

TRAINING GUIDELINES

Real Life Heroes (RLH): Resiliency-Focused Treatment for Children and Families with Traumatic Stress

<p>Field</p>	<p><i>May include requirements, recommendations, minimum standards, variations, ratios & other considerations</i></p>
<p>Treatment Description</p>	<p>Description: Real Life Heroes® (RLH) is a treatment program that supports the development of safety and attachment needed for reintegration of traumatic memories experienced by children and their caregivers. RLH has been successfully implemented in a wide range of child and family service, educational, and mental health treatment programs for 15 years and was specifically designed for treatment of children and families with Complex Trauma. RLH provides practitioners with easy-to-use tools, including a life storybook and practitioner’s manual (<i>RLH Toolkit</i>) with multi-sensory creative arts activities and psychoeducation resources to engage children and caregivers in evidence-supported trauma treatment. RLH helps practitioners reframe referrals based on pathologies and blame into a shared “journey” to healing and recovery. The <i>RLH Toolkit</i> includes assessment, service, and session planning guidelines that promote integrated treatment and teamwork focused on restoring (or building) emotionally supportive and enduring relationships and promoting development of affect regulation skills for children and caregivers.</p> <p>NCTSN Fact Sheet Available: http://nctsn.org/sites/default/files/assets/pdfs/rlh_general.pdf</p> <p>Culturally-Specific Information Available: http://nctsn.org/sites/default/files/assets/pdfs/rlh_cultural.pdf</p> <p>Goals: RLH is a relationship-focused treatment that counters the effects of interpersonal traumas and works to increase children’s attachments with caregivers and pride in their abilities, family, and cultural heritage as an “antidote to shame” (Herman, 2011) and the breakdown or disruption of emotionally supportive family relationships. RLH tailors its treatment goals and objectives to each child and family.</p> <p>Primary goals focus on improving youths’ and caregivers’ Relationships, Emotional regulation, Action cycles (interaction patterns), and Life story integration (REAL).</p> <ul style="list-style-type: none"> • Strengthening (or Building) emotionally supportive <u>relationships</u> includes increased safety for youths and caregivers, attunement of youths and caregivers, and co-regulation to manage stressors. • Strengthening <u>emotional regulation</u> includes increased affect recognition, expression, and modulation and preventing or reducing traumatic stress reactions to reminders of previous traumas. • Improved <u>action cycles</u> include replacing interactive behavior patterns of youths, caregivers, educators, and other adults linked to high risk behaviors by practicing use of safety (Power) plans, creative arts, mindfulness, movement, helping others, and “letting go.” • <u>Life story integration</u> includes moving through memories of traumatic stress to safe times and safe relationships. Re-integration of traumatic experiences includes integrating emotionally supportive relationships, the child’s mind-body experiences, skills for self and co-regulation, and fragmented, incomplete, or nonverbal memories.

Treatment Description cont'd

Goals for RLH training programs include high rates of practitioner use with children and families who have Complex Trauma and sustainability after training. Objectives for training include increasing practitioners' understanding and abilities to do these:

- Implement an evidence-supported, trauma, and resilience-focused protocol with children and families who have experienced traumatic stress that can be adapted for a wide range of behavioral health and child and family service programs including home-based intensive counseling, mental health clinic, day treatment, foster family, adoption, or residential treatment programs.
- Assess feelings and self-control, develop skills for self and co-regulation of feelings, promote safety for children and families, strengthen child and caregiver relationships, learn coping skills to manage stressful events, reduce traumatic stress reactions to reminders of traumas, and help children overcome feelings of shame and develop a positive self-image.
- Match treatment interventions to a child's emotional and cognitive development, level of self-regulation, and security of relationships.
- Use the heroes' metaphor to engage caring adults and children in trauma and attachment therapy including "best practice" treatment components for Complex PTSD.
- Utilize life story work to help children and their caregivers develop stronger identities linked to their families and cultural heritage.

