

**Creating a “Sanctuary” for Trauma-Informed Treatment:
A Collaborative Clinic Serving the Local Community and Enhancing the Education of
Philadelphia University Graduate Students**

Research, Scholarship & Practice-based Project Grant

Submitted by:

Jeanne M. Felter, Ph.D., LPC
Associate Professor
Program Director
Community and Trauma Counseling
Philadelphia University

Creating a “Sanctuary” for Trauma-Informed Treatment: A Collaborative Clinic Serving the Local Community and Enhancing the Education of Philadelphia University Graduate Students

1.) ABSTRACT

Faculty from Philadelphia University’s Community and Trauma Counseling (CTC) and Occupational Therapy (OT) programs have established the goal of collaboratively creating an on-campus clinic that serves the emotional and behavioral needs of children, adolescents, and families from the Philadelphia community who have endured adverse experiences and associated traumatic stress.

This grant seeks funding to support the initial steps in the development of a large-scale, long-term project (a university clinic) that will provide the following:

- A unique inter-disciplinary, active, real-world training clinic for Philadelphia University graduate students
- A team of expert faculty across disciplines who are skilled in the delivery of evidence-based trauma practice, and who are directly involved in the clinical training of students
- A safe, supportive and innovative clinical environment that promotes mental health and fosters resilience and adaptability in urban children, adolescents and families
- An opportunity for students and faculty to serve the community, providing much needed trauma-informed mental health and occupational therapy services to children and adolescents in Philadelphia who have been victims of violence, neglect, abuse or who have encountered other adverse and potentially traumatic experiences
- A venue for faculty to engage in research, which could include discipline specific outcomes, efficacy of a novel cross-discipline approach, and research related to the development of clinical competence in students
- A vehicle for Philadelphia University to distinguish itself by providing a model for collaborative, trauma-informed clinical practice, training, and research

Funding provided by this grant would support the preliminary trauma-informed organizational training needs of faculty across both programs. Additionally, funding is sought to support the writing of a large external grant that will enable clinic development and finance the initial phases of implementation.*

**You will note that Michelle Gorenberg, Assistant Professor of Occupational Therapy, is submitting a similar grant application. These applications were developed collaboratively and, if funded, will cumulatively provide a foundation for the development of a strong grant proposal to external funders for the long-term project.*

2.) EXPLANATION OF THE PROJECT

The Long-Term Goal: A Trauma-Focused Clinic

Much empirical evidence exists to support the development of a trauma-informed clinic that provides high-quality, accessible, evidence-based and innovative mental health treatments to urban children, adolescents and families residing in the neighboring communities of Philadelphia University.

Prevalence estimates show that 50-96% of urban children and adolescents are exposed to violence (Stein, Jaycox, Kataoka, Rhodes, & Vestal, 2003). Additionally, a 2008 survey of youth reported that 57% had been assaulted at some point during their lifetime and that 71% of 14 to 17-year-olds were assaulted in the past year (Finkelhor, 2009).

Children in Philadelphia, and more specifically those who reside in neighborhoods that closely border Philadelphia University like Allegheny West, Tioga, Nicetown, and North Philadelphia, are highly likely to be victims of crime, witness violence, or engage in criminal activity, all of which can serve to negatively impact mental health outcomes. Philadelphia's violent crime rate is higher than the national average by close to 200%, and each of the aforementioned communities that border Philadelphia University have violent crime rates that rank in the top 20% of all Philadelphia neighborhoods (Philadelphia Police Department, 2014).

Not all children that are exposed to violence or are victims of assault will experience psychological symptoms that warrant clinical treatment. However, a substantial minority of children do develop severe acute or ongoing psychological impairments (including Post Traumatic Stress Disorder symptoms) that interfere with their daily functioning and warrant clinical attention (American Psychological Association, 2008).

