

STEP UP, TAKE ACTION – When Does a Child Need Help?



A proactive guide for recognizing the warning signs and identifying children who may turn to violence

“STEP UP, TAKE ACTION” – When Does a Child Need Help?

Dear Parents and Teachers of Elementary School Children,

The shooting at Sandy Hook Elementary School in Newtown, Connecticut, made clear the urgent need to protect our children and to reduce violence in our communities. Many “shooters,” who are described after the tragedies they cause, are isolated individuals who have had emotional problems for years. But, they never received the attention and help they needed early enough to prevent them from putting themselves or others in danger.

The prevalence of mental illness among children, and their need for mental health services, is higher than most people realize. One in 10 children are diagnosed with a mental health disorder; but there are many more who are not identified and do not receive the help they need. The median age at which lifetime mental health diagnoses begin is 14. Symptoms can appear years before.* That is a strong impetus for us to do everything we can to identify children in elementary school who are having problems in their emotional development.

Our main goal in creating this **“STEP UP, TAKE ACTION” Guide** is to be *PROACTIVE*. This Guide offers basic information to parents and teachers on what warning signs to look for in children to identify kids who are having emotional difficulties and need professional help. We want to identify potential issues early and to get kids the help they need quickly. In the mental health world that approach to care is called “Early Intervention.” When age-appropriate mental health services are provided to children who need them early on, symptoms can be reduced and tragic situations can hopefully be prevented.

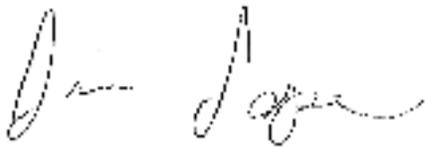
There are no easy answers or solutions. By offering warning signs and “red flags,” it is not our intent to create definitive profiles of kids who will become violent or “mentally ill.” Every child and situation is different and deserves individualized assessment and attention. But, there are some guidelines available.

In developing this Guide, we consulted experts in the field of mental health for children, including national research and recommendations as well as experts closer to home at **Trinitas Regional Medical Center**. We have compiled their advice here for *YOU* – the caring adults who spend the most time with our children and who can have the most impact on keeping them safe and getting them the help they need early.

Please do not hesitate to call upon **Trinitas' Department of Behavioral Health at 1-888-841-5564** if a child you know needs help. Our full range of mental health services for children is presented at the back of this Guide.

We need to try our best to keep our children safe and emotionally healthy. We're in this together.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Lape". The signature is written in a cursive style with a large initial "J" and "L".

Jim Lape
Senior Vice President of Behavioral Health, Psychiatry & Long-Term Care
Trinitas Regional Medical Center

**Institute of Medicine. Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities. Washington (DC): National Academies Press, 2009.*

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THE PURPOSE OF THIS GUIDE

In the aftermath of the Connecticut shooting in which 20 young children were killed in their elementary school -- a place that they and their parents considered safe -- adults are asking what can be done to prevent tragedies like Newtown. Parents and teachers, in particular, are eager for tools that will assist them in identifying kids who need help early. They want to get those children the help they need quickly.

Trinitas Regional Medical Center compiled this “STEP UP, TAKE ACTION” Guide to help parents and teachers of elementary school children to do just that.

This Guide answers questions such as:

- **When are kids in potential danger?**
How can we identify elementary school age kids who need help?
- **What should parents and teachers look for?**
What are some warning signs or “red flags?”
- **What should you do if you think something is wrong?**
- **Who can help?**

Violence cannot be easily predicted, but there are some warning signs and risk factors that may signal that a child needs help. This Guide tells parents and elementary teachers what to look for and where to turn for help.

Trinitas’ goal is to help those children who need it, *before* their problems get worse and ultimately put them or other kids in danger.

Children face difficult situations every day. Most children can experience emotional distress and “bounce back.” But, what if they don’t bounce back? When does their distress become serious? Caring adults, like parents and teachers, need to know what to do.

Kids don't always ask for help. Young children may not know who to ask or how to ask; they may just be afraid. Sometimes their problems can grow and threaten their emotional health and well-being. In a few cases, those problems can lead to violence towards themselves or others.

There are ways *YOU* can help.

This “STEP UP, TAKE ACTION” Guide tells you how.



HOW DO WE IDENTIFY KIDS WHO NEED HELP?

WHAT DO WE LOOK FOR?

