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<http://basis.caliber.com/cwig/ws/library/docs/gateway/SearchForm>

Trauma Informed Child Welfare 2010-present

Trauma.

Child Welfare Information Gateway.

2011

Resources and information on trauma experienced by children who have been abused, neglected, and separated from their families; secondary trauma experienced by child welfare workers; and mental health issues in child welfare during traumas and disasters.

<http://www.childwelfare.gov/systemwide/mentalhealth/common/trauma.cfm>

Trauma-Informed Care Tip Sheets

Safe Start Center.

2011

Discusses how to work with children exposed to violence. Tip sheets are available for parents and other caregivers, child welfare staff, early childhood providers, domestic violence and homeless shelters, teachers, youth workers, and those striving to engage men and fathers.

<http://www.safestartcenter.org/resources/tip-sheets.php>

Remembering the Impact of Trauma When Counseling Children.

Ferrebee, Elizabeth.

2011

This brief describes essential elements to use when incorporating the concept of trauma into counseling children in the legal system. Strategies for gaining information from different sources are also discussed, as well as the need to identify additional services for the child.

<http://www.throughtheeyes.org/articles/2011/05/04/remembering-the-impact-of-trauma-when-counseling-children/>

Traumatic Loss in Children and Adolescents.

Special Issue: Child and Adolescent Trauma across the Spectrum of Experience: Interpersonal and Ecological Factors.

Mannarino, Anthony P. Cohen, Judith A.

Allegheny General Hospital.

2011

Journal of Child and Adolescent Trauma

4 (1) Although different types of childhood trauma have many common characteristics and mental health outcomes, traumatic loss in children and adolescents has a number of distinctive features. Most importantly, youth who experience a traumatic loss may develop childhood

traumatic grief (CTG), which is the encroachment of trauma symptoms on the grieving process and prevents the child from negotiating the typical steps associated with normal bereavement. This article discusses the distinctive features of CTG, how it is different from normal bereavement, how this condition is assessed, and promising treatments for children who experience a traumatic loss. (Author abstract)

Helping Children and Youth Who Have Experienced Traumatic Events.

United States. Substance Abuse and Mental Health Services Administration.

2011

Provides information on how systems of care and trauma-informed services can improve the lives of children and youth who have experienced traumatic events. Includes findings from a national evaluation of such programs and describes common treatment approaches. (Author abstract)

http://www.samhsa.gov/children/SAMHSA_Short_Report_2011.pdf

Secondary and Vicarious Trauma in Child Welfare: Addressing it on a Professional, Personal and Organizational Level [Presentation Slides].

Hendricks, Alison.

Chadwick Center of Rady Children's Hospital. Trauma Informed Systems Project.

2011

This slide presentation on secondary trauma stress (STS) and vicarious trauma (VT) in child welfare begins by listing sources of STs and VT, identifying anticipatory coping hazards of practice, and exploring the impact of systems issues on VT. Personal, professional, and organizational strategies for preventing VT are explained, as well as types of self-care. Findings from the Resilience Alliance Project are then shared that indicate a resilience intervention program was effective with new child protection workers. A list of resources is provided.

<http://www.chadwickcenter.org/CTISP/images/VicariousTrauma-levels.pdf>

The Case of Youth on Fire: A Trauma-Informed Transformation.

Asking: "What's Happened to You?" A Focus on Trauma-informed Care.

National Clearinghouse on Families and Youth.

2011

The Exchange

This brief highlights the federally funded transformation of the Youth on Fire drop-in center for homeless and street youth in Cambridge, Massachusetts. The center has overhauled its space, rethought policies and procedures, and trained all staff to recognize trauma responses and triggers to help youth heal from trauma. The benefits for youth and for staff are described.

<http://ncfy.acf.hhs.gov/tools/exchange/trauma-informed-care/youth-on-fire>

Trauma-Informed Care: Tips for Youth Workers.

Asking: "What's Happened to You?" A Focus on Trauma-informed Care.

National Clearinghouse on Families and Youth.

2011

The Exchange

This fact sheet highlights the incorporation of trauma-informed care when providing services to youth. It begins by explaining that while each young person's response to trauma is unique, youth workers who take a trauma-informed approach try to understand each young person's emotional triggers, build supportive relationships, and give youth opportunities to rebuild control in their lives. The behaviors of traumatized youth are described and techniques for building trusting relationships with youth and giving youth a sense of control are discussed.

<http://ncfy.acf.hhs.gov/tools/exchange/trauma-informed-care/tips>

Adapting Trauma Interventions for Refugee Families.

Gewirtz, Abigail H. Mohammad, Johara. Orieny, Paul. Yaylaci, Fatima Tuba.
University of Minnesota. Department of Family Social Science.

2011

The Dialogue

7 (2) This article discusses how children may be impacted by the trauma faced by their refugee parents and how evidence-based parent training intervention can improve parenting. It describes a Minneapolis-St-Paul program that has been working with Somali and Oromo mothers to modify and pilot the Parenting Through Change program. The intervention teaches problem solving, teaching through encouragement, effective discipline, positive involvement, and monitoring of children. Key modifications to the curriculum and lessons learned are discussed, and guidelines for working with refugee populations are shared.

http://www.samhsa.gov/dtac/dialogue/Dialogue_Vol7_Issue2.pdf

Helping Children Cope with Violence and Trauma: A School-Based Program That Works.

Research Highlights RAND Health ; RB-4557-2 (2011)

RAND Corporation. RAND Health.

2011

This brief discusses the development, implementation, and evaluation of an intervention designed to help children traumatized by violence. The Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) program consists of 10 group sessions designed for inner-city schools with a multicultural population. The program was implemented successfully by school-based mental health clinicians, produced consistent results, and was well accepted by students, parents, and teachers. The creation of a version of the intervention adopted for delivery by regular school staff with no mental health training is discussed, as well as the development of online training materials. 2 figures.

http://www.rand.org/pubs/research_briefs/RB4557-2/index1.html

http://m.rand.org/content/dam/rand/pubs/research_briefs/2011/RAND_RB4557-2.pdf

Child and Adolescent Trauma across the Spectrum of Experience: Research and Clinical Interventions.

Special Issue: Child and Adolescent Trauma across the Spectrum of Experience: Interpersonal and

Ecological Factors.

Tishelman, Amy C. Geffner, Robert.

Harvard Medical School.

2011

Journal of Child and Adolescent Trauma

4 (1) This article introduces the first in a two-part special issue focusing on child and adolescent trauma across the spectrum of experience. This issue examines current research and clinical interventions specifically geared toward an array of possible traumatic events in the lives of children and adolescents. We briefly introduce the articles, which address the areas of child sexual abuse, traumatic loss, complex trauma in young children, exposure to severe natural disasters, and refugee youth mental health services. We then highlight factors that need to be accounted for in all interventions for children and adolescents impacted by trauma, including incorporating developmental, cultural, and ecological perspectives into intervention approaches. (Author abstract)

Creating Trauma-Informed Systems of Child Welfare.

Children's Mental Health eReview (Child Welfare Series)

Wilson, Charles. Conradi, Lisa. Tullberg, Erika. Sutton, Erin Sullivan. Borsheim, Christeen.

Michaels, Cari.

University of Minnesota. Center for Excellence in Children's Mental Health.

2011

The National Child Traumatic Stress Network (NCTSN) has identified several Essential Elements of Trauma-Informed Child Welfare Practice. To better understand how child welfare systems are incorporating these elements into their work, representatives from three different geographical areas were interviewed for this issue. Respondents represent different areas of expertise and utilize different lenses from which they view the child welfare system. Respondents were chosen because of their perspectives about what trauma-informed child welfare looks like as well as their knowledge of specific practices related to assessment, reducing traumatic symptoms, coordination of services, and public policy. This issue illustrates how child welfare systems are changing to better meet the trauma needs of children, with specific attention to policies and practices in Minnesota. (Author abstract)

<http://www.cmh.umn.edu/ereview/cmhereviewMar11.html>

<http://www.cmh.umn.edu/ereview/cmhereviewMar11.pdf>

The Adolescent Brain: New Research and Its Implications for Young People Transitioning From Foster Care.

