

From trauma to triumph, Practice Self-Regulation™
stops harm, heals pain, and changes lives.

Practice Self-Regulation™ Facilitator's Guide



Joann Schladale

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To accompany:

- *Practice Self-Regulation workbook and Session Plans*
- *The T.O.P. Workbook for Sexual Health and Session Plans*
- *e-PS-R for Sexual Health (blended learning)*



**Practice
Self-Regulation™**

A Trauma-Informed Approach for Health and Well Being

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Practice Self-Regulation™ Mission and Vision

Mission

Our mission is to promote the practice of user-friendly neuroscience-based skills for managing pain without causing harm to self or others.

Our vision for *Practice Self-Regulation™* is a world in which everyone impacted by trauma practices these skills throughout their lives in order to optimally maintain good health and well-being.

Values

- Every human being has equal value and worth.
- Everyone is resilient and has strengths and resources essential for health and well-being.
- Participants are competent to make personal decisions.
- Everyone deserves to be safe. Assessing safety is ongoing as factors can quickly change and reveal potential danger.
- All interaction is guided by current empirical evidence for trauma-informed health and resilience. This field of study is relatively new and constantly advancing. Interventions are updated as new findings are validated.
- Effective services are holistic in nature and address needs that may not seem related to trauma. Addressing all life domains influences optimal life-long development.
- Cultural knowledge and humility are vital for providing individualized services based on uniqueness, strengths, needs, and perspectives.
- Facilitators are specially trained and receive continuing education to provide effective trauma-informed services.



Philosophy

Do no harm. All services are provided in a manner that does not cause harm or injustice.

Respect. All interaction is based on thoughtful consideration for basic human rights, dignity, and inclusivity.

Diversity. Respect for participant uniqueness is paramount. Support is given without regard for gender, race, ethnicity, sexual orientation, religion, nationality, culture, or financial status.

Resilience. Resilience is the ability to bounce back after adversity. It enables participants to practice evidence-based skills that promote health and well-being.

Hope. All services are intended to instill hope and belief that participants can progress towards their goals.

Relationships. Health and well-being occur within the context of relationships. Participants benefit from service providers who are warm, genuine, and offer nonjudgmental support and empathy.

Healing. This is the ability to embrace and celebrate life after trauma through attention to physical, social, psychological, cultural, and spiritual needs.

Competency Development. Calm and confident competency is the foundation for self-control. Participants identify goals and collaborate in designing and practicing unique ways to achieve them.

Autonomy. Supporting participants' rights to make decisions promotes a sense of mastery that builds confidence and self-esteem.

Efficiency. All services are designed and delivered in the most cost-efficient and least restrictive manner. Efficiency is measured through ongoing participant feedback.

Ecology. Each participant is part of a larger community with established institutions and agencies designated to support and assist them. All services are provided in conjunction with these systems.

Individualized Services. Interventions are based on unique individual strengths and needs of each participant.

Successful Outcomes. All services are research-based, document desired outcomes, and are delivered in collaboration with participants.

Quest for Excellence. *Practice Self-Regulation™* is periodically updated for continuous quality improvement by evaluating effectiveness and efficiency among all stakeholders. Excellence is demonstrated by staff maintaining fidelity to the model and is determined by harm prevention. Adherence requires commitment to providing necessary resources, staff development, and training to maintain excellence in service delivery.

Introduction

Self-regulation is *the ability to plan for and manage emotions without causing harm to self or others*. The purpose of *Practice Self-Regulation™* (PS-R) is to support youth impacted by adverse childhood experiences in decision-making that promotes health and well-being. It is a trauma-informed model, grounded in cutting-edge neuroscience that teaches participants to put past trauma in a new light, manage emotions in healthy ways, and take steps toward achieving life goals.

Key Principles for Trauma-Informed Services (SAMHSA, 2014)

The following trauma-informed principles guide everything in the PS-R model and foster effective facilitation that is kind, bully-free, and promotes resilience.

Safety: Promotion of emotional and physical safety are paramount at all times.

