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MEASURING THE EFFECTS OF AN ON-LINE TRAINING MODULE FOR SCHOOL PSYCHOLOGISTS WORKING WITH TRAUMATIZED CHILDREN: A PILOT STUDY

by

Kristin Dezen

A Dissertation Submitted in

Partial Fulfillment of the

Requirements for the Degree of

Doctor of Philosophy

in Urban Education

at

The University of Wisconsin-Milwaukee

December 2012

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ABSTRACT

MEASURING THE EFFECTS OF AN ON-LINE TRAINING MODULE FOR SCHOOL PSYCHOLOGISTS WORKING WITH TRAUMATIZED CHILDREN: A PILOT STUDY

by

Kristin Dezen

The University of Wisconsin-Milwaukee, 2012
Under the Supervision of Professor Karen Stoiber

The present study was designed to address the current lack of trauma training provided to school psychologists. Specifically, this study employed a randomized, controlled design to test the efficacy of an on-line training targeting school psychology graduate student trainees' awareness of the signs and symptoms of child abuse as well as their knowledge of mandated reporting responsibilities. Results indicated that school psychologist trainees who completed the on-line training module reported greater awareness of the signs and symptoms of child abuse after viewing the module than did those school psychologist trainees who did not view the module. Similarly, school psychologist trainees who completed the on-line training module reported greater awareness of the signs and symptoms of child abuse after completing the on-line training than they did prior to completion. Moreover, this increased awareness of the signs and symptoms of child abuse among treatment participants was maintained three months post-training completion. No significant changes in knowledge of mandated reporting procedures were reported. Overall, these results suggest that an on-line training module focusing on child

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trauma may therefore be an effective way to increase school psychologist trainees' awareness of the signs and symptoms of child abuse, and, ideally, will improve the likelihood that they will recognize child abuse in practice.

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For Nana Lid,

who taught me the meaning of unconditional love and regard,

and who believed in me always.

Any good I do is because of you.

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Chapter 1: Introduction

As a multifaceted discipline, school psychology has established itself as a comprehensive field dedicated to the betterment of all students. Expanding beyond the role of educational testing and placement, school psychologists now advocate for students in a myriad of ways, both as related to the specific purpose of facilitating educational attainment, as well as to the improvement of mental health and overall well-being. Despite this expanded role, however, school psychologists continue to lack training in child trauma, which may be of particular concern given the prevalence of traumatic experiences in childhood.

Specific Childhood Traumas

The National Child Traumatic Stress Network (NCTSN) has defined several specific types of childhood trauma, three of which represent the focus of the present study: child experience with abuse and neglect, exposure to domestic violence, and runaway and homeless episodes. These three trauma types have been selected here as they reflect reportable instances of child maltreatment under mandated reporting laws, and are therefore considered the most relevant for training in child maltreatment and mandated reporting.

Child Maltreatment

Though perhaps among society's greatest ills, child abuse and neglect continues to exist at alarming rates. According to the U.S. Department of Health and Human Services, Children's Bureau (2008), 3.7 million children were referred for investigations and/or assessments relating to maltreatment in 2008 alone, with 772,000 found victims. The majority of found victims were neglected, with approximately seventy-one percent

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(548,892) of maltreated children having experienced neglect; an additional 17,000 experienced medical neglect. Sixteen percent of these (124,292) children experienced physical abuse, while 70,252 children, or nine percent of those affected by child maltreatment, experienced sexual abuse. An additional 56,356 children experienced psychological abuse, representing 7 percent of the maltreated population (U.S. Department of Health and Human Services, 2010).

Perhaps more significant than the overall prevalence rates of maltreatment and its relevant subtypes are the number of child fatalities that occur each year. In 2007 alone, nearly 1,760 children died as a result of the abuse and/or neglect they experienced (Child Welfare Information Gateway, 2008). More sobering still is the fact that the number of child fatalities has been increasing each year, with the noted exception of 2005 (Child Welfare Information Gateway, 2008).

Child Exposure to Domestic Violence

In addition to the approximately 1.3 million women who are physically assaulted by an intimate partner each year (National Coalition Against Domestic Violence, 2007), the National Center for Children Exposed to Violence (2006) estimates that at least 3 million children, and as many as 10 million children, bear witness to intimate partner violence each year. Moreover, the National Coalition Against Domestic Violence (2007) reports that between 30 and 60 percent of those who abuse their significant others also abuse children residing in the home. Despite such a broad range of rates, it is important to note that this is due in part to the fact that domestic violence is largely underreported; indeed, the Children's Defense Fund (2009) estimates that approximately 75 percent of domestic violence goes unreported to police.

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Runaway and Homeless Youth

Runaway and homeless youth remain one of society's most overlooked and underserved populations, as they are often too young to benefit from a majority of established social service programs in the United States (Jackson, 2011). As such, exact statistics regarding the prevalence of runaway and homeless youth remain largely lacking. However, it is worth noting that Toro, Dworsky, and Fowler (2007) estimate that approximately 1.6 million youth ages 12-17 years experience homelessness each year, while the National Alliance to End Homelessness (2011) estimates that approximately 50,000 youth are left to sleep on the streets each night.

The Role of School Psychologists

Despite these statistics, some continue to argue that school psychologists maintain a limited role in cases of child trauma. Others, however, suggest a significant role for the school psychologist in such instances, such that the school psychologist is uniquely positioned to both identify the signs and symptoms of traumatic stress exhibited by those children affected, as well as to advocate on their behalf. Indeed, the role of the school psychologist is defined by this role of child advocate (McLoughlin, 1985), particularly with regard to child mental health, as established during the 1954 Thayer conference (Reynolds & Gutkin, 1999). Moreover, given the profound effects trauma may have on children's mental health and overall well-being, it seems natural that the school psychologist assist the child and his/her family in establishing effective coping skills, to aid in functioning both inside and outside of the classroom environment.

More recently, Reschly and Ysseldyke (1995) called for a "paradigm shift" in the field of school psychology, while the American Psychological Association (APA) –

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Division 16 specialty guidelines of 1998 suggested a broader conceptualization of the field. In particular, these writings signified growing acceptance of the belief that school psychologists should assist all students in acquiring appropriate educational services, regardless of qualification for special education. In addition, the President's New Freedom Commission on Mental Health (2003) called for an expansion of school-based mental health programs, while the Individuals with Disabilities Education Improvement Act of 2004 called upon special education professionals to assist with the development of trauma-informed assessments and interventions (Ko et al., 2008). Overall, then, because childhood traumatic experiences often result in beliefs and behaviors detrimental to child functioning in the school environment, it appears that addressing related child concerns falls well within the purview of school psychology.

Crisis Intervention

To date, school psychologists' role in working with trauma-affected youth is most easily identified in the context of crisis intervention. Perhaps as a result of such highly publicized incidents of school violence as the Columbine High School shootings, as well as national crises (e.g., the September 11th attacks), schools have increasingly become aware of the effects such traumatic experiences can have on their students, and have subsequently sought to develop district- and school-wide crisis plans. Allen et al. (2002) include the following on their list of school crises: "suicide, school shootings, gang activity, natural disasters, drug abuse, grief and loss, sexual and physical abuse, and medical emergencies" (p. 427). Though school psychologists are likely to be called upon in the event of any one of these crises, some research, such as that completed by Allen et

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al. (2002), suggests that school psychologists continue to feel ill-prepared to deal with such crises, despite the fact that nearly every school has an established school crisis plan.

In addition to establishing crisis plans, the field has taken steps to address this particular role, as evidenced by mounting research on crisis intervention and the effects of such work on school psychologists (see, for example, Bolnik & Brock, 2005), as well as the National Association for School Psychologists' (2002) *Best Practices in School Crisis Prevention and Intervention*. Though lauded as a comprehensive guide to addressing school-based crises, the book focuses on crisis management for the betterment of the school as a whole, rather than the school psychologists' role as child advocate for those children affected by ongoing traumas, such as in the case of family violence.

Child Maltreatment and Mandated Reporting

As previously discussed, school psychologists are uniquely positioned to advocate for children, given their training and expertise in child development and their role as confidant for struggling students. In recognition of this position, school psychologists, along with other educational professionals, are designated mandated reporters of child maltreatment, which may include child abuse and neglect, exposure to domestic violence, and/or homelessness as an unaccompanied youth. Indeed, research has shown that educational professionals make more reports of suspected child maltreatment than any other professional or nonprofessional group (Hanson et al., 2008). It is particularly concerning, then, that educational professionals often fail to report cases of suspected child abuse and neglect; this is especially true of school psychologists, who are among the least likely school-based professionals to report suspected cases of abuse and neglect (VanBergeijk, 2007). Perhaps partially due to this lack of reporting, child maltreatment

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remains severely underreported (Hanson et al., 2008), with many children subsequently denied access to those services designed specifically for their benefit.

Some research has been conducted in an effort to understand the reasons underlying the decision to report, such as Crenshaw, Crenshaw, and Lichtenberg's (1995) study completed with educational professionals, which revealed that professionals were generally very knowledgeable about mandated reporting laws, but differed in their beliefs about the school's role in addressing maltreatment, a key distinguishing feature among those who chose to report instances of suspected maltreatment and those who did not. Perhaps more relevant here, a 1989 study conducted by Wilson and Gettinger examined reporting practices among school psychologists in the state of Wisconsin, with results suggesting that school psychologists were more likely to report more serious incidents of abuse (i.e., physical or sexual abuse), as well as abuse that was reportedly current.

In light of the fact that child maltreatment remains an underreported problem, several researchers and policy advocates have called for increased training in child abuse and neglect, mandated reporting laws, and training in trauma in general. As noted by Courtois and Gold (2009), *trauma training* may include information relating to "attachment and relational trauma/child abuse and their developmental impact; family violence, sexual assault, and abuse; trauma memory and cognition; and treatment approaches and strategies for various types of trauma" (p. 14), among other things. To date, research and policy has largely focused on child maltreatment and the associated mandated reporting laws. For instance, the APA recommended in 1996 that graduate school training programs incorporate several courses on child maltreatment, even suggesting that licensing be contingent upon such knowledge (Alvarez, Kenny, Donohue,

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& Carpin, 2004). Specific to the field of school psychology, Arbolino, Lewandowski, and Eckert (2008) note that school psychologists are generally disappointed with their level of training in child abuse and neglect. Arbolino et al. (2008) also found that those school psychologists who reported having recently completed training specific to these issues demonstrated the greatest knowledge of child maltreatment and mandated reporting, suggesting that professional training may be a promising intervention for addressing the particular needs of children affected by abuse and neglect.

Training in Child Trauma

Training in child trauma has, to date, largely been limited to crisis intervention and child maltreatment/mandated reporting. While this is understandable given the societal and legal implications noted above, the unfortunate occurrence of traumatic experiences in childhood suggests that school psychologists are likely to encounter children coping with the effects of trauma, in turn suggesting a need for training in child trauma and its effects on children in the classroom. It is also important to note here that the empirical literature has also been limited in its exploration of trauma training for school psychologists, and only one relevant dissertation, which was completed by Butkereit (2004) on school psychologists' trauma-assessment skills, was located on this topic.

Indeed, Courtois and Gold (2009) consider this lack of trauma training to have "widespread, tragic, and unnecessary" (p. 14) results, and call upon the field of psychology to act as a leader in raising awareness and improving professional responses to the individual experience with trauma.

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Potential benefits. Considerable knowledge of the effects of child trauma now exists, while research and information on those interventions available to assist those affected has been accumulating in recent years. As such, information and resources are available for use by school psychologists when working with those children affected by trauma. The above-discussed lack of trauma-specific training, however, serves to limit the amount of support school psychologists can effectively offer, subsequently limiting the number of children receiving the services and support they so desperately need. Given the research findings on the benefits of training educational professionals in child maltreatment and mandated reporting, it is hoped that the provision of training on the effects of trauma on children, as well as on the relevant resources available to school psychologists, will serve to enhance school psychologists' efforts on behalf of those affected.

Relevance. The incidence of child trauma is particularly pronounced in impoverished, urban schools. Indeed, the 2009 "Kids Count" data indicated that family poverty best predicted whether a child would be abused or neglected (Reynolds, 2010), while child abuse and neglect is among the best predictors of youth homelessness (Hammer, Finkelhor, & Sedlak, 2002), though it is important to note that this latter study did not assess poverty. Similarly, women who have experienced domestic violence are significantly more likely to live in poverty when the abuse occurs, as well as to remain in poverty following escape from the abuser (Davies). Survivors' children are therefore also more likely to experience poverty, and to attend impoverished urban schools. As such, it is particularly important for school psychologists who currently work in, or who are training to work in, urban schools to be aware of the effects such family violence may

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have on children, as well as of the relevant ways in which they can best serve these children.

The Present Study

The present study is designed to address this current lack of trauma training received by school psychologists. Specifically, this study will test the effectiveness of an on-line training focusing on child trauma and the effects such experiences have on children, particularly those effects most likely to be observed in a school setting. Of particular interest are the effects of this training on school psychologist trainees' awareness of the signs and symptoms of child maltreatment as well as knowledge of mandated reporting.

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Chapter 2: Review of the Literature

Although child experience with trauma has been well-established as a significant social problem, with considerable existing knowledge on the incidence and effects of multiple types, including maltreatment, exposure to domestic violence, and homelessness, children continue to endure such traumatic experiences at alarming rates. This continued existence may be due to multiple factors, including limited knowledge and training in how best to deal with childhood traumas, as well as limited knowledge of effective prevention and intervention efforts. The following is a review of available literature on the evidence of child experience with maltreatment, exposure to domestic violence, and homelessness, its subsequent effects, possible reasons for continued existence, and the current prevention and intervention efforts designed to address the child experience of trauma.

Evidence of Childhood Trauma

Countless children are exposed to violence every day, in their homes, communities, and/or through interpersonal relationships. While many definitions of trauma exist, a comprehensive definition put forth by Briere and Scott (2006) considers "any event that is extremely upsetting and at least temporarily overwhelm[ing for] the individual's internal resources" (p. 4) to be a traumatic one. The National Child Traumatic Stress Network (NCTSN) has defined twelve specific types of childhood traumas; the present review focuses on three of these, including child experience with abuse and neglect, exposure to domestic violence, and runaway and homeless episodes. These three trauma types have been selected here as they reflect reportable instances of

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child maltreatment under mandated reporting laws, and are therefore considered the most relevant for training in child maltreatment and mandated reporting.

Child Maltreatment

Though perhaps one of society's greatest ills, child abuse and neglect has been observed and recorded in virtually every civilization from biblical times to the present-day, accounting for the fact that the types of practices considered "child maltreatment" have changed considerably over time. Even today, specific definitions vary; in the United States, each state defines child abuse and neglect as deemed appropriate, and according to the standards established by both federal and state laws. Each state manages its own division of child protective services (CPS), with CPS responding to the safety concerns and maltreatment allegations based on the relevant state definitions. The most comprehensive definitions that may be cited here is that provided by the Child Abuse Prevention and Treatment Act (CAPTA), and amended by the 2003 Keeping Children and Families Safe Act, which defines child abuse and neglect as: "any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm" (U.S. Department of Health and Human Services, 2010).

It is important to note that these varying legal definitions are a reflection of shifting social and economic structures, as well as the cultural, political, and religious values of the time. For instance, while it may have been acceptable for children in the early 1900s to help support their families through full- or part-time work, child labor laws have since been enacted that prohibit such work, thereby effectively protecting children

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from exploitation and unsafe working conditions. More recent legal changes to child protection laws include mandatory child abuse reporting laws (1960), the Child Abuse Prevention and Treatment Act of 1974, and the Adoption and Safe Families Act of 1997, which will be discussed in greater detail later (Child Welfare League of America, 2006).

Statistics. Despite such significant gains, child abuse and neglect continue to exist at alarming rates. According to the U.S. Department of Health and Human Services, Children's Bureau (2008), 3.7 million children were referred for investigations and/or assessments relating to maltreatment in 2008 alone, with 772,000 found victims. The majority of found victims were neglected, with approximately seventy-one percent (548,892) of maltreated children having experienced neglect; an additional 17,000 experienced medical neglect. Sixteen percent (124,292) children experienced physical abuse, while 70,252 children, or nine percent of those affected by child maltreatment, experienced sexual abuse. An additional 56,356 children experienced psychological abuse, representing 7 percent of the maltreated population (U.S. Department of Health and Human Services, 2010).

Finally, nine percent of child victims experienced "other" types of maltreatment, which may include such things as child abandonment, threats of harm, or congenital drug addiction (U.S. Department of Health and Human Services, 2010). It is important to note here that children may experience multiple types of maltreatment, and were included in both categories here as appropriate. As such, percentages total more than 100 percent, and the corresponding numerical values in each category total more than the estimated 772,000 child maltreatment victims (U.S. Department of Health and Human Services, 2010).

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Severity. Perhaps more significant than the overall incidence of maltreatment and its relevant subtypes are the number of child fatalities that occur each year. In 2007 alone, nearly 1,760 children died as a result of the abuse and/or neglect they experienced (Child Welfare Information Gateway, 2008). More sobering still is the fact that the number of child fatalities has been increasing each year, with the noted exception of 2005 (Child Welfare Information Gateway, 2008).

