

## Inside this issue...

- 5 Building Organizational Capacity to Prevent STS
- 6 Affiliate's Enduring Ties to NCTSN
- 7 Have You Heard? Did You Know?

A QUARTERLY PUBLICATION OF THE NATIONAL CHILD TRAUMATIC STRESS NETWORK

## Updates, Collaborative Discussions Mark Yearly Meeting of NCTSN Advisory Board

The 2013 annual meeting of the NCTSN National Advisory Board featured a full agenda of updates, policy discussions, and strategic planning for the year ahead. National Center staff and Network members offered presentations on data collection and evaluation efforts, the circumstances of LGBTQ youth, and other timely issues that inspired innovative responses and collaboration.



NCTSN Advisory Board members met in Durham, NC, in July 2013. Front row, L to R: Colleen Horton, Esta Soler, Teresa Huizar, Tasneem Ismailji. ♦ Back row, L to R: James Hmurovich, Thomas Bornemann, Michael Howard, Vivian Jackson, Patricia Barron, Sandra Spencer, Robert DeMartino. ♦ Members not present: Barbara Feaster, Christine James-Brown.

The Advisory Board gathered July 8-10 at the Washington Duke Inn in Durham, NC. Considerable discussion revolved around how to demonstrate “return on investment” of the Network’s initiatives and how to expand the outreach of the NCTSN. As noted at the meeting, federal policymakers often base funding decisions on demonstrations of program efficacy, and sustained efforts are necessary to describe and quantify the full value of the NCTSN. National Center staff discussed the ongoing challenge of Network-wide data collection and evaluation that could serve to cohesively demonstrate the

>>> cont'd on pg. 4

## Grantees Enrich Network Mission: CAT III Centers, Part Two

This issue wraps up the survey of selected NCTSN Category III sites, begun in the Summer 2013 *IMPACT*. The following featured sites reflect both the core mission of the NCTSN and some of the newer trends within the Network, such as increased efforts to disseminate trauma-focused training, support military families and juvenile justice-involved youth, and reconceive the delivery of services to families with complex trauma issues.

### *The Center for Child & Family Health, Durham, NC*

The first NCTSN grant to the Center for Child & Family Health allowed the site to transition from an evidence-informed to an evidence-based trauma treatment clinic, said Executive Director Robert A. Murphy, PhD. During that period, 2003-2007, membership in the Network catalyzed multiple other opportunities. For example, the center worked with Parent-Child Interaction Therapy developer Sheila Eyberg, PhD, to conduct learning collaboratives to help community agencies practice and sustain PCIT at a high level of fidelity. The center has expanded its North Carolina Child Treatment Program, which began as a pilot for disseminating TF-CBT to low-income

>>> cont'd on pg. 3

## Insights and Empathy from the Daughter of a Wounded Warrior

Visiting her father at Walter Reed Hospital after he had been wounded in Iraq, Gabriella Gadson recalled thinking, “Nobody prepared us for this.” Her father’s injury triggered a cascade of life changes for Gadson (who was then 14) and her family.

Now 21 and a senior at Babson College pursuing a degree in business administration and entrepreneurship, Gadson said she intends to make a difference for other youth who might be experiencing stress during a parent’s deployment. “I believe my experience as my father recovered can help others through their journey.”

### Life, Uprooted

Gadson’s father, Colonel Gregory D. Gadson, Garrison Commander of Fort Belvoir, VA, is a 24-year career Army officer. “My brother and I got into a routine of knowing that our dad would be deployed and that he would come

>>> cont'd on pg. 2



The Gadson family: Col. Gregory D. Gadson and Kimberly Gadson, seated; Jaelen and Gabriella Gadson, standing.

*This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.*

---

## Insights and Empathy *cont'd from pg. 1*

back on rest and relaxation – R&R – and we would spend time with him,” Gadson said. “We always expected him to come back okay.” But when she answered the door at their Ft. Riley, KS, home one May afternoon in 2007, she found the base commander. Gadson and her mother and younger brother learned that her father had been critically wounded by an improvised explosive device (IED) in western Baghdad, and transported to the Landstuhl Regional Medical Center, near Ramstein Air Base in Germany.

