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## **Trauma-Informed Child Welfare Practice 2007**

### **Creative Interventions with Traumatized Children. FORTHCOMING January 2008**

Malchiodi, Cathy A.

2008

Guilford Press

72 Spring Street

New York, NY 10012

Tel: (800) 365-7006

Fax: (212) 966-6708

[info@guilford.com](mailto:info@guilford.com)

Available From: <http://www.guilford.com/>

*Abstract unavailable.*

### **Creating a Trauma-Informed Child Welfare System.**

Igelman, Robyn. Conradi, Lisa. Ryan, Barbara.

Chadwick Center for Children and Families.

2007

*Focal Point.*

21 (1) p. 23-26

Research and Training Center on Family Support and Children's Mental Health

PO Box 751

Portland, OR 97207-0751

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[rtcpubs@pdx.edu](mailto:rtcpubs@pdx.edu)

Available From: <http://www rtc.pdx.edu/>

Many child welfare systems around the country lack the ability to respond sensitively to the specific needs of children with complex trauma issues. This article explores challenges to creating trauma-informed child welfare systems and provides recommendations for future directions in the field. (Author abstract)

<http://www rtc.pdx.edu/PDF/fpW0707.pdf>

### **Creating Trauma-Informed Child-Serving Systems**

National Child Traumatic Stress Network.

2007

*Service Systems Brief*

1 (1) Research and Training Center on Family Support and Children's Mental Health  
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This brief is one of a series that address the impact of trauma on the daily functioning of children and adolescents, identify how systems currently approach child trauma, and highlight innovative and effective ways to maximize the ability of various systems to effectively serve traumatized children. In this brief, the importance of creating trauma-informed child-serving systems is emphasized and guidelines are provided for creating a trauma-informed school system, child welfare system, health care system, juvenile justice system, law enforcement/first responder system, and mental health system. 8 references.

[http://gucchd.georgetown.edu/programs/ta\\_center/NCTSN%20Service%20Systems%20Brief%2010-18-07.pdf](http://gucchd.georgetown.edu/programs/ta_center/NCTSN%20Service%20Systems%20Brief%2010-18-07.pdf)

**Traumatic Stress/Child Welfare.**

Portland State University. Research and Training Center on Family Support and Children's Mental Health.

2007

*Focal Point.*

21 (1) p. 1-32

Research and Training Center on Family Support and Children's Mental Health

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This Focal Point issue focuses on child traumatic stress, particularly as experienced by children involved in the child welfare system. The causes and effects of traumatic stress are discussed, as are evidence-based treatments, and prevention strategies. (Author abstract)

<http://www rtc.pdx.edu/PDF/fpW07.pdf>

**Child Trauma: The Role of Public Policy.**

Gerrity, Ellen.

Duke University Medical Center. National Center for Child Traumatic Stress.

2007

*Focal Point.*

21 (1) p. 27-30

Research and Training Center on Family Support and Children's Mental Health  
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Available From: <http://www.rtc.pdx.edu/>

This article discusses the impact that federal, state, and local government policies have in promoting increased understanding of and effective response to child traumatic stress. Analysis of current policy issues and areas for improvement is included. (Author abstract)

<http://www.rtc.pdx.edu/PDF/fpW0708.pdf>

**Facts About Trauma for Policymakers: Children's Mental Health.**

Cooper, Janice L.

National Center for Children in Poverty.

2007

Elsevier

Customer Service Department 6277 Sea Harbor Drive

Orlando, FL 32887-4800

Tel: +1 (877) 839-7126

Fax: +1 (407) 363-1354

[usjcs@elsevier.com](mailto:usjcs@elsevier.com)

Available From: <http://www.elsevier.com/>

This fact sheet explores the impact of trauma on children and presents policy recommendations for assisting children exposed to trauma. It begins with a discussion on the prevalence of children exposed to trauma and the inadequacy of current policy and practice responses. The core components of trauma-informed care are then identified, and include: appropriate screening and assessments; effective interventions and supports; culturally and linguistically competent strategies; family and youth engagement; and strong organizational capacity, including outcomes monitoring. Following sections highlight existing effective practices at the federal, State, and tribal levels, and provide key recommendations for policymakers. 35 references.

[http://www.nccp.org/publications/pub\\_746.html](http://www.nccp.org/publications/pub_746.html)

[http://www.nccp.org/publications/pdf/text\\_746.pdf](http://www.nccp.org/publications/pdf/text_746.pdf)

**Child Traumatic Stress: Understanding and Serving through a Cultural Lens [Teleconference].**

National Technical Assistance Center for Children's Mental Health. National Child Traumatic Stress Network.

2007

Guilford Press

72 Spring Street

New York, NY 10012

Tel: (800) 365-7006

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[info@guilford.com](mailto:info@guilford.com)

Available From: <http://www.guilford.com/>

Child traumatic stress (CTS) is a psychological reaction that some children have to traumatic experiences. One of every four children experiences a traumatic event before the age of sixteen, and some of these children develop CTS. Many children with CTS are likely to be identified first by practitioners in systems other than mental health, e.g., schools, health care, and child welfare. Therefore providing culturally competent trauma treatment and practices in a wide array of child-serving systems is fundamental to increasing access and improving the standard of care. Additionally, for many cultural groups, it is more acceptable to access CTS in settings traditional to their own cultural group, rather than in specialty mental health settings. This call will begin with an overview of child traumatic stress and the intersection of culture and trauma, followed by a discussion of how primary care and mental health practitioners can collaborate to address the needs of children and families from diverse cultural groups who have experienced trauma. The call will highlight initiatives and projects of the National Child Traumatic Stress Network's Culture Consortium, as well as the Pediatric Medical Traumatic Stress Toolkit for Health Care Providers developed by the Medical Trauma Working Group. (Author abstract)

[http://gucchd.georgetown.edu/programs/ta\\_center/tacalls2007.html](http://gucchd.georgetown.edu/programs/ta_center/tacalls2007.html)

### **Strengthening Policies to Support Children, Youth, and Families Who Experience Trauma.**

*Unclaimed Children Revisited, Working Paper No. 2.*

National Center for Children in Poverty.

