

**THE UNIVERSITY OF TEXAS
STEVE HICKS SCHOOL OF SOCIAL WORK**

Course Number:	SW 393R31	Instructor:	Arlene Montgomery Ph.D, LCSW-S Barbara Jefferson LCSW-S
Unique Number:	62050	Email:	marksak@utexas.edu bdjefferson@utexas.edu
Semester:	Fall 2023	Office:	By appointment
Meeting Time:	Thursdays 2:30pm – 5:30pm	Office Phone:	Arlene Montgomery 512-480-8086 Barbara Jefferson 512-963-8568
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Neurodevelopment and Trauma

I. STANDARDIZED COURSE DESCRIPTION

This course is designed as an Advanced Clinical Selective for graduate students in the Steve Hicks School of Social Work who wish to participate and eventually become certified in Phase I of the Neurosequential Model of Therapeutics (NMT). The course is grounded in a base of growing empirical evidence, which supports the identification, analysis, and assessment of neurodevelopmental trauma within specific regions of the brain. Following the NMT model, students will learn the sequence of interventions based on neurodevelopment by assessing the readiness of the brain. The course content is grounded in the NASW Standards and Indicators for Cultural Competence in Social Work Practice, and will cover the following: a) Neurosequential Model of Therapeutics; b) Selected aspects of neurodevelopment; c) Developmental trauma; d) Assessment and thinking critically about treatment planning; e) Ethical considerations with emphasis and sensitivity to working with diverse high-risk individuals and families. Students will develop a working understanding of children and adolescents from diverse backgrounds, affirming and respecting their strengths and differences.

II. STANDARDIZED COURSE OBJECTIVES

Upon completion of this course the student will be able to do the following:

1. Demonstrate knowledge and skill in the NMT clinical assessment approach with high-risk children, adolescents, and adults from a developmentally informed and biological perspective.
2. Exhibit knowledge of major regions and normal developmental processes of the brain and the impact of developmental trauma on brain organization and core functions.
3. Demonstrate knowledge of key processes in neurodevelopment and the dimensions of neuroplasticity within the recovery process.
4. Establish knowledge of the NMT core concepts; key learning objectives;

identifying, timing, and dosing of therapeutic interventions; and use of the Metric Report to inform clinical assessment and to identify specific treatment interventions based on developmental needs of the client.

5. Deepen understanding of the value of relationship, resilience, cultural, and familial processes within the context of treatment for each individual client.
6. Apply the understanding of neurobiology of intergenerational and cultural trauma within trauma informed child and family serving systems.
7. Show evidence of knowledge of neurodevelopmental trauma and its impact across cultures, ethnic groups, socioeconomic groups, the young and elderly.
8. Apply the understanding of the impact of developmental trauma and develop the ability to identify ethical interventions and strategies to meet the needs of persons from diverse backgrounds, including race, ethnicity, culture, class, gender, sexual orientation religion/spirituality, physical or mental ability, developmental level, age and national origin, to meet NASW Cultural Competence Standards, and CSWE Standards.

III. TEACHING METHODS

This course is designed to include a variety of teaching methodologies to achieve the expectation of student mastery in application of neurodevelopmental principles involved in working with children and families impacted by chronic adversity. The student will gain clinical assessment skills that include neurodevelopmental principles which are supported by scientific findings. Additionally, the student will have ability to use clinical assessment skills, which includes a neurobiological lens, to inform treatment planning and interventions. Readings, discussion, lecture, experiential exercise, videos, audio CDs, case examples, and presentations are designed to enhance the learning experience.

IV. REQUIRED TEXT AND MATERIALS

Required

What Happened to You. Perry, B.D, & Winfrey, O. (2021). New York: Flatiron Books.

Neurosequential Model Network Account to access Phase 1 materials.

Optional (see NMT requirement)

The Boy Who Was Raised as a Dog, Perry, B.D. & Slavitz, M.(2017) New York: Basic Books

V. COURSE REQUIREMENTS

All assignments must be submitted prior to/or on the date and time indicated on the course syllabus. Assignments submitted after those dates may not receive comments from the instructor, but rather just a final grade with an appropriate reduction in grade at discretion of instructors. Reading & Webinar Assignments.

All assignments are listed in the “Course Schedule.” It is expected that students will come to class having studied the materials and are prepared to discuss them.

To receive a passing grade for the course, all assignments must be completed and submitted. Weighting of class assignments is as follow.

REQUIRED READINGS NOTE: Reading NMN materials for this course are available via login to the NMT online training site at: nmt1.neurosequential.com
Please note there will be reading and other materials available via Canvas.

DESCRIPTION OF ASSIGNMENTS.

- Class participation, discussion contribution, WHY Chapter notes submission (10% final grade)
- Completion of four NMT metrics total (70% final grade):
 1. 1 “Typical” Metric #1 (as a class) 2.5%;
 2. 1 Practice NMT Case-based webinar Metric (as a class) 2.5%;
 3. 1 NMT Case-based webinar Metric (group presentation to class) 35%;
 - Points addressed should include:
 - i. The Core Concepts that are being addressed within the Module.
 - ii. Clinical considerations regarding the 4 domains of functioning.
 - iii. Clinical considerations for Part A and B for developmental history.
 - iv. Clinical considerations for Part C and D for current functioning.
 - v. Review the Case Abstract and biopsychosocial history with the class
 - vi. Final Metric Report
 - vii. Treatment plan and interventions
 - viii. The night before class, the group sends a brief summary to the class and instructors
 4. 1 Practice Fidelity Metric (on your own to complete metric. We will review and score the fidelity metric in class) 30%.
 5. Diversity Group Presentation Format (22.5% final grade)
The group chooses 3 articles from their assigned topic.
 - The night before the class, send a summary of the material to class and instructors.
 - Give the class major points of the material via power point, hand-out, etc.
 - Create a 5 minute or so exercise for the class (e.g., small group discussions, break-out rooms, brief role play, and so on) to consider core concepts of NMT that support important points of the material (at least 3 core concepts).
 - Promote brief discussion with class of how concepts might be integrated into material
 - Create 5 question “quizlette” for class that addresses major “take-home” points of presentation.
 - Core concepts – can be found in Multimedia Material in NMT account, and readings.

Note: reading this material is optional for class; material can be found in Canvas

Assigned books:

What Happened to You, required reading throughout semester. Individual chapter presentations will be assigned to chapters which address neurodevelopmental content for the student to identify and address.

The Boy Who was Raised as a Dog is highly recommended. For those wishing to complete an NMT certification, this text is a requirement for certification

6. As part of learning the Neurosequential Model of Therapeutics, students will be given access to a “metric” tool that assesses clients’ historical and current relational environments, exposure to trauma, and neurodevelopment. Students will complete six of these metrics and submit the reports that are generated by completion of the metrics to the instructor.
7. Case abstract. Students will complete a case abstract and metric. Students will then write a brief case conceptualization applying key NMT concepts.
8. A formal treatment plan for a client/client system, with rationale of how NMT treatment planning principles have been applied. Abstract due day of in-class presentation; conceptualization, metric and treatment plan.

VI. GRADES

94.0 and Above	A
90.0 to 93.999	A-
87.0 to 89.999	B+
84.0 to 86.999	B
80.0 to 83.999	B-
77.0 to 79.999	C+
74.0 to 76.999	C
70.0 to 73.999	C-
67.0 to 69.999	D+
64.0 to 66.999	D
60.0 to 63.999	D-
Below 60.0	F

VII. CLASS POLICIES

Attendance and Participation

Attendance and participation for the full class is expected for all students. Repeated late arrivals to class may be considered as an absence. Classroom exercises, presentations, discussions, and other class exercises are essential for the students’ integration of the material in professional learning and application in work with clients. There should be no more than 2 absences due to the active learning process that will occur in the classroom. Students are to notify the professor prior to class by email if they cannot attend class due to an illness or emergency.

