Trauma Informed Care in Child and Adolescent Residential Settings: Understanding Trauma and Mental Health

Wednesday, June 25, 2008
Handout Materials

New York State
Office of Children & Family Services

New York State
Office of Children and Family Services
and
SUNY Distance Learning Project
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“Being consciously present in the now is the best way to realize the immense potential of the future” – Troy Miller’s high School coach

“Secure attachments act as a defense against trauma. (Our) role...is to help children modulate their arousal by attuned and well-timed provisions of playing, feeding, comforting, touching, looking, cleaning, and resting - in short, by teaching them skills that will gradually help them modulate their own arousal.”

--Bessel van der Kolk, 1996--
## NORMAL STRESS vs. TRAUMATIC STRESS

<table>
<thead>
<tr>
<th>NORMAL STRESS</th>
<th>vs.</th>
<th>TRAUMATIC STRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Pounding</td>
<td></td>
<td>Heart feels like bursting</td>
</tr>
<tr>
<td>Rapid breathing</td>
<td></td>
<td>Grasping, feeling smothered</td>
</tr>
<tr>
<td>Muscles tense up</td>
<td></td>
<td>Muscles feel like exploding</td>
</tr>
<tr>
<td>Feel excited or worried</td>
<td></td>
<td>Feel terrified or panicked</td>
</tr>
<tr>
<td>Feel frustrated</td>
<td></td>
<td>Feel doomed</td>
</tr>
<tr>
<td>Feel determined</td>
<td></td>
<td>Feel aggressive</td>
</tr>
<tr>
<td>Seeing/thinking clearly</td>
<td></td>
<td>Confused</td>
</tr>
<tr>
<td>Considering options</td>
<td></td>
<td>Mentally shut down</td>
</tr>
<tr>
<td>Acting rapidly</td>
<td></td>
<td>Freezing</td>
</tr>
<tr>
<td>Pensive</td>
<td></td>
<td>Reflexive, instinctive</td>
</tr>
<tr>
<td>Facing problems</td>
<td></td>
<td>Desperately avoiding</td>
</tr>
<tr>
<td>Taking on challenges</td>
<td></td>
<td>Taking foolish risks</td>
</tr>
<tr>
<td>Clear memories</td>
<td></td>
<td>Memory like a broken puzzle</td>
</tr>
<tr>
<td>Creating solutions</td>
<td></td>
<td>Making a mess of your life</td>
</tr>
<tr>
<td>Feel angry</td>
<td></td>
<td>Feel enraged</td>
</tr>
<tr>
<td>Feel in control</td>
<td></td>
<td>Feel helpless</td>
</tr>
<tr>
<td>Feel good about yourself</td>
<td></td>
<td>Feel worthless</td>
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</table>
**Trauma Questionnaire for Children-Revised**

- **Note:** This tool can be easily and quickly used for identifying stress among adolescents in a residential milieu. The Questionnaire was developed to be a checklist that indicated the severity of traumatic stress, not a psychological instrument. Therefore, its use should be seen as a guide to the practitioner as to the symptoms of PTSD (re-experiencing, avoidance, and arousal) that the child might be exhibiting or feeling. Questions 3 and 6 are associated with re-experiencing; questions 1, 8 and 9 with avoidance; and questions 2, 4, 5, 7, and 10 with arousal. (Question #9: This item addresses a sense of foreshortened future that the child may feel and is an avoidance-type response.)

- **Instructions:** The items can be either read by a clinician or worker, or they can be read by the adolescents themselves. Circle the number that best reflects your feelings about each question. The higher the total score, the higher the likelihood of the presence of traumatic stress and its corresponding problems. If the child scores more than 25 points on the questionnaire, the clinician should consider further assessment through the use of a standardized trauma assessment instrument such as the Trauma Symptom Checklist for Children (TSCC). Question #10: If the point value of this item is 3-5 then the practitioner should assess and ensure the child’s safety immediately.