Trustworthiness and transparency: Respectful and ethical transparency is the most direct route to consideration and development of trustworthiness.

Peer support: Inclusive and caring interaction models healthy relationship building for participants.

Collaboration and mutuality: Working together and sharing promote inclusivity, respect, reciprocity, and consideration for everyone's unique strengths and contributions.

Empowerment, voice, and choice: When all voices and individual choices are equally heard, honored, and respected, autonomy allows everyone equal opportunity to thrive.

Cultural, historical, and gender issues: Consideration and acknowledgement of everyone's current and historical experiences creates a truly inclusive environment.

This model has clearly defined and structured individual sessions intended to promote optimal decision-making while exploring the impact of trauma. By increasing knowledge about health and the personal impact of trauma, participants are encouraged and supported in practicing self-regulation. PS-R addresses motivation for change to decrease problem behavior, manage impulsivity, negotiate, and become the person they want to be.



Each program within the model consists of an eight chapter workbook and neuroscience-based multi-sensory activities to enhance understanding of key concepts, promote memory retention, and skill-building. PS-R provides a way for participants and facilitators to address trauma, and explore how values, beliefs, choices, and personal goals directly influence both current behavior and future outcomes. It addresses many underlying issues that put

participants at increased risk for harm to self or others, and is designed to simplify how painful life experiences influence thoughts, feelings, physiological reactions, and behavior.

I hope this guide provides a clear and organized way for you to facilitate the program and improve the lives of young people you serve. Thank you for doing this work!

Foundation

Self-regulation is the foundation for healing trauma. Learning how to take good care of one's self is central to life-long well-being. Developing personal accountability and responsibility for health promotes competence, confidence, autonomy, and personal satisfaction.

Research on the neuroscience of trauma indicates that adolescence is a critical time in the development and habit forming experiences required to practice self-regulation. While this guide ends with a selected list of references and resources, scientific evidence, theories, and additional references supporting the model can be found in the Research Section of Practiceselfregulation.com.

PS-R is based on scientific findings from:

- Optimum child development (National Research Council & Institute of Medicine, 2001)
- Trauma (Groves, 2002; Saunders, Berliner, & Hanson, 2004; Stein & Kendall, 2004; Steinberg, 2014; van der Kolk, 2014)
- Affect regulation (Schoore, 2003; Stein & Kendall, 2004; Steinberg, 2014; van der Kolk, 2014)
- Best practices for youth violence prevention (Office of the Surgeon General, 2001; Thornton, Craft, Dahlberg, Lynch, & Baer, 2002)
- Motivation for change (Miller & Rollnick, 2013)
- Successful outcomes in psychotherapy (Duncan, Miller, Wampold & Hubble, 2010)
- Resilience (Charney & Southwick, 2012)
- Competency development (Torbet & Thomas, 2005)

Practice Self-Regulation™ was developed with stakeholder and participant input through human-centered design. It includes scientifically and medically accurate information, questions, multi-sensory activities, real life stories, videos, and interactive elements to engage and motivate participants. The model integrates educational and neuroscientific information with therapeutic elements to enhance cognitive, emotional, and behavioral competency development. Beyond simply answering questions, successful completion necessitates behavior change. The model is effective when the workbook, multi-sensory activities, and facilitator support and connection promote health and well-being.

The primary goal is to master self-regulation. This is learned through partnership with nurturing adults who use focused attunement, warm, nonjudgmental and empathic connection to engage and motivate participants. The program is designed for collaboration between facilitator and participant and trusted others in the participant's life. It provides a foundation for generalizing skills throughout all life domains and promotes human connection in meaningful and benevolent ways.

Competency to facilitate PS-R is not determined by education



Foundation

and experience. While some participants receive PS-R in therapy with licensed mental health professionals, most do not. PS-R can be facilitated in schools, after school programs, community-based or residential settings, sports programs, advocacy activities, mentoring, tutoring, career counseling, training and youth employment programs. Some participants may live with foster families, in group homes, residential programs, or supervised apartments. Some are incarcerated or on probation. This model can be integrated and used in conjunction with other services as PS-R is designed to enhance, rather than exclude the use of a broad range of resources for participants.