2007

Elsevier

Customer Service Department 6277 Sea Harbor Drive

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Available From: <http://www.elsevier.com/>

This report, the second of five special reports, is based on a forum convened by the National Center for Children in Poverty with support from the Annie E. Casey Foundation. The meeting brought together a cross-section of policymakers, researchers, community leaders, family members, youth, and practitioners in trauma-related areas. (See Appendix A.) The aims were to explore: (1) the current state of service delivery and supports for children, youth, and their families exposed to trauma; and (2) ways to advance a more coherent trauma-informed policy agenda, particularly through mental health agencies. In addition to the stakeholder meeting, two other methods were used to collect data: a literature review and interviews with key stakeholders involved with trauma-informed initiatives. The report is organized into six sections. The foreword consists of contributions from two survivors of trauma, a parent and a young adult. Section 1 sets the context, highlighting both general prevalence data and what is known about

specific populations. The second section describes the policy response. Section 3 defines the core components of trauma-informed practice, drawing on research findings and stakeholder advice. In Section 4, we provide examples of efforts to promote trauma-informed practice in communities. The fifth section sets forth recommendations for federal, tribal, and state governments. Section 6 includes case studies of trauma informed policies in action. Appendix A lists the names of meeting participants. Appendix B includes a list of case study respondents. Appendix C contains two charts that list state-by-state information on trauma-informed services and infrastructure supports. (Author abstract)

[http://www.nccp.org/publications/pdf/text\\_737.pdf](http://www.nccp.org/publications/pdf/text_737.pdf)

**Early Intervention as Prevention: Addressing Trauma in Young Children.**

Groves, Betsy McAlister.

Child Witness to Violence Project (Boston Medical Center)

2007

*Focal Point.*

21 (1) p. 16-18

Research and Training Center on Family Support and Children's Mental Health

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Available From: <http://www rtc pdx edu/>

This article focuses on the need for early intervention to address child traumatic stress in young children. The article also describes the characteristics of effective intervention. (Author abstract)

<http://www rtc pdx edu/PDF/fpW0705.pdf>

**The Boy Who Was Raised as a Dog and Other Stories From a Child Psychiatrist's Notebook :  
What Traumatized Children Can Teach Us About Loss, Love, and Healing.**

Perry, Bruce. Szalavitz, Maia.

2007

Available from: Basic Books

Order Department 1094 Flex Drive

Jackson, TN 38301

Tel: 800-343-4499

Fax: 800-351-5073

[perseus.orders@perseusbooks.com](http://perseus.orders@perseusbooks.com)

Available From: <http://www.perseusbooksgroup.com/basic>

This book explores what happens to the brain when a child is exposed to extreme stress and discusses innovative treatments to help ease children's pain and allow them to become healthy adults. Case studies are provided of a child who had been sexually abused, a child who had witnessed the murder of her own mother, children exposed to the Branch Davidian tragedy, a

Russian orphan, a child with eating disorder, a teenage boy who was left alone for most of his infancy, a boy whose adoptive mother was actively trying to kill him, and a six-year-old boy raised in a dog cage. Each case study describes the trauma the child experienced, his or her neurological symptoms, the relationship between the psychiatrist and the patient, and the methods that were used to help the child cope. The final chapter explores strategies communities and parents can use to help heal traumatized children. 241 references.

**Play Therapy with Children in Crisis: Individual, Group, and Family Treatment. 3rd ed.**

Webb, Nancy Boyd.

2007

Guilford Press

72 Spring Street

New York, NY 10012

Tel: (800) 365-7006

Fax: (212) 966-6708

[info@guilford.com](mailto:info@guilford.com)

Available From: <http://www.guilford.com/>

This text presents a variety of methods to help practitioners more effectively treat children and their families dealing with anxiety resulting from crises and trauma. The approaches to therapy presented include group, family, and individual play interventions in different types of settings. Part 1 provides an overview of the concepts of stress, crises, and trauma, discusses specific components that influence the crisis/traumatic event, and explores contextual elements that help or hinder children in crisis. Chapter 2 then discusses the assessment of children following a crisis, and Chapter 3 presents a model of play therapy that can be used with children who are having difficulties related to their anxieties associated with a crisis. Part 2 of the book focuses on helping children with difficulties related to family-based problems, including exposure to parental violence, parental abuse and subsequent foster home placement, child sexual abuse, divorce, adoption disruption and dissolution, parental death, childhood cancer, and parental deployment in military service. The following part includes chapters that focus on helping children in school, including new approaches to preventing peer abuse, interventions for coping with deaths in schools, using activity groups with children who witness violence, and school-based play therapy. Part 4 addresses crises in the community and world, and includes chapters on international interventions following natural disasters, the use of Jungian analytical play therapy in the aftermath of Hurricane Katrina, crisis intervention conjoint play therapy for dealing with the terrorist death of a parent, crisis reenactment play therapy with undocumented immigrants, and brief narrative play therapy with refugees. The final part focuses on helping practitioners avoid secondary traumatization. An appendix provides a list of additional play therapy resources. Case examples and study questions are provided in each chapter and transcriptions of therapy sessions are annotated with the rationale of the therapist. Numerous references.

**Childhood Sexual Abuse, Attachment, and Trauma Symptoms in College Females: The Moderating Role of Attachment.**

Aspelmeier, Jeffrey. Elliott, Ann N. Smith, Christopher H.  
2007

*Child Abuse and Neglect : The International Journal.*

31 (5) p. 549-566

Publication Information: Orlando, FL : Elsevier  
Elsevier

Customer Service Department 6277 Sea Harbor Drive  
Orlando, FL 32887-4800

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Fax: +1 (407) 363-1354

[usjcs@elsevier.com](mailto:usjcs@elsevier.com)

Available From: <http://www.elsevier.com/>

Objective: The present study tests a model linking attachment, childhood sexual abuse (CSA), and adult psychological functioning. It expands on previous work by assessing the degree to which attachment security moderates the relationship between a history of child sexual abuse and trauma-related symptoms in college females. Method: Self-reports of attachment, childhood sexual abuse, and adult psychological functioning were obtained from 324 female undergraduate students attending a Southeastern U.S. university. Separate analyses were conducted examining the potential moderating role for close-adult, parent-child, and peer attachment styles. Results: In this sample, 37.7% of participants reported sexually abusive experiences prior to age 16. History of child sexual abuse was consistently associated with higher levels of trauma-related symptoms and lower levels of attachment security in close-adult, parent-child, and peer relations. Additionally, attachment security was consistently associated with trauma-related symptoms. Close-adult, parent-child, and peer attachment differentially moderated trauma-related symptoms. Specifically, in peer relationships, the strength of the relationships between attachment measures and trauma symptoms were greater for CSA survivors than for non-abused participants. The opposite pattern of results was found for attachment in parental and close-adult relationships. Conclusion: Results suggest that attachment security in peer and parent relationships protects against the negative effects of CSA, while only weak, marginally significant protective effects were observed for close-adult relationships. Only modest support was found for the conceptualization of attachment as a moderator of the relationship between CSA and trauma-related symptoms. However, the results suggest that attachment security at least partially protects against negative CSA outcomes. (Author abstract)

### **Relationship to Perpetrator, Disclosure, Social Reactions, and PTSD Symptoms in Child Sexual Abuse Survivors.**

Ullman, Sarah E.

