

**ENSURING THE MENTAL WELL-BEING OF FIRST-YEAR
STUDENTS OF MICHAEL OKPARA UNIVERSITY OF AGRICULTURE
THROUGH TRAUMA- INFORMED COUNSELING
TAPPING TECHNIQUES (TICTT)**

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Abstract

Trauma-Informed counselling is the help given to clients understand where their behaviour is coming from, by explaining trauma effects on the brain and emotional regulation. The period of child-hood and adolescent stages are critical to the growth in terms of mental reasoning and health development of the child. A total of 40 traumatised first-year students in the Faculty of Education were sampled and the study used quasi-experimental design carried out using pre-test and post-test techniques. Undergraduate students selected were divided into two groups: the experimental group and the control group. The experimental group treated with "School-based Trauma-Informed Counselling Tapping Techniques (TICTT), and no interventions given to the control group. The researcher administered Traumatic Stress Disorder Questionnaire (TSDQ) to both the experimental and control groups before and after the intervention. However, the experimental group received TICTT (emotional freedom technique or alternative treatment for physical pain and emotional distress). The researcher administered TSDQ to the two groups (the numbers re-arranged at post-test); scores obtained at pre-test and post-test in experimental and control groups recorded. The researcher calculated the difference in percentages between the pre-test and post-test. The result indicated that trauma-informed counselling, using Tapping Techniques (TICTT), improve the mental well-being of undergraduate students by 28%. The researcher recommended that solid and loving relationships should exist among parents, teachers and relatives of the traumatised.

Key Words: Traumatic stress disorder, mental health, mental well-being, trauma-informed counselling, trauma tapping therapy and Faculty of Education.

Introduction and background to the problem

Traumatic experiences can include witnessing or experiencing physical, sexual and emotional abuse. Others include bullying, terrorism, loss of a loved one, family and community violence. (Hostinar & Gunnar 2013). Adolescents who have experienced complex trauma have difficulty identifying, expressing and managing emotions and may have limited language to express them.

Some of these adolescents often internalise or externalise stress reactions and may experience significant depression, anxiety or anger. Essentially, service providers for youth should understand and be mindful of how best to respond and support healing. Youth-serving providers to develop a greater understanding of the association between trauma and mental health and substance use disorders and how it can derail the healthy development of youth.

However, in an effort to recognise the importance of addressing trauma and using the trauma-informed approach in the prevention, treatment and recovery efforts, this study discussed the concept and prevalence of trauma. Techniques for coping with and recovering from trauma at an individual and systems-level included among the core principles for building a framework for understanding trauma. The implementation of elements essential for a trauma-informed system discussed and presented by experts.

Understanding Trauma-Informed Approach

They were integrating a trauma-informed approach to health, behavioural health, and related systems. The service providers tried to reduce the harmful effects of trauma and violence on individuals, families, and communities and using innovative strategies. They also tried to reduce the involvement of individuals with trauma and behavioural health issues in juvenile criminal delinquency. As Part of this initiative, experts outlined a framework for trauma and guidance for developing and implementing a trauma-informed approach by Samhsa (2014).

Trauma is a complex experience that affects youth and the systems that serve them in various ways. Most trauma experiences are described through some common elements: event, experience, and effect, also known as “the three E's” (Griffin and Sallen, 2013). This study posited that the elements addressed the uniqueness of an individual's response; to an event and how an event affects one's future behaviour and well-being.

An *Event* is objective and measurable. Traumatic events include abuse (physical, emotional, sexual), domestic or community violence, an accident or natural disaster and war or terrorism.

An *Experience* is subjective and difficult to measure because it relates to how someone reacts to an event. It is often thought to be life-threatening or physically or emotionally overwhelming that can vary among people and over time. How one person experiences an event might differ from how another person does; culture, gender, and age all influence one's experience of the event. Additionally, people experience events in different ways. Resilience, risk and protective factors, and support may contribute to this experience.

