

## Parent Trauma Coordinating Group's GRID

### Core Components of Treatment Model related to Parent Trauma

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#### Treatment models<sup>1</sup> represented and corresponding acronym:

1. After Deployment, Adapting Parenting Tools (ADAPT)
2. Attachment, Self-Regulation and Competency (ARC)
3. Child and Family Traumatic Stress Intervention (CFTSI)
4. Child Parent Psychotherapy (CPP)
5. FamilyLive
6. Preschool PTSD Treatment Model (PPT)
7. Real Life Heroes (RLH)
8. Strengthening Families Coping Resources (SFCR)
9. Trauma Adapted Family Connections (TA-FC)
10. Target
11. Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

Developed by the Parent Trauma Coordinating Group of the National Child Traumatic Stress Network, 2016-2018.

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<sup>1</sup> Treatment models are intended to be listed in alphabetic order

Treatment Model	Core Component: Engagement of Parent
<b>ADAPT</b>	<ol style="list-style-type: none"> <li>1. Help parents focus on their strengths and their children’s strengths through questioning, modeling, and practice</li> <li>2. Focus on parent’s values and goals as the basis for making changes</li> </ol>
<b>ARC</b>	<ol style="list-style-type: none"> <li>1. Psychoeducation about ARC therapeutic process</li> <li>2. Collaborative goal development</li> <li>3. Directly addressing barriers to engagement in intake process</li> <li>4. Therapeutic Routines/Rituals to increase safety in therapeutic process</li> <li>5. Curious stance of the provider, emphasizing parallel attunement and reflective curiosity</li> </ol>
<b>CFTSI</b>	<ol style="list-style-type: none"> <li>1. Provides parent with education about trauma, trauma symptoms, and how trauma can impact not only the child, but the parent/caregiver and other family members as well</li> <li>2. Emphasize with parents the critical role that they will play in their child’s recovery from post-traumatic reactions</li> <li>3. Increase the caregiver’s investment in trauma-focused treatment by making the connection between trauma history and trauma symptoms and increasing caregiver’s confidence that treatment can lower symptoms</li> </ol>
<b>CPP</b>	<ol style="list-style-type: none"> <li>1. Engagement begins with the parent</li> <li>2. Therapist attempts to engage all primary caregivers in treatment when safe</li> </ol>
<b>FamilyLive</b>	<ol style="list-style-type: none"> <li>1. Apply a shared power approach to all decision making</li> <li>2. Identify caregiver’s strengths outside of parenting role</li> </ol>
<b>PPT</b>	<ol style="list-style-type: none"> <li>1. The concept of reluctance to return for future sessions is normalized and proactively addressed in the early sessions.</li> <li>2. Parents are educated about the 12 sessions of the protocol and about PTSD symptoms.</li> </ol>
<b>RLH</b>	<ol style="list-style-type: none"> <li>1. Use of resiliency-focused psycho-education to engage and empower caregivers with understanding of how trauma works and what caregivers can do to help their children and themselves</li> <li>2. Emphasis on caregivers as heroes for children, modeling how to develop skills and reduce the power of traumas through activities</li> </ol>
<b>SFCR</b>	<ol style="list-style-type: none"> <li>1. Parent participation in parent break out group and form relationships with other parents</li> <li>2. Nurturing parent by providing meal, weekly calls, support for transportation, personalized materials</li> </ol>
<b>TA-FC</b>	<ol style="list-style-type: none"> <li>1. Openly discuss historical barriers to receiving services in the past</li> <li>2. Identify form onset the partnership in the work</li> <li>3. Services are home-based or community-based depending on caregiver’s desire</li> <li>4. Motivational Interviewing</li> </ol>
<b>TARGET</b>	<ol style="list-style-type: none"> <li>1. Explains in non-technical terms with visual illustrations how their (and their child’s) brain adapts to handle stress and how this is changed by extreme stress (trauma)</li> <li>2. Provides simple practical skills they and their child can use to re-set their body’s stress alarm</li> </ol>
<b>TF-CBT</b>	<ol style="list-style-type: none"> <li>1. Mary McKay’s evidence-based engagement strategies</li> <li>2. Praise and positive reinforcement for bringing child in for treatment</li> </ol>

**NOTE:** ADAPT: After Deployment, Adapting Parenting Tools; ARC: Attachment, Self-Regulation and Competency; CFTSI: Child and Family Traumatic Stress Intervention; CPP: Child Parent Psychotherapy; PPT: Preschool PTSD Treatment Model; RLH: Real Life Heroes; SFCR: Strengthening Families Coping Resources; TA-FC: Trauma Adapted Family Connections; TF-CBT: Trauma Focused Cognitive Behavioral Therapy