2007

*Journal of Child Sexual Abuse*

16 (1) p. 19-36

Publication Information: Binghamton, NY : The Haworth Press, Inc.

Haworth Press  
10 Alice Street  
Binghamton, NY 13904-1580  
Tel: 800-429-6784  
Fax: 800-895-0582

[getinfo@haworthpressinc.com](mailto:getinfo@haworthpressinc.com)

Available From: <http://www.haworthpress.com>

This research examined victim relationship to the perpetrator, disclosure characteristics, social reactions, and PTSD in adult survivors' of child sexual abuse (CSA) identified in a convenience sample of 733 college students. Results indicated that relationship to the perpetrator was related to CSA characteristics and outcomes. More negative reactions such as disbelief were observed for those victimized by relatives compared with acquaintance and stranger victims, especially for those disclosing in childhood. Victims of relatives had more PTSD symptoms if they delayed disclosure, received more negative reactions in childhood, and engaged in self-blame at the time of the abuse. Results are discussed in the context of Freyd's (1996) betrayal trauma theory, in order to better understand the traumatic impact of CSA. (Author abstract)

**Childhood Maltreatment, Complex Trauma Symptoms, and Unresolved Attachment in an At-Risk Sample of Adolescent Mothers.**

Bailey, Heidi Neufeld. Moran, Greg. Pederson, David R.  
2007

*Attachment & Human Development*

9 (2) p. 139-161

Routledge

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Associations between unresolved attachment, abuse history, and a wide range of trauma-related symptomatology were examined in an at-risk sample (N = 62). Fifty percent reported severe childhood physical and/or sexual abuse. An independent trauma interview elicited more reports of childhood sexual abuse than the Adult Attachment Interview (AAI); conversely, the AAI elicited more reports of physical abuse. Childhood physical abuse, sexual abuse, and general maltreatment were associated with unresolved status. Furthermore, sexual abuse history and general maltreatment predicted unresolved loss, suggesting that they adversely affected the integration of other emotional and/or traumatic experiences. Women classified as Unresolved reported higher levels of dissociation, confusion regarding self-identity, and relationship problems. Findings complement and extend empirical support for the theorized association between dissociative processes and unresolved attachment. (Author abstract)

**Gender Differences in Traumatic Events and Rates of Post-Traumatic Stress Disorder Among Homeless Youth.**

Gwadz, Marya Viorst. Nish, David. Leonard, Noelle R. Strauss, Shiela M.  
National Development and Research Institutes. Institute for AIDS Research.  
2007

*Journal of Adolescence*

30 (1) p. 117-129

Elsevier

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Available From: <http://www.elsevier.com/>

In the present report we describe patterns of traumatic events and Post-traumatic Stress Disorder (PTSD), both partial and full, among homeless youth and those at risk for homelessness, with an emphasis on gender differences. Participants were 85 homeless and at-risk youth (49% female) recruited from a drop-in center in New York City in 2000. Youth completed a structured interview lasting 1.5 h. Rates of childhood maltreatment were substantial. Further, almost all youth experienced at least one traumatic event, with most experiencing multiple types of trauma. Gender differences were found in the types, but not prevalence or magnitude, of childhood maltreatment and traumatic events experienced. Partial symptomatology of PTSD was common for females but not males. Symptoms of depression and anxiety were found to co-occur with PTSD for females, which may complicate treatment efforts. Further investigation of the impact of trauma on homeless males is needed. (Author abstract)

**The Experience of Trauma Recovery: A Qualitative Study of Participants in the Women Recovering from Abuse Program (WRAP).**

Parker, Alyson. Fourt, Anne. Langmuir, Judith I. Dalton, E. Jane. Classen, Catherine C.  
2007

*Journal of Child Sexual Abuse*

16 (2) p. 55-77

Publication Information: Binghamton, NY : The Haworth Press, Inc.

Haworth Press

10 Alice Street

Binghamton, NY 13904-1580

Tel: 800-429-6784

Fax: 800-895-0582

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Available From: <http://www.haworthpress.com>

The efficacy of intensive group treatment programs for child maltreatment has been established.

The aim of this qualitative study was to understand how women with a history of child maltreatment experienced the Women Recovering from Abuse Program (WRAP), an existing intensive group treatment program. Seven women were interviewed following their participation in WRAP. Three themes emerged: Breaking Trauma-Based Patterns, Doing Therapy, and The Healing Journey as a Continuous Process. These findings deepen our understanding about how participants view the recovery process. Theoretical and clinical implications are discussed. (Author abstract)

**Sexual Abuse Histories of Young Women in the U.S. Child Welfare System: A Focus on Trauma-Related Beliefs and Resilience.**

Breno, Angela L. Galupo, M. Paz.

2007

*Journal of Child Sexual Abuse*

16 (2) p. 97-113

Publication Information: Binghamton, NY : The Haworth Press, Inc.

Haworth Press

10 Alice Street

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[getinfo@haworthpressinc.com](mailto:getinfo@haworthpressinc.com)

Available From: <http://www.haworthpress.com>

This research provides descriptive data regarding sexual abuse histories of high-functioning women (N = 84; 18-25 years old) previously in the child welfare system. Placement histories of foster youth who were sexually abused were distinct. Girls with a history of sexual abuse were more likely to have been in restrictive housing and changed placements twice as often as girls with no history of sexual abuse. Trauma-related beliefs (TRB) subsequent to sexual abuse varied depending upon where sexual abuse occurred. TRB scores were negatively correlated with resilience and positively correlated with number of sexual abusers. Powerlessness was found to make a significant contribution to resiliency scores above and beyond foster care and abuse demographics. (Author abstract)

**The Story of My Strength: An Exploration of Resilience in the Narratives of Trauma Survivors Early in Recovery.**

Lynch, Shannon M. Keasler, Amy L. Reaves, Rhiannon C. Channer, Elizabeth G. Bukowski, Lisa T.

