East Bay Agency for Children

east bay agency for children

Healing Trauma through Support and Care: Trauma Awareness Group (TAG)

innovation

This project was funded by the Innovation Grants Program through the Prop 63 Mental Health Services Act

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Our Story

East Bay Agency for Children (EBAC) has been on an amazing journey as an INN grantee. African American youth experience a high rate of environmental trauma that is impossible for them to avoid. Supporting youth to understand how the physiological response to trauma relates to African American historical and present oppression assists in developing a shared understanding of their trauma related experiences.

The importance of providers' cultural responsiveness and awareness is crucial. Though physiological responses of trauma may be similar in people across cultures, the expression of trauma of African Americans differ, due to historical and social influences. By focusing not on the youth's behavior but on their experiences and how they impact behavior, a less pathologized, less judgmental approach takes shape, and an alliance between the TAG Facilitators and the youth is built based on an intention to understand. This alliance opens the door to healing.

We are thankful to our amazing team who created the curriculum. They include: Jill Reed, MFT Intern, EBAC Probation Mental Health (PMH) Program Director; James E. Thompson, PMH Clinical Case Manager; Anh T. Ta, MFT Intern PMH; Claudia L. Vierra Allen, EBAC Associate Director of Development and Curriculum Developer; Sally Waltz, EBAC Development Specialist-Grantwriter; Kristin Wagner, EBAC Director of School and Community Services; Marvin Lamar Gooch and Eboni Gross, Peer Mentors from Dewey Academy; and Matthew Reddam, MS, LMFT, Trauma and Curriculum Development Consultant.

We are proud of the work we have done and appreciate the opportunity to blend trauma theory and cultural awareness to create a trauma-informed treatment group for African American youth.

Sincerely,
Josh Leonard, Executive Director
Jill Reed, Program Director, Probation Mental Health
Claudia L. Vierra Allen, Associate Director of Development

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Healing Trauma through Support and Care: Trauma Awareness Group (TAG)

Group Treatment for African American Youth with Complex Trauma

Provider Training Curriculum

Created by
East Bay Agency for Children

October 2013

For
Innovation Grants Round Two- Learning Question #3
Alameda County Behavioral Health Care Services

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LEARNING QUESTION #3

"How might the practice-based evidence, evidence based practices and community-defined strategies of trauma-informed care for African American BHCS clients/consumers and families address the African American community's historical trauma and trauma related to social issues, like stigma, discrimination, violence and poverty?"

BHCS Desired Outcome

An age-based Provider Training Curriculum designed to increase BHCS capacity and expertise on trauma-informed care for BHCS African American clients/consumers and families.

Course Title

Healing Trauma through Support and Care:
Trauma Awareness Group (TAG)
Group Treatment for African American Youth with Complex Trauma
A Provider Training Curriculum

Total Length of Time

The Course is made up of 38 hours of TAG Facilitators' training:

1) Curriculum Training: 12 hours – Two 6 hour sessions
2) Training while leading the TAG group with a trained facilitator: 12- 1.5 hour sessions
3) Consultation with the TAG facilitator: 1 hour per week for 8 weeks while doing the group

Learning Objectives

1. Learn practice-based evidence, evidence based practices and community-defined strategies of trauma-informed care for BHCS African American clients/consumers and their families.
2. Learn how to address the African American community's historical trauma and trauma related to social issues, like stigma, discrimination, violence and poverty for BHCS African American clients/consumers and families.

Relate to Objectives

All sections of this curriculum relate to both Learning Objectives.

Methodology

All sections of this curriculum utilize a group format, discussions and lectures.
The CANS assessment is also used for each participant.

Other Learning Tools

Charts, exercises and other handouts were developed and are included in the curriculum.

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Introduction

The Healing Trauma through Support and Care: Trauma Awareness Group (TAG) is an age-based provider training curriculum designed to increase Alameda County Behavioral Health Care Services' (BHCS) capacity and expertise on trauma-informed care for BHCS' African American clients/consumers and families. TAG was developed to teach facilitators (providers) to deliver a school-based culturally relevant, innovative, six week trauma treatment group for under-served African American youth ages 14-18 with a history of complex trauma and involvement in the juvenile justice system and to increase the schools' administration, staff and teachers' capacity to understand trauma's impact on the brain. The curriculum was piloted using this demographic and designed with this population in mind. So far, the TAG curriculum has been successfully implemented in three Oakland continuation high schools with this population and with Latino/a students, and is being implemented in the Newark Unified School District where the participants are African American and Latino/a high school students.

The curriculum was created and field tested by East Bay Agency for Children (EBAC) over an eighteen month period, through a grant from the BHCS's Innovations Fund, with a team of professionals including: EBAC Probation Mental Health staff; EBAC Development staff; EBAC Senior Team Members; Peer Mentors from Rudsdale Continuation High School and Dewey Academy; and a Trauma and Curriculum Development Consultant. This team will be referred to as the Curriculum Development Team (CDT) throughout this document.

The curriculum includes a Facilitators' Manual, Session by Session Guide, Glossary, Resources and Reading List. Terms included in the Glossary are indicated with an asterisk (*). Much of what has been included in the curriculum is the result of work done with underserved African American youth in Alameda County combined with theory and research paradigms. It is important to note that the Facilitators' Manual along with the Session by Session Guide are meant to provide a foundational structure and conceptualization of TAG. It is *highly* recommended that facilitators be trained in the curriculum by a trained TAG Facilitator before implementation to gain further insight, techniques, intervention rationale, and guidelines to effectively intervene in a culturally sensitive and trauma-informed manner.

TAG was designed to be facilitated by Master's level, licensed practitioners. It is also designed to be co-led, due to the need for the facilitators to focus on multiple aspects of the group members' experience during the group. One facilitator "leads" the discussion and the other facilitator tracks and intervenes when needed. It is *highly* recommended that one of the facilitators be African American in order to reinforce a sense of community, safety, ownership, and to help to dispel the mistrust of authority.

TAG facilitators work closely with Principals, Vice Principals, administrative staff and teachers. TAG brings a trauma lens to the work of educators. We also know that learning is impacted by trauma and both clinicians and educators are attempting to change the brain. In order to influence the developing brain, we need to increase our understanding of brain development. Our work to increase the capacity of educators to begin to understand trauma's impact on the brain has the potential for wide-spread impact on not only reduction of trauma symptoms in African American students, but also more targeted learning approaches informed by neuroscience. Once implemented fully, the TAG Model has the capacity to not only increase educators' ability to screen for trauma and link African American students

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to care but also to support a clinician's ability to provide early intervention trauma treatment to schools consistent with a Response to Intervention (RtI) (a method of academic intervention used to provide early, systematic assistance to children who are having difficulty learning) in the schools (Tier 1/Universal care (trauma sensitive schools), Tier 2-Targeted Care (Trauma groups), Tier 3/Intensive (individual, group, family and case management—trauma "wraparound" care).

The general impact of TAG is to increase the quality of BHCS' partnerships with schools and to help schools create "sanctuary cultures" where all African American students, regardless of whether they have reported trauma or not, are educated in classrooms which follow principles of trauma-informed care. Educators have come to understand that many behaviors they see in the classroom are related to student's inability to modulate affect, however, many educators feel unequipped to address resulting behaviors which impede learning and are increasingly looking to behavioral health providers to pull students out of class to address these issues. Trauma-informed care and TAG work together to create trauma sensitive classrooms and reduce the overall need to pull students out to manage behavior and to offer trauma-specific social emotional learning (TAG) to reinforce student awareness and increase core skills of affect identification and modulation which impede learning.

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East Bay Agency for Children

Founded in 1952 by local parents, EBAC has grown from one program serving 18 children into an agency benefitting 20,000 children, youth, and their families in Alameda and Contra Costa Counties annually through 13 programs. EBAC's multilingual and multi-cultural staff collectively speaks 21 languages and serves children and families who are predominantly at-risk, low-income, communities of color, newly immigrated, refugees and migrants, with 95% within HUD "Very Low Income" guidelines. The majority of individuals served has experienced or are currently experiencing complex trauma. EBAC is the largest provider of EPSDT-funded school-based mental health services in Alameda County, currently serving 40 schools, and has developed culturally competent clinical, administrative, and quality control systems commensurate with this position.

EBAC staff is trained in specific trauma interventions and participates in a Trauma-Informed Care National Learning Community. EBAC as an agency continues to work with our community partners to be on the forefront of developing trauma-informed practices within school settings. With the success of our TAG curriculum, we are positioned to adapt and expand the curriculum to profoundly impact elementary, middle and high schools throughout Alameda County. Implementation of TAG will help EBAC further its goals of: 1) Providing high quality, trauma-informed services; 2) Serving as a regional leader in our school partnerships as we address the rising community violence, impact of trauma on student learning, and ongoing exposures to trauma seen in student populations; and 3) Translating recent developments in neuroscience and brain research into practice. Working together with the County of Alameda, EBAC is viewed as a champion of trauma-informed care. Implementing a culturally responsive trauma specific model such as TAG to our agency's capacity adds a critical component to our menu of evidence based, trauma-informed models of care and practice which can effectively serve Alameda County's richly diverse population and set of needs.

Probation Mental Health Program

EBAC's Probation Mental Health (PMH) Program coordinated the creation of this curriculum. PMH assists through intensive Case Management and Mental Health Services youth in Alameda County, with a focus on Oakland and Newark who are 12- 21 years old, on probation, coming out of placement, at-risk of entering the juvenile justice system or are assigned to a court-mandated diversion program. Seventy percent of PMH participants are African American and 20% are Latino/a. The majority of the teens they serve in Oakland live in areas where 90% of the city's shootings and homicides occur and which include the top ten neighborhoods with the highest incident of arrests for youth under eighteen. Eight neighborhoods have the highest chronic truants and suspensions for incidents of violence and seven are among the top ten for incidents of violent crimes that include gang violence. In addition, these neighborhoods have high rates of unemployment, school dropout, commercial sexual exploitation of youth and adults, and drug trafficking. As a result, these youth suffer from complex trauma due to witnessing violence in their communities, experiencing interpersonal violence, socioeconomic difficulties leading to neglect, and addictions leading to abuse, neglect and often attachment difficulties. The youth and their families struggle to obtain basic resources such as stable housing, and benefit from support in negotiating the institutions and systems with which they interact. All youth served by PMH are in great need of assistance so that they can avoid future involvement in the criminal justice system and become thriving and contributing members of the community.

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PMH's program design is informed by the evidence-based Philadelphia Youth Violence Reduction Model of a multi-agency effort that involves various youth serving organizations and criminal justice agencies partnering to reduce violence. PMH's intensive case management program design aids in providing youth on probation with "increased supervision" through agency collaboration. The Office of Juvenile Justice and Delinquency Prevention also inform PMH's strategies on the importance of preventing truancy through academic support and family support.

Matthew Reddam, MS, LMFT

Matthew Reddam served as Trauma Consultant and Curriculum Development Consultant for this project. His leadership and expertise was crucial to its success. Mr. Reddam has extensive training in methods of treating children with complex trauma including: Trauma Focused-Cognitive Behavioral Therapy, Eye Movement Desensitization and Reprocessing, and the most comprehensive framework for treating and understanding complex trauma: Attachment, Self-Regulation, and Competency (ARC): A Framework for Treating Traumatic Stress in Children and Adolescents (ARC). He is currently in private practice in Chico, California.

Mr. Reddam's experience includes:

- Clinical Supervisor Sutter, Yuba Mental Health: Utilized the ARC model to develop a program designed to keep foster children who had been in multiple placements stable in foster care. Mr. Reddam used the ARC as a framework for intervention and worked with Probation, Child Protective Services (CPS), schools, and mental health professionals in a team approach with each child. He consulted with Probation regarding some of their most difficult children, assisting officers and administrators in trauma-informed planning and decision making.
- Consultant with Sutter and Yuba Counties on their Mental Health Services Act Prevention, Education and Intervention (PEI) grant. Mr. Reddam provided a trauma training series to Yuba City and Marysville School District counseling staff, administration, principals and vice principals on topics that included: Introduction to Complex Trauma, Strategies for CPS and Probation, Strategies for Therapists working with complex trauma, and Strategies for school personnel working with children with complex trauma.
- Provides trainings in his surrounding counties in Northern California, and currently consulting with Butte County Office of Education to create trauma-informed Emotionally Disturbed classes.
- Provided an agency-wide training for EBAC on complex trauma.

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Alameda County Behavioral Health Care Services

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Khara Scott Bey, MFT Intern
Kimberly Whitaker Holmes, MFT Intern

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TAG Facilitators' Manual

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Trauma, racism, and the lack of culturally relevant treatment

Trauma can be defined in many different ways, but most sources indicate that it describes in some way an individual's reaction to an overwhelming, often terrifying event or series of events that impacts not only the individual's psychology, but physiology as well. There has been a breadth of research on the effects of war trauma on individuals and society. This has expanded in the last 30 years to include examining acute traumas like rape, assault, natural disasters, terrorism, etc. and their effect on the health and psychology of the individual. Within the last 15 years trauma research began to examine the effects of long-term exposure to trauma on children, and how this exposure can impact their development and overall well-being. It is this last area of research that the CDT has used to inform the creation and implementation of TAG. In addition to this area of trauma research the CDT also integrated the unique role that racism and historical subjugation plays in the formation of the trauma response in an individual or group of African American youth. It was both disheartening and startling to realize the lack of empirical research available on the correlation between racism and trauma. ***This curriculum is intended to blend trauma theory and cultural awareness to create a trauma-informed, culturally relevant treatment group for African American youth.***

The CDT believes that African Americans, especially in urban inner cities, experience a higher level of environmental trauma that is not specific to other ethnic/racial populations. This we believe is due in part to this country's long history of racism and oppression that has been passed down through generations and continues today. The CDT considers the impact of societal racism that exists within this culture and, more specifically, in urban inner city environments to be another form of trauma that is impossible for African American youth to avoid and that clinicians must take into account when working with this population. It is crucial that providers implementing this curriculum have a thorough understanding of racism and its impact on African American youth. This is important not only to understand the youth, but also to enable the facilitators to express that understanding and demonstrate the flexibility needed to help clients understand their own internal process.

The specific traumas experienced by the African American community have created cultural obstacles in the mental health treatment of African Americans. This is outlined in a report to the Surgeon General titled, "Mental Health Care for African Americans" which summarizes the role of racism and oppression and its effect on the mental health and acquisition of mental health services in the African American community. The issues of societal racism and mistrust built upon generations of discrimination, persecution, and historical subjugation have created a community weary and suspicious of "Western" or "European" based mental health treatment. Many African American communities utilize instead Afro-centric spirituality, African Centered Psychology and/or alternative methods of healing to meet their mental well-being needs.

Further evidence can be found in an article commissioned by the California Endowment to inform their Building Healthy Communities Initiative entitled, "Healing the Hurt: Trauma Informed Approaches to the Health of Boys and Young Men of Color". The authors note that African American and Latino young men are disproportionately affected by various forms of trauma and adversity including violence, poverty, incarceration, lack of access to health care, marginalization and low social status. Additionally, African American males:

- Disproportionately experience violence
- Are 5 times more likely to be incarcerated than Whites
- Have high incidence of chronic disease

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- Have highest unemployment rate

The CDT developed and utilized specific tools/strategies of trauma-informed care for African American youth to address the African-American community's historical trauma and trauma related to social issues throughout our curriculum. They have proved invaluable in the success of this curriculum. Some of them include:

1. Utilization of African American words and validation of the African American youth's truths
2. Expansion of the range of feelings that African American youth could express
3. Creation of trust
4. Creation of ownership of the group (lack of ownership/legacy)
5. Increased awareness of the language of violence and the normalcy of it
6. Storytelling
7. Giving voice to what is usually unspoken, i.e. race, violence, oppression (like roots of a tree not seen but is what gives life)
8. Acknowledgement of movement in the youth's ability to process information (normalize movement)
9. Use of grounding exercises ("mindfulness", meditation)
10. Creation of safety through knowledge (false alarm system)
11. Valuing of the youth's actual life experience
12. Acknowledgment of sleep deprivation/stress and its impact
13. Giving explanations (knowledge) to replace silence
14. Humanization
15. Sensory Integration
16. Creating a culture of seeking out Mental Health services (vs. something that is done to them)
17. Restructuring the system/school to understand the trauma of African American youth and giving the school tools to support youth
18. Training of facilitators, school staff and administration to understand and recognize the signs of trauma in African American youth and utilize tools to support the youth
19. Utilization of apps and texting, acknowledging the importance of them to youth
20. Giving voice to taboo subjects
21. Acknowledgement that the vast majority of Mental Health professionals in Alameda County are not African American and developing a curriculum manual that incorporates this reality into the context and information presented

Through this curriculum, the CDT has identified four elements, stemming from the impact of historical trauma, specific to urban inner city African American youth that need to be addressed in a culturally effective model of trauma intervention for this community. These elements include the impact of: historical subjugation, mistrust of authority figures, a heightened sense of perpetual danger, and racism. Interventions used during TAG are meant to target one or more of these elements, while at the same time addressing symptom clusters specific to complex trauma*.

The experiences of urban inner city youth are that of increased confrontation with figures of authority. The confrontations between the youth and their mothers, fathers, teachers, and law enforcement have made it difficult for the Multiply Traumatized Youth (MTY) to trust any person with power, including

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the TAG co-facilitators, thus leading to the element of mistrust for authority. Many of the youth are racially profiled such as being followed through shopping centers and questioned regularly for standing near the bus stop. These experiences of racism, mistrust, and subjugation have impacted the African American community to the extent that trusting authority or any person with power is difficult.

Given the conditions that urban inner city African American youth experience they constantly have a heightened sense of danger similar to soldiers in war. This heightened sense of danger may be attributed to increased rates of crime, violence, gang involvement and presence of law enforcement. The MTY learn to remain hyper-vigilant in their surroundings in order to maintain a heightened level of response for purposes of safety and self-preservation.

In order to address the elements and impact of historical and present day racism and environmental trauma on African American youth while treating complex trauma, the CDT felt it was important to have the youth begin to be aware of the depth with which their body and self has been affected and to learn how these may yield the same physiological responses as other types of trauma. Having the youth understand how the physiological response to trauma relates to African American historical and present oppression assists in developing a shared understanding of their trauma related experiences. This is necessary to foster a collective identity in order to normalize their experiences and responses and to de-stigmatize the MTY's experiences. Normalizing behavior and experience will assist in building the initial trust in the process of creating a healing relationship. Here, the CDT would like to emphasize the importance of cultural responsiveness and awareness because though physiological responses of trauma may be similar in people across cultures, the expression of trauma responses of African American youth differ due to historical and social influences, imprinting and conditioning.

Also due to differences in the expression of trauma, the CDT believes it is important to make the groups gender specific. The groups should be divided into groups of female and male preferred gender identity. Because transparency is key to building trust and safety*, youth who identify as transgendered will be invited to the group of their preference. Through field-testing, the CDT has seen evidence that the group worked as effectively for transgender youth as long as they were placed in the group of their preferred gender identity as their expression of trauma may be similar to the rest of the group. The primary impetus for gender specific groups was the suspected high rates of sexual trauma in the community where the group was piloted. The CDT wanted to be sure the group was as emotionally and physically safe as possible, to get a clear sense of how the group curriculum, isolated from other variables, was impacting participants.

