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Mindfulness Practice with Children who have Experienced Trauma

Margaret Fischer

University of St. Thomas, Minnesota, mfisc4@gmail.com

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Mindfulness Practice with Children who have Experienced Trauma

By

Margaret A. Fischer, B. S. W.

MSW Clinical Research Paper

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Committee Members
Andrea A. Nesmith, Ph.D., LISW
Jamie S. Edwards, LICSW
Ann S. Viveros, MEd

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University - University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

This study examined how mindfulness practice is used with children who have experienced trauma or currently living in traumatic situations through a systematic review of the literature. Protocols and inclusion and exclusion criteria were set to ensure that only the most fitting articles were selected. Through the research two main categories emerged: 1) childhood and adolescent intervention, and 2) adulthood intervention. Within those two main categories three themes emerged: 1) MBSR Intervention, 2) Mind Body Skills Group Intervention, and 3) Other Mindfulness Practice Interventions. Mindfulness practice interventions in their various forms were found to have positive outcomes when addressing trauma children and adolescents and adults with childhood trauma. This study suggests that mindfulness practice as interventions is area for further research.

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Introduction

Traumatized children often present themselves as angry, unpredictable beings often referred to as animalistic or dangerous (Forbes & Post, 2009). They perceive even the simplest of situations as an immense threat on their livelihood and react accordingly to that perception. What looks like anger and resentment to those around them, is really profound fear and terror radiating throughout their minds and bodies (Forbes & Post, 2009). Children who have experienced trauma have been taught through their life experiences that they need to be on high alert at all times. This constant state of heightened arousal interferes with their basic social functioning, both physical and mental health, and many other aspects of their lives. Both their minds and bodies react to situations in ways that they do not always understand and struggle to control. It has been reported that people with traumatic pasts often have flashbacks and their bodies react as if they were back in the exact moment that the trauma was taking place (Van der Kolk, 2014). Without even realizing it their heart rate quickens, they begin to sweat, and their breath becomes shallow and labored. Teaching a child techniques to control their breathing and help ground their mind and body, such as mindfulness practices, would help to address some of the pressing needs that children who have experienced trauma are experiencing.

Social workers, other mental health clinicians, and teachers are just a few professionals who could benefit from integrating mindfulness practices into their work with children with trauma as either supplemental to social/emotional regulation interventions or the sole intervention. According to Black and Fernando (2014) through using mindfulness practices, a child is able to better learn about the connection between their minds and their bodies and access different ways to assist their minds and bodies in calming down. In addition, children can start to

feel more present and connected to their current environments. This can help children adapt to new or stressful situations more efficiently and help them to regulate both emotionally and physically. Social workers and other mental health clinicians can use mindfulness practices as a form of intervention with their clients and have been doing so since the early 1990s (Brown et al, 2013). Although mindfulness practice itself is not new, integrating into the mental health field is. This is an area that calls for further investigation and research, especially when it comes to children facing trauma. The current study seeks to gain a more in-depth understanding on how mindfulness practices are used with children who have experienced trauma or who are currently living in traumatic situations through a systematic review of the literature.

Background

Trauma in Children

Childhood trauma can result from a multitude of adverse experiences such as domestic violence, sexual abuse, neglect, or family death (The National Child Traumatic Stress Network, 2016). According to the Children's Bureau (2014) the national estimate of childhood abuse victims is 3,248,000 children. In almost all cases the perpetrators of the abuse were parents or other closely related adults such as partners of the biological parents, other relatives or daycare providers (Children's Bureau, 2014). The Crimes Against Children Research Center (2012) reports that 1 in 5 girls and 1 in 20 boys are victims of sexual abuse. A study done in North Carolina in 2007 found that "68% of children and adolescents has experienced a potentially traumatic event by the age of 16" (Copeland et al, 2007). Even with these alarming statistics one has to wonder how many children and adolescents are out there who haven't been given the chance to report their abuse or neglect? How many more traumatized children are not being treated?

Trauma affects multiple aspects of a person's wellbeing. There are psychological, emotional, and physiological changes that occur when a person is exposed to both singular traumatic events, as well as complex trauma (The National Child Traumatic Stress Network, 2016). Complex trauma, or chronic trauma, is when a person is experiencing traumatic events over an extended period of time (Van de Kolk, 2014). Trauma and its effects keep people in a constant state of heightened arousal. According to Van der Kolk (2014) "if an organism is stuck in survival mode, its energies are focused on fighting off unseen enemies" and as a result "our closest bonds are threatened, along with our ability to imagine, plan, learn, and pay attention to other people's needs" (p. 76). In other words, those who have experience traumatic events are essentially reliving the moment of their trauma and struggle to move forward thereafter (Van de Kolk, 2014). Constantly reliving the past prevents further growth and recovery and keeps those entrapped in their own trauma. Trauma not only has a hold over one's mind but over their bodies as well. Van der Kolk (2014) recognizes the direct relationship between mind and body in regards to trauma: "we experience our most devastating emotions as gut-wrenching feelings and heartbreaks... feeling as if our chest is caving in or [we have] been punched in the gut" (p. 76). Emotions, thoughts, feelings, and experiences have a direct impact and influence on the body. Therefore, interventions for a person who has experienced trauma need to address not only the mind, but also the body. All of the talk therapy in the world will not help until the body is able to recognize and internalize that the trauma is over and there are no immediate threats (Van de Kolk, 2014).

