

3rd International Neurosequential Model Symposium
June 12 - 14, 2018
Banff, Alberta, Canada

Program Session Descriptions and Objectives

Session Title: Trauma-Informed Public Policy: How to Build Capacity of Child Welfare Systems to Improve Outcomes for Children and Families

Presenter(s): Bryan Samuels

Description: A growing number of child welfare agencies in the United States are embracing the principles of trauma-informed care. However, momentum has largely focused on casework practices and increasing the availability of evidence-based programs. The keynote presentation will move beyond this focus on frontline practice and treatment options to elevate the important role of federal and state public policy in creating trauma-informed systems, as well as ways that policy can complement and facilitate effective approaches to trauma-informed service delivery. Leverage points include child welfare legislation, administrative rules, standardized procedures, and federal reporting requirements that often define the context within which services are delivered and sometimes even create barriers to the use of more effective frontline practices. The State of Illinois' child welfare system will be used as case study for how public policy can be used to improve outcomes for abused and neglected children and their families.

Objectives:

1. Define the policy making process at federal and state levels in the United States
2. Describe the policy options that complement the effective implementation of trauma-informed programs/practices
3. Provide specific examples of changes in public policies that complement effective service delivery

Session Title: It's Not Just about Brain or Behavior: Envisioning Trauma with Cultural Precautions

Presenter(s): Rowena Fong

Description: We have recently seen significant progress in foster care and permanency placements. In a 2015 annual report to Congress, the United States Department of Health and Human Services said the previous 4 years had witnessed a 13.3% decline in children in foster care, an 11.6% decline of young children placed in group homes or institutional care, and that 88 % of children in foster care had exited to permanent homes. However, that same year, the US Government Accountability Office also issued a report entitled, "Steps Have Been Taken to Address Unregulated Custody Transfers (UCT) of Adopted Children". These unregulated transfers, often referred to as "rehomeing," had been the subject of a 2013 Reuters news report about adoptive parents having major challenges with adopted children, particularly with those adopted through intercountry adoptions who had experienced complex trauma. Many unregulated custody transfers were occurring through social media rather than legal processes. Adoptive children with unregulated custody transfers without proper documentation, undocumented and mixed status children and families, as well as domestic victims of human trafficking, who have suffered traumatic sexual abuse, are part of the changing face of public child welfare and private agency client populations. While complex trauma is identified through brain mapping for clinical assessments and evidence-based interventions, to envision a better future for children and in order to promote psychological and emotional safety related to trauma, cultural contexts for preventive actions need to be considered. A Bicultural Socialization framework and approach will be discussed as well as the Grand Challenges for Social Work and Society.

Objectives:

1. Participants will be given an overview of changes in the US public child welfare system about safety, permanency, and child well-being.
2. Participants will be informed about the changing populations of clients in the US public child welfare systems and private agencies
3. Participants will learn about the Grand Challenges for Social Work and Society.

Session Title: TBD

Presenter(s): Ted Beauchaine

Description:

Objectives:

- 1.
- 2.
- 3.

Session Title: "A Quantum Leap." Depth Psychology integration with the Neuro-sciences.

Presenter(s): T.C.R.Wilkes

Description: This presentation will focus on how Depth Psychology compliments the recent advances made in Neuro-modulation therapy (NMT), a neuro-developmentally approach that is also trauma sensitive. The stress system, attachment and reward share a common neuro-biology and so between stimulus and response there is a gap which allows for choice and for therapy to assist the individual to choose a different response. NMT has highlighted how regulation of the stress system can be done in one of four ways. Bottom up, Top down, relationally and or with healthy Dissociation with sensitive dosing of repetitive, rhythmic, and patterned stimulation.

Now Psychological maturity demands some stress and suffering as developmental task are negotiated otherwise we remain unconscious of the world and its ways, dependent and infantile in our attitudes. Many families, Children and Youth we see are trapped reflexively into ideological attachments, addictions or neurotic styles of behavior including depression, anxiety, obsession and hypochondriasis to avoid suffering and the conscious awareness that comes with growth.

Overwhelming experiences or abuse can activate the stress response in the instinctual part of the brain, the brainstem and diencephalon, and although normal this can trap people reflexively in a fight, flight or freeze reaction. Similarly life can activate the limbic and emotional brain with fears of abandonment or neglect. But the imaginal capacity of the Wise Cortical part of the brain helps us experience things differently and regulate the stress response, the cortical modulation response, often using powerful symbols through sports, animal assisted therapy, movies, dance, music and other expressive arts and as a vehicle.

This presentation will amplify through reference to Art, work projects in England, Calgary, Victoria Australia how with the presence of an accompanier or role model the pain of life can be used as a good counsellor where we accept our limits and finds a silver lining in the pain and suffering opportunities for growth and forgiveness. Emphasizing the relative importance of meaning and not happiness as a vehicle for change

Objectives:

1. The key principles of depth psychology and the importance of the symbolic life will be outlined
2. How trauma disrupts the psyche and neurodevelopment will be amplified.
3. The role of the expressive arts, literature and play in healing will be emphasized.

Session Title: The Neurobiology of Stress: How the NMT Informs the Art of Caregiving, Teaching, and Treating Trauma

Presenter(s): Dave Melnick

Description: In the past decade, caregivers and professionals have made substantial gains in supporting children exposed to chronic trauma. By integrating research and innovative practice skills from multiple disciplines, our understanding of the impact of stress has led to improved outcomes. When caregiver and professionals are specifically taught about the impact of stress the result is often a profound shift in empathy, self-agency, and deliberate action. In this workshop we will examine a model for understanding the neurobiology of stress, and how it impacts engagement, relationship building, discipline, self-care and the healing process. Neurobiological principles will be discussed and used as a guide to reflect on current practices with an eye towards becoming more attuned to the needs of children exposed to chronic trauma. By using core concepts from the NMT, attachment and systems theory, and other clinical models, specific interventions will be presented.

Objectives:

1. Participants will become more familiar with core concepts associated with the neurobiology of stress.
2. Participants will become more adept at implementing specific strategies with children.
3. Participants will gain insight into the impact that childhood trauma has on their capacity as a caregiver/professional.

Session Title: The Neurosequential Model of Therapeutic in Early Childhood:
Introducing the NMT:EC

Presenter(s): Kristie Brandt

Description: This training will focus on the newly developed Neurosequential Model of Therapeutics Metric for Early Childhood (NMT:EC), a derivation of the original NMT Metric specifically adapted for children from pregnancy through age five. The items of the NMT:EC have been modified to more accurately assess and score infants and young children at key times during this phase of rapid and foundational developmental. From conception through age five, experience and neurodevelopmental processes are shaping neural anatomy and functioning, including neural networks and hormonal circuitry, so the NMT:EC offers more precise data points in the early years, as compared with a six-year clustering of age four to ten in the original NMT. In infants and children, neurodevelopmental processes are expressed in both observable development and behavior that progress rapidly in the first five years, so the NMT:EC's age categories are clustered by developmental and behavioral sectors and milestones for the collection and scoring of the child's status, relational health, and relevant history. Where broader age categories in the original NMT may cluster together large developmental periods of time in which developmental progression is slower or completed, the added age groupings in the NMT:EC attempt to pinpoint sensitive or critical developmental times during which anatomical and/or behavioral capacities are either known to be under development or at a point where the capacity can be observed directly. Examples of these include the massive migration of neurons into the prefrontal cortex in the weeks immediately after birth, shared attention abilities close to the first birthday, or the progression of communication efforts in infancy to verbal skills at age two. This presentation will introduce participants to the NMT:EC and discuss initial experience in its use.

Objectives:

1. Explain why the fetus's experience in the uterus is assessed as part of the NMT:EC
2. Describe the age categories for assessing children prenatal through age five using the

NMT:EC

3. Describe the primary neuropathways impacted by child maltreatment, neglect, and trauma

Session Title: Integration of the NMT within a Milieu approach to Early Childhood Mental Health.

Presenter(s): Kerry Gwynne
Gabrielle Duffy

Description: The Dalwood Spilstead Early Years Intervention and Support Service provides tertiary non-residential services for vulnerable families with young children. The Spilstead Model (SM) has been designed to maximize the benefits of key Evidence-Based Treatments within a comprehensive, integrated and trauma-informed approach with services for both parents and children provided from the one team. The SM combines parent support, home visiting, and parent-child attachment therapies with multi-disciplinary centre and home-based early childhood education and allied health interventions, in an environment of family centred and strengths-based practice. This "one stop shop" approach which is able to be truly flexible and responsive to the family's needs promotes optimum engagement and ensures maximum co-ordination and consistency of service delivery. The Spilstead Therapeutic Preschool supports 55 children between 1-6 years who present with complex emotional and developmental needs.

Implementation of the Neurosequential Model over the past 6 years has been transformative and now informs all aspects of service delivery. The NMT Metrics are incorporated into assessment protocols for all children attending the Therapeutic Preschool and their parents and completed by the family's interdisciplinary team. The newly developed Activity Preference resources¹ are proving helpful in tailoring individual interventions to be programmed within the Mobius Care Model and Tile and Grout Approach².

Regulation is prioritized and targeted for both children and parents via a combination of somato-sensory, environmental and relational strategies while the Therapeutic Web is enhanced in the presence of multiple, predictable co-regulating relationships with staff from 11 disciplines, volunteers and community mentors, forming a Co-Regulating Care approach to relational health.

In particular, the application of a developmental lens when understanding somato-sensory input for the infant and young child has proven beneficial in informing innovative planning for both individual programs and environmental adaptations. Three OT designed Sensory Rooms including a 160m² "Engine Room"¹ and 54m² "Snoezelen"² have been created for use by both parents and children. These rooms are designed to promote client-led exploration and experience via stations of activity covering all sensory domains. The therapeutic preschool day commences with "Sensory Settling Time" utilizing the sensory rooms for approximately 40 minutes of child-led sensory experience in a calm, contained environment prior to classroom participation. Individual Sensory Diets for both parents and children are also developmentally designed to enhance regulation via a wide range of oral, manual and whole body proprioception, vestibular and tactile activities.

The workshop will include case study examples and practical somato-sensory exercises.

Objectives:

1. To describe an experience of implementing the NM within a tertiary Milieu approach to early years intervention for vulnerable families and maltreated children
2. To provide a developmental perspective to the understanding of somato-sensory input for the infant and young child
3. To describe the implementation of NMT-informed individual programs and environmental adaptations utilizing the Mobius Care Model and Tile and Grout Approach

Session Title: The Neurobiological Parallel Process in Early Childhood Programs and Organizations (integrate in EC developmental themes)

Presenter(s): Rachel Talamantez
Sherri Terao
Ginger Gregory

Description: In this 50-minute break out session, we will present a short overview of the unique aspects of early childhood mental health programs and the concept of state dependency within an organizational context. Consideration of the unique specialization of infant and early childhood mental health will be underscored, including the unique developmental themes, adverse experiences and relational health opportunities during infancy, toddlerhood and the preschool years.

Early childhood mental health practitioners, often feel an immense sense of pressure and stress related to the complex emotions that arise in their work. Stressed organizations tend to complicate their experience as one of the negative impacts of the parallel process. Strained organizations, tend to lead to stressed programs, and this often trickles down to frazzled providers and may adversely impact the quality of services for children and families. On the other hand, organizations with strong, sensitive, competent leadership that can support the health of programs and practitioners, consequently leads to high-quality practice.

The bulk of this session will engage attendees in small discussion groups, where they will have the opportunity to explore the parallel process of state-dependency within early childhood mental health program and organizations, through a series of reflective questions in four themed groups as follows:

1. Healing Organizations. This group will focus on the core components of a healing organization that supports early childhood mental health programs.
2. Trauma Informed Leadership. This group will focus on the unique aspects of trauma informed leadership for early childhood mental health providers.
3. Foundations of Early Childhood Mental Health Practice. This group will ask participants to identify the core foundations of early childhood mental health practice and organizational aspects that promote these practice foundations.
4. Honoring Practitioners. This group will identify the non-monetary benefits that support early childhood mental health providers and honors the complexity of their work.

Our session will close by synthesizing themes from the small group discussions and weaving the parallels of relational health and adverse experiences within organizations, as well as the importance of reflection through a the Neurosequential Model of Reflection (Brandt & Perry, 2017). Additional resources that may be utilized include the Sanctuary Model (<http://sanctuaryweb.com>) and Trauma Informed and Developmentally Sensitive Services for Children (www.multiplyingconnections.org).

Objectives:

1. Participants will utilize the concept of state dependency and the stress response continuum to identify various stressors that occur in early childhood focused programs and organizations through the lens of parallel process.
2. Participants will identify neuro-biologically informed ways to support programs and organizations, thus supporting healthy parallel process.
3. Participants will be able to identify core foundations of practice in early childhood mental health and the organizational supports necessary for implementation.

Session Title: NMT and Touchpoints; Working with Caregivers Struggling with Addiction in the Perinatal Period

Presenter(s): Jan Ference

Description: This break out session grounded in the Early Childhood track will present the experience of the Pathways to Healing team in implementing NMT and Touchpoints when working with infants and their caregivers challenged with substance use. This work is producing inspiring outcomes, with the goal of supporting caregivers to parent their babies when possible; reducing risk of relapse and attachment breakdown. The use of the NMT metric is proving to be very helpful in deepening the understanding of addiction and the power of early childhood brain plasticity. It is allowing the caregivers to see their own history in a different light, which is reducing shame and hopelessness. Offering recommendations that regulate the lower parts of the brain and sooth their infants, are also helping the caregivers to sooth themselves. The use of NMT concepts are also changing the practice of our community partners. In March 2017, there was a community Touchpoints training, which is supporting the system change our team is striving to make.

All of these findings and experiences, as well as the results of our pilot's formal evaluation (completed January 2018) will be discussed in this break out session.

Objectives:

1. To discuss the use and effectiveness of the NMT metric with caregivers with a substance use history in the perinatal period. This will highlight key learnings for clients, as well as community partners through the metric debrief process.
2. To disseminate the findings from two evaluation sources about the effectiveness of NMT in an intensive community context. This will highlight not only the successes, but the challenges as well
3. To describe the benefits of adding Touchpoints as a model of care across community partners when working to implement significant system change

Session Title: The Neurosequential Model (NM) at Hull Services - The Journey Continues: Reflecting On What We Have Learned

Presenter(s): Emily Wang

Description: Hull Services is a Calgary-based non-profit founded in 1962 that serves children and families in a variety of settings including residential and group care, school-based settings, family-based care, prevention, early intervention and young adult services. During our eight year journey in the Neurosequential Model, we have seen significant impact and change in our Agency with respect to our focus in our practice, staff selection and retention, policies and culture. Prior to the introduction of the NM, Hull programs were quite independent, each with its own goals, focus, and language; 27 programs working in their own silos. The Neurosequential Model created a common thread that is now weaving all the programs together. Its impact has caught the attention of a broad array of stakeholders and has moved us from implementation in two pilot projects to the creation of an entire NMT Department that supports all 27 programs in the Agency, and is sought out externally to provide clinical consultation using the NMT Metric as well as to train agencies about how to better support their staff.

Objectives:

1. To describe the journey of the NM certification process and subsequent implementation across the agency.
2. To describe how each program's fidelity to the model was assessed, and how we are beginning to meet the programs where they are at and assist in moving the implementation forward and to the next level.
3. To describe our next steps in the implementation process, including the engagement of the community in understanding and participating in the bigger picture of how the NMT can impact the mental health field.

