

## Why Trauma Informed 504 Plans and IEPs?

Presented by:  
M. Elizabeth Ralston, Ph.D. LISW-CP, LMFT  
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## Acute Traumatic Events

- These events are sudden, occur at a particular time and place and are usually time limited and create intense fear
  - School shootings
  - Gang related incidents
  - Terrorist attacks
  - Natural disasters
  - Serious accidents
  - Sudden or violent loss of a loved one
  - Physical or sexual assault (being shot or raped)

## Learning Objectives

1. To consider traumatic stress as a potential factor when a student is experiencing problematic behaviors or academic difficulties
2. To gather a history of any potentially traumatic events experienced by that child
3. To know why and when to refer for a trauma assessment
4. To use the information gathered through that assessment in recommending or developing trauma informed IEP and 504 intervention plans.

## Chronic Traumatic Situations

These events may occur multiple times over time and may create intense fear.

- Physical Abuse
- Sexual abuse
- Emotional or physical neglect
- Domestic Violence
- Wars or political violence
- Chronic violence in the community
- Exposure to drugs

## Definition of Trauma



Trauma is defined as an experience that threatens life or physical integrity and that overwhelms an individual's capacity to cope

## What is Child Traumatic Stress?

- The physical and emotional responses a child has to a traumatic event or to witnessing a traumatic event occur to another person.
- Such events may overwhelm the child's capacity to cope, and elicit feelings of terror, horror, out-of-control physiological arousal, and powerlessness.
- The child's reaction and the length of that reaction are related to the objective nature of the event and the child's subjective response to them.

## Factors influencing the impact of potentially traumatic events

- The child's age and developmental stage
- The child's perception of the danger faced
- Whether the child was the victim or a witness
- The child's relationship to the victim or perpetrator
- The child's past experience with trauma
- The adversities the child faces following the trauma
- The presence/availability of adults who can offer help and protection
- The resiliency of the child

## Facts About Trauma and Children

- Traumatized children may experience physical and emotional distress.
  - Physical symptoms like headaches and stomachaches
  - Poor control of emotions
  - Inconsistent academic performance
  - Unpredictable and/or impulsive behavior
  - Over or under-reacting to bells, physical contact, doors slamming, sirens, lighting and sudden movements
  - Intense reactions to reminders of their traumatic event:
    - Thinking others are violating their personal space, i.e. "What are you looking at?"
    - Blowing up when being corrected or told what to do by an authority figure
    - Fighting when criticized or teased by others
    - Resisting transition and/or change

## Facts About Trauma and Children

One in four children attending school has been exposed to a traumatic event that can affect learning and/or behavior.

Trauma can impact school performance

- Lower GPA
- Functioning below grade placement
- Higher rate of school absences
- Increased drop-out
- More suspensions and expulsions
- Decreased reading ability

## Potential Effects of Trauma Exposure on Children in the Child Welfare system

- When trauma is associated with the failure of those who should be protecting and nurturing the child, it has profound and far-reaching effects on nearly every aspect of the child's life.
- Children who have experienced the types of trauma that precipitate entry into the child welfare system typically suffer impairments in many areas of development and functioning, including:

## Facts About Trauma and Children

- Trauma can impair learning
  - Single exposure to traumatic events may cause jumpiness, intrusive thoughts, interrupted sleep and nightmares, anger and moodiness, and/or social withdrawal---any of which can interfere with concentration and memory
  - Chronic exposure to traumatic events, especially during a child's early years can:
    - Adversely affect attention, memory and cognition
    - Reduce a child's ability to focus, organize and process information
    - Interfere with effective problem solving and/or planning
    - Result in overwhelming feelings of frustration and anxiety

## Effects of Trauma Exposure on Children

- **Attachment.** Traumatized children feel that the world is uncertain and unpredictable. They can become socially isolated and can have difficulty relating to and empathizing with others.
- **Biology.** Traumatized children may experience problems with movement and sensation, including hypersensitivity to physical contact and insensitivity to pain. They may exhibit unexplained physical symptoms and increased medical problems.
- **Mood regulation.** Children exposed to trauma can have difficulty regulating their emotions as well as difficulty knowing and describing their feelings and internal states.

