

ELEMENTS OF CHANGE ACROSS COMMUNITY-BASED TRAUMA INTERVENTIONS

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Trauma and its aftermath constitute a growing public health concern in the United States and across the world. Although substantial evidence has clearly demonstrated the profound impact of trauma on families and communities, the majority of trauma protocols and interventions are still centered on addressing the complex individual and intrapersonal effects of trauma. Thus, there is a gap in the intervention literature with regard to understanding the impact of trauma and its treatment at family and community levels. This article reviews the limited literature on community-based trauma interventions in order to better understand their rationale, impact, and limitations. Suggestions for enhancing clinical systemic practice according to the core elements of these community-oriented interventions are also proposed.

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Trauma and its aftermath have received much clinical and research attention over the past few decades due to the growing number of individuals worldwide exposed to mass trauma and its consequences, such as posttraumatic stress with varying symptoms and consequences (Breslau, 2009). Individuals with a trauma history rarely experience only one lifetime traumatic experience, but instead, survivors are likely to experience several lifetime traumatic events, which impact their health, interpersonal relationships, and overall well-being (Kessler, 2000).

Despite how deeply trauma impacts families and communities, existing trauma approaches mostly focus on the individual, contributing to a gap between our under-

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standing of the trauma survivor within families and communities (Herman, 1997). Thus, there is a key opportunity for systemic therapists and researchers to propose models of intervention and research to further trauma-informed systemic therapies.

Traumatic events that impact communities frequently lead to consequences such as increased incidence of posttraumatic stress disorder (PTSD) and trauma-related symptomatology, as well as a variety of affective disorders such as chronic anxiety and depression. On a community level, it is common to identify a widespread sense of shame and fear (López C., 2011; Mohatt, Thompson, Thai, & Tebes, 2014). Ethnic minority populations are particularly vulnerable to these consequences of mass trauma as they are more likely to be exposed to health disparities and limited access to mental and physical health services. These populations are also disproportionately affected by community violence, historical discrimination, oppression, and poverty. These risk factors are associated with increased risk for deleterious physical and mental health outcomes (Cheng & Mallinckrodt, 2015; Davis, Ressler, Schwartz, Stephens, & Bradley, 2008; Williams & Mohammed, 2009).

The lack of community-focused and culturally informed trauma interventions reduces the possibilities for diverse and underserved populations to have access to the resources they need to cope with a variety of traumatic situations (e.g., neighborhood shootings, gang violence) (Clark, Sprang, Freer, & Whitt-Woosley, 2012; Somasundaram & Sivayokan, 2013). Thus, it is important for systemic therapists to expand individual therapeutic approaches and explore alternatives to deliver trauma-focused interventions according to community-based approaches that can be more effective in serving families and communities in need.

The current article offers a contribution to the existing literature by (a) presenting a brief review of the literature focused on the definitions of trauma, as well as a general description of its effects, (b) providing an overview of some of the most prevalent community-based trauma interventions, and (c) highlighting important elements of change and healing characteristics of existing models relevant to inform clinic practice of systemic therapists.

TRAUMA, CUMULATIVE TRAUMA, AND MASS TRAUMA

Posttraumatic stress disorder (PTSD) constitutes a response to exposure to trauma and is characterized by intrusive re-experiencing of symptoms, elevated arousal, and avoidance behaviors in the aftermath of a traumatic event (APA, 2000). With a growing understanding of the biological aspects of PTSD, it has become clear that exposure to trauma can produce long-lasting effects in a survivor's endocrine and nervous systems (Herman, 1997). Individuals with PTSD are also more likely to experience health issues, such as gastrointestinal problems, asthma, and hypertension. Further, PTSD can become a chronic condition that is frequently comorbid with other mental health issues, such as depression, anxiety, and substance abuse (Cloitre et al., 2009; Schumm, Briggs-Phillips, & Hobfoll, 2006). Overall, expo-

sure to trauma is associated with a lower quality of life that changes a survivor's reality and impacts his or her relationships (Herman, 1997). Thus, Somasundaram and Sivayakan (2013) advocate for treatments and interventions that go beyond addressing the intrapersonal effects of trauma and address the impact of trauma on families, communities, and societies.

