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A QUARTERLY PUBLICATION OF THE NATIONAL CHILD TRAUMATIC STRESS NETWORK

NCTSN Advisory Board: Partnerships & Core Data Set take Spotlight at June Meeting

The new 16-member NCTSN Advisory Board held a productive and inspiring meeting in Durham, North Carolina, on June 14-16, 2010. The meeting was highlighted by presentations from Network members and National Center staff and a welcome by SAMHSA representatives. National Center Co-Directors Robert Pynoos, MD, and John Fairbank, PhD, reported on key NCTSN activities and topics, including:

Progress on core concepts and curricula. The National Center is coordinating a Network-wide collaboration to develop a trauma-focused curriculum for



Advisory Board members (in italics), Network participants, and NCCTS Co-Directors: Front row: *Peter Pecora, Sue Badeau, Teresa Huizar, Elizabeth Yore*; Second row: *Esta Soler, Barbara Feaster, Jeffrey Wherry, Michael Howard, Vivian Jackson, Nancy Widdoes, John Fairbank*; Back row: *James Henry, William Bennett, James Hmurovich, Diane Elmore, Sandra Spencer, Walter Howard Smith, Robert Pynoos*; Board members not in picture: *Patricia Barron, Thomas Bornemann, Robert Ursano, Paul Vic*

the professional disciplines represented in the diverse child-serving systems that address trauma. In the last year, the National Center identified the core concepts involved in trauma treatment and tested this curriculum in a university graduate program in social work.

Development of an online learning community for military families. The National Center and Network members collaborated with military and military family support organizations to create an online learning community. Through

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Over Five Years, Network Grant to Delaware Spurs Statewide Gains on Trauma

The first NCTSN grant to a state agency continues to bear fruit in Delaware. The state's Department of Services for Children, Youth and their Families, a grantee from 2005 to 2009, has expanded its capacity to identify and assess child traumatic stress throughout the state, and has increased access to trauma-specific treatment for acutely traumatized children and adolescents in the state's health, welfare, and justice systems. About a half dozen more NCTSN grants are currently focused on creating such trauma-informed systems in other states. As these programs gain their own footing, a closer look at Delaware's accomplishments may provide inspiration and guidance.

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Child and Adult Trauma Survivor Becomes NCTSN Advocate



Michelle Renee

When a child comes into an agency for treatment, the agency sometimes gains a parent advocate. This happened at the Chadwick Center for Children and Families in San Diego, when Michelle Renee sought trauma-related care for her young daughter, who is now a college student. Renee learned that she herself carried traumatic stress reactions from her childhood that had been compounded by adult trauma, experienced when she and her daughter were kidnapped together and held by violent bank robbers.

When Renee was 15 years old, she ran away from home believing she was leaving a life of violence and abuse behind her. Twenty years later, the new trauma brought her past experiences tumbling forward, and seeing her

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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.

Delaware Spurs Statewide Gains on Trauma *cont'd from pg. 1*



Delaware First Lady Carla Markell reading to preschoolers during Children's Mental Health Week last May

To achieve its objectives, the Children's Department has worked with the Delaware Child Traumatic Stress Center, which collaborates with families, providers, schools, the family court, and others to increase the identification and treatment of children with acute trauma. As an established, statewide provider and community-education program, the trauma center facilitates the transfer of best practices across Delaware, with the goal of making evidence-based child trauma treatment available through all behavioral-health providers in the state. Chuck Webb, PhD, formerly employed at the center, now works in the Children's Department to train providers in trauma-focused cognitive behavioral therapy (TF-CBT). It is noteworthy that Webb's position was the only new position established in the department's FY-2011 budget.

Nancy Widdoes, Principal Investigator at the trauma center, said that the NCTSN grant resulted in these specific accomplishments in Delaware:

- Development of a comprehensive method of training that includes a pre-work phase; 16 weeks of follow-up clinical consultation as therapists take their first cases; and use of a TF-CBT clinicians' workbook (developed by Webb and Damion Grasso, PhD, with the help of NCTSN members Esther Deblinger, PhD, and Judith Cohen, MD).
- TF-CBT training for more than 50 community therapists who provide services to about 200 youths each year. These clinicians work in outpatient, intensive outpatient (home-based), and residential treatment facilities. They were instrumental in the state's response in the Delaware community where a local pediatrician was charged with more than 100 counts of child rape and abuse.

