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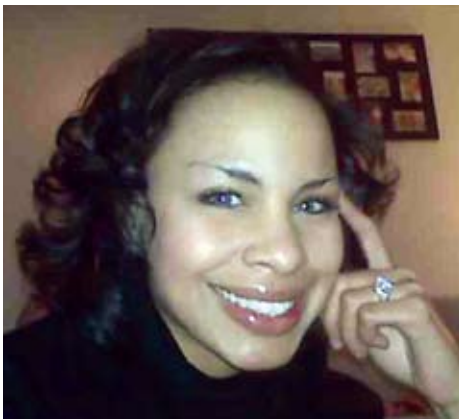
For Resource Parents, New Training Strengthens Understanding of Trauma in Children

When people caring for a traumatized child don't make the connection between problem behaviors and trauma history, they can become frustrated and impatient with the child's development. When that child is a foster child, this lack of understanding of the long reach of trauma can lead to unstable foster home placements, potentially exacerbating traumatic stress.

But when "resource parents" (a term describing foster, adoptive, and kinship caregivers) have a foundation of information about child traumatic stress, they can help the child develop new, more positive coping skills. The foster placement is then less vulnerable, and the child, rather than feeling unsafe and on alert for the next threat to his or her well-being, can experience the psychological well-being and protection so necessary for growth and healing.

To this end, the NCTSN has unveiled a new trauma-informed parenting curriculum, *Caring for Children Who Have Experienced Trauma: a Workshop for Resource Parents*. The curriculum was debuted at the 24th annual San Diego International Conference on Child and Family Maltreatment this winter, and it is already changing lives. >>> *cont'd on pg. 2*

A Former Foster Child Works to Improve the Systems that Served Her Imperfectly



Amanda Pruitt, Family Partner, Community Counseling Center, Portland, Maine

Twenty-three years after being removed from her mother's home when she was four years old, Amanda Pruitt finds great satisfaction in helping youth who have experienced similar crises. She marvels at how much the child welfare system has changed for the better in the last few years.

"I grew up in the foster care system," Pruitt said. "I wish there had been more information on what to do with a child like me."

Not until she was a young teenager did Pruitt find out that her personal file contained notes relating to sexual, physical, and emotional abuse when she was a very young child. The problems were never addressed in therapy or case management, nor discussed with foster parents. Her guardians and foster parents saw no connection between events of her past and her current emotional states and behaviors.

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

San Diego Conference Leads and Grows With a Changing Field

By Charles Wilson, MSSW, Executive Director, Chadwick Center

Starting with just 100 physicians in 1986, the San Diego International Conference on Child and Family Maltreatment now reaches almost 2000 people representing the full range of professionals who work with abused and traumatized children. The conference is sponsored by Chadwick Center for Children and Families at Rady Children's Hospital-San Diego, which has been a member of the NCTSN since 2002.

Held at the end of January, the San Diego conference is one of the largest annual international gatherings of child abuse and family violence professionals in the world. It probably attracts more people from across the globe each year than any other child abuse conference in the United States. This year's meeting drew professionals from 33 countries on 6 continents, with 58 attendees coming from the Netherlands alone.

The conference has made a clear commitment to evidence-based practice and trauma-informed treatment, but it also addresses subjects of specific interest to such groups as pediatricians and law enforcement professionals.

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

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First Person Accounts: Trauma-Informed Training

"If you had asked us five years ago what it means to be an effective foster parent, or how to be a good parent, we are not sure we could have answered that. This was until we were asked by our social worker to take the Trauma-Informed Parenting class. We are glad we took her advice. The class has taught us a lot about raising kids. Our technique was that we were going to "outlast" our children's behaviors, because we took it personally if they were attacking us. We thought we could force them into our way of thinking by being stubborn, instead of searching for the root of the problem that was actually causing these behaviors. Now, after taking this class, we try and understand what is the cause of the behaviors, and how by what we have learned, we can get to the root of the problem and deal with it. We recommend it and think all foster parents should take this class. It gives them more tools in their parenting bag to do what we are really here to do, which is to help kids."