Types of Trauma

Trauma research and theory has recently expanded to include the response to chronic and multiple events (Witmer Sinha & Rosenberg, 2013). Scholars have proposed an array of ways to conceptualize trauma depending on the context in which it occurs. The term *trauma* is used to describe experiences that severely impact individuals, families, and/or communities. Walsh (2007) describes trauma, broadly, as situations that may involve illness, harm, persecution, torture, incarceration, job loss, migration, and/or violence. The term *cumulative trauma* is typically utilized to describe multiple, co-occurring, and accumulating traumatic events (Schumm et al., 2006). Wieling and Mittal (2008) utilize the term *mass trauma* to describe an event in which multiple individuals simultaneously experience, witness, or are confronted with actual and/or threatened death and serious injury. Natural disasters, war, organized crime, community violence, terrorist acts, and hostage and shooting situations are all examples of mass trauma. *Complex trauma*, *chronic trauma*, and *compounded trauma* are terms used in the study of posttraumatic stress disorder among refugees, veterans, and communities exposed to long-term violence, stress, and lack of safety (Witmer et al., 2013).

Trauma Effects on Families and Communities

Suliman and colleagues' (2009) research on the cumulative effects of trauma with adolescents in South Africa found that individuals exposed to multiple traumatic events are likely to experience higher incidence rates of depression and posttraumatic stress symptoms than those individuals exposed to single traumatic events. The researchers found that repeated exposure to traumatic events increases the risk for psychiatric morbidity. Youth are particularly vulnerable to the effects of cumulative adversity, as it appears to represent a significant risk for the onset of substance abuse and psychological distress (Boss, Beaulieu, Wieling, Turner, & LaCruz, 2003; Turner & Lloyd, 1995). Cloitre and colleagues (2009) found that combined childhood and adult cumulative trauma is associated with complex posttraumatic stress symptoms. Kira and colleagues (2012) found that the additive effects of multiple traumas likely amplify the severity of PTSD symptoms and may be related to cognitive decline. Overall, cumulative traumatic experiences over the lifespan are found to be associated with high levels of anxiety, depression, and posttraumatic stress symptomatology (Schumm et al., 2006), and greater trauma exposure is associated with more complex symptom presentation (Cloitre et al., 2009).

Landau, Mittal, and Wieling (2008) assert that the impact and potential damage of mass trauma on families and communities is often underestimated in clinical practice. When mass trauma occurs, the number of people and families impacted is multiplied. Community-wide disasters and violence severely disrupt the functioning of families, often preventing their access to systems of support (Boss et al., 2003). Landau (2010) stresses that exposure to trauma may lead to increases in substance abuse, sexual risk taking, poor eating, suicide, depression, and chronic illness in families. For communities, trauma may cause disconnection, prejudice, and abuse of power. In addition, urban settings are impacted through an increase in poverty, kidnappings, and assaults after a mass traumatic event (Landau et al., 2008).

NEED FOR INTERVENTIONS FOR FAMILIES AND COMMUNITIES EXPOSED TO TRAUMA

Although there is a notorious recognition of the impact of trauma, the predominant models and interventions for treating trauma have been individually focused (Herman, 1997; van der Kolk, 2003; Walsh, 2007). This is related to the fact that trauma interventions tend to center on identifying and reducing PTSD and related symptoms (APA, 2000). However, exposure to trauma also disrupts the social systems of care that surrounds individuals (Gewirtz, Forgatch, & Wieling, 2008; Herman, 1997; van der Kolk, 2003).

Cumulative and mass trauma researchers agree that there is a glaring gap in the literature when it comes to understanding the relational impact of trauma and treatment at family and community levels (Landau, 2010; Somasundaram & Sivayokan, 2013; Wieling & Mittal, 2008). In fact, the Substance Abuse and Mental Health Services Administration (SAMHSA) recently issued a report describing a contextual understanding of trauma, in which the community is conceptualized to play a critical role in recovery as it has the potential to provide survivors with a context of understanding and support. The report posits that communities themselves can collectively react to trauma and are often shaped by their trauma histories. SAMHSA therefore calls for a widespread trauma-informed approach within structural systems, organizations, and programs designed to avoid re-traumatizing those seeking services and offers survivors a safe and supportive environment (SAMSHA, 2012).

Mass and cumulative trauma challenges families and communities on multiple levels (Landau et al., 2008). Landau (2010) postulates that families and communities run the risk of becoming symptomatic if there is an imbalance between the stressors and the resources available. Social support has been found to be an important resiliency variable in coping with trauma, particularly for individuals who have experienced mass trauma or recurrent traumatic events. Schumm and colleagues (2006) found that women who are able to maintain a strong sense of social support in the face of trauma experience less severe PTSD symptoms and depression. In a

review of PTSD studies, Guay and colleagues (2006) concluded that the presence of social support is a key moderator in the development of PTSD.

