

Supporting Traumatized Adolescents in Schools A Review of Literature

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Abstract

This purpose of this review is to contextualize adolescent trauma, examine the research on best practices of school-based interventions for students with trauma, and provide possible scenarios of trauma to begin to inform educators what their students may be facing and how they (as caregivers) may be impacted (secondary trauma of teachers). Findings indicate that studies focusing on interventions for treating traumatized adolescents in classrooms and schools rely heavily on psychological and mental health models. Gaps in research included lack of peer-reviewed, evidence-based literature on studies conducted about school-based interventions, and interventions for students done by teachers in their own classrooms. Considerations for further research and reporting are discussed.

Keywords: adolescent, trauma, intervention, teacher preparation

Literature Review

Adolescent Trauma Contextualized

A trauma is defined in the psychiatric literature as a sudden, life altering event or series of events over time, in which an individual feels horrified, terrified, or helpless (American Psychiatric Association, 2013). Traumatic events are those that cause overwhelming anxiety or distress and include experiencing, witnessing, or being confronted with physical, verbal, and emotional abuse, or another event that involves actual or threatened death or serious injury to oneself or someone else.

Estimates of trauma exposure among adolescents vary widely by cultural and social background. The U.S. Department of Health and Human Services, Children's Bureau (2006), indicates that inner-city adolescents with low socio-economic standing are seventy percent more likely to encounter community violence, have higher rates of substantiated child maltreatment, are thirty percent more likely to have experienced homelessness, and are particularly vulnerable to a wide range of traumatic exposure including sexual assault and being beaten or attacked with a weapon resulting in serious injury. Impacts of trauma on adolescents with disabilities occurs ten times more often than among children and adolescents without disabilities, and Lesbian, gay, bisexual, and transgender (LGBT) youth experience more physical harassment, assault, and injury at school than any other social group (de Arellano, Danielson, & Sprague, 2008).

Studies have documented the broad range of negative manifestations of trauma exposure for adolescents, including problems such as posttraumatic stress disorder (PTSD), anxiety and depressive problems associated with PTSD; impairment in school functioning categorized as decreased intellectual functioning in organization skills, focusing and reading ability; lower grade point average (GPA); more days of school absence, and decreased rates of high school graduation (Stein, Jaycox, Kataoka, Wong, Tu, Elliott, & Fink, 2003; de Arellano, Danielson & Sprague, 2008; Jaycox, Langley, Stein, Scott, & Schonlau, 2009).

There is a lack of evidence-based research that evaluates the effectiveness of school-based interventions for reducing symptoms of trauma in adolescents (Stein et al., 2003).

Only one randomized controlled study has been conducted to date on the collaborative effectiveness of psychological interventions implemented at the school level, by teachers, for adolescents with posttraumatic stress disorder (PTSD) resultant from exposure to violence. This intervention, Cognitive-Behavioral Intervention for Trauma in Schools (CBITS), is considered a best practice, and is one strategy that will be discussed in this review (Stein et al., 2003; de Arellano et al., 2008; Jaycox et al., 2009).

Methodological Approach

For this review, peer-reviewed journals spanning two decades were considered in obtaining evidence-based studies related to adolescent trauma and school-based interventions. Also examined were studies that provided insight into the physiology of adolescents, the impact teaching traumatized youth has on educators, and best practices for lowering incidents of trauma and its impacts on adolescents emotionally, physically, and academically.

Methodologies of the studies included focus groups, case studies, surveys, and interviews. Triangulation of data was utilized as was a mixed method approach. Notably, perspectives of individuals and groups were included and the degree of collaboration of stakeholders in the scope of adolescent trauma and school-based interventions was weighted highly in qualifying best practices.

