

**THE UNIVERSITY OF TENNESSEE, KNOXVILLE
COLLEGE OF SOCIAL WORK**

SW540 - Trauma Treatment for Children and Adolescents

Section #002 and 102

**3 credit hours
Summer 2019**

Instructor: Phyllis Thompson, Ph.D., LCSW

Class Meeting Format: Zoom (*Live Online*)

Office hours: Telephone or Zoom by appt.

Live Online: 6:00–8:00 pm (EST) 5:00–7:00 pm (CST)

Office: Henson Hall 320

Email: pthomp11@utk.edu

Cell Phone: 210-748-1861

Dates: 06/04, 06/18, 07/02, 07/16, &
08/06

Code of Conduct

It is the student's responsibility to have read the College of Social Work Ethical Academic and Professional Conduct Code that is in the College of Social Work MSSW Handbook (www.csw.utk.edu). Students are also expected to sign and adhere to the Social Work Field Placement Code of Conduct.

The Honor Statement

An essential feature of The University of Tennessee is a commitment to maintaining an atmosphere of intellectual integrity and academic honesty. As a student of the University, I pledge that I will neither knowingly give nor receive any inappropriate assistance in academic work, thus affirming my own personal commitment to honor and integrity. (Hilltopics).

University Civility Statement

Civility is genuine respect and regard for others: politeness, consideration, tact, good manners, graciousness, cordiality, affability, amiability and courteousness. Civility enhances academic freedom and integrity, and is a prerequisite to the free exchange of ideas and knowledge in the learning community. Our community consists of students, faculty, staff, alumni, and campus visitors. Community members affect each other's well-being and have a shared interest in creating and sustaining an environment where all community members and their points of view are valued and respected. Affirming the value of each member of the university community, the campus asks that all its members adhere to the principles of civility and community adopted by the campus: <http://civility.utk.edu/>

Disability Services

If you need course adaptations or accommodations because of a documented disability or if you have emergency information to share, please contact The University of Tennessee, Knoxville Student Disability Services office at 100 Dunford Hall (865) 974-6087. This will ensure that you are properly registered for services.

Dimensions of Diversity

The College of Social Work and the University of Tennessee welcome and honor all people. In accordance with the U.S. National Association of Social Workers (NASW) and the U.S. Council on Social Work Education (CSWE 2015 Educational Policy Statement), “the dimensions of diversity are understood as the intersectionality of multiple factors including” age, class, color, culture, mental or physical disability and ability, ethnicity, gender, gender expression, gender identity, immigration status, marital status, national origin, political ideology, race, regionality, religion and spirituality, sex, sexual orientation, and tribal sovereign status. The College values intellectual curiosity, pursuit of knowledge, and academic freedom and integrity. “A person’s diverse life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim” (CSWE 2015 Educational Policy Statement). The College of Social Work promotes social justice and social change, and strives to end discrimination, oppression, poverty, and other forms of social injustice.

Course Description

Content in this course is intended to prepare students for direct social work practice with traumatized youth and their families within trauma informed care organizations. The course centers on building skills necessary to provide developmentally fitting, culturally sensitive techniques, and treatment methods evidenced for facilitating healing of trauma symptoms caused by single events and more complex traumatic experiences. In addition to emphasizing the critical role of the therapeutic relationship that supports feelings of safety and security during trauma treatment, students will develop skills for using creative interventions, art, and play therapy to supplement evidence-based trauma informed assessment and treatment approaches. These evidence-based approaches are shown to effectively target neurobiological disruptions that affect cognitive, affective, and behavioral processes and dynamics that negatively impact attachment relationships, the development of a healthy sense of self, social affiliations, and academic success.

Students will utilize a neurobiological, ecosystems and strengths-based framework that capitalizes on protective and promotive factors for facilitating healing, developmental catch-up, resiliency, and post-traumatic growth. Biological and environmental modifiers and mediators of risk and resilience in children exposed to trauma and attention to intersectionality of culture, race/ethnicity, gender, sexual orientation, sexual identity, socioeconomic factors, disability status, and others to effectively adapt assessment and intervention methods with diverse youth and their families will be examined to create culturally sensitive treatment plans and to advance therapeutic progress.

Strategies for engaging and incorporating children and adolescents’ families in the treatment process and including allies from systems that families are involved with (e.g. school clinicians, child welfare officials, psychiatrists, physicians) will be explored to assist with providing a comprehensive and cohesive treatment plan that can assist with their progress and help to foster positive outcomes. Issues related to working ethically and effectively with traumatized youth, their families, and interdisciplinary team members; the role of transference and countertransference in trauma therapy; and the need to prevent and/or mitigate vicarious trauma and promote clinician resilience will also be covered.

Course Rationale

Social workers make up the largest mental health profession currently treating trauma survivors. A large number of these survivors are children and adolescents who need adequately trained trauma clinicians. This course serves to prepare students to competently work with traumatized youth individually, with their families, in groups, and at the community level. In addition to evidence-based assessment and treatment models, promising approaches such as art, play therapy, and other creative interventions that have been found to engage neurobiological mechanisms that facilitate healing and developmental catch-up are included. These promising techniques serve to help youth express, organize, reframe, and integrate their traumatic experiences, improve self-regulation (i.e. physical and emotional responses) to stress, and help them to make meaning out of their experiences in order to foster resiliency and promote post-traumatic growth. Finally, adequately prepared trauma clinicians working within trauma informed organizations/systems reduce the risk to clinicians of developing vicarious trauma through its focus on wellbeing.

COURSE COMPETENCIES

By the end of the course, students will be able to:

1. Describe the critical role of the therapeutic relationship between clinicians and traumatized youth to facilitate healthy expression.
2. Drawing upon your working knowledge of neurobiological responses to chronic stress and trauma identify and distinguish biological and environmental mediators and moderators of risk and resilience and demonstrate knowledge and skills that capitalize on promotive and protective factors, strengths, and resources for facilitating healing, catch-up, resiliency, and post-traumatic growth.
3. Describe strategies for engaging and incorporating allies from systems that traumatized youth and their families are involved with (i.e., school clinicians, child welfare officials, psychiatrists, physicians) to be active collaborative participants with the treatment process and to assist with creating a comprehensive and cohesive trauma treatment plan.
4. Demonstrate knowledge and skills for engaging, assessing, diagnosing, and treating the core components of trauma with children and adolescents.
5. Demonstrate knowledge and treatment skills utilizing developmentally appropriate and culturally sensitive interventions in the forms of creative activity/art/play therapy and evidence-based approaches shown to effectively target neurobiological disruptions caused by trauma.
6. Identify issues related to working ethically, legally, and effectively with traumatized youth, their families, and other involved systems.
7. Explain the benefits of trauma informed care systems and identify strategies that promote clinician resilience and identify strategies that prevent and/or mitigate the impact of vicarious trauma within a trauma informed care system.