Fatalities may result from any combination of maltreatment types, repeated abuse or neglect over time, and/or a single incident (e.g., suffocation). With regard to neglect, death may result from a caregiver's chronic failure to act as a caregiver, such as in the case of extreme malnourishment, or may occur following a single traumatic incident, such as when a child accidentally fires a gun (Child Welfare Information Gateway, 2008). Indeed, according to 2007 NCANDS data, approximately one-third of the fatalities resulted from multiple types of maltreatment, while an additional one-third of fatalities resulted from neglect. Physical abuse accounted for twenty-six percent of deaths, and an additional 1 percent resulted from medical neglect (Child Welfare Information Gateway, 2008).

It is important to note here that, despite these grim statistics on child fatalities, the overall incidence of child maltreatment in 2008 was the lowest it has been over the past five years (U.S. Department of Health and Human Services, 2010). This decrease may be due to any number of factors, which may include alternative responses by Child Protective Services, an increase in the number of unsubstantiated cases that received intervention, and/or a decrease in the victimization rate (U.S. Department of Health and Human Services, 2010).

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Demographics. Child maltreatment affects children of every race, ethnicity, gender, age, and socioeconomic status. The following statistics reflect available federal data, which, though considered the best available, reflect only those cases for which an official report was made. That being said, children who are African-American, American Indian, or report multiple races reportedly had significantly higher rates of victimization than did children from other racial and ethnic backgrounds, with the highest rate of victimization reported for African-American children (16.6 per 1,000 children of the same race or ethnicity), and the lowest rate reported for Asian children (2.4 per 1,000 children) (U.S. Department of Health and Human Services, 2010; Child Welfare Information Gateway, 2008). Nearly one-half of all maltreated children were White (U.S. Department of Health and Human Services, 2010). With regard to gender, fifty-one percent of child victims were female (U.S. Department of Health and Human Services, 2010).

Child maltreatment disproportionately affects younger children, with one-third of all children experiencing maltreatment being younger than four years old, and an additional 24 percent between the ages of four and seven years (U.S. Department of Health and Human Services, 2010). It is also important to note here that younger children, those three years and younger, were the most likely to die as a result of maltreatment, with children less than one year accounting for 42 percent of all child fatalities, and children under four years of age accounting for 75 percent (Child Welfare Information Gateway, 2008).

Finally, nearly seventy-five percent of children experienced abuse and/or neglect perpetrated by a parent, with approximately 39 percent of perpetrators being the child's

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mother acting alone (U.S. Department of Health and Human Services, 2010). Seventy percent of child fatalities were the responsibility of one or both of the child's parents (Child Welfare Information Gateway, 2008).

Child Exposure to Domestic Violence

The National Coalition Against Domestic Violence (2007) defines domestic violence as "the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior perpetrated by an intimate partner against another" (p. 1). Domestic violence (DV), or Intimate Partner Violence (IPV) as it is sometimes referred, often involves the emotional abuse and behavioral control of one partner by another, and may result in physical and psychological injury, and/or possibly death (National Coalition Against Domestic Violence, 2007). Children living in the homes of one or both partners in violent intimate partner relationships may bear witness to the violence, and/or experience violence themselves (National Center for Children Exposed to Violence, 2006).

Statistics. In addition to the nearly 1.3 million women who are physically assaulted by an intimate partner each year (National Coalition Against Domestic Violence, 2007), the National Center for Children Exposed to Violence (2006) estimates that at least 3 million children, and as many as 10 million children, bear witness to intimate partner violence each year. Moreover, the National Coalition Against Domestic Violence (2007) reports that between 30 and 60 percent of those who abuse their significant others also abuse children residing in the home. While this range may appear broad, it is important to note that this is due in part to the fact that domestic violence

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remains largely underreported; indeed, the Children's Defense Fund (2009) estimates that approximately 75 percent of domestic violence goes unreported to police.

Cycle of violence. There is a well-established association between domestic violence and child maltreatment, such that children are significantly more likely to experience abuse and neglect themselves when their caregivers are involved in a violent interpersonal relationship (Cox, Kotch, & Everson, 2003). Furthermore, children are more likely to experience maltreatment in the context of domestic violence when their mothers are young, have limited educational attainment, and lack sufficient income (Cox et al., 2003). Child risk for abuse and neglect is significantly reduced when his/her mother separates from her abusive partner; in addition, children are significantly less likely to experience maltreatment when they enjoy greater support from their maternal caregiver (Cox et al., 2003).

Similarly, Fantuzzo and Mohr (1999) report that anywhere from 45 to 70 percent of children who witness domestic violence also experience physical abuse, while approximately 40 percent of children experiencing physical abuse also bear witness to violence between caregivers. It is also worth noting here that children exposed to domestic violence are more likely to display both aggressive and emotional behaviors, which may frustrate caregivers who are either extremely stressed by and/or already violent in their interpersonal relationships, thereby serving to increase the likelihood that they will react violently to their child's outbursts (Fantuzzo & Mohr, 1999).

Severity. Although there exist anecdotal reports of child deaths resulting directly from domestic violence, these deaths are typically considered child abuse cases, and are therefore reflected in the child maltreatment severity statistics reported above (National

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Exchange Club Foundation, 2010). Given the association between domestic violence and child maltreatment, this lack of exact information regarding deaths directly attributable to domestic violence appears reasonable.

Runaway and Homeless Youth

Runaway and homeless youth remain one of society's most overlooked and underserved populations, as they are often too young to benefit from a majority of established social service programs in the United States (Jackson, 2011). The National Network for Youth (NN4Y) has defined a number of specific categories to more accurately describe these youth and the challenges they encounter, including *runaway, throwaway, homeless, disconnected,* and *economically homeless* youth (Jackson, 2011). *Runaway* youth are those youth under the age of 18 who leave home without consent from a parent or legal guardian, while *throwaway* youth are those youth who are asked by a parent or legal guardian to leave home, and are given no assistance in finding a safe place to stay. *Homeless* youth are those youth below the age of 21 years who lack a safe place to call home, while *economically homeless* youth are those who have become homeless with their family, typically as a result of economic hardships sustained by a parent or guardian. Finally, *disconnected* youth are those youth who have been separated from family, school, and other societal institutions, thereby resulting in socioeconomic instability (Jackson, 2011).

The reasons for youth homelessness are varied, though Hammer, Finkelhor, and Sedlak (2002) cite child abuse and neglect, as well as youth substance use and/or dependency, as the two most common causes. Additional causes include familial conflict, parental substance abuse, and family economic hardship (Rew, Taylor-Seehafer, Thomas,

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& Yockey, 2001). Indeed, Rew et al. (2001) noted that 47 percent of runaway and homeless youth reported a history of sexual abuse, while Slavin (2001) notes that 17 percent report experience with sexual exploitation, and 38 percent report having experienced emotional abuse (National Network for Youth, 2011).

Statistics. Given the nature of homelessness, exact statistics regarding the number of runaway and homeless youth remain largely lacking. However, it is worth noting that Toro et al. (2007) estimate that approximately 1.6 million youth ages 12-17 years of age experience homelessness each year, while the National Alliance to End Homelessness (2011) estimates that approximately 50,000 youth are left to sleep on the streets each night.

Demographics. According to Hammer et al. (2002), a majority of runaway youth are between the ages of 15 and 17 years, and a majority of homeless youth identify as White/Caucasian, although the U.S. Census Bureau (2006) reports that Black/African-American youth are overrepresented among homeless youth (National Network for Youth, 2011). Additionally, the National Coalition for the Homeless (2008) reports that males and females are equally represented among runaway and homeless youth.

Moreover, it is important to note that while youth of all backgrounds can and do become homeless for any of the numerous reasons noted above, lesbian, gay, and bisexual youth are particularly at risk for homelessness (Rosario, Schrimshaw, & Hunter, 2011). Though these youth are not at any greater risk to experience familial economic homelessness than are their heterosexual peers, they are more likely to become runaway or "throwaway" youth (Rosario et al., 2011). Indeed, while lesbian, gay, and bisexual

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youth comprise only 1.3-3.8 percent of the general youth population, they constitute an estimated 15-36 percent of the population of homeless youth (Rosario et al., 2011).

Effects of Trauma on Children

The frequency and severity of the child experience with trauma, as noted here, has led to considerable research on the impact of each of these types of traumas on child functioning, as well as on the specific academic skills likely to be affected by such traumatic experiences.

Impact of Child Maltreatment

Child experience with maltreatment has significant and long-term negative effects on individual social functioning, mental health status, and academic outcomes. Indeed, research suggests that maltreated children are, on average, less social and less popular, as well as more likely to be rejected by their peers than their non-maltreated counterparts; this is particularly true for those children having experienced chronic maltreatment (Champion, Shipman, Bonner, Hensley & Howe, 2003). In school, children who have experienced abuse and neglect are more likely to endure bullying, and more frequently exhibit disruptive and inappropriate behaviors (Baldry, 2003; Cicchetti, 2006). These children are also more likely to be disengaged from school, and to demonstrate lower overall academic achievement and school attainment (Daignault & Hebert, 2009; Kinard, 2001; Kurtz, Gaudin, Wodarski & Howing, 1993).

Maltreatment may also impact a child’s development. For instance, children who have experienced extreme neglect in early childhood (i.e., prior to age three) are more likely to have significant language delays (Sylvestre & Merette, 2010). This is particularly true for children of mothers who were abused and/or neglected as children

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themselves, and/or of mothers who lack adequate ability to accept and care for a child (Sylvestre & Merette, 2010). Moreover, this underscores both the long-term consequences of child maltreatment, as well as the importance of adequate and appropriate interventions for those children having experienced child maltreatment, so as to help prevent the perpetuation of further abuse and neglect.

Maltreated children are also more likely to report lower self-esteem, to encounter problems with drug and/or alcohol addiction and misuse, and more likely to be diagnosed with any of several mental health disorders (Baldry, 2003; Cicchetti, 2006). For example, van Harmelen, de Jong, Glashouwer, Spinhoven, Penninx, et al. (2010) found that those individuals who reported experience with maltreatment as a child were more likely to report negative self-associations, and subsequently be at greater risk for developing depression and anxiety. In particular, those individuals who reported emotional abuse and/or emotional neglect were most likely to report anxiety and/or depression (van Harmelen et al., 2010).

Further, Cicchetti and Toth (1997) explored the long-term consequences of child maltreatment. Utilizing data from the Mother-Child Project, a longitudinal study of children and their families, the authors examined academic achievement, behavior problems, psychiatric disorders, and adolescent adjustment among those children who had experienced maltreatment. Results indicated that children who experienced maltreatment early in childhood experienced multiple difficulties in adolescence: maltreatment was strongly associated with school failure, drug and alcohol use, and significant behavior problems, including serious psychopathology (Cicchetti & Toth, 1997).

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More specifically, Currie and Widom (2010) compared economic well-being among adult survivors of child abuse and neglect with non-survivors, and found that survivors had significantly lower levels of educational attainment and employment, and subsequently reported lower earnings and fewer assets. Specifically, the employment gap between survivors and non-survivors was fourteen percent, such that adults who experienced child maltreatment were fourteen percent less likely to be employed as adults than were their non-maltreated counterparts (Currie & Widom, 2010).

Women who experienced child maltreatment are also more likely to develop traumatic stress symptoms in the context of a physical health diagnosis, such as breast cancer (Goldsmith, Jandorf, Valdimarsdottir, Amend, Stoudt, et al., 2010). Specifically, previous emotional abuse, physical abuse, and sexual abuse were significantly associated with intrusive stress symptomology; emotional abuse in particular independently predicted such intrusive symptoms, underscoring van Harmelen et al.'s (2010) findings that childhood emotional maltreatment is particularly psychologically maladaptive for adult survivors. Overall, these findings suggest that the stress associated with such a significant medical diagnosis as breast cancer may elicit cognitive and/or emotional responses associated with the previous trauma of child maltreatment (Goldsmith et al., 2010), again underscoring the long-term psychological effects of child abuse and neglect.

Similarly, Canton-Cortez and Canton (2010) found that young adults having experienced child sexual abuse are more likely to experience symptoms of Post Traumatic Stress Disorder (PTSD). Moreover, those young adult survivors experiencing PTSD are more likely to use avoidance coping strategies, particularly when maltreatment

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was on-going and/or intra-familial; use of these coping strategies was associated with stronger PTSD symptomology (Canton-Cortex & Canton, 2010).

Adult male survivors of child sexual abuse are more likely to engage in both risky sexual behavior as well as increased alcohol consumption (Schraufnagel, Davis, George, & Norris, 2010). More specifically, male survivors had significantly greater numbers of sexual partners than did their non-maltreated counterparts, regardless of alcohol consumption. Moreover, those survivors who reported more severe sexual abuse reported significantly lower ages at the time of first alcohol intoxication, as well as increased likelihood of alcohol consumption prior to sexual intercourse (Schraufnagel et al., 2010).

With regard to parenting practices, children of adult survivors of childhood sexual abuse are more likely to utilize extreme attachment strategies than are children of non-survivors (Kwako, Noll, Putnam, & Trickett, 2010), while Malone, Levendosky, Dayton, and Bogat (2010) found that pregnant women who experienced physical neglect as a child were more likely to report “distorted prenatal representations,” suggesting that these women may struggle to parent effectively.

Finally, perhaps the most extreme psychological consequence of child maltreatment is the increased risk, and completion, of suicide among adult survivors, as well as the above established increased risk of perpetuated child maltreatment, and, in some cases, familial violence such as domestic violence (Dube, Anda, Felitti, Chapman, Williamson, & Giles, 2010). Overall, Wang and Holton (2007) of Prevent Child Abuse America estimate that the annual cost to society of child abuse is $103.8 billion, a figure

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that notably says nothing of the intangible costs to individuals, families, and communities discussed above.

Impact of Child Exposure to Domestic Violence

As with maltreatment, child exposure to domestic violence has significant and long-term negative effects on individual social functioning, mental health status, and academic outcomes. Indeed, Groves (2002) reports that domestic violence is "the most toxic form of exposure to violence for children" (p. 50), and Fernandez, Expeleta, Granero, Osa, and Domenech (2011) note that children who bear witness to domestic violence of any degree are at increased risk of psychological distress and/or impairment.

As may be expected, exposure to domestic violence during childhood is associated with increased anger and aggression among those youth affected (Mathias, Mertin, & Murray, 1995). For instance, Baldry (2003) found that school-age children who had witnessed violence in the home were more likely to bully others at school, as well as to be bullied themselves. Cummings, Iannotti, and Zahn-Waxler (1985) found that boys who had witnessed violence in the home were more likely than non-exposed peers to respond aggressively to displays of anger, while girls were more likely to exhibit distress. Carlson (1990) found that males who had witnessed domestic violence were more likely to run away from home, as well as slightly more likely to be physically aggressive toward their mothers, relative to their non-exposed peers.

Moreover, research suggests that children who bear witness to domestic violence are at increased risk of psychological distress and psychopathology. For instance, youth who have been exposed to violence in the home have been found to report lower self-esteem than their non-exposed peers (Hughes & Barad, 1983), are more likely to report

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suicidal ideations (Carlson, 1990), may suffer from intrusive memories or flashbacks of the violence (Griffing, Lewis, Chu, Sage, Madry, & Primm, 2006; van der Kolk, 2005; Graham-Bermann & Levendosky, 1998), and are more likely to display internalizing and externalizing behavior problems during adolescence (O'Keefe, 1996). Additionally, children who have witnessed domestic violence are significantly more likely to develop conduct disorder than peers who have not witnessed violence in the home (Fantuzzo, DePaola, Lambert, Martino, Anderson, & Sutton, 1991; Meltzer, 2009), and may *qualify for a diagnosis of Post-Traumatic Stress Disorder, or PTSD (van der Kolk, 2005; Graham-Bermann & Levendosky, 1998).*

Exposure to domestic violence has also been shown to have significant negative effects on the intellectual capacity and academic outcomes of affected youth. For example, Koenen, Moffitt, Caspi, Taylor, and Purcell (2003) found that exposure to domestic violence was associated with lowered intelligence in young children; more specifically, children who had experienced frequent exposure were found to have IQ scores that were an average of 8 points lower than those of their non-exposed peers. Similarly, Bocks, Levendosky, and Semel (2001) found that young children who had witnessed domestic violence had significantly lower verbal abilities than did their same-age peers who had not witnessed domestic violence, regardless of socioeconomic status and experience with child abuse. Moreover, Bocks et al. (2001) found that maternal depression, which so often results from domestic violence, and the associated reduced intellectual stimulation offered in the home, also contributed significantly to this reduced intellectual functioning among young children exposed to domestic violence.

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It is also important to note that these effects often last into adulthood; indeed, Russell (2010) found that young adults who frequently bore witness to domestic violence during childhood reported significantly higher levels of depressive symptoms, regardless of experience with other types of family violence as well as of depression risk factors.

