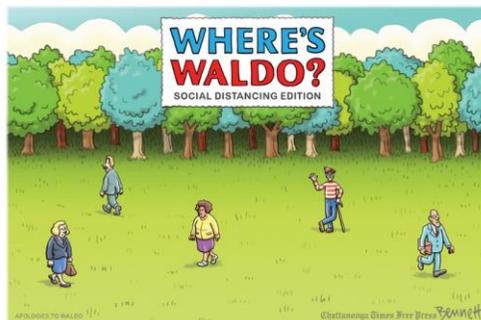


# Trauma Treatment During the Coronavirus Pandemic



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## Notes on Information Presented

- Whenever possible, references are included on slides to note the basis for conclusions presented
- However, due to the emergent nature of the pandemic I do not have references for some information that is included
- I am deeply grateful to the scores of colleagues who have been sharing information so freely

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## Mr. Rogers' Wisdom

“When I was a boy & I would see scary things in the news, my mother would say to me, ‘Look for the helpers. You will always find people who are helping.’ To this day, especially in times of disaster, I remember my mother’s words, & I am always comforted by realizing that there are still so many helpers – so many caring people in this world.”

(Follow up to Mr. Rogers) “Look for a helper. There's one in the mirror.” – Eric Guy

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**Psychological  
Trauma:  
Critical  
Concepts for  
a Pandemic**



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## Definition of Trauma

- Trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening & that has lasting adverse **effects** on the individual's functioning & mental, physical, social, emotional, or spiritual well-being (SAMHSA)
- **3 Es of trauma: Event(s), Experience of Event(s), & Effects**
- **The ENTIRE WORLD is experiencing trauma right now!**

Reference: U.S. Substance Abuse & Mental Health Services Administration, 2014

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## Single Incident & Episodic Traumas

- **Single Incident Traumas**
  - Most traumas are single incident, “one-shot” traumas
  - Car accidents are the most common single incident trauma in the U.S., but tend to have the least harmful long-term psychological effects
- **Episodic Traumas**
  - Episodic traumas happen repeatedly, but not constantly
  - Examples are combat, most physical abuse & sexual abuse
  - Episodic traumas usually cause worse effects than single incident traumas

References: Cisler et al, 2011; [ChildTrauma.org](http://ChildTrauma.org); Courtois & Ford, 2015, 2016; Ford & Courtois, 2013; Goslin et al, 2013; [NCTSN.org](http://NCTSN.org); McLaughlin & Sheridan, 2016; [PTSD.va.gov](http://PTSD.va.gov)

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## Chronic Traumas

- **Chronic Traumas**

- Chronic traumas are usually episodic, but the episodes last for hours/days/weeks/months/years
- Neglect is the most common form of chronic trauma

- **So, what kind of trauma is a pandemic?**

- It might be viewed as being on the border of episodic & chronic, depending on your situation
- *I am over 60 but feel healthy right now, my family is healthy & feels safe, I am still getting paid, & I am mostly working from home. My “trauma” feels episodic at best (e.g., when my adult son & his girlfriend visit or when I have to go to work or the store)*

References: Cisler et al, 2011; [ChildTrauma.org](http://ChildTrauma.org); Courtois & Ford, 2015, 2016; Ford & Courtois, 2013; Goslin et al, 2013; [NCTSN.org](http://NCTSN.org); McLaughlin & Sheridan, 2016; [PTSD.va.gov](http://PTSD.va.gov)

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## Chronic Traumas, Continued

- **Perspective is Critical! “People who \_\_\_\_\_ are probably currently experiencing chronic trauma”**

- Have lost their jobs
- Have been diagnosed with COVID-19
- Have to work but have no childcare
- Have “high risk” medical conditions
- Are elderly
- Are working in healthcare or other direct service fields where they are continuing to expose themselves to danger
- Note the assessment covered soon

