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A MULTI-TIERED STRATEGY TO TREAT TRAUMA AND BUILD SOCIAL-EMOTIONAL SKILLS AMONG COURT-INVOLVED, AT-RISK, FEMALE STUDENTS

Beverly A. Baroni, Lori Vanderwill, and Angelique Day

What is trauma?

Trauma is defined as “the emotional, psychological and physiological residue left over from heightened stress that accompanies experiences of threat, violence, and life-changing events” (Australian Childhood Foundation (ACF), 2010, p. 12). Trauma falls into three categories: simple, complex, and developmental. Simple trauma is often a single event with a short exposure such as a car accident or natural disaster (ACF, 2010). Multiple exposures to events that are threatening, violent, or violating is referred to as complex trauma. Examples of complex trauma are child abuse or neglect or bullying (ACF, 2010). Developmental trauma describes the impact of trauma on brain development. Given that children are developing, and their brains are malleable, trauma may leave a lasting impact on brain development. Examples of developmental trauma include chronic exposure to neglect, maltreatment, or abuse by caregivers during childhood (van der Kolk, 2005). Symptoms of trauma include impairments in attachment, biology, affect regulation, behaviour control, cognition, and self-concept (Cook et al., 2005). Trauma symptoms may also include sensory integration issues such as difficulties with sensory modulation and sensory discrimination (Miller, Anzalone, Lane, Cermak, & Osten, 2007). Sensory integration is the ability to interpret, associate, and unify stimuli (Ayres, 1972). Deficiencies in sensory integration are contributing factors to learning disorders (Ayres, 1972), as well as behavioural and emotional disorders (Cook et al, 2005; Vaughan, McCullough, & Burnell, 2016).

Prevalence of trauma

Trauma is prevalent among the general population; studies have found about 66 percent of the US population has experienced at least one adverse childhood event

(CDC, 2016). The National Survey of Children's Health (2016) found 47 percent of children aged 6–11 and 56 percent of adolescents aged 12–17 experienced at least one adverse childhood event (Bethell, Davis, Gombojav, Stumbo, & Powers, 2017). Additional findings show 20 percent of children and youth reported experiencing two or more adverse childhood experiences (Bethell et al., 2017). Bethell et al. (2017) found that children who experience at least one adverse childhood event have increased difficulties demonstrating social and emotional skills when compared to children who have not experienced an adverse childhood event. It is important to note that the rate of adverse childhood events in the population is not limited to one race, ethnicity, or socioeconomic status.

Trauma in schools

Studies have shown trauma impacts the academic performance of children and youth (Streek-Fischer & van der Kolk, 2000; Cole et al., 2005). Trauma can compromise a child's ability to focus, concentrate, problem solve, organise, and use memory (Wolpov, Johnson, Hertel, & Kincaid, 2009). When children are in this state, their ability to process and obtain new information is impeded, as is the ability to use verbal expression (Cole et al., 2005). Trauma symptoms in the classroom include the child's expectation of danger in the environment, as well as maladaptive coping mechanisms. The children are not able to understand their internal states, leaving the teacher to be perplexed and frustrated by the "ambivalent, unpredictable, and demanding" behaviour of youth (Cole et al., 2005 p. 32). This is an example of a sensory integration deficit in which the child is unable to process the input and respond in a way that leads to the best outcome. The inability of youth who have been traumatised to accurately assess internal and external situations may lead to a display of aggression, withdrawal, defiance, impulsivity/reactivity, or perfectionism in the classroom (Cole et al., 2005).

Why use trauma-informed curricula in classrooms?

There are several school-based approaches to address trauma through school policy and practices (Crosby, 2015). Trauma-informed school interventions that have been implemented to date include Multiplying Connections, Making Space for Learning, Compassionate Teaching, and Trauma-Informed Positive Education (Perry, 2009; Walkley & Cox, 2013; Australian Childhood Foundation, 2010; Wolpov et al., 2009; Brunzell, Stokes, & Waters, 2016). Multiplying Connections presents five duties that staff and teachers within the school should engage in while working with traumatised youth. These require the teacher to remain calm, be aware and receptive, stay in the moment, maintain consistency and predictability, and maintain self-regulation (Crosby, 2015; Perry, 2009; Walkley & Cox, 2013). Given the propensity of children who have experienced trauma to misinterpret their environment, consistency and predictability are necessary to create a predictable environment, therefore reducing the opportunity for misinterpretation.

