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A PUBLICATION OF THE NATIONAL CHILD TRAUMATIC STRESS NETWORK

## Network Supports Tribal Nations in Protecting Their Children, Families, and Communities

Given the painful history of our nation's destructive relationship with Tribal nations, the current case before the Supreme Court, *Haaland v Brackeen*, re-evokes deep emotional wounds of historical trauma. Brought by the state of Texas, the case began with custody struggles when a White couple adopted an American Indian boy and sought to also adopt his younger sister. The case has now expanded to include a challenge to the constitutionality of the Indian Child Welfare Act (ICWA).



Continuity of community and traditions is central to the Indian Child Welfare Act (ICWA).

A federal law which has been in place since 1978, ICWA was enacted to address the traumatic experiences endured by Native families. For more than a century, Native children were removed to federal boarding schools; and prior to 1978, more than 35% of American Indian/Alaska Native children had been removed mostly from intact Native homes and given to families who were not related

and who had no understanding of indigenous culture, ways of life, or traditions. *Haaland v Brackeen*, which was heard by the Supreme Court on November 9, 2022, seeks state jurisdiction over foster care placement and adoption of American Indian/Alaska Native children, arguing that ICWA, which prioritizes Tribal sovereignty, is unconstitutional.

Since its inception, ICWA has been recognized by experts as the gold standard of child welfare practice. Placement within children's Tribal communities is central, since continuity of culture and tradition is known to be a protective factor.

**Native American tribes are “very concerned about this case, because our children are at risk.”**

*KIMEE WIND-HUMMINGBIRD, member of the Muscogee (Creek) Nation with Cherokee descent, Training and Technical Assistance Manager at the National Native Children's Trauma Center*

There have been other challenges to ICWA, and because this case is challenging the act's constitutionality, “It feels like we're going back in time,” said Teresa Brewington, MBA, MEd, Coharie enrolled, Lumbee descendent, and a Network liaison with the UCLA-Duke University National Center for Child Traumatic Stress. Lisa Stark, CAPSW, MSW, Bad River Ojibwe, a Training and Technical Assistance

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## A Mentor Matures

As with others who come of age in the foster care system, Antron McCullough faced many challenges growing up. But through it all – enduring placement instability, unsafe neighborhoods, and even physical abuse – he was determined not to be just another statistic. “I ended up using some of the challenges I faced to help build and mold me into the mentor I am today,” he says. Not only has he thrived personally and professionally, he actively supports other young people to be their best selves. The 35-year-old is currently an academic and career advisor for the University of Florida's Heavener School of Business Online Business Program. He's also pursuing his doctoral degree in business administration at Saint Leo University.

We first profiled McCullough 11 years ago in the summer 2012 issue of *IMPACT* ([https://www.nctsn.org/sites/default/files/resources/impact\\_summer\\_2012.pdf](https://www.nctsn.org/sites/default/files/resources/impact_summer_2012.pdf)). Shortly after high school, he became active with FosterClub, Inc., and in 2010 he was awarded that organization's Outstanding Young Leader Award. He then became a FosterClub All-Star in April of 2012. We wrote about McCullough's involvement with the NCTSN Breakthrough Series Collaborative on “Using Trauma-Informed Child Welfare Practice to Improve Placement Stability.” His enthusiasm for improving the child welfare system then, as now, was palpable. He took it upon himself to help educate those who administer child-serving systems by offering feedback on his and others' lived experiences with the system. That

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## Welcome from the NCCTS Co-Directors

Since we met for our All-Network Conference last August, we've had a busy time on a range of projects. The stories in this issue of IMPACT will give you some idea of our activity on those projects. First up: a summary of how Native American members of the NCTSN came together to generate the position statement, "Without Children, A Native Nation Has No Future," as the Indian Child Welfare Act faces another legal challenge. The position statement addresses the importance of family, culture, and community in breaking cycles of historical trauma.

