

Treatment Description

Acronym (abbreviation) for intervention: RLH

Average length/number of sessions:

RLH typically involves six -to-eighteen months of optimally weekly 60-90 minute therapy sessions (one session per week for a total of 36 to 108 hours including child and parent/guardian sessions whenever possible). Length of treatment depends on number and severity of traumas experienced, frequency of sessions, and, to a large extent, on whether a child has a non-offending caregiver who is able and willing to participate in trauma therapy and the child and primary caregiver's level of safety.

The model can be used with children who lack a safe home and caregivers who are able to work in regular treatment sessions or to search for and build relationships with caring adults. For these children, treatment typically takes much longer.

Short-term programs have utilized portions of the model and Life Storybook that best match their clients' needs and program mandates. The model also promotes continuation of treatment when children lose their primary therapist or need to transfer from one child and family service program to another through use of the Real Life Storybook and other RLH tools.

Aspects of culture or group experiences that are addressed (e.g., faith/spiritual component, transportation barriers):

Chapter by Chapter guidelines in the *Real Life Heroes Practitioner's Manual* provide specific tips to integrate family and cultural heritage into life story work from assessment through the conclusion of treatment including service planning targeting community integration. Activities and tools engage strengths within the child's family, community resources, and cultural heritage including stories of overcoming adversity, faith, ties to religious organizations, and spirituality. A *Heroes Library* provides books geared to children with different ethnic backgrounds grouped by three reading levels. The *Practitioners Manual* also has specific chapters providing guidelines for adaptations for adolescents, preschool children, children with disabilities, and families with adopted children.

Trauma type (primary): Neglect, Emotional, Physical and Sexual Abuse, Abandonment, Losses, Domestic Violence; Placements, Disasters; Terrorism or War. RLH was especially developed for treatment of Complex PTSD.

Trauma type (secondary): Medical

Additional descriptors (not included above): *Real Life Heroes* provides practitioners with easy-to-use tools including a life storybook, manual, creative arts activities, and psycho education resources to engage children and caregivers in trauma-focused services. Tools and procedures were developed and tested with latency-age¹ children in a wide range of child and family service programs including children with symptoms of Complex PTSD who lacked stable relationships with caregivers they could count on to provide a safe home and work with them in therapy and children referred for high risk behaviors that threatened the safety of children, families, organizations and communities.

¹Tools and activities are designed for use with children ages 6-12 and have also been adapted and used successfully with adolescents with Complex PTSD functioning at a latency level of social, emotional, or cognitive development.

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<p>Treatment Description continued</p>	<p>to provide a safe home and work with them in therapy and children referred for high risk behaviors that threatened the safety of children, families, organizations and communities.</p> <p><i>Real Life Heroes</i> helps practitioners reframe referrals based on pathologies and blame into a shared 'journey,' a 'pathway' to healing and recovery focused on restoring (or building) emotionally supportive and enduring relationships and promoting development of self-regulation skills for children and caregivers. To do this, the model utilizes the metaphor of the heroic quest and stresses the importance of engaging and supporting caregivers and a collaborative team of caring adults working together with an integrated trauma and resiliency-centered framework to help children with traumatic stress and Complex PTSD. Creative arts and shared life story work provide a means for children and caregivers to develop the safety and attunement needed for re-integration of traumatic memories coupled with development of increased security and emotional regulation.</p> <p>The life storybook (built around the metaphor of heroes) provides a structured, phased-based approach to engage children and caring adults to rebuild safety, hope, attachments, skills, and resources necessary for trauma therapy. Creative arts activities are utilized to develop affect recognition, affect regulation skills, concentration, mindfulness, and to replace shaming and dysfunctional beliefs with confidence, and constructive beliefs. Components include psycho education on traumatic stress for children, caregivers, and other service providers using handouts from RLH and the NCTSN <i>Resource Parent Curriculum</i>, activities to foster attunement and trust with caring adults, development of social support, development of skills for affect recognition, affect management, trauma processing, desensitization to triggers, and sharing an organized life story including a past, present, and future.</p> <p>RLH engages caring adults to validate children by building on family strengths, fostering a shared understanding of traumatic stress, reducing shaming/blaming, and strengthening each child's family and cultural heritage. The goal is to transform troubled children into tomorrow's heroes with heroes defined as getting help for themselves and helping others.</p>
<p>Target Population</p>	<p>Age range: 6 to 12 plus adolescents (13-19) with delays in social, emotional or cognitive functioning.</p> <p>Gender: <input type="checkbox"/> Males <input type="checkbox"/> Females <input checked="" type="checkbox"/> Both</p> <p>Ethnic/Racial Group (include acculturation level/immigration/refugee history—e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans): <i>RLH</i> is easily adapted to enhance family and cultural strengths of children and families from a wide range of ethnic and racial backgrounds and can be used with refugees, immigrants, and children in a range of countries. The <i>Life Storybook</i> and the accompanying textbook, <i>Rebuilding Attachments with Traumatized Children</i>, were translated into Chinese with modified drawings for children of Chinese heritage.</p>