Making Space also utilises a five-step approach. These steps include: (1) using strategies that understand the development and process of brain maturation; (2) creating predictable environments; (3) promoting strategies that improve adaptability in children; (4) emphasising connections and relationships; and (5) enabling children to create meaning of their past, as well as current, cognitions and emotions (Crosby, 2015; Australian Childhood Foundation, 2010). Compassionate Teaching (Wolpow et al., 2009) and the Flexible Framework (Cole et al., 2005) offer trauma-informed school-based climate guidelines (Crosby, 2015). Trauma-Informed Positive Education (TIPE), utilises positive psychology to engage teachers to enact classroom-based interventions that are developmentally appropriate and assist students in learning self-regulation (Brunzell et al., 2016). Two themes are addressed with TIPE: the first involves the ability to regulate and address maladaptive regulation techniques, and the second theme involves addressing attachment issues through strengthening teacher-student relationships (Brunzell et al., 2016).

Most trauma-informed programme interventions in schools are based around changing teacher, administration, and staff perspectives on behaviour and require the educational staff to adjust their responses to meet the needs of the students. This is consistent with social learning theory's concept of modelling. If teachers can regulate themselves and demonstrate how to problem-solve, remain consistent, and build relationships, students will learn these skills through observation and practice.

Trauma-informed teaching framework

The current section describes a trauma-informed teaching framework that was implemented in middle/high school located in an urban city in the midwestern area of the United States. The high school is co-located on the property of a residential treatment facility. This secondary school is a public charter school and designated as a strict discipline academy. Strict discipline academies are alternative schools defined under the Elementary and Secondary Education Act as schools that have been established to enroll and provide educational programs for certain targeted populations of students who have been expelled or given a long-term separation, i.e., students who have been suspended for more than ten days, or students who have been out of school for long periods of time (Michigan Department of Education, n.d.). Specifically, they provide an option not only for education but also for individual programming so students can successfully return to their local school districts if they choose. Sixty percent of students enrolled in this school were placed in residential treatment due to an abuse and neglect court petition. The other 40 percent were placed as a result of adjudication in the juvenile court.

This trauma-informed school framework utilises a three-tiered approach to address trauma and improve academic and social outcomes of female residential students: (1) professional development training; (2) Monarch Room; and (3) Social and Emotional Learning (SEL) curriculum.

Tier 1: targeted Professional Development (PD) training

The school's PD trainings were structured around an adapted version of the "The Heart of Teaching and Learning" training (Wolpow et al., 2009). The principles of compassionate teaching require teachers, staff, and administration to create trauma-informed environments where students are empowered and given unconditional positive regard. The teachers, staff, and administration are trained to refrain from assuming and instead observe and ask questions. Throughout these interactions effective communication is being modelled, and students are guided on how to engage in helpful participation.

Teachers were trained on six modules in the modified trauma-informed teaching curriculum: Module 1 focuses on background information about what trauma is and provides specific definitions of trauma; Module 2 describes what compassionate schools should look like and describes what survival looks like for traumatised students; Module 3 describes the importance of self-care for teachers and other school staff who work with traumatised students; Module 4 describes the major principles to be adopted in trauma-informed schools and describes specific strategies on how to implement them (Wolpow et al., 2009); Module 5 discusses the importance of utilising collaborative problem-solving to address any implementation barriers (Greene & Ablon, 2006); and Module 6 included example role plays, games, and case vignettes that could be utilised as interactive aids in teaching the previously described modules. In addition to specific trainings, professional development focused on reviewing and deepening the staff's understanding of brain development in students with history of trauma, building relational skills, adapting attachment theory to the classroom setting, creating a culture of compassion, and learning specific classroom interventions geared towards reducing the effects of trauma and increasing student interest in learning.