Target Population: *Real Life Heroes*® focuses on the developmental needs of children ages 6-12. RLH has also been successful with adolescents with Complex PTSD who have delays in their social, emotional, or cognitive development, intellectual deficits, or developmental disabilities. The model guides flexible adaptation of tools to engage a wide range of youths and families including hard-to-reach youths, families living in poverty, and military families.

RLH was developed and tested with children and families who did not meet the criteria for other treatment models or were not improving with trauma-informed interventions that focused primarily on the child's development of self-regulation skills and desensitization of specific traumatic memories. RLH can be used with children who have not yet disclosed primary traumatic experiences, with children whose suspected traumas have not been acknowledged or validated, and with children living in placement (or at high risk of placement) who lack safe, and non-offending caregivers who are able and willing to participate in trauma-focused therapy.

RLH has also been very useful for engaging youths and families from many cultural backgrounds and communities. Learning about heroes in the RLH Life Storybook encourages sharing stories of how family members and people with the child's ethnic heritage have overcome hard times. These stories of caring and overcoming encourage children to develop their own strengths, resources, and coping skills by building on strengths in their family and cultural heritage. RLH can incorporate values such as honor, dedication, responsibility, and respect into the treatment of military families, along with understanding how heroes work together to protect and serve.

**Treatment
Description cont'd**

RLH incorporates rituals, values, and practices from the family’s cultural background and religious beliefs into strategies to facilitate healing from trauma, reducing shame and guilt, and strengthening a youth’s ties to her/his cultural heritage.

Essential Components: *Real Life Heroes*® incorporates the “Core Components of Evidence-Based Trauma Treatment” and the “Essential Elements of Trauma-Informed Child Welfare” developed by the National Child Traumatic Stress Center (NCTSN). Chapters in the *Life Storybook* match the phase-based components outlined by the NCTSN Complex Trauma Workgroup (Cook et al, 2003) and recommended practice guidelines (Ford & Cloitre, 2009) for treatment of Complex PTSD in children.

Core components include strategies and step-by-step procedures and worksheets outlined in the *RLH Toolkit* and training curricula to ensure the following:

1. Safety for the child and his/her family (psychological, physical, and emotional)
2. Strengths *and* relationship-focused assessments and service planning
3. Self and co-regulation development in all phases of treatment for the child and caregivers
4. Trauma memory re-integration matched to the child and caregivers’ capacity, incorporating components from TF-CBT (Cohen, Mannarino & Deblinger, 2006), EMDR (Shapiro, 2001), and Progressive Counting (Greenwald, 2013)
5. Prevention and management of disruptions of primary relationships and crises including trauma reactions using *Youth and Caregiver Power Plans*

RLH prioritizes interventions and activities based on the child’s level of self-regulation and the strength and availability of emotionally supportive relationships. RLH gears all interventions to the youth’s developmental level and to promoting developmental growth.

Other considerations: Designed for implementation with diverse children and families in a wide range of child welfare, behavioral health, and educational programs. Clinicians can easily adapt treatment tools for youth and families with different levels of support and treatment services with different resources or restrictions.

RLH training and consultation programs have successfully engaged and trained practitioners and programs with limited time for training and a wide range of skills and previous training. Follow up surveys have found high rates of practitioner use and sustainability after training in child welfare and behavioral health programs serving high-risk youths who have experienced multiple types of traumas.

In each session, children learn to recognize clues in their bodies and to speak about these safely. Sessions include sharing feelings nonverbally on thermometers for stress, self-control, and feeling mad, sad, glad, and safe. Magic and centering activities utilize movement, sensory-motor integration, focusing, and mindfulness activities to engage children and caregivers in learning and practicing skills and in reducing stress.