You'll hear from Antron McCullough, a valued Steering Committee member who has built on his own foster care experiences to mentor youth and inform change in foster care systems. Three Network sites offer firsthand experience with the Trauma-Informed Organizational Assessment (TIOA) and share the transformative power of that tool to improve care practices. Developers of the ADAPT™ program (initially named the After Deployment, Adaptive Parenting Tools program) are training many National Guard parents in mindfulness techniques in Arizona and nationwide. We also feature a summary of data collected on the impacts of the COVID pandemic and how those impacts may continue to change the way trauma-informed care is practiced. Finally, we pay tribute to David Foy, PhD, a pioneer and valued mentor in our field, who passed away last fall.

The NCTSN continues to address a wide range of issues impacting the well-being of children and families who experience or are at risk for trauma, loss, and separation. We are so proud of the Network's efforts, which bring together our values and the scientific evidence, to improve care for children.

Sincerely,

**Jenifer Maze, PhD**  
NCCTS Co-Director  
UCLA Semel Institute

**Lisa Amaya-Jackson, MD, MPH**  
NCCTS Co-Director  
Duke University Medical Center

## A Mentor Matures *cont'd from pg. 1*

was a departure for him, he said, because until the age of 17, he was not comfortable talking about being a foster youth. But then something changed in high school. Taking to heart the supportive counseling he received from a foster parent, he also got more support from friends and their families. He became involved in sports, successfully completed high school, and then launched himself right into college at Saint Leo University, where he obtained his BA in Business Administration and then a few years later his MBA.



**Antron McCullough, MBA,**  
**NCTSN Steering Committee**  
**member and youth advocate.**

The main thread of McCullough's career has been his dedication to mentoring others, and his energy in that role seems to be boundless. Currently, he's working with the NCTSN on three different committees. He's now a member of the Steering Committee and the Young Adult Collective (formerly the Youth Advisory Council), as well as the Evaluation Committee. And

interestingly, he has found a way to thread his double passions for business and for the betterment of child welfare into his doctoral thesis. He is looking at the provision of resources and services to child welfare programs and then measuring that against the programs' youth outcomes. While some may consider the topic to be more in the realm of social finance than business, McCullough said he lobbied to "do something I love by working on a child welfare topic, incorporating that into the business piece."

### All In for the Team

With such an active calendar, how does McCullough replenish his energies? The ways in which he boosts his motivation carry back to team sports in high school, he explained. Then, playing football, it was never his primary aim to run the ball himself for the touchdown; his approach was to work with his teammates for the victory. And you can hear this thread in how he talks about his advisees. These days, he said, the best part of the academic year for him is graduation, when he sees the students he's been advising achieve their own successes. Graduation does not signal an end to their relationships, however. McCullough maintains contact with his mentees, tirelessly offering them advice and referrals as they initiate their next career steps.

McCullough's role as an advocate in the child welfare system has evolved over the years. When we spoke with him in 2012, he was traveling quite a bit, giving testimony to child welfare administrators to share a youth's point of view on best practices for placement stability and promoting resilience. He's now encouraging others to take leadership roles and have their voices heard. He has transitioned from being a primary spokesman to helping others to get to the place where they too can effect change.

What is next for Antron McCullough? Although he has had a good measure of success, he acknowledged that he hasn't yet identified his ultimate goals. "I don't know what that success is right now and what it will be, but when it happens, I'll know." What is clear is that McCullough is a positive force who will keep advancing the target. The tagline for his email signature says it best: "A successful man is one who can lay a firm foundation with bricks others have thrown at him." ■

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## Network Supports Tribal Nations *cont'd from pg. 1*

Specialist at the National Native Children's Trauma Center (NNCTC) in Missoula, MT, and a former ICWA representative, agrees. "As a Native American woman," she said, "with all these decisions being made for us, it is a wounding."