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Yale Prepares to Launch Learning Collaborative for Brief Intervention Model



Staff at the Childhood Violent Trauma Center, Yale Child Study Center, plan a CFTSI Learning Collaborative

For nearly two decades, clinicians at the Yale Childhood Violent Trauma Center have collaborated with law enforcement and child protective service partners to respond to children and families exposed to violence and potentially traumatic events. Steven Marans, PhD, Director of the trauma center, recalled how the clinicians provided acute and on-scene interventions to help stabilize traumatic responses. "We saw firsthand how these kids were at greater risk for long-term traumatic reactions and PTSD," Marans said. "We recognized the need for an evidenced-based, early intervention that would fill the gap between standardized acute interventions and evidenced-based, longer-term treatments needed for dealing with enduring posttraumatic reactions." The Child and Family Traumatic Stress Intervention (CFTSI) was developed at the center from this experience. Now, following promising results from a randomized controlled trial of CFTSI's effectiveness, the trauma center is gearing up to run a learning collaborative on the intervention.

CFTSI is designed to be used with children aged 7 to 18 years old, and can be used immediately after their experience of a potentially traumatic event or in the wake of disclosure of an earlier traumatic event. CFTSI is aimed at increasing the family's ability to provide support to the child, which has been shown to be a crucial protective factor and predictor of good outcomes following trauma. The goals of the four-session, manualized treatment are to

- Improve screening and identification of children impacted by traumatic stress
- Reduce traumatic stress symptoms
- Increase communication between the parent or caregiver and the child about the child's traumatic stress reactions

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NCTSN Advisory Board *cont'd from pg. 1*

Webinars, live and archived training sessions, and podcasts, the community provides opportunities for civilian treatment programs to learn more about the military, and for military family organizations to learn more about child and family trauma resources.

Completion of an organizational review. In 2009, SAMHSA contracted for an outside review of the organizational structure of the NCTSN in addition to the ongoing independent evaluation. The review was conducted by DMA Health Strategies staff who attended the 2009 All-Network Conference, visited the National Center offices, and interviewed National Center and Network members. The results of the review (expected in 2010) may inform changes in the NCTSN reauthorization (currently underway) and in the next NCTSN grant cycles, due in 2011 and 2012.

Update on the NCTSN Core Data Set. To support the Network's central mission—improving the quality of trauma-related services and treatment for families and children—the National Center has established a comprehensive data collection system for Network members. To date, the data set contains information relating to more than 14,000 children, including entries about each child's exposure to trauma and the effectiveness of interventions. Initial analysis shows that more than 68% of children in the data set experienced clinical improvements on at least one of the standardized measures used. Further collaborative analyses are proposed for later in 2010 using supplemental funds provided to the NCCTS by the US Congress and SAMHSA (see below).

Partnership with Communication and Social Marketing Center (CSM Center): In the past several months, SAMHSA has contracted with the CSM Center and supports a collaborative partnership that includes SAMHSA, the NCTSN, and the CSM Center to develop NCTSN branding and organizational messaging. This effort has included the development of a “message map,” which is currently being updated to integrate language consistent with SAMHSA's own messaging campaign and new strategic initiatives.

Board members and other participants also focused on three pivotal issues as part of special break-out sessions at the meeting. The sessions addressed: 1) measuring impact with outcome and process data; 2) systems change, with a focus on child welfare; and 3) improving care through learning collaboratives and communities.

In 2010, Congress appropriated an additional \$1 million in funding for the National Center to analyze the NCTSN Core Data Set described above. The NCCTS is applying to SAMHSA for this funding, with the goal of developing a

number of collaborative analyses and papers. Advisory Board members recommended that the National Center partner with healthcare economists at an outside agency like the National Institute of Mental Health, in order to prepare a cost-benefit argument for treatment of child traumatic stress. The board members also recommended that the National Center partner with outside organizations that can facilitate public discussion of the cost and other impacts of untreated trauma on children and families.

The next meeting of the Advisory Board is scheduled for October 8, 2010, via teleconference.