Simple "single-episode" traumatic exposure is rare among urban children. In fact, the findings of the *Developmental Victimization Study* (DVS; Finkelhor et al., 2005), which examined exposure to 34 forms of victimization experiences in a nationally representative sample of 2,030 children and youth ages 2 to 17 years, showed widespread exposure to victimization incidents (71% had been exposed to one or more victimization incidents in the past year, with nearly 70% of victimized children experiencing multiple exposures). As noted in the seminal Adverse Childhood Experiences Study (ACEs), when children experience multiple traumas throughout their childhood, they are at greater risk for psychological and physical health impairments throughout the lifespan, including alcoholism, drug abuse, suicide attempts, sexually transmitted diseases, and poor general health (Felitti et al, 1998).

Furthermore, most children and adolescents with traumatic exposure or trauma-related psychological symptoms are not identified and consequently do not receive any help. Even those who are identified as in need of help frequently do not obtain any services. This is especially true for children from ethnic and racial minority groups and for recent immigrants, who have less access to mental health services (Chow, Jaffee et al. 2003).

Unfortunately, even when children are seen for mental health services, inadequate training in trauma-informed assessment and treatment can lead to ineffective or even aversive treatment. At the hands of ill-informed clinicians, trauma exposure may not be known or addressed, and evidence-based treatment would likely not occur.

Trauma-Informed Mental Health Treatment

Leading experts in the trauma-focused psychology and counseling fields have recognized a need for advanced trauma training in graduate settings. The Presidential Task Force of the Society for Traumatic Stress Studies (now called the International Society for Traumatic Stress Studies) first uncovered a void in trauma curriculum among clinical training programs in 1989. Courtois and Gold (2009) similarly expressed a need for trauma curriculum development, declaring a “call to action” for higher education institutions and underscoring an “urgent need for the inclusion of information about trauma in the psychology curriculum.” The authors called for a full integration of trauma skills, knowledge and research within graduate training programs.

Philadelphia University is beginning to answer this call with the development of the Community and Trauma Counseling program, within which students receive a 60 credit trauma-infused clinical counseling curriculum. With the development of a trauma-focused counseling clinic, students at Philadelphia University would be able to practice skills and interventions learned in their classrooms, under expert supervision by trained faculty- a truly comprehensive approach to trauma-informed counselor development.

This clinic will focus on serving the mental and behavioral health needs of children and adolescents who have endured adverse experiences and associated traumatic stress. It is well documented that childhood Post-Traumatic Stress Disorder (PTSD) is associated with significant social difficulties, cognitive deficits, and poor academic performance (Zatzick, Jurkovich et al. 2008; Wu, Chen et al. 2009, Saltzman, Weems et al. 2006; De Bellis, Hooper et al. 2009, Mathews, Dempsey et al. 2009). Additionally, comorbid anxiety, depression, and alcohol and drug dependence are common in youth with PTSD (Kilpatrick, Ruggiero et al. 2003).

This clinic will offer Philadelphia children, adolescents and families top-notch mental health treatment rooted in evidence-based practices. Much research supports the use of evidence-based mental health interventions for children who have trauma histories, including Trauma-Focused Cognitive Behavioral Therapy (Cohen & Mannarino 1996, 1997, 1998), Child-Parent Psychotherapy (Lieberman & Van Horn 2005, 2008), and the Child and Family Traumatic Stress Intervention (Berkowitz, Stover, & Marans 2010). Community and Trauma Counseling faculty will pursue advanced training in such evidence-based treatments prior to clinic development and these trainings will be written into the larger external grant application.

Trauma-Informed Occupational Therapy

The aforementioned mental health interventions rely heavily on therapeutic approaches that are language based. For these forms of therapy to succeed, the child must be sufficiently emotionally regulated, organized, and grounded in the present. If dysregulated and disorganized, language, imagination, and symbolic expressive function will be hampered. The daily lives of traumatized children are frequently disrupted by overwhelming emotional states, and children often lack the resources or tools for managing their intense feelings. As a result, effective language and cognitive functions such as problem solving are not available when the child or adolescent is in these states, and consequently, language-based interventions can miss the mark.

As a client-centered health profession, occupational therapy focuses on the promotion of physical and mental well-being by engaging children in active participation in occupations and activities that are meaningful to them. Occupational therapy intervention has the potential to make important contributions to the care of children who have experienced trauma, as a supplement to language based interventions and/or when these interventions may not meet the child's immediate needs.

