of Psychiatric Hospitalizations in Parsons Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>RLH</td>
</tr>
<tr>
<td>Treatment as Usual</td>
</tr>
</tbody>
</table>
Real Life Heroes

Value Added
Rates of placement or hospitalization were not significantly different on t tests. This may have been due to the small sample size for RLH treatment.
The extent of reductions in placements and psychiatric hospitalizations may have been reduced by the incorporation of RLH trauma and resiliency-focused tools into “treatment as usual” services in the six programs since all practitioners in these programs received RLH training, consultation and the RLH Toolkit and practitioners participated in the agency’s in-house training programs including training in understanding traumatic stress and attachments, trauma treatment, Sanctuary®, and resiliency-focused TF-CBT.

CBCL Externalizing Baseline to 9 months According to Trauma Type*

*

All 9 month score reduction significant at or below p=.01

CBCL Total Score Baseline to 9 Months According to Trauma Type*

*

All 9 month score reductions were significant at or below p=.01

UCLA PTSD-Parent Version Baseline to 9 month Differences According to Trauma type*

*

Differences between physical/no physical abuse were significant at p=.019; emotional/no emotional abuse trended significant at p=.07

For more information on Real Life Heroes including step by step guidelines:

For more information on Perspectives Heroes Project or Real Life Heroes research:
Or contact: 
- Steven Kagan, Ph.D.
  Director of Research and Consultant, Parsons Child and Family Center
  5031 Ellerslie Rd., Atlanta, GA 30306
  (404) 402-6000 (ext. 2758)
  kagan@parsonscfc.org

For information on Real Life Heroes training and consultation, please see:
www.realheroes.net

Rebuilding Foundations For Development
It's not just the number of traumatic events but the impact of those events on the child’s primary relationships to caregivers. For children, the difference between "tough times" and getting PTSD is how the child's primary caregivers are able to cope and maintain the safety and security of child-parent relationships. That’s why trauma grief, emotional abuse, impaired parenting is so difficult for children. Relationship trauma with caregivers crack the foundation of children’s lives. Therapy for these children means rebuilding these foundations.
References