Freundlich, Madelyn.

Jim Casey Youth Opportunities Initiative.

2011

Science has contributed to a more in-depth understanding of the impact of trauma on the developing brain. In the clinical realm, the past decades have seen the development of the key concepts of complex trauma and ambiguous loss. We now know that in order to be effective,

practice and interventions must be trauma-informed if they are to address the identity- and grief-related issues that older youth and young adults in foster care are likely to experience. In this paper, we examine this new knowledge base with a particular focus on the neuroscientific findings about adolescent brain development. We consider the implications for developmentally appropriate child welfare practice with young people in foster care, taking into account their experiences of trauma and loss. We first describe the characteristics and needs of the older youth and young adults who comprise a significant portion of the foster care population. Second, we discuss the specific aspects of the developmental knowledge base that relate to this older foster care population. Third, we provide recommendations that can guide child welfare agencies and others in serving older youth and young adults in foster care in ways that are specifically tailored to their developmental status and needs. Finally, we pose questions for the child welfare field that are designed to promote critical conversations about developing, implementing, and evaluating developmentally appropriate practices for young people in foster care. (Author abstract)

http://www.jimcaseyouth.org/sites/default/files/The%20Adolescent%20Brain_prepress_proof%5B1%5D.pdf

Recognizing and Responding to Traumatized Children in the Juvenile Justice System.

Morgan, Maxie.

Sorensen & Hahn (Scottsbluff, Neb.)

2011

This fact sheet explores the number of traumatized children in the juvenile justice system and strategies that can be used to minimize the risk of system-induced secondary trauma.

<http://www.throughtheeyes.org/articles/2011/02/02/recognizing-and-responding-to-traumatized-children-in-the-juvenile-justice-system/>

Using Reflective Supervision to Support Trauma-Informed Systems for Children: A White Paper Developed for the Multiplying Connections Initiative.

Van Berckelaer, Anje.

Multiplying Connections.

2011

http://www.multiplyingconnections.org/sites/default/files/RS%20White%20Paper%20%28Rev%206--11%29_0.pdf

Traumatic and Stressful Events in Early Childhood: Can Treatment Help Those at Highest Risk?

Ippen, Chandra Ghosh. Harris, William W. Horn, Patricia Van. Lieberman, Alicia F.

2011

Child Abuse and Neglect

35 (7) p. 504-513

Objective: This study involves a reanalysis of data from a randomized controlled trial to examine whether child-parent psychotherapy (CPP), an empirically based treatment focusing on the

parent-child relationship as the vehicle for child improvement, is efficacious for children who experienced multiple traumatic and stressful life events (TSEs). Methods: Participants comprised 75 preschool-aged children and their mothers referred to treatment following the child's exposure to domestic violence. Dyads were randomly assigned to CPP or to a comparison group that received monthly case management plus referrals to community services and were assessed at intake, posttest, and 6-month follow-up. Treatment effectiveness was examined by level of child TSE risk exposure (<4 risks versus 4+ TSEs). Results: For children in the 4+ risk group, those who received CPP showed significantly greater improvements in PTSD and depression symptoms, PTSD diagnosis, number of co-occurring diagnoses, and behavior problems compared to those in the comparison group. CPP children with <4 risks showed greater improvements in symptoms of PTSD than those in the comparison group. Mothers of children with 4+ TSEs in the CPP group showed greater reductions in symptoms of PTSD and depression than those randomized to the comparison condition. Analyses of 6-month follow-up data suggest improvements were maintained for the high risk group. Conclusions: The data provide evidence that CPP is effective in improving outcomes for children who experienced four or more TSEs and had positive effects for their mothers as well. Practice implications: Numerous studies show that exposure to childhood trauma and adversity has negative consequences for later physical and mental health, but few interventions have been specifically evaluated to determine their effectiveness for children who experienced multiple TSEs. The findings suggest that including the parent as an integral participant in the child's treatment may be particularly effective in the treatment of young children exposed to multiple risks. (Author abstract)

Trauma-Focused CBT for Youth Who Experience Ongoing Traumas.

Cohen, Judith A. Mannarino, Anthony P. Murray, Laura K.

2011

Child Abuse and Neglect

35 (7) p. 637-646

Many youth experience ongoing trauma exposure, such as domestic or community violence. Clinicians often ask whether evidence-based treatments containing exposure components to reduce learned fear responses to historical trauma are appropriate for these youth. Essentially the question is, if youth are desensitized to their trauma experiences, will this in some way impair their responding to current or ongoing trauma? The paper addresses practical strategies for implementing one evidence-based treatment, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for youth with ongoing traumas. Collaboration with local therapists and families participating in TF-CBT community and international programs elucidated effective strategies for applying TF-CBT with these youth. These strategies included: (1) enhancing safety early in treatment; (2) effectively engaging parents who experience personal ongoing trauma; and (3) during the trauma narrative and processing component focusing on (a) increasing parental awareness and acceptance of the extent of the youths' ongoing trauma experiences; (b) addressing youths' maladaptive cognitions about ongoing traumas; and (c) helping youth differentiate between real danger and generalized trauma reminders. Case examples illustrate how to use these strategies in diverse clinical situations. Through these strategies TF-CBT

clinicians can effectively improve outcomes for youth experiencing ongoing traumas. (Author abstract)

The Relationship Between Seclusion and Restraint Use and Childhood Abuse Among Psychiatric Inpatients.

Hammer, Joseph H. Springer, Justin. Beck, Niels C. Menditto, Anthony. Coleman, James. Iowa State University.

2011

Journal of Interpersonal Violence

26 (3) p. 567-579

Seclusion and restraint (S/R) is a controversial topic in the field of psychiatry, due in part to the high rates of childhood physical and sexual abuse found among psychiatric inpatients. The trauma-informed care perspective suggests that the use of S/R with previously abused inpatients may result in retraumatization due to mental associations between childhood trauma and the experience during S/R. Thus, though one would expect to see efforts on the part of inpatient psychiatric facilities to limit S/R of previously abused inpatients, research suggests that trauma victims may be more likely to experience S/R. The current study sought to clarify this possibility by examining whether presence or absence and chronicity of childhood sexual and physical abuse differed among three groups of adult inpatients (N = 622) residing at a mid-Western state psychiatric hospital. These groups are empirically derived on the basis of dramatic differences in the patterning of their exposure to S/R over the course of hospitalization. Results of Chi-square and Kruskal-Wallis tests suggest that the classes did not significantly differ in presence or absence and chronicity of childhood sexual or physical abuse when male and female inpatients were analyzed separately. However, among the class of inpatients who experienced the most instances of S/R, 70% of the members have histories of childhood abuse. Implications for inpatients, clinicians, and policy makers are discussed. (Author abstract)

Tutorial 6: Recognizing and Addressing Trauma in Infants, Young Children, and their Families.

Hepburn, Kathy Seitzinger.

Georgetown University. Center for Early Childhood Mental Health Consultation.

2011

Sponsoring Organization: United States. Dept. of Health and Human Services. Office of Head Start.

The sixth in a series of tutorials on mental health services for young children, this tutorial is designed to help early childhood mental health consultants as well as Early Head Start and Head Start staff understand what is meant by trauma, recognize the developmental context of trauma in early childhood, and extend their own knowledge for intervention through consultation. The tutorial is designed to take about 30-40 minutes to complete and includes the following five modules: the definition of trauma and types of trauma; the impact of trauma on infants, toddlers, and young children; trauma signs and symptoms in infants, toddlers, and young children; the role of the consultant and consultation; and resources for additional information. Learning

objectives of the tutorial are identified for each of the modules.

<http://www.ecmhc.org/tutorials/trauma/index.html>

Trauma in Early Childhood: Empirical Evidence and Clinical Implications.

Lieberman, Alicia F. Chu, Ann. Van Horn, Patricia. Harris, William W.

University of California, San Francisco.