Mindfulness Practice

One way this issue can be addressed is through integrating mindfulness practice into working with children who have experienced trauma. Garcelan et al (2013) and Van de Kolk

(2014) both found that mindfulness can help those suffering from trauma stay fully present in the moment and combat some of the symptoms from their trauma such as dissociation and flashbacks. Furthermore, research shows children's mental health issues can be addressed and alleviated when using mindfulness practice as an intervention. These mental health issues include: anxiety, ADHD, and PTSD (Carboni, Roach, & Fredrick, 2013; Garcelan et al, 2013; Semple, Lee, Rosa, & Miller, 2010; Singh, Lancioni, Singh, Winton, & Adkins, 2010).

Mindfulness-based interventions address physical, emotional, and psychological symptoms children who have experienced trauma might be experiencing. According to Semple et al (2010) "mindfulness-based interventions aim to enhance attention and reduce chronic harsh self-judgments" (p. 219). Mindfulness helps to connect one to the present moment and everything occurring within the moment: thoughts, feelings, sensations, etc. (Bishop et al., 2004). Through really focusing and paying attention to one's thoughts and body a person can notice what might be causing them stress or discomfort and where in their body they hold that stress (Bishop et al, 2004). When one becomes more aware of what causes them stress or discomfort they can then explore those triggers, the effects they have over oneself, and ultimately learn how to better overcome them or cope with them. They can also become more present and aware of what is going on in the exact moment they are in. This can help to combat disturbances such as inattention or inability to sit still. They can call on mindfulness practices to help harness their thoughts and remain focused on the present moment. Mindfulness also helps in bettering relationships, both with oneself and with others. Practicing becoming more aware and present with one's body and mind, they are slowing down and being more thoughtful and mindful of what is going on. They can assess how they and others are feeling and give both interactions the

time and attention they need. Mindfulness practices come in many forms and help address many different needs that people have.

There are many different practices ranging from mindful-breathing and mindful eating to guided imagery and yoga (Bishop et al, 2004; Brown et al, 2013). Mindfulness-based cognitive therapy (MBCT), mindfulness-based stress reduction (MBSR), and acceptance and commitment therapy (ACT) are just a few of the therapeutic interventions that have been created through integrating mindfulness into mental health services (Brown et al, 2013). These mindfulness techniques and practices act as tools to help one become more connected to their mind and body and harness their attention on the present moment. Mindfulness can aid in relaxation, both physically and mentally, in bettering relationships, both internally and externally, and it can help people feel more connected to the physical world and the spiritual world.

This study will assess the current state of research on the use of mindfulness practice with children who have experienced trauma or currently living in traumatic situations. The researcher will use an approach called a systematic review of the literature. The researcher will examine the literature, with previously set protocols, to see if mindfulness practices are currently being used to address trauma in children and how effective mindfulness practices are for this population.

Methods

Research Study

This study aimed to gain a more in-depth understanding of how mindfulness practice is used with children who have experienced trauma or currently living in traumatic situations through a systematic review of the literature. The researcher did this through systematically selecting articles through a predetermined set of protocols outlining the specific steps taken to obtain each article.

Inclusion Criteria

The topic of each article was a study on mindfulness practices with children, adolescents, or adults who have experienced traumatic events during on in their childhood. The articles were all peer reviewed-scholarly articles. The time frame was studies done in the last fifteen years. This time frame was selected as an inclusion criterion because of the small quantity of preexisting literature on mindfulness practice and trauma. Studies collected consisted of qualitative studies, quantitative studies, and case studies. These three types of studies were selected as inclusion criteria because of the small quantity of preexisting literature on mindfulness practice and trauma. The sample group within the articles collected was limited to children who have experienced trauma or are currently living in traumatic situations or adults who experienced traumatic events in their childhood, as the purpose of this study is to examine how mindfulness practice is used with children with traumatic experiences.