Community-based approaches have the potential to reach a larger target population as well as engage in preventive and promotional mental health activities at the same time. By strengthening social networks and communities, families may have an increased access to external resources and sense of community resilience and adaptability despite high levels of adversity (Somasundaram & Sivayokan, 2013). Walsh (2007) asserts that multisystemic, resilience-oriented approaches that recognize the impact of trauma and attend to the effects major trauma has on survivors' relationships while strengthening family and community resources are essential for recovery and rehabilitation.

A REVIEW OF COMMUNITY-BASED TRAUMA PROTOCOLS AND INTERVENTIONS

Although a majority of systemic-informed practitioners are likely to inform their practice according to trauma considerations, there are currently only a small number of evidence-based systemic protocols and theoretical models aimed at addressing trauma within family and communities (Landau, 2010; Wieling & Mittal, 2008). Table 1 offers an overview of relevant empirically based models that address the treatment of trauma at the family and community levels. Although alternative models have been highly influential in the field and are widely disseminated across the world (e.g., Walsh's Family Resilience Framework), this article is limited to reporting treatment models empirically tested with quantitative approaches. Due to space limitations, brief descriptions of the most relevant characteristics of each model are presented in the following sections. Emphasis is given to reflecting about the model characteristics in order to address mental health disparities issues in target populations.

The Linking Human Systems Approach

The Linking Human Systems (LINC) approach is based on a theory of resilience for individuals, families, and communities collectively facing crisis, trauma, and disaster. Landau (2010) proposes that families and communities are linked and that these linkages increase resiliency within systems. The model's goal is to mobilize "natural change agents" as family and community links in order to establish connections with outside social support systems that can empower communities to reconnect and identify resources for healing (Landau et al., 2008).

The assessment process of this model is central to its success. During this assessment process, natural agents accepted and respected by the group are identified and coached to serve as family and community links throughout the interventions (Landau, 2010). Following the assessment of the specific needs and culture of the

community, the LINC model offers interventions at individual, family, and community levels. At a family level, A Relational Invitational Sequence for Engagement (ARISE) intervention is designed to work with family members struggling with substance abuse or behavioral addictions. ARISE offers a systematic way to identify the family links and work with them to mobilize necessary resources. Also at a family level, the Link Individual Family Empowerment (LIFE) intervention is a protocol that aims to increase positive connection between family members and culture of origin in order to reduce risk-taking behaviors and mobilize families' inherent resilience and resources (Landau, 2010). The central goal of these particular interventions is to enhance positive connectedness and change themes of vulnerability to narratives of resilience within the family (Landau et al., 2008). At a community level, Landau (2010) describes the LINC Community Resilience Model as a protocol designed for initiating and sustaining change in communities that have undergone mass trauma. This intervention is conceptualized in three stages. First, the community is brought together to share their transition process, and then they select community links that can lead them to establish clear goals. Those goals are transformed into small tasks for committed workgroups. Following assessment, community forums are organized to identify strengths, themes of resilience, and resources available within the community. LINC attempts to mobilize families, neighbors, and an array of community resources to prevent the isolation that can be caused by trauma and facilitate a process necessary for long-term healing (Landau, 2010).

The LINC model is an innovative and social justice-oriented approach. This intervention model is valuable because after experiencing a traumatic event, communities are at risk of becoming disconnected and isolated. These consequences may particularly affect diverse families already facing health disparities, chronic poverty, discrimination, and other structural barriers. Systemic therapists can use the principles outlined in the LINC model to facilitate healing at a community level, including communities in which populations are hard to engage according to traditional approaches. For instance, the LINC community model was implemented in a community in Argentina after a lengthy period of political persecution and systemic institutional repression. Systemic therapists trained in the model worked with local community members and leaders to establish collaborative strategies aimed at helping them cope and navigate the adverse contextual stressors (e.g., political persecution, violence related to drug trafficking, etc.). An example of these strategies consisted of local teams organizing evening education programs for adults and support groups for children and families. These programs had a powerful effect in the community as they facilitated a recovery and healing process after years of political persecution and oppression (Landau et al., 2008).