Official Correspondence

University e-mail and Canvas serves as the official correspondence mediums with students. Please check your email and Canvas announcements for course-related information and announcements.

Andragogy and the Learning Environment

This course is structured utilizing key assumptions of modern *Adult Learning Theory*. These assumptions include that adults have an internal motivation for learning, an orientation to learning being life-centered rather than subject centered, and that the richest resource for adult learning is an analysis of experience. As such, students are viewed as co-creators of their learning experiences and the environment. It is a purpose of this class is to provide knowledge and access to resources that will serve as a springboard for cooperative learning and collaboration. The professor will draw from a variety of teaching methods including case studies, class discussions and dialogue, readings, writing, lectures, class audiovisual materials, experiential exercises, small group activities, role plays/simulations, use of databases, and student presentations. These methods will be used to enhance the understanding of social work values and ethics, diversity, social and economic justice, oppression and discrimination, and to assist students in achieving the course competencies.

Required Texts

Blaustein, M. E., & K. M. Kinniburgh (2019). *Treating Traumatic Stress in Children and Adolescents how to Foster Resilience through Attachment, Self-regulation, and Competency*. (2nd ed.). New York, NY: Guilford Press. ISBN 9781462537044

Gil, E. (2017). *Posttraumatic Play in Children: What Clinicians Need to Know*. New York, NY: The Guilford Press.

Recommended Texts

American Psychological Association (2009). *Publication Manual of the American Psychological Association* (6th edition). Washington, DC: Author.

Ford, J. D., & Courtois, C. A. (Eds.), (2013). *Treating complex traumatic stress disorders in children and adolescents: Scientific foundations and therapeutic models*. New York, NY: Guilford Press.

Lanktree, C. B., & Briere, J. N. (2017). *Treating Complex Trauma in Children and Their Families: An Integrative Approach*. Los Angeles: Sage Publications.

Malchiodi, C. A. (Ed.), (2015). *Creative Interventions with Traumatized Children 2nd Edition*, New York, NY: The Guilford Press. ISBN: 978-1-4625-1816-6

Neff, K., & Germer, C. (2018). *The Mindful Self-Compassion Workbook: A Proven Way to Accept Yourself, Build Inner Strength, and Thrive*. New York, NY: The Guilford Press. ISBN 9781462

van Dernoot Lipsky, L., & Burk, C. (2009). *Trauma stewardship: An everyday guide to caring for self while caring for others*. San Francisco, CA: Berrett Koehler Publishers, Inc. ISBN: 978-1-57675-944-8

Assignments	Available Points 100	Course Competencies	Dimensions of Course Competencies
Interview with a Professional and Dialogue	10 points	1, 2, 3, 6, 7	Knowledge, skills, values, and cognitive and affective processes
Creative Intervention Presentation and Demonstration	20 points	4, 5	Knowledge, skills, values, and cognitive and affective processes
Simulations	2 @ 25 points each = 50	1, 2, 3, 4, 5, 6	Knowledge, skills, values, and cognitive and affective processes
Critical Thinking Discussion Boards/Simulation and Presentation Critiques	4 @ 5 points each = 20	1, 2, 3, 4, 5, 6, 7	Knowledge, skills, values, and cognitive and affective processes

Final Course Grading Scale

A = 95-100	A- = 91-94	B+= 88-90
B = 84-87	B- = 80-83	C+ = 77-79
C = 74-76	C- = 72-73	D/F = <72

Assignment Due Dates

All assignments are due by 11:59 pm of the documented due date. Overdue work will be deducted two points per day. A decision for an exception due to an emergency is the professor's responsibility. Providing documentation of the emergency is the responsibility of students.

Class Participation

- A "borderline" grade is influenced (either positively or negatively) by class attendance, substantive contributions, and class participation. A borderline grade refers to percentages and if I decide to round up. For example, if you earn a 79.5%, a decision to round up to a score of 80 (B) will be based on your attendance, informed and active class participation, and effort put into assignments. Rounding is not automatic and is solely up to the discretion of the professor.

Evaluation of Written Materials

- All work must comply with current APA writing and publication guidelines.
- Use inclusive language—avoid sexist, racist, or any other non-inclusive language both in the classroom and in written assignments.

Extra Credit

Readings, activities and assignments are thoughtfully chosen to help you master the objectives that this course offers. Therefore, extra credit is not offered.

ASSIGNMENT INSTRUCTIONS

Interview with a Professional and Class Dialogue (10 points) Due: 06/25/19

This assignment is designed to increase understanding of 1) working as a trauma clinician with youth and their families within a trauma informed care setting; 2) positive experiences and challenges of working with traumatized youth, their families, and interdisciplinary team members; 3) adapting practices to provide culturally sensitive care to diverse youth; 4) ethical and legal issues specific to working with youth who have been traumatized; 5) identifying potential emotional triggers you might have when working with children and adolescents who have traumatic histories; and 6) preventing clinician negative outcomes (i.e., compassion fatigue, vicarious trauma, burn out, building rapport and maintaining a strong therapeutic relationship) that can occur when treating clients for trauma. Students are asked to conduct a 20-30-minute interview with a graduate level social work clinician that has a minimum of 5 years of experience working with traumatized youth, uses evidence based treatments, and currently works in a *trauma informed care* setting.

During the interview elicit information about the clinician's feelings, beliefs, therapeutic practices, likes and dislikes, positive experiences and challenges (e.g. ethical, legal, transference, countertransference) he or she has had working with traumatized youth. Ask if he or she would be willing to share some of her or his countertransference reactions to patients and to explain how s/he deals with countertransference and compassion fatigue. Also ask the clinician about any experiences of when issues of gender, culture, sexual orientation, disability, religion, or spirituality impacted the trauma treatment process and what insight the clinician gained from that experience. Next, explore if the clinician has ever experienced working in settings that are not trauma informed and compare and contrast any differences that helped to promote, discourage, or prevent effective social work practice with those he or she served. Finally, ask if they have any professional pearls of wisdom to share with you as you prepare to enter the trauma field as a Master's level social worker. Please remember that you are not to provide any identifying information about the clinician that was interviewed. This dialogue will take place week 4 via the discussion board. *CC: 1, 2, 4, 8, 9; DC: Knowledge, values, and cognitive and affective processes*