### Urgency to Respond

The Court's decision had not been rendered as *IMPACT* went to press. Last winter, pointing out that time is of the essence, a core group of Network members urged the NCTSN leadership to weigh in on this momentous case. At the December, 2022, Steering Committee (SC) retreat, two members – Shannon CrossBear, Lake Superior Ojibwe, Fort William First Nation; and Veronica Willeto DeCrane, Diné (Navajo), of the Many Hogans Clan and born for the Mexican Clan, a Training and Technical Assistance Manager at the NNCTC – advocated for generating a position statement about the importance of American Indian/Alaska Native children remaining connected to their communities and culture.

When the case was heard last November, many organizations filed amicus briefs in support of ICWA. According to Kimee Wind Hummingbird, a member of the Muscogee (Creek) Nation with Cherokee descent, who is a Training and Technical Assistance Manager at the NNCTC, 497 of the 574 federally recognized Native American tribes signed an amicus brief. They were joined by countless prominent civil rights and child advocacy organizations, including the American Civil Liberties Union, the American Academy of Pediatrics, the Casey Family Programs, and 26 other child welfare and adoption organizations.



The NCTSN, as a federally funded network, cannot legally advocate in a case such as this. But a central part of the Network's mission is to educate the public and policymakers on the consequences of trauma to children, as well as the importance of reducing trauma, loss, and separation. The Network has learned extensively

over its 20-plus year history that keeping children within their communities is a protective factor that bolsters health and well-being.

### Crafting the Position Statement

Once the Steering Committee approved the development of the statement, a core group formed to begin its work. The Network has developed a step by step protocol for generating position statements, which includes several stages of soliciting feedback from Network leadership and the SC as well as the Network membership at large. Four position statement developers brought their own lived experience and expertise with ICWA to the project. The core group "worked very well together, very respectfully," Brewington said. Each

member contributed a personal quote, and these were interspersed throughout the two-page document. "We all had a personal investment in this," Brewington confirmed. In just two months, the work has resulted in the current published statement, accessible here: <https://www.nctsn.org/resources/without-children-a-native-nation-has-no-future-position-statement>.

### The Issues at Stake

Wind Hummingbird, who worked for 22 years in Tribal child welfare programs, reports that Native American tribes are "very concerned about this case, because our children are at risk." When ICWA was enacted, she noted, the law acknowledged that there was no resource more vital to the continued existence of tribes than their children. The removal of children from their families and tribes over decades resulted in catastrophic loss of family and cultural connections; these ties, we now know, create a sense of belonging and function as a protective factor for children. Brewington added, "Our children are so sacred to us. Then, with the boarding school eras and stripping Native traditions away, this [court case] is almost the same thing. This case could open the door to further scrutiny about Tribal sovereignty."

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***"Protecting ICWA is sending our love, protection, and prayers to our future generations and great grandchildren."***

*LISA STARK, Bad River Ojibwe, Former ICWA Representative, quoted in NCTSN Position Statement, "Without Children, A Native Nation Has No Future"*

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As the statement conveys, being trauma-informed means understanding the foundations of health and the consequences to long-term well-being when policies adversely affect American Indian/Alaska Native children. Without the protections of the ICWA, these children could lose access to their languages, traditions, and ways of being. For them to thrive, they need to remain connected to their Tribal communities and culture.

### Conversations Can Continue

Until the Court renders its decision on the case, Tribal nations continue to be on edge, although, according to Stark, there is hope that ICWA will be upheld. In the meantime, several states have already begun work to enact their own independent Indian Child Protection laws. The current case "is not the first challenge [to ICWA], nor do we anticipate it to be the last," CrossBear said. Now that the position statement is public, "we can collectively use that to begin conversations [about critical issues for American Indian/Alaska Native children.]" CrossBear is delighted with the position statement work: "I feel proud of us and I feel proud of the Network." ■



## The TIOA Journey: Three Pilot Sites Share Lessons Learned

Trauma-informed care doesn't happen in a vacuum. Organizations have a responsibility to create and support an environment where trauma-informed care thrives, and where partnership with youth and families and the intersection of culture, race, and trauma are essential elements of that care. But how do organizations determine whether they are on the right path to delivering trauma-informed care?