Sensory Integration (SI), a specialization within the field of occupational therapy (Ayres 2004), has received much attention as it offers a different knowledge base and skillset to improve regulation and to address potential challenges in sensory processing and developmental skills (Champagne 2006, 2008, 2010b; LeBel et al. 2010; Cheng and Boggett-Carsjens 2005; Champagne and Tewfik 2010; Champagne and Stromberg 2004). Specifically, using principles of sensory integration (OT-SI), occupational therapy contributes knowledge of the sensory motor systems and provides strategies for sensory modulation, which have been useful in addressing arousal regulation and the behavioral dysregulation seen in traumatized people (Warner, Koomar, Lary, & Cook 2013). Occupational Therapy faculty will pursue advanced training in SI, and approaches to trauma treatment that incorporate SI theory like Sensory Motor Arousal Regulation Treatment (SMART; Warner et al. 2010, 2011), prior to clinic development, and such trainings will be written into the larger external grant application.

Trauma-Focused Counseling and Occupational Therapy: An Innovative Approach to Trauma Treatment

A collaborative approach to trauma treatment that includes advanced competencies in evidence-based mental health treatment, coupled with Occupational Therapy interventions based upon sensory processing theory and sensory modulation techniques, will provide an innovative and informed approach to healing psychological wounds, building resilience and adaptation, and improving affect and behavioral regulation in traumatized children and adolescents.

Consistent with Philadelphia University's collaborative focus, opportunities also exist to engage in cross-disciplinary scientific inquiry.

Short-Term Focus: Trauma-Specific Organizational Training and Grant Support

This proposal entails two central objectives that lead to the aforementioned long-term goal (clinic development):

1. Trauma-specific organizational training for faculty; and
2. Support for external grant writing

Trauma-Specific Organizational Training

Funding would be utilized to train CTC and OT faculty in the Sanctuary Model® and the S.E.L.F. Program. Both the Sanctuary and S.E.L.F. trainings are relevant and necessary for CTC and OT faculty who will engage with clients and students in the clinic setting.

The Sanctuary Model, developed by Sandra Bloom, MD, is a trauma-informed method for creating an organizational culture in which healing from psychologically and socially

m ethod for

traumatic experiences can be addressed (Bloom 1997). Based on more than twenty years of clinical experience mindfulness responding to the needs of trauma
“evidence-supported” practice according to the National Child Traumatic Stress Network (de Arellano 2008) and listed as a “promising practice” by the California Evidence-Based Clearinghouse (2008). The Sanctuary Model is currently being adopted by over ninety human service delivery programs nationally and internationally including: adult inpatient and outpatient mental health settings (Bloom 1994); residential and acute care settings for children and adolescents (Rivard, Bloom et al. 2002; Abramovitz and Bloom 2003; Bloom 2003; Bloom 2005; Rivard, Bloom et al. 2005); substance abuse programs for adults and for children; schools (Bloom 1995); shelters for the homeless and victims of domestic violence; and community-based as well as school-based social service organizations (Bloom, Bennington-Davis et al. 2003; Bloom 2007). More specifically for this proposal, this approach has been supported by Philadelphia’s Department of Behavioral Health and is recognized by foundations that support mental health initiatives.

S.E.L.F. is a psycho-educational group curriculum created by Sanctuary faculty that offers a shared and coherent organizing framework and supports practitioners in educating clients about the impact of overwhelming life experiences. The S.E.L.F. Psychoeducational Group Curriculum is designed to provide clients and staff with an easy-to-use and coherent cognitive framework that can create a change momentum and can help guide individual treatment, staff decision, team treatment planning, and an entire institution.

It is the aim of CTC and OT faculty to create a rich and nurturing training environment for our students, while working with a very difficult client population. The Sanctuary and S.E.L.F. trainings will support this endeavor by ensuring that faculty are mindful of the institutional prerequisites for organizations serving traumatized clients, informed about the necessary stages of effective trauma treatment, and focused on student and clinician health and wellness.