Time Management

Assignments are to be completed as assigned to assist the student in engaging in discussions on the clinical case-staffings, assessment, treatment planning, and integration of Core Concepts of the material. Assignments should be completed on time to engage fully in weekly class discussion.

Feedback

Students will be asked to provide feedback on their learning and the teaching strategies in informal, as well as formal ways. It is very important for the professors to know the students' reactions to what is taking place in class, ensuring that together the professors and students can create a dynamic and effective learning community. Students are encouraged to provide ongoing feedback to the professor during class and office virtual visits.

VIII. UNIVERSITY POLICIES

COVID-19 RELATED INFORMATION. The University's policies and practices related to the pandemic may be accessed at: <https://protect.utexas.edu/>

THE UNIVERSITY OF TEXAS HONOR CODE. The core values of The University of Texas at Austin are learning, discovery, freedom, leadership, individual opportunity, and responsibility. Each member of the university is expected to uphold these values through integrity, honesty, trust, fairness, and respect toward peers and community.

ACCESSIBLE/COMPLIANT STATEMENT: If you are a student with a disability, or think you may have a disability, and need accommodations please contact Disability and Access (D&A). You may refer to D&A's website for contact and more information: <http://diversity.utexas.edu/disability/>. If you are already registered with D&A, please touch base with your instructor to discuss your Accommodation Letter as early as possible in the semester so your approved accommodations can be implemented.

PROFESSIONAL CONDUCT AND CIVILITY IN THE CLASSROOM. The professor expects students to act as professionals in class. This means students should arrive on time for class, be prepared to participate in the class discussion, and show respect for one another's opinions. A course brings together a group of diverse individuals with various backgrounds. Students are influenced and shaped by such factors as race, ethnicity, gender, sex, physical abilities, religious and political beliefs, national origins, and sexual orientations, among others. We expect to learn from each other in an atmosphere of positive engagement and mutual respect. This atmosphere includes working intentionally to recognize and dismantle racism, sexism, heterosexism, and ableism in the classroom. Social Work also deals with complex and controversial issues. These issues may be challenging and uncomfortable, and it would be impossible to offer a substantive classroom experience that did not include potentially difficult conversations relating to challenging issues. In this environment, we will be exposed to diverse ideas and opinions, and sometimes we will not agree with the ideas expressed by others. Nevertheless, the professor requires that students engage one another with civility, respect, and professionalism.

UNANTICIPATED DISTRESS. Students may experience unexpected and/or distressing reactions to course readings, videos, conversations, and assignments. If so, students are encouraged to inform the professor. The professor can be responsive and supportive regarding students' participation in course assignments and activities, but students are responsible for communicating clearly what kind of support is desired. If counseling is needed, students may contact a service provider of their choosing, including the UT Counseling Center at 512-471-3515 or online at <https://cmhc.utexas.edu/>.

POLICY ON SOCIAL MEDIA AND PROFESSIONAL COMMUNICATION. Public social networks are not private. Even when open only to approved or invited members, users cannot be certain that privacy will exist among the general membership of sites. If social work students choose to participate in such forums, please assume that anything posted can be seen, read, and critiqued. What is said, posted, linked to, commented on, uploaded, subscribed to, etc., can be accessed and archived, posing potential harm to professional reputations and prospective careers.

Social work students who use social media (e.g. Facebook, Twitter, Instagram) and other forms of electronic communication (e.g. blogs) must be mindful of how their communication may be perceived by clients, colleagues, faculty, and others. Social work students are expected to make every effort to minimize material which could be considered inappropriate for a professional social worker in training. Because of this, social work students are advised to manage security settings at their most private levels and avoid posting information/photos or using any language that could jeopardize their professional image.

Students are asked to consider the amount of personal information posted on these sites and are obliged to block any client access to involvement in the students' social networks. Client material should not be referred to in any form of electronic media, including any information that might lead to the identification of a client or compromise client confidentiality in any way. Additionally, students must critically evaluate any material that is posted regarding community agencies and professional relationships, as certain material could violate the standards set by the School of Social Work, the Texas Code of Conduct for Social Workers, and/or the NASW Code of Ethics.

Social work students should consider that they will be representing professional social work practice as well as The University of Texas at Austin School of Social Work program while in the classroom, the university community, and the broader area communities.

POLICY ON ACADEMIC INTEGRITY. Students who violate University rules on academic dishonesty are subject to disciplinary penalties, including the possibility of failure in the course and / or dismissal from the University. Since such dishonesty harms the individual, all students, and the integrity of the University, policies on academic dishonesty will be strictly enforced. For further information, please visit the Student Conduct and Academic Integrity website at: <http://deanofstudents.utexas.edu/conduct>.

USE OF COURSE MATERIALS. The materials used in this course, including, but not limited to exams, quizzes, and homework assignments, are copyright protected works. Any unauthorized duplication of the course materials is a violation of federal law and may result in disciplinary action being taken against the student. Additionally, the sharing of course materials without the specific, express approval of the professor may be a violation of the University's Student Honor Code and an act of academic dishonesty, which could result in further disciplinary action. This sharing includes, among other things, uploading class materials to websites for the purpose of distributing those materials to other current or future students.

CLASSROOM CONFIDENTIALITY. Information shared in class about agencies, clients, and personal matters is considered confidential per the NASW Code of Ethics on educational supervision and is protected by regulations of the Family Educational Rights and Privacy Act (FERPA) as well. As such, sharing this information with individuals outside of the educational context is not permitted. Violations of confidentiality could result in actions taken according to the policies and procedure for review of academic performance located in sections 3.0, 3.1, and 3.2 of the Standards for Social Work Education.

UNIVERSITY ELECTRONIC MAIL STUDENT NOTIFICATION. Electronic mail (email), like postal mail, is a mechanism for official University communication to students. The University will exercise the right to send email communications to all students, and the University will expect that email communications will be received and read in a timely manner. Students can find UT Austin's policies and instructions for updating their e-mail address at <https://it.utexas.edu/policies/university-electronic-mail-student-notification-policy>.

RELIGIOUS HOLY DAYS. A student who misses classes or other required activities, including examinations, for the observance of a religious holy day should inform the instructor as far in advance of the absence as possible so that arrangements can be made to complete an assignment within a reasonable period after the absence. A reasonable accommodation does not include substantial modification to academic standards, or adjustments of requirements essential to any program of instruction. Students and instructors who have questions or concerns about academic accommodations for religious observance or religious beliefs may contact the Office for Inclusion and Equity. The University does not maintain a list of religious holy days.

TITLE IX DISCLOSURE. Beginning January 1, 2020, Texas Education Code, Section 51.252 (formerly known as Senate Bill 212) requires all employees of Texas universities, including faculty, to report to the [Title IX Office](#) any information regarding incidents of sexual harassment, sexual assault, dating violence, or stalking that is disclosed to them. Texas law requires that all employees who witness or receive information about incidents of this type (including, but not limited to, written forms, applications, one-on-one conversations, class assignments, class discussions, or third-party reports) must report it to the Title IX Coordinator. Before talking with me, or with any faculty or staff member about a Title IX-related incident, please remember that I will be required to report this information.

Faculty, staff, graduate assistants, teaching assistants, and graduate research assistants are [mandatory reporters](#) under federal Title IX regulations and are required to report [a wide range of behaviors we refer to as sexual misconduct](#), including the types of misconduct covered under Texas Education Code, Section 51.252. Title IX of the Education Amendments of 1972 is a federal civil rights law that prohibits discrimination on the basis of sex – including pregnancy and parental status – in educational programs and activities. The Title IX Office has developed supportive ways and compiled campus resources to support all impacted by a Title IX matter.