2011

Development and Psychopathology

23 (2) p. 397-410

Children in the birth to 5 age range are disproportionately exposed to traumatic events relative to older children, but they are underrepresented in the trauma research literature as well as in the development and implementation of effective clinical treatments and in public policy initiatives to protect maltreated children. Children from ethnic minority groups and those living in poverty are particularly affected. This paper discusses the urgent need to address the needs of traumatized young children and their families through systematic research, clinical, and public policy initiatives, with specific attention to underserved groups. The paper reviews research findings on early childhood maltreatment and trauma, including the role of parental functioning, the intergenerational transmission of trauma and psychopathology, and protective contextual factors in young children's response to trauma exposure. We describe the therapeutic usefulness of a simultaneous treatment focus on current traumatic experiences and on the intergenerational transmission of relational patterns from parent to child. We conclude with a discussion of the implications of current knowledge about trauma exposure for clinical practice and public policy and with recommendations for future research. (Author abstract)

What is Trauma?

RHYIssues@aGlance

University of Oklahoma OUTREACH Runaway and Homeless Youth Training and Technical Assistance Centers.

2011

Sponsoring Organization: United States. Family and Youth Services Bureau.

This tipsheet describes tips for integrating evidence-based trauma informed care practices into services provided to youth and families.

<http://www.rhyttac.ou.edu/images/stories/trauma.pdf>

School-Based Strategies to Prevent Violence, Trauma, and Psychopathology: The Challenges of Going to Scale.

Aber, Lawrence. Brown, Joshua L. Jones, Stephanie M. Berg, Juliette. Torrente, Catalina.

New York University.

2011

Development and Psychopathology

23 (2) p. 411-421

Children's trauma-related mental health problems are widespread, largely untreated and

constitute significant barriers to academic achievement and attainment. Translational research has begun to identify school-based interventions to prevent violence, trauma and psychopathology. We describe in detail the findings to date on research evaluating one such intervention, the Reading, Writing, Respect, and Resolution (4Rs) Program. The 4Rs Program has led to modest positive impacts on both classrooms and children after 1 year that appear to cascade to more impacts in other domains of children's development after 2 years. This research strives not only to translate research into practice but also translate practice into research. However, considerable challenges must be met for such research to inform prevention strategies at population scale. (Author abstract)

Healing Trauma and Building Resiliency: Ramsey County's Runaway Intervention Project.

Richtman, Kathryn Santelmann.

American Bar Association. Criminal Justice Section.

2011

Children's Rights

13 (2) This article highlights the Runaway Intervention Project (RIP), implemented in Ramsey County, Minnesota. RIP uses a public health model of intervention that includes individualized care for highly traumatized girls designed to reduce the traumatic response to sexual victimization, increase family and school connectedness, improve health and protective factors of victims, and build resiliency. The goals, design, and positive outcomes of 68 girls who participated in the program are shared.

http://apps.americanbar.org/litigation/committees/childrights/content/newsletters/childrens_winter2011.pdf

Clinical Work With Traumatized Young Children.

Osofsky, Joy D.

2011

Presenting crucial knowledge and state-of-the-art treatment approaches for working with young children affected by trauma, this book is a resource for mental health professionals and child welfare advocates. Readers gain an understanding of how trauma affects the developing brain, the impact on attachment processes, and how to provide effective help to young children and their families from diverse backgrounds. Top experts in the field cover key evidence-based treatments -- including child-parent psychotherapy, attachment-based treatments, and relational interventions -- as well as interventions for pediatric, legal, and community settings. Special sections give in-depth attention to deployment-related trauma in military families and the needs of children of substance-abusing parents. (Author abstract)

A Client's Perspective on Trauma-Informed Care.

Asking: "What's Happened to You?" A Focus on Trauma-informed Care.

National Clearinghouse on Families and Youth.

2011

The Exchange

This brief highlights the experiences of a member of Tamar's Children, a Maryland-based nonprofit that counsels female inmates using a trauma-informed care approach. The importance of making clients feel empowered instead of helpless is stressed, as well as recognizing that behavior problems are often a traumatized youth's way of coping with memories of abuse, referring back to the intake form throughout treatment, and providing nonjudgmental, personalized care with an emphasis on an individual's emotional triggers.

<http://ncfy.acf.hhs.gov/tools/exchange/trauma-informed-care/client-perspective>

Addressing Trauma Within the Child Welfare System [Presentation Slides].

Tullberg, Erika.

National Association of State Foster Care Managers Annual Meeting (2011 : Arlington, VA)

ACS-NYU Children's Trauma Institute.

2011

<http://www.nasfcm.org/2011/Stress.Trauma.%20Child%20Welfare.pdf>

The Traumatic Stress Response in Child Maltreatment and Resultant Neuropsychological Effects.

Wilson, Kathryn R. Hansen, David J. Li, Ming.

University of Nebraska-Lincoln.

2011

Aggression and Violent Behavior

16 (2) p. 87-97

Child maltreatment is a pervasive problem in our society that has long-term detrimental consequences to the development of the affected child such as future brain growth and functioning. In this paper, we surveyed empirical evidence on the neuropsychological effects of child maltreatment, with a special emphasis on emotional, behavioral, and cognitive process-response difficulties experienced by maltreated children. The alteration of the biochemical stress response system in the brain that changes an individual's ability to respond efficiently and efficaciously to future stressors is conceptualized as the traumatic stress response. Vulnerable brain regions include the hypothalamic-pituitary-adrenal axis, the amygdala, the hippocampus, and prefrontal cortex and are linked to children's compromised ability to process both emotionally-laden and neutral stimuli in the future. It is suggested that information must be garnered from varied literatures to conceptualize a research framework for the traumatic stress response in maltreated children. This research framework suggests an altered developmental trajectory of information processing and emotional dysregulation, though much debate still exists surrounding the correlational nature of empirical studies, the potential of resiliency following childhood trauma, and the extent to which early interventions may facilitate recovery. (Author abstract)

Walking the Walk: Modeling Trauma Informed Practice in the Training Environment.

Lieberman, Leslie.

Multiplying Connections.

2011

One of the key components of building organizational capacity for trauma informed practice is professional development. Staff needs training to gain basic understanding about trauma, its prevalence and impact on individuals, families, communities and organizations; what it means to be trauma informed; and specific skills and techniques for providing services in a trauma informed manner. It is not enough, however, to just "inform" professionals about trauma in our efforts to establish a trauma informed workforce. It is essential that in the process of providing professional development and workforce training we imbed and model principles of trauma informed practice in the training environment. These principles include: (1) Creating Safety; (2) Maximizing Opportunities for Choice and Control; (3) Fostering Connections; and (4) Managing Emotions and Promoting Self-Reflection. This document includes some suggestions for how these principles can be integrated into the professional development experience. (Author abstract)

<http://www.multiplyingconnections.org/sites/default/files/Walking%20the%20Walk%20Article.pdf>

Treatment of Complex Trauma in Young Children: Developmental and Cultural Considerations in Application of the ARC Intervention Model.

Special Issue: Child and Adolescent Trauma across the Spectrum of Experience: Interpersonal and Ecological Factors.

Arvidson, Joshua. Kinniburgh, Kristine. Howard, Kristin. Spinazzola, Joseph. Strothers, Helen. The Alaska Child Trauma Center at Anchorage Community Mental Health Services.

2011

Journal of Child and Adolescent Trauma

4 (1) The Attachment, Self Regulation, and Competency (ARC) Framework is a theoretically grounded, evidence-informed, promising practice used to treat complex trauma in children and adolescents. This article introduces the ARC model and describes its application with young children of diverse ethnocultural backgrounds involved in the child protection system due to maltreatment. Examination of the clinical application of the ARC model with this population underscores the importance of grounding child complex trauma treatment in the caregiving system. Strategies for successful clinical intervention are identified, with attention devoted to cultural and systemic resources to advance the treatment process. This article presents preliminary evidence of the effectiveness of the ARC model derived from program evaluation conducted at a community-based clinic. (Author abstract)

Supporting Brain Development in Traumatized Children and Youth

Bulletin for Professionals

Child Welfare Information Gateway

2011

Summarizes what child welfare professionals can do to support the identification and assessment of the impact of maltreatment and trauma on brain development, including what to look for at different ages and stages of child development. The bulletin also addresses how to work

effectively with children, youth, and families to support healthy brain development and how to improve services through cross-system collaboration and trauma-informed practice.

