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# After Trauma: Family Relationships and the Road to Healing

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*In this personal account of their adoption experience, the authors describe how childhood trauma has affected their mother-daughter interactions through the teen years and beyond. By sharing professional and personal knowledge about trauma and adoptive families, the authors hope to better equip Christians in social work to understand their clients and themselves. Literature on PTSD and attachment provides a theoretical foundation for their reflections.*

*My name is April; I'm 20 years old and all I have left of my childhood are two books filled with foster care notes and the memories I hold. For the first half of my life, people I loved and trusted abused and abandoned me. Up until the age of eleven, I moved from home to home where I was physically, sexually, and mentally abused by many different people. As I began healing, working through my trauma was not satisfying. I educated myself and saw how poorly many people are treated and the negative psychological and social problems that stem from this. My heart longs to make a difference in the lives of others. For so long, I have felt the weight of the world pressing down on my shoulders.*

**E**XPERIENCES LIKE APRIL'S ARE DEEPLY TRAUMATIC. CHILDREN WHO SUFFER violence and abuse in their families may continue to re-live that trauma many times over. How could one possibly ever heal from such horrific events? In our experience, positive family relationships, supportive community, friendships, therapy, helping others, sense-making, new knowledge, and faith have all worked together for healing. The story we will share in this article highlights only one of these factors: positive primary relationships, specifically the mother-daughter relationship. We are a mother (Laine) and daughter (April) who have forged a new primary relationship over the past eight years through the process of adoption. Our relationship continues to evolve and will continue to do so for the rest of our lives.

## A New Family

Our journey began in June 2005, when we first met through the help of Child Protective Services and a Christian adoption agency called Buckner International. Eleven-year-old April was still in foster care after years of moving from place to place with her two younger siblings. She had even been adopted into a “permanent” placement, only to find the adoption terminated after three years. April had suffered neglect, violence, and abuse most of her life and we will describe her circumstances in more detail later in this article. As Laine and April’s adoptive father prepared to welcome April into their home with a view toward adoption, they sent an introductory picture book for April’s therapist to share before their first meeting. Thus began the long journey to becoming family—a journey we are still traveling.

In addition to being a mother and daughter by adoption, we both study human behavior. Laine taught social work for 17 years, focusing on human behavior and April is a university student enjoying her major in psychology, particularly her courses in neuroscience. We both study and apply to our own lives our knowledge about trauma and various conditions such as Post Traumatic Stress Disorder (PTSD). We consider biological aspects of the brain’s development as well as psycho-social aspects such as family, community, and therapeutic interventions. In addition we are a Christian family, but with many struggles and uncertainties on our faith journeys. Our hope is that by sharing our professional and personal knowledge about trauma and adoptive families, our readers will be better equipped to understand their clients and themselves.

## Living with Trauma

To set a context for our story we will provide a brief overview of trauma and its effects; specifically, we will explore Post Traumatic Stress Disorder (PTSD), a disorder that April lives with daily. While many readers may associate PTSD with soldiers traumatized by war, it is also a common diagnosis for children and adults reared in violent families.

The American Psychiatric Association (APA) introduced PTSD as a possible diagnosis in 1980 when their diagnostic manual (DSM) defined a traumatic event as “occurring outside the range of usual human experience.” The revisions to the DSM in 2013 included more specificity in what constitutes a traumatic event. Sexual assault is specifically included in the DSM5 and four symptom clusters are featured:

- **Re-experiencing the event.** For example, spontaneous memories of the traumatic event, recurrent dreams related to it, flashbacks or other intense or prolonged psychological distress.

- **Heightened arousal.** For example, aggressive, reckless or self-destructive behavior, sleep disturbances, hyper-vigilance or related problems.
- **Avoidance.** For example, distressing memories, thoughts, feelings or external reminders of the event.
- **Negative thoughts and mood or feelings.** For example, feelings may vary from a persistent and distorted sense of blame of self or others, to estrangement from others or markedly diminished interest in activities, to an inability to remember key aspects of the event.

*PTSD Dissociative Subtype* describes dissociative symptoms such as feeling detached from one's own mind or body, or experiences in which the world seems unreal, dreamlike, or distorted. (American Psychiatric Association, 2013).