Treatment Description cont'd

An activity-based workbook helps engage children and promote the safety needed in sessions for children to work with practitioners and caregivers to build the skills and interpersonal resources they need to re-integrate painful memories and to foster healing after serial traumatic experiences. The workbook helps children share experiences and develop affect modulation skills with art, rhythm, music, movement, and theatre arts. Practitioners help children (and caregivers) transform their drawings into “three- or five-chapter” stories (or movies) with a beginning, middle, and an end. These enable children to learn they can *move through* “tough times” and make things better in their lives with the help of emotionally supportive caregivers, instead of feeling helpless, stuck, ashamed, or overwhelmed.

Chapter by Chapter, practitioners help children and caregivers strengthen skills and resources to reduce the power of the multiple and serial traumas that have afflicted their past, impaired their attachments, and shaped their high-risk behaviors. Shared activities help children and caregivers grow stronger than their fears and to change old ways of coping that got them into more trouble. The workbook helps children change how they see themselves: from hurt, unwanted, damaged, or hopeless to secure and healing with emotionally supportive adults committed to helping them and preventing re-traumatization.

Contraindications: Practitioners generally can utilize RLH tools linked to Chapters 1-8 of the Life Storybook to work on building and strengthening self and co-regulation skills, safety, and emotionally supportive relationships (Phase I of treatment). Similar to other treatment models for Complex Trauma, RLH utilizes the guidelines recommended by Cloitre and Ford (2009) for assessing capacity for work on trauma reintegration (Phase II) before starting work on Chapters 9-10 of the RLH Life Storybook including the following:

- Youth has a committed, caring adult (not necessarily a parent) with sufficient stability, who is physically and psychologically available, willing, committed, and able to work through traumatic memories.
- Youth has sufficient self-regulation abilities and supports from resources in his/her family and environment to manage episodic intense distress and stress reactions without becoming dangerous to self or others.
- Therapist has had training and developed sufficient skills in utilizing traumatic memory reconstruction interventions with the developmental age of the youth.
- Therapist has access to resources (consultation, pharmacotherapy, acute crisis evaluation, hospitalization, case management resources, pediatric care) to prevent or manage crises.

Work on trauma reintegration is not recommended when children are currently demonstrating severe anxiety, severe depression, acute psychosis, moderate or high-risk suicide attempts, overwhelming guilt and shame, impaired affect regulation abilities, substance dependence, or intoxication.

Training

MINIMALLY ACCEPTABLE TRAINING

RLH Training Programs have been developed and tested for effective dissemination and implementation in behavioral health, educational, and child and family service agencies with limited time and funding for training programs. Training programs utilize a program-centered “All-practitioner” model of training that is adapted for each sponsoring organization, building on organizational strengths, previous training, and matched to financial resources and agency goals.

Fundamental (core components) RLH Training for evidence-supported treatment includes an overview and RLH Phase I and II implementation with workshops, small group case-focused consultation, and supervisors’ consultation:

- I. Three-Day Workshop: Topics include RLH Overview, Phase I Implementation, and Phase II Implementation. Note that the 3rd day can take place 3-5 months after initial workshops if preferable.
- II. Reflective Supervision Consultation: One hour per month for 4-8 practitioners per group, focused on chapter-by-chapter strategies and group development of strategies to overcome challenges and to adapt RLH with fidelity for diverse youths and families.
- II. Supervisors’ and Site-Coordinator Consultation: One hour per month for 10 months addressing trauma-informed program development, use of fidelity tools in supervision and peer consultation, strategies to overcome challenges, adaptations for specific programs, and evaluation of effectiveness.

Practitioners are required to implement RLH materials with four children and families during the training period with on-site supervision.

Mode of Training: Face-to-Face for workshops and virtual (or teleconference) for small group, individual, and supervisor-director consultation

Content: In research studies (Kagan, Henry, Richardson, Trinkle, & LaFrenier 2014), children who received RLH treatment had statistically significant decreases in trauma symptoms and behavioral problems on standardized tests.

