

When the world collapses

Emergency pedagogical interventions for psychologically traumatised children in crisis regions.

Outline of an approach to a pedagogical-therapeutic intervention in acute war and catastrophe contexts, based on Waldorf Education

1. Summary

Every year millions of children and young people experience traumatic experiences. They suffer ethnic oppression, war and torture. They are exploited as child soldiers or become refugees. Something like 50% of all refugees are children or youths. Others suffer imprisonment, kidnapping, forced labour or are sexually abused or they witness brutality on people near them. Others are victims of natural disasters. They all have traumatic experiences in common.

Trauma that is not dealt with psychologically can lead to severe symptoms later and can disrupt the child's development in the long term. Psychic and physical illnesses can result from these experiences, as well as learning difficulties. These unredeemed traumatic childhood experiences can later lead to significant behavioural problems, especially in adolescence. Victims can become perpetrators.

Emergency educational interventions try to support these children and young people to deal with their traumas through stabilising measures. By providing protection, safety and shelter and the opportunity to develop reliable relationships, through strengthening the child's self-confidence, self-control and self-reliance and by reducing the burdens through providing a healing and supportive atmosphere, the child's whole constitution can be strengthened and the self-healing processes stimulated. The aim is to integrate traumatic experiences into the individual's biography and thus counter the development of post-traumatic stress.

The holistic approach of Waldorf Education, based as it is on the principles of child development and with its global dimensions appears to be particularly suited as a basis for emergency educational intervention, especially when supplemented by specific artistic therapies. In structured phases of learning and play, in free creative play and in phases of creative cultural activity, the individual's inner resources of renewal that have been submerged through trauma can be re-activated and emancipated. A rhythmically structured daily routine, regular meals and periods of sleep, alternating phases of rest and activity can help the children and young people orientate themselves anew, find security and support. Thus they can develop new relationships that foster this sense of security. They can be helped to find and develop new trust in others and self-confidence, new interest for the world and age appropriate self-motivation and responsibility for themselves.

The *Friends of the Art of Education* are creating emergency educational and crisis intervention teams who will work with psychologically traumatised children and young people in crisis regions. Human resources are being developed, a crisis intervention centre set up and equipped with the necessary logical resources. The first emergency interventions took place in 2006 and 2007 in Lebanon in cooperation with UNESCO.

In order to facilitate effective emergency educational interventions a structure of partners in 80 countries is planned in cooperation with other international crisis management agencies and international NGOs.

2. Psychological trauma of children and young people in crisis regions

2.1. Trauma caused by war or natural catastrophe

Every year millions of children are the victims of war and its consequences (German Red Cross, 2003) or suffer in catastrophes and earthquakes, floods, storms or fires. As well as suffering physical injuries, they all suffer from psychological trauma. (Hilweg/ Ullmann, 1997).

In clinical psychology trauma or psychological trauma is characterised as a psychological injury caused by external forces. This concept refers to the psychological consequences of external events, rather than the life threatening events themselves. Such events can include directly experiencing war, natural catastrophes, having to flee one's home, accidents, sexual abuse, bullying and witnessing such events. The severity of the original event is not what is decisive but the intensity of the subjective experience. (Fischer/ Riedesser, 1998).

In many cases the traumatic experience is accompanied by a sense of helplessness and a shattering of one's understanding of self and the world. If no process of dealing with the trauma occurs within a short time after the events, then this can have long-term negative consequences leading to an acute sense of burden, post-traumatic destabilisation, loss of the ability to adapt and the development of severe neurotic conditions. (Streck-Fischer, 2006).

The early intervention of competent pedagogical-therapeutic measures following traumatic experiences can help reduce the possible long-term negative biographical consequences.

2.2. Possible consequences of psychological trauma

2.2.1 Stages of psychological trauma

The stages of psychological trauma can be described using a three phase model: (Hausmann, 2005, S. 62f):

1. The traumatic situation
2. The traumatic experience
3. The traumatic reaction

2.2.1.1 The traumatic event

The traumatic event is determined by various factors, including the intensity, duration, cause, guilt, the relationship between the victim and perpetrator, the nature of the trauma and the nature of the effects.