“My life changed drastically over the course of a few days, and I was overwhelmed at times,” Gadson recalled. When the news of her father’s injury spread, she didn’t know how to respond to well-wishers. “Word in the military spreads quickly, and we were constantly getting phone calls and people bringing food over. At that time, we didn’t know if my father would live, and constantly hearing about it just made it worse for me.”

Gadson’s mother traveled to Washington, DC, to be with her husband, who was soon to arrive at Walter Reed Hospital. Gadson and her brother Jaelen stayed behind with Army friends to finish the school year. Shortly after, they joined their mother, who had decided that it would be best to move the family to the DC area. Gadson had to quickly say goodbye to her friends at Junction City High School, and then it was on to temporary lodgings at the Malgone House, situated on the 113-acre Walter Reed medical campus. Visiting her father in the hospital was very upsetting because of his serious injuries and heavy medication. Her stress was compounded by the family’s living situation. “In the Malgone House, our entire family was living in a single room with two double beds,” Gadson said. In such small quarters, she and Jaelen had trouble getting along.

Her father underwent amputation of both legs above the knee, a life-saving operation. He then began rehabilitation therapy. There were other adjustments to be made when her father came home: his parenting style differed from her mother’s, and Gadson was unsure of how to re-establish their relationship, given his injuries and all the sudden changes in the family.

### Turning Points

Gadson wanted to maintain a strong attitude, and that desire continued after her family settled in Virginia. But she began to withdraw, even resisting friendly overtures from new classmates. However, her parents insisted that she get involved at her new school, and suggested that she join the field hockey team. At first resistive, Gadson gradually began to like the sport, and now says that the physical activity became a stress reliever for her.

Gadson also gained new appreciation for her father’s journey. In 2010, during the ceremony marking his promotion to Colonel, her father gave a speech about his recovery. He mentioned that when Gabriella and Jaelen brought their friends to the house, he began to feel more included in their lives. “I didn’t realize how much of an impact that made on

---

***“I believe my experience as my father recovered can help others through their journey.”***

GABRIELLA GADSON

---

him,” Gadson acknowledged. “From that point, I think I started to understand our relationship better. I am forever grateful for my Dad’s life.”

### Channeling Lessons Learned

While a sophomore at Babson College, Gadson did volunteer work in Guatemala through the Taylor Scholars Program, and encountered three seniors who inspired her to design her own entrepreneurship initiative. Her first impulse was to design a program for wounded warriors. But then, thinking of her own situation, she realized that she wanted to help other military youth. An Internet search for resources turned up references to the NCTSN’s work on behalf of military children and families. She e-mailed Gregory Leskin, PhD, Director for the NCTSN Military and Veterans Program, who responded right away. They began talking, and currently Gadson is working on her own narrative and a possible presentation for the 2014 All Network Conference. She said she is excited about the wealth of new resources being created for youth in military families. Of that time in her life, she said, “I just didn’t know how to open up or interact. I want other teens to know that it’s okay to feel that way – and it’s okay to reach out.” ■

For more information about children and families of wounded warriors, see also:

Uniformed Services University of the Health Sciences:

Principles of caring for combat injured families and their children  
[www.cstsonline.org/wp-content/resources/CSTS\\_principles\\_of\\_caring.pdf](http://www.cstsonline.org/wp-content/resources/CSTS_principles_of_caring.pdf)

Impact of injury on families and children  
[www.cstsonline.org/workgroup-on-intervention-with-combat-injured-families/](http://www.cstsonline.org/workgroup-on-intervention-with-combat-injured-families/)

Veterans Affairs Polytrauma System of Care/Family and Caregiver Support  
[www.polytrauma.va.gov/](http://www.polytrauma.va.gov/)

Advanced Prosthetics Research Program  
[www.tatrc.org/ports\\_prosthetics\\_multimedia.html](http://www.tatrc.org/ports_prosthetics_multimedia.html)