Julie and Eric Sapp, foster parents, Dane County, WI

"When I initially sought out this training, I did so in response to a foster family who was using physical discipline. These were parents who successfully raised their own children with "whoopings" and so when all else failed, they went back to the parenting style that they were most comfortable with. Their experience with this material in terms of how it changed their parenting—coupled with the unprecedented improvement in the behaviors of their foster children—prompted me to provide this training for all of the foster parents on my caseload. What happened next? My phone stopped ringing! Instead of dealing with multiple crises on a daily basis, I had to start calling my foster parents in order to meet contact standards! We have now been providing this training for over two years and I've decided that its greatest value lies in the confidence it gives families that they really do have the power to help children heal from past trauma."

Chris Foreman, MSSW, APSW, foster care consultant, Dane County, WI, Department of Human Services

For Resource Parents, New Training *cont'd from pg. 1*



Trauma Informed Parenting training held in December 2009 in Dane County, Wisconsin.

Foster parents, social workers, federal administrators, and child trauma specialists worked together to develop the training program and pilot it in Baltimore, Houston, Madison, New York City, and several cities in Michigan. Following the pilot sessions, resource parents almost unanimously reported that the training enabled them to understand youth in their care and respond more appropriately to a child's acting out.

In Madison, Wisconsin, where more than 60 parents have been trained, "the general consensus among foster parents is that this should be a mandatory training for all foster families," said Chris Foreman, MSSW, APSW, a foster care consultant for the Dane County Department of Human Services.

"I believe that the team has made a real effort to think about the needs of resource parents and provide useful, understandable information to assist them in developing a better understanding of the reasons for children's behaviors."

PATSY BUIDA, National Foster Care Specialist with the Children's Bureau, US Administration for Children and Families

The curriculum is designed to teach basic knowledge, skills and values about caring for children and teens who are in foster care and who have experienced traumatic stress. It also teaches how to use this knowledge to support children's safety, permanency and well-being.

Patsy Buida, National Foster Care Specialist with the Children's Bureau, US Administration for Children and Families, was part of the multi-agency team that developed the curriculum. "I believe that the team has made a real effort to think about the needs of resource parents and provide useful, understandable information to assist them in developing a better understanding of the reasons for

>>> cont'd on pg. 3

For Resource Parents, New Training *cont'd from pg. 2*

children's behaviors," Buida said. "The team has been diligent about listening to their parent partners."

Resource parents and professionals from dozens of agencies across the United States contributed to the curriculum, which uses diverse and detailed case vignettes—as well as participants' own experiences with children in their care—as a foundation for teaching important concepts related to child traumatic stress.

Barbara Feaster, founder of uFOSTERsuccess, remarked that, "As a child trauma survivor myself I very much appreciate this curriculum, as it is sensitive to why a child may struggle a certain way." Feaster added that the NCTSN curriculum helps caregivers look beyond behaviors, giving them information on how to respond both sensitively and effectively to the struggles that arise after a child experiences trauma. "As a result," she said, "both foster parents and the children they serve will have more opportunities to thrive."

The NCTSN curriculum is designed to help resource parents:

- Understand that children can heal from the effects of trauma and that resource parents play a crucial role in the healing process.
- Promote a sense of psychological safety for children who have experienced trauma.
- Learn and practice the skills needed to help traumatized children manage their emotions and behavior, as well as develop and use their strengths.
- Support traumatized children in developing and maintaining positive, stable, and enduring relationships.

The eight-module training program can be completed in several different ways, including weekly sessions or weekend seminars.

Buida said the curriculum will provide additional information to more child welfare agencies and resource families, which may assist in making children's placements safer and more stable.



Alice Justice (foster and adoptive parent) & Chris Foreman at the pilot training held in May 2009 in Baltimore, Maryland.

Since taking the training, "most of the families on my caseload have integrated a trauma-informed lens into their parenting style," Foreman said. Several foster parents have taken the information with them into schools and are having some success advocating on behalf of different behavioral response plans. "I've also had foster parents who work in schools use this info with their school kids," she said.

The resource parents' curriculum was developed with the support of the Substance Abuse and Mental Health Services Administration.

For more information, see: www.NCTSN.org.

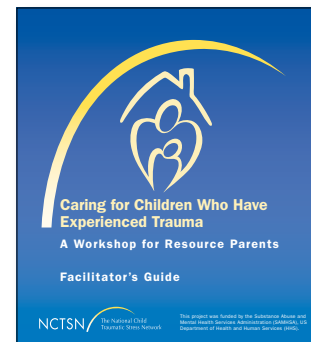
Best Practices for Trauma-Informed Parenting

- Recognize the impact trauma has had on your child.
- Help your child feel safe.
- Help your child to understand and manage overwhelming emotions.
- Help your child to understand and modify problem behaviors.
- Respect and support positive, stable, and enduring relationships in the life of your child.
- Help your child to develop a strength-based understanding of his or her life story.
- Be an advocate for your child.
- Promote and support trauma-focused assessment and treatment for your child.
- Take care of yourself.