If you would like to speak with a case manager, who can provide support, resources, or academic accommodations, in the Title IX Office, please email: supportandresources@austin.utexas.edu. Case managers can also provide support, resources, and accommodations for pregnant, nursing, and parenting students.

For more information about reporting options and resources, please visit: <https://titleix.utexas.edu>, contact the Title IX Office via email at: titleix@austin.utexas.edu, or call 512-471-0419.

CAMPUS CARRY POLICY. The University’s policy on campus carry may be found here: <https://campuscarry.utexas.edu>.

SAFETY. As part of professional social work education, students may have assignments that involve working in agency settings and/or the community. As such, these assignments may present some risks. Sound choices and caution may lower risks inherent to the profession. It is the student's responsibility to be aware of and **adhere to policies and practices** related to agency and/or community safety. Students should notify the professor regarding any safety concerns.

BEHAVIOR CONCERNS and COVID-19 ADVICE LINE (BCCAL). If students have concerns about their behavioral health, or if they are concerned about the behavioral health of someone else, students may use the Behavior Concerns and COVID-19 Advice Line to discuss by phone their concerns. This service is provided through a partnership between the Office of the Dean of Students, the Counseling and Mental Health Center (CMHC), the Employee Assistance Program (EAP), and The University of Texas Police Department (UTPD). Call 512-232-5050 or visit <https://safety.utexas.edu/behavior-concerns-advice-line>. The Behavior Concerns and COVID-19 Advice Line has been expanded to support The University of Texas at Austin community during the COVID-19 pandemic. By calling 512-232-5050 - Option 2 for COVID-19, students, faculty and staff can be assisted in English and Spanish with COVID-19 support.

EMERGENCY EVACUATION POLICY. Occupants of buildings on the UT Austin campus are required to evacuate and assemble outside when a fire alarm is activated or an announcement is made. Please be aware of the following policies regarding evacuation:

- Familiarize yourself with all exit doors in the classroom and the building. Remember that the nearest exit door may not be the one you used when entering the building.
- If you require assistance to evacuate, inform the professor in writing during the first week of class.
- In the event of an evacuation, follow the professor’s instructions.
- Do not re-enter a building unless you are given instructions by the Austin Fire Department, the UT Austin Police Department, or the Fire Prevention Services office.

IX. COURSE SCHEDULE

Date	Topic	Assignment Due	Readings/Assignments
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<p>Class 1 8-24</p>	<p>Orientation to the Neurodevelopment and Trauma Course</p>	<p>Orientation to NMT Account Review.</p> <p>Requirements for Phase 1 NMT certification. Overview of syllabus.</p> <p>Materials in:</p> <ul style="list-style-type: none"> • Canvas • NMT account 	<p>Text: What Happened to You (WHTY): Ch's.1 & 2 – Weekly summaries for each chapter</p>
<p>Class 2 8-31</p>	<p>Module 1 - Basics of Brain Organization</p> <ul style="list-style-type: none"> • View: BC1 Brain Organization • View: BC2 Basics of Brain Structure • View: NN Stress and Trauma Series #16— Historical Trauma https://www.youtube.com/playlist?list=PLYhWK71WKiZKViXTQ3fFI-exZK29v_4iF 	<p>NMT Core Concepts discussion and integration into the metrics</p> <p>Genetics and Epigenetics</p> <p>Orientation to The NMT Metric Report</p>	<p>View from NMT account:</p> <ul style="list-style-type: none"> • Child Trauma Academy (2013, September 6). Seven slide series: The human brain. Retrieved from: https://www.youtube.com/watch?v=uOsgDkeH52o (This video is 13 min. 40 sec.) • Intro to NMT Metrics: Overview (1 hr.) • The Child Trauma Academy (2019) The NMT Clinical Practice Tools - in your NMT account. • The NMT Coding Guide - in your NMT account under Metric Tool Resources. • The Metric Scoring Overview - in your NMT account under Metric Tool Resources. • Read “Typical” Case Study summary in Canvas.

			*Before class 3, send questions about the metric to Montgomery and Jefferson
Class 3 9-7	Intro to NMT Metrics: Part 1	Address questions about the Metric Report Complete 1st Typical Metric in class.	View from NMT account: <i>Note - We will generate a Metric Report together next week on the case below. Be prepared to address this case in class:</i> <u>View Case-based Webinar:</u> Phase I Core Certification Series: Session 5: Leon 8 y.o. M: Adoption: Reconstruction of Dev HX (90 min., this case is located in Module 5).
Class 4 9-14	Intro to NMT Metrics: Part 2	Complete Case-Based Practice Metric: series #5 <ul style="list-style-type: none"> Clinical considerations, Generate Metric Report in class. (2 nd Metric Report completed).	View from NMT account: <ul style="list-style-type: none"> NN Stress & Trauma Series #4 (SDR 4): RRR: Sequence of Engagement (Video is 18 min. 25 secs) Text: <ul style="list-style-type: none"> What Happened to You – Chapters 3 & 4
Class 5 9-21	Module 2 - Sequential Organization & Development of the Brain <ul style="list-style-type: none"> View: BC3 - Sequential Development of the Brain View: BC4 - Sequential Organization of the Brain 	Group 1 Presentation and Metric: Case-based Webinar: Phase I Core Certification Series: Session 2: Severe Early Abuse and Relational Templates Group 2 Diversity Presentation: Trauma, Attachment, and Migration	Text: <ul style="list-style-type: none"> What Happened to You – Chapters 5 & 6
Class 6 9-28	Module 3 - Understanding Stress, Distress & State Dependence: The Core	Group 3 Presentation and Metric:	View from NMT account: <ul style="list-style-type: none"> Boot Camp Series 8 (BC8): Acquisition of Cognitive Content

	<p>Regulatory Networks (CRN)</p> <ul style="list-style-type: none"> View: BC 9 - Development, Memory, and Roots of Rhythm View: BC 4 – State Dependent Functioning 	<p>Case-based Webinar: Phase I Core Certification Series: Session 3: Dissociation and Hyperarousal</p> <p>Group 4 Diversity Presentation: Protective Factors of Attunement</p>	<p>(Video is 16 min. 22 secs)</p> <p>Readings in NMT Account:</p> <ul style="list-style-type: none"> Perry, B.D., 2019, Understanding Dissociation NMT Ten Tip Series, NMN Press, Houston, TX (3 pgs.) Perry, B.D. (2019) Understanding hyperarousal: the “Flock, Freeze, Flight and Fight” continuum. The NMC Ten Tip Series, NMN Press, Houston, TX (3 pgs.) <p>Text:</p> <ul style="list-style-type: none"> What Happened to You, Chapter 7
<p>Class 7 10-5</p>	<p>Module 4 - Multiple Stress Responses: Hyperarousal and Dissociation</p> <ul style="list-style-type: none"> View: BC5 – Introduction to Hyperarousal View: BC6 – Introduction to State Dependence View: Seven Slide Series: Threat Response Patterns 	<p>Group 5 Presentation and Metric:</p> <p>Case-based Webinar: Phase I Core Certification Series: Session 4: Isaiah: 3 y.o. M and Mom: FAS+</p> <p>Group 6 Diversity Presentation: Attachment, Relational Buffers, and Adversity</p>	<p>In Canvas:</p> <ul style="list-style-type: none"> Read Practice Fidelity Abstract for next class. <p>In NMT account:</p> <ul style="list-style-type: none"> Complete the Practice Fidelity Metric Report prior to the next class.
<p>Class 8 10-12</p>	<p>Practice Fidelity Metric</p>	<p>Discussion and questions about the Practice Fidelity Metric will be done in class.</p> <p>How to score your practice fidelity.</p>	<p>Text:</p> <ul style="list-style-type: none"> What Happened to You Chapter 8 <p>In your NMT account: View:</p> <ul style="list-style-type: none"> Case-based Webinar: Phase I Core Certification Series: Session 11: Brandon 8 yo M & Faith 6 yo F;

