



# Real Life Heroes



**Resiliency-Focused Treatment  
for Children and Families with Traumatic Stress**

## TRAINING PROGRAMS

### Overview

*Real Life Heroes*® (RLH) is a practitioner-developed and evidence-supported treatment program that has been successfully implemented in a wide range of child and family service, educational, and mental health treatment programs for 15 years. RLH provides practitioners with easy-to-use tools including a life storybook, practitioner's manual, multi-sensory creative arts activities, and psycho education 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,' a 'pathway' to healing and recovery. The *RLH Toolkit for Treating Traumatic Stress in Children and Families* includes assessment, service and session planning guidelines that promote integrated treatment and team work focused on restoring (or building) emotionally supportive and enduring relationships and promoting development of affect regulation skills for children and caregivers. Creative arts, movement activities, 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.

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 which is adapted for each sponsoring organization, building on organizational strengths, previous training, and matched to financial resources and agency goals. Use of the *Real Life Heroes Practitioner's Manual* and *Life Storybook* enables practitioners to learn and implement materials quickly and ensures implementation of recommended components of evidence-supported treatment for Complex Trauma. Fidelity is promoted with tools provided in the *RLH Practitioners Manual* and supported through consultation with supervisors and directors and development of program-centered procedures and policies and a trauma-informed learning community. All of the RLH materials are integrated with a common focus on core components matched to the National Child Traumatic Stress Network's 'best practice' guidelines for treatment of Complex Trauma and providing trauma-informed child welfare and behavioral health services for children and families.

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.

### 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. Treatment goals and objectives are tailored to each child and family. Primary goals focus on improving youths' and caregivers' Relationships, Emotional regulation, Action cycles (interaction patterns), and Life story integration (REAL). Strengthening (or Building) emotionally supportive relationships includes increased safety for youths and caregivers, attunement of youths and caregivers, and co-regulation to manage stressors. Strengthening emotional regulation includes increased affect recognition, expression and modulation and preventing or reducing traumatic stress reactions to reminders of previous traumas. Improved 'action cycles' includes replacing interactive behavior patterns of youths, caregivers, educators, and other adults linked to high risk behaviors by practicing in sessions, at home, and in other settings use of safety (Power) plans, creative arts, mindfulness, movement, 'improv,' helping others, and 'letting go'. Life story integration 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 often fragmented, incomplete, or nonverbal memories.

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

- ❖ Access and 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 and promotes continued participation.
- ❖ Utilize life story work to help children and their caregivers to develop stronger identities linked to their families and cultural heritage.

## Population Served

*Real Life Heroes*® focuses on the developmental needs of children ages 6-12 and has 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 with 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 where suspected traumas have not been acknowledged or validated, and with children living in placement programs (or at high risk of placement) who lack safe, 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 and the RLH Life Storybook encourages sharing stories of how family members and people with the child's ethnic heritage have overcome hard times and encouraging children to develop their own strengths, resources and coping skills, building on strengths in their family and cultural heritage. And, with these stories of caring and overcoming, children are encouraged to develop their own strengths, resources and coping skills. With military families, values such as honor, dedication, responsibility and respect are incorporated into treatment along with understanding how heroes work together to protect and serve. Rituals and practices from the family's cultural background and religious beliefs are incorporated into strategies for healing from trauma, reducing shame and guilt and strengthening a youth's ties to her/his cultural heritage and family values.

## Primary Treatment Components

*Real Life Heroes*® incorporates the 'Core Components in 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 *Practitioner's Manual* and training curricula to ensure: (1.) Safety for the child and child's 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, 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*. Interventions and activities are prioritized based on the child's level of self-regulation and the strength and availability of emotionally supportive relationships. All interventions are geared to the youth's developmental level and promoting developmental growth.

The RLH format includes a workbook and session rituals which provide an easy-to-learn and transferable structure that allows children and caregivers to continue trauma treatment if they move between programs or practitioners and includes 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, 'improv', and storytelling activities that promote child-caregiver attunement and trust.

