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A QUARTERLY PUBLICATION OF THE NATIONAL CHILD TRAUMATIC STRESS NETWORK

## Imaginantes and the Therapeutic Power of Creative Expression

When children experience trauma, they may face emotional and physical challenges that can begin during childhood and continue into adulthood. Workshops that focus on art, music, and drama can empower youth to reach outside of their view of their world and rise above their trauma. That is, the creative experience can become "larger" for them than the traumatic incident.

This powerful potential of creative expression is well appreciated by Marilyn Thayer, M.Ed., Director of the Prevention, Empowerment, and Resiliency Collaborative (PERC)/School of Social Work and Community Organizing to Reach Empowerment (CORE) Center at Colorado State University; and Laura Templet, MSW, the PERC Clinical Supervisor.

"Creative arts workshops have the potential of redirection and renewal by providing a new perspective, a sense of hope, and lowering the internal and invisible conflict from the trauma," said Thayer. Last summer, she and other key organizers developed the *Imaginantes* Bilingual Youth Workshop, a unique week-long creative arts program for Latino youth from at-risk neighborhoods in Fort Collins. "*Imaginantes*," Thayer explained, "is the Spanish word for imagination, and refers to the ability to visualize and form images and ideas in the mind, especially of things never seen or experienced directly."

Through a partnership with the Poudre River Public Library District, Colorado Humanities, Food Bank for Larimer County, and the PERC/School of Social Work, 18 students ranging from 13 to 17 years of age had the opportunity to participate in the *Imaginantes* workshop. Although staff did not specifically recruit youth who had experienced trauma, the majority of the participants were identified as being exposed to daily stresses from their family circumstances and living in high need neighborhoods. >>> *cont'd on pg. 6*

## Designed with the Child in Mind: Architecture that Advances Healing



The welcoming entrance to the Family & Children's Services child-abuse treatment clinic in Tulsa, OK.

When Family & Children's Services (F&CS) of Tulsa, OK, began planning for a new child-abuse treatment clinic in 2000, "We thought through every single element of the building," said agency CEO Gail Lapidus. "It was very specifically designed so that children who have been abused would have a more comfortable experience." Once the initial fundraising campaign raised the money for the new building, the agency's first step was to engage with architect Herb Fritz, AIA, of Fritz Baily, P.C., in Tulsa, to define what the new space should communicate and provide.

The project had several challenges, the foremost of which was the narrow lot that the clinic would be occupying. Ordinarily, this would dictate a vertical footprint. But Lapidus asked herself, "If I were a little girl who had been sexually abused, would I feel safe

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

## Foster Care Alumnus Shines in Mentoring Role



Antron McCullough displays his FosterClub award medallions.

Antron McCullough believes that "Talents are given to be used." This summer, the 24-year-old from Marion County, FL, will be delivering that message nationwide, giving workshops and motivational speeches to foster youth as an intern with FosterClub.

Mentorship comes easily to McCullough, who was voted a FosterClub Outstanding Young Leader in 2010 and an All-Star in April, 2012. In addition to playing active roles with foster youth organizations, he is majoring in business as a senior at Saint Leo University.

So why did he add still more to his jam-packed schedule by becoming a youth representative for the Breakthrough Series Collaborative, "Using Trauma-Informed Child Welfare Practice to Improve Placement Stability"?

"Sometimes you only get one opportunity to do something, so 'no' is not an option," McCullough said. He was tapped for the BSC role by Kids Central, Inc., Ocala, which contracts with

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

*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.*

## Children's Mental Health Awareness Day: An Opportunity to Spread the Word

Children's Mental Health Awareness Day, sponsored each year by SAMHSA, was established to promote positive youth development, resiliency, and recovery, and the transformation of mental health service delivery for children and families. The 7th annual observance took place on May 9, 2012, in Washington, DC, and included a legislative briefing panel organized by the NCTSN.