Impact of Runaway and Homeless Episodes

Research on runaway and homeless youth is an emerging field; as such, little is known about the impact of homelessness as an unaccompanied youth over and above the effects of the precipitating traumas, such as those reviewed above. Research has demonstrated the extreme vulnerability of these youth, however: Walsh and Donaldson (2010) note, for instance, that runaway and homeless youth are significantly more likely to witness, participate in, and/or be victims of criminal activity; to develop substance use and abuse issues; to participate in and/or be exploited by the illegal sex trade industry; and to become pregnant and/or infected with sexually transmitted infections, including HIV. Moreover, a recent study by Rosario, Schrimshaw, and Hunter (2011) found that lesbian, gay, and bisexual youth with a history of homelessness reported significantly higher rates of depression and anxiety, as well as of substance abuse and conduct problems.

Impact of Trauma on Specific Academic Skills

In addition to these trauma-specific effects, the experience of trauma may negatively impact children's academic skills, which is of particular concern for school psychologists. Indeed, Massachusetts Advocates for Children (2005) has identified several specific academic skills that may be affected by trauma, three of which are discussed in some detail here.

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Language and communication skills. Traumatic experiences may affect children's language and communication skills in numerous and complex ways. Indeed, neurobiological research has demonstrated the deleterious effects of trauma on the ability to connect words to experience. For instance, research has shown an inverse relationship between limbic system activation, the area of the brain implicated in anxiety and other intense emotions, and Broca's area, the area of the brain associated with language (Massachusetts Advocates for Children, 2005). As such, traumatized children who are reminded of their traumatic experiences, or who consistently function in a state of hyperarousal as a result of their negative experiences, may have limited physiological capacity to acquire language and its associated communication skills, thereby limiting their abilities to process and store verbal information (van der Kolk, 2005; van der Kolk, McFarlene, & Weisaeth, 1996).

Similarly inhibited are traumatized children's abilities to effectively engage in social and emotional communication. For instance, Pollak, Cicchetti, Hornung, and Reed (2000) note that children who have experienced trauma often struggle to both understand and express their emotions. Moreover, children who have experienced trauma often lack significant communication experiences with a significant adult in which they were encouraged to use verbal problem-solving skills and/or to share thoughts and feelings (van der Kolk, 2005; Massachusetts Advocates for Children, 2005; Coster & Cicchetti, 1993). Because the classroom setting frequently requires such use of language, traumatized children may lag behind their non-traumatized peers in the ability to successfully meet such academic requirements.

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Executive functioning. Because children experiencing trauma must often cope with chaotic environments and circumstances, they often lack opportunities to practice such tasks as planning and organizing; indeed, research has demonstrated that children who have experienced maltreatment demonstrate inferior executive functioning skills relative to their non-maltreated peers (D'Andrea, Spinazzola, & van der Kolk, 2009; see, for example, Rieder & Cicchetti, 1989). Because children who have experienced trauma often have a diminished sense of self-worth, have come to expect failure, as well as to anticipate future trauma and/or further suffering, they may lack the desire and capacity to plan for their future (Armsworth & Holoday, 1993). As such, they may largely fail to develop adequate skills related to goal setting, predicting outcomes, and initiating and carrying out plans designed to meet their goals (Massachusetts Advocates for Children, 2005; van der Kolk, 2005).

Emotional regulation. The ability to regulate emotions has often been cited as vital to both academic and social success. Because traumatized children often lack consistent and stable environments, as well as opportunities to practice emotional regulation in a safe and supportive environment, these children frequently lack the ability to control impulses, to interpret emotional signals, to trust others, and to maintain a sense of self (van der Kolk, 2005). As such, traumatized children may express their emotions without considering the context, dissociate, or refuse to let others get close to them (Aideuis, 2007). Regardless of their reactions, this lack of emotional regulation may serve to inhibit a child's ability to achieve academic success, to maintain interpersonal relationships, and/or to develop a stable sense of self (Aideuis, 2007; van der Kolk, 2005).

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Current Interventions

Though America has struggled to find proactive responses to the problem of child abuse and neglect, there currently exist several interventions designed specifically to address child maltreatment. It is important for professionals working with children, including school psychologists, to be aware of these laws and interventions, so as to best serve the children in their care.

History of Child Advocacy Interventions

In 1874 America, Methodist social worker Etta Wheeler was forced to seek assistance from the Society for the Prevention of Cruelty to Animals (SPCA) when trying to help Mary Ellen Wilson, a nine-year-old girl who was physically abused by her step-parents. SPCA founder Henry Bergh obtained custody of Mary Ellen and had Mary Ellen's step-mother sent to prison by citing existing laws prohibiting the abuse of animals (Crosson-Tower, 2002).

Their case ultimately led to the creation of the Society for the Prevention of Cruelty to Children (SPCC) the following year, igniting a revolutionary movement to prevent maltreatment and promote well-being among children (Crosson-Tower, 2002). With increased public concern accompanying this newfound awareness came rapid increases in the number of children identified as maltreated in any of multiple ways, eventually necessitating the creation of Child Protection agencies in every state, and often in every county and city across the country.

More recent legal changes include mandatory child abuse reporting laws (1960), the Child Abuse Prevention and Treatment Act of 1974, and the Adoption and Safe Families Act of 1996 (Child Welfare League of America, 2006).

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Mandated Reporting Laws. Every state has enacted legal statutes requiring any professional who frequently encounters children in the course of his/her work to report any suspicion and/or knowledge of any type of child maltreatment. Though not every case reported is ultimately investigated, these laws have nonetheless resulted in increased attention, safety services, and safety planning for the children and families that need it most (Child Welfare League of America).

Child Abuse Prevention and Treatment Act. In 1974, the Child Abuse Prevention and Treatment Act (CAPTA) was passed, offering federal monies to states in support of the prevention, assessment, investigation, prosecution, and treatment of child abuse and neglect, as well as grants to agencies and nonprofits for similar work. In addition, CAPTA mandates a minimum definition of child abuse and neglect in every state, as well as the Child Welfare Information Gateway, which provides public access to information on child maltreatment. Finally, the Office on Child Abuse and Neglect was founded as a result of CAPTA, as was a federal role in research and evaluation activities supporting maltreatment (Child Welfare League of America).

The Runaway and Homeless Youth Act. The Runaway and Homeless Youth Act of 1974 provides grant money to shelters serving youth who have runaway or are experiencing homelessness for any reason, provides legal guidance on the activities of these shelters, and requires that information be gathered on the incidence of runaway and homeless episodes among youth every 2 to 5 years (Runaway and Homeless Youth Act, 1974).

McKinney-Vento Act. The McKinney-Vento Education for Homeless Children and Youths Program was established in 1987, and reauthorized in 2001 under No Child

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Left Behind (NCLB), to help meet the unique needs of children experiencing homelessness for any reason. As federal legislation, this act mandates that every State Education Agency (SEA) secure access to a free and appropriate public education for every youth experiencing homelessness, regardless of the reason. This Act also requires that schools provide access to whatever services these students may need to succeed in school, and prohibits separation from mainstream education on the basis of homelessness alone (McKinney-Vento Act, 1987). As such, youth residing in homeless shelters and domestic violence shelters should be served by this legislation.

Adoption and Safe Families Act. The Adoption and Safe Families Act of 1997 marked radical change in child welfare policy, with the focus shifting from maintaining biological families regardless of maltreatment type or severity, to a policy of emphasizing child safety and well-being regardless of placement with biological family. This law has ultimately made it easier for relatives and non-related caregivers (e.g., foster care providers) to adopt the children in their care (Child Welfare League of America).

School-Based Interventions

Although under-appreciated as a protective factor, school experiences can contribute significantly to both risk and protective mechanisms. As noted by Zimmerman and Arunkumar (1994), schools may be protective such that they may support the development of both self-esteem and self-efficacy by providing students with opportunities for success, as well as encouraging them to develop important social and problem-solving skills.

Cognitive Behavioral Intervention for Trauma in Schools. Another promising intervention program, Cognitive Behavioral Intervention for Trauma in Schools, or

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CBITS, was designed specifically for implementation in a school setting for children exposed to community violence, and received a rating of "Effective" from the U.S. Departments of Justice & Health and Human Services (2011). Designed specifically to aid in the reduction of PTSD symptomology, depression, and anxiety among 6 – 21 year-old youths who have experienced trauma, the program is a skills-based, group intervention program consisting of ten sessions conducted once per week in a school setting. Utilizing cognitive-behavioral techniques and focusing on the child's perception of the trauma, CBITS also includes at least one individual session with each child participant, as well as one teacher and two parent education sessions (U.S. Departments of Justice & Health and Human Services, 2011; National Child Traumatic Stress Network).

In their 2003 randomized controlled study, Stein et al. found that students participating in the CBITS intervention group reported significant reductions in PTSD, depression, and anxiety symptomology, while Kataoka et al. (2003) demonstrated that CBITS could be successfully implemented with diverse groups, noting significant reductions in PTSD and depression symptoms among their sample of violence-exposed Latino immigrant students. While these results appear promising, Stein et al. (2003) also found that there were no significant differences in teacher-reported classroom disruptions, shyness, or anxiety, nor were there any significant gains in learning. Moreover, the reductions in PTSD and depression symptoms noted at program completion were not maintained at six-month follow-up (Stein et al., 2003), suggesting that the impact of CBITS may be limited to providing short-term relief of traumatic stress symptoms.

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It is also important to note that there are significant barriers to implementation associated with CBITS, including competing responsibilities, lack of parent engagement, finding adequate time and space in the school setting to implement such a comprehensive program, and a lack of support from school administrators and other staff (Langley, Nadeem, Kataoka, Stein, & Jaycox, 2010). Those schools able to successfully implement CBITS reported stronger organizational structures, administrative assistance, and collaboration with other CBITS implementers, thereby suggesting that support from both school leaders as well as peers may be essential to the successful implementation of trauma-focused evidence-based practices (Langley et al., 2010).

Safe Dates. Safe Dates is a school-based program designed to prevent dating violence among 12 – 14 year-old youth, and includes a 10-session curriculum with both school and community components (Foshee et al., 1996). Program goals include altered dating and gender-role norms, improved conflict management and help-seeking skills relating to dating relationships, and encouraging peer support for those who may experience dating violence (Foshee et al., 1996; U.S. Departments of Justice & Health and Human Services, 2011).

The program has been proven effective, receiving a rating of "Exemplary" by the U.S. Departments of Justice & Health and Human Services (2011). Specifically, Foshee, Bauman, Arriaga, Helms, Koch, & Linder (1998) found that those teens participating in the Safe Dates program reported less psychological and sexual violence in their dating relationships than did those teens who did not participate in the program. Moreover, in their one-year follow-up study, Foshee, Bauman, Greene, Koch, Linder, and MacDougall (2000) found that, although the behavioral effects reported by participants following

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program completion had largely disappeared, effects on dating norms, conflict management skills, and knowledge of community resources for dating violence were largely maintained. Importantly, a long-term follow-up evaluation of Safe Dates revealed that teens who participated in the Safe Dates program reported significantly less physical and sexual violence (i.e., victimization and perpetuation) in their dating relationships than did those teens who did not participate in the program four years after program completion (Foshee, Bauman, Ennett, Linder, Benefield, & Suchindran, 2004).

Additional support roles. There are several simple things that school-based professionals can do to support the children they work with. For instance, Brown, Brack, and Mullis (2008) discuss the importance of school counselors' knowledge of the effects of child sexual abuse on a child's behavior in school, so as to enable them to reliably identify those children affected. Again, a school counselor's most significant role for the maltreated child may be his/her ability to report suspected maltreatment to CPS, as well as to discuss reporting with the student, as Brown et al. (2008) argue. This latter point may be particularly important for reporting accurate information, easing the child's anxiety by keeping him/her informed of the process, and supporting him/her through the emotional trauma associated with reporting alone (e.g., guilt, anxiety over caregiver reactions, speaking with CPS workers).

In recognition of the traumatized child's need for both a safe environment and attachment to a supportive and caring adult, O'Neill (2010) suggests that one of the most important things school personnel can do is understand the root causes of the traumatized child's undesirable behaviors, and assist with appropriate abatement of both the causes of the behaviors as well as of the behaviors themselves. Haynes (1996) echoes these

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sentiments with his work with the Comer School Development Program, from which he offers anecdotal evidence that the provision of a safe and supportive environment that promotes both learning and development, while discouraging violence, contributes to constructive child and caregiver behaviors, as well as overall success.

Finally, given the noted unease that teachers experience when encountering child maltreatment, and their limited knowledge of mandated reporting (Kenny 2004), school psychologists and counselors may be able to use their knowledge of both the school system and the mental health community to better train teachers in recognizing the warning signs of abuse and neglect, as well as better inform them of the importance of their role as mandated reporters. Such a role could include developing trainings in child maltreatment and/or institutional guidelines for the reporting of suspected cases, as well as coaching teachers on the details of reporting.

Psychological Interventions

Given the multitude of significant psychological effects so often experienced by survivors of child trauma, psychological interventions are important for this population. Unfortunately, those interventions and treatment approaches that have been proven effective for the general population have not enjoyed the same academic rigor for those having experienced child trauma.

For instance, Simon, Feiring, and McElroy (2010) noted that limited research exists on the effects of helping child sexual abuse survivors make meaning of their experience, despite the fact that meaning-making is largely considered beneficial to recovery in the general mental health population. These researchers studied the effect of various processing strategies on overall psychological well-being among a population of

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child survivors of sexual abuse between the ages of eight and fifteen years old. Participants were classified as having constructive, absorbed, or avoidant processing strategies, with half falling in the absorbed category (Simon et al., 2010). These youth reported the greatest levels of psychopathology, sexual problems, and perceived stigmatization, while those youth classified as having a constructive processing strategy reported the lowest levels of such problems (Simon et al., 2010). As such, it appears that the development of healthy processing skills may aide in the recovery process among child survivors of sexual abuse by limiting the level of psychopathology and other problems experienced.

Cognitive Behavioral Therapy. Cognitive Behavioral Therapy, or CBT, has many applications for mental health practice; however, in the context of child trauma, its use has been widely studied in the treatment of child sexual abuse. For example, a meta-analysis identified by MacMillan et al. (2009) included CBT interventions that generally included safety and coping skills, cognitive processing of the child's experience with abuse, knowledge of inappropriate behaviors, relaxation techniques, effective ways to deal with abuse-related, and graduated exposure intended to reduce avoidance behaviors. At one-year post-treatment, child participants reported decreased symptoms related to depression, PTSD, and anxiety (MacMillan et al., 2009), thereby suggesting that CBT may be an effective treatment modality for reducing psychological distress and related symptomology among child survivors of sexual abuse.

Trauma-Focused Cognitive Behavioral Therapy. A more specified version of CBT, Trauma-Focused Cognitive Behavioral Therapy, or TF-CBT, is another promising psychological intervention. Designed for children and adolescents aged 3-18 years who

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have been exposed to family violence and/or other traumas, the program is specifically targeted toward those children experiencing significant symptoms associated with Post-Traumatic Stress Disorder (PTSD), regardless of whether they meet full diagnostic criteria (Cohen, Mannarino, & Deblinger, 2006). As noted by Cohen and Mannarino (2008), TF-CBT consists of the following nine components: psychoeducation; skills training in parenting skills, relaxation, affect modulation, and cognitive coping; creation of a trauma narrative; in vivo mastery of reminders of the trauma; conjoint parent-child sessions; and enhancing safety and future development. It is also worth noting here that TF-CBT was designed as a relatively short-term intervention, and is typically completed in 12-16 sessions (Cohen, Mannarino, & Deblinger, 2006).

TF-CBT has been proven effective, and received a rating of “Exemplary” by the U.S. Departments of Justice & Health and Human Services (2011). For instance, in their 2004 study, Cohen, Deblinger, Mannarino, and Steer demonstrated program efficacy for children with PTSD symptoms resulting from sexual abuse. Using a randomized controlled trial with 203 participants between the ages of 8 and 14 years, all of whom had confirmed reports of child sexual abuse, participating children received either *TF-CBT* or Child Centered Therapy (CCT). At post-treatment, both groups were found to have improved significantly from pre- to post-treatment, though participants in the CBT group demonstrated significantly greater reductions in PTSD, depression, and anxiety symptomology, as well as significantly greater gains in interpersonal trust, relative to their counterparts receiving CCT (Cohen et al., 2004).

Similarly, Cohen, Mannarino, and Iyengar (2011) found TF-CBT to effectively reduce PTSD-symptoms and anxiety among children exposed to domestic violence.

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Specifically, 124 children ages 7 to 14 years were randomly assigned to receive either TF-CBT or CCT. Following treatment completion, those children receiving TF-CBT demonstrated significant reductions in PTSD symptomology, including hyperarousal and avoidance. Children receiving TF-CBT also reported significantly reduced symptoms of anxiety following treatment, and were significantly less likely to qualify for a diagnosis of PTSD post-treatment than those children who received CCT (Cohen et al., 2011).

Finally, it is important to note here that while TF-CBT was not intended as a school-based intervention, it may have practical utility for the school setting. Indeed, Little, Akin-Little, and Gutierrez (2009) call upon school psychologists to obtain training in TF-CBT for the benefit of their traumatized students, citing as proof Kataoka et al.'s (2003) findings of reduced PTSD and depression symptoms among Latino immigrant students receiving TF-CBT in a school setting.

The Continued Existence of Child Trauma and its Effects

Though significant evidence exists in support of the occurrence of childhood traumas, as does a substantial body of empirical evidence demonstrating the negative effects associated with such experiences, children continue to endure traumas at alarming rates. Various reasons for this may include the above-discussed cycle of violence; a lack of effective prevention and intervention efforts; and a lack of adequate training for professionals encountering children and the traumatic stories they may report.

