

IMPACT

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A QUARTERLY PUBLICATION OF THE NATIONAL CHILD TRAUMATIC STRESS NETWORK

At Annual Meeting, NCTSN Advisory Board Members Focus on Future Directions

The 2015 annual meeting of the NCTSN Advisory Board took place July 20-22 at its now-traditional venue, the Washington Duke Inn at Duke University in Durham, NC. Also by tradition, the meeting included updates from leaders of the Network and the National Center for Child Traumatic Stress (NCCTS), and featured spirited discussions about the Network's mission and future directions. The venue "definitely stimulates and enhances our discussions," said Ellen Gerrity, PhD, NCCTS Associate Director and Senior Policy Advisor, and Board meeting moderator. "It sparks creative collaboration that carries over throughout the year."

At the first night's working dinner, attendees were welcomed by NCCTS Co-Directors Robert Pynoos, MD, MPH, and John Fairbank, PhD; Steering Committee representative Sarah Ostrowski, PhD, Research Program Director at the NeuroDevelopmental Science Center, Akron (OH) Children's Hospital; and SAMHSA representative Maryann Robinson, PhD, RN, CAPT, United States Public Health Service, and Chief, SAMHSA Emergency Mental Health and Traumatic Stress Services Branch.



NCTSN Advisory Board members met in Durham, NC, from July 20-22, 2015. Front row, L to R: Patricia Barron, Robert Block, Teresa Huizar, Esta Soler, Tasneem Ismailji. ♦ Back row, L to R: Colleen Horton, Vivian Jackson, Thomas Bornemann, Walter Howard Smith Jr., Sandra Spencer, Judge Michael Howard, Christine James-Brown, James Hmurovich. (Missing: Rachel Lloyd).

Advisory Board members have been exceptionally strong and consistent supporters of the NCTSN mission, as demonstrated not only by their active participation in the twice-yearly meetings, but also through ongoing collaborations around shared projects, meetings, educational events, and resource development. Board members profiled several vital partnerships during their first session on Tuesday morning. Among the examples:

- Teresa Huizar, Executive Director, National Children's Alliance, reported that the NCA is planning a Congressional educational briefing in the fall related to child trauma, which will highlight the work of the NCTSN. The NCA is also working with the NCTSN to update a toolkit on child trauma for NCA members.
- Patricia M. Barron, BSN, MS, Director, Family Programs, Association of the United States Army, Arlington, VA, praised the NCTSN's recent collaborations with the Military Child Education Coalition, and said that the association is currently expecting a report from the Department of Defense addressing suicide among military family members, which she hopes to share with NCTSN members. Reflecting on Network accomplishments for military children and families, Barron remarked, "The NCTSN has created fantastic educational products that lend themselves to both the civilian audience that might not understand the military culture very well, and also to the military audience that doesn't always recognize traumatic stress."

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Jeanne Sherman's Experience and Training Merge in Service to Military Families

For the past two and a half years, Jeanne Sherman, MEd, CAGS, LMHC, has combined her experience from military life with her behavioral health expertise to help other military families. At the beginning of the last NCTSN funding cycle, she started in her current position with the Children's Treatment and Recovery Center at Family Service of Rhode Island, Providence.

Sherman is a former sergeant in the United States Army who was on active duty for five years in the mid-1970s, stationed in Stuttgart, Germany, and Fort Meade, Maryland. After her tour, she followed her husband during his deployments. She lived in Germany with their two children when her husband was called up for Operation Desert Shield/Desert Storm. "Being in the military environment taught me a lot about trauma," Sherman reflected recently.



Jeanne Sherman, MEd, CAGS, LMHC, of the Children's Treatment and Recovery Center, Family Service of Rhode Island.

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This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

Jeanne Sherman Serves Military Families *cont'd from pg. 1*

The experience also brought home the intrinsic resilience of military families. “They really do take care of each other. This position is like coming full circle for me. I feel like I am taking care of my own now. I went into the military in 1975 and here I am again, in the military environment, working with these incredible families!”