Tapped for the panel were Network members Anthony P. Mannarino, PhD, Vice Chair, Department of Psychiatry, Director, Center for Traumatic Stress in Children and Adolescents at Allegheny General Hospital, Pittsburgh, and Professor of Psychiatry, Drexel University College of Medicine; and Christine Marsh, LCSW, Director of Child Abuse and Trauma Services at Family & Children's Services in Tulsa, OK.

Speaking before Congressional policymakers, Mannarino emphasized the importance of the Network's role in disseminating evidence-based practice. In keeping with the focus on recovery and resilience, he noted that, "When children who have experienced trauma get effective help, they—and their families—are resilient." Marsh attested to the "vital connection" the Network has provided to her Category 3 center in the way of research-backed assessment tools and trauma treatment methods, which have improved clinicians' ability to correctly diagnose and treat trauma in children.

Mannarino said that, thanks to research advancements and initiatives such as the NCTSN, there is now a "greater appreciation of the interaction of mental health issues with physical and mental well-being." ■



The theme of this year's annual observance of Children's Mental Health Awareness Day was "Heroes of Hope."

## Former Foster Youth Mentors Younger Peers

*cont'd from pg. 1*



**Antron McCullough speaking June 1 at the first-ever Foster Youth Congressional "Shadow Day on Capitol Hill."**

the Florida Department of Children and Families to place foster kids, and where he has worked and volunteered for the past two years. "I wanted to speak for youth, teens, and young adults in the foster care system," he said, "and let others know, 'these are the types of things that actually happen in this system.'"

That first-hand perspective is invaluable to the Child Welfare BSC, said Lisa Conradi, PsyD, Clinical Psychologist

with the Chadwick Center-Rady Children's Hospital in San Diego, CA, and Program Manager for the Child Welfare BSC. The BSC model for system-wide change, pioneered by the Institute for Healthcare Improvement, is a team-based approach for improving the quality of healthcare. The nine teams in the Child Welfare BSC are required to include a birth parent and a foster parent; five of the nine teams have also chosen to include a youth representative. Conradi explained, "The Breakthrough Series model entails looking at all levels of a system in order to change it. You would be remiss if you're not including the people who have actually gone through the system. We felt it was critical to the process to gather that information with their voices."

### A Sense of Purpose

McCullough wasn't always so outgoing about addressing foster care issues. He grew up in the foster care system and endured instability and physical abuse until his preteen years. Finally, with a safer home placement, he applied his energies to sports and studying. He later lived in a foster care group home when he attended high school. At that point, he recalled, "I absolutely hated the term 'foster care' and hated being a foster child. I did bottle up my feelings and didn't actually talk about being in foster care until I was about 17."

Something turned around for him during his senior year in high school. Friends let him know that he was accepted and could confide in them. He also drew from messages he'd received from his supportive foster dad—messages conveying that McCullough's situation was not his own fault. "I guess I took that message in," he said. "And even though I grew up really fast, and I was around drugs and crime, I didn't want to become another statistic."

Conradi described McCullough as "very smart, very well-spoken, and very connected to purpose." That sense of purpose fueled his volunteerism with Kids Central, where he hosted Thanksgiving dinners and started fundraisers. Articulate, upbeat, and passionate about his mentoring role, McCullough said he is inspired when his young peers listen to his advice and start to take action in their own lives. "For me, it's an honor. They're looking up to me to continue what I do to help them get where they're going."

McCullough offered his own message to the professionals on the Child Welfare BSC team: "Instead of prescribing medicine to kids, it is important to actually ask them questions that are age-appropriate—and then just listen to what they say." ■

## Network Members Contemplate Trauma and the Blues

The blues literature comprises a rich tradition of songs about individual, community, and intergenerational tragedy, loss, and adversity. So it was a natural fit to view the blues through a trauma lens, said the authors of a chapter in the new book, *Blues—Philosophy for Everyone: Thinking Deep About Feeling Low*.

