



Introduction to Creating Trauma-Informed
Youth Justice Systems

*Attachment and Trauma Treatment Centre for Healing
(ATTCH)*

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What is Trauma Informed Care?

- **What happened to you?**
NOT What is wrong with you?
- Trauma intervention is an essential part of treatment because of:
 - the impact trauma can have on the way a child views themselves and the world around them
 - the impact trauma has on a child's emotions, behavior, learning, and their ability to interact with others

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Tracing the Roots of Violence

"Its not surprising that prisons continue to be a leading industry in our country," said Wiley. "We've been looking for explanations everywhere, except in the nursery, where this is actually gestating. Midnight basketball and programs aimed at delinquent youth, while helpful, don't get to the causes of this problem. The good news is that as alarming as this information is, it unveils rich opportunities that we are overlooking. With this new understanding we may be able to get to the root causes of violence for the first time."

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Ghosts from the Nursery: Tracing the Roots of Violence

- * Intrauterine insults
- * Birth complications
- * Intergenerational trauma
- * Maltreatment & deprivations in early life predispose to violence.
- * Prenatal exposures to lead predispose to paranoia, impulsive rage & aggression; alcohol & heroine--increased aggressiveness & impulsivity; nicotine & cocaine--increased impulsivity
- * Physical trauma to some areas of head leads to increased aggressiveness.
- * The authors identified over 30 "factors associated with violent behavior that can be modified or prevented by early intervention" (p.p. 299-300).

“Each relationship, each person, each situation we experience is reflected by responses in the brain, which is constantly adapting itself and the rest of the body in response to environmental input. So when we look at the transition of the baby from victim to victimizer, the first step is understanding the neurological as well as the psychological impact of chronic fear, pain, or terror in earliest life (Karr-Morse & Wiley, 1997).

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Physiology of Fear

- Fear is initially detected in the brain's sensory cortexes (something we see, hear, smell)
- Filtered through thalamus (relay centre)
- Sends a message to amygdala (smoke detector of the brain)
- Causes us to freeze before we're even aware of the threat
- Release of stress hormones are triggered preparing body for fight or flight
- Our brain floods with opioids (built in pain killers)
- Pain may not be felt for several days following

(Kuban, 2013)

Frozen Fear

- Normalizing and validating the manner in which the body responds (at a subconscious level) to keep us safe
- Not that they didn't, but rather that they couldn't
- Immobility, dissociation, freeze = involuntary psycho-physiological reactions to overwhelm
- Meant to be time limited...what if they're not?

(Levine & Kline, 2007)

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“The Vortex of Violence”

- * The major context of violence in America is the family.
- * 27% of violent crimes are family-on-family crimes, & 48% involve acquaintances (often in the home).
- * Community & predatory violence are rooted in intrafamilial violence & impacts of abuse & neglect on development of children.
- * 4/5 of assaults on children are at hands of their parents.

(Perry, 2002; van der Kolk, 2003)

Predisposition for Delinquency

- Early trauma experiences impact the brain's development impacting areas of the brain critical for empathy, impulse control, emotional regulation, will power, and motivation
- A lack of emotional control – especially in the aggression centres of the brain may impact the development of empathy (or lack thereof) leading to an increased likelihood for aggressive, violent, and antisocial behaviours

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Intellect and Executive Function

- Consistent link between low intelligence and achievement in school with future youth violence
- More recent studies suggest this may be linked to executive function deficiencies
- Executive functions are commonly impacted by trauma, especially early childhood experiences of abuse and neglect

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Words, Like Sticks & Stones, Can Hurt

- * Parental verbal abuse alters neural pathways affecting emotion regulation, language development, psychopathology, anxiety, & depression.
- * Kids of professionals by age 3 hear 500,000 encouragements versus only 80,000 discouragements. Kids of welfare parents hear only 80,000 encouragements versus 200,000 discouragements.

(Tough, 2008; . Choi, Jeong, Rohan et al., 2009)

Ghosts from the Nursery: Tracing the Roots of Violence

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The Coldest Heart

- Genes for love, empathy, rage need to be activated (turned on) through experience
- Brain needs pattern repetitive stimuli to develop
- Never developed association between human connection and relief from stress
 - This failed association between people and pleasure = lack of concept re: trying to please others, provide joy to them, or experience compassion for others was not experienced

“Why are they crying, I’m the one who’s going to jail?”

(Perry, 2001).

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Heightened Acceleration with Minimal to No Bakes!