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## Big T & Little t Traumas

- **Big T vs. Little t Traumas**

- Big T traumas are abbreviated with a capital T, “time out” gesture because they make us stop in our tracks
- Little t traumas are abbreviated with a small case t; they are the stressful things we must deal with frequently
- The more resources you have, the fewer little t & Big T traumas you tend to have, & the more you can easily deal with them
- However, one Big T trauma – or a bunch of little t traumas (sometimes called Toxic Stress) – can make you go from Learning to Survival Mode
- People currently experiencing chronic traumas are almost always deep in Survival Mode

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## Scope of the Trauma

- **Scope of the Trauma**

- The more localized the scope of trauma, the easier it generally is to recover
- When disasters hit on a widespread scale (e.g., hurricanes & flooding), huge numbers of people in the same area are all affected
- It is much easier for helpers who are NOT affected by a disaster to help those who are affected by a disaster
- Currently, ALL helpers are being affected to an extent by the pandemic
- Some helpers are getting additional trauma from unsafe and/or exhausting working conditions – and they are catching the virus

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## Another Important Trauma Concept: Survival Mode

- **Survival vs. Learning Mode**

- Right now the entire world is in Survival Mode to an extent
- What does it mean when we are in survival mode?
- Our energy is devoted to survival – the lowest levels of Maslow’s hierarchy
- There are clearly degrees of Survival Mode – again, my current level of “trauma” means that I can distract myself from the pandemic most of the time & use my energy in productive ways
  - *Can I be in Survival Mode & bingeing on Netflix at the same time???*

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## Survival Mode, Continued

- **Characteristics of Survival Mode & Ways to Address the Resulting Issues:**

- **Being easily triggered & unable to stay in our frontal lobes**
- Currently we are easily triggered into our limbic systems/emotional brains
- Being cooped up with the same people makes it even harder to stay in our frontal lobes

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## Survival Mode, Continued

- **Being Easily Triggered, Continued**
  - We must try to be aware of this in ourselves and each other
  - Some emotion is necessary and can be helpful, but we need to try to stay in our frontal lobes as much as possible
  - Taking breaks from others in your immediate environment is a good idea at times, & break times should be built into schedules
    - People who are not used to being together 24/7 are going to stress each other out – this is *normal*

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## Survival Mode, Continued

- **Fear** (which cascades into other negative emotions) will make or break our response to this pandemic
  - We need to be appropriately cautious without letting fear turn ugly
  - As reasonably high functioning adults, we need to model courage & be a “calming presence” for our clients & others
  - The British survived a far scarier time than this by pretending to keep calm & carry on (& succeeded amazingly well!)

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## Survival Mode, Continued

- **Shortened Time Frames**

- It will be very difficult to think more than 24 hours in advance, and there will be times it may be hour to hour or minute to minute
- Be aware of this tendency
  - Take extra time to play out the consequences of decisions, not just considering the immediate impact, but trying to consider longer term impacts
  - Put major decisions without immediate impacts on hold for now

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## Survival Mode, Continued

- **Motivation Problems**

- Motivation for tasks that don't seem essential will be difficult!
- Create a plan with goals and objectives
- Okay, realistically, at least have a To Do List, and try to have specific tasks that you will accomplish each day
- Reporting these to your supervisor or a colleague is a good way for both of you to maintain accountability
- When you accomplish something, briefly write up what you accomplished, and any thoughts about how this might be integrated in future work/planning

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## Survival Mode, Continued

- **Inability to Maintain Routines**
  - It will be very difficult to maintain normal routines in the absence of external structures
  - We will all be tempted to let go of normal routines
  - It is more important than ever to create routine and structure for ourselves and those we are responsible for, even if it feels unnecessary and artificial

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## Survival Mode, Continued

- **Inability to Maintain Routines, continued**
  - People generally feel more safety and security when they have structured, predictable routines and rituals
  - Hygiene, sleep, and exercise routines should be maintained or enhanced – self-care is *critical* at this time
  - *I have not shaved since last Friday and have told myself that this is a pandemic beard; I am going to shave after writing this*