For a complete listing of NCTSN Advisory Board members, see: www.nctsn.org/nccts/nav.do?pid=abt_ab

The Advisory Board also recommends that the Network

- Expand the number of partnerships it has with SAMHSA and other child-serving organizations, and continue to engage with consumers including foster parents and child trauma survivors, in order to further integrate the perspective of the survivor into the work of the NCTSN.
- Address specific cultural norms as they relate to the experience and expression of trauma and the effectiveness of trauma services.
- Continue to strengthen its partnerships with the military, family court judges, foster care organizations (such as Casey Family Programs), and government agencies (such as the Office of Juvenile Justice and Delinquency Prevention).
- Develop resources to support the well-being of frontline mental health supervisors by addressing secondary traumatic stress, burnout, and the effects of staff turnover.
- Clearly define “evidence-based” practice and differentiate it from “evidence-informed” and “promising” practices.

Gulf Spill Draws Network Sites in Coordinated Response to Trauma



A child's drawing at camp, after the Gulf Oil spill

Families affected by the Deepwater Horizon Oil Spill are no strangers to life lived under stress. At their backs is the catastrophe of Katrina, a mere five years ago; ahead of them, a new Gulf hurricane season that's to have above-average activity. Uncertainty prevails despite the current containment of the oil spill. In this traumatized setting, regional Network sites have been pursuing all angles to help families and response workers cope with the pressures on their lives.

On July 7, NCTSN members hosted a Webinar to address key issues affecting children and families living in the Gulf region, including activities and resources that are currently in place and plans for long-term recovery from the spill's impact. The conference panelists educated mental health providers and rescue workers about protecting themselves from burnout and secondary stress. Ginny Sprang, PhD, Doug Walker, PhD, Howard Osofsky, MD, PhD, Gilbert Reyes, PhD, and Shelley Foreman, LPC, were among the presenters. Melissa Brymer, PhD, and Patricia Watson, PhD, moderated the panel. This Webinar is archived on the NCTSN Learning Center.

Trauma Informed Disaster and Evidence-Based Services, an NCTSN member on Mississippi's Gulf coast, participated in a community meeting

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Delaware Spurs Statewide Gains on Trauma

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- The addition of five trauma-related questions to the state's behavioral-health screening instrument. A positive response on any of the items signals the clinician to administer a computerized assessment program (developed from research at the National Center for Child Traumatic Stress at UCLA) that allows youths to respond to questions directly onto a laptop, and then scores their responses for clinical interpretation.
- Work with the Yale Child Study Center aimed at replicating the Child Development-Community Policing Program in place in New Haven. In Delaware, this effort has resulted in the referral, by police and firefighters, of more than 3,000 urban and minority youths in crisis—a highly successful outreach for child traumatic stress. About one third of the referred youths have entered mental health treatment after the crisis intervention.
- Local and federal funding for research and behavioral-health services.
- Continued hosting of an annual conference on child mental health and traumatic stress, to increase awareness and train professionals. About 350 attendees convene each year.

Widdoes said that since the implementation of evidence-based practices like TF-CBT and Parent-Child Interaction Therapy, parents now call the Children's Department requesting referral to providers with this training. Therapists, too, are requesting specific trainings, she added.

Through a "no-cost" extension year of the NCTSN grant (ending September 30, 2010), outpatient therapists in Delaware will be trained in and pilot Trauma and Grief Component Therapy for Adolescents in the public schools, working with students who are failing in alternative classrooms (after being removed from standard classrooms for disruptive behaviors). Data show that with this intervention, youths have been able to go from failing to passing grades without any extra academic tutoring.

For more information on the programs in Delaware, see: <http://kids.delaware.gov/> or email: nancy.widdoes@state.de.us



Staff from the Delaware Child Traumatic Stress Center, in the state's Children's Department

Yale Prepares to Launch Learning Collaborative for Brief Intervention Model *cont'd from pg. 2*

- Provide skills to help the child and family master trauma reactions
- Assess the child's need for longer-term treatment
- Reduce concrete external stressors

Using standardized measures as clinical tools, CFTSI clinicians work with children and caregivers to help them develop skills and strategies to address trauma reactions. The intervention is facilitated by a provider manual containing detailed case vignettes, a decision tree for identifying CFTSI cases, and easy-to-read handouts for children and caregivers. Spanish-language versions of the clinical assessment tools are available.



Drawing from a child in New Haven

CFTSI is intended to fill a gap between standardized acute interventions and evidence-based, longer-term treatments that are needed to deal with continuing posttraumatic reactions. Children can be referred for CFTSI by law enforcement, child protective services, pediatric emergency rooms, mental health clinics, forensic settings, or schools. CFTSI has been used with children with a wide range of trauma types including sexual abuse, physical abuse, domestic violence, community violence, rape, assault, and motor vehicle accidents.