Treatment Model	Core Component: Assessment
<b>ADAPT</b>	1. Ongoing assessment of how parents are using skills and how to teach skills to best meet the needs of families
<b>ARC</b>	<ol style="list-style-type: none"> <li>1. Assessment of PTSD sequelae in caregiver</li> <li>2. Assessment of Parent Stress and impact on caregiving</li> <li>3. ARC focused assessment guide specifically assesses attachment as it relates to strengths and challenges for the parent/caregiver</li> </ol>
<b>CFTSI</b>	<ol style="list-style-type: none"> <li>1. Assesses both child and parent/caregiver's trauma history</li> <li>2. Assesses both child and parent/caregiver's post-traumatic symptoms</li> <li>3. Assesses ongoing external stressors that might impede recovery for both parents, child and family</li> </ol>
<b>CPP</b>	1. Foundational phase of treatment includes assessment of caregivers' own trauma history, caregiver PTSD, and caregiver depression
<b>FamilyLive</b>	1. Not addressed, except at point of referral to model and when child or adult high risk behavior surfaces
<b>RLH</b>	<ol style="list-style-type: none"> <li>1. Focus on caregiver goals</li> <li>2. Assessment of caregiver, family &amp; cultural strengths as well as trauma reaction cycles</li> </ol>
<b>SFCR</b>	<ol style="list-style-type: none"> <li>1. Assessment of parent trauma history, PTSD, symptoms of distress, parenting stress and family functioning</li> <li>2. Observation of parenting, communication, emotion regulation, attunement, and quality of relationships</li> </ol>
<b>TA-FC</b>	<ol style="list-style-type: none"> <li>1. At Intake, caregiver's self-report and parent-report standardized instruments are used to identify historic and traumatic experiences and related symptoms</li> <li>2. Clinician/Family partnership assessment tool (FANS-Trauma) used to guide the assessment process</li> </ol>
<b>TARGET</b>	<ol style="list-style-type: none"> <li>1. Assesses parent/caregiver PTSD/associated symptoms</li> <li>2. Assesses parent emotion regulation</li> </ol>
<b>TF-CBT</b>	<ol style="list-style-type: none"> <li>1. Assessing how child's trauma is affecting parent's response to his/her own historical trauma</li> <li>2. Encouraging parent to talk about how they have coped with their own historical trauma</li> </ol>

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<b>Treatment Model</b>	<b>Core Component: Parenting</b>
<b>ADAPT</b>	<ol style="list-style-type: none"> <li>1. Teaches parents specific skills that parents can use themselves and with their children Teaches parents how to teach skills to their children</li> <li>2. Focus on encouragement as the primary method of teaching children; once parents understand giving good directions and consistent use of encouragement, parents are taught limit setting, problem solving, monitoring, active listening, emotion coaching, and conflict management</li> </ol>
<b>ARC</b>	<ol style="list-style-type: none"> <li>1. Address caregiver regulation as foundational to parenting children and youth</li> <li>2. Core skill target “Effective Response” supports caregivers with specific skills to address behavioral challenges</li> </ol>
<b>CFTSI</b>	<ol style="list-style-type: none"> <li>1. Emphasizes the importance of parents re-establishing structure, routines of daily life, limit-setting, consistent expectations, etc.</li> <li>2. Focuses on increasing parent’s recognition and understanding of the post-traumatic meaning of child’s symptoms, including ones that challenge parental authority and expectations</li> <li>3. Increase communication between parent and child about the occurrence, context and timing of child’s trauma symptoms, as well as alternative ways of reducing distress</li> </ol>
<b>CPP</b>	<ol style="list-style-type: none"> <li>1. Parenting is addressed as it pertains to safety within the caregiver-child relationship and strengthening and supporting the caregiver-child relationship: (a) Fostering caregiver’s ability to socialize child in ways that are consistent both with the caregiver’s cultural values and beliefs and the family’s context; (b) Identifying factors that may interfere with caregiver capacity to socialize child, including environmental circumstances, strong emotions (e.g. guilt, fear, feelings of worthlessness), and prior history; (c) Supporting caregiver’s development of routines to enhance safety; (d) Helping to establish caregiver as a protective, benevolent, legitimate authority figure; (e) Helping caregiver and child notice and respond supportively to each other’s relational bids</li> <li>2. Helping caregiver reflect/respond benevolently to child’s challenging behavior</li> </ol>
<b>FamilyLive</b>	<ol style="list-style-type: none"> <li>1. Teach time outs and coach through them</li> <li>2. Support limit setting during sessions</li> </ol>
<b>RLH</b>	<ol style="list-style-type: none"> <li>1. Development of caregiver power plans to strengthen caregivers and change trauma reaction cycles in families</li> <li>2. Strengthening parents as heroes for children who provide protection, nurture &amp; guidance</li> </ol>
<b>SFCR</b>	<ol style="list-style-type: none"> <li>1. Coaching and modeling of parenting behaviors during family meals, activities</li> <li>2. Empowering parents to be in charge of their families</li> </ol>
<b>TA-FC</b>	<ol style="list-style-type: none"> <li>1. Teach, model and practice specific parenting strategies during weekly sessions (Timeout, Incentive/Reward, Child Development, Targeted/Specific Praise, etc.)</li> <li>2. Based on actual enacted Parent/Child behaviors, therapist breaks down the process, identifying specific parent trauma-based reactions, stopped escalation and processed parent reaction, and coached parent in alternative response</li> </ol>
<b>TARGET</b>	<ol style="list-style-type: none"> <li>1. Demonstrates how re-setting one’s own stress alarm can enable parents to be calm and effective as a parent</li> <li>2. Demonstrates how parents can use the alarm re-set skills as a collaborative way to support/help their child to prevent or recover from emotional and behavioral stress reactions</li> </ol>
<b>TF-CBT</b>	<ol style="list-style-type: none"> <li>1. Focus on positive parenting strategies</li> <li>2. Emphasis on structure, limit-setting, and consistency</li> </ol>