		Treatment planning based on recommendations.	Outcomes, Pre-post (located in Module 10)
Class 9 10-19	Module 5: Patterns of Stress Responses: Sensitization and Resilience <ul style="list-style-type: none"> View: BC7 – Sensitization View: DTS7 – Dosing, Spacing, & Resilience 	Group 7 Presentation and Metric: Case-based Webinar: Phase I Core Certification Series: Session 9: Tyler 8 yo M; Chaos, neglect, and adoption. Group 8 Diversity Presentation: Impact of Stress on Marginalized Populations	Read in NMT account: <ul style="list-style-type: none"> Dosing and Learning: from BrainFacts.Org (2015) Text: <ul style="list-style-type: none"> WHTY - Chapters 9 & 10
Class 10 10-26	Module 6: Bonding and Attachment <ul style="list-style-type: none"> View: BC10 - Introduction to Relational Regulation View: BC11 - Triune Association 	Group 2 Presentation and Metric: Case-based Webinar: Phase I Core Certification Series: Session 6A: Michelle 15 yo F: Sexual abuse; failed adoption Group 1 Diversity Presentation: Indigenous Populations, Stress, and Trauma	In your NMT account: View: NN Stress and Trauma Series (SDR 13) #13—The Intimacy Barrier https://www.youtube.com/playlist?list=PLYhWK71WKiZKViXTQ3fFI-exZK29v_4iF (Video is 24 min. 44 secs) Read: Hambrick, E.P., Brawner, T., Perry, B.D., Brandt, K., Hofeister, C. & Collins, J. (2018). Beyond the Ace Score: Examining relationships between timing of developmental adversity, relational health and developmental outcomes in children. Archives of Psychiatric Nursing DOI: 10.1016/j.apnu.2018.11.001 Read: Perry, B.D. (2019) The intimacy barrier. The NMC Ten Tip Series, NMC Press Houston TX (4 pgs)

<p>Class 11</p> <p>11-2</p>	<p>Module 7: Neglect</p> <ul style="list-style-type: none"> View: Developmental Trauma Series #5: Early childhood, bonding & attachment View: Developmental Trauma Series #6: Neglect and relational sensitization 	<p>Group 4 Presentation and Metric: Case-based Webinar: Phase I Core Certification Series: Session 7: Aurelia 12 yo F: Severe neglect, institutionalization</p> <p>Group 3 Diversity Presentation: Neglect and Community</p>	<p>In NMT account: Read: Perry, T.D. (2017) Trauma and Stressor-related Disorders I Infants, Children, & Youth in Textbook of Child and Adolescent Psychopathology: Third Ed. (Theodore P. Beauchaine and Stephen P. Hinshaw, Eds) pp. 683-705. Wiley, New York.</p>
<p>Class 12</p> <p>11-9</p>	<p>Module 8: Pleasure and Pain – The Rewards of Regulation</p> <ul style="list-style-type: none"> View: NN Stress and Trauma Series #10— Reward Systems & Maladaptive Regulation https://www.youtube.com/playlist?list=PLyhWK71WKiZKViXTQ3fFI-exZK29v_4iF 	<p>Group 6 Presentation and Metric: Case-based Webinar: Phase I Core Certification Series: Session 10: AJ 4 y.o. M; State dependent functioning; toxic relational environment</p> <p>Group 5 Diversity Presentation: Culturally Competent Practice Considerations</p>	<p>In NMT account: Read: Hambrick, E., Brawner, T., Perry, B.D., et al. (2018) Restraint and critical incident reduction following introduction of the Neurosequential Model of Therapeutics (NMT). Residential Treatment for Children & Youth. http://www.tandfonline.com/doi/full/10.1080/0886571X.2018.1425651</p>
<p>Class 13</p> <p>11-16</p>	<p>Module 9: Transgenerational Trauma – Epigenetics to Culture</p> <ul style="list-style-type: none"> View: NN Stress and Trauma Series #6— Dosing and Spacing https://www.youtube.com/playlist?list=PLyhWK71WKiZKViXTQ3fFIexZK29v_4iF View: NN Stress and Trauma Series #15— Sport, Music, & Art: the Bedrock https://www.youtube.com/playlist?list=PLyh 	<p>Group 8 Presentation and Metric: Case-based Webinar: Phase I Core Certification Series: Session 8: Cheyenne 13 yo F Dissociation, reward dysfunction; relational poverty</p> <p>Group 7 Diversity Presentation: Epigenetics and Cultural Trauma</p>	<p>In NMT account: Read: Cox, A., Perry, B.D. & Frederico, M. (2021) Resourcing the system and enhancing relationships: pathways to positive outcomes for children impacted by abuse and neglect. Child Welfare, 98:6, 177-201.</p>

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	Week of Fall Break: No Class		
Class 14 11-30	Module 10: Dosing and Spacing View: Pandemic Parenting: Building Resilience https://youtu.be/CDoc0-5HyKE (65 minutes)	Wrap up!	

IX. BIBLIOGRAPHY

Beeghly, M., Perry, B.D., & Tronick, E. (2016). Self-regulatory processes in early development. In S. Maltzman (Ed.) *The Oxford handbook of treatment processes and outcomes in psychology*. <https://doi.org/10.1093/oxfordhb/9780199739134.013.3>.

Berlin, L., Zeanah, C., & Lieberman, (2008). Prevention and intervention programs for supporting early attachment security, In: Cassidy, J. & Shaver, P., (Eds.). (2008). *Handbook of attachment: Theory, research, and clinical applications*. New York: The Guilford Press, 748-761.

Beyond the ACE Score: Examining relationships between timing of developmental adversity, relational health, and development outcomes in children (NMN materials)

Brainfacts.org (2016). *What is the best way to help my students retain information longer?*
Retrieved from
<https://brainfacts.org/About-Neuroscience/Ask-an-Expert/Articles/2015/What-is-the-best-way-to-help-my-students-retain-information-longer>.

Bragdon, A.D. & Gamon, D. (2000). *Brains that work a little bit differently: Recent discoveries about common brain diversities*. USA: Allen D. Bragdon Publisher, Inc.

Cameron, C.A., Talay-Ongan, A., Hancock, R. & Tapanya. S. (2010) Emotional Security. In: Gillen, J. & Cameron, C.A. (Eds.). (2010). *International perspectives on early childhood research: A Day in the Life*. New York: Pargrave Macmillan., 77- 99.

Carlson, V. & Harwood, J. (2003). *Attachment, Culture, and the caregiving system: The cultural patterning of everyday experiences among Anglo and Puerto Rican mother-infant pairs*. *Infant Mental Health Journal*, 24(1), 53-70.

Cozolino, L.J. & Santos, E.N. (2014). Why we need therapy—and why it works: A neuroscientific perspective. *Smith College Studies in Social Work*, 84(2-3), 157-177.

Cushing, G., Samuels, G. M., Kerman, B. (2014). Profiles of Relational Permanence at 22: Variability in Parental Supports and Outcomes among Young Adults with Foster Care Histories. *Children and Youth Services Review*, 39, 73-83.

Cox, A. Perry, B.D. & Fredrico, M. (2012). Resourcing the system and enhancing relationships: Pathways to positive outcomes for children impacted by abuse and neglect. *Child Welfare*. In J. Mitchell, J. Tucci & E. Tronick(Eds.). The handbook of therapeutic child care: Evidence- informed approaches to working with traumatized children, foster, relative, and adoptive care. London: Jessica Kingsley.