“We recognized the need for an evidenced-based, early intervention that would fill the gap between standardized acute interventions and evidenced-based, longer-term treatments needed for dealing with enduring posttraumatic reactions.”

STEVEN MARANS, PhD, Director of Yale Childhood Violent Trauma Center

The trauma center completed a randomized controlled trial of CFTSI in 2009. Children and caregivers were assessed within 30 days of exposure to a traumatic event, immediately after the fourth CFTSI session, and again three months later. At the three-month follow-up, the children receiving CFTSI were 65% less likely than children receiving standardized intervention to meet criteria for full PTSD. They were 73% less likely than the comparison youths to meet the combined criteria for partial and full PTSD. The results have been accepted for publication in *The Journal of Child Psychology and Psychiatry*.

CFTSI is currently in use in child advocacy centers and children's mental health clinics in New Haven, and in New York City in collaboration with Safe Horizon. It is also being implemented in Philadelphia in collaboration with the Children's Hospital of Philadelphia and St. Christopher's Hospital for Children emergency departments. During 2011, the Childhood Violent Trauma Center will kick off a national learning collaborative to share this exciting model. Carrie Epstein, LCSW-R, a trainer with extensive experience in both CFTSI and learning collaborative implementation, has joined the trauma center to lead the training efforts, together with CFTSI co-developers Steven Berkowitz, MD, and Steven Marans.

Gulf Spill Draws Network Sites in Coordinated Response to Trauma

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to discuss the oil spill's impact. One of their partners organized several local forums and a summit on the psychological impact of the crisis at the end of June.

Project Fleur-de-lis of Mercy Family Center in New Orleans conducted hurricane preparedness workshops in which they included information on how kids can cope after the oil spill and how they can give back to the most impacted communities.

The Louisiana Rural Trauma Services Center from the Louisiana State University Health Sciences Center are conducting focus groups and a mental health needs assessment with Gulf community leaders, providers, fishermen, oil industry workers, affected children and families, and other stakeholders. They are also working with schools and preschools in the heavily impacted St. Bernard and Plaquemines parishes. Planning is underway to provide trauma-informed screenings and services to children and their families. On August 9 and 10, Louisiana Rural Trauma Services Center held a SAMHSA-sponsored conference on disaster response for children and families, adults, and other stakeholders. The center and the state of Louisiana are also co-sponsoring a behavioral health summit on October 1, *The Summit on Understanding and Utilization of Best Practice Models in Response and Recovery Phases of the Oil Spill Crisis*.

The Louisiana Rural Trauma Services Center is also aiding with camp programs organized by parents in the Gulf fishing community for children whose usual summer activities on the water were curtailed. The camps are intended to serve as supportive

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Child and Adult Trauma Survivor Becomes NCTSN Advocate *cont'd from pg. 1*



"We Will Dance Again"

daughter struggle with posttraumatic stress reactions gave her painful flashbacks to her own youth. "Everything I had been running from came to the center," she said.

universities about negative events, traumatic reactions, and positive growth. She maintains a blog and writes columns that regularly link to the NCTSN Web site. Renee also organizes the annual concert, "Rock to Stop Violence" (www.rocktostop.org), which benefits NCTSN sites.

"Being fearless, shameless, letting go of blame, and totally embracing every experience we have ever had opens the door to deeper relationships and deeper love with others," Renee said. "I found that when I was my most broken, split wide open, was when I had the greatest opportunity to become

"I found that when I was my most broken, split wide open, was when I had the greatest opportunity to become whole."

MICHELLE RENEE, Chadwick Center for Children and Families

Both Renee and her daughter received the treatment they needed at Chadwick. The experience led Renee to volunteer as a public speaker and family advocate for Chadwick and the NCTSN. These days she urges others who have experienced trauma to see--and choose--the positive aspects of their negative experiences. She credits this perspective, and her treatment, with making her a stronger, more whole person, as well as a better mother.

Renee is helping to raise awareness about child trauma and treatment. She and her daughter participated in the Family Voices national conference and a face-to-face meeting of the Partnering With Youth and Families Committee of the NCTSN. They have also contributed to NCTSN resource materials. Renee participated in a training program for victim advocates sponsored by her local district attorney. She speaks at conferences and

whole. It is a great gift to heal, and a great gift to have a daughter heal."

For more about Michelle Renee's story, see: <http://www.michelle-renee.com/>



"Reach for the Stars"

Gulf Spill Draws Network Sites in Coordinated Response to Trauma

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settings for the kids to voice their worries about their families, wildlife and the environment, and the future.