2007

*Journal of Aggression, Maltreatment and Trauma*

14 (1/2) p. 75-97

Publication Information: Binghamton, NY : Haworth Press

Available from: Haworth Press

10 Alice St.

Binghamton, NY 13904-1580

Tel: 800-429-6784

Fax: 800-895-0582

[getinfo@haworthpress.com](mailto:getinfo@haworthpress.com)

The purpose of this study was to explore the narratives of 18 survivors of trauma for elements of resilience present in their stories at a time when they were seeking treatment for their psychological distress. While these participants appeared to be struggling in some or even several aspects of their lives, analyses suggested that they had personal characteristics and experiences of supportive relationships similar to those of individuals often labeled as resilient. In particular, their narratives conveyed motivation to cope and recover, recognition of how traumatic events had influenced them, and faith in the possibility of a better life. The participants also seemed to be in a process of noticing their capacity to make active choices to take care of themselves and developing a sense of themselves as worthy of care. (Author abstract)

#### **Organizational Self-Assessment for Cultural and Linguistic Competence.**

*Culture and Trauma Brief.*

National Child Traumatic Stress Network.

2007

Basic Books

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Jackson, TN 38301

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[perseus.orders@perseusbooks.com](mailto:perseus.orders@perseusbooks.com)

Available From: <http://www.perseusbooksgroup.com/basic>

This brief provides an overview of organizational cultural and linguistic competence, organizational assessment, and resources. It begins by explaining criteria for organizations that are culturally and linguistically competent, and then provides information on legal mandates that support linguistic competence and guiding principles for organizational self-assessment. Resources for additional information on organizational self-assessment and strategies for facilitating cultural and linguistic competence are listed, along with steps for moving forward towards cultural and linguistic competence. 6 references.

[http://www.nctsn.org/nctsn\\_assets/pdfs/Organizational\\_Competence\\_Brief.pdf](http://www.nctsn.org/nctsn_assets/pdfs/Organizational_Competence_Brief.pdf)

#### **Trauma Among Homeless Youth.**

*Culture and Trauma Brief.*

National Child Traumatic Stress Network.

2007

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This brief explores the trauma experienced by homeless youth and recommends treatment strategies. Information is provided on reasons why youth leave home, types of trauma experienced by homeless and runaway youth, and consequences of homelessness and trauma. Findings from focus groups of homeless youth on what youth need from mental health providers are shared, and considerations for therapists treating homeless youth are explained. 15 references.

[http://www.nctsn.org/nctsn\\_assets/pdfs/culture\\_and\\_trauma\\_brief\\_v2n1\\_HomelessYouth.pdf](http://www.nctsn.org/nctsn_assets/pdfs/culture_and_trauma_brief_v2n1_HomelessYouth.pdf)

**Rural Child Traumatic Stress Virtual Program Center (CTS-VPC) [Website].**

National Child Traumatic Stress Network.

2007

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This project focuses on developing and evaluating a national training and technical assistance center for rural, frontier and Tribal professionals and organizations who work with children and their families who have experienced trauma. (Author abstract)

<http://childtrauma.isu.edu/>

**Child Abuse and Neglect Through the Lens of Trauma.**

DC Action for Children.

2007

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Available From: <http://www.perseusbooksgroup.com/basic>

This issue brief discusses childhood trauma as related to child maltreatment.

<http://www.dckids.org/documents/downloads/TraumaInChildWelfare-0407.pdf>

**Attachment and Trauma : An Integrated Approach to Treating Young Children Exposed to Family Violence (Chapter 6 in Attachment Theory in Clinical Work With Children : Bridging the Gap Between Research and Practice).**

Busch, Amy L. Lieberman, Alicia F.  
2007

Publication Information: New York, NY : Guilford Press

Guilford Press

72 Spring Street

New York, NY 10012

Tel: (800) 365-7006

Fax: (212) 966-6708

[info@guilford.com](mailto:info@guilford.com)

Available From: <http://www.guilford.com/>

The need for clinicians to use a combined attachment and trauma framework when intervening with children who have experienced domestic violence and other traumatic life events is emphasized. Strategies for using attachment relationships to facilitate children's recovery from trauma are described, and a case study is presented to illustrate how child-parent psychotherapy can be used to disentangle the reciprocal impact of attachment and trauma and return children to a healthier developmental course. 47 references.

**Predisaster Trait Anxiety and Negative Affect Predict Posttraumatic Stress in Youths After Hurricane Katrina.**

Weems, Carl F. Pina, Armando A. Costa, Natalie M. Watts, Sarah E. Taylor, Leslie K. Cannon, Melinda F.

University of New Orleans.

2007

*Journal of Consulting and Clinical Psychology*

75 (1) p. 154-159

American Psychological Association

750 1st St., NE

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Available From: <http://www.apa.org>

On the basis of theory and previous research, it was hypothesized that predisaster child trait anxiety would predict disaster-related posttraumatic stress symptoms and generalized anxiety disorder symptoms, even after controlling for the number of hurricane exposure events. Results support this hypothesis and further indicate that predisaster negative affect predicted disaster-related posttraumatic stress symptoms and generalized anxiety disorder symptoms. Also, Katrina-related posttraumatic stress disorder symptoms were predicted by the number of hurricane exposure events and sex (being female). Predisaster generalized anxiety disorder symptoms predicted postdisaster generalized anxiety disorder symptoms, and predisaster trait

anxiety predicted postdisaster depressive symptoms. Findings are discussed in terms of their relevance for developing interventions to mitigate the impact of disasters in youths. (Author abstract)

**Impact of Adulthood Trauma on Homeless Mothers.**

Zlotnick, Cheryl. Tam, Tammy. Bradley, Kimberly.

Center for the Vulnerable Child, Children's Hospital & Research Center Oakland  
2007

*Community Mental Health Journal*

43 (1) p. 13-32

Springer Science/Business Media Inc.

101 Philip Dr.

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Using the National Survey of Homeless Assistance Providers and Clients (NSHAPC), we found that among homeless mothers (n = 588), those living without their children were more likely to: be older than 35 years, unmarried, have been incarcerated, have been homeless for at least 1 year, and to have used psychiatric medication. Many homeless mothers had histories of childhood trauma, but it was the accumulation of adulthood traumas that was associated with not living with one's children. Without mental health treatment, younger homeless mothers living with their children today may become the homeless mothers living without their children in the future. (Author abstract)

<http://www.springerlink.com/content/820021267553g7n5/fulltext.pdf>

**Self-Reported Anger Among Traumatized Children and Adolescents.**

Saigh, Philip A. Yasik, Anastasia E. Oberfield, Richard. Halamandaris, Phill V.

Teachers College, Columbia University.

2007

*Journal of Psychopathology and Behavioral Assessment*

29 (1) p. 29-37

Springer Science/Business Media Inc.