D'Andrea, W., Ford, J., Stolbach, B., Spinazzola, J. & van der Kolk, B. (2012). Understanding interpersonal trauma in children: Why we need a developmentally appropriate trauma diagnosis. *American Journal of Orthopsychiatry*, 82(2), 187-200.

Dettlaff, A. & Fong, R. (Eds.) (2012). *Child welfare practice with immigrant children and families*. New York: Taylor & Francis Books.

Fong, R. & Earner, I. (2007). Multiple traumas of refugees: Crisis reenactment play therapy. In Nancy Boyd Webb (Ed.). *Play therapy with children in crisis: Individual, group, and family methods*. 3rd ed. (pp.408-425). New York: Guilford Press.

Fong, R. (2007). Child welfare challenges in culturally competent practice with immigrant and refugees. *Protecting Children*. Vol. 22, No. 2, 99-105.

Fong, R. (2007). Diversity in diversity: Changing the paradigm. *Journal of Ethnic and Cultural Diversity in Social Work*. Vol.16,3/4.113-122.

Fong, R. (2007). Immigrant and refugee youth: Migration journeys and cultural values. *The Prevention Researcher*, 14(4), 3-5.

Fong, R., Dettlaff, A., James, J., & Rodriguez, C. (Eds.). (2015). *Addressing racial disproportionality and disparities in human services: Multi systemic approaches*. New York: Columbia University Press.

Fong, R., McRoy, R. & Hendric-Ortiz, C. (Eds.). (2006). *Intersecting child welfare, substance abuse, and family violence: Culturally competent approaches*. Washington, D.C.: Council on Social Work Education.

Fong, R. & McRoy, R. (Eds.). (2016). *Transracial and Intercountry Adoption Practices and Policies: A Resource for Educators and Clinicians*. New York: Columbia University Press.

Fosha, D., Siegel, D.J., & Solomon, M. (2009). The healing power of emotion: Affective neuroscience, development and clinical practice. New York: WW Norton & Co.

Geller, S.M. & Porges, S.W. (2014). Therapeutic presence: Neurophysiological mechanisms mediating feeling safe in therapeutic relationships. *Journal of Psychotherapy Integration*, 24(3), 178-192.

Glikman, H. (2004, April). Low-income fathers: Contexts, connections, and self. *Social Work*, 49(2), 195-206.

Gur, R.C. (2005). Brain maturation and its relevance to understanding criminal culpability of juveniles. *Current Psychiatry Reports*, 7, 292-296.

Hambrick, E., Brawner, T., Perry, B.D., Wang, E. et al. (2018) Restraint and critical incident reduction following introduction of the neurosequential model of therapeutics (NMT), *Residential Treatment for Children & Youth DOI*: 10.1080/0886571X.2018.1425651.

Hesse, A.M. (2002). Secondary Trauma: How working with trauma survivors affects therapists. *Clinical Social Work Journal*, 30(3), 292-310.

Hendricks, C. & Fong, R. (2006). Ethnically sensitive practice with traumatized children and families. In N. Webb. (Ed.). *Working with traumatized youth in child welfare*. (pp.135-154). New York: Guilford Press.

Jackson, A., Ferderico, M., Cox, A. & Black, C. (2019). The treatment of trauma: The Neurosequential Model and “Take Two.” In B. Hupertz. (Ed.) *Approaches to psychic trauma: Theory and Practice* (pp.423-456). London: The Rowman & Littlefield Publishing Group, Inc.

Jackson, K., & Samuels, G. M. (2011). Multiracial “competence” in social work: Recommendations for culturally attuned work with multiracial individuals and families. *Social Work*. 56(3), 235-245

James, J., Green, D., Rodriguez, C. & Fong, R. (2008). Addressing disproportionality through undoing racism, leadership development, and community engagement. *Child Welfare*, 87(2), 279-296.

Karen, R. (1990, February). Becoming attached. *The Atlantic Monthly*, 35-70.

LeDoux, J.E. (2015). *Psychotherapy as a learning experience: Suggestions from the neuroscience of learning and memory*. Retrieved from <https://www.psychologytoday.com/blog/i-got-mind-tell-you/201508/psychotherapy-learning-experience>.

Lieberman (2018) When migration separates children and parents: Searching for repair. *Zero to Three* 39(1),55.

Lopez. (2018). In Danger at the Border: Parents Are Children's Best Tool Against Toxic Stress. *Zero to Three*, 39(1), 22.

Lyons-Ruth, K., & Jacobvitz, C. (1999). *Attachment disorganization: Unresolved loss, relational violence, and lapses in behavioral and attentional strategies*. In J. Cassidy and P. Shaver, (Eds.), *Handbook of attachment: Theory, research, and clinical implications* (pp. 520-554). New York: Guilford Press.

McCubbin, H. I., McCubbin, L., Samuels, G. M., Zhang, W., & Sievers, J. (Eds). (2013). Multiethnic Children, Youth, and Families: Emerging Challenges to the Behavioral Sciences and Public Policy. *Family Relations*, 62(1), 1-253.

Mohr, W.K., Martin, A., Olson, J.N., Pumariega, A.J., & Branca, N. (2009). Beyond point and level systems: Moving toward child-centered programming. *American Journal of Orthopsychiatry*, 79, 8-18. <https://doi.org/10.1037/a0015375>.

Montgomery, A. (2002). Converging perspective of dynamic theory and evolving neurobiological knowledge. *Smith College Studies in Social Work*. 72(2), 177-196.

Perry, B.D. (1997). Incubated in terror: Neurodevelopmental factors in the 'cycle of violence'. In J. Osofsky (Ed.), *A violent society* (pp.124-148). New York: The Guilford Press.

Perry, B.D. & Pollard, R. (1998). Homeostasis, stress, trauma and adaption: a neurodevelopmental view of childhood trauma. *Child and Adolescent Psychiatric Clinics of North America*, 7(1), 33-51.

Perry, B.D. (1999). Memories of fear: How the brain stores and retrieves physiologic states, feeling, behaviors, and thoughts from traumatic events. In J.M. Goodwin & R. Attias (Eds.), *Images of the body in trauma* (pp. 26-47). New York: Basic Books.

Perry, B.D. (2001). *Bonding and attachment in maltreated children: Consequences of emotional neglect in childhood*. Child Trauma Academy: Houston TX.

Perry, B.D. (2002). The neurodevelopmental impact of violence in childhood. In D. Schetky and E.P. Benedek (Eds.) . (pp. 221-238). Washington, D.C.: *American Psychiatry Press, Inc.*

Perry, B.D. (2002) Childhood experience and the expression of genetic potential: What childhood neglect tells us about nature and nurture. *Brain and Mind* 3 79-100.doi:10.1023/A:1016557824657.

Perry, 2002. Childhood experience and the expression of genetic potential: what childhood neglect tells us about nature and nurture.

Perry, BD (2006) The Neurosequential Model of Therapeutics applying principles of neuroscience to clinical work with traumatized and maltreated children. In N.B. Webb (Ed.), *Working with traumatized youth in child welfare* (pp.27-52). New York: The Guilford Press.

Perry, B.D. (2007) M.D., & Szalavitz, M.(2007). *The boy who was raised as a dog*.

Perry, B.D. (2008). Child Maltreatment: The role of abuse and neglect in developmental psychology. In T.P. Beuchaine & S.P. Hinshaw (Eds.) *Textbook of child and adolescent psychology*, (pp.93-128). New York: Wiley

Perry, B.D. (2008). Healthy families, healthy communities: An interview with Bruce D. Perry. *Joining Forces, Joining Families*, 10(3), 1-7.