- Heightened stress response
- Kindling / accelerating more readily
- More difficulty putting the brakes on
- Need to teach emotional regulation
 - Body Mapping
 - Road Rage Game – Liana Lowenstein
 - Hot Stuff to Help Kids Chill Out
 - Externalizing - tension releasing exercises



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Risk for Re-Traumatization

- Already vulnerable
- Punishing children for having been traumatized in the first place
- Missing the mark on early intervention and trauma treatment to promote safety and regulation – prior to involvement with the justice system

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Trauma, Addictions, & Corrections

- Not why the addiction / behaviour, why the pain
- Need to consider behaviour in context rather than separate
- Emotional shut down
- Stuck in toddlerhood...what does this mean for our justice system which bases punishment on conscious choice
- Punishing and jailing individuals for having been abused or uncared for in the first place

(Mate)

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Adolescent Brain Development & the Ability to Reason

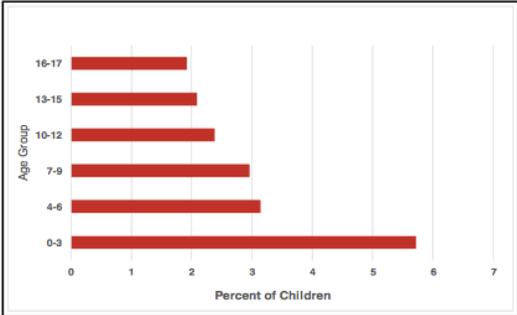
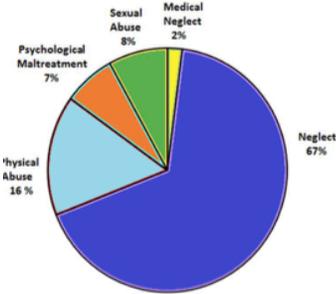
- “Perhaps most relevant is the involvement of these brain regions in the control of aggression and other impulses... If the neural sub-states of these behaviors have not reached maturity before adulthood, it is unreasonable to expect the behaviors themselves to reflect mature thought processes.” “The evidence now is strong that the brain does not cease to mature until the early 20s in those relevant parts that govern impulsivity, judgment, planning for the future, foresight of consequences, and other characteristics that make people morally culpable... Indeed, age 21 or 22 would be closer to the ‘biological’ age of maturity.”¹⁰ (Gur, as cited in Juvenile Justice Centre, 2004).

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Rates of Maltreatment by Age - Back to Attachment

- Most maltreatment happens to younger children.
- Maltreatment has greater negative effects at younger ages.

Types of Child Maltreatment



¹⁰Child Maltreatment 2012. Washington, DC: US Department of Health and Human Services; 2014.

CANarratives.org

Youth as Victims of Crime

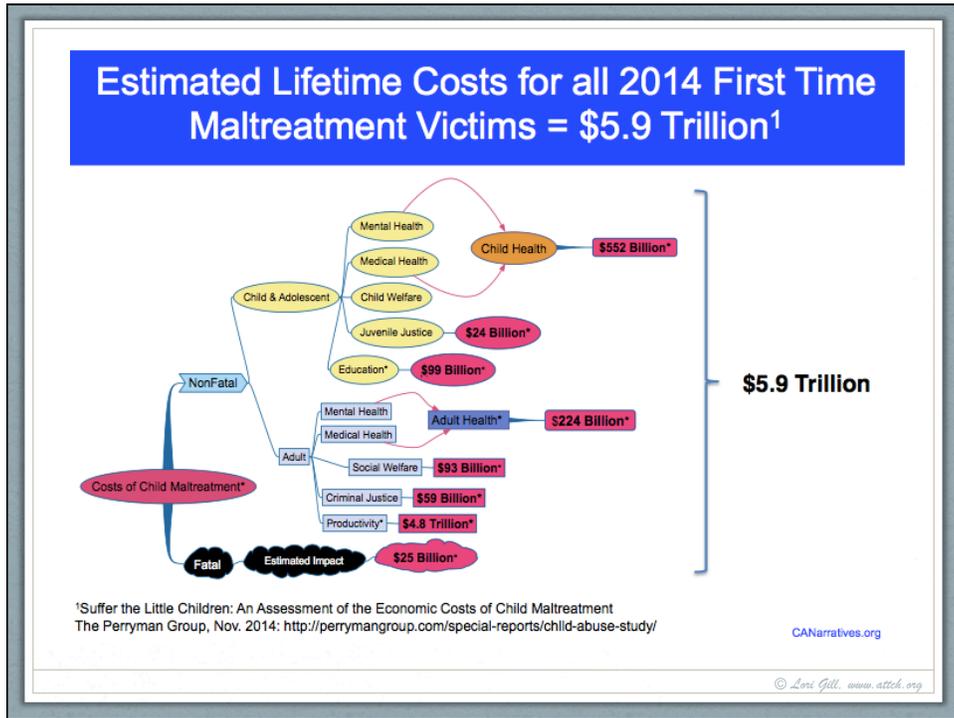
- Very little attention until recently
- Social policies have been more punitive in response to youth
- Cycle of Violence: the theory that victims of childhood abuse and neglect are more likely to be charged with criminal offences
- 12-year-olds experience a greater risk of violent criminal victimization than anyone 24 or older
- Those between 12 & 17 are more likely to be a victim of violent crime than those in their mid 20's