Adolescent Trauma and Emotional Needs

Erikson. Adolescence has often been depicted as a stressful period in which behavioral, emotional and relationship conflicts, especially with parents and other prominent adults, including teachers, reach their peak. In the chapter, *Eight Ages of Man*, referencing stage five, Identity versus Role Confusion, of his theory of psychosocial development, Erikson (1963) states:

With the establishment of a good initial relationship to the world of skills and tools, and with the advent of puberty, childhood proper comes to an end...In their search for a new sense of continuity and sameness, adolescents have to refight many of the battles of earlier years, even though to do so they must artificially appoint perfectly well-meaning people to play the roles of adversaries, and they are ever ready to install lasting idols and ideals as of a final identity. (p. 261)

Erikson's stage five is marked by the crisis of needing to develop a sense of self and personal identity. Unfortunately, many adolescents are not given the opportunity to establish the necessary skills and tools toward reading proficiency prior to this stage which occurs between the ages of approximately twelve to eighteen.

Erikson's theory has implications for the work of teachers with adolescents in classrooms, especially in being sensitive to student trauma. As they make the transition from childhood to adulthood, adolescents may begin to feel confused or insecure about themselves and where they fit in society. As they seek to establish a sense of self, they may experiment with different roles, activities, and behaviors. According to Erikson, this is important to the process of forming a strong identity and developing a sense of direction in life. Those adolescents who receive proper encouragement and reinforcement through personal exploration will emerge from this stage with a strong sense of self and a feeling of independence and control. Those who remain unsure of their beliefs and desires will be insecure and confused about themselves and the future (Erikson, 1963). In a classroom setting, it is the teacher who is best positioned to encourage and promote growth in students.

Maslow. This is further illustrated in Maslow's Hierarchy of Needs.

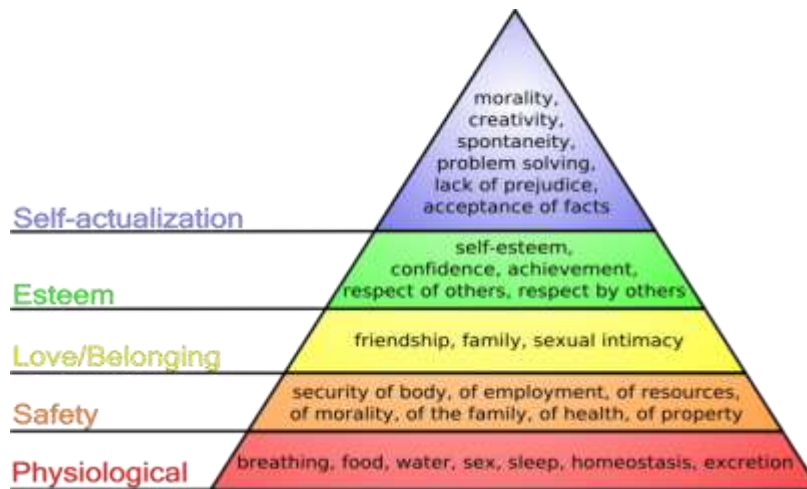


Figure 1. Maslow's Hierarchy of Needs. Maslow wanted to understand what motivates people. He believed that people possess a set of motivation systems unrelated to rewards or unconscious desires. Maslow theorized that people are motivated to achieve certain needs. When one need is fulfilled a person seeks to fulfill the next one, and so on. Adapted from McLeod, S. (2007).

Simply Psychology. Retrieved from <http://www.simplypsychology.org/maslow.html>

The most fundamental and basic four layers of the pyramid of the hierarchy contain what Maslow called "deficiency needs" or "d-needs": esteem, friendship and love, security, and physical needs. If these "deficiency needs" are not met – with the exception of the most fundamental (physiological) need – there may not be a physical indication, but the individual will feel anxious and tense; representative of behaviors of trauma. Maslow's theory suggests that the most basic level of needs must be met before the individual will strongly desire (or focus motivation upon) the secondary or higher level needs (Maslow, 1954). This has implications for teachers in utilizing their classrooms as safe and trauma-supportive places where adolescents' brains can begin to repair from the effects of trauma and developmental tasks, like reading, can be attained, sustained and increased.