<http://www.childwelfare.gov/pubs/braindevtrauma.cfm>

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

Using a Trauma Focus to Inform Child Welfare [Presentation Slides].

Samuels, Bryan.

Child Welfare League of America Annual Conference (2011 : Washington, DC)

United States. Dept. of Health and Human Services. Administration on Children, Youth and Families.

2011

This slide presentation urges practitioners to use a trauma-informed perspective when assessing and providing services to children involved in the child welfare system. Evaluation findings from Australia's Take Two program are used to illustrate the complex experiences of children who experience maltreatment and trauma. The slides explain that childhood trauma has significant effects on neurological development, trauma is often chronic, trauma is common among children who have experienced abuse or neglect, experiences of trauma are often chronic and complex, children's exposure to multiple forms of maltreatment has a compounding impact, children who have experienced abuse or neglect often have additional trauma exposure, trauma in childhood has a significant and lasting impact on behavior, and children who were referred to Take Two for experiences of maltreatment exhibited problem behaviors and prevalence increased dramatically among older children. Child welfare workers are urged to use a trauma lens to reframe problem behaviors as coping strategies, and help children understand their behavioral responses as normal in light of the trauma history and learn new ways of acting and reacting. Commentary is provided that explains information presented on each slide.

<http://bit.ly/sThy5A>

A Social Worker's Tool Kit for Working With Immigrant Families: Healing the Damage: Trauma and Immigrant Families in the Child Welfare System.

Cohen, Elena.

American Humane. Migration and Child Welfare National Network.

JBS International.

2010

This tool kit provides public child welfare and community-based agencies working with immigrant families with guidelines for integrating child welfare practice -- from engagement to case closure -- with trauma-informed care and trauma-specific services. In addition, the tool kit describes strategies to build an organization's capacity to better respond to the needs of immigrant families exposed to child maltreatment, domestic and community violence, and other traumatic stressors. It responds to frequently asked questions illustrated by case examples and provides website links and other resources. (Author abstract)

<http://www.americanhumane.org/assets/pdfs/children/pc-toolkit-trauma-immigrant-families.pdf>

Strengthening Family Coping Resources: The Feasibility of a Multifamily Group Intervention for Families Exposed to Trauma.

Kiser, Laurel J. Donohue, April. Hodgkinson, Stacy. Medoff, Deborah. Black, Maureen M.
University of Maryland School of Medicine.
2010

Journal of Traumatic Stress

Families exposed to urban poverty face a disproportionate risk of exposure to repeated trauma. Repeated exposures can lead to severe and chronic reactions in multiple family members with effects that ripple throughout the family system. Interventions for distressed families residing in traumatic contexts, such as low-income, urban settings are desperately needed. This report presents preliminary data in support of Strengthening Family Coping Resources, a trauma-focused, multifamily, skill-building intervention. Strengthening Family Coping Resources is designed for families living in traumatic contexts with the goal of reducing symptoms of posttraumatic stress disorder and other trauma-related disorders in children and caregivers. Results from open trials suggest Strengthening Family Coping Resources is a feasible intervention with positive effects on children's symptoms of trauma-related distress. (Author abstract)

What is Trauma and Why is it Important?

Children's Mental Health eReview (Child Welfare Series)

Michaels, Cari. Borsheim, Christeen. Lohrbach, Sue.
University of Minnesota. Center for Excellence in Children's Mental Health.
2010

The first in a series of briefs focusing on trauma and child welfare systems, this brief defines trauma and describes its significance. It begins by explaining that a person experiences trauma when he or she is subjected to or witnesses physical or psychological injury or threat of injury. Information is then provided on cumulative trauma, historical trauma, and complex trauma, a type of trauma that occurs repeatedly and cumulatively. The vulnerability of children to the effects of trauma is explained, as well as the impact of trauma on child development and the production of cortisol. Research is cited showing a relationship between exposure to traumatic events and problems with regulation of affect and impulses, memory and attention, self-perception, interpersonal relations, somatization, and systems of meaning, as well as an association between trauma in early years and health risk behaviors and disease in adulthood. The complex trauma felt by children in the child welfare system is addressed. The brief closes with different perspectives on the implications for practice and policy. 25 references.

<http://www.cmh.umn.edu/ereview/cmhereviewMar10.pdf>

Implementing Trauma-Focused CBT With Fidelity and Flexibility: A Family Case Study.

Kerig, Patricia K. Sink, Holli E. Cuellar, Raven E. Vanderzee, Karin L. Elfstrom, Jennifer L.
2010

Journal of Clinical Child and Adolescent Psychology
39 (5) p. 713-722

Effective approaches for the treatment of childhood posttraumatic stress disorder and traumatic grief are needed given the prevalence of trauma and its impact on children's lives. To effectively treat posttraumatic stress disorder in children, evidence-based practices should be implemented with flexibility and responsiveness to culture, developmental level, and the specific needs of the family. This case study illustrates flexibility with fidelity in the use of a manualized treatment, describing the implementation of Trauma Focused-Cognitive Behavior Therapy with three traumatized family members--a caregiver and two children. Particular attention is paid to the use of creative strategies to tailor interventions to the individual clients while maintaining fidelity to the principles and components of this evidence-based treatment. (Author abstract)

Screening Checklist: Identifying Children at Risk. Ages 6-18.

Children's Trauma Assessment Center (Mich.)

2010

Two checklists are provided that designed to identify children and youth ages 0-5 and those ages 6-18 who are at risk of trauma. It lists factors that may contribute to trauma, behavioral indicators of trauma, traumatic stress reactions, relational concerns that may warrant treatment, types of treatment available, and progress after treatment.

http://throughtheeyes.org/files/SpotlightIssue_TraumaChecklist.pdf

Domestic Violence and Children: Questions and Answers for Domestic Violence Project Advocates.

Brown, Rebecca. Luppi, Faye.

National Child Traumatic Stress Network. Domestic Violence Collaborative Group.

2010

This fact sheet includes helpful information about how children react to domestic violence, short and long-term responses to domestic violence, possible reactions to domestic violence, factors that can help children recover, and working with parents and children through domestic violence situations. (Author abstract)

http://www.nctsn.org/sites/default/files/assets/pdfs/DomViolenceFactSheet_final.pdf

Child Abuse and Other Traumatic Experiences, Alcohol Use Disorders, and Health Problems in Adolescence and Young Adulthood.

Special Issue: The Physical Health Consequences of Childhood Maltreatment: Implications for Public Health.

Clark, Duncan B. Thatcher, Dawn L. Martin, Christopher S.

Western Psychiatric Institute and Clinic (Pittsburgh, PA)

2010

Journal of Pediatric Psychology

35 (5) p. 499-510

Objective: We prospectively examined the health effects of child abuse and other traumatic events, with objective health indicators and consideration of alcohol use disorders (AUD).

Methods: Adolescents (n = 668) were recruited from clinical and community sources. At baseline,

we examined child abuse and other traumas, AUD, health-related symptoms, physical findings, and blood assays. Subjects were assigned to Trauma Classes (TC), including witnessing violence, physical abuse, and sexual abuse. Health outcomes were again determined at 1-year and young adult follow-up. Results: In adolescence, higher TC severity was associated with more health-related symptoms, increased age-adjusted body mass index, and stress-response immune system indices. In adolescence and young adulthood, the relationships between TC and health-related symptoms were mediated by anxiety. AUD was associated with liver injury, and cigarette smoking with heart/lung symptoms. Conclusions: Child abuse predicted persistently elevated health-related symptoms primarily attributable to anxiety, and early signs of liver disease were attributable to AUD.

Innovations in Implementation of Trauma-Informed Care Practices in Youth Residential Treatment: A Curriculum for Organizational Change (article in Residential Care and Treatment).