Workshop Modules include the following:

- Module 1—RLH Overview: Resiliency-Focused Treatment for Complex Trauma (Research and Recommended “Best Practice” Treatment for Complex Trauma, RLH Core Components, Case Illustrations, Research on RLH)
- Module 2—RLH Phase I Implementation: Developing Emotionally Supportive Relationships, Self- and Co-Regulation (Life Storybook Chapters 1-8)
- Module 3—RLH Phase II Implementation: Moving through the Tough Times; Resiliency-focused Trauma Experience Integration (Life Storybook Chapters 9-12), Expanded use of Music and “Improv”

Training cont'd

Supplementary Workshops are also available with modules on the following:

- Module 4—Integrated Assessment, Service Planning, Evaluation, and Fidelity for Resiliency-focused Treatment of Traumatic Stress
- Module 5—Caregiver Engagement, Power, and Resilience
- Module 6—Prevention of Secondary Traumatic Stress for Caregivers and Practitioners
- Module 7—Adaptations and Strategies for Challenging Situations

Model- and Case-focused Consultation Groups for Practitioners:

Small group consultation (videoconference, teleconference, or in-person sessions) for groups of 4-8 practitioners with discussion of “chapter-by-chapter” strategies, tips, and checkpoints, case-focused consultation using the RLH *Trauma & Resiliency-focused Assessment & Service Plan* with practitioner families, identification of challenges, and development of strategies for model adaptation and implementation with diverse families and programs. [10 monthly, 1-hour sessions]

Case-focused Individualized Consultation for Practitioners:

Reflective supervision on application of model using the RLH *Trauma & Resiliency-focused Assessment & Service Plan* for individuals or groups of 2-4 practitioners. [10 monthly, 1-hour sessions with videoconferences, teleconferences, or on-site consultation]

Supervisors and Program-based Coach Coordination Meetings (as needed) on these:

- Pre-training assessments
- Development of training program
- Coordination of workshops and consultation
- Use of supervision and fidelity tools
- Identification of challenges and development of strategies to help practitioners
- Infusion of trauma and resiliency-focused treatment into organizational policies and procedures
- Continuation of training, consultation, supervision, and implementation after initial training [1-hour monthly available and as needed]

Organizational and Leadership Consultation (on an as needed basis) on these:

- Review of program and organizational challenges
- Identification of organizational priorities
- Integration of services
- Fidelity monitoring
- Development of strategies to overcome challenges
- Pre-post evaluation of trauma-informed services for program evaluation and marketing
- Infusion of trauma and resiliency-focused treatment into organizational policies and procedures for sustainability (Plan-Do-Study-Act)

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Training cont'd

Number of Days/Hours Total/Minimum:

- Three days of workshops (24 hours)
- Monthly small group consultation (10 hours)
- Biweekly supervision or consultation with site-based program supervisor or consultant on implementation (20 hours)

Options for Make-up: RLH can arrange for additional small group or individual consultation sessions or repeated workshops.

Training Cost: Costs for Fundamentals training (Modules I–III) for agencies, clinics, schools, or other programs are based on location and number of practitioners to be trained. Typical costs for small agencies or programs (10–40 practitioners) are estimated at \$12,500 to \$13,500 (plus materials) composed of the following:

- \$7500-\$8500* plus travel costs for three-day workshop (Modules I–III) led by model developer
- \$200 a month for ten months (\$2000) for the first small group consultation (4-8 practitioners) including monthly consultation for supervisors and directors
- \$150 a month (\$1500) for each additional 10-month small group consultation.

Additional Material Costs:

- Purchase for each practitioner of one *RLH Toolkit for Treating Traumatic Stress in Children and Families* (approximately \$35 with bulk purchase)
- Four *RLH Life Storybooks* (approximately \$30 each with bulk purchase)
- Peacock feathers (about \$80 per 100)
- Small xylophones (approximately \$20)

Costs for workshops for Module I–III Fundamentals training scheduled at different times are typically \$3000 per day (\$9000). Workshop fees for large agencies or conferences (40–80 participants) are typically \$9000 for the three-day workshop (Modules I–III) led by model developer. Costs for larger conferences depend on size and travel time.