Sherman is certified in Trauma Focused-Cognitive Behavioral Therapy (TF-CBT). She has not only gained the trust of families with whom she works, but has done outreach to local and national veterans organizations to expand their trauma-informed services. She has established a collaborative relationship with the Veterans Administration, which refers families and individuals; and was recently asked by the VA to co-lead a parent-child group. In addition to her clinical duties, she volunteers her time leading community drives to collect personal care items for needy veterans. She attends every [Yellow Ribbon Reintegration Program](#) event in Rhode Island, and is often a program presenter. In the spring of 2015, the Veterans of Foreign Wars in Warwick, RI, awarded Sherman the VFW Community Service Award in recognition of her expansive efforts on behalf of military families.

Empathic Connection

Whenever she meets military families for the first time, Sherman opens with these words: “I’m prior military and a prior military spouse.” The response is often an audible sigh of relief, she said. “That means we can ‘talk the language’ with each other.” Asked to define her approach with military families whose loved ones are deployed, Sherman responded, “I’m known for my listening skills. The best tool I can give military families who are left behind [when a loved one is deployed] is to sit with them, to listen, and to be a sounding board.”

The Yellow Ribbon Reintegration Program, sponsored by the National Guard but open to all service members, holds program events covering pre- to post-deployment issues to help military families understand what they may face during each phase. Sherman has taught workshops on understanding the impacts of deployment, in which she offers counsel to couples to help them deal with the pre- to post-deployment continuum. For example, it’s important for military couples to decide before deployment what the spouse at home will disclose to the absent spouse about day-to-day events.

10 Years with Family Service of RI

Sherman has worked with Family Service in multiple capacities in the past decade. She has taught parenting classes for inmates through the Parenting Inside Out program, and for five years she conducted the Victim Impact Class, a curriculum developed by the national Office for Victims of Crime to help inmates gain insight into the effects of their actions on victims, families, and the community. Sherman now supervises that program, which is held in six facilities with both women and men in minimum to maximum security settings.

“Jeanne has a wonderful capacity to be present with people who have had serious challenges,” noted Susan S. Erstling, LICSW, PhD, who is Senior Vice President, Trauma, Intake and Emergency Services at Family Service of Rhode Island, and the principal investigator for the agency’s NCTSN grant. In turn, Sherman praised Erstling’s dedication to her staff’s health and well-being. If something happens that is troubling, she said, “It’s an automatic process for us to reach out and talk with each other. This is a huge strength that we have as a team.”

Sherman has become an active member of the NCTSN Military and Veteran Families Collaborative Group, and advocates for adaptation of TF-CBT for military families. Gregory Leskin, PhD, Director, [Military and Veteran Families Program](#), stated, “With Jeanne’s capacity, her knowledge, her lived experience, and her commitment to and passion for this population, she is a stellar example of an NCTSN member who embodies commitment to our military and veterans.” She also advocates to fill the gaps in trauma-informed services for military children and families. In Rhode Island, military families are dispersed geographically, increasing the need for outreach to schools. Teachers need to know, for example, if a student’s parent is deployed and the effect that may have on the child’s functioning. “We need more people to work with military families,” Sherman asserted. During the current NCTSN funding cycle, she has made home visits to families, a service that is not ordinarily available through Tricare, the government’s health care program for uniformed service members and their families. She urged trauma-informed service providers to join Tricare provider panels so that families can have access to evidence-based care.

Sherman’s advice to providers who have not worked with military families: simply ask questions rather than pretend to understand a military reference. “Remember, military families are no different than other families – except that they might be more resilient, stronger, and better organized.” ■



Staff, Children’s Treatment and Recovery Center, Family Service of Rhode Island. Back row, L to R: Julie Berglund; Catherine Martin, MSW Intern; Amy Jacobs Simpson, MS, MFT; Jeanne Sherman, MEd, CAGS, LMHC; Christine Santos, LICSW; Sarah Kelly-Palmer, LICSW; (sitting on arm of chair) Candace Johndrow. ♦ Front row, L to R: Elliott Buelter, MSW Intern; Carla Cuellar; Susan Erstling, LICSW, PhD.

