NCTSN The National Child Traumatic Stress Network

IMPACT

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"It Doesn't Just Happen": A Special Issue on the NCTSN at 15 Years

The effort to establish the National Child Traumatic Stress Network (NCTSN) began long before it was launched by Congress as part of the Children's Health Act of 2000. In 1999, a group of committed researchers, clinicians, child advocates, and federal policy staff met on Cape Cod to shape a vision for a national network of child trauma centers serving children and families. Soon after, a Government Accountability Office report (GAO-02-813), commissioned by Senators Kennedy, Durbin, and Wellstone, examined whether children who had experienced traumatic events were able to access services. The brief answer was: "largely unknown." The report became the basis for the new law authorizing the NCTSN for $50 million.

Named in honor of Donald J. Cohen, a pioneer in children's mental health, the NCTSN received $10 million in funding in its first year, and the National Center for Child Traumatic Stress (the NCTSN coordinating center co-located at UCLA and Duke University) and 17 grantee centers launched the Network. The mission was to raise the standard of care and improve access to services for traumatized children, their families, and communities. Key staff from the federal funding agency, the Substance Abuse and Mental Health Services Administration (SAMHSA), notably Robert DeMartino, MD, and Malcolm Gordon, PhD, were instrumental in the early days in defining the strong collaborative model for the NCTSN infrastructure and initial priorities.

The NCTSN has grown from a small network to its current size of 82 funded grantees, about 160 affiliate (formerly funded) members, and thousands of national and local partners whose work has been essential to this growth. Many congressional policymakers have supported the work of the NCTSN along the way, notably, the late Senators Ted Kennedy and Paul Wellstone, former Sen. Tom Harkin, Rep. Rosa DeLauro, and Sen. Dick Durbin, who were leaders in launching the Network; and more recently, Sen. Patty Murray and Rep. Tim Murphy. This strong congressional interest has helped establish an important feature of the initiative: the rapid transfer of scientific, clinical, cultural, and family expertise to policymakers to help with decision-making relevant to the NCTSN mission and the needs of children.

> …Vigilance is needed; this kind of policy change "doesn't just happen."
>
> — Advice from a longtime children's advocate and NCTSN supporter

Funding has also grown from the initial $10 million to its current level of $47 million. In some years, Congress or SAMHSA has directed the use of some NCTSN funds to address specific national incidents, such as Hurricane Katrina, the Sandy Hook school shooting, or the unmet needs of military families. But the scope of work is wide. The NCTSN provides treatment, services, intervention development, training, data collection and analysis, program evaluation, product development, policy analysis, rapid crisis response, and the integration of trauma-informed and evidence-based practices in all types of child-serving systems. This broad mission means the NCTSN has the flexibility that is needed to advance all areas of child trauma.

Over the years, a longtime children's advocate and NCTSN supporter regularly advised us that vigilance is needed, that this kind of policy change "doesn't just happen." It takes the leadership, experience, and hard work of thousands of dedicated members and partners. For this initiative to go forward, all of us will need to commit to NCTSN goals and redouble our efforts to help traumatized children and families face the new challenges ahead. Together, we can "make it happen." ■

Ellen Gerrity, PhD, NCCTS Associate Director and Senior Policy Advisor, and Associate Professor, Duke University School of Medicine

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Child Sexual Abuse Committee: A History of Collaboration and Resource Development

In addition to the important work they accomplish at their funded sites, many Network members have joined collaborative groups and committees that further the mission of the NCTSN. The first such groups were formed in 2002 and many, such as the Child Traumatic Grief and Complex Trauma groups, are still active. Networking via monthly conference calls, these groups focus on many trauma types, populations, and child-serving systems. Practice-sharing and the development, dissemination, and exchange of resources comprise their activities. The groups also extend the awareness and reach of trauma-informed care by responding to current events and producing relevant printed, video, and Web speaker series.

