# Building Hope and Positive Expectations of Foster and Biological Parents

John Paul Abner, Ph.D.
Milligan College

Brief Poll: You have just begun an intervention with a family.

- What percentage chance do you give them of successful completion of your intervention?

# The importance of hope (Peterson, 2006)

- Optimism and hope has been linked to
  - Positive Mood
  - Good morale
  - Perseverance
  - Good health
  - Long life
  - Freedom from trauma

# Story #1:  “But we might make it if…..”

# Lessons from the sprint

- Recognize the face of hopelessness
- Predict a positive outcome
  - Beware false hope
  - Beware no hope
- Take the action step
  - Don’t be afraid of going against the flow
  - Run with your client
- Celebrate success

# Story #2:  “This is a waste of time.”

# Three types of expectations that can have an impact on treatment

- Client's expectation for treatment
- Therapist's expectation for the client
- Therapist's expectation for themselves

Any of these expectations can result in a self-fulfilling prophesy.

# Expectations have a great impact on learning.

- Which has a greater impact on change, positive expectations or negative expectations?

# Who is more likely to be impacted by expectation effects?

- High achieving child
- Low achieving child

Therapists, foster parents, child service workers should actively work to shape positive expectations for their clients.

# Story #3:  Am I really that manipulative?

# Assess the client's expectations of treatment

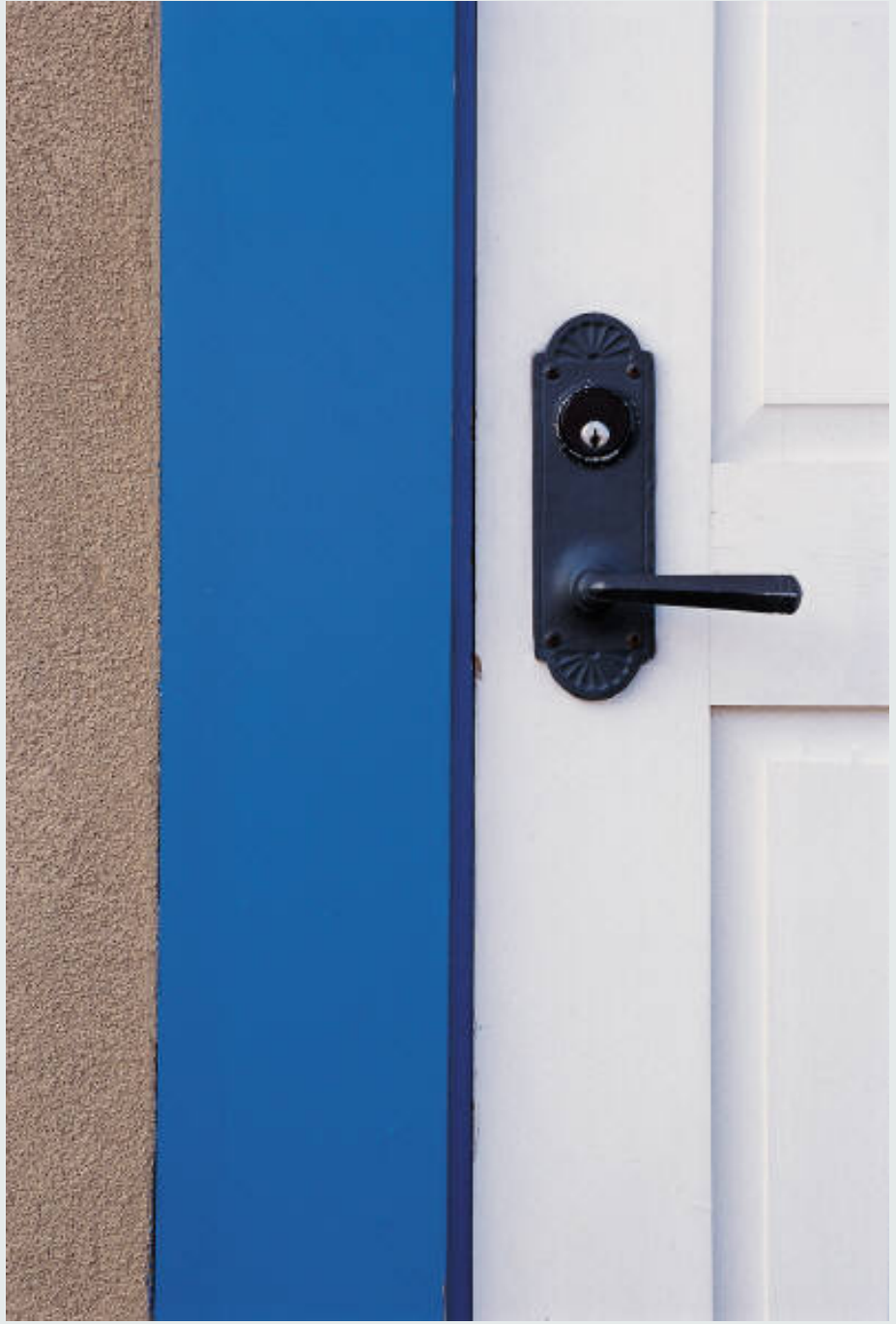
# Actively work to increase motivation

- Motivated clients are more likely to stay in treatment and experience success. (Chaffin & Funderburk 2011)