Dedicated Facilitators, regardless of years of education and work experience have specialized training to facilitate the program in any number of settings and locations. Facilitators demonstrate competencies in understanding the foundational research through skill building practice, ongoing supervision, and continuing education.

Practice Self-Regulation™ for Sexual Health, a separate program of the model, was studied in two 5-year federal grants between 2015 and 2021, through random controlled studies of over 1,000 adolescent participants in both studies across six states. Our website has more information about these studies.

The intent of this guide is to standardize application of PS-R for fidelity in most any setting.

Core Components

PS-R has two core components: 1. self-regulation, which provides empirically-based information for life-long self-care; and 2. motivation for change, which provides an evidence-based process for guiding youth through the program.

Self-Regulation

Practicing Self-Regulation involves creating a plan, addressing motivation to practice the plan, and developing proficiency in managing emotions without causing harm. The opposite of self-regulation is dysregulation which occurs when people manage upsetting emotions in ways that risk causing harm to themselves and others.

PS-R guides participants through five core components of self-regulation. They are: thoughts, feelings, physical reactions, behavior, and outcomes. The first three are internal processes people learn to observe as they experience the world around them. These internal elements influence decision-making that further influences behavior and outcomes. Teaching participants to organize their thinking, particularly when they are getting upset and feeling out of control, is the central unifying foundation of the model.

PS-R helps participants to recognize and restructure thoughts, regulate their emotions and physical reactions, and change behavior to achieve desired outcomes. Helping participants learn to pay attention to what's going on in their mind and body prepares them to organize and manage discomfort effectively when they experience a stress hormone alert.

Self-regulation involves slowing down neurological processes in order to best manage any experience. PS-R teaches participants how to effectively take control of how they manage stressful situations. While these internal processes are all occurring simultaneously, they are broken down into individual parts for better understanding.

Thoughts (cognition): How and what humans think at any given time greatly influences all experience. Paying attention to immediate thoughts, particularly when they are upsetting, creates a foundation for cognitive restructuring that can prevent harm. *Cognitive restructuring is simply learning to think differently.* Teaching participants to slow down and practice different ways of thinking boosts learning and memory retention, and helps them to organize their brain processing.

PS-R guides participants through five core components of self-regulation

These core components are

- Thoughts
- Feelings
- Physical Reactions
- Behavior
- Outcomes

The first three are internal processes people learn to observe as they experience the world around them. These internal elements influence decision-making that further influences behavior and outcomes. Teaching participants to organize their thinking, particularly when they are getting upset and feeling out of control, is the central unifying foundation of the model.

Core Components

Feelings (affect or emotions): Feelings are even more powerful and influential than thoughts. Human experiences constantly challenge thoughts and feelings that influence decision-making in potentially complex ways. Both thoughts and feelings are greatly influenced by culture and upbringing and can be extremely challenging to deal with when people are unprepared to do so effectively. Teaching participants about the powerful role emotions play in decision-making prepares them to safely and courageously face all human emotions in order to best manage uncomfortable and potentially scary feelings. Learning to face scary things rather than run from them is an importance element of resilience.

Physical reactions: Physical reactions are simply any ways a body experiences any type of stimulus. Joy or sadness can bring tears, extreme cold can cause shivering, humor influences laughter. Fear causes a stress hormone alert that sends chemicals pulsing throughout a body in an effort to keep a person safe when they feel threatened. It might increase heart rate, tighten muscles, and influence a fight, flight, or freeze response. How people think, feel, and physically react to any given situation determines decision-making that influences behavior and outcomes.



Recalling traumatic experiences can cue the same physical reactions as the original trauma. Educating participants about this phenomenon helps them to begin practicing identifying and managing their thoughts, feelings, and physical reactions effectively.

Behavior: Humans are challenged to make decisions while their body is being flooded with any number of thoughts, feelings and physical reactions in any given situation. When these decisions are influenced by potentially overwhelming traumatic memories it can be extremely difficult to make healthy choices. When adults do not model and teach children how to take good care of themselves, young people are vulnerable and at risk of developing unhealthy coping strategies that cause harm.