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<p>Target Population continued</p>	<p>Other cultural characteristics (e.g., SES, religion): Useful for all SES and many religions with strong emphasis on respect and replacing shame with pride.</p> <p>Language(s): English and Chinese</p> <p>Region (e.g., rural, urban): Rural, Urban, Suburban</p> <p>Other characteristics (not included above): School-age children, early adolescents, and caregivers who have experienced losses, family violence, disasters, severe and chronic neglect, physical and sexual abuse, repeated traumas, and 'post-traumatic developmental disorder.' In addition, children in, or at risk for, placement in foster family care, residential treatment, detention centers, psychiatric hospitals, as well as families involved with adoption or post adoption programs. In pilot studies, children typically presented with Complex PTSD, anxiety, depression, disruptive behaviors, sexualized behaviors, and functional impairment in multiple areas.</p>
<p>Essential Components</p>	<p>Theoretical basis: RLH is a relationship-focused treatment based on research on traumatic stress, attachment disruption, Complex PTSD and outcome studies in child and family services. The model incorporates core components of evidence-supported trauma and attachment-centered therapies adapted for children who have experienced multiple traumas including children who may lack a safe, non-offending parent who is willing and able to work in trauma therapy. Creative arts activities foster engagement, safety, and both nonverbal and verbal re-integration with children and caregivers who may be hard to reach and who may be struggling with feelings of shame as well as poverty, medical problems, and traumatic events that may span generations. Resiliency-focused life story work provides a structure for demonstrating respect, building on child, family, and cultural strengths, and re-building (or building) supportive relationships. In RLH, the session structure and life story workbook are used to help children to successfully develop emotionally supportive relationships, self-regulation and the 'window of tolerance' necessary to make desensitization and life story re-integration possible. The model incorporates tenets from desensitization therapies that have demonstrated that enabling children to remain safe with a trusted therapist during prolonged safe exposures to 'tough times' can lead to reduction in traumatic stress symptoms.</p> <p><i>Real Life Heroes</i> incorporates the 'Essential Elements of Trauma-Informed Child Welfare' developed by the National Child Traumatic Stress Center (NCTSN). Chapters in the <i>Life Storybook</i> match the phase-based components outlined by the NCTSN Complex Trauma Workgroup (Cook et al, 2003) and the recommended practice guidelines (Ford & Cloitre, 2009) for treatment of Complex PTSD in children. Strategies and step by step procedures and worksheets outlined in the <i>Practitioner's Manual</i> and training curricula were designed to ensure: (1.) Safety for the child and child's family (psychological, physical, and emotional), (2.) Strengths and relationships-focused assessments and service planning; (3.) Self-regulation development in all phases of treatment for the child and caregivers;</p>

Essential Components continued

(4.) Trauma memory re-integration matched to the child and caregivers' capacity incorporating components from TF-CBT (Cohen, Mannarino & Deblinger, 2006), EMDR (Shapiro, 1995), and Progressive Counting (Greenwald, 2008); and (5.) Prevention and management of disruptions of primary relationships and crises including trauma reactions using *Youth and Caregiver Power Plans*. Service plans, interventions and activities are prioritized with summary guides based on the child's level of emotional regulation and the strength of the child's emotionally supportive relationships.

Key components: *RLH* focuses on three primary components for strengthening resiliency skills and resources: *Emotional Regulation*, *Attachments* (Emotionally Supportive Relationships & Co-Regulation), and *Life Story Integration*. These components frame developmentally-based assessments, service planning, session structure, fidelity, evaluation, and real-time, in-session measures designed to guide session interventions.