In Spring 2008 IMPACT featured the Child Sexual Abuse Committee as an exemplary group to illustrate what's possible through collaboration. Co-led by Judith A. Cohen, MD, Professor of Psychiatry, Allegheny Health Network, Pittsburgh, PA, and Susana Rivera, PhD, Program Director of SCAN (Serving Children and Adults in Need), Laredo, TX, the committee had already begun serious work to increase public, professional, and media knowledge about the frequency and impact of childhood sexual abuse. One of their projects at the time – in addition to the Child Sexual Abuse Fact Sheet for Parents, Teachers, and Other Caregivers – was the production of a DVD, The Promise. This program used a composite narrative drawn from real children's experiences of sexual abuse, and highlighted the use of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) as an effective treatment. (See Sidebar, "A Sampling of Child Sexual Abuse Committee Products.")

Generosity: A Key to Success

The Child Sexual Abuse Committee has been consistently prolific, developing more than 27 products in the past 10 years. That productivity, Cohen said recently, is due to "the passion and dedication of our members and their collaborative and generous spirit." By generosity, Cohen explained, she meant that members dedicate many (often unpaid) hours to the group's activities in addition to the hours they already devote to their own practices. Families and kids have also generously shared their own stories, adding lived experience and expertise to many of the group's products.

Also contributing to the group's success are its collaborations with other Network groups, Cohen said. The Child Sexual Abuse Committee has developed Webinars with the Schools Committee; worked with the Translations Review Committee to produce bilingual fact sheets and other materials; and collaborated with the Culture Consortium, Complex Trauma, and Child Traumatic Grief committees. Cohen said she is especially proud of the group's efforts to address gaps in trauma-informed care for certain groups of children and youth, such as LGBTQ youth and those who have been victims of commercial sexual exploitation.

A Sampling of Child Sexual Abuse Committee Products

- Caring for Kids: What Parents Need to Know About Child Sexual Abuse (English and Spanish information sheets) (2009)
- Staying Safe While Staying Connected: Facts and tips for teens (2010)
- Understanding the Complex Needs of Commercially Sexually Exploited Children Speaker Series (2015-2016) (https://learn.nctsn.org)
- LGBTQ Youth: Voices of Trauma, Lives of Promise Video (2016)

For more details and products, visit http://nctsn.org/trauma-types/sexual-abuse

Furthering these efforts, four new subgroups have been formed to develop more resources for reaching different populations. The Commercial Sexual Exploitation of Children subgroup will be led by Kelly Kinnish; the LGBTQ subgroup by Arturo Zinny; the Sexual Health subgroup by Al Killen-Harvey; and the Sexual Behavior Problems subgroup by Jimmy Widdifield and Roy Van Tassel.

With these new subgroups, the Child Sexual Abuse Committee continues to go "full speed ahead, in terms of developing products," Cohen observed. She noted that improving the dissemination of products and materials directly to youth and at points of contact – such as schools and primary care offices – is also becoming a new focus. "We won't stop developing products, but I think we could do better at disseminating the ones we have to where the kids, parents, and teachers are." ■

Collaborative Groups Announce Leadership Changes

Many longstanding chairs of NCTSN collaborative groups are beginning to step aside to create leadership opportunities for other Network members. In most cases, these outgoing chairs will remain involved in the groups, continuing to contribute expertise and guidance. The NCTSN thanks the following leaders for their invaluable efforts: Charles Wilson, Erika Tulburg, and Jim Henry (Child Welfare); Elizabeth Thompson (Birth Parent Trauma and Parent Trauma Coordinating Group); Jen Hossler (Child Welfare Trauma Training Toolkit); Beth Barto and Kelly Sullivan (Resource Parent Curriculum and RPC Implementers Group); Jaleel Abdul-Adil (Community Violence); Carla Stover (Family Systems); Larry Wissow and Sarah Ostrowski (Integrated Care [I-Care]); Erna Olafson and Chris Branson (Justice Consortium); Chaney Stokes and Angela Moreland (Partnering with Youth and Families); Chris Blodgett, Lynn Garst, and Marlene Wong (Schools); Brian Houston (Terrorism and Disaster); Norma Finkelstein (Trauma and Substance Abuse); and Leslie Brown and Mindy Kronenberg (Zero to Six).