Session Title: Integrating a neurodevelopmental perspective with cultural healing practices

Presenter(s): Margarita Frederico
Carlina Black
Muriel Bamblett
Allison Cox

Description: This presentation explores how integrating Aboriginal knowledges and neuroscience can contribute to the development of evidence of how culture supports healing. The paper provides an overview of neurodevelopmental principles central to the Child Trauma Academy's (CTA) Neurosequential Model of Therapeutics (NMT) (Perry 2008, 2009) that provide an understanding of how culture supports healing for Aboriginal children who have experienced trauma.

The impetus for this paper was recognition of the over-representation of Aboriginal children within the child protection, out of home care and juvenile justice systems. This over-representation and the trauma experienced by Aboriginal children, families and communities needs to be understood in the context of invasion and the ensuing legislation, policies and practices that resulted in the Stolen Generations (HREOC, 1997). The impacts are still felt; the structural discrimination, racism and poverty continue today. The importance of culture as protection, as providing resilience and to support healing is well understood within Aboriginal worldviews:

For an Aboriginal child to grow into a strong Aboriginal person they must be supported to learn about, maintain and grow in their knowledge and connections to land, family, community and culture. If these elements are not present in their life, it will significantly impact on their social, emotional, health, educational and psychological development and wellbeing throughout their childhood, adolescence and adulthood (Bamblett, 2016).

Over 60,000 years of Aboriginal knowledge has resulted in the protective and healing power of cultural practices. Indigenous cultural healing practices such as storytelling, art, song and dance reflect patterned, repetitive, rhythmic, relationally based activities that are inter-generational and provide connection to spirituality.

Within the context of current literature on the role of culture in healing, this paper presents stories of two Aboriginal young people currently in out of home care (and where a NMT clinical practice tool has been completed) which will illustrate how NMT can be utilised to inform and guide introduction of cultural interventions. The presenters will also draw on theories of change of trauma-informed therapeutic care for Aboriginal children in out of home care, developed by VACCA.

The findings from this research will assist in developing evidence for culture providing healing and articulate why mainstream approaches may not be appropriate for Aboriginal children, families and communities. The paper will also discuss whether NMT principles can be used to understand healing of community trauma in Aboriginal communities.

Objectives:

1. Tell a story of how NMT principles can inform an understanding of the role of culture in healing for Aboriginal children who have experienced trauma
2. Present stories of two Aboriginal young people currently living care, giving voice to their experiences
3. Explore how a culturally-informed approach can guide our understanding of NMT when used with Aboriginal children.

Session Title: Before and After NMT: Deepening the understanding of Transgenerational Trauma in Co-Occurring Family Systems

Presenter(s): Toni Demarco

Description: Over the last 25 years, the understanding of the impact of trauma within family systems struggling with co-occurring issues, and its generational legacy has changed radically.

Sandra Bloom highlights in her work on organizational trauma, lost knowledge. Here too, in the area of family of origin work and substance recovery, there is some forgotten history. From disconnected siloes of treatment for mental health and substance addictions, to a shift towards "Dual diagnosis" and the ACA (Adult Child of Alcoholics) movement, to our current Co-Occurring terminology, our systems have improved in creating more holistic recovery treatments. Yet, there has been a loss of knowledge in the area of family systems which can work in concert with the concepts of NMT.

As we apply NMT in our work with SMI/Co-Occurring Adults, it has become important for clinicians to rediscover this body of work as one pathway of understanding the developmental and somatic legacy of trauma.

Understanding the concepts of "Adult Child" (ACA) trauma recovery, can give an additional framework on which to overlay the NMT Model. It supports a deeper understanding of the generational and epigenetic transmission of symptoms and patterns of adaptation that are identified in NMT through a neurodevelopmental lens.

Blending the language of NMT and ACA concepts gives us additional tools for this understanding in order to work with legacy dynamics and patterned responses. For example: the two sides of "hope" – is hope the internal expectation of a different outcome, or a learned pattern of ACA "magical thinking"? Increasing our ability to differentiate from where a process originates, strengthens the way in which any therapeutic intervention is implemented to support recovery. By using both, NMT has given many of us, as trauma therapists the brain science to better understand why what we previously did "intuitively", worked.

Objectives:

1. Participants will gain a better understanding of the importance of "what has been forgotten" from the ACA movement
2. Participants will learn the crosswalk between ACA and NMT.
3. Participants will increase their understanding of how these models together strengthen the understanding of Adults in treatment for co-occurring issues.

Session Title: Finding Meaning: Sensory Enriched Learning in a Culturally Based Program

Presenter(s): Kathleen Hagan
Casey Eaglespeaker
Pam Swimmer

Description: The legacy of colonial practices and policies including the institutionalization of the Indian Residential Schools created a collective historic trauma that disconnected generations of Canadian Indigenous peoples from their cultures, languages, Indigenous identity and traditional healing practices. Braiding the Sweetgrass (BTS) is a program serving urban Indigenous families in Calgary Alberta. Acknowledging that we are all guests on Treaty 7 lands of the Blackfoot Confederacy and Metis Region 3, the program participants represent a wide diversity of Indigenous cultures, many of whom are also disconnected geographically from their home lands, cultures and teachings. BTS guides participants through the effects of intergenerational trauma (IGT) to a place of well-being. Through the program, families experience culture, community and reconnection on their journey of healing. Through a combination of traditional Indigenous and Western approaches including education, skills development, and exposure to traditional practices and ceremonies, families build and/or discover a resilient foundation in response to the historic trauma effects. Elders are important wisdom keepers of traditional knowledge and a team of selected Elders from a variety of tribes have been integral contributors to the development, delivery and continuous improvement of the program. Dr. Bruce Perry's Neurosequential Model of Therapeutics (NMT) has provided the lens for understanding trauma, its effects on brain development and how to intentionally work with culture to heal the effects of IGT. The concepts central to the NM have shaped the design of the program, as well as the selection and sequencing of culturally-based activities. Traditional Blackfoot ways of being and knowing and the more universal Seven Natural Laws or Sacred Teachings provide the basis for the cultural teachings of the children and youth components of the program. Teachings on subjects like traditional roles and parenting, the importance of circles as a process of communication and conflict resolution, legacy education, and cultural acceptance come together with age appropriate education on brain development and the effects of historic trauma. Teachings of the natural elements, story-telling and traditions from Elders of different tribes are combined with cultural activities that offer sensory, regulatory and relational experiences for our participants. This workshop will offer its participants a brief orientation to the Aboriginal Healing Foundation's guiding framework for effective healing programs, a description of the BTS program model, and the opportunity to experience and participate in some of the activities infused in this cultural program.

Objectives:

1. To learn about the framework that guides the blend of traditional Indigenous knowledge with concepts of brain development.
2. To discover the cultural significance of song and the role it plays in creating a sense of belonging
3. To experience sensory activities used in Braiding the Sweetgrass children and youth groups.

Session Title: Recovering from chronic serious neglect: What does the NMT perspective contribute to a theory of change for children who have experienced neglect?

Presenter(s): Annette Jackson

Description: Child neglect is one of the most pervasive forms of maltreatment in many countries. As part of a PhD, Annette Jackson is exploring the development of a program theory, with emphasis on the theory of change, to guide interventions to redress consequences for children who have suffered serious chronic neglect. This is in the context of comparatively less research being undertaken on childhood neglect especially in terms of interventions to assist children's recovery and to achieve their optimal development and quality of life.

Neglect is defined as when a child's essential needs, such as his or her developmental, emotional and physical needs, have not been met to the extent that this is likely to lead to significant harms, such as serious developmental, emotional and health consequences. There are many types of neglect as children have many essential needs.

One of the few perspectives that articulates a clear theory of change on how children can be harmed by neglect and how their recovery can be supported is the Neurosequential Model of Therapeutics (NMT). In particular, there will be an in-depth discussion on possible mechanisms for harm and mechanisms for recovery whether the agent of change is a clinician, case worker, teacher, physician or carer. This workshop will discuss in detail how to understand the implications of neglect on children through the NMT framework. There will then be more detailed discussion of how NMT provides a means of supporting the recovery for children so they can achieve developmental gains. Case studies will also be used to explore both the impacts and strategies for recovery, especially in the light of a dearth of research on this area of practice.

Objectives:

1. To explore serious chronic neglect by discussing possible mechanisms of harm and mechanisms of recovery
2. To apply NMT principles and underlying theories to how we think and work with children who have experienced serious neglect
3. To use case studies to expand on a theory of change to help children recover from neglect using the NMT approach.

Session Title: Unregulated Custody Transfers of Children (Rehoming) in International and Domestic Adoptions

Presenter(s): Rowena Fong

Description: The physical, emotional, and financial challenges confronting adoptive parents have been documented through reports, initiatives, and funding endeavors. But a 2013 Reuters report exposed how extremely challenging it was for some adoptive parents who had taken in children with complex trauma and high risk factors surrounding the adoptive experience. The parents described had "rehomed" or resorted to social media to transfer their children to other families. Because it was an unregulated custody transfer, it often left the child without proper documentation or benefit of legal procedures. The US government issued a Call to Action through the 2015 Government Accountability Report entitled "Steps Have Been Taken to Address Unregulated Custody Transfers of Adopted Children". Both federal and state policies, as well as public and private agencies' professional practices are requiring responsible and accountable actions. The workshop will: 1) give an overview of the history and context of unregulated custody transfers (UCT) /rehoming of adopted children in the United States, 2) offer insights from clinical therapists who have worked with these families, 3) review current US federal and state policies regarding UCTs and 4) discuss recommendations for organizational policy changes in public child welfare, mental health, school, and health systems and 5) offer future directions for professional practice with adoptive families.

Objectives:

1. Participants will be informed of the problem of unregulated custody transfers (UTC) /rehoming of adopted children.
2. Participants will learn what is currently being done to address UCT/rehoming of adopted children.
3. Participants will interact and discuss recommendations to change organizational policies and professional practices for adoptive parents.

Session Title: Research on the Neurosequential Model: What is Known and What is Next?

Presenter(s): Erin Hambrick

Description: The Neurosequential Model (NM) is developmentally-informed, novel, and relatively new approach to clinical problem solving that has demonstrated effectiveness in clinical, community, and educational settings with at-risk youth. We review findings demonstrating the effectiveness of the NM, and discuss findings related to the reliability and validity of the NM metrics. We also discuss ongoing research efforts with the NM. Using current and ongoing research as a base, we discuss important future directions for NM research, and provide concrete strategies for those interested in conducting NM-related research or program evaluation.

Objectives:

1. Describe the evidence base supporting the Neurosequential Model (NM)
2. Describe the utility of NM metrics in research
3. Explore ways to expand and improve NM research

Research Presentations #1 - 20 Minute Research Presentations

1. Paul Felker - *Understanding Dissociation from a Strengths Perspective*

Description: Purpose: When dissociation is conceptualized as a continuum experience, the evidence shows most people experience dissociation to some extent on a daily basis. Therefore, considering its ubiquitous nature, how might dissociation impact the relationship between a client and their therapist? Empirical evidence supports that this relationship is the central vehicle through which change occurs in psychotherapy. The hope is a more detailed understanding of dissociation will aid in increased relational health resulting in improved clinical outcomes. Method: This study investigated potential antecedents of dissociation throughout select developmental stages; viz., intrauterine, perinatal, infancy, early childhood, and childhood. The study measured 1) Six relational health factors at each developmental stage, 2) Six adverse event factors at each developmental stage, and 3) Current development on a dissociation continuum as well as six current relational health conditions. An analysis of 638 youth (ages 11-17) from data from the NMT Clinical Practice Tools from acceptable and high fidelity users made up the sample. Bi-variate analyses were conducted between antecedent variables and the current dissociation continuum to assess where predictive associations might exist and the strength of those associations. Results: When the total adverse risk scale was combined with the total relational scale:

(adverse risk + relational health = developmental risk)

the prediction effect size was the strongest. The conclusion is that adverse events and relational health factors combine to generate a developmental risk factor that has a predictive power about where people will fall on the dissociation continuum. Partial correlations were conducted to control either adverse event factors or relational health factors while looking at correlations to the dissociation continuum. Taking one away results in a significant decrease in predictive power in the other one.

In reference to a strengths based perspective, there is something important about the balance of adverse events and relational health factors that predicts the Dissociation Continuum. Also, current relational health is very strongly associated with the Dissociation Continuum. Clinicians can use this information to aid in their assessments by helping them focus on what factors to inquire about. Clinicians can also use this information to target their interventions to specific areas of the brain that require further development. And most importantly, clinicians can use this information to understand and interpret their client's dissociative tendencies as possible efforts toward proximity seeking and relationship building resulting in enhanced clinical outcomes.

OBJECTIVES:

1. Summarize and explain psychopathology and resiliency factors related to the dissociation continuum.
2. Identify predictor variables for where clients will rate on the dissociation continuum.
3. Articulate how to apply this information to clinical practice.

2. Tony Bloemendaal - *The NMT as a model to understand and diminish treatment nonresponse in adult psychiatric populations.*

Description: Treatment nonresponse is a major problem in current mental health services, percentages ranging from one third to two thirds of the patients not improving or even experiencing more symptoms after treatment (Gaynes et al, 2011; Steenkamp et al, 2015; Vittengl et al, 2016). Many studies have

investigated which factors contribute to treatment nonresponse. In depression and obsessive compulsive disorders, for instance, psychiatric comorbidity is associated with more relapses, residual complaints, psychosocial problems and suicidality (Melartin et al, 2002; Pallanti and Quercioli, 2006). Solvason et al (2003) reviewed which factors predicted the risk of treatment nonresponse in patients with obsessive compulsive disorders. They found that more severe symptoms at the start of treatment, less insight and comorbid psychiatric illnesses predicted treatment nonresponse most strongly. Comorbidity seems to be more rule than exception, as is shown by the STAR*D study (Nemeroff, 2007), where in patients with major depression (N=2876), 53% had somatic comorbidity, 76% had one comorbid psychiatric diagnosis and 38% two or more comorbid psychiatric diagnoses.

An interesting group of patients, in this regard, is the one with a so-called dual diagnosis (DD), by which we mean the combination of a severe mental illness and a substance abuse disorder (SUD) (Mueser et al, 2003). This specific combination of comorbidity is very common, several reviews report percentages of 50% and higher of dual diagnoses, across a range of psychiatric disorders (Pennay et al, 2011; Hunt et al, 2014; Rich and Martin, 2014).

Treatment staff perceive these patients as more difficult to treat (De Witte et al, 2014) and interventions are less effective, sometimes even detrimental, for instance in the treatment of depression in patients with a comorbid SUD (Hellem et al, 2015).

Even within the group of patients with DD, the group with PTSD and SUD is characterised by poorer treatment adherence and treatment response, more hospital admissions, poorer physical health and more psychosocial problems (Norman et al, 2012).

This leads to the question which patients are most likely to develop more comorbid psychiatric, substance abuse, psychosocial and somatic problems, increasing the likelihood of treatment nonresponse. A breakthrough was made by Felitti and his group in 1998 with their Adverse Childhood Experiences (ACE) study (Felitti et al, 1998). They asked a large group of Californian adults about whether they had experienced any of 10 ACE's in their lives prior to 12 years of age. They also collected data on physical and mental health, social situation and criminal history. Their results were very clear: having experienced 3 or more ACE's lead to a very significant increase in health risks (smoking, obesity, diabetes, cancer), mental health risks (depression, anxiety, alcoholism) and social risks (perpetrating violence).