Source: *Caring for Children Who Have Experienced Trauma: a Workshop for Resource Parents*

Roots of the Resource Parent Curriculum

The trauma-informed parenting curriculum for resource parents began to take shape during informal meetings at NCTSN's All-Network conference in 2004. The group recognized the critical importance of resource parents in trauma treatment and in providing an integrated trauma and attachment-informed framework across child welfare. NCTSN members met at subsequent All-Network conferences and decided to focus on development of a training curriculum. The workgroup held two face-to-face meetings sponsored by SAMHSA and worked together with curriculum writers to refine the curriculum.



A Former Foster Child Works to Improve Systems *cont'd from pg. 1*

"Now there are all kinds of placements, and different kinds of evidence-based treatments," Pruitt said. "Now they say, if you have a depressed child who has a trauma history, you do X, Y and Z. They try to do a better job of meeting you where you are. But I had no identity. No one looked deeper. No one asked, Can we help her put her life together? Instead I got a bad label as a kid who was unfixable." A judge told her she was unadoptable.

After Pruitt endured an unstable period living with relatives—moving several times to different states—her older sister was kicked out of the house and her brother turned 18 and married almost immediately. Amanda ran away from home and was returned by Child Protective Services, but her guardians had changed the locks and did not want her back.

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***"We are not in the business of child welfare,
we're in positions to change lives."***

*AMANDA PRUITT, Family Partner, Community
Counseling Center, Portland, Maine*

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"I blew out of the first home after my aunt sent me a letter saying that my father had not died in a car accident like she had told me but instead he hung himself. I was so upset, but didn't want to talk with my foster mother about it because I did not know her." Over the next two years she had 17 placements in foster homes. "I went from being a gifted student, athlete, and musician to having no friends and sitting on the couch all day." Days before her 18th birthday, she ran away and found her birth mother, who in turn called protective services. As soon as she could, Pruitt moved to Maine with a boyfriend.

"So often, I still feel so alone," she said. "I still have trouble trusting people." It doesn't help that she is biracial and has no extended family in Maine. "People in Maine don't understand if you don't have family." However, she has her own young family in a 4-year-old daughter and a 2½-year-old son, and takes great joy in them.

Pruitt was a young adult when she finally received trauma-focused cognitive behavioral therapy and other techniques from a gifted therapist "who met me where I was, not where she thought I should be." The therapy helped her a lot. After working to get her high-school equivalency diploma, Pruitt put herself through college and earned a BA degree

in legal studies. She has considered becoming a lawyer with a focus on defending troubled youth.

But after working as an aide at an agency in Maine with ties to the child welfare system, Pruitt is now considering studying for a mental health degree that will give her the expertise to help children in the system.

She is not letting her plans for education keep her from helping youth now. Pruitt currently serves with Child STEPs MATCH as a Family Partner (working with the primary caregiver and child) at Community Counseling Center in Portland, Maine. She is the Co-Director of Parents as Partners, a parent-to-professional mentoring program.

Additionally, Pruitt serves on the faculty and planning team for the New England Breakthrough Series Collaborative on Safety and Risk Assessments, sponsored by the Casey Family Programs and New England Association of Child Welfare Commissioners and Directors. She served as a member of the expert panel for the NCTSN Trauma-Informed Child Welfare Practice Breakthrough Series Collaborative, and will continue as faculty for the Collaborative, which will launch this spring. She is also on the Maine child welfare commissioner's steering committee on permanency and residential treatment, and is an active member of the Community Partnerships for Protecting Children.

"At work, I bring the understanding that we really need to focus on the children and the outcome of their lives," Pruitt said. "I don't make any assumptions. I ask questions. It is amazing what you will learn if you just ask and listen to the kids. I have a lot of empathy. We are not in the business of child welfare, we're in positions to change lives."

She finds special satisfaction working with kids aged 13 to 15 who don't have a place to stay. "I meet them where they are at, focusing on their strengths."

She said that she feels most understood when she meets with other adults who were foster children, which happens through her work with the state of Maine, the Casey Breakthrough Series, and the NCTSN. "When they say, 'I know just how you feel,' that means everything."