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Available From: <http://www.springer.com>

This investigation sought to establish if anger is associated with PTSD among children and adolescents or with trauma exposure in the absence of PTSD. The State-Trait Anger Expression

Inventory (STAXI) was administered to youth with PTSD (n=24), traumatized youth without PTSD (n=58), and a non-traumatized control group (n=38). In the absence of potentially confounding major comorbid disorders, the PTSD group had significantly higher scores on the STAXI State, Trait, and Angry Temperament scales. Trauma exposure in the absence of PTSD was not associated with higher anger scores. (Author abstract)

<http://www.springerlink.com/content/v45614m676hkw347/fulltext.pdf>

**Child Multi-Type Maltreatment and Associated Depression and PTSD Symptoms: The Role of Social Support and Stress.**

Vranceanu, Ana-Maria. Hobfoll, Stevan E. Johnson, Robert J.

Harvard Medical School.

2007

*Child Abuse & Neglect*

31 (1) p. 71-84

Elsevier

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Objective: This retrospective, cross-sectional study explored the hypothesis that multiple forms of child abuse and neglect (child multi-type maltreatment; CMM) would be associated with women's lower social support and higher stress in adulthood, and that this, in turn, would amplify their vulnerability to symptoms of depression and posttraumatic stress disorder (PTSD).

Method: Participants were 100 women recruited from an inner-city gynecological treatment center for low-income women. Data were analyzed via structural equation modeling (SEM) with Lisrel 8.0. Results: CMM was directly predictive of decreased social support and increased stress in adulthood. CMM was also directly predictive of PTSD symptoms, but not depression symptoms in adulthood. Social support partially mediated the relationship between CMM and adult PTSD symptoms, and stress fully mediated the relationship between CMM and adult symptoms of depression. Conclusions: Findings support both direct and mediational effects of social resources on adult depression and PTSD symptoms in women with histories of CMM, suggesting that resources are key factors in psychological adjustment of CMM victims. (Author abstract)

[http://www.sciencedirect.com/science?\\_ob=MIimg&\\_imagekey=B6V7N-4MSHTBM-1-1&\\_cdi=5847&\\_user=10&\\_orig=browse&\\_coverDate=01%2F31%2F2007&\\_sk=999689998&\\_view=c&\\_wchp=dGLbVzb-zSkzS&\\_md5=afe3e28421a429948a35b89683e5bc33&\\_ie=/sdarticle.pdf](http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6V7N-4MSHTBM-1-1&_cdi=5847&_user=10&_orig=browse&_coverDate=01%2F31%2F2007&_sk=999689998&_view=c&_wchp=dGLbVzb-zSkzS&_md5=afe3e28421a429948a35b89683e5bc33&_ie=/sdarticle.pdf)

**Trauma Among Youth in the Juvenile Justice System: Critical Issues and New Directions.**

*Research and Program Brief.*

Ford, Julian D. Chapman, John F. Hawke, Josephine. Albert, David.

National Center for Mental Health and Juvenile Justice.  
University of Connecticut School of Medicine.  
2007

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The purpose of this paper is to discuss the prevalence and impact of trauma and traumatic stress among youth in the juvenile justice system and to describe emerging responses for identifying and treating these problems. (Author abstract)

[http://www.ncmhjj.com/pdfs/Trauma\\_and\\_Youth.pdf](http://www.ncmhjj.com/pdfs/Trauma_and_Youth.pdf)

### **Trauma-Focused Cognitive Behavioral Therapy: Addressing the Mental Health of Sexually Abused Children**

*Bulletin for Professionals*

Child Welfare Information Gateway  
2007

Child Welfare Information Gateway  
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Available From: <http://www.childwelfare.gov>

Trauma-focused cognitive behavioral therapy (TF-CBT) has been found to reduce children's negative emotional and behavioral responses after sexual abuse and other traumatic events. It also helps nonoffending parents cope with their own distress and develop skills to support their children. This issue brief explores the characteristics and benefits of TF-CBT to help child welfare caseworkers and other professionals who work with at-risk families make more informed decisions about when to refer children and their caregivers to TF-CBT programs. It includes information about what makes TF-CBT unique, key components, target population, effectiveness, and what to look for in a TF-CBT therapist.

<http://www.childwelfare.gov/pubs/trauma>

<http://www.childwelfare.gov/pubs/trauma/trauma.pdf>

### **Unresolved Loss and Trauma in Parents and the Implications in Terms of Child Protection.**

Walker, Jim.

Clermont Child Protection Unit. Brighton BN1 6SE. UK.  
2007

*Journal of Social Work Practice*

21 (1) p. 77-87

Routledge

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This paper will explore the connection between unresolved loss and trauma in parents and the resulting issues in terms of child protection. A model for assessing unresolved trauma in parents and its implications for child abuse is outlined. Particular emphasis is placed on whether the individual has been able to 'come to terms' with his childhood experiences. It is argued that traumatic experiences in childhood are not in themselves problematic in terms of parenting ability; what becomes crucial is whether the individual has been able to resolve the issues. The implications of unresolved trauma are explored, including the risks in child protection terms. It is argued that this model is important for two reasons: firstly, it can act as a guide for important areas to explore in assessing risk in child protection work; secondly, it can inform treatment options and the possibility of, and timescales for, change. A case example in which a baby had sustained an unexplained injury is used to illustrate the model. (Author abstract)

### **Surviving and Transcending a Traumatic Childhood : The Dark Thread.**

Skogrand, Linda. DeFrain, Nikki. DeFrain, John. Jones, Jean E.

Utah State University.

2007

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This book explores the experiences of 90 individuals who survived and transcended a traumatic childhood, including those who experienced severe physical abuse, emotional and psychological abuse, and sexual abuse from parents or other adults in their lives. An introductory chapter discusses the methodology used to examine how individuals survived and transcended a tragically difficult childhood, and characteristics of the 90 participants. Chapter 2 describes what happened to the participants when they were children and what they did to survive. Chapter 3 summarizes themes that emerged when considering the actions taken by all the participants as adults when they began the process of healing. Chapters 4 through 8 provide individual stories about the lives of 16 participants in the study. Each story tells about the trauma these individuals experienced as children, how they survived, and what they did as adults to transcend. The stories are divided into five areas: how school helped or hindered; the role of religion and

spirituality in surviving and transcending a traumatic childhood; the different types of families in which the abuse occurred; people who helped; and how the survival and transcendence of the childhood trauma had positive effects on the participants. The final chapter summaries what was learned from the study and discusses strategies for helping children survive and adults transcend a traumatic childhood. Appendixes include a list of resources and a self-study guide.