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Treatment Model	Core Component: Co-Regulation
<b>ADAPT</b>	<ol style="list-style-type: none"> <li>1. Parents are taught to notice their own emotions through mindfulness exercises and then use emotion regulation strategies in response</li> <li>2. Parents are encouraged to do mindfulness activities with their children and to teach their children emotion regulation strategies</li> </ol>
<b>ARC</b>	<ol style="list-style-type: none"> <li>1. Core skill target “Caregiver affect management” addresses the role of caregiver regulation in providing a safe foundation for co-regulation</li> <li>2. Core skill target “Attunement” provides support with mirroring and co-regulation</li> <li>3. Core skill target “Modulation” provides education about child regulation strategies and gives concrete techniques for supporting regulation</li> </ol>
<b>CFTSI</b>	<ol style="list-style-type: none"> <li>1. Focuses on increasing the parent’s ability to recognize the occurrence of their own post-traumatic reactions, particularly in the context of their interactions with their child</li> <li>2. Teaches parent/caregiver coping strategies to address constituent elements of their own post-traumatic reactions</li> <li>3. Parents/caregivers also practice coping strategies in response to their child’s symptoms</li> </ol>
<b>CPP</b>	<ol style="list-style-type: none"> <li>1. <u>Dyadic Affect Regulation</u>: (a) Fostering caregiver’s ability to respond in soothing ways to child; (b) Fostering child’s ability to use caregiver as secure base; (c) Providing developmental guidance around typical early childhood fears/anxieties/emotional reactions; (d) Acknowledging/helping to find words for emotional experiences; (e) Developing strategies for regulating affect; (f) Exploring with caregiver links between past/current emotional responses.</li> <li>2. <u>Dyadic Body-Based Regulation</u>: (a) Fostering body-based awareness, particularly as they relate to stress &amp; trauma reminders; (b) Helping caregiver &amp; child learn/engage in body-based regulation; (c) Helping caregiver &amp; child exchange physical expressions of care; (f) Enhancing understanding of safe body-based boundaries</li> </ol>
<b>FamilyLive</b>	<ol style="list-style-type: none"> <li>1. Promote self-awareness of emotions</li> <li>2. Encourage caregiver observation of and curiosity about child responses to caregiver emotional expression</li> </ol>
<b>RLH</b>	<ol style="list-style-type: none"> <li>1. Each session includes Centering activities designed to promote development of co-regulation of children and caregivers</li> <li>2. Co-regulation strengthened with multi-sensory attunement activities that utilize drawing, rhythm, music, movement, yoga &amp; mindfulness</li> </ol>
<b>SFCR</b>	<ol style="list-style-type: none"> <li>1. Parent and children practice co-regulation techniques such as paired breathing or “peanut butter/jelly”</li> <li>2. Parents are coached in real-time regarding how to provide regulation cues for themselves and their families</li> </ol>
<b>TA-FC</b>	<ol style="list-style-type: none"> <li>1. Shared parent/child feelings identification and expression activities (identification, expression and regulation)</li> <li>2. Family interaction identify and punctuate expression of affect and responses of family members</li> </ol>
<b>TARGET</b>	<ol style="list-style-type: none"> <li>1. Demonstrates how the parent’s re-setting of her/his own stress alarm can provide a role model to guide and engage the child in self-regulation</li> <li>2. Demonstrates how parents can use the alarm re-set skills as a shared “focusing” activity when their child is becoming emotionally or behaviorally reactive</li> </ol>
<b>TF-CBT</b>	<ol style="list-style-type: none"> <li>1. Parents are encouraged to practice their own relaxation strategies</li> <li>2. Children teach parents the relaxation strategies that they are working on</li> </ol>