When implementing a new intervention in a school environment, it is important to provide opportunities for staff members to receive individual coaching, direct observations, and feedback. The current school employed independent trauma trainers as consultants to assist with conducting the training with teachers and support staff and for support with coaching to assist teachers with implementing the material in their classrooms. Occupational Therapists (OT) were also consulted to assist the school in developing building-wide and classroom-focused implementation strategies (i.e., sensory-based technology, training, and support). Classroom observations are completed by knowledgeable staff or consultants who utilised trauma-informed classroom observation tools to measure fidelity of teacher implementation of the curriculum. A second component of classroom observation was the direct feedback that the staff received, detailing the areas of observed strength in implementation and areas where growth can be made. During feedback sessions, concrete examples of how to improve or increase trauma-informed implementation were provided using the examples from the observed classroom session. This allowed the staff to relate to the recommendations and provided opportunities to discuss specific issues the teacher or staff may be repeatedly experiencing.

Tier 2: implementation of practice tools: Monarch Room (MR)

Named after the school mascot, the Monarch butterfly, the Monarch Room is a sensory integration and de-escalation room located within the school and facilitated by behavioural interventionists. The Monarch model is based on the principles of cognitive processing and sensory integration therapy (Zimmer & Desch, 2012), exposing students to sensory stimulation that is conducted in a structured, repetitive way. The theory behind it is that over time, the students' brain will adapt and allow them to process and react to sensations (i.e., trauma triggers) in a more efficient and socially desirable way. It is designed to be non-punitive in nature, and students who become dysregulated during class can self-select to use the Monarch Room. Students with a background of trauma are very aware of their behaviour and that of their peers, and they have specific ideas about how to create solutions, including identifying a safe place (i.e., the Monarch Room) to process a trauma trigger when it manifests. Once in the Monarch Room, students are able to explore the sensory room to discover what techniques help them regulate. This is typically a trial-and-error process in which the student is encouraged to try all of the sensory items in the Monarch Room to determine which one(s) work the best for him or her. The room is staffed with behaviour interventionists who assist in this self-discovery process. The behaviour interventionists describe each of the sensory items one at a time and explain what sensory tools are used to address specific symptoms. After the student has had time to explore and try out different sensory items, the behaviour interventionist documents the student's preferred sensory tools that assist with regulation (i.e., rocking chair, weighted blankets, fidgets, colouring, puzzles, stationary bike, an enclosed quiet space – in this case a small tent). The student's visits to the Monarch Room are tracked and monitored. Students on average would spend 15 minutes in the Monarch Room before returning to class. The Monarch Room is designed to teach students how to regulate in any environment through the use of cognitive processing and application of sensory tools.

Additionally, the Monarch Room sensory interventions are utilised within all classrooms via a "sensory box"; thus students are encouraged to use the tools outside of the Monarch Room. In so doing, students, when they are stressed, remain longer in the classroom; thereby increasing learning time. Current research suggests utilising sensory tools in the classroom can increase sensory integration processes that allow students to increase their ability to respond effectively to the environment (Roley, Bissell, & Clark, 2009; Elbrecht & Antcliff, 2015; Purvis, McKenzie, Cross, & Razuri, 2013; Warner, Koomar, Lary & Cook, 2013).

The Monarch Room interventions are designed to be trauma-informed and provide an alternative to exclusionary school discipline strategies. The Monarch Room is a school intervention informed by literature that states that student suspensions and expulsions can be counterproductive (Greenwood, 2001; Griffin, 2011). It is therefore designed as an alternative to traditional school discipline policies in an effort to increase the amount of time students are in the classroom and learning. New teachers are directed to explore the Monarch Room website

that details the purpose, process, and research behind the model (The Monarch Room, n.d.).

Tier 3: Social and Emotional Learning (SEL) Curriculum

Research suggests increasing SEL skills in children and youth improves academic and behavioural outcomes (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Taylor, Oberle, Durlak, & Weissberg, 2017). To promote students SEL skills, teachers are encouraged to self-assess their own skills and are given the support needed to model effective social and emotional skills. The teachers and staff then engage the youth in the development of six SEL skills (ownership, organisation and planning, motivation, teamwork, helping others, respect) that are taught over 24 weeks. Each skill was taught over a six-week period. The Collaborative for Academic, Social, and Emotional Learning (CASEL, 2019) defines the five core competencies as: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. *Self-awareness* refers to one's ability to accurately recognise emotions and thoughts and how they influence behaviour. Self-awareness also teaches students how to know their strengths and limitations. *Self-management* refers to the ability to regulate emotions, thoughts, and behaviours while managing stress and controlling impulses. *Social awareness* refers to one's ability to use perspective, demonstrate empathy, understand cultural and ethical norms, and recognise social supports. *Relationship skills* refer to the ability to establish and maintain healthy relationships, communicate clearly, utilise active listening, work collaboratively, and negotiate conflict effectively. Lastly, *responsible decision-making* refers to the ability to make constructive choices about personal behaviour and social interactions by utilising knowledge of ethical standards, safety, and social norms.