Many children who have emotional problems are not identified, and many do not get the help they need. Mental health problems are sometimes hard for parents or teachers to see. Adults are sometimes afraid to “label” a child as being “mentally ill” or having “serious emotional problems.” However, not seeing warning signs and not getting a child help may put that child, as well as others, at serious risk.

Parents or teachers are often the first adults who notice that a child has a problem. In its Factsheet “When to Seek Help for Your Child,” the American Academy of Child & Adolescent Psychiatry (AACAP) says that, even if it is hard, parents should “gently try to talk to the child...an honest open talk about feelings can often help.” Parents can also talk to the child’s teacher, doctor, coach or any other adult who knows the child well. Some schools have a trained Social Worker on-site.

WARNING SIGNS*

for Elementary School Children Who May Need Professional Help

- Frequent or continued anger
- Frequent acting out
- Frequent, unexplained temper tantrums
- Regression to outgrown behaviors (thumb sucking or bed wetting)
- Increased crying
- Excessive clinging to parents and caregivers
- Changes in appetite

- Marked decline in school performance
- An increase in lateness or absenteeism
- Severe worry or anxiety as shown by regular refusal to go to school, go to sleep, or to take part in normal age-appropriate activities
- Frequent physical complaints (stomach aches, headaches, etc.)
- Hyperactivity (fidgeting, constant movement beyond regular playing with or without difficulty paying attention)
- Irritability that leads to increased and frequent arguing or fighting
- Withdrawal from friends or favorite activities
- Frequent nightmares
- Continued focus on natural disasters (asking lots of questions or playing out scenes depicting wind, rain, flooding, or people drowning).
- Continued disobedience or aggression (lasting longer than 6 months) and resistance to authority figures
- Threats of self-harm or harm to others
- Self-injury or self-destructive actions

**Adapted from the AACAP Factsheet "When to Seek Help for Your Child".*

AACAP advises that, "If problems persist over an extended period of time or if others involved in the child's life are concerned," parents should talk to a trained mental health professional such as a Licensed Social Worker, a Licensed Counselor, a Psychologist or a Psychiatrist.

Additional "signs"* that a child may have a mental health problem that needs attention:

Mood Changes -- feelings of sadness or withdrawal lasting two weeks or more, or severe mood swings that cause problems in relationships at home or school

Intense Anxiety -- overwhelming fear for no apparent reason that may be accompanied by a racing heart or rapid breathing, or worries or fears intense enough to interfere with daily activities

Behavior changes -- drastic changes in actions or personality, and/or dangerous "out-of-control" behavior; fighting frequently, using weapons, or expressing a desire to cause harm to others

Difficulty concentrating -- trouble focusing or sitting still which may contribute to poor performance in school

Physical harm – thoughts of suicide or actual attempts at suicide or self-harm

Substance use. Some kids use prescription drugs found in the medicine cabinet, marijuana or alcohol to try to cope with their feelings

*Adapted from www.mayoclinic.com/health/mental-illness-in-children/MY01915/METHOD=print



VIOLENT BEHAVIOR IN CHILDREN

Factors Which Could Predispose a Child to Violent Behavior

“Predisposed” means more likely to think, feel, or act in a certain way – in this case, to act violently.

Violent behavior can be seen in children as young as preschoolers. It should receive adult attention when it happens. A wide range of actions can be violent: continual physical fighting; threats or actually harming oneself, others, or animals; causing serious intentional harm to property or one’s own belongings or those of others.

Violence is not easy to predict. However, the National School Safety Center warns that children showing **two or more** of the traits listed below may be more at risk of becoming violent:

- Little or no supervision and support from a caring adult
- Has few or no close friends
- Has a background of serious disciplinary problems
- Name calling, cursing, or abusive words
- Making violent threats when angry
- Is preoccupied with weapons, explosives, or incendiary devices
- Has brought a weapon to school
- Shows cruelty to animals

- Has witnessed or been a victim of neglect or abuse (physical, sexual, emotional, verbal, or on-line)
- Is a victim of bullying and/or bullies or intimidates peers or younger children
- Is often depressed and has big mood swings
- Blames others for problems that they themselves cause
- Usually prefers TV shows, reading materials, movies, videos, or music of a violent nature
- Shows anger, frustration, and the dark side of life in school writing or art projects
- Is in a gang or an antisocial group
- Has a background of drug, alcohol or other substance abuse
- Has threatened or attempted suicide

If such risk factors in a child's life are addressed, much violent behavior can be reduced or prevented.