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## Survival Mode, Continued

- **Attention and Concentration Problems**
  - Focusing on anything but the news will be difficult
  - Divide work into chunks
  - Take frequent breaks
  - Don't beat yourself up if your productivity is worse than usual but try to maintain a reasonable amount

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## Assessing Degree of Survival Mode

- While the impact of trauma is always subjective, there are some factors that cause the frequency & degree of stress exposure & reminders of the pandemic to vary dramatically
- The **Epidemic-Pandemic Impacts Inventory (EPII)** was just created to help assess the types of impact of a pandemic on a person in multiple domains

Reference: Grasso et al, 2020

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## Assessing Degree of Survival Mode

- **Categories Assessed by the EPII:**
  - Work & Employment impacts
  - Education & Training impacts
  - Home Life impacts
  - Social Activities impacts
  - Economic impacts
  - Emotional Health & Well-Being impacts
  - Physical Health Problems
  - Physical Distancing & Quarantine impacts (*extroverts, OCD*)
  - Infection History/Impact of Illness/Death
  - *Positive Changes* (critical to focus on “collateral beauty”)

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## Social Support: The #1 Buffer

- **Social Support**
  - Social support is by far the best buffer against the effects of trauma
  - Direct social support – or at least close contact with many social supports – might have to be avoided
  - Welcome touch releases oxytocin & sometimes endorphins & other neurotransmitters – promote therapeutic touch or sensory activities
  - Check in regularly with family, friends, colleagues

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## Doing Trauma Treatment During a Pandemic

- **Therapeutic Work with Clients**

- Not only will contacts need to be virtual for a while, but clients will not be able to do much “processing” of issues – especially past traumas
- It may feel – for therapists, at least – like client contacts are more social than therapeutic at times
- **This is OKAY** – help clients create a safety bubble, at least while they are in session

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## Trauma Treatment, Continued

- **Therapeutic Work with Clients, continued**

- **You can't process past traumas during a current trauma:** forgive yourself if you are unable to do trauma processing with clients right now
- Both you and your client are in survival mode to an extent
- *Would you want to do trauma processing with a therapist in survival mode???*
- Give yourself some grace and wait for things to cool off a bit

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## Trauma Treatment, Continued

- **Therapeutic Work with Clients, continued**
  - **Support clients.** Educate them with as much information as they need or want
  - Encourage and help enforce safe practices
  - Then help clients *distract* themselves from the virus
  - You may be their “lifeline” to a sane, calm adult right now
    - It doesn’t matter if you aren’t a sane, calm adult on the inside! Luckily you just have to look like one on a video screen right now

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## Trauma Treatment, Continued

- **Supporting Clients, continued**
  - Remind clients that you will be getting back to more normal therapeutic discussions when things return to normal
  - Help them plan for their future – help them extend their time frame
  - Imagine how they would like things to be different when this is over

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## What Symptoms Should We Expect?

- The **National Child Traumatic Stress Network (NCTSN)** has published data on more than 10,000 youth 2-17 *currently in trauma treatment*
  - This is the best data set available
  - Remember that disasters are usually much more limited in scope & duration

**Note:** NCTSN.org has great information on trauma – mainly for professionals & caregivers

Reference: [NCTSN.org](http://NCTSN.org)

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## What Symptoms Should We Expect?

- **Disaster-affected Youth (All Ages 2-17)**
  - **More than half** referred for treatment demonstrate problems in 2+ of the following
  - **Most common problems:**
    - **Dissociation** (44%; usually mild)
    - **Affective dysregulation** (38%)
    - **Hopelessness** (38%)
    - Feeling like **nobody can understand** (38%) [*lower currently?*]
    - **Physical problems** (33%) [*higher currently?*]
    - **Guilt** (25%)
  - The only symptom area where older youth show a greater percentage = **Minimization** (*I'm fine*)

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## Important Concepts, Continued



- **“3 Pillars of Trauma-Informed Care”**: **Safety** (physical & emotional), **Connections** (relationships), & **Coping** (supports, flexibility, & building coping skills)