She also expressed gratitude to the NCTSN. "It is so nice that people are taking the initiative to help these kids," she said. No matter what comes next, Amanda Pruitt hopes to continue to work with people who share her vision for safe and healthy families for all children.

San Diego Conference Leads and Grows With a Changing Field *cont'd from pg. 1*

We have sought to integrate a range of partners and sponsoring organizations, including the Substance Abuse and Mental Health Services Administration, the NCTSN, the Centers for Disease Control and Prevention, the Department of Justice, the American Professional Society on the Abuse of Children, National Children's Alliance, and many more.

A few years ago the San Diego conference began to incorporate evidence-based practices in all conference tracks. This year we emphasized the "art" of delivering evidence-based practice. The conference also highlighted the role of modern technologies in the delivery of services and in the commission of crimes against children (our attendees include many leading investigators for the Internet Crimes Against Children Task Force).

We believe many people come back year after year for a combination of the knowledge and skills they gain in the conference workshops and plenary sessions and the inspiration they get from being immersed in an environment with passionate and talented people from all over the globe.

The biggest change in the field since the conference started is the huge explosion in scientific knowledge. Conference content used to be dominated by the personal insights and experience of leading authors in the field. Now the leaders base their offerings on a growing body of research mixed with clinical insights from practical experience. This is a good combination.

Sessions this year addressed leadership issues, prevention of abuse and violence, diversity, legal issues, policymaking, and translating research into action. The conference also featured two full tracks on trauma and mental health, one of them sponsored by the NCTSN. The NCTSN track focused on interventions and initiatives developed by Network members, including working with military families, screening and assessment, and state-level trauma initiatives. The conference added special tracks on measurement of abuse in society; working with Arab families (in the United States and the Middle East); information technology; law and ethics; and adolescent issues. We again offered two medical tracks, basic and advanced.

The Chadwick Center is proud to plan this conference in partnership with the NCTSN. We believe that the NCTSN, in spotlighting child trauma and the science behind trauma



Charles Wilson welcomes attendees to the recent Annual San Diego International Conference on Child and Family Maltreatment

interventions, has made a huge impact in the field. Most child abuse and domestic violence conferences in the 1990s failed to see the core issue of child traumatic stress in a clear light. Professionals believed they were treating child abuse or family violence. The NCTSN has helped them see the trauma world through a more unifying lens.

For more information, see www.chadwickcenter.org/conference.htm.

Essential Elements of Trauma-Informed Child Welfare Practice

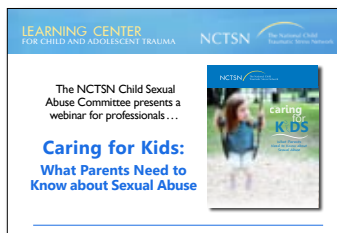
- **Maximize the child's sense of safety.**
- **Assist children in reducing overwhelming emotion.**
- **Help children make new meaning of their trauma history and current experiences.**
- **Address the impact of trauma and subsequent changes in the child's behavior, development, and relationships.**
- **Coordinate services with other agencies.**
- **Utilize comprehensive assessment of the child's trauma experiences and their impact on the child's development and behavior to guide services.**
- **Support and promote positive and stable relationships in the life of the child.**
- **Provide support and guidance to the child's family and caregivers.**
- **Manage professional and personal stress.**

Source: NCTSN Child Welfare Trauma Training Toolkit. **See:** www.NCTSN.org

Learning Center Shares Knowledge with Professionals and Public

A steadily growing number of visitors—thousands of professionals from all walks of life, as well as parents and caregivers—are logging in to the NCTSN Learning Center for Child and Adolescent Trauma to learn more about child traumatic stress. The Learning Center is easily accessed through the NCTSN web site at www.NCTSN.org or <http://learn.nctsn.org>.

As of February, 2010, more than 7000 people from more than 42 countries have participated in “webinars”—seminars offered via web cast—and other offerings provided on the Learning Center site. Many visitors are mental health professionals earning free Continuing Education credits (CEs). But it is not only mental health professionals—and certainly not only those associated with the NCTSN—who are using the Learning Center.



For example, a 2009 webinar presented by Esther Deblinger, PhD, co-director of the CARES Institute and Susana Rivera, PhD, LPC, program director of SCAN, Inc., “Caring for Kids: What Parents Need to Know about Sexual Abuse,” drew three

times more participants from local child welfare and mental health agencies than from NCTSN or partner sites. To date, 882 people have viewed this presentation, and more continue to participate with each additional offering.