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Treatment Model	Core Component: Attachment
<b>ADAPT</b>	<ol style="list-style-type: none"> <li>1. Parents are taught to use active listening skills to listen to their children each day</li> <li>2. Parents and children use problem solving skills to set up and engage in fun family activities</li> </ol>
<b>ARC</b>	<ol style="list-style-type: none"> <li>1. Core domain of ARC is “Attachment”. This domain has 3 skill targets: Caregiver Affect Management, Attunement and Effective Response. These skills are designed to increase overall safety and security within the attachment system</li> </ol>
<b>CFTSI</b>	<ol style="list-style-type: none"> <li>1. Decreases parent-child isolation through increased understanding of meaning of disruptive post-traumatic symptoms</li> <li>2. Conjoint focus of the intervention capitalizes on and reinforces the parent-child connection as a critical source of symptom reduction and post-traumatic recovery</li> </ol>
<b>CPP</b>	<ol style="list-style-type: none"> <li>1. Focus treatment on caregiver-child dyad</li> <li>2. Repairing safety within the caregiver-child relationship as a central treatment goal</li> </ol>
<b>FamilyLive</b>	<ol style="list-style-type: none"> <li>1. Provide psychoeducation about boundaries, how they get compromised by trauma experiences and how to establish them</li> <li>2. Coach parents to develop more comfort with asking questions and follow up questions and listen for responses</li> </ol>
<b>RLH</b>	<ol style="list-style-type: none"> <li>1. Rebuilding or building attachments is the focus of all work beginning with assessments &amp; treatment planning and use of the Life Storybook</li> <li>2. Sessions and services are provided to enhance attunement &amp; trust with children able to test whether they can share perceptions and feelings with caregivers</li> </ol>
<b>SFCR</b>	<ol style="list-style-type: none"> <li>1. Parents and children participate in facilitated discussions to share family stories</li> <li>2. Parents are guided to build family routines and make plans to implement them</li> <li>3. Parents serve dinner for their children before each group</li> </ol>
<b>TA-FC</b>	<ol style="list-style-type: none"> <li>1. Family interventions promoting cohesion and communication that is paired with parent meetings to address what is might be triggered in the family meetings</li> </ol>
<b>TARGET</b>	<ol style="list-style-type: none"> <li>1. Teaches that being able to intentionally re-set the stress alarm enhances a child’s ability to feel a sense of security</li> <li>2. Demonstrates how insecurity (ambivalence, detachment, conflict/disorganization) is the result of a stress alarm that is stuck on survival mode</li> </ol>
<b>TF-CBT</b>	<ol style="list-style-type: none"> <li>1. Conjoint sessions to address ongoing parent-child conflict</li> <li>2. Encourage parent to spend time with child in mutually enjoyable activities</li> </ol>