**Psychometric Properties of Darryl, a Cartoon Based Measure to Assess Community Violence-Related PTSD in Children.**

Geller, Pamela A. Neugebauer, Richard. Possemato, A. Kyle. Walter, Patricia. Dummit, E. Steven. Silva, Raul R.

Drexel University.

2007

*Psychiatric Quarterly*

78 (2) p. 157-168

Springer Science/Business Media Inc.

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Objective: To examine the reliability and validity of Darryl, a cartoon-based measure of PTSD symptoms and a screening tool for identifying children and adolescents with a PTSD diagnosis.

Method: Exposure to community violence, PTSD symptoms and diagnostic status were assessed in a sample of 49 children and adolescents at an urban outpatient psychiatry clinic. Results:

Darryl has good internal consistency for the full scale and adequate reliability for each DSM-IV PTSD symptom cluster. Darryl correlates significantly ( $r = 0.64$ ,  $P < 0.001$ ) with the most frequently used measure for assessing PTSD in children (CPTSD-RI). As a screening tool, Darryl has excellent sensitivity and specificity in relationship to the KID-SCID. Conclusions: In comparison to other child PTSD measures, Darryl has comparable or better psychometric properties and assesses PTSD symptoms in a more developmentally appropriate manner, especially in the domain of community violence. The value of Darryl as a screening tool remains preliminary given the limited number of diagnosed cases of PTSD in the study sample. Full scale efforts at replication are warranted. (Author abstract)

**NCTSN: Working for the Future of Traumatized Children.**

National Center for Child Traumatic Stress.

2007

*APSAC Advisor : American Professional Society on the Abuse of Children.*

19 (1-2) p. 17-20

Publication Information: Columbus, OH : American Professional Society on the Abuse of Children.

American Professional Society on the Abuse of Children.  
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Available From: <http://www.apsac.org>

This article describes the formation, goals, and operations of the National Child Traumatic Stress Network (NCTSN), formed with a mission of increasing standard of care for children who have been severely affected by traumatic life experiences, including child abuse and neglect. This article describes the activities and resources of the Network and its collaboration with APSAC on behalf of maltreated children and their families. (Author abstract)

#### **Evidence-Based Treatment for Children in Child Welfare.**

Stambaugh, Leyla. Burns, Barbara J. Landsverk, John. Reutz, Jennifer Rolls.  
Duke University. Medical Center.  
2007

*Focal Point.*

21 (1) p. 12-15

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Available From: <http://www rtc.pdx.edu/>

This article describes exemplary trauma-focused treatments, focusing on how these treatments are useful for treating the mental health difficulties typically experienced by children who are involved in child welfare systems. Research on these interventions has revealed some common characteristics of effective treatments for children who have experienced trauma. Specifically, treatment is more effective when it is brief and when parents are involved. Overall, the findings presented here are promising and give hope that children who receive evidence-based treatment for trauma can have significantly improved lives. (Author abstract)

<http://www.rtc.pdx.edu/PDF/fpW0704.pdf>

#### **Adapting Evidence-Based Treatments for Use with American Indian and Native Alaskan Children and Youth.**

BigFoot, Dolores Subia. Braden, Janie.  
Indian Country Child Trauma Center (Oklahoma City, Okla.)  
2007

*Focal Point.*

21 (1) p. 19-22

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This article describes the adaptation of several evidence-based treatments (EBTs) for child traumatic stress for use in Native American communities. The EBTs that are discussed attend to the broad cultural, historical, and intergenerational traumas that are part of the life experience of many Native American youth. (Author abstract)

<http://www.rtc.pdx.edu/PDF/fpW0706.pdf>

### **Unique and Combined Contributions of Multiple Child Abuse Types and Abuse Severity to Adult Trauma Symptomatology.**

Clemmons, John C. Walsh, Kate. DiLillo, David. Messman-Moore, Terri L.  
2007

*Child Maltreatment*

12 (2) p. 172-181

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Studies have documented the co-occurrence and cumulative impact of multiple types of child maltreatment on later psychosocial difficulties. Other research suggests that child abuse characteristics indicative of severity may also increase risk of later adjustment problems. However, little effort has been made to examine the co-occurrence of both multiple types of maltreatment and abuse severity within a single study. The present investigation examines self-reported child maltreatment and adult functioning in a geographically diverse sample of 1,396 undergraduate students. Results indicate that experiencing multiple types of maltreatment is positively associated with more severe abuse. Although increased maltreatment types and more severe abuse are each associated with greater trauma symptomatology, abuse severity is the stronger of the two predictors. Finally, number of maltreatment types and severity of maltreatment interact to predict greater levels of trauma symptomatology. These results highlight the importance of considering both co-occurring abuse types and severity in research and clinical work with adult victims. (Author abstract)

### **Katrina's Children: Social Policy Considerations for Children in Disasters.**

Osofsky, Joy D. Osofsky, Howard J. Harris, William W. Sherrod, Lonnie.

Society for Research in Child Development.  
Louisiana State University.  
2007

*Social Policy Report*

21 (1) p. 1-19

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Hurricane Katrina resulted in a disaster of proportions not previously known in the United States. The traumatic experiences of children and families during Hurricane Katrina, the flooding that resulted from the breach of the levees, the evacuation, and the aftermath are unprecedented. In responding to the enormous mental health needs of children post-Katrina, the Trauma Team of skilled mental health professionals from the Louisiana State University Health Sciences Center (LSUHSC) Department of Psychiatry provided crisis intervention and services. This paper discusses the work of the LSUHSC Trauma Team and provides a snapshot of the current mental health status of several thousand children and adolescents in post-Katrina New Orleans (not including those who were still displaced). Almost one half of the 4th to 12th grade students and over one quarter of younger children (based on parental report) met criteria for mental health services, based on the number and severity of their behavioral symptoms. Children who were separated from their parents or who had experienced previous trauma or loss were most likely to meet criteria. Ongoing risk relates to poverty, slowness of recovery, job loss, and family problems. Recommendations for rapid deployment of mental health services to children are provided, based on the Trauma Team's experiences. Educational efforts, school-based services, after-school care, resilience-enhancing programs, and community-building strategies are also discussed. Most important, a clearly articulated national disaster plan for children and families is urgently needed. This plan should be trauma-focused and based on developmental principles, research, and lessons learned from this and prior disasters. Knowledge gained from this disaster can aid in understanding and meeting the needs of children and families impacted by disasters, promoting resilience and self-efficacy, and providing evidence-based therapeutic services.