Since 2017, a team at the National Center for Child Traumatic Stress has been testing and piloting a tool called the NCTSN Trauma-Informed Organizational Assessment (TIOA). The tool is an outgrowth of the National Center's experiences in supporting sites to improve their trauma-informed practices. Jane Halladay Goldman, PhD, Director of Service Systems, partnered with Carrie Purbeck Trunzo, MHA, CPHQ, Co-Director of the Data and Evaluation Program, and Jen Agosti, MA, an NCTSN Training and Implementation consultant, to create an organizational change process rooted in NCTSN expertise, implementation science, psychometrically-sound measures, and child trauma research.

The TIOA tool guides organizations through a well-developed step by step process to assess current practices not just for serving children and families but also for supporting staff, addressing secondary traumatic stress (STS), and promoting workforce development. Results from the assessment, then, are used to drive changes that facilitate families' recoveries and ability to thrive. The tool and a host of implementation supports are now available free to Network members and others who register on the NCTSN Learning Center site and complete a user agreement. (See below for site link.)

### Development of the TIOA Tool

Preliminary talks about developing the TIOA tool took place at the 2016 All-Network Conference, Purbeck Trunzo recalled. NCTSN members were invited to help identify the top qualities of a trauma-informed organization and the essential practices in each of the nine domains of trauma-informed service systems (see Sidebar) as defined by the NCTSN. Following that meeting, the TIOA team put together an NCTSN TIOA Advisory Board, comprised of subject matter experts across child-serving systems, to develop candidate items. Almost 90 NCTSN members, including youth and family partners, then gave feedback on which items should be measured as part of the assessment. After two rounds of testing, the tool was finalized into an 87-item questionnaire. At that point, in late 2018, pilot testing began.

### Revelations from TIOA Assessment

Jennifer Hossler, MSW, Project Director of Project Intersect at the Georgia Center for Child Advocacy (GCCA), in Atlanta, GA, who had formerly worked at Chadwick Center for Children and Families in San Diego, was excited to learn about the TIOA when she moved to Atlanta. The GCCA's 2018 strategic plan included a goal of establishing a trauma-informed, culturally competent service environment, she recalled. The timing of the TIOA beta testing dovetailed with one of the objectives



**Families in the Hall of Hope, the bright entryway to the Georgia Center for Child Advocacy, share the space with artwork and stuffed animals. Photo courtesy of Jonathan Hillyer, an Atlanta architectural and interiors photographer.**

designed to achieve that goal at the center: conducting a trauma-informed organizational assessment. In line with TIOA guidance, a seven-member "A-Team" was formed in September 2018 to carry out the assessment survey, which takes 30 to 45 minutes and asks participants to rate specific practices in their organization on a scale of 1 to 5, ranging from "this practice does not exist within our organization" (1 on the scale) to "this practice is institutionalized and part of how the organization does things all the time" (5). The A-Team encouraged full staff participation through pre-survey messaging and small prizes for completion. By November, they had achieved 100% participation.

The GCCA received its assessment report from the TIOA team in December of 2018, and both Halladay Goldman and Purbeck Trunzo made a site visit the next month to observe what it is like to review the report and plan for action. The TIOA team also conducted a focus group activity for feedback and ideas on administering and using the TIOA tool.

