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A QUARTERLY PUBLICATION OF THE NATIONAL CHILD TRAUMATIC STRESS NETWORK

Psychological First Aid Training Goes Online



PFA Online Highlights Mentors, like Gilbert Reyes, PhD

PFA Online will allow that number to grow exponentially because the online format provides a readily accessible opportunity for any interested party, anywhere in the world, to take the training.

“One of the things I like about PFA is its ability to be flexible in very different contexts,” said Elana Newman, PhD, Associate Professor of psychology at the

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

Trauma-Informed Care Takes Root in Texas

DePelchin Children’s Center is a 118-year-old private, nonprofit organization that offers a broad range of behavioral health and child welfare services. The Houston-based Center has been a member of the NCTSN since 2003. Six years ago, DePelchin’s board of directors made a commitment to strengthen its public policy efforts by hiring a director of public policy and addressing broader systems-change initiatives.

“Within the past couple of years, the stars have begun to align for the Texas child welfare system to become trauma-informed,” said Robert L. Hartman, Executive Vice President and Chief Operating Officer of the DePelchin Center. He credited the NCTSN for “helping advance our public policy and training efforts with almost a generation of progress.”

Hartman said the DePelchin Center is addressing trauma-informed care “from all angles.” DePelchin staff currently serve on several influential committees in Texas, including the Public Private Partnership on Foster Care Redesign, the Texas Supreme Court’s Permanent Judicial Commission on Children, Youth and Families, and the Adoption Review Committee, which is working with the Department of Family and Protective Services to identify and remove obstacles to permanent placements for children in the state’s foster care system.

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Network Grows with Three New and Vigorous Sites

The NCTSN is pleased to welcome three additional Treatment Service and Adaptation centers!

All of the new centers are familiar to the Network. Two are formerly funded sites: the Chadwick Trauma-Informed Systems Project, in San Diego (project director Charles Wilson) and the Childhood Violent Trauma Center at Yale University, New Haven, CT (project director Steven Marans). The third site, the Center for Child Trauma Assessment and Planning at Northwestern University Medical School, is completely new to the Network—although its project director, Cassandra Kisiel, PhD, is not: Kisiel is the former Director of Training at the National Center for Child Traumatic Stress.

Additional appropriations from Congress to the NCTSN for fiscal year 2010 enabled the Substance Abuse and Mental Health Services Administration to award the new grants, which bring the total number of funded NCTSN sites to 61.

The Chadwick Center for Children and Families and the Child and Adolescent Services Research Center at Rady Children’s Hospital-San Diego will establish the **Chadwick Trauma-Informed Systems Project** to provide leadership in identifying effective treatments and developing

>>> *cont'd on pg. 6*

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.

Psychological First Aid Online *cont'd from pg. 1*

University of Tulsa and a clinical consultant to the Oklahoma Child Traumatic Stress Treatment Collaborative, a Network site. “You can apply principles of PFA while you are doing other things with people, like asking them to fill out forms, when they are standing in line waiting for services, or walking around talking with kids. I’m very excited about PFA Online. This is a great tool.” Newman, a PFA trainer, said she will require participants to take the PFA training online before she provides face-to-face training.

Psychological First Aid has been applied in the aftermath of hurricanes, tsunamis, earthquakes, wildfires, mudslides, school shootings, and other disasters and acts of terrorism. It has been adapted for use by community religious professionals, by members of the Medical Reserve Corps, and in settings including schools and homeless shelters serving youth and families. The *Psychological First Aid Field Operations Guide* has been translated into Japanese, Spanish, and, most recently, Simplified Chinese.