The authors, Drs. Alan Steinberg, Robert Pynoos, and Robert Abramovitz, wrote the chapter titled “The Artistic Transformation of Trauma, Loss, and Adversity in the Blues.” The book is co-edited by Jesse R. Steinberg and Abrol Fairweather. Steinberg is Alan Steinberg’s son and an Assistant Professor of Philosophy at the University of Wisconsin-Madison.

Steinberg and Pynoos are with the UCLA/Duke University National Center for Child Traumatic Stress at UCLA, and Abramovitz is with the National Center for Social Work Trauma Education and Workforce Development at the Silberman School of Social Work at Hunter College, New York City. During their research, the authors accessed out-of-print histories as well as interviews conducted with blues artists “to understand their personal trauma and loss experiences and their subjective responses,” Pynoos said.

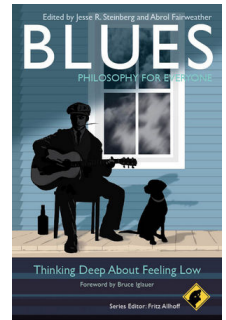
What they discovered was that these musicians used not just their narrative writing but the musical structure to serve communication and emotionally reparative functions. This is backed up, the authors wrote, by brain research and by their

own findings in the trauma field. “Many of the themes found in blues music,” Steinberg said, “are illustrative of aspects of our current scientific understanding of trauma and loss experiences, and ways that people try to cope.”

For example, as noted in the chapter, Muddy Waters often used a delayed note to communicate a sense of loss and reunion that builds up both tension and later relief within the listener. The movement from tonic to subdominant chords, another blues staple, accomplishes the same effect, as does the verse structure of many blues songs. In the blues AAB lyric format, a phrase is repeated twice and then resolved, effecting an artistic transformation of difficult emotions not unlike the efforts of children and adults to use words to manage difficult emotions.

The chapter further points out how blues music “continues to be a creative mechanism to mitigate seemingly intolerable experiences and emotions,” Steinberg said. ■

*Blues—Philosophy for Everyone* is available at [www.amazon.com](http://www.amazon.com)



Cover of the new book, *Blues—Philosophy for Everyone: Thinking Deep About Feeling Low*, with a chapter contributed by Network members Drs. Steinberg, Pynoos and Abramovitz.

## NCTSN and Center for Juvenile Justice Reform Accelerate Partnership Projects



Shay Bilchik, JD, Director, Georgetown University’s Center for Juvenile Justice Reform (CJJR)

The partnership between the NCTSN and Georgetown University’s Center for Juvenile Justice Reform (CJJR) is such a natural fit that Shay Bilchik, JD, CJJR Director, admits he’s a bit embarrassed that it took so long for the two organizations to get together. “I think that there should have been connections earlier,” he remarked recently. Nevertheless, as partners these organizations have developed several training initiatives since their formal collaboration began in October, 2011.

The CJJR was launched in 2007, founded on principles of reducing delinquency and achieving better outcomes for children and youth by emphasizing an evidence-based, multisystem approach. Partnering with the Network has expanded the CJJR’s work significantly, Bilchik said. For example, their research already showed that youth in the juvenile justice system were likely to have histories of abuse and neglect, and that a lack of coordinated case management with other systems could be re-traumatizing these youth by introducing more chaos into their lives.

The current collaboration with the NCTSN is now providing, in Bilchik’s words, “an additional level of thinking—that what behavioral mental-health experts now know about trauma supplies a key ingredient in systems change.” The partnership is now “making up for lost ground” by accelerating a number of initiatives, including:

- A three-part Webinar series, “Crossover Youth and Trauma-Informed Care: Bridging Two Fields of Practice.” The first part, “From Child Maltreatment to Juvenile Delinquency: Trajectories of Crossover Youth and the Role of Trauma,” which was held May 8, featured presentations by Gene Griffin, JD, PhD, from Northwestern University’s Feinberg School of Medicine, and Denise Herz, PhD, from Cal State University, Los Angeles, School of Criminal Justice. The second presentation will highlight policy implications and current policy reform efforts related to crossover youth. The third part will focus on practice implications of working with this youth population.
- Inclusion of a Network-produced learning module in the CJJR’s ongoing Certificate Programs for high-level administrators in the child welfare, juvenile justice, behavioral health, and education systems. In a July 11 session at CJJR/Georgetown, Drs. Robert Pynoos and Monique Marrow are addressing behavioral health and trauma using a problem-based learning case.
- Collaboration on a research paper about the intersections of trauma and crossover youth, slated for presentation and release at a CJJR-hosted symposium in May, 2013.