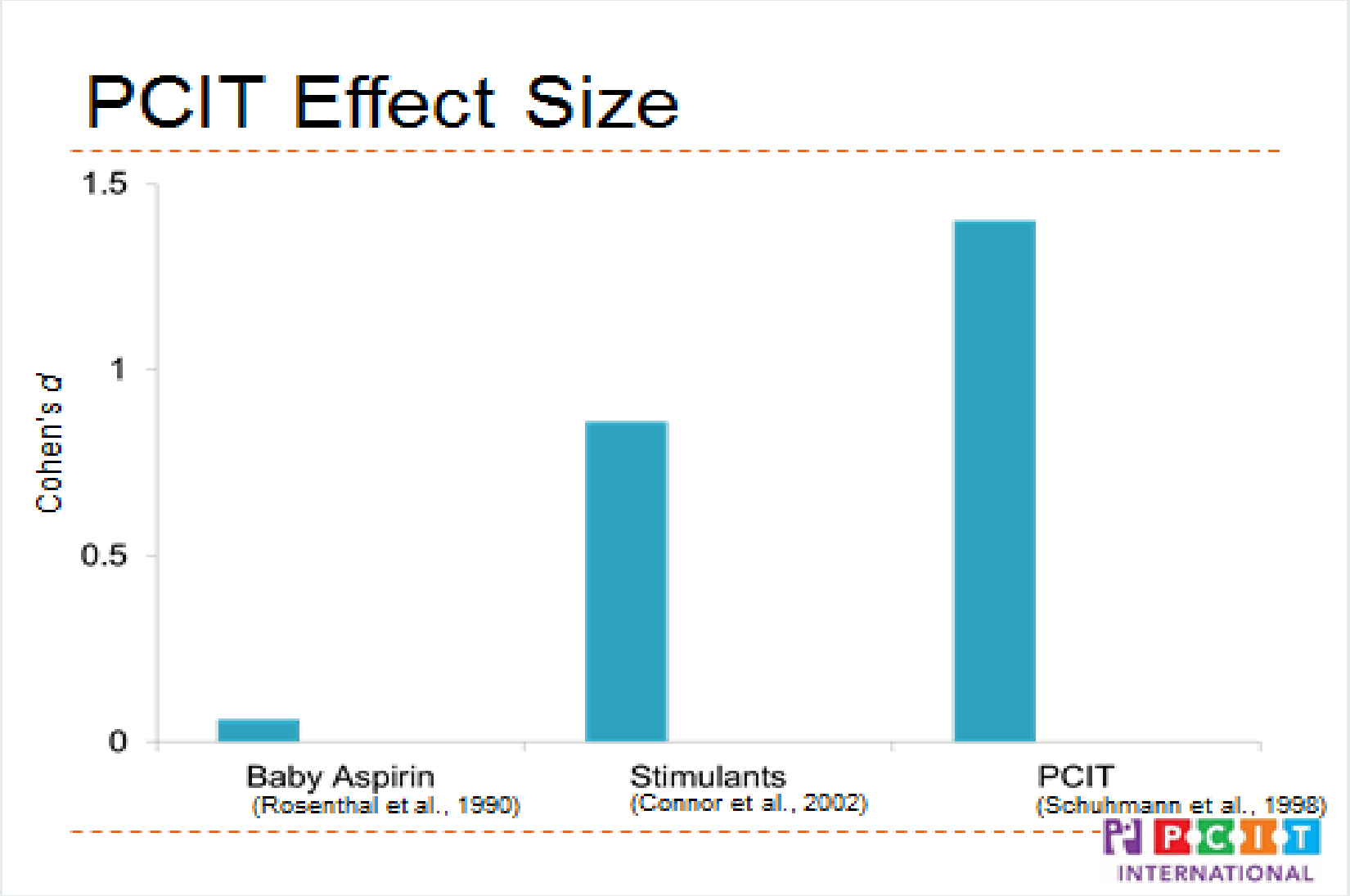
# Impacting the client's expectation of therapy

- Beginning treatment
  - Organized
  - Confident
  - Fast
  - Expectations of Positive Outcome
- Systems Issue:
  - Start treatment as soon as possible after contact.

# Foot in the Door technique



# Communicate the Research



# Don’t forget your inoculations.

- Note expected difficulties.
- Note the unnatural process of therapy and intervention.
- Always give client methods of overcoming difficulties.

# Foster parents

- Challenge the "drop off" culture.
- Create expectations for future usefulness.
- Find an advocate.
- Offer training credit!
- Use foster parent education seminars to create culture.
- Have your story ready.

http://www.buzzfeed.com/summeranne/interspecies-friendships-of-the-year#3biabr

# Story #3

There are no cute pictures for this story.

# Never forecast failure

# Avoid negative contagions

# Biological parents

- Separate yourself from the child protective  system.
  - You are working for the child.
- Parallel Process
- Remember your role.
  - You are not the judge.
  - Most of you are not the detective.
  - You are not even Good Cop.
  - You are the therapist.
- Assess for parental trauma
- See yourself as a chain breaker.

# Be Counter-cultural

- Our American culture conditions is to expect failure, especially "in the system."
  - Cynical
  - Sarcastic
  - Cool
- Expect your clients to succeed.
  - Enthusiastic
  - Authentic
  - Un-cool

# Actively work to shape expectations of the community

- Predict positive outcomes for your clients to community members.
- Publicize success.
- Notice the small changes
  - Sometimes success must be redefined.
- Work for big changes
- Cheesy aphorism alert!!!!!

# Therapist expectations of themselves are also powerful.

A little bit of grandiosity never hurt anyone.

# Increasing therapist's expectations of themselves

- Use evidenced based techniques
- Continue to learn
- Practice a little CBT
- Confront your own negative expectations
- Prevent burn out and compassion fatigue
- Celebrate your successes.

# Recognizing and treating compassion fatigue

John Paul Abner, Ph.D.

Milligan College

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# Trauma informed systems recognize the impact of trauma on its members.

# Heartwarming story

# Not so heart warming story

# Compassion Fatigue (Gurwitch, 2010)

Also known as:

- Secondary traumatic stress
- Secondary victimization
- Vicarious traumatization
- Burn out?

# Compassion Fatigue Defined

- Compassion Fatigue: "….profound emotional and physical exhaustion that helping professionals and caregivers can develop over the course of their careers as helpers. (Mathieu 2012 p.8)"

## Some researchers draw a strong line between compassion fatigue, vicarious traumatization and burnout.

http://www.stress.org/military/for-practitionersleaders/compassion-fatigue/

- Compassion fatigue
  - Shorter onset
  - Trauma related
  - Can occur after one exposure to trauma
- Burnout
  - Cumulative process marked by emotional exhaustion due to workload and institutional stress
  - Gradual build up
  - May not be trauma related

# Vicarious Traumatization Defined

- Describes the "profound shift that workers experience in their world view when they work with clients who have experienced trauma.(Mathieu, p.9)"

# Many clinicians use them as synonyms

- Regardless, as a professional or family member working with kids, you are at significant risk for all three.