Participants can learn to manage trauma in ways that do not cause harm to self or others. With practice, anyone can learn to quickly pay attention to thoughts, feelings, and physical reactions as they get upset and feel out of control. They are then taking control of their brain processing and making decisions in their best interest. They can take time to respond effectively and manage the situation in healthy ways. This can require a lot of practice, commitment, and patience to give up bad habits in exchange for healthy ones. Exploring and practicing multi-sensory coping strategies unique to a participants' interests, skills, and abilities can help them develop life-long patterns that promote health and well-being. Such skill building promotes safety and stabilization.

Outcomes: Outcomes in this case are the results of how thoughts, feelings, and physical reactions influence decision-making that hopefully leads to effective behavior management and successful outcomes. Unfortunately, many trauma survivors have developed habits in response to painful experiences that involve unsafe and unhealthy practices. Trauma can result in multiple domains of impairment throughout the human body. It can impact cognition, attachment, anxiety, self-regulation, self-concept, social helplessness, and aggression

Core Components

towards self and others. Physiologically, it negatively impacts cardiovascular, metabolic, and immunological systems, addiction, eating and sexual disorders. Every element of PS-R is focused on enhancing health and well-being while diligently attempting to prevent impairment and disease.

Motivation for Change

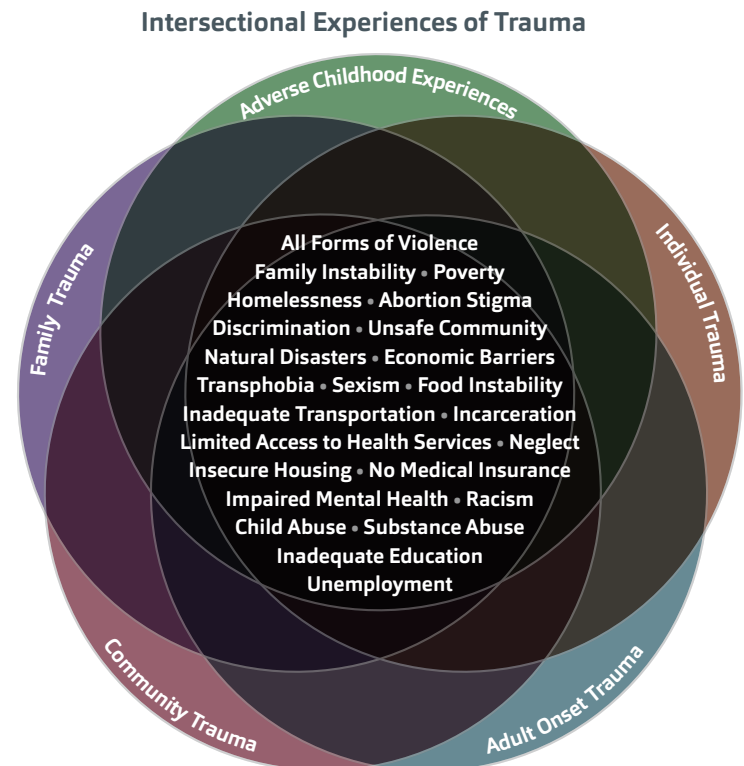
PS-R addresses motivation for change to prevent harmful behavior, manage impulsivity, negotiate, and experience well-being. The goal is to stop harm, heal pain, and change lives. Facilitators use *Motivational Interviewing* to facilitate collaborative conversations focusing on strengthening a person's motivation and commitment to change (Miller & Rollnick, 2013). It helps participants explore and clarify personal values, change behavior, and practice healthy coping skills.

PS-R participants have likely weathered a range of challenging experiences through the intersectional nature of trauma. They may have involvement with social services, medical care, child welfare, and the criminal justice system. Some are unable to live at home for a variety of reasons and some may be mandated for services. They are likely to have strong feelings about their life experiences and may not be motivated to participate. Many are confused and struggle to make sense of what is being asked of them. It may be difficult for them to consider trusting anyone who wants to help.