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, sensory-motor integration, focusing, and mindfulness activities to engage children and caregivers to learn and practice skills and to reduce stress. An activity-based workbook 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- or five-chapter' stories (or movies) with a beginning, middle, and an end so children 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 multiple and serial traumas that have afflicted their past, impaired attachments, and shaped 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 feeling hurt, unwanted, damaged, or hopeless, to experiences of attunement and security with emotionally supportive adults committed to helping children and preventing re-traumatization.

## Service Delivery Settings and Contraindications

RLH was designed for implementation with diverse children and families in a wide range of child welfare, behavioral health and educational programs including programs designed for military families and home-based or clinic-based services. Treatment tools are easily adapted for youths and families with different levels of support and treatment services with different resources or restrictions. Session by session measures help practitioners to match interventions and activities to a child's and caregiver's changing levels of security and regulation promoting sustained engagement in treatment.

Use of the entire Real Life Heroes ® treatment model typically requires treatment extending over six months or longer depending on how long it takes to find and engage caregivers willing to work on building or rebuilding emotionally supportive relationship. RLH can be started in one treatment program and then continued in subsequent programs. Use of the *RLH Life Storybook*, session structure and *Practitioner's Manual* provides continuity in treatment structure that helps mitigate disruptions in treatment when youths or families move from program to program or therapist to therapist. Beginning use of RLH with youths and families with Complex Trauma in short-term treatment programs is possible with planning for follow-up trauma and resiliency-focused treatment by subsequent treatment programs. Selected tools and chapters from the Life Storybook can also be incorporated into a wide range programs, including short-term treatment programs, or used to supplement other evidence-supported treatment models.

Contraindications are similar to other treatment models for Complex Trauma. Practitioners can generally 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). 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:

- 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 and 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 Program Description

The *Real Life Heroes*® (RLH) Training Program provides practitioners with an evidence-supported, trauma and resiliency-focused toolkit, demonstrations, practice, consultation groups, and individualized consultation in a ready-to-go, easy-to-learn format. This is a ‘how-to’ training program that enables practitioners and program supervisors to implement evidence-supported treatment for traumatic stress and Complex PTSD with children who have experienced abuse, neglect, family violence, losses, illness, or placements into foster family and group care. In research studies<sup>1</sup>, children who received RLH treatment had statistically significant decreases in trauma symptoms and behavioral problems on standardized tests.

RLH workshops and consultation help practitioners utilize creative arts activities (drawing, rhythm, music, yoga, Improv, and movement) and storytelling to engage children with high-risk behaviors, strengthen emotionally supportive relationships and reduce traumatic stress reactions. Activities link children to strengths in their families and cultural heritage, promote development of affect modulation skills and rebuild attachments for traumatized children. Participants receive handouts of tools from the *Real Life Heroes Practitioner’s Manual* and have an opportunity in workshops to practice use of the *Real Life Heroes* developmental trauma and resiliency-focused assessment and service plan, session structure, and life storybook along. Workshops also include discussion and development of strategies for managing challenges often encountered in child and family treatment as well as adaptations to engage diverse youths and families and implementation in a wide range of child and family service, behavioral health and educational programs.

Workshop modules include:

- I: 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)
- II: RLH Phase I Implementation: *Developing Emotionally Supportive Relationships, Self- and Co-Regulation* (Life Storybook Chapters 1-8)
- III: 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’

Supplementary workshops are also available with modules on:

- IV: *Integrated Assessment, Service Planning, Evaluation, and Fidelity for Resiliency-*

<sup>1</sup> Kagan, R., Henry, J., Richardson, M., Trinkle, J., & LaFrenier, A. (In Press). Evaluation of *Real Life Heroes* Treatment for Children with Complex PTSD. *Psychological Trauma: Theory, Research, Practice, and Policy*.  
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*, 1:1, 5-22.

