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A QUARTERLY PUBLICATION OF THE NATIONAL CHILD TRAUMATIC STRESS NETWORK

Developmental Trauma Disorder Set for Clinical Field Trial



Audience at the Developmental Trauma Disorder: The Nexus of Attachment, Trauma and Brain Conference in New York

The Trauma Center at the Justice Resource Institute, a Network site in Brookline, MA, is preparing to launch Phase II of a research project to investigate developmental trauma disorder, which many in the NCTSN hope will be recognized in the upcoming edition of the *Diagnostic and Statistical Manual (DSM-5)*.

The center has raised almost \$300,000 to begin a full-scale, eight-site clinical field trial focused on the epidemiology, validation, and diagnosis

of the disorder. Involvement of the eight sites—in Anchorage, Chicago, Hartford, Houston, Massachusetts, New York City, Philadelphia, and Southern Michigan—will maximize the geographic, ethnic, and sociocultural diversity of the trial participants. The Nathan Cummings Foundation provided seed money for the launch of the research project. Bessel van der Kolk, MD, and Julian Ford, PhD, are principal investigators; co-investigators are Joseph Spinazzola, PhD, Brad Stolbach, PhD, and Chris Layne, PhD.

>>> *cont'd on pg. 2*

A Childhood of Relentless Trauma...Then Recovery at La Rabida

Mario Lee's path to becoming a youth advocate took most of his childhood, a shocking level of emotional and physical hard knocks, and the help of the Chicago Child Trauma Center, a Network member at La Rabida Children's Hospital.

Now 21, Lee can give a good presentation on developmental trauma. In fact, he serves on the Network's Complex Trauma Advisory Board.

He says that with the coping skills he learned at La Rabida, life's challenges no longer set him far back, and he can talk with youth in his downtown Chicago neighborhood about trauma and its effects.

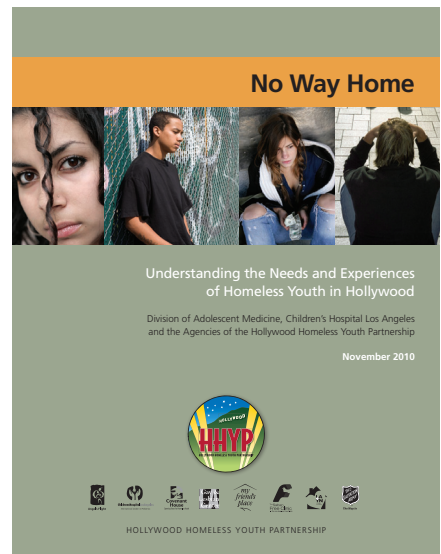
As a youngster, Lee was fortunate in that he always believed that his mother and grandmother were in his corner. But his father was in prison, and his stepfather was abusing Lee and his mother. At age nine, Lee was a passenger in a car that was struck by random gunfire; he was shot in the back and side. He spent time in a coma, and after he emerged from it he had to learn to walk again.

>>> *cont'd on pg. 4*

With Proposals for Action, Report Profiles Plight of Hollywood's Homeless Youth

A new report on homeless adolescents in Hollywood reveals that almost 60% of the youth have a history of child physical or sexual abuse. Many kids were forced to leave their homes by parents or caregivers. Almost half the homeless youth met the criteria for clinical depression and 18% for post-traumatic stress disorder. The average age that they became homeless was just 14 years.

>>> *cont'd on pg. 5*



No Way Home: Understanding the Needs and Experiences of Homeless Youth in Hollywood Report

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.

Developmental Trauma Disorder Set for Clinical Field Trial *cont'd from pg. 1*



The audience at the Developmental Trauma Disorder Conference engaged in an activity

The trial's six-month data collection period is expected to begin early this spring. Currently, the Brookline site is concluding a survey of mental health providers about their experiences in the diagnosis and treatment of children with multiple traumas.

Studies of both child and adult populations during the last 25 years have established that, in a majority of trauma-exposed individuals, traumatic stress in childhood does not occur in isolation, but rather is characterized by co-occurring, often chronic types of victimization and other adverse experiences.

Spinazzola said the primary reason for introducing the diagnosis of developmental trauma disorder is to capture the reality of the clinical presentations of children and adolescents. Many children who have multiple traumas do not qualify for any current diagnosis, or they get the wrong diagnosis, or they get an inadequate diagnosis such as posttraumatic stress disorder that does not capture their full clinical picture.