2.2.1.2 The traumatic experience

Whether a burdening experience leads to a psychological trauma depends on the actual sensibility of the victim and his or her personal disposition. The factors of protection and risk can influence the degree of trauma. As well as this, the perception of the threat and the behaviour of the individual during the traumatic event play an significant role.

2.2.1.3 The traumatic reaction

The traumatic process leads to various traumatic consequences that can be divided into short und long term effects. (Hausmann, 2005, 2006):

a. short term consequence

Among the short term consequences are “ direct emergency reactions, acute psychic symptoms and the first attempts to overcome the problem” (Hausmann, 2005, 63).

b. Long term consequences

Among typical long term responses to trauma are „chronic symptoms and disturbances, the emergence of permanent deficits but also delayed symptoms as well as half conscious or unconscious repetitions of the traumatic situation. “ (Hausmann, 2006, S. 45).

c. Further indirect consequences

Psychological trauma affects the subject and those in the subject’s social and psychological environment. It is possible that existing or later burdens becme worse and may be passed on the next generation.

d. Re-Traumatisation

Comparable events, police interrogation, court cases, diagnostic interviews and the like can lead to repeated traumatisation. Even “ injuries to parts of the body previously hurt can lead to defensive memories and can destabilise hard won compensatory behaviour and can open up old wounds. (ibid: 46).

2.2.2 Symptoms

Children show systems of traumatic events they cannot deal with in age-relevant ways. These symptoms depend on the emotional, mental and social maturity of the child. (Levine/ Kline, 2005):

2.2.2.1 Babies and young children

- fears
- avoidance strategies
- oversensitivity
- withdrawal
- closing up
- impulsive behaviour
- retarded development
- physical pain (e.g. stomach ache)
- changed habits and behavioural patterns
- regression into earlier developmental phases

- sleep problems
- eating disorders
- communication difficulties

2.2.2.2 Preschool children

- strong emotional outbursts
- upset
- fear
- anger
- aggression
- exaggerated protest
- phobias
- sleep problems
- nightmares
- regression
- bedwetting, thumb sucking, defecating, using baby talk
- low communication skills
- digestive problems (diarrhoea, constipation)
- stomach ache
- head aches
- fever (without other symptoms)
- shallow breathing
- tiredness and lethargy as a consequence of too little oxygen
- eating disorders

2.2.2.3 School children

- loss of ability to concentrate
- loss of motivation
- inability to complete tasks
- inability to process information easily
- difficulty to enter into new tasks
- low frustration threshold
- chronic hypersensitivity
- nervousness, easily shocked, uncertainty in the eyes, easily distracted, can't sit still, exaggerated wakefulness
- aggression and self-inflicted aggression
- easily provoked
- compulsive talking
- withdrawal
- dissociation, isolation, closing off, extreme shyness
- lack of attention
- lack of attention, tiredness, daydreaming, depression
- fears and phobias
- collapsed posture
- tiredness, lethargy, "laziness"
- fears for others
- fear of dreams
- loss of concentration

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- loss of memory
- learning difficulties
- compulsive playing of the traumatic situation
- changed behaviour (e.g. aggression, regression)
- sleep problems
- eating disorders
- bodily symptoms
- parents should not be burdened with their problems

2.2.2.4 Young adults

- sudden changes in relationships
- loss of interest in relationships that were previously important
- withdrawal, isolation and separation
- fundamental changes in school achievement
- fundamental changes in attitudes
- fundamental changes in external appearance
- sudden behaviour changes
- lying
- life threatening repetition of the traumatic situation
- sudden changes of mood (fear, depression, suicide risk)
- drugs and alcohol problems
- sudden loss of interest in old hobbies
- easily provoked. Anger, revenge thoughts
- abnormal sexual activity
- frequent changes in sexual partner

2.2.3 Neurobiological changes

Recent studies have shown that long-term traumatising can lead to permanent changes in brain development. Abnormal developments can occur in the hippocampus, limbic system and neo-cortex. (Perry, in May/Remus, 2003). These studies show that the development of the neocortex and the limbic system can be destroyed through early traumatic experiences. This can lead to long term changes in hormonal processes and abnormal brain activity in both brain hemispheres. This leads to functional changes on cognition, emotions, social and other behaviour. (ibid.). Long term effects can be caused by repetition of the trauma through repeated experiences or through re-imagined trauma through flash-backs. (Hüther, 2002, 2004). It is therefore crucial in preventing repetition trauma that this aspect is addressed.