Lack of Effective Interventions

School-based programs designed to prevent child abuse are widely used in schools across the nation. Yet knowledge of their effects is limited at best: a majority of research studies designed to evaluate the effectiveness of such programming measure

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changes in knowledge rather than actual behavior, and the association between knowledge, behavior, and true ability to reduce and/or avoid victimization has not been well established (Ko & Cosden, 2001). To address this need, Ko and Cosden (2001) surveyed high school students who had attended elementary and middle schools in which abuse prevention programs had been implemented. Results indicated that students who had attended prevention programs indicated greater knowledge of the particular abuse concepts covered in the prevention programs on a test of knowledge than did those students who had not participated in prevention programs. Those students who did attend prevention programs also self-reported fewer incidents of maltreatment than did those students who did not attend prevention programs. Despite these seemingly positive outcomes, however, it is important to note that students who participated in the prevention programs did not report greater use of the strategies that were taught in the prevention programs than did those students who did not participate in the prevention programs (Ko & Cosden, 2001).

Similarly, Topping and Barron (2009) conducted a meta-analysis study on the effects of school-based child sexual abuse prevention programs. Although many studies reported limitations in methodology, most reported significant preventive effects, such as improving child knowledge and awareness of sexual abuse, as well as improving children's overall prevention skills. However, limited evidence was available to support any change in the number of children reporting abuse, and few studies utilized a follow-up design, lending toward limited evidence of long-term maintenance of knowledge and skills gained through program participation. Finally, some programs even reported negative effects associated with participation (Barron & Topping, 2009). Overall then,

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this study underscores the limited knowledge currently held about the effects of interventions designed to prevent child maltreatment.

Effects of Foster Care

Removal from one's home is a traumatic experience for any child, and particularly for those children who have already experienced the level of trauma from which placement in foster care results. While findings from relevant research may generally be considered mixed, it is important for psychologists to understand the potential damaging effects of foster care. Indeed, Lawrence, Carlson, and Egeland (2006) found that children who were placed in foster care demonstrated significant externalizing behavioral problems, relative to those children who received satisfactory in-home care. Moreover, children who were placed with caregivers previously unknown to them demonstrated significantly more internalizing problems than did those children who were placed with foster parents known to them, and even relative to those children who remained in maltreating homes (Lawrence et al., 2006).

Similarly, Doyle (2007) examined the effects of foster care on long-term outcomes of those children placed in foster care following child abuse and/or neglect. Relative to those children who were not placed in foster care but also experienced maltreatment of some form, children placed in foster care were more likely to be involved in the juvenile justice system, to become a parent at a young age (i.e., as a teenager), and to struggle with finding adequate employment (Doyle, 2007). Again, children who remained in maltreating homes fared better than those removed, even when their experience with maltreatment approached the severity necessary for removal from the home.

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Lack of Adequate Training

Despite increased recognition of, and concern for, the effects of child trauma, many professionals continue to lack adequate training in this area. Though the field of school psychology has taken steps to address crisis intervention in schools (see, for instance, Poland, Pitcher, & Lazarus, 2002), psychologists continue to lack adequate training in the broader issues surrounding childhood traumatization, as well as in appropriate methods of intervention and prevention. Research to date has largely focused on child abuse and neglect, including a study by Champion, Shipman, Bonner, Hensley, and Howe (2003), which focused on only the child maltreatment-related coursework, practica, and research included in APA-accredited school, clinical, and counseling doctoral programs between 1992 and 2001. Their results show that most programs discuss child maltreatment in ethics and/or professional seminars, and more than half of the programs included covered child maltreatment in at least three courses. Additionally, most students encountered clients with abuse-related presenting problems, and some were able to participate in maltreatment research. Even so, Champoin et al. (2003) note that "training falls short of APA recommendations for minimal levels of competence in child maltreatment" (p. 211), and, despite the above-noted rates of abuse and neglect, few changes have been made in these training practices.

Another study by Arbolino, Lewandowski, and Eckert (2008) found that a majority of the school psychologists they surveyed were generally dissatisfied with the level of training they have received related to the child experience of maltreatment, but are interested in receiving further training in this area, particularly as related to working with those children affected. Further, Arbolino et al. (2008) found that those school

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psychologists who reported having recently completed training specific to these issues demonstrated significantly more knowledge relating to child maltreatment and mandated reporting than did those who had not completed any recent training, suggesting that professional training may be a meaningful intervention for addressing the needs of children affected by abuse and neglect. It is also important to note here that, while a school psychologist's job description does not require intervention with those children affected by abuse and neglect, school psychologists are mandated reporters; as such, school psychologists need, at the very least, to understand the signs and symptoms of child maltreatment, so that they may effectively advocate for as many students as possible (Arbolino et al., 2008). This is particularly poignant given that school psychologists are among the least likely school professionals to report suspected cases of abuse and neglect (VanBergeijk, 2007).

Courtois and Gold (2009) suggest that this lack of training may stem from two important factors, the first of which is simply the difficulty associated with adding components to a national curricula, particularly that which is used for the training and eventual licensure of professionals. Secondly, Courtois and Gold (2009) suggest that this exclusion may be indirectly related to the general lack of understanding of and appreciation for the challenges associated with the experience of trauma. Moreover, psychological professionals may be reluctant to address such complex issues as trauma, particularly given the current dearth of evidence surrounding effective interventions and treatment models for those affected.

Teachers also lack adequate training in the area of child maltreatment (Kenny, 2004), which is of particular concern given that teachers may be most likely to notice

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unusual patterns of, or changes in, child behavior, simply as a function of the amount of time spent with children. Thus, it is particularly important for teachers to be able to recognize these warning signs, as well as for them to know what to do in the event that suspicion is aroused. Kenny (2004), however, found that most teachers surveyed in her study rarely reported sufficient knowledge of the signs and symptoms of maltreatment, nor of the reporting procedures and legal implications associated with child abuse and neglect. She also found that teachers did not assume that their administrations would be supportive of their decision to report suspected maltreatment should the need arise, and largely disagreed with their role as mandated reporters (Kenny, 2004).

The Benefits of Training

As discussed above, there is growing acknowledgement of the need for improved training in the recognition and response to childhood trauma, for professionals and non-professionals alike. Indeed, O'Neill (2010) speaks to the importance of providing training in complex trauma and its effects on children, for both teachers and school counselors, particularly given the traumatized child's need for a safe environment, as well as the benefits of attachment to a supportive and caring adult. Importantly, there is evidence that such training is effective, as discussed below.

Workshop-based Training

Noting that training in the process of reporting suspected maltreatment is understudied, Alvarez, Donohue, Carpenter, Romero, Allen, et al. (2010) designed a training program to assist professionals in learning how to appropriately report suspected child abuse and neglect. Specifically, Alvarez et al (2010) trained 55 participants, all of whom were either mental health professionals who had completed at least a bachelor's

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degree or graduate students in a mental health field (i.e., psychology, educational psychology, counseling psychology, social work), through a workshop targeting mandated reporting skill acquisition. The workshop was developed and piloted by Donohue, Carpin, Alvarez, Ellwood, and Jones (2002), who trained a medical student to include non-offending caregivers in the reporting process (Alvarez et al, 2010). To aid in this process, Donohue et al (2002) created a checklist to guide the professional through the reporting process, as well as in ways to help calm clients upon notification of the need to report suspected maltreatment; Alvarez et al (2010) tout this guide as a means of maintaining professionalism in the context of a potentially stressful professional activity that may trigger personal biases, which may in turn affect reporting behavior. The participant's skill acquisition was assessed through role-play scenarios, which experts rated following program completion; the participant was noted to have made significant improvements in the ability to report cases of suspected child maltreatment.

In an attempt to assess the applicability of such a training program to a broader audience of students and professionals, Alvarez et al (2010) expanded the training to include the following: "inclusion of caregivers who are suspected of child maltreatment, development of a PowerPoint slideshow, use of videotape vignettes to demonstrate successful implementation of workshop content, systematic dissemination of State and Federal laws relevant to reporting suspected child maltreatment, presentation of common indicators of child maltreatment, and review of common misconceptions resulting in failure to report suspected child maltreatment" (p. 213). Outcomes were assessed through the use of three measures designed specifically for this study, given the lack of psychometrically validated measures designed to assess mandated reporting skills.

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Measures included here targeted the following: knowledge of mandated reporting laws, identification and intention to report cases of suspected child maltreatment, and clinical expertise in making such reports; measures of internal consistency were not reported, as the authors reported that doing so was considered inappropriate here, given the heterogeneous item content (Alvarez et al., 2010).

The workshop on reporting child maltreatment, i.e., the intervention component, consisted of the PowerPoint presentation, as well as discussion regarding personal biases that may affect reporting and opportunities to role-play reporting suspected cases of child maltreatment. Following program completion, participants who received the workshop reported increased knowledge of child maltreatment laws, improved ability to recognize child maltreatment, as well as improved clinical skills related to reporting suspected cases of child maltreatment (Alvarez et al., 2010), thereby suggesting that brief training interventions can significantly aide prevention and intervention efforts for child maltreatment.

Child Sexual Abuse Prevention: Teacher Training Workshop Curriculum. An earlier training program, developed by Kleemeier, Webb, Hazzard, and Pohl (1988), was specifically designed to increase educators' awareness of the signs and symptoms of child sexual abuse, knowledge of appropriate responses to child disclosures of abuse, as well as of officially reporting those cases (Hanson et al., 2008). Randolph and Gold (1994) conducted a randomized study with 42 teachers, and found the program to effectively improve teachers' knowledge as well as attitudes and opinions of sexual abuse. Teachers who participated in the training were also significantly more likely to report discussing child sexual abuse with colleagues and in their classrooms, and were

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able to more accurately respond to hypothetical cases of child sexual abuse, than were those teachers who did not participate in the program (Randolph & Gold, 1994). Overall, this study demonstrated the feasibility of training educational professionals in child maltreatment and reporting to authorities, though this training was limited to child sexual abuse, and was considered somewhat impractical for school personnel, given its length, i.e., 6 hours (Hanson et al., 2008).

Child Abuse School Liason (CASL) Program. More recently, a study by Hanson et al. (2008) examined the impact of the Child Abuse School Liaison (CASL) Program, a program designed by the Dee Norton Lowcountry Children's Center "to increase educators' knowledge base around child abuse prevalence and risk factors, improve their abilities to recognize signs of child abuse and neglect, learn appropriate responses to child abuse disclosures, and increase willingness and ability to report suspected abuse as required by law" (p. 95). Components of the CASL program include an hour-long workshop that includes discussion of the above-mentioned factors, as well as a 20-minute video on mandated reporting; a training manual with additional educational materials; and access to a school liaison offering consultation between the school and agencies devoted to child maltreatment. Two-hundred eighteen educational professionals, including teachers, teacher assistants, nurses, administrators, and guidance counselors, participated in Hanson et al.'s (2008) preliminary study, and were asked to complete a program satisfaction questionnaire, as well as a questionnaire designed to assess participants' knowledge of reporting child abuse. Both of these measures reportedly have high validity and were designed specifically for this study (Hanson et al., 2008).

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Following program completion, participants reported high levels of satisfaction with the training and perceived it to successfully address each of the above-mentioned components the training was designed to address. Participants' also scored significantly higher on the Knowledge questionnaire following completion of the training than they did prior to completing the training, indicating improved knowledge of both child maltreatment and mandated reporting laws, and suggesting the utility of such a training model for furthering child advocacy efforts in the school setting (Hanson et al., 2008).

Web-based Training

Noting the lack of previous research on the use of on-line training modules designed to disseminate information on child maltreatment and mandated reporting to school-based professionals, Kenny (2007) developed and evaluated such a Web-based program. Specifically, 105 undergraduate education students and graduate counseling students from a large urban university were asked to complete an on-line training developed by Kenny (2007) that included the following: "incidence and prevalence of abuse, cases of abuse and neglect from the media, descriptions/indicators of types of abuse, emotional and behavioral consequences for victims, [state] law and statistics related to reporting maltreatment, and reporting procedures for mandated reporters" (p. 673). Kenny (2007) also defined each type of child abuse, provided information on the respective signs, symptoms, and possible sequelae for each type, and included information on national child maltreatment resources.

All participants completed the on-line training, and were asked to complete a pre- and post-test measure designed for this study, which consisted of 20 true/false and multiple-choice questions targeting knowledge of the signs and symptoms of child abuse,

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as well as of mandated reporting laws (Kenny, 2007). Participants demonstrated significantly greater knowledge of child maltreatment and reporting procedures following completion of the training than they did prior to completion, and reported satisfaction with the on-line training method.

Though more research was deemed necessary to fully document the effects of such on-line training modules, this study offers initial empirical evidence in support of an on-line training method for identifying and reporting suspected child maltreatment. Importantly, Kenny (2007) notes that this study also offers initial evidence that relatively brief trainings can improve educators' knowledge of child maltreatment and mandated reporting, and suggests that web-based training may be a promising new way to efficiently disseminate information to school personnel. Moreover, use of an on-line training design may be particularly beneficial for such delicate topics as child maltreatment, which Kenny (2007) notes may cause students discomfort, particularly when discussing the topic in person; a web-based design also facilitates independent learning, offers students an additional resource that can be referred to later, and provides opportunities for professors and other educators to provide accurate information on an important topic for which they may lack expertise and therefore be hesitant to address.

Current research. Currently, Dr. Kenny offers an on-line tutorial on child maltreatment for education students through the College of Education at Florida International University (FIU). Following completion of this on-line tutorial, participants are expected to be able to "describe the various types of maltreatment, identify the signs of maltreatment in children, understand both the short and long term psychological problems that maltreated children may suffer, [and] become familiar with the procedure

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for reporting child abuse in Florida" (Kenny, 2010). Participants are asked to complete both a pre- and post-test to assess their level of knowledge prior to and immediately following completion of the on-line training, which is available to participants at any time, may be completed in any order, and is expected to take participants approximately 1.5 hours to complete. Information on this study is available through the FIU website at http://childabuse.fiu.edu/index2.php#objectives.

Training for School Psychologists

As discussed above, considerable knowledge of the effects of child trauma now exists, while research and information on those interventions available to assist those affected has been accumulating in recent years. As such, information and resources are available for use by school psychologists when working with those children affected by trauma. The above-discussed lack of trauma-specific training, however, serves to limit the amount of support school psychologists can effectively offer, subsequently limiting the number of children receiving the services and support they so desperately need. School psychologists, along with other educational professionals, are designated mandated reporters of child abuse and neglect; indeed, research has shown that educational professionals make more reports of suspected child maltreatment than any other professional or nonprofessional group (Hanson et al., 2008). Yet, educational professionals do not always report cases of suspected child abuse and neglect; this is especially true of school psychologists, who are among the least likely school-based professionals to report suspected cases of abuse and neglect (VanBergeijk, 2007). Perhaps partially due to this lack of reporting, child maltreatment remains severely

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underreported (Hanson et al., 2008), with many children subsequently denied access to those services designed specifically for their benefit.

Given the above-discussed findings on the benefits of training educational professionals in recognizing and reporting child maltreatment, it is hoped that the provision of such training to school psychologist trainees will serve to enhance school psychologists' efforts on behalf of those affected.

Conclusions

Childhood traumas, including experience with maltreatment, exposure to domestic violence, and runaway and homeless episodes, continue to exist as significant social problems in the United States, with millions of children affected each year. Evidence for potential reasons exists in support of a cycle of violence, a lack of effective interventions as well as the potential for negative effects of some interventions, and a lack of adequate training on child trauma for professionals. Promising evidence exists, however, for several prevention and intervention efforts, including the significant role school personnel may have specific to alleviating the effects of childhood traumas. This role begins with both basic knowledge and understanding of the effects of traumatic experiences, as well as of the actions school personnel may take to help ameliorate this significant problem. Given the positive gains associated with child maltreatment trainings, as well as Kenny's (2007) findings in support of an on-line modality, it is hoped that the web-based course proposed below will represent a potentially significant contribution to the intersection of school psychology and trauma reduction.

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Chapter 3: Design of the Study

The present study was designed to address the current lack of trauma training provided to school psychologists. Specifically, this study employed a randomized, controlled design to test the efficacy of an on-line training targeting school psychology graduate student trainees' awareness of the signs and symptoms of child abuse as well as their knowledge of mandated reporting responsibilities. The details of this study are discussed below.

Research Questions

The present study was designed to address the following research questions:

Intervention Efficacy Analyses

Question 1. Do school psychologist trainees who complete an on-line training module in child trauma (i.e., experimental treatment participants) report greater awareness of the signs and symptoms of child maltreatment and/or knowledge of mandated reporting procedures than do school psychologist trainees who do not complete an on-line training module in child trauma (i.e., control participants) following completion of the training (i.e., at the time of the post-survey)?

Awareness of the signs and symptoms of child abuse was measured by participants' responses to the "Awareness of Signs and Symptoms of Child Abuse" subscale adapted from Kenny's (2000) Educators and Child Abuse Questionnaire, while knowledge of mandated reporting procedures was measured by participants' responses to the "Knowledge of Reporting Procedures" subscale adapted from Kenny's (2000) Educators and Child Abuse Questionnaire. A copy of the survey, as well as the specific

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items that constitute each subscale, may be found in Appendices A and D, respectively, while the psychometric properties are described in the Data Collection section below.