Learning about heroes includes sharing stories of how family members and people with the child's ethnic heritage have overcome hard times. And, with these stories of caring and overcoming, children are encouraged to develop their own strengths, resources and coping skills. In each session, children learn to recognize clues in their own bodies and how to share 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, focusing, and mindfulness activities to engage children and caregivers to learn and practice skills and to reduce stress.

An activity-based workbook and emphasis on creative arts helps to engage children and promote the safety needed in sessions for children to work with practitioners and caregivers to build the skills and interpersonal resources needed 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-chapter' stories (or movies) with a beginning, middle, and an end so children learn they can *move through* both good times, and later 'tough times,' and make things better in their lives instead of feeling helpless, stuck, ashamed, or overwhelmed.

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Chapter by Chapter, practitioners help children and families strengthen skills and resources to reduce the power of the ‘monsters,’ including multiple and serial traumas, that have afflicted their past and shaped high risk behaviors. Shared activities help children grow stronger than their fears and to change old ways of coping that got them into trouble. The workbook helps children change how they see themselves from feeling hurt, unwanted, damaged, or hopeless, to feeling that they can *move through* the traumas of the past to experiences of security with emotionally supportive adults committed to helping children.

Clinical & Anecdotal Evidence

Are you aware of any suggestion/evidence that this treatment may be harmful?

Yes No Uncertain

Extent to which cultural issues have been described in writings about this intervention (scale of 1-5 where 1=not at all to 5=all the time). 4

This intervention is being used on the basis of anecdotes and personal communications only (no writings) that suggest its value with this group.

Yes No

Are there any anecdotes describing satisfaction with treatment, drop-out rates (e.g., quarterly/annual reports)? Yes No

If YES, please include citation:

Kagan, R. (2007). *Real Life Heroes Practitioners Manual*. New York, NY: Routledge.

Kagan, R., Douglas, A., Hornik, J. & Kratz, S. (2008). Pilot Study: Evaluation of a Treatment Model for Children with Traumatic Stress. *Journal of Child and Adolescent Trauma*. 1 (1).

Richardson, M., Kagan, R., Henry, J., Delorenzo, E, and Brophy, M. (2011). *HEROES Project Three Month Evaluation Report*. Albany, NY: Parsons Child and Family Center.

Richardson, M., Kagan, R., Henry, J., Delorenzo, E, and Brophy, M. (2012). *HEROES Project Six Month Data Analysis*. Albany, NY: Parsons Child and Family Center.

Has this intervention been presented at scientific meetings? Yes No

If YES, please include citation(s) from last five presentations:

“Real Life Heroes; A Resiliency-Centered Intervention for Children with Complex Trauma,” Mini-Session, National Child Traumatic Stress Network All-Network Meeting, Baltimore, Maryland (March, 2012).

“*Real Life Heroes; A Developmental, Attachment-Centered Intervention for Children with Complex Trauma,*” International Society for Traumatic Stress Studies, Annual Conference, Baltimore, Maryland (November, 2011).

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Clinical & Anecdotal Evidence continued

“Clinical Nuance in Complex Trauma Treatment: Single Case Analysis from the Vantage Point of Four of the National Child Traumatic Stress Network’s Leading Complex Trauma Interventions, Co-Presenter, Pre-Meeting Workshop, International Society for Traumatic Stress Studies, Annual Conference, Montreal, Quebec, Canada (November, 2010).

“Engaging and Empowering Caring Adults after Family Trauma,” Keynote Address, ATTACH, 22nd Annual Conference, San Francisco, California (September, 2010).

“Clinical Nuance in Complex Trauma Treatment: Single Case Analysis from the Vantage Point of the Network’s Four Leading Complex Trauma Intervention Models,” Co-Presenter, Pre-Meeting Workshop, National Child Traumatic Stress Network All-Network Meeting, New Orleans, Louisiana (March, 2010).

Are there any general writings which describe the components of the intervention or how to administer it? Yes No

If YES, please include citation:

Kagan, R. (2004). *Rebuilding attachments with traumatized children; healing from losses, violence, abuse and neglect*. New York, NY: Routledge.

Kagan, R. (2007a). *Real life heroes; a life storybook for children. 2nd Edition*. New York, NY: Routledge.