Additionally, when we introduce a concept or set of terms in the curriculum, we encourage TAG members to develop their own language to describe the concepts and terms. We believe that within the culture of African American youth there are preexisting terms that represent the same concepts which the adult system is either not aware of, or does not seek to understand. We also encourage the MTY to share their story of cultural experiences and trauma utilizing the language developed in group. This approach will lead to greater internalization and generalization of the concepts while promoting ownership of the group and decreasing experiences of oppression and authority. Through promoting ownership and decreasing authority and oppression, the CDT believes that the group will reinforce a sense of safety. With all four elements being addressed, in combination with culturally sensitive approaches and facilitative techniques, it is believed that the members of TAG will experience a fuller healing process in treating trauma. As this section only outlines the framework and cultural conceptualization of the TAG Model, more specific culturally sensitive approaches and facilitative

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techniques will continue to be introduced throughout this manual.[1]

Complex trauma

It is imperative for clinicians who work with MTY to possess an understanding of the degree to which adverse early childhood events affect the lives of the youth served in order to effectively intervene. In the TAG Model, the facilitators must have a relatively deep understanding of the biology and theory of trauma. This is important not only to understand the youth, but also to enable the facilitators to express that understanding and demonstrate the flexibility needed to help clients understand their own internal process. Included in this manual is a review of concepts important in understanding complex trauma as well as brief discussions on the key phases of treatment for complex trauma. Included also is a session by session guide to important concepts; a glossary of terms and their explanations; and a reading list that can assist clinicians in developing a more cohesive understanding of complex trauma and its effects. In many respects research into the impact and treatment of trauma is in its infancy and many clinicians are not exposed to the research or literature unless self-driven to do so. We encourage even seasoned clinicians to review the readings before implementing this group treatment.

One of the foundations of TAG is the biological theory of trauma, more specifically the concept of complex trauma. Although not yet a formal Diagnostic Statistical Manual diagnosis, complex trauma is recognized in peer reviewed literature as "Developmental Trauma Disorder", "Disorder of Extreme Stress Not Otherwise Specified", and "Complex Post Traumatic Stress Disorder (PTSD)". Complex trauma can be defined as early and chronic exposure to traumatic stress and the effects of that on the individual throughout their lifespan. Emotional abuse, an impaired caregiver, sexual abuse, physical abuse, witnessing domestic violence, community violence, environmental stressors, and neglect can all lead to complex trauma reactions. Often times the trauma occurs within the caregiving system at the hands of those responsible for providing safety to the child.

Allen Schore, Bruce Perry, Bessel Van der Kolk, Peter Levine, and others have proposed the theory that chronic exposure to traumatic stress early and often within the caregiving system leads to alterations in the organization and functioning of the brain. This alteration leads to a host of difficulties including diminished sense of self, disorganized attachments, difficulty with self-regulation, poor social skills, difficulty connecting to others, diminished sense of competency and mastery, and difficulty with body awareness and regulation of one's own behavior. In addition, many young clients may meet criteria for PTSD and suffer from symptomology such as numbing, avoidance, and intrusive thoughts. Many studies, including the Adverse Childhood Experiences study (sponsored by the Centers for Disease Control), have linked exposure to chronic traumatic stress with increased adverse health effects, such as an increase in immune disorders, high blood pressure, at risk sexual behavior, depression, anxiety, gang involvement, and early death, with a higher correlation being evident for individuals with a

[1] Although the target population is African American youth, the curriculum was also designed to be flexible enough to be adaptable for use with any youth of color group that has a history of complex trauma. It is important to note here that the CDT believes that the biological and psychological impact of trauma is not culture specific, but the environmental stressors that cause that trauma can be. Given this, we postulate that the overall traumatic experience is internally the same for all groups. A group facilitator for another target population has the flexibility to change aspects of the group, such as triggers, to be more applicable to the population being served.

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history of two or more adverse childhood events. This study, which continues to be replicated today, gave credence to the notion that multiple exposures to trauma lead to physiological changes in the individual exposed.

In a landmark paper by Bruce Perry and Ronnie Pollard (1998), the authors outline how the brain of an infant is organized in a use-dependent and state-dependent manner, where the more a set of neurons is used, the more likely that pathway will be used in response to certain stimuli. If, for example, an infant is exposed to interpersonal violence at this stage of development, then the part of the brain responsible for fear and protection will be activated. If this activation occurs repeatedly, this area of the brain becomes highly active, resulting in a sometimes constant feeling of fear and arousal. The state of fear can then become a trait in the child, where interactions with caregivers, adults, or any stimuli associated with danger can be activated at any time, even when there is no danger. If conversely the state of a child is safety, arousal, and soothing, the resulting trait may be more normative. This research and set of ideas has paved the way for a new understanding of why African American teens who come from a history of complex trauma exhibit certain behaviors as they develop.

During threat, the human body has a method of protection that it shares in common with most animals. This protection system, which we know as the limbic-brain stem-neo cortex relationship, evolved to allow animals to react to threat immediately and automatically. First there is a perceived threat which activates a response in the alarm system in the brain. That system then activates the brainstem which instructs the muscles and body to act. The message is routed up to the frontal lobes* (thinking brain) which assess whether there is a real threat or if it can tell the alarm to shut off and the brain stem to calm down. However, what if a threat occurs before the thinking part of the brain has developed? How does the alarm system of an infant or toddler get turned off? These questions highlight the difference between traumas for fully developed brains, versus the infant or child brain. In the case of an infant or a child, the parent or caregiver turns off the alarm. This is achieved through external regulation*.

For example, during their first surprise “boo” or loud noise a child may run to a caregiver in response to the sound. That caregiver may hold the child, rock the child, use a soothing voice, or somehow show that there is no reason to be afraid. At this age the child’s right brain is acutely attuned to the non-verbal processes of the parent; this is how the language of attachment and attunement is born. This regulated, nurturing parent shuts off the active alarm of the child and provides future information about loud noises or pop-up surprises. At the same time, messages about the value of the child and the safety of the world are all implicitly given in these types of interactions. If conversely the parent runs around, screams, hides or ignores the child, loud noises or pop-up surprises now have the potential to be a traumatic experience for the child partly because their alarm never gets turned off and they now believe there is a real and salient threat. What if the parent, caregiver, or community is the surprise or loud noise- the threat? For many African American inner city youth this analogy is not far fetched.

If a child grows up in an environment where there is constant stress and fear, the areas of the brain responsible for survival will become “overused”. The area most impacted by abuse/neglect/exposure to traumatic stress is the limbic system* (in cases of in utero exposure injury may be to the brain stem). This area is key to survival and tells the body to fight, flight, or freeze. Most often in infancy and early childhood the only possible response to threat is to freeze, given the inability to take direct action (fight) or to escape (flight). Possible reactions include hiding, shutting down, frozen watchfulness, and/or a rigid and fixed body posture. If the stress occurs repeatedly, the body begins to respond to even neutral things in the environment by freezing, avoiding, or withdrawing. This is observed not only

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in the presence of threat, but in response to neutral stimuli such as an adult, limit setting, tone of voice, gender, any sensory signal such as taste, touch, smell, etc. The list can go on and on. This reaction is due to the brain not only categorizing the direct threat (i.e., two people yelling and hitting, gunshots, sexual abuse), but also their height, gender, time of day, temperature, what happened immediately before, etc. All of these neutral stimuli become paired with threat and can yield the same protective response in the brain (fight, flight, or freeze) if they occur again and again.

In response to chronic threat the youth develops strategies designed to keep themselves safe from danger and in the hypoaroused (freeze) or hyperaroused (fight/flight) state. Such strategies may include hiding when two people are yelling; avoiding being home when alcoholic father is there; not believing anything anyone says; fighting to avoid limits and consequences; not seeking soothing from others; using drugs and alcohol to regulate/soothe; gang involvement; and taking control of others because love means perpetration. These are all examples, but they are also very common in the lives of many African American youth with whom we work. Their bodies have been forced into protection from a young age, and that protection will occur whether the threat is real or perceived, and often occurs automatically and without the awareness of the individual.

As the child matures they develop adaptive responses* to trauma. Many of these adaptive responses are what we see and are often within the school system called "difficult behaviors" in African American youth. If a child must repeatedly hide and run from a caregiver, as they develop they will hide or run from any perceived threat (bad grade, yelling, limits, failure, etc.). If they begin to feel threatened in class, for example, they may simply leave the classroom. If the original response to trauma was to freeze at the hands of a sexual abuser, many children will dissociate in the face of praise, limits or touch. When those aspects of life are present, which they are in many ways, the child shuts down initially and may explode if the perceived threat remains. Here the adaptive response may be to avoid school, touch and praise. Another salient example can be seen in the gang involvement of some youth. The system often sees gang involvement as a need for the youth to rebel and engage in illegal and often aggressive acts towards other youth and the community. The reality is often much more complicated. In speaking with African American youth many describe the gang as a source of protection, a source of safety not only from a dangerous community environment, but from what is occurring at home. It is not accidental that youth who grow up in a home with traumatic stress are likely to seek protection outside of the home. This fact can not only lead to gang involvement, but also to early sexual experimentation, sexual abuse, and further trauma. Although these are maladaptive responses in many ways, at some point they were adaptive to the body and the brain of the youth.

What then of the experience of an African American youth who may be contending not only with threat within the home, but also threat or perceived threat in society? From an early age African American children are taught that in this society they must be aware; aware of how they speak, how they act, and how they appear. This has often times been passed down through generations whose adaptive response to racism was initially to survive. As culture shifted, the need to survive in a real sense shifted as well, but the cultural expectations did not. African American youth may have to contend not only with trauma in the home and in their community, but with their status as an African American young person in this country, which carries with it a tremendous amount of threat. Take for example the youth who is standing outside his home innocently and is frisked by the police, the youth who enters a supermarket in an affluent area and feels he is being watched continuously, or the youth who has multiple family members incarcerated. These are not typically realities for White youth, but many African American youth live with these realities on a daily basis.

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Treatment

Research into and development of treatment paradigms designed to treat complex trauma in children is certainly in its infancy. Although there is no consensus among trauma researchers and practitioners on how best to treat individuals, especially children, who have a history of multiple traumas, there are a number of studies, articles, and books that highlight a core set of elements that are included in most models that relate to the treatment of trauma (please see Reading List). There are two specific treatment frameworks that we utilized in developing our curriculum because they deal directly with the treatment of children and teens. One is Attachment, Self-Regulation, & Competency (ARC) developed by Margaret Blaustein, PhD and Kristine Kinniburgh, MS. The other is Briere & Lanktree's Integrative Treatment for Complex Trauma-Adolescent (ITCT-A) Version. Both of these treatments are frameworks and do not have a step by step guide. Both utilize the biological model of trauma and rely heavily on self-regulation, attachment, psycho-education and cognitive strategies. ITCT-A includes a section on titrated exposure, while the ARC manual does not. The efficacy of these frameworks is promising and research has suggested that they can reduce PTSD symptomology, decrease high risk behavior, and increase self-regulation.

In addition to the two above frameworks the CDT used to create the curriculum, there are several other paradigms that have shown to be effective in treating elements of PTSD and are important to note here:

Somatic Experiencing (SE): Developed by Peter Levine, PhD, SE is a process designed to help individuals heal by using their body's own natural process of healing. Levine observed that in the wild, prey animals rarely exhibit signs of trauma, yet they are under constant threat. This is due to the prey animals ability to "shake off" and "discharge energy" after a threat event occurs, something traumatized people are rarely able to do. Although SE is primarily used with adults, it has been modified for children through the use of physical games and play, and has been used around the world to treat youth survivors of various forms of trauma. In addition Levine has written several books that are designed to help parents and caregivers understand better the nature of trauma. Dr. Levine is seen as a pioneer in the link between talk therapy treatments and a body-based understanding of trauma.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): Widely researched, this cognitive behavioral model seeks to deal with the distressing thoughts and emotions that plague survivors of trauma. Shown to be effective for single event trauma, TF-CBT training is offered for free online. Limitations of this paradigm for youth with complex trauma are its short duration and its lack of focus on attachment.

Sensorimotor Psychotherapy (SP): Pat Ogden, PhD developed this sensory based approach to treating the effects of trauma which focuses on body responses. SP integrates "verbal techniques with body-centered interventions to treat issues of trauma, attachment, and self-regulation" (SP website).

The aforementioned treatments are just a sample of the work performed to address complex trauma in individuals and are by no means the only interventions. Practitioners are encouraged to seek out conferences and trainings available on treatment paradigms to find those that suit their work most comfortably. In some form, each of these was used to inform the creation of the curriculum.

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Antithesis to Anger Management

In the creation of TAG the CDT examined group therapy paradigms already being used with this population. It was found that the majority of the African American teens had been part of anger management groups, often mandated by the court in response to being involved with the juvenile justice system. Although anger management groups have been shown to be effective in short term behavioral change, it is believed that they simply address one small element of the traumatic experience. In addition, the African American culture, especially young men, are often viewed by the majority as being "angry" and we did not feel that creating a group with a hyper-focus on anger was beneficial for these youth. Instead we wanted to look at why youth may engage in "angry" behaviors, not just simply expect them to cease engaging in those behaviors. More importantly we wanted the youth to understand why they were in some cases angry, withdrawn, depressed, and anxious.

TAG is one of the few group models designed to treat complex trauma in children and youth that intentionally attempts to integrate the cultural context/history of trauma. The awareness and integration of cultural context/history in the facilitator's working knowledge of treatment is paramount in building a therapeutic relationship in the group as it promotes safety, trust, and understanding. Through the facilitator process and content presentation, TAG gives youth an understanding of the biological impacts of trauma and how their ethnicity/race plays a role. By focusing not on the African American youth's behavior but their experiences and how they may impact behavior, a less pathologized, less judgmental approach took shape. The goal is to create an alliance between the facilitators and the youth based on an intention to understand. Seeking to understand not only each other, but assisting the youth in understanding themselves, their body reactions, and how the ways in which they protect themselves have both saved their lives and may at times also threaten it. By not focusing on the pathology of behaviors and not judging the behaviors, this alliance leads to the youth being willing to listen and understand.

The CDT envisioned a group that built on itself from week to week, with the first weeks providing the foundation for the concepts and ideas presented in later weeks. We begin with a basic introduction to trauma and conclude with feeling identification and self-regulation. In developing the rationale and focus of the manualized treatment, the CDT came to a set of integral aspects of treatment that touch on several key elements of treating complex trauma in African American youth. This facilitator's manual utilizes techniques and strategies from a variety of sources such as somatic techniques, Cognitive Behavioral Therapy, object relations, and psychoeducation.

The purpose of TAG is to increase awareness and knowledge through an experiential approach, with special attention to how group members' ethnicity/race is a factor in the trauma experience. The CDT did not set out to design a "behavior change" group. Although some behavior change may be a product of the group, it was not the primary impetus in the creation of the group. We believe that before a youth can begin to change their "behavior" they must first have an understanding of what is occurring in their body, and to understand how their body reacts to the environment around them. By doing this we are allowing their bodies to have an experience that has not been had before, and are shifting the focus from compliance and authority in the group to the experience of safety. In a skill based group, the skills being taught are just discussed verbally. In TAG we give the youth the experience of the skills and in doing this the youth may experience a sense of calm, regulation, and safety. Experience and repetition are the foundations of brain change and, we believe, the catalysts for healing. The TAG Model can be seen as a first step in trauma treatment specifically for African American youth with a history of

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complex trauma.

The two goals of the TAG Model include: 1) After the completion of the 12 sessions, participants will gain a greater understanding of their internal world and of trauma as a whole, and have a less pathologized and more holistic understanding of themselves and of trauma; and 2) After completion of the 12 sessions, participants will obtain the tangible skills of: trigger identification*; awareness of safety; and tools for self-regulation. Goals will be achieved through the following objectives:

1. **Awareness:** a) Increase awareness among participants of the feeling of trauma, the different types of trauma, the language of trauma, and the experience of trauma in all its forms; b) Increase awareness of how the youth's ethnicity/race leaves them vulnerable to environmental traumas from birth; c) Increase understanding among youth that their behavior is related to their life experiences; and d) Increase ability to identify the feeling of trauma within their own body.

2. **Skills:** a) Increase participant's "feeling vocabulary"; b) Enhance participant's understanding of their own trauma history; c) Develop participant's ability to identify when they are "frozen" or when their energy is "up"; d) Develop participant's awareness of their own triggers and their ability to know when they are triggered; e) Increase participant's knowledge of the brain's "alarm system", including false alarms; f) Develop participant's understanding of how their ethnicity/race leaves them vulnerable to trauma; g) Enhance participant's knowledge of how they regulate themselves now; and h) Provide participants self-regulation tools for when they are triggered.

3. **Experience:** a) Provide the participants with the experience of self-regulation, attunement*, being understood, orienting* to their surroundings, and a non-pathologized sense of self (TAG is partly an experiential group); and b) Through the facilitators' interaction with individual members of the group and the group as a whole, participants will gain the physical feeling of safety and self-regulation. (These interactions can include shifting a youth from a frozen state to a state of movement, requesting that a youth move from a state of high arousal to lower arousal, or having members of the group engage in any self-regulation, orienting, or grounding* activity.)

In the ARC framework, developers Blaustein and Kinniburgh discuss the need to reintroduce the "art" into therapy. By this they mean moving away from a strict set of interventions that clinicians often try to "apply" to youth without an understanding of the appropriateness, timing, or efficacy of the intervention. It also involves the clinician using his or her own style of therapy to work with youth who often need flexibility and creativity as part of their treatment. The CDT additionally believes that this "art" needs to be paired with the brain research that has been developed within the past 10 years as well as a deeper knowledge base. We do not think it is an all or nothing theoretical perspective, but rather an integration of different aspects of treatment which have been shown to be effective with African American youth. In the TAG treatment, the clinician will need to be flexible with their interventions, and willing at times to put aside the "content" of the group to facilitate the "process" of what is occurring for the members, or member, of the group. Self-regulation and grounding activities are built into the structure of the group. Examples of when and how to incorporate these activities will be discussed in later sections of the Manual.

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Clinical Interventions in TAG

The following section will include important interventions and concepts in implementing an effective TAG for African American youth. While many of the interventions and concepts are universal to facilitating effective groups overall, facilitators will have to be particularly responsive towards culturally specific issues and experiences for the group to succeed due to racism and historical mistrust of authority in the African American community. Much of the success of TAG will be determined by how well the facilitators can incorporate and adapt cultural awareness and nuances into clinical intervention. In order to effectively address the four elements of African American trauma mentioned at the beginning of this manual, the facilitators must practice being "culturally open". Being culturally open challenges the facilitators to disregard the facilitators' roles as the experts of the MTY's trauma, and invites the facilitators to willingly learn from the MTY who are the experts of their own cultural experiences and trauma. Being culturally open leads to a more comprehensive cultural awareness; and because awareness changes perception and action, cultural awareness leads to being more culturally responsive. In responding to the MTY in an open and humble manner, while encouraging the MTY to share their story of cultural experiences and trauma, the facilitators naturally will challenge and address the elements of mistrust, subjugation, feelings of perpetual danger, and racism.

Because awareness is a conscious effort, it is important for the facilitators to continuously reference back to the African American MTY's cultural experiences and traumas to assist the MTY in understanding how their experiences affect their trauma responses physiologically and emotionally. It is also important to reinforce that the groups should be co-facilitated in order for at least one facilitator to track the group process and maintain on-going open awareness of MTY trauma reactions while the other facilitator maintains the content of the session.