A 2005 survey of 1,699 children receiving trauma-focused treatment at 25 Network member sites showed that 78% had been exposed to multiple interpersonal traumas, prolonged trauma, or both. Most commonly, the children were exposed to three different types of trauma. Fewer than one quarter of the youth met diagnostic criteria for PTSD; however, about half the youth had significant posttraumatic problems with affect regulation, attention and concentration, negative self-image, impulse control, aggression, and risk taking. In the absence of more appropriate diagnostic options, these children typically receive multiple, seemingly unrelated diagnoses, such as bipolar disorder, attention deficit hyperactivity disorder, PTSD, conduct disorder, phobic anxiety, reactive attachment disorder, and separation anxiety.

In the continuing clinical trial research, the investigators have proposed criteria for more precise diagnosis of developmental trauma disorder. The key criteria include:

- *Exposure to multiple or prolonged adverse events over a period of at least one year beginning in childhood or early adolescence, including repeated and severe episodes of interpersonal violence and significant disruptions of protective caregiving*
- *Difficulties with self-regulation, including prolonged and extreme outbursts or tantrums, problems regulating bodily functions, or difficulty describing emotions or bodily states*
- *Problems sustaining attention, learning, or coping with stress, including misreading of safety and danger cues, extreme risk-taking or thrill-seeking, or self-harm*
- *Impairment related to personal identity and relationships, including extreme and persistent distrust, reactive physical or verbal aggression, or excessive reliance on others for safety and reassurance*
- *The presence of at least some PTSD symptoms, as well as significant functional problems at school, in the family, with peers, or with the legal system*

Spinazzola said preliminary results of the Phase II field trial will be presented in November 2011 in Baltimore at the annual meeting of the International Society for Traumatic Stress Studies. Final results are slated to be reported in March 2012 at the annual conference of the NCTSN. If the results support developmental trauma disorder as a diagnostic classification, they will be submitted to the American Psychiatric Association as it prepares the *DSM-5* (scheduled for publication in May 2013).

For more information on the developmental trauma field trials, contact Joseph Spinazzola at jspinazzola@jri.org



Bessel van der Kolk presenting at a US Senate hearing on the Foster Care System

HEARTS Earns Its Spot in Developmental Trauma Trial

The BI-SLR HEARTS program in New York City, a collaboration between Beth Israel Medical Center and St. Luke's-Roosevelt Hospital Center, has won a place in the field trial on developmental trauma disorder through its own educational efforts.

BI-SLR HEARTS (Healing Emotions and Achieving Resilience to Traumatic Stress) has been a Category III member of the Network since 2009. Director Jacob Ham, PhD, raised funds by organizing a conference on developmental trauma disorder, which HEARTS hosted in October at the New School in Manhattan. The conference drew a crowd of 468 mental health professionals and representatives from other child-serving systems.

Ham said he had originally believed that HEARTS would secure foundation funding for participation in the developmental trauma trial. But the funding fell through because the foundation believed the chances were poor that the DSM-5 would recognize developmental trauma disorder. Joseph Spinazzola, Executive Director of the Trauma Center at the Justice Resource Institute and a leader of the developmental trauma trial, then told Ham that he could keep his conference proceeds to fund the participation of HEARTS.

The conference raised roughly \$21,000 in proceeds and \$3,000 in donations.



Jacob Ham, PhD, Director, BI-SLR HEARTS

Spinazzola said he believes the conference was “the largest single training on complex trauma in 2010.” Daniel Medeiros, MD, Chief of Child and Adolescent Psychiatry at St. Luke's, and Manuela Zisu, MD, Physician-in-Charge, Child and Adolescent Psychiatry at Beth Israel, were a part of the conference planning committee.

Bessel van der Kolk served as the keynote speaker at the daylong conference. He reviewed key aspects of developmental trauma disorder and its links to neurobiology. In addition, he reviewed the history of the Network's attempts to establish developmental trauma disorder in the DSM-5. Van der Kolk ended his talk by discussing potential treatments for developmental trauma disorder—though he emphasized that appropriate treatments could not truly be developed without the DSM-5 classification.

Coping in Hard Times: Facts Sheet for Youth (High School and College Age)

The thumbnail shows the top portion of a fact sheet titled "Coping in Hard Times: Facts Sheet for Youth High School & College Age" from NCTSN. It includes an introduction about what happens when parents are laid off, a section on "Understanding Economic Downturns" with a list of four points (Sense of safety, Ability to cope, Self-efficacy and community efficacy, Connectedness), and a small image of a person sitting at a desk.