Kagan, R. (2007b). *Real life heroes practitioner’s manual*. New York, NY: Routledge.

Kagan, R., Douglas, A., Hornik, J., & Kratz, S. (2008). Real Life Heroes Pilot Study: Evaluation of a Treatment Model for Children with Traumatic Stress. *Journal of Child and Adolescent Trauma*, 1:5-22

Kagan, R. (2009). Transforming Troubled Children into Tomorrow’s Heroes. Chapter in Brom, D., Pat-Horenczyk, R. & Ford, J. (Eds.) *Treating traumatized children: Risk, resilience and recovery*. New York: Routledge

Ford, J., Blaustein, M., Cloitre, M., Habib, M., & Kagan, R. (2012). Developmental Trauma Disorder-Focused Interventions for Traumatized Children and Adolescents. In J. D. Ford & C. A. Courtois (Ed.) *Treating complex traumatic stress disorders in children: An evidence-based guide*. New York: Guilford Press.

Has the intervention been replicated anywhere? Yes No

Other countries? (please list) Taiwan, China

Other clinical and/or anecdotal evidence (not included above):

The model has been tested at a number of community practice sites of the National Child Traumatic Stress Network and at many other child and family agencies. Therapists have consistently reported positive results during 14 years of case studies with children with Complex PTSD involved in home-based or clinic-based family counseling and with children who have been living in foster families and residential treatment centers due to dangerous behaviors and often repeated experiences of physical or sexual abuse, and neglect.

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<p>Clinical & Anecdotal Evidence continued</p>	<p>Practitioners have also reported that use of the model contributed to reduced trauma symptoms, PTSD symptoms, and negative behaviors. In addition, children have been observed to demonstrate behaviors associated with increased attachment, trust, and affiliation. Therapists reported that the model helped them to engage children and caring adults and that the curriculum helped sustain application of attachment-focused and cognitive behavioral therapy interventions over time, as noted on fidelity measures and in informal feedback sessions. Children and caregivers have expressed appreciation for working on the model.</p>	
<p>Research Evidence</p>	<p>Sample Size (N) and Breakdown <i>(by gender, ethnicity, other cultural factors)</i></p>	<p>Citation</p>
<p>Published Case Studies</p>	<p>Report currently being reviewed for publication by the <i>Journal Of Family Violence</i> for a special issue to be published in 2012 focusing on one case study as an example of the model.</p>	<p>Kagan, R. (under review). Real Life Heroes: Application of a Developmental, Resilience-Centered Treatment Model for Children in Residential Treatment. <i>Journal of Family Violence</i>.</p>
<p>Pilot Trials/Feasibility Trials <i>(w/o control groups)</i></p>	<p><u>1. Real Life Heroes Pilot Study (2004-2005)</u> N=41 By gender: Male: 59%; Female: 41% By ethnicity: African-American: 26%; Hispanic or Latino: 22%; European American: 65%; Multi-racial: 9%</p>	<p>Kagan, R., Douglas, A., Hornik, J. & Kratz, S. (2008). <i>Real Life Heroes Pilot Study: Evaluation of a Treatment Model for Children with Traumatic Stress. Journal of Child and Adolescent Trauma</i>. 1 (1).</p>
	<p><u>2. HEROES Project (2010-2012)</u> N=118 By gender: Male: 51.7%; Female: 48.3% By ethnicity: African-American: 33.9%; Hispanic or Latino: 20.3%; European American: 45.8%; Multi-racial: 14.4%</p>	