References: Bath, 2015; Coyne & Gill, 2016

## Trauma Diagnosis in a Pandemic



## Likely Trauma & Stressor-Related Disorders (DSM-5™)

- **Acute Stress Disorder & Posttraumatic Stress Disorder (PTSD)**
  - Acute Stress Disorder = 3 days to one month after stressor
  - The DSM-5™ added different criteria for PTSD for children 6 years & younger (similar but more flexible)
  - **Main criteria (PTSD):**
    - A. Exposure
    - B. Intrusive Re-experiencing symptoms (including dissociative reactions)
    - C. Avoidance
    - D. Cognitive & Mood disturbance
    - E. Arousal/Reactivity changes

Reference: American Psychiatric Association, 2013

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## Likely Trauma & Stressor-Related Disorders, Continued

- **Adjustment Disorders**
- **Other Specified Trauma/Stressor-Related Disorder**
  - Diagnosed when trauma-related symptoms cause significant distress or impairment in functioning, but don't meet criteria for a listed disorder
  - **USE THIS!** It can be used for LOTS of clients who are clearly suffering from pandemic-related symptoms, but don't meet full criteria for PTSD or another Trauma-Related Disorder

Reference: American Psychiatric Association, 2013

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## Likely Dissociative Disorders (DSM-5™)

- **Depersonalization** – Experiencing unreality, detachment, or being an outside observer of *one's own* thoughts, feelings, sensations (e.g., distorted sense of time, emotional and/or physical numbing) [*client feels like they are different*]
- **Derealization** – Experiencing *surroundings* or events as unreal, dreamlike, foggy, lifeless, or visually distorted [*client feels like the world is different*]
- **Dissociative Amnesia** – inability to recall important information about behavior or events
- **Other Specified Dissociative Disorder** [*may be very useful currently*]

Reference: American Psychiatric Association, 2013

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## Stages of Trauma-Focused Treatment

- **General consensus: Three broad stages** of trauma-focused treatment (originated by Judith Herman):
  - **Stage One: Safety & Stabilization**
  - **Stage Two: Processing Past Trauma**
  - **Stage Three: Reconnection**

Reference: Herman, 1997

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## Stage One: Safety & Stabilization

- The client should (*or must?*) be in a **physically & emotionally** safe environment – free from ongoing trauma – before past trauma can be successfully processed (in Stage Two)
  - **“Reality issue”**: *Can any of us feel truly physically & emotionally safe right now?*
  - Without safety, it is MUCH harder to complete Stage One, & nearly impossible to complete Stage Two!
  - Consider sticking with Stage One work until we are all mostly out of Survival Mode

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## Stage One: Safety & Stabilization, Continued

- If your client is not in a physically &/or emotionally safe environment, **what can you do?**
  - Work to make environment(s) as safe as possible
    - The “Safe Zones” idea
  - Create a **“safety bubble”**: help client feel safe when with you (“relational safety”), & work with them to strengthen their bubble & “take it with them”
  - Give your client the tools needed to process past trauma at a future point when they are safe

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## Stage One: Safety & Stabilization, Continued

- Evidence-based TF-CBT interventions for **youth** that focus on providing coping skills & practice processing **current** traumas (no EB protocols for adults):
  - **SPARCS**: Structured Psychotherapy for Adolescents Responding to Chronic Stress (group & individual versions)
  - **TARGET**: Trauma Affect Regulation: Guide for Education & Therapy



References: SPARCS - <https://www.ctntraumatraining.org/sparcs.html>; TARGET - [advancedtrauma.com](http://advancedtrauma.com)

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## Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) in a Pandemic

Components of the TF-CBT protocol can be summarized by the acronym “**PRACTICE**”

- Stage One components you can use: **P, R, A, C, E**
- P - Psychoeducation (all clients) & Parenting skills (youth):**
  - (All clients) Discuss, educate about trauma in general, & the typical emotional & behavioral reactions to the pandemic in particular
  - Provide enough (but not too much) factual information
  - Discuss & rehearse safety protocols as appropriate
  - (Youth) Train caregivers in trauma-informed parenting

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## TF-CBT: “PRACTICE”, continued