Search Strategy

All data were collected through the SOCIOIndex, PSYCHInfo, Pub Med, Alt Health Watch, Families Studies Abstracts, and PILOTS electronic databases accessed through the University of St. Thomas's electronic library page. A thorough search of the data was conducted through using the following keywords, both individually and in combination with each other:

- Meditation
- Mindfulness
- Yoga
- Children
- Adolescents
- PTSD

- Trauma
- Complex trauma
- Complex PTSD
- Post-traumatic Stress
- Emotional trauma

Data Abstraction

The researcher tracked and reviewed the titles and abstracts of the articles found in the initial search to see if they fit the desired criteria. The next part of the process entailed eliminating articles that did not fit the desired criteria. At this point, 26 articles remained. The researcher then read the methods section of all 26 articles whose title and abstract met the criteria. The researcher then examined the methods section to see if the articles fit the desired criteria. Of these 26 articles, 15 no longer met the criteria based on their methods sections and were then eliminated. Reasons for elimination consisted of nine articles where participants were not the correct age, two articles were literature reviews, three articles did not have trauma as the main focus for intervention, and one article did not have mindfulness practice as intervention but rather mindfulness as a pre-existing character trait. Eleven articles now remained; the next step was to read the findings and discussion sections of each article. At this point, all data collected from the articles were tracked and recorded in a grid in order to analyze and synthesize the data, as well as find any gaps. The researcher used the grid to examine patterns across sample groups, findings, and discussion sections and identified themes. The grid holds the following data: author, type of study, research question, sample, findings, discussion and type of mindfulness intervention.

Findings

The purpose of this systematic literature review was to examine how mindfulness practice is used with children who have experienced trauma or currently living in traumatic situations. Through utilizing the following databases, SOCIOIndex, PSYCHInfo, Pub Med, Alt Health Watch, Families Studies Abstracts, and PILOTS, and using the inclusion and exclusion criteria mentioned above, 11 peer-reviewed articles were found to be appropriate and were reviewed. The majority of the 11 articles used were quantitative studies, with nine of them being quantitative studies. One remaining article was a qualitative study and the other a case study.. Three different types of mindfulness practice interventions emerged from articles. Three articles had Mindfulness-Based Stress Reduction (MBSR) as the mindfulness practice intervention used. Three more articles had Mind Body Skills Group as the mindfulness practice intervention. The remaining five articles had other various mindfulness practice interventions used as the mindfulness intervention.

Through examining the literature two categories with three corresponding themes emerged. The two categories were 1) addressing trauma in children and adolescents; and 2) addressing childhood trauma in adults. The three corresponding themes were 1) MBSR Intervention; 2) Mind Body Skills Group Intervention; and 3) Other Mindfulness Interventions. Refer to Table 1 to view Data Abstraction Grid.

Childhood and Adolescent Intervention.

Seven of the eleven articles focused on addressing traumatic experiences in children and adolescents. Traumatic experiences that these children and adolescents experienced included sexual abuse, assault, biking accident, living in a warzone, living in orphanages, and living in low-income, stressful environments (Crews et al, 2016; Culver et al, 2015; Gordon et al, 2004;

Gordon et al, 2008; Pradhan et al, 2015; Sibinga et al, 2016; Staples et al, 2011). Living in a war zone was the most prevalent traumatic experience found in the literature with three articles (Gordon et al, 2004; Gordon et al, 2008; Staples et al, 2011). Two articles were found to address trauma from sexual abuse (Crews et al, 2016; Pradhan et al, 2015). Pradhan et al (2015) also addressed trauma resulting from suffering a biking accident and an assault. One addressed living

Table 1. Data Abstraction Grid

Author	Type of Study	Sample	Mindfulness Intervention	Findings
Crews et al, 2016	Qualitative	5 female adolescents (14 y.o. – 15 y.o.); sexual abuse	Other Mindfulness Intervention (trauma-sensitive yoga group)	Increased sense of self-compassion, community and connectedness to others, and mind-body connection
Culver et al, 2015	Quantitative	76 children (7 y.o. – 17 y.o.); orphans	Other Mindfulness Intervention (hatha yoga, meditation, mindful breathing)	Reduction in trauma related symptoms
Earley et al, 2014	Qualitative and Quantitative	19 adults; childhood sexual abuse	MBSR	Significant decrease in PTSD symptoms
Gordon et al, 2004	Quantitative	139 adolescent (12 y.o. – 19 y.o.); warzone trauma	Mind Body Skills Group	Significant decrease in PTSD symptoms
Gordon et al, 2008	Quantitative	82 adolescents (14 y.o.- 18 y.o.); warzone trauma	Mind Body Skills Group	Significant decrease in PTSD symptoms
Kimbrough et al, 2010	Quantitative	27 adults; childhood sexual abuse	MBSR	Significant decrease in PTSD symptoms
Langmuir et al, 2012	Quantitative	10 (31 y.o.- 65 y.o.); childhood abuse (sexual/physical/emotional)	Other Mindfulness Intervention (sensorimotor psychotherapy)	Significant increase in body awareness, overall dissociative experiences, and soothing receptivity scale
Lord, 2010	Case Study	1 adult female; childhood abuse (physical/sexual/emotional)	Other Mindfulness Intervention (meditative dialogue)	Increased sense of safety and control over life decisions, non-judgment, and exploration of emotions
Pradhan et al, 2015	Quantitative	4 adolescents (14 y.o.- 19 y.o.); 2 sexual trauma and 2 physical accident trauma	Other Mindfulness Intervention (TIMBER)	Significant decrease in PTSD symptoms
Sibinga et al, 2016	Quantitative	300 students (5 th -8 th graders); low income, stressful living environment	MBSR	Significant decrease in PTSD symptoms
Staples et al, 2011	Quantitative	129 children (8 y.o.- 18 y.o.); warzone trauma	Mind Body Skills Group	Significant decrease in PTSD symptoms