Effects are the reactions a person has to an event and how an experience changes or alters that person's ongoing and future behaviour. The classic examples of such symptoms includes experiencing hyperarousal, such as overreacting or being hyper-vigilant, re-experiencing an event as nightmares or flashbacks, and avoiding a situation by having a fight, flight, or freeze reaction. The effects of a traumatic event can have a long-term impact on neurobiological development and contribute to negative physical, hormonal, and chemical changes due to stress responses. Researchers' reports show that traumatic stress occurs when an extreme experience overwhelms and alters an individual's stress-related physiological systems (Unga & Perry, 2012).

Prevalence of Trauma and Strategies for Youth, Families, and Communities to Recover from Trauma

Many youths are exposed to traumatic events, including those in the internally displaced person's camp (IDP), child welfare systems and those who experience homelessness. Building on the three E's concepts, we know that the experience of trauma is complex and particular to each individual's life circumstances, which can make quantifying complex (Griffin & Sallen, 2013). Some people experience multiple traumas; for example, a youth who has been separated from his or her family and then experiences assault or abuse in a foster home. Children involved with the mental health, child welfare and juvenile justice systems have experienced multiple traumas.

Ford and Courtois (2013) posited that recovery from the adverse effects of trauma begins with recognising that the experience of survival threat caused by traumatic events has caused some significant changes how a person now copes with stress. These coping methods are necessary and effective in emergencies like traumatic events, but they interfere with ordinary day-to-day life. Youths who have experienced trauma may develop coping strategies to help them survive. The following are some of the coping strategies suggested by (Ford & Courtois 2013; p.56).

Post-traumatic Survival Coping Strategy

Posttraumatic survival coping is a physical change in the body, not just a mental and psychological change. It changes how a person's brain works. The brain helps a person learn, explore, try activities and experience different ways of living. However, a person cannot experience life freely when trying to survive trauma. Instead, that person must put everything else aside and concentrate only on basic survival needs. Some standard survival modes or hyper-vigilance practices are scanning the environment and being on guard for danger; attempting to block out or not think about upsetting things; being ready to fight or flee; experiencing elevated heart rate and adrenalin rush, and, being unable to regulate aggression or use anger management techniques.

Trauma-Informed Counselling Techniques (TICT) (School-Based Trauma-Informed Programmes)

Trauma-informed therapy is when a therapist recognises the complicated and complex ways trauma influences all parts of someone's life, body and brain and makes treatment decisions based on that framework. Programmes oriented to the needs of vulnerable children with trauma histories are usually considered strategies within the Response to Intervention (RTI) framework. (Chafouleas et al., 2016). This emphasises a continuum of services designed to enhance support for students at high risk for school failure (Bruns et al., 2016; Chafouleas et al., 2016). School-Wide Positive Interventions and Supports the multi-tiered frameworks that emphasises the use of evidence-based programmes and interventions of varying levels of intensity for at-risk students.

The response to the intervention (RTI) model centred on remediating problems and improving outcomes for children already manifesting signs and symptoms of mental and behavioural health disorders and for all students regardless of their levels of risk. These programmes focus on enhancing school climate and promoting skill development for the entire student population. These strategies include mental health treatment, behaviour modification and social skills training to reduce conduct problems, increase pro-social peer interactions, and promote academic achievement among students requiring intensive support and intervention at the individual, group, and classroom levels (Chafouleas et al., 2016). At the same time, these strategies are often described, discussed and

implemented as stand-alone programmes.

Any number of school-based interventions can benefit children in need of academic and behavioural support, although questions remain about which programmes are most effective, scalable and sustainable with limited resources (Durlak et al., 2011; Greenberg et al., 2003). Questions also remain about which school-based programmes best serve diverse populations, attend to access issues and have the potential to reach the most significant number of children, including those who have yet to manifest symptoms of an underlying disorder (Herrenkohl, 2019).

