



Agenda Item	Notes / Questions
<p>Program style overview</p> <p>The instructional style is experiential, interactive, and reflective. Considerable use of cases, scenarios, and role play occurs, and participants are encouraged to apply content in various ways. The core of the training is relational in nature, and Risking Connection is based on relational psychology as well as CSDT (constructivist self-development theory).</p>	
<p>Module 1: Understanding Trauma</p> <ul style="list-style-type: none">• Risking Connection definition of traumatic experience• Impact of trauma on coping (table team activity)• Events that may be considered traumatic (participants add to charted category areas; discuss impact of development, culture, SES, and other factors on perception of event)• Carryover to adulthood—challenge of attribution• Characteristics of events people may characterize as traumatic—connector to previous content• Attachment—how it develops, impact of secure attachment on perception of experiences, role of attachment in healing conversation• Core Principles of Risking Connection• Obstacles to healing—lecture/discussion of how obstacles relate to behavior and healing	<p>This is a “context-setting” module—the content is highly interconnected and presented in a way that helps participants begin to challenge their own beliefs that may have resulted in models of care that are less than helpful, yet may make their work easier.</p> <p>This module also—without calling anyone out—brings to bear the fact that almost if not everyone has experienced something traumatic, and that we all bring this to our work. This sets the foundation for the critical role of self-care in managing VT, reserved for the last module as an integrative process from the program.</p>



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<p>Module 2: The Effects of Trauma</p> <ul style="list-style-type: none">• Development and Trauma• Realm 1: Body and Brain• Realm 2: Memory and Perception• Realm 3: Judgment• Realm 4: Beliefs• Realm 5: Frame of Reference• Realm 6: Feelings• Communities and Trauma	<p>Module 2 is straightforward and often more “tell” in terms of new content.</p> <p>Regarding the neurobiology of trauma, most audiences really need to recognize one simple fact: when any of us “go limbic” we can’t respond from the executive control portion of the brain. The result of chronic overstimulation from trauma is that we go limbic much more readily.</p> <p>We use the content conveyed through lecture/discussion/case scenarios from the book (and one or two of your own) to help people begin to connect the dots on the behavior of the people they work with to the effects of traumatic experience</p> <p>We incorporate some of the conversations about the Adverse Childhood Experiences study and long term physical health consequences as well.</p>



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<p>Module 3: RICH Relationships</p> <ul style="list-style-type: none"> • What are RICH Relationships? • Benefits of RICH Relationships • The Behaviors of RICH Relationships • RICH Relationships and Healing 	<p>Risking Connection is grounded in relational psychology, and the RICH model is both a philosophy and operating model.</p> <p>While it is easy to spell out the acronym, helping participants relate the elements to the previous content, and once more consider outcomes and perceptions of cases in light of the previous content—and the new elements—is very exciting work.</p> <p>We find that once folks begin to “get it” about how the knowledge and information from the previous modules reframes their perceptions, this is an “aha!” module. This sets the frame for transforming the milieu to a more life-based and healthier environment. It also lays the foundation for considering changes that may be beneficial in policy and process.</p> <p>By now, I’ve pointed out many, many places in the 230-plus page book (not to be confused with the handout of the PowerPoint that guides our progress through the course!) that are activities, questions for consideration, etc to use after I’m gone to help you stay on track with implementing Risking Connection.</p> <p>We’re also building a community of practitioners on Linked In and working with other social networking processes to help create support for people working with RC.</p>



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<p>Module 4:</p> <ul style="list-style-type: none">• What is VT?• Why is VT Important?• Is VT the Same as Countertransference?• How Does VT Impact Us?• Self-Care• VT and Communities	<p>This final module brings it back to the participant. In addition to a little lecture/discussion, we use a set of handouts from the book.</p> <p>These handouts, which I send you masters of and which are also reproducible from the book, help everyone look at why they do the work they do, what elements of it align with their own history, how to recognize countertransference or potentially problematic situations, and then they assess their own Vicarious Traumatization, identify ways they can counter it, and create a self-care plan.</p> <p>The closing is connecting all of this back to the learnings across the program.</p>
<p>Putting It All Together</p>	<p>This closing is sometimes as simple as a conversation, or in situations where I am invited to be there for more than the 2.5 days, involves a little break for integration followed by planning, or a presentation on the use of restorative process in the milieu and ways to think about converting from one system to another.</p> <p>Contact: Elizabeth Power, M.Ed. epower@epowerandassociates.com</p>