1. I avoid thinking about bad things that happened to me.
   *Never* (1) (2) (3) (4) (5) *Always*

2. I have trouble concentrating on things.
   *Never* (1) (2) (3) (4) (5) *Always*

3. I have dreams about the bad things that happened to me.
   *Never* (1) (2) (3) (4) (5) *Always*

4. I feel afraid whenever I think about the bad things that happened to me.
   *Never* (1) (2) (3) (4) (5) *Always*

5. When I have thoughts about these things I cannot control how my feelings are expressed.
   *Never* (1) (2) (3) (4) (5) *Always*

6. I feel like the same bad things are happening all over again.
   *Never* (1) (2) (3) (4) (5) *Always*

7. I get jumpy when I hear loud noises or when there is unexpected activity around me.
   *Never* (1) (2) (3) (4) (5) *Always*

8. I feel alone even when I am with my family and friends.
   *Never* (1) (2) (3) (4) (5) *Always*

9. I feel I will not have a normal life.
   *Never* (1) (2) (3) (4) (5) *Always*

10. I feel my life is in danger.
    *Never* (1) (2) (3) (4) (5) *Always*
What Are Possible Behavioral Indicators In Youth Who Have Experienced Early Trauma?

- Altered or inconsistent behavior, such as aggressive or reckless behavior
- Concerns about their own and other’s safety
- Self consciousness or embarrassment about having fears
- Fear of being labeled abnormal
- Post-traumatic acting out such as drug use, delinquent behavior, sexual acting out
- Poor hygiene
- For victims of sexual/physical abuse, there is fear of normal physical contact, sexual aggressiveness or threatening behavior

Adapted from: Graphic from the 1st teleconference on May 1, 2008
Help Youth Walk A Road to Resilience

Major stressors can take a severe psychic toll on those who lack the “traits of resilience.” These traits or “protective skills” can be learned and can enable people to cope better and bounce back after adversity.

Here are 10 ways YOU can help youth increase their resilience:

1. **Encourage optimism** by emphasizing youth’s abilities, focusing on their strengths and helping them think about possibilities rather than limitations.

2. **Promote “cognitive flexibility”** by helping youth to think about their experiences in different ways so they can begin to heal from past trauma and feel able to confront current challenges.

3. **Help youth develop a personal moral compass or set of beliefs.**

4. **Help youth develop a sense of altruism.** Research is starting to show that there are changes in brain “neural circuits” related to moral decision making and altruism.

5. **Assist youth with identifying a “resilient” role model in a mentor or a heroic figure.** This is important because imitation is a powerful mode of learning.

6. Help youth learn to face their fears so they can learn and practice the skills needed to get through their fears.

7. Facilitate the development of active coping skills by helping youth create positive statements about themselves, especially in relation to a threat.

8. Help youth to establish and nurture meaningful relationships and encourage them to seek active support through others.

9. Encourage youth to keep fit. Exercise not only is good for physical well-being but also enhances emotional development.

10. Support the development of a sense of humor and laugh frequently as this can be a positive coping mechanism.

Engaging Youth in a Trauma-Informed Manner

The hallmarks of the transforming therapeutic interaction are: SAFETY, PREDICTABILITY and NURTURANCE.

Using the skill of SELF-AWARENESS will help staff engage youth in a trauma informed manner.

- Be aware of your own reluctance and resistance: remember how you react when you feel coerced, remember what you do when you are (or feel) you are being treated unfairly.
- When interacting with the youth, respect, humor and flexibility can allow them to be valued as what they are.
- Be open and accepting of the youth and avoid being hostile or defensive.
- Recognize some reluctance and resistance as normal.
- Recognize reluctance and resistance as AVOIDANCE of something that might make a youth fearful or anxious.
- Youth usually don’t talk openly about resistance, but demonstrate it; remember that this is not necessarily their ill will.
- Look at yourself and your helping behavior: ask yourself, is there anything that I might be doing that might seem unfair to the youth?

Adapted from http://www.lfcc.on.ca/Perry_Core_Concepts_Violence_and_Childhood.pdf
Useful Tips When Working with Youth

- Show respect
- Be genuine
- Keep and use your sense of humor
- Be able to laugh at yourself
- Admire youth’s terrific defensive behaviors
- Address the HURT behind the ANGER
- Be clear about boundaries
- Avoid power struggles
- Tell stories of other youth in similar situations who made changes in their lives
- When they seek attention – give it
- Make confrontations friendly, empathic, and matter of fact
- Work with youth’s unwillingness
- Allow yourself to practice new skills you learn as a staff
- Allow youth avenues of expression and empowerment

Fight or Flight

The stress response is the set of physical and emotional changes the human body makes in response to a threat or stress. It sometimes is called the "fight-or-flight" response.

In a stressful situation, the body releases chemicals that trigger:

- Increased heart rate and blood pressure
- Rapid breathing
- Increased sweating
- A sudden rush of strength
- Slowed digestion
- Dilated pupils

Being in this “fight-or-flight” state is due to growing up in a persistently threatening environment and a world characterized by unpredictability and danger.