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Youth as Victims of Crime

- Children and youth under 18 make up 1/5th (22%) of the victims of violent crime reported to the police
- 6 of every 10 sexual assaults (61%) involved a child or youth under 18, the rate for physical assaults were 1 in 5
- Often underreported due to reliance on adults to make reports, or hesitancy to report. Therefore actual stats would be higher
- A little over half of the violent crimes against teens 12 – 17 were committed by teens themselves

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Childhood Abuse and Violence

According to Crocker (as cited in Juvenile Justice Centre, 2004)“the nexus between poverty, childhood abuse and neglect, social and emotional dysfunction, alcohol and drug abuse and crime is so tight in the lives of many capital defendants as to form a kind of social historical profile.”

“As many as 9 in 10 youth in the juvenile justice system have experienced a traumatic event, yet few such youth are identified as traumatized, and fewer receive appropriate treatment or placement, according to a report issued by the Justice Policy Institute. The report “Healing Invisible Wounds: Why Investigating Trauma-Informed Care for Children Makes Sense”, states that between 75 and 93 percent of the 93,000 children currently incarcerated in the United States have experienced at least one traumatic experience in their lifetime”.

– Ohio Legal Rights Service

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How Systems Retraumatize

- Interpretation
- Too soon to do trauma work
- Why bring the pain back
- Medication first
- Diagnoses that do not capture the trauma event
- Lack of concrete data to support positive or negative change
- Consequences that reinforce the trauma reactions [Time Out]
- Untrained clinicians/foster parents/teachers/daycare providers

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How Behaviour is Viewed

With a label:

- | | |
|-----------------|---------------------|
| • Manipulative | In a Trauma Context |
| • Pre-planned | • Protective |
| • Insubordinate | • Reactive |
| • Odd | • Inflexible |
| • Lying | • Normal |
| | • Protective |

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Youth Justice- How Can We Help



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How Can We Help

- Awareness, Prevention, and Early Intervention
- Training to create Trauma-Informed Systems
- Assessment
- Trauma Intervention by qualified and trained trauma practitioners

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The Need for Trauma-Informed Assessment in Youth Justice

“Significant research on the effects of trauma on youth and on its impact on youth involvement in both the juvenile and criminal justice systems shows that identifying children who have experienced trauma is either being done inappropriately or not as often as necessary. This may be leaving many of these young people without the services and treatment they need, thus making them more at risk for involvement in the justice system” (Justice Policy Institute, 2010, p.1).

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Brief Trauma Screen

Child Trauma Screening Checklist (Ages 6 – 18)

Name: _____ Age: _____ Gender: _____ Date: _____

Please check each area where item is known or suspected. If history is positive for exposure or concerns are present in one or more areas, a comprehensive assessment may be helpful in understanding the child's functioning and needs.

1. Are you aware of or do you suspect the child has experienced any of the following:

- Physical abuse
- Suspected neglectful home environment
- Emotional abuse
- Exposure to domestic violence
- Known or suspected exposure to drug activity *aside from parental use*
- Known or suspected exposure to any other violence *not already identified*
- Parental drug use/substance abuse
- Multiple separations from parent or caregiver
- Frequent and multiple moves or homelessness
- Sexual abuse or exposure
- Other _____

(Adapted from CTAC)

Brief Trauma Screen

If you are not aware of a trauma history, but multiple concerns are present in questions 2, 3, and 4, then there may be a trauma history that has not yet come to your attention. Note: Concerns in the following areas do not necessarily indicate trauma; however, there is a strong relationship.

2. Does the child show any of these behaviours:

- Excessive aggression or violence towards self
- Excessive aggression or violence towards others
- Explosive behaviour (Going from 0-100 instantly)
- Hyperactivity, distractibility, inattention
- Very withdrawn or excessively shy
- Oppositional and/or defiant behaviour
- Sexual behaviours not typical for child's age
- Peculiar patterns of forgetfulness
- Inconsistency in skills
- Other _____

3. Does the child exhibit any of the following emotions or moods:

- Excessive mood swings
- Chronic sadness, doesn't seem to enjoy any activities
- Very flat affect or withdrawn behaviour
- Quick explosive anger
- Other _____

4. Is the child having problems in school?

- Low or failing grades
- Inadequate performance
- Difficulty with authority
- Attention and/or memory problems
- Other _____

(Adapted from CTAC)

ACE Score

Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** or **very often**...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often** or **very often**...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes No If yes enter 1 _____
4. Did you **often** or **very often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____

Stop It!

- <http://www.youtube.com/watch?v=Ow0lr63y4Mw>

Greater Prevention Efforts

- Prevention efforts in children and youth
- GREAT
- STRYVE
- UNITY

National Centre for Injury Prevention and Control, n.d.)