A. Necessity of the relationship

Much of the focus of research and studies of efficacy with regards to treating complex trauma focus on aspects such as level of exposure to traumatic material, developing support systems and safety, self-regulation, distress tolerance, etc. However, the importance of the relationship in working with traumatized individuals is often only briefly mentioned, or assumed to be a given. This Manual places a high degree of focus on the necessity of a therapeutic relationship with the African American MTY, not as a given, but as a must for the building of further skills and awareness. The necessity of the relationship appears to be even more important for MTY in socially marginalized environments that have experienced high degrees of racism or social injustice (Briere et al., 2012). The development of this relationship is seen as a primary focus of the TAG facilitators and is always a goal in their mind as they work with the MTY. Although a focus on the relationship of the group facilitators and the members relies heavily on non-quantifiable aspects, we believe there are certain core skills with regards to relationship building from which the facilitator can work. These are also skills that we hope to increase in members of the group. They include:

1) **Safety** - Providing a non-judgmental, culturally open, emotionally safe environment where the facilitator meets the MTY "where they are at". In doing so, it decreases the level of relational activation and separates the facilitators from the system as a whole, which can often be seen by the African American youth as an "other". Meeting the youth "where they are at" is not simply an idea, but a way to approach MTY and will be

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further expanded upon in this Manual.

2) **Understanding the culture of teens** - Facilitators approach the African American MTY as a culture in and of themselves, with their own social norms, language, and rituals that are not to be changed or judged, but accepted as part of the whole of the youth 's developing self. It is believed that by showing interest and curiosity in this "culture", the facilitator can understand and *utilize* the very language MTY use to communicate feeling states, thoughts, and experience.
3) **Attunement** - Blaustein and Kinniburgh show in their ARC framework that attunement is an important piece of attachment* work with MTY, and often allows for the development of other skills such as self-regulation. Although it may not always be possible to create a secure attachment in 12 sessions, we believe attunement is a large part of attachment and is how people learn to connect effectively with others. The development of attunement to the body states and trauma process of clients is also of high importance if one is working from a somatic perspective (Ogden, Minton, Pain & Siegel, 2006). From this approach attunement is seen as learning the language of the MTY with respect to both verbal, non-verbal, affect, and need responses, and attending to that language by assisting the youth in grounding, self-regulating, or identifying their affect. As noted by Schore (2002), youth who experience early neglect or chronic trauma often do not receive proper attunement, which leads to the lack of adequate development of the self-regulatory system. In this case, attunement serves the purpose of increasing understanding, further developing the relationship, and laying the groundwork for a possible increase in the ability to regulate effectively.
4) **Humor -** The use of humor in therapy is not a quantifiable measure and in some ways appears to rely more on the facilitator's comfort level and their own unique skills, but can none-the-less be a very powerful tool in the development of trust and safety. Humor can and should be used to connect with the youth, and at times to solidify an understanding of certain concepts.
5) **Curiosity -** Often times service providers are viewed as not understanding the reality of the lives of African American MTY. One way to increase the facilitator's knowledge about African American youth culture in a non-judgmental manner is to ask questions and to show curiosity in the experience of the youth. Showing curiosity is a standard therapeutic technique that we believe can be achieved with a group who share certain commonalities; in this case age, trauma exposure, community violence, and societal racism. By not imposing a "Top Down" pre-existing knowledge of how life is for the MTY, the facilitator takes an **intentional** role of curiosity, even if he/she has come from a similar environment. The act of curiosity is in and of itself the intervention, designed to increase a sense of safety and control within the therapeutic setting.

B. Meeting the youth "where they are at"

When running any group for adolescents the level of engagement is always a concern. Often youth enter groups under some coercion either by parents, schools, or the court. This means that their willingness and "buy-in" may be limited at times. There are essentially two ways to approach this reality. First and perhaps most common is that group facilitators build in consequences for not participating in the group, such as notifying a Probation Officer, parent, or the court. This is also done by shaming the youth for lack of participation during the group - "Well clearly James doesn't care

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enough about his future to participate" (real life example) – which is typically how clinicians approach at risk youth in general: with fear, with power, and with the need for compliance. Needless to say this is not an effective set of interventions for ANY youth, let alone traumatized youth. We must remember that for many African American youth, adults have repeatedly been the source of pain and disappointment, and that for them to believe that any adult, and particularly a non-African American adult therapist, knows what is best for them is a huge risk.

The second option is for the facilitator to meet the youth where they are in their process. This involves the clinician realizing that because youth are highly traumatized, they will not want to be in the group and they will not trust you initially. Facilitators must also accept that it is their job to earn that trust and provide a place in which African American youth can participate when and if their body feels safe enough. That is not to say that through the facilitators' developing relationship with the group and the youth that they should not test the "therapeutic window"* of each youth. The goal is for the facilitators to avoid personalizing or becoming anxious or judgmental when they still do not engage. *The rationale for this approach is simple. We believe that most of the time the youth's behavior is not born from non-compliance, but rather a dissociative freeze response.* This can occur for several reasons. First, the youth may be triggered by one another, by the number of people in the room, by the thought that they have to share personal information, that they are vulnerable, that there is a rival gang member in the room, that the information discussed will not be confidential, etc. Any number of things can trigger a traumatized youth and yield a response of simply shutting down. Meeting the youth where she/he is at decreases the likelihood that the threat response will continue and therefore can provide "counter conditioning" of the threat response.

C. Safety

In terms of the curriculum one can consider the concept of safety as being both a broad concept and one that applies to different aspects of the group itself. In this section, we explore safety within the TAG setting.

Safety is a concept that has an interesting application to African American MTY. One can think of the idea of safety as being in a physical state of regulation, wherein the limbic system is not active, the body is not orienting itself to danger, and the associated central nervous center reactions like elevated heart rate, muscle tension, and shallow breathing are not present.

For example, you may feel safe in a BART station, at a line at the movies, or other environments that we have no association of danger. We can assume that an individual who was in a BART incident or mugged in line at the movies would feel more of the limbic response in those settings. This is a reasonable deduction given their association with those triggers. Even though neither environment is, in and of itself, dangerous, they still can yield a reaction in the body that leads to the individual feeling "unsafe". These triggers are in response to identifiable, single event traumas (an incident, a violent crime, etc.).

MTY often have triggers that are much less direct than the previous examples. The youth may still feel this "unsafe" feeling in the aforementioned settings even if they never have been in a BART incident, or mugged. The MTY can be triggered by the presence of a crowd, strangers, adults gathered, or adults alone; the possible triggers can be endless. Because of this, the importance of addressing the idea of

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safety at the outset of the curriculum is important. This is done implicitly, such as the setting of the room, tone of voice, group expectations, etc., and can be done explicitly by the group facilitator normalizing lack of initial trust, watchfulness, and caution around new people. Safety can additionally be achieved by developing a clear set of group norms and rules.

This discussion of safety can also set the stage for distinguishing TAG from other groups. Here we make the direct assumption that the African American youth's body will not feel safe, and that is a normal thing given the events they may have experienced in their lives. The concept of safety can be explored within the group by asking questions such as "How does safety feel?", "How do you know you are feeling safe?", "Are lack of safety and being scared the same thing?", and "Can your body not feel safe, and you not feel scared?"

When addressing the concept of safety, it is important to promote more group and self awareness by openly introducing and discussing cultural experiences of mistrust and the role that authority plays in feelings of danger. There is no formula for doing this and it relies on the cultural awareness of the facilitator.

D. Psychoeducation

Psychoeducation is an important aspect of the curriculum and is the first step in the development of a common trauma language. We place this at the outset of the curriculum because we believe it lays the foundation for allowing African American MTY to begin to understand the responses of their brain and body. This is a central aspect of most frameworks for treatment of complex trauma. By using psychoeducation a clinician takes a non-pathologizing approach to client-therapist interaction. We feel this is central to gaining trust and to begin to pave the way for the youth to understand that they are not "crazy" or "bad" but rather their body and brains are responding to the environment in the way anyone's would if given similar circumstances. It is armed with this knowledge that we believe youth can have the opportunity to choose to take control of their brain and body again.

Psychoeducation provides the basis for a common language that will be used within the group. This language will describe the necessity of the limbic system in the brain and the concepts of an internal alarm, false alarms, triggers, the thinking brain, the acting brain, freezing, shutting down, etc. Through the process of Feeling Identification*, the group members may place other names on the concepts, but to begin, this will be the common language.

Psychoeducation is reliant on the group facilitator having a **strong** grasp on the biology of trauma, and the impact of racism without this it becomes difficult to convey the concepts in an easily understandable framework. This point holds true, we believe, for much if not all of the curriculum. The level of the facilitator's understanding of the process of trauma and impact of racism is an integral aspect of being able to work effectively with African American MTY. Handouts and videos may also be utilized as tools to highlight central ideas or themes, or to assist youth in solidifying concepts taught/discussed. It is critical at all times to relate concepts back to the experience of the youth whenever possible.

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E. Relational Processing

Many of the triggers and "memories" to which an African American adolescent who has suffered interpersonal trauma are in fact relational in nature and not specific to a singular event. These memories arise not out of an explicit memory of an event, but as a series of cognitive, emotional, and somatic reactions to current interpersonal relationships that are based on past relational traumas. This can be seen in a traumatized adolescent's expectation of others' failure to protect them, the assumption of being judged, threatened, or abused, and the overall experience that interpersonal relationships are unsafe at some level. Cook et al (2005) discuss a core domain of intervention for highly traumatized adolescents as "Relational Engagement," whereby the focus of treatment is on working to repair and develop interpersonal attachments and developing the ability to tolerate interpersonal intimacy. Lanktree and Briere (2011) take the concept a step further by viewing "relational processing" as an intervention that utilizes 5 different processes, with the goal of decreasing the adolescent's adverse reactions to interpersonal triggers, and increasing the therapeutic relationship. These processes and how they may relate to TAG Model are:

1) Exposure: The act of attending a group led by an adult, with the perceived expectation of intimacy, is in and of itself exposure. Youth are triggered by the process of therapy and the assumptions of threat that arise out of an early interpersonal trauma. This is an unavoidable aspect of work with youth who have experienced interpersonal trauma.
2) Activation: During therapy, in this case the group, the group member experiences emotions and thoughts that occurred at the time of the original trauma(s).
3) Disparity: This is the idea that the group facilitator(s) provide the reality of a safe and supportive environment while the adolescent believes the relational trauma is occurring or is about to occur again. This provides a disparity between a real and a triggered experience.
4) **Counterconditioning:** The triggered response occurs at the same time as the positive emotional experience of group cohesion, acceptance, and connection, reconditioning the original trauma response by the process of repeated exposure.

Many of the youth who will be in a TAG have had interpersonal trauma at a very young age. The result is they may have trauma responses to being part of a group therapy process. Relational processing can occur throughout the group, but may be more necessary when the group members are showing behavioral responses to being triggered (being silly, withdrawn, challenging the facilitator). More simply, by responding to the traumatized adolescent in a supportive and understanding way, and by providing a safe environment, the facilitator is engaging in relational processing. In addition, normalizing the responses/behavior of group members is a form of relational processing and allows for a new experience of how "the system" views them as individuals.

F. Body Awareness

One of the core aspects of TAG is to begin to have group members pay attention to their bodies and the reactions of their bodies to their thoughts and environment. Youth with a history of complex trauma often suffer from difficulty with naturally identifying the signals their bodies are giving them. Often times their hypervigilance has taken precedence over any curiosity they may have had about what feelings they are having in the moment. The CDT believes that by having group members attend, even if in only a small way, to their bodies during the sessions they are practicing a skill that enables self-

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regulation. Keeping this process as simple as possible is important. For example, if a youth seems highly aroused during the group the facilitator may say, “Wow, I can see you have a ton of energy in your body right now; looks like you’re pretty “up”. What does your stomach feel like right now? What do your feet feel like? Can we come up with a name for that?” There are two things occurring here: the facilitator is noticing the client in a non-punitive manner, and they are asking the client to attend to their body in a non-threatening way. Even if the youth ignores the questions, or can't answer, she/he probably was attending to her/his body in some small way in the moment.

Additionally when feelings are discussed in the group, most notably during the “Feeling Identification” session, it may be helpful for the facilitator to discuss the relationship between feelings and the body. This can be done in the moment or as part of a larger group discussion. Each group member may have different places in their body where feelings are held or identified. When a group member talks about a feeling they are having, facilitators can follow up with a question about where they feel that in their body.

In addition to “in the moment” interventions, the group environment should have a number of “sensory items” in the room that facilitate body awareness. The following is a list of body awareness tools and a brief explanation of each:

1. **Body Poster**: A large poster of a body (clothed and African American) that the group members can point to, or refer to when referencing a feeling in their body, or during a check-in or check-out.
2. **Manipulatives**: These are anything a group member can hold in their hands, smell, taste, or sit on. Manipulatives can also facilitate an awareness of a body state or physical feeling. Examples include stress balls, Tangles, hand cream, yoga balls, gel balls, Silly Putty, etc.
3. **Toolbox worksheets**: Each MTY may have a worksheet each session that they can use during activities. On this sheet it may be helpful to have a body that the group member can reference.

G. Working With Dissociation

Dissociation* is defined by the DSM V as “a disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment”. In Blautstein and Kinniburgh's ARC model the authors use the terminology of “shut down” or “frozen” to describe a state of dissociation. This state is well examined and well documented to be a function of protection that is employed by the body in an attempt to avoid or cope with overwhelming feeling or experience. In his “Frontiers In Trauma” conference, Dr. Bessell Van der Kolk (2008) provided evidence of a decrease in functioning of many parts of the brain responsible for engaging the immediate environment during dissociation. This process has been linked not only to individuals who suffer from PTSD, but to those who have had a history of chronic trauma, including neglect and poor parental attachments (Briere & Scott, 2006).

In children, this response may be seen as the behaviors of withdrawal, non-compliance, avoidance, apathy, or disinterest. We believe that often times in response to internal or external environmental stimuli, teens will be unable to engage the environment around them. This is due to the body and mind of the individual believing they are somehow under threat, and that they cannot tolerate the feeling associated with the stimuli in the environment. This often seems to occur without the awareness of the individual and as an automatic central nervous system response. It can also occur during trauma

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processing, and is frequently seen as a sign that the individual is overwhelmed and cannot tolerate processing further (Briere & Scott, 2006).

The CDT believes the facilitators' ability to identify dissociation within group members is paramount and that the way that dissociation is handled is of the utmost importance. During dissociation the areas responsible for consolidation of memory are impaired, thus rendering learning virtually impossible, so the need to address dissociation in the moment is crucial.
As previously noted, this response can be difficult to differentiate from an individual simply not ***wanting*** to engage in the group versus not being ***able*** to engage in the moment. We believe that often hyperarousal and/or dissociation is mistaken for defiance or a lack of wanting to participate. Take for example: A youth is in her second group session, and during much of the first she remained quiet and made little eye contact with those around her. The facilitator and co-facilitator attempted to prompt participation from her on several occasions and noticed little if any response. There are several ways to intervene here. First, the group facilitators can continue to ask the client questions and attempt to prompt a response as the session progresses. Second, they can decide not to prompt her to participate and allow her to choose when, and if, she ever wants to engage. Lastly, one of the leaders can ask the group member to simply switch seats or to engage in some brief physical activity like a thumb war, a push up competition, or just simply to stand up briefly. The latter is the way facilitators are encouraged to intervene with what may be dissociation. They are not pushing too hard, nor are they allowing the youth to become invisible in the group process, they are assuming the youth is somehow triggered and dissociative and are attempting to break that dissociation.

The CDT believes that this latter intervention is experiential in nature and provides the individual an opportunity to become "unfrozen". By having TAG participants move their body differently, if only briefly, the facilitators are enabling the youth's brain to engage in a different set of responses than the automatic freeze response. If the group member is willing to engage in any of those activities, the facilitators can explain what they observed happen in the youth's body or facial expression during the intervention, and then move on with the group. This is a different way of attempting to engage teens with a history of complex trauma. It is important not to coerce the intervention on the individual, but it is also what separates the TAG Model from other group models. ***The facilitator is actively looking for opportunities to give group members a different experience of themselves and their trauma response.*** It is imperative to note here that the group members should be told on the first day that the facilitators will sometimes ask group members to engage in interventions like the one described above, and to even role play what that may look like. It is also important to make these interventions as light and fun as possible which may help teens, who may be very wary of adults, not to feel unsafe or pressured. Included in the activity section of this manual is a list of self-regulation activities that can be used when intervening in dissociative responses.

H. Self-Regulation

The concept of self-regulation* involves the individual's awareness of their own internal state, situations that may have led to that internal state, and the ability to employ strategies designed to change that state. In MTY the different physical states that are the byproduct of trauma are either dissociative in nature, hyper-aroused and, more commonly, elements of both depending on situation and trauma history. The "goal" with respect to self-regulation is specific to the individual and can vary among group members. There may be some members who have the goal of being able to bring

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themselves from a 10 arousal down to an 8; other members may become frozen and the goal is to have them go from a -1 to a 3. The overall objective of self-regulation is to increase the MTY's understanding that they have an internal guide that indicates where they are and how to become aware of those signs and signals. Teaching self-regulation skills is discussed more at length in the Session by Session Guide.

Evaluation and Impact

Referrals to TAG are generated by school staff, parents, youth, and clinician observation. Most school services are coordinated by Coordination of Services Teams and the Site Coordinators usually don't have a clinical background. Most of those referring are neither familiar with nor trained to recognize symptoms of trauma and often just see African American youth as willful, argumentative or defiant, leading to disciplinary referrals rather than mental health referrals. Additionally, youth are referred to these teams for a variety of school related issues, possibly for academic, truancy or medical concerns. Many African American youth who have experienced complex trauma present as being withdrawn, shy or unmotivated for academic work. Similarly, many present with physical complaints such as stomach aches. By integrating trauma screens into the schools, we would be able to intervene earlier with mental health conditions due to complex trauma rather than have these youth referred solely for educational or medical interventions.

Through TAG we would be aiming to institutionalize the use of screenings by the teams and educating those involved about complex trauma, and other possible school services such as restorative justice or special education services. We would also be increasing coordination and improving the matching of the right service for the specific needs of African American youth. Training would also be a beginning step of changing school culture overall.

If students are referred to TAG they would be assessed using a formal CANS assessment, a reliable and valid mental health assessment which includes a module dedicated to screening for exposure to trauma and symptoms related to trauma. TAG utilizes scoring from core domains in the CANS to measure outcomes. Core items or domains include: Complex Trauma Domain which measures both exposures to trauma and identification of trauma responses and changes over time; the Strengths Domain and Risk Behaviors Domain including a school functioning module; and the Life Functioning Domain and Culture Domain. Scoring the Culture Domain may articulate how items such as cultural stress and identity might be impacted through exposure to a culturally responsive service model. The CANS is both an assessment tool and an outcome monitoring tool completed every six months or with greater frequency depending on need. CANS data is used to track specific outcomes of the TAG on symptoms, strengths/resiliencies, and life/school functioning.