Introducing and explaining ambivalence and discord can potentially influence program participation. Asking a participant about their interest and confidence in completing the program can predict potential for success (Miller & Rollnick, 2013).

Participant engagement is critical for PS-R to be effective. Explaining potential benefits of the program and instilling hope for successful completion encourages active participation. Facilitators who emphasize confidentiality and protect the privacy of participants foster trust and support the strength and courage necessary for successful completion. *Motivational Interviewing* can increase commitment to complete the program, and, most importantly, to be successful in experiencing health and well-being.

It's important to respect, honor, and support facilitators who may struggle with motivation to facilitate PS-R. It can be challenging in a range of ways that include both time and commitment. Training and supportive supervision can help everyone enjoy benefits of the program.



Multi-Sensory Activities

The neuroscience of trauma consistently addresses the importance of using multi-sensory experience to enhance self-regulation. Each session plan includes health promoting activities critical for successful outcomes. These activities are vital for all participants as they bypass limitations of talk therapy and are adapted to best meet the needs of each individual.

These multi-sensory activities are not arts and craft projects, and they are not art therapy. Expressive therapy is a discipline that requires advanced training and supervised clinical experience. Facilitating multi-sensory activities is not the same as conducting expressive therapy. Professionals created the exercises in each chapter specifically for use by specially trained and supervised facilitators. All activities described in the Session Plans were part of federal grant evaluations.



It is important to consider the potential impact on each participant before conducting any activity. Activities sometimes bring up strong reactions and provide an opportunity for facilitators to respond with compassionate and nonjudgmental support.

The goal of every activity is simply to help participants organize their thinking. Multi-sensory experience is uniquely personal and each participant decides how they want to participate. When they create something on paper, they can laminate it for

safe-keeping and decide where they want to keep it. Anything created during the program is confidential and protected accordingly.

Successfully facilitating multi-sensory activities involves:

- Providing a physically and emotionally safe and supportive setting
- Understanding that multi-sensory activities can bring up strong emotions
- Respectfully addressing issues that come up during activities
- Never interpreting a participants' experience
- Only facilitating activities when participants can effectively self-regulate
- Providing closure at the end of each session

Confidentiality

As previously mentioned, participants may read their workbook privately or collaboratively. Since the program explores sensitive and confidential information participants left alone to figure out complex experiences may struggle in isolation or obtain inaccurate information potentially leading to challenging situations. Collaboration with trusted others may prevent unnecessary pain that places participants in harm's way. Confidential

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questions address information participants may, or may not want to share with others. They should never be pressured or required to share anything personal.

If a facilitator feels a need to explore such information it is imperative to ask permission before attempting to explore any answers. Facilitators should provide a specific related reason for wanting to see any answers. *Answers should never be judged or analyzed.* If a participant is unwilling to share, facilitators respectfully accept their decision and move forward with session activities.

Program activities may lead some participants to reveal previously unreported trauma. This might include violence, abuse, harm to self, or criminal activity. Addressing all aspects of confidentiality prior to beginning the program can prevent potential misunderstandings about a facilitator's duty to report even the suspicion of abuse or criminal behavior. This program honors and respects the courage such important steps represent in a healing process.

Intersectional Experiences of Health and Well Being



Getting Started

A facilitator's only goal is to be helpful.

Before engaging youth in a PS-R program, all facilitators participate in specific training. Facilitator training focuses on teaching the model and helping facilitators learn how to best support participants managing the personal impact of trauma. Modeling transparency and trustworthiness and teaching participants how to identify trustworthy behavior helps youth to consider who they might talk to about important life experiences. Familiarity with sensitive questions participants are encouraged to answer throughout the workbook allows facilitators to provide thoughtful support throughout the process.

In addition to training, program facilitation includes supervision with a licensed qualified mental health professional who is a trauma specialist trained in PS-R. This structure enhances effective program implementation by addressing any concerns that come up throughout the program.

There are four elements of a therapeutic relationship that contribute to successful outcomes in psychotherapy (Duncan, Miller, Wampold, and Hubble, 2010). When facilitators are warm, genuine, non-judgmental, and empathic they can maximize participation and motivate change. These are critical attributes for PS-R facilitators to model.



