

**Finding Hope Consulting, LLC**

**Consultation & Training  
Offerings**

**Finding Hope Consulting, LLC**  
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**Finding Hope Consulting, LLC** was founded by Mary Vicario in 2007 to address the gap in training available to clinicians to translate the current brain chemistry research into interventions for children and people with developmental disabilities who have experienced trauma. Since then, Mary and her team have continued to take the latest research from Harvard Medical School and create innovative practices for clients, families and support structures to implement holistic healing. Finding Hope takes the saying “it takes a village to raise a child” to a whole new level – they believe that organizations will help clients heal through coordinated efforts of all the systems involved in the care of each individual. Finding Hope believes organizations need to treat their employees how they want their employees to treat their clients and so self care is a practice that is essential for each organization and individual. Finding Hope aspires to remain on the cutting edge of brain science to provide other clinicians with the tools to help spread healing, resiliency and hope throughout communities across the globe.

### **Mary Vicario, LPCC – S**

Mary is a Licensed Professional Clinical Counselor Supervisor and Certified Trauma Specialist who translates relational neuroscience to help people understand and address trauma. Mary is the founder of Finding Hope Consulting, LLC. Through her affiliation with the Jean Baker Miller Training Institute at Wellesley College and ongoing training at Harvard Medical School, she has developed in home trauma treatment programs that help families build resiliency in children, address attachment issues and improve permanency. She has over 30 years experience working with children and families as an educator, clinician, consultant, clinical director, international lecturer and trainer and as a People to People delegate with members of the American Counseling Association to China and Mongolia. Mary is also a Certified Trainer for Applied Suicide Intervention Skills Training (ASIST).

### **Carol Hudgins Mitchell, M.Ed., LSW, NBCCH**

Carol is a Certified Trauma Specialist who works with children, families and schools around issues of trauma, grief and facilitating attachment to improve functioning in all life domains. Carol also provides training and consultation as a private contractor on the topics of trauma, attachment, child therapy, mindfulness and self care for helping professionals. With a background in special education and counseling, Carol has over 30 years experience in trauma treatment with a specialty in early childhood, relational and play therapy. In addition to her work as a therapist, educator and consultant, Carol has owned and run her own small business. In her business roles, she has developed business plans and employee manuals; created educational presentations; taught her staff to use business software; and oversaw the build out and design of four business locations. Carol is certified in Forensic Interviewing and is a Nationally Certified Clinical Hypnotherapist.

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## **Hardwired for Connection, Healing, Resiliency, and Hope: A Trauma Treatment Framework**

Trauma is now recognized as a near universal experience of individuals with behavioral health problems often resulting in a complex array of social, emotional, and behavioral challenges. Through understanding of the latest trauma research and careful translation into practice, we can help trauma survivors experience healing, resiliency and hope. This training coordinates trauma informed care into a framework that can be used by anyone working with victims of trauma. It includes the three stages of positive trauma resolution (re-experience, release, and re-organize) and the five resilience factors found in people who move beyond their traumatic experiences. Trauma's effect on brain chemistry, development, and relationships are explored, and since trauma is processed and stored in nonverbal parts of the brain, expressive, relational and cognitive behavioral interventions will be identified to benefit clients of all ages and ability levels. Since this treatment model addresses relationships and trauma's impact across life domains, and not just cognitions and verbal responses to trauma, it works well with people of all ages, developmental abilities and those with early pre-verbal trauma. Service plan goals and objectives will also be presented to assist in bringing this treatment to your current work.