Grant Support

Monies requested would also support the writing of a larger grant that will be submitted to external funding sources for the development and preliminary operation needs of the campus clinic. This will be a collaborative grant written by CTC and OT faculty (specifically Jeanne Felter and Michelle Gorenberg), and will aim to secure funding in the range of \$200,000-\$300,000, contingent on University support and the renovation needs of identified campus space. Human resource needs, overhead, equipment, advanced training in discipline-specific evidence-based practices, insurance, and application for state license will be included in the external grant proposal.

3) IMPORTANCE OF THE WORK

Professional Experience that Supports Current Project

Jeanne Felter’s current and past experiences in trauma treatment and research are well suited to the aims of this grant proposal. She has specific relevant expertise in the treatment of urban children, adolescents and families who have endured adverse experiences and traumatic stress, and is embarking on research alongside colleagues at the Children’s Hospital of Philadelphia (CHOP) and Hall Mercer Behavioral Health (affiliated with University of Pennsylvania) to test several novel approaches to support and expedite the psychological recovery of assaulted youth and their families.

Currently Jeanne is a clinical consultant for the Violence Intervention Program (VIP) at CHOP. CHOP VIP is an ongoing hospital based program that provides direct services to CHOP patients who have been injured by assault and treated in the Emergency Department. It is a community-focused, trauma-informed program designed to reduce re-injury and retaliation by working with young victims of violence after they are discharged from the hospital. As a clinical consultant Jeanne assists the direct service providers (social workers, case managers, and therapists) to deliver competent trauma-informed interventions and treatment to project participants.

Jeanne has served the mental health needs of urban children and families in Philadelphia through various positions held within community mental health organizations, including roles as outpatient therapist, behavioral specialist, adolescent psychotherapist, school-based lead clinician, and mobile therapist. She has received advanced training in trauma treatment including Trauma-Focused Cognitive Behavioral Therapy and Attachment Focused Family Therapy. She is a Licensed Professional Counselor in the State of Pennsylvania, and she has further earned the credential of Certified Clinical Trauma Professional (International Association of Trauma Professionals). In addition to her work in community mental health, she has also worked in private practice and in school-based mental health settings. She has extensive experience with the School District of Philadelphia, having worked within many public and charter schools, and she is proficient in facilitating mental and behavioral health referrals to best support the needs of Philadelphia youth. She has a sound knowledge of the landscape of community mental health in Philadelphia, and a solid grasp of the school district culture, school law, and how to advocate for a client's needs to be met within educational settings - all competencies critical to operating a successful clinic that supports practitioners in addressing the systemic needs of children, adolescents and families.

At Philadelphia University, Jeanne is an Associate Professor and the Program Director of the new Community and Trauma Counseling M.S. Program. In her role as director, Jeanne is charged with developing and delivering a top-notch trauma-informed curriculum to graduate students who seek to engage in clinical work with clients who have endured adversity. Jeanne has recently established an important partnership for Philadelphia University's CTC program with Hall Mercer Behavioral Health and CHOP. Philadelphia University is listed as a subcontractor in a grant proposal currently in submission to The Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) that is seeking to assess efficacy of a short-term, trauma-focused intervention - The Child and Family Traumatic Stress Intervention (Berkowitz et al., 2010). Philadelphia University students will train under experts at CHOP and Hall Mercer to deliver trauma-informed services as part of the subcontract, and Jeanne is a clinical consultant on this project. Jeanne will also engage in data collection and analysis, and will participate in disseminating the results of this study. This partnership is serving to launch Jeanne's career in research on the efficacy of trauma-focused evidence-based practices.

For this project, the community clinic provides an opportunity to bolster the clinical training of graduate students, distinguish Philadelphia University as a leading clinical training program, and further Jeanne's research agenda to include clinical outcomes of interdisciplinary trauma-informed treatment, efficacy of evidence-based practices in trauma counseling with urban children and adolescents, and research related to the teaching and learning of trauma-focused clinical practice.

Rationale for Funding

The Community and Trauma Counseling Program has a limited budget for faculty professional development. The requisite trainings outlined in this proposal far exceed the monies available to individual faculty members for training and professional development, and would preclude faculty from participating in other important academic and professional pursuits, like attending annual conferences.