Perry, B.D. (2014). The cost of caring: Understanding and preventing secondary traumatic stress when working with traumatized and maltreated children. *Child Trauma Academy Professional Series*. Houston, TX: Child Trauma Academy.

- Perry, B.D. (2017). *The intimacy barrier. NMT Ten Tip Series*. Houston, TX: CTA Press.
- Perry, B.D. (2017). *Trauma and stress related disorders: Infants, children, and adolescent psychopathology, 3rd Edition*. In T.P. Beauchaine & S.P. Hinshaw (Eds) (pp.683-705). New York: Wiley.
- Perry, B.D. (2017). *The boy who was raised as a dog*. New York: Basic Books.
- Perry, B.D. (2017). *Understanding hyperarousal: The “Flock, Freeze, Flight and Fight” continuum*. The NMC Ten Tip Series, CTA Press, Houston TX.
- Perry, B.D.(2019).*The intimacy barrier: The NMC Ten Tips Series*, NMN Press. Houston, Texas.
- Perry, B.D. (2019). *Understanding dissociation: The NMC Ten Tips Series*. NMN Press, Houston, Texas.
- Perry, B.D. & Dobson, C. (2013) Application of the Neurosequential Model (NMT) in maltreated children. In *Treating Complex Traumatic Stress Disorders in Children and Adolescents*.(J. Ford & C. Courtois, Eds.)New York: Guilford Press, 249-260.
- Perry, B.D. & Hambrick, E. (2008). The Neurosequential Model of Therapeutics. *Reclaiming children and youth, 17(3), 39-43*.
- Perry, B.D., Hambrick, E.P., Brandt, K., Hofeister, C.,& Collins, J.(2018).*Beyond the ACE score: Examining relationships between time of developmental adversity, relational health, and developmental outcomes in children*.
- Perry, B.D., Hambrick, E., & Perry, R.D. (2016) A neurodevelopmental perspective and clinical challenges. In R. Fong and R. McCoy (Eds.), *Transracial and intercountry adoptions: Cultural guidance for professionals* (pp. 126-153). New York NY: Columbia University Press.
- Perry, B.D. & Jackson.(2014). *Long and winding road: from neuroscience to policy, program and practice*.
- Perry, B.D., Pollard, R., Blakely, T., W., & Vigilante, D. (1995). Childhood trauma, the neurobiology of adaptation and ‘use-dependent’ development of the brain: How “states” become “traits”. *Infant Mental Health Journal, 16(4), 271-291*.
- Perry, B.D., & Rosenfelt, J.L. (2013). *The child’s loss: Death, grief and mourning*. Child Trauma Academy – CTA Parent and Caregiver Education Series.
- Perry, B.D., & Welch, L. (2002). *Testifying in juvenile and family court: Preparing for depositions, hearings and trials*.
- Perry, B.D. & Winfrey, O.(2021). *What happened to you?* New York: Flatiron Books.
- Porges, S. (2012). *Understanding polyvagal theory: Emotion attachment and self-regulation* [Video recording]. New York: Psychotherapy networker. Retrieved from: <http://search.alexanderstreet.com.flagship.luc.edu/view/work/2287050>

(AU Series).

Schore, A. N. (1994). *Affect regulation and the origin of the self: The neurobiology of emotional development*. Hillsdale, New Jersey: Lawrence Erlbaum Associates.

Pryce, J., Napolitano, L., & Samuels, G. M. (2017). Transition to adulthood of former foster youth: Multi-level challenges to the help seeking process, *Emerging Adulthood*, 5(5), 311-321.

Pryce, J. M., & Samuels, G. M. (2010). Renewal and risk: The dual experience of motherhood and aging out of the child welfare system. *Journal of Adolescent Research*, 25(2), 205-230.

Saxe, G.N., Ellis, B.H., & Brown, A.D. (2016). Survival circuits: How traumatic stress is about survival-in-the-moment. *Collaborative treatment of traumatized children and teens* (2nd ed., pp. 31-44). New York: The Guilford Press.

Shaw, S.L.& Dallos, R. (December, 2005). Attachment and adolescent depression. *Attachment & Human Development* (7)4. 409-424.

Samuels, G. M. (2009). Using the extended case method to explore identity in a multiracial context. *Ethnic and Racial Studies*, 32(9), 1599-1618.

Samuels, G. M. (2009). Ambiguous loss of home: The experience of familial (im)permanence among young adults with foster care backgrounds, *Children & Youth Services Review*, 31, 1229-1239.

Samuels, G. M. (2009). Using the extended case method to explore identity in a multiracial context. *Ethnic and Racial Studies*, 32(9), 1599-1618.

Samuels, G. M. (2010). Building kinship and community: Relational processes of bicultural identity among adult multiracial adoptees. *Family Process*, 49(1), 26-42.

Schore, A.N. (2003a). Parent-infant communications and the neurobiology of emotional development. *Affect dysregulation and disorders of the self*. New York: W.W. Norton & Co. Chapter 4 (75-86).

Sori, C.F. & Schnur, S. (2013) Integrating a Neurosequential approach in the treatment of traumatized children: An interview with Eliana Gil, Part II. *The Family Journal: Counseling and Therapy for Couples and Families*, 22(2), 1-8.

Tassie, A.T. (2015) Vicarious resilience from attachment trauma: reflections of long-term therapy with marginalized young people, *Journal of Social Work Practice*, 29:2, 191-204, doi: 10.1080/02650533.2014.933406

Tronick, E. (2007). *The role of culture in brain organization, child development, and parenting*. In: The neurobehavioral and socio-emotional development of infants and children. New York: W.W. Norton, 97-101.

Tronick, E. (2007) *The Manta pouch: A regulatory system for Peruvian infants at high altitude*. In: The neurobehavioral and socio-emotional development of infants and children. New York: W.W. Norton, 123-133.

Tronick, E. (2007) Multiple caretaking in the context of human evolution: Why don't the Efe know the Western prescription for child care? In: *The neurobehavioral and socio-emotional development of infants and children*. New York: W.W. Norton, 102-122.

van Ijzendoorn, M. & Sagi, A. (1999) *Cross-cultural patterns of attachment: Universal and Contextual Dimensions*. In: J. Cassidy & P. Shaver (Eds.). *Handbook of attachment: Theory, research, and clinical applications*. New York: The Guilford Press, 880-882 & 896-901.

Ungar, M. & Perry, B.D. (2012). Trauma and resilience. In T. Alaggia & C. Vine (Eds.), *Cruel but Not Unusual: Violence in Canadian Families* (pp. 119-143). Waterloo, CA: WLU Press

NMT Core Concept for Modules 1 through 10

Module 1: Introductory Concepts

- Neural networks develop and change in “use-dependent” (activity-dependent) ways.
- The brain develops, processes incoming information, and “acts” on this incoming information in a sequential way – from networks lower to higher in the brain – from the bottom up. The human brain is organized such that it can react before it ‘feels’ and can feel before it ‘thinks.’
- There are multiple interactive stress-response networks; two key interactive response patterns are the 1) hyperarousal (Flock, Freeze, Flight, Fight) and 2) dissociative (Avoid, Comply, Dissociate) response continuum. These networks work together in complex ways to provide optimal responses to the specific nature and context of the challenge or threat.

Module 2: Sequential Organization & Development of the Brain

- A primary mechanism involved in ‘making sense of the world’ is the creation of associations between simultaneous activation of separate neural networks (e.g., vision & touch).
- The sequential creation of complex associations is a fundamental element of development.
- Early caregiving relationships create the primary associations that become the basis for attachment style and future relational preferences, biases and capabilities.