2.2.4 Disturbing images

Trauma that are not treated can, though this does not have to happen, can lead to burdening psychopathologies that may lead to life-long illness. Severe traumatic experiences in early childhood often reveal their destructive consequences in adolescence. Victims can become perpetrators if they relive their traumas. (Streeck-Fischer, 1999).

Following traumatic experiences the following images can occur:

- Acute disturbance (ICD-10: F 43.0)

- Inability to adapt (ICD-10: F 43.2)
- Post-traumatic stress disturbance (ICD-10: F-43.1)
- Long term personality change following extreme suffering (ICD-10: F-62.0)

2.3. Possible emergency education acute interventions

2.3.1 Intervention phases

The interventions following traumatic events follow three phases:

- **acute intervention**
(peri-traumatic intervention, first emergency help, usually locally)
- **Psychological stabilising**
(Emergency psychological intervention within the first four weeks)
- **Therapy/Rehabilitation**
(Trauma treatment phase, integration phase)

The emergency educational intervention can occur as acute intervention locally. Usually this intervention occurs after four weeks (phase of psychological stabilisation). During this time it becomes clear whether the subject can deal with trauma themselves or whether they will develop a post traumatic stress disorder and needs therapy. Educational therapy can be used during the trauma therapy phase.

2.3.2 Aims

Every educational trauma therapy aimed at helping children and young people traumatised through war or natural catastrophe has the task of minimising the suffering of those affected, strengthening their constitution and self-healing forces. The aim of emergency educational intervention is to help construct relationships that offer security, trust and self-trust, awaken new interest in the world and in age appropriate ways strengthen self-directed learning and responsibility for oneself. Through emergency educational measures later biographical consequences such as post traumatic stress disorder should be reduced or prevented.

2.4. Make opportunities out of crisis

Increasingly the research into the consequences of psychological trauma it is being recognised that such crises can lead to positive personality changes for those affected once the trauma has been effectively addressed. (Landolt, 2004; Tedeschi/ Park/ Calhoun, 1998). The benefits include:

- Deepened relationships
- Broadening life perspectives
- Maturity
- Deepening value of one's own life
- Spiritual and religious deepening

The successful treatment and integration of traumatic experience in the biography of a child can be served by emergency educational intervention.

3. Waldorf Education – The Human Being in Focus

3.1. Waldorf Education Worldwide – the global dimensions of Waldorf Education

In 1919 the first Waldorf School was founded for the children of workers in the Waldorf Astoria cigarette factory. Its education concept was based on the anthropology and developmental psychology of Rudolf Steiner. This educational approach was based on an holistic understanding of the child and is orientated on the principles of child development. (Lievegoed, 1996; Leber, 1993).

Today there are more than 1000 Waldorf Schools world wide, over 2000 kindergartens, hundreds of curative schools and social pedagogical institutions; around 70 teacher training centres, some of which have university status, in over 80 different countries on all continents and cultural settings around the world. Many of these institutions work in areas of social crisis. Some are embedded in the UNESCO Project School Network. Waldorf Education is thus one of the only educational approaches to have truly global dimensions. (see Freunde der Erziehungskunst Rudolf Steiners e. V., 2001).

3.2. Help through partnerships Friends of the Art of Education

The world wide Waldorf education movement is helped by the Friends of the art of Education that was founded in Stuttgart in 1971 and which has had an official “special relationship” to UNESCO since 1996.

The Friends of the art of Education raised 5.2 million Euro in 2005 which it passed on in donations to Waldorf projects around the world. This helps to fund students to train, sponsors individual children, helps provide and renovate buildings, support training programmes and advisory work and now provides emergency education around the world.

As an NGO the Friends helps support the struggle against poverty through many educational projects as a partner the German Ministry of Economic Cooperation and Development.

Since 1993, the Friends have also organised and supported, partly with state funding young volunteers in social projects in over 60 different countries. These young people use their gap year after school to complete their community service. In 2007 over 550 young people were helped to contribute to voluntary aid programmes, usually for a year. Since the programme began more than 3,000 young people from Germany have participated in the programme.