**The third installment of *IMPACT*’s series on Historical Trauma will appear in the Spring 2014 issue. That segment will explore the intergenerational responses to trauma seen in descendants of the survivors of the Jewish Holocaust, the WW II Japanese-American internment camps, and dispossession and disenfranchisement of the Hawaiian, Polynesian, and Micronesian populations.**

---

## Grantees Enrich Network Mission: CAT III Centers *cont'd from pg. 1*

communities in rural northeast Carolina. It is now training its eighth TF-CBT cohort of 40-50 clinicians. These successes have bolstered the agency's reputation as a trauma training organization and enhanced its efforts to develop a statewide roster of clinicians who have met TF-CBT training criteria. Meanwhile, the center continues to deliver direct trauma-focused services at its Durham location. Other efforts include data collection for evaluation of Resource Parent Curriculum trainings around the state. "We strive to be the feedback loop that is so important to translational research," Murphy said.

### ***Children's Hospital Medical Center of Akron, OH, A Regional Center of Excellence***

As a first-time NCTSN grantee, the Akron Children's Hospital Regional Center of Excellence will be drawing upon its noteworthy successes in direct delivery of services and supportive collaborations, said Melissa Peace, MSSA, LISW-S, Project Director. In 2002, Peace helped to establish and oversee the Children Who Witness Violence Program; before the program was handed to a community partner in 2010, it served nearly 3,000 children.



**Members of the ACE Center team, Akron Children's Hospital. L to R: Pat Seifert, PhD, Robin Tener, PhD, Sumru Bilge-Johnson, MD, Sarah Ostrowski, PhD, Melissa Peace, MSSA, LISW-S, and Norman Christopher, MD.**

The Akron site has already begun using the NCTSN *Think Trauma Toolkit* to train teachers and school administrators. The experience for teachers has been "life changing," according to feedback received by Peace and her team. The center also partners with the Ohio Child Welfare Training Program, which works in cooperation with other state and federal programs to encourage county child welfare systems to request trauma-focused training. Peace noted that lessons learned during a Department of Justice grant program (the Recovery Act-Edward Byrne Memorial Competitive Grant) will help the center sustain programs initiated during the NCTSN funding period. The center was careful to structure billing services so that, "When our DOJ grant terminated, we were able to keep our services in place."

### ***Creating Trauma-Focused Care in Juvenile Secure Detention, Bellevue Hospital Center, NY, NY***

For the past four years, the Bellevue Hospital Center Department of Child and Adolescent Psychiatry has been

incorporating trauma-informed elements in juvenile inpatient psychiatric units, said Michael Surko, PhD, Project Director of an NCTSN grant focused on New York City's two juvenile secure detention centers. That effort included STAIR-A skills groups and resulted in reduced incidents of youth aggression. Bellevue's NCTSN grant project, a collaboration with the city's Administration for Children's Services (ACS), applies some of the same elements within secure detention. Key NCTSN supports and resources such as the Juvenile Justice Consortium and the Think Trauma curriculum have been invaluable, Surko said. For staff training, Bellevue and the ACS targeted all staff members within the detention centers – from administrators to housekeeping, maintenance, and security workers – and used a train-the-trainer approach so that staff from multiple job positions delivered the training. "It really helps for people to hear the message coming from a peer rather than an outside trainer," Surko remarked. "The training also humanizes the kids for them."

The overall initiative in New York City will include Bellevue's collaboration in a Learning Community with St. Luke's-Roosevelt and Beth Israel hospitals and selected juvenile justice judges. The intent is to unify the trauma-informed approach at all levels of the secure detention system. "Our approach," Surko affirmed, "is focused on supporting direct care staff, so that we can make the place where kids spend most of their time a more health-promoting place."

### ***Therapy House Calls: Effective Treatment in the Home for Families Experiencing Trauma and Loss, Baystate Medical Center, Springfield, MA***

A "perfect storm" converged on Baystate Family Advocacy Center in 2012. The elements included seminal work by Judith Cohen and Anthony Mannarino on complex trauma and implementation of TF-CBT in residential treatment facilities; an existing In-Home Therapy model struggling to implement TF-CBT; and the SAMHSA "request for proposals." This was an opportunity for a leap forward in delivery of TF-CBT, said Jessica Wozniak, PsyD, Co-Principal Investigator with Barry Sarvet, MD.