# Physical signs of Compassion Fatigue

(Mathieu, 2012)

- Exhaustion at the end of the day
- Increase susceptibility to illness
- Insomnia or hypersomnia
- Headaches and migraines

# Behavioral signs of Compassion Fatigue (Mathieu, 2012)

- Avoidance of meetings
- Increased use of alcohol and drugs
- Other addictions
- Absenteeism
- Exaggerate sense of responsibility
- Impaired ability to make decisions
- Forgetfulness
- Problems in personal relationships
- The Silencing Response

# Psychological signs of Compassion Fatigue (Mathieu, 2012)

- Emotional Exhaustion
- Distancing
- Negative self-image
- Depression
- Reduced ability for sympathy and empathy
- Cynicism and embitterment
- Resentment
- Diminished sense of enjoyment
- Disruptions of worldview/heightened anxiety or irrational fears
- Problems with intimacy

# Psychological signs of Compassion Fatigue (Mathieu, 2012)

- Intrusive Imagery
- Hypersensitivity to Emotionally Charged stimuli
- Insensitivity to Emotionally Charged Stimuli
- Difficulty separating personal and professional lives
- Not “having a life”

# Risk Factors for Compassion Fatigue (Gurwitch, 2010)

- Empathy
- Exposure (severity, duration, respite)
- Identification with the victims/survivors
- Similar traumatic experience
- Working with special populations such as children
- Baseline stress level
- Poor team support

# Off to a bad start

- Graduate schools often do a poor job of preparing students and professionals to combat compassion fatigue.
- Often people entering caregiving fields begin compassion fatigued. (Gentry, 2013)

# How can we reduce compassion fatigue? (Mathieu, 2012)

- Strong social support at home and work
- Increased self awareness
- Better work/life balance
- Job satisfaction
- Rebalancing caseload and workload reduction
- Limiting trauma inputs
- Accessing coaching and counseling
- What you are doing right now!

# Ideas for Self-Care (Gurwitch, 2010)

- Create a menu of possibilities

# Ideas for Self-Care

- Use your vacation and comp time

# Paid vacation around the world

http://www.usatoday.com/story/money/business/2013/06/08/countries-most-vacation-days/2400193/

| | |
|---|---|
| Austria | 35 |
| Germany | 34 |
| Spain | 34 |
| France | 31 |
| Italy | 30 |
| Japan | 25 |
| United States | 13 |

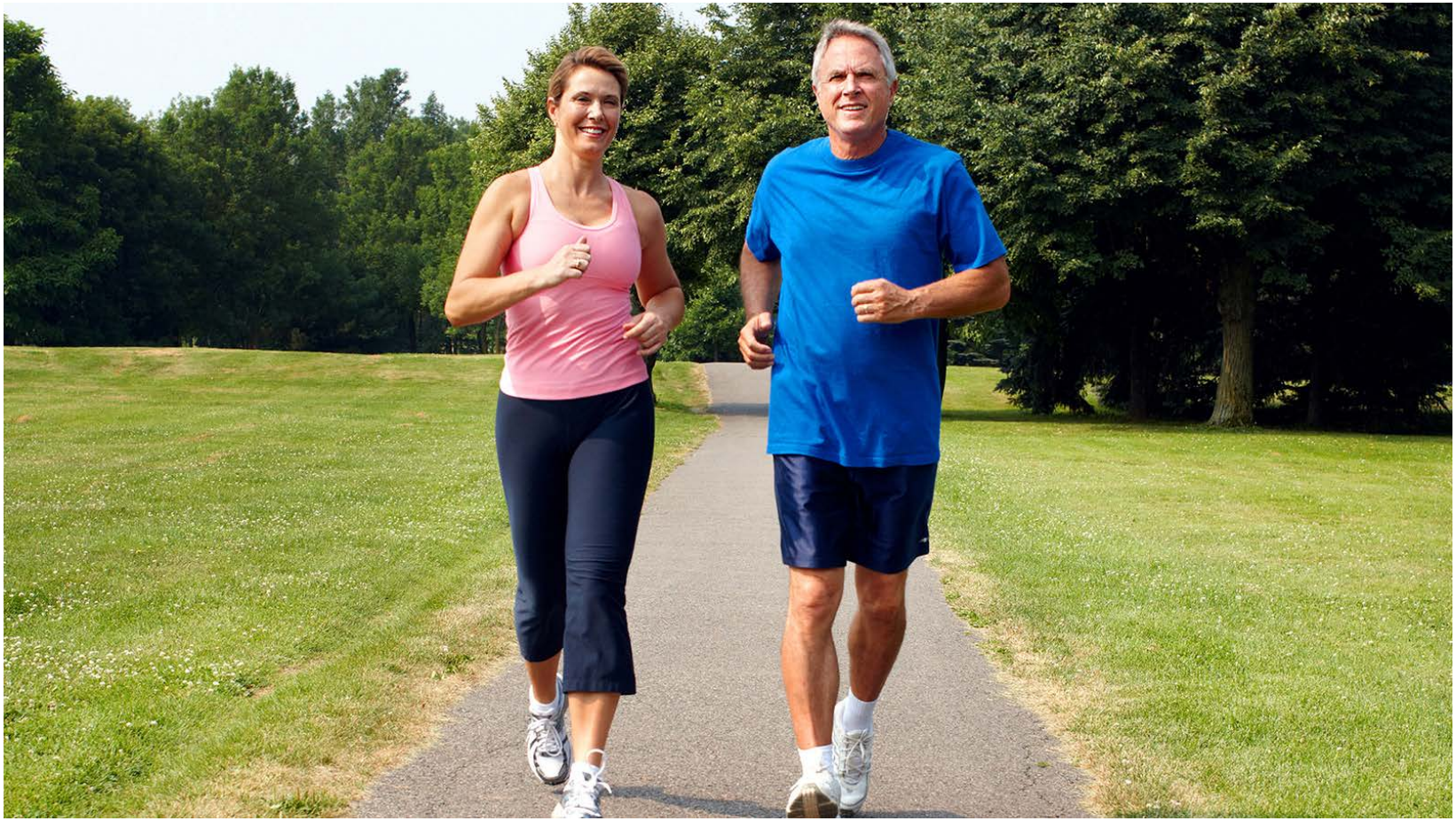
# If you work on vacation, it ain't a vacation!