Network Affiliate Program: A Survey on Membership and Productivity

"The Affiliate program is the most unique aspect of our Network," noted Kimberly L. Blackshear, BS, in the Fall 2014 issue of IMPACT. Blackshear is the Network Liaison, Site Integration and Collaboration Program, at the National Center for Child Traumatic Stress/Duke, and recently reported on the continued growth of the program.

The Affiliate program provides a structure for former grantees to continue their trauma-informed work, offering inclusion in collaborative groups, attendance at the NCTSN All-Network Conference, and liaison support for navigating the Network and its resources. The Affiliate program began in 2005 and formulated its charter in 2007. With the support of SAMHSA, the first Affiliate-only meeting took place in 2011. As of September 2016, 18% of Affiliates (22 individuals and 5 organizations) were receiving funding from current Network grantees. In partnership with the NCCTS and the NCTSN Steering Committee, the Affiliate program is launching an Affiliate Integration project to increase the number of current grantees integrating Affiliates into their NCTSN activities.

Results from six years of member surveys reveal the following snapshot of Affiliate membership and productivity. ■

Current Number of Affiliates
Organizational: 69
Individual: 96
Total: 165

Number of Children Served
From 2010-2016:
477,000

Number of Professionals Trained
From 2012-2016:
330,000

Average Hours per Month Spent on NCTSN Activities*: 46

Range of Services Provided by Surveyed Affiliates
92% provide training
81% consult with service systems
69% provide direct services

(*Fourteen NCTSN groups are led by at least one Affiliate; other Affiliates participate in conference calls and NCTSN product development; become champions for trauma-informed care in their organizations; testify before legislative bodies about child trauma; and support other trauma-focused activities.)

Partnering With Youth and Family

When Chaney Stokes spoke with IMPACT in Fall of 2014, she had recently been hired as the Family-Partner Coordinator at the Center for Child & Family Health in Durham, NC. Three years later, her role at the center has expanded. Stokes is a co-facilitator of the Resource Parent Curriculum (RPC); joins the staff to train child welfare and mental health workers in trauma-informed practice; and has taken an active role with community stakeholder organizations. These opportunities "have been a blessing" for her, she said recently. "When I started co-facilitating the RPC, I spoke more from my lived experience as a foster youth. Now, I can also use my professional lens as it relates to trauma-informed care."

In the 2014 IMPACT interview, Stokes related her often difficult journey to making her voice count, first as a foster youth and then as a member of the Board of Directors of SaySo, a youth advocacy organization in North Carolina. She said her experience with SaySo (short for Strong Able Youth Speaking Out) was life-changing. She had found acceptance with the organization and its members. "I was never judged for my mistakes," she said, "even though I was making decisions that were not always the brightest." (She became pregnant at age 17.) "SaySo was like a family to me – they provided me with structure and I felt like I belonged to someone." Involvement with SaySo, she added, "formed the foundation of where I am today." Soon after joining SaySo, Stokes was elected to the Youth Board of Directors, comprised solely of youth members and the only administrative voting body in the organization. She served on that Board until 2004. By then the mother of an infant son, she took time to focus on being a parent and finishing high school.

Chaney Stokes, Family-Partner Coordinator, Center for Child & Family Health in Durham, NC.

Reconnection with SaySo at a 10-year reunion propelled her into an administrative role. Subsequently, training as a mentor with Helping Youth Reach Self-Sufficiency led her to an opportunity to work with Durham's Center for Child & Family Health team on a Breakthrough Series Collaborative (topic: using trauma-informed child welfare practice to improve the stability of foster-care placements). At that point, Stokes recalled, she felt the pressure of working with a team of clinicians. "I felt like I had to put my 'A game' on, because I was there representing so many young people who weren't able to express their voice the way they wanted to."