- The brains of traumatized children develop to be hyper-vigilant and focused on non-verbal cues, potentially related to threat.
- These children are in a persisting state of arousal and, therefore, experience persisting anxiety
- A child raised in an environment characterized by persisting trauma (e.g., domestic violence, physical abuse, community violence) will develop an excessively active and reactive stress response apparatus, therefore, a predisposition to act in an aggressive, impulsive, behaviorally reactive fashion.


Adapted from http://www.lfcc.on.ca/Perry_Core_Concepts_Violence_and_Childhood.pdf
Engaging Families in a Trauma Informed Manner

Family and other such supports can be vital to the recovery and rehabilitation of youth as well as a key to permanency planning.

Agency and facility staff can help with this healing process by engaging with families in a “trauma sensitive” manner.

- Seek to understand the family’s issues and how these impact the family dynamic and behaviors. Understand that other family members might also be suffering from the effects of trauma.

- Do not allow personal judgments to influence your interactions. Parents often feel responsible for their children’s problems and might be reluctant to get involved if they feel attacked or blamed.

- Be calm, try to foster trust, and instill hope.

- Have open conversations about current problems and solicit their feedback about solutions.

- Engage with cultural competence.

- Help to identify services that will benefit the family and help them resolve their problems and heal from trauma. Once the family is healing, they can help heal the child by becoming the positive consistent presence the child needs in life.

Adapted from Dr. Joseph Benamati’s presentation, June 25, 2008.
What is **YOUR GOAL** when taking a trauma-informed approach with youth?

**HELP THEM:**

- Name, understand, and manage their emotions
- Manage anxiety
- Discuss their feelings
- Change the way they think about people and situations
- Find acceptable solution(s) to their problem(s)
- Learn interpersonal and communication skills

Adapted from notes of the 2nd teleconference, scheduled for June 25, 2008
How Can Staff Begin to Demonstrate a Trauma-Sensitive Response?

<table>
<thead>
<tr>
<th>Does the youth act like this?</th>
<th>You might be tempted to respond like this:</th>
<th>But these responses will demonstrate trauma-sensitivity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawn</td>
<td>Giving advice</td>
<td>Confidentiality</td>
</tr>
<tr>
<td>Passive</td>
<td>Blaming</td>
<td>Respect</td>
</tr>
<tr>
<td>Angry</td>
<td>Confronting</td>
<td>Patience</td>
</tr>
<tr>
<td>Sarcastic</td>
<td>Interpreting or analyzing</td>
<td>Listening</td>
</tr>
<tr>
<td>Ambivalent</td>
<td>Moralizing</td>
<td>Sharing</td>
</tr>
<tr>
<td>Defiant</td>
<td>Preaching</td>
<td>Honesty</td>
</tr>
<tr>
<td>Depressed</td>
<td>Warning</td>
<td>Understanding</td>
</tr>
<tr>
<td>Hopeless</td>
<td>Lecturing</td>
<td>Empathy</td>
</tr>
<tr>
<td>Helpless</td>
<td>Convincing</td>
<td>Calmness</td>
</tr>
<tr>
<td>Pseudo-Independent</td>
<td>Withdrawing</td>
<td>Confidence</td>
</tr>
<tr>
<td>Know-it-all</td>
<td>Stereotyping</td>
<td>Trust</td>
</tr>
<tr>
<td>Cocky</td>
<td>Interrogating</td>
<td>Acknowledgement</td>
</tr>
<tr>
<td>Complaint</td>
<td>Distracting</td>
<td>Genuine concern</td>
</tr>
<tr>
<td>Distrustful</td>
<td>Sympathizing</td>
<td>Frustration</td>
</tr>
<tr>
<td>Disrespectful</td>
<td>Diagnosing</td>
<td>Rejection</td>
</tr>
<tr>
<td>anxious</td>
<td>Labeling</td>
<td>Enabling</td>
</tr>
<tr>
<td>Cooperative</td>
<td>Taking ownership of problem</td>
<td>Testing</td>
</tr>
<tr>
<td>Polite</td>
<td>Judging</td>
<td></td>
</tr>
<tr>
<td>Frustrated</td>
<td>Rescuing</td>
<td></td>
</tr>
<tr>
<td>Testing</td>
<td>Enabling</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frustration</td>
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Adapted from Professional Development Program, Rockefeller College, University at Albany, Interpersonal Helping Skills, January 2002
Creating a Trauma-Informed System of Care

Creating a trauma-informed system of care means that the system is more aware of and responsive to the needs of vulnerable and traumatized children so that they are not further traumatized by their involvement with the system itself.