MOST COMPREHENSIVE/HIGHEST RECOMMENDED TRAINING

Mode of Training: Face-to-Face for workshops, Face-to-Face and Virtual for small group and individualized consultation

Content: Intensive RLH Training includes seven workshop modules and individualized consultation in addition to the small group and supervisor consultation provided with Fundamentals (Modules I–III) training. The 7 Workshop Modules are as follows:

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Training cont'd

- Module 1—*RLH Overview: Resiliency-Focused Treatment for Complex Trauma (Research and Recommended “Best Practice” Treatment for Complex Trauma, RLH Core Components, Case Illustrations, Research on RLH)*
- Module 2—*RLH Phase I Implementation: Developing Emotionally Supportive Relationships, Self- and Co-Regulation (Life Storybook Chapters 1-8)*
- Module 3—*RLH Phase II Implementation: Moving Through the Tough Times; Resiliency-focused Trauma Experience Integration (Life Storybook Chapters 9-12), Expanded use of Music and “Improv”*
- Module 4—*Integrated Assessment, Service Planning, Evaluation, and Fidelity for Resiliency-focused Treatment of Traumatic Stress*
- Module 5—*Caregiver Engagement, Power, and Resilience*
- Module 6—*Prevention of Secondary Traumatic Stress for Caregivers and Practitioners*
- Module 7—*Adaptations and Strategies for Challenging Situations*

Individual and small group consultation sessions include strategies and tips for addressing key points in each chapter of the RLH Life Storybook, overcoming typical challenges, and adapting the model for diverse families and programs.

Number of Days/Hours Total/Minimum:

- Five days of workshops (40 hours)
- Monthly small group consultation (10 hours)
- Individual consultation (10 hours)

Options for Make-up: RLH can arrange for additional small group or individual consultation sessions or repeated workshops.

Training Cost: Costs for Fundamentals training (Modules I–VII) depend on location and number of practitioner/trainees. Typical costs for small programs (10-40 practitioners) are estimated at \$12,500 to \$13,500 (plus materials) composed of these:

- \$7500-\$8500* plus travel costs for three-day workshop (Modules I-III) led by model developer
- \$200 a month for ten months (\$2000) for the first small group consultation (4-8 practitioners) including monthly consultation for supervisors and directors
- \$150 a month (\$1500) for each additional 10-month small group consultation

Additional Material Costs: Same as above

Training Contact Information:

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Selection

Describe the typical trainees for this Treatment/Product: Typical trainees are social workers, psychologists, marriage and family therapists, and counselors working in behavioral health, child and family services, and educational programs serving children and families. Most practitioners in RLH training programs have had previous training in trauma treatment, e.g., TF-CBT, and are looking to expand skills and access additional tools and a framework developed and tested for use with children, adolescents, and families with Complex Trauma. Practitioners often face challenges in engaging youths and families referred for treatment of high-risk behavior problems. Youths have not disclosed the most significant traumas in their lives or youths may have suspected traumas that have not been validated. Youths often lack a safe, non-offending caregiver who is committed to raising the youth and able and willing to participate in trauma-focused treatment. Families are often grappling with multiple problems extending over generations.

Minimum Education Level: Master’s degree required in Social Work, Psychology, Counseling, Marriage and Family Therapy, or related field for RLH Phase I and Phase II Certificate-level training programs; however, training programs often include Bachelor’s-level family support workers, intensive in-home workers, residential counselors, foster parents, and other professionals working as part of trauma-informed teams with youths and families in child and family services, educational, or behavioral health programs.

Licensure/Certification: Licensure or certification is not required to take the training; however, practitioners without licensure must be supervised within their agencies by licensed staff to implement RLH as a trauma treatment.