The Coffee and Family Education Support (CAFES) Intervention

The CAFES intervention is a multifamily group treatment protocol based on resilience and family strength principles to facilitate adjustment and increase connections

TABLE 1. Models Addressing Trauma Treatment at Family and Community Levels

Name or Type of Intervention	Developer(s)	Aim and Focus	Studies or Literature Demonstrating Impact
Linking Human Systems Approach (ARISE intervention, LIFE intervention, and LINC Community Resilience Model)	Judith Landau et al. (2004)	Strengths-based approach aimed at mobilizing agents of change as family and community links to extended social support systems and resources in order to reconnect communities and galvanize a process of healing.	Landau (2010) offers a thorough description of the community-based model designed for communities that have undergone mass trauma. Landau, Mittal, and Wieling (2008) provide an overview of the philosophy and practical principles behind the Linking Human Systems Approach. The authors also discuss its success in combatting addiction, HIV/AIDS, crisis, and recovery from major trauma.
Coffee and Family Education Support (CAFES) Intervention	Stevan Weine et al. (2008)	A multifamily group treatment protocol based on resilience and family strength principles to facilitate adjustment and increase connections to necessary systems of care for Bosnian refugee families in Chicago.	Landau et al. (2004) present data from trials of the family-level intervention suggesting high treatment enrollment and retention rates. Weine et al. (2008) discuss the results of a randomized control trial (RCT) that suggests that the CAFES intervention is effective in increasing access to mental health services for adult refugees diagnosed with PTSD and found that depression and family comfort with discussing trauma mediated the effect of the intervention.
Trauma-informed Multidimensional Family Therapy (MDFT) post-Hurricane Katrina	Cynthia Rowe and Howard Liddle (2008)	A trauma-informed approach was integrated to an evidence-based family treatment protocol adapted to treat families with substance-abusing adolescents after Hurricane Katrina.	Rowe and Liddle (2008) describe the process of integrating a trauma-informed approach to MDFT in order to target substance use and healing at multisystemic levels. The subsequent RCT is also discussed. Liddle (2002) discusses the rigorous process of MDFT's empirical validation for the treatment of adolescents struggling with substance abuse.

<p>A community-based intervention with families after the 9/11 attack</p>	<p>Pauline Boss et al. (2003)</p>	<p>A culturally sensitive, community-based approach based on principles of ambiguous loss for families of union workers missing after the 9/11 attack on New York City.</p>	<p>Boss et al. (2003) describe the process of designing and implementing a community-based intervention for the families of union workers who went missing after the 9/11 attack.</p>
<p>Post-Traumatic Stress Management (PTSM) intervention: Community Services Program, Trauma Center</p>	<p>Robert Macy et al. (2004)</p>	<p>A community-based trauma response program that provides a continuum of care model for survivors of trauma. The interventions center their efforts in providing thorough assessment and referral processes in Boston.</p>	<p>Macy et al. (2004) describe the community-based trauma response continuum that grounds PTSM interventions. The results of a program evaluation requested by the Massachusetts Department of Mental Health are also described.</p>
<p>Healing Hurt People</p>	<p>Theodore Corbin et al. (2011)</p>	<p>A trauma-informed, community-focused program focusing on providing thorough assessment and referrals to survivors of trauma. This program is designed to intervene in the lives of people immediately after violent injury in order to reduce recurrent violence among 8- to 30-year-olds in Philadelphia.</p>	<p>Corbin et al. (2011) describe a conceptual framework for an emergency-department-based violence intervention program and the design of the intervention.</p>

to necessary systems of care for Bosnian refugee families in Chicago, IL (Wieling & Mittal, 2008). The intervention is a nine-session multiple-family group intervention that invites all adult family members to attend the group meetings. The meetings are focused on enhancing family cohesion, strengthening the family's identity and ability to work together, and identifying resources outside of the family. The interventionists selected Bosnian refugee members from the Chicago Bosnian community to facilitate the groups in order to increase connection and buy-in from this population (Weine et al., 2008). The main purpose of the CAFES intervention is to increase access to mental health services for refugee families despite their facing many obstacles related to receiving mental health care. The multifamily groups were designed to connect families with other people who could endorse the value of mental health services, to provide them with relevant information regarding trauma, and to give families the opportunity to discuss together issues of trauma and the benefits of mental health services (Weine et al., 2008).