## Effects of Trauma Exposure on Children

- **Dissociation.** Some traumatized children experience a feeling of detachment or depersonalization, as if they are “observing” something happening to them that is unreal.
- **Behavioral control.** Traumatized children can show poor impulse control, self-destructive behavior, and aggression towards others.
- **Cognition.** Traumatized children can have problems focusing on and completing tasks, or planning for and anticipating future events. Some exhibit learning difficulties and problems with language development.
- **Self-concept.** Traumatized children frequently suffer from disturbed body image, low self-esteem, shame, and guilt.

## An Example of not being Trauma Informed

- Be alert to the possibility of misdiagnosis due to the many presentations of trauma-related behaviors in school.
- Many behaviors seen in children who have experienced trauma are nearly identical to those of children with developmental delays, ADHA and other mental health conditions.

## The Influence of Developmental Stage

- Child traumatic stress reactions vary by developmental stage.
- Children who have been exposed to trauma expend a great deal of energy responding to, coping with, and coming to terms with the event.
- This may reduce child’s capacity to explore the environment and to master age-appropriate developmental tasks.
- The longer traumatic stress goes untreated, the farther children tend to stray from appropriate developmental pathways.

## Being Trauma Informed

- **Questioning: Is this Child Traumatic Stress or A Behavioral Diagnosis or Both?**
  - Inability to pay attention, sleepy, angry, mood swings, avoidance of activities associated with triggers, withdrawn, acting out behaviors.
  - A common diagnosis for these behavioral problems experienced by traumatized children.
  - Little d’ s such as ADHD, ADD, and ODD.

## Potentially Traumatic Experiences

- Without recognizing that a child is experiencing child traumatic stress, helping adults may **NOT** help or develop interventions that do **NOT** address the specific needs of the child.

## Being Trauma Informed

- Treatment for these “little d diagnosis” usually focus on stopping the behaviors vs. treating the etiology
- Treatment of choice is usually medication
- Child then carries an incomplete behavioral diagnosis
- Child may be defined as a “bad/problem child”
- PTSD needs to be ruled in or out by referral to a mental health professional for a trauma assessment

## Being Trauma Informed

- Be aware of the students who act out AND the students who don't.
- Those who do not present with behavioral problems usually do not come to our attention.
- These students often "fly beneath the radar" and do not get help.
- However, these students may have symptoms of avoidance and depression that are just as serious as those of the acting out student.

## What is a trauma assessment?

- When a trauma screen reveals exposure to a potentially traumatic event or events, a referral to a mental health professional for a trauma assessment can provide critical information to inform interventions.
- A trauma assessment is most often accomplished through the use of a standardized instrument that assesses the impact that a potentially traumatic event may have had on an individual.
- A trauma assessment can also include a clinical interview by a trauma trained mental health professional who can identify additional information regarding exposure to PTE and can gather information from the child and caregiver regarding their experience.

## What is a trauma screen and Why do one?

- A **trauma screen** is used to identify any past potentially traumatic events the child has been exposure to so we aren't just left to our own observations.
- Positive responses on a trauma screen is the cue for a referral for a **trauma assessment** to determine the impact (if any) to that exposure.
- Resiliency
- Childhood traumatic stress

## What is a trauma assessment?

Identifies Trauma-related Disorders, Symptoms and Problems

- Posttraumatic Stress Disorder
- Depression
- Behavior problems
- Substance Use
- Fear
- Anxiety
- Guilt and Self-Blame
- Shame

## Some Tools to screen for PTE

- Juvenile Victimization Questionnaire (Finkelhor et al.)
- Event History Interview for Children & Adolescents (Kilpatrick et al.)
- UCLA PTSD Reaction Index (Pynoos & Steinberg)
- Clinical Assessment Interview for Children & Adolescents (Kilpatrick et al.)
- Child PTSD Symptom Scale (Foa et al.)
- Harborview Trauma Screen (Berliner et al.)

## Some Tools to Assess for Trauma

- UCLA PTSD Index for DSM IV (Abbreviated Version)
- UCLA PTSD Index for DSM IV (Child Version)
- UCLA PTSD Index for DSM IV (Adolescent Version)
- UCLA PTSD Index for DSM IV (Parent Version)
- Child PTSD Symptom Scale-Child Version
- Child PTSD Symptom Scale-Caregiver Version
- Short Moods and Feelings Questionnaire-Self-Report Version
- Short Moods and Feelings Questionnaire-Parent-report Version
- Clinical Assessment Interview for Children & Adolescents

## Why do a trauma assessment?

- A trauma assessment identifies the impact, (symptoms, problems) if any, that the PTE has had on the child and family
- A trauma assessment answers the questions:
- How do we know the child needs treatment?  
What is it that we are treating?
- What are the behavioral outcome goals of treatment?
- How will we know the treatment has been successful?