### **R - Relaxation & coping techniques (all clients):**

- Teach relaxation methods, such as focused breathing, progressive muscle relaxation, & visual imagery (“safe place”)

### **A - Affective expression & regulation (all clients):**

- Help the client (& caregivers for youth) manage their emotional reactions to the trauma
- Help client (& caregivers for youth) improve their ability to identify & express emotions; teach caregivers how to respond
- Teach & practice self-soothing activities (cognitive, behavioral, sensory)

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## TF-CBT: “PRACTICE”, continued

### **C - Cognitive coping & processing (all clients *if possible*):**

- Help the client (& parents for youth) understand the connection between thoughts, feelings, & behaviors
- Explore & correct inaccurate attributions & distorted cognitions
  - **Issue:** Age & cognitive limitations

### **T - Trauma narrative & processing (all clients) (Stage Two, so typically not done currently)**

### **I - In vivo (real life) exposure (all clients) (Stage Two, so typically not done currently)**

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## TF-CBT: “PRACTICE”, continued

### C - Conjoint parent/child sessions (youth):

- Work with family to enhance communication & create opportunities for therapeutic discussion regarding the trauma & for the youth to share his/her trauma narrative

### E - Enhancing personal safety & future growth (all clients):

- Educate & train on personal safety skills, interpersonal relationships
- Encourage the use of new skills in managing future stressors & trauma reminders

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## The Unified Protocol

### Unified Protocol for the Transdiagnostic Treatment of Emotional Disorders

- An evidence-based approach that fits the pandemic well
- “Transdiagnostic” Case Conceptualization: **Diverse symptoms across diagnoses function similarly**
- Client has frequent, intense negative emotional experiences
- Client has aversive reactions to emotional experiences (“I shouldn’t feel this way,” “this is bad”)
- Client tries to control, avoid and/or suppress emotions via situational/cognitive/behavioral avoidance; clients gets negative reinforcement & maintenance of meaning embedded in dysregulated, negative emotions

Reference: Barlow & Farchione, 2017

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## Unified Protocol, Continued

### The UP “Core Skills”:

- **Understanding Emotions** (nature/function of emotions in context; functional analysis & objective monitoring of emotional situations)
- **Mindful Emotion Awareness** (present-focused, non-judgmental, mindful awareness)
- **Cognitive Flexibility** (challenge cognitive appraisals)

**ALL** of these skills are probably applicable & helpful to many clients right now

Reference: Barlow & Farchione, 2017

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## Unified Protocol, Continued

### The UP “Core Skills”, continued:

- **Countering Emotional Behaviors** (reduce avoidance & change patterns of emotional responding)
- **Understanding & Confronting Physical Sensations** (increase tolerance, acceptance of uncomfortable physical sensations associated with strong emotions)
- **Emotion Exposures** (increase tolerance & create opportunities for new learning)

Again, **ALL** of these skills are probably applicable & helpful to many clients right now

Reference: Barlow & Farchione, 2017

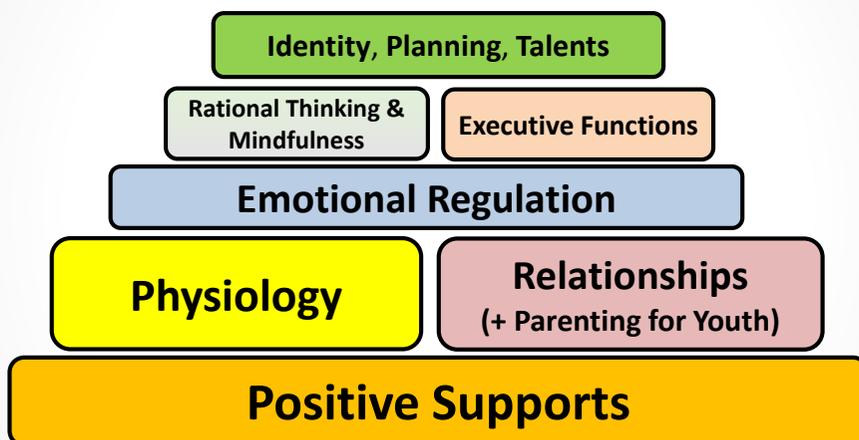
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## Domains of Trauma Treatment in Stage One: The 24/7 Framework