Question 2. Do school psychologist trainees who complete an on-line training in child trauma (i.e., experimental treatment participants) report greater awareness of the signs and symptoms of child maltreatment and/or greater knowledge of mandated reporting procedures following completion of the training (i.e., at the time of the post-survey) than they did prior to completion of the training (i.e., at the time of the pre-survey)?

Question 3. Are the changes from pre- to post-survey in school psychologist trainees' awareness of the signs and symptoms of child maltreatment and/or knowledge of mandated reporting procedures, if any, maintained three months following completion of the on-line training module?

Exploratory Analyses

The following questions are included as exploratory analyses, and are of interest given Kenny's (2004) findings that pre-service education and prior reporting experience influenced both awareness of child maltreatment and knowledge of mandated reporting laws. Specifically, Kenny (2004) found that teachers who reported having learned about child abuse during the course of their undergraduate training reported significantly less awareness of the signs and symptoms of child abuse, as well as significantly less knowledge of mandated reporting procedures, than did those teachers whose pre-service education did not address child abuse.

Similarly, Kenny (2004) found that those teachers who reported having made a report to children's services reported significantly greater awareness of the signs and

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symptoms of child abuse, as well as significantly greater knowledge of mandated reporting procedures, than did those teachers who did not report any prior reporting experience. Thus, the following questions are included here in an attempt to determine whether these and other factors similarly influence school psychologists' awareness of the signs and symptoms of child abuse and neglect, and/or knowledge of mandated reporting procedures.

Question 4. Does the change from pre- to post-survey in school psychologist trainees' awareness of the signs and symptoms of child abuse and/or knowledge of mandated reporting procedures differ significantly by participants' level of training in school psychology? Participants were asked to self-identify as either a first-year graduate student or as a graduate student currently completing a practicum placement or internship.

Question 5. Does the change from pre- to post-survey in school psychologist trainees' awareness of the signs and symptoms of child abuse and/or knowledge of mandated reporting procedures differ significantly by participants' previous mandated reporting experience? Participants were asked to respond affirmatively or negatively to the following survey item: "As an educator, have you ever made a report of abuse to children's services?"

Question 6. Does the change from pre- to post-survey in school psychologist trainees' awareness of the signs and symptoms of child abuse and/or knowledge of mandated reporting procedures differ significantly according to whether or not participants have completed trauma-specific coursework? Participants were asked to respond affirmatively or negatively to the following survey item: "Have you taken any

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trauma-specific coursework (e.g., trauma counseling courses) during your time as a graduate student?"

Question 7. Does the change from pre- to post-survey in school psychologist trainees' awareness of the signs and symptoms of child abuse and/or knowledge of mandated reporting procedures differ significantly by participants' perceptions of their pre-service preparation relating to child abuse? Participants were asked to rate their pre-service preparation as "Adequate," "Minimal," or "Inadequate" in response to the following survey item: "At what level do you feel your pre-service training prepared you to deal with cases of child abuse?"

Question 8. Does the change from pre- to post-survey in school psychologist trainees' awareness of the signs and symptoms of child abuse and/or knowledge of mandated reporting procedures differ significantly by participants' perceptions of their post-service preparation relating to child abuse? Participants were asked to rate their post-service preparation as "Adequate," "Minimal," or "Inadequate" in response to the following survey item: "At what level do you feel your post-service (professional) training prepared you to deal with cases of child abuse?"

Intervention Component

The intervention utilized here was an on-line training module designed by the student principal investigator, intended to increase knowledge of the effects of trauma on children, as well as understanding of the advocacy efforts available to school psychologists. Designed specifically for school psychologist trainees, the training included the following, based on the components of Alvarez et al's (2010) training workshop and Kenny's (2007) web-based training program, both of which were

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discussed in Chapter 2: (a) information on the prevalence of child maltreatment, child exposure to domestic violence, and runaway and homeless episodes among youth; (b) the effects these experiences may have on children, particularly as related to academic performance and school functioning; (c) relevant legislation; (d) intervention and prevention efforts available to school psychologists; (e) evidence-based interventions appropriate for the school setting; and (f) information on some of the resources available for child maltreatment, domestic violence, and runaway/homeless youth. Created with Adobe Presenter, the on-line training was made available via Google Documents through the University of Wisconsin-Milwaukee's on-line campus survey instrument, "Qualtrics," and was presented as an audiovisual PowerPoint presentation approximately 45 minutes in length, which could be paused at any time, allowing participants to stop and start the on-line module as needed and/or desired.

Support for an on-line design is provided by Kenny's (2007) successful web-based training in child abuse, which was designed specifically for school-based professionals, and demonstrated that significant gains in knowledge can occur following a one-hour on-line training module. Though more research is necessary to fully document the effects of such on-line training modules (Kenny, 2007), these findings suggest web-based training may be a promising new way to efficiently disseminate information to school personnel, and was therefore utilized in the present study.

Participants

Participants were solicited from school psychology training programs in the United States, primarily from the program offered at the University of Wisconsin-Milwaukee. Only those individuals currently enrolled as graduate students in a school

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psychology training program were considered to meet inclusion criteria, and potential participants were asked to identify themselves as such prior to partaking in this study. Potential participants were randomly assigned by the principal investigator (i.e., student principal investigator's adviser) to receive either the link to the full-study (i.e., pre-survey, on-line training module, and post-survey) or the survey-only link.

A total of 64 individuals logged into the on-line survey software and responded to at least one of the survey items, through either the full-study link or the survey-only link. Twenty-two participants logged in via the full-study link and completed both the pre- and post-survey; these participants were all assumed to have viewed the on-line training module, given that the post-survey can only be accessed after the link to the training module has been viewed. An additional 7 respondents completed the post-survey following a reminder email sent by the student principal investigator. All 29 of these participants were emailed a link to the 3-month follow-up survey, with 27 responding; these 27 participants therefore constituted the treatment group. Exactly 27 participants completed only the pre-survey in its entirety; these 27 respondents formed the control group.

The final total sample therefore consisted of 54 participants (27 per group), which a power analysis by G*Power 3.1.3 (Faul, Erdfelder, Lang, & Buchner, 2007) revealed as the minimum number required in order to maintain a probability level α of 0.05 and a power level ($1 - \beta$) of 0.95, assuming a two-group analysis and a moderate effect size (f = 0.5). A moderate effect size was expected here given Alvarez et al.'s (2010) findings of moderate effects associated with completion of their training program, as described in Chapter 2 above. Demographic data for these participants are provided in Chapter 4.

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Data Collection

Data were collected from participants in the treatment group (i.e., those participants completing the on-line training module) at three points in time: (1) immediately preceding completion of the on-line training module (pre-survey), (2) immediately following completion of the on-line training module (post-survey), and (3) at three months following completion of the on-line training (3-month follow-up). Data were collected from participants in the control group only once (pre-survey). The pre-, post-, and three-month follow-up surveys consisted of the revised Educators and Child Abuse Questionnaire (Kenny, 2000); a copy of the original measure as well as a copy of the revised version used here are included in Appendices A and B, respectively.

Dependent Measures: Educators and Child Abuse Questionnaire (Kenny, 2000). The Educators and Child Abuse Questionnaire, or ECAQ, was designed by Kenny (2000) as a means of measuring educators' knowledge of the symptoms of child maltreatment as well as of mandated reporting procedures. The ECAQ also includes items designed to assess educators' beliefs about corporal punishment, though these items were removed from the ECAQ in the current study, as they were not considered relevant to the present research questions. A self-report measure, the ECAQ consists of twelve items to which respondents are asked to rate their level of agreement on a five-point Likert scale ranging from "strongly agree" to "strongly disagree."

Kenny (2004) performed a factor analysis, which resulted in the following four subscales that together explained 62 percent of the variance of the 12 statements included on the "Attitudes/Personal Beliefs" scale of the ECAQ: Subscale 1, "Awareness of signs and symptoms of child abuse" (Cronbach's alpha = .85), which explained 20.7 percent of

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the variance of all of the variables and includes such items as "I am aware of the signs of child physical abuse;" Subscale 2, "Knowledge of reporting procedures" (Cronbach's alpha = .72), accounting for 19.8 percent of the variance and includes such items as "As an educator, I should have an obligation to report child abuse in the state of Florida;" Subscale 3, "Attitudes toward discipline" (Cronbach's alpha = .64), accounting for 16.4 percent of the variance and includes such items as "Teachers should be allowed to use corporal punishment with students;" and Subscale 4, "Seriousness of child abuse," which explained 9.1 percent of the variance, and consists of one item, "Child abuse is a serious problem in my school." Thus, Kenny (2004) established the ECAQ as a "four-factor measure with internal consistency . . . that can be used to examine [educators'] knowledge of and attitudes toward child abuse to improve educational and training efforts" (p. 1317), making it an ideal measure to use here to assess the learning gains associated with the on-line training module relating to knowledge and attitudes regarding child maltreatment.

It is important to note that the ECAQ scale was adapted in the present study to reflect school psychologists' knowledge and perceptions of child maltreatment, rather than simply teachers' knowledge and perceptions of child maltreatment. As such, "School psychologists" was substituted for "Teachers" as appropriate; for instance, the statement "*Teachers* should not be mandated to report child abuse" was altered so that it reads "*School Psychologists* are not mandated to report child abuse." These changes are intended as a means of better assessing school psychologists' knowledge and perceptions of child maltreatment.

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The ECAQ was further revised to better suit the purposes of the present study, such that each subscale was supplemented with items corresponding to the specific information included in the on-line training module. As such, items specifically targeting participants' awareness of the effects of youth homelessness and child exposure to domestic violence were added to the "Awareness of the Signs and Symptoms of Child Abuse" subscale. For instance, the item "I am aware of the effects of youth homelessness" was included in the revised ECAQ. The final subscale consisted of 6 items, which were simply summed to obtain subscale scores ($\alpha = .838$). Pre-Awareness scores ranged from 6 to 18, while Post-Awareness scores ranged from 6-12, with lower scores representing stronger agreement with item statements.

Similarly, items specifically targeting mandated reporting procedures were added to the "Knowledge of Mandated Reporting Procedures" subscale. One such item is, "When making a report, it is important to have as much information about the child's background as possible." Two items on this scale were reverse-coded: "School psychologists are not mandated to report child abuse" and "School psychologists should report cases of child abuse only if they are completely certain that child abuse is occurring." The final subscale consisted of 6 items, which were simply summed to obtain subscale scores ($\alpha = .628$). Pre-Knowledge scores ranged from 6 to 18, while Post-Knowledge scores ranged from 6-16, with lower scores representing stronger agreement with item statements.

A copy of the original ECAQ is included in Appendix A, while revised copies of the ECAQ as included in the full study and control questionnaires, are included in Appendix B and C, respectively. Finally, a list of items included in each subscale of the

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ECAQ is included as Appendix D. Permission to use the ECAQ for the purposes of this dissertation was granted directly by the author, Dr. Maureen Kenny.

Primary Explanatory Variable. The primary explanatory variable here is the intervention component, an on-line training module intended to increase knowledge of the effects of trauma on children, as well as of the advocacy efforts available to school psychologists. This training was designed specifically for school psychologist trainees and includes the following: information on the prevalence of child maltreatment, child exposure to domestic violence, and runaway and homeless episodes among youth; the effects these experiences may have on children, particularly as related to academic performance and school functioning; relevant legislation; intervention and prevention efforts available to school psychologists; evidence-based interventions appropriate for the school setting; and information on some of the resources available for child maltreatment, domestic violence, and runaway/homeless youth.

Exploratory Variables. The following participant characteristics were selected for analysis with regard to their potential relationship with participants' changes in awareness of the signs and symptoms of child abuse and/or knowledge of mandated reporting procedures: level of training in school psychology, previous mandated reporting experience, trauma-specific coursework, and pre- and post-service preparation relating to child abuse.

Three of these variables, pre-service education, post-service education, and prior reporting experience, were specifically selected based on Kenny's (2004) research. First, participants' pre-service education, or college training, was assessed via the survey item, "At what level do you feel your pre-service training prepared you to deal with cases of

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child abuse?," which was adapted from Kenny's (2000) survey item, "Do you feel your pre-service education (college training) adequately addressed child abuse reporting?" Because the present study targeted graduate students, post-service education was also included as an exploratory variable, and was assessed similarly via the survey item, "At what level do you feel your post-service (professional) training prepared you to deal with cases of child abuse?" These items were included as a result of Kenny's (2004) finding that teachers who reported having learned about child abuse during the course of their undergraduate training reported significantly less awareness of the signs and symptoms of child abuse, as well as significantly less knowledge of mandated reporting procedures, than did those teachers whose pre-service education did not address child abuse.

Similarly, expanding upon Kenny's (2004) findings, participants' level of training in school psychology as well as whether or not they have completed trauma-specific coursework were included as items for exploratory analysis. Both characteristics were assessed through survey items written for and added to the revised version of Kenny's (2000) Educators and Child Abuse Questionnaire. First, participants' level of graduate training was assessed via the survey item, "Please indicate your level of graduate training in school psychology," to which participants were asked to select whether they are currently a first-year school psychology graduate student or are currently completing a practicum placement or internship. Likewise, participants were asked to self-report whether or not they have completed any trauma-specific coursework as a graduate student.

Finally, participants' prior reporting experience was assessed through Kenny's (2000) survey item, "As an educator, have you ever made a report of abuse to children's

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services?" This item was included given Kenny's (2004) finding that those teachers who reported having made a report to children's services reported significantly greater awareness of the signs and symptoms of child abuse, as well as significantly greater knowledge of mandated reporting procedures, than did those teachers who did not report any prior reporting experience.

Methods of Analysis

Intervention Efficacy Analyses. First, in order to determine whether participants' awareness of the signs and symptoms of child abuse differs by treatment / control group at the time of the post-survey (Research Question 1 / RQ1), an independent samples *t*-test was completed, with awareness of the signs and symptoms of child abuse and neglect serving as the test variable, and group (i.e., treatment or control) serving as the grouping variable. Similarly, to determine whether participants' knowledge of mandated reporting procedures differed by treatment / control group at the time of the post-survey (RQ1), an independent samples *t*-test was completed, with knowledge of mandated reporting procedures) serving as the test variable, and group (i.e., treatment or control) serving as the grouping variable.

Next, to determine whether there were significant changes in participants' awareness of the signs and symptoms of child abuse and/or knowledge of mandated reporting procedures from pre- to post-survey (RQ2), as well as whether these changes were maintained three months following completion of the on-line training (RQ3), a paired samples *t*-test was conducted. Paired samples included: pre- and post-survey levels of awareness, pre- and post-survey levels of knowledge, pre- and follow-up-survey levels of awareness, and post- and follow-up levels of awareness.

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Exploratory Analyses. Lastly, to determine whether pre- to post-survey gains in awareness of the signs and symptoms of child abuse and/or in knowledge of mandated reporting procedures differed by any of the above-identified exploratory variables, an independent samples *t*-test was conducted. Pre- to post-survey change served as the test variable, while the following variables were included as grouping variables: level of training in school psychology (RQ4), previous mandated reporting experience (RQ5), trauma-specific coursework (RQ6), pre-service preparation (RQ7), and post-service preparation (RQ8).

Procedures for Protecting against Bias

The present study included efforts to maintain implementation fidelity, which was ensured through use of an on-line design, such that participants were able to access the training as an on-line presentation only, and only one version of the training was made available, thereby guaranteeing that every participant had access to the exact same information in the exact same format.

Participants were encouraged to complete the training in one seating to minimize bias, though it was not possible to control the amount of time participants took to complete the training module. It is also important to note that the Flesch-Kincaid Reading Grade Level of the training module was estimated to be 12.8, through use of the Microsoft Office readability tools. Because only graduate students were asked to participate in this study, it is assumed that their reading abilities exceed a Flesch-Kincaid Grade Level of 12.8; thus, all participants had access to all of the information presented in the on-line training module.

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Procedures for Protecting Human Subjects

First, approval was sought from the Institutional Review Board at the University of Wisconsin-Milwaukee, and was granted on April 27, 2012 (IRB Protocol Number 12.352). Informed consent was sought from each participant, such that only those participants electronically consenting to participate were able to proceed to the electronic survey(s) and the on-line training module, where applicable. While there were no significant foreseeable risks associated with participation in this study, participants were provided with an overview of the training and the surveys that they would be asked to complete, as well as of the potential emotional distress that may accompany learning about child traumas. Participants were provided with contact information for both the doctoral student / student principal investigator and the dissertation chair, and were informed of their right to withdraw at any time. Confidentiality was maintained through the recording of all data by alphanumeric code, and only the doctoral student and dissertation chair had full access to the complete dataset.

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Chapter 4: Results

Participants' Demographic Characteristics

The total sample consisted of 54 participants, a majority (i.e., 78 percent) of whom identified as female. A majority of participants also identified themselves as advanced school psychology graduate students, with 70 percent reporting that they were currently completing a practicum placement or internship, and the remaining 30 percent identifying as first-year school psychology graduate students. On average, participants reported having made 2 reports (*SD* = 2.92) of suspected child abuse or neglect to Child Protective Services, and reported having participated in 1.5 reports (*SD* = 2.47).