Creative Intervention Presentation and Demonstration (20 points) Due 07/23/19

In groups of three, create an 8-10-minute recorded presentation on a creative intervention that can be used with a child who has experienced trauma. Begin the presentation with explaining what the creative intervention is, the skills and materials necessary, and any requirements for using the intervention (e.g., certifications, trainings, cost). Explain which developmental population the intervention is best used, the reasons for using the intervention, what symptoms the intervention targets, and a quick demonstration of how the creative intervention can be used with your group members. You may also include any additional information that will help to provide a good understanding of the intervention. The following options are available and will be assigned on a first request basis. *CC: 4, 5; DC: Knowledge, skills, values, and cognitive and affective processes*

- 1) Sand tray therapy
- 2) Art therapy
- 3) Clay therapy
- 4) Dance Movement therapy

5) Music therapy 6) Drama therapy 7) Yoga 8) Bibliotherapy/story telling

***Presentations can be posted to Critical Thinking Discussion Board #4 week 8.

Group Simulations (2 @ 25 = 50 points)

Simulation 1: Engagement, psychoeducation and assessment simulation Due 07/09/19

Create a 8-10 minute simulation demonstrating your clinical assessment skills with an infant/child/adolescent, family member, and collateral contact. This simulation will demonstrate students' professional knowledge of trauma informed practice and skills, values, and cognitive and affective processes related to engaging youth and their families, building rapport, helping them to feel safe, and conducting an assessment across the ecological spectrum utilizing a risk and protective framework/strengths and resilience lens. Be sure to provide psychoeducation regarding trauma informed care, the assessment process and approach that includes the purpose and utility of at least one culturally appropriate creative or play therapy technique used for assessment. Each person in the group must take the clinical social worker's role and clearly demonstrate what you are learning in your texts.

Simulation 2: Psychoeducation on diagnosis, creating a trauma treatment plan, and treatment intervention simulation (20-points) Due 07/30/19

Create a 10-12 minute simulation demonstrating your ability to provide psychoeducation about the child's diagnosis. Then involve the child/adolescent and primary caregivers in developing a treatment plan (including goals and objectives) that addresses the trauma symptoms, adverse dynamics, and any specific treatment issues/needs of the child, family, schools and community/agencies organizations in relation to healing. Also, provide psychoeducation regarding the trauma treatment intervention that will be used to treat the patient and possibly his or her family. Be sure to explain the creative intervention/play technique(s) that will be used as a part of treatment and provide the family with **a brochure** that you created explaining its purpose and utility.

The brochure should also include a description of the treatment approach along with the creative intervention/play techniques, how the approach helps heal traumatized youth, and the way(s) parents will be involved. Also share how the assessment will be communicated with the parent/caregiver and how the child's progress will be evaluated. Include necessary in-text citations. The content, articulation of an understanding of play therapy or the creative intervention, creativity, and visual appeal of the brochure will contribute to the grading.

Finally, make sure your simulation includes a section that demonstrates clinical skills treating the youth's trauma (e.g. exposure therapy, processing the trauma narrative, cognitive processing therapy skills, identifying unhelpful thoughts, engaging in cognitive restructuring). Each person in the group must take the lead therapist role and clearly demonstrate what you are learning in your texts. **CC: 1, 2, 3, 4, 5, 6; DC: Knowledge, skills, values, and cognitive and affective processes**

The following bullets are to also think about elements to include in your simulation:

- Demonstrate knowledge and skills that capitalize on what you are learning in your texts.
- Provide psychoeducation about the diagnosis and trauma treatment approach that will be used to heal. Note any cultural adaptations that will be made and provide the brochure.

- Discuss specific treatment issues/needs the patient has (e.g. personal challenges, cultural) in relation to this problem and how this evidence-based approach will meet them.
- Create a comprehensive intervention plan that addresses any specific treatment issues/needs and that capitalizes on the child and family's strengths and resources. Include interdisciplinary team members from other systems (e.g. schools, community, agencies, organizations) to address the problem(s) within the plan if appropriate.

Critical Thinking Discussion Boards and Critiques (5 @ 4 points each =20 points) Due Dates: 06/11/19, 06/25/19, 07/09/19, 07/23/19, & 07/30/19

This semester students will engage in nine critical thinking discussion boards. For each of the boards you are asked to demonstrate critical thinking by responding to the prompts by utilizing and expanding upon the knowledge that you are learning from your materials. For two of these five boards you and the members assigned to your group will post your simulations in order to provide and receive formative critiques of each other's skills. For one of the boards you will post your presentation on a creative intervention. Once students have watched the presentations they will engage with the presenters about their work and provide strengths-based and constructive feedback. The presenters are responsible to answer questions and provide clarification and/or elaboration when needed.

Please keep in mind that the discussion board is a tool to help you engage with each other about the material; become exposed to different perspectives; and share your professional experiences. It is therefore important to be checking the discussion board throughout the week, which will allow more time to process the information and formulate thoughts. The discussion board is not a helpful tool when most of the postings come in at the end of the week. There will not be any credit offered for late posts. The following rubric will be used for grading and examples will be offered on your Canvas site.

- A score of 4 is the highest score you can achieve. **To earn 4 points, you must: post one initial post and provide one substantive response** that incorporates semester reading materials in a meaningful way and can facilitate further discussion. At least one of the two posts *most also include* an *outside peer-reviewed published research article* that supports the discussion ***in a scholarly way***. Posts and critiques are well written and demonstrate concepts learned from the weekly materials with applications and examples.

Critiques for the presentation and the simulations are constructive, thoughtful, identify specific strengths, and help to advance the skills of the presenters/simulators. **Responses** to the critiques must demonstrate evidence of self-reflection about the critique(s) that was/were offered, and 2) a self-critique that notes strengths and areas to build upon. Finally, the response must incorporate evidence of what you are learning in the course. The material is cited according to APA.

- A score of 3 is ***better than average*** work. **To earn 3 points, you must: post two substantive responses** that incorporates semester reading materials in a meaningful way and can facilitate further discussion. Posts and critiques are well written and demonstrate concepts learned with applications and examples.

Critiques for the presentation and the simulations are constructive, thoughtful, identify specific strengths, and help to advance the skills of the presenters/simulators. **Responses** to the critiques must demonstrate evidence of self-reflection about the critique(s) that was/were offered, and 2) a self-critique that notes strengths and areas to build upon. Finally, the response must incorporate evidence of what you are learning in the course. The material is cited according to APA.