April reports experiencing all of these symptoms at various times in her journey and was diagnosed in 2011 with PTSD. This diagnosis and the research we did after the diagnosis helped us make sense (separately and together) of April's behaviors. The diagnosis also gave us a place to begin working toward healing.

Children living with past traumas experience everyday events in dramatically different ways from the rest of us. Greenwald (2005) describes a "trauma wall" behind which a person surviving trauma holds all the fear, anxiety, anger, and helplessness, rather than being able to "digest" it or process it along with other memories. This is especially true for children and teens that were pre-verbal at the time of trauma. Since they have no language to express or remember words or stories about what happened to them, the processing and integration of their terrible memories becomes even more challenging. Greenwald relates an everyday experience of a traumatized teen bumped accidentally in the hallway at school. While most of us may be slightly irritated, but forget about it a few minutes later, the traumatized person has been hit in an emotional sore spot. "Behind the wall is piled-up fear of being attacked, a sense of helplessness, and rage. Naturally, being angry and not wanting to feel helpless anymore, he defends himself" (Greenwald, 2005, p. 13).

April reflects on ways her own trauma affected her sore spots:

Because of my experience of caring for myself at a young age, I always felt the need to have control over my life. When I was 15 years old, we were living in a university residence hall as part of my mom's job. I made friends with the college students, who were free to do as they pleased. Because I felt like I had earned the privilege to be an adult since I took care of myself most of my life, I could not understand why I needed a curfew on a school night. One night, when my

mom insisted that I come home at midnight, it really hit me hard. I felt so powerless and angry that I yelled, screamed and cursed. Now, that we look back, my mom and I both understand one another's reasoning.

### **The Confusion of Memory**

April deals daily with a variety of memory challenges related to her PTSD. We talk about her memory challenges in terms of four categories: difficulty with memorization, blocked traumatic memories, no recollection of neutral or pleasant memories, and sudden flashbacks.

First, it is difficult for April to memorize facts needed for her school-work. She excels in courses that require more application and synthesizing, but struggles to memorize facts and vocabulary. As she studies neuroscience, April is learning more about how her brain developed differently as a malnourished and traumatized child. She also has improved her ability to memorize facts by practicing various strategies for building study skills.

April has many gaps in her memory of events, particularly pre-adoption. On the one hand, she had no stable adults to tell and re-tell everyday stories about her childhood. In addition, it is common for traumatized persons to block unhappy or scary memories as a coping mechanism. Much of her past is recorded in CPS records and she often reads them with incredulity because she cannot remember the events that are recorded there.

While forgetting the bad times might make sense as a coping strategy, we have been surprised at how many of the *good* times April has forgotten, even those that occurred post-adoption. When Laine recalls stories of people or places they experienced together, April often does not remember. One explanation for these gaps relates to a third memory issue: dissociation. Traumatized persons can take themselves out of a situation emotionally and simply “not be there” (Rosenbloom, Williams, & Watkins,, 2010). April explains:

I didn't know what dissociation was when I was little, but I did it often. I could transport myself somewhere else and it came very easily to me. In the early years of adoption, even though I was not being hurt, I was still emotionally raw and scared. So I dissociated much of the time. When reading my foster care files, I find stories about things I supposedly did but don't remember such as “kicking another foster child in the head” or “rolling around on the floor for no apparent reason.” Although I still dissociate at times, it occurs less often.

When people dissociate they don't absorb and process what they experience; therefore there is no later memory of the event.

The fourth way in which April's memory has been affected involves flashbacks: a sudden and intense flood of memories that come at unexpected times and are often triggered by sights, smells, sounds, and other sensory stimuli (Rosenbloom et. al, 2010). For example the smell of horseradish, used as punishment food by one of the CPS-approved families she lived with, sickens her immediately. At age 20, she is still discovering and recovering childhood memories long forgotten, but surfacing from the unconscious with a trigger. Laine recalls:

One night, driving from a friend's house, April arrived home shaken and scared. All the traffic lights had been flashing due to an electrical problem, which set the scene for an eerie downtown. When April ran into my bedroom to explain that the traffic lights were flashing, I was confused by her facial expression of fright and the fear in her voice. Flashing lights are not uncommon in our downtown area and I knew April had experienced this before. While I could not understand the fear, I just tried to listen and acknowledge how scary it must have been and try to help her see she was safe at home.