Hummer, Victoria Latham. Dollard, Norin. Robst, John. Armstrong, Mary I.
2010

Child Welfare
89 (2) p. 79-95

Children in the child welfare system frequently experience trauma within the caregiving relationship. These traumatic experiences may be compounded by system trauma and place these children at high risk of emotional disorders and placement in out-of-home (OOH) mental health treatment programs. This article reviews the literature on trauma and children in the child welfare system and discusses a study of trauma-informed practices in OOH treatment programs and the curriculum Creating Trauma-Informed Care Environments, which resulted from study findings. (Author abstract)

http://traumaticstressinstitute.org/wp-content/files_mf/1281374504innovationsinimplementation2010hummerdollardrobstarmstrong2.pdf

Ten Things Every Juvenile Court Judge Should Know About Trauma and Delinquency.

Technical Assistance Bulletin.

Buffington, Kristine. Dierkhising, Carly B. Marsh, Shawn C.
National Council of Juvenile and Family Court Judges.
2010

Sponsoring Organization: United States. Dept. of Justice. Office of Juvenile Justice and Delinquency Prevention.

This report notes the majority of youth who develop a pattern of delinquent behaviors and experience subsequent juvenile court involvement have faced both serious adversities and traumatic experiences, and emphasizes the need for the juvenile court to understand both the role of traumatic exposure in the lives of children and engage resources and interventions that address child traumatic stress. Key facts about trauma that judges should know are discussed and include: a traumatic experience is an event that threatens someone's life, safety, or well-being;

child traumatic stress can lead to post traumatic stress disorder; trauma impacts a child's development and health throughout his or her life; complex trauma is associated with risk of delinquency; traumatic exposure, delinquency, and school failure are related; trauma assessments can reduce misdiagnosis, promote positive outcomes, and maximize resources; there are mental health treatments that are effective in helping youth who are experiencing child traumatic stress; there is a compelling need for effective family involvement; youth are resilient; and the juvenile justice system needs to be trauma-informed at all levels. 30 references.

Caregiver Substance Use and Trauma Exposure in Young Children.

Sprang, Ginny. Clark, James J. Staton-Tindall, Michele.

2010

Families in Society : The Journal of Contemporary Social Services

91 (4) p. 401-407

This study examines the differential experiences of three groups of children: children living in homes with caregivers who had used methamphetamine, those living in homes with caregivers who used other drugs, and those in homes where there was no evidence of caregiver substance misuse. A random sample of 1127 children was selected from the public child welfare log of open cases in fiscal year 2005-2006. Results indicate that caregiver methamphetamine use was a robust correlate of trauma exposure, with interpersonal violence being the most prevalent form of trauma exposure. Practice and policy implications are presented for a wide range of professionals working with these children. (Author abstract)

Trauma Faced by Children of Military Families: What Every Policymaker Should Know.

Sogomonyan, Fianna. Cooper, Janice L.

National Center for Children in Poverty.

2010

Intended for policymakers, this report discusses characteristics of children of military families, the impact of deployments on children's mental health, and recommended policies for ensuring mental health services. It reports outpatient mental health visits provided to children of active duty parents doubled from one million to two million between 2003 and 2008, the total days of inpatient psychiatric care for children of active duty personnel 14 and under increased from 35,000 in 2003 to 55,000 in 2008, one-third of children with a deployed parent were at high-risk for psychosocial issues, and a rise in the rates of child maltreatment in military families after the deployment of larger numbers of troops in 2003. Factors associated with the negative impact of deployment on children and youth are described and include age, the mental health of the remaining parent, re-integration, and employment status. Resilience and the importance of support systems is discussed, as well as the inadequacy of military and civilian mental health systems in addressing the problems of military families children and families. Recommendations are made for improving service capacity, access, and quality of mental health services, and for addressing poor provider capacity and retaining providers with expertise in working with military families. 78 references.

http://nccp.org/publications/pdf/text_938.pdf

Adaptation and Implementation of Cognitive Behavioral Intervention for Trauma in Schools with American Indian Youth.

Goodkind, Jessica R. LaNoue, Marianna D. Milford, Jaime.

2010

Journal of Clinical Child and Adolescent Psychology

39 (6) p. 858-872

American Indian adolescents experience higher rates of suicide and psychological distress than the overall U.S. adolescent population, and research suggests that these disparities are related to higher rates of violence and trauma exposure. Despite elevated risk, there is limited empirical information to guide culturally appropriate treatment of trauma and related symptoms. We report a pilot study of an adaptation to the Cognitive Behavioral Intervention for Trauma in Schools in a sample of 24 American Indian adolescents. Participants experienced significant decreases in anxiety and posttraumatic stress disorder symptoms, and avoidant coping strategies, as well as a marginally significant decrease in depression symptoms. Improvements in anxiety and depression were maintained 6 months postintervention; improvements in posttraumatic stress disorder and avoidant coping strategies were not. (Author abstract)

Parenting Behaviors and Posttraumatic Symptoms in Relation to Children's Symptomatology Following a Traumatic Event.

Valentino, Kristin. Berkowitz, Steven. Stover, Carla Smith.

University of Notre Dame.

2010

Journal of Traumatic Stress

23 (3) p. 403-407

Child- and caregiver-report about parenting behaviors, and caregiver-report of their own symptoms were examined in relation to children's symptomatology following a potentially traumatic event (PTE) among 91 youth. Child-report of hostile and coercive parenting was a salient predictor of child posttraumatic stress disorder (PTSD), internalizing symptoms, and personal adjustment. Caregivers' own trauma symptoms predicted caregiver-report of child PTSD, internalizing and externalizing symptoms, but not child-reported child symptoms. Implications for assessment and intervention following exposure to a PTE are emphasized. (Author abstract)

http://www.childwitnessstoviolence.org/uploads/2/5/7/9/257929/valentino._parenting_behaviors_and_posttraumatic_symptoms_in_relation_to_childrens_symptomatology_following_a_traumatic_event.pdf

Removal from the Home: Resulting Trauma.

UPenn Collaborative on Community Integration.

2010

Sponsoring Organization: United States. Dept. of Education. National Institute on Disability and Rehabilitation Research.

This paper explores the trauma experienced by children who are removed from their homes

because of child abuse and neglect. It describes feelings of loss, confusion, abandonment, and worry children may feel and notes the lack of orientation programs to ease a child's transition into foster care. The removal of children because of a parent's mental illness is discussed, as well as the need for children to be allowed to stay with their parents if they are not threat to the child's well-being. 12 references.

http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/parenting/Factsheet_4_Resulting_Trauma.pdf

Does Community Violence Exposure Predict Trauma Symptoms in a Sample of Maltreated Youth in Foster Care?

Garrido, Edward F. Culhane, Sara E. Raviv, Tali. Taussig, Heather N.

2010

Violence and Victims.

25 (6) p. 755-769

Previous studies find that childhood exposure to family and community violence is associated with trauma symptoms. Few studies, however, have explored whether community violence exposure (CVE) predicts trauma symptoms after controlling for the effects associated with family violence exposure (FVE). In the current study, CVE and FVE were examined in a sample of 179 youth with a recent history of maltreatment. CVE was associated with trauma symptoms after controlling for FVE, but FVE was not associated with trauma symptoms after controlling for CVE. In addition, negative coping strategies (e.g., self-harm, interpersonal aggression) partially mediated the association between CVE and trauma symptoms. These findings are discussed in terms of their implications for interventions aimed at addressing the needs of children exposed to violence. (Author abstract)

Working with Families Experiencing Homelessness: Understanding Trauma and its Impact. (Article in Homeless Families with Infants and Toddlers.)

Guarino, Kathleen, Bassuk, Ellen.

Zero to Three.

2010

Zero to Three.

30 (3) p. 11-20

This article explores the impact of trauma on families experiencing homelessness, including the impact on mothers' physical and emotional health and the impact on children's attachment, development, and physical and emotional health. It identifies the following concrete strategies that can be used in a variety of community-based settings to address these families' needs: educate staff, create safe environments, conduct child assessments, and build skills and connections. 36 references.