The Terrorism and Disaster Network Committee is developing a series of fact sheets on the stress that uncertain and difficult times can have on children and families. *Coping in Hard Times: Facts Sheet for Youth High School and College Age* discusses how challenging financial circumstances can affect a young person's sense of safety, ability to calm, self and community efficacy,

connectedness, and hope. In addition, the fact sheet gives specific and practical ways for youth to address problems, stay connected, network, and cope better during economic downturns.

Domestic Violence and Children: Questions and Answers for Domestic Violence Project Advocates

The thumbnail shows the top portion of a fact sheet titled "Domestic Violence and Children: Questions and Answers for Domestic Violence Project Advocates" from NCTSN. It features a photo of a young girl and text explaining that the fact sheet was developed in collaboration with domestic violence project advocates from across the country to help them understand how domestic violence affects children and guide them in their work with families.

The Domestic Violence Collaborative Group has developed a fact sheet to support domestic violence project advocates. This fact sheet includes helpful information about how children react to domestic violence, short- and long-term responses to domestic violence situations, possible reactions to domestic violence, factors that can help children recover, and working with parents and their children through domestic violence situations.



Mario Lee, Youth Advisor

At age 12, Lee was crossing a city street when he was hit by a car running a red light. Doctors put screws in his legs, and once again he had to re-learn how to walk. When Lee was about 14, his cousin and uncle were caught in gunfire. His cousin was killed and his uncle was seriously injured. Then his father had a fatal heart attack. When Lee was 15, his best friend was hospitalized after a car accident and died while Lee was visiting him.

At 17, because of his prior leg injuries, Lee was unable to escape a gang of teens who attacked the students at his high school. He was hit with a brick on one side of his face and slashed on the other, and then abandoned on train tracks.

Lee had difficulty coping with his multiple losses and traumas, and at times he acted out. When he reached out for help, he got little understanding. He was instead hospitalized and put on medication that did not help him deal with his problems. With the help of his mother, he finally found La Rabida.

The great gifts La Rabida gave him boil down to these: listening to him, working to understand him, and teaching him how to calm himself down.

“They took the time to hear my story,” Lee said. “They got an understanding and did not just try to cure me with medicines. La Rabida taught me coping skills so that I became a role model. Most kids in my school had some type of trauma. I know what it feels like to go through a lot and not feel understood.”

He travels to other schools and community groups now to tell his story. After volunteering for La Rabida for two years, he is now paid as a youth advisor.

“I had to learn how to deal with my problems,” Lee offered. “My experiences helped me to be able to deal with a lot of stuff. I am prepared for the problems that come towards me. I have coping skills and don’t fall back as far; I don’t shut down. I know how to help people.”

“They got an understanding and did not just try to cure me with medicines. La Rabida taught me coping skills so that I became a role model.”

MARIO LEE, Youth Advisor

Vikki Rompala, LCSW, Program Evaluation and Consumer Initiative Coordinator for the Chicago Child Trauma Center at La Rabida Children’s Hospital, said that Lee has become a valuable leader in supporting and informing youth about trauma. He is consulting for the Urban Youth Trauma Center at the University of Illinois at Chicago, and he is helping to plan a statewide trauma-focused youth leadership meeting slated for March 2011. Lee has also made arrangements with artists to perform at a music fundraiser for a youth advisory panel in May, and has co-presented talks at local, state, and national meetings. Last year he was profiled in a National Public Radio segment.

Clinicians at La Rabida helped Lee write a book about his life story, which he hopes to publish. After recovering from recent surgery on his leg, he is finishing a photography and film program at Chicago’s Harold Washington College. He lives with his mother, brothers, girlfriend, and son Mario Lee III, born this past December.



La Rabida Children's Hospital is a welcoming site for visitors

Plight of Hollywood's Homeless Youth *cont'd from pg. 1*

These were among the disquieting results of surveys and interviews conducted with 389 homeless kids living in residential programs, shelters, drop-in centers, and on the streets of Hollywood. The research, presented in a report titled *No Way Home: Understanding the Needs and Experiences of Homeless Youth in Hollywood*, was a project of the Hollywood Homeless Youth Partnership, which includes the Community Trauma Treatment Center for Runaway and Homeless Youth, a Network member. The report covers findings on the children's health status, educational and vocational needs, and experiences with social services. It also describes the pathways by which the children became homeless and the risk factors for their involvement in the youth delinquency and dependency systems. The authors provide extensive and specific recommendations to improve outcomes for these children.