Further, significant time and resources will be required to produce a grant application that supports the clinic development and initial start-up. If funded, this grant will provide adequate resources including a faculty and graduate student stipend to support the grant writing process.

Lastly, this grant will provide the necessary foundation for an important large-scale project that could lead to faculty scholarship. Research opportunities include but are not limited to discipline specific outcomes, efficacy studies of this novel cross-discipline approach, contributions to pedagogy in counselor education, and assessment of clinical competence in students.

4) DESCRIPTION OF TIMEFRAME

Narrative Description of Timeframe

Upon receipt of RS&P grant funding, a letter of inquiry will be submitted to the Scattergood Foundation, a private philanthropic organization that frequently funds projects associated with childhood traumatic stress, innovative practice, and under-resourced communities. Additional private foundations that have demonstrated an interest in pursuits of this nature will also be researched including SNAVE, The Maguire Foundation, The Charles Berwind Foundation, Robert Wood Johnson, Pew Charitable Trusts, and the Stoneleigh Foundation. Federal funding will also be explored through The National Institute of Health (NIH), The National Science Foundation (NSF) and The Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD). Grant writing will commence upon receipt of funding during the summer semester, 2014 and continue through the fall semester, 2014 (contingent on grant deadlines).

If funds allotted meet the expenses necessary for the entire Sanctuary and S.E.L.F. trainings (5-6 full days plus ongoing consultation), such trainings will be scheduled between January and May 2015.

Timeline Matrix

See Appendix C (Timeline) for a visual depiction of the timeframe.

5) PROJECT PERSONNEL

Grant Writing

The following individuals will be involved in the writing of the large external grant:

Jeanne Felter, Ph.D., MA, LPC
Associate Professor/Program Director
Community and Trauma Counseling Program
Philadelphia University

Michelle Gorenberg, OTD, MS, OTR/L
Assistant Professor
Occupational Therapy Program
Philadelphia University

Nicole Marcano, BS
M.S. Graduate Student
Graduate Assistant
Community and Trauma Counseling Program
Philadelphia University

Trauma-Focused Organizational Training

All CTC and OT faculty (including adjunct faculty) who are interested in working within the campus clinic and/or supervising student clinicians, as well as select relevant University administrators, will be expected to participate in the Sanctuary and S.E.L.F. trainings.

6) DISSEMINATION PLAN

This grant proposal is seeking seed funding for a larger external grant, which will eventually yield an established campus clinic as well as a robust and fertile foundation for many scholarly pursuits including presentations, workshops, and an array of publications. The dissemination plan of the long-term project is largely contingent on the establishment of the clinic, which in turn is contingent on external funding and the uncertain timeframe of this funding.

The dissemination of this first phase of the project is the development of the federal and/or foundation grant proposal(s) to support the development and initial start-up of the campus clinic. Should this project receive initial funding from the University, the process of writing the larger grant would require defining a practice model for the proposed clinic. Dr. Felter and Dr. Gorenberg plan to present the preliminary versions of this model at regional and/or national conferences in their respective disciplines. Possibilities for these presentations include: The American Counseling Association, The International Association of Traumatic Stress Studies, The Pennsylvania Occupational Therapy Association, and The American Occupational Therapy Association.

Appendix C provides an estimated timeframe for both the short-term and long-term project.

7) IMPORTANCE OF FUNDING

Seed Funding

This grant will serve as seed funding to stimulate the production of a large federal and/or foundation grant that seeks to finance the development and initial start-up of the campus clinic.

Basis for Long-term Project

This grant serves as a springboard for advanced training for faculty across disciplines, including organizational trauma-informed training, as well as discipline specific advanced training that will be written into the larger foundation and/or federal grant. This training is the foundation for preparing Philadelphia University faculty to provide innovative and

collaborative trauma-informed care and to establish a clinical education program for graduate students in trauma counseling and occupational therapy.

This grant, which seeds the funding for the campus clinic, provides a fertile ground for many research opportunities for faculty and students associated with the project.