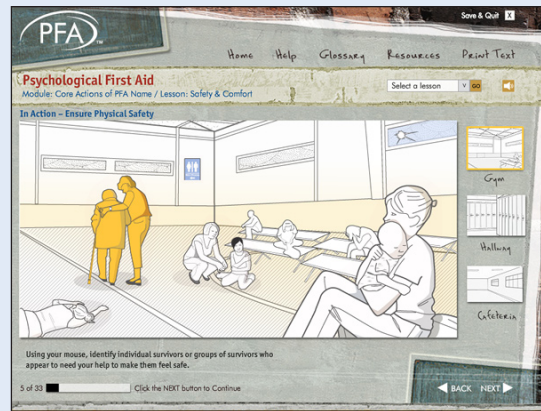
The eight core actions of PFA are

1. Contact and engagement
2. Safety and comfort
3. Stabilization
4. Information gathering
5. Practical assistance
6. Connections with social supports
7. Information on coping
8. Linkage with collaborative services

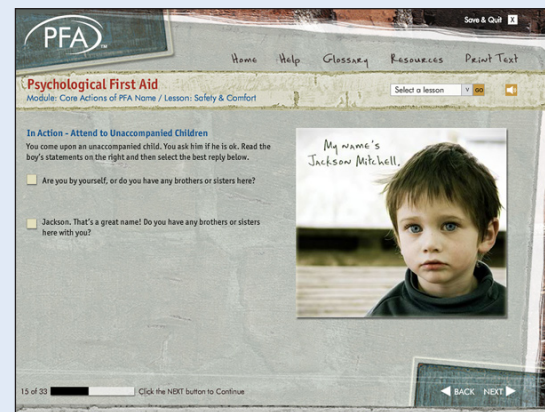
PFA Online addresses these core actions in a six-hour course. It puts the trainee in the role of a PFA provider responding in a shelter setting in the aftermath of a tornado. Guided according to current adult learning principles and interactive e-learning strategies, the trainee engages in a variety of activities to reinforce the ability to provide PFA in the midst of disaster. The program also teaches providers how to take care of themselves before, during, and after a disaster response. To enrich the learning experience, PFA Online uses demonstrations and mentor tips from national trauma experts and disaster survivors.

PFA Online is intended both for new disaster responders and as a refresher for those who have attended a face-to-face training or have disaster experience. It is free to use! Participants can also earn Continuing Education credits. The training is professionally narrated and users can print a text narrative of the entire training.

This online course “serves as the foundation for a new online learning community dedicated to Psychological First Aid,” said Melissa Brymer, PhD, Director of Terrorism and Disaster Programs at the National Center for Child Traumatic Stress (NCCTS) and one of the original authors of the *Psychological First Aid Field Operations Guide*.



PFA Online Has Interactive Elements to Engage Users...



...and Highlights Many Unique Needs of Children

“PFA Online is an important first step in becoming a PFA provider,” she said. “Practice, additional training, and experience are still essential.”

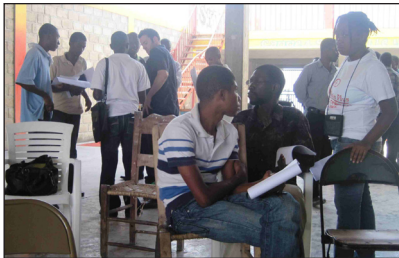
The PFA Learning Community enables participants to continue to strengthen and deepen their abilities as first responders by providing ongoing support and education to participants with the aid of a resource library that includes further handouts, text translations, trainings, and podcasts. The PFA in Practice feature allows participants to share and learn with others about the use of PFA in the field. The Current Events feature helps providers learn how to adapt and use PFA for recent disasters. The PFA Learning Community also uses social media like Twitter to keep providers informed.

PFA Online was made possible through funding from the NCTSN, the National Center for PTSD, the National Association of County and City Health Officials, SAMHSA and the HHS Office of the Surgeon General, Office of the Civilian Volunteer Medical Reserve Corps.

To enroll in Psychological First Aid Online, visit <http://learn.nctsn.org>

After Earthquake, Dart Center Trains Haitian Journalists on Trauma

Following the catastrophic earthquake in Haiti on January 12, the Dart Center for Journalism and Trauma, a Network partner, trained 170 Haitian journalists in trauma coverage with an emphasis on children. The Center's goal was also to encourage reporting of the earthquake and its aftermath in ways that foster community resiliency for adults and children. Elana Newman, PhD, Research Director of the Dart Center, received help in preparation from Network members Melissa Brymer, PhD, and Gilbert Reyes, PhD, and Network grantee Robert Macy, PhD, prior to leaving for Haiti.