Physical Release Exercises

- Ball throw against wall
- Punching bag / boop doll / dammit doll
- Ear roll
- Finger-nail gentle pressure
- Hand / foot massage
- Shaking it out

Sensory Release Exercises

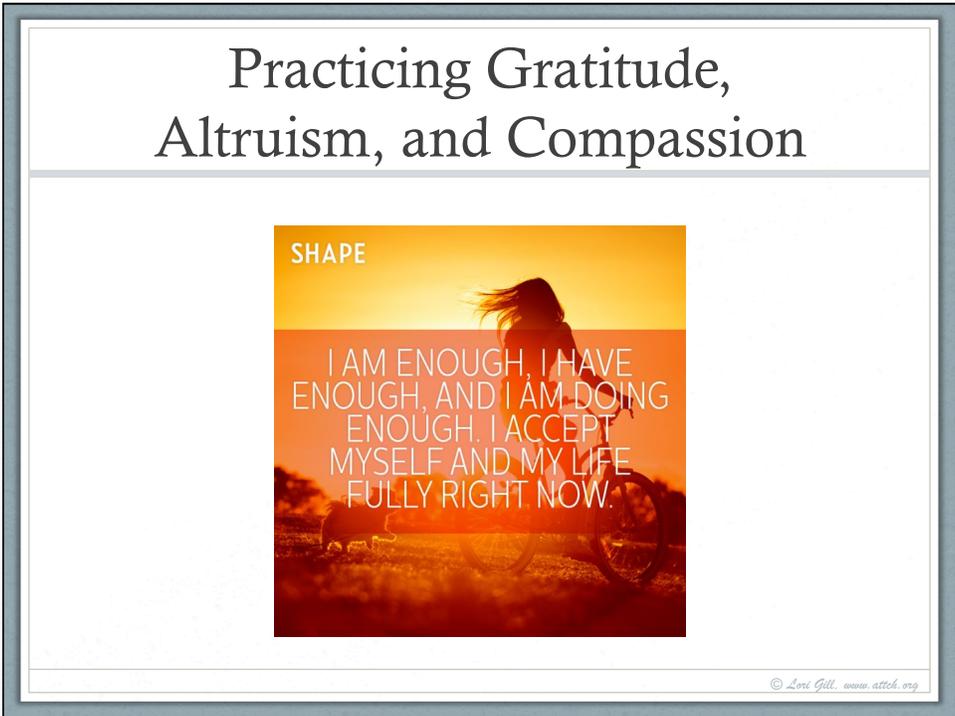
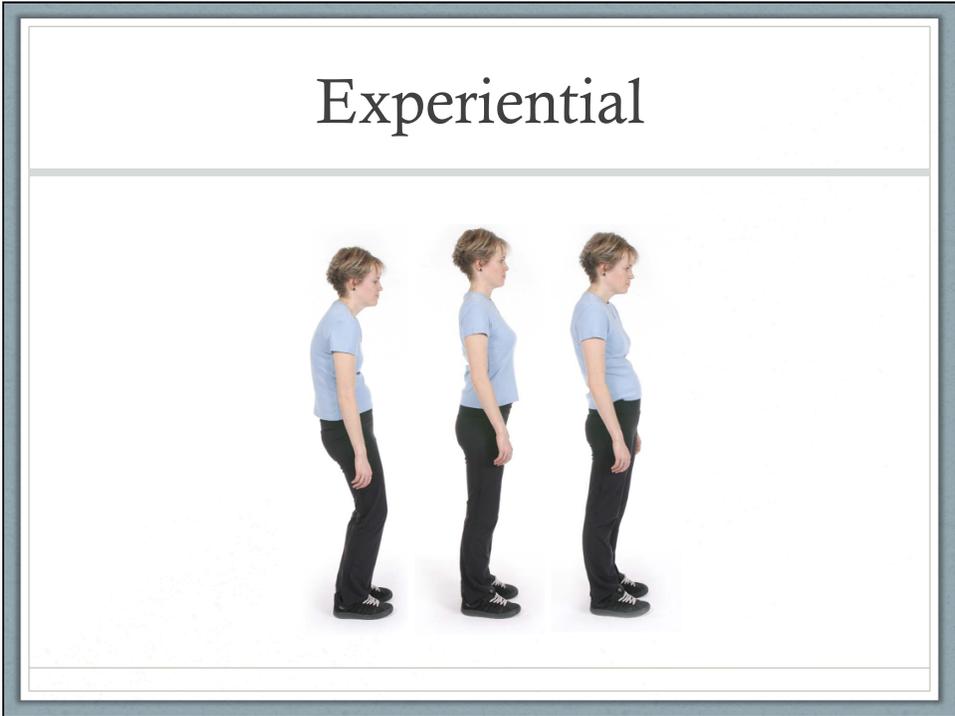
- Body X-Ray