### *focused Treatment of Traumatic Stress*

V: *Caregiver Engagement, Power, & Resilience*

VI: *Prevention of Secondary Traumatic Stress for Caregivers and Practitioners*

VII: *Adaptations and Strategies for Challenging Situations*

**Model-** and case-focused consultation groups are provided 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 is also available 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 or individualized consultation (10 monthly 1-hour sessions with videoconferences, teleconferences, or on-site consultation)

**Supervisors'** consultation and coaches coordination meetings address:

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

**Organizational and leadership** consultation includes:

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, and Infusion of trauma and resiliency-focused treatment into organizational policies and procedures for sustainability (Plan-Do-Study-Act).

## **Recommended Training Programs**

Training programs are adapted for each sponsoring organization, building on organizational strengths, previous training, and matched to financial resources and goals. Workshops and consultation focus on developing required knowledge and skills and providing necessary tools for model fidelity and effectiveness with diverse families and programs. Training programs emphasize adaptation and practical implementation to maximize efficacy within time constraints including 'fee for service' and outcome-funded programs. Each workshop includes activities, practice, application to practitioners' own cases and adaptation to organizational and program requirements.

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. Workshops: Three-day<sup>2</sup> Overview and Phase I (Chapters 1-8) and Phase II (Chapters 9-12) Implementation Workshop (Modules I – III)
- II. Small group 'reflective supervision' consultation for 4-8 practitioners per group, once a

---

<sup>2</sup> 3<sup>rd</sup> day can be scheduled 3-5 months after initial workshops if preferable

month for one hour including chapter by chapter strategies and group development of strategies to overcome challenges and adapt model with fidelity for diverse youths and families

- III. Supervisors' and site-coordinator consultation before training programs begin and once a month for 10 months after Three-Day Workshop addressing trauma-informed program development, use of fidelity tools in supervision, developing strategies to overcome challenges, adaptations for specific programs, and evaluation of effectiveness
- IV. Materials: RLH Toolkit for Treating Traumatic Stress in Children and Families and Life Storybook for each practitioner; creative arts supplies including glockenspiels (small xylophones), peacock feathers, and, where possible, art and craft allowance per practitioner
- V. Practitioners are required to implement RLH materials with four children and families during the training period with on-site supervision and completion of fidelity tools for each child and family. Fidelity tools include the RLH Assessment-Service Plan, Progress Note, Service Review Plan, and Chapter Checklist.

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. Workshop Modules include:

- I: 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)
- II: RLH Phase I Implementation: *Developing Emotionally Supportive Relationships, Self- and Co-Regulation* (Life Storybook Chapters 1-8)
- III: 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'
- IV: *Integrated Assessment, Service Planning, Evaluation, and Fidelity for Resiliency-focused Treatment of Traumatic Stress*
- V: *Caregiver Engagement, Power, & Resilience*
- VI: *Prevention of Secondary Traumatic Stress for Caregivers and Practitioners*
- VII: *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.

Focused one to three-day workshops are also available separately to provide an overview of Real Life Heroes and to address a range of topics and concerns regarding treatment of traumatic stress and Complex Trauma.

## Training Model

On-site workshops are recommended followed by video or teleconferences for small group, individual, and supervisor-director consultation. Videostreamed training can also be provided for small groups and where travel costs are prohibitive.

## Number of Days/Hours

Fundamentals (Modules I – III) training includes three days of workshops, 10 hours of small group consultation and at least biweekly supervision or consultation with program supervisor or

consultant on implementation. Additional small group or individual consultation sessions can be arranged as well as repeated workshops. Training programs may be condensed for practitioners who have already completed training with another NCTSN-recommended treatment model for Complex Trauma.

Intensive training includes five days of workshops, 10 hours of small group consultation, and 10 hours of individual consultation. Additional small group or individual consultation sessions can be arranged as well as repeated workshops.

Focused workshops typically involve one – three days of training.