## **Co-occurring Disorders: A Trauma Treatment Framework for Healing, Resiliency and Hope**

Children and adults who experience trauma and chronic stress develop a complex array of social, emotional, and behavioral challenges that, if left unaddressed, often have a long lasting and devastating impact on their future. One symptom array is known as Developmental Trauma Disorder (DTD) with a presentation so similar to Autistic Spectrum Disorder (ASD) that they are often indistinguishable. However, once the trauma is treated people with DTD improve their communication skills, frustration tolerance and other ASD like symptoms. Sensory and Expressive interventions have been found to be helpful in treating both individuals with DTD and those with other Developmental or Intellectual Disabilities by allowing them to express their traumatic experiences in ways other than language based interventions alone. Through understanding of the latest trauma research and careful translation into practice, we can help trauma survivors of all ages, intellectual and developmental abilities experience healing, resiliency and hope.

## **Family Therapy for Trauma & Attachment Challenged Youth**

Participants will explore traditional and emerging understandings of attachment disorders from etiology to prognosis and treatment with a focus on family treatment. Participants will recognize, explore the origins of, and develop interventions for, different types of attachment patterns such as inhibited, disinhibited, and disorganized. Participants will identify fear responses in clients resulting in dysregulation and attachment challenges then explore ways to help the client, their caregivers and themselves develop self-regulation strategies to increase safe, calming interaction and attachment.

## **RCT & DBT: Using a Relational-Cultural Framework with Dialectical Behavioral Therapy and Other Cognitive Behavioral Interventions**

Since trauma is stored in pre and non-verbal parts of the brain, many survivors struggle to work with the language based interventions found in Dialectical Behavior Therapy (DBT). This is especially challenging for young children or people with developmental or intellectual disabilities whose language skills are limited. The training translates DBT interventions into sensory and expressive interventions (that are not language based) and places them within a relational-cultural framework to improve relational awareness, build resiliency, address trauma triggers and help heal damaged areas of the brain. The training integrates emerging neuroscience concepts that demonstrate the power of connection to human growth, development and healing with the sensory and expressive translations of DBT techniques. The interventions are then placed within a trauma treatment framework that implements the three stages of positive trauma resolution (re-experience, release, and re-organize) outlined by Gil (1991) and Johnson (1989) to provide comprehensive, reparative and post-traumatic growth outcomes.

### **Translating Trauma: Relational and Expressive Interventions to Treat Early Childhood or Preverbal Trauma in All Ages and Developmental Levels**

Interaction with infants and young children quickly reveals their reliance on others for access to resources needed for survival. We also know that the quality of the early relationships in which these needs are met affect developmental milestones, belief systems, and now even brain development. The newest research is showing us that humans are in fact, hardwired for connection. This training will explore how the quality of early childhood relationships affects all aspects of development, the healing power of empathic connection, and ways to help young children and their caregivers use the healing power of connection to successfully resolve early childhood trauma, develop resiliency to stop the cycle of abuse, and even heal parts of the brain affected by trauma. The healing relational components of different types of interventions (such as expressive and cognitive behavioral) will be identified as will diagnostic assessment techniques and service plan goals and objectives to assist in bringing this treatment to your current work.

### **Collaborative Problem Solving**

When a child demonstrates challenging behavior with in the classroom, adults attempting to address the behavior can often fall into a cycle of frustration and power struggle which results in a lose/lose outcome. This training will teach participants the brain chemistry underlying common challenging behaviors such as aggression, opposition, lying and stealing so that behaviors can be understood within a manageable framework. Participants will learn how to assess the context of behavior in a way that allows them to reframe behaviors as solvable problems. Participants will learn how to recognize and work through common problem solving barriers leading to power struggle and a lose/lose outcome. This training will explore how to use a Collaborative Problem Solving approach (CPS) to empathically work with children to address challenging behaviors and facilitate mutually satisfying solutions that promote new behavioral learning.