# Take a day off!

# Do something every day for self care

# PLAY!

# Exercise



# Sleep

# Diet

# Smooch

# Unitask!

# Revive Locally

# Engage Body and Mind

# Just say no

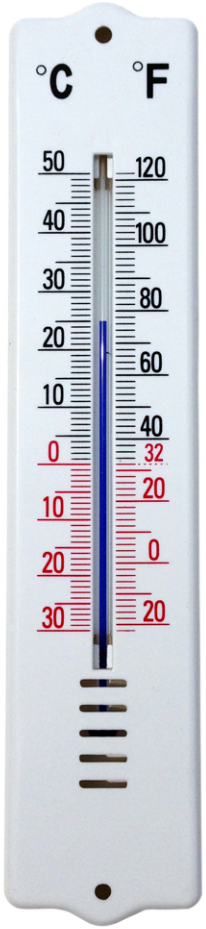
# Create a guilt free buffer zone from home to work

- Set up a transition ritual

# Schedule emergency time

- Recognize that humans are guilty of overestimating what they are capable of.

# Monitor your level of compassion fatigue (Gurwitch, 2010)



# Seek counseling or group support

# Mindfulness

- Mediate
- Pray
- Relax
- Be

# Defeat Inertia

# Self care exercise

- Brainstorm a quick list of five things you can do for self care.
  - Please make at least 3 of them to be less than 15 minutes.
- Then make a commitment to do at least one of them.

# Organization Symptoms of Compassion Fatigue

- Missing deadlines
- Paperwork is "getting sloppy."
- High absenteeism
- New friction amongst team members
- Strong reluctance toward positive change
- Inability of staff to believe improvement is possible
- Lack of a vision for the future

From
http://www.compassionfatigue.org/pages/symptoms.html

# Exercise: How can your organization begin to fight compassion fatigue?

- Note if an employee is making $50,000 a year it will cost an average of $10,000

# Becoming a Trauma Informed System

John Paul Abner, Ph.D.

Milligan College

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  - www.nctsn.org

# Types of trauma: Acute and Complex

Schonfield and Newgrass 2003:NCTSNET, 2011 retrieved from www.nctsnet.org/trauma-types

- Bullying
- Community and School Violence
- Complex Trauma
- Domestic Violence
- Early Childhood Trauma
- Grief
- Medical Trauma
- Natural Disasters
- Neglect
- Physical Abuse
- Refugee and War Zone Trauma
- Sexual Abuse
- Terrorism

# Complex trauma

www.nctsnet.org/trauma-types/complex-trauma

- "The term complex trauma describes the problem of children's exposure to multiple or prolonged traumatic events and the impact of this exposure on their development." (NCTSNET.org, retrieved 2011)
- Complex trauma typically
  - Begins early
  - Involves multiple type of maltreatment and exposure to neighborhood and domestic violence
  - Often makes the child more vulnerable to continued trauma

Complex trauma is probably the one that most of us work with “in the system.”

# How many children are traumatized?

- Trauma exposure is widespread. (Fairbank, Putnam, & Harris, 2007)
- In a nationally representative survey of 2- to 17-year-old youth,
  - ½ had experienced physical assault in last year
  - 1 in 8 had experienced child abuse or neglect
  - 1 in 12 had experienced sexual victimization. (Finkelhor et al., 2005).
- 9-16 years olds in western North Carolina
  - 25% experienced a traumatic event in their lifetime,
  - 6% percent within the past three months. (Costello, Erkanli, Fairbank, & Angold, 2002)
- 1 in 132 children were substantiated as abused in the year 2009 (U.S. Department of Human Services, 2010)

# Costs of Trauma

- 94 Billion
- "Everyone pays the price for childhood trauma."
  (Gerrity & Folcarelli, 2008 p. 9)
  - poverty
  - delinquency and crime
  - academics
  - addiction
  - mental illness
  - chronic medical illnesses.

# Impact of Trauma

- Rates of PTSD in the Juvenile Justice system range from 3 – 50%.
  - Compare this to rates of 12-20% of soldiers returning from deployment in Iraq. (Roehr, 2007, Buffington, Dierkhising, & Marsh (2010

# Parents and professionals often underestimate the impact of trauma (Gurwitch, 2010)

- Do not know symptoms of trauma or loss
- Some symptoms difficult to see
- Hope and pray
- Children may be trying to protect others
- Adult distress makes children's distress difficult to see
- Pressure to return to routine
- Waiting for child to bring up the subject
- Communication may be poor
- Stigma of mental health
- We often expect children to heal from trauma much more quickly than they can.

# Children can learn to successfully manage their trauma

- Lengthy amount of time
- "Scars" are often evident
- Reactions can crop up during times of stress

# Kids of promise and peril (Clinical stories)

# Traumatized child may carry a lot of diagnoses( Cook, Spinazzola, Ford, Lanktree, Blaustein, & Caryll et al., 2007)

- ADHD
- ODD
- Anxiety Disorder
- Eating Disorder
- Sleep Disorder
- Reactive Attachment Disorder
- However, none of these diagnoses paint a complete picture of child's
  - Self regulatory
  - Relational difficulties

# Focus on one diagnosis may result in overlooking trauma issues.

# Traumas assessment can help Buffington, Dierkhising, & Marsh (2010)

- Reduce misdiagnosis
- Help mental health professional address underlying cause of trauma.