Clinical Implications of Traumatic Stress from Birth to Age Five.

Chu, Ann T. Lieberman, Alicia F.

University of California, San Francisco. Department of Psychiatry.

2010

Annual Review of Clinical Psychology

6 p. 469-494

Children aged birth to five years are exposed to a disproportionately increased amount of potentially traumatic events compared to older children. This review examines the prevalence of traumatic exposure in the birth-to-five age range, the indicators and diagnostic criteria of early traumatic stress, and the contextual issues associated with the experience of early trauma. The article also selectively reviews the impact of trauma on the biological, emotional, social, and cognitive functioning of young children's development along with some promising clinical treatment and service interventions that target the parent-child relationship as a vehicle of trauma recovery. Despite extensive documentation of the negative impact of trauma on the normal development of young children, research, clinical, and policy efforts to address the psychological repercussions of early victimization remain remarkably limited. Future directions in research and clinical practice as well as implications for policy are discussed. (Author abstract)

http://www.childwitnessstoviolence.org/uploads/2/5/7/9/257929/chu_clinical_implications_of_traumatic_stress_from_birth_to_age_five.pdf

Trauma-Related Symptoms in Neglected Preschoolers and Affective Quality of Mother-Child Communication.

Milot, Tristan. St-Laurent, Diane. Éthier, Louise S. Provost, Marc A.

2010

Child Maltreatment

15 (4) p. 293-304

This study (a) assessed whether child neglect is associated with posttraumatic stress disorder (PTSD) and dissociative symptoms in the preschool period and (b) examined the role of quality of mother-child affective communication in the development of trauma-related symptoms among neglected children. Participants were 33 neglected and 72 non-neglected preschoolers (mean age = 60 months). Neglected children were recruited from the Child Protection Agencies. Neglected and non-neglected children victims of other form of abuse were excluded from the study. Trauma symptoms were evaluated through mother and preschool teacher reports. Quality of mother-child affective communication was assessed in a lab visit during an unstructured task. According to teachers, neglected children displayed more PTSD and dissociative symptoms than non-neglected children. Quality of mother-child communication was lower in neglected dyads. Mother-child affective communication predicted teacher-reported child trauma symptomatology, over and above child neglect. Discussion focuses on the traumatic nature of child neglect and the underlying parent-child relational processes. (Author abstract)

The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic.

Lanius, Ruth A. Vermetten, Eric. Pain, Clare.

University of Western Ontario, Canada.

2010

Working With Children to Heal Interpersonal Trauma: The Power of Play.

Gil, Eliana.

2010

Featuring in-depth case presentations from master clinicians, this volume highlights the remarkable capacity of traumatized children to guide their own healing process. The book describes what posttraumatic play looks like and how it can foster resilience and coping. Demonstrated are applications of play, art, and other expressive therapies with children who have faced such overwhelming experiences as sexual abuse or chronic neglect. The contributors discuss ways to facilitate forms of expression that promote mastery and growth, as well as how to intervene when play becomes stuck in destructive patterns. They share effective strategies for engaging hard-to-reach children and building trusting therapeutic relationships. (Author abstract)

Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience through Attachment, Self-Regulation, and Competency.

Blaustein, Margaret E. Kinniburgh, Kristine M.

2010

Intended for providers who work with children who have experienced complex developmental trauma, this text provides a comprehensive framework for intervention with children and adolescents and their caregivers. The Attachment, Self-Regulation, and Competency (ARC) treatment framework is a components-based framework that consists of 10 building blocks, or key treatment targets. The first part of the text provide an overview of the developmental impact of trauma and discusses a three-part model for understanding child behaviors: impacted systems of meaning and the assumption of danger, physiological and behavioral responses and safety-seeking behaviors and need-fulfillment strategies, and interference from developmental deficits due to early gaps in care and reliance on alternative adaptations. The third chapter explains the ARC treatment framework. Part 2 explores ARC building blocks that focus on attachment, including caregiver management of affect, attunement, consistent response, and building routines and rituals. Part 3 describes building blocks related to self-regulation, including affect identification, modulation, and affect expression. Part 4 includes chapters on building blocks that address competency, including strengthening executive functions and self development and identity. The final part discusses trauma experience integration, the last building block that integrates all the skills addressed within the framework. For each block, key treatment goals are identified, as well as their theoretical rationale, primary skills or areas of focus, potential methods of intervention, developmental and cultural considerations, and applications across contexts. Numerous references.

Editorial: The Challenges of Complex Trauma and the Promise of Supporting Strengths.

McCrea, Katherine Tyson.

2010

Illinois Child Welfare

5 (1) This editorial calls for child welfare professionals to be trained in understanding and

treating trauma and reviews the impact of complex trauma on a child's functioning and brain development, the consequences of complex trauma, the multifaceted causes of complex trauma, and the difficulty victims of complex trauma have in verbalizing what they have endured. The need for a large-scale approach to treating complex trauma that focuses on developing resilience by supporting children's strengths is discussed and the implementation of a trauma-informed, public health approach to working with children in Illinois is described. Finally, the topics of following articles on helping children and families suffering from complex trauma are summarized. 21 references.

<http://www.illinoischildwelfare.org/archives/volume5/icw5-editorial.pdf>

Trauma Exposure, Mental Health, and Service Utilization Rates Among Immigrant and United States-Born Hispanic Youth: Results From the Hispanic Family Study.

Bridges, Ana J. de Arellano, Michael A. Rheingold, Alyssa A. Danielson, Carla Kmett. Silcott, Lauren.

Medical University of South Carolina.

2010

Psychological Trauma: Theory, Research, Practice, and Policy

2 (1) p. 40-48

Although the largest immigrant group in the United States is Hispanic, little is known about their rates of traumatic experiences and psychiatric disorders, particularly for youth. Findings with adults suggest that recent immigrants have lower rates of mental illness than long-time residents or U.S.-born Hispanics, but use health-related services less often. The present study examined this relationship in a convenience sample of 131 foreign-born (64.5%) and 72 U.S.-born (35.5%) Hispanic youth, ages 8-17 years and a subset of their caregivers (n = 110). Findings from youth interview data suggest that immigrant and U.S.-born youth did not differ significantly in experiences of potentially traumatizing events or psychiatric disorders. However, findings from caregiver interview data suggest that there were significant disparities between the two groups in health service utilization for doctors and other medical professionals, with caregivers reporting that foreign-born youth utilize these health services at lower rates than U.S.-born youth. Results are discussed in the context of prior findings and recommendations offered for increasing service utilization. (Author abstract)

Family-Focused Trauma Intervention: Using Metaphor and Play With Victims of Abuse and Neglect.

Pernicano, Pat.

2010

This volume is a collection of metaphorical stories and interventions designed for specialized work with children and families in trauma recovery. Each chapter addresses a central theme in trauma recovery, includes one or more pertinent stories, and describes examples of parallel family, group, and individual interventions. An introductory chapter explores the impact of trauma, the symptoms of post-traumatic stress disorder (PTSD), and sibling abuse. Chapter 2 discusses establishing appropriate roles and boundaries in families, and Chapter 3 addresses self-

control and modulation of affect. Following chapters include stories and interventions for: reducing hyperactivity and agitation; coping with avoidance, withdrawal, and dissociation; reducing worry, fear, and anxiety; coping with loss and renewing trust; changing depressed moods; caring for yourself and others; taking responsibility; knowing who to trust; engaging in pathways to change; coming to terms with out-of-home care; and lowering defenses and self-acceptance. 42 references.

Addressing Religious and Spiritual Issues in Trauma-Focused Cognitive Behavior Therapy for Children and Adolescents.