Speaker Series web casts are offered live online and posted on the Learning Center site for later access on demand. The NCTSN is approved by the National Association of Social Workers and the American Psychological Association to provide CE credits. Agencies offering group events using the Learning Center webinars advise individual participants to create and manage their own CE certificates. To obtain CE credits, participants must pass a webinar post-test of 7-10 questions on the topic covered. Subjects include child sexual abuse, child traumatic grief, complex trauma, service systems, terrorism and disasters, and partnering with youth and families.

The webinars are delivered through a combination of PowerPoint slides and audio, with the opportunity to ask questions of the speaker through a moderator. Cybele Merrick, MA, MS, Program Manager for Information and Resources, National Center For Child Traumatic Stress, says the combination is successful because it is user friendly—and because the featured speakers include many sought-after educators and trainers in child traumatic stress.

When envisioning the Learning Center two years ago, the NCTSN hired Amber Stokes, MEd, as its manager. She

reports that the Learning Center currently hosts 10 Speaker Series and offers a total of 70 individual presentations, three special topics, and one Learning Collaborative. More than 500 new people register for the Learning Center each month. To date it has provided more than 3800 hours of training and issued 2539 CEs. On average, the NCTSN adds two new webinars to the Learning Center each month.

Three new Speaker Series are drawing both new and continuing users to the Learning Center: Part three of the “Culture and Trauma” series, coordinated by Shawntae Jones, MS and Nicole Tefera, PsyD of La Rabida Children’s Hospital in Chicago; the “Young Children and Trauma” series, organized by Mindy Kronenberg, PhD from Louisiana State University in New Orleans; and “Partnering with Youth and Families in Trauma Settings,” organized by Vikki Rompala, LCSW of La Rabida.

Additionally, recent draws included a February 12 discussion for educators, “Understanding Child Sexual Abuse and Coping within the School Setting: Lessons from the Film *Precious*” (a collaboration between the NCTSN Child Sexual Abuse and School Committees); and on February 24, the webinar developed as a partnership between the NCTSN Child Sexual Abuse Committee and the Dart Center for Journalism and Trauma, “Raising Awareness of Child Sexual Abuse: Collaborating with News Professionals.”

In addition, popular NCTSN products are available on the Learning Center site under the Special Topics section, including the *Child Welfare Trauma Training Toolkit*, and *Child Trauma Toolkit for Educators*.

Under the Learning Collaboratives section of the Learning Center, visitors can also apply for enrollment to the TF-CBT (Trauma-Focused Cognitive Behavioral Therapy) Implementers site, which has information, resources, and adaptations that have been shared during the NCTSN Learning Collaboratives over the last five years. Applications can be completed at: <http://learn.nctsn.org/mod/resource/view.php?id=2079>

To get started with the Learning Center, visit <http://learn.nctsn.org/login/signup.php> to create a free account.



A New Year, a New Partner

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



Brendan McEvoy, *Communication & Social Marketing Center*

Whether you want to distribute information to providers, build strong partnerships in the community, or raise awareness about child trauma among families, communication is the key to success. This is why the Communication and Social Marketing Center (CSM Center) is partnering with the NCTSN to offer communication training, tools, and resources to its grantees.

Our team of communication professionals at the CSM Center serves the communication and social marketing needs of several grant programs at the Substance Abuse and Mental Health Services Administration (SAMHSA). CSM Center expertise includes communication research and evaluation, communication planning, new media, social marketing, public affairs, public health, media relations, materials development, and public relations, to name a few.

Back in November of 2009, my colleague Valerie S. Jackson and I introduced the CSM Center's services to attendees at the NCTSN's New Grantee Orientation meeting. Since then, the CSM Center has continued to assess needs of the Network by analyzing its grant activities and communications programs. Members of the NCTSN steering committee and national advisory board, internal and external stakeholders, and many Network members participated in talks with the CSM Center.



Valerie Jackson, *Communication & Social Marketing Center*

This needs assessment process will ultimately help the CSM Center accomplish two goals. The first is to create a brand and message platform to help NCTSN members more effectively communicate with their key audiences—providers, families, legislators, and the media. The second goal is to design a communication program specifically for the NCTSN based on feedback we have received from grantees. This program will incorporate tools and training to help integrate strategic social marketing and communication techniques into grant work.