# Tools to Use Suggested by the National Child Traumatic Stress Network

Buffington, Dierkhising, & Marsh (2010)

- Tools that help identify and track trauma related histories.
  - Traumatic Events Screening Inventory (Daviss et al., 2000; Ford et al., 2000)
  - Child Welfare Trauma Screening Tool (Igelman et al., 2007)
- Tools that help identify behavioral symptoms of traumatic reactions.
  - UCLA Posttraumatic Stress Disorder Reaction Index (Steinberg, Brymer, Decker, & Pynoos, 2004)
  - Trauma Symptom Checklist for Children (Briere, 1996)

# Complex trauma interferes with development ( Cook, Spinazzola, Ford, Lanktree, Blaustein, & Caryll et al., 2007)

- Child's body must devote resources normally committed to growth to survival
- This interferes with the secure attachment bond.
- Trauma survivors are SURVIVORS and they will often act from that base.

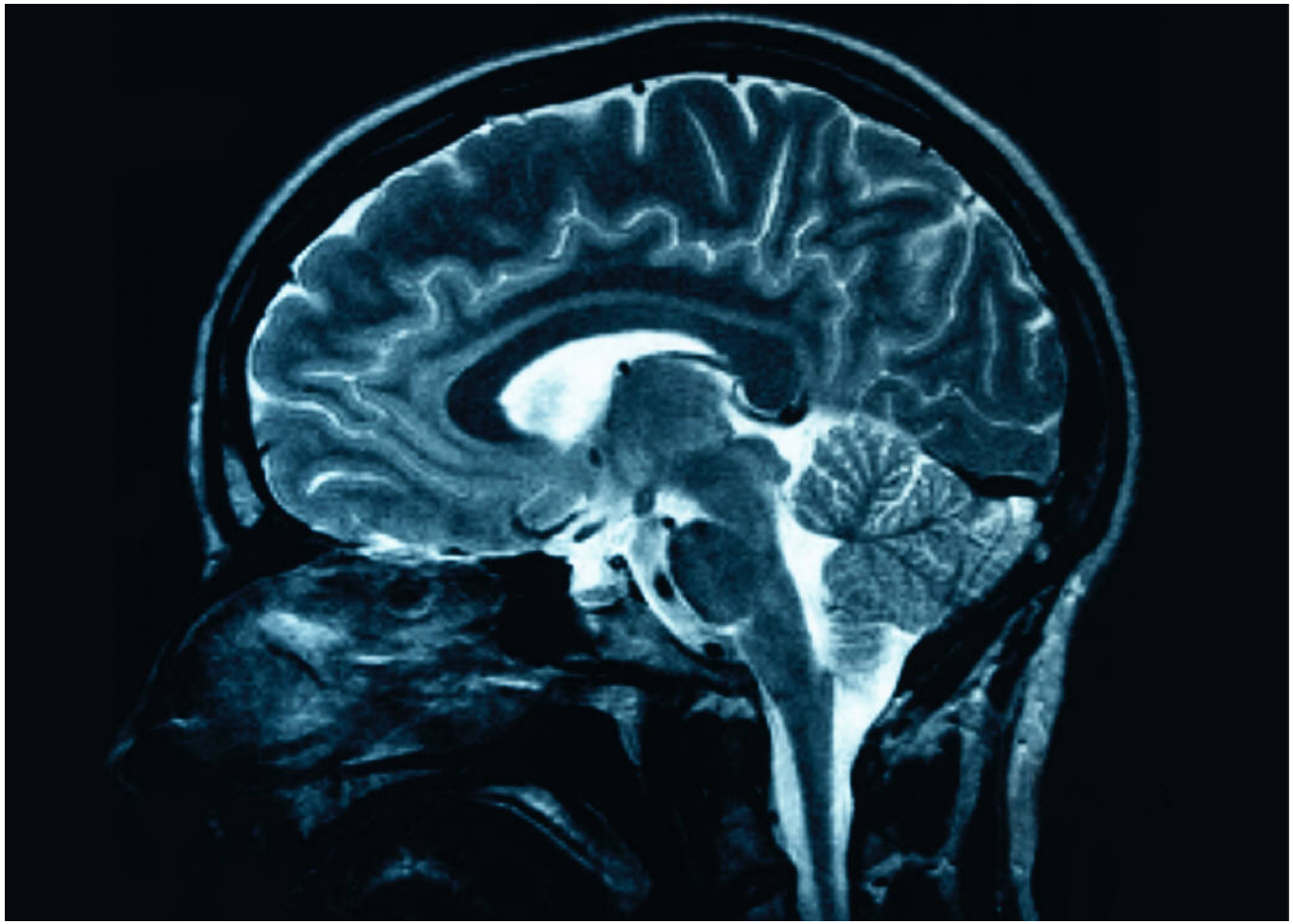

http://www.dayofthechild.org/dc98/survivor.htm

The organization of this section is based on "Complex Trauma in Children in Adolescents" White paper from the National Child Traumatic Stress Network Complex Trauma Task Force

“Experiencing a prior traumatic event does not toughen up a child. Instead, the effects can add up.”

http://www.nctsn.org/resources/audiences/parents-caregivers/understanding-child-traumatic-stress

# Biology:  Trauma shapes the brain



# Trauma and the Brain

- Impacts the size and reactivity of brain anatomy that controls our response to danger.
  - Hippocampus
  - Pre-frontal cortex
  - Amygdala

(Bremner, 2003)

- Exposure to stress results in a flood of cortisol in the brain..
- The brain resets the threshold at which cortisol is produced.
- Cortisol circulates at a very low level.
- Neuroendocrine systems becomes highly sensitive to stress.