Experience: Developer recommends but does not require experience working with children, adolescents, and families in child welfare and mental health programs to participate in training. Use of the RLH *Life Storybook*, session structure, and the toolkit provided in the *RLH Toolkit* promotes learning, confidence, and implementation by new practitioners.

Real Life Heroes® is based on theoretical foundations and research in developmental psychology, attachment, neurobiology, and therapies for traumatic stress and Complex Trauma. Strategies and interventions include adaptations from other evidence-supported treatment models for development of self-regulations skills, rebuilding or building attachments, cognitive restructuring, life story work, and improving family functioning.

Match/Fit: RLH is for children ages 6-12 and adolescents functioning in the latency range of social, emotional, or cognitive development who have experienced traumas and demonstrate symptoms of dysregulation and often a breakdown or loss of emotionally supportive relationships. RLH treatment was developed and tested for implementation in a wide range of child welfare, behavioral health, and educational programs including home-based counseling services, family support services, behavioral health clinics, foster family care, kinship care, older child adoption, day treatment, school-based counseling, crisis residences, and residential treatment programs.

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<p>Selection cont'd</p>	<p>Use of the <i>RLH Life Storybook</i>, session structure and <i>Practitioner's Manual</i> provides continuity in treatment structure that helps mitigate disruptions in treatment when youths or families move from program to program or therapist to therapist. You can incorporate selected tools and chapters from the Life Storybook into a wide range of programs, including short-term treatment programs, or use them to supplement other evidence-supported treatment models.</p> <p>See contraindications for use with youths listed in the Treatment/Product description. It is possible to begin using RLH with youths and families with Complex Trauma in short-term treatment programs, but it requires planning for follow-up trauma and resiliency-focused treatment by subsequent treatment programs. The entire Real Life Heroes® treatment model typically requires treatment over six months or longer, depending on how long it takes to find and engage caregivers willing to work on building/rebuilding emotionally supportive relationship.</p>
<p>Preparation for Training and Implementation</p>	<p>Clinician Readiness Assessment Available? Pre-post evaluations utilize (1) clinician surveys focused on RLH knowledge and skills, and (2) open-ended surveys eliciting clinician descriptions of previous training, challenges experienced, and training desired.</p> <p>Agency Readiness Assessment Available? Use of trauma-informed agency surveys include the Trauma-informed System Change Instrument (Richardson et al, 2012) and the ProQoI (Stamm, 2009). These are self-report surveys completed by practitioners to assess level of understanding and implementation of trauma-informed practices in programs, level of “compassion satisfaction” from work, secondary traumatic stress, and “compassion fatigue.” In addition, RLH research has used a self-report checklist derived from the NCTSN Child Welfare Committee’s definition of trauma-informed child welfare services.</p> <p>Typical Prerequisites for Training: While not required, we recommend previous trauma training similar to the NCTSN <i>Core Curriculum on Childhood Traumatic Stress</i>.</p> <p>Materials: RLH Practitioner Manual and Life Storybook for each practitioner; creative arts supplies including glockenspiels (small xylophones), peacock feathers, and—where possible—an arts and crafts allowance per practitioner.</p> <p>The RLH format includes a workbook and session rituals that provide an easy-to-learn and transferable structure allowing children and caregivers to continue trauma treatment (if they move between programs or practitioners) and including primary roles for residential counselors, parents, resource parents, mentors, and other caring adults. The Manual and training programs provide “ready-to-go” tools for hard-pressed practitioners including step by step guides for developing self- and co-regulation with slow breathing, yoga, movement, “improve,” and storytelling activities that promote child-caregiver attunement and trust.</p> <p>Pre-reading/Other: See “Additional Resources” section at end of document for list.</p>