Common causes of “system induced trauma” include repeated, insensitive or humiliating interviews, unnecessary disruptions of family, extended family, and community relationships, repeated changes of placement; confrontations with abusers; and court testimonies.

Trauma informed care is directed by the understanding of the neurological, biological, psychological and social effects of trauma on individuals.

 REGARDLESS OF THE SETTING, A TRAUMA INFORMED SYSTEM OF CARE WILL DO THE FOLLOWING:

1. Maximize the child’s sense of safety.
2. Ensure that youth have access to professionals who can assist them in reducing overwhelming emotions.
3. Ensure that the youth have access to professionals who can help them develop a coherent understanding of their traumatic experiences.
4. Ensure that the youth have access to professionals who can help them integrate traumatic experiences and gain mastery over their experiences.
5. Understand and address the ripple effects of trauma that will be seen in the child’s behavior, development, relationships, and survival strategies.
6. Provide support and guidance to the child’s family.
7. Ensure that professional caregivers manage their own professional and personal stress.

Adapted from Regional Research Institute for Human Services, Portland State University, www.rtc.pdx.edu
Focal Point Research, Policy, and Practice in Children’s Mental Health
Winter 2007, Vol. 21, No. 1
(13)
The Positive Aspects of a Trauma-Informed System

The creation of a more trauma-informed system requires educating ALL staff about the impact of childhood traumatic experiences and effectively responding to the needs of traumatized youth and their families.

**Aside from the positive impact on the child, trauma-sensitive policies and interventions will also have a positive impact on the system in the following ways:**

- Less violence toward self, staff, and others
- Reduction in the use of coercive measures like seclusion and restraint
- An understanding of the complex biopsychosocial and developmental impact of trauma and abuse with implications for response
- Less victim-blaming
- Less punitive and judgmental responses
- Clearer more consistent boundaries
- Higher expectations
- Earlier identification of and confrontation with controlling, abusive, and violent behavior
- Better ability to articulate goals, create strategies for change,
- A working understanding of *reenactment* behavior
- A more democratic and safe environment at all levels.

Adapted from [http://www.sanctuaryweb.com/Main/trauma-informed_treatment.htm](http://www.sanctuaryweb.com/Main/trauma-informed_treatment.htm)
With the level of trauma children in residential care today have experienced, a “trauma-informed approach” to care and treatment serves the best interests of the child.

Children Handle Trauma as Best They Can

In a threatening situation, the normal response is for the child to go to the adult caregiver for help. If the caregiver does not respond, i.e., the caregiver is absent, unresponsive, incapacitated by the threat, or the caregiver is the threat, the child soon abandons this strategy and may develop alternative responses or pain-based behaviors.

Recognizing Pain-based Behavior

Pain-based behavior takes many forms. Most commonly it appears as:
- Impulsive outbursts
- Aggressive acts
- Inability to tolerate uncertainly or ambiguity
- Withdrawing or running away
- Self-injury
- Traumatic re-enactment
- Flashbacks

Responding to Pain-based Behavior

All children will have triggers, some they are aware of and some they are not. Assisting children to identify their triggers will help them prepare for and avoid stressful situations. Here are responses that assist children in managing these feeling and behaviors and promote positive change.

Listen to the children talk about their feelings. Children need to talk about the same feelings and events many times. Even years after the trauma, they may still be struggling to understand why they cannot live at home, why their parents do not visit, why they were rejected, abandoned, or abused. Listen respectfully and empathically to what the child is expressing.
Watch for triggers or signs of “re-enactments” or flashbacks. Be supportive and try to identify patterns of behaviors and triggers to the behaviors. These re-enactments may appear as power struggles or unexplained aggression. Comfort the child and help the child avoid these triggers in the future.

Give the child choices and a sense of control. When children feel they do not have control, they will likely have a stress reaction. When children are given control or choices they will feel safer and more comfortable. They will be able to think more clearly and react in a more adaptive manner.

Teach children to express their emotions and resolve conflicts through discussion and negotiation. Learning to manage emotions and solve problems are critical skills to promote healthy development and foster a feeling of control. They also will help the children have sense of a better future, motivating them to move forward.

Creating a Culture of Nonviolence

A culture of nonviolence is essential and is everyone’s responsibility in the residential organization, including adults and children. Providing a safe and calm environment is integral to meeting the needs of traumatized children and youth.