Mash & Wolfe (2005)

# Biology (Cook, Blaustein, Spinzaaola, & Bessel Van Der Kolk 2003)

- Sensorimotor Developmental Problems
- Hypersensitivity to Physical Contact
- Problems with coordination
- Problems with balance and body tone
- Difficulties localizing skin contact
- Somatization
- Increased Health Problems

# Attachment

- 80% of maltreated children have attachment difficulties( Cook, Spinazzola, Ford, Lanktree, Blaustein, & Caryll et al., 2007)

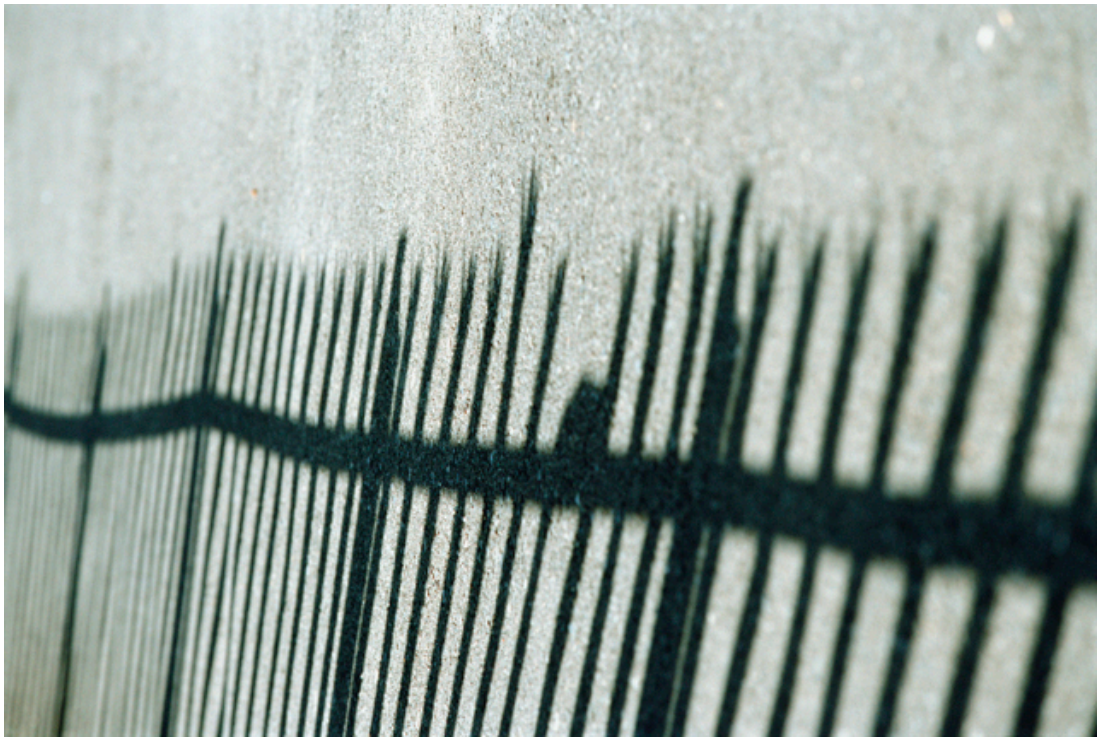
The organization of this section is based on "Complex Trauma in Children in Adolescents" White paper from the National Child Traumatic Stress Network Complex Trauma Task Force

# Attachment (Cook, Blaustein, Spinzaaola, & Bessel Van Der Kolk 2003)

- Interpersonal Difficulties
- Perspective taking difficulties
- Difficulty in gaining allies and friends
- Difficulty attuning themselves to others emotional states
- Uncertain about the reliability and predictability of the world.

# Attachment (Cook, Blaustein, Spinzaaola, & Bessel Van Der Kolk 2003)

- Boundary Issues
- Suspicion
- Distrust
- Social Isolation



# Two Minute Exercise:

- Find someone you don't know and tell them:
  - How you are doing today?
  - What do you want to do this weekend?

# Affect Regulation

(Cook, Blaustein, Spinzaaola, & Bessel Van Der Kolk 2003)

- Difficulty with emotional self-regulation
- Difficulty with describing feelings and internal experiences
- Problems knowing and describing internal states
- Difficulty communicating wishes and desires.

# Dissociation (Cook, Blaustein, Spinzaaola, & Bessel Van Der Kolk 2003)

- Altered states of consciousness
- Amnesia
- Depersonalization and derealization
- Multiple Identities

# Cognition (Cook, Blaustein, Spinzaaola, & Bessel Van Der Kolk 2003)

- Learning Difficulties
- Problems with Language Development
- Visual Perceptual Difficulties
- Attention difficulties
- Lack of sustained curiosity
- Problems processing new information
- Planning difficulties
- Difficulty understanding their own contribution to what happens to them.

# All child care systems need to be trauma informed at all levels.

http://www.fosterintexas.org/fostercare-child-trauma-informed-care/

# Why Trauma-Informed Services? (Gurwitch, 2010)

- Trauma is pervasive
- Trauma's impact is broad and diverse
- Trauma's impact is deep and life-shaping
- Trauma, especially interpersonal violence, is often self-perpetuating
- Trauma is insidious and differentially affects the more vulnerable
- Trauma affects how people approach services
- The service system has often been retraumatizing

# What are Trauma-Informed Services?

- Trauma-informed vs. trauma-specific
- Characteristics of trauma-informed services
  - Incorporate knowledge about trauma—prevalence, impact, and recovery—in all aspects of service delivery
    - Receptionists, administrative assistants, etc. play a key role in trauma informed services
  - Hospitable and engaging for survivors
  - Minimize re-traumatization
  - Facilitate recovery and empowerment

# A Culture Shift: The Core Principles of a Trauma-Informed System of Care

- Safety: Ensuring physical and emotional safety
- Trustworthiness: Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
- Choice: Prioritizing consumer choice and control
- Collaboration: Maximizing collaboration and sharing of power with consumers
- Empowerment: Prioritizing consumer empowerment and skill-building

# Considerations

- What we know about trauma, its impact, and the process of recovery calls for trauma-informed service approaches
- A trauma-informed approach involves fundamental shifts in thinking and practice at all programmatic levels
- Trauma-informed services offer the possibility of enhanced collaboration for all participants in the human service system

# A trauma informed system will

Buffington, Dierkhising, & Marsh (2010)

- Recognize that traumatized youth are hypervigiliant to threat and get defensive very easily.
- Work to increase sense of safety for children.
- Have Realistic expectations of children's resiliency.
- Take steps to encourage resiliency
- Recognizes the critical importance of involving the family.
- Avoid re-traumatization of children

# Avoid re-traumatization

- Facilitating safe placements
- Read the documentation
- When appropriate, don‘t force the story
  - Give permission not to tell.