Recovery from Trauma

A trauma-informed approach is a framework for providing services integrated into everything a programme and system do. According to Ford (2017), the goal of recovery from trauma is to tap into an existing strength and reset the brain's alarm and persistent to survive. Resetting the alarm requires strategies to resume thinking clearly. Evidence-based trauma-informed and trauma-specific therapy programmes provide youth and caregivers with strategies to focus their minds and deal with not feeling safe.

Reintroducing some control can tap into resiliency, and planning for the future provides hope. Strategies for recovery from trauma include recognising one's own and others' alarm reactions, sweeping one's mind clear before judging and acting, focusing on the most important and positive, and being aware of stress and personal control levels. These strategies activate the thinking centre and reset the alarm.

The Webinar presenters acknowledged that there are many paths to recovery and recommended common therapeutic approaches implemented by mental health professionals to assist individuals who have experienced trauma. It is essential to understand that trauma-informed care principles are implemented by people who are not mental health professionals but work in the systems that provide services for individuals who have experienced trauma.

Life-long effects of youth trauma

Traumatic experiences overwhelm a person's psychological ability to cope and a person's biological capacity to regulate active stress hormones (Oitzl, Champagne, Van der Veen, et al. 2013). Traumatise If is, thus, a highly individualised construct which can vary from relatively discrete occurrences like natural disasters and auto accidents, to ongoing emotional abuse and neglect, to structural violence resulting from inequality, colonial practices, and war (Shonkoff and Phillips 2000). Of particular clinical concern is traumatic experience in childhood (Shonkoff, Garner, Siegel, et al., 2011).

In a study on mental health epidemiology, Felitti, Anda, Nordenberg, et al. (1989) examined how adverse childhood experience (ACE) correlated with lifelong physical and mental health conditions. In a study, 17,000 participants reported experiencing at least one adverse childhood experience (ACE) and three types of childhood abuse (psychological, physical, and sexual abuse). Other four categories of household dysfunction (exposure to caregiver substance abuse, mental illness, violent treatment of mother or stepmother, and criminal behaviour within the household) experienced. Findings revealed a strong relationship between the scores of adverse childhood experiences (ACE) and lifelong medical, mental health pathology and early mortality rates respondents.

Bryson, Gauvin, Jamieson, and Rathgeber (2017) studied effective strategies for implementing trauma-informed care in youth inpatient psychiatric and residential treatment settings in a systematic realist review. This study responds to psychiatric and residential facilities that have embraced trauma-informed care (TIC). This organisational change strategy aligns service delivery with treatment principles and discrete interventions designed to reduce rates of re-traumatisation through responsive and non-coercive staff-client interactions. The result showed that for more than two decades, several interventions on TIC frameworks and approaches had shown favourable results.

Koch, Vajda, and Koch (2020), worked on Trauma-Informed Rehabilitation Counselling. People with trauma histories make up a significant portion of the population. The purposes of the study are to; (a) define trauma and explore its physiological, emotional, and behavioural effects on trauma survivors; (b) define trauma-informed care and explore its fundamental principles and, (c) introduce concepts and strategies to implement as part of trauma-informed rehabilitation counselling. The study found that individuals may develop trauma-related disabilities due to exposure to adverse life events such as violence, war, child abuse, or natural disasters. Likewise, people with pre-existing disabilities may be at risk of developing secondary trauma-related disabilities. The likelihood that rehabilitation counsellors will provide services to individuals with trauma histories is high.

Statement of the Study

Globally, traumatic children, students and individuals are always associated with neglect, stigmatisation, isolation, depression, loneliness, abandonment, anger and aggression, among others. These problems put the victims into confusion, desperation, attempt to commit suicide and suicidal actions. There is a need for counsellors to find functional techniques that could help them recover from the loss of memory, brain problems and physiological and emotional problems. The problem of this study is put in question form: what percentage of the students need trauma-informed counselling using tapping techniques, and to what extent does trauma-informed- counselling improve the recovery of mental well-being using tapping techniques?