Her impressive work led to her roles as a collaborator and partner with the center. Stokes now speaks about the personal and professional satisfaction that she has achieved. "I want to make sure families and caregivers feel supported when working with different systems. It's an overwhelming feeling of joy to hear resource parents and providers talk about how they now use a trauma lens to understand the thoughts, feelings, and behaviors of children and their parents. That's a huge success!" ■

Cultural Competency: Tuning in to Language

When working with clients whose primary language is Spanish, it is important to attend not just to translation issues, but to the cultural nuances that language conveys, noted Lisette Rivas-Hermina, MS, LMFT, in the Fall 2012 issue of IMPACT. "Culture and language are within us, and affect everything we do – how we dress, think, even how we form attachments," she said.

Rivas-Hermina, formerly a Senior Training Specialist at the Children's Institute, Inc., in Los Angeles, (an NCTSN Category II Center), currently participates in Network activities as a member of the Translations Review Committee, which is a subcommittee of the Culture Consortium. In private practice in Los Angeles, she provides consultation and training on Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), and uses both Spanish and English with clients in her private practice.

Lisette Rivas-Hermina, MS, LMFT

In the IMPACT article, Rivas-Hermina articulated some of the linguistic and cultural challenges she encounters as a clinician, trainer, and supervisor.

"How we interpret what happens in our sessions is based on our values and internalized language system," she said. Even though Rivas-Hermina is Latina and speaks Spanish, she was born in the United States, and her values and attitudes would be considered "American" by a family born and raised in Latin America. "I might speak too formally, use slang too informally, or come across as being too direct, pushy, or matter-of-fact. It's a delicate balance to be aware of and hold our families' value systems in the session without being judgmental and critical. As clinicians, we must not only be aware of the values within the community in which we work, but of the intricate differences that can exist within a culture."

Rivas-Hermina noted that linguistic competency is crucial in trauma work because of the way the brain encodes emotions. "When babies are born, voice and language form their first connection to their mothers. Engaging a person in the language in which the trauma occurred will bring up more of the emotional content."

Rivas-Hermina furnished some tips for colleagues about important aspects of culture that might be missed in trauma work. For example, some clinicians still treat only the child and do not include the caregiver. In Latino culture, women tend to be the matriarchs in the home, so excluding them disrupts the family relationship and ignores cultural values. Rivas-Hermina recalled treating a 15-year-old girl who had been abused by an uncle. "Even though there were moments when her mother inappropriately blamed her daughter for the abuse, I needed to include her to be culturally competent. I focused on the fact that the mother brought her daughter to treatment and was participating with her. I modified the daughter's trauma narrative to include changes before and after therapy, and highlighted the improvements in the mother-daughter bond. If I hadn't included the mother, she may have pulled her daughter out of treatment and we would have lost the chance to repair their relationship."

Finally, Rivas-Hermina emphasized the importance of therapists' supervisors conducting supervision in Spanish. "For example," she explained, "if supervision is in English, how does the supervisor assess the competency of the work done in Spanish? Something that may sound appropriate in English could be offensive in Spanish. If I am supervised in Spanish, my countertransference and emotions are more likely to be apparent and provide an opportunity for me to reflect, 'Oh, that may have been a little too much,' or my supervisor may catch other nuances. We're talking here of raising the standard of care through understanding the fine intricacy of interactions." ■