Module 3: Understanding Stress, Distress & State Dependence: The Core Regulatory Networks (CRN)

- The core regulatory networks (e.g., noradrenergic, serotonergic, dopaminergic), which originate in lower areas of the brain, distribute to all other areas of the brain, and, via neuroendocrine, neuroimmune and autonomic nervous system to the whole body.
- These core regulatory networks (CRN) play a key role in a) development and b) our multiple stress response capabilities.
- All brain functioning is “state-dependent” – cognition, emotional, social, and motor functioning will shift with the internal state of the individual.

Module 4: Multiple Stress Responses: Hyperarousal & Dissociation

- Stress - a strain or challenge to any system in the body - is an unavoidable element of human life. The body's capacity to 'respond' to stressors allows us to survive and thrive. It is the pattern of stress that determines whether it is helpful or detrimental to the body.

- The body's multiple stress-response capabilities can work individually or in concert to create complex, dynamic and heterogeneous effects. These effects can impact the body all the way down to the genome - creating epigenetic changes that can be passed from generation to generation.
- Dissociation is a normal and pervasive mental mechanism. It can become pathological when the systems mediating this graded response capability become sensitized. Similarly, sensitization of the hyperarousal systems can lead to pathology.

Module 5: Patterns of Stress Responses: Sensitization & Resilience

- Resilience is a malleable capability; genetic, epigenetic, intrauterine, early attachment and later life experience can all influence the capacity to demonstrate resilience under duress. The capacity to demonstrate resilience can erode with chronic, unpredictable or extremes stress and can be restored with rest, relational regulation, and opportunities for moderate, predictable, controllable stress.
- To intentionally alter the activity or set point (homeostasis) of any neural network, you must provide patterned, repetitive activation of that system (specificity). This is the challenge of influencing the specific 'trauma' induced multisystem memories involved in the symptoms and signs following trauma - one must activate them in moderate, controllable ways to alter their reactivity.
- Ideally, therapeutic experience not only normalizes the 'sensitivity' of existing memory, but it also creates "new" associations - new memory. Ideally, these become the new default associations for everyday life. Therapeutic experience will not 'erase' old associations. Under duress the old default can return.

Module 6: Bonding & Attachment

- During infancy a set of primary foundational associations (basically a form of 'memory') are created as a function of the quality, timing, and pattern of bonding experiences. These 'associations' create the basic capacities to form and maintain connections with others. This 'attachment' capacity becomes a primary organizing element during development.
- Regulate, relate then reason. Remember that our relational capabilities are also 'state-dependent.' Respecting the sequence of engagement is essential for successful connection and communication in all developmental, learning, and therapeutic interactions.
- The neurosociology of humankind is multi-faceted; on one hand we seek connection to others – but this pull is to others judged to be part of our 'clan' - known, familiar, safe. The brain's tendency to activate the stress response with novelty – and more – means that we will react to people significantly different from our safe, familiar 'clan' with initial defensiveness, wariness or worse.

Module 7: Neglect

- Disrupting, diminishing, or distorting the nature, timing, and quality of experiences during key times in development may result in abnormal or undeveloped brain related functioning. Multiple forms of 'neglect' related dysfunction can occur.
- The very same circumstances that increase an infant or child's risk for 'neglect' are often also sources of 'fear.' Unpredictability, extreme novelty, hunger, relational inconsistency, and actual threat often, but not always, co-occur with neglect.
- Remember the "Rs" of optimal developmental environments: Regulated; Relational; Relevant (developmentally appropriate); Repetitive (patterned); Rewarding; Rhythmic & Respectful.

Module 8: Pleasure & Pain: The Rewards of Regulation

- Disrupting, diminishing, or distorting the nature, timing, and quality of experiences, a fundamental principle of the mammalian brain is to reward adaptive, regulatory, and self-protective behaviors.
- Pain and distress are signals that the organism is 'out of balance' or under some form of threat. Paying attention to, and addressing, the source of pain is adaptive and self-protective.
- The fleeting (seconds to minutes) impact of activating the reward networks can lead to repetitive and maladaptive behaviors especially in the face of poverty of other forms of reward.

Module 9: Transgenerational Trauma: Epigenetics to Culture

- There are multiple ways in which we pass experience to the next generation; the most powerful is to take advantage of the malleability of the human brain. Sociocultural evolution is the major manifestation of the brain's malleability.
- If there is a neglected, traumatized child, there is often a parent with a history of chaos, threat, neglect, and abuse. It is almost impossible to address the needs of the child without understanding and helping meet the needs of the parent.
- Family, community, and culture provide the matrix of relational interactions, common unifying principles, values, and practices that can buffer from current stress and distress and heal from past trauma.

Module 10: Dosing and Spacing

- The key to optimal therapeutic dosing is remembering that repetitive, moderate, predictable/controllable stress will a) build resilience in a neurotypical individual and b) restore neurotypical regulation in a sensitized individual. Further, it is the availability and quality of the relational interactions throughout a day (the therapeutic web) that can provide these healing and resilience-building moments.
- One-size-fits-all “dosing” of challenge and opportunity will not work well; know the stage and watch the state! One person's moderate challenge can create a catastrophic meltdown in another.
- A primary principle of neuroplasticity is ‘specificity’ – this means that to modify (improve or change) trauma-impacted neural networks, these networks (and trauma-related associations) need to be activated. The key is “dosing” – the controllability, context, duration and presence of regulating individuals or activity when doing the ‘re-visiting.’

Diversity Material Articles

Trauma, Attachment, and Migration Articles

- Berlin, L., Zeanah, C., & Lieberman, (2008). Prevention and intervention programs for supporting early attachment security, In: Cassidy, J. & Shaver, P., (Eds.). (2008). Handbook of attachment: Theory, research, and clinical applications. New York: The Guilford Press, 748-761.
- D’Andrea, W., Ford, J., Stolbach, B., Spinazzola, J. & van der Kolk, B. (2012). Understanding interpersonal trauma in children: Why we need a developmentally appropriate trauma diagnosis. *American Journal of Orthopsychiatry*, 82(2), 187-200.

- Lieberman (2018) When migration separates children and parents: Searching for repair. *Zero to Three* 39(1),55.
- Fong, R. (2007). Immigrant and refugee youth: Migration journeys and cultural values. *The Prevention Researcher*, 14(4), 3-5.
- Perry, B.D., Hambrick, E., & Perry, R.D. (2016) A neurodevelopmental perspective and clinical challenges. In R. Fong and R. McCoy (Eds.), *Transracial and intercountry adoptions: Cultural guidance for professionals* (pp. 126-153). New York NY: Columbia University Press.
- Shaw, S.L.& Dallos, R. (December, 2005). Attachment and adolescent depression. *Attachment & Human Development* (7)4. 409-424.
- Antokoletz, Juana Canabal Ph.D., (Summer 1987). A Psychodynamic View of Acculturation: Analysis of "I Am Joaquin", *Texas Psychological Association, Vol 39, No. 2.* 2-7.