Annual Advisory Board Meeting *cont'd from pg. 1*

- Robert W. Block, MD, FAAP, past President of the American Academy of Pediatrics, reported that the academy is focusing on the clinical and biological impacts of trauma, toxic stress, and resilience. During a recent Congressional briefing, Block highlighted the work of the NCTSN as part of his presentation. A video of the briefing is available at www.avahealth.org/videos/public_videos.html, the Web site of the Academy on Violence and Abuse, an organization also represented on the NCTSN Advisory Board by Co-Founder and Board Chair Tasneem Ismailji, MD.

Strengthening the NCTSN Mission

In other discussions, the Board focused on ways to strengthen the mission of the NCTSN. Many participants emphasized the need for the NCTSN to have a strong communications and public relations entity, one that will support media, policy, and sustainability work, to help with partnerships, dissemination, raising awareness, and leadership activities.

There was lively discussion around the theme of “the NCTSN as one of the solutions” for exposure to adverse childhood experiences or ACEs, a term that has become part of the current lexicon of child trauma. The participants recognized that, although the many educational and treatment resources developed by the NCTSN are part of the equation, it is also very important that NCTSN discussions and activities address the roles that social injustice, economic inequality, and racism may play as contributors to child trauma.

Another important discussion focused on current business planning efforts directed toward expanding funding for child trauma work. Thomas H. Bornemann, EdD, Director, Mental Health Program, The Carter Center in Atlanta, GA, said he believes that the Network could benefit from additional funding sources to sustain the work. “Child mental health has been an underfunded area for a long time,” he pointed out, “and we all [the Advisory Board members] think that the NCTSN is a big asset to the mental health community.”

Infused throughout the work is a common thread of mutual respect among the Board members. “Many of the people who sit on this particular Board are the ‘gold standard’ experts in their fields,” Barron observed. “And yet, they come to each of the Advisory Board meetings willing and ready to listen, interact, engage, and guide. I am always struck by this amazing experience.”

Barron and Bornemann have been Advisory Board members for five years. “We’re a very diverse group,” Bornemann said, “but many of us have now known each other for a number of years. The NCTSN selection of Board members ensures that there is a lot of complementarity across our missions and we are able to come to some conclusions in an amiable fashion.”

At the request of the Board and the NCTSN Steering Committee, the 2016 Board meeting will be held with the Steering Committee at the All-Network Conference in March. ■

AFFILIATE CORNER

Roy Van Tassell Continues to Be a Seasoned Voice within Systems of Care



Roy Van Tassell, MS, LPC,
Cenpatico, Austin, TX.

In his 34 years as a clinician, Roy Van Tassell, MS, LPC, has had the chance to work with clients of every age, from infants to adults in their 90s, in inpatient and outpatient settings, and in partial hospital and residential treatment programs. The scope of his experience, he said, has given him the “opportunity to see the impact of trauma across generations.”

His experience resonated powerfully when Van Tassell began to focus on children, especially those in the foster care system, in his role as Program Director of the Tulsa, OK-based Family and Children’s Services, Inc., an NCTSN CAT III site. Within three years of joining F&CS in 2000, Van Tassell became immersed in the Network’s array of trauma-informed services. The 2003 funding cycle provided him the opportunity to participate in one of the first Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Learning Collaboratives.

Having seen the impact of trauma across generations, Van Tassell knew that the trauma-focused mission of the NCTSN coincided with his professional readiness to approach the work. Now an NCTSN Affiliate member, he described his early Network involvement as “energizing,” and likened his exposure to Network experts and trainers to “trying to take a sip of water from a fire hose!” Van Tassell became a TF-CBT trainer, a role he feels honored to fulfill across multiple states in his current capacity as Director of Trauma and Evidence-based Interventions within the foster care education division of Cenpatico, a behavioral healthcare company based in Austin, TX.