This study will investigate the following hypotheses:

Phase I:

- o Therapy refractory patients with DD are characterised by having experienced trauma and/or neglect in their developmental history.
- o The NMT metric differentiates treatment responders from treatment non responders in an adult DD population.

Phase II:

- o Interventions guided by the NMT will achieve improvement in psychological and psychiatric symptomatology in the group therapy refractory patients.

Objectives

1. To share the study design and receive feedback
2. To discuss the study variables and outcome variables
3. To identify other interesting research paths linked to this study

3. Margarita Frederico, Nicole Milburn, and Annette Jackson - *Examining the correlation between items on the NMT metric and Neuropsychology assessment measures.*

Description: Berry Street Take Two is a therapeutic program for child protection clients in Victoria, Australia. It is a clinical service with research and training capacity.

It is well established in the literature that infants /children exposed to abusive and neglectful care environments can have impaired brain development and neuropsychological functioning when compared to children that have not been subjected to these environments (Kirke-Smith et al., 2004; Mason et al., 2015; Vasilevski & Tucker 2015). A range of neuropsychological deficits have been documented for these children, with executive functions being a particular area of vulnerability. Previous Take Two research has documented that comprehensive neuropsychological assessment is required to fully identify the range of cognitive deficits in this population, with IQ assessment alone (e.g. WISC-V) not being sufficient (Vasilevski & Tucker 2015).

Based on this evidence the Take Two therapeutic service has implemented Clinical Neuropsychology as a core part of the program since 2009, and prior to that through a targeted student internship program supported by an external consultant .

This paper will present on the correlation between items on the NMT metric with Neuropsychology test items with particular focus on the cortical modulation ratio on the NMT and the Global Executive Composite on the Behavior Rating Inventory of Executive Function (BRIEF).

This presentation will aim to determine if the BRIEF and NMT matrix are interrelated and utilise case material to illustrate and explore these correlations. It is hoped that this paper will provide a greater understanding for the underlying neuropsychological constructs that may be captured by the NMT metric. This will have utility when prescribing appropriate client recommendations and may allow for greater integration of the neuropsychology and NMT components of the Take Two program.

Description of measures:

- The BRIEF is a standardized parent/carer questionnaire that measures perception of everyday behaviours associated with particular areas of executive functioning. The BRIEF produces age and gender standardised scores for the following indices: Behaviour regulation (BRI), Metacognition (MI), and the Global Executive Composite.

The Cortical Modulation Ratio of the NMT metric represents the ratio of 'bottom up' to 'top down' neural processing and is thus an indication of the executive functioning capacity of the individual. The NMT metric is scored by clinicians based on client history and present functioning.

Objectives:

1. To explore the clinical efficacy of the NMT Metric in combination with and separate to Clinical Neuropsychology measures.
2. To determine if a relationship exists between the BRIEF GEC and the NMT CMR.
3. To determine if the NMT CMR has differential relationships to the BRIEF BRI and MI indices (e.g. if aspects of NMT measuring executive cognitive functions related to MI index and if behavioural components of NMT relate to the BRI).
4. To determine if BRIEF clinical cut off ranges are consistent with NMT clinical cut offs (e.g. essential, therapeutic, and enrichment).

Session Title: The Practice of Presence

Presenter(s): Steve Graner

Description: This session will focus on what it means to be present in our day to day work in schools trying to serve students challenged by trauma of various kinds. We will discuss and experience "being present" as an intentional daily practice. Learning how to apply the "practice of presence" to educator self-care will be a priority.

We will discuss and experience rhythmic movement that calls us to collective presence. The power of story, humor, and musical harmony will be demonstrated and used as examples of how to be present in a therapeutic way. Connecting our discussion to the core concepts of the Neurosequential Model will occur throughout the presentation, particularly to the 6 Rs of positive educational experiences template: respectful and relational, rhythmic and repetitious, relevant and rewarding.

Objectives:

1. connect to being present in contemplation and in praxis
2. connect the practice of presence to the 6 Rs of positive educational experiences.
3. experience ways of teaching and experiencing presence through rhythm, story and song.

Session Title: Changing Culture: How to Use and Grow NME in your Classroom, School and Community.

Presenter(s): Jean West

Description: Our journey with The Child Trauma Academy began by having one school social worker trained in NMT, and then trained in NME using grant funding. But where does one person go from there? How can they begin to change a culture and engage stakeholders so that the movement can grow and spread? This presentation will outline how we went from this one school social worker becoming trained, to having buy in from our district and community. What does a classroom that includes NME concepts really look like? We will spend time discussing some specific somatosensory activities that can be used in a classroom setting that help with regulation for all students, yet helping the audience to understand the critical importance of adapting any and all interventions to the needs of their students in particular. Does every teacher need to be doing the same interventions? Classrooms and schools using the NME concepts may look very different, what are the core messages that make them the same? What types of changes in thinking need to take place within the teacher, school and community level in order for change to begin? What data do we want to collect to show the impact of this change? These questions will be discussed and specific ideas shared. We will discuss the importance of whole staff training, and key concepts that need to be included in such a training. We will also talk about possible funding options, including community groups that may be willing to help your efforts. Do you feel like you need more help in your efforts to help your students and families? This presentation will encourage you to believe that one person can make a difference, and help you understand how to grow that one person into a team.

Objectives:

1. The participants will be given ideas on how to grow their trauma informed program within their school, as well as time being given for them to share successful ideas with the group as well.
2. The participants will learn specific somatosensory ideas to use within a classroom to help with self-regulation
3. Participants will learn why it is more important to work on changing thinking before we change actual processes in place.

Session Title: Leading Change: NME into Practice

Presenter(s): Eric Perrault

Description: To Lead change and innovation we need to have a deep understanding of the innovation as well as deep understanding of change process. This session will present a change model derived from complexity science that has been and is being used to guide the implementation of NME into educational and treatment programs at the Southern Alberta Children's Hospital, and Hera, a program to reclaim sexually exploited youth. Participants will have an opportunity to examine their own context with each other and discuss the change process they use.

Objectives:

1. Provide participants a generative change model.
2. Examine change through NM principles.
3. Reflect on and discuss change process participants use to implement NME

Session Title: When Trampolines Aren't Portable: Finding regulation that is free or low cost

Presenter(s): Carol Taylor

Description: When educators learn about NME, the focus can become integrating fidgets or movement breaks to prepare the brain to learn. The challenge becomes that many districts don't have the financial resources to sustain the use of physical items to provide somatosensory regulation. This session will help participants explore ways that districts can use existing spaces, innovative ideas, creative lesson plans and a wide variety of body movements to incorporate regulation throughout the day. By practicing movement without the use of physical items, students and staff can learn a variety of skills that they can use in any environment to bring regulation to themselves, including the playground, workplace, home or community. Having a wide variety of activities allows staff and students to begin to identify effective regulation strategies when the environment may have constraints.

This interactive session will explore ideas that districts have used effectively to normalize movement and to encourage the creative use of space and lesson planning to provide somatosensory regulation for adults and youth alike.

Objectives:

1. Identify at least 5 ideas for low/no cost regulation
2. Identify at least 2 ideas for incorporating movement into a lesson plan
3. Understand how to adapt regulation strategies to a variety of environments

Session Title: "Which activity, when and why?" An OT Activity Analysis Approach to Assist the Tailoring of Individual NMT-Informed Interventions

Presenter(s): Kerry Gwynne
Gabrielle Duffy

Description: The Dalwood Spilstead Service provides a unique holistic and integrated model of care for vulnerable families. Since 2012 the service has adopted the NMT as the foundation for both parent and child service planning, completing the Phase II TTT Certification in 2015.

A common challenge for clinicians has been how to tailor NMT-informed interventions for individual clients in a way that ensures optimal effectiveness and maximum efficiency of service delivery. The NMT Metrics and recommendation protocols provide an invaluable foundation for directing therapy. Several theorists, however, have also noted the significance of finding the "just right challenge"¹ for each child, adolescent or adult by following their activity preferences from an understanding that "the brain seeks what it needs."²⁻⁴

The "Activity Preference"³ resources were therefore designed to complement the NMT metrics by assisting clinicians in planning for the third component of NMT recommendations which focuses on the prescription of individualized therapeutic activities. Founded on an Occupational Therapy framework combining the theories of Sensory Integration and Activity Analysis this approach attempts to enhance the specificity of intervention planning for each individual client based on a systematic interpretation of their current play / activity preferences. In short, the approach attempts to assist clinical decision making in terms of "which activity, when and why!"

The resources include 3 standardized and age appropriate checklists: the "Somato-Sensory Preference Checklist", the "Self-Regulation Preference Checklist" and the "Relational Preference Checklist". These assessment tools review the client's play / activity preferences based on observation plus feedback from the client, family, teachers and therapists. A summary statement of the client's preferred input and experience in each domain can then be formulated to more specifically inform activity recommendations. The clinician then refers to the Individual Activity Planning Manual which describes more than 600 activities, experiences and therapeutic interventions which have been analyzed and categorized according to their Somato-sensory, Regulatory and Relational properties.

These resources have been piloted across numerous agencies over the past 18 months with results indicating that the checklists are able to identify the primary form of preferred activity/input sought for the vast majority of respondents according to each of the NMT Functional Domains. Both clients and clinicians reported that the accompanying Individual Planning Manual significantly assisted individualized programming which optimized somato-sensory, regulatory and relational activities and experiences.

The workshop will include case examples from the pilot study and opportunities for attendees to trial each of the resources.

Objectives:

1. To explore the challenge of how to tailor NMT-informed interventions for individual clients to ensure optimal effectiveness and maximum efficiency of service delivery in the early intervention setting.
2. To introduce the Activity Preference resources including the Play Preference Checklists for children 0-10 years and the Activity Preference Checklists for adolescents and adults as well as the Individual NMT Planning Manuals.
3. To present results from an initial pilot evaluation incorporating these tools.

Session Title: Infusion of Sensory-Motor Strategies into the treatment of young children for trauma-related disorders in the non-public school setting

Presenter(s): Julia Bantimba
Kimberly Bernes

Description: This abstract is being submitted for consideration in the Neurosequential Model of Therapeutics section of this year's symposium. It is clearly established in various bodies of literature that early childhood trauma has the potential to leave a lasting impact on function in multiple domains of life. The sensory integration systems are largely impacted by early adversity as these systems are developing most rapidly before birth and in the first months of life (Ayres, 1976/2005). Effective and efficient sensory processing is essential for participation in all of the daily tasks children need to do from participating in school and home routines to social interaction, movement, and learning (Dunn, 1997). Supporting the sensory needs of vulnerable children is critical in promoting academic and social growth in the classroom.

Ms. Bantimba and Ms. Bernes are currently working together to support the integration of sensory-motor activity into the daily routines of children at a small non-public preschool/elementary school that services children with trauma-related disorders. In an effort to bolster the skills of all level staff and to ensure that physical management remains minimal, Ms. Bantimba has helped create sensory spaces that are available to all students both upon their request as well as when they require support outside of the classroom. The presenters will facilitate an interactive learning experience, through case examples, based on their ongoing work. Participants will engage in activities that illustrate the ways in which the concepts of developmental trauma and sensory integration can be used to provide relationally-based sensory intervention to prevent and manage extreme behavior. The presenters will guide participants through games and strategies for regulating children both in small groups and individually. In the context these activities, Ms. Bantimba will support participants in conceptualizing plans for the home and school environment to support sensory regulation. Ms. Bernes will illustrate ways in which psychotherapeutic and counseling techniques can be used to reinforce children's mastery of self regulation.

Objectives:

1. Participants will be able to identify 3-5 specific sensory-based activity ideas to support regulation in young children in various settings
2. Participants will feel more equipped to build sensory-based strategies into their client's classrooms/schools and therapy session to facilitate their client's regulation throughout the day
3. Participants will report greater understanding of how sensory tools and strategies can be used to prevent and manage extreme behavior in young children in the school setting

Session Title: Multidisciplinary NMT practice with Child Protection clients: Understanding the whole child from the bottom up and inside out through the Developmental Consultancies Team at Take Two.

Presenter(s): Nicole Milburn
Allison Cox

Description: The Take Two Program is an intensive therapeutic service for Child Protection clients conducted through a partnership between a child welfare agency, a University, an Aboriginal organisation and a child psychiatry training department. The Neurosequential Model has framed Take Two clinical practice since 2008, becoming certified in NMT in 2012 and is now the Australasian NMT Flagship site. The program mainly employs Social Workers and Psychologists in generic Clinician positions.

The Neurosequential Model provides a very clear framework for multidisciplinary teams providing specialist input in assessment and intervention. Speech therapy, Neuropsychology and Occupational Therapy are areas of specialist practice that led directly from the NMT. The Take Two Program has an iterative strategy to include specialist positions in the Program that has been partly planned, partly opportunistic and partly based on available personnel. The broad NMT framework has been fundamental in helping the program recognise and make use of opportunities as they arise.

This presentation is in two parts. The first part will provide an overview of the Take Two Program and the journey through NMT to specialist practice. The vision for a multidisciplinary team of developmental consultants will be shared within the Neurosequential Model and the activities that have occurred to achieve the vision will be presented. The activities will show the journey to establishing a Senior Occupational Therapy Consultant and the Clinical Neuropsychology Program. Future plans for a Speech Pathology Consultant that are awaiting the right opportunity will also be shared.

The second presentation will show research findings from two discipline specific projects, one in Occupational Therapy and one in Clinical Neuropsychology that occurred under the framework of the Developmental Consultancies Strategic Plan. Data will be presented showing relationships between the functional domains of the NMT metric and standardised OT and cognitive assessment measures. Data will be specifically presented showing the relationship between the Sensory Integration score and results from the Sensory Profile 2 (Dunn 2014), a standardised measure of sensory processing for 0-8 year olds and the NMT Cognitive Domain with Full Scale IQ on the WISC-IV. Discussion will focus on exploring the efficacy of using standardised tests alongside the NMT metric.

Objectives:

1. To provide an theory and evidence based rationale for multidisciplinary practice with maltreated children.
2. Present an integrated strategic plan for service development based on the Neurosequential Model and evidence from practice.
3. To share strategies for increasing service delivery to this vulnerable and under-serviced population.

Session Title: Self-regulation through Rhythm: How to use the drum as a therapeutic tool

Presenter(s): Roger Duncan

Description: For thousands of years humans have created art, played music and danced together. This fundamental need to find ways to express ourselves through creativity must provide something more to our development as human beings than just pretty pictures or a groovy arrangement of sounds into a song. Increasingly neuroscience is uncovering some of the reasons why these activities have positive impacts on the development of the brain. Of the six core strengths identified through the research of Dr. Perry and his colleagues, the ability to self-regulate when under stress is high on the list. Many of our physiological systems have a rhythm of activity that regulates key functions. These occur for the most part in the brain stem and midbrain. It is in these parts of the brain that somatosensory input is also initially received and processed before cueing further sensory input further up the chain to the higher cortical regions. Regular, predictable and consistent sensory input has proven to be a good anecdote to anxiety and stress helping to calm the higher cortical regions. Drumming can provide a way to achieve this. As well as build a sense of community and connectedness through attentive listening, cooperation and mastery. Join Roger Duncan as he presents a program developed over twenty years of working with teachers, social workers, healthcare providers and corporations.