3.3. Waldorf Education as Emergency Education

3.3.1 Educational intervention

3.3.1.1 Basic Principle of Intervention

Among the guiding principles of emergency education with psychologically traumatised children are truth, clarity and structure. (Hausmann, 2005, S.181):

3.3.1.2 Educational principles for dealing with trauma

Following a traumatic experience a child needs educational help to deal with the trauma. The child's future depends on this support. Above all the child needs help to integrate her experiences and to re-establish contact with her environment. Here are some of the key principles of the educational approach to dealing with trauma: (Eckardt, 2005):

- listening and speaking
- allowing feelings to be expressed
- cultivating rituals
- cultivating rhythm
- nourishment
- helping the child relax (breathing, sleeping, resting)
- concentration exercises
- creative ways of overcoming trauma through writing, painting and making music
- movement through sport, dance, going for walks, free movement
- play
- making plans
- strengthening self-confidence

3.3.1.3 Dealing with traumatic reactions

Following traumatic experiences dramatic symptoms can occur which express themselves in serious behavioural changes These require educational intervention and include:

- Regression
- Fear, panic attacks, phobias
- Nightmares
- Shame and feelings of guilt
- Aggression
- Self-inflicted injury/ self-directed aggression
- Intrusion and flashbacks
- Being overwhelmed
- Suppression and denial
- False interpretations of events
- Disassociation
- Compulsive behaviour
- Disturbed behaviour
- Physical illness

3.3.1.4 Stabilising through educational intervention

Educational intervention can have a stabilising effect. Such interventions can include: (Weiß, 2006)

- providing protection and security
- securing reliable relationships
- supporting self-confidence and providing positive affirmation
- creating a healing atmosphere within the group
- supporting the understanding of relived experience
- preventing uncontrollable memories and flashbacks

- recognising traumatic transfer
- fostering self-healing

3.3.2 Specific pedagogical and therapeutic measures as part of an educational approach

Closely connected with the anthropological and developmental approach of Waldorf Education is the idea of an extended holistic medical and therapeutic approach. This does provide an alternative to conventional medical and therapeutic approaches but rather is a way of extending their diagnostic and therapeutic spectrum. A range of independent therapies have been developed over the past several decades in therapy centres, clinics, curative institutions and Waldorf schools, which successfully complement conventional approaches. These include therapeutic Eurythmy, special forms of music, speech and art therapy, sound and colour therapy, coloured shadow therapy and many more. The aim of all these artistic therapies is that the patient is able to active their own self-healing processes guided by the therapist an through these self directed activities and creative doing are able to be healed. (Bopp/ Schürholtz, 2004; Treichler, 1996).

These specific therapies either alone or combined with other therapies offer a promising range of instruments for crisis intervention in the context of war and natural disasters

3.3.2.1 Rhythmical massage

The method of rhythmical massage developed by the doctors Ita Wegmann and Maria Hauschka is based on classical massage techniques supplemented by rhythmical swinging massage movements which activate the stream of bodily fluids and thus to release pathological blockages in the system. This form of rhythmical massage seeks to bring everything thing is frozen and rigid into movement again. This enables the individual to become physically and psychologically more active. It helps overcome sleeplessness, exhaustion and harmonises the whole constitution. It also increases bodily awareness and restores the sense of an individual's ownership of his or her body. (Härter, 2005; Fingado, 2002)

3.3.2.2 Baths, compresses and poultices

Using baths, poultices and compresses the breathing, warmth generation, digestion, metabolism and circulation the life processes are stimulated and tension is released. Processes, which have become rigid can be freed up. These support the self-healing process. These methods are supported through the use of etheric oils, essences and tinctures. (Fingado, 2003).