- A score of 2 is **average work**. To earn 2 points you must post at least twice. To receive two points your posts may review concepts and provide your interpretations but does not incorporate any of the semester’s reading materials and does little if anything to further the dialogue in either post. APA is appropriately applied. Critiques for simulations were adequate but little critical thought or thoughtfulness was conveyed that helped to advance the simulator’s skills. Overall the posts were vague and lacking specificity.
- A score of 1 means that only one post was made or if more than one post was made the postings were only partially relevant, lacked substance, was poorly written and/or not proofed adequately. Critiques for simulations did not reflect critical thinking or thoughtfulness. Either one or more than one was less than adequate.
- A score of 0 – Failure to make any posts, postings were not relevant or easily understood, failure to provide a critique of the simulation/presentation
CC. 1, 2, 3, 4, 5, 6, 7, 8, 9 DC: Knowledge, skills, values, and cognitive and affective processes

“You can learn more about a person in an hour of play than in a year of conversation.” (Plato)

Course Outline Summer 2019

Class Date	Topics	Required and Value-Added Materials	Assignment & Due Date
Week 1 06/03/19 (Monday) Live Online (Synchronous)	1) Welcome and review of syllabus 2) Trauma’s impact on biopsychosocial development 3) Vicarious trauma 4) Self-care & compassion	Blaustein, M. E., & Kinniburgh, K. M. (2019). <i>Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency</i> . (2 nd ed.). New York: The Guilford Press. pp. ix-x, 1-5, 9-33. Lanktree, C. B., & Briere, J. N. (2017). <i>Treating Complex Trauma in Children and Their Families: An Integrative Approach</i> . Los Angeles: Sage Publications. pp. 220-237. Malchiodi, C. A. (2015). <i>Creative Interventions with Traumatized Children</i> 2 nd	

	5) Intro to creative interventions	<p><i>Edition</i>, New York, NY: The Guilford Press. pp. ix-xvii</p> <p>van Dernoot, L. (2015). <i>Beyond the cliff</i>. TEDx https://www.youtube.com/watch?v=uOzDGrcv mus (19. 23min)</p>	
<p>Week 2 06/11/19 (Tuesday) Asynchronous</p>	<p>1) ARC treatment framework</p> <p>2) Targeting childhood trauma with creative interventions</p> <p>3) Ethics, cultural sensitivity, and trauma informed practice</p>	<p>Required Readings</p> <p>Blaustein, M. E., & Kinniburgh, K. M. (2019). <i>Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency</i>. (2nd ed.). New York: The Guilford Press. pp. 34-52.</p> <p>Malchiodi, C. A. (2015). Neurobiology, creative interventions, and childhood trauma. In Malchiodi, C. (Ed.), <i>Creative Interventions with Traumatized Children 2nd Edition</i>, New York, NY: The Guilford Press. pp. 3-20</p> <p>Malchiodi, C. A. (2015). Ethics, evidence, trauma informed practice, and cultural sensitivity. In Malchiodi, C. (ed.), <i>Creative Interventions with Traumatized Children 2nd Edition</i>, New York, NY: The Guilford Press. pp. 24-41.</p>	<p>1) Critical Thinking Discussion Board #1 opens at 7:00 am on 6/11/19 and closes at 11:59 pm on 6/17/19</p>
<p>Week 3 06/18/19 (Tuesday) Live on Line</p>	<p>1) The therapeutic environment</p> <p>2) Foundational Strategies -Engagement and Education</p> <p>3) Trauma Experience Integration</p> <p>4) Post traumatic play</p>	<p>Required Readings</p> <p>Blaustein, M. E., & Kinniburgh, K. M. (2019). <i>Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency</i>. (2nd ed.). New York: The Guilford Press. pp. 55-64; 67-77.</p> <p>Gil, E. (2017). Introduction to posttraumatic play in children and youth; & Types, forms, and phases of posttraumatic play. In <i>Posttraumatic Play in Children: What Clinicians Need to Know</i>. New York, NY: The Guilford Press. pp. ix-xi; 3-16.</p> <p>Lanktree, C. B., & Briere, J. N. (2017). <i>Treating Complex Trauma in Children and</i></p>	

		<i>Their Families: An Integrative Approach</i> . Los Angeles: Sage Publications. pp. 44-51.	
Week 4 06/25/19 (Tuesday) Asynchronous	1) Assessment tools/instruments 2) Trauma diagnosis 3) Assessment and evaluating post traumatic play	<p style="text-align: center;">Required Readings</p> <p>American Psychiatric Association (2013). <i>Diagnostic and Statistical Manual (DSM-5)</i> (5th ed.). Washington DC: American Psychiatric Publishing. pp. 265-274.</p> <p>Gil, E. (2017). <i>Posttraumatic Play in Children: What Clinicians Need to Know</i>. New York, NY: The Guilford Press. pp. 17-51.</p> <p>Zeanah, C. H., & Lieberman, A. (2016). Defining relational pathology in early childhood: the diagnostic classification of mental health and developmental disorders of infancy and early childhood DC: 0-5 approach. <i>Infant Mental Health Journal</i>, 37(5), 509-520.</p> <p>Value Added Reading: Tryphonopoulos, P. D., Letourneau, N., & Ditommaso, E. (2014). Attachment and caregiver-infant interaction: A review of observational-assessment tools. <i>Infant Mental Health Journal</i>, 35(6), 642-656.</p>	1) Interview and Class Dialogue due 6/25/19 2) Critical Thinking Discussion Board #2 on the Professional Interview opens at 7:00 am on 6/25/19 and closes at 11:59 pm on 7/1/19
Week 5 07/02/19 (Tuesday) Live on Line	1) Foundational Strategies -Routines and Rhythms 2) Relationship Building 3) Safety	<p style="text-align: center;">Required Readings</p> <p>Blaustein, M. E., & Kinniburgh, K. M. (2010). <i>Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency</i>. (2nd ed.). New York: The Guilford Press. pp. 78-99.</p> <p>Lanktree, C. B., & Briere, J. N. (2017). <i>Treating Complex Trauma in Children and Their Families: An Integrative Approach</i>. Los Angeles: Sage Publications. pp. 52-77.</p>	