Almost 10,000 unaccompanied homeless youth (ages 24 and under) live on the streets of Los Angeles County throughout the year. Among the adolescents surveyed in Hollywood, one quarter were minors, and well over half had lived in the county prior to becoming homeless. About 60% of the youth were male. Forty-two percent identified themselves as African American, 24% as Latino, and 16% as Caucasian. Almost 40% said they were gay, bisexual, or questioning their sexual orientation. In other key findings, the report noted that:

- The mean age when the children first left home, or were removed or kicked out, was 14.4 years.
- 59% had experienced child physical or sexual abuse.
- 15% were involved in drug sales by their parents or caregivers.
- 40% had been removed from their homes by child protective services.
- 49% met the criteria for clinical depression.

Arlene Schneir, MPH, Associate Director of the Division of Adolescent Medicine at Children's Hospital Los Angeles, and a principal author of *No Way Home*, said that the majority of the youth were homeless not on their own accord but because of family breakdown or system failure. "Most have fled intolerable home situations, parental mental illness, or substance use, or they have been kicked out or abandoned by their parents or guardians," Schneir said. "Often these youth end up in dangerous environments with limited access to services. It is imperative that we support comprehensive strategies that give us the tools we need to meet the challenges we face in helping these young people. This report provides those strategies."



Members of the Hollywood Homeless Youth Partnership

No Way Home offers 29 specific recommendations for preventing, reducing, and ending youth homelessness. The recommendations, organized around four main objectives, emphasize the importance of collaborative work across public and private agencies. The key objectives are:

1. Expansion of stable and secure housing programs for homeless youth and the creation of low-barrier housing models that are responsive to the children's developmental needs
2. Connecting homeless youth to caring adults and, through trauma-informed and individualized approaches, expanding services that help the children build life skills and competencies, complete their education, and find meaningful employment
3. Enactment of policies and design of services that prevent youth from entering the dependency and delinquency systems, and preparing the youth leaving these systems for lives of independence and stability
4. Meeting the urgent need for public and private agencies to coordinate planning and programs at the local, state, and federal levels, and involving youth in identifying practical solutions and policy directions

The Hollywood Homeless Youth Partnership is a collaborative of eight homeless youth-serving agencies dedicated to preventing and reducing homelessness among children and young adults, through direct service, training and capacity-building, research, and policy development. *No Way Home: Understanding the Needs and Experiences of Homeless Youth in Hollywood* can be downloaded for free at www.hhyp.org

Awareness Day to Spotlight Early Childhood Trauma on May Anniversary

By **Brendan McEvoy**, *Communication Specialist, Communication & Social Marketing Center*

The new year marks the 10th anniversary of September 11, 2001. Many families are still coming to terms with the loss of a loved one in the events of that day, and others are saying goodbye to a husband, wife, or child who now serves in Afghanistan or Iraq. The coming year will also mark, on May 3, the sixth anniversary of the National Children's Mental Health Awareness Day, a project of SAMHSA that promotes positive youth development, resilience, and recovery. Against a backdrop of the milestone 9/11 anniversary, Awareness Day planners have chosen to spotlight the many trauma types affecting our nation's youth ages birth to eight.

"We're aware that this Awareness Day is during the 10th anniversary year of September 11, and we'll have a focus on the impact of deployment on military families," said Lisa Rubenstein, Government Project Officer at SAMHSA for the Caring for Every Child's Mental Health Campaign, which created Awareness Day. "At the community level, the American Legion Auxiliary is encouraging its 52 state chapters and 9,000 local chapters to carry out aspects of their military child wellness plan, the cornerstone event of which is now Awareness Day."

The goals of the campaign are to:

- Highlight the importance of building resilience in young children dealing with trauma
- Raise awareness of the efficacy of community-based mental health services for youth and their families
- Demonstrate how children's mental health initiatives promote positive youth development, recovery, and resilience
- Show how children and youth with mental health needs thrive in their communities

As its national theme, this year's Awareness Day will highlight the importance of building resilience in young children who are dealing with trauma. "Our communities adapt that theme to fit the populations they serve," said Rubenstein, a member of the day's planning committee. She noted that SAMHSA has asked Network members to be part of Awareness Day planning and development. In particular, the Network's SAMHSA staff and grantees have been helping to develop child trauma-informed content for:

- Two public service announcements for WJLA-TV (serving the Washington, DC region) that Network members can use in local initiatives
- "Drop-in" articles that grantees can customize for their newsletters, websites, and other outlets