in an orphanage (Culver et al, 2015) and one articles address trauma from living in a low-income, stressful environment (Sbinga et al, 2016).

All of these studies used mindfulness practice as an intervention to address the various traumatic events that each child and adolescent experienced. Within the seven articles reviewed three mindfulness practice interventions emerged: MBSR Intervention, Mindy Body Skills Group Intervention, and Other Mindfulness Practice Interventions.

MBSR Intervention. Mindfulness Based Stress Reduction, MBSR, is a mindfulness practice intervention that combines yoga and other mindfulness practices into a set curriculum that typically takes place over the course of 8-weeks. Sibinga et al (2016) described their MBSR program, or Mindfulness-Based Stress Reduction, as a 12-week program aimed at helping youth to become more mindful by being non-judgmental of what is going on in the present. The participants of this study were children with trauma symptoms living in low-income, stressful environments. There were three main components to their MBSR program. They consisted of: 1) education of mindfulness practices, yoga, meditation, and mind body connection; 2) implementation and utilization of learned mindfulness practices, yoga, meditation, and mind body connection both while the group met at school and in their personal homes; 3) discussion amongst the group on how to effectively transfer learned mindfulness skills into their everyday lives (Sibinga et al, 2016). Students who participated in the MBSR program were found to have significantly lower levels of PTSD symptoms, including depressive symptoms and re-experiencing.

Mind Body Skills Group Intervention. Mind Body Skills Group intervention for children and adolescents who have experienced trauma used by Gordan et al (2004), Gordan et al (2008), and Staples et al (2011) consisted of meditation, guided imagery, biofeedback, breathing

techniques, positive imagery, autogenic and many other stress reduction techniques. Participants learned about and practiced each of these techniques from previously trained teachers (Gordon et al, 2004; Gordon et al, 2008). Gordon et al (2004) formatted their program to be every Saturday for three hours over the course of two months, meeting for a total of 6 sessions to address trauma symptoms in adolescents living in a warzone. Gordon et al (2008) was much more intensive with their program meeting twice a week for two hours each over the course of six weeks, meeting for a total of 12 sessions to address trauma symptoms in adolescents living in a warzone. Staples et al (2011) formatted their program to run for two hours twice a week over the course of five weeks, meeting for a total of 10 sessions to address trauma symptoms in children and adolescents living in a warzone.

Given their different formats, one could expect different results. However, all studies found that participants had significantly decreased symptoms of PTSD (Gordon et al, 2004; Gordon et al 2008; Staples et al, 2011). All participants reported enjoying the group intervention, as it normalized their feelings and provided them with a sense of community with their peers and teachers (Gordon et al, 2004; Gordon et al 2008; Staples et al, 2011).

Staples et al (2011) further found that among the varying ages of their participants, eight years old to 18 years old, the older participants fared better. The authors hypothesized that this could have been because the older participants were better able to conceptualize the mindfulness practices and integrate them into their everyday lives. In addition, Staples (2011) conducted an 11-month follow-up and found that participants were unable to maintain outcomes due to continued living in the war zone.

It is interesting to point out the different locations in which the Mindy Body Skills Group Interventions took place. Gordon et al (2004) and Gordon et al (2008) conducted their studies in

Kosovo, a Southeast European state, while Staples et al (2011) conducted their study in Palestine and the Gaza strip. The vast difference in locations and cultures in which the studies took place, could suggest that Mind Body Skills Group Interventions are effective across cultures.