This midwestern, US-based school chose to focus on six soft skills for the 2017–2018 school year: ownership, organisation and planning, motivation, teamwork, helping others, and respect (Kechagias, 2011). *Ownership* was defined as the ability to be accountable and see every task through to its end. *Organisation and planning* was defined as the ability to define the steps needed to accomplish a goal/task, knowing how to order the steps for optimal outcome, and knowing how to access needed knowledge, resources, or other materials that promote achievement of the goal/task. *Motivation* was defined as ones' willingness to take on new tasks, make valuable contributions to those around you, and display enthusiasm. *Teamwork* was defined as one's ability to work collaboratively and respectfully with others, accept constructive criticism, and assist others in a helpful manner. *Helping others* was defined as the ability to care for other people and having respect for their needs without any selfishness, standing beside a person for encouragement and facing problems together. *Respect* was defined as the ability to have positive regard for the feelings, wishes, rights, or traditions of others.

These six soft skills require skill building in all five of the SEL categories developed by CASEL. For example, in order to take ownership over something, a student would need to have self-management, self-awareness, and responsible

decision-making skills. Self-awareness would assist them in understanding how their own feelings or thoughts about a task impacts on their behaviour towards that task. Ownership requires accountability to be taken; once one is aware of their own role self-management, it is then used to help manage stress as well as control impulses in order to attain the best outcome. Lastly, responsible decision-making allows the student to use the information they have collected to make an informed decision, whether it be taking ownership over class engagement, assignment completion, or a goal for the future. Similarly, organisation and planning requires the individual to be self-aware, specifically, to understand their strengths and limitations so they may seek additional resources where needed. In addition, self-management assists with frustration tolerance through stress management. This allows the student to stay on task and allows the mind to stay regulated which increases the ability to use executive functioning to plan ahead and think through potential outcomes.

During professional development training, the teachers and staff discussed the ways in which they implicitly or explicitly teach these six soft skills in the classroom. After discussion, teachers and staff developed ways in which they can bring the soft skills to the forefront of the classroom experience through explicit teachings. These lessons emphasised using terminology consistently and included a variety of learning approaches (e.g., activities, group work, lecture, partner problem-solving) with some providing opportunities for students to practice these new skills.

The SEL curriculum was implemented during the first period of each day. Teachers and staff were encouraged to refer to the first-period lesson throughout the day to ensure the students were exposed to the material at different time-points and throughout different situations. The reason for connecting the lessons throughout the day was to assist the students in understanding how SEL relates to their everyday school life, as well as outside the school walls. Building the social and emotional skills of the students is integral to creating a trauma-informed environment.

Because the concepts of trauma-informed teaching in school settings is relatively new, it was necessary to train school staff and teachers on trauma-informed teaching strategies in parallel with students building their SEL skills. Trauma-informed environments require teachers and staff to be socially aware of the environment and the individuals within it. Facilitating growth in the six SELs directly correlates with meeting students where they are at and helping them build the skills needed to not only address their trauma but to achieve their best life.

Administrator's role in ensuring the success of implementing a trauma-informed teaching model

Thus far the focus has been on the experience of the teachers and staff; however, equally, if not more importantly, is the role of the administrator(s) in the implementation of trauma-informed interventions in education settings. School administrators impact the development of school policies (e.g., Codes of Conduct), selection and retention of teachers and staff, and allocation of funds. They set the tone and the direction of the school. They are instrumental in requiring a paradigm shift from the

more traditional discipline methods (behaviour needs to be changed through use of shaming or punitive punishments, suspensions) to that of being trauma-informed (seeing behaviour as an adaptation, a way to meet an unmet need, via support, flexibility, being relationship focused). An effective school leader is able to provide professional development opportunities to support teachers and school staff in the acquisition of knowledge and skills necessary to become trauma-informed. School administrators can expect teachers to adapt teaching methodologies to align with trauma-informed practices (e.g., have and utilise a sensory toolbox within the classroom) and incorporate this into teacher effectiveness evaluations. In addition to the Code of Conduct, other school policies can be examined from a trauma-informed perspective where power and control are replaced with flexibility, rewards and punishments with effective relationship-building, and the need to change behaviour to seeking to understand the reason(s) beneath exhibited behaviour.