- The 24/7 Framework was developed by Robert Lusk, Ph.D., The Baby Fold; Kathleen Bush, Psy.D., The Baby Fold; & Domenico Carli, LCSW, Northwestern University
- This framework has been adopted by all adoption preservation programs in the state of Illinois

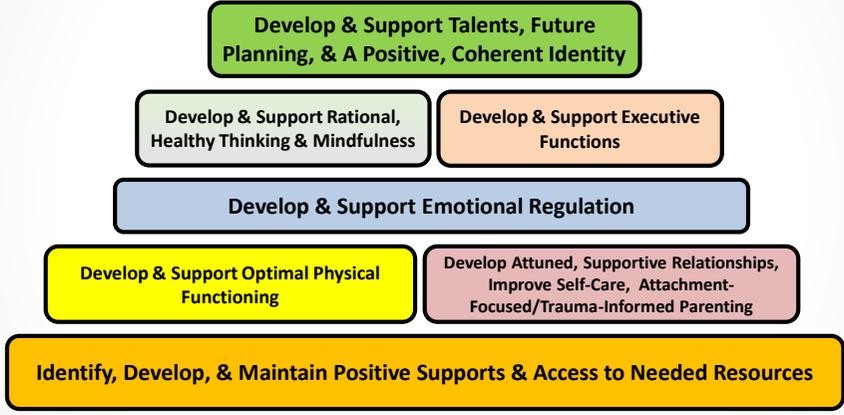
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## 24/7 Framework: 7 Stage One Domains



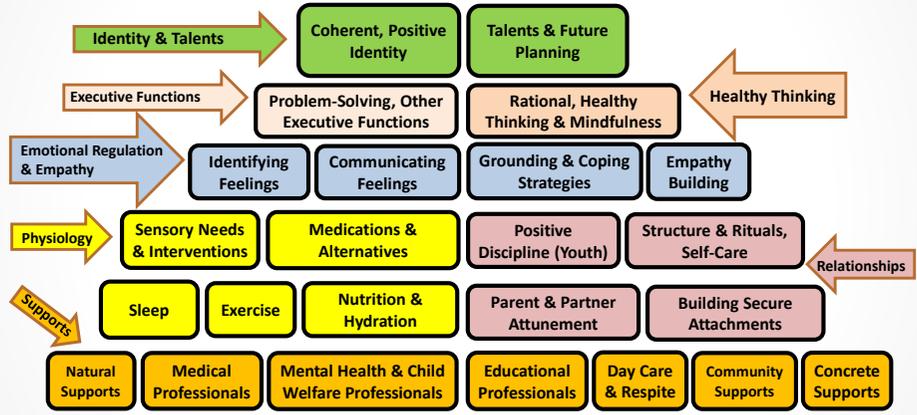
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## 24/7 Framework: Goals of the 7 Domains



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## 24/7 Framework for Stage One: 24 Components in 7 Domains



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## Stage One Domains (the 24/7 Model)

### Stage One (create Safety; Stabilize; Learn to Cope)

1. **Supports** (educate, assess, casework as needed)
2. **Physiology** (educate, assess, intervene/refer as needed)
3. **Relationships/Attachments** (educate, assess, intervene on multiple levels as needed)
4. **Emotional Regulation & Empathy** (educate, assess, do identification/expression work if needed; teach coping skills; often extensive work on regulation, empathy)

Reference: [SAMHSA](#)

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## Stage One Domains (the 24/7 Model)

### Stage One, continued

5. **Problem-Solving & Executive Functions** (educate, assess, build EF skills as needed)
6. **Healthy Thinking** (educate, assess, do cognitive restructuring)
7. **Identity/Sense of Self** (educate; assess identity & self-worth; implement identity & self-esteem enhancers if needed; help with coherent “autobiography”)