Weine and colleagues (2008) report that the CAFES intervention resulted in increased awareness of posttraumatic stress and its symptoms. The results from the randomized control trial suggest that a multifamily group intervention is effective in increasing access to mental health services for refugees with PTSD. Further, the CAFES intervention found that access to mental health services was higher among families who displayed more comfort discussing trauma and mental health in group than those who displayed moderate or lower comfort levels. These findings suggest that multifamily group interventions that focus on enhancing family cohesion, highlighting strengths, and identifying resources may be useful in increasing access to mental health services for refugees (Weine et al., 2008).

The CAFES intervention has been found to be effective in engaging and retaining populations that have been historically underserved in traditional service settings, particularly because the model targets three critical outcomes: (a) a promotion of existing resources in individuals, families, and communities, (b) facilitation of community organizing, and (c) advocacy interventions to help individuals, families, and communities access the resources they lack. Based on these program characteristics, the CAFES intervention exemplifies how systemic therapists can help refugee and diverse communities address health disparities according to well-defined, strengths-based approaches, as well as community and systemic-focused perspectives.

Trauma-Informed Multidimensional Family Therapy After Hurricane Katrina

After Hurricane Katrina, a trauma-informed approach was integrated to an evidence-based family treatment protocol, Multidimensional Family Therapy (MDFT; Liddle, 2002). MDFT was developed and empirically validated through a series of randomized clinical trials to treat diverse groups of adolescents struggling with substance abuse. MDFT assesses and intervenes at multiple levels in the adolescent's life, working individually, with parents, as a family, and in connection with other

community and social supports. In the wake of Hurricane Katrina, local clinicians contacted MDFT trainers for support in addressing the needs of the community's youth and families. MDFT specialists then met with local clinicians to explore their experiences in the community and their appraisal of the community's needs. They also met with school and juvenile court personnel and collaborated with other community leaders to integrate a trauma-focused intervention to MDFT.

Rowe and Liddle (2008) describe the process of empirically testing this integrative model in a randomized clinical trial in which this trauma-informed MDFT protocol is compared to traditional CBT trauma interventions. An important aim of this study was to examine whether MDFT significantly improved adolescents' coping skills, and whether those changes are linked to reduced drug and trauma symptoms. The study also examined the role of improvements in parents' coping on the adolescent's coping skills. Rowe and Liddle (2008) posit that family-based interventions in the aftermath of mass trauma are critical for recovery because they work at multisystemic levels to reduce the risk for poor outcomes, such as parental stress, family conflict, substance use, or other detrimental coping strategies. Further, trauma-informed family-based interventions can also promote protective processes in the aftermath of trauma, such as positive parent-child interactions, family cohesion, and trauma healing.

Although therapeutic services were available after Hurricane Katrina, various groups in high need of mental health services did not have access to these resources. Rowe and Liddle's MDFT protocol demonstrated how an efficacious family intervention can be adapted to crisis situations. Because the model operates on the premise of intense intervention and accommodation to the needs of each family, the intervention proved to have a positive impact on families affected by mass trauma.

A Community-Based Intervention With Families After the 9/11 Attack

Boss (2006) conceptualizes ambiguous loss as a chronic trauma that can negatively impact survivors' lives and relationships. This ambiguity tends to complicate grief and paralyze the family. With Boss's ambiguous loss framework as a guide, a team of therapists built on the union's existing community structure an intervention to provide support to family members of those who went missing after the attack on the World Trade Center (Boss et al., 2003). The families of union workers who attended the family meeting were originally from many different countries and spoke over 20 different languages. The team of therapists was challenged when attempting to integrate racial, ethnic, and cultural diversity to the services provided. In order to meet those needs, the team used a contextual and ecosystemic view during each family meeting, taking into account the multiple cultural contexts in which the families and therapists were embedded. Therapists were trained in the ambiguous loss framework and were taught how to honor different ways of grieving and coping according to cultural norms and to provide

a safe space for families to share their interpretations of what had occurred and their pain (Boss et al., 2003).

The family meeting consisted of about 3 hours. The first hour was designed for families to share a meal and connect with other families and therapists informally. During the second hour, individual families met with assigned therapists. Families discussed their perceptions and feelings about what had happened, and time was spent preventing family rifts due to conflicting interpretations. This time was also designed for therapists to assess whether individuals required further treatment. Families were also encouraged to continue their rituals and construct modified or new rituals to honor the missing person. The third hour was spent in multifamily groups where three or four families shared their experiences of loss and pain with each other. These multifamily groups provided a way for families to engage in a grieving process and to connect with others having similar experiences. The preliminary results of the program evaluation indicated that the intervention was effective in normalizing families' reactions to ambiguity, building community, and empowering individuals, families, and the community as a whole.