## **Trauma Informed Care: Infusing Healing, Resiliency and Hope Into Your Organization from Administration to Front Line Care**

Relational Cultural Theory (RCT) focuses on growth-fostering relationships as a central human necessity and relational disconnections as a fundamental source of psychological problems. Expressive and relational interventions to promote connection and post-traumatic growth are further strengthened by being placed within a trauma treatment framework that includes the three stages of positive trauma resolution (re-experience, release, and re-organize) outlined by Gil (1991) and Johnson (1989). The relational work and stages of healing are further enhanced by helping clients of all ages and ability levels develop five core resilience factors drawn from the work of Valentine and Feinhauer (1993). These same resilience factors are presented to clinicians, supervisors, and administrative staff so they can develop support systems and life habits to support them in their work with others' traumatic life experiences. Ways to use these resilience factors in supervision, in administrative planning and as a part of program development, staff support, and public outreach are explored so the agency becomes trauma informed and culturally competent and inclusive in a manner that allows staff to experience the quality of interaction they are working to provide those they serve. Ways to support staff and help them understand and work within the ethical guidelines of their profession are discussed. Ways to work with ethical dilemmas in supervision and systemically are explored.

### **When Connection Goes Awry: The Impact of Trauma on Development & The Healing Power of Relationships**

This training will help clinicians work with adults, children, families, couples and caregivers across life domains by teaching them about the effects of daily interpersonal interactions on brain chemistry, development, and healing. The training will explore cognitive behavioral and expressive interventions within a relational-cultural framework designed to improve connection, build resiliency, address trauma triggers and heal damaged areas of the brain. Clinicians will learn ways to help adults, children, couples, caregivers and families re-experience, release, and reorganize anxiety producing life experiences while developing resilience factors found in people who avoid or move beyond challenging life experiences. Since this treatment model addresses the neurobiological impact of relationships across life domains, and not just cognitions and verbal responses to stressors, it works well with people of all ages, developmental abilities and even those with early pre-verbal trauma. This is crucial since research (Putnam, 2004) shows that the quality of relationships significantly impacts brain development between birth and nine years of age.

## **Responding to Abused or Traumatized Children in the Classroom**

The U.S. Department of Health & Human Services reported in their Children's Bureau Child Maltreatment report of 2011 that there were approximately 677,000 reported cases of child abuse and neglect. Ruth Gilbert, et al., reports in the article "Burden and consequences of child maltreatment in high-income countries", found in The Lancet, that it is estimated only 1 in 10 cases of child abuse and neglect are actually reported to children services each year. This presentation is designed to educate mandated reporters to recognize risk factors, warning signs and behavioral indicators that are commonly associated with children who are being abused. Participants will also learn how to effectively report suspected child abuse to children services in a way that provides them with information they need to keep children safe. This training will also explore how to understand and respond to trauma related behaviors that are demonstrated by children who have experienced abuse and neglect in a way that promotes posttraumatic growth and healing.

### **Play Therapy with Abused Children**

This training is designed for clinicians who work with traumatized individuals across life domains by teaching them about the damaging effects of trauma on brain chemistry, development and attachment. Research (Putnam, 2004) shows that trauma significantly impacts brain development between birth and nine years of age as well as impacting the verbal centers of the brain at all ages. Children who have experienced trauma often express their feelings by acting upon their world through engaging in play. This training presents expressive play interventions within a relational-cultural framework to improve connection, build resiliency, address trauma triggers and damaged areas of the brain by helping the client re-experience, release, and reorganize their traumatic life experiences. Since this treatment model addresses relationships and trauma's impact across life domains, and not just cognitions and verbal responses to trauma, it works well with people of all ages, developmental abilities and those with early pre-verbal trauma. Clinicians will explore how to effectively utilize play therapy toys through learning interventions that focus on relational, reparative and developmental healing needed to facilitate posttraumatic growth.

### **The Good, The Bad and the Auditor: Strength-Based, Trauma Informed Diagnosis, Treatment Planning and Documentation**

Come and learn ways to build strength based documentation structure that supports your treatment, highlights progress and meets Medicaid requirements. We will explore expressive and strength based techniques for writing Diagnostic Assessments that are culturally competent, developmentally appropriate and demonstrate Medical Necessity. From there we will build individual service plans (ISP) that use research and outcome based replacement behaviors, so clients, families and auditors can clearly see the planned behavioral changes expected from treatment. Learn to write progress notes connected to your ISP that documents the natural, uneven flow of treatment progress while demonstrating your interventions based on Medical Necessity. As your time with the client ends, learn to write Transfer and Discharge Summaries that highlight progress and provide useful clinical data for those who review or follow your client's work with you.