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Research Evidence	Sample Size (N) and Breakdown <i>(by gender, ethnicity, other cultural factors)</i>	Citation
<p>Pilot Trials/Feasibility Trials <i>(w/o control groups)</i> continued</p>	<p>a. Three Month Pre-Post Evaluation Report.; N=36</p> <p>b. HEROES Project Three and Six Month Pre-Post Data Analysis: N=53 for Baseline to 3 month evaluations; N=27 for Baseline-Six month evaluations</p> <p>c. <i>The Heroes Project; Evaluation of Real Life Heroes Treatment for Children with Complex PTSD</i></p>	<p>Richardson, M., Kagan, R., Henry, J., Delorenzo, E, and Brophy, M. (2011). <i>HEROES Project Three Month Evaluation Report</i>. Albany, NY: Parsons Child and Family Center.</p> <p>Richardson, M., Kagan, R., Henry, J., Delorenzo, E, and Brophy, M. (2012). <i>HEROES Project Six Month Data Analysis</i>. Albany, NY: Parsons Child and Family Center.</p> <p>Kagan, R., Henry, J., Richardson, M., Trinkle, J. & Lafrenier, A. (2013). <i>HEROES Project Final Report</i>. Albany, NY: Parsons Child and Family Center.</p>
<p>Clinical Trials <i>(w/control groups)</i></p>	<p><u>HEROES Project with Comparison</u> Treatment Group: N=118</p> <p>By gender: Male: 51.7%; Female: 48.3%</p> <p>By ethnicity: African-American: 33.9%; Hispanic or Latino: 20.3%; European American: 45.8%; Multi-racial: 14.4%</p> <p>Treatment as Usual Group: N=1705</p>	

Outcomes

What assessments or measures are used as part of the intervention or for research purposes, if any?

In current research, practitioners are using the Resiliency Scales, the Child Behavior Checklist (CBCL), the Trauma Symptom Checklist for Children (TSCC), the UCLA PTSD Index for DSM IV Child and Parent versions, and the Security Scale along with two primary fidelity measures: a standardized session summary/progress note and *Chapter Checklists*, both of which are matched to RLH Core Components. Practitioner self-care and secondary PTSD is assessed with the Proqol and systems transformation is assessed with the *Trauma Informed System Change Instrument*.

In practice, clinicians are provided a detailed trauma and attachment assessment guide which summarizes assessment and service planning. Practitioners are also asked to utilize two in-session measures: the Hierarchical Circles which assesses relationships and 'My Thermometers,' a child-friendly self-report measure for stress, self-control, and feeling mad, sad, happy and safe. Used together, practitioners have a quick assessment for a child's current level of supportive relationships and self-regulation. A two-dimensional session prioritization guide focuses practitioners on key components and chapter work matched to a child's levels of emotional support and self-regulation.

If research studies have been conducted, what were the outcomes?

In the first pilot research study, results at four months (Kagan, Hornik & Douglas, 2004) included significant levels ($p < .05$) of improvement reported on child self-reports of trauma symptoms (TSCC) and fewer problem behaviors reported on caregiver checklists (Connors). At twelve months (Kagan, Douglas, Hornik, & Kratz, 2008), significant levels of improvement were found correlating the decrease in parent reports of child trauma symptoms (PROPS) with the number of workbook chapters completed and also for child reports of increased security (Security Scale) with caring adults. These results support the effectiveness of the model. However, the lack of a comparison group, the small size of the sample, and the difficulty separating the shared variance between time and the intervention limit the scope of conclusions regarding the effectiveness of RLH on improved clinical outcomes.

In initial research as part of the HEROES Project, analysis of baseline and three-month evaluations from 36 children and caregivers demonstrated positive and significant changes overall (Richardson et al, 2011) found:

- Significant Decreased Behavioral Problems on the *Child Behavior Checklist* (CBCL): Anxious/Depressed ($p=.019$); Aggression ($p=.035$); Rule Breaking ($p=.033$); Internalizing ($p=.047$) and Total CBCL ($p= .026$)
- Strong Decreasing Trends in Traumatic Stress Symptoms (UCLA Parent): Avoidance ($p=.086$), Arousal ($p=.095$), and Total Score ($p=.070$)
- Significant Decreased Traumatic Stress on the *Traumatic Symptom Checklist for Children* (TSCC): Depression ($p=.022$); Anger ($p=.004$); Post Traumatic Stress ($p=.027$); Dissociation ($p<.006$); Dissociation-Overt ($p=.021$)

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Outcomes continued

- Significant Increased Resiliency on the Resiliency Scales: Relatedness Increased (p=.030); Personal Resources Increased (p=.028); and Vulnerability Decreased (p=.003).
- A Strong Trend in Increasing Arousal (p=.09) on the UCLA Child at 3 months.