(Author abstract)

[http://www.srcd.org/documents/publications/spr/21-1\\_hurricane\\_katrina.pdf](http://www.srcd.org/documents/publications/spr/21-1_hurricane_katrina.pdf)

### **Nurturing Adoptions: Creating Resilience After Neglect and Trauma.**

Gray, Deborah D.

2007

Perspectives Press

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Available From: <http://www.perspectivespress.com/>

*Abstract unavailable.*

**Evidence-Based Success in Treating Children With Trauma : The Trauma-Focused Cognitive Behavioral Therapy Model.**

Acosta, Michael.

Open Minds.

2007

*Open Minds*

19 (6) p. 4-5

Publication Information: Open Minds, Gettysburg, PA.

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Available From: <http://www.openminds.com/>

This article highlights Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), an evidenced-based treatment approach for children aged 3-18 who have experienced sexual or physical abuse, whether or not they meet all the diagnostic criteria for post-traumatic stress disorder (PTSD).

Information is provided on the components of the model, its development, and empirical findings indicating the effectiveness of TF-CBT in reducing symptoms of PTSD, depression, and behavior difficulties. 8 references.

**'I Wasn't Really Bonded with My Family': Attachment, Loss and Violence among Adolescent Female Offenders.**

Ryder, Judith A.

St. John's University (New York)

2007

*Critical Criminology*

15 (1) p. 19-40

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This study analyzes the role of trauma and disrupted attachments in the development of

adolescent girls' violent behavior. A grounded theory approach was applied to the narratives of 24 young women (age 13-16 years old) who were adjudicated and remanded to custody for an assault or robbery. Three types of loss were inductively derived from the data (death of a loved one, physical absence, and psychological unavailability) as were two categories of violence (in the home and in the community). Findings suggest that extensive losses and violent experiences disrupted the young women's attachment to their caregivers, and these experiences were disregarded or inadequately addressed. Detachment and the absence of supportive others left the young women poised to engage in a variety of maladaptive behaviors including violence. Theoretical and programmatic implications are discussed. (Author abstract)

<http://www.springerlink.com/content/t8177u7tk8898001/fulltext.pdf>

**The Sanctuary Model® of Trauma: Informed Organizational Change.**

Bloom, Sandra L.

CommunityWorks.

2007

*The Source*

16 (1) p. 12-17

Springer Science/Business Media Inc.

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The Sanctuary Model® is a trauma-informed method for creating or changing an organizational culture. The model was originally developed in a short-term, acute, inpatient psychiatric setting for adults who were traumatized as children. Over the years, it has evolved into an evidence-supported template for system change based on the active creation and maintenance of a nonviolent, democratic, therapeutic community in which staff and clients are empowered as key decision-makers to build a socially responsive, emotionally intelligent community that fosters growth and change. The Sanctuary Model® has proven effective with children and adults across a range of human service organizations, including residential treatment centers, public and private schools, domestic violence shelters, and drug and alcohol treatment centers. To provide some background on the theoretical foundation of this model, this article will address the strong research-based connections between exposure to various forms of childhood adversity and the later abuse of substances and other problematic behaviors as methods for coping with that adversity, and define what it means to have an organizational culture that is truly "traumainformed." The article will then describe the Sanctuary Model® and the use of the "S.E.L.F." tool as a framework to help children, adult clients, and staff to develop a trauma-informed organization. (Author abstract)

[http://aia.berkeley.edu/media/pdf/source\\_bloom.pdf](http://aia.berkeley.edu/media/pdf/source_bloom.pdf)

**Complex Trauma and Crisis Intervention With Children in Shelters for Battered Women (Chapter 8 in Battered Women and Their Families : Intervention Strategies and Treatment Programs).**

*Springer Series on Family Violence ; v. 12.*

Lehmann, Peter. Spence, Emily.

2007

Publication Information: New York : Springer Pub.

Springer Publishing Co.

536 Broadway

New York, NY 10012

This chapter presents a model of crisis intervention with children who may be experiencing complex trauma behaviors and who are residing in shelters for battered women. It begins with an overview of the crisis intervention literature in shelter settings. The use of the complex trauma perspective is proposed, followed by a model for crisis intervention with child witnesses. Finally, a series of tables illustrates the application of crisis intervention with toddlers, school-age children, and adolescents who may be exhibiting complex trauma behaviors. Two cases are presented to illustrate how a crisis management approach can be used with children in shelter settings. 3 tables and 98 references. (Author abstract modified)

**Children and Traumatic Incident Reduction : Creative and Cognitive Approaches.**

Volkman, Marian K.

2007

Publication Information: Ann Arbor, MI : Loving Healing Press.

Love Healing Press

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Available From: [www.LoveHealing.com](http://www.LoveHealing.com)

This book describes how Traumatic Incident Reduction (TIR) and related techniques can be used to help children cope with trauma. TIR is explained as a metapsychology method that addresses traumatic experiences to relieve any traumatic stress the client is carrying from that experience. Chapter 1 discusses using the Head Picture technique to engage and elicit communication from children in therapy, and Chapter 2 presents a conversation with a head clinician and trainer that uses TIR with child survivors of domestic violence at the Victim Services Center in Miami. Specific techniques for working with children are described and include pre-/post testing for Subjective Units of Distress, basic techniques for children who are not ready for TIR, and the handling of misdeeds. The following chapters address using art therapy with TIR and the value of material objects for clients in sessions. Chapter 5 explains Future TIR that offers anxious children a way to process their fears of anticipated negative events, and Chapter 6 includes a case study highlighting parents' success in using TIR techniques

to deal with childhood trauma. Techniques for engaging clients in TIR sessions are described in Chapter 7. The second part of the book presents case studies that highlight the results of using TIR with adolescents, with children suffering from grief and depression, in conjunction with art therapy, and with children dealing with different traumas. Chapter 12 discusses parents' success with TIR, and Chapter 13 describes the use of TIR in a mental health clinic setting. Part 3 of the book reviews critical issues in trauma resolution and the symptoms and treatment of posttraumatic stress syndrome in children and adolescents. 12 references and 22 figures.

**Complex Trauma in Children and Adolescents.**

Cook, Alexandra. Spinazzola, Joseph. Ford, Julian. Lanktree, Cheryl. Blaustein, Margaret. Sprague, Caryll.

2007

*Focal Point.*

21 (1) p. 4-8

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This article provides a core background for understanding the psychological and physiological effects of multiple traumatic stress experiences on the developing brain. Steps for assessment and treatment are also discussed. (Author abstract)

<http://www rtc pdx edu/PDF/fpW0702.pdf>

**Relationship Abuse and Victims' Posttraumatic Stress Disorder Symptoms: Associations with Child Behavior Problems.**

Panuzio, Jillian. Taft, Casey T. Black, Danielle A. Koenen, Karestan C. Murphy, Christopher M.