Only later did April explain that while the lights were flashing, the siren of an emergency vehicle triggered a long forgotten memory of the night her grandmother had been taken away in an ambulance. A traumatized person experiences these memories with extreme fear and anxiety. Explaining the intensity of the fear to others is difficult, because the event that is so frightening to the traumatized person might seem commonplace to others.

### **Why Should I Trust You?**

Children and teens experiencing PTSD have great difficulty building trust. The heart of our story describes how we built (and continue to build) trust between us over a period of eight years. Like most families of adoption, we began with a "honeymoon phase" in which everyone was on their best behavior and everything was wonderful. Any anxieties on the part of parents are either pushed down, or still out of consciousness. In fear that they won't be adopted or loved, the child always tries to please the potential adopters and is careful not to show any negative behaviors during this time (Schooler, Smalley, & Callahan, 2009). Our trip to Disneyworld symbolizes the wonder of this magical time and our family photos serve as visual reminders. Pictures of Laine and April walking arm and arm through the Magic Kingdom remind us how we all enjoyed similar things, how affectionate April was, and how happy we were. We all believed that God brought us together as a perfectly fitting family. On the Sunday in Advent when we walked down the aisle of our church to light the candles and April

read the Scriptures in her clear and compelling voice, many friends in our congregation remarked how blessed we all were, and we felt it.

After the honeymoon phase, we had work to do: building attachments, establishing family norms and routines, and learning to trust each other. These tasks may happen naturally in most families, but for traumatized children and teens they are surrounded by anger, confusion, and grief. The wonderful pictures described above would soon shift dramatically after the honeymoon phase. Family photos from our difficult years (ages 15-18), few and forced, show unhappy and disconnected people. Laine explains:

As April entered adolescence she isolated herself from me and became rejecting and angry, particularly toward me. As a social worker, and careful reader of the attachment literature, I was quite prepared cognitively for this rejection. However, even that strong knowledge base could not prepare me for the human experience of being rejected by the child I so hoped would love me. Having faith that love would come was difficult, but occasionally, in a moment of transparency, April would give a clue that she wanted to love and be loved. These small moments would keep both of us trying.

April's therapist, a Christian social worker, explained to Laine: "the time you need most to get away from your child, perhaps when they are pushing away, will be the time they most need you to come near." But how does one move toward a child who is rejecting you daily? In order to understand how adopted children join families, we will briefly introduce the idea of attachment.

### **Bonding and Attachment**

Much of the literature on foster care and adoption deals with the very difficult process of attachment, defined here as "the deep and enduring biological, emotional, and social connection caregivers and children establish early in life" (Orlans & Levy, 2006). Laine learned early, through her reading, to distinguish between bonding and attachment. Bonding is a quicker, easier, but more superficial relationship often present in the early months of adoption. Attachment, on the other hand, is a much more complex human need which takes years to develop within adoptive families. Hurt children have disrupted and damaged attachments so they concentrate on survival and self-preservation rather than building relationships in more positive ways. Relationship struggles occur with peers and teachers, but the strongest intensity is expressed with family members. The traumatized person joining a new family feels the confusing dual feelings of fearing rejection by the family, and compelled to push them away at the same time (Scales, Straughan, & Scales, 2013; Hughes, 2006).

Understanding how attachment works can help adoptive parents tremendously, particularly when the child reaches an age and stage to be able to learn about and discuss the process with parents or therapists. Studies on the developing brain demonstrate that an infant's interaction with caregivers actually shapes the formation and operation of the brain, including the neocortex, limbic system, and brain stem. (Orlans & Levy, 2006). In fact, researchers are discovering that different types of abuse may affect different areas of the brain. (Heim, Mayberg, Mletzko, Nemeroff, & Pruessner, 2013). The parts of the brain most affected by neglect and/or abuse are the areas that regulate self-control, the release of stress hormones, and the way genetic material is expressed. Add to these negative effects the mental illness, alcoholism, drug use, and other factors common among parents giving birth to hurt children, and the obstacles to healthy living, beginning in infancy, seem insurmountable (Orlans & Levy, 2006).