The following screens can also be used to inform a formal CANS assessment as needed:

- CROPS/PROPS
- Child Developmental Questionnaire
- UCLA PTSD Screen

Alameda County is poised to implement the CANS 5-17 complex trauma version and EBAC is an early adopter and champion of this tool. By implementing this tool county-wide, Alameda County will at

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long last have the capacity to capture not only county-wide rates of trauma exposures, but also the impact of behavioral health services, including TAG, on participants across many critical domains. The CANS is a prospective and retrospective tool and can also be used as a screening tool to identify appropriate participants, measure baselines for further outcome evaluation, and inform group facilitator awareness of potentially significant impairments of group members at on-set. For example, if group participants who screen into TAG are presenting with high scores on affect dysregulation or substance abuse items, facilitators can adjust group sessions to target these areas for depth of focus. CANS data can also be used at the BHCS system of care level to determine how best to allocate resources to identified needs and to effectively match intensity of care interventions to intensity of needs for African Americans. It is likely that some school campuses present with greater student trauma exposures and adjustment needs which may require more intensive trauma-informed care implementations and greater frequency of TAG offerings. EBAC serves on the Alameda County CANS Steering Committee and is one of five CBO/agencies partnering with BHCS to assist in county-wide CANS implementation in the hope to create a system of care which uses outcomes to inform decision making at all levels of practice and decision making.

TAG also utilizes satisfaction surveys that are given to: 1) the TAG participants regarding their experience in the group; 2) to the providers who receive TAG training; and 3) the school staff who receive TAG training and partner with services.

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Trauma Awareness Group (TAG)
Session by Session Guide

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The importance of the group process sin the TAG Model

In the creation of the TAG Model, a great deal of attention was paid to having a group that was different than a traditional anger management group model. The reason for this was the belief that in order to access the cognitive system that is necessary for decision making, evaluation of situations, social skills, etc., MTY must have relational trust (trust in their own ability and the inherent safety of others), a regulated brain (a central nervous system and limbic system that is not heightened), and an awareness of their own body reactions. In developing the groups there were no illusions that this could be achieved in a 12 session span, so the TAG Model can be viewed as a seed that is being planted. One aspect of planting this seed is being able to read the cues of the group members, framing those cues in way that is consistent with what we know of traumatized youth, speaking to what is being seen (mirroring), and engaging in an activity to either decrease arousal, or break a dissociative state. It is EBAC hope to be able to expand the TAG Model to include a full school year.

On first glance the session by session outline can be seen as being heavy on psychoeducation, activity, and role play. Although this is the case with respect to the ***content*** of the group, there is another perhaps more influential piece of the Model: the ***process*** of the group. Process in the TAG Model can be seen not only in the traditional sense which involves the member to member and member to facilitator patterns, norms, and culture that develops throughout the group, but also as the process of the individual members' own traumatic response being activated and responded to in the moment. The ways in which the facilitators track, notice, and respond to these traumatic responses, and the examination and understanding of how being African American and young adds to both increased trauma and response to that trauma, are what we believe makes the TAG group unique.

Often times the group focus from the standpoint of the facilitators is on encouraging all members to participate. Although ideally this is important, the TAG Model puts more emphasis on framing and intervening for the purpose of getting the MTY in a physical and psychological state where they ***can*** engage. We see the behavior of refusing to speak, sitting apart from the group, being silly, being avoidant, distracting, or challenging the facilitator as ways in which the MTY is trying to protect themselves due to their history of trauma (historical trauma and trauma related to social issues) and an automatic response to a perceived threat. **The goal then is not to have the MTY stop protecting, but rather to increase their understanding that they are protecting themselves and to heighten a sense of safety so their body can stop protecting.**

Tracking

Tracking is the act of observing, assessing, acknowledging, and/or responding (verbally or non-verbally) to the youth's behaviors and experiences. To be able to intervene in a trauma focused way, the facilitator must pay attention to the traumatic cues of the MTY. This emphasis on tracking is why TAG is designed to be led by two facilitators (preferably one being African American) primarily because it is easier to observe and monitor group members. Tracking can be seen as watching individual group member's responses, and looking for opportunities to engage with self-regulation, grounding, or movement. These physical (and sometimes verbal) responses are extremely important in the TAG Model because they give the facilitators information regarding how the MTY is responding, what their level of tolerance is to being in the group, vulnerability, how they function in relation to others, and how they respond to reminders of trauma. Often times these same responses are impediments to their

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learning and social functioning at school and in the community.

Responding to activated youth

There are several ways within the TAG Model to respond to youth activation in the moment. One way is simply to speak to what their body is doing. If they are shut down, the facilitators can speak to how the MTY is sitting, their facial expression, their lack of physical movement, their proximity to others, etc. If the MTY is highly aroused the facilitators can speak to what their body is doing, facial expression, etc. The other way is to intervene with movement. This can be anything from having a group member who is shut down stand up and move, switch seats, or have them push against a wall. A member who is aroused can be asked to engage in a diaphragmatic breathing activity, play the slow motion game, or challenge them to keep their feet on the floor for one minute. The other mode of intervention is grounding. This can be used during either high arousal or being shut down. The member is asked to focus on objects in the immediate environment using one of their five senses.

Some of these techniques require a certain amount of risk on the part of the facilitators. There is no guarantee that the MTY will engage in all or any of the above mentioned interventions. If they do not that is fine alright. Again, the purpose is to engage the youth in a different way and to trust enough in the group process to believe that it is not in the result necessarily, but in the attempt.

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Session structure

The TAG model is designed to be one and a half hours in length, preferably occurring twice a week, for a total of 12 sessions. Although the CDT wanted there to be flexibility in the facilitation of TAG, session structure is seen as an important aspect of the functioning of the group. As outlined below, the self-regulation, orienting, grounding, and affect identification activities should be built into the routine of each session. In the real world, no group runs how it is expected to run, and the example below is a "best case scenario". The grounding to open and close the group, however, should be part of each group session as they allow for a feeling of safety to begin the group, and a feeling of safety to close the group.

As part of promoting safety and feeling safe, the facilitators should take into account how the group environment is set up. Because many of the MTY may have a history of experiences such as high community and gang violence, it is important to set the location of the group in an area where sounds outside of the group such as sirens, arguing, or yelling are not clearly audible as they may trigger the MTY or inhibit the group from ever reaching a level of feeling safe.

Another aspect of the environment to consider would be how to set-up the space for group so that the MTY may freely enter and leave should an individual become triggered. For example, a group setting could be set up in a circle with just enough room between each seat that members can enter the group or leave should they be triggered. It is also important to consider having a room large enough that if a member feels safer sitting on the border or just outside of the group, the member may move freely outside the group should they become activated or enter the group space activated. The CDT recognizes that resources may be difficult to mitigate and some providers may not have a choice in group space or location; the comments noted above are only things to consider when promoting safety.

TAG Session Structure:

1. **Opening Orientation/Grounding:** Any activity that is led by the facilitators that has the members of the group attend to their immediate environment and, if possible, to describe in some way what they see, hear, or feel (tactile). Orienting to the environment involves subtle movements of the body as well, so it is the combination of examining the environment and moving the head, neck, and/or body.
2. **Group Check-in:** Each member of the group describes whether their energy is "up" or "down, "hot" or "frozen". This is done either verbally or using an Energy/Feelings Thermometer or Body Poster. If they use the chart they can simply point to the area of the body they are experiencing a feeling or a number from 1 to 10.
3. **Discussion/Activity:** Each group has a core set of ideas or skills that will be discussed. This is achieved through group discussions that occur each session and through various activities that highlight points or solidify concepts.
4. **Closing Orientation/Grounding**: This should be done each group and involves group members describing their immediate environment, deep breathing, or focusing on a single object in the room. Body movement is less important here, but can also be used. The purpose of grounding is to prepare the members to exit the group feeling safe and leaving any disturbing material or thoughts behind.
5. **Check-out:** Have members briefly describe their feeling state or physical state as a way to close the group. This can also be done by pointing to the poster/number scale.

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Session 1- Introduction to TAG Model

A goal of the first session is to begin to build cohesion among the group members and between the group and the facilitators.

The first session of any group, whether process, skill based, or both, is very important. This is the first opportunity for the group members to engage with the facilitators. It offers the first opportunity to set group rules/guidelines, and begins the process of relationship building among members, facilitators, and the group as a whole. One of the central points of the TAG Model is that the group represents a departure from the typical type of group experience many of the African American youth have had, as it includes a strong cultural awareness component whereby facilitators are actively relating to the traumatic and cultural experiences of the youth. This session is the first chance the facilitators have to introduce the purpose of the group, and to begin to track individual member's responses. TAG facilitators should expect that the group members may not trust the facilitators, and may assume this is a group that will tell them how to be, or what to be. This can evidence itself in a number of ways: challenging the group facilitator; having difficulty containing their bodies; shutting down; and at an unconscious level, assuming there will be some emotional intrusion into their lives. Most certainly there will be some level of mistrust and the belief that the facilitators do not understand them and want to change them in some fundamental way.

This first session is paramount to building safety and trust by being transparent and explicit. This is a reminder to let the MTY know the objective is to help them become aware of their own trauma and to become aware of how it changes their physiological responses and their body. In order to build a relationship with the MTY and increase safety, facilitators must address the elements of racism, mistrust, subjugation, and danger; the facilitator must understand and openly acknowledge the elements. The underlying ambiance is to remain open, transparent, and to let the youth OWN the group. Though the structure and content is suggested, ultimately, the group will facilitate the direction of topics. Following is a reminder about the elements:

1) Subjugation: As a facilitator, keep in the back of your mind that the youth and their families have historically faced some form of subjugation; the forms could come from poor academic access, poor accessibility to resources, lack of resources, lack of ownership, poor health care, racial profiling, or all of the above.

2) Racism: Having an African American co-facilitator will be a key factor in building trust and relationship with the group. If it is not possible to have an African American co-facilitator, the facilitators must acknowledge that they are not the expert and that they are there to learn of the specific struggles African American youth may face. The youth may be used to being racially profiled, so come to group with an open mind and disregard judgment when possible. If you are curious, ask questions without judgment and the youth will feel invited to respond.

3) Danger: The youth are accustomed to danger and may not be prepared for a group setting away from noise or peers. Be transparent and let them know the reason why the group is set differently from their normal environment: to be able to become more aware of what makes them feel unsafe and to know what it feels like to feel safe. Emphasize that the rules are guidelines but that the most important guideline is confidentiality.

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4) Trust: Be transparent. Let the youth know your intentions. Let them know you will ask them to do foolish things or ask them to do something that looks awkward. Let them know that everything will be for a reason and their safety and comfort will not be compromised. Inform them that they have every right to say "no" and refuse to do anything asked. You may just ask them to report where they are on the Energy/Feelings Thermometer. Also, to build trust, prime the group. Every session following the first, it will be important for the facilitators to inform the group of what content will be discussed next group. Also, let the group know that you will not force the youth to share details of their trauma, the details can be discussed privately outside of the group, the group is to focus on what that trauma and the memory of the trauma does to the body.

During the first session it is paramount for the facilitators to introduce the session structure. This can be done by explaining in a general way by defining check-ins, discussions, and activities. It may or may not be necessary to use language like "orienting"; it may be better to simply refer to it as the "opening activity" or "closing activity". Session structure can allow for the building of routines and rituals, which is an important part of helping traumatized youth to feel safe, and this is the first opportunity to establish those routines and rituals. The MTY may be used to a lack of structure or chaos, which are often times associated with survival and spontaneous reaction. Building a structured routine allows the youth to know what to expect and clear feelings of uncertainty. For many MTY, emotional threats are as powerful as physical threats. A lack of a routine or structure can evoke the feeling of being on edge, alert, and/or hyper-vigilant as the MTY will prepare themselves for the worst case scenario, whether it be violence or embarrassment.

Another goal of the initial group(s) is to introduce the purpose of the group. Many traumatized African American youth have had previous group experiences. If they are involved in the Juvenile Justice system or have had behavioral challenges in the past, these groups no doubt were focused on "Anger" and/or "Self Control". The facilitator may want to make clear at this stage that this group is not about anger, although it may be discussed. It is about learning: how the life they have lived affects them now; about discovering that their body and minds are responding to the world in a way that makes a great deal of sense, given all they have been through, even if some of those responses are not the best; and lastly, about understanding those responses and how some are needed, and some are not. For example, many African American youth involved in the Juvenile Justice system have to verbally defend themselves in order to prevent seeming weak on the streets. This survival tactic makes sense and is effective, but it can cause more conflict for the youth when they may be at work or at school speaking with customers or teachers. An objective of the group is to acknowledge the appropriateness of their response in certain situations, become aware of where it stems from, and how to regulate themselves.

The establishing of group rules should also occur during the first session. Group members should be elicited for feedback regarding realistic rules and expectations/guidelines, especially with this teenage population who developmentally need some autonomy over the functioning of the group. For African American youth, autonomy in the group will develop a sense of ownership and dispel the MTY's presumptions about the facilitators and their positions of authority.

Highlighting the fact that many, if not all of the group members, have had "bad things" occur in their lives that were scary, hurtful, or violent is also important. This is an opportunity to allow the members to express their experiences of racism and how it affects the group and the MTY's past experiences. In this way the members can begin to perceive safety and a lack of an agenda on the part of the

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facilitators, and are introduced to the idea that their past experiences will be seen as central to how they currently function. This is where the facilitators can begin a discussion about trauma, what it is, what it means, and the many different types. For the sake of time and to maintain a sense of safety, remember to contain the discussion, as some youth may not be ready to be exposed to specific experiences of trauma on the first session, and sharing a person's specific trauma may trigger other members unintentionally. Remember that it is paramount to establish safety and structure in this first group, so it is okay to interrupt, intervene, and cut-off the youth if they go into detail. Gently remind the youth that they can discuss the details outside of group, but because of time, the group must move on to cover the guidelines/rules. This may also be a great time to show the members how you will intervene. For example, if a facilitator is tracking, stop the youth and verbally acknowledge the differences in speech, body posture, facial expression, and body tension in the activated youth and do a quick grounding or orienting exercise. Then explain to the group how that was an intervention and that what just occurred is similar to how the group will be in the next 11 sessions. This act of showing and explaining is also part of priming the youth for what to expect from TAG and develops routine and safety.

Activity (Types of trauma): As the group discusses the different trauma types the group members are given pieces of paper on which types are listed and numbered (not in order of severity). These sheets of paper remain anonymous and the group members are asked to list the different types of trauma they have experienced. The goal of this activity is to begin to build group rapport and a group alliance by showing that many of the members have had similar trauma experiences. **This activity has the potential to trigger some of the group members. It is important for the facilitators to track the body and verbal responses of the members as they engage in the activity to begin to "learn the language" of individual members and the group as a whole**. One of the misnomers of communication is that youth need to look at you to listen. Some youth may have learned to listen while looking down as opposed to looking at the facilitator as an adaptive response to a traditional southern parent who believes that youth look down when listening to parents to show respect. Or some youth may omit from speaking unless asked a question as they may have experienced getting in trouble for saying too much.

Activity (Ice breakers): A goal of the first group is to begin to build cohesion among the group members and between the group and the facilitators. After the previous activity, it may be beneficial to introduce a more relaxed and less emotionally heavy activity. There are a number of brief ice breakers that can be used to build cohesion that are engaging for teens.

Example Ice Breakers:

1. Have each youth sit for a moment quietly. Ask each member to think of the first musical lyric or line that comes into their head. Ask them to think of what that line means to them, even if it is silly. Go around the room and have the members say the line and what they believe it means. This is a light activity that can help the group work towards cohesion. If the members are daring, they can add a dance move to the line!
2. After explaining the purpose of the group and what trauma is, hand each group member a pencil and a piece of paper. Inform the group to not add their name; then ask the members to write down three traumatic events or experiences. Remind the group that the lists will be anonymous and no one will be identified or judged. After the members complete their lists, have them fold their lists in half and hand them to one of the co-facilitators. As one of the co-facilitators tallies similar traumas on the board in general categories of drugs, death,

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community crime, violence, domestic violence, foster care, criminal justice involvement, and sex, the other co-facilitator tracks the group to observe any changes in posture, facial expression, restlessness, or physical relocation. Once the tallies are up, discuss with the group what they observe. This activity can elicit emotion and different levels of activation, so it is important to contain the group and intervene to avoid further trauma. The purpose of this group is to normalize trauma and build a group identity around being survivors of trauma. This allows the group to develop shared identity, group ownership, and membership and starts the group off with an emphasis on trauma. It also allows the group to share their trauma anonymously without going into detail. This activity and the traumas listed can continue to be referenced throughout the sessions to follow.

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Session 2: Trauma, Energy and Feelings

The goal of the second session is to link the concepts of trauma, energy and feelings.

The concept of trauma will have been covered in the first session as well, and it is important to continue to reference the idea that some of the things the members have experienced continue to have an effect on them today.

It is important to note here Briere & Lanktree's (2011) concept of "relational processing" with teens with repeated traumas (please see Clinical Interventions for a full definition). At times, when teens are faced with the possibility of failure, of looking silly in front of peers, or of not understanding, they may have an immediate trauma response of avoidance. This response can look a number of ways. It may look like poking fun at the concept, engaging in distracting behaviors like talking or being silly, or by shutting down and withdrawing. The facilitators should expect this response to some degree in some or all of the group members. The facilitators should keep in mind the need to respond to the group in a supportive, patient, and curious way. Identifying what you are seeing, naming it, and normalizing it are good ways to "relationally process" the trauma response that is occurring. For example, if a youth is constantly interrupting as the facilitator is talking, verbally acknowledge it, ask if the facilitator can finish their statements, and then point out any difference the facilitator noticed in speech, body language, or facial expression of the youth and verbally label it: "It looks like you are irritated from what I just said because you are cutting me off, speaking loudly, and look angry." This will allow the member to correct you or identify with their feeling. Stating what you see in a prescribing but non-judgmental manner will establish attunement and relationship with the member. Allowing the MTY to respond and/or correct you will create an open relationship without judgment, challenging any mistrust in the facilitator and allowing the MTY to label and take ownership of their feelings and/or behaviors.

The internal response of the facilitators may be anxiety, frustration, freezing, or a need to exert greater "control" over the group process. It is important to maintain non-verbal communication with the co-facilitator and take opportunities to engage in facilitator self-regulation if needed. At this point, the co-facilitator may recognize their partner is being triggered and the co-facilitator may switch roles from tracker to educator. Once the educator, this facilitator can verbally acknowledge what they notice about the other facilitator to continue to build attunement with the members and to also show the members that this is *their* group, and not even the facilitators are exempt from intervention. The educator can then reference the Body Poster or Energy/Feelings Thermometer that is already hanging on the wall, which will be discussed shortly. (Please see Body Poster and Energy/Feelings Thermometer in the Resources section.)

This process will decrease any sense of danger, as the group will begin to understand the group is theirs to own and feel safe, that no one in the group will be subjugated but treated equally, and that the facilitators are there to learn from the group and each other just as the group is there to learn from the facilitators.

Energy and Feelings

Body awareness and attending to their body state is an important skill development for traumatized youth. The goal in TAG is to begin the process of attending to one's internal state. It is not expected that

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the members will be able to integrate this skill quickly. For African American MTY, this may be difficult especially in early group sessions because integrating body awareness may threaten the youth's feeling of safety. Often times when a person becomes aware, the act of becoming aware decreases the person's activation which in turn may increase feeling vulnerable and unsafe. The concept of energy is best practiced during check-ins and check-outs. It is suggested that when first introduced, facilitators provide an example of different types of energy (i.e., high energy, low energy) and link that to the concept of trauma. This concept is then linked to feelings and is an opportunity for the first discussion of feelings.