Haitian Journalists at the Trauma Training

Newman and two other trainers conducted eight separate workshops for journalists in Port-au-Prince, Jacmel, Léogâne, and Petit-Goâve. All the journalists received NCTSN materials translated into Creole,

including parent and teacher guidelines for use in local and national broadcast programs.

Bruce Shapiro, Executive Director of the Dart Center and one of the Haiti team leaders, said that the NCTSN's unique capacity to provide information focused on disaster and children was "crucial" to the work in Haiti. "Questions about families and children were among the leading concerns of the journalists we worked with," Shapiro said. "NCTSN's ability to provide those tips in Creole added credibility to our workshops."

In addition, the trainers provided interviews to local journalists, including Radio Metropole Haiti, syndicated throughout the country and aired on prime-time radio. The segment focused on the needs of journalists and the post-disaster mental health needs of parents and children, as based mainly on NCTSN materials.

Newman noted that her participation in NCTSN's Psychological First Aid (PFA) trainer track was invaluable to Dart's efforts in Haiti. "Although I did not deliver PFA specifically," she said, "I relied on many of the principles and techniques I learned from fellow Network members."

The mission in Haiti was organized in partnership with CECOSIDA, a public health journalism-training project in Port-au-Prince supported by the Kaiser Family Foundation. The Dart Center for Journalism and Trauma is a project of the Columbia University Graduate School of Journalism. For more information, see: www.dartcenter.org

NCTSN Springs to Action after Haitian Earthquake



Street Scene in Haiti following the January 12, 2010 earthquake

In the aftermath of the earthquake in Haiti, the NCTSN moved quickly to provide direct response on the island and among Haitian people living in the United States.

For example, the International Family, Adolescent and Child

Enhancement Services of Illinois (a program of Heartland Health Outreach) sent a response team to Haiti the first week after the earthquake.

Amber Gray, MPH, Co-Director of New Mexico's Alliance for Child Traumatic Stress, an NCTSN affiliate, worked extensively in Haiti for several years and was well-positioned to aid Haitians in their disaster response and recovery activities. Gray has made three trips to Haiti since the earthquake; members of the Terrorism and Disaster Branch of the NCCTS provided consultation and resources to Gray for her national and international partners.

Robert Macy, PhD, Director of Community Services for the Trauma Center at the Justice Resource Institute in Boston, a Network grantee, went to Haiti with Partners in Health and provided assistance at a local hospital. He also coordinated with several local and international agencies to plan the delivery of Psychological First Aid and other psychosocial recovery programs in local communities in Haiti.

In the United States, NCTSN members including the Central Massachusetts Child Trauma Center and the Center for Trauma Program Innovation at the Jewish Board of Family and Children's Services (New York) are working to provide support in local schools that have significant Haitian populations.

Cynthia Blacklaw, Executive Director of the Children's Trauma Recovery Initiative Center, Children's Home Society of Florida, was part of the Florida Coalition for Children's statewide response to the Haiti crisis. Among its actions, the coalition engaged local youth with a local radio station to raise funds for the relief efforts.

In Washington, DC, Susan Ley, Executive Director of the Wendt Center for Loss and Healing, provided information for the Haitian Embassy in Washington on children and traumatic grief, and her team provided support during several candlelight vigils and masses in the community.

>>> cont'd on pg. 6

Witness Lauds PFA's Evolution

By Gilbert Reyes, PhD, Associate Dean, School of Psychology, Fielding Graduate University, Santa Barbara, CA

Back in 1999, when I first started providing psychosocial support to disaster survivors, almost everyone was using some variation on debriefing. It wasn't long afterward that concerns began to peak about the safety and effectiveness of debriefing, and in the interim I had been trained in community-based Psychological First Aid by the International Federation of Red Cross and Red Crescent Societies.