As part of its Child Behavioral Health Initiative, the state of Massachusetts had created an In-Home Therapy model for counseling families and children with complex needs. Application of TF-CBT for youth with complex trauma looked to be a "perfect fit" to address challenges within the model, Wozniak said. She and Sarvet partnered with Jessica L. Griffin, PsyD, Principal Investigator for the University of Massachusetts Medical School Child Trauma Training Center (a CAT III grantee), to develop training materials on home application of TF-CBT.

Six months in, the use of paraprofessionals in the model provides additional support for caregiver and family needs, such as school advocacy and real-life logistical issues.



---

## Updates, Collaborative Discussions at Advisory Board Meeting *cont'd from pg. 1*

ways the NCTSN is helping children, families, providers, and communities. Board members suggested that a cost-benefit analysis of the Resource Parent Curriculum (RPC) might provide a specific example of how the NCTSN is changing lives for the better. What if, the members asked, the value of RPC implementation could be demonstrated through evidence of increased retention of foster families and improved foster-care placements? Ellen Gerrity, PhD, NCCTS Associate Director and Senior Policy Advisor, found these targeted suggestions – and specific offers to help implement them – illustrative of the Advisory Board’s strong supportive and collaborative role with the NCTSN and the National Center.



**CAPT Robert DeMartino, MD, USPHS, Chief of Staff, Office of the Surgeon General.**

Also praising the Board’s involvement was new member CAPT Robert DeMartino, MD, US Public Health Service, Chief of Staff of the Office of the Surgeon General, Office of the Assistant Secretary of Health, Department of Health and Human Services. His sense from the July meeting was that, “The NCTSN has chosen a very bright and motivated group of people to help give them feedback and provide guidance.” Although DeMartino is new to the Board, he is not new to the Network: while at SAMHSA, he wrote the initial

“request for proposals” and was an original grant project officer who oversaw the launch of the NCTSN (in partnership with current SAMHSA representative Malcolm Gordon, PhD, who also attended the meeting). After moving to the Department of Defense and later to the Office of the Surgeon General, DeMartino kept in touch with Robert Pynoos, MD, MPH, NCCTS Co-Director at UCLA, and John Fairbank, PhD, NCCTS Co-Director at Duke University Medical Center. “Every time I become re-engaged [in the Network],” DeMartino said, “I realize how well-targeted their issues are.”

### **New Network Initiatives**

A presentation entitled “Straight Talk about LGBTQ Youth and Trauma” was a highlight of the meeting, illustrating another example of the Network’s important work with youth populations. The presenters were NCTSN leaders Judith Cohen, MD, Medical Director of the Center for Traumatic Stress in Adolescents at Allegheny General Hospital, and Professor of Psychiatry at Drexel University College of Medicine; and Al Killen-Harvey, LCSW, Clinical Improvement Coordinator, Chadwick Center for Children and Families, Rady Children’s Hospital, San Diego. Jennifer Grady, MSSW, Director of the NCCTS Site Integration and Collaboration Program, facilitated the session.

Cohen and Killen-Harvey mapped national statistics that demonstrate the struggles faced by LGBTQ youth. According to the 2011 National School Climate Survey, 82% of LGBT

students reported being verbally harassed for their sexual orientation in the past year, while 38% were physically harassed. LGBT youth are also four times more likely than heterosexual youth to attempt suicide. Killen-Harvey pointed out that in working with LGBTQ youth, providers must take into account multiple cultural factors, such as ethnicity, race, economics, cognitive abilities, and community affiliation. Recalling the presentation, Gerrity said that Board members were very receptive to the information, and they commented afterward that findings linking LGBTQ youth and bullying were timely in aligning with national anti-bullying campaigns that include a focus on trauma.