When introducing energy and giving examples, be conscious of your prejudice/racist assumptions of how African American youth might express being triggered. Much of the media portrays inner city African American youth as rambunctious, loud, obnoxious and confrontational. This may not be the case at all. Many MTY may shut down, look down at the floor, dissociate, put on headphones, or turn their seat sideways. Some youth may even state their internal energy is a 10 but seem quiet and calm because internally they feel like fighting or running, but due to survival skills on the streets they present as "cool" or "indifferent". The reason for this is that on the streets, some youth may increase their risk of danger if they react loudly or rashly, so their adaptive survival tactic would be to withdraw and build internal energy should they need to run.

The identification of feelings is a theme that will run through each session, and should be part of each group session. According to Cook et al. (2005) as well as Kinniburgh et al. (2005), often times the ability to accurately identify feelings in self and others is impaired in individuals with a history of complex trauma. In addition, the ability for an individual to self-regulate is reliant on whether he or she can identify feelings and energy in the body. The ability to "control" oneself can be seen as the process of down regulating (lowering energy) or up regulating (increasing energy). In most people this process is an automatic and natural process that occurs constantly throughout the day. At times this can be in the face of an overwhelming situation, or can be due to the emergence of a feeling (anxiety, stress, anger, sadness, etc.). For example, with the African American MTY who participated in our field testing, it was agreed across two separate male groups that the three feelings they felt were "fucking pissed/turnt out", "aight/good", and "fucked up/not right". In the session when asked to identify feelings, the facilitators utilized the feelings posters, described situations and possible bodily sensations, and asked the members to label that experience, thought or feeling. For example, "What do you call the experience or feeling you have when you just did a group job interview with three other candidates, and the manager goes to you and says, 'you are the best qualified' or 'we like you the most' and 'when can you start?'" The members will then not only have the opportunity to label and take ownership of that experience and feeling, but they will be able to identify a feeling they may not have experienced or been able to verbally identify yet. When working with African American MTY, it is important to use scenarios that they may increase the frequency of experiencing, such as being followed by 'customer service' when shopping, being stopped and questioned by police officers when walking home, or standing on the street near but not at a bus stop. This will introduce opportunities for the youth to become aware of how perceived and actual racism and/or danger affect them and how they express it.

Schore (2002) discusses the impact that infant/early childhood exposure to complex trauma can have on later brain functioning of the right hemisphere, leading to difficulty in self-regulation. In African American teens this often yields a diminished ability to identify and change one's internal state. In turn this leads to many of the behaviors that lead them into the larger system. In an example used before,

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African American youth may have increased confrontation to dispel seeming weak on the street, or they may withdraw to avoid getting shot; either response may actually cause problems with law enforcement as the MTY may become confrontational and uncooperative, or they may withdraw and seem uncooperative and secretive. Both responses can cause suspicion in authority figures, resulting in an arrest or detainment for further questioning and leading to further trauma and feelings of being unsafe, in danger, and mistrustful of authorities.

The CDT believes that discussing feelings/emotions early and often highlights the importance of the concept.

Activity (Body Poster): Introduce in greater detail the Body Poster and how it relates to feelings and energy. Let group members know that they may be asked to use the poster throughout later group sessions. The Body Poster can be used during check-ins, where members enter the room and point to the place in the body that they notice a feeling; during the group session; and during check-outs. The purpose is to build a greater awareness of the concept of feelings being held in the body, and to practice attending to their body state. The poster will be used in later activities and referenced when discussing trauma, feelings, and triggers.

Activity (Feelings Word List): To allow for a more culturally competent, realistic group experience, it is important that facilitators encourage the group members to discuss whether or not they have words they use in their daily life which have a connotation to feelings and energy in the body. Teens often use terms that the adult system passes off as slang, which if understood, can be alternate words for feelings or energy states. Facilitators help members create a Feelings Word List. With each feeling, the group can decide whether it corresponds to low energy in the body or high energy. Those words will stay visible during other sessions and can be used during check-ins, check-outs, or whenever an individual member is discussing feelings in the body. This will also be put in individual member's toolkit binders.

Activity (Energy/Feelings Thermometer): If appropriate introduce Energy/Feelings Thermometer (the activity for the Energy/Feelings Thermometer and how it applies to up/down regulation will be incorporated also in Session 11).

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Session 3: Fight, Flight or Freeze

The goal of the third session, and all subsequent group sessions, is to begin to lay the foundation for helping youth understand the way trauma has affected their body and brain. During this session facilitators introduce the concept of the alarm system in the brain, and have an in-depth discussion about how it works.

Introduction to the Brain

Blaustein & Kinniburgh (2010) describe the process of trauma in the brain and the response of the individual as an "alarm system". The CDT feels this is a simple and developmentally appropriate way to get across a complicated concept. The "alarm system" in the brain is what we know to be the limbic system and is responsible for the protective/survival mechanisms in humans. They describe the process whereby the alarm is activated and the body is given a tremendous amount of energy to react. The alarm tells the body to do one of three things: fight, flight, or freeze (FFF). When a real threat is present it is called a "real alarm". When no threat is present and the individual's brain is responding to a reminder of trauma, it is called a "false alarm". When the alarm goes off, whether it is a real or false alarm, the "thinking brain" (frontal lobes) shut down. Examples in nature highlight well this process reaction and may be used to solidify the concept. Realistically, this is a concept that the facilitators are introducing during this session with the knowledge that it most certainly will need to be revisited throughout the 12 sessions of the group.

A simple yet effective way to introduce how the brain reacts to trauma is to use a two part brain. The front part of the brain is for thinking; the back part of the brain is for reacting. Both parts are affected by trauma in different ways. The back gets really sensitive to things; the front turns off when the back is on. This simplicity will be needed in later sessions. At this point, it is helpful to draw a brain when referencing its parts.

What the facilitator needs to convey here is that these actions are automatic. Providing examples and having members think of times when their body seemed to want to run, to engage/fight, or when they shut down is important. Linking the concept of energy to this process may also be used here. One way is to talk about how these responses happen when people are at the high end or low end of energy.

For Example: Ask the group to remember a time when the members were extremely scared; then ask the members what their reactions were during the situation. After the group describes their responses and reactions, explain that some of the members may have reacted to thinking about the situation even when the situation is not currently happening. Link together that their brains were ready to react because the front part turned off and the back part of the brain activated, which causes their bodies to respond by increasing heart rate, "spacing out", or becoming restless, etc.

When introducing the concept of alarms and the FFF response the facilitators want to keep in mind ***simplicity***. There are an infinite number of ways that the concepts can be introduced. Whether it is based in discussion, activity, art, or role play, the introduction may need to be done in clear developmentally and culturally appropriate language and repeated more than one time.

It is also important to highlight repeatedly the idea that ***when the alarm system in the brain goes on, the thinking brain goes off***. This explains to group members why behavioral responses are so

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automatic. Examples that may evoke a trauma response can occur at this stage of the group. Facilitators should not shy away from using examples that elicit members' own trauma experience.

For Example: "How many people have seen their parents or caregivers fight? How many have seen them hit each other, or a boyfriend or girlfriend? What were you thinking during that? My guess is that part of you wanted to escape (flee) the situation or to make it stop (fight) as quickly as possible, and in fact you may have. This was your alarm system; your body needed all its energy to react, not to think."

FFF responses are often not literally *fighting, fleeing,* or *freezing.* Talking about the different ways that people have a fight response, a flight response, or a freeze response may be helpful to group members in how they relate the process to their own experience.

For Example:

Fight: Yelling, arguing, posturing, aggression, pestering, threatening

Flight: Avoiding a conversation, avoiding questions, avoiding failure, leaving a situation, leaving the classroom, running away, hiding

Freeze: Shutting down, getting quiet, knowing what to say but not being able to say it, losing time, checking out, spacing out, getting suddenly tired, not being able to move

Activity: There are a number of activities that can help group members to understand the concept of the alarm system in their brain. One that the CDT developed was a role play activity where different group members represented different parts of the brain and acted out what they would do in certain situations. Group members suggest different situations, either from their own lives or imagined, and share what the response would be (fight, flight, or freeze). This can also be turned into a game where the members of the group try to guess what reaction the acting members are demonstrating.

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Session 4: The Different Forms of Fight, Flight or Freeze

The goal of this session is to continue to solidify the concept of alarms in the brain and how the body responds to those alarms.

During this session the facilitators need to pay special attention to the varying responses of individuals to reminders of trauma. The co-facilitator in charge of tracking should watch for restlessness, tapping of feet or hands, avoidance of eye contact, changes in posture, or changes in voice tone, speed, or volume. Here again there are many opportunities for facilitators to elicit the group member's trauma experiences and background.

A review of concepts covered in previous sessions such as the front and back brain, energy, flight/fight/freeze, and trauma should occur during this session. TAG relies on a building block approach, where topics covered during previous sessions are directly linked to the current group topic. Given that many of the members of the group will not have been exposed to this information prior to attending the group, they will need repeated exposure to the concepts for them to be internalized.

Linking Trauma to FFF Response

Although this may have been mentioned in earlier groups, this session can provide an opportunity to explore how scary things like sexual abuse, community violence, and witnessing domestic violence can lead to FFF response. Here again the facilitator may try to prompt group members to briefly discuss their own trauma history and explore their body's reactions. Group members may be unwilling to do this at first. This is understandable, and that understanding and the respect for their need to not feel overwhelmed should be mentioned. However, often group members will be better able to integrate the material if it can be paired with examples from their own lives. It is important for the facilitators to be cognizant of the signs that an individual is becoming overwhelmed by certain traumatic material, like sharing their experience, but not to avoid it entirely. Remember that signs may vary and differ according to each individual, so the co-facilitators should watch for any changes in behavior, presentation, or demeanor.

Discussing with the group how age affects an individual's responses may also help members to understand better why they respond to certain situations in the way that they do. For example, if something scary happens to a very young child, the FFF response is limited at times to only flight or freeze, whereas when something scary happens to an adult they have the ability to engage in multiple responses, such as run or put on headphones (flight), argue or assault (fight), or daydream or dissociate (freeze). Different types of trauma can yield a different response as well. Repeated sexual trauma, for example, often leads to a freeze response in individuals, and feelings of being frozen or in a trance are common.

Having group members identify their own personal FFF responses should be encouraged during this session as well. These can be put into their toolkit and revisited at a later time in group, or during individual therapy if that is available to them.

When group members begin to think about and identify the different ways their bodies respond to certain people, events, or thoughts, they are engaging in the process of understanding their trauma, and trauma therapy. Often it is not about the members sharing their deepest, darkest secrets that could be

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too overwhelming, but rather having group members share a bit of their experience and begin to develop a curiosity about their own responses.

Activity (FFF): For this activity, the facilitator may use traumatic situations from the Ice Breaker listed in Session 1. The facilitator will describe a traumatic event or situation. Have each member describe their own anticipated response to the event. As each member describes their response, ask the other members to identify the response as flight, fight, or freeze. To further reinforce their understanding, for round two, describe everyday situations and conflicts that may illicit emotions such as teachers arguing with students or adults criticizing the members. Again, have each member describe their anticipated responses and have other members identify whether the response is flight, fight, or freeze. After doing this, the facilitators may explain how their FFF reactions still affect their everyday living as evidenced by their responses to everyday stress.

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Session 5: False Alarms and Triggers

The goal of this session is to help members understand how past experiences cause MTY's brain and body to overreact/underreact to current situations.

This is one of the foundations of the impact of trauma, and can be very useful in helping trauma survivors begin to recognize when their bodies are in a state of escalation or frozen fear.

One way to simplify these concepts is to refer again to the brain in two parts, the back and the front. The back is used to signify automatic actions like breathing, heart rate, as well as feelings. The front is used to refer to the thinking brain, responsible for planning, reasoning, and decision making. Linking trauma to activation of the back brain and the shutting down of the front brain is important. It is good to review the concept of alarms as a function of trauma as well as the FFF response.

The concept of "false alarms" or the brain responding to a current event as though it is a traumatic event when there is no danger present is a complicated idea. Triggers are anything that causes a trauma response in the brain, or the perceived expectation of a threat. The brain of the traumatized youth expects danger where often there is no actual danger. Creativity and flexibility are paramount here. At this stage the group facilitators should have a relatively good idea about the group identity "culture", norms and dynamic interactions. There should also be some group cohesion. Facilitators may also have a better idea at this time of how much traumatic material the members can tolerate individually and as a group. This information should inform how best to introduce the concept of false alarms and triggers.

The basic idea of false alarms is that an individual's body remembers traumatic material very well, so when it is exposed to anything that resembles that traumatic material, it will respond as though there is a direct and real threat. If a child was exposed to domestic violence repeatedly, then yelling and confrontation may cause a false alarm in the brain. This is true even if that yelling and arguing pose no real threat to the individual. Often traumatized children misinterpret social cues and affect in others, perceiving yelling when it is not yelling and disappointment when there is none. It is important to note that false alarms can occur anywhere and at any time. Often times a false alarm can result from minor stressors or situations. ***False alarms are accompanied by the same protective actions that are present during a trauma.*** This can be fighting back, screaming, running, hiding, freezing, spacing out, etc.

In contrast, real alarms describe the FFF response as a result of a real and immediate direct threat. For many of the youth in the group, these real alarms may continue to occur at home, at school or in the community due to community violence, continual abuse, and ongoing domestic violence. If there are gang members in the group, this is most certainly the case. As a facilitator, do not shy away from these realities; rather, use them to help further integrate the material and encourage sharing of personal experiences. As we found in developing our group in Oakland, California, there is not a day that goes by that there is not some real threat to the young African American men and women with whom we worked.

It is difficult, if not impossible, to have a discussion about false alarms without including a discussion about members' own trauma experience. For those members who may have a history of witnessing community violence or domestic violence, those terrifying experiences can be linked to how they react to situations today. Highlighting the difference between real alarms and false alarms is critical. If a member shares about a real alarm, they are most likely directly or indirectly sharing their own

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experience. Remember, the more they can share their own experience, without becoming overwhelmed, the better. Using video clips, role play, and even art based activities can help members understand this concept.

If a member is sharing traumatic material and they appear to be highly triggered or activated by the content, the facilitators should engage in self-regulation or grounding, even if this stops the group. TAG sees this as a necessary part of the group as it presents a real example of identifying a false alarm, high energy/low energy and how to respond to it in a grounding way.

Activity (Role Play, FFF, Front/Back Brain): Facilitators come up with scenarios that lead to different reactions in the brain. Members have to guess if that happens with the front of the brain or the back of the brain.

Activity (Role Play): Role Play with different members acting out a situation that is: a) traumatic and dangerous; and b) perceived to be dangerous but not (consequence at school, etc.). The other members act out the brain's response.

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Session 6: Triggers

The goal of this group is to have members gain a greater understanding of internal and external triggers and how they relate to trauma and current responses.

Two types of triggers are introduced here, both of which are explained in the Glossary of terms. The importance of separating the two types of triggers is to distinguish between things that affect the brain and body outside of the individual (i.e., sounds, relationships, setting) and stimuli that occur internally and cause a traumatic reaction (i.e., emotions, thoughts).

Discussing triggers can again provide an excellent opportunity for the youth to share some of their own trauma experiences. This can arise out of discussion of any of the aforementioned topics, but seems to especially occur around the concept of triggers.

A large part of the rationale for highlighting triggers is that it further provides African American youth with a non-pathologized view of themselves and their behavior. By linking current triggers and reactions to their trauma, youth are able to have a framework of understanding that is not judgmental, just simply fact. The difficulty here is that there is a temptation then to condone some of the associated behaviors. For example, when discussing a parent yelling as a trigger that causes a false alarm and the subsequent behavioral response (screaming, hitting, using drugs), it is important to validate, normalize, and provide the "but" response.

For Example:

Member (M): I guess a trigger is when someone tells me what to do, like my stupid ass teacher.

Facilitator (F): Wow, sounds like you have trouble with your teacher! So what experience does that trigger remind your body of?

M: Probably when my mom yells at me to do stuff.

F: Yuck that's hard. What else, any others?

M: Well, my mom's boyfriend would whoop me if I didn't clean my Legos. I don't know, maybe that too.

F: That's hard, you didn't deserve that. What do you do with the teacher when you're triggered?

M: Tell her to fuck off and leave the class.

F: Man, I can see how your teacher asking you to do something reminds you of bad things, pretty normal really, but what sucks is then you get in trouble, huh?

M: Usually, yeah.

This is just an example, and clearly not every member-facilitator interaction will go this smoothly, but it highlights not only the type of language that can be used with MTY, but also how to normalize,

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validate, and point out the result of maladaptive responses like running, yelling, or intimidating. This paradox of how MTY are stuck in many situations between a consequence of some sort and of doing exactly what their body does not want to do is common. The more that MTY understand this, the less crazy, less broken, and less bad they may feel.

The concept of internal triggers is more complex. An easy way to explain this is to ask the group if there were any feelings that were not or are not safe to have. Using the concept of vulnerability and gang involvement may be one way to approach this idea, as some of the group members may have had experience with gang involvement. There are certain traumatic stressors like an emotionally abusive parent, or being around rival gang members, where it is not safe to be sad, scared, etc. As a result, when MTY experience these feelings in other situations they may have a triggered response; a response designed to avoid that feeling. Thoughts can also be an internal trigger. Thinking that one might fail, that they are not good enough, that they are not loved are all possible internal triggers, and for teens that are better able to think in an abstract manner, there may be many.

Separating false alarms and triggers can be done in this session as well. Triggers are NOT just things that make you angry! Triggers are anything that reminds the body or brain of bad things that have happened. False alarms are the brain's and body's reaction to triggers. It is important to note that MTY are not triggered every time they are upset and that sometimes situations that happen are upsetting on their own, without any reminders of trauma being involved.

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Session 7: Identifying Your Triggers (Part 1)

The goal of this session is to have group members identify their own set of triggers and to have them share some of their own traumatic experiences while doing so.

This session may be more open-ended and in some ways less structured than the previous sessions. The facilitators may want to open the group up for people to share some of their own stories. This can be difficult for members and will certainly elicit a trauma response. If members are willing to share, facilitators can use that experience to highlight current triggers. The goal for the facilitators is to monitor the group and individual responses both verbally and non-verbally, looking for points to practice self-regulation, grounding, or orientation.

Having members discuss and examine their own triggers is a relatively open process, with a number of ways in which it can be done effectively. At this point in the process, it will be clear if the group leans more towards discussion, activities, art, role play, etc. While facilitators are encouraged to utilize all of these modalities, it is more important for the facilitators to use what is effective with their particular group. Regardless of how it is done, the result of this session is that members should have a list started with their own triggers, both internal and external, and to what trauma or experiences that trigger may be related.

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Session 8: Identifying Your Triggers (Part 2)

The goal of this session is to have members continue to develop a list of their own internal and external triggers.

Review: During this session members are encouraged to continue to review the concepts covered up to this point. Reviewing repeatedly can lead to greater internalization of the concepts, and can be a relatively non-threatening way for facilitators to ease into the content of the session. Special attention should be paid to revisiting the reasons why trigger identification is important.

Again, during this process MTY are encouraged to share their own traumatic experiences to the extent that they are comfortable and can tolerate.

If group members complete their trigger lists, an open-ended discussion can be had about the lists that have been developed. Facilitators can take the opportunity, when a member shares a trigger, to elicit from other members if they have the same trigger on their list. Taking opportunities to have MTY feel connected to one another through their traumatic experience is a necessary part of healing from trauma.

Activity (Trigger List): Have members develop their own trigger list. Be sure that they include the situation, feeling, body response and action taken. Special attention should be paid to current action taken and alternative action taken. Alternative action should be a more "effective" action, one that may be more in line with the reality of the current situation.