## Training Costs

Costs for Fundamentals training (Modules I – III) for agencies, clinics, schools, or other programs are based on location, number of practitioners to be trained and program requirements. Typical costs for small agencies or programs (10-20 practitioners in the U.S.) are \$7500 - \$9000<sup>3</sup> plus travel costs for the three-day workshop (Modules I-III) led by the 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, and \$150 a month (\$1500) for each additional 10-month small group consultation. Costs also include purchase for each practitioner of one *RLH Toolkit* (\$58 on Amazon<sup>4</sup>), four *RLH Life Storybooks* (\$30 on Amazon), peacock feathers (about \$80 per 100), and 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 larger agencies or conferences are typically \$8000 - \$9000 for 20-30 participants and \$9000-\$12000 for 30–100 participants for the three-day workshop (Modules I-III) led by the model developer.

Costs for Comprehensive training (Modules I - VII) are based on location, number of practitioners to be trained and requirements of the program. Typical costs for small programs (10-20 practitioners in the U.S.) include \$7500 - \$8500 plus travel costs for the three-day workshop<sup>5</sup>, \$200 a month for ten months (\$2000) for the first small group consultation (4-8 participants) including monthly consultation to supervisors and directors, \$150 a month (\$1500) for each additional small group consultation, and \$3000 for each supplementary workshop day. Costs also include purchase for each practitioner of one *RLH Toolkit* (\$58 on Amazon with bulk discounts available), four *RLH Life Storybooks* (\$30 on Amazon with bulk discounts available), peacock feathers (about \$80 per 100), and small xylophones (approximately \$20). Workshop fees for larger agencies or conferences are typically \$8500 for 20-30 participants<sup>6</sup> and \$9000-\$12000<sup>7</sup> for 30-100 participants for the three-day workshop (Modules I -III) in addition to travel costs and fees for small group consultation.

Costs for focused workshops, on line training programs, and conference presentations that do not include consultation groups are based on the number of participants and location.

<sup>3</sup> Workshop fees are based on program requirements with higher costs for programs including organizational and evaluation components. Fees for the three days of Phase I and Phase II training (Modules I – III) scheduled at different times are typically \$3000 per day (\$9000).

<sup>4</sup> Routledge provides a 40% discount for organizational purchases. Discounts may be obtained by contacting Jessie Taylor, Routledge Account Manager, at: [Jessie.Taylor@TaylorAndFrancis.com](mailto:Jessie.Taylor@TaylorAndFrancis.com) or call: (859) 727-5022

<sup>5</sup> Workshop fees are based on program requirements with higher costs for programs including organizational and evaluation components. Workshop fees for the three days of Phase I and Phase II (Modules I – III) training scheduled at different times are typically \$3000 per day (\$9000).

<sup>6</sup> Workshop fees for the three days of Phase I and Phase II (Modules I – III) training scheduled at different times are \$3000 - \$3500 per day depending on location and size of workshop.

<sup>7</sup> Workshop fees for the three days of Phase I and Phase II (Modules I – III) training scheduled at different times are \$3000 - \$4000 per day depending on location and size of workshop.



## **Training Contact Information**

**Richard Kagan Ph.D.**  
**Training Programs on Traumatic Stress**  
**E mail: [richardkagan7@gmail.com](mailto:richardkagan7@gmail.com)**  
**Telephone: 803-569-6712**

## **Typical Trainees from Previous Training Programs**

Participants in RLH training programs are typically 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 are often challenged to engage youths and families who are referred for treatment of high-risk behavior problems and have not disclosed the most significant traumas in their lives or youths or suspected traumas 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.

## **Previous Training Sites**

RLH training has been provided to practitioners at state-wide and national conferences, conferences for regional centers for excellence, university-based training programs, and child and family mental health and family service agencies including:

