CME / CE Activity Detail Page

A Developmental and Relational Framework on Traumatization: Making Meaning and the In-Between - Trauma Research Foundation

Activity Date: November 30, 2026 - November 30, 2029
Activity Type: Enduring
Activity Website: https://traumaresearchfoundation.org/programs/relational-framework-course/
CE: 7.5 total credits

JA-PARS Activity ID: 203770059
ACPE UAN - Pharmacists: UAN JA4008385-9999-26-125-H99-P
ACPE UAN - Pharmacy Technicians: UAN JA4008385-9999-26-125-H99-T

This activity offers 7.5 CE credit(s) for:

1. Physicians (*AMA PRA Category 1 Credit™*)
2. Nurses (ANCC NCPD)
3. Pharmacists (ACPE CPE)
4. Physician Associates (AAPA Category 1)
5. Social Workers (ASWB ACE)
6. Psychologists (APA CE)
7. Dentists (ADA-CERP CE)
8. Athletic Trainers (BOC Category A)
9. Interprofessional Continuing Education (IPCE)
10. Other*

*All other attendees receive a participation certificate for the credit type their licensing body accepts

This activity was planned by, and for, the interprofessional healthcare team.

FACULTY:

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INSTRUCTIONS FOR LEARNING

This enduring lecture series gives healthcare professionals, educators, and those who support children and families the opportunity to explore trauma as a developmental and relational process, emphasizing how early relationships, biology, and lived experience shape how children grow and make meaning of the world. Content is delivered through recorded lectures that learners can view at their own pace. It includes the interplay of early relational experiences and development, mutual regulation and repair in caregiver-child relationships, the embodied and non-verbal dimensions of the mind-body connection, the shift from symptom-based models toward relational understandings of mental health, and the influence of systems and culture on well-being. This is a self-paced, enduring activity. To claim credit, learners must view the recorded lecture and complete the post-assessment. Through this activity, learners will strengthen their ability to understand and respond to trauma through a developmental and relational lens.

STATEMENT OF NEED

A growing body of research highlights the critical role of early relational experiences in child development, showing that positive interactions between caregivers and young children can significantly influence emotional regulation, cognitive development, and long-term mental health outcomes. Despite this evidence, many therapists, physicians, and educators continue to rely on simplistic definitions of trauma that overlook the complex interplay of early relationships and their lasting impact. A practice gap exists in moving from traditional, symptom-based psychiatric models, which focus on isolated behaviors, toward an understanding of the ongoing relational processes that shape development for better or worse. Clinicians may have limited training in concepts such as mutual regulation and meaning-making, and in working with the embodied, non-verbal connection between infants or young children and their caregivers, skills that are important for supporting healthy attachment and effective therapeutic interventions.

LEARNING OBJECTIVES By Sessions

Seeing Trauma Through the Relational Lens - 1.25 CE - Ed Tronick & Claudia Gold

After participating in this activity, learners will be able to:

1. Define early relational health and explain its direct clinical relevance to infant, early childhood, and intergenerational trauma therapy.
2. Describe stress, mutual regulation, and the buffer–transducer–enhancing model in plain, somatic clinical language applicable to early childhood.
3. Reframe a familiar infant presentation (e.g., chronic dysregulation, sleep/feeding issues, or "colic") through a relational and developmental lens rather than a purely symptomatic or medicalized one.

Repair, Infant Agency, - 1.25 CE - Ed Tronick & Beril Bulucu

After participating in this activity, learners will be able to:

1. Explain the clinical and psychobiological significance of rupture and repair in early parent-infant relationships.
2. Identify what the infant uniquely brings to the therapeutic dyad in terms of physiology, sensory processing, and regulatory capacity.
3. Recognize and support infant/toddler agency and bidirectional meaning-making within the clinical space to foster adaptive relational patterns.

Brain, Body, and the Somatic Timeline of Early Threat - 1.25 CE - Richard Honigman

After participating in this activity, learners will be able to:

1. Describe key features of sequential brain development and explain how an infant's developmental stage shapes their physiological response to traumatic stress.
2. Apply the concepts of neuroception, safety, and threat to track, interpret, and de-escalate pre-verbal somatic presentations in early childhood.
3. Formulate parental trauma histories (the "ghosts in the nursery") and perinatal mental health struggles as dyadic contributors to the infant's developmental and neurobiological trajectory.