Every child is different. One risk factor alone, or even a combination of factors, may not result in violent behavior in all children. For some, risk factors can serve as "red flags" for adults to pay attention; they can be a clue to violent behavior – past or future.

Children who also show these behaviors do need help:

- **Intense anger**
- **Frequent temper tantrums or blow-ups**
- **Extreme irritability**
- **Extreme impulsiveness without giving thought to results or consequences**

Children who are "out of control" should be referred quickly for an evaluation by a mental health professional.

What Threats Should Be Taken Seriously? Threats to...

- Hurt or kill oneself, someone else, or an animal
- Run away from home
- Damage or destroy one's own property or someone else's

Remember ... When a child makes a serious threat:

- Do not excuse it as "just talk" or "just a phase"
- Do not ignore it
- Try to talk with the child
- If the child refuses to talk, is not cooperative, and/or continues to voice violent or dangerous thoughts or plans, call a mental health professional to do an evaluation.

In an emergency/crisis, Trinitas' Children's Mobile Response & Stabilization System (CMRSS) is available by calling PerformCare at 1- 877-652-7624.

Trinitas' CMRSS will respond, if needed, and transport the child to an emergency facility.

Remember, early intervention can lessen or prevent violent behavior in children.

WARNING SIGNS OF IMPENDING VIOLENCE*

- Serious physical fighting with peers or family members
- Severe destruction of property
- Severe rage for seemingly minor reasons
- Detailed threats of lethal violence
- Possession and/or use of weapons
- Other self-injurious behaviors or threats of suicide

**Keys to Safer Schools Website ("Imminent" Signs): <http://www.keystosaferschools.com>*

If the above warning signs are present, the child should receive a mental health assessment.

If the child and/or the parent is not cooperative, **Trinitas' Children's Mobile Response & Stabilization System (CMRSS) is available by calling PerformCare at 1- 877-652-7624.**



YOUNG CHILDREN ARE NOT IMMUNE TO DEPRESSION OR SUICIDE

Although still rare, there have been deaths by suicide recorded among five to nine year-olds in the US.

Bonnie Rochman, a reporter at TIME, cites a study of young adults reported in the Journal of Adolescent Health (November, 2012).

“Almost 40% of kids attempting suicide make their first try in middle or even elementary school.” That finding suggests that “...kids who think they want to kill themselves are considering it long before previously assumed.” (<http://healthland.time.com/2011/11/30/study-40-of-kids-who-attempt-suicide-first-try-in-ele...>)

Lauren DiMaria’s article entitled *“Suicidal Thoughts and Behavior May Be a Symptom of Childhood Depression,”* lists risk factors that may increase a child’s risk of suicidal thoughts and attempts.

Factors Which May Increase a Child’s Risk for Suicide:

- Family history of suicide, depression, or other mental illness
- Loss of a close family member, friend, or classmate by suicide or other sudden death
- Threats or violence from peers
- A child’s own history of depression or other mental illness
- Past suicide attempts

[Source: <http://depression.about.com/od/childhood/a/Youth-Suicide-Facts.htm> (cited article was dated 11/17/12)]

BULLYING, VIOLENCE, AND SUICIDE – Is There A Link?

Some of the behaviors or changes observed in children may be the result of a specific event that happened to a child and is causing emotional distress. Some events are more serious than others. Resulting symptoms

can be short-lived or long-lasting, depending on whether or not a child gets help.

Bullying and Trauma are two “events” which may cause serious emotional responses in children, for which they may need help. Children who are involved in bullying (as victims, bullies, or both) are more likely to be depressed, have suicidal thoughts, and /or to attempt suicide (Annenberg Public Policy Center, 2010; Kim, Leventhal, et. al., 2009).

Bullying alone may not cause suicidal thoughts or attempts, but the bullying of a child who already has mental health problems such as depression can have a dangerous impact on that child.

www.stopbullying.gov, “A Community Action Toolkit”



BULLYING

A study of 37 “school shooters” by the Secret Service and the U.S. Department of Education found no typical profile except for the the very revealing fact that three out of four of the shooters had been victims of bullying.

A child who is a victim of continued bullying who also has a mental health problem is more likely to become a danger to himself and/or others.

Many times, bullying is an issue for the entire family.