<p>Week 6 07/09/19 (Tuesday) Asynchronous</p>	<p>1) Attachment - Caregiver Management of Affect -Attunement</p> <p>2) Manifestations and addressing posttraumatic play</p>	<p>Required Readings</p> <p>Blaustein, M. E., & Kinniburgh, K. M. (2010). <i>Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency.</i> (2nd ed.). New York: The Guilford Press. pp. 101-140.</p> <p>Gil, E. (2017). <i>Posttraumatic Play in Children: What Clinicians Need to Know.</i> New York, NY: The Guilford Press. pp. 52-73.</p>	<p>1) Simulation #1 due by 7:00 am on 7/09/19</p> <p>2) Critical Thinking Discussion Board #3 of Simulation #1 - Critique opens at 7:00 am on 07/09/19 and closes at 11:59 pm on 07/09/18</p>
<p>Week 7 07/16/19 (Tuesday) Live on Line</p>	<p>1) Attachment -Effective Response</p> <p>2) Regulation -Identification</p>	<p>Required Readings</p> <p>Blaustein, M. E., & Kinniburgh, K. M. (2010). <i>Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency.</i> (2nd ed.). New York: The Guilford Press. pp. 141-170; 171-196.</p> <p>Lanktree, C. B., & Briere, J. N. (2017). <i>Treating Complex Trauma in Children and Their Families: An Integrative Approach.</i> Los Angeles: Sage Publications. pp. 88-90.</p>	
<p>Week 8 07/23/19 (Tuesday) Asynchronous</p>	<p>1) Regulation -Modulation</p> <p>2) Treating dissociation</p>	<p>Required Readings</p> <p>Blaustein, M. E., & Kinniburgh (2010). <i>Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency.</i> New York, NY: The Guilford Press. pp. 197-227.</p> <p>Santen, B. (EDS) (2015). Treating dissociation in traumatized children with body maps. In Malchiodi, C. (Ed.), <i>Creative Interventions with Traumatized Children 2nd Edition</i>, New York, NY: The Guilford Press. pp. 126-149</p>	<p>1) Creative Intervention Presentation & Demonstration due 7/23/19</p> <p>2)Critical Thinking Discussion Board #4 Critique and Discussion regarding the Creative Intervention Presentation-</p>

			<i>opens at 7:00 am on 7/23/19 and closes at 11:59 pm on 7/29/19</i>
Week 9 07/30/19 (Tuesday) Asynchronous	1) Competency -Relational Connection 2) Competency -Strengthening executive functions 3) Application of art therapy for terrorism and violence	Required Readings Blaustein, M. E., & Kinniburgh (2010). <i>Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency.</i> New York, NY: The Guilford Press. pp. 229-258; 259-280. Loumeau-May, L. V., Seibel-Nicol, E., Hamilton, M. P., & Malchiodi, C. A. (2015). Art therapy as an intervention for mass terrorism and violence. In Malchiodi, C. (Ed.), <i>Creative Interventions with Traumatized Children 2nd Edition</i> , New York, NY: The Guilford Press. pp. 94-125.	1) Simulation #2 due by 7:00 am on 7/30/19 3) Critical Thinking Discussion Board #5 of Simulation Critique #2 - opens at 7:00 am on 7/30/19 and closes at 11:59 pm on 8/05/19 3) Educational Brochure Due
Week 10 08/05/19 (Monday) Live Online	1) Competency 2) Cognitive & Emotional Processing 3) Self- Development and Identity 4) Model Integration	Required Readings Blaustein, M. E., & Kinniburgh (2010). <i>Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency.</i> New York, NY: The Guilford Press. pp. 281-306; 309-330. Lanktree, C. B., & Briere, J. N. (2017). <i>Treating Complex Trauma in Children and Their Families: An Integrative Approach.</i> Los Angeles: Sage Publications. pp. 116-125; 126-140.	

References

Alexander, P. C. (2013). Relational trauma and disorganized attachment. In Ford, J. D., & Courtois, C. A. (Eds.), *Treating Complex Traumatic Stress Disorders in Children and Adolescents*. Eds., New York, NY: The Guilford Press. pp. 39 – 61.

- American Psychiatric Association (2013). *Diagnostic and Statistical Manual (DSM-5)* (5th ed.). Washington DC: American Psychiatric Publishing. pp. 265-274.
- Arvidson, J., Kinniburgh, K., Howard, K., Spinazzola, J. Strothers, H., Evans, M., Andres, B., Cohen, C., & Blaustein, M. E., (2011). Treatment of complex trauma in young children: Developmental and cultural considerations in application of the ARC intervention model. *Journal of Child & Adolescent Trauma*, 4, 34–51. doi: 10.1080/19361521.2011.545046
- Bailey, T. D., & Brand, B. L. (2017). Traumatic dissociation: Theory, research, and treatment. *Clinical Psychology: Science and Practice*, 1-16. doi:10.1111/cpsp.12195
- Barlow, M. R., Goldsmith Turow, R. E., & Gerhart, J. (2017). Trauma appraisals, emotion regulation difficulties, and self-compassion predict posttraumatic stress symptoms following childhood abuse. *Child Abuse & Neglect*, 65, 37-47. Retrieved from <http://dx.doi.org/10.1016/j.chiabu.2017.01.006>
- Bath, H. (2008). The three pillars of trauma –informed care. *17*(3), 17-21. Retrieved from www.reclaiming.com
- Bedics, J. D., Korslund, K. E., Sayrs, J. H. & McFarr, L. M. (2013). The observation of essential clinical strategies during an individual session of dialectical behavior therapy. *Psychotherapy*, 50(3). 454-457.
- BigFoot, D. S., & Schmidt, S. R. (2010). Honoring children, mending the circle: Cultural adaptation of trauma-focused cognitive-behavioral therapy for American Indian and Alaska Native children. *Journal of Clinical Psychology*, 66(8), 847-856.
- Blaustein, M. E., & K. M. Kinniburgh (2019). *Treating Traumatic Stress in Children and Adolescents how to Foster Resilience through Attachment, Self-regulation, and Competency*. (2nd ed.). New York, NY: Guilford Press. ISBN 9781462537044
- Brownlee, K., Rawana, J., Franks, J., Harper, J., Bajwa, J., O'Brien, E., & Clarkson, A. (2013). A systematic review of strengths and resilience outcome literature relevant to children and adolescents. *Child and Adolescent Social Work Journal*, 435–459. doi:10.1007/s10560-013-0301-9
- Budd, K. S., Hella, B., & Hyo, B. (2011). Delivering parent-child interaction therapy in an urban community clinic. *Cognitive and Behavioral Practice*, 18, 502-514.
- Caprioli, S., & Crenshaw, D. A, (2017). Silencing and the culture of sexual violence. In Malchiodi, C. A., & Crenshaw, D. A. (Eds.), *What to do when children clam up in psychotherapy: Interventions to facilitate communication*. New York: The Guilford Press. pp. 176-196.
- Carmel, A. (2013). Barriers and solutions to implementing dialectical behavior therapy in a public behavioral health system. *Administration and Policy in Mental Health and Mental Health Services Research*, 1-7. doi:10.1007/s10488-0130504-6