Possible Funding Opportunities

As mentioned, various private foundations that have demonstrated an interest in pursuits of this nature will be explored including The Scattergood Foundation, Pew Charitable Trusts, The SNAVE Foundation, Robert Wood Johnson, The Maguire Foundation, The Charles Berwind Foundation and the Stoneleigh Foundation. Federal funding will also be explored including grants offered through The National Institute of Health (NIH), The National Science Foundation (NSF) and The National Institute Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD).

8) BUDGET NARRATIVE AND WORKSHEET

Narrative

This grant seeks funding for a faculty stipend (\$2000) and a graduate student stipend (100 hours at \$9.25/hour, totaling \$925) to support the writing of the external grant.

Additionally, this grant seeks funding to support, in part, two important trauma-focused organizational trainings (Sanctuary and S.E.L.F. trainings). Ruth Ann Ryan, faculty member and Trainer at The Sanctuary Institute, quoted trainings at \$1000 per day. Thus, the cost of the 3-day Sanctuary training is estimated at \$3000 plus materials and ongoing consultation, and the cost of the 1.5-day S.E.L.F. training is estimated at \$1500 plus materials and ongoing consultation, totaling approximately \$5000. The maximum remaining amount of the \$5000 RS&P budget cap is \$1851.24, which is requested to defray the costs of these important trainings. The programs will need to produce an additional \$3148.76** to meet the estimated cost.

***Once again, Michelle Gorenberg, Assistant Professor of OT is submitting a similar grant application in which she requests a faculty stipend of \$2000 to be used to support her work in developing this collaborative grant, as well as \$3000 to be applied to the aforementioned trainings. If both grants are funded we will be very close to the quoted training cost and will be well positioned to put forth a strong, collaborative grant proposal to external funders.*

Budget Worksheet

See Appendix D (Budget Worksheet)

9) Appendices

Appendix A: References

Appendix B: Felter Biosketch

Appendix C: Project Timeline

Appendix D: Budget Worksheet

Appendix A: References

- Abramovitz, R. & S. L. Bloom (2003). "Creating Sanctuary in a residential treatment setting for troubled children and adolescents." *Psychiatric Quarterly* 74(2): 119-135.
- Accreditation Council for Occupational Therapy Education. (2012). 2011 Accreditation Council for Occupational Therapy Education standards. *American Journal of Occupational Therapy*, 66(Suppl.), S4-S74. <http://dx.doi.org/10.5014/ajpt/2012/66S4>
- American Occupational Therapy Association (2011). Occupational therapy services for individuals who have experienced domestic violence. *American Journal of Occupational Therapy*, 65(Suppl.), S32-S45.
- American Occupational Therapy Association (2008). Occupational therapy practice framework (2nd Ed.). *American Journal of Occupational Therapy*, 62, 625-683.
- American Psychological Association (2008). Children and trauma: Update for mental health professionals. Washington, DC.
- Ayres, A.J. (1972). *Sensory integration and learning disorders*. Los Angeles, CA: Western Psychological Services.
- Ayres, A.J. (2004). *Sensory integration and the child* (2nd ed.). Los Angeles: Western Psychological Services.
- Berkowitz, S.J., Stover, C.S., & Marans, S.R. (2011). The Child and Family Traumatic Stress Intervention: Secondary prevention for youth at risk of developing PTSD. *Journal of Child Psychology and Psychiatry*, 52(6), 676-685.
- Bloom, S.L. (1994). The Sanctuary Model: Developing Generic Inpatient Programs for the Treatment of Psychological Trauma. *Handbook of Post-Traumatic Therapy, A Practical Guide to Intervention, Treatment, and Research*. M.B. Williams and J.F. Sommer, Greenwood Publishing: 474-49.
- Bloom, S. L. (1995). Creating Sanctuary in the classroom. *Journal for a Just and Caring Education*, 1(4), 403-433.
- Bloom, S.L. (1997). *Creating Sanctuary: Toward the Evolution of Sane Societies*. New York, Routledge.
- Bloom, S. L. (2003). The Sanctuary Model: A Trauma-Informed Systems Approach to the Residential Treatment of Children. *Residential Group Care Quarterly: Child Welfare League of America* 4(2), 4-5.
- Bloom, S. L. (2005). The Sanctuary Model of Organizational Change for Children's Residential Treatment. *Therapeutic Community: The International Journal for Therapeutic and Supportive Organizations* 26(1), 65-81.
- Bloom, S.L., Bennington-Davis, M., Farragher, B., McCorkle, D., Nice-Martini, K., & Wellbank, K. (2003). Multiple Opportunities for Creating Sanctuary. *Psychiatric Quarterly*, 74(2), 173-190.
- Champagne, T. (2006). Creating sensory rooms: essential enhancements for acute inpatient mental health settings. *Mental Health Special Interest Section Quarterly*, 29, 1-4.
- Champagne, T. (2008). *Sensory modulation and environment: Essential elements of occupation* (3rd ed.). Southampton: Champagne Conferences & Consultation.
- Champagne, T. (2010b). Occupational therapy in high-risk and special situations. In M. Scheinholtz (Ed.), *Occupational therapy in mental health: Considerations for advanced practice* (pp. 179-197). Bethesda: American Occupational Therapy Association.