School administrators also have an impact on selection and retention of teachers and staff. Initially, they can encourage the hiring of teachers and staff who are more receptive to this paradigm shift. Within their school, they can develop opportunities for teachers and staff to have a voice. Structured communication feedback loops provide an opportunity for teachers and staff to support colleagues by sharing their own successes with trauma-informed implementations. They can allow teachers and staff to actively and nonjudgmentally voice questions and concerns, as well as provide opportunities for problem solving. Collectively, these provide valuable information for the school administrator of potential barriers and areas where additional staff support may be needed (e.g., coaching, workshops, additional training opportunities). Certainly, leadership support and responsive feedback is an important component of teacher satisfaction and retention. Additionally, working with children who have a history of trauma implies that teachers and staff are more susceptible to the effects of compassion fatigue, secondary trauma, and burnout. School administrators are in key positions to support teacher and staff self-care, especially within the school day.

Certainly, the sustainability of any program, to some extent, lies within the funding resources. School administrators need to be innovative. They can reallocate monies within their school's budget or, in the US, utilise state and federal title monies or apply for grant monies to support trauma-informed teaching interventions. They can use staff in innovative ways (e.g., train paraprofessionals to facilitate the Monarch Room). School administrators will find ways to support those initiatives that they believe will help their students succeed.

It is important to note that most administrators (school leaders, principals, superintendents) began their careers as teachers and probably come from the traditional discipline (not trauma-informed) paradigm. Thus, it is imperative that all school leaders, principals, and superintendents first obtain training of the skills, knowledge, and understanding needed in becoming an effective trauma-informed educational milieu. They must see how trauma-informed practices enhance student academic success and do not compete with other practices to ensure student academic advancement.

Conclusion

Too many teaching interventions include only one of the proposed methods we have articulated in this chapter. Professional development is not enough if teachers are not given tools to support the application of material they are being taught. Using the three-tier approach allows teachers, staff, and administration to more adeptly address the needs of this particularly vulnerable group of students. The tiers include: (1) targeted professional development to understand the impact of trauma on learning and to learn trauma-informed teaching methods; (2) implementation of practice tools, such as the Monarch Room, to assist students in de-escalating behaviours that manifest as a result of trauma exposure; and (3) increase student SEL growth through instruction and practice opportunities. Finally, to be successful in fully implementing this three-tier model, it is imperative that schools have the support of school administrators who understand the unique challenges and needs of traumatised students and support the development of school policies that support inclusionary methods of discipline rather than embracing zero-tolerance, exclusionary-methods discipline.

References

- Australian Childhood Foundation. (2010). *Making space for learning*. Retrieved February 19, 2019, from www.theactgroup.com.au/documents/makingspaceforlearning-traumain-schools.pdf
- Ayres, A. J. (1972). *Sensory integration and learning disorders*. Los Angeles: Western Psychological Services.
- Bethell, C. D., Davis, M. B., Gombojav, N., Stumbo, S., & Powers, K. (2017). Issue brief: A national and across state profile on adverse childhood experiences among children and possibilities to heal and thrive. *Johns Hopkins Bloomberg School of Public Health*. Retrieved February 19, 2019, from www.cahmi.org/projects/adverse-childhood-experiences-aces/
- Brunzell, T., Stokes, H., & Waters, L. (2016). Trauma-informed flexible learning: Classrooms that strengthen regulatory abilities. *International Journal of Child, Youth, and Family Studies*, 7(2), 218–239.
- CASEL. (2019). *Overview of SEL*. Retrieved August 2, 2019, from <https://casel.org/overview-sel/>
- Centers for Disease Control and Prevention. (2016). *About behavioral risk factor surveillance system*. ACE Data. Retrieved February 19, 2019, from www.cdc.gov/violenceprevention/acestudy/ace_brfs.html
- Cole, S. F., O'Brien, J. G., Gadd, M. G., Ristuccia, J., Wallace, D. L., & Gregory, M. (2005). *Helping traumatized children learn: Supportive school environments for children traumatized by family violence*. Boston, MA: Massachusetts Advocates for Children.
- Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., . . . van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, 35(5), 390–398.
- Crosby, S. D. (2015). An ecological perspective on emerging trauma-informed teaching practices. *Children & Schools*, 37(4), 223–230.
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405–432.