Impacting Systems of Care

Trauma-informed efforts in Oklahoma took a leap forward in 2006 when the State Legislature appropriated funds for piloting child trauma training at selected community mental health agencies contracted with the Department of Mental Health and Substance Abuse Services. The Center on Child Abuse and Neglect at the University of Oklahoma Health Sciences Center has been a partner since the inception of the project. The effort burgeoned into a statewide initiative, Be-Me, which is charged with making all state-funded child support services

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SPOTLIGHT ON CULTURE

Trauma and Mental Health Needs of Immigrant Minors, Part Two

This series has explored special concerns in the delivery of trauma-informed services to immigrant children and youth who cross the border into the United States unaccompanied by parents or protective adults. Part One reviewed the risks and stressors experienced by these children, and the barriers to trauma-informed services they face after arrival. Part Two focuses on particular issues for youth during their settlement in the United States and integration into the public school system.

As the migration of unaccompanied immigrant minors continues to unfold, the national and international media focus on the trauma endured by these youth before and during their crossing into the United States. Forced to flee social violence and poverty, the youth in the past few years have traveled from mostly Central American homes to seek refuge here.

Their vulnerability to trauma does not end at the border. In fact, residual effects of prior trauma may be intensified by additional traumatic stressors as the youth are detained, processed, and either reunified with family in America or placed in the foster care system. Once this determination is made, the youth may experience fears of deportation, substandard living conditions, and lack of social and community support.

Immigrant youth will also enter the U.S. public education system. There, depending on their previous schooling, these youth face many new challenges, including placement in classrooms based on age, which may not correspond to their level of academic achievement. They will likely be unfamiliar with school routines and expectations, may endure bullying and harassment from other students because of their cultural and linguistic differences, and face barriers to resources.

Helping children and youth with their adjustment to life in the United States entails a determined effort to support them in their communities and schools. And while the trauma they experienced before and during their journeys may be unfathomable, these youth nevertheless have tremendous internal strengths. One way to augment their resilience is to promote peer group support. Here we highlight two programs currently working effectively to diminish the social isolation of unaccompanied immigrant students and help them to thrive in the future.

La Puerta Abierta (“The Open Door”), Philadelphia, PA

According to Cathi Tillman, LSW, Executive Director, [La Puerta Abierta](#) began as a collaborative project between behavioral health clinicians in the United States and Ecuador. The project, known as the Intercultural Coalition for Family Wellness, has since 2010 carried out its U.S.-based work as La Puerta Abierta; by 2016, this will be the organization’s rebranded identity. Its mission is to improve access to quality mental-health care for vulnerable youth and families in the Latino immigrant community through collaboration, training of bilingual clinicians, and service.

La Puerta Abierta now serves families and youth in a three-county area in and around Philadelphia, and has developed multiple partnerships with other agencies. One of its main co-locations is at Norris Square Neighborhood Project, an arts and gardening organization focused on Latino culture. There, youth participate in arts and culture and garden programming facilitated by La Puerta Abierta staff.



Cathi Tillman, LSW, Executive Director, La Puerta Abierta (“The Open Door”), Philadelphia, PA.

One of the organization’s most successful programs is the Youth Mentorship Initiative, which provides youth-driven programming to enhance emotional development for undocumented adolescents and young adults. Tillman explained that many of these youth are dealing with what author Pauline Boss has termed “ambiguous loss.” They may be physically separated from but still have regular communication with

loved ones in their home country, so it is often difficult for them to resolve feelings of grief and loss over their separation. Others have fled horrific gang violence but are unable to open up about the trauma. “Oftentimes kids and even adults do not have the language to explain what has happened to them,” Tillman said. “The events may have been internalized or normalized.” In these situations, it’s important for clinicians to be “slow and careful and to patiently navigate those conversations, respecting their readiness to uncover their pain.” In group counseling sessions, youth ages 14 to 20 share their experiences and practical means of dealing with emotional challenges.

Un Sueño Para el Futuro (“A Dream for the Future”) is a year-round program of La Puerta Abierta. Un Sueño uses creative arts projects, many of them facilitated by a local graffiti artist from El Salvador, in addition to other activities to create safe spaces for healing and fellowship. Tillman said referrals



Newcomers in La Puerta Abierta’s Un Sueño Para el Futuro (“A Dream for the Future”) program work on a mural relating to identity and culture, under the guidance of graffiti artist Carlos Lopez, from El Salvador.