## The Impact of Trauma on Age Range and Developmental Tasks

### Ages 12 to 17:

- Child may exhibit responses similar to those of adults, including flashbacks, nightmares, emotional numbing, avoidance of reminders of traumatic event, depression, substance abuse, problems with peers, and antisocial behavior. Also common are withdrawal and isolation, physical complaints, suicidal thoughts, school avoidance, academic decline, sleep disturbances, and confusion. May feel extreme guilt over his or her failure to prevent injury or loss of life, and may harbor revenge fantasies that interfere with recovery.
- **Developmental Task (13-21):** \* Think abstractly \* Anticipate and consider the consequences of behavior \* Accurately judge danger and safety \* Modify and control behavior to meet long-term goals
- **Trauma's Impact on Tasks:** \* Difficulty imagining or planning for the future \* Over or underestimating danger \* Inappropriate aggression \* Reckless, risk taking behaviors and/or self-destructive behaviors

## The Impact of Trauma on Age Range and Developmental Tasks

### Ages 5 and Younger:

- **Behavioral Indicators:** Child may fear being separated from parent, crying, whimpering, screaming, immobility and/or aimless motion, trembling, frightened facial expressions, and excessive clinging. May regress—return to behaviors exhibited at earlier ages (e.g., bed-wetting, fear of darkness). Children of this age are strongly affected by the parents' reactions to the traumatic event.
- **Developmental Task (0-5):** \*Development of visual and auditory perception. \*Recognition of and response to emotional cues \*Attachment to primary caregiver
- **Trauma's Impact on Tasks:** \*Sensitivity to noise. \* Avoidance of contact \* Heightened startle response \* Confusion about what's dangerous and who to go to for protection. \* Fear of being separated from familiar people/places

## The Impact of Trauma on Age Range and Developmental Tasks

Because age and developmental level have an impact on a child's potential response to traumatic experiences it is critical to consider that when viewing children through your trauma lens.

Very young children do not have the language to describe their experience so they may act it out physically through their play, through their art or through their actual behaviors.

Older children who experience traumatic events or have been exposed to such events multiple times may withdraw, act on anger towards others, may engage in self harm and may exhibit suicidal ideation and action.

## The Impact of Trauma on Age Range and Developmental Tasks

### Ages 6 to 11:

- **Behavioral Indicators:** Child may show extreme withdrawal, disruptive behavior, and/or inability to pay attention. Regressive behaviors, nightmares, sleep problems; irrational fears, irritability, refusal to attend school; angry outbursts and fighting are common. Child may complain of stomachaches or other bodily symptoms that have no medical basis. Schoolwork often suffers. Depression, anxiety, feelings of guilt, and emotional numbing or "flatness" is often present as well.
- **Developmental tasks (6-12):** \* Manage fears, anxieties and aggression\* \*Sustain attention for learning and problem solving \* Control impulses and manage physical responses to danger
- **Trauma's Impact on Tasks:** \* Emotional swings \*Learning problems \*Specific anxieties and fears \* Attention seeking \* Reversion to younger behaviors

## Review: So...What might you observe in students impacted by trauma in the educational setting?

- Anxiety, fear, and worry about the safety of themselves and others
- Worry about recurrence or consequences of violence
- Discomfort with feelings (such as troubling thoughts of revenge or efforts to manage triggers)
- Increased somatic complaints (e.g. headaches, stomachaches, chest pains)

## What you might observe in students:

### ▪ Changes in behavior, such as (continued)

- Decreased attention and/or concentration
- Increase in activity level
- Change in academic performance; reduced GPA
- Irritability with friends, teachers, events
- Angry outbursts and/or aggression (poor control of emotions)
- Withdrawal from others or activities
- Absenteeism
- Impulsive behavior



## What Can School Personnel do?

- You can view a child's behavior and academic performance through a "trauma lens". **Be Trauma Informed.**
- Understand how trauma impacts children, behaviorally, emotionally, developmentally, socially and physically and how that may impact the child's school behavior and academic performance.
- When we have a concern about a child, to consider the potential impact of trauma that is playing a role in that concern.