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Treatment Model	Core Component: Relationship Repair
<b>ADAPT</b>	<ol style="list-style-type: none"> <li>1. Emphasis is put on encouragement and listening so that the parent who has been deployed can develop a stronger relationship with children</li> <li>2. There is a strong focus on a united parenting front so that parents can be their children’s best teachers</li> </ol>
<b>ARC</b>	<ol style="list-style-type: none"> <li>1. Discuss specific strategies that can be used to repair relationships following ruptures, disconnects or mis-attunements</li> </ol>
<b>CFTSI</b>	<ol style="list-style-type: none"> <li>1. Focuses on re-establishing and/or strengthening of parent-child relationship as a means of reducing post-traumatic suffering</li> <li>2. Increases awareness of, and alternative strategies to, oppositional, aggressive and defiant behaviors that are so frequently symptoms of post-traumatic dysregulation and undermine the resource of the parent-child relationship</li> </ol>
<b>CPP</b>	<ol style="list-style-type: none"> <li>1. <u>Emotional reciprocity</u>: (a) Helping caregiver reflect on how relationship expectations are shaped by past experience; (b) Helping caregiver identify/explore origins of negative views of child; (c) Helping caregiver think about how perceptions may affect interactions with child; (d) Helping caregiver/child notice &amp; respond supportively to each other’s relational bids; (e) Helping caregiver respond benevolently to child’s challenging behavior; (f) Helping identify negative child perceptions of caregiver; (g) Helping child understand caregiver’s efforts; (h) Helping caregiver/child learn ways to connect after conflict; (i) Helping caregiver/child consciously explore new ways of relating that promote trust/enjoyment.</li> <li>2. <u>Relationships with other caregivers</u>: (a) Helping caregivers understand child’s perspective &amp; need for positive representations of alternative caregivers; (b) Helping caregiver support child in integrating positive/negative aspects of other caregivers; (c) Sharing concept of angel moments &amp; importance of helping child hold onto positive memories of other caregivers; (d) Supporting child in developmentally-appropriate understanding of family history; (e) Supporting child in understanding different family members have different points of view/ways of relating</li> </ol>
<b>FamilyLive</b>	<ol style="list-style-type: none"> <li>1. Directly address co- parenting teamwork</li> <li>2. Support conversations about effects of caregiver attachment histories on perceptions of others</li> </ol>
<b>RLH</b>	<ol style="list-style-type: none"> <li>1. Creative arts &amp; and life story work promote sharing in a safe way guided by therapists</li> <li>2. As safety in relationships increases, children and caregivers are able to share more about their experiences of both good times and traumatic memories including what they saw, heard, felt, and did during traumatic events</li> </ol>
<b>SFCR</b>	<ol style="list-style-type: none"> <li>1. Parents and children participate in a family trauma narrative</li> <li>2. Parents and children are provided with InVivo coaching during sessions to discuss ruptures and repairs in their relationships</li> </ol>
<b>TA-FC</b>	<ol style="list-style-type: none"> <li>1. Support and establish family rituals and routines</li> <li>2. Always conduct collateral sessions with parents to identify triggers and reactions that occur when engaging in these activities</li> </ol>
<b>TARGET</b>	<ol style="list-style-type: none"> <li>1. Demonstrates how their use of alarm re-set skills can be a means for parents to repair relational ruptures with their child</li> <li>2. Demonstrates how their child’s use of alarm re-set skills can enable the child to experience relational repair as well as to self-regulate</li> </ol>
<b>TF-CBT</b>	<ol style="list-style-type: none"> <li>1. Not explicitly addressed because abusive caretaker is not part of TF-CBT treatment. However, for non-abusive caretaker, conjoint sessions to address regrets, relationship</li> </ol>

	changes in the present and future, etc.
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<b>Treatment Model</b>	<b>Core Component: Support of Parent</b>
<b>ADAPT</b>	<ol style="list-style-type: none"> <li>1. Facilitators teach parents through encouragement and use various types of praise such as verbal praise and tangible incentives to build support</li> <li>2. Each family receives a call between sessions to focus on their individual needs and to provide ongoing support between groups</li> </ol>
<b>ARC</b>	<ol style="list-style-type: none"> <li>1. ARC has applications that specifically focus on parent support including caregiver workshops; groups</li> <li>2. ARC individual therapy includes recommended models for caregiver support such as ongoing phone contact and planned individual caregiver sessions</li> </ol>
<b>CFTSI</b>	<ol style="list-style-type: none"> <li>1. Provides parents with an objective explanation and frame of reference that can help them understand their child’s post-traumatic behaviors and symptoms</li> <li>2. Increases the parent’s experience of effectiveness in their role of caring for their children and helping them recover from post-traumatic distress</li> </ol>
<b>CPP</b>	<ol style="list-style-type: none"> <li>1. Provide both emotional and instrumental support (e.g. case management) to caregivers.</li> <li>2. Develop empathic relationship with family members: (a) Empathically listening to concerns; (b) Understanding difficult behavior given past history &amp; current context; (c) Making warm supportive comments or recognizing accomplishments; (d) Understanding caregivers’ mistrust of providers and reluctance to engage in treatment in light of their past history and current experiences with potentially punitive systems</li> <li>3. Promote stabilization of family through: (a) Discussing provision/maintenance of basic needs; (b) Providing case management to help family obtain basic needs; (c) Helping caregiver develop the capacities to obtain services and needs independently (to overcome barriers, communicate about needs, and collaborate with service providers); (d) Helping caregiver identify and address root causes of recurrent crisis and ongoing instability</li> <li>4. Conduct ongoing care coordination through: (a) Helping family members obtain needed referrals to other services; (b) Communicating and coordinating care as needed with other service providers; (c) Reflecting on the needs of the entire family and prioritized services according to immediacy of needs</li> </ol>
<b>FamilyLive</b>	<ol style="list-style-type: none"> <li>1. Be interested in and provide support for caregiver goals: Improved self-care, improved family circumstances, and improved family communication</li> </ol>
<b>RLH</b>	<ol style="list-style-type: none"> <li>1. Promoting support for caregivers within families and communities is prioritized in service planning</li> <li>2. Special session times with caregivers are used to develop therapist-caregiver trust and to provide support for caregivers</li> </ol>
<b>SFCR</b>	<ol style="list-style-type: none"> <li>1. Families complete sociograms to identify sources of support.</li> <li>2. Families participate in a family sculpture exercise as a way to discuss family relationships and boundaries</li> <li>3. Parents participate in “parent only” break out groups with a therapist</li> </ol>
<b>TA-FC</b>	<ol style="list-style-type: none"> <li>1. Able to attend to basic/concrete needs</li> <li>2. Join in community advocacy</li> </ol>
<b>TARGET</b>	<ol style="list-style-type: none"> <li>1. Provides parents with a non-stigmatizing explanation for their and their child’s symptoms.</li> <li>2. Coaches parents to support them in applying, and helping their child to apply, the alarm re-set skills</li> </ol>
<b>TF-CBT</b>	<ol style="list-style-type: none"> <li>1. Praise for parents for being willing to participate in TF-CBT despite their own trauma history</li> <li>2. Recognizing the strengths that parents bring to their children and family</li> </ol>