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

### Nine Domains of Trauma-Informed Organizations

- Trauma Screening
- Assessment, Care-Planning, and Treatment
- Workforce Development
- Strengthening Resilience and Protective Factors
- Addressing Parent and Caregiver Trauma
- Continuity of Care and Cross-System Collaboration
- Addressing, Minimizing, and Treating Secondary Traumatic Stress
- Partnering with Youth and Families
- Addressing the Intersections of Culture, Race, and Trauma

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## The TIOA Journey *cont'd from pg. 4*

Hossler recalled that the A-Team felt overwhelmed at first by the amount of information they had to digest and act on. Not wanting to overwhelm the rest of the staff, they decided to pick two domains to focus on: STS, and workforce development. The TIOA assessment had highlighted a need to furnish trauma training for all levels of staff, even administrative staff and client service coordinators, who are often the first point of contact with GCCA families and community partners. Understanding that families have been through trauma can help staff treat them with compassion.

The TIOA results also sparked a full-day STS training, an employee assistance program, an alternative health insurance plan that lowered copays for mental health visits, and quarterly self-care days when the entire center closes. Hossler said that work on anti-racist practices also bloomed, as GCCA relocated to a historic Black neighborhood, and staff took part in implicit bias trainings taught by Dr. Marks of Morehouse College. The GCCA continues its work stemming from the first iteration of the TIOA and now has expanded its anti-racism policies to include a Diversity, Equity and Inclusion committee that holds monthly community circles around topics including language activism, Hispanic Heritage Month, religious diversity, Indigenous Peoples' Month, immigration and refugees, and LGBTQ+ issues.

### 'It's Not about the Score'

The Family PEACE (Preventing Early Adverse Childhood Experiences) Trauma Treatment Center (FPTTC) at New York-Presbyterian Hospital is committed to providing trauma-informed, culturally attuned healing. The center's interventions use concepts from liberation psychology and ethno-centric healing to help families form a healing narrative that acknowledges the impacts of oppression and racial trauma. Program Manager Cynthia Arreola, LMSW, and Clinical Director Wanda Vargas-Haskins, PhD, who co-lead the program, were attracted to the concept of the TIOA, especially since it included the domain of addressing the intersection of culture, race, and trauma. They also felt that the TIOA, an anonymous instrument, offered staff a safe opportunity to provide feedback on how their interventions were working.

When the results of their assessment came in, Arreola and Vargas-Haskins were "pleasantly surprised" to see how high they had rated in the culture and race domain. They recalled that they received the first results right before the pandemic. "We didn't buy into this idea that we needed to score perfectly in every domain," Arreola said; rather, trying to achieve a perfect score was seen as applying an oppressive lens to the process. So the assessment team determined they would not "drive the staff crazy" to meet target expectations. Sharing these perceptions with the TIOA developers helped the developers during the pilot phase of the instrument.

The center also formed a trauma-informed committee to focus on areas to improve, which led to rethinking the center's intake process, Vargas-Haskins said. "We wanted to embrace this idea of people who were coming to us. They have survived



**The Georgia Center for Child Advocacy chose inspiring posters after taking the TIOA. This photo of Juma (a young Atlanta woman), furnished courtesy of photographer Phyllis Iller.**

long without us, so what are their strengths that brought them to us?" Incorporating clients' voices through focus groups has added value to the process.

### 'TIOA Is a North Star'

One of the goals of The Family Place Utah, in Logan, is to not only strengthen families and protect children within the community but to model trauma-informed practice to the 10 other centers that are part of the Family Support Centers of Utah. Becoming a pilot site for the TIOA meshed beautifully

with this goal, said Sheryl Goodey, PhD, Executive Director. Evaluation Assistant Chris Rinehart, MA, agreed: "This was an incredible opportunity to contribute to the body of knowledge related to child- and family-serving organizations, not only in Utah, but across the country."

The Family Place launched its first round of TIOA evaluations in early 2020, but then the pandemic intervened. The need to quickly transition and adapt services at the center's three locations took precedence. But 25 months later, in 2022, as the pandemic eased, The Family Place embarked on its second TIOA evaluation process. Rinehart noted that the TIOA "is not your standard evaluation," and the staff, joyful to be returning to in-person work, embraced the potential of the tool. Goodey recalled that she had had a concern about the time it would take for staff to complete the questionnaires. But the fact that it was anonymous, and that staff received incentives (free tacos, social media selfies) added to the buy-in for completing the task. "Results of the survey attested to what The Family Place was doing well," Goodey said. "And that was heart-warming."