Purpose of study

The purpose of this study is to ensure the mental well-being of first-year students of the Michael Okpara University of Agriculture through Trauma-Informed Counselling Techniques and specifically:

1. To ascertain the percentage of the traumatised students who trauma-informed-counselling techniques using tapping techniques.
2. To find out the extent to which trauma-informed-counselling technique improves the mental well-being of the first-year students using tapping techniques.
3. To ascertain the extent to which school-based trauma-informed-counseling, using tapping techniques, improves the recovery of the mental well-being of the first-year students.

Research Questions

The following research questions posed for the study.

1. What percentages of the students identified as needing trauma-informed-counselling using the tapping techniques?
2. To what extent did the trauma-informed-counselling using the tapping techniques improve the mental well-being of the first-year students?

3. To what extent did the school-based trauma-informed-counselling using the tapping technique improve the recovery of the mental well-being of the first-year students?

Methodology

This paper is a quasi-experimental study that uses pre-test and post-test to ensure the mental well-being of first-year students of the Michael Okpara University of Agriculture through trauma-informed using tapping technique. The study population is composed of all first-year students who are traumatised in the Faculty of Education at the Michael Okpara University of Agriculture. The number of students that responded to the questionnaire was 100. The sample size of the study was (40) first-year students drawn from the departments purposeful covering all traumatized students. Two groups made up of 20 students for the experimental group and 20 for the control group. The instrument named school-based trauma-informed counselling therapy (SBTICT) (using tapping technique) developed by Chafouleas et al. (2016) was adapted to suit this research. The traumatic stress disorder questionnaire (TSDQ) was given to both groups before and after the intervention. The strategy (tapping technique) includes mental health treatment, behaviour modification and social skills training. This reduces conduct problems, increases pro-social peer interactions and promotes academic achievement among the students requiring intensive support and intervention at the individual, group, and classroom levels.

At the beginning and the end of the treatment, the students voluntarily rate themselves on mental health well-being, and treatment. The instrument used for this experiment is the “Traumatic Stress Disorder Questionnaire” (TSDQ) using tapping technique. The instructional package responds to psychiatric and residential facilities that have embraced trauma-informed care (TIC), using tapping techniques, which contained all counselling strategies developed. The instrument was administered at the beginning of the experiment as a pre-test and at the end of the treatment as a post-test to the two groups. The instrument had two parts. Part A provides the bio-data of the subjects and Part B is the actual questionnaire. There were three (3) sections of the questionnaire based on the need for trauma-informed counselling techniques, mental well-being identification and therapeutic approaches effective in the recovery of mental well-being.

The face and content validity of the instrument “Traumatic Stress Disorder Questionnaire” (TSDQ), was given to three (3) specialists from the Department of Psychological Foundations Guidance and Counseling Unit, the Faculty of the Education at Michael Okpara University of Agriculture, Umuahia. These provided the face validation of the test, examined the clarity of the instructions given, checked the framing of the questions, the suitability for assessing the students and determined whether the questionnaire was adequate and suitable to the purpose and research questions with regards to the instruments. The experts suggested modifications to improve the face validity of the instrument. The instrument reliability administered to 10 students who were not among the sample size but were of the same Faculty of Education. The instrument was administered once to the respondents. Hence, the researcher determined the internal consistency using Cronbach Alpha statistic to analyse the data collected and a reliability coefficient index of 0.83 was obtained and considered adequate for the study. The treatment procedures were in phases, namely: pre-treatment phase, treatment phase and post-treatment phase. After each phase, the researcher administered the Assessment Questionnaire to both the experimental and control group. The scores were collated by the researcher for further use and data analysis. The analysis of the data on the “Traumatic Stress Disorder Questionnaire” (TSDQ), using tapping techniques scores used mean, mean difference and

percentages to answer the research questions.