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Emotional Regulation

- Bilateral Stimulation
- Levine containment exercises
- Grounding Strategies
- Diaphragmatic Breathing

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Self-Compassion

- Kristen Neff
- <http://www.youtube.com/watch?v=Tyl6YXp1Y6M>



Continuous Exposure Predictors of PTG vs. Complex Trauma

- High social support (Kenner et al., 1999)
- High self-potency (power) (Harvey & Kozlowski, 2002)
- Low trait anxiety (Ronen et al. 2004)
- (Strong sense of safety and power)

Resiliency vs PTG

Resiliency	PTG
Prior existence	Result of ...
Repressive coping	Reworking the story
Focus on future (thriving)	Getting through (surviving)
Pre-existing resourcefulness	Social connecting (accepting help)
Positive emotions/laughter	Greater value of family/friends
Taking control of one's choices	Taking control of one's choices
Hardiness	Willpower/determination/ stubborn and resolute

Steele & Kuban, 2005 (in publication)

Resilience is the outcome of environments that provide:

Connections

Continuity

Dignity

Opportunity

(Kuban & Steele, 2009)

Building and Nurturing Resilience in Your Children

- 1) Providing a healthy support system.
- 2) Building a connection to his school, nurturing a sense of safety and community.
- 3) Strengthening his sense of character.

(Spehar, 2012)

2/7/18

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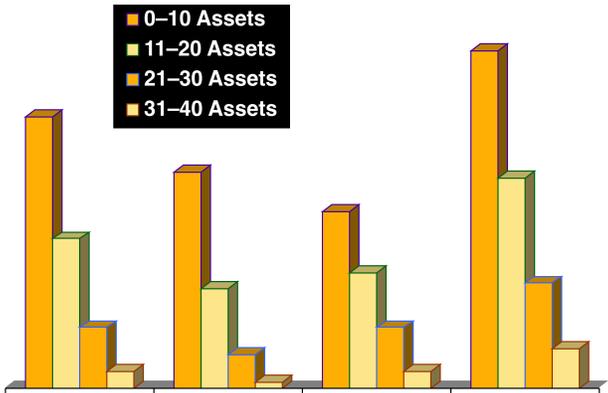
The 40 Developmental Assets

- External assets:
 - Support
 - Empowerment
 - Boundaries & Expectations
 - Constructive Use of Time

The 40 Developmental Assets

- *Internal assets:*
 - Commitment to Learning
 - Positive Values
 - Social Competencies
 - Positive Identity

The Power of Assets to Protect



Resiliency and PTG

Can be developed/taught in early childhood and through the use of structured sensory interventions – so not only are we working through trauma, we are building resilience to draw upon later in life.



(Kuban & Steele, 2009)

Greatest Gains vs. Least Gains

Greatest Gains	Least Gains
Better quality of interaction with parents	Absence of parental support
<i>How much have your parents helped you feel better?</i>	
“A lot”	“Not at all”, “A little bit”
<i>How did they help you feel better?</i>	
“Spending time together” “Helping with homework” “Playing games together”	“Do not help at all” (Majority were unable to say how their parent(s) helped)

(Kuban & Steele, 2009)

Greatest Gains vs. Least Gains

Greatest Gains	Least Gains
Specific interaction with parents results in greater sense of self-worth	Unable to describe specific interaction with parents. Limited sense of self-worth
<i>What are some things your parents say that make you feel good about yourself?</i>	
"I love you" "You make me laugh" "You are smart" "They ask if I'm okay"	"They buy me things" "I love you"

(Kuban & Steele, 2009)

Greatest Gains vs. Least Gains

Greatest Gains	Least Gains
Strong connection and sense of belonging to parents/family	Limited connection and limited sense of belonging to parents/family
<i>Who is most important to you and what makes you like them best?</i>	
"Parent, caregiver, grandparent, uncle" "They treat me special" "We play games on the weekend"	"I don't know" "They buy me things"
<i>What is your favorite thing to do at home?</i>	
"Spend time with my parents, brothers, sisters"	"Sleep"

(Kuban & Steele, 2009)

Greatest Gains vs. Least Gains

Greatest Gains	Least Gains
Significant human connection with parent or other special adult	Absence of human connection
<i>Who is your next favorite person?</i>	
"My Grandpa" "My teacher"	"My Grandma but she is dead"
Strong connections outside of the home (I play with my friends all day on the weekend and during the summer.)	Limited connections outside of the home (I play with my friends for a few hours on the weekend.)
<i>How often do you play with your friends?</i>	
"We play all day on the weekend and in the summer"	"We play a few hours"

(Kuban & Steele, 2009)