- Crenshaw, D. A. (2017). Resistance in child psychotherapy: Playing hide and seek. In Malchiodi, C. A., & Crenshaw, D. A. (Eds.), *What to do when children clam up in psychotherapy: Interventions to facilitate communication*. New York: The Guilford Press. pp. 18-37.
- Connor, D. F., Ford, J., Arnsten, A. F. T., & Greene, C. A. (2015). An update on posttraumatic stress disorder in children and adolescents. *Clinical Pediatrics*, 54(6), 517-528.
- Cross, D., Fani, N., Powers, A., & Bradley, B. (2017). Neurobiological development in the context of childhood trauma. *Clinical Psychology: Science and Practice*, 1-14. doi:10.1111/cpsp.12198
- DeRosa, R. R., & Rathus, J. H. (2013). Dialectical behavior therapy with adolescents. In Ford, J. D., & Courtois, C. A. (Eds.), New York, NY: The Guilford Press. pp. 225-243.
- De Young, A. C., Haag, A. C., Kenardy, J. A., Kimble, R. M., & Landolt, M. A. (2016). Coping with accident reactions (CARE) early intervention program for preventing traumatic stress reactions in young injured children: Study protocol for two randomized controlled trials. *Trials*, 17(362), doi: 10.1186/s13063-016-1490-2
- Dixon, L., Browne, K., & Hamilton-Giachritsis, C. (2009). Patterns of risk and protective factors in the intergenerational cycle of maltreatment. *Journal of Family Violence*, 11, 111-122.
- Dorsey, S., McLaughlin, K. A., Kerns, S. E., Harrison, J. P., Lambert, H. K., Briggs, E. C., Cox, J. R., & Amaya-Jackson, L. (2017). Evidence base update for psychosocial treatments for child and adolescents exposed to traumatic events. *Journal of Clinical Child & Adolescent Psychology*, 46(3), 303–330. doi: 10.1080/15374416.2016.1220309
- Doyle, C., & Cicchetti, D. (2017). From the cradle to the grave: The effect of adverse caregiving environments on attachment and relationships throughout the lifespan. *Clinical Psychology: Science and Practice*, 1-15. doi:10.1111/cpsp.12192
- Dozier, M., Lindhiem, O., & Ackerman, J. P. (2005). Attachment and biobehavioral catch-up: An intervention targeting empirically identified needs of foster infants. In Berlin, L. J., Ziv, Y., Amaya-Jackson, L., Greenberg, M. T. (Eds.), *Enhancing early attachments. Theory, research, intervention, and policy*, New York, NY: Guilford Press. pp. 178-194.
- Dubois-Comtois, K., Cyr, C., Pascuzzo, K., Lessard, M., & Poulin, C. (2013). Attachment theory in clinical work with adolescents. *J Child Adolesc Behav*, 1(3), 1-8. <http://dx.doi.org/10.4172/jcalb.1000111>
- Duffy, C. S. (2014). Therapeutic stories and play in the sand tray with traumatized children: The moving stories method. In Malchiodi, C. (Ed.), *Creative Interventions with Traumatized Children 2nd Edition*, New York, NY: The Guilford Press. pp. 150-168.
- Echterling, L. G., & Stewart, A. L. (2014). Creative crisis intervention techniques with children

- and families. In Malchiodi, C. (Ed.), *Creative Interventions with Traumatized Children 2nd Edition*, New York, NY: The Guilford Press. pp. 213-234.
- Elbrecht, C. (Eds.) (2014). The clay field and developmental trauma in children. In Malchiodi, C. (Ed.), *Creative Interventions with Traumatized Children 2nd Edition*, New York, NY: The Guilford Press. pp. 191-210.
- Faller, K. C. (2005). Anatomical Dolls: Their use in assessment of children who may have been sexually abused. *Journal of Child Sexual Abuse*, 14(3), pp. 1-22.
- Ford, J. D., & Courtois, C. A. (Eds.). (2013). *Treating complex traumatic stress disorders in children and adolescents: Scientific foundations and therapeutic models*. New York, NY: Guilford Press.
- Ford, J. D., Nader, K., & Fletcher, K. E. (2013). Clinical assessment and diagnosis. In Ford, J. D., & Courtois, C. A. (Eds.), *Treating complex traumatic stress disorders in children and adolescents: Scientific foundations and therapeutic models*. New York, NY: The Guilford Press. pp. 116-139.
- Fontes, L. A. (2005). Child sexual abuse, *Child Abuse and Culture: Working with diverse cultures*, 135-158; and *Working with interpreters*, New York, NY: The Guilford Press. pp. 159-175.
- Gaskill, R. L., & Perry, B. D. (2017). A neurosequential therapeutics approach to guided play, play therapy, and activities for children who won't talk. In Malchiodi, C. A., & Crenshaw, D. A. (Eds.), *What to do when children clam up in psychotherapy: Interventions to facilitate communication*. New York: The Guilford Press. pp. 38-66.
- Gerson, R., & Rappaport, N. (2013). Traumatic stress and posttraumatic stress disorder in youth: Recent research findings on clinical impact, assessment, and treatment. *Journal of Adolescent Health*, 52, 137-143.
- Ghetti, C. M., & Whitehead-Pleauz, A. M. (2014). Sounds of strength: Music therapy for hospitalized children at risk for traumatization. In Malchiodi, C. (Ed.), *Creative Interventions with Traumatized Children 2nd Edition*, New York, NY: The Guilford Press. pp. 324-341.
- Gil, E. (2017). *Posttraumatic Play in Children: What Clinicians Need to Know*. New York, NY: Guilford. ISBN 978-1-4625-2882-0
- Green, E. J., & Myrick, A. C. (2014). Treating complex trauma in adolescents: A phase-based, integrative approach for play therapists. *International Journal of Play Therapy*, 23(3), 131-145. <http://dx.doi.org/10.1037/a0036679>
- Gray, A. E. (2014). Dance/movement therapy with refugee and survivor children: A healing pathway is a creative process. In Malchiodi, C. (Ed.), *Creative Interventions with Traumatized Children 2nd Edition*, New York, NY: The Guilford Press. pp. 169-190.
- Gray, A. E. L., & Porges, S. W. (2017). Polyvagal-informed dance/movement therapy with