Reference: [SAMHSA](#)

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## The Supports Domain



- Supports reflect issues at the lowest levels of Maslow’s Hierarchy (Survival Mode issues)
- Often education, advocacy & traditional casework are needed to help clients access these
- Addressing these issues (if present) is usually critical to help clients get out of survival mode

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## The Physiology Domain



- **Dominoes analogy:** problems in these areas are like adding dominoes to the cascade of triggers leading to hyperarousal/hypoarousal
- The more needs can be met in these areas, the more dominoes you are removing – so it’s more likely that clients can be triggered without “automatically losing it”



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## The Relationship Domain

Caregivers: Emotional Control, Attunement, & Positive Discipline

All Clients: Therapeutic Alliance, Building Attachments/Support Network

All Clients: Enhancing Structure & Rituals, Self-Care

- For youth: calm, positive caregiving is the key to emotional & physical safety
- Again, positive social supports are the #1 buffer
- Structure (with flexibility) & comforting rituals (e.g., self-care) build a sense of safety & security



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## Emotional Regulation Domain

Identifying Feelings

Communicating Feelings

Grounding & Coping Strategies

Empathy Building

- Clients need to be able to accurately identify & communicate their intense feelings
- Clients must learn, practice, & implement grounding/coping strategies to stay reasonably calm when triggered
- Empathy work may be needed (particularly for youth)



References: Blaustein & Kinniburgh, 2018, 2017; [ARCFramework.org](https://www.ARCFramework.org)

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## “Cognitive” Domains

Problem-Solving, Other  
Executive Functions

Rational, Healthy  
Thinking & Mindfulness

- **Cognitive Domain:**
  - Energy is often invested in survival rather than learning problem-solving skills, practicing executive function skills, practicing mindfulness
  - Irrational thoughts (often core beliefs about self & others) are very common in trauma survivors, & must often be explored & addressed

Reference: Luke & Banerjee, 2013

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## The Identity & Talents Domain

Identity, Planning, Talents

- **Identity/Sense of Self:** trauma survivors often have negative self-concept, fragmented experiences, & lack interest in “exploring the self”
  - **Interventions:**
    - Provide mastery/success experiences (talents)
    - Do “all about me” activities (e.g., **Life Book**)
    - Provide atmosphere of empathy, caring, & unconditional positive regard
    - Discuss goals, plans to help develop a **future orientation**

Reference – Life Books: <https://www.childwelfare.gov/topics/adoption/adopt-parenting/lifebooks/>

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## Stage One (Safety & Stabilization): Additional Components

- **Safety plans** should be in place in all environments where clients may have safety-related problems
- **Trauma-specific areas of focus** (e.g., grief) may need tailored approaches
- Consider the **Healing In Place** vs. staying in place concept (Christina Bethell)

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**THANK YOU FOR BEING A HELPER!  
THE WORLD NEEDS YOU RIGHT NOW**

**Please contact me if you would like  
additional information, have  
questions, etc.**

**[rlusk@thebabyfold.org](mailto:rlusk@thebabyfold.org)**

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## References: Websites

<https://www.acesconnection.com/> (great information about the impacts of & interventions for Adverse Childhood Experiences, as well as lots of good resources for the coronavirus)

[ARCFramework.org](http://ARCFramework.org) (great information about the Attachment, Regulation & Competency framework for child/adolescent trauma treatment)

<https://www.childwelfare.gov/topics/adoption/adopt-parenting/lifebooks/> (great source of information on constructing life books)

SPARCS - <http://sparcstraining.com/> (for information on the SPARCS model)

TARGET - <http://advancedtrauma.com/> (for information on the TARGET model)

[SAMSHA](#) (great source of information about trauma effects & interventions)

<https://www.nctsn.org/> (National Child Traumatic Stress Network website)

<https://www.childtrauma.org/> (Bruce Perry's Neurosequential Model of Therapeutics website)

<https://www.ptsd.va.gov/> (great source of information on PTSD, adult trauma & interventions)

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