On June 22 and 23, the Institute of Medicine convened experts from around the country in New Orleans to discuss potential health impacts of the oil spill. Howard Osofsky, MD, PhD, the Kathleen and John Bricker Chair and Professor of Psychiatry at LSU Health Sciences Center, described mental health needs and methodological concerns, and told the gathering about focus groups that he and colleagues had led with people in the Gulf region. "Many people have described their pressures related to the massive and continuing uncertainties about their future, and the sense of limited personal control over the outcomes," Osofsky said. "They describe how the anxieties and pressures from Hurricane Katrina and the worries are all coming up again. Multiple traumas make people more sensitive to new traumatic experiences. This is a double or a triple whammy."



Louisiana child's drawing from summer camp, after the Gulf Oil spill

Have You Heard?

A dozen newspapers in New Hampshire and Vermont ran a June 15 **Associated Press** story about the **New Hampshire Bridge Project** at the **Dartmouth Trauma Interventions Research Center**. The project has the goal of training workers in the state child welfare, juvenile justice, and family court systems to more effectively work with traumatized children. "A child gets involved in the juvenile justice system because of delinquency or antisocial behavior," said Project Director **Stanley Rosenberg, PhD**. "But we know that the great majority of kids in that system are themselves survivors of trauma and abuse scenarios, often undiagnosed and rarely treated appropriately." **Charles Wilson, MSSW**, Executive Director of the **Chadwick Center** at Rady Children's Hospital-San Diego, a Network member, is a consultant for the project. He spoke at an initial training session at Dartmouth in June for 200 state and local professionals.

Glenn Saxe, MD, has been named Chair of the Department of Child and Adolescent Psychiatry and Director of the **Child Study Center** at New York University, effective October 1, 2010. Saxe's primary area of research is childhood traumatic stress, with a focus on using innovative methods to elucidate the biobehavioral processes that lead to mental health issues in traumatized children. He directs the **Children's Hospital Center for Refugee Trauma and Resilience**, a member of the NCTSN.

The Alaska Division of Behavioral Health is testing the revised **Alaska Screening Tool (AST)**, which includes screening for **psychological trauma**. The AST is a client-reporting instrument used by all grantees of the Behavioral Health division. It was designed to screen for substance abuse, mental illness, and traumatic brain injury. The new version introduces a 21-question screening component on psychological trauma, which will be pilot-tested at sites including the **Anchorage Community Mental Health Services Child Trauma Center**, an affiliate of the NCTSN. Statewide roll-out of the revised AST is expected in 2010.

The **Trauma Treatment Training Center** at Cincinnati Children's Hospital Medical Center is piloting a group therapy treatment program with adjudicated adolescents at the Hillcrest Training School in northwest Cincinnati. The center is using **Trauma and Grief Component Therapy for Adolescents**, tailoring it for youths in residential juvenile justice settings who have experienced grief and loss. Many residents at the Hillcrest campus have lost multiple friends and family members to community violence and homicide. The adapted intervention will soon be used in several other juvenile justice settings in Ohio, including state youth prisons. **Monique Marrow, PhD**, Director of the **Cullen Center** in Toledo, and **Erna Olafson, PhD, PsyD**, Director of Training at the Trauma Treatment Training Center, are working with the Cincinnati Children's Hospital to help bring trauma-informed interventions to juvenile justice settings.

Did You Know?

The Substance Abuse and Mental Health Services Administration has printed 24,000 copies of *The Courage to Remember*, a training curriculum developed by the NCTSN for clinicians who work with grieving children and families. The size of the print run is unprecedented in the Network's product development history. "This is the most copies produced of any NCTSN product to date," said Susan Ko, Co-managing Director of the National Center. "We are grateful to SAMHSA for continuing to help us meet our mission to educate clinicians and families about child traumatic stress."

The Courage to Remember, presented in a CD video and companion printed guide, focuses on interactions with individual school-age children and teens. Additional information and resources are provided pertaining to younger children and to group therapy. The curriculum educates caregivers about childhood traumatic grief and the principles of trauma-informed treatment, and offers specific guidelines and options for interventions. Copies are available free of charge; professionals can order up to 10 copies. Order at: <http://nmhicstore.samhsa.gov> (Publications tab)

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.

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Established by Congress in 2000, the NCTSN is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

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