Bilchik served as President and CEO of the Child Welfare League of America from 2000 to 2007, and as Administrator of the Office of Juvenile Justice and Delinquency Prevention in the US Department of Justice from 1994 to 2000. “We can see that trauma-informed care is a key part of systems change, and an important addition to our work,” he said. ■

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## The Organizational Journey Towards Cultural and Linguistic Competence: Part Two: Promoting Workforce Diversity and Cultural and Linguistic Competency

In our first installment in this series (see *IMPACT*, Spring 2012), we reviewed the importance of accurately understanding the diverse populations we are serving or could be serving. A second element in the delivery of culturally and linguistically competent care is the creation of a diverse workforce—a continuous process that requires effective recruitment and retention, ongoing training, and accountability. Three Network-affiliated centers reported recently on their strategies for achieving these workforce goals.

### Attracting and Keeping the Right Staff

At the Community Wellness Department of Native American Health Center, based in Oakland, CA, recruiting Native American providers is a challenge, said Project Director Janet King, MSW. “We have the legal right to exercise Native preference in hiring,” she explained, “but we don’t always have Native people applying for open positions. In addition, most institutions do not have curricula that train people about Native American history and how that history manifests in mental health issues. It is incumbent upon Native agencies to provide that training to non-Natives.” To advertise open positions, Native American Health Center maintains outreach to college campuses; uses Native American listserves; and attends conferences such as the Society of Indian Psychologists annual retreat.

As majority agencies attempt to diversify their staffs, the competition for bilingual and trilingual providers has intensified, observed Victor Griffiths, Clinical Director, Latin American Health Institute in Boston. Griffiths said that the institute attracts bilingual and bicultural staff members by inviting candidates to speak with current staff during the interview process, and by offering referral bonuses to staff if a new hire completes the three-month introductory period. Children’s Institute, Inc., in Los Angeles, has been able to recruit bilingual providers from its doctoral and MSW internship programs run in partnership with the University of Southern California, said Leslie Ann Ross, PsyD, Vice President of the institute’s Leadership Center.

Both Latin American Health Institute and Children’s Institute use pay differentials for clinicians who can provide services in a second language. Children’s Institute offers increased pay for bilingual interns as well. Underwriting professional development often serves the double purpose of increasing staff competency levels while rewarding individuals for their efforts. Latin American Health Institute offers ongoing trainings for its staff and allots \$500 per member to attend yearly specialized trainings.

### Cross-Cultural Awareness

Simply hiring bilingual and bicultural staff may not adequately address the wide range of cultural traditions within an ethnic group. Ross noted, for example, that Children’s Institute has identified at least 15 different Latino populations served by the agency’s seven major campuses; some populations speak indigenous dialects. Clients at Native American Health Center

have identified themselves as members of more than 100 different Native American tribes, each with their own cultural traditions.

**No matter how diverse an agency’s staff, all members must learn about their clients’ cultural heritage, health and family belief systems, and experiences related to trauma. King said that Native American Health Center has instituted orientation for new hires that introduces them to the history of Native Americans, including federal policies that have affected Native American health and well-being. Griffiths reported that Latin American Health Institute has mandatory staff-wide yearly training on intercultural communication, which includes review of the agency’s policy on culturally competent services.**

### Ensuring Accountability and Rewarding Improvements

Supervisors should be alert to gaps in care when practitioners do not seem as culturally appropriate as they should be, and help supervisees work through biases. Griffiths said he is a proponent of using assessment tools to gauge cultural competency at both the individual and organizational levels. Three he recommended are those developed by Sue and Sue (2008) and by Cross and coworkers (1999) (see **References**, below).