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Treatment Model	Core Component: Emotion Coaching
<b>ADAPT</b>	<ol style="list-style-type: none"> <li>1. Parents start by learning skills such as mindfulness, emotion regulation, and active listening and then are taught to actively emotion coaching children</li> <li>2. Facilitators use role plays throughout lessons to teach skills to parents and teach parents how to teach emotion coaching skills to their kids</li> </ol>
<b>ARC</b>	<ol style="list-style-type: none"> <li>1. There are specific skill targets in the Attachment and Regulation Domains of ARC that provide support with Emotion Coaching</li> <li>2. Five of our 8 core skills focus directly on this component. In the Attachment Domain: Caregiver Affect Management and Attunement. In the Regulation Domain: Identification, Modulation and Expression</li> </ol>
<b>CFTSI</b>	<ol style="list-style-type: none"> <li>1. Teaches affect regulation strategies that both parent and child can use</li> <li>2. Teaches ways of identifying highly subjective context in which symptoms emerge</li> </ol>
<b>CPP</b>	<ol style="list-style-type: none"> <li>1. Help the dyad identify and respond to strong negative emotions and understand when those emotions are connected to past trauma</li> </ol>
<b>FamilyLive</b>	<ol style="list-style-type: none"> <li>1. Support caregiver’s developing skills for identifying and managing their own emotions</li> <li>2. Coach parent to address emotions of child while managing their own</li> </ol>
<b>RLH</b>	<ol style="list-style-type: none"> <li>1. Caregivers are invited to learn along with children how emotions work, how to recognize different emotions shown by family members and other important people, and effective ways of sharing emotions</li> <li>2. Emotions are linked with movement and the importance of Action including acceptance of feelings and using feelings to promote development of safety and healing</li> </ol>
<b>SFCR</b>	<ol style="list-style-type: none"> <li>1. Teaching parents to practice relaxation, mindfulness, etc. techniques with their families</li> <li>2. Cues parents to use up-regulation and down-regulation techniques and to assist their children to use regulation strategies during group and, specifically, during co-constructed trauma narrative</li> </ol>
<b>TA-FC</b>	<ol style="list-style-type: none"> <li>1. Affect identification and regulation individually and in conjunction with children</li> <li>2. Parallel process to conduct weekly parent sessions and family sessions to address triggers and reactions that occur for the parent/caregiver during family sessions</li> </ol>
<b>TARGET</b>	<ol style="list-style-type: none"> <li>1. Coaches parents to support them in applying the alarm re-set skills when they experience distress</li> <li>2. Coaches parents to support them in helping their child to apply the alarm re-set skills when emotionally distressed, and to identify positive emotions</li> </ol>
<b>TF-CBT</b>	<ol style="list-style-type: none"> <li>1. Active role plays with parents so that they can learn how to become more supportive and validating with their child who is learning to more effectively express feelings</li> <li>2. Psychoeducation to normalize parental feelings to their own historical trauma and their child’s trauma</li> </ol>