PS-R can stir up uncomfortable feelings for both facilitators and participants as youth explore the personal impact of trauma. Affect regulation has historically been a missing link in many studies about what works in psychotherapy and is now considered a foundation for achievement, social success, and mental health (Steinberg, 2014). Clarity about personal self-regulation strategies and practice can help facilitators best prepare for facilitating the program.

Participation is voluntary and collaborative. Any attempts to require participation risks losing sight of the program's purpose and prevents autonomy. Consistent respectful interaction is the most direct route to engagement. While the program uses a range of terms to describe how the human body responds to trauma over time, there is no need to be concerned about using specific words or terminology. Facilitators and participants are never required to use designated words or memorize anything.

Engagement is not compliance. It is focused attunement between a facilitator and participant that results in honest communication. *Focused attunement involves monitoring, affirming and sometimes mirroring another person's body language in order to enhance positive connection.*

Participants may communicate a range of thoughts and feelings about engaging in the program. Anticipating discord can help facilitators plan accordingly and create specific engagement strategies. Emotions can range from curiosity, interest, and enthusiasm to blatant and possibly rude opposition. Accepting and embracing discord and ambivalence is a key for ultimately achieving successful engagement.

Tips for Effective Facilitation

Prior to introducing the program, prepare for responding to participants' questions and concerns.

Slow down and support each person's pace and stress tolerance for addressing difficult subjects as this promotes trustworthiness and may reduce struggles. Never push!

Monitor thoughts, feelings, and physical reactions to ensure and model self-regulation.

Clarify expectations. Always encourage participants to speak up, especially when something is not helpful. This creates a foundation for practicing autonomy and self-efficacy.

Listen carefully to everything participants say. Ask open-ended questions, affirm, reflect, and summarize (OARS), Miller & Rollnick, 2013). These skills provide a clear message about a participant's importance as a person and sincere acknowledgement of their experience.

Encourage participants to explore their thoughts, feelings, and physical reactions and always ask what might be most helpful as they go through the program. This promotes self-regulation and autonomy.



Ask questions, don't tell participants what to do. Ask about their strengths, and affirm them. When participants appear fearful, ask what they are most afraid of, and what is the worst part of such fear. Explore ideas for what they can do when they are afraid. Asking them to explore potential solutions for managing difficulties helps them to practice and develop competence with calm confidence.

Practice self-care! Developing and practicing healthy coping strategies for best managing the impact of trauma work is both self-respect and role modeling for participants.

Introducing the Program

Confidentiality, physical and emotional safety, and unconditional support are the foundation for facilitating PS-R. While facilitation style varies by individual, setting, role, and relationship, key elements of trauma-informed services (SAMHSA, 2014) listed on page 3, guide all interaction. Successful facilitation always addresses the unique development of each participant. It take into consideration age; intellectual, cognitive, and emotional functioning; and family, school, and community influences. Exploring creative solutions that best meet the needs of each participant while maintaining fidelity to the model helps ensure success.

Effectively introducing participants to the program, especially when they're ambivalent or mandated for services, greatly influences successful outcomes. After personal introductions, Session Plan 1 describes how to introduce the program and clarify expectations. Exploring participants' strengths, interests and resources can promote engagement, interest, and commitment to completing the program. Explaining how PS-R helped other participants may instill a sense of hope, optimism, and expectation for change. Asking participants what they've been told about PS-R can help them genuinely articulate their understanding and perceptions while alerting facilitators to potential misunderstandings. Preparing participants for potential discomfort is also important and can be done by exploring any participant concerns.

Describing how long the program takes, how often, and for how long meetings last (generally an hour) provides a sense of stability and predictability. Self-care is promoted and modeled from the outset by encouraging participants to speak up and giving them a break when things get tough. Giving participants permission to slow down or stop if they need to, promotes awareness of stress tolerance, autonomy, self-care, and encourages positive use of personal power and control. Respectful pacing prevents rushing through the program.