## **RAD: Reactive Attachment Disorder or Really Afraid Disorder?**

The once nearly “untreatable” Reactive Attachment Disorder (RAD) is being re-examined through the lens of neuroscience and found to be more related to fear based dysregulation than intractable behaviors. This training will walk down and beyond Memory Lane as we explore the traditional (pre-neuroscience) beliefs and approaches to attachment challenged youth, as well as the developing neuroscience based approach to understanding and treating fear based dysregulation that disrupts a child’s ability to attach. Explore the many early challenges that can create repeated fear responses and dysregulation that make trust and attachment challenging for many children. Examine attachment and interventions for attachment challenges through the lens of a parent through our growing understanding of how the brain works and heals itself through safe, positive attachment. We will set power struggles aside and explore brain based interventions that are proving to help children and their caregivers move beyond attachment issues to safe, calming, healing connection.

## **Recipes for Relief: Decreasing Stress and Enhancing Success in the Classroom**

This training is designed to help educators, school-based clinicians and school administrators learn how to more effectively utilize the role of environment in education. Participants will explore three different efficacy based models (Reggio Emilia, Universal Design for Learning and Open Circle) that put strong emphasis on environment as an educational tool, so they can draw on those and their own experience to develop the environment they want in their classroom. Participants will also learn about the role the brain plays in learning, based on the latest neurobiological research, and how to work with efficacy based approaches to engage children’s interest in learning. Using Howard Gardner’s theory of multiple intelligences, participants will learn how to recognize different learning styles and develop knowledge of ways to more effectively engage student’s brains from a variety of intelligences. This training will also help participants to recognize and distinguish symptoms of anxiety and depression from attention deficit which will function as a foundation for them to provide more effective classroom interventions. Participants will be able to discuss and apply universal interventions to support all of their students and specific classroom interventions for children with specialized needs.

## **Applied Suicide Intervention Skills Training (ASIST)**

The Applied Suicide Intervention Skills Training (ASIST) workshop is for caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. Just as "CPR" skills make physical first aid possible, training in suicide intervention develops the skills needed for suicide first aid. ASIST is a two-day (15 hours) intensive, interactive and practice-dominated course designed to help caregivers recognize risk and learn how to intervene to prevent the immediate risk of suicide. ASIST is the most widely used suicide intervention-training program in the world. (Additional information is available as a video clip online at <http://www.livingworks.net/flash/asist.html>)

**The DSM-5: Bringing it Down to Size**  
**Decreasing Anxiety and Increasing Understanding**

This training will provide an overview of diagnostic changes and use of the DSM-5 to help clinicians develop a working understanding of the new manual. It will provide an explanation of the changes to the DSM -5 by exploring the research and rationale behind them. What has stayed the same will be discussed to allow clinicians to practice using the new diagnostic protocols starting on familiar ground. How to use the World Health Organization's Disability Assessment Schedule will be explained and practice provided to increase familiarity and comfort with the tool.

**Supervision Workshop - The Top Five Resilience Factors and You:**  
**Building Resiliency in Those We Serve and Ourselves**

Treating trauma can be toxic to providers and agencies alike. Secondary trauma is real and impacts treatment, supervision and administration. This training will explore how to promote healing and hope in those we serve from clients to staff. Learn how to help clinicians walk with clients through the stages of successful trauma resolution while recognizing and addressing vicarious trauma. Explore how secondary trauma impacts everyone in an agency and what can be done about it. We will look at what research tells us, what our work experiences have shown us and develop a plan to assist you, your staff and those you serve in negotiating this work that is as challenging as it is needed. Learn the top five resilience factors found in those who have experienced trauma and moved beyond it. Explore your role in helping those you serve develop resiliency, and how to use the same skills to support yourself in this important and difficult work. We will look at what you already are doing and identify which resilience factors your work is creating. We will make a resiliency plan for someone you serve and offer you the opportunity to make one for yourself.