Adolescent Trauma and Physical Needs

Brain. Adolescence may present an important opportunity to influence critical aspects of social cognition and executive functioning before they become permanent in the landscape of the brain (Blakemore & Choudhury, 2006). Busso (2014) focuses on the concepts of risk and resilience and their potential to inform clinical interventions, school-based prevention programs, and social policies. Shields, Cicchetti, and Ryan (1994), conducted a study that examined the neural correlates between maltreatment and aggression using a gender-informed approach. Peer ratings, peer nominations, and counselor reports of aggression were collected on 211 maltreated and 199 nonmaltreated inner-city youth (M age 5 9.9 years) during a summer day camp. Maltreatment was associated with aggressive conduct; however, these effects were qualified by gender, maltreatment subtype, and the form of aggression under investigation. Findings revealed that maltreatment was associated with physical aggression for boys and relational aggression for girls and suggested that investigating the interaction between familial risk and gender is important in understanding aggressive behavior of boys and girls, and may contribute to the knowledge base in developing sound school-based interventions for youth exposed to trauma.

Busso notes the plasticity of the adolescent brain. He deems adolescence as representing a sensitive window in which to fortify the structure of the developing brain and studies impacts of trauma on the adolescent brain. Busso posits a key question in designing interventions for traumatized adolescents is to understand how young people thrive in the face of challenging life circumstances (p. 35, 2014). Muris, van der Pennen, Sigmond, and Mayer, (2008), investigated the relation between the regulative trait of effortful control, and in particular, attention control, and psychopathological symptoms in a sample of 207 non-clinical children aged eight - twelve years.

For this purpose, children completed self-report scales for measuring regulative traits and various types of psychopathological symptoms (e.g., anxiety, depression, and aggression) and were tested with a neuropsychological battery for measuring attention/effortful control capacity. Results indicated that self-report and performance-based measures of attention/effortful control were at best moderately correlated, and raised questions regarding the impacts hormone fluctuations and cognitive fluidity might have in understanding the link between brain and behavior; significant findings in designing interventions (Busso, 2014).

Learning. The knowledge that exists currently, that the plasticity of the brain may increase during the adolescent stage, is encouraging, especially as it relates to urban youth. How teachers can best plan and implement cognitively appropriate lessons for their adolescent students who have experienced or participated in violence must also be addressed in any comprehensive intervention strategy (Blakemore & Choudhury, 2006; Busso, 2014). Qouta, Punam^ˆaki, and Sarraj, (1995), studied relations between the level of traumatic experiences, degree of active participation in violence, and cognitive and emotional responses among 108 Palestinian children of eleven – twelve years of age in the Gaza Strip. The results showed that the more traumatic experiences the children had and the more they participated in the violent uprisings, the more concentration, attention, and memory problems they had. Traumatic experiences also increased neuroticism and risk-taking, and decreased self-esteem. The highest level of neuroticism was found among active boys who were exposed to many traumatic experiences (Qouta et al., 1995).

These findings may be significant in looking at trauma interventions for special education populations of urban youth; males representing the largest proportion of these students (Hoffman et al., 2007).

Adolescent Trauma and Relationship Needs

Mindfulness. One promising form of educational intervention for use with adolescents is mindfulness training. Holzel et al. (2010) conducted a study which was the first to investigate neural mechanisms of symptom improvements in generalized anxiety disorder (GAD) following mindfulness training. Their study compared brain activation between GAD patients and healthy participants at baseline. Twenty-six patients with a current DSM-IV GAD diagnosis were randomized to an eight-week Mindfulness Based Stress Reduction (MBSR, N = 15) or a stress management education (SME, N = 11) active control program. Twenty-six healthy participants were included for baseline comparisons. At baseline, GAD patients showed higher amygdala activation than healthy participants in response to neutral, but not angry faces, suggesting that ambiguous stimuli reveal stronger reactivity in GAD patients (Holzel et al., p. 15, 2010). In patients, amygdala activation in response to neutral faces decreased following both interventions. Amygdala–prefrontal connectivity turned from negative coupling (typically seen in down- regulation of emotions), to positive coupling; potentially suggesting a unique mechanism of mindfulness (Holzel et al., 2010).