- Champagne, T. & Koomar, J. (2011). Expanding the focus: Addressing sensory discrimination concerns in mental health. *Mental Health Special Interest Section Quarterly*, 34, 1-4.
- Champagne, T., & Stromberg, N. (2004). Sensory approaches in inpatient psychiatric settings: innovative alternatives to seclusion and restraint. *Journal of Psychosocial Nursing*, 42, 35-44.
- Champagne, T., & Tewfik, D. (2010). Trauma, mental health care & occupational therapy practice. In M. Scheinholtz (Ed.), *Occupational therapy in mental health: Considerations for advanced practice* (pp. 215-230). Bethesda: American Occupational Therapy Association.
- Cheng, M., & Boggett-Carsjens, J. (2005). Consider sensory processing disorders in the explosive child: case report and review. *The Canadian Child and Adolescent Psychiatry Review*, 14(2), 44-48.
- Chow, J.C.C., Jaffee, K., & Snowden, L. (2003). Racial/Ethnic Disparities in the Use of Mental Health Services in Poverty Areas. *American Journal of Public Health*, 93(5), 792-797.
- Cohen, J.A., & Mannarino, A.P. (1996). A treatment outcome study for sexually abused preschool children: Initial findings. *Journal of the American Academy of Child & Adolescent Psychiatry*, 35, 42-50.
- Cohen, J.A., & Mannarino, A.P. (1997). A treatment study for sexually abused preschool children: Outcome during a one-year follow-up. *Journal of the American Academy of Child & Adolescent Psychiatry*, 36, 1228-1235.
- Cohen, J.A., & Mannarino, A.P. (1998). Interventions for sexually abused children: Initial treatment outcome findings. *Child Maltreatment*, 3, 17-26.
- Courtois, C.A. & Gold, S.N. (2009). The need for inclusion of psychological trauma in the professional curriculum: A call to action. *Psychological Trauma: Theory, Research, Practice, and Policy*, 1, 3-23.
- de Arellano, M.A., Ko S.J., Danielson, C.K. & Sprague, C.M. (2008). *Trauma-informed interventions: Clinical and research evidence and culture-specific information project*. Los Angeles, CA & Durham, NC, National Center for Traumatic Stress.
- De Bellis, M.D., Hooper, S.R., Spratt, E.G., & Woolley, D.P. (2009). Neuropsychological findings in childhood neglect and their relationships to pediatric PTSD. *Journal of the International Neuropsychological Society*, 15(6), 868-878.
- Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., & Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258.
- Finkelhor, D. (2009). The prevention of childhood sexual abuse. *The Future of Children*, 19(2), 169-194.
- Finkelhor, D., Ormrod, R., Turner, H., & Hamby, S.L. (2005). The Victimization of Children and Youth: A Comprehensive, National Survey. *Child Maltreatment*, 10(1), 5-25.
- Kilpatrick, D.G., Ruggiero, K.J., Acierno, R., Saunders, B.E., Resnick, H.S., & Best, C.L. (2003). Violence and risk of PTSD, major depression, substance abuse/dependence, and comorbidity: Results from the National Survey of Adolescents. *Journal of Consulting and Clinical Psychology*, 71(4), 692-700.
- Koomar, J. (2009). Trauma and attachment informed sensory integration assessment and intervention. *Mental Health Special Interest Section Quarterly*, 32, 1-4.
- LeBel, J., Champagne, T., Stromberg, N., & Coyle, R. (2010). Integrating sensory and trauma-informed interventions: a Massachusetts state initiative, part 1. *Mental Health Special Interest Section Quarterly*, 33(1), 1-4.