Results from data analysis (Richardson et al, 2012) of three and six-month follow-up results in the HEROES Project included:

- Significant Decreased Behavioral Problems on the Child Behavior Checklist (CBCL) from Baseline to Three Months (N=53) for Anxious/Depressed (p=.03)
- Significant Decreased Behavioral Problems on the Child Behavior Checklist (CBCL) from Baseline to Six Months (N=27) for Withdrawn/Depressed (p =.04); Attention (p=.02); and Aggression (p=.04) and Strong Decreasing Trends in Behavioral Problems on the CBCL from Baseline to Six Months (N=27) for Anxious/Depressed (p=.14); Social Problems (p=.09); and Thought Problems (.11).
- Near significant decrease in Total PTSD symptoms on the Parent UCLA (p=.05) from Baseline to Six Months (N = 13).
- Significant or Near Significant Increased Resiliency on the Resiliency Scales from Baseline to Six Months (N=27): Mastery (p=.05); Relatedness (p=.02); and Personal Resources Increased (p=.03)
- Near significant decrease in Total PTSD symptoms on the Child UCLA (p=.06) from Baseline to Six Months² (N = 10)
- Strong Trends in Decreasing Traumatic Stress on the TSCC (N=23): Anger (p=.10) and Fantasy Dissociation: (p=.09).

Results from HEROES Project 3, 6, and 9 month results included statistically significant (p< .05) decreases from baseline to six months in child behavior problems on the CBCL (Internalizing and Total Behavior), the Anger subscale of the TSCC, the UCLA PTSD Index-Parent Version (Re-experiencing, Avoidance, Hyperarousal, and Total Symptoms), and the UCLA PTSD Index-Child Version (Avoidance and Total Symptoms). Significant reductions were also found with repeated measures at three month assessments from baseline to nine months on the CBCL, the UCLA Parent and Child Versions, and the PTSD subscale of the TSCC. Children receiving RLH did not have placements or psychiatric hospitalizations, a positive, but not significant trend, compared to trauma-informed ‘treatment as usual’ provided by RLH-trained practitioners in the same programs. The study supported the efficacy of implementing trauma and resiliency-focused treatment in a wide range of child welfare programs and the importance of providing sequential attachment-centered treatment for children with symptoms of Complex PTSD.

²A non-significant n increase in symptoms was reported from Baseline to 3 months, as predicted.

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<p>Implementation Requirements & Readiness</p>	<p>Space, materials or equipment requirements? <i>The Practitioner's Manual</i> lists recommended inexpensive creative arts equipment (and low cost suppliers) including markers, colored pencils, paper, a two-octave xylophone, and materials useful for self-soothing, centering and mindfulness exercises such as peacock feathers. Drums for rhythm expression can be hand-made or purchased. A copy of the <i>Real Life Heroes Life Storybook</i> is needed and an inexpensive digital camera is also recommended.</p> <p>Supervision requirements (e.g., review of taped sessions)? Monthly individualized consultation and participation in a monthly consultation group is highly recommended along with supervision by trained practitioners within the therapist's agency or practice location.</p> <p>To ensure successful implementation, support should be obtained from: Richard Kagan, Ph.D. and experienced practitioners and consultants trained in use of RLH.</p>
<p>Training Materials & Requirements</p>	<p>List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained.</p> <p>Kagan, R. (2003). <i>Wounded Angels; Lessons from Children in Crisis</i>. Washington D.C.: Child and Family Press, Child Welfare League of America</p> <p>Kagan, R. (2004). <i>Rebuilding Attachments with Traumatized Children; Healing from Losses, Violence, Abuse and Neglect</i>. New York, NY: Routledge.</p> <p>Kagan, R. (2007). <i>Real Life Heroes Practitioners Manual</i>. New York, NY: Routledge.</p> <p>Kagan, R. (2007). <i>Real Life Heroes; A Life Storybook for Children</i>. 2nd Edition. New York, NY: Routledge</p> <p>To obtain <i>Real Life Heroes: A Life Storybook for Children (2nd edition)</i>, the <i>Real Life Heroes Practitioner Manual</i>, and the accompanying text, <i>Rebuilding Attachments with Traumatized Children</i>, please see: www.amazon.com, www.bn.com or www.routledgebehavioralhealth.com. <i>Wounded Angels: Lessons of Courage from Children in Crisis</i> (CWLA, Children's Press) may be obtained by e mail to: richardkagan@nycap.rr.com.</p> <p>How/where is training obtained? Introductory workshops presented at national and international conferences and by Parsons Child and Family Center. On-site training is available from the model developer.</p> <p>What is the cost of training? Typically \$5000-6000 for initial two-day on-site workshops and \$2500-6000 for 1-2 day follow-up workshops plus travel expenses with costs varying by number of participants and required travel time. Costs for monthly consultation groups and individualized consultation vary by location (on-site or by videoconferencing or teleconferences) and number of participants.</p>