Assessing a participant's ability to work independently begins immediately. Some participants may complete the workbook entirely on their own, others may need support from trusted others, and some, particularly those with unique needs require reading assistance. Regardless of support level, outlining expectations for change and instilling hope for success are integral parts of laying a foundation for collaboration and successful outcomes (Duncan, Miller, Wampold, & Hubble, 2010).

Participants may have difficulty reading, developmental impairment, and cognitive limitations that inhibit participation, comprehension, and memory retention. Minimizing reading and writing and focusing more on multi-sensory activities and discussion is vital for anyone who may struggle with literacy. If a participant cannot read or write, and is comfortable collaborating, facilitators can read aloud and help participants document their answers.

Participants may also struggle to effectively express their feelings. Patient and supportive exploration can enhance understanding and self-acceptance as they make sense of painful experiences and how trauma influences their decision-making. When participants are literate but have trouble concentrating, facilitator can help

Introducing the Program

participants practice focusing. Flexibility in addressing unique needs can minimize obstacles when implementing the program.

Conversely, the skills, talents, and abilities of gifted participants may require creativity to keep them engaged, particularly if they appear impatient. Participants who are motivated and competent to work independently can negotiate with the facilitator to work privately and discuss progress in each session. Always clarify availability for additional support and direction as needed.

Expect and embrace opposition and discord! Participants may communicate challenges in a variety of ways. Those who have been in therapy may say they've already addressed this stuff and should not have to do it again. Some may complain that it won't help or that it's stupid. Expecting and embracing opposition and discord provides opportunities to genuinely engage participants by reflecting and affirming their challenges and struggles and acknowledging their reality. Providing unconditional positive regard for their situation models respect and support.

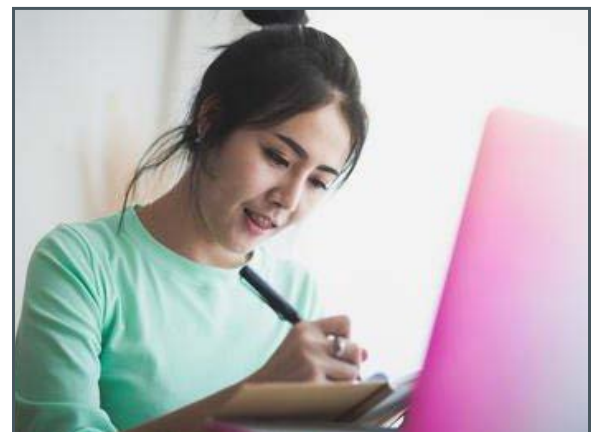
When participants refuse any session activities, facilitators can invite them to identify and explore possible obstacles. While fear may be a significant factor, participants may want to avoid any sense of vulnerability. Facilitators can ask participants, "What do you think is important for us to be thinking about?", "What would be the worst part of using the program?" and "What are you most afraid of?"

Gently identifying how PS-R can help participants better manage any pain from their past, and get on with the life they really want to live, may reduce discord even though it may not be apparent at the time. Encourage participants to share how they manage uncomfortable experiences, affirm healthy coping skills, and gently encourage additional healthy options that build on their strengths and resources.

After addressing all participant questions and concerns, they may begin the program.

Blended Learning Sexual Health Program

When using the blended learning sexual health program, facilitators introduce the model in the same way. Additionally, they have instructions, provided in the Meeting Plans, for introducing participants to the confidential on-line format they will be using instead of a paper workbook. Facilitators then witness the participant successfully logging into the site, and accessing the first video to make sure the youth is able to do so.



Workbook Format

PS-R workbooks begin with general information about health and well-being, build a strength-based foundation for exploring the impact of personal trauma, and promote the practice of self-regulation skills. Chapters 1 and 2 invite readers to explore who they are and what their life has been like. Chapters 3, 4, and 5 are usually the most challenging as they address bad things that happen in life, looking for love in all the wrong places, and the trauma outcome process (Rasmussen, 1999). Chapters 6, 7, and 8 then focus on solutions as participants consider taking good care of themselves, becoming the person they want to be, and pursuing their dreams. After a brief introduction to the workbook, each chapter contains topical information and confidential questions, real life stories, and definitions to help participants safely explore their personal development.