During clinical team meetings at Native American Health Center, interns as well as established staff members are empowered to contribute their voices to discussions of cases. “Everyone has a knowledge base,” said King, “and we’re trying to empower people to offer their wisdom on how to direct the best care for people.”

Cultural competency is sustained through programmatic efforts such as these, but competency is rarely a static state. Job descriptions, performance evaluations, honors and awards, and coaching can all help reinforce the importance of cultural and linguistic competency. In Griffith’s view, both agencies and providers must remember that “cultural competency is more aspirational than achieved.” ■

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*The NCCTS extends special thanks to Vivian H. Jackson, PhD, for her concept for this series and her continuing editorial guidance. Coming installments will address effective use of resources; and the collaborative process.*

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## Trauma-Informed Architecture *cont'd from pg. 1*

looking up at a vertical, imposing structure?” Her answer to that question was no.

And so, the clinic’s design evolved to feature a front entrance resembling an open embrace, as well as an interior that, throughout, responded to the key concerns of children who have experienced trauma: privacy, safety, respect, and dignity. Over a period of several months, the Fritz Baily design team had many discussions with F&CS staff about these requirements. “Our job,” said Fritz, “was to understand and translate those concepts into a series of organized spaces that physically address those needs.”

### Child Friendly

Christine Marsh, LCSW, Program Manager and Director of Child Abuse and Trauma Services at F&CS, noted that their former building, which the agency had outgrown, featured partial-height partition walls and many little cubicles where children could hide. This was a problem, because children are likely to have experienced abuse in enclosed places. Feedback like this helped guide Fritz Baily as the team designed the open floor plans of the downstairs and upstairs lobbies in the new building.

“We wanted the building to be child friendly, but not childish,” added Lapidus. “Our architect used a Bernini feature, inspired by the transept in St. Peter’s Basilica, to create a curving, cutout entrance that also looks metaphorically like arms welcoming you into the building.”

The design team used many trauma-informed design elements to shape the interior of the building as well: a wide, unenclosed staircase leading to the second floor where the clinicians’ offices are located; frosted glass windows for office doors, so that children do not feel enclosed or restricted; sound insulation so that individual treatment rooms feel safe and confidential; rounded edges on waiting room furniture; soft, friendly colors; and a whimsical giraffe theme throughout. Perhaps the most child-friendly element of the clinic is the design of the hallway leading to the therapy rooms. The doorway to each room is framed to look like a doorway to a house on a street, complete with porch roofs and welcome mats.



Hallway of treatment offices at Family & Children’s Services with child-friendly house designs. Photo by Don Wheeler.

### Inspired to Contribute

The unified design inspired others at the Tulsa agency to contribute their own touches. Lapidus said that when board members grasped the street concept of the office hallway, they generated additional funding and a plan to add flower boxes to the front of each “house.” In the downstairs reception area, which is defined by a broad, arched sweep of a counter, the receptionist, Betty Bothell, took it upon herself to stockpile treats for children. “We call it ‘Betty’s Program’ because we don’t even know her sources for donations,” Lapidus said. “But she always has a small gift for every child who comes in the building.” In the winter, there is also a box for HUGS—Hats, Underwear, Gloves, and Socks—so that no child will have to go without these items. “In these ways,” Lapidus remarked, “we’ve seen that our building design has actually shaped the behavior of our staff members.”

### Award-Winning

Those long discussions over design details have paid off in many ways. The building has won several awards, including first place in the ASID (American Society of Interior Designers) Oklahoma Excellence in Design Award in 2003; and an Excellence in Construction Award from the Associated Builders and Contractors of Oklahoma (for Flintco LLC, the construction manager on the job).