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<p>Training Materials & Requirements continued</p>	<p>Are intervention materials (<i>handouts</i>) available in other languages? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, what languages? Chinese</p> <p>Other training materials &/or requirements (<i>not included above</i>): Clinicians typically participate in an initial two-day workshop, a follow-up 1-2 day workshop after 4-6 months, monthly one hour consultation groups, and monthly individualized consultation using ‘reflective supervision’ for 10 months.</p> <p>RLH training materials include a <i>Life Storybook</i> for both children and caring adults and a <i>Practitioner’s Manual</i> that includes key objectives, an overview, step-by-step guidelines, checkpoints (essential elements), pitfalls, and troubleshooting tips to help practitioners for each chapter as well as tools and handouts for assessment, service planning, session activities and trauma psycho education. Fidelity measures include a paper or digital session summary/progress note and Chapter Checkpoints survey highlighting key components linked to Life Storybook chapters and the phase-based RLH model.</p> <p>The Parsons HEROES Project has provided integrated training beginning with a brief introduction to trauma and resiliency-focused treatment of traumatic stress and including <i>Real Life Heroes</i> for practitioners working with latency-age children, the NCTSN Resource Parent Curriculum for residential counselors and kinship, foster, and adoptive parents, and the NCTSN Child Welfare Toolkit for child protective services workers. Training of resource parents and residential counselors is followed by a short workshop to integrate this training with <i>Real Life Heroes</i>.</p>
<p>Pros & Cons/ Qualitative Impressions</p>	<p>Real Life Heroes engages child, family, and cultural strengths with its focus on identifying heroes for the child within the child’s family and culture, and the emphasis on building resiliency through development of supportive relationships and self-regulation skills. Trauma psycho education and stress on developing skills, talents, attunement, and heritage decreases shame and increases the likelihood of children and adults beginning trauma therapy and coming back to sessions. The focus on building skills and ‘doing with’ activities within the workbook has proven attractive to children and caring adults while providing a safe structure for practitioners to introduce and work on critical elements of evidence-supported therapies for children with traumatic stress and Complex PTSD. Critical elements introduced include safety planning, affect recognition, affect modulation, self-soothing, trauma psycho education, resource building, countering dysfunctional beliefs, problem solving, and desensitization of traumatic events. The life story framework promotes redefinition of children’s identities from victims to heroes who help others and are linked to families and their cultural heritage.</p> <p>Advantages of RLH include its easy-to-use, ready-to-go toolkit and adaptability of materials to a wide range of children and programs that includes children and families who do not meet the criteria for other treatment models. The model can be utilized in a wide range of programs ranging from home-based family services and out-patient mental health clinics to residential treatment centers and psychiatric hospitals.</p>

**Pros & Cons/
Qualitative
Impressions
continued**

The model can also be utilized when children lack non-offending parents or guardians, safe homes, or caregivers who are able and willing to participate in trauma therapy. This makes the model especially useful in child welfare programs and with children who have moved from home to home and experienced serial losses leading to distrust of adults.

RLH has been a particularly valuable resource for children at risk of placement, children placed into foster or kinship family care and children who have returned from placement to birth parents, relatives, or adoptive families. The model works well to help caring adults build or rebuild trust with children. And, when children lack safe, caring adults, the workbook can be utilized to help search for family members or other adults willing to help children rebuild trust and overcome traumatic stress.