### **Strategies for the Future**

Opening the full-day session on July 9th, NCCTS Co-Directors Pynoos and Fairbank presented updates on programs and activities, such as the Network’s efforts related to disasters including Hurricane Sandy and the Newtown school shootings; changes in the NCCTS Military Children and Families program; status of the Core Curriculum on Childhood Trauma; and the new NCTSN strategic planning process, which has now been launched and will help shape the future direction of the Network.

New collaborative opportunities often germinate at the summer meetings. Colleen Horton, M.P. Aff., Policy Program Officer at the Hogg Foundation for Mental Health at the University of Texas, Austin, is a new Board member whose professional career has focused on trauma-informed care for children with intellectual and developmental disabilities (IDD). “It was obvious that everyone on this Board is very passionate about issues,” Horton said, “and like myself, have specific populations or areas around trauma in which they are particularly interested.” The Hogg Foundation recently requested proposals from eligible Texas-based organizations to collaborate with the NCTSN in developing a curriculum and toolkit for implementing trauma-informed care for children with IDD.

The 2013 meeting was also the first for new Board member Tasneem Ismailji, MD, MPH, Board Chair and Co-founder, Academy on Violence and Abuse. A pediatrician by profession, Ismailji found that she valued the Board’s “diversity of perspectives and expertise, and its inter-professional nature.” The Network, she said, holds “a promise and a hope” of effecting dramatic change. In that effort, the Board represents the disparate forces that can come together to craft the strategic planning needed to identify barriers and help the Network accomplish its goals. Energized by that challenge, Ismailji has already agreed to serve another year on the Board.

As has been the custom with each new funding cycle, the Advisory Board includes both returning and new members. In addition to the members pictured on page 1, attendees at the 2013 meeting included Steering Committee Representative Elizabeth Thompson, PhD, Assistant Vice President and Director, The Family Center at Kennedy Krieger Institute, Baltimore, MD; and Malcolm Gordon of SAMHSA. For a complete listing of the affiliations and professional accomplishments of Advisory Board members, visit [www.nctsn.org/about-us/national-advisory-board](http://www.nctsn.org/about-us/national-advisory-board) ■

# Creating Secondary Traumatic Stress-Informed Organizations

## Part Two: Building Organizational Capacity to Prevent and Address STS

Part One of this series on STS (see *IMPACT* Summer 2013) emphasized the essential elements for creation of STS-informed organizations. Within this framework, child-serving agencies must deliberately build the capacity to provide workplace support for therapists who are at high risk for STS, said Leslie Anne Ross, PsyD, Vice President of the Leadership Center at Children’s Institute, Inc., Los Angeles. Ross, who is co-chair with Ginny Sprang, PhD, of the NCTSN Secondary Traumatic Stress Collaborative Group, said that to achieve this kind of support, agencies should conduct an organizational assessment of STS-informed practices; institute organizational training and supervision at every level; embed STS risk reduction and intervention strategies in human resources policies and procedures; and actively promote staff wellness and resilience.

### Start at the Top

The risk of STS among child-serving professionals is now well-recognized, observed Françoise Mathieu, MEd, CCC, Director of Compassion Fatigue Solutions Inc., based in Kingston, Ontario. Although this change is encouraging, Mathieu cautioned that organizational leaders may mistakenly believe that simply offering self-care options, such as wellness classes and sick days, will adequately address STS risk. Focusing on coping strategies for individual clinicians implies that those who are having difficulty are somehow at fault (Killian, 2008, *Traumatology*).



**Françoise Mathieu, MEd, CCC,**  
**Director of Compassion Fatigue**  
**Solutions Inc., based in Kingston,**  
**Ontario.**

Broader solutions to STS support are therefore necessary. Ross said that an organizational assessment will allow an agency to identify its specific needs and risk factors and guide the implementation of organizational STS practices in the workplace, which may include individual self-care strategies. She has been integral to developing STS program elements at Children’s Institute. A grant awarded by the S. Mark

Taper Foundation in 2010 helped the agency create a Child Trauma Training Academy that provides quarterly trainings for professionals as well as consultation on secondary trauma and self-care. The grant also helped the institute convene its first annual conference on trauma-informed practice and vicarious trauma.