**Adelphi University**  
**American Professional Society on Abuse of Children, Annual Conferences**  
**American Psychological Association, Annual Conference**  
**Annie E. Casey Foundation/Casey Family Services and Casey Family Programs,**  
**National Convening on Youth Permanence**  
**ATTACH, Annual Conference**  
**Bethany Christian Family Services, Grand Rapids, Michigan**  
**Burrell Health Services, New Frontiers Conference, Springfield, Missouri**  
**Catawba County Department of Social Services, Hickory, North Carolina**  
**Child Advocacy Center of Greater St. Louis, St. Louis, Missouri**  
**Child Welfare League of America, Annual Conference**  
**Children's Home Society of Florida**  
**Children's Institute International, Annual Conference**  
**Children's Law Center Children's Law Conference, Columbia, South Carolina**  
**Coalition of Adoption and Foster Family Agencies and the New York State Office of**  
**Children and Family Services, Buffalo, New York**  
**Dalhousie University, Halifax, Nova Scotia and Prince Edward Island, Canada**  
**Depelchin Children's Center, Annual Conference**  
**Family Violence Sexual Assault Institute, the Children's Justice Task Force of Oahu,**  
**Hawaii Youth Services Network, Catholic Charities Family Services (Oahu), and**

Kapi'olani Child Protective Services, Honolulu, Hawaii  
 Hincks –Dellcrest Centre, Toronto, Ontario  
 Institute of Violence, Abuse and Trauma, International Conference on Family Violence  
 International Society for Traumatic Stress Studies, Annual Conferences  
 Kaua'i Children's Justice Grant Committee, Lihue, Hawaii  
 Lund Family Center, Annual Conference  
 Mid-Maine Child Trauma Network Conference, Augusta, Maine  
 National Child Traumatic Stress Network All-Network Conferences  
 New Directions, Buffalo, New York  
 New York State Coalition for Children's Mental Health Services, Annual Conferences  
 Oakland County Community Health, Oakland, Michigan  
 Oklahoma Department of Mental Health and Substance Abuse Services, Children's  
 Conference  
 Parsons Child and Family Center, Albany, New York  
 Northeast Parent and Child Society, Schenectady, New York  
 San Diego International Conference on Child & Family Maltreatment, San Diego,  
 California  
 Southeast Center of Excellence, Chattanooga, Tennessee  
 Starfish Family Services, Westland, Michigan  
 State University of New York at Albany, School of Social Welfare  
 Toronto City Youth Development, Toronto, Ontario, Canada  
 United Counseling Services, Annual Conference, Bennington, Vermont  
 University of Buffalo, SUNY-Buffalo, School of Social Work  
 University of Wisconsin-Madison, Sex Abuse Treatment Conference  
 University of Wisconsin-Milwaukee, Summer Conference, Milwaukee, Wisconsin  
 Washington Department of Social Services  
 Western Michigan University, Child Trauma Assessment Center  
 Wisconsin Family Based Services Association, Green Bay, Wisconsin

## **Practitioners' Education Level, Experience, and Licensure/Certification**

Master's degree required in Social Work, Psychology, Counseling, Marriage and Family Therapy or related field for RLH Fundamentals (Modules I - III) Certificate-level training programs or evidence-supported treatment. 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 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 working with children, adolescents and families in child welfare and mental health programs is recommended but not required to participate in training. Use of the RLH *Life Storybook*, session structure, and the toolkit provided in the *Practitioner's Manual* promotes learning, confidence, and implementation by new practitioners. At the same time, the RLH format and toolkit resources have been valued by advanced practitioners.

## **Fidelity and Proficiency**

Fidelity is assessed by program supervisor or training consultant reviews of practitioner implementation of key strategies and steps for assessment and treatment using four tools: the *Trauma and Resiliency-focused Assessment and Service Planning* tool, the RLH *Chapter Checkpoints*, the RLH *Progress Note (Abbreviated or Long Form)*, and the RLH *Service Plan Review*. These tools include key tasks and points to be covered for each chapter of the workbook, in each treatment session, and in service plan reviews. These tools include key tasks and points to be covered for each chapter of the workbook, 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, High. Moderate levels are required to demonstrate fidelity. Fidelity ratings are evaluated for individual practitioners and for programs as part of a QI approach to identify challenges and develop solutions in programs.

In addition, reviews by supervisors of practitioner's use of the RLH Trauma and Resiliency-focused Assessment and Service Planning tool provides information on assessment and treatment planning skills. Self-report surveys of knowledge and skills are also used with practitioners.