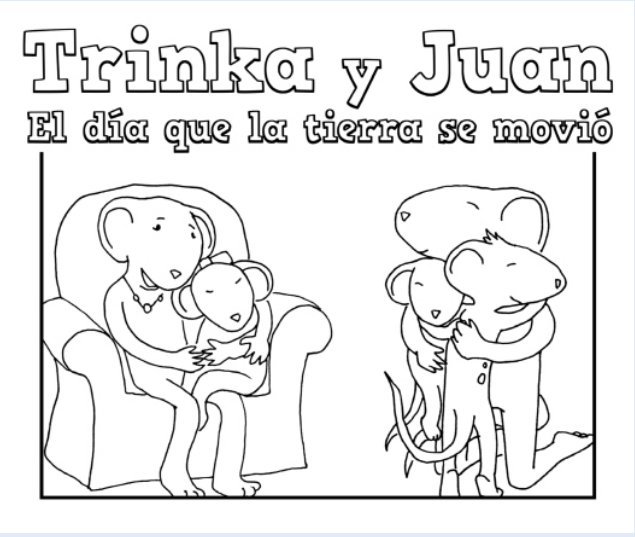
Translations Review Committee Products

In addition to translating NCTSN products, the Translations Review Committee revamped the Spanish language portion of the Network Web site, accessible here:

http://www.nctsnet.org/resources/audiences/Informaci%C3%B3n-en-Espa%C3%B1ol

Two representative translated products are Cuidando a Los Niños: Lo que Los Padres Deben Saber Acerca Del Abuso Sexual Infantil (Caring for Kids: What Parents Need to Know about Sexual Abuse); and Video Sobre el Duelo Traumático Infantil: Vale la Pena Recorder (Childhood Traumatic Grief Video: It's Okay to Remember).

The Trinka and Sam book series was designed to help parents communicate with kids following a natural disaster. In the Spanish translation of the series, the lead characters are Trinka and Juan. Shown here is the cover illustration of the Trinka y Juan book on earthquakes.



Strong Partnerships Create a "Network Beyond the Network"

The National Child Traumatic Stress Network is comprised of university, hospital, and community based organizations. With thousands of national and local partners, the Network has made collaboration central to fulfilling its mission to raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States.

The National Center for Child Traumatic Stress (NCCTS) provides the infrastructure to support the growth and dissemination of scientific knowledge and expertise about child trauma. Network members and the NCCTS work within and across diverse settings to partner with many governmental and nongovernmental organizations that also serve children and families exposed to trauma. This "Network beyond the Network" effectively extends trauma-informed practices and resources to all child-serving systems.

Shay Bilchik, JD, Director of Georgetown University's Center for Juvenile Justice Reform.

In past issues of IMPACT, leading professionals in child trauma have described the power of partnerships in their work with the Network. For example, in 2012 (Summer issue), Shay Bilchik, JD, Director of Georgetown University's Center for Juvenile Justice Reform, commented that collaboration with the NCTSN was providing "an additional level of thinking—that what behavioral mental health experts now know about trauma supplies a key ingredient in systems change." In the same year (Fall), Colonel Hugh T. Clements, Jr., Chief of the Providence (Rhode Island) Police Department, related an incident involving an injured boy who had experienced a violent event. "We followed up on him for a while and he was doing remarkably well, both emotionally and physically, a short time later," Clements said. "Without our relationship with Family Service [of Rhode Island, an NCTSN site], I'm not sure that he would have adjusted as well as he did."

Christine James-Brown, President and CEO of the Child Welfare League of America, noted in 2011 (Summer) that her organization's engagement with child trauma issues "… is not the 'flavor of the week.' It is important for us to learn from the NCTSN and take that knowledge and spread it, and embed it in our policies and practice parameters." And in 2013 (Spring), Teresa Huizar, Executive Director of the National Children's Alliance, had this to say: "Our Children's Advocacy Centers have benefitted dramatically from our close relationship with the NCTSN." Working with the Network "is a wonderful opportunity to collaborate with talented professionals and innovative thinkers." ■