Goodey has now presented information to 10 other executive directors of family support centers, urging them to consider doing the TIOA. "Evaluation is kind of scary," she acknowledged, and other directors were concerned that their results might come across as hurtful or showing failure. She emphasized that the TIOA also shows what organizations are doing well. The assessment provides a valuable service by notating a baseline and making it possible to tackle improvements in an organized way. Rinehart advised organizations to start the process. "You will learn about your organization and the people you work with. One of the great things about the TIOA is that it serves as a North Star. It's a wonderful addition to the field."

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## ADAPT™ Program Expands as Evidence Base Grows

For the past 12 years, the team at the Center for Resilient Families has been conducting randomized controlled studies of an evidence-based parenting model that gives military parents tools to reduce family stress and promote family and child wellness. The ADAPT™ program – initially named the After Deployment, Adaptive Parenting Tools program – began right after the 2010 troop surges in Iraq and Afghanistan. Abigail Gewirtz, PhD, then a Professor at the University of Minnesota, developed the intervention to help families with school-aged children cope with the stresses of deployment.

It is well established that service members are vulnerable to increased stress, anxiety, PTSD, and substance use during post-deployment reintegration. This in turn can lead to disruptions in interactions with children and spouses and a cascade of additional emotional issues for the children. Gewirtz recalled that in 2010, “lots of parents were returning home from deployments – sometimes multiple deployments – and coming back as different people than the ones who left.” Since the ADAPT work began, the developers have worked with more than 1000 families across four prevention trials, which have shown that the program leads to improvements in parenting, parental efficacy, and both parent and child well-being. For example, improvements in observed parenting practices were associated with reductions in children’s symptoms, improvements in social adjustment, and reductions in youth intentions to use substances two years later.

***Reentry after deployment “is a dance that is probably not well choreographed.”***

AMY MAJERLE, ADAPT™ Implementation Program Manager

In 2021, Gewirtz joined the Department of Psychology at Arizona State University, and ASU’s REACH Institute, the longest-running family-based prevention research center in the country. The ADAPT team, led by Gewirtz and Implementation Program Manager Amy Majerle, is now implementing ADAPT for Arizona National Guard parents as well as active duty families in installations across the country.

### Roles Requiring Different Hats

Majerle has firsthand experience with the challenges of parenting as a service member. She and her husband both served in the Minnesota Air National Guard, she for 22 years, while maintaining their family through multiple deployments. “It is hard for parents,” Majerle affirmed, “because what makes you effective in the military environment may not go over so well in a situation that needs a parent’s finesse.

“When you are applauded for being a strong military leader it’s because you are direct, you problem-solve, you get the job done, you keep your people in line, and you don’t let the



Implementation Program Manager Amy Majerle leads an ADAPT training with Arizona National Guard parents.

extras, like emotion or other contexts, bleed into the efforts. Well, you can’t bring that same scenario home. When you walk in the door and trip on your eight-year-old’s shoes and you spout out at her to pick them up and she starts crying,” the situation devolves quickly. In short, military parents need to transition from their military hat to their parent hat.

The ADAPT intervention helps parents make that transition by encouraging mindfulness – noticing how their day, their service, or their experiences have affected them, and how these events continue to affect them. “It’s really about understanding what’s going on with you,” Majerle continued. “When parents can recognize, ‘Oh, my heart is racing, my fists are clenched, I have a headache, I’m holding tension,’ and when they can start to address those things, we give them a variety of mindfulness activities to practice.” Some of those techniques include taking 10 deep breaths, doing a full 20-minute body scan of where they are holding tension, or even taking a time-out for themselves.