# Re-traumatizing children

- What are some of the ways that we re-traumatize children in our system?

# Trauma informed systems attempt to build resiliency in children (Gurwitch, 2010)

http://www.education.com/reference/article/Ref_Childrens_Resilience/

- Help children help others
- Help maintain structure and routines
- Teach self-care
- Teach children to set and reach goals
- Nurture positive self-view
- Keep perspective and optimism
- Teach children that change is a part of life.

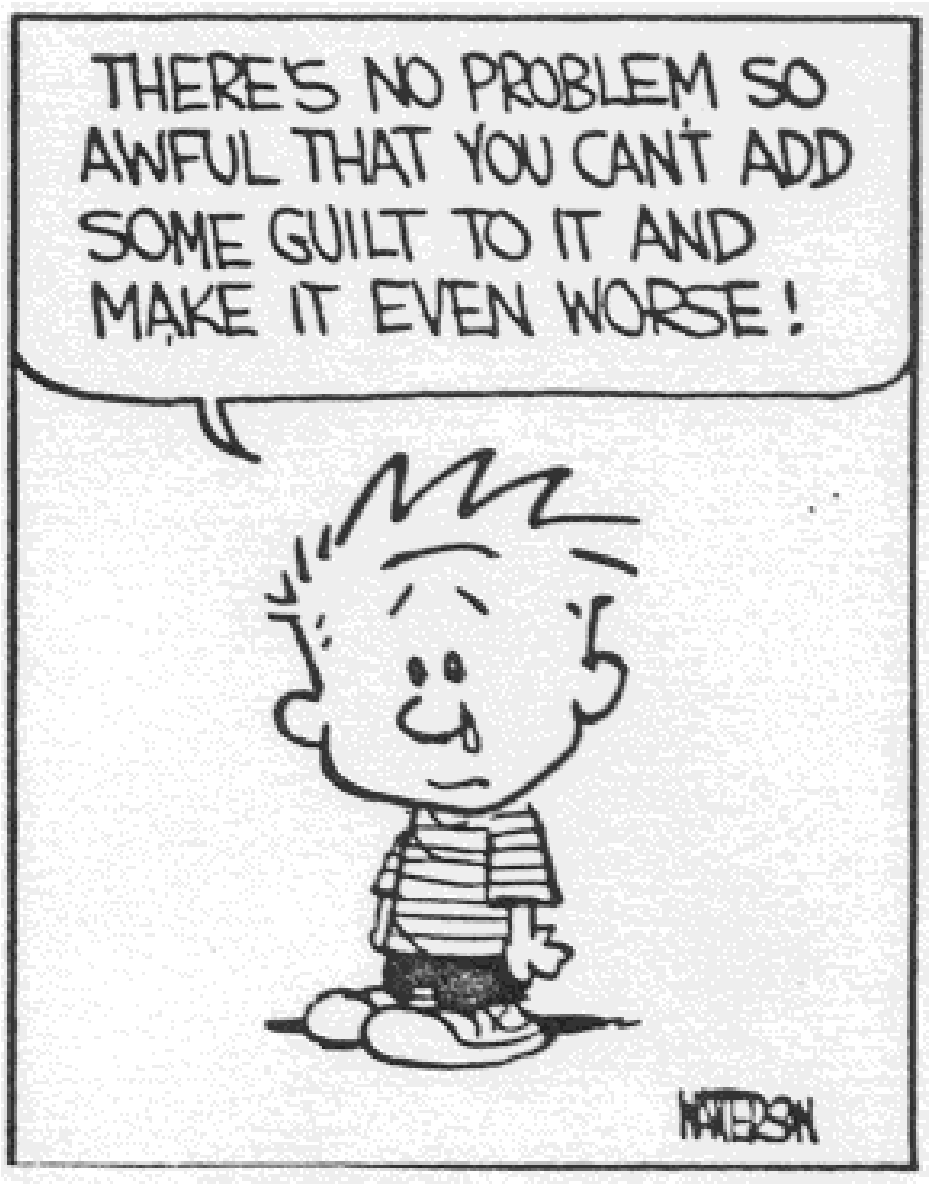
# Random tips for working with traumatized children.

- Be very careful with physical touch.
- Don't take anger personally.
- Traumatized children will make rapid changes in emotional presentation.
- They are aurally hypersensitive
  - In other words, they will hear you if you are talking about them.
- Be present.


MOM! MOM! A BIG DOG KNOCKED ME DOWN AND HE STOLE HOBBES!


I TRIED TO CATCH HIM, BUT I COULDN'T, AND NOW I'VE LOST MY BEST FRIEND!


WELL CALVIN, IF YOU WOULDN'T DRAG THAT TIGER EVERYWHERE, THINGS LIKE THIS WOULDN'T HAPPEN.


THERE'S NO PROBLEM SO AWFUL THAT YOU CAN'T ADD SOME GUILT TO IT AND MAKE IT EVEN WORSE!
WATTERSON

# Listen

Schonfeld and Gurwitch (2010).

- Listen and pay attention to what the child says
- Let child know you are willing to talk about the trauma

# Listen:  Don't Force Talking

Schonfeld and Gurwitch (2010).

- Avoid feeling like you have to get "something" out of a child
  - Certain type of information
  - Certain emotions.
- Some children will tell you.
- Some won't.
- If you force talking, you may not get the truth
  - Kids will often tell you what they think you want to hear.
  - It is easy to create false memories with kids.

# Listen

# Good questions to ask

Schonfeld and Gurwitch (2010).