- Lieberman, A.F., & Van Horn, P. (2005). *Don't Hit My Mommy! A Manual for Child-Parent Psychotherapy With Young Witnesses of Family Violence*. Washington, D.C.: Zero to Three Press.
- Lieberman, A.F., & Van Horn, P. (2008). *Psychotherapy with Infants and Young Children: Repairing the Effects of Stress and Trauma on Early Attachment*. New York: Guilford Press.
- Mathews, T., Dempsey, M., & Overstreet, S. (2009). Effects of exposure to community violence on school functioning: The mediating role of posttraumatic stress symptoms. *Behaviour Research and Therapy*, 47(7), 586-591.
- Philadelphia Police Department, U.S. Census Bureau (2014, Feb 2). Crime in Philadelphia. *The Philadelphia Inquirer*, retrieved February 2, 2014 from <http://data.inquirer.com/crime>.
- Rivard, J.C., Bloom, S.L., Abramovitz, R., Pasquale, L.E., Duncan, M., McCorkle, D., & Gelman, A. (2003). Assessing the Implementation and Effects of a Trauma-Focused Intervention for Youths in Residential Treatment. *Psychiatric Quarterly*, 74(2), 137-154.
- Rivard, J.C., Bloom, S.L., McCorkle, & D. Abramovitz, R. (2005) Preliminary results of a study examining the implementation and effects of a trauma recovery framework for youths in residential treatment. *Therapeutic Community: The International Journal for Therapeutic and Supportive Organizations* 26(1), 83-96.
- Saltzman, K.M., Weems, C.F., & Carrion, V.G. (2006). IQ and Posttraumatic Stress Symptoms in Children Exposed to Interpersonal Violence. *Child Psychiatry and Human Development*, 36(3), 261-272.
- The Society for Traumatic Stress Studies (1989). *The initial report of the presidential task force on curriculum, education, and training*. Dubuque, IA: Kendall/Hunt Publishing Company.
- Stein, B.D., Jaycox, L.H., Kataoka, S., Rhodes, H.J., & Vestal, K.D. (2003). Prevalence of child and adolescent exposure to community violence. *Clinical Child and Family Psychology Review*, 6(4), 247-264.
- Warner, E., Koomar, J., Lary, B., & Cook, A. (2013). Can the body change the score? Application of sensory modulation principles in the treatment of traumatized adolescents in residential settings. *Journal of Family Violence*, 28(7), 729-738.
- Warner, E., Westcott, A., Cook, A., & Koomar, J.A. (2010). In B van der Kolk Chairperson (Ed.), *Attunement and rhythmicity: Treatment in the SMART room*. Boston: International Trauma Conference.
- Warner, E., Cook, A., Westcott, A., & Koomar, J. (2011). *Sensory motor arousal regulation treatment (SMART), A manual for therapists working with children and adolescents: A "bottom up" approach to treatment of complex trauma*. Boston: Trauma Center at JRI.
- Wu, C.H., Chen, S.H., Weng, L.J., & Wu, Y.C. (2009). Social relations and PTSD symptoms: A prospective study on earthquake-impacted adolescents in Taiwan. *Journal of Traumatic Stress*, 22(5), 451-459.
- Zatzick, D.F., Jurkovich, G.J., Fan, M.Y., Grossman, D., Russo, J., Katon, W., & Rivara, F.P. (2008). Association between posttraumatic stress and depressive symptoms and functional outcomes in adolescents followed up longitudinally after injury hospitalization. *Archives of Pediatrics and Adolescent Medicine*, 162(7), 642-648.