Other Mindfulness Practice Interventions. Within the articles reviewed a third theme of interventions used with children and adolescents who have experienced trauma emerged called Other Mindfulness Practice Interventions. The three articles that fit within this theme used various mindfulness practice interventions that did not fit within the MBSR Intervention or Mind Body Skills Group Intervention. These mindfulness practice interventions consisted of a trauma-sensitive yoga group (Crews et al, 2016), a combination of hatha yoga, meditation, and mindful-breathing (Culver et al, 2015), and a mindfulness curriculum called TIMBER (Pradhan et al, 2015).

The first mindfulness practice intervention used to address trauma symptoms in children and adolescents with trauma was a trauma-sensitive yoga group. Crews et al (2016) implemented their trauma-sensitive yoga group for adolescent females who had been sexually abused. The adolescent participants were taught many different yoga poses along with all of their variations. A registered yoga instructor lead yoga classes for the participants and encouraged each participant to choose which variation of the pose best fit their capabilities and needs at that moment. The participants reported feeling a reduction in their PTSD symptoms, and increases in their emotional regulation and impulse control (Crews et al, 2016). The participants also reported having the freedom to choose which yoga poses they did, empowered them to then make more choices in their everyday lives (Crews et al, 2016).

The combination of hatha yoga, meditation, and mindful-breathing as a mindfulness practice intervention led Culver et al (2015) to find significant reductions in PTSD symptoms in

their participants. The participants of this study were children living in an orphanage. The mindfulness practice intervention used consisted of eight 45-minute classes. Each class started with a warm-up and guided breathing exercises. The group then did a 10-part yoga sequence practice, followed by either a game or story demonstrating the importance of yoga practice, and ended with guided meditation.

The third mindfulness practice intervention was a curriculum referred to as TIMBER (Pradhan et al, 2015). TIMBER was used to address trauma symptoms in adolescents who suffered sexual abuse, biking accident, or an assault. TIMBER consisted of teaching participants mindfulness, mindful-breathing, yoga, and meditation. The intervention took place over 12 individual, therapist-led sessions. Pradhan et al (2015) found significant reduction in PTSD symptoms amongst all participants.

Adulthood Intervention

Four of the eleven articles focused on addressing childhood trauma in adults. Every adult in the studies had experienced a traumatic event or multiple traumatic events in their childhood and were receiving mindfulness interventions specifically for their childhood trauma in their adulthood. Traumatic experiences that these adults experienced as children included childhood sexual abuse, physical abuse, emotional abuse, (Earley et al, 2014; Kimbrough et al, 2010; Langmuir et al, 2012 Lord, 2010). Three of the articles reviewed were quantitative studies (Earley et al, 2014; Kimbrough et al, 2010; Langmuir et al, 2012) and one was a case study (Lord, 2010). Amongst the adulthood intervention articles reviewed, it was found that sexual abuse was the most prominent traumatic event that participants experienced in their childhoods occurring in all four articles (Earley et al, 2014; Kimbrough et al, 2010; Langmuir et al, 2012; Lord, 2010). Within articles written by Langmuir et al (2012) and Lord (2010) physical and

emotional abuse were also contributing traumatic events that participants experienced in their childhoods.

All of these studies used mindfulness practice as an intervention to address the various traumatic events that each adult experienced in their childhood. Within the four articles reviewed two mindfulness practice interventions emerged: MBSR Intervention and Other Mindfulness Practice Interventions.

MBSR Intervention. Mindfulness Based Stress Reduction, MBSR, is a mindfulness practice intervention that combines yoga and other mindfulness practices into a set curriculum that typically takes place over the course of 8-weeks. Earley et al (2014) assessed the efficacy of MBSR Intervention to address trauma symptoms in adult survivors of sexual abuse that occurred in their childhood by conducting a follow-up study two and a half years post-intervention. It was found at the two and a half year follow-up participants had maintained significant decreased in their PTSD symptoms and increased their overall mindfulness practice. Another symptom that was assessed was hyper-arousal. It was found at the two and a half year follow-up participants had maintained significant decreased in hyper-arousal (Earley et al, 2014). There was a slight increase in participants' avoidance and re-experiencing symptoms at the two and a half year follow-up (Earley et al, 2014)

Kimbrough et al (2010) used MBSR Intervention to address trauma symptoms in adult survivors of sexual abuse that occurred in their childhood. The MBSR Intervention took place over the course of eight weeks and participants were asked to come back after an additional eight weeks to conduct follow-up measures. There were significant decreases in PTSD symptoms in participants at the end of the eight-week MBSR Intervention, as well as at the eight-week follow-up (Kimbrough et al, 2010).