Information Lists describe program benefits and provide a vision for success throughout the process.

Confidential questions help participants organize their thinking and promote understanding about each topic and the impact it has on self-regulation.

Real life stories help to normalize painful experiences and illustrate successful ways of managing trauma.

Definitions explain any terms above a 4th grade reading level. These are also included in a Glossary at the end of each workbook.

Session Format

Session Plans are a manualized way to streamline information, provide a user-friendly format to ease facilitation, and enhance fidelity. Each Session Plan has a number and title that reflects the session focus and relationship to the designated workbook.

Overview: A summary of material covered and the rationale for it.

Topics: Core topical components for easy reference.

Goal: Desired outcomes for facilitators.

Key Messages: Desired understanding for participants.

Learning Objectives: Desired outcomes for participants.

Activities: A list of specific session activities in the order they should be facilitated.

Materials: Everything a facilitator needs to have with them in order to facilitate the session with fidelity.

Process and Content: Time frames, topics, and descriptions of everything to be done in a session. These always involve: Check-In, Decision dialogue, at least one multi-sensory activity, and Wrap-Up.



- **Check-In:** Beginning in the second session, facilitators routinely ask the predictive question, “How are things better, no matter how seemingly small, since our last meeting?”. This question has been shown to influence successful outcomes as participants are invited to reflect on, and assess recent life experiences with the underlying assumption that positive change is expected as a result of what they are learning and hopefully practicing.

Participants are then asked about their experience of reading the workbook, understanding of the content, and reflections about any potential benefits that might improve their lives.

- **Decision Dialogue:** This is collaborative decision-making. After checking-in, facilitators support participants in deciding how they will go forward through the session.
- **Multi-sensory Activities:** Each session has a least one topically related multi-sensory activity to emphasize information in the book chapter, promote memory retention, and motivation to practice skill development. Each one is described in detail with facilitation instructions. The rationale for these activities is provided in the Foundation section on page 4.
- **Wrap-Up:** At the end of each session facilitators ask another predictive question, “How has our time together today been helpful?” Such evaluation helps participants develop competency in personal assessment of life experiences. This activity reflects findings about the importance of self-report in assessing if, and how helpful a session might be (Duncan, Miller, Wampold, and Hubble, 2010). It reinforces the primary goal of building self-regulation competencies and, with repetition, changes neuro pathways (Siegel 1999; van der Kolk, 2014).

Session Format

If participants express dissatisfaction with the process or content of a session, it is important to listen, respectfully explore, and thank them for sharing such important information. Thoughts about trauma can illicit very strong negative responses that test self-regulation. Expressing empathy and compassion about challenges in addressing trauma can model the very behaviors we hope they will learn throughout the process.



Fidelity Monitoring: When professionals or organizations want to collect program data and track outcomes, facilitators document adherence to the model with a very brief fidelity checklist.

Summary

This guide aims to provide a streamlined introduction and foundation for facilitating any PS-R program. While many professionals and organizations use the workbooks, not everyone facilitates the model with fidelity. To do so involves training and adherence to the Session Plans. Regardless of fidelity concerns the goal of *Practice Self-Regulation™* is to stop harm, heal pain, and change lives.

As participants go through the program, pro-social values, beliefs, and behavioral change indicate potential healing. Affirming their courage, strength, and respectful behavior likely motivates them to consider and work towards becoming the person they genuinely want to be. Consistently documenting self-regulation skills provides a framework for monitoring progress. However you use any elements of PS-R I hope it enhances your work and the lives of those you serve.

Trauma Resources

- [CDC.gov/violenceprevention/acestudy](https://www.cdc.gov/violenceprevention/acestudy/). Centers for Disease Control
- [NCTSN.org](https://www.nctsn.org/). National Child Traumatic Stress Network
- [SAMHSA.gov](https://www.samhsa.gov/). Substance Abuse and Mental Health Services Administration



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