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SPOTLIGHT ON CULTURE

Immigrant Minors, Part II *cont'd from pg. 4*

come mostly through word of mouth from the Norris Square facility, schools, and other community providers. Some of the more senior members of the group have become mentors for younger members; others have been able to graduate from high school and enter community college. In so doing, Tillman said, “they provide a motivation and inspiration that older adults like us do not necessarily provide.”

The Community Health Advocates School, South Los Angeles, CA

The Community Health Advocates School (CHAS) is one of three distinct small pilot schools on the Augustus Hawkins High School campus in South Los Angeles.

The impetus for the Newcomer Mentoring Program at CHAS began with the realization that many newcomer immigrant students enrolling mid-year at the campus were receiving a less comprehensive orientation than students who came at the beginning of the school year. Ashley Englander, an Assistant Principal, noted, “Being brand new to the country, these students were also undergoing huge personal, social, familial, and academic transitions.” Not surprisingly, the students were struggling with attendance issues. Thus was born the idea of pairing third- and fourth-year English development students (who were former immigrants) with newcomers. The Newcomer Mentoring Program has quickly grown from an initial enrollment of 15 newcomers to 75 at present. The mentors, who are high school juniors and seniors, attend several retreat sessions where they learn basic advocacy skills, such as the ability to obtain academic resources, including translation services, for their mentees.

Patricia Hanson, last year’s internship teacher, said that the mentors “provide emotional stability for their mentees” because they share similar cultural and linguistic backgrounds and experiences. In addition, Englander noted, “You cannot underestimate how powerful it is for 9th graders, who are looking for social cues, to be around 12th graders who are not concerned with being cool. They [the mentors] are serious about helping the younger kids, take high school seriously, and learn from their mistakes.” As they negotiate their own educational challenges, the mentors also become powerful role models for their young charges, Hanson added.

Claudia Rojas, CHAS Principal, added that mentors are trained to advocate for mentees’ academic needs, but are not expected to handle their emotional issues. “Ashley and Trish have trained the students that when issues come up, such as a female student experiencing harassment, that they must come to the staff. We’re very honest with our kids. We tell them that even we are not the experts and that we have on-site staff, such as a psychiatric social worker and a school psychologist, that we turn to for help.”

The mentoring program has been supported by faculty at the University of Southern California School of Social Work, who provide valuable trauma-informed professional

development for CHAS educators. CHAS is also an integral part of the [NCTSN Treatment and Services Adaptation Center for Resiliency, Hope, and Wellness in Schools](#), a Category II site led by Marleen Wong, PhD. The faculty and students at CHAS have been active community partners with this center, providing valuable feedback on product development, participating on advisory boards, and presenting at the center’s annual Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) Summit. Students from the Newcomer



L to R: Patricia Hanson, Claudia Rojas, and Ashley Englander at the Community Health Advocates School, South Los Angeles, CA.

Mentoring Program eloquently spoke at the 2014 CBITS Summit, describing their experiences as mentors.

Rojas noted that CHAS has begun outreach to the other two small schools at Augustus Hawkins – the Critical Design and Gaming School (C:\DAGS) and the Responsible Indigenous Social

Entrepreneurship (RISE) School – to apprise instructors and administrators of the strength of the mentoring model. Outreach to the larger Los Angeles Unified School District is also planned. ■

The NCCTS extends a special thank you to members of the NCTSN Culture Consortium for their conceptualization of the Spotlight on Culture series, and for their efforts on behalf of unaccompanied immigrant minors.

Editor’s note: Although it is beyond the scope of this series, the plight of young immigrant children should not go unnoted. Children under the age of six are among the thousands of unaccompanied minors who have crossed the border. Infants, toddlers, and preschoolers are highly vulnerable to the stressors of displacement – the loss of familiar places and mores, exposure to violence, and a shattered sense of safety in the absence of a protective figure. Immigration is thus one more layer in the continuum of traumatic experiences for many of these children, and can have a deleterious impact on their identity and perceptions of self and others.