Advantages for implementation of *RLH* in an integrated trauma-informed system of services include:

- *RLH* incorporates the ‘Essential Elements of Trauma-Informed Child Welfare’ developed by the NCTSN Child Welfare Committee and includes guidelines and handouts for integration with psycho education in treatment sessions and training programs developed for caregivers including birth, foster, and adoptive parents and residential counselors by the NCTSN Resource Parent Workgroup based on the NCTSN Resource Parent Curriculum, Caring for Children Who Have Experienced Trauma (Grillo et al, 2010).
- Children who are moved from one service program to another, e.g. from foster family care to home-based services, benefit from the transferability of *RLH* tools such as the Life Storybook that can be continued by practitioners working in different programs.
- Implementation of *RLH* components assists practitioners to implement the phase-based components outlined by the NCTSN Complex Trauma Workgroup (Cook et al, 2003) and the recommended practice guidelines (Ford & Cloitre, 2009) for treatment of Complex PTSD in children.
- *RLH* provides Step by Step guidelines, Checkpoints, and Troubleshooting tips to assist practitioners targeting the core domains for trauma-informed treatment developed by the NCTSN Core Curriculum on Childhood Trauma Task Force (CCCTF). The 2007 *RLH* Practitioner’s Manual was coded by the Chorpita Research Team contracted by NCTSN to assess inclusion of Intervention Objectives and Practice Elements developed by the NCTSN Core Curriculum on Childhood Trauma Task Force (Hansen, Strand, & Layne, 2012). Raters found that 8 out of the 9 listed domains were included. The only domain missing, Therapist Self-Care, has been included in *RLH* training programs since publication of the Practitioner’s Manual.

Children and caregivers have appreciated the time-limited, workbook framework and tools that build skills and attunement. Most of all, children have appreciated how the model builds lasting relationships. As one 12-year-old boy in foster family care said after completing *RLH*, “I have so many more people in my life that can help me now, I am not alone anymore.”

**Pros & Cons/
Qualitative
Impressions
continued**

Practitioners have appreciated the session by session tools making planning easier. Program supervisors have appreciated the assurance provided by the model structure and fidelity measures that practitioners are implementing recommended components for treatment of traumatic stress and Complex PTSD. And, program directors have appreciated how the model is integrated with NCTSN child welfare curricula, evidence-supported treatment components, and both in-session and quarterly evaluation measures addressing primary goals of both mental health and child welfare programs

What are the cons of this intervention over others for this specific group (e.g., length of treatment, difficult to get reimbursement)?

The time needed to complete the workbook has been important to develop and practice skills and to reinforce lasting connections with children with Complex PTSD who lack trust after experiencing multiple traumas and, in particular, relationship traumas. The number of recommended sessions is longer than models that were developed and evaluated for efficacy with children who have safe homes and non-offending parents or permanent guardians willing and able to work in trauma therapy.

Components of the model can be utilized in groups but the entire model requires a therapist working with one child and caring adult at a time with parallel tracks for children and caring adults. Ideally, sessions would include 30-45 minutes for children and 30-45 minutes for adults on a weekly basis. This can be difficult for reimbursement and difficult to sustain when families live at long distances from treatment centers and lack phone, internet, or reliable transportation.

Other qualitative impressions:

Results of the 2004-05 pilot study supported the hypothesized relationship between children's increased perception of security with caring adults and a reduction in trauma symptoms over time. Specifically, the 'doing with' activities in Real Life Heroes appeared to enhance children's perception that they were not alone and could count on support from important people in their lives. Working with therapists and safe adults on opening up and recovering memories of children being nurtured, valued, and doing good things appeared to foster the strengths needed for children and parents or guardians to reduce traumatic stress reactions and strengthen attachments. Results of the HEROES Project initial pre-post evaluations supported the efficacy of the model for building children's perception of supportive relationships and personal resources along with decreases in anxiety, aggressive behaviors, and trauma symptoms reported by caregivers.

The greatest success of the model is captured by youths and caregivers who had previously challenged involvement in other treatment programs. A parent using RLH in an out-patient program shared: "I really like the centering activities you use. I have used them in my own recovery, and I have noticed a big difference they have made in my son's anger." A parent working to reunite with a child in foster family care reported that "I gave her (the foster care clinician) a hard time about doing it (*Real Life Heroes*) in the beginning, but once I did it, I really liked it!" A 16-year old youth in a group care program who had lived for 6+ years in 13 different placements shared "A year ago I never thought I would have anyone in my life who was my hero and now I have one."

GENERAL INFORMATION

<p>Pros & Cons/ Qualitative Impressions continued</p>	<p>And, a 15-year-old youth helped to return to family living after living in temporary homes with a family friend and two group care programs shared that “Heroes has inspired me to be something I did not think I could be 10 months ago. . . . I am my own hero! . . . And now I will be someone and I hope to inspire others!”</p>
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