- What do you think happened?
  - Listen for incorrect thoughts and ideas
    - When children don't understand they fill in the blanks
    - Children may blame themselves for the trauma.
- What do you think about what is happening right now? What do you think about the help you are getting?
  - Listen for how this is impacting family and school
- What are you most upset or worried about?
  - Allows you to address the child's concerns
- Is there anything else you want to tell me or that you want to know more about?
  - Keep yourself available

# Listen with your eyes

- Sleep changes
- Behavior with family and friends
- Academic difficulty
- Mood changes

# Protect

Schonfeld and Gurwitch (2010).

- Strive to keep child safe
  - Avoid placing in environments will re-traumatization will occur.
- Show patience after acute trauma
- Maintain routines
- Pay attention to what child is seeing or hearing
- Take a break from trauma
  - Never underestimate power of distraction

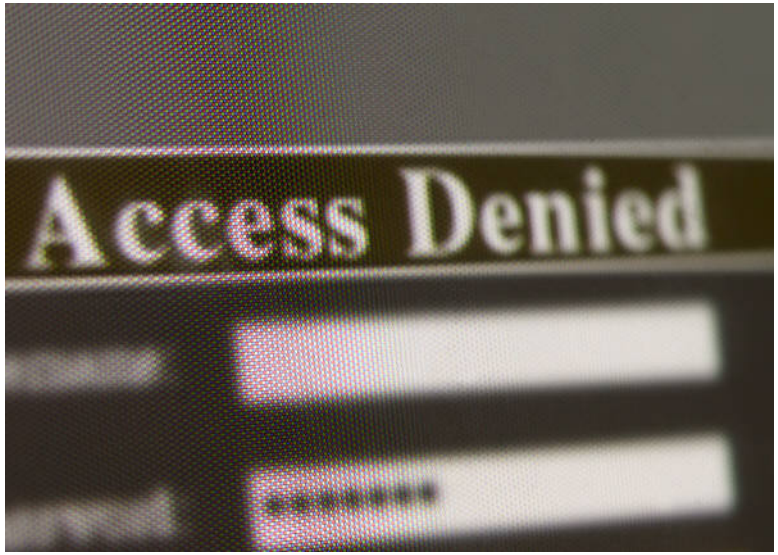
# Connect

Schonfeld and Gurwitch (2010).

- Know the resources in your community
  - Diligently add new one and delete ones that don't exist.
- Encourage activities that the child enjoy particularly ones that the child enjoyed before the trauma.
- Build on child's strengths
- Set small goals for child
- Find ways for child to help others
- Find ways to grow strength

# Effective treatments for trauma exist

- The difficulty is helping kids access these treatment.



# Examples of Evidenced Based Treatments (Buffington, Dierkhising, & Marsh , 2010, p.9)

- "Cognitive Behavioral Intervention for Trauma in Schools (CBITS ): Tested with youth who have experienced violence and complex trauma. CBITS is provided in a group format in schools, residential programs, and other similar environments."

# EBT Examples (Buffington, Dierkhising, & Marsh , 2010, p.9))

- Trauma Affect Regulation: Guide for Education and Therapy (TARGET -A)
  - "TARGET-A shows evidence of effectiveness with youth who are in correctional facilities, residential settings, and community-based programs. This model can be practiced in group, individual, and family formats, which helps both youth and families to better understand trauma and stress, and to develop skills that help them to think through, and regulate, their emotional, cognitive, and behavioral responses to stress triggers."

# EBT Examples (Buffington, Dierkhising, & Marsh , 2010, p.9)

- Trauma-Focused Cognitive Behavioral Therapy (TF -CBT)
  - "Youth (and their parents, possibly) are taught to process the trauma; manage distressful thoughts, feelings, and behaviors; and enhance both personal safety and family communication. It can be provided over a relatively short period of time in virtually any setting. "

# EBT Examples

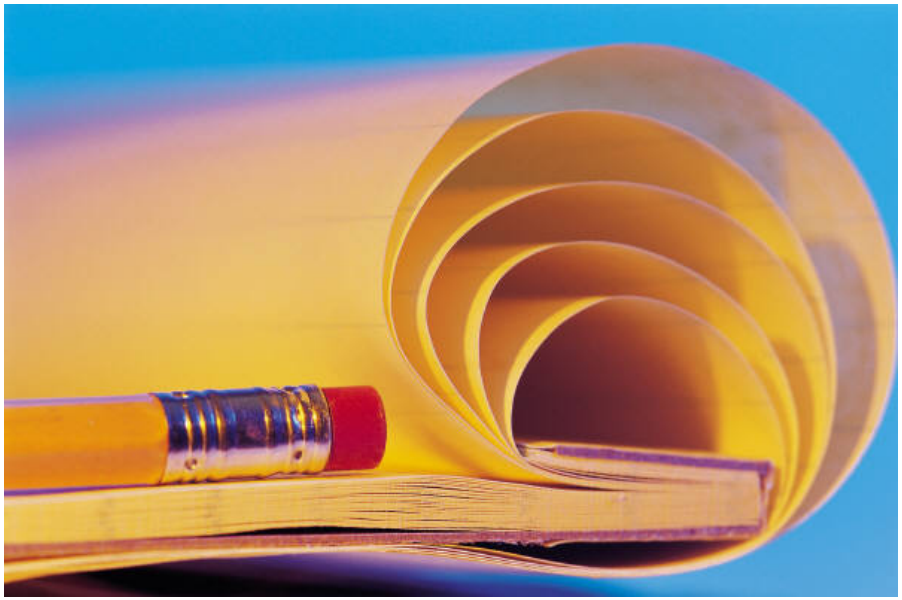
- Parent Child Interaction Therapy (Bagner & Eyberg, 2003)
  - Designed for children ages 2.5 - 7
  - Parents are taught developmental play skills to increase attachment of children in first phase of treatment.
  - Second phase of treatment teaches discipline skills.
    - Increases attachment and warmth in relationships.
  - Unique attributes
    - Mastery focused
    - Strong Effect Size
    - Direct Parent Coaching

# Comprehensive list of treatments and supporting documentation Buffington, Dierkhising, & Marsh (2010)

- http://www.nctsn.org/nctsn_assets/pdfs/CCG_Book.pdf

# Exercise

- Identify ways in which the system you work might become a more trauma-informed system.



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