When parents neglect or abuse their children, they fail to respond or they respond with violence to their children's needs. Orlans and Levy (2006) suggest that adoptive parents of hurt children engage in what they call "corrective attachment parenting" to build the attachments that should have been in place between parents and their infants. We began this process when April was 11 years old. According to Hughes (2006), a child with attachment difficulties often reacts most intensely and negatively to the mother figure in the home. Paradoxically, this is the person the child fears losing the most. Over time, we were able to "change the dance, change the outcome" as Orlans and Levy (2006) suggest to create new relationship experiences for April. What was not surprising, but still very disheartening, was that building attachment was not an overnight process; it has taken years and our trust is still developing and deepening (Miculincer & Shaver, 2007).

### **Testing the Strength of Self and Other**

As Keck and Kupecky (1995) point out, "One of the hardest things for many hurt children to let go of is the dynamic of anger they often experienced and participated in while in their birth family. They have an amazing ability to recreate this dynamic with their new parents, who once considered themselves patient and loving" (p. 124). This was certainly the case with us. What we understand now is that children who are fighting their hurt, desperately trying to trust, and generally still in survival mode, will battle for control using any means possible: lying, rejecting, defying, and fighting. This constant fight is exhausting, so children and teens behaving their worst are often desperate for someone else who is sturdy, strong, and consistent, to take over (Troutman & Thomas, 2005). They fight for control at the same time they desperately want to relinquish control.

There is wide consensus in the attachment literature that the adoptive mother is often the target of this anger and fear. In addition, mothers may



seem to be weaker than fathers because they lack many of the masculine symbols of strength in our culture: height, physical strength, a voice that is deep and strong. Mothers often must prove to scared kids that they are strong enough to protect their hurt children. However, let's not pretend that the child is the only one who is angry; Laine was hurt, angry, and lacking trust as well! Older, wiser, and less-wounded than the child, the mother has to offer proof of love, over and over again, whether she feels like it or not. This daily commitment was what Laine often described to her skeptical teenage daughter as “deciding to love.”

### **The Love Decision**

In our family, the phase of April's testing Laine's love coincided with adolescence, straining our relationship with the double task of adolescent separation, (pushing away) but complicated by the attachment process (drawing near). In other words, April was pushing away for the purposes of individuation, but at the same time, desiring to come closer to her relatively new mother in the task of attachment—a process that most other mother-daughter pairs started in infancy, or in fact, in the womb. Laine recalls:

Whenever we would argue, April would shout accusingly at me: “you **can't** love me, and you don't love me; people don't just love people they've never met before!” I would insist, “yes, I can, because I decided to: From the very first day I heard about you, I decided I would love you. And each morning when I wake up, no matter what is happening between us, I decide again: “today, I will love my child, to the best of my ability, no matter what; and that is a daily decision!” Hearing those words seemed to make April even MORE angry at something she did not understand and we would argue even more intensely about whether this kind of love was real. While a part of her wanted to believe this love was true and lasting, the wounded part of her was so afraid it might not be.

April continued to hear this idea that love is a decision: She also read it in a poem Laine wrote for their second anniversary together and published in a journal: a printed expression of love shared publically.

....Love decides in this moment  
to love forever;  
my heart aches as it opens deep and wide  
to receive the girl who receives me too.... (Scales, 2008).

Pulled apart from her birth mother, several foster mothers, and “thrown back” to CPS by an adoptive mother at age 10, April had no *rational* reason

to trust that a mother could or would stick to her decision to love. Trust between us would take a long time and is still growing.

However, when she was 19, after experiencing several unhappy dating relationships in high school and a longer term dating relationship in college, April tried on the idea that love is a decision rather than a feeling. Posting an inspirational word to her Facebook friends, April repeated the message in her own words that love is not a fleeting feeling, but a decision. It may have taken 8 years, but Laine recognized that the repeated message and the daily proofs finally were bearing fruit. And, April's more recent experiences with friendship, romantic love, and even the pets she cares for and nurtures, are giving her the chance to practice making the daily decision to love, even when she might not feel like it.