Objectives:

1. To give participants a hands on experience of drumming, allowing those who may not have drummed before a chance to feel the medicine.
2. Introduce participants to a program that will allow them to quickly and easily use drums as a part of their existing programs regardless of musical background.
3. To give participants an understanding of the differences between the free form "Drum Circle" format and the use of a program using specific patterns creating more form for the participants. Both have their benefits. Some discussion around when one format is better than the other.

Session Title: Teaching NMT to New Clinicians

Presenter(s): Christie Mason

Description: This presentation will summarize research findings on masters-level students' experience of learning NMT during their graduate training, including their perceptions of: exposure to the model, preparedness for learning NMT concepts, ability to incorporate NMT in practice, and experience of explaining NMT concepts to other professionals. The presenter will then facilitate a conversation about effectively introducing NMT to new professionals, with a discussion of challenges, benefits, and adaptations of teaching methods for this group of clinicians.

Objectives:

1. Describe students' perceptions of NMT
2. Identify strategies for teaching NMT to new clinicians
3. Identify strategies for assisting new clinicians in sharing NMT concepts with other professionals

Session Title: Creating Trauma-Informed Systems that Care:
Transformational Collaborative Outcomes Management

Presenter(s): John Lyons

Description: All systems are perfectly engineer to get the outcomes that they achieve. Three major obstacles exist in the current system that prevent us from realizing a fully effective trauma-informed system. First we are managed services when we should be managing the business of personal change. Second, we have no formal mechanisms to develop experience based expertise. And third, the system is complex—consistent of many components that must be integrated but are not perfectly predictable. Transformational Collaborative Outcomes Management (TCOM) is a comprehensive approach to creating and managing systems that focus on effectiveness. Many states attempt TCOM with a trauma-informed lens. This presentation with present discuss the TCOM framework and provide evidence from experiences with system-wide implementations of the approach.

Objectives:

1. Participants will be able to distinguish the difference between a service system and a system focused on personal change.
2. Participants will be able to articulate the importance of collaboration in managing complex systems.
3. Participants will be able to articulate the value of common assessment strategies in encouraging trauma-informed systems

Session Title: Supporting the Reflective Process and Changing Clinical Practice:
The Neurosequential Model in Reflection & Supervision

Presenter(s): Kristie Brandt

Description: The Neurosequential Model in Reflection and Supervision (NMRS) draws upon the NMT (a neurodevelopmentally-informed, biologically respectful perspective on human development and functioning) to support providers in the translational process of moving knowledge into practice, generating novel ideas, transforming their professional work, and enhancing outcomes for those being served. The NMRS is grounded in the basic concepts of the Stress Response System, and the neurobiological conditions that are essential to realizing the products of good reflective work, including: (1) clinical wisdom; (2) incorporation of new perspectives and knowledge into practice; and, (3) the thoughtful examination of these elements and the experience of working from a reflective perspective. The NMRS model can be used by providers in all disciplines and roles, and is particularly useful in supervision. This training focuses on reflective practice as a strategy for enhancing skills, understanding our reactions and responses, examining the emotional content of our experiences, and generating novel ideas for transforming ones work. The basics of neurobiology will be covered with a special focus on how to achieve the neurobiological state necessary for quality reflective work. It will also address the differences among meditation, mindfulness, flow states, and reflection. Simple ways to expand reflective activities will be discussed, and the relationship between our own reflective capacities and our ability to support others (including clients) in their reflective work will be explored.

Objectives:

1. Discuss the complexity and neurobiology of responding, reacting, and making meaning
2. Cite at least four ways to reflect "on action"
3. Explain how reflection differs from meditation, mindfulness, and flow states

Session Title: The 6 R's as a Neurosequential Foundation for Therapy with Children

Presenter(s): Rick Gaskill

Description: The role of relationships has long been a central theme in the therapy literature for children (Allen, 1942; Axline, 1947; Landreth, 2002; Moustakas, 1953; and Taft, 1933). In the late 1990's, new neuroscientific information began to emerge about emotional, social, cognitive, and behavioral effects of developmental trauma. This research is changing the way we conceptualize and treat developmental trauma in children. New therapeutic tools are beginning to evolve to help children affected by chaos, threat, violence, and traumatic experiences. When therapists understand the children's altered functional capacity, expectations for the child become more realistic, paving the way for functionally suitable interventions. Interestingly, neuroscientific interventions rely heavily on relationships between the child and significant adults as the driver of therapeutic interventions. Without this relationship even well meaning, well planned, and otherwise functionally appropriate interventions don't work well. Perry and Hambrick (2008) defined 6 core relational elements that promote positive neurodevelopmental experiences. Employing developmentally relevant, repetitive, relational, rhythmic, rewarding, and respectful interventions has greatly improved the effectiveness of therapy interventions (Barfield, Dobson, Gaskill, & Perry, 2011; Gaskill & Perry, 2012, 2014, 2017; Hansen, 2011). Understanding and applying each of these key elements in a sequential process greatly enhances the impact of the treatment intervention and its effectiveness.

Objectives:

1. Learn the six R's of trauma sensitive treatment
2. Describe the concept of bottom up therapeutic approaches
3. Utilize the regulation, relate, and reason paradigm to create a sequential treatment protocol

Session Title: Trauma Responsive Organizations

Presenter(s): Jerry Yager

Description: It has become evident that large percentages of the general population have been exposed to potentially adverse experiences. Human beings who are exposed to prolonged, severe stress, without the presence of adequate relational support, are vulnerable to becoming traumatized and suffering long term negative consequences. These vulnerable individuals in the general population, who have been either injured or relationally insulated but exposed, come together to form your organizations. The staff within these service-providing systems remain sensitive to stressors, not unlike the clients they serve. An organization, just like an individual, is vulnerable to stress. When the organization is impacted by chronic stressors related to financial pressures, increased demands for outcomes, aggressive behaviors from the clients, losses related to turnover, unresolved system conflicts and the increasing rate of change, an overall survival anxiety is ever present. Sometimes, the organization develops habits or strategies that protect the organization in the short term but have negative impacts in the long term. If these survival strategies are not frequently reexamined, they become just part of the way business is conducted. This presentation will focus on how an organization can become either trauma organized or trauma responsive. A review of the principles of trauma informed systems and how these practices can counteract the hyperarousal generated by stress in an organization. The roles of boards and leadership will be discussed and clarified in supporting the installation and maintenance of these trauma responsive practices in your organization.

Objectives:

1. Participants will be able to understand the difference between trauma organized and trauma informed systems.
2. Participants will be able to name three trauma informed principles and three trauma informed commitments.
3. Participants will be able to name three responsibilities that differentiate the roles of boards and leadership teams.

Session Title: Child and Adolescent Needs and Strengths (CANS) Trauma version

Presenter(s): John Lyons

Description: This workshop will describe the CANS Trauma version and provide participants with an example of how the CANS supports the principles of TCOM to work to create caring, trauma-informed system. The key characteristics of the CANS will be discussed along with a review of items. Participants will have the opportunity to apply the CANS to a practice case and see how it links into a treatment planning process. All participants will be complimentary access to a distance learning platform where they could become certified on the CANS following their participation in this workshop.

Objectives:

1. Participants will be able to describe the characteristics of a communimetric measure
2. Participants will be able to articulate how a communimetric measure supports TCOM
3. Participants will be able to apply the CANS to a described case vignette.

Session Title: Introducing & Integrating the Neurosequential Model in an Early Childhood Mental Health Training Program

Presenter(s): Kristie Brandt

Rachel Talamantez

Marybeth Steinfeld

Description: This session will describe the way in which introductory training in the Neurosequential Model of Therapeutics (NMT) was incorporated into the University of California Davis Extension's Infant-Parent Mental Health Fellowship in Napa, CA. In this 15-month program, professionals of multiple disciplines and working in a variety of contexts develop specialized expertise in supporting, assessing, and therapeutically addressing the social-emotional, relational, and other mental health needs of children and their families from pregnancy through age five. Perry's NMT concepts had been a key component of the Fellowship training since 2003, but in 2015 content that included introduction to the NMT Metric and analysis of the Metric was introduced into the curriculum. In addition, Fellows were offered the option of matriculating into a NMT Phase I Certification Track upon graduation. It was clear that requiring full NMT Modules to be completed during the Fellowship would constitute excessive Cognitive Loading in an already accelerated learning environment, so specific neurobiologically respectful strategies were adopted for introducing core concepts in tandem with highlighting the clinical relevance and application of the material. The pacing of video viewing, didactic presentations, a web-based orientation session, and a clinical integration assignment to complete a NMT case abstract with the related NMT Metric and Mobius Care Matrix was the introductory process over the first 4 months of the program. The presenters will also describe the ways in which this learning was paired with the inclusion of NMT concepts in reflective practice sessions and in clinical case presentations throughout the 15 month program as a means of expanding and operationalizing the content.

Objectives:

1. Define Long Term Memory (LTM) and Working Memory (WM), and describe how these forms of memory are related to adult learning.
2. Explain why the multiple learning modalities within a self-paced NMT Metric training module are uniquely able to support advanced adult learning;
3. Describe the relationship of reflection to integrating and clinically applying new concepts

Session Title: The whole baby in his whole world: Using the neurosequential model in clinical and forensic practice, in systemic and advocacy work

Presenter(s): Nicole Milburn

Description: The Neurosequential Model provides a holistic framework to understand the impact of trauma on developing. Its great strength lies in the provision of a language to communicate the impact of experience at particular times on specific areas of development, and then by incorporating the impact of history into present functioning. This means that it can be used on multiple levels of practice.

The sciences of infant mental health, neuro- and child- development has provided clear evidence for several decades now that the first 1000 days from conception to age 2 are crucial in determining the functioning of the child, adolescent and adult to be. Psychoanalytic theory has contributed a deep understanding of intra- and inter-subjective processes, the foundations of which are developed in infancy. Despite these decades of knowledge, many professionals as well as the bulk of the general public, seem to be unconvinced about the urgency of intervening as early in life as well as early in the problem as possible to address immediate distress and prevent impact on development.

This presentation will canvass different activities in infant mental health and early childhood that the NMT framework brings together into a coherent narrative. Practice and case examples will be provided from activities in multiple levels of the work, including:

- Direct clinical work with infants
- Psychoeducation with carers and parents
- Interventions with complex Child Protection systems.
- Presenting expert testimony in Courts.
- Advocacy with policy makers and government
- Advocacy with the general public.

Objectives:

1. Demonstrate the neurosequential model across multiple domains of practice
2. Inspire participants to extend their practice on behalf of advocating for individual, family, systemic and political change that protects and promotes infant development and wellbeing
3. Provide case examples to help illustrate implementation of the NM model in various arenas of practice

Session Title: Recognizing the essential role of relational health in occupational, physical, and speech-language therapies for infants and young children

Presenter(s): Julia Bantimba
Margaret Ritchie
Jennifer Black

Description: The growth of the NMT model has coincided with the eruption of trauma-focused delivery of care throughout health care systems. While it has been well established that the interruption of development by traumatic experience results in physical, communicative, and functional delays (Shonkoff, 2012; Schore, 2001), it has not been immediately clear to traditional allied health therapists that we have a critical role in addressing these delays in a trauma-focused and developmentally sensitive way. Despite decades of emphasis on relationship-based approaches encouraging recognition of the centrality of the caregiver/child dyad relationship to healthy outcomes, allied healthcare remains in its infancy with the practice of integrating relational intervention as a method of accomplishing discipline-specific therapeutic change. Aligning with this year's symposium theme of Reflecting on a Decade of Progress: Envisioning a Better Future for Children, these speakers will engage in an interactive dialogue with participants to explore ways to integrate relational health into both the traditional approaches of PT, OT, and SLP and into the practices of various mental health providers.

Dr. Ritchey, Ms. Black, and Ms. Bantimba will demonstrate, through facilitated discussion, the integral place for allied health in building and supporting relationships between babies and their carers. They will use short didactic presentation, video, and case examples to bolster large and small group conversations about the interplay of NMT concepts, infant parent mental health concepts, and their respective allied health fields. This session is geared toward allied health professionals as well as psychotherapists and other mental health providers as the focus will be on the ways in which children's sensory, motor, and communicative function both impact and are impacted by relational health. Each presenter will briefly discuss the ways in which they have integrated both NMT and infant-parent mental health concepts into their work in various practice settings.

Objectives:

1. Participants will be better able to recognize the impact of an infant or child's motor, regulatory and communication challenges on the development of caregiver-child relationships
2. Participants will be able to identify at least 3 strategies to promote the development of regulatory, motor, and communication skills of a young child in the context of the child-caregiver relationship.
3. Participants will report increased understanding of the role of PT, SLP, and OT in mental health treatment and will feel more equipped to navigate collaborative relationships with practitioners of these disciplines.

Session Title: Mapping Interventions using a Mobius Care Approach after Intrauterine and Early Infancy exposure to Domestic Violence.

Presenter(s): Michelle Taylor

Description: This presentation will use a case example to illustrate the use of the Mobius Care Approach to intervention. The case will present NMT Clinical Practice Tools completed at the outset of treatment and ongoing throughout the development of a comprehensive intervention plan to address the impact of intrauterine and early infancy exposure to Domestic Violence. There will be a specific focus on the Mobius Care planning including an overview of the variety of sensory, motor and rhythmic based interventions and therapeutic activities sourced and applied with the case in question, their application, success/lack of success and the importance of key relationships in ensuring therapeutic success.

Objectives:

1. Illustrate the intrauterine and early infancy impact of Domestic Violence on children via NMT Clinical Practice Tool.
2. Provide a case example applying the Mobius Care Approach.
3. Provide overview of a range of direct therapeutic interventions that assisted and/or attempted to assist the child in recovery from early exposure to family violence.

Session Title: Ever Exploring – Always Learning: Reflecting on experiences regarding the application and integration of NMT into clinical and organisational practice and shaping multi-disciplinary supports for children with complex needs.

Presenter(s): Gerard Raftl
Marie Pinter

Description: In the Australian context, there appears to be a noticeable awakening of awareness of the impact of trauma and the need for services and support organisations to be 'traumainformed', across a range of human service sectors. Access to developments and research shared through conferences have provided information, insights and the opportunity to develop capability. Whilst systemic acceptance is progressing, a broader application of the principles and clinical approaches such as NMT, takes time.

SAL Consulting is a private practice human service consultancy agency supporting individuals and organisations across Australia and is applying NMT in individual cases as well as providing training and clinical support at both a team and service level in children's services, disability services and in education settings, which has resulted in positive outcomes.

This session explores SAL Consulting's experience and approaches, challenges and progress in integrating application of NMT in practice through two case studies that explore how far we've come over the last 6-7 years.

One case study focuses on a young boy (now 4 years) whose presentation reflects significant hyper-arousal and dissociative state-dependent functioning as well as autistic spectrum disorder (ASD) where a multi-disciplinary approach has underpinned positive outcomes. The second case study focuses on the value of a trauma-informed approach and the NMT in enabling a mother and her children (10yrs, 9yrs, 7yrs & 2yrs) within a Care and Protection context to develop stabilisation (building a secure base), cultivating core developmental strengths and facilitating future progress within the family context. These case studies raise a number of themes and insights into envisioning and also enabling better futures for children, and indeed families. Our experience in the use of NMT within the context of neurodevelopmental disorders such as ASD is specifically explored.