Despite greater recognition of STS risk factors, administrative leadership may still resist organization-wide planning efforts to reduce risk. Monetary and regulatory pressures often compete with the need for building in STS workplace support, noted Cynthia S. Vrabel, MD, Medical Director of FrontLine Service (formerly MHS, Inc.), Cleveland, OH. Vrabel is currently a

consultant to Cleveland agencies that received federal grants from the Department of Justice Defending Childhood Initiative and have agreed to address STS. To get leadership buy-in, she said, it helps to point out that failure to address STS can impact the bottom line and directly affect clients.

**“We problem-solve together around difficult cases, share our sorrows, and create an environment where the team is empowered to address their own issues.”**

*CYNTHIA S. VRABEL, MD, Medical Director of FrontLine Service, Cleveland, OH*

### Training, Supervision, and Policies

Training and continuing education of staff members are often among the first casualties of budget cutbacks, especially in public agencies. This is a short-sighted approach to fiscal policy, according to experts, because research shows that evidence-based trauma training reduces the risk of STS.

Introducing a reflective approach to supervision need not cost extra money, Vrabel pointed out. At FrontLine Service, she said, “We problem-solve together around difficult cases, share our sorrows, and create an environment where the team is empowered to address their own issues.” For example, the agency’s first-responder team noticed that their energy was flagging on Friday afternoons, when referrals from the Defending Childhood program tended to increase. The team’s solution: each of the four first responders would work later one Friday per month, giving the other team members a breather. “In that way, they created safety for themselves,” Vrabel said. “It was an example of staff being empowered to work on their resiliency in real time.”



**Leslie Anne Ross, PsyD, Vice**  
**President of the Leadership Center**  
**at Children’s Institute, Inc.,**  
**Los Angeles.**

The flip side of offering trauma training is that trained staff members may be assigned a higher percentage of trauma cases and thus incur greater risk of STS. Ross advised that, to reduce clinicians’ risk, organizations should monitor their trauma caseloads and balance them by introducing non-traumatogenic clinical activities, such as parenting or youth development programs. She said that organizations should seek

to create a cultural shift that values staff wellness along with productivity goals in trauma-informed practice.

>>> *cont’d on pg. 6*

## Affiliate Member Comes Full Circle in Network Ties and Commitment



**Jeffrey N. Wherry, PhD, ABPP, Director, Institute for Child and Family Studies at Texas Tech University.**

Jeffrey N. Wherry, PhD, ABPP, was first involved with the NCTSN in 2002. That's when the organization he headed, Children's Advocacy Services of Greater St. Louis, became a Category III site. The agency was only six years old at that time. "It was exciting to be part of an initiative that included institutions that were hundreds of years old," he recalled.

Wherry is currently Director of the Institute for Child and Family Studies, and the Rockwell Professor of Human Development and

Family Studies, at Texas Tech University in Lubbock. When he returned to Texas in 2004 to be closer to his family, he was no longer directly involved with the NCTSN, although the St. Louis agency continued as a CAT III site. Then came the call in 2005 from Network Liaison Christine Siegfried, inviting him to become an Affiliate member. Wherry accepted without hesitation. "I was thrilled to do that," he said recently. "For me, the Network was one of the more exciting pursuits in my 30 years of working with traumatized kids."

Wherry has been exceptionally active on Network committees since becoming an affiliate. As an extension of his research interest in trauma-informed assessment and treatment, he helped to start the Assessment and Screening Subcommittee of the Child Welfare Committee. While a member of the Foster Care Subcommittee, he helped to develop the Resource Parent Curriculum and Facilitator's Guide. He has served on

the NCTSN Steering Committee and is now part of the Affiliate Advisory Committee.