Findings suggest that in GAD, mindfulness training leads to changes in fronto-limbic areas crucial for the regulation of emotion; these changes correspond with reported symptom improvements and that GAD symptoms can be successfully addressed through mindfulness- based interventions (Holzel et al., 2010).

Environment. Currently, the most successful research-based interventions for trauma at the school level require that teachers create supportive learning environments and develop strong interpersonal relationships with students so they feel safe and may explore and develop a belief in themselves and their ability to learn (Brendtro, 2006; Mihalas et al., 2009; Carbo, 2010). The relationships between teachers and their students play a vital role in the creation of positive learning outcomes and environments for all learners, but particularly for those individuals with diverse needs. In a study by Mihalas et al. (2009), the teacher behaviors that contributed to positive student-teacher relationships with gifted secondary (GS) students and with secondary students with Emotional/Behavioral Disorders (EBD) were examined. Fifty-eight GS students and forty students within Western Australia were participants. Valued teachers' behaviors were identified through a mixed-methods approach that included surveys and student focus groups.

The data indicated that GSs valued teacher behaviors that promoted cordial and friendly interactions between teachers and students to the extent that these behaviors supported and extended student learning (Mihalas et al., p 4, 2009).

While the importance of academic support was foremost in the minds of GSs, students with EBD instead valued teacher behaviors that displayed warmth, understanding and patience. For EBD students, these behaviors are the precursors to teachers supporting them in their learning.

Comparisons between the behaviors that were identified by gifted students and students with EBD revealed a set of core behaviors that were deemed essential for developing positive relationships with both groups, but that each group specified a set of behaviors to address their unique needs (Mihalas et al., 2009),

Interventions for Trauma in Schools

Jaycox, Langley, Stein, Scott, and Schonlau, (2009), conducted a study of a pilot program, Support for Students Exposed to Trauma, adapted from the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program. This project was conducted in two middle schools in the Los Angeles Unified School District, chosen by convenience. It included ten student group sessions to incorporate education about reactions to trauma, relaxation training, cognitive therapy, trauma exposure and social problem-solving, as part of CBITS, as well as an educational session for teachers and group parent sessions describing skills that students learn in groups on psychoeducation about trauma (Jaycox et al., 2009).

One of the middle schools served 1,840 sixth - eighth grade students (91% Latino, 4% Filipino, 3% African American, 1% Caucasian, and 1% Asian/Pacific islander) on a traditional academic calendar (September-June) located in the San Fernando Valley of Los Angeles.

Eighty-two percent of the student body was eligible for the free or reduced-fee lunch program and 59% were English learners. The second middle school served 2,403 sixth - eighth grade students (82% Latino, 18% African American) on a four-track year-round calendar to accommodate school overcrowding and was located in South Central Los Angeles. Eighty-eight percent of students were eligible for the free or reduced-fee lunch program and 52% were considered English as a second language learners. Both schools qualified as Title I schools under the No Child Left Behind Act of 2001.

Results found that the pilot of the CBITS program was shown to reduce symptoms of PTSD, anxiety and depression in studies (Stein et al., 2003; Jaycox et al., 2009). Further, because CBITS is a school-based and group program, it was seen to have high feasibility potential to impact more children than other community or individually focused programs.

Collaboration of stakeholders. CBITS programs in schools are often difficult to implement where there is a political and social precedent to provide the same program to all students and applying services randomly can be seen as insensitive to the needs of students and families (Stein et al., 2003). Evidence-based research shows this intervention, designed in collaboration with the school district in which it was implemented and delivered by school clinicians – teachers, guidance and psychologists – with the buy-in of parents, may be a promising model for community-based programs for adolescents of trauma (Stein et al., 2003; Santiago, Pears, Baweja, Vona, Tang, & Kataoka, 2013).