I found PFA to be a sensible approach that allowed me to use my clinical acumen without straying into providing counseling or therapy. As a university professor, I already practiced crisis intervention techniques that are consistent with PFA. They are part of my teaching and scholarly activities, so it was easy for me to adapt. I reviewed the historical foundations of PFA and learned that the conceptual framework had been evolving at least since the Second World War, yet there was no industry standard of what constitutes PFA in practice.

Thus, I was pleased to learn that the NCTSN and the National Center for PTSD had undertaken a collaborative effort to define and organize all that was known on PFA, and then turn it into a systematic protocol that would be supported by empirical evidence and linked to best practices, and that could be learned and applied with consistency. This in turn would allow PFA to be systematically evaluated in ways that have historically eluded the crisis intervention and disaster mental health fields.

As the process unfolded, I had opportunities to consult with the developers of this PFA protocol and have been gratified by the remarkable progress they have made and the products they have produced. I have taught PFA in a variety of situations and used it in applicable contexts. I find it to be a flexible and effective approach to engaging productively with people facing crises and disasters. I have also completed the new PFA online training curriculum and found it to be a dynamic and compelling learning experience. I recommend it not only to novices, but to anyone who admits that they still have more to learn about how to use PFA effectively.

Psychological Recovery Training: American Samoa



Erik Hierholzer, a Commander in the U.S. Public Health Service, is with the Emergency Mental Health and Traumatic Stress Services Branch of the US Center for Mental Health Services.

If Psychological First Aid is for the immediate aftermath of a disaster, what comes next, when the need for shelter, food and water are met but the area is still recovering? That is the time for Skills for Psychological Recovery.

In June of 2010, The NCTSN and National Center for PTSD will release a manual for teaching Skills for Psychological Recovery, an intervention designed to help children, adolescents, adults, and families in the weeks and months following disasters and terrorist events. It was field-tested in Louisiana after hurricanes Katrina and Gustav, and in Australia after major bushfires. It is currently being used in American Samoa, where an earthquake and tsunami devastated parts of the island in September 2009.

With support from SAMSHA's Crisis Counseling Assistance and Training Program, Melissa Brymer, PhD, of the NCCTS, and Patricia Watson, PhD, a senior educational specialist with the National Center for PTSD, conducted Skills for Psychological Recovery training in American Samoa this spring and are providing ongoing consultation. Brymer and Robin Gurwitsch, PhD, of Cincinnati Children's Hospital, returned to Samoa to teach a related program, Healing After Trauma Skills, to crisis counselors and school personnel throughout the island.

This second training is being supported by the Domata Peko Foundation, "Giving Our Kids a Brighter Future," a project of the Cincinnati Bengals, who have team members from American Samoa.

Trauma-Informed Care Takes Root in Texas *cont'd from pg. 1*

It is often true that “stars align” to improve child welfare systems after a horrific event has captured the attention of the media, public, and political world. Such was the case recently in Texas with the high-profile deaths of several children who had been allowed to remain in homes previously investigated by protective services. In the 2006 gubernatorial election, the child welfare system became the focus of legislative hearings, juvenile court reviews, and investigative reports by the state’s major newspapers. Two years ago Anne Heiligenstein became the new child welfare Commissioner. Hartman described her as very knowledgeable, responsive, and actively encouraging cooperation among groups, committees, and commissions working to improve the welfare system.

DePelchin and other NCTSN sites in Texas are making the most of this new opportunity. The Border Traumatic Stress Response Project (at SCAN, Inc.), in Laredo, has provided training for child welfare workers and training in Trauma-Focused Cognitive Behavioral Therapy for mental health therapists (SCAN program director Susana Rivera, PhD, is the only certified TF-CBT trainer in the state). Hartman and Network affiliate Jeffrey Wherry, PhD, Director of the Institute for Child and Family Studies at Texas Tech University, recently testified before a state Senate interim committee on developing trauma-informed services.



Robert Hartman, MSW

“And because of this work, another 500 local professionals have been trained, and more children are getting better care.”