From Positivism to Phenomenology: Reframing Pediatric "Disorders" as Relational Adaptations - 1.25 CE - Robert Meeder

After participating in this activity, learners will be able to:

1. Contrast traditional, symptom-based psychiatric models with process-oriented, relationally grounded infant and early childhood mental health formulations.
2. Formulate common early childhood diagnoses as emergent, adaptive phenotypes shaped by relational and developmental processes over time.
3. Apply differential susceptibility frameworks to clearly distinguish an infant or young child's heightened temperamental sensitivity from trauma-induced pathology.
4. Identify and integrate contextual, biological, and systemic contributors into a holistic early relational health case formulation.

The Clinical Moment: Not-Knowing and Reflective Inquiry - 1.25 CE - Claudia Gold

After participating in this activity, learners will be able to:

1. Define the clinical "not-knowing" stance and articulate its role in facilitating safety within trauma-exposed families.
2. Describe developmental theories that support the value of maintaining a not-knowing stance.
3. Apply concepts from infant observation to clinical work with infants, children, and adults.

Re-imagining Systems in an ERH Ecosystem - 1.25 CE - Michael Arenson

After participating in this activity, learners will be able to:

1. Describe how healthcare, education, mental health, and social service systems developed to meet the needs of specific historical circumstances, and identify where they fall short in supporting developmental and relational health.
2. Explain how an Early Relational Health (ERH) framework can serve as an organizing principle across practice, policy, financing, and culture.
3. Analyze examples from pediatric practice, public health, and community systems that use relational approaches to promote child and family well-being.
4. Identify at least two practical strategies to create relational conditions that help children, families, and communities thrive within their own practice or system.

TARGET AUDIENCE

This activity is designed for Physicians, Nurses, Pharmacists, Physician Assistants, Dentists, Social Workers, Psychologists, Dietitians, Athletic Trainers, and other healthcare professionals involved in the care and support of children and families.

It is particularly relevant for therapists, doctors, nurses, educators, and professionals in children and family services who work with infants, young children, and their caregivers, and who would benefit from a deeper understanding of trauma as a relational and developmental process.

DISCLOSURE DECLARATION:
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Faculty Disclosures
Ed Tronick has nothing to disclose.
Claudia Gold has nothing to disclose.
Beril Bulucu has nothing to disclose.
Richard Honigman has nothing to disclose.
Robert Meeder has nothing to disclose.
Michael Arenson has nothing to disclose.

Planning Committee
Ed Tronick has nothing to disclose.
Claudia Gold has nothing to disclose.
Beril Bulucu has nothing to disclose.
Richard Honigman has nothing to disclose.
Robert Meeder has nothing to disclose.
Michael Arenson has nothing to disclose.
Pamela Mehta, MD, has nothing to disclose.

Content Reviewer
Shafqat Abbas, PharmD, has nothing to disclose.

All relevant financial relationships have been evaluated and mitigated.

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CREDIT INFORMATION

Jointly Accredited Provider
In support of improving patient care, this activity has been planned and implemented by Trauma Research Foundation and Pinnacle Conference, LLC. Pinnacle Conference, LLC is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Physicians - ACCME
Pinnacle Conference, LLC, designates this enduring material for a maximum of 7.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Note to Nurse Practitioners: Nurse practitioners can apply for *AMA PRA Category 1 Credits™* through the American Academy of Nurse Practitioners (AANP). AANP will accept *AMA PRA Category 1 Credit™* from Jointly Accredited Organizations. Nurse practitioners can also apply for credit through their state boards.

Nurses - ANCC
This activity is designated for 7.5 contact hours.

Pharmacists - ACPE

To receive CPE credit through CPE Monitor, please ensure you have provided your NABP ePID number and DOB appropriately. If you are unsure or would like to confirm, please contact ce@learnatpinnacle.com within 60 days of completing the activity.

Physician Associates - AAPA

Pinnacle Conference, LLC has been authorized by the American Academy of Physician Associates (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for 7.5 AAPA Category 1 CME credits. PAs should only claim credit commensurate with the extent of their participation.

Psychologists - APA

Continuing Education (CE) credits for psychologists are provided through the co-sponsorship of the American Psychological Association (APA) Office of Continuing Education in Psychology (CEP). The APA CEP Office maintains responsibility for the content of the programs.

Athletic Trainers - BOC

Pinnacle Conference, LLC (BOC AP#: JA4008385) is approved by the Board of Certification, Inc. to provide continuing education to Athletic Trainers (ATs). This program is eligible for a maximum of (7.5) Category A hours/CEUs. ATs should claim only those hours actually spent in the educational program.

Social Workers - ASWB

As a Jointly Accredited Organization, Pinnacle Conference, LLC is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive 7.5 General continuing education credits.

Dentists - ADA-CERP CE

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(IPCE) Interprofessional Continuing Education Credit

This activity was planned by and for the healthcare team, and learners will receive 7.5 Interprofessional Continuing Education (IPCE) credits for learning and change.