Additional resources:

Bridging Refugee Youth & Children’s Services (BRYCS). *Supporting Unaccompanied Children in U.S. Schools*. September 2014. Available at www.brycs.org/documents/upload/Unaccompanied-Children-in-US-Schools.pdf

Trauma and Mental Health Needs of Immigrant Minors, Part One. *IMPACT*, Spring 2015. Available at www.nctsn.org/sites/default/files/assets/pdfs/newsletters/impact_sp15_final.pdf

Have You Heard?

Healing Hurt People (HHP) is the cornerstone program of the **Center for Nonviolence and Social Justice** in Philadelphia, PA. HHP is a community-focused, hospital-based program designed to address the physical, emotional, and social needs of victims of violence as they are being released from the emergency department. The program works with clients ages 8 to 30 with intentional injuries (gunshot, stab, or assault wounds) who are seen in the ED at Hahnemann University Hospital. Victims of violent injury have reported that while in the ED, they think about either changing their way of life or retaliating for their injuries. Most often these youth return, without any support, to the hostile environments in which they were injured. HHP uses a trauma-informed approach to intervene at this potentially life-changing moment by connecting these youth to multiple supports and resources. **Brad Stolbach, PhD**, serves as clinical director of HHP-Chicago, which partners with **La Rabida Children's Hospital's Chicago Child Trauma Center** in that city.

In Baltimore City, exposure to trauma and violence is entangled with decades of racial injustice and economic disadvantage. A Breakthrough Series Collaborative (BSC) is currently being implemented there in an effort to help families, organizations, and communities become more trauma- and resilience-informed, and to more fully understand the impacts that race and racism have on their lives. The initiative is led by a partnership between the **Center for Child and Family Traumatic Stress** (formerly the Family Center) at **Kennedy Krieger Institute**, the **University of Maryland School of Medicine**, and the **University of Maryland School of Social Work**. It is supported by a grant from the Zanvyl and Isabelle Krieger Fund, a local philanthropic entity. A panel of 35 experts was convened in June 2015. Participants represented Baltimore City's schools, child-care facilities, mental/physical health programs, social services agencies, and legal and community advocacy programs. Experts from other parts of the United States also served on the panel. Six to eight teams will be notified of their selection to participate in the BSC, with the first of three learning sessions scheduled for December. The Collaborative Change Framework themes are: 1) Authentic Partnerships; 2) Racial Justice; 3) Trauma- and Resilience-Informed Resources and Supports; and 4) Healthier Communities and Programs.

The NCTSN is happy to announce that Network member **Anne E. Kazak, PhD, ABPP**, Co-Director of the **Center for Pediatric Traumatic Stress**, Philadelphia, is the new editor-in-chief of *American Psychologist*, the flagship journal of the American Psychological Association. Congratulations Dr. Kazak!

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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Design & Layout: Sue Oh Design

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.

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AFFILIATE CORNER

Affiliate Roy Van Tassell *cont'd from pg. 3*

trauma-informed. (For more information on the Be-Me initiative in the Fall 2014 issue of *IMPACT*, visit <http://www.nctsn.org/resources/audiences/professionals/nctsn-newsletter>.)

In 2013 Van Tassell joined Cenpatico, a subsidiary of Centene Corporation, a St. Louis, MO-based multinational healthcare company that contracts with government-sponsored healthcare programs. "What attracted me to this opportunity," he said, "was the strong mission to raise the standard of care for kids in foster care by training our provider network in evidence-based practices and trauma-informed care, but also providing training and trauma-informed resources to the foster parents." There lies the connection to the NCTSN's Resource

Parent Curriculum, and Van Tassell's ongoing participation in RPC workgroups and consultant calls. He is excited that his work with Cenpatico also extends to training therapists in the private practice community, where exposure to the principles of trauma-informed care is not as ubiquitous as in publicly funded agencies.

Van Tassell restated how much he values his continuing involvement with the Network. He recently participated in the Implementation Summit held in Durham, NC, and is pleased to be part of efforts to embed trauma-informed care into integrated healthcare systems through provider training and statewide initiatives. ■