Participants in each of the two groups (i.e., treatment and control) presented similar demographic characteristics. As delineated in Table 1, a majority of those participating in the treatment group identified as female, as did a majority of those participating in the control group. A majority of participants in both the treatment and control groups also reported that they were currently completing a practicum placement or internship. Participants in the control group, however, indicated that they have made more reports of suspected child maltreatment than did those in the treatment group, reporting an average of 2.89 reports (*SD* = 3.53).

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Table 1

Participants' Demographic Characteristics

	N (%)				*M* (*SD*)	
	Gender		Training Level		Reporting Experience	
Group[a]	Female	Male	First-year	Advanced	Reports made	Reports participated
Treatment	22 (82%)	5 (18%)	8 (30%)	19 (70%)	1.11 (1.81)	1.56 (2.34)
Control	20 (74%)	7 (26%)	8 (30%)	19 (70%)	2.89 (3.53)	1.48 (2.64)

[a]n = 27 for both groups

Intervention Efficacy Analyses

Treatment / Control Group Comparisons (RQ1). First, to establish that there were no significant differences between participants in the treatment and control groups at the time of the pre-survey, an independent samples *t*-test was completed, with the two subscales (i.e., awareness of the signs and symptoms of child abuse and neglect; knowledge of mandated reporting procedures) serving as the test variables, and group (i.e., treatment or control) serving as the grouping variable. As expected, there were no significant differences at the time of the pre-survey between participants in the treatment and control groups with regard to either their awareness of the signs and symptoms of child abuse and neglect [$t(52) = -.555$, $p = .581$], nor with regard to their knowledge of mandated reporting procedures [$t(52) = -.282$, $p = .779$]. More specific results from these analyses are provided in Table 2.

Then, to determine whether school psychologist trainees who completed the on-line training module in child trauma (i.e., treatment participants) reported greater awareness of the signs and symptoms of child maltreatment than do school psychologist trainees who did not complete an on-line training module in child trauma (i.e., control

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participants) following completion of the training (i.e., at the time of the post-survey), an independent samples *t*-test was conducted. As before, the two subscales (i.e., awareness of the signs and symptoms of child abuse and neglect; knowledge of mandated reporting procedures) served as the test variables, while group (i.e., treatment or control) served as the grouping variable.

As shown in Table 2, results indicated that, at the time of the post-survey, participants in the treatment group demonstrated significantly greater awareness of the signs and symptoms of child abuse and neglect than did their counterparts in the control group, $t(52) = -3.74$, $p < .001$. However, with regard to the knowledge of mandated reporting procedures scale, no statistically significant differences were found between participants in the treatment and control groups at the time of the post-survey, $t(52) = -.867$, $p = .390$.

Table 2

Treatment / Control Group Comparisons

Subscale	Treatment group (n = 27)		Control group (n = 27)			
	M	*SD*	*M*	*SD*	$t(52)^a$	p^b
Awareness						
Pre-Survey	11.07	2.84	11.48	2.55	-.555	.581
Post-Survey	8.78	2.76	(11.48)	(2.55)	-3.74	<.001**
Knowledge						
Pre-Survey	10.19	2.91	10.41	2.87	-.282	.779
Post-Survey	9.67	3.39	(10.41)	(2.87)	-.867	.390

[a] *Equal variances assumed*
[b] *2-tailed significance*

Pre- / Post-Survey Comparisons (RQ2). Next, to determine whether school psychologist trainees who complete an on-line training in child trauma (i.e., treatment participants) report greater awareness of the signs and symptoms of child maltreatment

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following completion of the training than they did prior to completion, a paired-samples *t*-test was conducted. Pre- and post-survey scores on the "Awareness of the Signs and Symptoms of Child Abuse" subscale served as the pairing variables. As shown in Table 3, participants reported significantly greater awareness at the time of the post-survey than they did at the time of the pre-survey, $t(26) = 4.09$, $p < .001$.

Likewise, to determine whether school psychologist trainees who complete an on-line training in child trauma (i.e., treatment participants) report increased knowledge of mandated reporting procedures following completion of the training than they did prior to completion, a paired-samples *t*-test was conducted. Pre- and post-survey scores on the "Knowledge of Mandated Reporting Procedures" subscale served as the pairing variables. There was no significant difference in treatment participants' knowledge reported at the time of the pre-survey and that reported at the time of the post-survey, $t(26) = 1.12$, $p = .273$. More specific results are displayed in Table 3.

Table 3

Pre- / Post-Survey Comparisons

Subscale	Treatment group (*n* = 27)			
	M	*SD*	*t*(26)	*p*[a]
Awareness				
Pre-Survey	11.07	2.84	4.09	<.001**
Post-Survey	8.78	2.76		
Knowledge				
Pre-Survey	10.19	2.91	1.12	.273
Post-Survey	9.67	3.39		

[a] *2-tailed significance*

Three-Month Follow-up (RQ3). Then, to determine whether the changes in school psychologist trainees' awareness of the signs and symptoms of child maltreatment

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from pre- to post-survey were maintained three months following completion of the on-line training module, paired-samples *t*-tests were conducted. Post- and follow-up-survey scores on the "Awareness of the Signs and Symptoms of Child Abuse" subscale formed one set of pairing variables, and pre- and follow-up-survey scores on the same scale formed the second set of pairing variables. Results indicate that there were no significant differences between participants' self-reported awareness at the time of the three-month follow-up than at the time of the post-survey [$t(26) = 1.32$, $p = .198$]. Additionally, results indicate that participants reported significantly greater awareness of the signs and symptoms of child abuse at the time of the 3-month follow-up than they did at the time of the pre-survey [$t(26) = 4.80$, $p < .001$]. More detailed results are provided in Table 4.

Table 4

3-Month Follow-up Comparisons

Subscale	Treatment group (n = 27)			
	M	*SD*	$t(26)$	p^a
Awareness				
Post-Survey	8.78	2.76	1.32	.198
Follow-up	8.04	2.50		
Pre-Survey	11.07	2.84	4.80	<.001**
Follow-up	8.04	2.50		

[a] *2-tailed significance*

Exploratory Analyses

Training Level (RQ4). In an effort to ascertain whether the change from pre- to post-survey in school psychologist trainees' awareness of the signs and symptoms of child abuse and/or knowledge of mandated reporting procedures differed significantly by participants' level of training in school psychology, an independent samples *t*-test was

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conducted, with the change from pre- to post-survey on each subscale serving as the test variable, and training level (i.e., first-year / advanced) serving as the grouping variable. As shown in Table 5, results indicated that training level did not significantly influence changes in pre- to post-survey awareness [$t(25) = 1.22$, $p = .234$] or knowledge [$t(25) = -.845$, $p = .406$].

Table 5

The Influence of Training Level

Subscale Training Level	Treatment group *M* (*SD*)			$t(25)^a$	p^b
	Pre-Survey (*n* = 27)	Post-Survey (*n* = 27)	Δ		
Awareness				1.22	.234
First-year	11.00 (1.77)	9.75 (2.87)	-1.25 (2.38)		
Advanced	11.11 (3.23)	8.37 (2.69)	-2.74 (3.07)		
Knowledge				-.845	.406
First-year	12.13 (2.90)	11.00 (3.82)	-1.13 (1.89)		
Advanced	9.37 (2.56)	9.11 (3.13)	-.263 (2.60)		

[a] *Equal variances assumed*
[b] *2-tailed significance*

Previous Mandated Reporting Experience (RQ5). Another independent samples *t*-test was conducted to determine whether the change from pre- to post-survey in school psychologist trainees' awareness of the signs and symptoms of child abuse and/or knowledge of mandated reporting procedures differed significantly by participants' previous mandated reporting experience. The change from pre- to post-survey on each subscale served as the test variable, while previous mandated reporting experience (i.e., experience / no experience) served as the grouping variable. As delineated in Table 6, results indicated that previous mandated reporting experience did not significantly

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influence changes in pre- to post-survey awareness [$t(25) = -.959$, $p = .347$] or knowledge [$t(25) = .356$, $p = .725$].

Table 6

The Influence of Previous Mandated Reporting Experience

Subscale	Treatment group *M* (*SD*)				
Experience	Pre-Survey ($n = 27$)	Post-Survey ($n = 27$)	Δ	$t(25)^a$	p^b
Awareness				-.959	.347
Experience	11.50 (3.89)	8.50 (2.64)	-3.00 (3.02)		
No experience	10.82 (2.10)	8.94 (2.90)	-1.88 (2.87)		
Knowledge				.356	.725
Experience	9.10 (1.85)	8.80 (3.08)	-.300 (2.16)		
No experience	10.82 (3.26)	10.18 (3.54)	-.647 (2.60)		

[a] *Equal variances assumed*
[b] *2-tailed significance*

Trauma-Specific Coursework (RQ6). To ascertain whether the change from pre- to post-survey in school psychologist trainees' awareness of the signs and symptoms of child abuse and/or knowledge of mandated reporting procedures differed significantly according to whether or not participants have completed trauma-specific coursework, an independent samples *t*-test was conducted, with the change from pre- to post-survey on each subscale serving as the test variable, and trauma-specific coursework (i.e., coursework / no coursework) serving as the grouping variable. As Table 7 shows, results indicated that trauma-specific coursework did not significantly influence changes in pre- to post-survey awareness [$t(25) = -.137$, $p = .892$] or knowledge [$t(25) = -.066$, $p = .948$].

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Table 7

The Influence of Trauma-Specific Coursework

Subscale	Treatment group *M* (*SD*)				
Coursework	Pre-Survey (*n* = 27)	Post-Survey (*n* = 27)	Δ	$t(25)^a$	p^b
Awareness				-.137	.892
Coursework	10.57 (2.94)	8.14 (2.85)	-2.43 (2.76)		
No coursework	11.25 (2.86)	9.00 (2.77)	-2.25 (3.04)		
Knowledge				-.066	.948
Coursework	9.00 (2.45)	8.43 (3.21)	-.571 (2.30)		
No coursework	10.60 (3.00)	10.10 (3.42)	-.500 (2.50)		

[a] *Equal variances assumed*
[b] *2-tailed significance*

Pre- and Post-Service Preparation (RQ7 and RQ8). Finally, an independent samples *t*-test was conducted to determine whether the change from pre- to post-survey in school psychologist trainees' awareness of the signs and symptoms of child abuse and/or knowledge of mandated reporting procedures differed significantly by participants' perceptions of their pre- and/or post-service preparation relating to child abuse. The change from pre- to post-survey on each subscale served as the test variable, while participants' perceptions of pre- and post-service preparation served as the grouping variables. Although respondents were presented three response options (i.e., adequate, minimal, and inadequate), response options of "minimal" were considered "inadequate" for the purposes of these analyses.

As shown in Table 8, results indicated pre-service preparation did not significantly influence changes in pre- to post-survey awareness [$t(24) = .989$, $p = .333$] or knowledge [$t(24) = 1.10$, $p = .284$]. Moreover, results also indicated that post-service

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preparation did not significantly influence changes in pre- to post-survey awareness [$t(25) = -.091$, $p = .928$] or knowledge [$t(25) = 1.26$, $p = .220$].

Table 8

The Influence of Pre- and Post-Service Preparation

Subscale Preparation	Treatment group *M* (*SD*)			$t(25)^a$	p^b
	Pre-Survey ($n = 27$)	Post-Survey ($n = 27$)	Δ		
Pre-Service					
Awareness				.989	.333
Adequate	10.22 (3.35)	8.67 (3.16)	-1.56 (2.13)		
Inadequate	11.41 (2.60)	8.65 (2.60)	-2.76 (3.31)		
Knowledge				1.10	.284
Adequate	9.67 (2.50)	9.89 (3.98)	.222 (2.22)		
Inadequate	10.41 (3.22)	9.53 (3.26)	-.882 (2.55)		
Post-Service					
Awareness				-.091	.928
Adequate	11.00 (3.22)	8.67 (2.77)	-2.33 (2.83)		
Inadequate	11.22 (2.05)	9.00 (2.92)	-2.22 (3.27)		
Knowledge				1.26	.220
Adequate	10.06 (3.23)	9.94 (3.83)	-.111 (2.27)		
Inadequate	10.44 (2.30)	9.11 (2.37)	-1.33 (2.60)		

[a] *Equal variances assumed*
[b] *2-tailed significance*

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Chapter 5: Conclusions

Implications

Awareness of Child Abuse. As expected, school psychologist trainees who completed an on-line training module on child trauma reported greater awareness of the signs and symptoms of child abuse after viewing the module than did those school psychologist trainees who did not view the module. Similarly, school psychologist trainees who completed the on-line training module reported greater awareness of the signs and symptoms of child abuse after completing the on-line training than they did prior to completion. Such results suggest that an on-line training module focusing on child trauma may therefore be an effective way to increase school psychologist trainees' awareness of the signs and symptoms of child abuse, and, ideally, will improve the likelihood that they will recognize child abuse in practice. Moreover, this increased awareness of the signs and symptoms of child abuse among treatment participants was maintained three months post-training completion, further suggesting that an on-line training module may be an effective way to increase school psychologist trainees' awareness of the signs and symptoms of child abuse.

These results support those reported by both Arbolino et al. (2008) and Kenny (2007). First, as discussed in Chapter 2, Arbolino et al. (2008) similarly found that school psychologists who reported having recently completed training specific to the child experience of maltreatment demonstrated the greatest knowledge of child maltreatment, suggesting that professional training may be a promising intervention for addressing the particular needs of children affected by abuse and neglect. Perhaps more relevant here, participants in Kenny's (2007) web-based training on child maltreatment demonstrated

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significantly greater knowledge of child maltreatment following completion of the training than they did prior to completion, and reported satisfaction with the on-line training method.

Though Kenny (2007) deemed that more research was necessary to fully document the effects of such on-line training modules, her study offered initial empirical evidence in support of an on-line training method for identifying suspected child maltreatment. The present study offers further empirical evidence in support of an on-line training method for identifying suspected maltreatment. This study, along with Kenny's (2007) study, offers further evidence that relatively brief trainings can improve educators' knowledge of child maltreatment, and suggests that web-based training may be a promising new way to efficiently disseminate information to school personnel.

Knowledge of Mandated Reporting. Unfortunately, given that school psychologist trainees who completed the on-line training on child trauma did not report any greater knowledge of mandated reporting procedures than did those school psychologist trainees who did not complete the training, nor did school psychologist trainees report any greater knowledge following completion of the training than they did prior to completion, an on-line training module may not be an effective way to teach school psychologist trainees about mandated reporting procedures.

This finding may be a result of the relatively low reliability associated with the "knowledge of mandated reporting procedures" subscale (i.e., $\alpha = .628$). While the ECAQ was considered the most appropriate survey instrument available for use in this study, this relatively low internal consistency may have failed to adequately measure knowledge of mandated reporting, as well as of any changes in such knowledge.

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This finding may also reflect adequate training in mandated reporting laws among school psychologist trainees, such that the trauma training presented for the purposes of this study did not present participants with any substantial new information in this area. Indeed, as discussed in Chapter 2, research and policy to date has largely focused on child maltreatment and the associated mandated reporting laws (Courtois & Gold, 2009). Moreover, Crenshaw, Crenshaw, and Lichtenberg (1995) found that educational professionals were generally very knowledgeable about mandated reporting laws, but differed in their beliefs about the school's role in addressing maltreatment, a key distinguishing feature among those who chose to report instances of suspected maltreatment and those who did not.

It is also important to note here that, while this finding contrasts with Kenny's (2007) findings that participants reported increased knowledge of mandated reporting procedures following her web-based training in child maltreatment, Kenny's (2007) study included undergraduate education students in addition to graduate counseling students. This group of students may receive less university-based training in mandated reporting laws than do school psychology graduate trainees. Indeed, Kenny's (2004) findings that teachers experience considerable unease when encountering child maltreatment and possess limited knowledge of mandated reporting offers support for this hypothesis.

Given that school psychologists are among the least likely school-based professionals to report suspected cases of abuse and neglect (VanBergeijk, 2007), it is hoped that the positive gains in awareness of the signs and symptoms of child abuse reported here will lead to increased implementation of web-based training in child maltreatment for school psychologist trainees. Ideally, such training will, in turn, enable

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school psychologist trainees, and subsequently, school psychologists, to report more suspected cases of child maltreatment, thereby increasing the number of children receiving access to those services designed specifically for their benefit.

Participant Characteristics. As discussed above, results indicate that level of training in school psychology, previous mandated reporting experience, trauma-specific coursework, and pre- and post-service preparation relating to child abuse did not influence school psychologist trainees' changes in awareness of the signs and symptoms of child abuse nor knowledge of mandated reporting procedures. As such, all participants may benefit equally from the on-line training module, regardless of demographic characteristics.

It is important to note here, however, that this lack of significant findings may have been expected in the present study given the relatively small sample size employed.

Limitations. There were a few notable limitations in the present study. First, the final sample included the minimum number of participants (i.e., 54 participants, with 27 participants in each group) required to maintain a probability level α of 0.05 and a power level $(1 - \beta)$ of 0.95, assuming a two-group analysis and a moderate effect size ($f = 0.5$). Although a moderate effect size was expected here given Alvarez et al.'s (2010) findings of moderate effects associated with completion of their training program, as described in Chapter 2 above, there may have been smaller effects associated with completion of the on-line training module that were unable to be detected here.