Walker, Donald F. Reese, Jennifer B. Hughes, John P. Troskie, Melissa J.
Richmont Graduate University (Atlanta, GA)
2010

Professional Psychology: Research and Practice
41 (2) p. 174-180

Psychologists have become increasingly concerned with the role of religion and spirituality in resolving childhood physical and sexual abuse, particularly religion-related abuse. In treating victims of child abuse, trauma-focused cognitive behavior therapy has emerged as a leading treatment for recovery. In this article, we discuss the relevance of religious and spiritual issues in trauma-focused cognitive behavior therapy for children and teens. Using three case studies, we then present a model for assessing and treating religion and spirituality in trauma-focused cognitive behavior therapy. This model focuses on the client's pre-existing religious and spiritual functioning as well as changes in religion/spirituality after abuse. We suggest that this approach will assist clients from various religious and spiritual affiliations to process childhood abuse. (Author abstract)

Toolkit for Adapting Cognitive Behavioral Intervention for Trauma in Schools (CBITS) or Supporting Students Exposed to Trauma (SSET) for Implementation with Youth in Foster Care.

Technical Report (RAND Corporation) ; TR-772-ALCWF/CFP.

Schultz, Dana. Barnes-Proby, Dionne. Chandra, Anita. Jaycox, Lisa H. Maher, Erin. Pecora, Peter.
RAND Corporation.
2010

Sponsoring Organization: American Legion Child Welfare Foundation. Casey Family Programs. Cognitive Behavioral Intervention for Trauma in Schools (CBITS) was developed for use by school-based mental health professionals for any student with symptoms of distress following exposure to trauma. Supporting Students Exposed to Trauma (SSET) was adapted from CBITS for use by any school personnel with the time and interest to work with students affected by trauma. The purpose of this toolkit is to assist school-based mental health professionals, school personnel, and child welfare social workers in adapting these interventions for use with youth aged 10-15 who are in foster care. The authors note that delivering a school-based mental health program to youth in foster care has many challenges, including collaboration between the child welfare and education systems, confidentiality and information sharing policies regarding youth in foster

care, and identification of these youth. The toolkit was designed to help understand these challenges and provide strategies for addressing them. The toolkit has three parts: a background section, an overview of CBITS and SSET, and a step-by-step guide to implementing and adapting CBITS/SSET for youth in foster care. (Author abstract)

http://rand.org/pubs/technical_reports/2010/RAND_TR772.pdf

Trauma Informed and Developmentally Sensitive Services for Children: Core Competencies for Effective Practice.

Health Federation of Philadelphia. Multiplying Connections.
2010

In 2007, the Multiplying Connections Cross System Training Institute (CSTI) embarked on a process to define a set of core knowledge, attitudes, values and skills competencies that children's services professionals need to provide trauma informed and developmentally appropriate care. A working group of the CSTI began by reviewing numerous competencies from relevant professional fields and conducting an extensive review of literature on trauma informed and developmentally appropriate practice. In early 2008, the full CSTI, assisted by several consultants with expertise in workforce competency development, trauma, and evaluation, met together and used a nominal process to reach consensus on a draft set of competencies derived from this review. In the spring of 2008, a national group of 35 trauma experts from research, policy and practice engaged in a three-phase review to hone and refine the draft competencies. Input and feedback from this expert panel were used to further refine the competencies and a second draft was returned to the Multiplying Connections CSTI and Steering Committee for final review and approval. This report presents the competencies in the following domains: knowledge, attitudes/values, communication, practice, communities, and organizations and systems. Current uses of the competencies are discussed. 16 references. (Author abstract modified)

http://stoneleighfoundation.org/sites/default/files/Trauma-Informed%20Core%20Competencies_0.pdf

Childhood Trauma and Health Outcomes in Adults With Comorbid Substance Abuse and Mental Health Disorders.

Wu, Nancy S. Schairer, Laura C. Dellor, Elinam. Grella, Christine.
University of California, Los Angeles.
2010

Addictive Behaviors

35 (1) p. 68-71

This study describes the prevalence of childhood traumatic events (CTEs) among adults with comorbid substance use disorders (SUDs) and mental health problems (MHPs) and assesses the relation between cumulative CTEs and adult health outcomes. Adults with SUDs/MHPs (N = 402) were recruited from residential treatment programs and interviewed at treatment admission. Exposures to 9 types of adverse childhood experiences were summed and categorized into 6 ordinal levels of exposure. Descriptive analyses were conducted to assess the prevalence and range of exposure to CTEs in comparison with a sample from primary health care. Logistic

regression analyses were conducted to examine the association between the cumulative exposure to CTEs and adverse health outcomes. Most of the sample reported exposure to CTEs, with higher exposure rates among the study sample compared with the primary health care sample. Greater exposure to CTEs significantly increased the odds of several adverse adult outcomes, including PTSD, alcohol dependence, injection drug use, tobacco use, sex work, medical problems, and poor quality of life. Study findings support the importance of early prevention and intervention and provision of trauma treatment for individuals with SUDs/MHPs. (Author abstract)

Core Concepts in Trauma Treatment for Children and Adolescents: Faculty Facilitator Manual Part 1.

Fordham University. National Center for Social Work Trauma Education and Workforce Development. National Child Traumatic Stress Network.

2010

Sponsoring Organization: United States. Substance Abuse and Mental Health Services Administration.

This Manual has been prepared to facilitate adoption of the Core Concepts in Trauma Treatment for Children and Adolescents. The curriculum presented in the manual is based on twelve guiding core concepts and five in-depth case studies that reflect a distillation of the best evidence about the impact of trauma. It provides the opportunity for in-depth case study and responds to the expressed desire of students to experience real cases as they actually unfold in clinical practice. The course is designed to enhance practitioners' empathic understanding of the nature of a traumatic experience from the child's perspective, and how traumatic experiences and their aftermath may influence the child's life. Part 1 of the manual contains the following: a) the curriculum's two conceptual frameworks, b) its teaching approach, c) the course organization and d) an evaluation section which contains a technical report and copies of the pre-post evaluation instruments. Part 2 contains five case examples. The first four sections elaborate on how to use a problem based learning approach; how to help students begin to think as evidence based practitioners; how to facilitate the small group discussions and exercises that helps students integrate the core concepts and understand the implications of how complex trauma exposure affects intervention. The last section identifies the expectations regarding collaboration with the Center on the evaluation of the course. (Author abstract)

<http://facultytraumaeducation.wikispaces.com/file/view/Mental%20Health%20Facilitator%20Manual%20Part1%20final%2012-15-10.pdf>

Core Concepts in Trauma Treatment for Children and Adolescents: Faculty Facilitator Manual Part 2.

Fordham University. National Center for Social Work Trauma Education and Workforce Development. National Child Traumatic Stress Network.

2010

Sponsoring Organization: United States. Substance Abuse and Mental Health Services Administration.

Intended for instructors, this part of a manual for implementing trauma informed child welfare practices uses a problem-based learning approach to the treatment of trauma in children and adolescents. It presents five case studies designed to encourage students to go through a thinking process that moves logically and empirically from facts to hypotheses and from current knowledge to planning the next steps of treatment. Class hand-outs are provided for each case that include questions for class discussion. The questions are based on four major steps of clinical practice: facts of the case, hunches and hypotheses upon which to base clinical formations that follow, areas of further exploration that the initial facts and formulations suggests, and next steps in treatment planning. Case considerations specific to core concepts of trauma treatment are integrated throughout the manual, and instructions are provided for the training, for the equipment and supplies needed, and for group facilitation. An appendix includes an explanation of core concepts.

<http://facultytraumaeducation.wikispaces.com/file/view/Mental%20Health%20Facilitator%20Manual%20Part%202%20final%2012-15-10.pdf>

Caring for Children Who Have Experienced Trauma.

New York State Office of Children and Family Services. Bureau of Training. Research Foundation of SUNY. Buffalo State College. Center for Development of Human Services.