Our relationship with SAMHSA began more than a decade ago when the CSM Center began to provide communication training and tools to grantees of the Safe Schools Healthy Students Initiative. Since then we have expanded our services to other SAMHSA grant programs including Garrett Lee Smith Suicide Prevention, National Suicide Prevention Lifeline, and Native Aspirations. The systems developed for NCTSN will integrate many of the lessons acquired through work with these other SAMHSA grantees.

"...the Communication & Social Marketing Center (CSM Center) is partnering with the NCTSN to offer communication training, tools, and resources to its grantees."

*BRENDAN MCEVOY, Communication Specialist,
Communication & Social Marketing Center*

The CSM Center will have another opportunity to gather feedback from NCTSN members at the All-Network conference in March. Attendees will also hear CSM Center members explain the Network branding platform during a plenary presentation. What's more, they will have their first opportunity to experience a CSM Center communication training session entitled, "Media Relations: Basics of Engagement and Enhancing Coverage." The CSM Center members will be available to field NCTSN members' questions during Network "mini-sessions."

NCTSN members can look forward to hearing more from the CSM Center as our partnership strengthens. Currently, we are working together to bring training and assistance for Children's Mental Health Awareness Day in May. In addition, other webinars and web tools are in the development stage and will be revealed in mid-2010.



Have You Heard?

Reporters often quote information from the NCTSN in their news stories...

An editorial in **USA Today** on the movie *Precious*—which portrays the physical and sexual abuse of an African-American girl—says, “About 75% of reported cases of child sexual abuse are committed by family members or someone close to the family, according to the National Child Traumatic Stress Network.” The editorial was published December 18, 2009.

A **Washington Post** article quotes the NCTSN in stating that one half of homeless school-age children experience anxiety, depression, and withdrawal, compared with about 18% of children who have homes. The article notes that by the time homeless children are eight years old, one in three have experienced a major mental disorder. The December 22, 2009, article also quotes Ellen L. Bassuk, MD, President of National Center on Family Homelessness, a former NCTSN site. “They’ve lost so much,” she said.

A news story on the growing impact of homelessness on New England schoolchildren quotes the NCTSN as stating that “homeless children are twice as likely to repeat a grade, and they have twice the rate of learning disabilities.” The article appeared January 17, 2010, in **Foster’s Daily Democrat**, serving Dover and Portsmouth, NH.

Homeless children very often come from homes rife with poverty and domestic violence, **John Fairbank**, co-director of the National Center for Child Traumatic Stress, told **Campus Progress**, a newsletter of the Center for American Progress. “If you add homelessness to [their situations], the adversities accumulate and increase the likelihood that the youth will struggle with mental health issues like depression, substance abuse, high-risk behaviors, emotional control, posttraumatic stress disorder, isolation, and even psychosis.” The article was published January 25, 2010.

Web sites regularly feature content from the NCTSN. For example, **www.athealth.com** includes an entire page of NCTSN information dedicated to helping parents identify and address child traumatic stress. **www.mylocalhealth.com** quotes the NCTSN on questions parents can ask mental health professionals to determine if they are a good fit for their child. “This Emotional Life,” a three-part series on **PBS** this winter, guided viewers to its web site, which in turn referred parents wanting more information on children and posttraumatic stress disorder to **www.NCTSN.org**.

Helping Parents of Injured Kids

A month after their children experience serious accidents, more than one third of parents may have traumatic stress reactions that interfere with their ability to help their children recover emotionally. “Research consistently shows the important role that parents play in a child’s recovery,” says **Nancy Kassam-Adams**, PhD, Associate Director of Behavioral Research at the Center for Injury Research and Prevention of The Children’s Hospital of Philadelphia. “So, in addition to all the things parents do to help their child recover, it’s very important that they also take good care of themselves. To help families understand and deal with their reactions to a child’s injury, we created a web site, **www.AfterTheInjury.org**.”

Did You Know?

Misunderstanding and even misdiagnosis of child traumatic stress are common. Clinicians who are not trauma experts may, for example, misdiagnose trauma-related nervousness and inability to pay attention as attention deficit hyperactivity disorder (ADHD). Moodiness and irritability may be misinterpreted as signs of bipolar disorder, and the reactions of a child to multiple trauma reminders in the course of a day may be misdiagnosed as generalized anxiety disorder.

**Do you want to receive future
IMPACT newsletters?**

Email: newsletter@nctsn.org

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.