Parent Observations

Parent Observations	Greatest Gains	Least Gains
Improved Self-esteem	86%	64%
Child talks more, more open with feelings	93%	50%
Sleeping better	71%	64%
No more nightmares	50%	50%
Less anger	71%	71%
Less arguments	71%	64%
Better grades	64%	50%
Not as nervous, jumpy, anxious	71%	64%

(Kuban & Steele, 2009)

Social Worker Observations

Social Worker Observations	Greatest Gains	Least Gains
Positive Self Identity	Always, Most often	Sometimes
Positive Coping Skills	Always	Sometimes
Empathetic to Others	Always, Most often	Sometimes
Able to articulate feelings	Most often	Sometimes, not at all
Participates in Groups	Most often	Sometimes
Has an aspect of life that gives them joy	Always	Sometimes
Child is liked by peers	Most often	Sometimes, not at all
Child is liked by school staff	Always, Most often	Sometimes
Seeks help	Always	Sometimes
Talks about problems	Most often	Sometimes

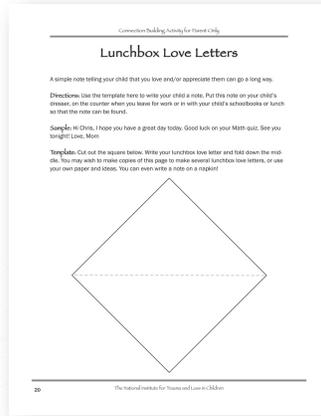
(Kuban & Steele, 2009)

Examples of Parent/Child Activities

- **Connections** – Lunch box Love Letters
- **Continuity** – Family Rituals/Routines
- **Dignity** – Relaxation/Play
- **Opportunity** – Looking Forward

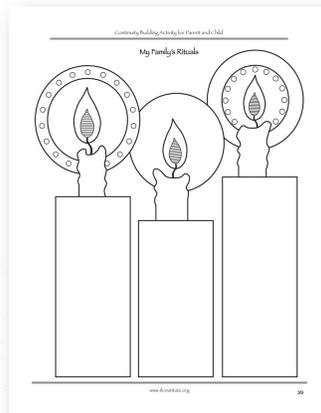
(Kuban & Steele, 2009)

Connections – Lunchbox Love Letters



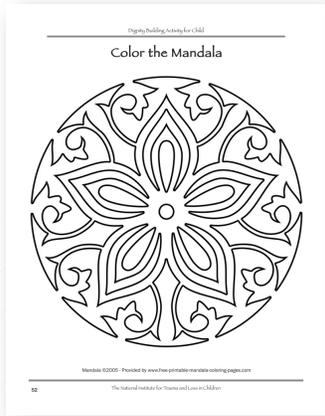
(Kuban & Steele, 2009)

Continuity – Family Rituals/ Routines



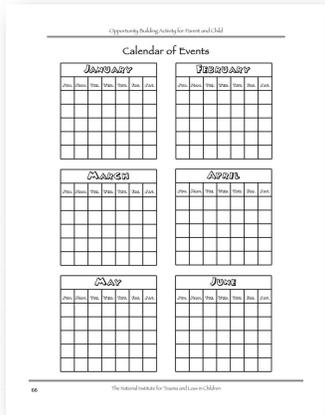
(Kuban & Steele, 2009)

Dignity - Relaxation



(Kuban & Steele, 2009)

Opportunity – Looking Forward



(Kuban & Steele, 2009)

Facebook Thursday Threes by Cherie Spehar

- **3 Wishes of Wounded Kids:**
 - **1) Notice me**
 - **2) Understand me**
 - **3) Soothe me**

(Spehar, 2012)

Relationship Factors

- Cernkovich and Giordano (as cited in Bell, 2007) considered relationship factors in relation to children's delinquency:
 - Control and supervision
 - Identity and support
 - Caring and trust
 - Intimate communication
 - Instrumental communication
 - Parental disapproval of peers
 - Conflict in the home

(Bell, 2007)

Parenting Styles

- The parenting style of each parent (individually and collectively) are critical in shaping their children's social competence.
- Two significant aspects according to Baumrind (as cited in Bell, 2007) are
 - 1) Parental responsiveness – extent to which parents are supportive of their children's needs;
 - 2) Parental demandingness – the extent to which parents are demanding of appropriate behaviour from their children
- Classic research by developmental psychologist Diana Baumrind, identifies **four main categories that describe different parenting styles.**

(Feldman & Dinardo, 2009; Bell, 2007)

Parenting Styles

- **Authoritarian parents**
 - **Are rigid and punitive**
 - **Value unquestioning obedience from their children**
 - **Have strict standards and discourage disagreement**
 - **Restrict child's autonomy**



(Bell, 2007; Feldman & Dinardo, 2009)

Parenting Styles

- **Permissive or Indulgent parents**
 - Give their children relaxed or inconsistent direction
 - Typically warm
 - Require little of their children
 - More freedom
 - More like a friend than a parent