Objectives:

1. Outline the unique psychosocial and risk factors associated with a diagnosis of intellectual disability.
2. Outline the specific presentation, as assessed using the NMT, for five children (one with ASD and the four sibling group with disorganised attachment and anxieties).
3. Present the outcomes of the beneficial intervention frameworks for these young people and their families and service providers.

Session Title: 10 Years of NMT Implementation: Highlights and Lessons Learned

Presenter(s): Tim Grove
Adrienne Walshinski

Description: SaintA, an NMT flagship site, has been working with Dr Perry and the Child Trauma Academy since 2008. The highlights of our story include 1) successfully leveraging the capacity building component of NMT to teach core concepts to a broad group of stakeholders 2) Effectively integrating capacity building and metric utilization across a diverse array of programs (Residential Care, Foster Care, "Public" Child Welfare, Community Mental Health) 3) Creating funding solutions to provide metric based trauma assessments for the general public 4) Successfully documenting the positive effects of capacity building empirically.

Objectives:

1. Participants will be able to identify concrete strategies to effectively engage the "public" sector
2. Participants will be able to learn from long term implementation mistakes/successes
3. Participants will be able to identify empirical opportunities towards documenting NMT related progress

Session Title: The Integration of NMT Concepts & Interventions into the Culture of Large Complex Organization by Training Front Line Staff in the Implementation of Psycho-educational Interventions

Presenter(s): Dave Paxton

Description: For the last 7 years the Village Network has been working to integrate the Neurosequential Model of Therapeutics (NMT) into its treatment programming. To quote Albert Einstein, "the significant problems we face today cannot be solved at the same level of thinking we were at when we created them." To successfully implement the NMT approach into any system, especially a system as large and complex as The Village Network's, a shift in thinking and significant engagement at all levels of the agency must occur.

This session will present The Village Network's learnings, failures and successes, from implementing NMT into its five residential and group home programs, seventeen foster care networks and school programs and outpatient programs. The Village Network didn't truly begin to gain traction with the implementation of NMT until we remembered the significance of the therapeutic web. We learned, through trial and error, the key to successfully implementing NMT begins with engaging the front line child care staff. This engagement, we discovered, is very impactful when it includes hands on, experiential training activities.

This presentation will outline The Village Network's training program in not only trauma informed care but the NMT specifically. Attendees will be offered the opportunity to participate in examples of TVN's experiential training activities that we use to help our youth care specialists help our clients develop the capacity to self-regulate. The presentation will also include a brief discussion about The Village Networks experience, failures and success, at eliminating a long standing contingency based level system.

Objectives:

1. Participants will learn the significance of an organizations culture in the implementation of NMT and corresponding training program.
2. Participants will be exposed to various training philosophies most congruent with NMT
3. Participants will learn examples of sensory integration interventions designed to be implemented with residential child care staff.

Session Title: Reverse Plasticity: Sequential Process for Organizational Change

Presenter(s): Keith Bishop
Leslie Wiss
Andrew Farmer

Description: By implementing a trauma-informed approach and using the Neurosequential Model, behavioral health organizations are transforming the way treatment is provided. They also must be open to transforming their own organizational culture and processes, leaving behind resistance to change and ensuring all levels of the workforce are fully engaged and committed to the process.

As the core implementation group at Great Circle, a statewide behavioral health services provider in Missouri, the presenters will share lessons learned during the first 3 years of establishing the Neurosequential Model (of Education and Therapeutics) across a large, multi-site and multidisciplinary organization. Discussion will focus on the process of developing and implementing 1) sequential change for all personnel and 2) strategies to overcome resistance. Participants will leave with sample materials developed for internal audiences that have helped pave the way for a sequential implementation of trauma-informed care and the Neurosequential Model at all levels. This includes the development of unique tools and approaches for various groups of staff, to help them better understand how NMT and trauma-informed processes affect and enhance their specific area of work within the organization.

Objectives:

1. Participants will understand how to facilitate sequential trauma-informed change at all organizational levels, from executive and senior leaders to program managers, clinicians and other direct care staff
2. Participants will learn how to identify and problem-solve the challenges of implementing the Neurosequential Model across a large organization or one with more than one site.
3. Participants will learn first hand the challenges and successes faced by this organization in completing NMT training Certification and implementing the NM approach system-wide

Session Title: Red Hot Go

Presenter(s): Sarah Waters
Clare Ryan

Description: Berry Street Take Two is a therapeutic program for child protection clients in Victoria, Australia. It assists children to recover from trauma and disrupted attachment, whilst building and disseminating knowledge about this population and ways of achieving positive outcomes. As such, Take Two is a clinical service with research and training capacity. Take Two achieved site certification in the ChildTrauma Academy's Neurosequential Model of Therapeutics (NMT) in October 2011 and has since been in the "maintenance" phase. In 2016, Take Two recognised that the integration of NMT into clinical practice across the program was impacted by a number of factors. Completion of the NMT metric for clients was inconsistent, clinicians' use of the metric as a psychoeducation tool was very limited, and the use of NMT to inform clinical interventions was hindered by a significant lack of perceived knowledge and skill in neurobiologically-informed treatments. NMT had started to become more about compliance and less about clinical integration and utility.

A decision was made by the program to give NMT a "red hot go" in 2017, to attempt to re-engage clinicians in the clinical value of the NMT metric and broader NMT concepts. This red hot go included:

- 1) Shifting the NMT certification away from a whole-of-program requirement, to clinical leaders and team NMT "champions"

- 2) Redeveloping NMT Foundations training, away from certification compliance requirements towards increasing understanding of why NMT is Take Two's model for therapeutic intervention planning.

- 3) Creation of mandatory program-wide Communities of Practice (COP), including an NMT COP.

- 4) Development of Making Sense of NMT workshop – delivered by Take Two's Occupational Therapy Consultant and an NMT Trainer – to enhance clinical knowledge of sensory development and the Sensory Profile Tool, to support their intervention planning particularly in the Sensory Integration and Self-Regulation functional domains

- 5) Introduction of Tile and Grout workshops –and linking this tool to the NMT metric.

- 6) Delivery of NMT Scoring Workshops for all NMT certified clinicians.

- 7) NMT trainers attending team clinical case discussions to provide the NMT "lens"

- 8) Review of our Goal and Intervention Plan template to make it consistent with the NMT Recommendations template

- 9) Beginning work on an NMT Indicators of FASD Screening Tool.

The strategy has been successful – significantly increased completion of NMT metrics, staff engagement with NMT-informed intervention planning, and an increase in NMT as a psychoeducation tool.

Objectives:

1. To describe the 10 year journey of an Australian clinical program toward the implementation of the NMT.

2. To highlight phases of implementation and the shifting psychological responses from an organisational culture perspective; from compliance to defiance to alliance.

3. To identify the internal clinical practice development activities and resources required to support the sustainability of the NMT.

Session Title: TBD

Presenter(s): Ted Beauchaine

Description:

Objectives:

- 1.
- 2.
- 3.

Session Title: Moving from NMT to "Child Trauma"

Presenter(s): Gene Griffin

Description: The child trauma field still does not have an agreed-upon definition for trauma. Yet, how we define child trauma affects research, prevalence data, clinical treatment, costs, administrative policy, and system change. The trauma literature introduces a wide variety of meanings and sub-types. The list seems to be growing. For example, recent articles reference everything from 'disaster trauma;' to 'post traumatic slave syndrome / intergenerational trauma.' SAMHSA published a framework for understanding definitions of trauma based on the Three E's (where trauma requires the objective Event; the subjective Experience of the event; and the subsequent Effects or symptoms).

Applying this framework to NMT raises some interesting issues, including:

- a) NMT is not a diagnostic assessment and, therefore, never labels a child as 'traumatized'
- b.) NMT does list functional, developmental deficits of a child (Effects)- How many categories or how far behind in development would a child have to be before most clinicians would say the child was 'traumatized?'
- c.) NMT does ask about 'other trauma' in history; this is basically defining 'trauma' as an 'Event;' but, as NMT demonstrates so well, there are the relational / protective / resilience factors that have to be considered. Just because a child experienced an adverse event does not mean that the child is 'traumatized'
- d.) Does it matter what the initial Event was? In DSM PTSD, there is a specific list of what events qualify as the precipitating event but NMT does not differentiate
- e.) The Three E definition starts by requiring that some adverse Event be Experienced by the child.

Now there are some trauma theories that would diagnose a child as traumatized when the child never Experienced a precipitating Event- e.g. historical trauma, intergenerational trauma, post traumatic slave syndrome, etc.- In these cases, the Event happened to the child's ancestor, not to the child. Or are we saying that the child is traumatized because of the way the (previously traumatized) family is currently treating the child (thus, a current adverse event for this child)? This starts to raise important cultural issues. It is worth considering some refinements to trauma terminology that would clarify these issues in ways that are consistent with the Three E's but would not require a change in NMT.

Objectives:

1. Recognize multiple definitions of child trauma
2. Identify how NMT uses the term trauma
3. Reconcile how different definitions of child trauma might work together

Session Title: NMT for the Rest of Us: Where NMT and Reality Meet – The Crossroads of Implementation

Presenter(s): Michelle Maikoetter

Description: This training will use case studies to illustrate how impactful the NMT learning process can be in transforming the way one views clients, struggles, interventions, and each other. A brief overview will be given of the NMT model, the metric, and neurodevelopment. The bulk of our time will be spent in discussing the revolutionary way NMT information can be presented to direct care and educational staff in order to galvanize understanding and application. Actual slides and language utilized to teach staff will be demonstrated. This experiential, multi-sensory training will provide take away information which will be helpful in every area of your life – both professional and personal applications.

Objectives:

1. Participants will use comparative case studies to understand the application of NMT in non-clinical settings.
2. Participants will discuss how this information can be transferred back to their own environments.
3. Participants will engage in question and answer sessions. this information can be transferred back to their own environments.

Session Title: Working with the NMT data

Presenter(s): Thomas Brawner

Description: The session focuses on the attributes of the NMT data and details the information contained therein, the characteristics of the data, and how those characteristics inform empirical strategies. Descriptive statistics are explored, and these are connected with careful analyses of key outcomes, focusing on robust empirical associations between developmental experiences and outcomes. Finally, the prospects and challenges for using the data in research, including cross-sectional and longitudinal designs, are considered.

Objectives:

1. Understand the key attributes of the NMT data
2. Describe the basic relationships among NMT variables
3. Acknowledge the challenges of working with the NMT data in observational studies

Research Presentations #2 - 20 Minute Research Presentations

1. Margarita Frederico, Allison Cox, and Annette Jackson - *Examining correlations between NMT metric and other clinical measures*

Description: Berry Street Take Two is a therapeutic program for child protection clients in Victoria, Australia. Take Two is primarily a clinical service with research and training capacity.

This paper will present on Take Two's learning as we aim to optimally use NMT data along with clinical measures, such as the Strengths and Difficulties Questionnaire (SDQ), the Ages and Stages Questionnaire (ASQ) and the Health of the Nation Outcomes Scale of Children and Adolescents (HoNOSCA). All measures are intended for both clinical and research purposes.

This presentation will aim to show how these measures relate to each other and inform have clinical practice. We also aim to show how these different sources of data can be used at the research level. Examples will be provided at the case and broader program level using both NMT and a range of measures.

Objectives:

1. Describe how Take Two applies a range of clinical measures along with NMT in practice
2. Describe how Take Two uses this data for research purposes.
3. Illustrate through examples to determine if BRIEF clinical cut off ranges are consistent with NMT clinical cut offs (e.g. essential, therapeutic, and enrichment).

2. Rachel Neukirch, Kateri Chapman, and Sharon Skidmore - Stern - *Determining the Impact of NMT components on clinical service delivery in an outpatient setting.*

Description: This presentation discusses the integration of NMT principles and practice into private, child-welfare organization with current research being done in multiple areas of practice within a behavioral health organization. In collaboration with the research arm of CTA, FamilyForward is investigating how key components of the NMT impact service delivery and the efficacy of interventions. This study will not only look at the reduction of symptoms in the child, but at the impact of improved parental and staff confidence/efficacy as a contributing factor to positive outcomes. By investigating ways to increase a parent's and staff member's level of confidence when dealing with challenging behaviors that are often the result of early and severe trauma, treatment can be very intentional, leading to shorter episodes of care, a reduction of out of home placements, decreased number and severity of critical incidences, and a decrease in at risk parenting behaviors.

Objectives:

1. Understand the intersection between parenting perceptions and child symptoms
2. Understand the process and resources needed to add a research component to clinical practice
3. Examine the preliminary results in the pilot studies looking at the use of NMT in a clinical setting

3. Nicole Milburn and Allison Cox - *Multidisciplinary NMT practice with Child Protection Clients: Understanding the whole child from the bottom up and inside out through the Developmental Consultancies Team at Take Two*

Description: The Take Two Program is an intensive therapeutic service for Child Protection clients conducted through a partnership between a child welfare agency, a University, an Aboriginal organisation and a child psychiatry training department. The Neurosequential Model has framed Take Two clinical practice since 2008, becoming certified in NMT in 2012 and is now the Australasian NMT Flagship site. The program mainly employs Social Workers and Psychologists in generic Clinician positions.

The Neurosequential Model provides a very clear framework for multidisciplinary teams providing specialist input in assessment and intervention. Speech therapy, Neuropsychology and Occupational Therapy are areas of specialist practice that led directly from the NMT. The Take Two Program has an iterative strategy to include specialist positions in the Program that has been partly planned, partly opportunistic and partly based on available personnel. The broad NMT framework has been fundamental in helping the program recognise and make use of opportunities as they arise.

This presentation is in two parts. The first part will provide an overview of the Take Two Program and the journey through NMT to specialist practice. The vision for a multidisciplinary team of developmental consultants will be shared within the Neurosequential Model and the activities that have occurred to achieve the vision will be presented. The activities will show the journey to establishing a Senior Occupational Therapy Consultant and the Clinical Neuropsychology Program. Future plans for a Speech Pathology Consultant that are awaiting the right opportunity will also be shared.

The second presentation will show research findings from two discipline specific projects, one in Occupational Therapy and one in Clinical Neuropsychology that occurred under the framework of the Developmental Consultancies Strategic Plan. Data will be presented showing relationships between the functional domains of the NMT metric and standardised OT and cognitive assessment measures. Data will be specifically presented showing the relationship between the Sensory Integration score and results from the Sensory Profile 2 (Dunn 2014), a standardised measure of sensory processing for 0-8 year olds and the NMT Cognitive Domain with Full Scale IQ on the WISC-IV. Discussion will focus on exploring the efficacy of using standardised tests alongside the NMT metric.

Objectives

Presentation 1:

1. To provide an theory and evidence based rationale for multidisciplinary practice with maltreated children.
2. Present an integrated strategic plan for service development based on the Neurosequential Model and evidence from practice.
3. To share strategies for increasing service delivery to this vulnerable and under-served population.

Presentation 2:

1. To demonstrate research projects that come from an integrated strategic plan for multidisciplinary practice with maltreated children based on the Neurosequential model.
2. Explore the relationship between the NMT functional domains of Cognitive and Sensory Integration with standardised cognitive and sensory processing assessments.
3. Demonstrate next steps in research and service development.