Boss's intervention provides family therapists with a well-defined and theoretically sound model for addressing trauma at a community level after a devastating mass trauma event. Specifically, the ambiguous loss framework constitutes a highly effective paradigm to provide new meanings to loss rather than seeking resolution. A new narrative of loss and ambiguity is provided, which allows individuals to gradually develop their own meaning of loss as well as most relevant coping strategies. Thus, the intervention highlights how systemic thought can be infused throughout a brief intervention and address trauma at multiple levels simultaneously. Boss's framework is grounded in ecosystemic and contextual principles, which allows for trauma survivors to develop new meanings and coping resources according to their individual contexts.

Assessment and Referral Interventions

The following two interventions describe community-based protocols that center their efforts on providing a thorough assessment and referral process for survivors of trauma.

Post-Traumatic Stress Management (PTSM) Interventions. PTSM is based on the premise that developing an organized trauma-response infrastructure at the neighborhood and community levels to address the needs of families exposed to trauma is essential for healing and recovery. The Community Services Program (CSP), as part of PTSM, has developed a framework for responding to traumatic events and for assessing and intervening with youths and families. The CSP offers four basic interventions within a community setting: orientation session, stabilization groups, coping groups, and individual and dyadic sessions. Orientation sessions provide general psychoeducation of the core components of traumatic stress and the services that might be helpful for people experiencing distress. The stabiliza-

tion groups focus on grounding and mindfulness techniques to reduce some of the posttraumatic stress symptoms and increase survivors' emotional regulation skills. Coping groups are typically spread out over several weeks and focus on strategies for adapting to traumatic stress and loss. Individual and dyadic sessions are incorporated at the end of the program in order to assess and identify those who need further support and interventions. In a recent program evaluation by the Massachusetts Department of Mental Health, the program was found to be effective due to CSP's support in creating a strong infrastructure for trauma response by helping communities handle crises through a trained network of local leaders available to assist with the intervention (Macy et al., 2004).

The Healing Hurt People Intervention. Corbin and colleagues (2011) propose a program designed to assess the needs of injured trauma survivors upon entry into the emergency room. This model urges a partnership with community organizations to provide the services injured youth exposed to community violence may need. The proposed trauma-informed intervention seeks to reduce violence among youth by providing opportunities for youth to gain positive coping skills to manage stress and loss. The Healing Hurt People program is based on a conceptual model of trauma that highlights the multiple deleterious effects of violence and adversity. The Healing Hurt People program is divided into five distinct components: assessment, navigation and case management, mentoring, psychoeducational groups, and case review. The program establishes a collaborative relationship with community resources in order to connect youth with an array of services. The proponents of this model assert that the emergency department is an important place for intervention aimed at preventing future violence and connecting survivors with resources. Corbin and colleagues (2011) report preliminary positive outcomes, such as decreased involvement in the judicial system and decreased re-injury. Although there is limited data on the outcomes of this program, its focus on connection, support, and healing is very promising.

Although the aforementioned models focus on providing assessment and referral protocols for survivors of trauma, they also provide guidelines for systemic therapists to connect with community members and institutions interested in providing relevant services to those impacted by trauma and intense contextual challenges. This type of systemic perspective is highly valuable when serving underserved populations.

INFORMING SYSTEMIC CLINICAL PRACTICE ACCORDING TO CORE COMPONENTS

Although the described models vary with regard to their approach and components, they highlight the following factors that contribute to the healing of families and communities exposed to trauma.

A Strength-Based Perspective

The interventions included in this review adopt a strength-based perspective aimed at highlighting survivors' strengths and resources and uncovering resiliency narratives rather than narratives of defeat. This focus is crucial for healing and recovery. For example, Landau (2010) describes the application of the LINC model as a means to extend "social support systems to empower individuals, families, and communities to bind their own wounds by leveraging their collective power to overcome adversity" (p. 517). Similarly, Weine and colleagues' (2008) CAFES intervention is based on resiliency and family strength-based principles in order to facilitate discussions that enhance family cohesion and identify necessary resources for adjustment and recovery in the aftermath of trauma. Boss's (2003) intervention also describes a resiliency approach that was adopted to create a flexible and multicultural approach that allowed survivors to connect with others and help families resume their lives despite the pain of experiencing ambiguous loss after the 9/11 attacks. In essence, the reviewed interventions are informed according to a strengths-based approach and assume that family and community reconnection facilitates healing from trauma. This strengths-based perspective constitutes a shift from pathology-based approaches that conceptualize trauma exclusively as a disorder (Herman, 1997). Instead, survivors are encouraged to engage in reconnection and are empowered to seek out the resources they need to heal.