(Feldman & Dinardo, 2009)

Parenting Styles

- **Authoritative parents**
 - Loving, yet firm
 - Have reasonable / age appropriate expectations
 - Encourage reasoning and explain things to them
 - Set clear goals and encourage their children's independence
 - Consistent in approach, set clear limits for their children

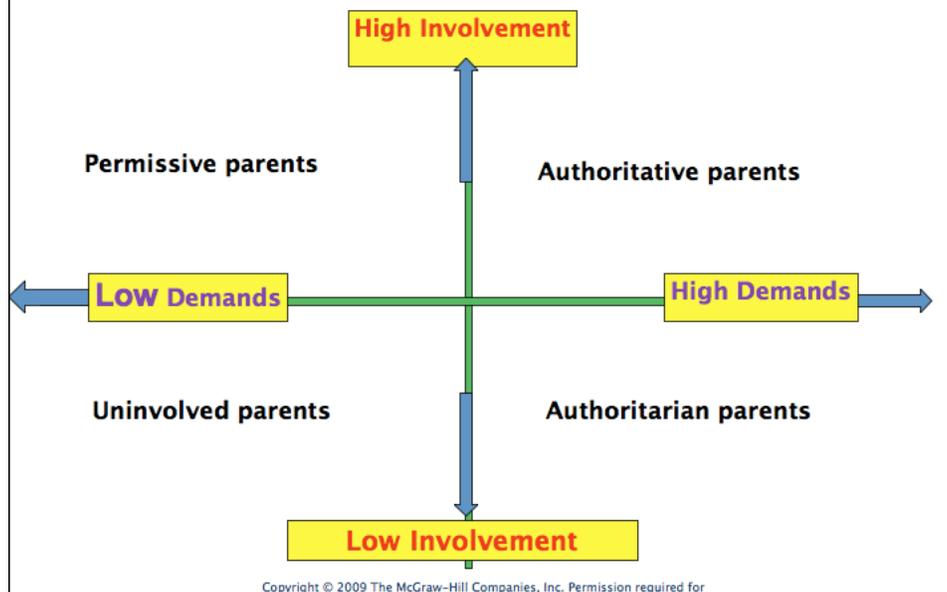
(Feldman & Dinardo, 2009)

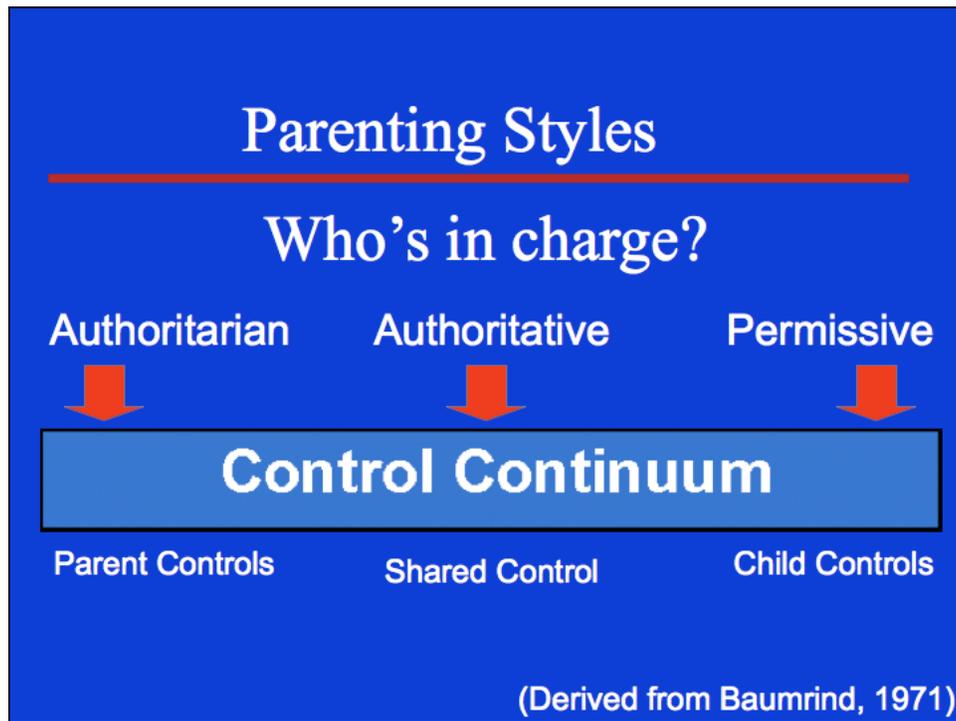
Parenting Styles

- **Uninvolved parents**
 - Show little interest in their children.
 - Are emotionally detached
 - View parenting as nothing more than providing food, clothing, and shelter for children.
 - In its most extreme form, uninvolved parents are guilty of neglect, a form of child abuse.