- children who shut down: Restoring core rhythmicity. In Malchiodi, C. A., & Crenshaw, D. A. (Eds.), *What to do when children clam up in psychotherapy: Interventions to facilitate communication*. New York: The Guilford Press. pp. 102-136.
- Gusler, S., & Jackson, Y. (2017). The role of poly-victimization in predicting differences in foster youths' appraisals. *Child Abuse & Neglect*, *69*, 223-231.
<http://dx.doi.org/10.1016/j.chiabu.2017.04.020>
- Haen, C. (2014). Vanquishing monsters: Group drama therapy for treating trauma. In Malchiodi, C. (Ed.), *Creative Interventions with Traumatized Children 2nd Edition*, New York, NY: The Guilford Press. pp. 235-257.
- Hillard, R. E. (2014). Music and grief work with children and adolescents. In Malchiodi, C. (Ed.), *Creative Interventions with Traumatized Children 2nd Edition*, New York, NY: The Guilford Press. pp. 75-93.
- Hodgdon, H. B., Blaustein, M., Kinniburgh, K., Peterson, M. L., & Spinazzola, J. (2015). Application of the ARC Model with adopted children: Supporting resiliency and family well being. *Journ Child Adol Trauma*. pp. 1-13. doi: 10.1007/s40653-015-0050-3
- Holmes, C., Levy, M., Smith, A., Pinne, S., & Neese, P. (2014). A model for creating a supportive trauma-informed culture for children in preschool settings. *J Child Fam Stud*. doi: 10.1007/s10826-014-9968-6
- Kassam-Adams, N. (2014). Understanding terror and violence in the lives of children and adolescents: Design, delivery, and evaluation of early interventions for children exposed to acute trauma. *European Journal of Psychotraumatology*, *5*, 1-9. Retrieved from <http://dx.doi.org/10.3402/ejpt.v5.22757>
- Kellogg, N.D. and Committee on Child Abuse and Neglect (2009). Clinical report: The evaluation of sexual behaviors in children, *Pediatrics*, *124*, pp. 992-998. doi: 10.1542/peds.2009 1692
- Kestly, T. (2017). Play therapy through the lens of interpersonal neurobiology: Up and over the mountain. In Malchiodi, C. A., & Crenshaw, D. A. (Eds.), *What to do when children clam up in psychotherapy: Interventions to facilitate communication*. New York: The Guilford Press. pp. 137-156.
- Kinniburgh, K. J., Blaustein, M., & Spinazzola, J. (2005). Attachment, self-regulation, and competency: A comprehensive intervention framework for children with complex trauma. *Psychiatric Annals*, *35*, 424-430.
- Klabunde, M., Weems, C. F., Raman, M., & Carrion, V. G. (2017). The moderating effects of sex on insula subdivision structure in youth with posttraumatic stress symptoms. *Depress Anxiety*, *34*, 51-58. doi: 10.1002/da.22577
- Klatzkin, A., Lieberman, A. F., Van Horn, P. (2013). Child-Parent Psychotherapy and historical trauma. In Ford, J. D., & Courtois, C. A. (Eds.), New York, NY: The Guilford Press. pp. 295-314.

- Kliethermes, M., Nanney, R. W., Cohen, J. A., & Mannarino, A. P. (2013). Trauma-focused cognitive behavioral therapy. In Ford, J. D., & Courtois, C. A. (Eds.), New York, NY: The Guilford Press. pp. 184-202.
- Landolt, M. A., & Kenardy, J. A. (2015). Evidence based treatments for children and adolescents. In *Evidence Based Treatments for Trauma-Related Psychological Disorders: A Practical Guide for Clinicians*, Switzerland: Springer International Publishing. pp. 363-380.
- Lanktree, C. B., & Briere, J. N. (2017). *Treating complex trauma in children and their families: An integrative approach*. LA: Sage Publishing
- Levy, A. (2008). The therapeutic action of play in psychodynamic treatment of children: A critical analysis. *Clinical Social Work Journal*, 36, 281-291.
- Loumeau-May, L.V., Seibel-Nicol, E., Hamilton, M. P., & Malchiodi, C. A. (2014). Art therapy as an intervention for mass terrorism and violence. In Malchiodi, C. (Ed.), *Creative Interventions with Traumatized Children 2nd Edition*, New York, NY: The Guilford Press. pp. 94-125.
- Lovelle, C. (2005). Dialectical Behavioral Therapy and EMDR for adolescents in residential treatment: A practical and theoretical perspective, best practices in residential treatment. The Haworth Press, Inc. pp. 27-43.
- Lynch, T.R., Chapman, A.L., Rosenthal, M.Z., Kuo, J.R. & Linehan, M.M. (2006). Mechanisms of change in Dialectical Behavioral Therapy: Theoretical and empirical observations. *Journal of Clinical Psychology*, 62(4), 459-480.
- Malchiodi, C. A. (EDS) (2014). *Creative Interventions with Traumatized Children 2nd Edition*, New York, NY: The Guilford Press.
- Malchiodi, C. A. (EDS) (2014). Ethics, evidence, trauma informed practice, and cultural sensitivity. In Malchiodi, C. (Ed.), *Creative Interventions with Traumatized Children 2nd Edition*, New York, NY: The Guilford Press. pp. 24-42.
- Malchiodi, C. A. (2014). Trauma-informed art therapy and group intervention with children from violent homes. In Malchiodi, C. (Ed.), *Creative Interventions with Traumatized Children 2nd Edition*, New York, NY: The Guilford Press. pp. 258-278.
- Malchiodi, C. A., & Crenshaw, D. A. (2017). Art therapy approaches to facilitate verbal expression. In Malchiodi, C. A., & Crenshaw, D. A. (Eds.), *What to do when children clam up in psychotherapy: Interventions to facilitate communication*. New York: The Guilford Press. pp. 197-216.

- Malchiodi, C. A., & Crenshaw, D. A. (2017). *What to do when children clam up in psychotherapy interventions to facilitate communication.*
- McGuinness, M. M., & Schnur, K. J. (2014). Bullying, trauma, and creative art interventions: Building resilience and supporting prevention. In Malchiodi, C. (Ed.), *Creative Interventions with Traumatized Children 2nd Edition*, New York, NY: The Guilford Press. pp. 281-300.
- McLaughlin, K. A., Sheridan, M. A., Gold, L. A., Duys, A., Lambert, H. K., Perverill, M., Heleniak, C., Shechner, T., Wojcieszak, Z., & Pine, D. S. (2016). Maltreatment exposure, brain structure, and fear conditioning in children and adolescents. *Neuropsychopharmacology*, 1-9. doi:10.1038/npp.2015.365
- Meiser-Stedman, R., Shepperd, A., Glucksman, E., Dalgleish, T., Yule, W., & Smith, P. (2014). Thought control strategies and rumination in youth with acute stress disorder and posttraumatic stress disorder following single-event trauma. *Journal of Child and Adolescent Psychopharmacology*, 24(1), 4^[1]_{SEP}7–51. doi: 10.1089/cap.2013.0052
- Menschner, C., & Maul, A. (2016). *Key ingredients for successful trauma-informed care implementation.* 1-12. Retrieved from www.chcs.org
- Milot, T., St-Laurent, D., & Èthier, L. S. (2015). Intervening with severely and chronically neglected children and their families: The contribution of trauma-informed approaches. *Child Abuse Review*, Wiley Online Library doi: 10.1002/car.2376
- Moretti, M. M., Obsuth, I., Craig, S. G., & Bartolo, T. (2015). An attachment-based intervention for parents of adolescents at risk: Mechanisms of change. *Attachment and Human Development*, 18, 1-17. doi: 10.1080/14616734.2015.1006383^[1]_{SEP}
- Navalta, C. P., Brown, A. D., Nisewaner, A., Ellis, B. H., & Saxe, G. N. (2013). Trauma systems therapy. In Ford, J. D., & Courtois, C. A. (Eds.), New York, NY: The Guilford Press. pp. 329 – 347.
- Panos, P. T., Jackson, J. W., Hasan, O., & Panos, A. (2014). Meta-analysis and systematic review assessing the efficacy of dialectical behavior therapy (DBT). *Research on Social Work Practice*, 24(2), 213-223. doi:10.1177/1049731513503047
- Philipp, D. A. (2012). Reflective family play: A model for whole family intervention in the infant and preschool clinical population. *Infant Mental Health Journal*, 33(6), 599-608.
- Rappaport, L. (EDS) (2014). Focusing-oriented expressive arts therapy and mindfulness with children and adolescents. In Malchiodi, C. (Ed.), *Creative Interventions with Traumatized Children 2nd Edition*, New York, NY: The Guilford Press. pp. 301-323.
- Rappleyea, D. L. & Munck, A. C. (2008). Altering the future: Solutions to problem saturated stories. *Reclaiming Children and Youth*, 17(1), pp. 37-42.