*ROBERT L. HARTMAN, Executive Vice President and Chief Operating Officer,
DePelchin Center*

One of the most significant developments in state welfare laws is the passage of legislation (HB1151) that requires all child welfare workers to have training in trauma-informed care. The NCTSN sites in Texas (including the Aliviane Community Treatment and Services Center in El Paso) are now helping to provide this training for the child welfare system and Integrated Mental Health Services, the managed care organization that provides behavioral health services for the children.

The NCTSN *Child Welfare Trauma Training Toolkit* and *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents* are used in all trainings in every region of the state.

Hartman emphasized that DePelchin staff keep learning new strategies for change through continued participation in the NCTSN Child Welfare Committee and through Learning Collaborative trainings. These strategies then get passed on to the community through Houston’s Community Trauma Network, a counseling and education service of DePelchin. “And because of this work,” he said, “another 500 local professionals have been trained, and more children are getting better care.”

Participation in the NCTSN has provided immeasurable benefits to DePelchin Children’s Center, according to Hartman. In addition to supporting DePelchin’s push for more trauma-informed systems in the state, the NCTSN has helped DePelchin itself become a more integrated, trauma-informed system.

Education and the Policymaking Process: Making an Impact

By Robert Hartman, Executive Vice President and Chief Operating Officer, DePelchin Children’s Center, Houston

I have done it a number of times, but I am always amazed at the process of legislative advocacy... that it actually has an impact: It takes, minimally, half a day to prepare written testimony; a little more than half a day to drive to and from Austin; another hour or two to wait while others are presenting their testimonies—and then just three to five minutes to distribute and deliver key points in the prepared text.

Testimony can have an impact, but the real advocacy is done through maintaining relationships with committee staffers and working with them several days before the hearing; helping with recommendations about who should be invited to testify; sharing testimony with key department officials in order to maintain appropriate communication; and connecting with the legislators to reinforce the most important messages in the testimony.

It’s an ongoing process, but a critical one that can really make a difference for children.

Network Grows with Three New and Vigorous Sites *cont'd from pg. 1*

specialized service delivery models for children who are victims of abuse or domestic violence and are involved with the public child welfare system. The project will support the evolution of child welfare agencies into trauma-informed organizations, while also supporting the agencies' efforts to serve as facilitators of change in their communities. Through these efforts the project will help transform the wider community child welfare system, including children's mental health services, into a multidimensional, trauma-informed, evidence-based system that is better able to meet the unique needs of abused and trauma-exposed children. The Chadwick Center will continue to work with the NCTSN's Child Welfare Committee to develop and disseminate new resources for child welfare workers and policymakers.

The Childhood Violent Trauma Center at the Yale Child Study Center will develop and disseminate models of assessment, secondary prevention, and early intervention for children at high risk of posttraumatic difficulties. This Center will

- Adapt and disseminate the Child and Family Traumatic Stress Intervention for children affected by physical and sexual abuse, violence exposure, and acute physical injury, including development of a version for young children.
- Adapt and implement the Domestic Violence Home-Visit Intervention for tribal communities.
- Serve as a resource for communities interested in the Child Development-Community Policing and Domestic Violence Home-Visit Intervention models.

These approaches have been designed to meet the challenges of underserved poor and ethnically diverse children and communities.

The Center for Child Trauma Assessment and Service Planning at the Northwestern University Feinberg School of Medicine will specialize in assessment, treatment planning, and adaptation of evidence-based trauma interventions for public sector settings with children and families who exhibit signs of complex trauma. These activities will emphasize the use of the Child and Adolescent Needs and Strengths instrument, a trauma-focused assessment tool developed in conjunction with the NCTSN. The tool will be used to develop treatment planning guidelines to assist practitioners with critical decision-making, matching treatments with specific populations, sequencing treatments based on identified needs and strengths, and determining whether treatment plans are effective. The approach will be implemented in child welfare, mental health, juvenile justice, and educational settings within Illinois, in several other states, and across NCTSN sites. Annual data collection will target at least 1200 youths, with an estimated 15,000 new assessments

per year in Illinois. These will expand an existing Illinois data set to a total of more than 98,000 completed assessments from Illinois and NCTSN partners over the life of the grant.