## Case Selection and Completion

Children with exposure to traumatic events including interpersonal traumas and demonstration of symptoms of traumatic stress on standardized trauma surveys e.g. the UCLA PTSD Scale, TSCC, or CPSS. Practitioners should be available to work with children and families 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.

Implementation with four children and families is required as part of the Fundamental RLH (Modules I – III) Training 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 is required for the Intensive (Modules I – VII) RLH Training.

## Certificates for Training

Certificates are available for: Workshop completion (based on participation), RLH Fundamentals (Modules I – III) Training Program (based on participation in three days of workshops, 10 small group consultation sessions, weekly or biweekly supervision or consultation within agency, monthly individual consultation with trainer, and implementation of RLH with four children and families with at least moderate fidelity certified by agency supervisor) including completion of the four fidelity measures described above, and RLH Intensive (Modules I – VII) Training Program (based on participation in five 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).

CEU's can be coordinated by sponsoring agencies or programs with state and national accreditation bodies using RLH curriculum materials. These need to be arranged prior to training programs.

## In-house Train-The Trainer Program

Practitioners who have completed the Real Life Heroes three-day training program, 10 months of small group consultation, and three cases with individual supervision are eligible to participate in in-house trainer development programs sponsored by agencies or behavioral health care organizations. These programs are designed to promote sustainability within organizations and require participation in additional training workshops, co-leading training programs, and supervision in leading training programs.

## Reading Materials

Recommended readings before training include:

- 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>
- Ford, J.D. & Cloitre, M. (2009). Best practices in psychotherapy for children and adolescents. In In Ford, J.D. & Courtois, C. (Eds.). *Treating Complex Traumatic Stress Disorders; An Evidence-Based Guide*. New York: Guilford.
- 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.
- Kagan, R. (2017). *Wounded angels; Inspiration from children in crisis*. 2<sup>nd</sup> Ed. New York: Routledge.
- Kagan, R., Henry, J., Richardson, M., Trinkle, J., & LaFrenier, A. (2014). Evaluation of *Real Life Heroes* Treatment for Children with Complex PTSD. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6 (5), 588-596.
- 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. *Journal of Family Violence*. Volume 28 (7), 705-715.

Trainees are provided with copies of:

- Kagan, R. (2017). *Real life heroes; a life storybook*. 3rd Ed. New York: Routledge.
- Kagan, R. (2017). *Real Life Heroes Toolkit for Treating Traumatic Stress in Children and Families*. 2<sup>nd</sup> Ed. New York: Routledge.

References and publications utilized in Real Life Heroes® training include:

- Ford, J., Blaustein, M., Habib, M., & Kagan, R. (2013). Developmental Trauma Therapy Models. In J. D. Ford & C. A. Courtois (Ed.) *Treating complex traumatic stress disorders in children and adolescents; Scientific foundations and therapeutic models*. New York: Guilford Press.
- Kagan, R. (2017). *Wounded Angels; Inspiration from children in crisis*. 2<sup>nd</sup> Ed. New York, NY: Routledge.
- Kagan, R. (2017). *Real Life Heroes Practitioners Manual, 2<sup>nd</sup> Edition*. New York, NY: Routledge.
- Kagan, R. (2017). *Real Life Heroes; A Life Storybook*, 3<sup>rd</sup> Edition. New York, NY: Routledge.
- Kagan, R., Henry, J., Richardson, M., Trinkle, J., & LaFrenier, A. (2014). Evaluation of *Real Life Heroes* Treatment for Children with Complex PTSD. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6 (5), 588-596.
- 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. *Journal of Family Violence*. Volume 28 (7), 705-715.

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.

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*, 1:1, 5-22.

Kagan, R. (2004). *Rebuilding Attachments with Traumatized Children; Healing from Losses, Violence, Abuse and Neglect*. New York, NY: Routledge.

## Comments, Questions, and Additional Information

Please see [www.reallifeheroes.net](http://www.reallifeheroes.net) for more information or contact Richard Kagan Ph.D. by email: [richardkagan7@gmail.com](mailto:richardkagan7@gmail.com). Comments, feedback and suggestions are very welcome.