Establish a consistent, predictable structure to the day. When there are new or different activities, inform children in advance and explain the reasons for the variation. Avoid looking disorganized, confused, or anxious since children need to feel that adults are “in control.”

Provide a secure base. When children feel threatened or afraid, they need an adult to whom they are attached to provide a secure base where they can get comfort and assurances.

Discuss expectations, rules, and limits in advance so children understand what is expected. Use flexibility so that expectations are within the child’s ability to succeed and change is possible. Avoid power assertion whenever possible to reduce the appearance of a threat and to avoid triggering a stress response.

Avoid activities or events that may trigger the child’s stress response. Carefully choose movies, books, music, and activities that are calming; avoid violent images. If an activity is upsetting or re-traumatizing for a child, stop the activity or adjust it to avoid escalating the situation. Protect the children.

Provide activities that promote future orientation such as caring for animals, plants, and people. Allow children to make choices and help them imagine a different life. Create opportunities to make positive changes and envision a better future. Traumatized youth are likely to evidence terminal thinking and have a sense of hopelessness.

Adapted from 2007 CARE: Residential Child Care Project, Cornell University
The OCFS Library has a collection of information on trauma and youth. You will find books, articles, and a detailed resource guide that was developed especially for this teleconference series. To access these resources contact the Library at www.Madeline.Raciti@ocfs.state.ny.us or the New York State Office of Children and Family Services Library, South Building Room 106, 152 Washington Street, Rensselaer, New York 12144. 518.473.8072

National Child Traumatic Stress Network www.nctsnet.org
Dr. Joe Benamati, one of the presenters in this teleconference, is a member of NCTSN and part of the NCTSN national steering committee.

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education. The Network comprises 70 member centers and is funded by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services through a congressional initiative.

Benamati, J. (2002). Systemic Training to Assist in the Recovery from Trauma (START) for residential staff (curriculum). Contact drjoebenamati@yahoo.com for information regarding this training.


The Winter 2007 issue of Focal Point is on Traumatic Stress/Child Welfare. For copies of this contact the OCFS librarian www.Madeline.Raciti@ocfs.state.ny.us.

Service Outcomes Action Research (SOAR):
A Research-Practice Partnership in Service to Youth and Families, http://www.albany.edu/hindelang/community_policing.html

Service Outcomes Action Research (SOAR), begun in January 2001, is a collaborative effort between the University at Albany Hindelang Criminal Justice Research Center, UA Schools of Criminal Justice, Social Welfare, and Education, and two juvenile treatment centers that provide residential and community-based care to youth from throughout New York State. The goal of SOAR is to improve the quality and conditions of life for LaSalle and St. Anne clients and their families by assisting both agencies to make services more effective in helping clients reach outcomes that service staff and clients have agreed are desirable. The SOAR approach is to systematically measure client outcomes and staff interventions, to analyze the actual relationships between services and outcomes, to compare what actually happened to what staff expected to happen, and to assist program staff to make program adjustments so that program expectations are met or exceeded. The SOAR approach to program study is highly exacting, meeting conventional scientific standards for measurement and analytic accuracy. SOAR is also highly participative: researchers and practitioners form a team to assist practitioners in making program strategy and clinical decisions. The two agencies’ executive
directors have written an account of the formation of this partnership (Wolff and Riccio 2004), and additional publications describe the research program and some preliminary findings in more detail.

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**SOAR Publications:**
Cunningham, Scott. (Forthcoming). “Voices From the Field: Practitioner Reactions to Collaborative Research Initiatives.” Accepted by *Action Research.*

Cunningham, Scott and David Duffee. (Forthcoming). “Styles of Evidence-Based Practice in the Child Welfare System.” Accepted by *Evidence-Based Social Work.*

Cunningham, Scott, David Duffee, Yufan Huang, Camela M. Steinke, Toni Naccarato (Forthcoming). “On the Meaning and Measurement of Engagement in Youth Residential Treatment Centers.” Accepted by *Research on Social Work Practice.*


Smith, Brenda; David E. Duffee, Camela M. Steinke, Yufan Huang, Heather Larkin. (forthcoming). “Outcomes in Residential Treatment for Youth: The Role of Early Engagement.” Accepted by *Children and Youth Services Review.*

Questions I Have

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E-mail address: ________________________________________________________

Site Location: _________________________________________________________

Question(s): __________________________________________________________

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Fax this form to: (518) 426-4098 or (518) 426-0696