Assessment of Individual, Family, and Community Needs

It is critical to implement an assessment protocol that can allow the interventionists to identify needs and strengths at multiple levels. The models described in this review place significant attention on establishing close connections with local community leaders in order to thoroughly assess the community's context, needs, and resources. For instance, Rowe and Liddle (2008) described how critical it was to establish strong connections with community leaders to better understand the needs of families in the aftermath of Hurricane Katrina. The LINC model (Landau, 2010) highlights the importance of using a series of tools to assess the specific needs of the community being targeted for a trauma-focused intervention. Boss and colleagues (2003) faced significant challenges in designing an intervention with union workers after the 9/11 attacks, as interventionists found that multiple heritages, languages, and cultures characterized the participating families. As a result of this initial assessment, the interventionists were able to establish strategic partnerships with community providers and train therapists to honor and respect diverse cultural norms around loss and the expression of grief. Both the PTSM intervention (Macy et al., 2004) and the Healing Hurt People program (Corbin et al., 2011) highlight the importance of having an assessment protocol in order to successfully connect survivors with appropriate resources and systems of care that could facilitate a process of healing and recovery.

Providing Trauma-Informed Psychoeducation

Providing psychoeducation regarding the impact of trauma constitutes a common element of these well-established interventions. In essence, interventions that normalize survivors' experiences and increase awareness of the effects of trauma are likely to reduce the stigma associated with some of the most common effects of trauma, such as anxiety and depression (Parcesepe & Cabassa, 2013). For example, Boss's intervention (2003) provided psychoeducation around the experience of ambiguous loss to the family members of union workers who disappeared after the 9/11 attacks. This intervention component normalized survivors' experiences and provided them with useful language to understand and discuss their challenges. The CAFES intervention (2008) with Bosnian refugees in Chicago provided participants with relevant information regarding trauma, resulting in increased awareness of posttraumatic stress symptoms and increased access to mental health services for refugees with PTSD. Thus, interventions that included trauma-informed psychoeducation components facilitate an understanding of the impact of traumatic events, the natural human reactions following traumas, as well as healing and recovery, particularly in communities where stigma may be associated with posttraumatic stress symptoms.

Connecting Survivors to Social Support and Systems of Care

According to the reviewed interventions, it is crucial to facilitate the reconnection of survivors' systems of care and social support networks. The CAFES intervention (Weine et al., 2008) utilized a family-focused protocol with refugees to connect individuals with PTSD with mental health services. Rowe and Liddle (2008) also aimed to reconnect substance-using adolescents with their families to engage in a discussion of their feelings of loss and stress after Hurricane Katrina in order to promote healing for the entire family system. Further, therapists also connected families with social support systems that help them construct solutions to their adversities. Similarly, the Boss and colleagues' approach (2003) facilitated the reconnection of families with at least one local therapist in case of any further need for services. The intervention also included a multifamily group meeting where families could connect with each other and discuss their experiences with grief and ambiguous loss. This connection with other trauma survivors not only normalized stress and loss responses, but also empowered families to build a supportive community. With an alternative approach, the Healing Hurt People model urges a strong partnership with community organizations in order to provide necessary services to families exposed to community violence (Corbin et al., 2011).

CONCLUSION

Trauma and its effects are widely recognized in clinical practice; however, there are a limited number of interventions and treatment protocols aimed at addressing trauma

with families and communities from a systemic perspective. The interventions described in this article constitute relevant examples of empirically based interventions characterized by systemic and trauma-informed perspectives. By examining the core components of these programs, promising systemic interventions focused on trauma should adopt a strength-based perspective, integrate psychoeducational elements regarding the effects of trauma, engage in a thorough assessment process to inform interventions with a systemic approach, and finally, connect individuals with each other and with essential community resources. A partnership between clinicians, researchers, and communities of interest constitutes a high priority for the advancement of systemic clinical practice with regard to trauma affecting individuals, families, and communities.

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