***"The Network has done an outstanding job of advancing the spread and use of empirically supported treatments."***

*JEFFREY N. WHERRY, PhD, ABPP, Director of the Institute for Child and Family Studies, Texas Tech University, Lubbock, TX*

"The Network has done an outstanding job of advancing the spread and use of empirically supported treatments," Wherry said, and he contributes energetically to that mission. Locally, he helped two Lubbock agencies, The Children's Home of Lubbock and the Texas Boys Ranch, apply for and become part of the TF-CBT Learning Collaborative; and he was instrumental in bringing a regional director of the Texas Child Protective Services to the All Network Conference in 2009.

Wherry founded and directs the ACE (Adverse Childhood Experiences) Clinic at the Institute for Child and Family Studies. He is also conducting a functional magnetic resonance imaging (fMRI) study of abused children to investigate memory and emotion in association with PTSD. In May and June of 2014, he will accompany a cohort of undergraduate and graduate students to Iceland to study child abuse. Last year, Wherry facilitated a collaboration between youth in a foster care transition center and Texas Tech's Department of Theatre and Dance. The result was a stage play, *Next Exit*, which was performed for the community last summer and videotaped for use with foster youth groups. To access the video, visit [www.depts.ttu.edu/hs/icfs/videos/next\\_exit.php](http://www.depts.ttu.edu/hs/icfs/videos/next_exit.php) ■

## Creating STS-Informed Organizations *cont'd from pg. 5*

Helping staff members acquire self-care techniques is advisable, although research by Bober and Regehr (2005, *Brief Treatment and Crisis Intervention*) demonstrated that therapists' belief in the value of self-care recommendations does not always translate to time spent on them – or even to better outcomes for the staff. At the very least, organizations should have specific procedures and policies in place to address staff members' secondary trauma reactions.

### Staff Wellness

Staff wellness training should also include fundamental grounding skills, Mathieu said. She emphasized that staff members need to stay alert to their own triggers, and refrain from engaging in one-upmanship about their trauma cases, which can increase STS risk for their colleagues. "Debriefing is really important," Mathieu said, "but first of all, make sure both people in the conversation know that it's a debrief and not simply venting. We need to pay attention to the way in which we fling this content around, because it really does

impact us." With organizational strategies in place, providers can then practice resiliency-building and self-care in a supportive work environment.

"What we're talking about," Ross summed up, "is creating a culture shift: combining individual efforts with a more systemic approach to create healthier working conditions, and more of an early intervention and resiliency-building model." ■

See also:

Compassion Fatigue Solutions [www.compassionfatigue.ca](http://www.compassionfatigue.ca)

NCTSN resources on STS [www.nctsn.org/resources/topics/secondary-traumatic-stress](http://www.nctsn.org/resources/topics/secondary-traumatic-stress)

ProQoI self-test [www.proqoi.org](http://www.proqoi.org)

Secondary traumatic stress: A fact sheet for child-serving professionals [www.nctsn.org/products/secondary-traumatic-stress-fact-sheet-child-serving-professionals%20](http://www.nctsn.org/products/secondary-traumatic-stress-fact-sheet-child-serving-professionals%20)

The Resilience Alliance [www.nctsn.org/products/nctsn-affiliated-resources/resilience-alliance-promoting-resilience-and-reducing-secondary-trauma](http://www.nctsn.org/products/nctsn-affiliated-resources/resilience-alliance-promoting-resilience-and-reducing-secondary-trauma)



## Have You Heard?

The **National Council of Juvenile and Family Court Judges** (NCJFCJ) has co-branded two important NCTSN products: **Bench Card for the Trauma-Informed Judge** and **Bench Card for Court-Ordered Trauma-Informed Mental Health Evaluation of Child**. The NCJFCJ helped disseminate these products to more than 10,000 members. Thank you, NCJFCJ.