2010

Five modules are presented for training parents in helping children who have experienced trauma. Module 4 discusses building a safe place and describes key components of a safety message, defines trauma reminders, and explains strategies for helping children cope with trauma reminders. Module 5 focuses on dealing with feelings and behaviors. Information is provided on the cognitive triangle and applying it to a child who has experienced trauma, reasons children who have experienced trauma may act out, and ways to help children develop new emotional skills and positive behaviors. Module 6 helps parents identify important connections in their child's life, understand how trauma can affect a child's self-image, and ways to help a child feel safe when talking about trauma. The following module explains basic elements of trauma-informed advocacy, indicators that a child may need the support of trauma-informed therapy, and specific actions a parent can take to advocate for their child. The final module describes the warning signs of compassion fatigue and secondary traumatic stress, identifies specific self-care techniques, and discusses coping strategies parents can use when a child's trauma is a remind of their own past trauma. Each module includes a slide presentation and handouts.

http://www.bsc-cdhs.org/fosterparenttraining/childTrauma_matls.html

Healing Invisible Wounds: Why Investing in Trauma-Informed Care for Children Makes Sense.

Adams, Erica J.

Justice Policy Institute.

Georgetown University School of Medicine.

2010

This brief begins by noting that while up to 34% of children in the United States have experienced at least one traumatic event, between 75% and 93% of youth entering the juvenile justice system annually are estimated to have experienced some degree of trauma. It emphasizes the need to identify children who have experienced trauma and address a child's trauma through the public health system before the child becomes involved in the justice system. Information is provided on how traumatic experiences affect brain development in children, the incidence of victimization among people of color and their higher risk of trauma, the failure of child-serving systems to routinely screen for and treat trauma in referred children, the link between childhood trauma and criminal behavior, the failure of the juvenile justice system to meet the needs of youth who have experienced trauma, and the trauma caused by incarceration. Outcomes of youth who spend time in juvenile facilities are compared to those who stay in the community, and recommendations are made for implementing a trauma-informed system. 65 references.

http://www.justicepolicy.org/images/upload/10-07_REP_HealingInvisibleWounds_JJ-PS.pdf

The Role of Trauma Symptoms in the Development of Behavioral Problems in Maltreated Preschoolers.

Milot, Tristan. Éthier, Louise S. St-Laurent, Diane. Provost, Marc A.

2010

Child Abuse and Neglect

Objective: This study assessed the mediating role of trauma symptoms in the relation between child maltreatment and behavioral problems. It is based on the postulate that child maltreatment is a severe form of chronic relational trauma that has damaging consequences on the development of children's behavioral regulation. Method: Participants were 34 maltreated and 64 non-maltreated children (mean age = 60 months; range: 46 to 72 months), all from economically disadvantaged families. Maltreated children were recruited from the Child Protection Agencies. Behavioral problems and trauma symptoms were evaluated by the preschool teacher with the Internalizing and the Externalizing scales of the Child Behavior Checklist-Teacher Report Form (CBCL-TRF) and the posttraumatic stress score of the Trauma Symptoms Checklist for Young Children respectively (TSCYC). Results: Baron and Kenny's mediational procedure was conducted using structural equation modeling. Mediational analyses revealed that trauma symptoms fully mediated the association between maltreatment and both internalizing and externalizing behaviors. Conclusions: Results were consistent with the literature on developmental trauma research and provide empirical support to the idea that trauma-related symptoms resulting from early maltreatment may constitute a mechanism in the development of psychosocial problems in preschoolers. Practice implications: These findings underline the importance of understanding psychosocial maladjustment of maltreated children not only from the perspective of problematic behavior, but also by taking into account the traumatic reactions that might develop in response to chronic and intense stress associated with abuse and neglect. (Author abstract)

http://www.childwitnessviolence.org/uploads/2/5/7/9/257929/milot_the_role_of_trauma_symptoms_in_the_development_of_behavioral_problems_in_maltreated_preschoolers.pdf

Trauma, Attachment, and Family Therapy With Grandfamilies: A Model for Treatment.

Strong, Deena D. Bean, Roy A. Feinauer, Leslie L.

Brigham Young University.

2010

Children and Youth Services Review

32 (1) p. 44-50

Population estimates indicate that approximately 1.5 million children are in grandparent-headed households without any parents present. This type of grandfamily is often created when biological parents are unable or unwilling to care for their children. Trauma is often experienced as a precursor to, or a consequence of, the biological parents' inability or unwillingness to care for their children. The well-being of both grandparent and grandchild may be affected in grandfamilies. A treatment model is presented that integrates trauma, attachment, and family systems theories and proposes that healing is facilitated through the emerging attachment between the grandparent and grandchild. (Author abstract)

Core Concepts for Trauma Informed Child Welfare Practice. Faculty Facilitator Manual Part 1.

Fordham University. National Center for Social Work Trauma Education and Workforce

Development. National Child Traumatic Stress Network.

2010

Sponsoring Organization: United States. Substance Abuse and Mental Health Services Administration.

This Manual has been prepared to facilitate adoption of the Core Concepts for Trauma Informed Child Welfare Practice. The curriculum presented in the manual is based on twelve guiding core concepts, nine essential elements of trauma-informed child welfare practice and five in-depth case studies that reflect a distillation of the best evidence about the impact of trauma.

<http://facultytraumaeducation.wikispaces.com/file/view/Child%20Welfare%20Faculty%20Facilitator%20Manual%20Final%20Part%201.pdf>

Core Concepts for Trauma Informed Child Welfare Practice. Faculty Facilitator Manual Part 2.

Fordham University. National Center for Social Work Trauma Education and Workforce

Development. National Child Traumatic Stress Network.

2010

Sponsoring Organization: United States. Substance Abuse and Mental Health Services Administration.

Intended for instructors, this part of a manual for implementing trauma informed child welfare practices uses a problem-based learning approach to the treatment of trauma in children and adolescents. It presents case studies designed to encourage students to go through a thinking process that moves logically and empirically from facts to hypotheses and from current knowledge to planning the next steps of treatment. Class hand-outs are provided for each case that include questions for class discussion. Appendices include an explanation of core concepts and essential elements.

<http://facultytraumaeducation.wikispaces.com/file/view/Child+welfare+facilitator+manual+Part+2+Final+12-15-10.pdf>

Trauma Focused CBT for Children with Co-Occurring Trauma and Behavior Problems.

Cohen, Judith A. Berliner, Lucy. Mannarino, Anthony.

2010

Child Abuse and Neglect : The International Journal.

34 (4) p. 215-224

Objective: Childhood trauma impacts multiple domains of functioning including behavior. Traumatized children commonly have behavioral problems that therapists must effectively evaluate and manage in the context of providing trauma-focused treatment. This manuscript describes practical strategies for managing behavior problems in the context of trauma-focused evidence-based treatment (EBT) using a commonly implemented EBT for traumatized children. Methods: The empirical literature is reviewed and practical strategies are described for conducting trauma- and behavioral-focused assessments; engaging families in trauma- and behavioral-focused treatment; treatment-planning that includes a balance of both trauma and behavioral foci; managing ongoing behavioral problems in the context of providing trauma-focused treatment; managing behavioral crises ("crises of the week"); addressing overwhelming family or social problems; and steps for knowledge transfer. Results: Trauma-focused EBT that integrate behavioral management strategies can effectively manage the behavioral regulation problems that commonly occur in traumatized children. Conclusions: Addressing trauma-related behavioral problems is an important part of trauma-focused treatment and is feasible to do in the context of using common trauma-focused EBT. Practice implications: Integrating effective behavioral interventions into trauma-focused EBT is essential due to the common nature of behavioral regulation difficulties in traumatized children. (Author abstract)

Collaborative Implementation of a Sequenced Trauma-Focused Intervention for Youth in Residential Care.

Bright, Charlotte Lyn. Raghavan, Ramesh. Kliethermes, Matthew D. Juedemann, David. Dunn, Jerry.

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Few evidence-based interventions have been developed or tested with youth in residential care. Moreover, models for transferring implementation knowledge from clinical trials to service settings are sparse. This article addresses the lessons learned about addressing this technology transfer gap by presenting a case study of a collaborative effort to implement a trauma-informed pilot program with youth in residential care. Key considerations are the collaborative nature of implementation efforts, the requirement of organizational support, the need for interventions to be sensitive to the child and the milieu, and the lack of fit between Medicaid reimbursement and evidence-based intervention. (Author abstract)