2007

*Journal of family violence.*

22 (4) p. 177-185

Springer

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This study examined associations among male-to-female physical and psychological relationship aggression, female partners' PTSD symptoms, and behavior problems among the children (n = 62) of men enrolled in a treatment program for relationship abuse perpetration. Psychological

aggression was a stronger predictor of child behavior problems than physical assault. Restrictive engulfment and hostile withdrawal behaviors evidenced the strongest bivariate associations with child behavior problems, and were the strongest predictors of this outcome when considering four distinct forms of psychological aggression together. Victim PTSD symptoms largely mediated the effects of psychological aggression on child behavior. Findings suggest that male-to-female psychological aggression and victim PTSD symptoms play an important role in understanding behavior problems among children living with male relationship abuse perpetrators. (Author abstract)

**Exposure to Chronic Community Violence: Resilience in African American Children.**

Jones, Janine M.

University of Washington.

2007

*Journal of Black Psychology*

33 (2) p. 125-149

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In many African American communities, violence and poverty are often part of daily living. As a result, children are at risk for difficulties in all aspect of their lives, particularly their emotional well-being. This study explored the relationship between exposure to chronic community violence and the development of complex post-traumatic stress disorder (C-PTSD), a constellation of symptoms that occur as a result of repeated exposure to traumas, in the context of specific African American cultural beliefs and values that are used as coping mechanisms. It was anticipated that the coping mechanisms would act as stress moderators, or buffers, to the development of symptoms of C-PTSD. Participants in the study included 71 African American children between the ages of 9 and 11 years who lived in a high-crime, high-poverty community in Houston, Texas. The results indicated that formal kinship and spirituality, along with high levels of combined supports, demonstrated buffering effects on exposure to violence. (Author abstract)

**Balancing Positive Outcomes with Vicarious Traumatization: Participants' Experiences with Group Treatment for Long-Term Effects of Childhood Abuse.**

Palmer, Sally. Stalker, Carol A. Harper, Kim. Gadbois, Sue.

2007

*Social work with groups.*

30 (4) p. 59-77

Haworth Social Work Practice Press

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A total of 30 adult survivors of childhood abuse were interviewed approximately 6 months after completing a 6-week inpatient program for traumatic stress recovery. Their progress was assessed by standardized instruments that measured PTSD symptoms, general psychiatric symptoms, trauma-related beliefs, and self-esteem at discharge, 3, 6, and 12 months posttreatment. Most interviewees spoke positively about their treatment experience, and were maintaining gains at 6-month follow-up. Six (20%) of the interviewees, however, reported some negative effects from their participation in process groups, including vicarious traumatization (VT). Compared with the other 24 interviewees, the six who reported VT had more previous hospitalizations, and poorer scores on measures of treatment gains at the 6-month follow-up, as assessed by the standardized measures. Implications for screening survivors for group treatment are discussed. (Author abstract)

**The Crisis of Family Separation Following Traumatic Mass Destruction : Jungian Analytical Play Therapy in the Aftermath of Hurricane Katrina (Chapter 17 of Play Therapy with Children in Crisis: Individual, Group, and Family Treatment. 3rd ed.).**

Green, Eric J.  
2007  
Guilford Press  
72 Spring Street  
New York, NY 10012  
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Available From: <http://www.guilford.com/>

Designed to assist mental health professionals in facilitating psychological healing for children and families separated and/or traumatized by a natural disaster, this chapter describes the psychology of traumatization through family separation in catastrophes, Jungian perspectives on a child's inner world during a life-threatening crisis, and evidence-based practices and the utilization of a Jungian play therapy technique to facilitate healing. A clinical vignette involving Jungian analytical play therapy with a young trauma survivor and his family after Hurricane Katrina is included, along with study questions. 1 table, 2 figures, and 48 references. (Author abstract modified)

**Treatment of Depressive Symptoms in Adult Survivors of Childhood Trauma.**

Kraftcheck, Erin R. Muller, Robert T. Wright, David C.  
2007  
*Journal of Aggression Maltreatment and Trauma.*

15 (1) p. 37-58

Publication Information: Binghamton, NY : Haworth Press

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This study examined differences in depression symptoms between four Personality Disorder (PD) groups in 123 adult survivors of abuse who completed a 6-week inpatient program for Post-traumatic Stress Disorder (PTSD). Data were collected at admission, discharge, 3-months, and 1-year post-treatment. Participants completed self-report measures at each time point. Based on Millon Clinical Multiaxial Inventory II scores, participants were divided into four PD groups: avoidant, borderline, dependent, and histrionic. MANOVAs and ANOVAs were calculated to examine depression symptoms over time. Depression and hopelessness symptoms decreased post-treatment, and treatment gains were maintained at 1-year. Multiple regressions were calculated to determine which PD trait was the best predictor of response to treatment for depression. High dependent PD traits were the only significant predictor of lowered depression symptoms. (Author abstract)

### **Working With Substance Abusing Mothers: A Trauma-Informed, Gender Responsive Approach.**

Covington, Stephanie.

Center for Gender and Justice.

2007

*The Source*

16 (1) p. 1-6

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This article explores the link between trauma and substance abuse among women and the impact of substance abuse and trauma on mothering. A three-stage model for trauma recovery is explained that includes: safety, remembrance and mourning, and reconnection. Criteria for developing a healing, trauma-informed environment are discussed and three curricula designed for working with women and girls are then profiled. 18 references.

[http://aia.berkeley.edu/media/pdf/source\\_convington.pdf](http://aia.berkeley.edu/media/pdf/source_convington.pdf)

**Integrating an Understanding of Trauma into Treatment for Women with Substance Use Disorders and/or HIV.**

Markoff, Laurie. Finkelstein, Norma.

Institute for Health and Recovery. Trauma Integration Services.  
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This report discusses the need for practitioners to understand the impact of trauma on the lives of women with substance use disorders and/or HIV to make their behavior easier to comprehend and suggest appropriate intervention strategies. It notes that a great majority of women in substance abuse treatment and those with HIV have a history of physical and/or sexual abuse, either as children or as adults. The impact of this trauma on cognitive functioning and emotional well-being is explained, and trauma-informed services are described, including characteristics of trauma-informed services and techniques for providing trauma-informed services. 25 references. [http://aia.berkeley.edu/media/pdf/source\\_markoff.pdf](http://aia.berkeley.edu/media/pdf/source_markoff.pdf)