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<p>Consultation</p>	<p>Type/Mode/Ratio: Small group consultation with 4-8 practitioners conducted by videoconferencing, teleconferencing, or in-person where possible. Individual consultation may also be available.</p> <p>Frequency: Monthly</p> <p>Participation: Submission and review of <i>RLH Trauma and Resiliency-focused Assessment and Service Plan</i>, presentation, discussion. Video submission and review when possible.</p> <p>General/Expected Duration of Consultation: 10 months</p> <p>Demonstrated Proficiency/Mastery/Competence: Supervisors and consultants review fidelity measures (of proficiency, mastery, and competence) during case reviews with practitioners. Fidelity tools include the <i>RLH Chapter Checkpoints</i>, the <i>RLH Progress Note</i>, and the <i>RLH Service Plan Review</i>, which include key tasks and points to cover for each workbook chapter, in each treatment session, and in service plan reviews. Evaluations of fidelity are rated for each chapter and component of RLH Treatment with a 3-point scale: Low, Moderate, and High. Moderate levels are required to demonstrate proficiency.</p> <p>In addition, reviews by supervisors of practitioners' use of the <i>RLH Trauma and Resiliency-focused Assessment and Service Planning</i> tool provides information on assessment and treatment planning skills. Practitioners complete surveys of knowledge and skills.</p> <p>Other Parameters of Consultation: Consultation groups work together to identify challenges and develop strategies for overcoming challenges.</p>
<p>Case Completion Requirements</p>	<p>Case Selection Criteria: Children exposed to traumatic events, including interpersonal traumas, who demonstrate symptoms of traumatic stress on standardized trauma surveys, e.g., UCLA PTSD Scale, TSCC, or CPSS. Practitioner should be available to work with child and family for at least six months or be able to transfer treatment to another therapist trained in evidence-supported trauma treatment, optimally including use of RLH.</p> <p>Case Completion: Implementation with four children and families with at least moderate fidelity for minimally acceptable training. Implementation with four children and families and completion with two children and families with at least moderate fidelity for intensive training.</p> <p>Fidelity: Program supervisor or training consultant reviews fidelity of practitioner implementation of key strategies and steps for assessment and treatment using three tools: the <i>RLH Chapter Checkpoints</i>, the <i>RLH Progress Note</i>, and the <i>RLH Service Plan Review</i>. These tools include key tasks and points for each chapter of the workbook, in each treatment session, and in service plan reviews. In addition, supervisors and consultants review practitioner's use of the <i>Trauma and Resiliency-focused Assessment and Service Planning</i> tool. Evaluations of fidelity are rated for each chapter and component of RLH Treatment with a 3-point scale: Low, Moderate, High. Moderate levels are required to demonstrate fidelity.</p>

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<p>Case Completion Requirements cont'd</p>	<p>Fidelity ratings are evaluated for individual practitioners and for programs as part of a QI approach to identify challenges and develop solutions in programs.</p> <p>Mode of Review (e.g., Video/Audio/Test): RLH content quizzes are available for workshop modules. Reviews of fidelity are conducted as part of supervision or consultation.</p>
<p>Maintenance</p>	<p>Booster: Supplementary workshops and consultation sessions are recommended but not required. See Supplementary workshops outlined above.</p> <p>Advanced: Not yet developed</p> <p>Maintenance Plan/Continuing Education: Not yet developed</p>
<p>To Supervise Providers of the Treatment/Product</p>	<p>Prerequisites needed to supervise use of the Treatment/Product: Previous training in trauma-informed treatment; Master’s degree or higher in social work, counseling, or psychology, and completion of RLH minimally acceptable training program (outlined above) including workshops and small group consultation as well as monthly consultation calls regarding supervision issues.</p> <p># of Cases Completed in Treatment/Product: N/A</p> <p># of Years Practiced: Five years total; N/A for Model</p> <p># of Years Providing Supervision: One year total; N/A for Model</p> <p># of Supervisees: N/A</p>
<p>To Train Providers in the Treatment</p>	<p>Prerequisites needed to train providers in the Treatment/Product: Not yet developed</p>
<p>Endorsement or Certification Options</p>	<p>For Clinician: Certificates available for the following:</p> <ul style="list-style-type: none"> • <i>Workshop completion</i> (based on participation) • <i>RLH Phase I and Phase II Training Program</i> (based on participation in three days of workshops, 10 small group consultation sessions, weekly or biweekly supervision or consultation within agency, and implementation of RLH with four children and families with at least moderate fidelity certified by agency supervisor) • <i>RLH Intensive Phase I and Phase II Training Program</i> (based on participation in three days of workshops, 10 small group consultation sessions, 10 individual consultation sessions, weekly or biweekly supervision or consultation within agency, and implementation of RLH with four children and families with at least moderate fidelity and substantial completion of RLH with two children and families certified by agency supervisor) <p>For Supervisor: Not yet developed</p> <p>For Trainer: Not yet developed</p>