“How parents view bullying is important. Parents may require education about bullying.” (Kathy Wright, MA, N.J. Parents Caucus)

KIDS PICK ON EACH OTHER – WHAT’S THE BIG DEAL?

- Bullying is more severe than teasing or fighting, but sometimes that’s where it begins
- It can lead to social isolation, poor self-esteem, anxiety, and/or depression
- Bullying is illegal in New Jersey

- About 11% of kids are victims of bullies; about 13% of kids are bullies (www.cdc.gov/violenceprevention/pdf/bullyCompendiumbk-a.pdf)
- The longer the bullying continues, the greater its toll.
- Possible consequences of not addressing bullying include:
 - Violence
 - Suicide

WHAT IS BULLYING?

- Bullying is a type of intimidation aimed at someone who the bully sees as weaker or different
- It is a way of getting what one wants through force or fear
- It is also a way for someone to try to establish some sort of superiority or control over the victim
- It usually happens when one child or a group singles out another child for mean treatment
- Bullying can be physical, verbal, emotional, or “cyber” (via e-mails, chat-rooms, Facebook, or other social media). It can be through threats or actions which scare and upset the victim

POSSIBLE SIGNS OF BULLYING

- Reluctance to go to school or not wanting to leave home
- Complaints of being sick or frequent visits to the nurse’s office once in school
- Physical symptoms (stomach aches, headaches)
- Sudden drop in grades
- Coming home hungry (the bullies may take lunch or lunch money)
- Coming home with clothing or possessions missing or damaged
- Nightmares, bedwetting, difficulty sleeping
- Waiting to get home to use the bathroom
- Increased anger or resentment with no apparent cause
- Comments about feeling lonely
- Difficulty making friends
- Reluctance to defend oneself when teased or criticized.

<p>“Any change in a student’s usual behaviors can be a concern.” Dr. Romulo Aromin, Child Psychiatrist at Trinitas Regional Medical Center</p>

WHAT YOU CAN DO

Bullying requires adult action such as the following:

- Have regular talks with your child about what is happening at school; be a good listener
- Be actively involved in your child's life at school even if there are no current problems
- Supervise activities and your child's use of media
- Educate your child about bullying
- Encourage your child to report bullying to an adult
- Explain that reporting is not "snitching" or being a "tattle tale"
- Be on the lookout for bullies and victims
- Do not encourage retaliation (taking revenge or "pay back")
- Teach the child to address the bully in a self-assured, controlled way

"Help the child understand that bullying is not his/her fault. Ask them to tell you what's going on, what s/he has done to try to stop it." Maria Padron, MD

- Tell your child's teacher, principal, and/or the school's "Bullying Specialist"; take advantage of school anti-bullying programs
- Help your child address his/her fears, anxiety, depression, and suggest ways to be assertive
- If your child becomes withdrawn and has "school refusal", seek the help of a mental health professional
- Do take bullying seriously... no bullying should be ignored.

Quick action is important; taking no action sends a message that bullying is "OK" and has no consequences.

If your child or your student, reports bullying to you, be supportive and proactive.

"Praise their courage & discuss how you will try to keep them safe, who you will report it to & what steps will be taken." Lana Farina, PsyD

Dr. Maria Padron, Medical Director of Trinitas' Child and Adolescent Unit, suggests sharing with your child or student that they are not alone, that others have suffered at the hands of bullies, that they should talk about it. Pop singer Lady Gaga was thrown into a garbage can; "Titanic" actress

Kate Winslet was bullied for being chubby; and Olympic champion swimmer Michael Phelps was teased for being too tall, skinny, and having big ears.

Dr. Padron also reminds us that children who bully have often themselves been bullied or physically abused. They may also be depressed, angry, and upset about events at home and/or school. She emphasizes that both the bully and the victim can benefit from professional help.

IF YOU WITNESS BULLYING, SPRING INTO ACTION:

- Intervene quickly. It is ok to get another adult to help
- Separate the kids involved
- Make sure everyone is safe
- Meet any immediate or emergency medical or mental health needs
- Stay calm. Reassure the kids involved, including bystanders
- Model respectful behavior with your actions
- Notify the school Principal or Bullying Specialist

GET POLICE OR MEDICAL HELP IMMEDIATELY IF:

- A weapon is involved
- There are threats of serious physical injury
- there are threats of hate-motivated violence, such as racism or homophobia
- There is serious bodily harm
- There is sexual or physical abuse
- There is an accusation of an illegal act, such as robbery or extortion (using force) to get money, property, or services.