- Sachser, C., Keller, F., & Goldbeck, L. (2017). Complex PTSD as proposed for ICD-11: validation of a new disorder in children and adolescents and their response to trauma-focused cognitive behavioral therapy. *Journal of Child Psychology and Psychiatry*, 58(2), 160-168.
- Sansbury, B. S., Graves, K., & Scott, W. (2014). Managing traumatic stress responses among clinicians: Individual and organizational tools for self-care. *Trauma*, 0(0), 1-9. doi: 10.1177/1460408614551978
- Santen, B. (EDS) (2014). Treating dissociation in traumatized children with body maps. In Malchiodi, C. (Ed.), *Creative Interventions with Traumatized Children 2nd Edition*, New York, NY: The Guilford Press. pp. 126-149.
- Schaefer, C. E., & Cangelosi, D. (2016). *Essential Play Therapy Techniques Time-Tested Approaches*, New York, NY: The Guilford Press.
- Schauer, M. & Elbert, T. (2015). Dissociation following traumatic stress: Etiology and treatment. *Journal of Psychology*, 218(2), 109–127. doi: 10.1027/0044-3409/a000018
- Schore, A. N. (2013). Relational trauma, brain development, and dissociation. In Ford, J. D., & Courtois, C. A. (Eds.), *Treating Complex Traumatic Stress Disorders in Children and Adolescents*. New York, NY: The Guilford Press. pp. 3–23.
- Signal, T., Taylor, N., Prentice, K., McDade, M., & Burke, K. J. (2017). Going to the dogs: A quasi-experimental assessment of animal assisted therapy for children who have experienced abuse. *Applied Developmental Science*, 21(2), 81-93. doi:10.1080/10888691.2016.1165098
- Smith, P., Perrin, S., Dalgleish, T., Meiser-Stedman, R., Clark, D. M., & Yule, W. (2013). Treatment of posttraumatic stress disorder in children and adolescents. *Current Opinion in Psychiatry*, 26(1), 66-72.
- Stewart, A. L., & Echterling, L. G. (2017). The sound of silence in play therapy. In Malchiodi, C. A., & Crenshaw, D. A. (Eds.), *What to do when children clam up in psychotherapy: Interventions to facilitate communication*. New York: The Guilford Press. pp. 69-86.
- Substance Abuse and Mental Health Services Administration (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration. pp. 7-17.
- Trickery, D., Siddaway, A. P., Meiser-Stedman, R., Serpell, L. (2012). A meta-analysis of risk factors for post-traumatic stress disorder in children and adolescents. *Clinical Psychology Review*, 32, 122–138. doi: 10.1016/j.cpr.2011.12.001
- Tryphonopoulos, P. D., Letourneau, N., & Ditommaso, E. (2014). Attachment and caregiver-infant interaction: a review of observational-assessment tools. *Infant Mental Health Journal*, 35(6), 642-656.

- Ungar, M. (2015). Practitioner review: Diagnosing childhood resilience: A systemic approach to the diagnosis of adaptation in adverse social ecologies. *Journal of Child Psychology and Psychiatry*, 56(1), 4-17.
- Urhausen, M. T. (2014). Eye movement desensitization and reprocessing and art therapy with traumatized children. In Malchiodi, C. (Ed.), *Creative Interventions with Traumatized Children 2nd Edition*, New York, NY: The Guilford Press. pp. 45-74.
- Urquiza, A. J., & Timmer, S. (2013). Parent-Child Interaction Therapy. In Ford, J. D., & Courtois, C. A. (Eds.), New York, NY: The Guilford Press. pp. 315-328.
- van der Kolk, B. A. (2005). Developmental trauma disorder: A new, rational diagnosis for children with complex trauma histories. *Psychiatric Annals*, 1-8.
- VanFleet, R., & Faa-Thompson (2017). Animal assisted play therapy with reticent children: With a little help from friends. In Malchiodi, C. A., & Crenshaw, D. A. (Eds.), *What to do when children clam up in psychotherapy: Interventions to facilitate communication*. New York: The Guilford Press. pp. 217-237.
- Wamser-Nanney, R., & Steinzor, C. E. (2017). Factors related to attrition from trauma-focused cognitive behavioral therapy. *Child Abuse & Neglect*, 66, 73–83.
<http://dx.doi.org/10.1016/j.chiabu.2016.11.031>
- Webb, N. B. (2017). Play therapy with children who don't want to talk: "Sometimes we talk, and Sometimes we play." In Malchiodi, C. A., & Crenshaw, D. A. (Eds.), *What to do when children clam up in psychotherapy: Interventions to facilitate communication*. New York: The Guilford Press. pp. 87-101.
- Wei, Y., Szumilas, M., & Kutcher, S. (2010). Effectiveness on mental health of psychological debriefing for crisis intervention in schools. *Educ Psychol Rev*, 22, 339–347. doi: 10.1007/s10648-010-9139-2
- Wesselmann, D., & Shapiro, F. (2013). Eye movement desensitization and reprocessing. In Ford, J. D., & Courtois, C. A. (Eds.), New York, NY: The Guilford Press. pp. 203-224.
- Wherry, J. N., Huffhines, L. P., & Walisky, D. N. (2015). A short form of the Trauma Symptom Checklist for children. *Child Maltreatment*^[SEP], doi: 10.1177/1077559515619487
- Zeanah, C. H., & Lieberman, A. (2016). Defining relational pathology in early childhood: the diagnostic classification of mental health and developmental disorders of infancy and early childhood DC: 0-5 approach. *Infant Mental Health Journal*, 37(5), 509-520.