### **Consistent Relationships are a Source of Healing**

Now that we have described many of the challenges for children and teens living with trauma and the tasks we had taken on as a mother-daughter pair, we turn to our reflections on how relationships, most particularly the mother-daughter relationship, served as a resource for healing. Even when the relationship felt “bad” or conflicted, healing was occurring. However, since the process is long and requires so much patience, this is often difficult to recognize.

We readily admit that we were not being strategic every day. Most days we were just slogging through, trying to survive, especially in angry or difficult times. During these years, we were both dealing with the challenges of a divorce, reunification with April's brother, and stressful responsibilities at work and school. Family-making became very confusing with dad and brother both moving out of and into our sphere. The therapist helped tremendously by contextualizing what we were doing and providing a framework for what we could do to help one another and improve our relationship. Looking back, we can see that we used many strategies to work on those tasks, but three actions in particular were helpful. We took on service projects to help others, we told our stories publically to multiple audiences, and both of those actions added up to spending time together, even on days we didn't feel close.

### **Strategy One: Helping Others through Church and Community**

“April has a heart as big as the ocean” her dad often says. She will stop to help any person asking for money, will pick up an abandoned dog or cat and foster it for days or years, and help any school friend in crisis. Her kindness turned into social action as she grew old enough to help in tangible ways and we have participated in several social action projects together, through our church and community. When April was 14, we joined a group of women from

our church crocheting shawls for women who were hospitalized or in crisis. We went together to the monthly home gatherings where we enjoyed sitting around the fire, talking, eating, crocheting, and praying. After enjoying the women's group, we branched out to start our own crocheting group among college students. Calling ourselves *Kids Komfort*, and gathering support from our church, we made blankets for older kids in foster care, a group we knew was often ignored by charities focusing on babies. Our first blanket was given to April's brother when he experienced the same type of trauma she had: his family terminated his adoption after 7 years. His re-entrance into the CPS system gave April more chances to help, this time, with someone she knew and loved. As she has grown in her skills and commitments, we have taken on a much larger community project: starting a settlement house in our neighborhood to bring people together for learning, gardening, recreation, worship, and the arts (Good Neighbor Settlement House, 2014).

### **Strategy Two: Telling our Stories**

Sharing one's story has long been recognized as a powerful healing tool and this became a second strategy toward healing. One of the first things April's CPS workers told us, even before we met her, was that she was extraordinarily open and communicative about her story. She could identify and describe her feelings better than most wounded kids and was highly verbal. Ever cautious, April carefully selected what to reveal and what to keep private. However, from our first year together we had occasions to tell our story of becoming a family: A couple from our church who taught a college course called "Marriage and the Family" invited us to speak to their class about adoption. We worked together to write out our main points, and eleven-year-old April wrote her own script, which was funny and insightful. When April was 14, the two of us addressed our church on Sunday morning to ask for help with *Kids Komfort* blankets. April's own experiences provided the explanation:

Some kids don't like to be hugged by people, but they enjoy being cuddled by a blanket. I felt that way sometimes; I didn't want to hug or be close to a person because I knew I'd just have to leave them in a few weeks. But being hugged by a blanket is like being surrounded by God's love for you. You always have it (Scales & Scales, 2008).

April's words say so much about her quest to establish boundaries, her faith, and her reluctance to trust, all damaged by her trauma; yet it still has a hopeful and encouraging tone, a *resilience* that pervades her life, even in hard times (Muller, 1992).

Adolescence brought with it a new independence, but public speaking remained an important part of April's healing. She explains:

My therapist invited me to speak to a group of MSW social workers. This was the first time I had done it without my mom, but I wanted to tell them about both the ups and downs of adoption. I didn't sugar coat the story a bit and I think the graduate students were shocked by some of the things I told them. Then, when I took a public speaking class in college, I gave a speech about how the foster system should be improved. When I revealed toward the end of the speech that I came from the CPS system and that these were **my** experiences, you could have heard a pin drop in the class. No one expected that I would have that kind of background and still be a successful college student.