Session Title: Building confidence, competency, and community in a trauma informed school.

Presenter(s): Denise Manderson

Description: William Roper Hull School is a partnership between Hull Services and Calgary Board of Education. We have a brilliant collaboration of teachers and child and youth care counselors in all of our classrooms. We serve a complex group of students aging from 6-18 years of age.

We started our journey understanding and integrating a trauma informed lens, in 2011. We embraced our learning of the Neuro-sequential Model (NM) core concepts throughout our first year, we examined how those concepts were meaningful to the work we do with our students, and how it informed our school/classroom practice. It was vital that we had more confidence in our understanding of what has happened to our students, and how that informs the "behaviors" we see in the classroom.

As we evolved our integration of the core concepts, we concentrated on building community with a further examination of Dr. Perry's 6 core elements of a positive educational/therapeutic milieu. This framework prompted us to look closely at current practices, identifying what we were already doing well, as well as, identifying practices that we could integrate into everyday learning opportunities for our students. Our now embedded practices and programming reflect a highly engaging, therapeutically sound education program.

As a leader, it is amazing and highly rewarding to be an active part in making the shift in how we engage and support our students. The culture of our school is reflective of student and staff wellness, a sense of community, and at the core of it all, relationships. It would be my pleasure to share our journey thus far, and aspirations for what's to come. . .

Objectives:

1. Participants will gain an understanding of elements necessary in creating a trauma informed classroom/school, in a unique school setting (i.e., professional development and practice).
2. Participants will gain an understanding of the relevance of the 6Rs in promoting a culture of trauma informed care in a specialized school setting
3. Participants will gain an understanding of educational programming that is sensory based, self regulating, relationally rich, allowing for great learning.

Session Title: Using the Neurosequential Model in Education to make pupils Ready for Learning – developing trauma-informed practice within a Scottish local authority

Presenter(s): Lesley Taylor
Whitney Barrett

Description: Clackmannanshire is Scotland's smallest mainland Local Government Authority. Children and families within the area experience very high levels of both socio-economic deprivation and early developmental trauma (as evidenced in a 2004 report "Psychological Trauma and Post-Trauma Symptoms in Children"). As part of an effort to address the inequity arising from these adverse factors the Scottish Government, via The Scottish Attainment Challenge (SAC) strategy has sought to support a range of initiatives that seeks to close the poverty-related educational attainment gap that is evident in the population children and young people affected by these factors. Within Clackmannanshire NME is one of the initiatives we have implemented as an approach to support learners.

This session will begin by describing in more detail the particular social, cultural and economic factors specific to Clackmannanshire which make the NME (and other trauma-informed approaches) highly relevant across our population. The implementation pathway will be shared – along with the bumps in the road! A case study will then be presented to showcase the development of NME in a Primary One (Kindergarten) classroom. Audio visual tools will be used to link directly with the classroom during the presentation. Finally, the wider trauma-informed approach of Readiness for Learning (R4L) will be presented – outlining the key role NME plays within the approach which is designed to make pupils more emotionally ready to learn.

Objectives:

1. To understand the unique context of Clackmannanshire and why trauma-informed approaches are relevant to this population.
2. To hear how NME has been implemented within Clackmannanshire as a whole
3. To learn about one specific primary school and how they have developed NME in their early years setting.

Session Title: Implementing the Neurosequential Model in Schools: Creating Buy-in for Both Staff and Students

Presenter(s): Josh MacNeill
Kathy Van Horn

Description: At Lakeside, we have successfully implemented the Neurosequential Model into our four schools and have trained many other schools to apply the concepts of the Neurosequential model. Throughout this session, you will learn various interventions (both individual and class-wide) that work well in the school environment. This includes the use of brain breaks, classroom set-up, regulating furniture, facility dogs, regulation areas, and manipulatives. Through the use of video testimony, you will hear from both students and staff how these interventions have helped them. You will experience some of these interventions first-hand throughout the presentation.

We will share how we have presented this information to schools and organizations in a manner that created optimal buy-in. Additionally, there will be an opportunity for participants to discuss some of the hurdles they have experienced. We will then explore some of the usual hesitations and hurdles we have encountered and how these hurdles and hesitations have been overcome.

Finally, you will learn ways to carefully introduce this information to students, in a manner that empowers them with the knowledge that their brains can change. When students understand the purpose of these interventions, they become active participants in their own growth and healing.

Objectives:

1. Participants will know strategies that are key for creating buy-in.
2. Participants will be equipped with responses to common hurdles and hesitations.
3. Participants will identify the key strategies to successfully introduce this information to students.

Session Title: From Theory to Application: Making Core Concepts Applicable in the Classroom

Presenter(s): Jessica Pfeiffer

Description: Becoming a trauma sensitive school has many intricate steps, with one of the most important being taking concepts based in theory and making them applicable for the classroom. Though this task is vitally important it can also be one of the hardest steps to tackle. Once you have ensured teachers have a true understanding of trauma based concepts shifting trainings and staff development to address classroom management is a crucial part of sustainability. True implementation begins, not only when educators shift in their framework for how they view the root of challenging behaviors, but more importantly, when they are able to take the knowledge they have and turn it into practical application. As a leader helping a system become trauma informed, being able to create application based trainings is imperative. Issues school leaders must tackle and build trainings around include: how to increase staff self-awareness, build in consequences, make transitions smoother, work with escalated students, and create classroom incentive programs. This workshop will provide a systematic and considerate way to create such trainings. Using an example of a training created for school staff at Mount Saint Vincent, participants will learn critical steps for building application based trainings. Participants will get hands on practice creating skill based objectives, identifying relevant practice opportunities, and incorporating trauma based concepts for an issue they are dealing with within their system.

Objectives:

1. Participants will be able to break down a challenge they are dealing with and analyze the core issues involved.
2. Participants will be able to create a training outline with clear objectives, practice opportunities, and skill checks based on the core issue they identified
3. Participants will be able to tie in core concepts into their training.

Session Title: From NMT assessment to intervention plan in the child's milieu: a case based presentation of the development of a concrete tile & grout inspired intervention plan on basis of an NMT assessment

Presenter(s): Jesper Birck

Description: The workshop will take its starting point in a case with a year long NMT guided treatment of a 5-6 year old girl with a history of abuse and neglect. NMT follow-up brain maps from the process will be presented. There will be a review and presentation of the used "bottom-up" relational based activities in each of the 4 broad systems of the brain – brainstem, diencephalon, limbic and cortex – with the intimacy barrier as a central analytic tool. Progression and selection of activities along with considerations about timing, dosing and intensity along with navigating on the intimacy barrier will be discussed – relational therapeutic work balancing on the line between comfort and dissociation.

The workshop will vary its form by fluctuating between didactic presentations and video clips from relational therapeutic mainly "bottom up" activities from the case. The way activities are analyzed (through video clips) together with direct staff, with the aim on enhancing staffs' self-agency, will be presented – and opportunities, problems and dilemmas will be discussed.

There will be a short didactic presentation that addresses the process of engaging staff to participate in the development of the intervention plans, and how skepticism and resistance was a difficult part of the ongoing process for the NMT clinician.

Objectives:

1. Inspiration on how to transform NMT assessment to concrete intervention plans in the child's milieu
2. Engaging staff through involvement in the development of plans. Working with timing, dosing and intensity – with regards to both staff and the child!
3. The importance of staffs/caregivers self-agency when working with widening the window of tolerance when the intimacy barrier is a central problem

Session Title: NMT from referral to closure: Infant and adolescent case examples from the Take Two Program demonstrating individual, family and systematic NMT practice

Presenter(s): Nicole Milburn
Sarah Waters

Description: The Berry Street Take Two Program is an intensive therapeutic service for Child Protection clients aged 0-18 in the state of Victoria, Australia. It has been operating for almost 15 years and is conducted as a partnership between a traditional child welfare organisation, the Victorian Aboriginal Child Care Agency, the School of Social Work at La Trobe University and the Mindful Centre for Training in Child Psychiatry. The Neurosequential Model has framed Take Two clinical practice since 2008, becoming certified in NMT in 2012 and is now the Australasian NMT Flagship site. This presentation will demonstrate the clients' journey through the clinical program, showcasing the NMT as a holistic framework for clinical practice, including assessment, goal and intervention planning, review and case closure. Two case examples, one of a young child and one of an adolescent, will illustrate the direct clinical work from assessment through to case closure. The presentation will also demonstrate Take Two's journey through NMT from certification to sustainability and clinical support.

Objectives:

1. Demonstrate clinical practice within the NMT framework across the entire life of the case in the program.
2. Highlight the interventions recommended through the metric, including psychoeducation, and how they are monitored both through the metric and other measures to assist case planning and closure.
3. Demonstrate the clinical and programmatic support model for sustained NMT implementation with fidelity to the model

Session Title: Canine based Animal Assisted Therapy: Practical Applications and Considerations in the Treatment of Trauma and Attachment Disruption in Children

Presenter(s): Michelle Taylor

Description: The use of animals in therapeutic interventions and activities has become increasingly popular in the past 10 years. In Australia, there is a current groundswell in clinical practice with the addition of therapy dogs. After an international study tour exploring the variety of somatosensory based activities being used to treat trauma and attachment disruption in children, Chelle returned to Australia and commenced the process of incorporating a canine co-therapist in her practice. This workshop based presentation will overview the theory and models of Canine based Animal Assisted Therapy, including clarification of the difference between Animal Assisted Therapy and Animal Assisted Activities and Animal Assisted Education. Chelle will overview the training process she and her therapy dog(s) undertook to ensure the safe and ethical use of a therapy dog in practice. Consideration will be given to exploring the use of a training a puppy versus a rescue dog, including the pros and cons of both in therapeutic application. The workshop will also provide practical examples of direct canine assisted therapy interventions/activities that practitioners can use when treating children who have experienced complex trauma and attachment disruption.

Objectives:

1. Participants will come away from this presentation with an understanding of canine based animal assisted therapy including clarification of the difference between Animal Assisted Therapy, Animal Assisted Activities and Animal Assisted Education.
2. Participants will be provided an overview of the benefits of Animal Assisted Therapy in the treatment of children with trauma and attachment disruption.
3. Participants will be provided practical examples of canine based animal assisted intervention such that they could immediately use them in their practice on return from the symposium. Participants will leave with practical examples to try in their clinical work.

Session Title: Using Debriefings as a Teaching Tool for the Core Concepts

Presenter(s): Kyle Bixenmann
Shawn O'Grady
Joe Heritage

Description: One of the challenges with coaching and teaching care workers, teachers, and foster parents to apply the concepts that they learn in the NM model is that each child presents in a unique way, so there is never a one size fits all approach to how best to help them understand how various concepts from the model may be manifesting in each child's case. Similarly, we know that repetition is keenly important in the learning of new skills and information, so it becomes challenging to help these audiences have sufficient exposure to the application of those concepts in a way that leads towards mastery. Using debriefings of "real life" interactions can be productive in helping child care workers, foster parents and teachers drain off difficult emotions that occur during emotionally charged incidents and increase the emotional competence we adults need to care for these children. It is critical to understand where a child is functioning in their brain and how the concepts that they have learned about in didactic teaching are present as part of those interactions. The use of effective debriefing can help reframe our interventions to better help that child begin to access the smart part of their brain and avoid blowups and blowouts.

Through the use of lecture and demonstration, presenters will provide a structure for debriefings that can be used to reinforce what has been learned in didactic trainings to help bring that learning into "real life" examples. Participants will then have the opportunity to practice using debriefings of "real life" situations to see how they can help reinforce learning for teachers, parents, and care workers that they support.

Objectives:

1. Participants will be able to identify how debriefing an incident can help to reinforce concepts taught in didactic training
2. Participants will be able to identify the steps and strategies, based in NM™ concepts, to engage individuals during incident debriefings
3. Participants will understand that their own emotional competence, self-awareness and understanding of state-dependent functioning is the key to effective co-regulation and transfer of knowledge with care providers

Session Title: Collaborative Problem Solving: Your Guide to Changing the Stress Response

Presenter(s): Stuart Ablon

Description: Collaborative Problem Solving (CPS) offers a practical, evidence-based approach that all adults can follow in any setting to operationalize the fundamental principles of the Neurosequential Model of Therapeutics (NMT). CPS helps adults effectively pursue their expectations with youth who exhibit challenging behavior while avoiding the use of mechanisms of power and control. More importantly, CPS provides a roadmap for changing the stress response for easily dysregulated youth. This session is intended for participants with some prior exposure to the CPS approach.

In this session, Dr. Ablon will focus first on teaching participants how to use the assessment and planning components of the model to ensure the appropriate levels of “good stress” needed to change the brain. Then participants will be taught how the intervention ingredients of CPS can be used to safely activate the stress response by facilitating a predictable and controlled pattern of regulation, dysregulation and re-regulation when solving problems together with youth. Finally, Dr. Ablon will also illustrate how the basic guideposts of the CPS process can be used to provide proper dosing and spacing while maintaining a bottom-up approach to engaging youth.

Objectives:

1. Describe how the philosophy of Collaborative Problem Solving (CPS) facilitates co-regulation
2. Describe how CPS can be used to safely activate the stress response
3. Describe how CPS represents a bottom-up, rather than top-down approach to intervention

Session Title: When homelessness starts at home: Grounding young people's stories of disconnection within family disruption, stigma, and loss

Presenter(s): Gina Samuels

Description: Young people who experience unaccompanied homelessness represent some of the most extreme examples of "disconnected youth." Yet, their experiences of literal homelessness in adolescence and emerging adulthood are typically preceded by a host of earlier adversities, relational disruptions, and losses. Drawing from a national study of youth homelessness in the U.S. interviewing 215 young people ages 14-25, this keynote will share their answers to the question: Where does your story begin? Their answers identify a range of early adversities and losses that they link to: a) entrance into foster care, b) family experiences of housing instability, c) parental struggles with mental health and addiction, d) cycles of running away or leaving home, and e) chronic family conflict. These themes were not mutually exclusive and the beginnings of their stories are embedded in other losses and chronic adversities. Over, one-third (35%) of youth reported the death of one or both of their parents or caregivers. Most youth indicated they had never experienced stability. Instead, they reported multiple moves in and out of apartments, houses, family systems, cities/towns, counties, states and even countries. Taken together, their homelessness was preceded by and contextualized within often chronic and deeply complex social and familial adversities that disrupted their senses of home very early in life. We will explore how their experiences were linked to "ambiguous losses of home" that are often hidden or marginalized within our policy and practice discussions of ending homelessness and building resilience. This keynote is also a call to decenter physical and external dimensions of housing to include the domains of identity, belonging, kinship and connectedness within one's relational space and experience of home.

Objectives:

1. Understand youth-perspectives on the etiology of youth homelessness
2. Understand how the childhood adversities among these youth are normative to many youth living in poverty
3. Identify critical emotional and relational consequences of ambiguous loss of home in early childhood

Session Title: TBD

Presenter(s): Nelba Marquez-Greene

Description:

Objectives:

- 1.
- 2.
- 3.

Session Title: Living in Harmony: The Application of NMT in Adoptive Homes and Therapeutic Camps

Presenter(s): Keith Bailey
Pam Frye
Nicole Coning

Description: This workshop features information on how Harmony Family Center uses the NMT, including the Assessment and Clinical Practice Tool, to inform its therapeutic approach with adoptive children and their families, both in their homes and at family camps. Similarly, it will highlight the use of the NMT to guide therapeutic camp activities for vulnerable children in the community and for those served by the child welfare system.