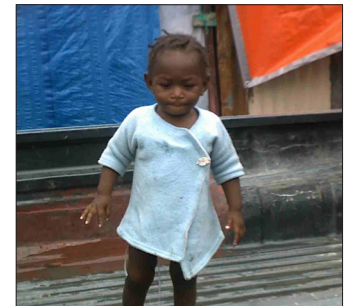
Welcome!

NCTSN Springs to Action after Haitian Earthquake *cont'd from pg. 3*

Ley also was interviewed for a Caribbean broadcast of "Voice Of America." In other media, Steven Marans, PhD, Director of the National Center for Children Exposed to Violence at the Yale Child Study Center, was interviewed for a story in USA Today. Joy Osofsky, PhD, Head of the Division of Pediatric Mental Health at Louisiana State University Health Sciences Center, was interviewed by "Good Morning America" on how to help children and families recover. To support these multiple recovery efforts, National Center staff developed and adapted several talking points that were translated into Creole, including

- *Parent Guidelines for Helping Children After an Earthquake*
- *Teacher Guidelines for Helping Children After an Earthquake*

The National Center also adapted talking points for the media and information about preventing secondary stress for professionals who are deployed to Haiti.



Young Haitian Girl after the Earthquake

The resources were posted on the NCTSN Web site and distributed to partners, including the International Society for Traumatic Stress Studies, SAMHSA's Crisis Counseling Assistance and Training Program and Disaster Technical Assistance Center, US state disaster coordinators, the American Psychological Association, the Medical Reserve Corps, Save the Children, UNICEF, and the US Public Health Service Commissioned Corps.

Many of these and other NCTSN efforts toward psychological recovery after the earthquake will continue as need dictates. For more information on children and natural disasters, see www.nctsn.org/nccts/nav.do?pid=typ_nd

Informed by Training and Personal History: A Native American Confronts Childhood Stress on Reservations



Aaron Morsette, PhD

When Aaron Morsette, PhD, was working as a grant writer for youth programs at the Rocky Boy Indian Reservation of Montana, he noticed that many grant projects were missing a component he believed was essential: childhood traumatic stress. The observation was central to his decision to become a child psychologist working with fellow Native Americans.

After earning his doctorate in clinical psychology from the University of Montana last year, Morsette now works as postdoctoral psychologist with the Chippewa Cree Tribe of the Rocky Boy Reservation and as a trauma specialist with the National Native Children's Trauma Center (NNCTC).

Morsette said that exposure to traumatic events is quite common among Native American children on the reservation. In the past year, a 16-year-old boy died in a house fire; a 17-year-old boy drowned (a senior from a class of only 13); another child committed suicide. All these events "reverberated throughout the reservation, where most children are neighbors, relatives, or friends," Morsette said.

"It has been helpful for us to employ Native Americans with expertise in both trauma and the unique cultures of the tribes who partner with our Center."

RICHARD VAN DEN POL, PHD, Principal Investigator at the National Native Children's Trauma Center (NNCTC)

The NNCTC, established at the University of Montana, Missoula, provides crisis response, trauma intervention, and management of posttraumatic stress disorder to Native American children, chiefly through working in schools. In partnership with researchers, tribal leaders, and school clinicians, the NNCTC adapted Cognitive Behavioral Intervention for Children in Schools to be culturally responsive to the Native American children at Rocky Boy, and has since implemented the intervention at other reservations.

Morsette grew up on the Blackfeet Reservation in the state. His father was a criminal investigator for the Bureau of Indian Affairs. "Growing up on an Indian reservation, you know what goes on," Morsette said. "Every year we seemed to lose a high-school student to alcohol-related incidents. We lost too many too early." He added that his experience with

reservation life helps many youth feel they can relate to him and he to them.

When he started learning about child traumatic stress, "the link was clear," Morsette said. "Providing trauma services in reservations made sense." He now provides services at two schools, managing a caseload of 25 children. Many of them have had very difficult experiences that include abuse, neglect, and multiple foster care placements. Morsette said he uses Trauma-Focused Cognitive Behavioral Therapy (learned through the NCTSN) with the children, and often manages child traumatic grief.