Other Mindfulness Practice Interventions. Within the studies reviewed a second theme of interventions used to address childhood trauma in adults. The two studies that fit within this theme used various mindfulness practice interventions that did not fit within the MBSR Intervention. These mindfulness practice interventions consisted of sensorimotor psychotherapy (Langmuir et al, 2012) and meditative dialogue (Lord, 2010).

Sensorimotor psychotherapy is “an attachment-informed, somatic, and sensory-focused therapy for trauma survivors” (Langmuir et al, 2012, p. 215). For this study a therapist conducted group therapy over the course of 20 weeks where the participants practiced various mindfulness skills to help them become more attune and aware to their bodily and somatic responses and feelings (Langmuir et al, 2012). The participants of this study were adult survivors of sexual, emotional, and physical abuse that occurred in their childhood. Mindfulness skills practiced included meditation, body scans to become more aware of their somatic responses, and mindful breathing (Langmuir et al, 2012). There were significant improvements in the participant’s bodily awareness, overall dissociative experiences, and overall soothing receptivity, no improvements in body dissociation or somatic dissociation, no effects on interpersonal problems.

Meditative dialogue is used with clients in an individual therapy setting (Lord, 2010). It is used with clients “who are open to experiential and mindfulness practices encourages the development of one’s abilities to deeply listen to the wisdom of inner knowledges” (Lord, 2010, p. 1005). For this case study a therapist conducted meditative dialogue for an adult survivor of childhood sexual abuse. Each therapy session began with meditation and then whoever feels ready to speak starts the therapy session (Lord, 2010). Throughout the therapy the therapist and client are paying attention to their breath, bodily sensations, leaving space and silence for contemplation, as well as becoming aware of their judgments and assumptions (Lord, 2010). The

participant found that she developed a sense of safety as she co-meditated with the therapist, as well as a sense of control over her life (Lord, 2010). The participant also found that she began to feel no judgment in her interpersonal and intrapersonal relationships and interactions (Lord, 2010). Mindfulness helped the participant to become more in touch with the emotions within her like rage, which she found helped her to be fully present and authentic (Lord, 2010).

Discussion

This systematic review of the literature aimed to explore the literature on how mindfulness practices are used with children who have experienced trauma. Specific protocols were developed to outline specific steps taken to obtain each article. Inclusion and exclusion criteria were developed in order to obtain only appropriate and applicable research. The literature showed that multiple variations of mindfulness practices are being used with both children and adolescents who have experienced trauma and with adults who have experienced childhood trauma. Mindfulness practices used as interventions for children and adolescents with traumatic experiences and adults who have experienced childhood trauma are helping people to feel more connected to their bodies and minds and also creating opportunities for inter-relational growth amongst survivors. These findings suggest that mindfulness practice interventions in their multiple forms are viable interventions for children and adolescents who have experienced trauma and adults who have experienced childhood trauma.

MBSR, Mindfulness Based Stress Reduction, was the first mindfulness practice intervention found to have significant positive outcomes for both children who have experienced trauma and adults who have experienced childhood trauma (Earley et al, 204; Kimbrough et al, 2010; Singing et al, 2016). According to the University of Minnesota's Center for Spirituality and Healing (2016) MBSR "teaches [people] how to use meditation and yoga to cultivate

awareness and reduce stress.” Furthermore, MBSR helps one learn to become aware of their reactions to their stressors are and to “recognize that [they] can choose how to respond” (University of Minnesota Center for Spirituality and Healing, 2016). MBSR helps across age groups as shown in the literature (Earley et al, 2014; Kimbrough et al, 2010; Siginga et al, 2016). It is a short treatment timeline, typically 8-weeks, that has lasting positive effects in participants (Earley et al, 2014; Kimbrough et al, 2010; Siginga et al, 2016). MBSR provides applicable skills that can be transferred into all aspects of one’s life to help one feel more connected to themselves and their loved ones (University of Minnesota Center for Spirituality and Healing, 2016). These skills can be used in a crisis situation or just an everyday situation.

An additional mindfulness practice intervention, Mind Body Skills Group, was found to have significant positive effects on children and adolescents who have experienced trauma from living in warzones (Gordon et al, 2004; Gordon et al 2008; Staples et al, 2011). Mind Body Skills Group uses various mindfulness practices, meditation, autogenic, positive imagery, biofeedback, among other practices to help reduce PTSD symptoms in participants. This mindfulness practice intervention was used to address warzone trauma in children and adolescents in Kosovo, Palestine, and the Gaza strip (Gordon et al, 2004; Gordon et al 2008; Staples et al, 2011). In war-torn countries the Mind Body Skills Group helped children and adolescents to feel connected and comfortable with their peers and community. This mindfulness practice intervention, therefore, could be beneficial to other children and adolescents in war-torn communities in helping them to feel more connected and comfortable with their peers and communities, as well as reducing possible symptoms of PTSD. The immense difference in locations and cultures could suggest that this mindfulness practice intervention is appropriate and applicable across cultures. Staples et al (2011) found that within the participants, both children

and adolescents, the adolescents responded to the intervention in a more positive way. This could suggest that this mindfulness practice intervention is most appropriate and applicable for only adolescents. Further research is necessary to determine the best age group for this mindfulness practice intervention.