Then and Now: Technology Learning Center and Products

	Past	Present	Future
NCTSN on the Web NCTSN.org	The February 2003 issue of The Network News announced, "New NCTSN Website Scheduled to Launch April 1!" The Network's public Web site, NCTSN.org, did launch in 2003, with 80 pages of content. Included were descriptions of the first and second cohorts of NCTSN member centers; a catalog of Network resources; an events calendar; and a section on job opportunities.	NCTSN.org has now grown to more than 1500 pages of content and an average of 9300 page views per day. In February 2017, there were 97,832 visitors to the Web site, an increase of 11% over the same month in 2016. Downloads of the top 10 Network products total nearly 6500 each month. Among the most frequently visited sections on the site: Trauma Types, and Treatments That Work.	NCTSN.org is currently being redesigned. The new Web site will have an updated look, will be easier to search and navigate, and will enhance the functionality of the Network's database of hundreds of products.
The Learning Center learn.NCTSN.org	The Spring 2010 issue of IMPACT reported: "A steadily growing number of visitors—thousands of professionals from all walks of life, as well as parents and caregivers—are logging in to the NCTSN Learning Center for Child and Adolescent Trauma to learn more about child traumatic stress." More than 7000 people had created accounts on learn.NCTSN.org. The site's content included 70 Webinars "featuring sought after educators and trainers in child traumatic stress."	Six years later, the Learning Center is nearing 150,000 registered users. More than 2500 new participants are joining each month from fields including healthcare, education, and child welfare. The Learning Center site offers more than 245 Webinars. About 8000 participants have enrolled in each of the site's series on child sexual abuse, child traumatic grief, and young children in foster care. Upwards of 40,000 learners have earned certificates of completion for Psychological First Aid, the most popular course at the Learning Center.	Some of the new courses now in development: Complex Trauma and Developmental Trauma Disorder; Implementation Science; and Screening and Assessment.

Disaster Response and the NCTSN

When Congress authorized the formation of the Network as part of the Children's Health Act of 2000, the federal committee in charge of reviewing and awarding NCTSN grant applications was not scheduled to meet until a year later. That meeting marked the official birth of the NCTSN. It took place on September 11, 2001.

Since that time, the Terrorism and Disaster Program and the NCTSN have responded to more than 180 events, from natural disasters such as hurricanes and earthquakes, to public health disasters such as epidemics, and to mass violence events. The Fall 2010 issue of IMPACT detailed responses to the Deepwater Horizon oil spill; and the Fall 2012 issue reported on responses to Colorado's summer wildfires and the Aurora movie theatre shooting.

NCTSN activities in the immediate aftermath of Hurricane Katrina (in August 2005), as well as ongoing work with recovery and resilience efforts, typify the depth and breadth of the Network's response to disasters. "For 9/11, our Network was just forming," remarked Melissa Brymer, PhD, PsyD, Director, Terrorism and Disaster Program, at the National Center for Child Traumatic Stress/UCLA. "Our involvement with Hurricane Katrina really demonstrated how being part of the Network made a difference. We didn't just support those communities damaged by the storm, such as New Orleans or the Gulf areas, but also supported those communities who received displaced people. Ninety percent of our Network was providing assistance at some level."

Within the initial hours and days following both Hurricanes Katrina and Rita, the NCTSN mobilized to address the needs of children and families. Brymer said that 33 Network centers from 22 states, in collaboration with 31 community partners, provided direct services to survivors and evacuees; conducted trainings, community education, and consultation; created products; and responded to media requests. Howard Osofsky, MD, PhD, and Joy Osofsky, PhD, Co-Directors of the Louisiana Rural Trauma Services Center, were vital partners in the Louisiana response and recovery effort.

Network members were directly involved in helping those displaced by the storms and flooding. As far away as Boston, the Trauma Center at Justice Resource Institute helped to set up and staff an evacuee site at Otis Air Force Base on Cape Cod. Not just families and children received behavioral health services: educators, first responders, and later, returning evacuees also benefitted from trauma-related services. The Network collaborated with many partners in these efforts, including the American Red Cross, the Robert Wood Johnson Foundation, and Catholic Charities, among others.