Activity (Role Play/Worksheets): The above activity can be done both through Role Play or using the TAG worksheets included in the Resources section. Some groups may be more inclined to engage physically, and for those groups Role Play may be indicated.

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Session 9-10: Self-Regulation

The goals of this session are: 1) To introduce the concept of self-regulation, including "up regulation" and "down regulation"; and 2) To provide MTY with an understanding of how many of their healthy and unhealthy coping strategies are attempts to self-regulate.

The concept, skill, and awareness of self-regulation in African American MTY is one of the central aspects of working with all traumatized individuals, especially those whose trauma occurred at a young age.

Schore (2002) has examined the effect that poor attachments and complex trauma may have on the developing right brain, and subsequently the development of the individual's ability to self-regulate later in life. Schore highlights key areas of the brain that are neglected of development due to the exaggerated use of other areas of the brain responsible for protection. This combined with poor attachment and attunement from caregivers sets the stage for a teenager who has a decreased capacity to bring their energy down when aroused, up when dissociative, and a decreased ability to self soothe. This paper and others have highlighted the need to focus on attachment and self-regulation as key aspects of treating individuals with a history of complex trauma.

Up to this point in the TAG process, self-regulation has been practiced (i.e., group check in/out, grounding, etc.) and some of the activities that may be introduced during this session may have been done in previous sessions. Again, the facilitators want to build awareness in the youth of their own process, and to challenge the assumptions they have about their own behavior or what society has defined as the reason for their behaviors.

Discussion: What is down regulation?

The first step is supporting the MTY to build an understanding of the concept of self-regulation. It may be helpful to begin with discussing "down regulation" as often times MTY have more examples of feeling "up". This term "up" can also be understood behaviorally as externalizing behaviors. These are often behaviors that bring MTY into the justice system and other systems.

Example of introduction to down regulation:

"A lot of times when we have lived a life where a lot of crazy, scary stuff is happening around us, like we have been talking about, it changes our bodies. One way is to make our bodies feel really full of energy, like really angry, anxious, scared or hyper. When a lot of scary stuff happens when you're little, your body sorta doesn't learn how to calm itself down. Because it doesn't learn to calm down, you're sometimes left feeling kinda out of control, and nobody likes that. So, we try to find things that make us feel a little less "up", less anxious, mad, scared, or hyper. Some ways we do that work really, really well for us, so we keep doing them. But the really crappy thing is that these things sometimes get us in trouble, or lectured, or in dangerous situations. Weird,huh? Like you have this thing that you really need, and makes sense to use, but also kinda makes your life difficult! Can anybody think of something you do to calm yourself down, that maybe some people see as not so good?"

The facilitators want to build on the previously examined concept of being "up" with things that the MTY do to bring themselves down, and how those things make perfect sense, while at the same time

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examining how they also cause them problems. ***It is important to note here that many MTY do engage in down regulation in ways that are healthy and functional, and that by no means is it a guarantee that because someone is traumatized they only have maladaptive strategies for regulation.*** What the facilitator needs to do is help the MTY to begin to think about their response to things in a different way.

For Example: Maybe the reason they smoke marijuana daily is not just because they like the feeling, but because it is a way that they regulate themselves. This may or may not change the behavior of substance use, but it may be the first time the MTY has been able to examine their substance use in a different way. Instead of seeing it simply as a "bad thing to do", it is seen as a thing they do because their body feels it has no other way to calm down.

Elicit from group members different ways that they think they down regulate and provide examples when necessary.

Discussion: What is up regulation?

This may be a more difficult concept to explore with MTY. Often times it is easier to identify ways in which they calm themselves because it is easier to relate to the feeling of being "up". Many MTY, however, have a freeze response or depressive symptomology that may leave them feeling stuck in a state of low energy. The facilitator first introduces this concept and may provide examples. By this time facilitators will also have an idea of the make-up of the group with respect to those MTY whose adaptive response is to freeze, and may elicit feedback from those identified members.

Example of introduction to up regulation:

"We talked about how sometimes, because of things that have happened to us, our bodies get a lot of energy. This happens because our alarm tells us we are in danger. A lot of times we get tons of energy, but other times our body just sits still, doesn't move. Also sometimes we feel really low and down and it feels like all the energy in our body is gone. Well nobody likes that feeling either, so we learn to fix that, just like we did with being too "up". Can you think of any ways people make their bodies fill with a lot of energy?"

The importance of this session is that MTY are able to begin to recognize that their behavior is an attempt to self-regulate. The facilitators can provide examples of ways in which MTY typically self-regulate and have a discussion around those issues. If it is possible, the facilitators can try to link self-regulation with triggers by being curious about when the MTY engages in a certain type of regulation and if it is done when the youth is triggered. This can be done by asking, "What do you think is triggering your body to feel that way, or to have that thought?" ***It is also important to realize that most of the time MTY are triggered without knowing they are triggered and engage in these attempts to regulate without conscious awareness.***

Activity (Energy/Feelings Thermometer): Use the Energy/Feelings Thermometer when discussing up regulation and down regulation to highlight when the body is too "up" or too "down".

Activity (Up Exercises): If time permits, the facilitators can introduce some ways that MTY can begin to notice and shift the energy in their body. At this time the facilitators can reference any of the up

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regulation activities that have been practiced in the moment throughout the group process thus far. Included in the manual is a list of up regulation activities from which the facilitator can choose.

Activities (Down Regulation): Refer to the list of down regulation activities; model and practice with group members.

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Session 11: Self-Regulation and Finding the Thinking Brain

The goal of this session is to continue to: 1) Solidify the concept of self-regulation and the MTY's understanding of their own attempts to self-regulate; and 2) Increase the MTY's understanding of why self-regulation is important.

Accessing the front brain

The reason for examining self-regulation with MTY is twofold. First, it is necessary for traumatized individuals to increase their capacity for distress tolerance so they can process traumatic material. Second, it allows them to access the part of their brain responsible for executive functioning. This is important for academics, social skills, accurately assessing situations, planning, organization, etc. Using this second rationale is often best when discussing self-regulation with MTY.

Introducing the rationale can be done in a variety of ways: through discussion, role play, games, or art. Decide which is most suitable given the functioning and norms of the current group. Facilitators want to highlight the importance of being in the "front brain" or the "thinking brain".

Activity (Role Play): Have some youth be the 'back brain', some youth be the "front brain", one youth be the "person", and the rest of the group can come up with situations. First, have a situation where the back brain is in control and have the group member who is playing the part of the person show what they might do in that situation if he/she is acting from the back brain. During this time have the members playing the part of the back brain tell the person things they should do (fight, flight, or freeze). Then have the same situation with the front brain in control and have the person do something different. Note: Those people that are playing the back brain can refer to specific traumatic experiences, for example by saying, "Flashback! Remember what dad did, mom left you, your brother is dead". This may seem risky, but by Session 11, the facilitators should know the group's level of comfort with explicit traumatic material.

Discussion: At this point the facilitator may want to have a conversation with the group about how realistic it feels when the MTY practice self-regulation. Elicit from the group members their response and challenge them when appropriate. Have members discuss what self-regulation tools work for them and why.

Activity (Personal Self-Regulation List): Have the group members develop a list of realistic self-regulation practices they can use themselves. If time permits, encourage sharing with the group as a whole.

Activity (Up Regulation Activities): Have MTY continue to practice up regulation activities that they developed or feel work for them. Have them explain why one works and if other group members feel they can use a similar strategy. Encourage an examination of the different situations in which these strategies can be used.

Activity (Down Regulation): Have MTY continue to practice down regulation activities that they developed or feel work for them. Have them explain why one works and if other group members feel they can use a similar strategy. Encourage an examination of the different situations in which these strategies can be used.

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Session 12: Closing Group and Group Celebration

The goals of the final group session are to: 1) Summarize; 2) Look back on the group to this point; 3) Celebrate the work the group has done together and 4) End the group relationship in a healthy, effective, and safe manner.

It is important also at this point to allow the MTY some freedom to talk about their group experience, including things they enjoyed and things that were difficult. Many times MTY have had negative experiences with the ending of relationships and transitions are hard. At times this has been through the sudden loss of a loved one due to death, incarceration, or general neglect and that can trigger MTY to avoid situations where there is a potential loss. Facilitators are encouraged to keep this in mind during the final group.

Activity (Safety Rocks): There are many ways to end a group. We encourage facilitators to have one activity during the final group that allows the group members to leave with a "transitional object". This is any object that represents a sense of safety that the individual can carry with them. Safety rocks are simply small rocks that have a single word painted on one side. Each rock is specific to a group member and captures a unique strength that they have that may have emerged during the group process. Each group member takes a turn holding the rock and saying something about that particular word and how it relates to the member. There are an endless number of closing activities that can be used; this is just one example.

MTY should leave TAG feeling that it has ended and feeling safe enough to have the experience of it ending. In real life, this may look very different than expected. When MTY are triggered, as most certainly facilitators will have seen to this point, they sometimes become silly, protective, and nonchalant -- the impact of an emotional experience. This is to be expected, and the response is to mirror what is being observed, then speaking to the fact that ending things can be difficult. In our pilot groups, the closing group was a time of celebration and the youth were as open and vulnerable during the last group as they were at any point in the process, perhaps more.

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GLOSSARY OF TERMS

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A-

Activation: The process of neurological activation in the brain. Activation of neural pathways set the stage for behavior, attachment, self-regulation, identity, and other psychological/physiological processes. In trauma theory, activation may refer to the state dependent response of neural pathways as a result of repeated trauma exposure. This can occur as the result of an internal or external trigger that set off a cascade of neurological responses that were present at the time of the original trauma(s). During activation it is believed the brain is responding to neutral stimuli as though it were a threat, or responding to the current situation as though it were the original trauma(s). Identifying instances of activation is imperative for understanding the threshold at which individuals are overwhelmed by interventions, situations, or discussions that may occur in the therapy setting.

Adaptive responses: Originally described by Dr. Bruce Perry, "adaptive responses" describe the resulting protective mechanisms that arise from constant exposure to traumatic stress in childhood. During the period of trauma exposure these responses are the body's attempt to adapt to a physically and psychologically overwhelming event. The classic adaptive responses are fight, flight, and freeze, but these feelings themselves can be a source of pain and suffering for many trauma survivors. To avoid the sometimes constant state of arousal or dissociation, individuals often turn to drug use, self-harm, aggression, hiding, and withdrawing in an attempt to soothe and avoid unpleasant feelings. These attempts are seen as the body's attempt to adapt, attempt to protect the individual. We use the term adaptive as opposed to maladaptive to highlight for survivors the necessity of their responses in the past and present and to de-pathologize behaviors that are normal reactions to abnormal events. To term them adaptive is not to condone them as appropriate, but to convey a sense of understanding of why they occur.

Alternating regulation: This is usually practiced through games and highlights the movement from a high degree of energy to a low degree or vice versa.

Attachment/Attunement: According to literature on complex trauma, a significant number of MTY have disorganized attachment styles. This includes diffuse boundaries with others (or excessively rigid boundaries), and anger or aggressive behavior in response to closeness (or fleeing behavior in response to closeness). In addition, children with disorganized attachment styles often have difficulty properly reading social cues and recognizing affect in others.

It is difficult to address attachments in a 6 week trauma group. However, there are certain techniques that can be employed by group facilitators that can encourage some basic elements of attachment. These include:

1. Attunement: In the ARC model attunement is described as "learning the language of the child". This can be extended not only to individuals within the group but to the group as a whole. Attunement is also the response of the adult to the "language" of the MTY. This language includes verbal and nonverbal responses, body posture, facial expression, tone of voice, avoidance/approach, eye contact, etc. By learning the language of the individual and speaking to what is seen, the facilitator can model attunement. As is true with most interventions with MTY, attunement can be triggering for some children, and facilitators must note and adjust for cultural norms and practices.* Attunement can also be practiced by MTY being able to "read" the responses of one another. This can assist not only in the development of attunement, but in social skill development as well.

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1. **Facilitator self-regulation**: This is the idea that the clinician is aware of his or her own responses to a group member or the group as a whole, and is able to regulate their internal state when needed. This is a difficult task for many. Many times clinicians work with very complex youth, who can arouse personal trauma history and feelings of incompetence, frustration, and anxiety. It is imperative that the group facilitator be aware of these responses within the group sessions and to elicit support from the co-facilitator as needed. Our own reactions provide us with the opportunity to model self-regulation in the moment as well.

2. **Consistency:** Predictability is an essential element of feeling safe in connection with others. In the group process, starting on time, not cancelling groups, being emotionally available, being aware of one's own internal process, ending on time, and not switching group facilitators are all ways to increase consistency within the group.

C-

Complex trauma: Early and chronic exposure to traumatic stress and the effects of that on the individual throughout their lifespan. Emotional abuse, an impaired caregiver, sexual abuse, physical abuse, witnessing domestic violence, community violence, environmental stressors, and neglect can all lead to complex trauma reactions. Often times the trauma occurs within the caregiving system at the hands of those responsible for providing safety to the child.

D-

Down regulation: Examples of down regulation activities include deep breathing, basic meditation, focus on the moment, slow motion, 3-2-1 activity, progressive muscle relaxation, focus on the body, etc. There is an endless list of activities that can bring the energy of individuals down. However, it is important to explore with the group which activities they feel are REALISTIC given their current living, school, and community environment.

E-

Explicit self-regulation: This is regulation that is practiced more overtly in the session. The facilitator may spend time teaching the group a certain down regulation technique such as diaphragmatic breathing, basic meditation, etc. Explicit self-regulation can be thought of as skill based self-regulation.

Self-regulation is often split into groups, to bring one's energy down, bring one's energy up, to ground an individual, or re-orient an individual to their current environment. Time will be spent on each, with a discussion of real world applications for each. The CDT structured each group as having an orienting activity at the start of each group and a grounding technique at the close of each group.

External Regulation: This is when regulation (calming or soothing) is provided to an individual by an outside source (caregiver). This type of regulation is necessary for infants, toddlers, and young children. Their brains do not yet have the capacity to evaluate threat well enough at times, so they seek that from caregivers. Through this process, an individual's body begins to develop the skill of self-regulation, and begins to learn what is a threat in the world and what is not.

External Triggers: External Triggers are stimuli, both threatening and neutral, in the external environment of the child that lead to the body and brain responding with a fight, flight, or freeze response. It is important to highlight the varied ways in which these three responses can present themselves among MTY. Often times a "fight" response can be seen as arguing, yelling, or other

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responses whereby the youth approaches the real or imagined threat. Clearly in some cases this may also involve physical violence, but this is just one of many of the "fight" responses. The same is true for both the "flight" response and the "freeze" response. We believe there are additional external triggers that exist in the lives of African American youth apart from the "typical" trauma types (physical, sexual, or verbal abuse). We argue that because of the societal landscape within which African American youth grew up, they are subject to triggers like a police car, walking into a predominantly white area, the feeling of loss, etc. It is imperative that the facilitator recognize and integrate these factors into each session.

F-

Feeling Identification: One of the first steps in self-regulation is the ability to know and somehow describe one's internal state. Often times this is a very difficult process for MTY. It can be unsafe or foreign to discuss feelings. For MTY youth who are sexual abuse survivors, paying attention to the body in any way can be unsafe, and again unfamiliar. Regardless, it is important to recognize that it may be unrealistic to expect a youth to change their "behavior" if they have no knowledge of what state led them to it. Here we build a "feelings" vocabulary, driven by the language and the culture of the youth. We pay special attention to the level of "energy" associated with certain feelings (i.e., anger may yield high energy, depression or sadness may yield low energy). The goal is to have the youth begin to attend, even if only slightly, to their internal state and to begin to put words to this internal state. Feeling Identification can happen in oneself, in others, and in the group as a whole. This is modeled by the facilitator, and some Feeling Identification will be present in each group.

When examining feelings the facilitator will pay special attention to the fact that many of the MTY may not have a solid idea of what certain emotions feel like. This is to be normalized and placed in the framework of the body's response to trauma and any cultural expectations with respect to emotional expression that are present. We believe that self-regulation work can be done both implicitly and explicitly.

Frontal Lobe: In the curriculum we refer to this area of the brain as the "thinking brain". This area is responsible for decision making, reasoning, planning, and impulse control. The frontal lobe does not fully develop until the age of 25. When the limbic system responds to threat, there is evidence that the thinking brain "shuts off" (Van der Kolk 2005). There is also evidence that the area responsible for putting sensory experience into words shuts off, leading to children having difficulty in verbalizing their trauma, or feelings associated with that trauma.

The following are fMRI scans of female participants with either a history of childhood trauma and a diagnosis of PTSD or controls who have no history of childhood trauma and PTSD. These show the individual at a resting state, highlighting the effect that chronic trauma can have on the individual with respect to feeling constantly hypervigilant. Evidenced here is also a lack of frontal lobe activity, which is responsible for planning, reasoning, and decision making. fMRI research on PTSD is varied and results indicating reduced activity in the frontal lobes of individuals with a history of trauma and heightened limbic activity can be found online and in research journals.

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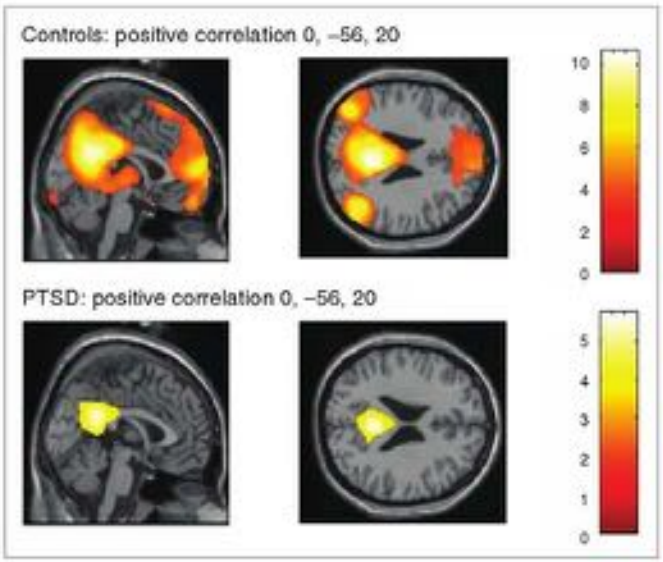

G-

Grounding: Grounding is used when an individual is dissociative or aroused and has lost touch with their surroundings. Grounding is helpful when there is a high degree of traumatic material being discussed, or as a containment exercise when multiple group members seem to be triggered at once. Grounding exercises focus on the immediate environment.

I-

Implicit self-regulation: This is the process by which the facilitator recognizes that a member is either dissociative or hyper-aroused, and employs an intervention to shift the state of that youth. This can be achieved simply by asking the member to switch seats or to perform some task like writing for the group at the board, etc. This intervention is implicit because it can be employed without stopping the group and saying, "Now we are going to work on self-regulation." If utilized consistently, it can become a norm of the group and members expect at times that the facilitator will ask members to do certain things. Implicit self-regulation can also be thought of as "in the moment regulation".

Internal Triggers: These are both emotions and cognitions that arise in the internal environment of the youth and are seen as threatening. Internal triggers can be harder to describe, and it may be important to provide real world examples of how they can occur. For example, a MTY who comes from an environment where it is not safe to express any emotion that can be seen as vulnerable, such as sadness, may be highly triggered when he or she feels sad because of its associations with shame, verbal abuse, physical abuse, or other. The feeling of shame can be an internal trigger, as can be the fear of failure or the feeling of love, loss, or grief. Emotions of any kind have the potential to be triggering for youth.