### What Works Best?

Recruitment for the first ADAPT study began in 2011. There were 336 Minnesota National Guard families, mostly reservists, who signed up and were randomly assigned to either a 14-week group training or standard resources. That study ended in 2016, and showed that the program decreased parents’ PTSD symptoms and feelings of suicidality by helping them feel more effective as parents. As the work has progressed, Gewirtz said, the team has used many techniques, such as providing meals and childcare, to address barriers to participation. A number of top-ranking officers have also participated in the training sessions.

For a second study, families were assigned to either the in-person group program, a telehealth version, or a self-directed online program. Results for the in-person delivery and the telehealth formats were superior to the online program results. However, for a “certain swath” of participants, the online program was successful. These were families who

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## The TIOA Journey *cont'd from pg. 5*

### More Ahead

The NCTSN now considers the TIOA to be an intervention. Participants shared that the TIOA provides a standard language and highlights specific practices that can be improved. The National Center will be supporting a cohort of Network sites that plan to use the TIOA this fall. Non-Network sites can use the TIOA independently, with the support of the implementation resources on the Learning Center, and they can be connected with one of the TIOA coaches for additional support.

Hossler, Arreola, and Vargas-Haskins are receiving training to become rostered and NCTSN-endorsed as TIOA coaches. Nearly 70% of requests for the tool are from people outside the NCTSN, noted Purbeck Trunzo. She and Halladay Goldman encouraged other sites to participate in big Network projects such as this one. “Network members are essential to the development of high-quality products,” Purbeck Trunzo affirmed. ■

<https://www.nctsn.org/resources/trauma-informed-organizational-assessment-information-packet>



Staff members at The Family Place Utah get into the team spirit of taking the TIOA questionnaire.

### Advice to Sites Considering the NCTSN Trauma-Informed Organizational Assessment (TIOA)

“Don’t be scared! This is not just about numbers and scores – it was about creating a common language, about starting conversations, and setting some priorities and helping guide where we wanted to start.”

– **Jennifer Hossler, Project Director, Project Intersect, Georgia Center for Child Advocacy**

“This is a really good opportunity for a culture shift, but it has to be genuine and authentic. I would hope that people take [TIOA] because they want growth, they believe in the work, and they are committed to the journey and to humbling themselves to get the feedback from those they lead.”

– **Cynthia Arreola, LMSW, Program Manager, The Family PEACE Trauma Treatment Center, New York Presbyterian Hospital**

“The TIOA is a great way to coalesce conversation. You’re not necessarily always going to stick the landing, but the beauty of trauma-informed practice is that it always evolves. You will learn about changes you would like to make and how to make them.”

– **Chris Rinehart, MA, Evaluation Assistant, The Family Place Utah, Logan, UT**

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## ADAPT™ Program Expands *cont'd from pg. 6*

were already, at baseline, feeling more confident about their parenting. The third major study, which concluded in October of 2022, was the first to recruit an active duty population. The participating parents were drawn from five Army bases during the COVID pandemic. Three weeks after their training began – in either in-person workshops or online – the parents completed a short quiz assessing their feelings about their parenting. If they indicated they were less confident, the trainers added a “booster” stage, randomizing the participants to either a few individual sessions or group sessions. Findings of the study are expected to be published in 2023.

### Choreographing the Dance

The ADAPT team continues to track parents who have gone through their studies, and is now working with the

Department of Defense to more widely implement the intervention. Statistics show that people who enlist are disproportionately from military families, Gewirtz noted, so it makes sense to provide support to families whose children are more than likely to be the next generation of service members.