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Treatment Model	Core Component: Addressing Parent Trauma History
<b>ADAPT</b>	1. The focus of ADAPT is behavior change. Past history is addressed to the extent to which it will facilitate (or impede) behavior change; for example, when discussing discipline
<b>ARC</b>	1. The core skill “Caregiver Affect Management” supports caregiver in understanding trauma and the impact of exposures on individuals. Caregivers are engaged in exploration of triggers, self-appraisal or monitoring work and regulation practice
<b>CFTSI</b>	1. Systematically explores potentially traumatic events in the parent’s life 2. Identifies areas of the parent’s traumatic history which may closely resonate with current circumstances of their child and help them become more aware of and distinguish between the two
<b>CPP</b>	1. Assess caregiver trauma history during the foundational phase of treatment 2. Integrate information about caregiver trauma history into treatment conceptualization and address as appropriate
<b>FamilyLive</b>	1. Only as it is relevant and going only as deeply as caregiver wants to go: (a) How did you learn this particular coping strategy or world view? (b) How did _____ experience affect you as a person and as a parent?
<b>RLH</b>	1. Caregivers are invited to complete the RLH Life Storybook along with children and this promotes sharing personal histories of trauma and encouragement of caregivers to utilize the same skill building, relationship enhancement and trauma memory reintegration strategies offered to children
<b>SFCR</b>	1. Parent is encouraged to reflect on their current personal and family functioning in light of their history of trauma exposure as a child and an adult 2. Parent is encouraged to share safe and relevant personal trauma history with other parents in break out group and with their children during the family trauma narrative
<b>TA-FC</b>	1. Construct trauma timelines with caregiver 2. Genograms to illustrate intergenerational trauma with caregiver 3. Mapping of parent’s experiences on parent role
<b>TARGET</b>	1. Provides a de-stigmatizing framework to help parents disclose trauma history (extreme stressors) 2. Explains how trauma elicits adaptive survival reactions that can be understood and overcome
<b>TF-CBT</b>	1. Having parent talk about how their own trauma history is affecting their response to their child’s trauma 2. Having parent talk about how their own trauma history has affected their own life in terms of relationships, self-esteem, etc.

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Treatment Model	Core Component: Addressing Parent Symptoms
<b>ADAPT</b>	1. Not addressed directly, but learning skills such as emotion regulation helps parents to work more actively on their own symptoms. Program data indicate reductions in parents' own PTSD, depression, and suicidality as a result of improving parenting efficacy (Gewirtz et al., 2015)
<b>ARC</b>	1. In addition to response under "addressing parent trauma history", when caregiver assessment suggests that caregivers are experiencing significant symptoms they are encouraged to access their own trauma informed treatment
<b>CFTSI</b>	1. Teaches coping strategies for parent to use to reduce their symptoms 2. Regularly reviews situations in which parent's own post-traumatic reactions are interfering with their ability to clearly observe and distinguish between their reactions and those of their child
<b>CPP</b>	1. Assess caregiver symptoms during foundational phase of treatment 2. Based on treatment conceptualization and availability of outside resources, therapist may provide additional collateral sessions, integrate as a central focus in therapy, or refer to individual therapy
<b>FamilyLive</b>	1. Support and reinforce caregiver focus on self-care including health and mental health 2. Address high risk thoughts or behavior when necessary
<b>RLH</b>	1. Special meetings with caregivers are used to help them manage their own trauma reactions and to share their own trauma experiences in a safe way with children 2. Caregiver power plans address caregiver reactions including identifying trauma symptoms following reminders of traumas
<b>SFCR</b>	1. Psychoeducation regarding symptoms and how each member of the family may express distress differently 2. Referrals for additional therapy with anecdotal evidence that follow-up is higher after SFCR
<b>TA-FC</b>	1. Standardized instruments during assessment 2. Journaling, mirroring responses during sessions by clinicians
<b>TARGET</b>	1. Explains how symptoms are adaptive survival reactions that need to be re-set in current life 2. Helps parents make a link between current stress reactions and past traumatic events
<b>TF-CBT</b>	1. Encourage parent to practice relaxation strategies 2. Helping parents to understand and engage in cognitive processing related to their own trauma experience