## **Trauma Responsive Care: Universal Precautions for SSA's & Individuals with Intellectual and Developmental Disabilities**

Trauma and chronic toxic stress is now recognized as a near universal experience of individuals with developmental disabilities often resulting in a complex array of social, emotional, and behavioral challenges. In fact, they suffer from a co-occurring mental illness 3 to 6 times more than the typical population, experience more abuse - often at the hands of those on whom they are dependent for their care, and their needs often go undertreated or minimized as behavioral issues, attention seeking, or manipulation. Unresolved, their pain interferes with their ability to positively engage with life. Through understanding of the latest trauma research and careful translation into practice, we can practice trauma informed care as a universal precaution that allows SSAs to create with the individuals they serve, safe, supportive relationships focused on understanding what has happened to them and allowing them to develop resiliency and hope. This workshop will explore how adverse life experiences negatively impact the brain development, mental and emotional health of those we serve, and assist SSA's to have a trauma informed perspective to address the needs of individuals whose maladaptive behaviors are expressions of unmet needs, coping and survival skills evolved from abuse. Trauma informed care will be placed in an easy to use framework, and trauma informed biographical timelines for discovery, service plan and program development will be presented to assist in bringing trauma responsive care to your current work.

### **Treating Chronic Suicidality: Releasing the Shame and Walking Through the Pain**

This training will investigate, through various angles, the assessment of, recognition of, role of trauma in and various approaches to addressing chronic suicidality as well as identify ways of helping individuals feel safe. Participants will explore recognizing and calming compassion fatigue as well as dismantling parallel process. This training will introduce the use of Adverse Childhood Experiences (ACE), Resilience Questionnaires and Trauma Informed Biographical Timelines (TIBT) as ways to comprehensively assess individuals with chronic suicidality. This training will also explore Neuroception's role in predicting, perpetuating and healing chronic suicidality and participants will become familiar with a collaborative, non-adversarial approach to addressing it while learning how to recognize and address the role of shame, grief and fear to promote resiliency.

## Theory to Practice Trauma Treatment Training

This training helps you and your organization bring trauma treatment and resiliency theory to your day-to-day work with clients. There are seven modules in this Theory to Practice Training Program. Each of the seven modules includes one 3-hour training session and one group consultation, so you can apply what you have learned to your current caseload.

The training is available for treatment staff, supervisors and may be adapted for volunteers and caregivers. Individual and in vivo consultation is also available upon request and in collaboration with program needs.

## Consultation

Finding Hope also offers one-on-one and group consultation with front line staff, clinicians, supervisors, administrators and organizations. Consultation can consist of any or all of the following:

- Case Consultation
- Program Development
- Establishing trauma informed programming (e.g. Health Homes)
- Training Development
- CPST Development
- Self Care (Individual and Organizational)
- Creating a Trauma Informed Organization
- Creating Trauma Informed Continuums of Care

## Workbooks

### Fostering Healing, Resiliency and Hope for Traumatized Children: Foster Parent Survival Guide

This workbook was developed for children's services providers and foster parents to show the connection between changes in a traumatized child's brain and their behavior, as well as presenting brain based interventions to help with healing and attachment. Parents and providers find that when they have a fuller understanding of what happened to their child (and how it has impacted their brain) it is easier to understand their behavior, help them heal, learn new relational images and behaviors. This book also provides self-care for caregivers and service providers, so they have what they need to assist with the important journey of healing. Finding Hope Consulting, LLC also provides training and consultation on how to make the most of this workbook.