3.3.2.3 Plastic-therapeutic three dimensional artistic activities

In modelling, the patient confronts the material in order to free hidden cognitive, emotional and affective potential and translate these into outer form. It is not about making something decorative but rather about struggling with the material in order to free up new images and forces. These help the individual to come to terms with their situation, to overcome illness and find new courage to face life. The materials used include soap, stone, wood, clay, beeswax, plasticine and sand. The selection depends on the physical and psychological state of the patient and the amount of time available. (Golombek, 2000)

3.3.2.4 Painting and drawing therapy

Painting and drawing therapy lead to an intensive encounter with the self on the way to finding a new inner balance. Through the soul experience of the colours and forms functional processes within the organism can be influenced. Through the artistic process of painting processes of self-knowledge are engaged and patterns of behaviour, life habits and blockages are revealed that had remained hidden and are related to various illnesses. Through painting and drawing therapy, rigid structures can be released and thus trauma can be overcome. (Mees-Christeller/ Denzinger/ Altmaier/ Künstler/ Umfrid/ Frieling/ Auer, 2000)

3.3.2.5 Music therapy

Music opens the door to an inner world of experience. It appeals to the feelings rather than the intellect. The aim of music therapy is activate musical and rhythmical competence and thus to stimulate the life processes. These are strengthened and sustained through all rhythmical activity. Music therapy helps self-knowledge and fosters the process of taking hold of new perspectives on life. Music therapy is particularly effective in treating chronic conditions serious illnesses. It has found a recognised place within paediatric medicine, internal medicine, psychiatry, intensive medicine and childbirth and in natal wards. (Felber/, Reinhold/ Stückert, 2000)

3.3.2.6 Therapeutic speech formation

Speech is the most important medium for human communication. It is a crucial means of conveying information. The whole personality expresses itself in a person's speech. Each person has his or her own voice with its unique melody and articulation. Speech expresses a person's thoughts and feeling through the voice.

Therapeutic speech formation can help free the breath and thus can be helpful in the treatment of asthma and intestinal illnesses. Speech can also affect the harmony between the pulse and breathing (e.g. using the hexameter rhythm.) Speech rich in consonants has the effect of creating form and making things structured; speech rich in vowels works to support the emotional realm and has the effect of loosening up.

Therapeutic speech formation is not only useful in working with speech language problems but can also be used to work strongly into the relationship between body, soul and spirit and enables an internal, psychosomatic, psychiatric and curative approach. (Denjean-von Stryk/ von Bonin, 2000)

3.3.2.7 Therapeutic Eurythmy

Eurythmy (from the ancient Greek for "beautiful rhythm) is a performance art, is used in education and in medicine. Therapeutic Eurythmy translates speech, music and gesture into specially formed sequences of movement. Each vowel and consonant has a corresponding movement. Therapeutic Eurythmy exercises involve the whole body, arms, hands legs and feet. Depending on the picture of the illness concerned the individual exercises are intensively practiced. In therapy according to the diagnosis different gestures are practised. The aim is to reactivate certain form forces within the body that are lost or disrupted through the illness, in order to regenerate the vegetative organ processes. The exercises have a stimulating effect, strengthening and regulating the rhythmical processes in the organism, such as the heart and circulation, metabolism, movement and balance. (Wennerschou, 1996; Kirchner-Bockholt,1997).

4. The concept of an educational therapeutic acute intervention in the context of a war or natural disaster based on Waldorf Education

4.1. Crisis intervention team

4.1.1 Constitution

Against the background described above the Friend will build up a team crisis acute intervention team to work with traumatised children in war zones and crisis areas.

4.1.2 Staffing

a. Size of the team

The size of the crisis acute intervention team depends on the specific situation in the crisis region and the tasks involved. Such a team could involve up to 10 members with a range of competencies.

b. Basic competences

Dealing with traumatised children requires the following basic competencies: (Weiß, 2006):

- Professional competence
- Self-reflection and self-control
- Self-reliance

c. Specialist competences

The crisis acute intervention team is made up of the following roles:

- **Project leader /coordinator:**
this person leads and coordinates the project
- **Medical doctor / psychologist**
This individual is responsible for the medical therapeutic intervention and leads this in the field.
- **Therapists**
The team can include a number of therapeutic specialists who work together in different groups.
- **Special education and social pedagogical co-worker**
Teachers, special education teachers, social workers, social pedagogical workers who will work with groups of children and young people.
- **Support staff**
Depending on the nature of the tasks, they would support the therapists.
- **Translator**
A translator needs to be able to meet the local requirements

d. Structural conditions

The extent to which the educators and therapists can do their work effectively depends on the structural and institutional conditions. (Weiß. 2006):

- Training
- Further training
- Supervision
- Teamwork

4.2. Aims and Tasks

The aims of the educational crisis and acute intervention team is to provide traumatised children and young people in crisis regions (war and natural catastrophe) with acute educational support. The aim is to reduce their suffering through educational therapeutic measures and to work prophylactically against the long-term biographical effects.