Result

The answer to the research questions are presented as follow;

Research Question One

What are the percentages of the students identified as needing trauma-informed-counselling using the tapping techniquefi

Table 1: Percentages of the Students Identified as Needing Trauma-Informed Counselling using Tapping Technique

Types of traumatic condition	No of victims	Percentage of Victims	No of Victims more than once
Witnessing physical abuse	68	68%	35
Experiencing Physical abuse	45	45%	22
Experiencing sexual abuse	16	16%	3
Experiencing emotional abuse	28	28%	5
Experiencing Bullying	48	48%	10
Experiencing terrorism	14	14%	2
Loss a loved one	39	39%	10
Family violence	28	28%	4
Community violence	30	30%	2
Experiencing war	13	13%	1
Experiencing natural disaster	41	41%	5

Table 1, presents the number and percentage of students identified with the traumatic conditions once or more than once. The result showed that many students witnessed physical abuse (68%), experienced bullying (48%) and experienced physical abuse (45%) and experienced natural disasters (41%) and others. The result also showed that victims experienced some of the traumatic conditions more than once. These include witnessing physical abuse (35 persons), experiencing physical abuse (22 persons), experiencing bullying (10 Persons), loss of a loved one (10 persons) and others.

Research Question Two

To what extent did the school-based trauma-inform counselling, using the tapping technique improve the mental well-being of the first-year studentsfi

Table 2: School-Based Trauma-Informed Counselling Using the Tapping Technique Improve the Mental Well-being of the First-Year Students?

Item specifications	Pre-test score (Mean)	Post-test score (Mean)	Mean diff. score	Percentage diff. score
Experimental group	54.6	23.3	31.3	57.3%
Control group	54.9	53.7	1.2	2.2%

Table 2, presents the mean, mean difference and the percentage difference at pre-test and post-test of the selected students treated with school-based trauma-informed counselling technique to improve the mental well-being of the first-year students. The result indicates that the mean difference at pre-test and post-test shows that after the students had been treated, there was a reduction in the extent of the students' traumatic condition and improved mental well-being of the students. Based on these results, the students in the experimental group reduced the traumatic stigmatisation by 57.3%, and the control group reduced it by just 2.2%. Thus, school-based trauma-informed counselling using the tapping techniques reduced and improved the trauma conditions of the students and the mental well-being of the first-year students in post-test.

Research Question Three

To what extent did the school-based trauma-informed counselling using the tapping technique improve the recovery of the mental well-being of the first-year studentsfi

Table 3: Recovery of the Traumatic First-Year students Using theTapping Technique of the School-Based Trauma-Informed Counselling

Group	Post-test (Mean)	Recovery (Mean)	Mean difference	Percentage Difference
Experimental group	23.3	22.0	1.3	5.6%
Control group	53.7	53.5	0.2	0.4%

Table 3, presents the mean, mean difference and the percentage difference of the recovery approach of the selected students treated with school-based trauma-informed counselling, using the tapping technique, to improve the recovery of the mental well-being of the first year students after one month. The result indicates that the mean difference between the post-test and the recovery period showed that treatment reduced traumatic conditions by 5.6% and improved the mental well-being of the students in the experimental group while the control group reduced it by just 0.2%. Thus, school-

based trauma informed counseling using tapping techniques reduced the trauma conditions of the students and the mental well-being improved among the first-year students at post-test. The school-based trauma-informed counselling using tapping technique, improved the recovery of their mental well-being of the first-year students.

Discussion

This study revealed that students who witnessed physical abuse stood at 68%, those who have experienced bullying (45%), those who experienced physical abuse (45%) and the students who have experienced a natural disaster (41%) and others. The study, therefore, found that some students experienced one form of a traumatic situation or the other. These experiences include physical, sexual and emotional abuse, bullying, terrorism, loss of a loved one, family and community violence, refugee and war and natural disasters. Some of the students have experienced complex trauma, and some of them have difficulty identifying, expressing and managing emotions and may have limited language to express them. This study correlates with the work done by Koch, Vajda, and Koch (2020), who worked on trauma-informed rehabilitation counselling. People with trauma histories make up a significant portion of the population. The study found that individuals may develop trauma-related disabilities due to exposure to adverse life events such as violence, war, child abuse, or natural disasters. Likewise, people with pre-existing disabilities may be at risk of developing secondary trauma-related disabilities. The likelihood that rehabilitation counsellors will provide services to individuals with trauma histories is high. The work of Koch, Vajda, and Koch collaborate with the present study in terms of the findings but differ in terms of area of study and design.