As writers and public speakers, we will continue to tell our stories; in fact, we found it fruitful and healing to write this article together. This occasion gives us a chance to recall, explain, and share openly with each other as we draft and revise it.

### **Strategy Three: Walking with Others on the Journey**

While speeches and publications allow us to tell our stories, and our community work provides an avenue for helping others generally, our special relationship with another adoptive family has given us an opportunity to practice a third strategy toward healing: walking beside people in similar situations. When April started college, a family we had known several years began the process of adopting an eight-year-old girl through CPS. Like April, this child had experienced many moves into new families as well as a terminated adoption. The adoptive father had been April's history teacher; the mother was her art and design teacher. Laine knew both parents well through work. "Will you come and share with us anything we need to know as we welcome this new child into our family?" they invited. April took the question very seriously and prepared for several days. She talked through her bulleted points with Laine and asked hopefully, "Do you think they might let me mentor her?" "We'll see," Laine responded.

April brought her most honest self to the meeting with the adoptive parents, including confessions of negative feelings and behaviors as well as suggestions on what the parents might expect. We were all quite moved, when the mother asked, "Would you be willing to mentor our girl?" The mentoring relationship is still evolving and has joys and challenges of its own. However, it is a clear example of what social workers call, "mutual aid." When April spends time with a hurt child who is both similar to and different from her, she continues to recall, heal, and grow at the same time she is giving help to another family. And Laine heals from her wounds too, when listening to the parents, re-living both the honeymoon days and the

most painful days. We try to represent for these dear friends, often discouraged by this long process, a hopeful future when love finally comes.

### **Unopened Messages**

Family love requires daily expression, but communicating love can be difficult when tension and anger have become the norm. During our hardest times, both of us sought different ways of expressing positive feelings, using our common interests in reading and writing. After April was finally diagnosed with PTSD, we bought a book called *The Post-Traumatic Stress Disorder Sourcebook: A Guide to Healing, Recovery and Growth*, written by Glenn R. Schiraldi (2009). In an earlier honeymoon phase, we might have read portions aloud together. But in the middle of our difficult days, when communication was hard, we agreed that April would read the book first and use a highlighter to mark all the relevant passages she wanted her mother to read carefully and write in the margins any messages she wanted to express. Then Laine would review the book, receive the messages, and try to understand, even if we were not able to talk about it just yet. Another way we communicated was by leaving each other notes and cards, usually with positive sentiments. One of us might write a note of apology or appreciation for the other to find in the kitchen.

This may not work for everyone; we are both readers and writers. But these small acts were bits of glue that held things together during the roughest times. When we began preparing to write this article we pulled out the old PTSD sourcebook for reference. Laine flipped through the pages and soon realized that she had reviewed some, but not all of the highlighted words and margin comments. Looking at these marginalia, years later, Laine experienced these “unopened messages” that provided insight into April’s feelings from a few years ago and the notes served as a benchmark for how much April had grown over the years.

Tucked into the book, we found an unopened card Laine wrote to April. Was it a note that a busy mom forgot to give her daughter? Or had she tucked it into the book, given the book to April and it was never found? Or, perhaps the hurting daughter received the card but was saving it to open when she was in a better, more cheerful mood. Neither of us could remember! But during the years that had passed, somehow April had still received the card’s message of “I love you” even without opening the sealed envelope. We had fun opening the card together, years later while writing this article, and it prompted a sweet hug. Due to the mystery of familial love, we understood and knew intuitively many of the things expressed in the unread marginalia and in the unopened card. Daily life together, as hard as it was, still held messages of love.

## Conclusion

Trauma disrupts everything: the process of attachment, the road toward building trust, and the daily business of family-making. However, healing relationships: friendships, romance, and especially parental love can be powerful contributors to healing and growth. We are still living into our future as mother and daughter and making sense of our past. Writing this article has been helpful to us, and we hope our story will be of benefit to hurt children and teens, their families, and the social workers serving them. ❖

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**Dedication:** We dedicate this article to Elizabeth Timmons, LCSW; the Christian social worker who walked this journey faithfully alongside us for 8 years.