More importantly, though, the building fulfills the original vision and intent of Lapidus and the F&CS staff. Jessica Gledhill, Project Director at the agency, noted, “People who have experienced abuse or who have mental health problems often feel disempowered, or that others are looking down on them. They may not expect to find nice facilities. This project demonstrates respect and inclusion in the community. It’s a very subtle but powerful message that is therapeutic.” ■



Downstairs lobby of F&CS treatment center shows the trauma-informed elements of light and an open floor plan. Photo by Don Wheeler.

## Imaginantes Art Therapy Program *cont'd from pg. 1*



**Imaginantes workshop participants celebrated last summer in front of a mural they helped to paint with Rafael López.**

### Mixing Art and Culture

The unique program incorporated not only art but information on the history of Latino migrants and immigrants from the region. Each day featured role models from the community—successful Latino community leaders, social entrepreneurs, authors, scholars, and artists—who narrated their own life experiences, including how they had overcome specific adversities. For example, Chuck Solano shared his story about his former life as a migrant farm worker, thus highlighting the important but often minimized role that migrant workers have played in Colorado's history. On another day, actor Gloria Garcia portrayed Frida Kahlo and acquainted students with the life and hardships of that Mexican artist. After the morning presentations, the students launched into a range of creative activities, including photography, puppetry, creative writing, and drawing. At the end of the week, they had the opportunity to work with award-winning illustrator Rafael López and help him paint a 40-foot mural in Old Town Fort Collins.

### Tell Your Story

Each of the artistic activities provided students with an opportunity to create their own personal stories. When the students were told that they would be writing, some of them protested, saying, "No, that's too close to school!" But when it was explained that they would not be put on the spot and forced to share what they had written, they were less resistant; many of the students even warmed to the activity.

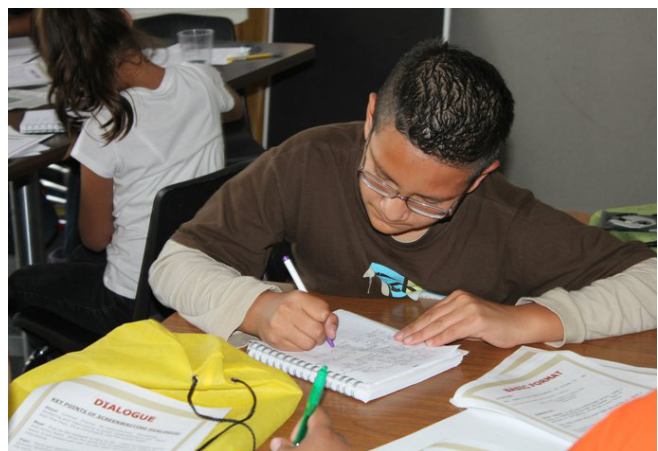
Templet recalled that the photographer who worked with the students "spent a long time explaining how their perspective on life through a lens could be very valuable to the world." The participants also received real-world recognition for their work when their photographs and other artwork were displayed at an evening reception celebrating *Imaginantes*.

### A Growth Experience

Six months after the *Imaginantes* workshop, at a reunion held on Martin Luther King Jr. Day, organizers met with the participants to find out whether and how their experience in *Imaginantes* had influenced their lives. Thayer said, "The youth revealed that the messages that they had heard and the lessons that they had learned from the workshop continued to transform their perspectives of themselves, particularly by increasing their sense of pride in their cultural background and life experiences." One participant stated, "I learned that education and perseverance are key to living a happy and successful life." Another said, "[I learned] that Hispanics are important to this community."

Thayer remembered a student who had struggled academically and had been placed in a special education class. Following his *Imaginantes* participation, the boy tested out of special education, and is now carrying a full load of classes with a 3.8 GPA. "He was one of our students who was also a client," noted Thayer. "It was such a powerful experience for him. It gave him the courage to share his story and work on his narrative with Laura [Templet] in their sessions."