## What you might observe in students

(continued)

- Repeatedly talking, writing or drawing about the traumatic event with a focus on specific details of what happened (ruminating)
- Over- or under-reacting to sounds, physical contact, doors slamming, sirens, lightening, sudden movements (startle response)
- Difficulty with authority figures (trust/anger)
- Resistance to transition or change (need for consistency and predictability)

## What Can School Personnel do?

### Be Trauma Informed

- Have some understanding of how trauma impacts the brain and what that means about the thinking, feeling and behavior of the traumatized child.
- Recognize the signs and symptoms of child traumatic stress and how they vary in different age groups.
- Recognize that a child's "bad" behavior may be survival behaviors that are an adaptation to trauma.
- Understand the cumulative effect of trauma.

## What you might observe in students:

(continued)

- Re-experiencing the trauma (e.g., nightmares or disturbing memories during the day)
- Response to triggers related to the traumatic event/s
- Hyperarousal (e.g., sleep disturbance, tendency to be easily startled; always ready for fight or flight)
- Avoidance behaviors (e.g., resisting going to places that remind them of the event)
- Emotional numbing (e.g., seeming to have no feeling about the event or about other things)

## What Can School Personnel do?

### Be Trauma Informed

- Gather and document psychosocial information regarding all traumas in the child's life to make better-informed decisions.
- Consider the impact of traumatic stress on parents and caregivers who have traumatic experiences of their own.
- Understand that the abuse of "their" child is a potentially traumatic event for the caregiver
- Make a special effort to integrate cultural practices and culturally responsive mental health services.

### What Actions Can We Take to Help a traumatized child?

Maintain usual routines. A return to “normalcy” will communicate the message that the child is safe and life will go on.

Give children choices. Often traumatic events involve loss of control and or chaos so you can help a child feel safe by providing them with some choices or control when appropriate.

Increase the level of support and encouragement given. Designate an adult who can provide additional support if needed.

### What Can School Personnel Do to Help a traumatized child?

Warn a child to expect something out of the ordinary in the school environment such as a loss of power or loud noises.

Be aware of other children’s reactions to the traumatized child and to the information they share. Protect the traumatized child from peers’ curiosity and protect classmates from the details of a child’s trauma.

Understand that children cope by re-enacting trauma through play or through their interactions with others. Resist their efforts to draw you into negative repetition of the trauma, such as provoking teachers in order to replay abusive situations at home.

### What Actions Can We Take to Help a traumatized child?

Set clear, firm limits for inappropriate behavior and develop logical non punitive consequences.

Provide a safe place for the child to talk about what happened. Set aside a designated time and place for sharing to help the child know it is okay to talk about what happened.

Give simple and realistic answers to the child’s questions about traumatic events. Clarify distortions and misconceptions. If it isn’t an appropriate time, be sure to give the child a time and place to talk and ask questions.

### Trauma Informed Actions: What Can You Do to Help a traumatized child?

Consider the potential impact of trauma as we think about how to best respond to the needs of children.

Ask: Does Your Student Need a 504 Plan or an Individualized Education Plan (IEP)?

### What Can School Personnel Do to Help a traumatized child?

Be sensitive to cues in the environment that may cause a reaction in the traumatized child, i.e. victims of storm related natural disasters may react to threatening weather.

Be aware that children may increase problem behaviors near an anniversary of a traumatic event.

Many kinds of situations may be reminders or triggers related to a traumatic experience. Help prepare the child for such a situation.

### Develop trauma informed interventions.

- Use the trauma screen and assessment in the development of school interventions plans such as an IEP or 504 plan to rule out child traumatic stress and to ensure that interventions are trauma informed.

## 504 Plan vs. Individualized Education Plan (IEP)

- A 504 plan, which falls under the civil-rights law, is an attempt to remove barriers and allow students with medical or physical disabilities to participate in the educational process
- An Individualized Educational Plan (IEP), which falls under the Individuals with Disabilities Act (IDEA), actually provides intensive and individualized educational services to students identified with a medical or physical disability

## Individualized Education Plan (IEP)

- IEPs are for students who have been identified as meeting criteria for an educational disability such as: autism, developmental delay, emotional disability, hearing impairment, learning disability, mental disability, orthopedic impairment, other health impairment, speech/language delay, traumatic brain injury, or visual impairment

## 504 Plan

- The implementation of a 504 plan often is considered prior to a referral for special education services
- 504 plans are separate and distinct from special education services and an Individualized Education Plan (IEP)

## Individualized Education Plan

- The IEP is unique and individualized to meet the educational needs of the student
- The goal of the IEP is to close the achievement gap between the student's current level of performance and the performance of his/her peers

## 504 Plan

- 504 plans are developed for students with a medical diagnosis who need "reasonable" accommodations in their environment so their physical disability or medical condition will not interfere with their education
- 504 plans typically do not address educational instruction but rather they address physical changes in the environment (i.e., removing physical barriers, extra time on tests, breaking larger tasks into smaller ones, additional time to complete/turn in assignments, visits to the school nurse for insulin shots, etc.)