Parents collaboration and engagement in the CBITS process challenges policymakers and other stakeholders to gauge parent impressions, reactions, and preferences regarding school- based treatment for their children. The successes and challenges in engaging parents in CBITS, was examined by Santiago et al. (2013) when they conducted qualitative interviews by phone to obtain data from clinicians, parents, and other school personnel across eleven schools from three different regions of the United States. Almost all of these schools served low-income and ethnically diverse communities.

General impressions of parent engagement, parent reactions and preferences with regard to CBITS, barriers to parent engagement, and how to overcome barriers from multiple perspectives, were extracted from participants. Results found parent engagement across schools varied, with extensive outreach and relatively good parent engagement in CBITS described in some schools, while in other schools, efforts to engage parents were not as consistent (Santiago et al., 2013). Implications for future efforts to engage parents in school-based treatments were discussed. Consistent parent engagement across schools in one district studied showed more consistent outcomes in programs including increased emotional and academic support for low- income and ethnically-diverse students. This finding deserves further attention in determining its replicability to similar districts

Teacher positioning and perceptions. In her 2012 study, Alisic reveals teachers can facilitate children's recovery from trauma. For example, they may provide "coping assistance," including emotional processing, distraction, and the reinstatement of familiar roles and routines (p. 52), and continues, "Teachers are positioned to spend a large amount of time with students each week which could enable them to identify posttraumatic behavior change and potential obstacles in recovery. When necessary, teachers can link children and their families to mental health care (p. 52)."

However, as the data reveals, there are few intervention programs that demonstrate efficacy in the school setting especially adapted to the adolescent student (Alisic, 2012).

To facilitate school psychologists' assistance of teachers working with traumatized children, this study aimed to explore elementary school teachers' perspectives. Using a qualitative design, the study explored the perspectives of a purposively varied sample of twenty-one elementary school teachers (ages 22–55 years; with 0.5–30 years of teaching experience; 5 men). The teachers participated in semi-structured interviews, which were transcribed and analyzed by themes. Though some teachers expressed confidence in working with children after traumatic exposure and many referred to a supportive atmosphere within the school, the most prominent themes in the participants' narratives reflected uncertainty about, or a struggle with, providing optimal support to children (Alisic, 2012). They searched for a clear role definition as well as a good balance in answering conflicting needs of the exposed children and classmates, wished for better knowledge and skills, and experienced difficulties related to the emotional burden of their work.

As described in a study by Hoffman, Palladino, and Barnett, (2007), in working with adolescents with behavioral problems, fifty per cent of teachers' time may be spent re-directing on tasks, de-escalating negative interactions, and making referrals for assistance outside the classroom. Over time, "teachers report they feel angry, frustrated and hopeless" in working with this population of student; defining characteristics of symptoms of secondary trauma or compassion fatigue which contribute to high rates teacher attrition (Hoffman et al, 2007).

A qualitative case study with six middle school special education teachers makes an argument for greater infusion of this theoretical framework (compassion fatigue) among Kindergarten - twelfth grade practitioners. Researchers designed and posed an interview protocol based on five components of compassion fatigue as a theoretical framework. Questions and prompts elicited participants' experiences of working in stressful situations and/or within stressful environments. Semi-structured, ninety-minute interviews ensued with twenty special education teachers. The aim was to tap into the voice of novice teachers who mirrored the typical timeframe for exiting the profession due to stress-related symptoms. Findings proposed the use of compassion fatigue to better understand the prevalent rates of special education teachers' exit from the profession often labeled as burnout and suggest a need for further research into this understudied topic. In addition, the identified themes may be used by school psychologists to systematically explore individual teachers' strengths and difficulties and to provide them with tailored advice and training (Hoffman et al., 2007).