Network members and colleagues contributed to **Serving Traumatized Children and Adolescents in Residential Settings**, a special issue of **The Journal of Family Violence** (volume 28, issue 7, October 2013). The issue's articles covered: the prevalence, clinical presentation, treatment, and policy implications of trauma in residential settings; clinical considerations for the treatment of latency age children; a framework for trauma-informed services; using the ARC framework; trauma systems therapy in residential settings; implementing Real Life Heroes in residential treatment; implementing a manually-guided group treatment for traumatized adolescents; a pilot investigation of a sports-based intervention for traumatized girls; sensory modulation principles in the treatment of traumatized adolescents; and residential services for youth impacted by family violence and trauma. Authors included these NCTSN members and Affiliate members: **Wendy D'Andrea**, PhD, **Lou Bergholz**, **Kari Beserra**, LMHC, **Margaret Blaustein**, PhD, **Ernestine Briggs**, PhD, **Adam Brown**, PsyD, **Alexandra Cook**, PhD, **Mia DeMarco**, MPA, **Julian Ford**, PhD, **Andrea Fortunato**, **Dawna Gabowitz**, PhD, **Mandy Habib**, PhD, **Robert Hartman**, MSW, **Hilary Hodgdon**, PhD, **Richard Kagan**, PhD, **Kristine Kinniburgh**, LICSW, **Angel Knoverek**, MS, LCPC, **Jane Koomar**, PhD, **Victor Labruna**, PhD, **Bryan Lary**, **Kelly McCauley**, MSW, **Jennifer Miguel**, LICSW, **Carryl Navalta**, PhD, **Jennifer Newman**, PhD, **Jan Nisenbaum**, MSW, **Andrew Pond**, LICSW, **Glenn Saxe**, MD, **Ritu Sharma**, PhD, **Joseph Spinazzola**, PhD, **Lee Underwood**, PsyD, **Elizabeth Warner**, PsyD, and **Amanda Zelechowski**, PhD. To access the special issue visit [link.springer.com/journal/10896/28/7/page/1](http://link.springer.com/journal/10896/28/7/page/1)

The Sanctuary Model is a blueprint for clinical and organizational planning that, at its core, promotes safety and recovery from adversity. Children's treatment programs, domestic and homeless shelters, and residential facilities worldwide have been implementing this approach to addressing the effects of adverse childhood experiences. During the summer of 2013, **Joe Benamati**, PhD, a senior faculty member at the **Sanctuary Institute**, traveled to Singapore to train staff from the Methodist Children and Youth Center, as well as staff from the Ministry of Social and Family Development, on the Sanctuary Model. Singapore has taken major steps to improve their services to children in out-of-home care, and the Sanctuary Model is playing a key role in this work.

## Did You Know?

The system of care approach is the centerpiece of Training Institutes being offered in 2014 by the **National Technical Assistance Center for Children's Mental Health** at the Georgetown University Center for Child and Human Development. The Training Institutes are targeted to improving services and supports for children at risk of or experiencing mental health challenges. They will provide in-depth, practical training on innovative approaches, and review lessons learned from systems of care implementation. The system of care approach emphasizes home- and community-based care; comprehensive and individualized services; cultural and linguistic competence; family-driven and youth-guided services; and coordination across child-serving systems. The Training Institutes are designed for groups and individuals including state, tribal, territorial, and local policymakers, administrators, leaders and advocates; direct care and peer support providers and managed care organizations; family members; educators; and workers in partner child-serving agencies.

For more information visit [gucchtdcenter.georgetown.edu/TrainingInstitutes.html](http://gucchtdcenter.georgetown.edu/TrainingInstitutes.html)

**Do you want to receive future  
IMPACT newsletters?**

**Email: [newsletter@nctsn.org](mailto:newsletter@nctsn.org)**

## About IMPACT

**IMPACT** is a publication of the National Child Traumatic Stress Network (NCTSN). It is produced quarterly by the National Center for Child Traumatic Stress (NCCTS), co-located at UCLA and Duke University. The NCCTS serves as the coordinating body for NCTSN member sites, providing ongoing technical assistance and support.

**Managing Editor:** Gretchen Henkel

**Consulting Editor:** Melissa Culverwell

**Design & Layout:** Sue Oh Design

*Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) brings a singular and comprehensive focus to childhood trauma. NCTSN's collaboration of frontline providers, researchers, and families is committed to raising the standard of care while increasing access to services. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and dedication to evidence-based practices, the NCTSN changes the course of children's lives by changing the course of their care.*



**Winner, 2013 APEX  
Award for Online  
Newsletters**