(Feldman & Dinardo, 2009)

Diana Baumrind's 4 Parenting Styles





Video Resource

- [Gabor Mate on Attachment and Conscious Parenting](#)

Roots of Empathy Program

- * Curriculum for grades 1 through 8
- * 27 classroom visits during school year, 9 with a mother & baby
- * Follow-up lessons
- * Children are exposed to nurturing caregiving
- * <http://www.rootsofempathy.org/Research.html>

WHO Violence Prevention: The Evidence

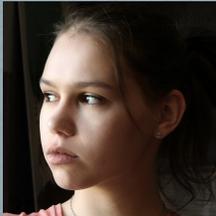
- * Develop safe, stable, nurturing relationships between children & their caregivers
- * Developing life skills for children & adolescents
- * Reducing availability & harmful use of alcohol
- * Reducing access to guns, knives, & pesticides
- * Promoting gender equality to prevent violence against women
- * Changing cultural & social norms that support violence
- * Victim identification, care, & support programs
- * <http://www.who.int/violenceprevention/publications/en/index/html>

TLC Evidence-Based Research

Treatment Outcome Data

At-risk
Adjudicated
Youth

SITCAP-ART



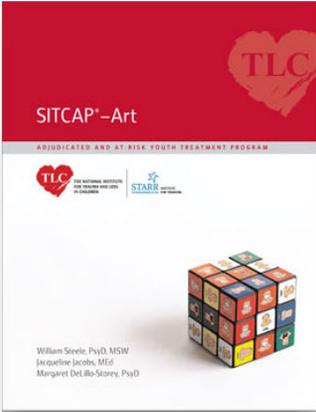
Treatment Outcomes



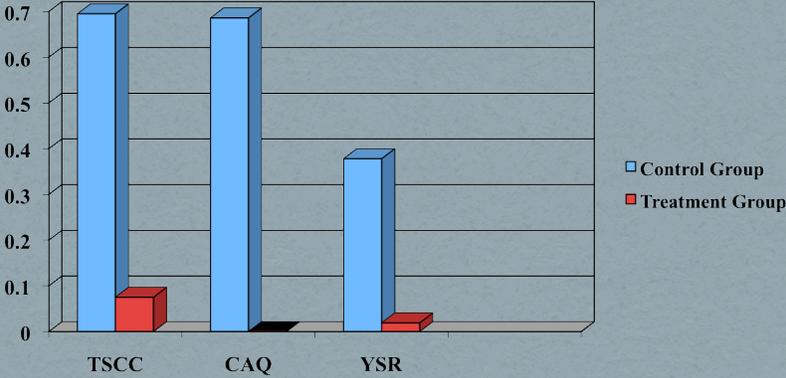
42855 Garfield Road, Suite 111
Clinton Township, MI 48038
877.306.5256 | www.starrtraining.org/tlc

Key Points

- Provided in Outpatient and Residential Settings
- Measured:
 - ✓ **CAQ** – Re-experiencing, Avoidance, Arousal
 - ✓ **TSCC** – Anxiety, Depression, PTSD, Anger, Dissociation – Overt and Fantasy
 - ✓ **YSR** – Anxious/Depressed, Withdrawn/Depressed, Somatic Complaints, Problems: Social, Thought, Attention, Rule Breaking Behavior, Aggressive Behavior



At-risk Adjudicated Youth Control vs. Treatment Group



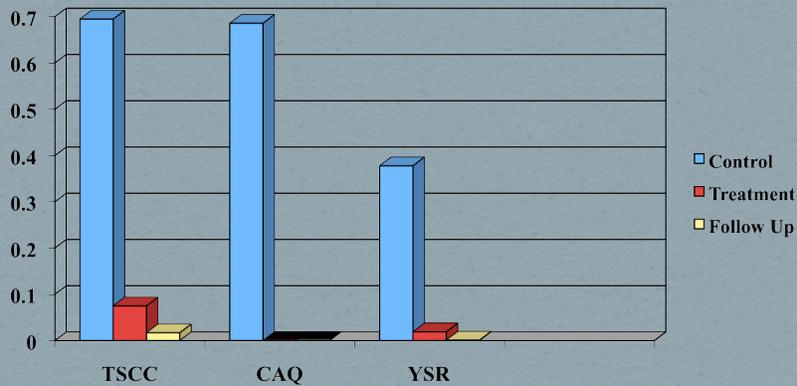
Outcomes

- All Three Scales (TSCC, CAQ, YSR) saw .005 – .001 statistically significant reduction

Preliminary Study - Georgia

- **2005:** 85% saw no additional contact with court one year after completing TLC intervention (outpatient program)
- **2008:** Following TLC evidenced-based Intervention in Georgia/Ohio still seeing 85% with no additional contact with the courts.

At-Risk Adjudicated Follow up 3 Months Post Treatment



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