In 2015, Harmony Family Center, who has been providing support for adoptive families for over 20 years, became part of the National Quality Improvement Center for Adoption and Guardianship Support (QIC-AG), a five-year cooperative agreement sponsored by the Children's Bureau. Harmony's primary objective is to study post-adoptive interventions for families who are in crisis or at risk of experiencing crisis. This workshop will feature information on how Harmony's Adoption Support and Preservation (ASAP) Family Counselors use the NMT, including its Assessment and Clinical Practice Tool, during their in-home work with adopted children, most of whom were adopted through the Tennessee Department of Children's Services (TN-DCS) and who have significant trauma histories; adoptive parents may self-refer or be referred by community partners for these services. Often, these families have identified significant behavioral challenges with the children and seek services to abate adoption disruption and dissolution.

A brief overview of the literature related to pre-adoptive trauma in children and how the ASAP Counselors use the NMT Assessment to measure the impact of trauma and other developmental insults will be presented. Recommended sensorimotor interventions, guided by the Sensory Motor Arousal Regulation Treatment (SMART) model, along with other therapeutic approaches that address deficits in the four domains of functioning will also be discussed. Preliminary outcome data gained through the QIC-AG research will be reviewed; the data examines the relationship between the incorporation of the NMT in family interventions and the reduction of crisis episodes for the child, the increase in families' abilities to manage crisis, and the increase in family stability.

Harmony also facilitates therapeutic camps for adoptive families, for youth served by the TN-DCS, and for various populations of vulnerable children in Knoxville, TN and surrounding counties. Information will be shared about how the NMT guides somatosensory interventions, such as yoga, movement, and drumming, and other experiential activities, including animal-assisted and nature-based therapies, at these camps.

Objectives:

1. Participants will be able to apply the NMT to interventions with post-adoptive children and families.
2. Participants will be able to apply the NMT in therapeutic camp settings.
3. Participants will be able to integrate recommended sensorimotor activities into in-home and therapeutic camp settings.

Session Title: Working with Intergenerational Trauma utilizing First Nations Healing Approaches

Presenter(s): Shelley Pompana Spear Chief
Moses Spear Chief

Description: Have you asked yourself “What is the difference between westernized psychological supports and First Nation healing supports?” Presentation will attempt to explain how to support First Nation clients utilizing traditional approaches that support regulation and ways of relating and connecting. Participants will gain awareness to the intergenerational impacts due to the history of Residential Schools and how this history transmitted to the next generations and how intergenerational trauma impacted day to day functioning of First Nation clients. Presenters will share how they utilize traditional knowledge, ways of thinking, feeling and behaving to support clients and their families. Participants will be invited to a mini circle process that promotes connection. Observe a traditional activity that promotes regulation and throughout the presentation become more aware of how to connect with individuals through an ontological understanding of First Nation History and utilizing the traditional stories and practices of the people.

Objectives:

1. To identify differences between westernized psychological supports and First Nation Healing supports.
2. To distinguish and experience First Nation healing approaches that support identity, belongingness, autonomy, and mastery (relate, regulate, connect).
3. To gain awareness into the historical history of oppressive practices that continue to transmit to First Nation People impacting some of their day to day mental health resulting in loss of connecting, relating and regulating

Session Title: The Berry Street Gippsland Wilderness Program – Does a NMT perspective contribute to the theory of change?

Presenter(s): Annette Jackson
Douglas Mocczynski

Description: Berry Street has been running the Gippsland wilderness program for young people at risk in the south eastern part of Victoria for approximately 10 years. Gippsland has some of Australia's most beautiful lands and shorelines including areas of rugged wilderness. Gippsland also has some of the highest disadvantaged areas in Victoria with high rates of children entering into child protection and out-of-home care. Over the years a substantial body of formal theoretical and informal practice knowledge has been built to guide the delivery of this Wilderness program. The goals of the program as articulated in the program logic include exposing the young people on the 'wilderness journey' to regular physical activity and routine. This goes a long way to stabilising anxieties and behaviours, as well as making each day predictable. During the wilderness element of the journey the young people do not have access to technology. It has been observed that a total lack of external distractions, in particular social media, is key to stabilising anxieties and helping form a cohesive group dynamic. The concept of surviving the journey is a very powerful positive memory. Although the journey is a guaranteed success for each young person, the individuals have doubts about whether they can accomplish it. Upon finishing the wilderness element of the journey the young people are proud of themselves and have a sense of euphoria around their achievement. The connection with other young people from a similar environment and the expansion of their own social environment coupled with positive adult role models will show the participants a potential alternative to dealing with challenging situations. In what ways can NMT principles and a neurodevelopmental body of knowledge contribute to understanding what to do and when and why in this effective program. There are already elements in this program consistent with the NMT perspective and others that are being further developed. This workshop will explore how developing a theory of change, post the program development can still add significant value. Preliminary findings from an external evaluation of the program will also be discussed.

Objectives:

1. To describe a Wilderness Program (Victoria, Australia) and its application with young people who have experienced trauma and neglect
2. To describe its developing theory of change
3. To explore the ways in which the NMT perspective can add value to understanding the 'black box' of why it works

Session Title: Horticultural Therapy and Social Justice through gardening and nature

Presenter(s): Toni Demarco

Description: Garden projects, access to open space, or regular nature-based activities create an opportunity for youth to have a direct connection with nature, Earth stewardship, and an understanding of healthy food sources, often with skills that will carry over into future action/education. Additionally, HT has been a deeply researched and foundational form of mental health rehab therapy. In recent years the gap between HT and environmental activism has closed as more communities and systems embrace school gardens, nature-based classrooms, and "green time" interventions.

Using an over-arching NMT framework this session will focus on how using the concepts of Horticultural Therapy and Permaculture support somatosensory interventions and recovery. Specifically, the ways in which relationship to nature, access to green space/unstructured play, and the use of nature-based activities/materials, can be incorporated into mental health services and assessments, whether or not the interventions are happening directly in the context of a garden or farm program. The session will outline the direct connections between the benefit of these activities and facilitating Earth stewardship as a form of social justice.

Objectives:

1. Participants will gain an understanding of the importance to include a child's "access to outdoor time" as a crucial part of a mental health assessment process
2. Participants will increase their knowledge of why to "prescribe green time" as an intervention
3. Participants will increase their skills related to incorporating nature into therapeutic activities as an NMT intervention

Session Title: Collaborative Problem Solving and NMT: Complimentary Approaches

Presenter(s): Erica Stetson
Kirk Ward

Description: During this session, participants will learn about using Collaborative Problem Solving (CPS) with NMT. In particular, we will show the parallel between Regulate, Relate, Reason, and Plan B of CPS—Empathize, Share, and Collaborate.

We will review the three main steps in CPS: assessment, planning, and intervention, and show how these elements compliment NMT. Both approaches promote a respectful and compassionate approach to children demonstrating behavioral challenges. Like NMT, CPS is research based and reflects key principles of brain development.

CPS is an approach that can be used when working with children and youth with a wide range of behavioral challenges. For each child, specific skill deficits are identified, as well as triggers or problem situations that often result in difficulties for the child or his/her family. Skill development in the CPS model occurs through the process of collaborating with the child to solve chronic problems in a more adaptive manner. Unmet expectations are responded to in one of three ways, called "Plans," which are decided on pro-actively. Plan B is the response that provides opportunities for the child to learn new skills, as they work collaboratively with empathic adults to solve problems. The CPS approach helps to facilitate a positive adult-child relationship, stabilize child behaviors, identify lagging skills, teach skills, and resolve chronic problems. Through the CPS process, children can develop lagging cognitive skills that resulted from past abuse and neglect.

During this presentation specific examples of the use of NMT and CPS together will be provided. Video examples will illustrate the power of combining these two neurodevelopmental models. When used together, NMT and CPS provide a powerful way to understand and treat children and youth in need of support

Objectives:

1. Understand the three main elements of the Collaborative Problem Solving (CPS) approach.
2. Identify the parallels between Regulate, Relate, Reason, and the three steps of the Plan B process in CPS.
3. Identify the parallels between Regulate, Relate, Reason, and the three steps of the Plan B process in CPS.

Session Title: NMT® in Nature- Assisted Treatment: Healing Trauma with Sustainable Growth™

Presenter(s): Lorraine Freedle
Travis Slagle

Description: Applying NMT principles in nature-assisted treatment holds promise for improving emotional and behavioral functioning and relational health in distressed young people, while also helping them to develop compassion for themselves, others and their natural world (Freedle and Slagle, in press). In this workshop a pediatric neuropsychologist and horticultural therapist team up to demonstrate the applications of NMT in nature-assisted, integrative treatment for young people-- focusing on those in need of emotional regulation, holistic healing and meaning making in the aftermath of trauma.

Key concepts in Sustainable Growth and NMT-informed therapeutic garden design, clinical interventions, and program structure are reviewed. Next, the concepts are elucidated through a compelling case study of a young man "Jimmy" (pseudonym) who presents with traumatic grief and dissociative defense structures. At the tender age of 8, Jimmy lost his father in the 9/11 terrorist attack on the World Trade Center in New York City. At 22 his world fell apart: Overwhelmed by OCD, alcohol abuse, and guilt and shame, he was unable to meet the demands of college and young adulthood.

Participants will take a multi-sensory journey through Jimmy's healing process in an NMT-informed, nature-based residential treatment program located on the Big Island of Hawai'i. Through images from Jimmy's Jungian sandplay therapy process, his trauma narrative, family therapy and work in the garden participants will literally see the process of neural integration, increased cortical modulation and meaning making unfold as trauma is re-processed through somatosensory pathways in the context of relationship.

This workshop is beneficial to agencies and practitioners interested in integrating NMT-informed nature-assisted therapies and holistic treatment into their programs and practice. It will also be of interest to clinicians who want to explore the applications of NMT to sandplay therapy. Finally, this workshop will stimulate broader thinking about ways to work together to create a better future for our millennial generation who are coming to consciousness in the shadow of modern day terrorism.

Objectives:

1. Identify three ways that interaction with nature promotes neurodevelopment, and apply research to therapeutic program design.
2. Describe horticultural therapy activities that match with the four domains of functioning in NMT.
3. Recognize behavioral and psychological indicators of increased cortical modulation capacity during trauma re-processing.

Session Title: Proposed Interventions and Support Services for Children and Their Caregivers

Presenter(s): Shawn O'Grady
Christy Seton

Description: The Preadolescent Treatment Program (PTP) part of Hull Services, located in Calgary Alberta, is a trauma informed, attachment based residential treatment program serving kids between 6 to 12 years. PTP has been utilizing the Neurosequential Model (NM) since 2011. We have been extremely fortunate to be a training center for the NM model over the last several years. In doing so, PTP provides a relationally rich environment with present, attuned, attentive and responsive caregivers. The program provides a safe, predictable, nurturing environment designed to increase self-regulation and reduce high risk behaviors. As the children become more self-regulated, it opens the door for more opportunities to improve connections to family, communities and culture. Children who are admitted to residential care require an intensive treatment setting due to extreme maladaptive behaviors including aggression, property destruction, peer issues, sexual acting out, poor social skills, attachment issues, threats of self-harm and, in general, unsafe behaviors. These behaviors are frequently symptoms resulting from early childhood trauma, which could include a chaotic, unpredictable environment, exposure to physical abuse, sexual abuse and/or neglect.

Each child at PTP is assigned a counselor who works closely with him/her to help achieve his/her goals as outlined in the triage process. Depending on their needs, children are also provided with initial and updated brain mapping and individualized recommendations, milieu therapy, psychological assessments, individual therapy, group therapy, family therapy, family work, and psychiatric support. The use of the NM model at PTP includes purposeful doses of patterned repetitive movement and a relationally rich environment to manage the child's stress response system, and encourages psycho-education of parents and teachers to improve the child's chances for success.

PTP is a highly structured, nurturing environment that will provides our children an opportunity to get some of the developmental opportunities they did not receive during critical developmental windows. Each child's environment is purposefully built around the NM framework, giving multiple opportunities during each day to self-regulate and build positive connections with peers and adults. It is the end goal of PTP to have our children become able to successfully live with a family. We look to increase adaptive social skills in areas such as; (1) how to accept feedback and non-preferred answers in a calm way; (2) how to develop and maintain positive peer interactions; (3) how to express yourself without shutting down or becoming reactive; and (4) how to establish and maintain appropriate interpersonal boundaries.

We are excited to detail our outcomes with conference participants related to the relational permanency children have received after participating in this program. This presentation will provided encouraging data related to children being discharged and remaining in permanent family homes. Statistically significant changes in standardized outcome measures, dramatic reductions in critical incidents, reductions in the use of psychotropic medications, and consumer feedback related to increased happiness and well-being. We look forward to sharing our story with you.

Objectives:

- 1.
- 2.
- 3.

Session Title: A New Model for Delinquency

Presenter(s): George Davis

Description: Delinquency and criminality are usually analyzed through the particular lens of whichever discipline is considering them at the time. To the sociologist delinquency is a manifestation of deviant socialization, to the psychologist it generally seen as simply a problem of conduct and reinforcement, and to the politician it is a policing and governance issue. However, ongoing research establishes early childhood adversity as not just one but actually the primary causative contributor to delinquency. Considering early childhood maltreatment as the single most substantive contributor to its foundation, delinquency can now be seen as a developmental and neurological problem that is much more similar to a debilitating learning disability or even a head injury than to learned behavior that is dependent upon rewards and consequences. This view immediately raises the question of whether delinquency is a static neurological deficit or a developmental course that might be changed with specific applied interventions. And if so, what would these interventions look like? To the extent this debate has even been seriously addressed there is evidence on both sides. What is not debatable is that the present correctional solutions are generally useless if not harmful to the prognosis of the disorder. If even a partial answer is to be found for what is essentially a developmental deficit of impulse, attachment and regulation, the Neurosequential Model is uniquely suited to contribute to the design and implementation of such an intervention. NMT relies foremost on interventions that are appropriate to the developmental level of the individual, that concentrate on fundamental regulatory processes, and that are conducted in a relational context. All of these NMT principles are specifically and logically suited for an application to delinquency. This presentation would discuss the NMT modalities that are most adaptable to the treatment of delinquency, obstacles to the large scale application of these therapies in a juvenile justice system, and lessons learned from previous sustained efforts toward these ends. Some observations about outcome and effectiveness can be made from these efforts, although this has proved to be a difficult area in which to apply strict research methodology.