Second, this study relied on a convenience sample, with the majority of participants selected from the student population of the student principal investigator's and advisor's university. While such a selection facilitated ease of data collection,

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particularly given the inclusion of a three-month follow-up, these participants may not be representative of the total population of school psychologist trainees.

This study did not consider or control for any learning that may have occurred as a result of students' graduate training during the three months between the post-survey and three-month follow-up. Participants may have acquired additional awareness of the signs and symptoms of child maltreatment as well as additional knowledge of mandated reporting procedures simply as a result of their continued graduate education, which may have influenced their levels of both at the time of the three-month follow-up.

Finally, the use of an on-line design limited the ability of the trainers to adequately respond to participants' questions or lack of understanding following the training. While participants were given the option to contact both the student principal investigator as well as the principal investigator, participants may have been less likely to email or call with a question than they would have been to ask a question or ask for clarification in real time. Thus, some participants may have completed the training without having all of their questions and/or concerns fully addressed at the end, a limitation that likely would have been minimized had the training been presented in-person.

Significance of the Study

As discussed in Chapter 2, there are numerous potential benefits associated with training school psychologists in child trauma; perhaps most important is the amount of support school psychologists can effectively offer, which would help increase the number of children receiving the services and support they so desperately need (Courtois & Gold, 2009). Indeed, there now exists considerable knowledge of the effects of trauma on

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children, as well as of the interventions available to assist those affected (NCTSN), thereby creating a wealth of information and resources available for use by school psychologists when working with traumatized children.

Training for school psychologists, to date, however, has largely been limited to crisis intervention and child maltreatment/mandated reporting (Bolnik & Brock, 2005). While this is understandable given the societal and legal implications discussed previously, the unfortunate prevalence of on-going traumatic experiences in childhood suggests that school psychologists are likely to encounter children coping with such traumas. Moreover, Arbolino et al. (2008) noted that school psychologists are generally disappointed with their level of training in child abuse and neglect, while Kenny (2007) suggested that the use of an on-line training design may be particularly beneficial for such delicate topics as child maltreatment, which may cause students discomfort, particularly when the topic is discussed in person. Moreover, also as discussed by Kenny (2007), a web-based design facilitates independent learning, offers students an additional resource that can be referred to later, and provides opportunities for professors and other educators to provide accurate information on an important topic for which they may lack expertise and therefore be hesitant to address.

Finally, given the current lack of research on the effects of trauma training for school psychologists, the present study offers evidence that such training may be beneficial in increasing school psychologist trainees' awareness of the signs and symptoms of child abuse. In addition, given the above-discussed findings on the benefits of training educational professionals in child maltreatment and mandated reporting, as well as the increase in awareness of child abuse demonstrated by this study, it is expected

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that the provision of training on the effects of trauma on children, as well as on the relevant resources available to school psychologists, will serve to enhance school psychologists' work on behalf of children affected by trauma, and will ideally result in increased numbers of children receiving the support and services they need.

Suggestions for Further Research

Further research is needed to fully document the effects of an on-line training module on child trauma for school psychologist trainees. More research is needed to better understand why school psychologist trainees reported increased awareness of the signs and symptoms of child abuse and neglect following an on-line training module, but did not report increased knowledge of mandated reporting procedures. First, additional survey instruments with stronger psychometric properties are needed, particularly for assessing knowledge of mandated reporting procedures.

It may also be beneficial to include in future studies school psychologist trainees at the very beginning of their graduate level training, who presumably have received limited, if any, training in mandated reporting procedures, and may therefore be more likely to demonstrate gains in knowledge of mandated reporting procedures following an on-line training inclusive of such information. Similarly, it may be beneficial to expand future research studies to include practicing school psychologists, in an effort to assess the influence of experience on the effects of an on-line training module. Finally, future research should focus on mandated reporting procedures, with web-based training modules specifically targeting mandated reporting procedures and skills, perhaps with example cases, demonstrative reports, and opportunities for simulated practice.

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More research is also needed to examine the predictive validity of the gains in awareness of the signs and symptoms of child abuse associated with training completion, as found in the present study. As such, future research should examine the relationship between self-reported levels of awareness of the signs and symptoms of child maltreatment and school psychologists' actual reporting behavior. Moreover, future research should attempt to ascertain the appropriate levels of awareness of the signs and symptoms of child abuse as well as of knowledge of mandated reporting procedures necessary to facilitate proper reporting of suspected child maltreatment. Such research should involve both self-report measures, such as Kenny's (2000) Educators and Child Abuse Questionnaire (ECAQ), as well as measures designed to assess professionals' behavior and practices regarding actual cases of suspected child abuse.

Finally, future research studies should include larger sample sizes that do not rely largely on convenience sampling, in order to more accurately detect any changes that may be associated with completion of such an on-line training module, as well as any differences that may be due to participants' demographic characteristics. Future research studies should also include additional content areas important to addressing child maltreatment but that are often overlooked in school psychology training programs. Such content areas may include information and support resources for children experiencing additional types of trauma, such as traumatic grief, significant medical concerns, and natural disasters, as well as such treatment approaches as psychological first aid.

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Appendix A, Educators and Child Abuse Questionnaire (ECAQ) - Unrevised

Educators and Child Abuse Questionnaire

Personal Data

Age: __________ (in years)

Sex: (please circle one) Male or Female

State of Employement__________ (ie. Fl., N.J. , Utah, etc.)

Ethnicity (please check one and be specific if necessary)

Anglo ___ African American____

African-Caribbean___, specifically__________________

Hispanic____ specifically________________________

Asian American_________, specifically, ____________

Other,__________

Position: Teacher_____

School Counselor_____

Principal___________(please circle one) elementary or secondary

Number of years employed in education ______

List the highest degree you hold. (i.e. BA, M.Ed., Ed.D.)________

Child Maltreatment

For all the questions that follow, neglect is defined as the failure to act on behalf of the child. It may be thought of as childrearing practices which are essentially inadequate or dangerous and include such things as not providing the basic necessities for a child (i.e food, shelter, clothes) and also denying a child medical attention. Physical abuse is defined as non-accidental injury to a child by an caretaker. Sexual abuse is defined as any act of a sexual nature upon or with a child. The act may be for the sexual gratification of the perpetrator or a third party.

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As an educator, have you ever made a report of abuse to children's services? Yes or no

How many reports of child abuse have you made to children's services?_____

How many reports have you been a part of (i.e. reported to administrator, who then reported)___

Have there ever been times when you thought a child might have been abused but did not report?

Yes or No

If yes, what impacted your decision not to report. Check only most important one.

_____ Fear of making an inaccurate report

_____ Not wanting to appear foolish

_____ Anticipating unpleasant events to follow (i.e. family getting mad)

_____ Feeling as though HRS does not generally offer help to maltreated children

_____ Not wanting to get caught up in legal proceedings

_____ Believing reporting abuse only brings about negative consequences for the family and child

_____ Feeling as though it is not my job

_____ Fear of misinterpreting cultural discipline styles

_____ No physical injury visible, just the child's self report

_____ Knowing parents and feeling they are motivated for treatment and remorseful

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Education & Training

Do you feel your preservice education (college training) adequately addressed child abuse reporting? Yes or no

If yes, how specifically was child abuse addressed in your training?

____ in course lectures

____ assigned readings

___ workshops/seminars

____other, specify____

If no, what do you feel your education was lacking in regards to assisting you in child abuse reporting?

Not covered in courses_______________

Not sure of legal requirements__________

Never practiced the skills in class________

Other,____

At what level do you feel your preservice training prepared you to deal with cases of child abuse? (Please circle one)

Adequate Minimal Inadequate

At what level do you feel your postservice (professional) training prepared you to deal with cases of child abuse. (Please circle one)

Adequate Minimal Inadequate

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Attitudes/Personal Beliefs

Please circle your response.

All parents have the right to discipline their children in whatever manner they see fit.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

Teachers should not be mandated to report child abuse.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

I am aware of my school's procedures for child abuse reporting.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

I feel that administration would support me if I made a child abuse report.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

Child abuse is a serious problem in our society.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

Child abuse is a serious problem in my school.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

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As an educator, I should have an obligation to report child abuse in the state of Florida.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

If I make a report of child abuse, and it is not founded, the family can sue me.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

I am aware of the signs of child neglect.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

I am aware of the signs of child sexual abuse.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

I am aware of the signs of child physical abuse.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

Teachers should be allowed to use corporal punishment with students.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

Vignettes

For each of the following, indicate what course of action, if any, you would take.

Case #1

Your student tells you that her stepfather has been touching her genitals.

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In this instance, I would: (circle one)

1. Report to authorities
2. Report to school administration
3. Defer decision to report to school administration (i.e. principal, school counselor, guidance counselor).
4. Wait for more obvious, clear, convincing evidence of abuse/ neglect.
5. Speak to parents or stepfather.
6. Don't report, take no action.

If you do not take action, what impacted your decision not to report? (Check the most important reason).

_____ Fear of making an inaccurate report

_____ Not wanting to appear foolish

_____ Anticipating unpleasant events to follow

_____ Feeling as though HRS does not generally offer help to maltreated children

_____ Not wanting to get caught up in legal proceedings

_____ Reporting abuse only brings about negative consequences for the family and child

_____ Feeling as though it is not my job

_____ Fear of misinterpreting cultural discipline styles

_____ No physical injury visible, just the child's self report

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_____ Knowing parents and feeling they are motivated for treatment and remorseful

Case #2

Your student tells you that another teacher has been touching her genitals.

In this instance, I would: (circle one)

1. Report to authorities
2. Report to school administration
3. Defer decision to report to school administration (i.e. principal, school counselor, guidance counselor).
4. Wait for more obvious, clear, convincing evidence of abuse/ neglect.
5. Speak to other teacher.
6. Don't report, take no action.

If you do not take action, what impacted your decision not to report? (Check the most important reason).

_____ Fear of making an inaccurate report

_____ Not wanting to appear foolish

_____ Anticipating unpleasant events to follow

_____ Feeling as though HRS does not generally offer help to maltreated children

_____ Not wanting to get caught up in legal proceedings

_____ Reporting abuse only brings about negative consequences for the family and child

_____ Feeling as though it is not my job

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_____ Fear of misinterpreting cultural discipline styles

_____ No physical injury visible, just the child's self report

_____ Knowing parents and feeling they are motivated for treatment and remorseful

THANK YOU VERY MUCH FOR YOUR TIME!

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Please write for copy permission to Maureen C. Kenny, Ph.D., Florida International University, College of Education, University Park, ZEB 238 B, Miami, Florida 33199.

If this instrument is used for any purpose (research, clinical, teaching) please site the source as follows: Kenny, M. (2000) Educators and Child Abuse Questionnaire.

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Appendix B, Full Study Questionnaire

University of Wisconsin – Milwaukee
Consent to Participate in Research

Study Title: Measuring the Effects of an On-Line Training Module for School Psychologists' Working with Traumatized Children: A Pilot Study

Person Responsible for Research: Karen Stoiber, PhD; Student PI: Kristin Dezen, MS, MPP

Study Description: The purpose of this research study is to examine the potential benefits to school psychologist trainees' of an on-line training module on child trauma. Approximately 60 subjects will participate in this study. If you agree to participate, you may be asked to watch the on-line training (approximately 45 minutes in length), and/or complete one survey both prior to and after observing the on-line module. The training module and survey completion will take at most approximately 1 hour of your time. If you are only asked to take the survey, it should take approximately 10-15 minutes total (pre- and post-survey). You may also be contacted again in 3 months to complete an additional survey (5 minutes). If you are not requested to view the module, you will have the opportunity to view it at the end of the 3 month period.

Risks / Benefits: Risks that you may experience from participating include potential psychological discomfort from learning about child traumas. Costs for participating are limited to approximately 1 hour of your time. The primary benefit to you is the potential for you to learn information on child trauma and you will further research in the area that maybe beneficial to the profession.

Confidentiality: Your information collected for this study is completely confidential and no individual participant will ever be identified with his/her research information. Data from this study will be saved on a password-protected computer for 7 years. Only the principal investigator, Dr. Karen Stoiber, and the student principal investigator, Kristin Dezen, will have access to the information. However, the Institutional Review Board at UW-Milwaukee or appropriate federal agencies like the Office for Human Research Protections may review this study's records.

Voluntary Participation: Your participation in this study is voluntary. You may choose not to take part in this study, or if you decide to take part, you can change your mind later and withdraw from the study. You are free to not answer any questions or withdraw at any time. Your decision will not change any present or future relationships with the University of Wisconsin-Milwaukee. There are no known alternatives available to participating in this research study other than not taking part.

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Who do I contact for questions about the study: For more information about the study or study procedures, contact Kristin Dezen at kadezen@uwm.edu, or Dr. Karen Stoiber at kstoiber@uwm.edu.

Who do I contact for questions about my rights or complaints towards my treatment as a research subject? Contact the UWM IRB at 414-229-3173 or irbinfo@uwm.edu.

Research Subject's Consent to Participate in Research: By completing and submitting the attached survey, you are voluntarily agreeing to take part in this study. Completing the survey indicates that you have read this consent form and have had all of your questions answered, and that you are 18 years of age or older.

Thank you!

- I accept and agree to participate in this study
- I do NOT accept and do NOT agree to participate in this study

Please create a unique identifier for yourself, using any combination of letters and/or numbers. ____

Please enter a valid email address where you may be contacted for a follow-up survey. ____

What is your gender?

- Male
- Female

Please indicate your level of graduate training in school psychology.

- I am currently a first-year school psychology graduate student.
- I am currently completing a practicum placement or internship.

[Educators and Child Abuse Questionnaire (Kenny, 2000) – Adapted]

<u>Child Maltreatment</u>

For all the questions that follow, neglect is defined as the failure to act on behalf of the child. It may be thought of as childrearing practices which are essentially inadequate or dangerous and include such things as not providing the basic necessities for a child (i.e., food, shelter, clothes) and also denying a child medical attention. Physical abuse is defined as non-accidental injury to a child by a caretaker. Sexual abuse is defined as any act of a sexual nature upon or with a child. The act may be for the sexual gratification of the perpetrator or a third party.

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As an educator, have you ever made a report of abuse to children's services?

- o Yes
- o No

How many reports of child abuse have you made to children's services?
____

How many reports have you been a part of (i.e., reported to an administrator, who then reported)? ____________________

Have there ever been times when you thought a child might have been abused but did not report?

- o Yes
- o No

<u>Education & Training</u>

At what level do you feel your pre-service training prepared you to deal with cases of child abuse?

- o Adequate
- o Minimal
- o Inadequate

At what level do you feel your post-service (professional) training prepared you to deal with cases of child abuse.

- o Adequate
- o Minimal
- o Inadequate

Have you taken any trauma-specific coursework (e.g., trauma counseling courses) during your time as a graduate student?

- o Yes
- o No

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Attitudes/Personal Beliefs

Please indicate your level of agreement with each of the following statements.

I am aware of the effects of child sexual abuse.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

I am aware of local procedures for reporting child abuse.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

As a school psychologist, I have an obligation to report child abuse.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

I am aware of the effects of youth homelessness.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

School psychologists are not mandated to report child abuse.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

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I am aware of the effects of child neglect.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

School psychologists should report cases of child abuse only if they are completely certain that child abuse is occurring.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

I am aware of the effects of child trauma on academic skills.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

Child Protective Services will decide whether or not to investigate reported cases of child abuse.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

I am aware of the effects of child exposure to domestic violence.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

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When making a report, it is important to have as much information about the child's background as possible.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

I am aware of the effects of child physical abuse.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

Thank you for completing this survey!

On-Line Training Module

The on-line training module may be accessed by clicking the link below. Please note that you will be redirected to "Google Documents," at which point you will see a page that says "No preview available" and a "Download" button beneath it; click the "Download" button. You may then see a page that says "Sorry, we are unable to scan this file for viruses. The file exceeds the maximum size that we scan." Click "Download anyway." The file should begin downloading as an Adobe PDF file. Please note that the file is rather large and may take several minutes to completely download. The video will start automatically once the download is complete.

https://docs.google.com/open?id=0B9uVbe8JlskFMWNiNmE1YjAtNzliZC00NzlmLWI4ZDUtZmE3MjE4MDBkMDcx

Thank you for viewing the on-line training module! Your participation is greatly appreciated!

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Attitudes/Personal Beliefs

Please indicate your level of agreement with each of the following statements.

I am aware of the effects of child sexual abuse.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

I am aware of local procedures for reporting child abuse.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

As a school psychologist, I have an obligation to report child abuse.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

I am aware of the effects of youth homelessness.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

School psychologists are not mandated to report child abuse.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

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I am aware of the effects of child neglect.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

School psychologists should report cases of child abuse only if they are completely certain that child abuse is occurring.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

I am aware of the effects of child trauma on academic skills.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

Child Protective Services will decide whether or not to investigate reported cases of child abuse.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

I am aware of the effects of child exposure to domestic violence.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

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When making a report, it is important to have as much information about the child's background as possible.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

I am aware of the effects of child physical abuse.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

Thank you so much for your time! Your participation is truly appreciated!