- Elbrecht, C., & Antcliff, L. (2015). Being in touch: Healing developmental and attachment trauma at the clay field. *Children Australia*, 40(3), 209–220.
- Greene, R. W., & Ablon, J. S. (2006). *Treating explosive kids: The collaborative problem-solving approach* (1st ed.). New York: Guilford Press.
- Greenwood (2001). *Issues in education: Views from the other side of the room*. Charlotte, NC: Information Age Publishing.
- Griffin, G. (2011). *Public systems: Responding to students affected by trauma*. Lecture notes: Child and Family Policy Forum, University of Chicago, Chicago, IL. Retrieved from <http://www.chapinhall.org/events/policy/child-family-policy-forum>.
- Kechagias, K. (2011). *Mass: Measuring and assessing soft skills*. Retrieved August 2, 2019, from www.toolkit-creativity.eu/portfolio-posts/mass-measuring-and-assessing-soft-skills/
- Michigan Department of Education. (n.d.). *Developing a strict discipline academy*. Retrieved July 3, 2019, from www.michigan.gov/documents/mde/1-9_383719_7.pdf
- Miller, L. J., Anzalone, M. E., Lane, S. J., Cermak, S. A., & Osten, E. T. (2007). Concept evolution in sensory integration: A proposed nosology for diagnosis. *The American Journal of Occupational Therapy*, 61(2), 135–140.
- The Monarch Room. (n.d.). Retrieved August 2, 2019, from www.monarchroom-traumainformededucation.com/the-monarch-room.html
- Perry, B. D. (2009). Examining child maltreatment through a neurodevelopmental lens: Clinical applications of the neurosequential model of therapeutics. *Journal of Loss and Trauma*, 12, 240–255.
- Purvis, K. B., McKenzie, L. B., Cross, D. R., & Razuri, E. B. (2013). A spontaneous emergence of attachment behavior in at-risk children and a correlation with sensory deficits. *Journal of Child and Adolescent Psychiatric Nursing*, 26, 165–173.
- Roley, S. S., Bissell, J., & Clark, G. F. (2009). Providing occupational therapy using sensory integration theory and methods in school-based practice. *American Journal of Occupational Therapy*, 63(6), 823–842.
- Streeck-Fischer, A., & van der Kolk, B. A. (2000). Down will come baby, cradle and all: Diagnostic and therapeutic implications of chronic trauma on child development. *Australian and New Zealand Journal of Psychiatry*, 32(6), 903–918.
- Taylor, R. D., Oberle, E., Durlak, J. A., & Weissberg, R. P. (2017). Promoting positive youth development through school-based social and emotional learning interventions: A meta-analysis of follow-up effects. *Child Development*, 88(4), 1156–1171.
- Van der Kolk, B. (2005). Developmental trauma disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*, 35(5), 401–408.
- Vaughan, J., McCullough, E., & Burnell, A. (2016). Neuro-physiological psychotherapy (NPP): The development and application of an integrative, wrap-around service and treatment programme for maltreated children placed in adoptive and foster care placements. *Clinical Child Psychology and Psychiatry*, 21(4), 568–581.
- Walkley, M., & Cox, T. L. (2013). Building trauma-informed schools and communities. *Children & Schools*, 35, 123–126.
- 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*, 12(7), 729–738.
- Wolpov, R., Johnson, M. M., Hertel, R., & Kincaid, S. O. (2009). *The heart of learning and teaching: Compassion, resiliency, and academic success*. Olympia: Washington State Office of Superintendent of Public Instruction, Compassionate Schools.
- Zimmer, M., & Desch, L. (2012). Sensory integration therapies for children with developmental and behavioral disorders. *Pediatrics*, 129(6), 1186–1189.