## Trauma-Informed IEPs

- Children who have faced a traumatic event and have been diagnosed with Post-Traumatic Stress Disorder may meet criteria for special education services under the categories of **Other Health Impaired or an Emotional Disability** IF the diagnosis significantly and severely limits or interferes with their educational functioning in the general education setting.

## Other Health Impairments

- Heightened or diminished alertness resulting in impaired abilities such as prioritizing environmental stimuli, maintaining focus or sustaining effort or accuracy
- Impaired ability to manage and organize materials and complete classroom assignments within routine timelines
- Impaired ability to follow directions or initiate and complete a task

## Goals and Objectives for the IEP

- Developing tolerance for situations and others
- Encouraging flexibility with changes in routine
- Developing a sense of self and a positive self-image
- Using self-control in a variety of situations (i.e., managing anger and frustration)

## Emotional Disability

- An inability to learn that cannot be explained by intellectual, sensory or health factors
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- Inappropriate types of behavior or feeling under normal circumstances
- A general mood of unhappiness or depression
- A tendency to develop physical symptoms, pains or fears associated with personal or school problems.

## Goals and Objectives of the IEP

- **Academics:**
  - Increasing attention, concentration, and focus
  - Staying on task and completing assigned tasks
  - Planning and organizational skill development
  - Focusing on developing comprehension strategies

## Development of Goals and Objectives for the IEP

- **Social-Emotional:**
  - Developing social interactions with peers and adults
  - Listening to and following classroom directions and routines
  - Participating in classroom discussions
  - Appropriate expression of thoughts and feelings

## Goals and Objectives of the IEP

- Seeking help when needed
- Focusing on the here and now
- Creating a safe space within the classroom setting for think-time
- Creating a structured, predictable classroom environment

## Accommodations for an IEP or 504 Plan

- **Physical needs:**
  - Focus on building strength, endurance, and stamina
  - Provide predictability
  - Provide a safe and structured environment

## Being Trauma Informed: The Good News

- Evidence Based Trauma treatment involves the primary caregivers in the treatment and healing process
- Treatment is short term (16 to 20 weeks)
- Treatment is components based
- Treatment builds skills and competency for both the child and the caregiver

## Accommodations for a IEP or 504 Plan

- **Academic needs:**
  - Breaking larger assignments into smaller tasks
  - Small group testing environment
  - Oral administration of assessments
  - Additional time to turn in/complete assignments

## Being Trauma Informed: The Good News

When a community works together to protect, identify and heal children who have been impacted by trauma, that working together (collaborating) improves outcomes for the child, the family and each of the community stakeholders.

School professionals are critical to this community collaboration as they spend more time with and have more knowledge regarding the child and family than other service providers.

Being Trauma Informed includes being a part of your communities response to issues related to the well being of children. Be a part of your community TEAM.

## Finally: Being Trauma Informed: The Good News

- Although the impact of trauma can impair a child across all domains of their life, with evidence based trauma treatment the child and family can heal.
- Evidence based treatment for trauma provides psycho education about the impact of trauma
- Evidence based trauma treatment such as TF-CBT helps the child and caregiver re-establish a sense of safety
- TF-CBT teaches techniques for dealing with and managing overwhelming emotional reactions
- TF-CBT provides an opportunity to talk about and make sense of the traumatic experience in a safe, accepting environment

## Being Trauma Informed: The less good news

How about the potential impact on you of any past traumatic experiences, and the impact of your exposure to the traumatic experiences of your students?

Working with child victims of traumatic stress can impact us emotionally, behaviorally, physically, socially and spiritually.

Experiencing the potential frustration of working to protect, teach and seek effective help for a child with traumatic stress can be stressful.