Objectives:

1. Participants will be able to describe the developmental and neurological foundations of delinquency
2. Participants will be able to define the target symptoms for treating delinquency above and beyond its behavioral manifestations.
3. Participants will be able to match the therapeutic aims of NMT to the basic target symptoms of delinquency

Session Title: Connecting the dots together: Narrative mapping as a youth-centric tool for applied research, policy and practice

Presenter(s): Gina Samuels
Bryan Samuels

Description: Story telling is a universal and relational method for creating, interpreting, and transferring knowledge within cultural groups across the globe. It is a method that centers the meaning making systems of cultural insiders. Stories are used to build connection and shared understanding, to facilitate critical decision-making and to foster healing within a person, a community or a society. In science and in our theories of practice, we tend to draw upon implicit and explicit systems of meaning that are anchored in dominant cultural ways of knowing. The explicit collection of stories as narrative data from voices that are marginalized, tends to be further marginalized as antidotal and subjective, or conversely, considered untouchable artifacts that must “speak for themselves” against the dominant narrative. In both cases, this can limit and compartmentalize our collective insights when we seek to use stories as data to inform policy and practice. This workshop will explore the design of a narrative interactive tool that sought to engage youth who are insiders to homelessness. The purpose of the project was to create data and findings that were both youth-centric and policy relevant. We will share and discuss the design of the narrative tool and protocol. As a group, we will explore tensions, both expected and unexpected, between narrative flexibility that centers individual perspectives and voice, and the need to systematically collect and conceptually interpret data to inform policy and practice. We will share visualizations that used this data to illuminate how trauma histories manifest within “youth logics” of engagement, and trajectories of housing instability that identify hidden and missed opportunities for intervention across multiple systems of influence (e.g., familial, individual, organizational/institutional, and societal). We discuss and explore the implications of this collaborative approach to knowledge development not only for engaged research methods, but also the use of this tool within policy and practice.

Objectives:

1. Discuss tensions in producing knowledge that is both youth-centric and policy/practice relevant
2. Introduce narrative tool and the interview protocol
3. Explore limitations and advantages that occurred while in the field

Session Title: Using Rapid-Cycle Evaluation and Iteration to Assess and Improve Your Intervention

Presenter(s): Alisha Pollastri
Stuart Ablon

Description: Collaborative Problem Solving (CPS) is an approach that is increasingly paired with the Neurosequential Model. Studies indicate that the average impacts of using these approaches are favorable. However, to continue to develop and improve these approaches, we will need to continue to answer questions such as how they work, for whom they work best, and in what contexts they work best. Since CPS is applicable across various treatment, justice, and educational settings and across a variety of populations, results of any one large clinical trial may or may not generalize to all settings, populations, or individuals. Thus, like any widely applicable evidence-based approach, when we implement CPS in any organization, we need to continually assess the process and impact of the approach and adjust implementation to maximize outcomes.

In this workshop, I will briefly describe the Collaborative Problem Solving approach, and then explain how, in the Think:Kids program at Massachusetts General Hospital, we use the IDEAS Impact Framework™ to continually improve the approach and its implementation in any new setting. This Framework was developed by Harvard's Center on the Developing Child, and in contrast with a Randomized Controlled Trial Framework that focuses on average effects of an intervention, is designed to answer the more nuanced questions of "how," "for whom," and "in what context" an intervention works, and to support rapid-cycle iteration.

Audience members will be led through the process of applying this Framework and its key steps (Innovate, Develop, Evaluate, Adapt, Scale) to any intervention with which they are familiar. Thus, while Collaborative Problem Solving will be used as an illustrative example, participants do not need advance knowledge of the CPS approach to gain a better understanding of how to use rapid-cycle evaluation and iteration to meet their own organizational goals.

Objectives:

1. Learn how the IDEAS Impact Framework™ guides program development, implementation, evaluation, and fast-cycle iteration.
2. Understand how clear definition of their intervention's targets and intended outcomes will aid them in developing manageable evaluation projects at any skill level and on any budget.
3. Decide whether, and how, rapid-cycle intervention and iteration could be used in their own organization to maximize outcomes and meet organizational goals

Session Title: Trauma-Informed Practice for High School Success: Learning Collaborative

Presenter(s): Sandy Taylor-Tran
Margaret Casey

Description: This session will provide an overview of The Trauma-Informed Practice for High School Success Learning Collaborative initiated by the Calgary Board of Education (CBE) to help schools more effectively meet the needs of students impacted by toxic stress. The TIP-LC is open to 25 CBE high schools and provides a flexible practice framework to support staff to more effectively manage the range of complex mental health needs that can result from developmental trauma and can lead to poorer academic outcomes and challenging learning environments.

A variety of learning opportunities and resources, including the following, are offered: 1) learning sessions for members of in-house Trauma Informed Practice (TIP) teams facilitated by CBE staff as well as external faculty with cross-sector expertise; 2) assessments for schools tailored to identify readiness for implementation; assist administrative teams discussions, reflect on and plan for TIP implementation; allow staff to identify their own understanding and practices related to TIP; 3) touch-point coaching and onsite training; 4) a growing set of on-line tools and resources; 5) developmental evaluation.

The TIP-LC provides schools with different options for level of engagement and honours where schools are on the Trauma-Informed Practice continuum: pre trauma-aware, trauma-aware, trauma-sensitive and trauma-informed. There is an emphasis on co-development responsiveness to stakeholder input. The complex array of implementation challenges will be discussed in this session.

Objectives:

1. Participants will have a general understanding of implementation of trauma-informed practice in a large school system
2. Participants will be introduced to the idea of using a Learning Collaborative as a method to introduce trauma-informed practice to multiple schools with minimal system resources
3. Participants will share in 'lessons learned' as documented in the Developmental Evaluation of the first year of the initiative and have the opportunity to participate in discussion in order to apply to their own contexts

Session Title: Dogs in Schools - Nurturing Positive Change

Presenter(s): Josh MacNeill
Kathy Van Horn

Description: Animals in your setting can bring about positive change by providing healing interventions for all levels of the brain. This workshop will demonstrate the impact of facility dogs working in various school programs. You will have the opportunity to meet Boomerang, Cobalt, Mint, Abigail and Garnet through video and see their amazing impact for yourselves on the students with whom they work.

Stories and testimonies will be shared that will outline the changes seen in school atmosphere, the lives of individual students, student to staff relationships, peer relationships and the classroom and counseling environment. These dogs have been credited with increasing attendance, decreasing outbursts, improving staff morale, increasing school enjoyment, calming dysregulated students, increasing time on task in the class, being a bridge of relationship for those with attachment issues, helping students to face and discuss painful issues and improving counseling outcomes. As we work our way up the brain through the "regulate, relate and reason" process we have found that these dogs help with each step along the way.

The difference between facility dogs, service dogs and therapy dogs will be examined as well as the difference between animal assisted activities and animal assisted therapy. Ideas and resources for setting up your own program will be discussed along with pitfalls to avoid.

Lastly a list of the various ways dogs can be used in the classroom, school and counseling office will be given. This list will be discussed and delineated according to which interventions are most effective in reaching the various levels of the brain.

Objectives:

1. Attendees will understand the difference between a therapy dog, a facility dog and a service dog
2. Attendees will recognize the difference between animal assisted activities and animal assisted interventions.
3. Attendees will have an understanding of interventions with dogs that can be used to address individual needs for all levels of brain development

Session Title: Art in the Trauma-Sensitive Classroom

Presenter(s): Shelina Knight
Maria Malouf

Description: There is an opportunity and a need to translate current research into practical interventions for educators. In this breakout session, participants will explore the myriad ways that art enables youth to engage with the sensory, regulatory and cognitive regions of their brains within the context of trusting relationships. There will also be an opportunity to uncover art's potential to enable youth who, otherwise struggle with traditional literacies, an alternative means to demonstrate their learning. A fun, hands-on art activity will allow participants to experience an art project as a student would. Participants will be invited to consider the design of the activity and discuss the opportunities and limitations of bringing art into their setting. Participants will leave with a toolkit of practical strategies that may be used in any classroom as well as a guide to creating small to large-scale art program in their unique settings

Objectives:

1. Explore how engagement with art supports brain development
2. Broaden the definition of "art" to include a multitude of entry points
3. Generate discussion about the limitations and potential for implementing art in a trauma-sensitive classroom

Session Title: Incorporating Experiential Play Therapy Concepts in NME

Presenter(s): Nathan Swaringen

Description: Adopting a "trauma-informed" approach to education is a growing phenomenon amongst schools nationwide. Despite decades of validating research, the concepts of neuroscience and trauma & child development are only recently grabbing the attention of public awareness and beginning the demand of policy reformation. An effective method of providing children with neurosequential healing in an education setting is through the use of an Experiential Play Therapy approach. Experiential Play Therapy is inherently bottom-up, adhering to NME's "regulate, relate, reason" sequence of engagement. The child engages in somatosensory regulating activities and interacts and builds a relationship with the adult at his or her own pace, organically, during the process of playing out their developmental needs for nurturing and protection and revealing experiences of psychological pain & stress through associations and symbolic themes with toys and play materials (Schwartzenger, 2004). Play becomes a child's natural form of communication. Toys are their words and play is their language (Landreth, 1991).

Objectives:

1. Learn neurosequential approaches to make initial contact, form safe and empowering relationships, and engage children and adolescents with complex trauma histories in a school setting.
2. Learn Experiential Play Therapy approaches that apply neurosequential healing methods and integrate somatosensory interventions in order to strengthen adult/staff-child relationships, facilitate trauma resolution, enhance self-regulation competency, advance development and support resilience for children and adolescents with complex trauma histories
3. Learn and practice Experiential Play Therapy interventions to address the treatment care needs for children and adolescents in school setting with histories of complex trauma.

Session Title: Pioneering the implementation of NMT in adult psychiatric services, specialised in treatment refractory patients, non suicidal self injury and (chronic) suicidality.

Presenter(s): Tony Bloemendaal

Description: Treatment non response, non suicidal self injury and chronic suicidality are three major reasons to seeking specialised psychiatric care. This patient group often puts a strain on the health care systems around them and nursing and treatment staff find these patients difficult to treat.

We will describe this patient group through a neurosequential lens. Then we will discuss which new paths to treatment this lens offers us.

We will also talk about the influence of the nursing and treatment staffs own history on the interaction with this patient group and investigate the difference a trauma informed staff makes in this interaction.

The Neurosequential Model helps involve the staff in the process of working with more authenticity and individualism with this complicated patient group. That is a major challenge, for many reasons, within the (Dutch) health care system, whether it be for adults, adolescents or children.

Objectives:

1. To share knowledge and experience on implementing NMT in adult psychiatric services
2. To share ideas on implementing trauma informed teamwork and which beneficial effects this may have on the quality of treatment and decreasing the burden of aggression on the staff and patients.
3. To discuss how to overcome resistance in treatment staff and help them see this as a way forward.

Session Title: Qualitative data outcomes from two years' experience of implementing and utilizing the NMT in an outpatient setting in the Netherlands.

Presenter(s): Roland Verdouw
Marijtje Koolschijn

Description: In the summer of 2016, TeamNEXT started using the Neurosequential Model of Therapeutics within an outpatient setting in the Netherlands. Since NMT is mostly used in clinical settings there is not much known about how NMT works in an outpatient setting. After two years' experience of implementation and utilizing NMT TeamNEXT will gather qualitative data from parents and therapists where NMT was used to guide treatment planning. Parents usually got advice which kind of therapy best suited the developmental stage of their (referred) child. A questionnaire will be used to collect information on if and/or how the given advice has helped parents and the child in improving their treatment outcomes and developmental demands. Also a few families will be interviewed about how they experienced the NMT consultation and if and/or how it has influenced their family life. The results will be presented together with our own experiences using NMT in an outpatient setting where we will focus on the advantages but also the disadvantages utilizing the NMT recommendations in this challenging setting. Together with the participants we will discuss how to interpret these outcomes and what can be done to optimize the NMT recommendations in an outpatient setting compared to a day treatment or clinical setting.

Objectives:

1. Presenting outcomes (qualitative data) using NMT in an outpatient setting
2. To share essential experiences with implementing the NMT in an outpatient setting
3. Discussing the role of NMT in outpatient setting and how to optimize recommendations in this challenging setting.

Session Title: Action Potential: Can NMT support advocacy for children and young people with disability in the Child protection system?

Presenter(s): Sarah Waters

Description: Children and young people with disability in out of home care are among the most vulnerable and disadvantaged groups in society. When leaving care, many struggle to access support and are at risk of poor outcomes in relation to homelessness, poor physical and mental health, exploitation and involvement with the criminal justice system. There is no consistent approach to assessment of disability across agencies providing OoHC and support services to children and young people with a disability in Australia or internationally. Australia is in the process of implementing the National Disability Insurance Scheme (NDIS) which emphasises the functional impairment associated with disability rather than the diagnosis itself in its assessment of eligibility for a wide range of disability support services. This offers a window of opportunity to explore new ways to identify and better meet the needs of children/young people with disability in the child protection system, residing in out of home care. There is scope for trauma specific services to assist agencies to develop their understanding of each child/young person in out of home care in a way that is responsive to their needs in relation to both trauma and disability. The Child Trauma Academy's Neurosequential Model of Therapeutics (NMT) supports the process of organising the child/young person's history and assessing their current functioning to assist others to understand the impact of both trauma and disability. In this way, services can be supported to develop effective intervention plan that includes engaging with disability services to access the supports the children and young people. The time is right for a conversation about NMT's potential to assist us to hold in mind both trauma and disability and for a coordinated approach to advocacy for clients with disability.

Objectives:

1. Highlight the prevalence of children and young people with disability living in Out of Home Care with disability and involvement with child protective services.
2. Identify the marginalisation, disadvantage and particular vulnerability experienced by this cohort.
3. Discuss the role of trauma specific services in assisting services to understand and appropriately advocate for these children and young people

Session Title: "Don't Move Your Feet!"

Presenter(s): Kurt Wulfekuhler
Linda Zimmerman

Description: Last summer at Sandhill Child Development Center in Los Lunas, New Mexico, a week-long intervention with accomplished natural horseman Kris Kokal, and a traumatized and subsequently "unrideable" horse named Rio became a defining week in the treatment of one of our young adolescents with his own trauma history. This student was strategically selected to be Kris' "apprentice," and learned much about himself as well as Rio in the process.

Horse trainer Kris Kokal was previously featured in the documentary movie "Wild Horse, Wild Ride," in which he took on the "Extreme Mustang Makeover" challenge of training a wild mustang in 100 days, culminating in an exceptional show ring performance. What made the performance so remarkable is that unlike the other competitors, Kris fully blindfolded his horse prior to riding the pattern, and the blinded mustang never hesitated to follow Kris' every direction. In this way, Kris was able to demonstrate how his very kind and respectful training techniques can build trust in even the wildest and most traumatized animal.

In this workshop, we will describe what transpired between Kris and Rio during training, using videotapes of the sessions to illustrate the work. Several key metaphors (including "Don't move your feet!") emerged from this week, summarizing some key principles for working with what we have come to call "maladaptive control strategies." These include strategies such as oppositional defiant behavior as well behavior expressing a lot of emotional drama. We have come to believe that for some students, working with these maladaptive control strategies is an integral part of a neuroregulatory treatment approach informed by NMT. Having described the key elements of Kris Kokal's successful approach to working with a traumatized horse, we will then follow the ongoing treatment of this young man, including how the use of this metaphor and continued interventions with Kris Kokal played out in the student's treatment at Sandhill. Finally, we will summarize our understanding of how metaphors such as "Don't move your feet!" inform and enhance our neuroregulatory treatment approach.

Objectives:

1. Learn about the use of an equine assisted intervention in the treatment of a young adolescent boy with a trauma history
2. Learn more about what we mean by "maladaptive control strategies" within the context of a neuroregulatory treatment approach.
3. Learn about the importance of "Don't move your feet!" when working with these strategies.

Session Title:

Presenter(s):

Description:

Objectives:

- 1.
- 2.
- 3.