Multiple variations of mindfulness practice interventions found in the literature were shown to elicit significantly positive outcomes for children and adolescents who have experienced trauma and adults who have experienced childhood trauma (Crews et al, 2016; Culver et al, 2016; Langmuir et al, 2012; Lord, 2010; Pradhan et al, 2015). Such mindfulness practice interventions included trauma-sensitive yoga, meditation, mindful-breathing, positive imagery, and meditation. Each mindfulness practice intervention had components of each other, as well as MBSR and Mind Body Skills Group interventions.

Social workers and professionals alike could benefit from integrating or adopting some aspects of these mindfulness practice interventions into their practice. The literature shows that mindfulness practice interventions in their many forms are not only helpful in fostering mind-body connections in children, adolescents, and adults, but also creating communities and relationships amongst participants (Crews et al, 2016; Culver et al, 2015; Earley et al, 2014; Gordon et al, 2004; Gordon et al, 2008; Kimbrough et al, 2010; Langmuir et al, 2012 Lord, 2010; Pradhan et al, 2015; Sibinga et al, 2016; Staples et al, 2011). Additionally, agencies that provide services for people who have experienced trauma could benefit from making mindfulness practices present in their work. These agencies could include schools, homeless shelters, hospitals, and foster homes. By integrating mindfulness practice interventions into social work practice, social workers can help their clients foster mind-body connections, positive coping skills, and feeling more present and connected in the present moment. By actually practicing the

mindfulness practice interventions with clients, social workers can create a greater sense of connectedness and overall safety and comfort between themselves and their clients (Lord, 2010). This sense of connectedness and overall safety and comfort between practitioner and client could help clients in being more invested in their work with their social worker.

Further research on the effects of using mindfulness practice interventions for children and adolescents who have experienced trauma and adults who have experienced childhood trauma is needed. Mindfulness is an emerging trend in social work and therefore more evidence-based practice interventions are needed to ensure best practice (Garland, 2013). The literature provides substantial evidence that mindfulness practice interventions have positive and lasting effects and deserve more research and growth.

Limitations

The limited amount of research presented itself as a limitation for this systematic review. Mindfulness practice as intervention is an upcoming trend in the field of social work therefore there is limited literature. Even with the generous inclusion criteria, search terms, selected time frame and electronic databases elicited only eleven articles. Additionally, studies that are available are mostly quantitative. This is a limitation, as it does not capture the words and stories of the participants.

References

- Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., Segal, Z. V., Abbey, S., Speca, M., Velting, D. and Devins, G. (2004), Mindfulness: A Proposed Operational Definition. *Clinical Psychology: Science and Practice*, 11: 230–241.
doi:10.1093/clipsy.bph077
- Black, D., & Fernando, R. (2014). Mindfulness training and classroom behavior among lower income and ethnic minority elementary school children. *Journal of Child & Family Studies*, 23(7), 1242-1246. doi:10.1007/s10826013-9784-4
- Brown, A. P., Marquis, A., & Guiffrida, D. A. (2013). Mindfulness-based interventions in counseling. *Journal of Counseling & Development*, 91(1), 96-104. doi:10.1002/j.1556-6676.2013.00077.x
- Carboni, J. A., Roach, A. T., & Fredrick, L. D. (2013). Impact of mindfulness training on the behavior of elementary students with attention-Deficit/Hyperactive disorder. *Research in Human Development*, 10(3), 234-251. doi:10.1080/15427609.2013.818487
- Copeland, W.E., Keeler, G., Angold, A., Costello, E.J. (2007). Traumatic events and posttraumatic stress in childhood. *Archives of General Psychiatry*, 64 (5): 577-584.
- *Crews, D. A., Stolz-Newton, M., & Grant, N. S. (2016). The use of yoga to build self-compassion as a healing method for survivors of sexual violence. *Journal of Religion & Spirituality in Social Work: Social Thought*, 35(3), 139-156.
doi:10.1080/15426432.2015.1067583
- *Culver, K. A., Whetten, K., Boyd, D. L., & O'Donnell, K. (2015). Yoga to reduce trauma-related distress and emotional and behavioral difficulties among children living in

orphanages in 24aiti: A pilot study. *Journal of Alternative & Complementary Medicine*, 21(9), 539-545. Doi:10.1089/acm.2015.0017

*Earley, M. D., Chesney, M. A., Frye, J., Greene, P. A., Berman, B., & Kimbrough, E. (2014). Mindfulness intervention for child abuse survivors: A 2.5-year follow-up. *Journal of Clinical Psychology*, 70(10), 933-941. doi:10.1002/jclp.22102

Forbes, H. and Post, B. (2009). Beyond Consequences, Logic and Control: A Lovebased Approach to Helping Attachment Challenged Children with Severe Behaviors. PPC Books, FL

Garland, E. L. (2013). Mindfulness research in social work: Conceptual and methodological recommendations. *Social Work Research*, 37(4), 439-448.