RESOURCES ON BULLYING

Your own school's "Bullying Specialist"

www.stopbullying.gov.

www.njea.org (under "Issues & Action")

www.bullying.org

www.pacerkidsagainstabullying.org/#/home

[http: pbskids.org/itsmylife/friends/bullies](http://pbskids.org/itsmylife/friends/bullies)

www.njbullying.org/

You can learn more about available mental health programs for children at **Trinitas Regional Medical Center; call (908) 994-7223**; Trinitas has groups for children aged 5-17, as well as individual counseling and evaluation / assessment services.



TRAUMA

Children face many difficult situations. Their ability to cope with stress depends on the seriousness of the situation, whether the child was a witness to it or was directly involved, and how adults close to them, their parents and teachers, respond. The devastating impact of the Newtown school shooting and Hurricane Sandy are only two examples of events which were traumatic to many children. Trauma can be a single one-time event; or it can be ongoing. Several traumatic events may occur simultaneously and may impact the same child or several children.

In order to deal with trauma, you should be aware of the types of events that may cause trauma to a child.

The National Child Traumatic Stress Network offers these examples:

- Physical or sexual abuse
- Abandonment or neglect
- Betrayal of trust such as abuse by a caregiver
- The death or loss of a loved one
- Life-threatening illness of a caregiver
- Witnessing domestic violence
- Automobile accidents or other serious accidents
- Bullying
- Life-threatening health situations and/or painful medical procedures
- Seeing or experiencing community violence (gang violence, drive-by shootings, stabbings, armed robbery, or fighting at home, in the neighborhood, or at school)
- Witnessing police activity or having a close relative incarcerated
- Life-threatening natural disasters (hurricanes, floods, etc.)
- Acts or threats of terrorism (viewed in person or on television)
- A parent or close relative going off to war
- Living in chaotic environments in which housing, food, and financial resources (money) are often not available.

WHAT YOU MIGHT OBSERVE IN CHILDREN AFTER TRAUMA:

Children respond differently to traumatic events. Some children show signs of stress in the first few weeks, but then return to “being themselves.” For others, the distress may continue or deepen over time. Some children’s stress or suffering may not be easy to see.

Here are some things to look for:

<i>Young Kids</i>	<i>Older Kids</i>
<ul style="list-style-type: none">• Separation anxiety or clinginess towards teachers or primary caregivers• Regression (going back) to baby talk or bedwetting/ toileting accidents.• Lack of developmental progress compared to peers• Re-creating the event (repeated talking about, “playing” out, or drawing)• Difficulty at naptime or bedtime (avoiding sleep, waking up, or nightmares)• Increased physical complaints (headaches, stomach aches, overreacting to minor bumps and bruises)• Changes in behavior (appetite, unexplained absences, angry outbursts, decreased attention, withdrawal)• Over- or under-reacting to physical contact, bright lighting, sudden movements, or loud sounds (bells, slamming doors, or sirens)• Easily startled• Increased distress (unusually whiny, irritable, moody)	<ul style="list-style-type: none">• Anxiety, fear, and worry about safety of self and others• Worry about recurrence or consequences of violence• Changes in behavior (withdrawal from others or activities; increased irritability; angry outbursts/aggression; change in academic performance; increased attention problems; absenteeism; increase in impulsiveness and in risk-taking behavior• Discomfort with feelings such as troubling thoughts of revenge• Substance use• Discussion of events/details• Negative impact on issues of trust and perceptions of others• Over- or under-reacting to bells, physical contact, doors slamming, sirens, lighting, sudden movements• Repetitive thoughts/ comments about death including suicidal thoughts, writing, art, and/or internet searches• Heightened difficulty with authority, redirection, or criticism• Re-experiencing the trauma

- Anxiety, fear, and worry about safety of self and others
- Worry about recurrence of the traumatic event
- New fears (fear of the dark, animals, or monsters)
- Continued statements and questions about death and dying

- (nightmares or disturbing memories during the day)
- Hyper-arousal (sleep disturbance, tendency to be easily startled)
 - Avoidance behaviors (resisting going to places that remind them of event)
 - Emotional numbing (seems to have no feeling about event).

Adapted from the National Child Traumatic Stress Network

The most important thing...