- Viral electronic ("e-viral") messages for e-mail distribution lists and social media

"As one of SAMHSA's eight strategic initiatives, Trauma and Justice, we are very excited about the opportunity Awareness Day brings to help reduce the pervasive, harmful, and costly health impact of child trauma," said Jean Plaschke, MSW, Senior Program Management Officer at SAMHSA and NCTSN Government Project Officer. On the national level, the day will open in Washington with an art exhibit housed at the prestigious Shakespeare Theatre Company. It will continue with a tribute, in the form of spoken word, music, and dance, to children who have experienced and overcome trauma. Later, a joint award from the Office of the Secretary of the Department of Health and Human Services, and the National Endowment for the Arts, an Awareness Day partner, will be presented to a celebrity (yet to be announced) who was resilient after experiencing early childhood trauma and has used his or her celebrity to educate people about trauma and resilience.

Awareness Day has grown to involve nearly 80 leading federal agencies and other organizations focused on education, health, civil rights, and families. Nearly 1,000 sites, including almost 800 Head Start sites, participated in Awareness Day 2010, and nearly 11,000 youth participated in Awareness Day events. Many Network members helped plan local events and activities, including awareness fairs, training workshops, and community art projects.

To help Network members participate in this year's Awareness Day, the Communication & Social Marketing Center is hosting a webinar in late February and will distribute an updated resource packet for the event. The center is also providing Network members with promotional materials for use with social media. Members can access technical assistance for Awareness Day projects by contacting the Communication & Social Marketing Center at 800-789-3044 or at CSMCenter@gallup.com.

Awareness Day is a key strategy of the Caring for Every Child's Mental Health Campaign, which is part of SAMHSA's Public Awareness and Support strategic initiative. The campaign seeks to raise awareness about the importance of children's mental health, so that children receive help for mental health disorders with the same urgency as they would for any other health condition, and so that the impact of mental illness on America's communities can be reduced.

For more information about National Children's Mental Health Awareness Day, visit: www.samhsa.gov/children

Residential Treatment Center Renamed in Honor of Bessel van der Kolk

The Justice Resource Institute in Brookline, Massachusetts, celebrated the opening of the new van der Kolk Center at Glenhaven Academy, named in honor of Dr. Bessel van der Kolk, a nationally recognized expert on child traumatic stress. He is also the founder and Medical Director of the Trauma Center at JRI, an NCTSN member.



“...truly a dream come true. It is what I always envisioned a treatment place should look like.”

DR. BESSEL VAN DER KOLK, Founder and Medical Director, Trauma Center at JRI.

The van der Kolk Center, located in Marlborough, MA, is now home to 30 young people ages 12 to 22 who have experienced severe trauma. At the renaming ceremony in September, van der Kolk said the renovations to the facility were “truly a dream come true. It is what I always envisioned a treatment place should look like.” Two dining rooms serve family-style meals. A comfortable “escape room” lets kids have peaceful time alone, while in other areas students can jump on trampolines, practice on musical instruments, use computers and neurofeedback equipment, or read.

Bessel van der Kolk said that the number of traumatized children in need of treatment is growing. “There are 10 times as many traumatized children as there are soldiers in Afghanistan and Iraq,” he noted, adding that there is “tremendous denial of this problem.” The children at the center have histories of misdiagnosis and such inappropriate medical therapy that they have never been helped. The center’s resources and equipment will allow it to emphasize body awareness in treatment programs and create more customized treatment plans for the children.

Alicia Strauss, Clinical Director at the center, said, “Now we are able to give kids a lot more individual attention. We are able to meet kids where they are, and to make them more aware of their bodies so we can retrain their brains.” Added JRI President Andy Pond, “Many programs exist to treat troubled adolescents, but few do so by exploring the root causes of that trauma and devising a highly customized treatment. That is exactly what this program will do.”

Source: MetroWest Daily News, Sept. 24, 2010

Welcome, New Network Sites!

The Substance Abuse and Mental Health Services Administration has awarded grants to two new NCTSN sites. These Community Treatment and Services Center grants, for up to \$1.5 million over two years, are designed to help the sites identify and implement best practices to address child trauma needs in communities. The grantees are:

The Mental Health Center of Denver, which will lead a consortium of community and government agencies to implement the Gang Reduction Initiative of Denver – Trauma Treatment Project. The project will target 11- to 17-year-old children, primarily African American and Latino kids who are involved with gangs or at risk of involvement. (The Denver site was funded previously as part of the NCTSN, and has continued as a Network Affiliate.)