Majerle added that reentry after deployment “is a dance that is probably not well choreographed.” Offering parents tools and encouragement to more effectively parent helps them “show up for their child to really facilitate what is going on with them.” ADAPT trainers do not expect perfection, she said: “Our benchmark [for achieving new parenting skills] is 70%, because getting to 70% creates good and productive human beings. So parents should grace themselves with 70% as well.” ■

## Survey Profiles Impact of Covid-19 on Service Delivery: More Clients Amid Tech Demands

A year after the COVID-19 pandemic began, the Data and Evaluation Program team at the National Center launched a survey to assess how children and families, and the agencies that provide mental health services to them, were affected by the shutdown and spread of the virus. Between June 9 and July 15, 2021, 95 participants answered the survey, which was financed in part by a 2020 Emergency Response Grant from the Lookout Foundation. The participants represented NCTSN Category II and III sites and Affiliate sites from across the country – organizations that each year serve tens of thousands of youth and families and train hundreds of thousands of those involved in their care.

The resulting report, “The Impact of the COVID-19 Pandemic: Perspectives from the NCTSN,”\* is now available by request (by emailing [data@nctsn.org](mailto:data@nctsn.org)). As expected, the respondents reported an increased number of clients seeking services. Organizations that had provided in-person services saw a 59% decline in those visits and had to swiftly pivot to telehealth and virtual outreach. The need for technology assistance and consultation, for both service provision and training purposes, jumped by about 55%. Although the demands for services increased, 20% of respondents found they were less able to address this demand, due to simultaneous decreases in staff and the ability to train others in clinical interventions and best practices. Respondents also reported a 71% increase in needs for adaptations to training, such as having shorter or more frequent training sessions to avoid Zoom fatigue.

Survey respondents reported that more than half of the families they serve had challenges accessing the technology and equipment needed for telehealth visits. Others said that employing telehealth had increased their ability to offer services to a broader range of families who might not otherwise have been able to access services. The authors of the report wrote that results from the survey should be interpreted through the lens of a syndemic, since the pandemic overlapped with the concurrent epidemics of racism and political unrest. This reality was echoed in responses from survey participants, more than half of whom saw an increase in the number of families discussing the impact of racism, discrimination, or racial trauma during this period.

The report also summed up the important takeaways from this critical period and how telehealth and virtual training adaptations will influence the delivery of mental health care in the future. Increased demand for services alongside workforce shortages are expected to continue in the future, and the report provides recommendations for potential ways to meet these needs. ■

\*Tunno, A. M., Purbeck-Trunzo, C., Smith, C., Cooke, A. N., & Briggs, E. C. (2021). *The impact of the COVID-19 pandemic: Perspectives from the NCTSN*. National Center for Child Traumatic Stress.

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## In Memoriam

**David W. Foy, PhD**, a mentor, colleague, and valued friend to many of us across the Network and the National Center, died September 18, 2022. His clinical and research efforts and his selfless service through his roles in professional



**David W. Foy, PhD (July 19, 1944 – September 18, 2022).**

organizations shaped many areas of our field of traumatic stress. At his passing, he was Emeritus Professor in the Graduate School of Education and Psychology at Pepperdine

University, Malibu, CA. He was well known for his pioneering work with military families and veterans, including studying risk and resilience factors related to the impact of combat stress; and examining the impacts of disasters such as the Oklahoma City bombing and the Northridge (CA) earthquake. David was an early consultant to the National Center around training and data, and many of his former students and collaborators, now in various roles across the NCTSN, continue to push the field forward to meet the needs of those impacted by trauma. ■

## About *IMPACT*

*IMPACT* is a publication of the National Child Traumatic Stress Network (NCTSN). It is produced by the National Center for Child Traumatic Stress (NCCTS), co-located at UCLA and Duke University. The NCCTS serves as the coordinating body for NCTSN member sites, providing ongoing technical assistance and support.

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Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) brings a singular and comprehensive focus to childhood trauma. NCTSN's collaboration of frontline providers, researchers, and families is committed to raising the standard of care while increasing access to services. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and dedication to evidence-based practices, the NCTSN changes the course of children's lives by changing the course of their care.