The special educational work with traumatised children will be based on the holistic approach of Waldorf education and based on its methods. (Kiersch, 1997; Leber,1993). Alongside this approach, therapies and complementary therapies will be implemented. These methods are designed to work to strengthen, stabilise and support the release of creative potential, vital processes and personal resources necessary for the processes of healing and restoration. (Bopp/ Schürholz, 2004).

It needs to be stressed that the crisis intervention measures are exclusively about artistic and therapeutic measures and not at all about the procurement of learning objectives or lessons. Therefore the crisis intervention can be accomplished non-verbal.

The aim of the special educational therapeutic acute support is to strengthen the whole constitution of the traumatised child and to stimulate the self-healing processes and thus helping the individual to avoid post- traumatic stress disorder, or at least to reduce its effects as much as possible. (Stellamans-Wellens, 2002).

The special tasks include:

4.2.1 Initial diagnosis

In an initial diagnosis the nature and grade of the trauma is established and documented.

This is carried out by doctors, psychologists and therapists

4.2.2 Emergency education intervention

a. Education acute aid

The aim of an educational acute aid for a therapeutic crisis intervention is to be realised through the implementation of special educational measures based on Waldorf education

Whilst the therapeutic crisis intervention will mainly take the form of individual therapy the special educational approach will be supported by social group dynamics.

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The personal resources of the individual that have been submerged through trauma can be released and activated through the use of creative play and artistic activities and can contribute to dealing with trauma.

A rhythmical daily routine with regular mealtimes, periods for sleeping, rest and action help the child to establish a new orientation and sense of security.

The aim of the educational acute help is to build up relationships of trust and self trust, in which the individual can find a new interest in the world. It also helps the individual in age appropriate ways to direct and be responsible for their own behaviour.

The educational work is to be carried out by qualified educators, special education experts and social workers.

b. Therapeutic acute help

Starting with the initial diagnosis an individual therapy plan is to be made in which acute crisis intervention in group or individual therapy sessions is planned and implemented.

The therapies will be delivered by specially trained therapists.

c. Medical acute support

The children will be supported and monitored by doctors and if necessary treated medically.

The medical therapy will be exclusively in the hands of doctors.

4.2.3 Final diagnosis

Each individual will receive a final diagnosis in which his or her condition is described with recommendations for further therapeutic treatment and support.

4.2.4 Documentation

The initial diagnosis, prescribed therapies and description of the therapy process will be documented in standardised form to enable follow up study of the patients.

The final report will contain an educational report in which the special education intervention as well as the individual's development and further needs are documented.

4.3. Timeframe

4.3.1 Analysis , Planning and Preparation

The deployment of an emergency education crisis intervention team depends on detailed analysis and planning. The crisis intervention centre in the office of The Friends in Karlsruhe in Germany is responsible for this planning.

4.3.2 Deployment and Implementation

Deployments will generally last between two and four weeks.

4.3.3 Evaluation

Immediately following the return of the team the project will be analysed in order that lessons can be learned for future action.

4.4. Partnerships and Cooperation

In the interests of a successful intervention and securing the activities it is essential to have close cooperation with national and international bodies and partners among governmental and non governmental agencies. It is hoped to link up with other international crisis management organisations.

4.5. Basic Structures

In order to react quickly in emergency situations effective structures need to be in place and maintained. These include:

4.5.1 Crisis Coordination Centre

In order to facilitate and coordinate crisis interventions it is necessary to have a crisis management centre in Germany that can function round the clock during interventions.

4.5.2 Staff Resources

a. Staff Readiness

A network of suitably qualified individuals needs to be created and maintained.

b. Training and further training

Potential co-workers need to be trained.

c. Psychological support

The team members will receive psychological counselling and support during and after the deployments.

4.5.3 Equipment

Basic equipment for the deployments needs to be prepared, maintained and ready.

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