Richard van den Pol, PhD, Principal Investigator at the NNCTC, said Morsette's success in his work at the Center and on the reservation derives from his "well-honed ability to translate the culture of the Center and the culture of the tribe, so that both parties can achieve mutually satisfying outcomes."



Richard van den Pol, PhD

In March of 2009, Morsette and colleagues at the Montana site (including van den Pol) published findings in the *Journal of Behavior Therapy and Experimental Psychiatry* from the first study of group treatment directed at American Indian children with trauma. The findings showed benefits for the children, generally replicating previous research conducted with groups of non-Indian adolescents in urban settings.

"It has been helpful for us is to employ Native Americans with expertise in both trauma and the unique cultures of the tribes who partner with our Center," van den Pol said. "They serve in crucial roles as ambassadors between our Center and their tribes. That trust engenders an obligation to respect culture, tradition, politics, and local perceptions of need."

Morsette said that at the conclusion of his postdoctoral year, he expects to continue working with Chippewa Cree children at Rocky Boy, where he is the only psychologist. His hope is for funds to support another psychologist for work with young people on the reservation.

For more information on the NNCTC, see: http://www.iersum.org/National_Native_Childrens_Trauma_Center



**National
Native Children's
Trauma Center**

Have You Heard?

Child traumatic grief and the services of the **Wendt Center for Loss and Healing** received national television exposure this spring when **Katie Couric** hosted a segment about children and grief on “**CBS Sunday Morning**.” On April 11, Couric interviewed Clinical Director Mary Owen and nine children from the Wendt Center, who provided compelling perspectives on what it feels like to deal with the loss of a parent. Among the children were several whose lives were forever changed by homicide. On April 14, Couric hosted a special edition of the PBS show “**Sesame Street**” that explored the needs of children impacted by grief. See: <http://www.youtube.com/watch?v=t0ceo0NwP5E>



Katie Couric and Friends, From Her Report on Children and Grief

The **NCTSN** was featured in a journal article on successful efforts to disseminate **evidence-based treatments**. The article, published in the February/March issue of *The American Psychologist*, said that the Network apparently succeeds in spreading evidence-based practices through its use of **Learning Collaboratives** that involve stakeholders in all stages of the process. This strategy allows early identification and remediation of any barriers to dissemination.

Rosemary Creeden, LISW, from the Cleveland NCTSN site (Transforming Care for Traumatized Youth in Child Welfare, a project of Mental Health Services for Homeless Persons, Inc.), was named **Social Worker of the Year** by the Department of Children & Family Services, Cuyahoga County, OH. Creeden was cited for the work and training she and colleagues have accomplished in the child welfare system. She credited the NCTSN for the inroads her agency has been able to make.

Reluctance to include developmental trauma disorder in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V, in progress) may reflect concerns about seeming to blame parents for children’s mental health problems, **Bessel van der Kolk, MD**, said in a March 8 article in *USA Today*. Developmental trauma disorder affects people whose caregivers abused them as children. Van der Kolk, who directs the National Complex Trauma Treatment Network in Boston for the NCTSN, called the manual “a political document” that often leads to inappropriate diagnoses and treatment.

Did You Know?

Data from the NCTSN suggest that domestic violence is common in homes with young children and may acutely affect their functioning.

- Surveys of court and police response data in Massachusetts, Los Angeles, and New Haven, CT, found that children under the age of 6 were disproportionately represented in homes where domestic violence occurs.
- Data from three police precincts in Los Angeles indicate that 51 percent of the children in homes that police responded to were direct witnesses to domestic violence.
- In a study of families in Minneapolis who called 911 to report a domestic violence incident, more than two thirds of the children in the homes were direct witnesses to the violence. Twelve percent were physically involved and 57 percent were in the room. Proximity to the violence was associated with poorer functioning among the children.

For more information on children and domestic violence, see: www.nctsn.org/nccts/nav.do?pid=typ_dv

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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