Teacher trauma. There is a cost to caring (Tehrani, 2007). Workers exposed to the stories of distressed and traumatized people often describe personal experiences similar to those of their clients. For teachers, this experience can be particularly disconcerting when having personal contact with victims of trauma daily, for extended periods of time in concentrated settings. Cognitive schemas or beliefs, expectations and assumptions are mental structures that represent our general knowledge of objects, situations and events (Tehrani, 2007). In mature, psychologically healthy individuals, schema comprises a realistic set of expectations, which are fluid and responsive to the environment (Tehrani, 2007). In teachers who work with high incidents of traumatized students, their belief systems become altered and compassion fatigue or secondary trauma develops.

This study correlates to statistics that the special educator exit attrition has caused a chronic shortage in the public school system in the United States (Hoffman et al., 2007). The outcomes are costly financially and educationally high (the U.S. Department of Education, Office of Special Education, spends approximately \$90 million each year to increase the number of special education teachers and to replace leavers) (Hoffman et al., p. 16, 2007).

In Tehrani's research (2007), 430 care workers were surveyed who regularly work with distressed or traumatized clients. The survey involved the participants completing a twenty-one-item beliefs inventory describing their supervision or support and recording whether they had any spiritual or religious beliefs. A factor analysis of the results of the inventory found four factors, three of which involved the negative impact of the work on beliefs while the fourth gave an indication of the positive beliefs or post trauma growth that comes from working in this area (Tehrani, 2007). The results showed that while doing a good job and experiencing fulfillment were higher in carers who experienced lower levels of distressing experiences and beliefs, an increase in competence and improved learning opportunities were associated with higher levels of challenge. A review of the information provided on supervision and support showed that there was a wide variation in the sources of support for the different professions. While around 46% of the carers had spiritual beliefs, only 29% were members of a religious group (Tehrani, p. 338, 2007).

The discussion looked at the implication of the results of the survey including the possible benefit of using the carer belief inventory to identify carers who may be vulnerable to secondary trauma or compassion fatigue (Tehrani, 2007). The need to provide support to all professions undertaking caring work with distressed or traumatized clients was highlighted and may serve as a foundation in replicating other studies of this type towards identification of best intervention practices.

Summary of Extant Literature

National attention is now focused on older students who continue to demonstrate problems in school due to trauma. To propel traumatized adolescents forward and alleviate stress for both student and teacher, empirically-based cognitive intervention strategies are required. In developing these, it is important to expand the research on adolescent brain function to better understand how it relates to trauma, and what teachers can do to further their knowledge and ability in this area to assess and address social and learning deficits in the classroom setting. Although there is a gap in the evidence-based research regarding school-based interventions, the CBITS model is gaining notoriety as a promising in-school, collaborative model to help traumatized adolescents and their teachers coexist in the business of schooling.

There is a correlation between students' exposure to trauma and emotional/behavioral disorders (EBD). Studies suggest a strong relationship between purposeful, consistent, caring interactions from teacher to student in building trust and safety in relationships, and the classroom setting; increasing motivation, and possibly decreasing trauma-related responses in students (Deci, 1995; Mihalas et al., 2009).

Educating secondary students who have experienced trauma is often overwhelming and places high demands on teachers (Tehrani, 2007). While the literature examined shows a growing interest among parents, educators, administrators, policymakers and other stakeholders in trauma-related interventions at the school level, follow up studies are needed to assess their long-term effectiveness and to determine which build resilience, as vulnerable adolescents face traumatic events in the future. Studies also need to track the efforts of teachers and their capacity over time to successfully implement self and other care (Alisic, 2012). Future research comparing CBITS with alternate interventions, such as "generic" caring support, and purposeful mindfulness programming by teachers, would be an important next step; controlling for the attention that adolescents receive as being part of the intervention program towards reducing biases among respondents (Ngo, Langley, Kataoka, Nadeem, Escudero, & Stein, 2008).

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