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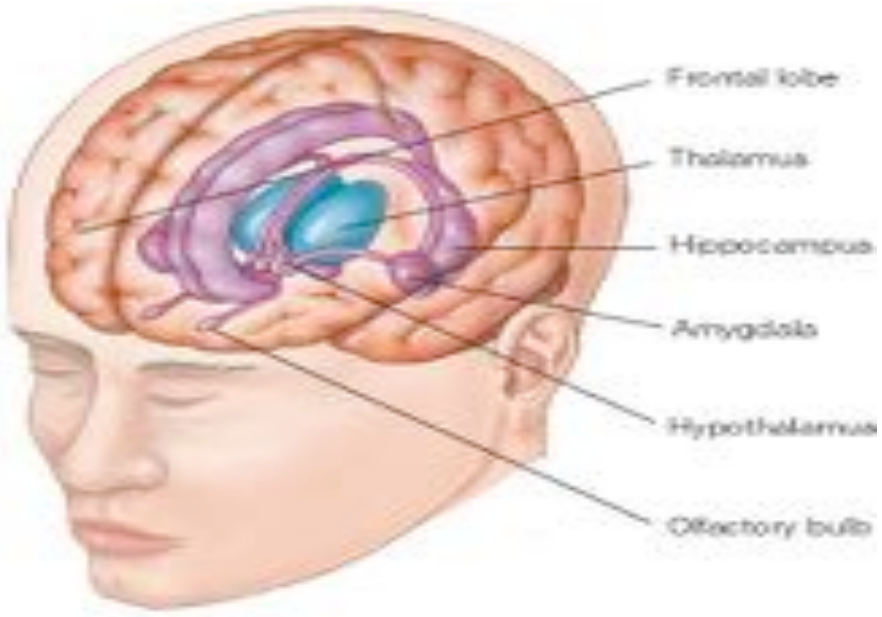
L-

Limbic System: One of the first parts of the brain to develop after birth, the limbic system among others is responsible for the survival of the individual through its response to a perceived threat. The limbic system reacts in three basic ways: fight, flight, or freeze. In a fully developed individual, the frontal lobe (depicted below) is responsible for assessing and evaluating threat and determining further action. It is also responsible for inhibiting the response of the limbic system. In children who have experienced ongoing traumatic stress, it is believed the frontal lobes do not inhibit the response in the same way as an individual without a history of traumatic stress.



O-

Orienting/Re-orienting: Orientation is a process that occurs naturally when faced with a novel environment or threat. Traumatized individuals will often orient to non-threatening stimuli and may do so repeatedly. Having MTY individually or as a group orient themselves to their surroundings helps build a sense of safety. This is achieved through paying attention to certain items in the immediate environment and describing them.

S-

Safety: Being in a physical state of regulation, wherein the limbic system is not active, the body is not orienting itself to danger, and the associated central nervous center reactions like elevated heart rate, muscle tension, and shallow breathing are not present. Safety can be established implicitly, such as the setting of the room, tone of voice, group expectations, etc., and can be done explicitly by the group facilitator normalizing lack of initial trust, watchfulness, and caution around new people. Safety can additionally be achieved by developing a clear set of group norms and rules.

T-

Therapeutic window: The therapeutic window is a concept developed by Dr. John Briere to describe the optimal level of arousal to process trauma. Each traumatized individual has a threshold at which exposure to traumatic material will be so overwhelming it leads to hyperarousal or dissociation. When

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this occurs, processing of trauma is no longer possible. Conversely if there is no level of activation of affect or arousal and you undershoot the therapeutic window, processing will not occur. The therapeutic window is the space in between too much activation of trauma, and too little, where processing of trauma is most likely to occur. Keeping in mind each individual's therapeutic window is a valuable skill for professionals working with traumatized people.

Trigger Identification: The term "trigger" in this case refers to the external or internal stimuli that create a cascade of reactions in the body and the brain of the child that can be understood as a mirrored response of what occurred in the brain and body during the original trauma. When triggered, the brain and the body respond to neutral stimuli in the same way that they would to threatening stimuli. Triggers do not necessarily indicate aspects of the youth's experience that make them "angry" but rather anything that leads to the feeling of having an "alarm". Here again we see the "building block" nature of the curriculum, in which we hope to build in times when key points, such as alarms, can be revisited. Trigger identification is a central part of most treatments that are currently available for complex trauma in children and teens. This process allows group members to put into practice the process of examining their responses to the world around them and building in some awareness of what causes them to protect themselves. It is important to note that teens who are exposed to high degrees of community violence may need to respond to their environment to adequately protect themselves. By assessing situations that can cause youth to protect themselves, one allows them the opportunity to judge for themselves whether they are responding to the immediate situation, or responding from their trauma ("Is this about now, or is this about the past?"). If youth can distinguish between the two they are on their way to becoming a more effective navigator of their environment.

U-

Up regulation: Examples of up regulation activities include movement of any kind that is intentional and organized (push-ups, switching seats, a variety of games that involve movement of the body, 3-2-1 exercise, describe your environment, etc.). The goal of any up regulation activity is to shift the internal state up, which can be tracked often times by the movement or lack of movement of the body. Youth who are dissociative often need up regulation, as do youth who internalize their experiences and have difficulty with depressive symptomology.

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RESOURCES

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Below is a list of sample resources that can be used during provision of TAG.
They can be found as attachments to this Manual beginning on the following page.

Group Rules
Ice Breaker Activities
Types of Trauma Activities
Energy/Feelings Thermometer
Feelings Word List – Female
Feelings Word List – Male
Front Brain/Back Brain Activity
Fight, Flight, or Freeze Activity
Response Awareness Trigger Worksheet
Trauma Tree Activity
Life Road Map Activity
Self-Regulation Activities
Positive Strategies Worksheets
Down Regulation and Grounding Activities
3-2-1 Activity
Materials List

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Group Rules

1. Participants must come on time to group.
2. No profanity will directed towards anyone in the group.
3. No violence will be accepted in the group.
4. Whatever is shared in the group remains in the group.
5. All group members must not be under the influence of drugs or alcohol.
6. No derogatory, racial, or ethnic comments will be accepted in the group.
7. All cell phones must be turned off during group time.
8. _____
9. _____

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Ice Breaker Activities

1. The facilitator puts out **jelly beans** (or any candy with different colors or color paper). Have the participants get some candy (some will get a lot and others will pick only a few). For every piece of candy they have they have to share with the group something about themselves, or they can share food they like or don't like whichever is comfortable for them.

2. Say a **line from a movie** and others have to guess the name of the movie.

3. **Name Tags**
    a. Pass out 3 x 5 index cards.
    b. Have each participant write their first name (or nickname) in the center of the card.
    c. Ask them to write directly under their name a quality they most value in a person
    d. Then ask each member to write in the following corners:
        i. In the upper left: a place where she or he spent their happiest summer or the place that is their favorite on earth
        ii. In the lower left: the name of the person who taught them something important
        iii. In the lower right: something they would change about the world if they could.
        iv. In the upper right: three things they do well or a goal they have for the future.
    e. Have participants get into groups of three and talk about the each corner of the cards.
    f. Ask them to keep track of their time and to share equally
    g. Have each member of the group "give statements of appreciation, such as "you're a lot like me when…or I like that you….

4. **Balloon Mixer**
    a. Ask each participant to write one thing on a small piece of paper that they think no one else will know about them
    b. Ask participants to roll up their slips and place them into a balloon (have different color balloons). Then ask them to blow up the balloon and tie the bottom.
    c. Toss all the balloons into the center of the room and have everyone grab a balloon that is different color from the one they started with (this will ensure they do not get their own balloon again).
    d. Have the group stand in a circle
    e. Ask participants to pop their balloons one at a time and to read the paper inside. Ask them to try and guess who the balloon belonged to.

5. **Shinobi**
    a. Have participants form a circle while a facilitator stands in the middle.
    b. Explain that the word Shinobi means ninja, and in this activity the person standing in the middle will be the Shinobi.

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c. Explain that the object of this game is for two people in the circle to exchange places before the Shinobi in the center takes one of their spots.
d. If the center person steals someone' spot, that person becomes the new Shinobi in the middle.
e. The way that two people exchange spots is by one person making eye contact with another person in the circle and swiftly exchanging places.
f. If the Shinobi detects the eye contact, they will be more likely to steal a spot in the circle.
g. The Shinobi in the center must spin around in the circle, so they can keep an eye in everyone.
h. Repeat the game until all participants have had a chance to be the Shinobi.
i. Debrief:
    1. What was challenging about this game
    2. Are you used to making eye contact with one another?
    3. How was eye contact an important strategy in this activity?
    4. What does eye contact symbolize in real life?

6. Fear in a hat

A good activity to run at the beginning of a TAG, Fear in a Hat (also known as Worries in a Hat) is a teambuilding exercise that promotes unity and group cohesion. Individuals write their personal fears (anonymously) on sheets of paper which is then collected in a hat and read aloud. Each person tries to describe his or her understanding of the person's fear. This leads to good discussion centered on the fears.

This teambuilding exercise requires writing utensils, sheets of paper, and a hat. Allow about five minutes of writing time, plus one to two minutes per participant.

Setup for Fear in a Hat:

Distribute a sheet of paper and a writing utensil to each person. Instruct them to anonymously write a fear or worry that they have. Tell them to be as specific and as honest as possible, but not in such a way that they could be easily identified. After everyone is done writing a fear/worry (including the group facilitators), collect each sheet into a large hat.

Running the Fear in a Hat Teambuilding Activity*:*

Shuffle the sheets and pass out one per person. Take turns reading one fear aloud, and each reader should attempt to explain what the person who wrote the fear means. Do not allow any sort of comments on what the reader said. Simply listen and go on to the next reader.

After all fears have been read and elaborated, discuss as a whole group what some of the common fears were. This teambuilding exercise can easily lead to a discussion of a team contract, or goals that the group wishes to achieve. This activity also helps build trust and unity, as people come to realize that everyone has similar fears.

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Ice Breaker Activities (continued)

7. Ice Breaker Questions

Icebreaker Questions is a list of 20 great questions that you can ask people to help them feel more part of a group or team. These questions are fun and non-threatening. A great way to help people open up is to ask them fun questions that allow them to express their personality or interesting things about them. Here is a list of twenty safe, useful icebreaker questions to help break the ice:

i. If you could have an endless supply of any food, what would you get?
ii. If you were an animal, what would you be and why?
iii. What is one goal you'd like to accomplish during your lifetime?
iv. When you were little, who was your favorite super hero and why?
v. Who is your hero? (a parent, a celebrity, an influential person in one's life)
vi. What's your favorite thing to do in the summer?
vii. If they made a movie of your life, what would it be about and which actor would you want to play you?
viii. If you were an ice cream flavor, which one would you be and why?
ix. What's your favorite cartoon character, and why?
x. If you could visit any place in the world, where would you choose to go and why
xi. What's the ideal dream job for you?
xii. Are you a morning or night person?
xiii. What are your favorite hobbies?
xiv. What are your pet peeves or interesting things about you that you dislike?
xv. What's the weirdest thing you've ever eaten?
xvi. Name one of your favorite things about someone in your family.
xvii. Tell us about a unique or quirky habit of yours.
xviii. If you had to describe yourself using three words, it would be…
xix. If someone made a movie of your life would it be a drama, a comedy, a romantic-comedy, action film, or science fiction?
xx. If I could be anybody besides myself, I would be…

8. Never Have I Ever…

Never Have I Ever is an icebreaker game that helps people get to know each other better. Everyone sits in a circle and take turns saying something they have never done. Each player starts with ten fingers showing. Each time says something that you've done, you drop a finger. The goal is to be the last player remaining.

Instructions for Never Have I Ever:

Instruct everyone to sit in a circle. To start each round, each player holds out all ten fingers and places them on the floor. Go around the circle and one at a time, each person announces something that they have never done, beginning the sentence with the phrase "Never have I ever…" For example, a person could say, "Never have I ever been to Europe." For each statement that is said, all the other players

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drop a finger if they have done that statement. So, if three other people have been to Europe before, those three people must put down a finger, leaving them with nine fingers. The goal is to stay in the game the longest (to be the last person with fingers remaining). To win, it's a good strategy to say statements that most people have done, but you haven't.

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Types of Trauma Activity

Group members are given pieces of paper on which types of trauma are listed and numbered (not in order of severity). These sheets of paper remain anonymous and the group members are asked to list the different types of trauma they have experienced. A tally of the types of trauma experienced by the group is taken and displayed on a board. The goal of this activity is to begin to build group rapport and a group alliance by showing that many of the members have had similar trauma experiences.

Note: This activity has the potential to trigger some of the group members. It is important for the facilitators to track the body and verbal responses of the members throughout the activity.

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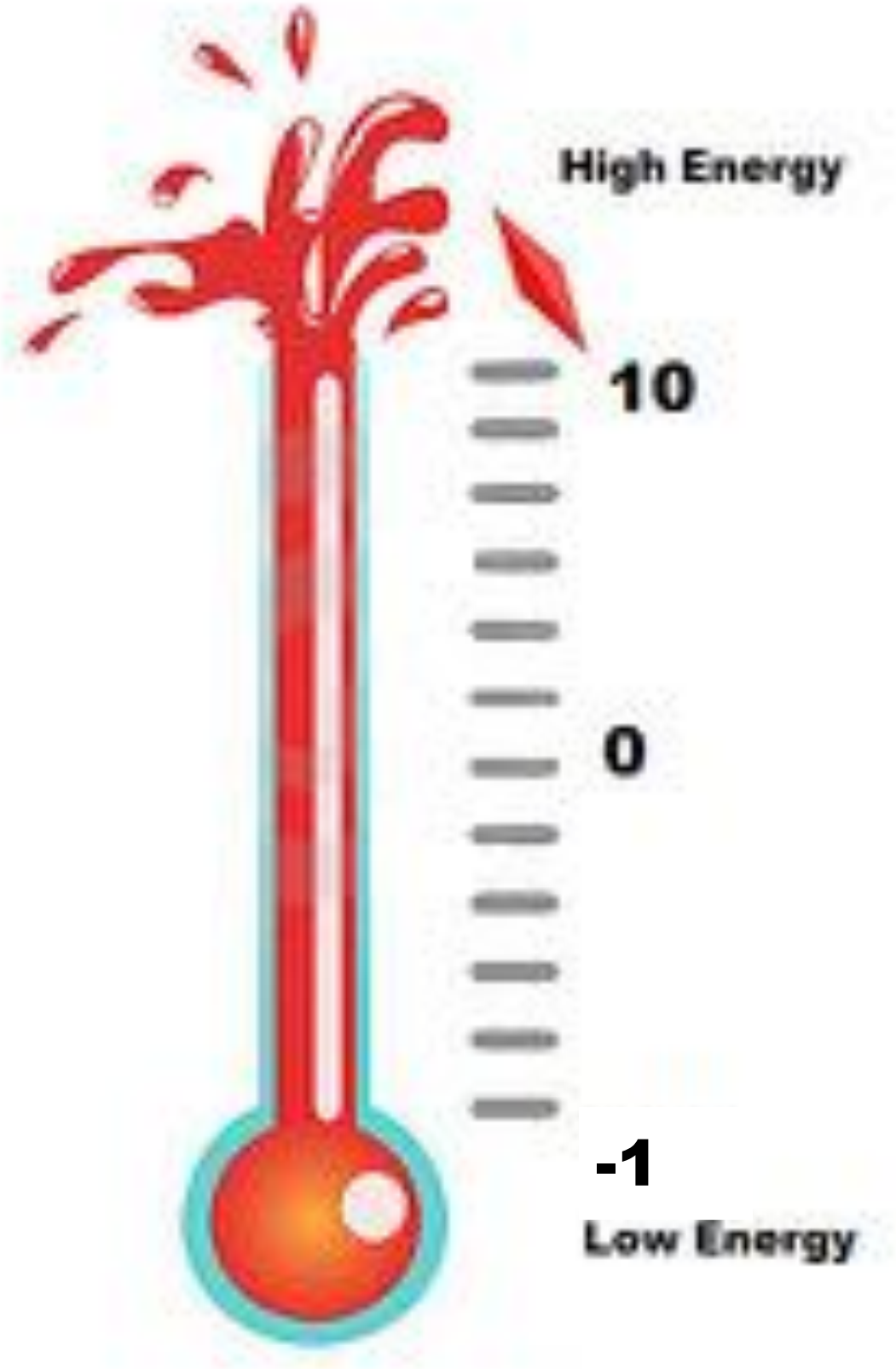
Energy/Feelings Thermometer



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east bay agency for children

FEELINGS WORD LIST

OUR WORDS	YOUR WORDS
HAPPY	
SAD	
ANGRY	
ANXIOUS	
SCARED	
EXCITED	
GUILTY	
JEALOUS	
SHY	
DEPRESSED	
BORED	
PROUD	

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FEELINGS WORD LIST

OUR WORDS	YOUR WORDS
HAPPY	
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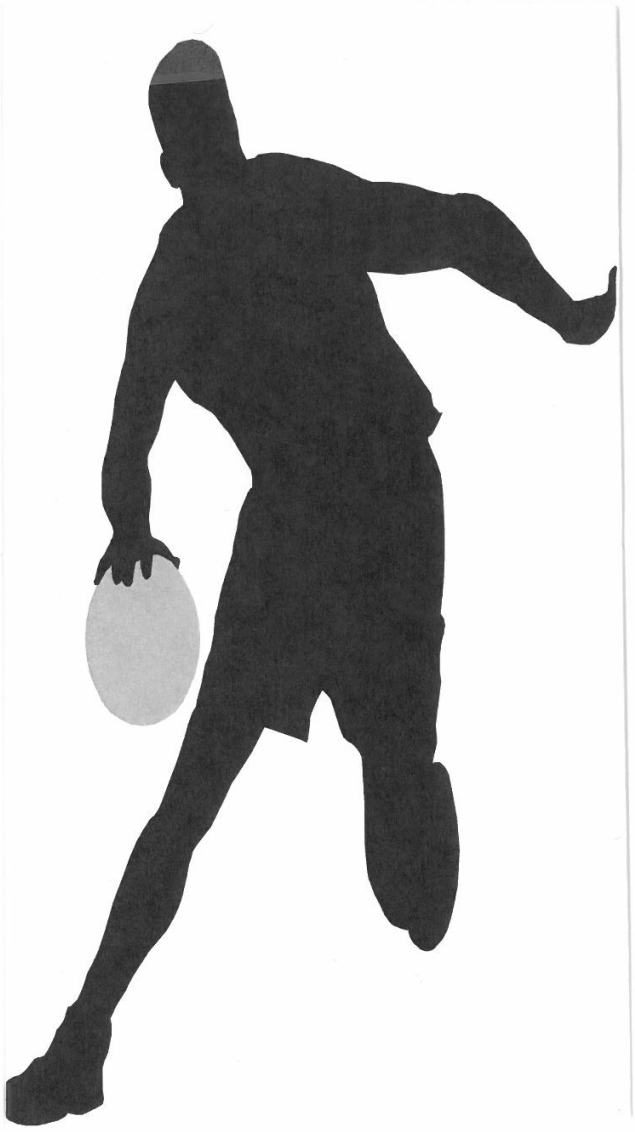

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Front Brain/Back Brain Activity

Have some youth be the 'back brain', some youth be the "front brain", one youth be the "person", and the rest of the group can come up with situations.