With a background in pantomime and puppetry, Templet attested to the power of creative expression in therapy with children and youth, and has used artwork throughout her sessions with children. "Students can take on a different persona or character to tell their story and express what they have been through," she said. "It's a little bit removed, but these kinds of activities still are close enough for the expression to have a positive effect on their recovery." Like the rest of the staff, Templet watched the youth in last summer's workshop grow from their exposure to the arts. "I just love the name," she said. "*Imaginantes*: if you can imagine it, it can happen!" ■



**"Writing your own story" was a major component of the summer *Imaginantes* program to empower Latino youth.**

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## SPOTLIGHT ON CULTURE:

# Clinicians Not Immune to Impact of Border Violence

As the violence escalates in Mexico's drug war, clinicians at two Network-affiliated centers in US/Mexico border regions are coping with increasing personal stress. "Almost all of us here have some family ties to Nuevo Laredo, and we worry about their safety," said Gabriela Pérez, MA, Clinical Director at SCAN (Serving Children and Adolescents in Need, Inc.), located in Laredo, TX. Such is the reach of border trauma where community spirit and peace once thrived.

For generations, border cities such as Laredo and Nuevo Laredo have comprised unified communities—what impacts one side also affects the other. "There has always been a great deal of fluidity here, with people crossing to shop, to bring their children to school, or to visit family," noted Luis E. Flores, MA, SCAN's Executive Vice President. Until the past few years, Flores and Pérez also enjoyed the fluidity of easy crossings to visit family and friends.

That has all changed. Escalating drug cartel terrorism now pervades daily life in the border area, said Flores: "People are really afraid to go across and visit family members." He and Pérez still cross from their home base in Laredo to visit family, but they avoid traveling at night; bring cash but no important documents; and always take a different route to their destinations.

Dante Jimenez, MA, Clinical Director of the Behavioral Health Clinic (BHC) at Aliviane, in El Paso, also customarily crossed the border to Juarez, his home town. But in the past two years he's gone only once, and that was to consult a dentist. "As soon as you cross the bridge," he said, "you see the military with machine guns at checkpoints. It is militarized; it is a war zone."

### Adapting to Danger

"Until 10 years ago," Flores recalled, "there were fights between cartels but the general population was not that affected. Now, the cartels [mainly the Gulf Cartel and the paramilitary offshoot rival, the Zetas] intimidate the general public." Cartels place mutilated bodies along with *narcomantas* (large banners) in prominent places to warn of the consequences of cooperating with the army and the government.

Pérez's family has been directly affected by the violence: her father is a physician whose medical office in Nuevo Laredo was targeted in an invasion robbery. Although no one was injured, the experience was traumatic for Pérez and her family.

### Concerns about Long-Term Effects

Flores expressed amazement about the resilience he has observed in communities faced with horrific violence. "People have devised ways of continuing their lives amidst ongoing threats to their safety," he said. They travel in groups, are always alert to who is ahead or behind them while driving, pay close attention at intersections, and know to lie low instead of running if a shootout erupts in traffic. He said he worries about the long-term consequences



**"People have devised ways of continuing their lives amidst ongoing threats to their safety." –Luis E. Flores, MA, Executive Vice President, SCAN (Serving Children and Adolescents in Need, Inc.), located in Laredo, TX.**

of these forced adaptations, and about the effects on *familismo*, the cultural value that is such a protective factor for people of Mexican descent. "Borderlanders," Flores observed, "no longer have the freedom to access connections to extended family and support networks across the border, as they were able to do in the past."

Jimenez, too, has noted a change in his birthplace city of Juarez. "When I was young, we would play outside sometimes until 10 at night," he said. "Now, people start going back into their houses as soon as it begins to get dark. It is not the same Juarez as when I was there. Now the violence is everywhere, so they have to reframe their thought processes of the situation." He is concerned that citizens will become desensitized to the violence.