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Treatment Model	Core Component: Parental Appraisal and Meaning Making
ADAPT	<ol style="list-style-type: none"> <li>1. Use questioning to help parents understand their values and how their values can drive their parenting</li> <li>2. Mindfulness exercises and debriefs help parents develop insight into their own reactions to parenting, changing behaviors, trying new skills, and their relationship with their children</li> </ol>
ARC	<ol style="list-style-type: none"> <li>1. Development of narrative/meaning-making about trauma progressive throughout treatment, addressed by sequential application of 8 core skills targets to present distress, attuned understanding of historical experience, meaning-making and future orientation</li> </ol>
CFTSI	<ol style="list-style-type: none"> <li>1. Helps parents to contextualize changes in their child's behavior as symptoms of traumatic dysregulation rather than as willful and intentional acts</li> <li>2. Helps parents recognize when their cognitive distortions (e.g. self-blame) and that of their children is really a painful reflection of efforts to reverse the original sense of loss of control</li> </ol>
CPP	<ol style="list-style-type: none"> <li>1. <u>Enhance understanding of the meaning of behaviors:</u> (a) Helping caregiver notice behavior; (b) Providing guidance on age appropriate behavior/meaning, how children learn/develop; (c) Helping caregiver consider meaning of child/caregiver behavior; (e) Helping enhance reflective functioning in caregivers/child.</li> <li>2. <u>Normalize the traumatic response:</u> (a) Acknowledging effects of child's/caregivers' trauma experience; (b) Psychoeducation on impact of trauma/PTSD; (c) Helping caregiver anticipate developmental changes in child's processing of trauma. <u>Support dyad in acknowledging impact of trauma:</u> (a) Promoting deep emotional acknowledgement of impact of trauma while attending/responding to dysregulated affect; (b) Helping caregiver acknowledge what child has witnessed &amp; remembers; (c) Helping caregiver/child understand each other's reality; (d) Helping caregiver/child identify &amp; cope with reminders; (e) Helping caregiver think about own trauma history, effects on caregiver/parenting.</li> <li>3. <u>Help dyad put trauma in perspective:</u> (a) Supporting caregiver/child in making meaning; (b) Integrating historical trauma as part of narrative; (c) Working with beliefs around why trauma happened; (d) Helping caregiver/child see trauma as something that happened to them but does not define them; (e) Supporting family's advocacy/helping work; (f) Fostering acceptance around how experiences have shaped caregiver/child's sense of self; (g) Helping family find pathways to post trauma growth/joy; (h) Encouraging appreciation of goodness, beauty, &amp; hope</li> </ol>
FamilyLive	<ol style="list-style-type: none"> <li>1. Non-judgmentally learn about caregiver's current systems for appraisal &amp; making meaning</li> <li>2. Gradually and with caregiver's consent expand both of those perspectives using Socratic style of questioning that accounts for history of interpersonal trauma and builds self-curiosity and self-reflection</li> </ol>
RLH	<ol style="list-style-type: none"> <li>1. Life story work encourages caregivers to evaluate trauma reaction cycles including use of CBT exercises</li> <li>2. Life story work also promotes re-integrating meanings of trauma events</li> </ol>
SFCR	<ol style="list-style-type: none"> <li>1. Participation in family storytelling leading to co-construction of a family trauma narrative</li> </ol>
TA-FC	<ol style="list-style-type: none"> <li>1. Develop a narrative</li> <li>2. Therapeutic questioning</li> </ol>
TARGET	<ol style="list-style-type: none"> <li>1. Re-frames children's symptoms as survival alarm reactions that can be re-set in their current lives</li> <li>2. Re-frames parent's distress/parenting difficulties as alarm reactions that can be re-set with the practical skills that they and their child are jointly learning</li> </ol>

<b>TF-CBT</b>	<ol style="list-style-type: none"><li>1. Parents participate in cognitive processing related to the child’s trauma experience</li><li>2. Parents are encouraged to “contextualize” the child’s trauma experience in order to derive greater meaning</li></ol>
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Treatment Model	Core Component: Other
<b>ADAPT</b>	Focus on united parenting front to help parents ensure that they are consistent in their parenting
<b>ARC</b>	N/A
<b>CFTSI</b>	N/A
<b>CPP</b>	N/A
<b>FamilyLive</b>	N/A
<b>RLH</b>	<ol style="list-style-type: none"> <li>1. RLH works to build or strengthen the emotionally supportive relationships, emotion regulation skills, and caregiver-child interactive cycles needed for children and caregivers to heal frayed attachments after traumas.</li> <li>2. RLH session activities and the RLH Life Storybook provide a structured process for caregivers to show children that they can experience their child’s and their own distress related to past traumas while maintaining their commitment to provide protection, nurture, and guidance for children.</li> </ol>
<b>SFCR</b>	Building healing resources connected to PTG and resilience in families.
<b>TA-FC</b>	N/A
<b>TARGET</b>	<ol style="list-style-type: none"> <li>1. Systematically helps parents identify their core values and goals as a parent and a person.</li> <li>2. Helps parents apply core values/goals to enhance their sense of efficacy as a parent.</li> </ol>
<b>TF-CBT</b>	N/A

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