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<p>Endorsement or Certification Options cont'd</p>	<p>Decision-making process/body: Not yet developed</p> <p>Roster of Trainers: Not yet developed. Please contact Dr. Kagan for training programs. E-mail: richardkagan7@gmail.com</p>
<p>Additional Resources</p>	<p>Please see www.reallifeheroes.net for further information on training programs and research. References and publications utilized in Real Life Heroes® training include:</p> <p style="text-align: center;">Recommended readings before training:</p> <p>Cook, A., Blaustein, M., Spinazzola, J., & van der Kolk, B. (Eds.), (2003). Complex trauma in children and adolescents [White paper]. Retrieved from http://www.nctsnet.org/products/complex-trauma-children-and-adolescents-2003</p> <p>Ford, J. D. & Cloitre, M. (2009). Best practices in psychotherapy for children and adolescents. In J. D. Ford & C. Courtois (Eds.), <i>Treating complex traumatic stress disorders</i> (59-81). New York: Guilford.</p> <p>Kagan, R. (2009). Transforming troubled children into tomorrow's heroes. In D. Brom, R. Pat-Horenczyk, & J. Ford. (Eds.) <i>Treating traumatized children: Risk, resilience and recovery</i> (255-268). New York: Routledge.</p> <p>Kagan, R. (2016). <i>Wounded angels: Inspiration from children in crisis</i> (2nd ed.). New York: Routledge.</p> <p>Kagan, R., Henry, J., Richardson, M., Trinkle, J., & LaFrenier, A. (2014). Evaluation of <i>Real Life Heroes</i> treatment for children with complex PTSD. <i>Psychological Trauma: Theory, Research, Practice, and Policy</i>, 6 (5), 588-596.</p> <p>Kagan, R. & Spinazzola, J. (2013). Real life heroes in residential treatment: Implementation of trauma and attachment-focused treatment for children and adolescents with complex PTSD. <i>Journal of Family Violence</i>, 28 (7), 705-715.</p> <p style="text-align: center;">We provide trainees with copies of the following:</p> <p>Kagan, R. (2016). <i>Real life heroes: A life storybook for children</i> (3rd ed.). New York, NY: Routledge.</p> <p>Kagan, R. (2016). <i>Real life heroes: Toolkit for treating traumatic stress in children and families</i> (3rd ed.). New York, NY: Routledge.</p> <p style="text-align: center;">Articles/References:</p> <p>Cohen, J. A., Deblinger, E., Mannarino, A. P. (2006). <i>Treating trauma and traumatic grief in children and adolescents</i>. New York, NY: Guilford.</p> <p>Ford, J., Blaustein, M., Habib, M., & Kagan, R. (2013). Developmental trauma therapy models. In J. D. Ford & C. A. Courtois (Eds.), <i>Treating complex traumatic stress disorders in children and adolescents: Scientific foundations and therapeutic models</i>. New York, NY: Guilford.</p>

Additional Resources cont'd

Greenwald, R. (2013). *Progressive counting within a phase model of trauma-informed treatment*. New York, NY: Routledge.

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