The Center for Success and Independence, which will provide trauma-informed screening, assessment, and treatment services for adolescents ages 12 to 17 who are involved in the juvenile justice system in Houston, TX.

In Appreciation of NCTSN Support

I wanted to reach out to thank The National Child Traumatic Stress Network for supporting our webinar entitled “Child Traumatic Grief: Issues and Interventions Related to Military Children” on November 16, 2010.

As you may already know, TAPS provides peer support services to all those grieving the death of a loved one in the military. Our Good Grief Camp has been supporting and caring for bereaved military children over the past decade. With our new professional education and training webinars, it is our goal to help military and civilian providers improve their understanding and skills in working with children who have suffered the loss of a parent (or significant adult relationship) in the military.

TAPS is very excited to have this opportunity to partner with NCTSN on such a critical education and training program. If you should have any questions, please do not hesitate to contact me.

Sincerely,

Jill H. LaMorie, MSW
Director, Professional Education
Tragedy Assistance Program for
Survivors (TAPS)



Have You Heard?

The people who brought you **TF-CBTWeb** have unveiled **CTGWeb**, a free **web-based training on child traumatic grief**. The course is a joint project of the Center for Traumatic Stress in Children and Adolescents in Alleghany, PA, the Child Abuse Research Education and Service Institute of the University of Medicine and Dentistry of New Jersey, and the Medical University of South Carolina in Charleston. “CTGWeb is designed as a follow-up course to our Web-based course, *TF-CBTWeb*, which teaches the basics of Trauma-Focused Cognitive Behavioral Therapy,” said MUSC’s **Ben Saunders, PhD**, who spearheaded the project. Consequently, *CTGWeb* is available only to trainees who have completed *TF-CBTWeb*. For more information, see: <http://tfcbt.musc.edu/> and <http://ctg.musc.edu/>

Family Service of Rhode Island, home of the Children’s Treatment and Recovery Center, has won a **MetLife Foundation Community-Police Partnership Award** along with the **Providence Police Department**. The award, presented at a ceremony at police headquarters in September, recognized the **On the Beat Multilingual Police Liaison Program**, the agency’s joint effort with the police department. The program is a model for “place-based” interventions, which focus on neighborhoods to reduce crime and youth trauma. More than 700 agencies were considered for the MetLife award.

Children’s Hospital of Philadelphia, famous for its pioneering work in **pediatric medical trauma**, has launched a website on the subject. The site, www.healthcaretoolbox.org, offers continuing education programs and credits for medical professionals, as well as information on research and assessment tools.

The Los Angeles Child Guidance Clinic presented **Marleen Wong, PhD**, with the 2010 **Evis Coda Award for Building Hope for Families**. The award recognizes recipients for “a legacy of leadership and innovation.” Wong was honored for her “unrelenting commitment to improving the lives of countless thousands of children” and for pioneering interventions that “eloquently provide early, trauma-informed care to children most in need,” said Betsy Pfromm, President/CEO of the Child Guidance Clinic.

The American Psychiatric Association presented its **Gold Medal award** and a \$10,000 prize to the **Louisiana State University Health Sciences Center Department of Psychiatry**. The award recognized the department’s collaboration with the public school system of St. Bernard’s Parish, which was devastated by Hurricane Katrina and the Gulf oil spill. In early autumn of 2005, the **St. Bernard Parish Family Resiliency Project** began working with the first students housed in temporary structures without electricity or running water. It has since provided collaborative screenings, evaluations for students requesting services or meeting cutoff scores, individual and group therapeutic interventions based on NCTSN models, services for behaviorally challenged students in alternative schools, services for school personnel and parents, and a youth leadership program to promote resilience and self-efficacy. More than 15,000 screening assessments have been carried out in the parish schools since the project’s inception. Students in the youth leadership program have carried out community, school, and family projects to help returning students and assist in community rebuilding.

Did You Know?

In 2009, the Community Trauma Treatment Center for Runaway and Homeless Youth teamed up with the Runaway and Homeless Youth Training and Technical Assistance Centers (out of the University of Oklahoma) to develop and implement trainings on trauma-informed care. Their goal was to serve direct-care staff and clinical staff working with homeless youth at agencies funded by Housing and Urban Development. Through this collaboration, the Community Trauma Treatment Center has provided training in nine states across the country and reached participants in at least 11 states.

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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: Patrick Cody

Consulting Editor: Melissa Culverwell

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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.