First, have a situation where the back brain is in control and have the group member who is playing the part of the person show what they might do in that situation if he/she is acting from the back brain. During this time have the members playing the part of the back brain tell the person things they should do (fight, flight, or freeze).

Then have the same situation with the front brain in control and have the person do something different.

Facilitators want to highlight the importance of being in the "front brain" or the "thinking brain".

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Fight, Flight or Freeze Activity

In this activity, group members are prompted to raise somatic awareness and orient themselves following a prompt to remember and dissociate upon a memory of a traumatic experience, trauma response, or daily stressful situation.

The purpose of this exercise is to raise awareness of each member's primary response to different situations/triggers and to help the members develop attunement to other people's responses and triggers.

Materials recommended:

Ice tray with ice cubes, a cold compress pack, or some form of frozen substance
Running shoes
Boxing gloves

The materials can be substituted for smaller models or images of the items.

Directions: Place the items on the floor in the middle of the group and explain the significance of each item and how it relates to the concept of Fight, Flight, or Freeze.

Ice: Represents freezing, being cold, being stuck, frozen still, decreased energy, decreased movement, slower heart rate, being emotionally withdrawn (similar to the body's natural response of hunching over and drawing inward when cold).

Running shoes: Represents moving away from something, running, escaping, fast heart rate, fast breathing, or having increased energy.

Boxing gloves: Represents confrontational activity, fighting, aggression, hostility, arguing.

After describing the items, explain to the group that each member will be invited to share an experience when the member was triggered by an event, situation, or interaction. These experiences could be related to trauma or could be an everyday interaction with a teacher, employer, or family member. The members would then describe their actions/responses to the situation/triggers. Afterwards the group will identify whether that member's response or action was a Fight, Flight, or Freeze response.

Directions for youth:

1) Think of an experience.

2) Select an item that you think best describes your response to that experience.

3) Share the whole experience with the group (Example: "I was at work and a co-worker put files on my desk and told me to file them without asking. So I told that co-worker to do it on their own and that I was busy, I then put on my headphones and continued my work.").

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4) Describe your somatic sensations, physiological changes, thoughts, or changes in energy that you remember occurring during that situation.

5) Identify what part of the story was Fight, Flight, or Freeze. (Example: "My first response was to fight – when I told my co-worker to do it on their own; my second response was to escape or flight – when I put on my headphones to escape the confrontation/situation.").

6) Return the item to the middle of the floor and share what you noticed about your somatic experience, physiological state, or level of energy as you shared your story. (This will orient and ground the member while raising somatic awareness.)

7) Repeat steps 1-6 for each member that is willing to share.

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Response Awareness Trigger Worksheet

	Fight	Flight	Freeze
What does your energy feel like?			
Where do you feel it in your body?			
What do you feel like doing?			
What does it look like to others?			
What triggers this experience?			

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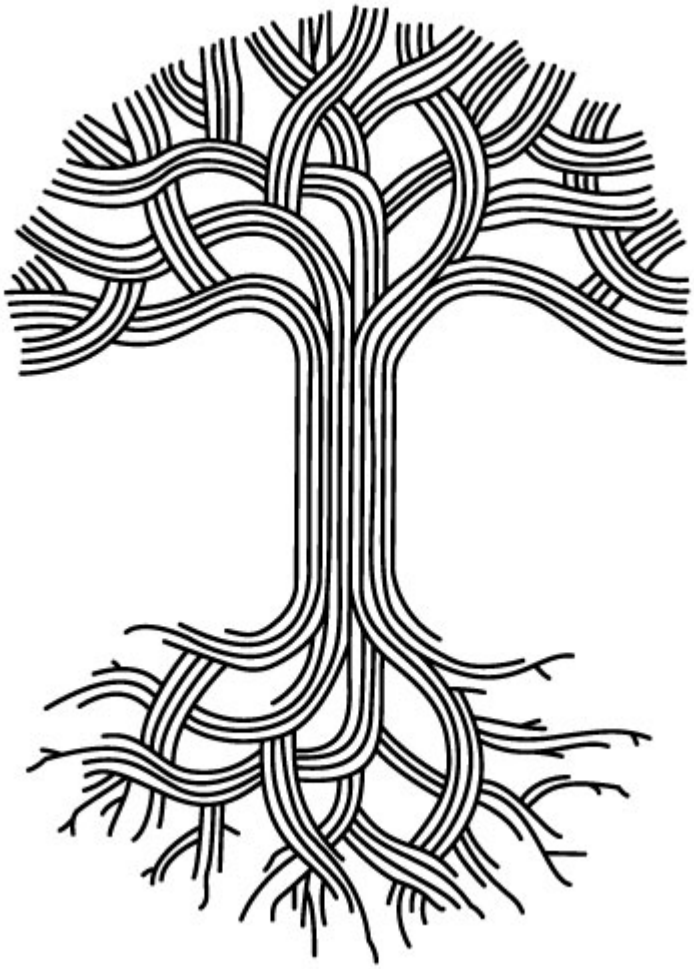
Trauma Tree Activity



The tree – modeled after the symbol for the City of Oakland – is familiar to the Oakland community and to our group members.

Description of parts of the tree:

The roots of the tree resemble the memories, beliefs, or past traumatic experiences. These beliefs and past experiences, whether traumatic or not, will feed the rest of the tree.

The trunk represents the part of the group members' lives that are exposed to environmental elements/influences (violence, drugs, music, religion, family, abuse). This part of the tree will illustrate the triggers in the members' lives and increase awareness to how beliefs and past experiences are related to trauma triggers.

The branches represent the responses (physiological and emotional reactions or somatic experiences to the environmental influences, or the trunk). This part of the tree illustrates how trauma triggers affect

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their somatic, emotional, and psychological experiences. It also shows the relationship of how past trauma influences their triggers list, which in turn influences their responses.

The leaves or fruit represent the consequences or end results of their responses. This part of the tree raises awareness of how trauma responses can affect their relationships, employability, and life decisions, and can be equated to bearing healthy fruit or unhealthy fruit on the tree.

Example:

Root: A member may put a history of sexual abuse in one of many roots.

Trunk: In their trunk, that member may identify crowded schools, unsafe neighborhoods, or people with poor boundaries who hug the member without permission as an environmental element.

Branch: The branches would then identify body tension, heart palpitations, and sweaty palms when being hugged; racing thoughts; and feelings of impending doom.

Fruit: The final aspect of the tree would then illustrate a protective fruit: distrust in people resulting in poor relationships; difficulty concentrating which may affect academic achievement; and avoidance of triggers or people that remind the member of sexual abuse.

It would be important to remind members that the unhealthy (poisonous) fruit is not bad fruit- but a result of an adaptive protective response which may have had a history of protection but may now inhibit relationships, academic achievement, or employability. The purpose of this reminder is to not further stigmatize traumatic experiences and trauma responses, but to normalize it in order to move forward towards positive adaptive responses.

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Life Road Map Activity

On a piece of paper, have one of the youth write down their birth date at the center of the page. From there, in 5 year increments starting from age 0 to 18, create a timeline that ultimately leads to the word "future" at the top. On the right side of the page, have the youth write down positive experiences and events they have had or look forward to experiencing. On the left side, have them do the same, but with negative events. (Please see sample below.) The purpose of this exercise is to reinforce to youth that even though they have experienced a great deal of trauma, and that they still have bad things happening to them, they also have many things in their life that have been positive and that they are excited about – and that is worth celebrating. This activity also serves to show youth that, while their adaptive responses to trauma may have inhibited relationships, academic achievement, or employability, they have also led to their survival.

Sample Life Road Map

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• Stress/anxiety about school • Unable to maintain healthy relationship	FUTURE	• Graduate from college • Employment
----------	----------	----------
• Physical/sexual abuse by boyfriend • Lost best friend	15-18 YEARS	• Graduate from high school • Prom
----------	----------	----------
• Being bullied • Breakup with boyfriend • Failing classes • Kicked out of cheerleading team	10-15 YEARS	• Field trip • Traveled to another country • Learned how to speak English
----------	----------	----------
• Whooping by uncle/aunt • Car accident • Parents divorced	5-10 YEARS	• Hanging out with classmates • Telling ghost stories • Spending time with my father
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• Abandoned by mother • Hard time walking	0-5 YEARS	• Playing with doll • Playing with 2 brothers • Learning how to swim
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	FEBRUARY 10, 1994	

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Self-Regulation Activities

Down Regulation Activities:

Diaphragmatic Breathing
Paying attention to breath
3-2-1 Exercise
Slo-Mo
Mental List of Objects
Mental List of Favorite Movies
Music
Rocking
Pulling Bungee Cord
Pushing against wall and noticing arms
Progressive Relaxation
Guided Imagery
Walk Outside w/ safe adult

Grounding:

Paying Attention to the room
Silly Puddy
Game of catch with tennis ball
Observe/Describe
Walk around room with adult

Up Regulation Activities

Movement
3-2-1 Activity
20 Questions
Pushing against wall
Name what your body feels
Thumb Wresting
Push-Ups
Jumping Jacks
Pushing Against the hands of a safe adult
Hot Potato

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Positive Strategies Worksheet

Positive Strategies	How is it working for me?			
	1 Not at all	2 Sometimes	3 Pretty good	4 All the time
Down Regulation				
Diaphragmatic Breathing				
Progressive relaxation				
Progressive hearing				
Listening to music				
Take a safe walk				
Write				
Draw/doodle				
3-2-1 exercise				
Mental Lists				
Paying attention to breathing				
Rocking				
Guided Imagery				
Pulling/resistance				
Up Regulation				
Movement				
Exercise				
3-2-1 Exercise				
20 questions				
Pushing against wall				
Name what your body feels like				
Thumb Wrestling				
Push-ups				

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Jumping jacks				

Positive Strategies Worksheet (continued)

Positive Strategies	How is it working for me?			
	1 Not at all	2 Sometimes	3 Pretty good	4 All the time
Pushing against hands of safe adult				
Hot potato				
Grounding				
Paying attention to room				
Silly Putty				
Game of catch with tennis ball				
Observe/describe				
Walk around room with adult				
Aroma therapy				
Plastic slinky				

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Down Regulation/Grounding Activities

Diaphragmatic breathing

Sit comfortably while slightly leaning back so you can see your abs. Place your hand over your lower abs with the tip of your thumb right over your belly button.

1) Take a deep breath through your nose. While you breathe in, try to breathe in air to make your abdomen rise. You should be able to see your hand rise.
2) Hold the breath for 3-5 seconds.
3) Deeply and slowly exhale out of your nose. Watch your hand lower as your exhale.
4) Continue inhaling slowly and exhaling slowly while holding your breath in between inhale and exhale.

OR

5) Try sitting in a chair with your elbows on your knees, and your chin resting your knuckles. This posture traps your upper chest and neck muscles, forcing you to breathe only with the diaphragm.

Resume practice for several cycles. Each cycle can consist of a 3-4 second inhalation, a 3-4 second holding of breath, followed by a 4-6 second exhalation, and 3-4 second holding of breath.

** This can be modified to include instructive breathing using the facilitator's hand as a guide for inhaling and exhaling (when the facilitator's hand goes up the participants inhale, if the facilitator holds their hand up they hold the breath, when the hand goes down the participants exhale, and when the hand is held down, they hold their breath. The facilitator should also utilize their fingers to count down so participants know how they are holding their breath for or the length it takes to inhale and exhale).

Inducing Tension/ Deep Pressure/ Tactile Engagement

1) Begin by tightening your fist, hold it tight, then relax it slowly.

How does it feel?

2) Try with different parts of your body, be cautious of cramping certain muscles.

**Can be modified: squeezing objects or pushing objects/walls to induce tension, then relaxation afterwards to enhance focus on the active muscles. Can also feel objects and pay attention to firmness, texture, and temperature.

Body Scan

Make a habit of sitting for 10 seconds to 1 minute and scanning your body for tension. Pay attention to your body and focus on any areas that feel tense.

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Down Regulation/Grounding Activities (continued)

Progressive Muscle Relaxation (5-20 minutes)

Try to practice in a quiet dim-lit room.

Instruct participants to:

1) Sit comfortably and loosen tight clothing so it does not restrict the body or apply too much pressure on any area of the body.
2) Start with diaphragmatic breathing.
3) Focus and pay attention to the air entering and leaving their lungs through their nose.
4) Pay attention to the body's tension around the lungs and ribs as air goes in and out. Feel the muscles expand, tighten, then relax.

Use the narration:

"Breathe in, and you notice the air (or clothes) on your _____ and how tense your _____ are. Breathe out and you can feel your _____ relax."

* Repeat this step with different parts of the body to bring awareness to the body.

OR

You can bring about awareness by tightening specific muscles, pay attention to the feelings of tension, then slowly relaxing the muscles after tightening them.

*You can also use this instruction:

Breathe slowly through your nose. Feel the cool air as you breathe in and the warm air as you breathe out. Let your awareness turn away from your daily cares and concerns. Close your eyes and pay attention to the physical sensations of your body. Feel the pressure of your back on the chair or wall. Notice how it feels as you let go of your tension and start to relax.

Concentrate on your right arm and hand. While keeping the rest of your body relaxed, make a tight fist with your right hand. Hold it tight. Notice the pressure on your fingers and thumb. Notice the tightness of the wrist, forearm, and upper arm. Good. Hold it. (PAUSE) Now release. As you let go, notice the change. Slowly let the tension go as you relax the muscles of your hand and arm, noticing the difference between being tense. (PAUSE) and relax. Let your hand and arm continue to relax and become very heavy.

Now pay attention to your left hand and forearm. Make a tight fist with your left hand.Notice the tension and tightness. Good. Hold it. (PAUSE) Now let go. Notice the change in sensation as you release. Let your hands and arms continue to relax and become very heavy. You may feel your hands getting warmer and you may feel a pulse beating in your finger tips or tiny sensations of tingling.

Now tighten the muscles of the shoulders and upper back, shrug your shoulders up towards your ears,

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feeling the tightness across your upper back. Then release, letting your shoulders drop down. Then let them go even a little more, so any residual tension is gone. Now let all the muscles of your arms and shoulders feel comfortable and relaxed.

Press the back of your head against the chair or wall and make the muscles in your upper back and neck tight and tense. (PAUSE) Feel the strength and tightness of the muscles as you do this. (PAUSE) relax again, letting all the tension drain out. Let your head get heavier, and the muscles in your neck looser, so you can gently move your head from side to side.

Tighten the muscles of your face by first raising your eyebrows as high as you can. Feel the pull on all those little muscles in your scalp. (PAUSE) Now gradually let that tension drain out and feel all those little muscles in your scalp relax. Now knit your eyebrows together and get real tension on those forehead muscles. (PAUSE) And relax, letting your forehead become smooth and relaxed.

Next, tighten the muscles in the middle of your face by shutting your eyes tightly. Feel the tightness throughout your cheeks, face, and eyes. Good. Now let go and let your face relax again.

Now pay attention to your lower face and jaw. Clench your teeth firmly, pressing your tongue against the roof of your mouth. (PAUSE) Feel the tension in your jaw muscles and in the muscles at your temples. Feel the tension on your tongue and the muscles under your chin. Now gradually let go of the tension, letting your teeth part slightly so your jaw can relax. As your tongue relaxes you'll notice that it seems to get thicker and wider 'until it almost fills your mouth. Let your face and scalp continue to relax as you go on to the rest of the exercise.

Feel the cool air as you breathe in ... and the warm air as you breathe out. Notice the turning of the breath... the moment between in ... and out again. Allow your breathing to gradually become longer, slower, and deeper, feeling your stomach rise gently with each breath. (PAUSE) In a moment, take a slow, deep breath in and hold it. (three second pause) As you let go, let yourself sink into relaxation. (PAUSE) Continue to breathe gently and evenly.

Now move your focus to the muscles of your abs. Keeping the rest of your body relaxed, tighten the muscles of your abs and torso. Then relax.

Keeping the rest of your body relaxed, tighten the muscles of your legs by pressing your legs against the floor or chair, making the muscles tight and tense. Notice this tension. Feel the tightness in the muscles. Compare the tight, tense muscles in your legs with the relaxed muscles in the rest of your body. Now slowly release that tension and let your legs, thighs and calves relax all the way. Let the sensations of relaxation spread all the way down to your toes.

Now check back over your body to see if tension has come back into any muscles. Now your body can relax completely. Just sit there and enjoy that feeling of deep relaxation. Let your body sink down as it gets heavier and heavier. You may feel as though your body is heavy or the opposite, light. You may even feel as though you're floating right up out of your body like a feather on a current of air.

In a few moments you'll end the exercise by counting backward from five to one. At five, notice how

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deeply relaxed you have become, noticing what it feels like so you can become this relaxed again more easily. At four, begin to feel energy returning to your arms and legs. At three, you may want to move or stretch a bit. At two, become aware of the room, and whenever you are ready, at one, open your eyes, feeling refreshed, relaxed and ready to go on with your day. Five...four...three...two...one.

Grounding (taken directly from John Briere's ITCT-A)

This exercise can be viewed by going to:

http://keck.usc.edu/Education/Academic_Department_and_Divisions/Department_of_Psychiatry/Research_and_Training_Centers/USC_ATTC/ITCT-A_-_Treatment_Guide/Chapter_7_-_Distress_Reduction_and_Affect_Regulation_Training/Acute_Distress_Reduction.aspx

Visualization: Taken from John Briere's ITCT-A Guide

This exercise can be viewed by going to:

http://keck.usc.edu/Education/Academic_Department_and_Divisions/Department_of_Psychiatry/Research_and_Training_Centers/USC_ATTC/ITCT-A_-_Treatment_Guide/Chapter_7_-_Distress_Reduction_and_Affect_Regulation_Training/Acute_Distress_Reduction.aspx

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Moving in slow motion

Have a participant repeat a movement or toss/pass an object in slow motion.

Direct the participant to walk to the Energy/Feelings Thermometer or Body Poster in slow motion to point out their energy level or a body part to identify high energy.

OR

Have a participant act out their internal high energy feeling in slow motion.

Freeze frame

Give participants _____ seconds to prepare a specified facial expression. Have them freeze/hold that facial expression for _____ seconds. Switch facial expressions.

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3-2-1 Activity

Begin by talking about the importance of having your body and mind pay attention to the immediate environment as a way to deal with difficult thoughts or feelings. Explain that each person will name three things they see. After everyone has gone around, they then name three things they hear. After everyone has gone around, they then name three things they feel. Feel does not mean affect, but what they feel on their hands or body (i.e., chair against my back). After everyone has gone around you repeat with two things, then one thing. This can be modified in group therapy where each session there are one or two youth who actually verbalize the activity and the rest of the group attends to what they are naming. If the group did a check-in just prior to the activity, it may be beneficial to have them quickly state whether their energy went up or down after completing the process.

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MATERIALS LIST

Pens

Markers

Flip Chart w/ Large Post-It Pages

Paints

Large sheets of Poster Board

Play Dough

Graffiti Pens

Large Body Poster

Simple Poster of the Brain

Energy/Feelings Thermometer

Large Poster of Feeling Words with Space to develop new words

Community Tree Poster

Chairs

Mats to sit on

Bean Bags to sit on

Yoga ball(s)

Radio/Ipod for music

<u>Sensory Tools:</u>

Silly puddy

Squish balls

Candy

Chocolate kisses

Textured Tangles

Plastic Slinky

Hand Cream for scents (variety)

Finger Fidgets

Teachable Touchables (Texture Squares, Tangles)

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READING LIST

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