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Appendix C, Control Questionnaire

University of Wisconsin – Milwaukee
Consent to Participate in Research

Study Title: Measuring the Effects of an On-Line Training Module for School Psychologists' Working with Traumatized Children: A Pilot Study

Person Responsible for Research: Karen Stoiber, PhD; Student PI: Kristin Dezen, MS, MPP

Study Description: The purpose of this research study is to examine the potential benefits to school psychologist trainees' of an on-line training module on child trauma. Approximately 60 subjects will participate in this study. If you agree to participate, you may be asked to watch the on-line training (approximately 45 minutes in length), and/or complete one survey both prior to and after observing the on-line module. The training module and survey completion will take at most approximately 1 hour of your time. If you are only asked to take the survey, it should take approximately 10-15 minutes total (pre- and post-survey). You may also be contacted again in 3 months to complete an additional survey (5 minutes). If you are not requested to view the module, you will have the opportunity to view it at the end of the 3 month period.

Risks / Benefits: Risks that you may experience from participating include potential psychological discomfort from learning about child traumas. Costs for participating are limited to approximately 1 hour of your time. The primary benefit to you is the potential for you to learn information on child trauma and you will further research in the area that maybe beneficial to the profession.

Confidentiality: Your information collected for this study is completely confidential and no individual participant will ever be identified with his/her research information. Data from this study will be saved on a password-protected computer for 7 years. Only the principal investigator, Dr. Karen Stoiber, and the student principal investigator, Kristin Dezen, will have access to the information. However, the Institutional Review Board at UW-Milwaukee or appropriate federal agencies like the Office for Human Research Protections may review this study's records.

Voluntary Participation: Your participation in this study is voluntary. You may choose not to take part in this study, or if you decide to take part, you can change your mind later and withdraw from the study. You are free to not answer any questions or withdraw at any time. Your decision will not change any present or future relationships with the University of Wisconsin-Milwaukee. There are no known alternatives available to participating in this research study other than not taking part.

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Who do I contact for questions about the study: For more information about the study or study procedures, contact Kristin Dezen at kadezen@uwm.edu, or Dr. Karen Stoiber at kstoiber@uwm.edu.

Who do I contact for questions about my rights or complaints towards my treatment as a research subject? Contact the UWM IRB at 414-229-3173 or irbinfo@uwm.edu.

Research Subject's Consent to Participate in Research: By completing and submitting the attached survey, you are voluntarily agreeing to take part in this study. Completing the survey indicates that you have read this consent form and have had all of your questions answered, and that you are 18 years of age or older.

Thank you!

- o I accept and agree to participate in this study
- o I do NOT accept and do NOT agree to participate in this study

Please create a unique identifier for yourself, using any combination of letters and/or numbers.

____

Please enter a valid email address where you may be contacted for a follow-up survey.

____

What is your gender?

- o Male
- o Female

Please indicate your level of graduate training in school psychology.

- o I am currently a first-year school psychology graduate student.
- o I am currently completing a practicum placement or internship.

[Educators and Child Abuse Questionnaire (Kenny, 2000) – Adapted]

<u>Child Maltreatment</u>

For all the questions that follow, neglect is defined as the failure to act on behalf of the child. It may be thought of as childrearing practices which are essentially inadequate or dangerous and include such things as not providing the basic necessities for a child (i.e., food, shelter, clothes) and also denying a child medical attention. Physical abuse is

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defined as non-accidental injury to a child by a caretaker. Sexual abuse is defined as any act of a sexual nature upon or with a child. The act may be for the sexual gratification of the perpetrator or a third party.

As an educator, have you ever made a report of abuse to children's services?

- Yes
- No

How many reports of child abuse have you made to children's services?
____

How many reports have you been a part of (i.e., reported to an administrator, who then reported)? ____________________

Have there ever been times when you thought a child might have been abused but did not report?

- Yes
- No

Education & Training

At what level do you feel your pre-service training prepared you to deal with cases of child abuse?

- Adequate
- Minimal
- Inadequate

At what level do you feel your post-service (professional) training prepared you to deal with cases of child abuse.

- Adequate
- Minimal
- Inadequate

Have you taken any trauma-specific coursework (e.g., trauma counseling courses) during your time as a graduate student?

- Yes
- No

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Attitudes/Personal Beliefs

Please indicate your level of agreement with each of the following statements.

I am aware of the effects of child sexual abuse.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

I am aware of local procedures for reporting child abuse.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

As a school psychologist, I have an obligation to report child abuse.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

I am aware of the effects of youth homelessness.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

School psychologists are not mandated to report child abuse.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

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I am aware of the effects of child neglect.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

School psychologists should report cases of child abuse only if they are completely certain that child abuse is occurring.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

I am aware of the effects of child trauma on academic skills.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

Child Protective Services will decide whether or not to investigate reported cases of child abuse.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

I am aware of the effects of child exposure to domestic violence.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

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When making a report, it is important to have as much information about the child's background as possible.

- o Strongly Agree
- o Agree
- o Neither Agree nor Disagree
- o Disagree
- o Strongly Disagree

I am aware of the effects of child physical abuse.

- o Strongly Agree
- o Agree
- o Neither Agree nor Disagree
- o Disagree
- o Strongly Disagree

Thank you for completing this survey!

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Appendix D, Scales

Awareness of the Signs and Symptoms of Child Abuse and Neglect

I am aware of the effects of child sexual abuse.

I am aware of the effects of youth homelessness.

I am aware of the effects of child neglect.

I am aware of the effects of child trauma on academic skills.

I am aware of the effects of child exposure to domestic violence.

I am aware of the effects of child physical abuse.

Knowledge of Mandated Reporting Procedures

I am aware of local procedures for reporting child abuse.

As a school psychologist, I have an obligation to report child abuse.

School psychologists are not mandated to report child abuse. (R)

School psychologists should report cases of child abuse only if they are completely certain that child abuse is occurring. (R)

Child Protective Services will decide whether or not to investigate reported cases of child abuse.

When making a report, it is important to have as much information about the child's background as possible.

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Kristin Dezen

1250 NE 133rd Street, N. Miami, FL 33161
585.697.4143 • kristin.dezen@gmail.com

EDUCATION

University of Wisconsin, Milwaukee, WI — *Expected* December 2012
Doctor of Philosophy, Urban Education, Specialization: School Psychology
Minors: Psychology, Social Work
Certificate: Trauma Counseling
Current GPA: 3.94; Chancellor's Fellow
Dissertation: Measuring the Effects of an On-Line Training Module for School Psychologists Working with Traumatized Children: A Pilot Study

Georgetown University, Washington, DC — May 2007
Master of Public Policy, Public Policy
Concentration: Education, Social, and Family Policy

Nazareth College of Rochester, Rochester, NY — May 2004
Bachelor of Science, Social Work and Psychology
GPA: 3.8; Dean's Scholar

LICENSES / CERTIFICATIONS

Certified Traumatic Stress Specialist (CTSS)
Nurturing Program Facilitator Certification
Certified Social Worker (CSW) License, State of Wisconsin
Official Statement of Eligibility – School Psychologist Temporary Certificate (Florida)
Received Passing Score on the School Psychologist PRAXIS exam (July 2012)

INTERNSHIP (APA-Accredited)

Community Action and Human Services Department, Miami, FL
Intern Psychologist — August 2011-August 2012

- Provided individual counseling and advocacy for child and adult survivors of domestic violence at the Coordinated Victims Assistance Center of Miami, utilizing solution-focused, trauma-based, and cognitive-behavioral psychotherapy techniques.
- Conducted comprehensive child evaluations, which involved the administration, analysis, and synthesis of information obtained from standardized assessments, observations, and caregiver interviews, in response to concerns about academic, cognitive, and socio-emotional functioning.
- Completed individual and classroom observations, provided parent trainings and feedback sessions, and assisted with classroom interventions.

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PRACTICA EXPERIENCE

Pathfinders, Milwaukee, WI May 2010-May 2011
Extern Therapist
- ❖ Provided individual counseling to runaway and homeless youth residing in a crisis shelter, utilizing solution-focused, trauma-based, and cognitive-behavioral psychotherapy techniques.
- ❖ Provided crisis intervention, clinical assessment, treatment and discharge planning, referrals, and intervention strategies for youth and families experiencing trauma.
- ❖ Co-facilitated therapeutic groups for youth who had experienced sexual abuse and other trauma, designed to aid in both the processing of and coping with traumatic experiences.
- ❖ Assisted with systems interventions, program development and outreach programming, as well as general shelter interaction and support as needed.

Walker's Point Youth and Family Center, Milwaukee, WI January-May 2010
Practicum Nurturing Program Group Facilitator
- ❖ Co-facilitated a Nurturing Program group for parents and adolescents, designed to improve conflict resolution skills, reduce stress, and improve family communication.
- ❖ Consulted with external professionals to ensure an effective therapeutic group process for all participants, and established positive consultative relationships with parents and support staff.

Community Advocates, Milwaukee, WI September-December 2009
Practicum Counselor
- ❖ Facilitated therapeutic children's support groups for children residing in a domestic violence shelter, which utilized both nurturing program principles and solution-focused therapy techniques.
- ❖ Utilized cognitive-behavioral and solution-focused therapy techniques with women and children exposed to domestic violence, and established positive consultative relationships with parents and support staff.
- ❖ Completed children's intakes and assisted with children's playgroup facilitation in a residential shelter setting.

Milwaukee Public Schools, Milwaukee, WI September 2008-June 2009
Jeremiah Curtin Leadership Academy (K-8) & MacDowell Montessori School (K-8)
Practicum Psychologist
- ❖ Conducted comprehensive evaluations, which involved the administration, analysis, and synthesis of information obtained from standardized and curriculum-based assessments, in response to concerns about academic, cognitive, and socio-emotional functioning.
- ❖ Utilized cognitive-behavioral and solution-focused therapy techniques, established positive consultative relationships with teachers and support staff, led

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Collaborative Support Team meetings, and participated in IEP and 504 team meetings.
- ❖ Facilitated an anger management group, class council, and a community service group, presented the Trails program, and oversaw a journal club for girls.
- ❖ Served as a Bully Coach and peer mediator, presented the Second Step violence prevention program, and assisted with the Most Restrictive Placement/Emotional Behavioral Disability classroom.

Milwaukee Public Schools, Milwaukee, WI September 2008-June 2009
Violence Prevention Team
- ❖ Completed follow-up evaluations and assisted with Classroom Organization and Management Program trainings and classroom observations.

PROFESSIONAL EXPERIENCE

Milwaukee Women's Center, Milwaukee, WI November 2007-June 2010
Volunteer Crisis Line Counselor & Children's Program Assistant
- ❖ Provided crisis counseling to women and children having experienced domestic violence.
- ❖ Assisted with therapeutic children's support groups and playgroup facilitation in a shelter setting.

Project EMERGE, Milwaukee, WI September 2007-August 2009
Project Assistant
- ❖ Conducted early childhood assessments with preschool students at multiple Head Start and early childhood centers, for the purpose of data collection to support an Early Reading First grant.
- ❖ Tutored preschool students in a Head Start classroom with the goal of improving early literacy skills.
- ❖ Assisted with family involvement and small group activity design and implementation.

Court Appointed Special Advocate (CASA) for Children, VA & WI
Volunteer CASA Advocate March 2006-November 2009
- ❖ Represented children who had been abused and/or neglected throughout the court process.

Rape Crisis Service, Rochester, NY January-August 2005
Volunteer Rape Crisis Advocate
- ❖ Provided crisis intervention and support services to victims of sexual assault.

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PUBLICATIONS

Topitzes, J., Mersky, J.P., Reynolds, A.J., & **Dezen, K.A.** (pending). *Adult resilience among maltreated children in the Chicago Longitudinal Study: A prospective investigation of mediating processes.* Development and Psychopathology.

Dezen, K., Gubi, A., & Ping, J. (2010). School psychologists working with children affected by abuse and neglect. *School Psychology Communique, 38*(7).

PRESENTATIONS

Dezen, K., & Perez, A. (2012, August). *Child trauma: A training for practitioners and support staff*. Invited training presented to the Miami-Dade County Community Action and Human Services Department, Miami, FL.

Dezen, K. (2012, March). *Effects of foster care on early child development*. Training presented at the 2012 Early Head Start Pregnant Women, Infants, and Toddlers Conference, Miami Beach, FL.

Dezen, K., Adams, T., & Cleary, T. (2011, February). *School psychologists' perspectives on working with children who have experienced trauma.* Poster presented at the 2011 National Association of School Psychologists Annual Convention, San Francisco, CA.

Dezen, K., Adams, T., & Cleary, T. (2010, August). *Integration of school-based assessments for children who have experienced trauma.* Poster presented at the 2010 American Psychological Association Convention (Division 16), San Diego, CA.

RESEARCH EXPERIENCE

The Integration of School-Based Assessments for Children who have Experienced Trauma: Perceptions of School Psychologists
Student Principal Investigator October 2009 – May 2011
Supervising Professor: Dr. Tim Cleary, Department of Educational Psychology, UW-Milwaukee

- Research examined school psychologists' perceptions of trauma-based assessments and their knowledge in working with children who have experienced trauma.

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Child Maltreatment and Adult Resilience Research November 2008-May 2011
Research Team Member
Principal Investigator: Dr. Dimitri Topitizes, Department of Social Work, UW-Milwaukee

- ❖ Research examined the effects of child maltreatment on adult resiliency, as well as those factors that mediate and moderate the relationship.

Consulting Office for Research and Evaluation, Milwaukee, WI
Project Assistant September 2009-August 2011

- ❖ Conducted statistical analyses for both large and small research projects conducted by the faculty of the University of Wisconsin-Milwaukee, utilizing SAS, SPSS, and Excel as necessary.
- ❖ Assisted faculty with research design, survey development, psychometric analyses, and database processing and design.

Parent-Child Home Program, Washington, DC November 2006-August 2007
Graduate Student Consultant

- ❖ Conducted a research and literature review of strategies used to promote literacy and school readiness among low-income, low-literate, and/or English-as-a-second-language families.

Children's Defense Fund, Washington, DC Spring 2006
Policy Intern, Early Childhood Development

- ❖ Research concentrated on the 21st Century Community Learning Centers Program and after school programs, which led to the creation of an After School Program fact sheet.
- ❖ Advocacy and policy work focused on ensuring access to quality child care, pre-kindergarten, and after-school opportunities for all children.

FIELD EXPERIENCE

Jumpstart, Washington, DC September 2006-May 2007
Team Leader / Americorps Member

- ❖ Managed and coached a team of volunteers in implementing an early literacy program.
- ❖ Planned and implemented lesson plans and activities for preschool students that were both academically and socially based.

Cameron Community Ministries, Rochester, NY
Youth Programs Counselor Summers 2005, 2006 & 2007

- ❖ Provided group and one-on-one assistance to children with demonstrated learning, social, and/or environmental challenges.
- ❖ Provided information and referral services to appropriate health and human service agencies and other community resources.

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AnBryce Foundation, Washington, DC Spring 2006
Saturday Leadership Institute Teacher
- Prepared and implemented lesson plans and activities for middle school students that were both academically and socially based.

Rochester Primary Care Network, Rochester, NY October 2004-July 2005
Outreach Information and Referral Representative / Americorps Member
- Advocated for pediatric health care services for families in need, collaborating and coordinating with local health and human service agencies to ensure appropriate provision.
- Conducted intake assessments and developed individualized action plans to address parental needs.

PROFESSIONAL TRAINING / CERTIFICATES

Trauma Counseling Certificate, December 2010
Trauma-Focused Cognitive Behavioral Therapy Certificate, April 2010
Healing Trauma with Psychodrama and Sand Tray, February 2010
Nurturing Program for Parents and Adolescents Certificate, January 2010
Institute for the Study and Promotion of Race and Culture Summer Program, Aug 2008
Court Appointed Special Advocate for Children (States of VA and WI), May 2006
Rape Crisis Advocate (State of NY), January 2005

PROFESSIONAL MEMBERSHIPS

Association of Traumatic Stress Specialists (ATSS), Current Member
National Child Traumatic Stress Network (NCTSN), Current Member
American Psychological Association (APA), Divisions 16, 37, 56, Current Member
National Association of School Psychologists (NASP), Current Member
School Psychology Student Association, Current Member
Multicultural Connections for School Psychologists, Current Member

HONORS / AWARDS

Graduate School Fellowship
Michelle A. Miller Memorial Scholarship
The National Scholars Honor Society
The Chancellor's List
Charles Mills Prize for Writing Excellence
Campus Compact Community Service Award
Nazareth College Alumni Association Award for Community Service
New York State Award for Academic Excellence

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COMMUNITY SERVICE

Habitat for Humanity, June 2012-Present
HandsOn Broward, October 2011-Present
Community Advocates, November 2007-June 2010
Kids Matter, Inc, November 2007-November 2009
Hope House Summer Friday Class Club Leader, Summer 2008
Stop Child Abuse Now (SCAN), March 2006-July 2007
LEAP After-School Program, Spring 2007
RESTART Substance Abuse Recovery Program, April 2002-August 2007
CityCares Team Coordinator, January 2003-August 2007

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