### Tools for Coping

To combat the toll of border violence on themselves, Flores, Pérez, and Jimenez maintain an open-door policy with staff members, encouraging them to discuss difficult cases or personal situations. When staff are at risk or begin to show signs of stress, Pérez sits with them to fill out and score together the Professional Quality of Life (ProQOL) scale, comprised of compassion satisfaction, burnout, and trauma compassion fatigue subscales (available at [www.proqol.org](http://www.proqol.org)).

"The understanding of the impact of trauma, and our efforts to promote the importance of self-care, is grounded in the trauma information that we have been getting for the past seven years as NCTSN affiliates," Flores said. "It drives our push towards monitoring how we're doing and how everyone else is doing, and what we can do as an organization to facilitate safety and self-care." ■

## Have You Heard?

**Rosemary Creeden, LISW**, Associate Director of Trauma Treatment Services at Mental Health Services for Homeless Persons, Inc., was named one of Cleveland's 2011 "Community Heroes" by the *Plain Dealer*. Creeden oversees the **Children Who Witness Violence (CWWV)** program, which works with Cleveland police to reach out to families throughout Cuyahoga County who have been affected by violent crimes. The CWWV program provides crisis and short-term services, first deploying a Crisis Response Team for immediate intervention and assessment of children's needs and then coordinating follow-up trauma support services. The program includes training for professionals who encounter children exposed to violence; a community awareness campaign; and a process and outcome evaluation.

**Anthony Urquiza, PhD**, Director of the **Parent-Child Interaction Therapy (PCIT) Training Center** at **UC-Davis**, reports that the center is finalizing its online training course for the PCIT model and preparing to train five agencies. Two of these agencies are Network affiliates—the **Mental Health Center of Denver** and **Aurora Mental Health Center**. Another is an Air Force base. The team at UC-Davis is also developing a PCIT training manual that is specific to child trauma.

**Austin's Playroom Project**, which creates child-friendly waiting areas for pediatric patients and their families, opened its latest room at **Allegheny General Hospital's Center for Traumatic Stress in Children and Adolescents**. The project is funded by the Mario Lemieux Foundation. Its goal is to improve children's experiences in the healthcare system, whether they are visitors or patients, by furnishing cheerful playrooms that are safe, calming, and comfortable. (For a related story on trauma-informed spaces for children, see **Designed with the Child in Mind: Architecture that Advances Healing** on page 1 in this issue.)

## Did You Know?

**Louisiana State University Health Sciences Center (LSUHSC), New Orleans**, has been awarded a provisional grant of \$14.4 million over five years through the BP oil spill settlement agreement. The grant is intended to fund mental and behavioral health treatments and longer-term supportive services to people and communities affected by the Deepwater Horizon oil spill. **Howard Osofsky, MD**, Professor and Chairman of the Department of Psychiatry, and **Joy Osofsky, PhD**, Professor and Head of the Division of Pediatric Mental Health at LSUHSC New Orleans, are the project leaders of the **Mental and Behavioral Health Capacity Project** in Louisiana.

The mental and behavioral health project is one of the four projects that make up the **Gulf Region Health Outreach Program**, developed by BP and plaintiffs' counsel in the Deepwater Horizon litigation in the US District Court in New Orleans. Supervised by the court, the program is funded with \$105 million from the BP Deepwater Horizon Medical Settlement. The LSUHSC helped to establish a coalition of partners in the four states affected by the spill; the partners include the University of Southern Mississippi, the University of South Alabama, the University of West Florida, Tulane University, and the Louisiana Public Health Institute. The coalition is dedicated to implementing the goals of all four integrated projects in the Outreach Program. The three projects besides mental health are addressing primary care, environmental health and literacy, and training of community health workers.

Extensive survey data gathered by the LSUHSC Departments of Psychiatry and Pediatrics after the BP spill revealed significant mental health needs directly attributable to the disaster. LSUHSC and its partners will work to improve immediate and critical mental and behavioral health services. The team will also work with the Primary Care Capacity Project to develop federally-qualified health centers and community health clinics as high-quality "one-stop shops" for primary care and mental and behavioral healthcare after short-term services are completed.

## 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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