Protective Factors of Attunement Articles

- Cushing, G., Samuels, G. M., Kerman, B. (2014). Profiles of Relational Permanence at 22: Variability in Parental Supports and Outcomes. among Young Adults with Foster Care Histories. *Children and Youth Services Review*, 39, 73-83.
- Jackson, K., & Samuels, G. M. (2011). Multiracial "competence" in social work: Recommendations for culturally attuned work with multiracial individuals and families. *Social Work*. 56(3), 235-245
- Schore, A. N. (1994). *Affect regulation and the origin of the self: The neurobiology of emotional development.* Hillsdale, New Jersey: Lawrence Erlbaum Associates.
- Schore, A.N. (2003a). Parent-infant communications and the neurobiology of emotional development. *Affect dysregulation and disorders of the self.* New York: W.W. Norton & Co. Chapter 4 (75-86).
- Byers, D.S. , Mishna, R., & Solo, C.(2021). Clinical practice with children and adolescents with bullying and cyberbullying: Gleaning guidelines from the literature. *Clinical Social Work Journal*. <https://doi.org/10.1080/10437797.2019.1656688>

Attachment, Relational Buffers, and Adversity Articles

- Samantha J. Stoll, Jerry D. Hartman, David Paxton, Lu Wang, J. Stuart Ablon, Bruce D. Perry & Alisha R. Pollastri (2023): De-Implementing a Point and Level System in Youth Residential Care without Increased Safety Risk: A Case Study, *Residential Treatment for Children & Youth*, DOI: 10.1080/0886571X.2023.2233408
- Pryce, J. M., & Samuels, G. M. (2010). Renewal and risk: The dual experience of motherhood and aging out of the child welfare system. *Journal of Adolescent Research*, 25(2), 205-230.
- Sori, C.F. & Schnur, S. (2013) Integrating a Neurosequential approach in the treatment of traumatized children: An interview with Eliana Gil, Part II. *The Family Journal: Counseling and Therapy for Couples and Families*, 22(2), 1-8.
- Karen, R. (1990, February). Becoming attached. *The Atlantic Monthly*, 35-70.
- Lyons-Ruth, K., & Jacobvitz, C. (1999). Attachment disorganization: Unresolved loss, relational violence, and lapses in behavioral and attentional strategies. In J. Cassidy and P. Shaver, (Eds.), *Handbook of attachment: Theory, research, and clinical implications* (pp. 520-554). New York: Guilford Press.
- Dobson & Perry, 2010, The role of healthy relational interactions to buffering the impact of childhood trauma.

- Carlson, V. & Harwood, J. (2003). Attachment, Culture, and the caregiving system: The cultural patterning of everyday experiences among Anglo and Puerto Rican mother-infant pairs. *Infant Mental Health Journal*, 24(1), 53-70.
- Ortiz-Hendricks, C. & Fong, R. (2006). Ethnically sensitive practice with traumatized children and families. In N. Webb. (Ed.). *Working with traumatized youth in child welfare*. (pp.135-154). New York: Guilford Press.

Impact of Stress on Marginalized Populations Articles

- Shaw, S.L.& Dallos, R. (December, 2005). Attachment and adolescent depression. *Attachment & Human Development* (7)4. 409-424.
- Van Ijzendoorn, M. & Sagi, A. (1999) Cross-cultural patterns of attachment: Universal and Contextual Dimensions. In: J. Cassidy & P. Shaver (Eds.). *Handbook of attachment: Theory, research, and clinical applications*. New York: The Guilford Press, 880-882 & 896-901.
- Fong, R., Dettlaff, A., James, J., & Rodriguez, C. (Eds.). (2015). *Addressing racial disproportionality and disparities in human services: Multi systemic approaches*. New York: Columbia University Press.
- Tassie, Alana K. (2015) Vicarious resilience from attachment trauma: reflections of long-term therapy with marginalized young people, *Journal of Social Work Practice*, 29:2, 191-204, doi: 10.1080/02650533.2014.933406
- Fong, R. (2007). Diversity in diversity: Changing the paradigm. *Journal of Ethnic and Cultural Diversity in Social Work*. Vol.16,3/4.113-122.
- Byers, D.S., Thigpen, K.Z., & Wolfson, J*(2019). Working with LGBTQIA+ clients in the context of trauma, with a focus on transgender experience. In. S. Ringel & J. Brandell(Eds.). *Trauma: Contemporary Directions in Theory, Practice, and Research*(2nd ed.). New York:, NY: Columbia University Press.
- Byers, D.S.(2017). M. Crastnopol: Micro-trauma: A Psychoanalytic Understanding of Cumulative Psychic Injury Psychoanalytic Social Work. <http://dx.org/10.1080/15228878.2017.13142550>
- Vider, S. & Byers, D.S.(2015, February 12). A half-century of conflict over attempts to "cure" gay people: The history of treatment of homosexuality show that psychiatry may need a cure of its own. <http://time.com/3705745hisory-therapy-hadden/>

Indigenous Populations, Stress, and Trauma Articles

- Cameron, C.A., Talay-Ongan, A., Hancock, R. & Tapanya. S. (2010) Emotional Security. In: Gillen, J. & Cameron, C.A. (Eds.). (2010). *International perspectives on early childhood research: A Day in the Life*. New York: Pargrave Macmillan., 77- 99.
- Pryce, J., Napolitano, L., & Samuels, G. M. (2017). Transition to adulthood of former foster youth: Multi-level challenges to the help seeking process, *Emerging Adulthood*, 5(5), 311-321.
- Hambrick, Brawner, & Perry (2018), Examining developmental adversity and connectedness in child welfare-involved children.
- Napoli, M. (1999). The Non-Indian therapist working with American Indian Clients: Transference-countertransference implications.
- Weaver, H.N. (1997). The Native American family circle: Roots of resiliency.

- Brave Heart, M.Y(1999). Return to Sacred Path: Healing historical trauma and historical unresolved grief response among Lakota through psychoeducational intervention. *Smith College Studies in Social Work*, 68(3).pub. On- 27 Feb., 2010.
- Grayshield, L., et al. (2015, Oct.). Understanding and healing historical trauma: The perspectives of Native American Elders. 37(4), 295-307.doi:10.17744/mech.37.4.02.
- DeVries, M.W. (1996). Trauma in cultural perspective. 62(1),69-90.

Neglect and Community Articles

- Perry, B. (2023) Foreward, *Family Justice Journal*, 8-10.
- Perry, B. (2002) Childhood experience and the expression of genetic potential: What childhood neglect tells us about nature and nurture. *Brain and Mind* 3 79-100. doi:10.1023/A:1016557824657
- Samuels, G. M. (2009). Ambiguous loss of home: The experience of familial (im)permanence among young adults with foster care backgrounds, *Children & Youth Services Review*, 31, 1229-1239.
- Perry BD (2001) The Neuroarcheology of Childhood Maltreatment: The Neurodevelopmental Costs of Adverse Childhood Events, 14-27
- Tronick, E. (2007) The Manta pouch: A regulatory system for Peruvian infants at high altitude. In: *The neurobehavioral and socio-emotional development of infants and children*. New York: W.W. Norton, 123-133.
- Fong, R. & McRoy, R. (Eds.). (2016). *Transracial and Intercountry Adoption Practices and Policies: A Resource for Educators and Clinicians*. New York: Columbia University Press.
- Samuels, G. M. (2010). Building kinship and community: Relational processes of bicultural identity among adult multiracial adoptees. *Family Process*, 49(1), 26-42.

Culturally Competent Practice Considerations Articles

- Alana K. Tassie (2015) Vicarious resilience from attachment trauma: reflections of long-term therapy with marginalized young people, *Journal of Social Work Practice*, 29:2, 191-204, doi: 10.1080/02650533.2014.933406
- Gur, R.C. (2005). Brain maturation and its relevance to understanding criminal culpability of juveniles. *Current Psychiatry Reports*. 7, 292-296.
- Shaw, S.L.& Dallos, R. (December, 2005). Attachment and adolescent depression. *Attachment & Human Development* (7)4. 409-424.
- Ortiz-Hendricks, C. & Fong, R. (2006). Ethnically sensitive practice with traumatized children and families. In N. Webb. (Ed.). *Working with traumatized youth in child welfare*. (pp.135-154). New York: Guilford Press.
- Hesse, A.M. (2002). Secondary Trauma: How working with trauma survivors affects therapists. *Clinical Social Work Journal*, 30(3), 292-310.
- Hesse, A.M. (2002). Secondary Trauma: How working with trauma survivors affects therapists. *Clinical Social Work Journal*, 30(3), 292-310.