Lessons Learned from Katrina, Other Disasters

Katrina also coincided with the launch of the first edition of Psychological First Aid (PFA), which has become one of the most utilized of the Terrorism and Disaster Program products. "The magnitude of Katrina's impact really made us think about how we can reach large communities quickly to provide acute behavioral health support," Brymer said. "Lessons learned from our implementation of PFA led to modifications of this intervention, and the release of the second edition of our Field Operations Guide, which included enhanced engagement strategies and addressing grief and loss issues.

New Orleans, LA, Aug. 27, 2015 – Volunteers put the finishing touches on the KABOOM! playground at East Shore Park as part of Katrina 10 events held throughout the New Orleans area. Photo by Samuel Carr McKay.

"It also became clear," she continued, "that we needed to create an intermediate intervention for the ongoing needs of survivors, which led to the creation of Skills for Psychological Recovery (SPR). To truly meet the training needs for PFA, we created a sophisticated distance-learning strategy as a necessary next step." PFA Online followed (featured in Summer 2010 IMPACT), which then led to development of the PFA Mobile app, a "just-in-time" solution for providers in the field.

As time went on, the need for continuing services after Katrina became clear. The Louisiana Rural Trauma Services Center continued its outreach and training efforts on trauma and the impact on children and families, as well as secondary stress support for educators and first responders, and direct services to different affected communities. The DePelchin Children's Center contracted with the Houston Independent School District to provide counseling services to evacuees and school-based groups to children affected by the hurricane. In partnership with the Texas Division of Behavioral Health Services, DePelchin provided training in PFA.

Each of the Terrorism and Disaster Program's products has been developed with an eye toward addressing what families are struggling with, Brymer said. That was the reason for the Trinka and Sam series of books, which help to create a safe way for parents and young kids to communicate with each other in an appropriate way following a disaster. The books have now been created for families who have experienced a tornado, hurricane, or earthquake; they have been translated into Spanish and other languages. The NCTSN's reach after terrorism and disaster events is impressive. In 2014 alone, for example, the NCTSN responded to 16 different events. More than 600 clinicians/providers at 23 Network centers in 13 states provided services to 36,780 adults and 8,831 children. In many ways, Brymer observed, the experiences with Hurricane Katrina propelled a greater understanding of what families and children needed, and became the model for the Network's responsiveness today. ■

15 Years of the NCTSN – A Retrospective Roadmap

2001
- First NCTSN cohort funded
- Serving America: Response to 9-11

2002
- First All-Network Meeting
- Established NCTSN Steering Committee

2004
- First Accelerated Collaborative Project (ACP): Pediatric Medical Traumatic Stress Toolkit
- Opened the NCTSN Core Data Set
- Formed the NCTSN Advisory Board

2005
- First Breakthrough Series Collaborative (BSC) on TF-CBT
- Launched Psychological First Aid (PFA) integrating Adult and Child Approaches
- Established NCTSN Affiliate Program

2006
- Created the Family and Youth Initiative

2008
- Produced the Child Welfare Trauma Training Toolkit

2009
- Launched the NCTSN Learning Center to advance interactive training

2010
- Created Core Data Set Mini-grants
- Developed Resource Parent Curriculum

2011
- Conducted BSC on Child Welfare
- Created PFA Mobile advancing capacity through technology

2012
- Released Think Trauma combining adolescent intervention with societal outcomes
- Responded to shooting in Newtown, CT; created a sustained trauma-informed recovery program

2013
- Convened Juvenile Justice Roundtable with SAMHSA's Trauma and Justice Strategic Initiative
- Launched Military and Veterans Families Program

2014
- Organized Child Welfare Practice Laboratory
- Launched CoCAP and CIMI data projects
- Completed second NCTSN Strategic Plan

2015
- Released Intellectual and Developmental Disabilities and Trauma Toolkit
- Released first NCTSN position statement: Prerequisite Clinical Competencies for Implementing Effective Trauma-Informed Interventions

2016
- Convened Child Trafficking and Trauma Roundtable
- Released second NCTSN position statement: Racial Injustice and Trauma: African Americans in the US

15 YEARS NCTSN

Have You Heard?