The study also found that the students in the experimental group reduced their traumatic conditions by 57.1%, the control group reduced by just 2.2%. Thus, school-based trauma-informed counselling using the tapping technique reduced the trauma of the students and improved the mental well-being of the first-year students' post-test. The Response to Intervention (RTI) model, which centred on remediating problems and improving outcomes for children already manifesting signs and symptoms of mental and behavioural health disorders, and for all students regardless of their levels of risk. This study aligns with Felitti, Anda, Nordenberg, et al. (1989), who examined how adverse childhood experiences (ACE) correlated with lifelong physical and mental health conditions. The study found 17,000 participants reported experiencing at least one ACE, including three types of childhood abuse (psychological, physical, and sexual abuse) and four categories of household dysfunction (exposure to caregiver substance abuse, mental illness, violent treatment of mother or stepmother and criminal behaviour within the household). Findings revealed a strong relationship between respondents' ACE scores and life-long medical, mental health pathology and early mortality rates. This present study looked at pre-condition and post-condition of the adverse childhood experience (ACE) and compared them. It relates with Felitti, Anda, Nordenberg, et al. in terms of their findings.

However, this work found that school-based trauma-informed counselling techniques reduced the trauma conditions of the students and improved the mental well-being of the first-year students to recover fast. The school-based trauma-informed counselling technique improved the recovery of the mental well-being of the first-year students. The goal of recovery from trauma is tap into an existing strength to reset the brain's alarm into persistent survival mode. Resetting the alarm requires strategies to resume thinking clearly. Evidence-based trauma-informed and trauma-specific therapy

programmes provided to the youth and their caregivers with strategies to focus their minds and on how to deal with feeling safe. This align with Bryson, Gauvin, Jamieson, Rathgeber (2017), who studied effective strategies for implementing trauma-informed care in youth inpatient psychiatric and residential treatment settings, This study is a response to psychiatric and residential facilities that have embraced trauma-informed care (TIC), this organisational change strategy which aligns service delivery with treatment principles and discrete interventions designed to reduce rates of re-traumatisation through responsive and non-coercive staff-client interactions. The result showed that several TIC frameworks and approaches had shown favourable results. Therefore, the trauma-informed system responds to the varying impacts of traumatic stress on children, caregivers, and those in contact with the system. It looks at both long term and short term effects. The two studies look at the extent of recovery after exposure to TIC frameworks and approaches.

Conclusion and Recommendations

The results established that the number of students who have experienced a traumatic situation once or more than once, has a high victim percentage involved in each of the conditions. School-based trauma-informed counselling, using the tapping technique reduced and improved the traumatic condition of the first-year students and their mental well-being at post-test.

Recommendations

From the result of the findings made in this study, the following recommendations are made:

Staff working in schools need to be aware of, educated and informed on the effects of trauma on children and youth, and trained in the causes of disruptive behaviours and ways to address these behaviours that traumatise children and youth.

Aftercare teams need to provide consistent and ongoing planning with youth to address the after-effects of trauma, (e.g., anxiety, sadness, depression, feelings of hopelessness, anger, shame, guilt) and to build upon their strengths to instil good self-esteem and a belief that they are worthy of and can achieve goals in their life;

Aftercare teams need to provide ongoing assistance for children and youth to learn skills for daily life, safety planning to address potential re-traumatisation and development of goals for the “here and now” and in their future.

Implication for Counselling

Counselling should provide an enabling environment capable of returning joy and stable minds to the victims. Through counselling, the affected students should be assisted to divert their thoughts to yielding hobbies, such as hair plaiting, knitting, bead making and others through exposure to support and training. Trauma-informed counselling should be handled by professional counsellors with high competencies, empathy, reassurance and healthy interpersonal relationships.

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