*Gordon, J., Ahmed Abdel Atti, J., & Staples, J. (2008). Mind-body skills groups for posttraumatic stress disorder and depression symptoms in palestinian children and adolescents in gaza. *International Journal of Stress Management*, 18(3), 246- 262.

*Gordon, J. S., Staples, J. K., Blyta, A., & Bytyqi, M. (2004). Treatment of posttraumatic stress disorder in postwar kosovo high school students using mind–body skills groups: A pilot study. *Journal of Traumatic Stress*, 17(2), 143-147.
doi:10.1023/B:JOTS.0000022620.13209.a0

*Kimbrough, E., Magyari, T., Langenberg, P., Chesney, M., & Berman, B. (2010). Mindfulness intervention for child abuse survivors. *Journal of Clinical Psychology*, 66(1), 17-33.
doi:10.1002/jclp.20624

- *Langmuir, J. I., Langmuir, J. I., Kirsh, S. G., & Classen, C. C. (2012). A pilot study of body oriented group psychotherapy: Adapting sensorimotor psychotherapy for the group treatment of trauma. *Psychological Trauma, 4*(2), 214; 214-220; 220.
- *Lord, S. A. (2010). Meditative dialogue: Cultivating compassion and empathy with survivors of complex childhood trauma. *Journal of Aggression, Maltreatment & Trauma, 22*(9), 997; 997-1014; 1014.
- Perona-Garcelán, S., García-Montes, J. M., Rodríguez-Testal, J. F., López-Jiménez, A. M., Ruiz Veguilla, M., Ductor-Recuerda, M. J., ... & Pérez-Álvarez, M. (2014). Relationship between childhood trauma, mindfulness, and dissociation in subjects with and without hallucination proneness. *Journal of Trauma & Dissociation, 15*(1), 35-51.
- *Pradhan, B., Gray, R., Parikh, T., Akkireddi, P., & Pumariega, A. (2015). Trauma interventions using mindfulness based extinction and reconsolidation (TIMBER©) as monotherapy for chronic PTSD: A pilot study. *Adolescent Psychiatry, 5*, 125-131.
- *Sibinga EM, Webb L, Ghazarian SR, et al. School- Based Mindfulness Instruction: An RCT. *Pediatrics*. 2016;137(1):e20152532
- Semple, R., Lee, J., Rosa, D., & Miller, L. (2010). A randomized trial of mindfulness based cognitive therapy for children: Promoting mindful attention to enhance social-emotional resiliency in children. *Journal of Child & Family Studies, 19*(2), 218-229.
doi:10.1007/s10826-009-9301y

Singh, N., Singh, A., Lancioni, G., Singh, J., Winton, A., & Adkins, A. (2010). Mindfulness training for parents and their children with ADHD increases the Children's compliance.

Journal of Child & Family Studies, 19(2), 157-166. doi:10.1007/s10826-009-9272-z

*Staples, J. K., Staples, J. K., Abdel Atti, J. A., & Gordon, J. S. (2011). Mind-body skills groups for posttraumatic stress disorder and depression symptoms in palestinian children and adolescents in gaza. *International Journal of Stress Management, 18*(3), 246; 246-262; 262.

The National Center for Victims of Crime. Retrieved on September 22, 2016 from:

<https://victimsofcrime.org/media/reporting-on-child-sexual-abuse/child-sexual-abuse-statistics>

The Children's Bureau. 2014. Retrieved on September 22, 2016 from:

<http://www.acf.hhs.gov/sites/default/files/cb/cm2014.pdf#page=31>

The National Child Traumatic Stress Network. Retrieved on September 22, 2016 from:

<http://www.nctsn.org/trauma-types/complex-trauma/effects-of-complex-trauma#q2>.

Van Der Kolk, B. (2014). *The Body Keeps The Score: Brain, Mind, and Body in the Healing of Trauma*

University of Minnesota's Center for Spirituality and Healing (2016). Retrieved on November,

22, 2016 from <https://www.csh.umn.edu/education/focus-areas/mindfulness>.

* Articles used for systematic literature review