“The most important thing to help children dealing with trauma is helping them to feel safe.” Paul Kennedy, MD, Child Psychiatrist at Trinitas

The AACAP’s *“Facts for Families – Helping Children after a Disaster”* (like Hurricane Sandy), suggests that parents express their own concerns to their children, but that they also “...stress their abilities to cope.” Children often mirror adults. They are more likely to deal with trauma as their parents, teachers, and other close adults do. If the adults respond in a secure way, kids are more likely to do so. As advised by Dr. Romulo Aromin at Trinitas, “Adults need to be stable and nurturing figures for kids.”

WHEN DOES A CHILD WHO HAS EXPERIENCED TRAUMA NEED HELP ?

Children react to trauma in many ways; there is no “normal” reaction. The American Academy of Experts in Traumatic Stress offers these guidelines that identify children who might benefit from evaluation by a mental health professional.

- Those who cannot engage in classroom activities after what is recognized as a sufficient amount of time after the trauma, and after a majority of their peers are able to do so
- Those who continue to exhibit high levels of emotional distress (crying, tearfulness) after a majority of their peers have stopped

- Those who appear depressed, withdrawn, and do not communicate
- Those who continue to show academic performance and concentration levels below those before the trauma took place
- Those who talk about suicide or homicide
- Those who intentionally hurt themselves
- Those who show an increased use of alcohol or drugs
- Those who gain or lose a lot of weight in a short period of time
- Those who ignore their personal hygiene

Help from a mental health professional is recommended for children who personally witness extensive destruction from a natural disaster, death, or serious injury. Getting them help can prevent or reduce a child's long-term symptoms.

Remember, it's urgent to get children the help they need. It takes courage for a child to ask for help, but your early intervention is key.

WHEN WILL THINGS GET BETTER?

With the right support, most children will recover in a few weeks or months from the fear and anxiety caused by trauma. Others will need more help over a longer period of time. Some may need assistance from a mental health professional. It's important to get the right kind of help for each child based on his or her individual needs. A professional evaluation will answer those questions about what the child needs and for how long.

HOW CAN WE KEEP CHILDREN SAFE?

- Parents can talk about their child's daily life every day.
- Set clear and consistent curfews.
- Monitor use of computers, the internet, and social media, as well other media (TV, videos, music they listen to).
- Know who your child is with, where and when
- Educate children to avoid high-risk places, people, and situations that are more likely to put them in danger
- Be aware of federal, state, and local advice about potential risks
- Do Emergency Planning – develop safety plans with your family. Talk about possible emergencies, what to do, and where to go.

If you have questions or need help, call **Trinitas Regional Medical Center's Department of Behavioral Health at 1-888-841-5564.**



TRINITAS CAN HELP

Trinitas Regional Medical Center has a full range of behavioral health services that can help children and families facing the kinds of issues discussed in this Guide.

- **For Crisis / Emergencies**, Trinitas Children's Mobile Response & Stabilization System (CMRSS) is available by calling PerformCare at **1- 877-652-7624**;
www.trinitashospital.org/childrens_mobile_crisis.htm
- **Outpatient Services**, for evaluations or counseling at **908-994-7223**
www.trinitashospital.org/child_adolescent_outpatient.htm
- **Partial Hospital Programs**, for children needing daily assistance.
www.trinitashospital.org/child_adolescent_partial_hospitalization.htm
- **Inpatient Units** for children needing overnight stays.
- **Wellness Management** Services for schools
- **School-based Mental Health Services and Curriculum Programs**
- **A Traumatic Loss Coalition for Youth**

Find us on the internet at:

www.trinitashospital.org/behavioral_health.htm

Or e-mail us at: jlape@trinitas.org



OTHER INFORMATION AVAILABLE:

American Academy of Child & Adolescent Psychiatry (AACAP)
www.aacap.org. “Facts for Families” Series on topics in this Guide (egs: Bullying, Helping Children after a Disaster, When to Seek Help, Post-Traumatic Stress Disorder, Children and Social Networks, etc.)

Keys to Safer Schools Website: <http://www.keystosaferschools.com>

National Child Traumatic Stress Network (www.NCTSN.org)

www.njbullying.org

www.NEWJERSEYPARENTSCAUCUS.org

TRINITAS -- WE'RE HERE – WE CARE – WE CAN HELP

If you need us, or if you have questions, call 1-908-994-7223.