## “There is a cost to caring.”

Compassion fatigue, also known as secondary traumatic stress (STS), is a condition characterized by a gradual lessening of compassion over time. Resource: Figley, C.R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York: Brunner/Mazel, Inc.

- Trauma takes a toll on children, families, schools, and communities. Trauma can also take a toll on school professionals.
- Any educator who works directly with traumatized children and adolescents is vulnerable to the effects of trauma—referred to as *compassion fatigue* or *secondary traumatic stress*—
- Being physically, mentally, or emotionally worn out, or feeling overwhelmed by students’ traumas. The best way to deal with compassion fatigue is early recognition.

## TIPS FOR EDUCATORS

4. Seek help with your own traumas. Any adult helping children with trauma, who also has his or her own unresolved traumatic experiences, is more at risk for compassion fatigue.
5. If you see signs in yourself, talk to a professional. If you are experiencing signs of compassion fatigue for more than two to three weeks, seek counseling with a professional who is knowledgeable about trauma.

## TIPS FOR EDUCATORS

1. Be aware of the signs. Educators with compassion fatigue or secondary traumatic stress may exhibit some of the following signs:
  - Increased irritability or impatience with students
  - Difficulty planning classroom activities and lessons
  - Decreased concentration
  - Denying that traumatic events impact students or feeling numb or detached
  - Intense feelings and intrusive thoughts, that don’t lessen over time, about a student’s trauma
  - Dreams about students’ traumas

## TIPS FOR EDUCATORS

6. Attend to self care.

Guard against your work becoming the only activity that defines who you are.

Keep perspective by spending time with children and adolescents who are not experiencing traumatic stress.

Take care of yourself by eating well and exercising, engaging in fun activities, taking a break during the workday, finding time to self-reflect, allowing yourself to cry, and finding things to laugh about.

## TIPS FOR EDUCATORS

2. Don’t go it alone. Anyone who knows about stories of trauma needs to guard against isolation. While respecting the confidentiality of your students, get support by working in teams, talking to others in your school, and asking for support from administrators or colleagues.

3. Recognize compassion fatigue as an occupational hazard. When an educator approaches students with an open heart and a listening ear, *compassion fatigue can develop*.

*All too often educators judge themselves as weak or incompetent for having strong reactions to a student’s trauma.*

Compassion fatigue is not a sign of weakness or incompetence; rather, it is the cost of caring.

## TIPS FOR EDUCATORS

We can’t be a help to our students if we are not able to be a help to ourselves.

The bad news is that all of us experience some type of trauma

We are often able to cope with the feelings and reactions that come with that trauma, integrate it into our lives and move forward

Sometimes our ability to cope is compromised....perhaps by our own history and perhaps by our very real capacity to care.

The good news is we can identify traumatic reactions in our students and in ourselves AND we effective help is available.

## Facts About Trauma and Children

- You can help a child who has been traumatized
  - Follow your school's reporting procedures if you suspect abuse
  - Work with the child's caregiver(s) to share and address school problems
  - Refer to community resources with specialized training in trauma informed evidence based treatment when a child shows signs of being unable to cope with traumatic stress
  - Communicate with mental health counselors working with the child and family to support treatment participation and success
  - Become part of your community response team for these children and their families
  - Share Trauma Facts with other teachers and school personnel

## Remember Who We Work For!!



## Resources

- **Child Trauma Toolkit for Educators** . [www.nctsn.org/products/child-trauma-toolkit-educators-2008](http://www.nctsn.org/products/child-trauma-toolkit-educators-2008)
- Figley, C.R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York: Brunner/Mazel, Inc
- **Child Victim Web** [www.musc.cvweb@musc.edu](http://www.musc.cvweb@musc.edu)
- Trauma Assessment Resources, [www.musc.edu/projectbest](http://www.musc.edu/projectbest) Benjamin E. Saunders, Ph.D. National Crime Victims Research and Treatment Center Medical University of South Carolina Charleston, SC [saunders@musc.edu](mailto:saunders@musc.edu) M. Elizabeth Ralston, Ph.D., Dee Norton Child Advocacy Center, Charleston, SC [Iralston0391@gmail.com](mailto:Iralston0391@gmail.com)

## Thank You!

We celebrate you and your work

*For what you do for the children  
For believing that we can make a difference in the lives of abused children and their families.*

For further information, please contact:  
Libby Ralston, Ph.D.  
[Iralston0391@gmail.com](mailto:Iralston0391@gmail.com)