The Winter 2009 issue of IMPACT highlighted the increasing numbers of children with traumatic stress who interact with child-serving systems, each of which approaches trauma differently. A major goal of the NCTSN has been to promote a standardized approach to child trauma across child-serving systems. In Summer 2011, IMPACT reported that the Trauma-Informed Systems Collaborative Group had begun discussions at the recent All-Network Conference to form the foundation for a shared definition of trauma-informed systems. Susan Ko, PhD, said at the time, "Because the various entities have differing definitions of 'trauma-informed systems,' it is appropriate for the NCTSN to play a role in defining these systems for its members and partners." Charles Wilson, MSSW, Executive Director of the Chadwick Center at Rady Children's Hospital in San Diego, added, "As we start seeing more research on trauma-informed systems, we have to be clear that we are comparing apples to apples."

Since that meeting, the Network has defined a trauma-informed system as one in which "…all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers." (For the fuller definition, see http://www.nctsnet.org/resources/topics/creating-trauma-informed-systems.) The Network is currently developing and piloting a trauma-informed organizational assessment based on the domains of the definition. To launch this effort, Jane Halladay Goldman, PhD, MSW, Service Systems Director at the National Center for Child Traumatic Stress/UCLA, gathered existing Network products and resources and compiled aspects of a trauma-informed system that would facilitate measurement of outcomes. Among the key components to be assessed are routine screening for trauma; use of culturally appropriate, evidence-based assessments; availability of consumer resources; strengthening of resilience/protective factors of children and families; and addressing parent and caregiver trauma.

An NCTSN Advisory Group for the Organizational Assessment convened in March of 2017 and plans to solicit Network feedback starting at this year's ANC. Consensus panels will convene with invited Network members to fully define the construct of each domain. All feedback will then be synthesized into a pilot assessment by the end of 2017. The vision: to offer a free, electronic Trauma-Informed Organizational Assessment tool that will connect users to the NCTSN resources that address trauma-informed care in each of the assessment domains.

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 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.

Did You Know?

Since 2011, IMPACT has tapped the expertise and resources of Network members and collaborative groups to generate articles spanning multiple issues of the newsletter. Here, we look at milestones for these topical, comprehensive series.

Summer 2011: IMPACT launched a new feature called Spotlight on Culture, an initiative of the NCTSN Culture Consortium. The goal of this series is to promote awareness of the intersection of culture and trauma, and the implementation of culturally competent care. Now numbering 15 and counting, the Spotlight on Culture installments are available for download from the IMPACT library (see below).

Spring 2012: In this Special Issue on Culture and Trauma, topics included preventing youth suicide in Montana's Indian Country; using language to open the door for immigrant families to heal from trauma; and establishing trust with LGBTQ youth to facilitate disclosure of abuse. Series on "Conversations about Historical Trauma," and "Trauma & Mental Health Needs of Unaccompanied Immigrant Minors," also appeared under the Spotlight on Culture umbrella. The same issue of IMPACT featured the launch of "The Organizational Journey Toward Cultural and Linguistic Competency." This four-part series addressed the organizational domains that support the delivery of culturally and linguistically competent services to diverse groups of children and families who have experienced trauma.

Summer 2013: The Secondary Traumatic Stress Committee (STS) helped develop a three-part series, "Creating Secondary Traumatic Stress-Informed Organizations." This series highlighted the pioneering work of Network members and other leaders in the field of STS. It explored the essential elements of STS-informed approaches to workforce development; reviewed strategies for preparing professionals and protecting them from STS; and described policies and procedures related to self-care practices, training, and personnel management.

To further explore these series, visit the IMPACT library at www.nctsn.org/resources/audiences/professionals/nctsn-newsletter