NCTSN The National Child Traumatic Stress Network

IMPACT

FALL/WINTER 2017

Inside this issue...

A PUBLICATION OF THE NATIONAL CHILD TRAUMATIC STRESS NETWORK

Welcome From the NCCTS Co-Directors

Welcome to the Fall/Winter 2017 issue of *IMPACT*! The current articles focus on two of our Network's key strengths: our developmental focus and our emphasis on collaboration. These NCTSN approaches are illustrated in the report on the NCTSN Youth Task Force members who were prime movers in a new youth-targeted video, *Never Give Up*; and in the story on the partnership between New York State, SAMHSA, the Centers for Medicare and Medicaid Services, and Network clinicians that initiated the state's Health Home program for children with complex trauma.

From its conception, the NCTSN has been a developmentally focused effort. Our research has shown the importance of including a trauma history profile when treating children and youth who have experienced trauma, using it to do a careful developmental and diagnostic assessment. Our NCTSN Core Data Set has shown that children with higher numbers of trauma exposures also have higher rates of functional impairments. These impairments can lead to developmental disruptions, which, along with posttraumatic stress symptoms and grief reactions, require a thorough assessment that will guide trauma-informed services and identify the most appropriate evidence-based interventions. This approach is illustrated by the new video and Webinar project of the Center for Treatment of Developmental Trauma Disorders, also reported in this issue.

> ***"Our NCTSN Core Data Set shows that children with higher numbers of trauma exposures also have higher rates of functional impairments."***
>
> *ROBERT S. PYNOOS, MD, MPH, and JOHN A. FAIRBANK, PhD*

Another article focuses on ways educators can facilitate productive discussion with students regarding racial and historical trauma. We also feature a progress report on the field trials associated with Developmental Trauma Disorder, as well as a look at how collaborations among grantees continue through funding "gap years" so that Affiliates can sustain their efforts to advance trauma-informed care.

We hope you enjoy these articles, which demonstrate how the trauma-informed, evidence-based interventions developed by our Network help children and youth to recover, thrive, and rebuild their futures.

Robert S. Pynoos, MD, MPH
NCCTS Co-Director, UCLA Neuropsychiatric Institute

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15 YEARS NCTSN The National Child Traumatic Stress Network

Youth Task Force Amplifies Message of Hope and Resilience

Members of the NCTSN Youth Task Force are passionate about reaching out to their peers. Having come through harrowing experiences in their own lives, they have a message for youth who are experiencing complex trauma: "There is hope. You are not alone. Never give up." That last message is also the title of a new video, *Never Give Up*, made largely by youth for youth.

The video, which had its world premiere on October 2, is only the latest project of the Youth Task Force. After the group launched in 2014, one of their first projects was to contribute vital feedback on the NCTSN complex trauma resource guide for youth, titled *What Is Complex Trauma: A Resource Guide for Youth and Those Who Care About Them*. "They really sunk their teeth into the project," observed Kimberly L. Blackshear, BS, NCTSN Affiliate and Youth Task Force Coordinator at the National Center for Child Traumatic Stress-Duke University.

Julia Veronesi, a Youth Task Force Member, in a scene from *Never Give Up*.

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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.

Youth Task Force Amplifies Message of Hope and Resilience *cont'd from pg. 1*

"They wanted the resource guide to be something that other youth could really apply to their lives." Blackshear, one of the founders of the task force, said that as a result of the group's suggestions, the completed resource guide incorporates workbook pages designed to help youth make sense of their own experiences.

Making the Message Count

Energized by their work on the resource guide, Youth Task Force members wanted to broaden their efforts. Their work with the Complex Trauma Treatment Network has bonded them as a group, Blackshear noted. The group believed that a video could reach even more youth who needed to hear their messages about complex trauma. Four of the youth featured in the video – Javier Arango, Evan Tischofer, Allen Brown, and Julia Veronesi – may already be familiar to NCTSN members. Veronesi spoke during the opening plenary session at the 2017 All-Network Conference in Arlington, VA; and Arango, Tischofer, and Brown were part of a youth panel at the 2016 ANC in National Harbor, MD. Each of these individuals continues to work with youth through their affiliations with various agencies. Arango, a former gang member, facilitates Restorative Justice Circles with youth at Catholic Charities of the East Bay, headquartered in Oakland, CA (a funded Category III site from 2012 to 2016, and now an Organizational Affiliate). Tischofer is employed by The Village Family Services, of North Hollywood, CA, where he provides direct services to at-risk youth at a drop-in center. Brown was connected with the Network through a partnership with Allegheny General Hospital's Center for Traumatic Stress in Children and Adolescents, in Pittsburgh, PA (a Category II site). He also currently works with the Black Male Leadership Council in Pittsburgh. Veronesi has long been connected with the Network through the Looking In Theatre, a partnership with the University of Connecticut's Center for Trauma Recovery and Juvenile Justice (a Category II site). (For more information on Looking In Theatre, see the Spring 2015 issue of *IMPACT* at www.nctsn.org/resources/audiences/professionals/nctsn-newsletter.)

The majority of *Never Give Up*, which was produced by the Complex Trauma Treatment Network in concert with The Trauma Center at Justice Resource Institute, Adelphi University, Northwestern University, and others, was shot in informal settings in the Bronx, such as an empty loft space or on the steps of a brownstone. A large portion of the content was unscripted, and the youth had final say on the editing, Blackshear said. Veronesi recalled that when she was approached about participating in the project, she was "100 percent" in favor of it. The most important factor for her was that the content "was not coming from adults or supervisors, but from the kids and young adults who have actually experienced this and want to talk about it." She added, "I want this to be just the beginning [of many such digital projects]."

Although the youth in the video do talk about their traumatic experiences, the specific details of their trauma are not the focus. They speak mostly of what it took for them to make sense of their journeys and find their way to resilience. During the film, both Veronesi and Tischofer recall that while they were going through trauma, they had no context for viewing it as such. Survival was their focus; later, self-destructive coping mechanisms took them further into complex trauma.

> ***"If you're of the mindset where you can go out, search for help, and find it, then grab it, get it, and trust it."***
>
> *ALLEN BROWN, Member, NCTSN Youth Task Force*

> ***"What I'm hoping … is to take away the stigma attached to trauma, to make our peers aware that they're not alone and that it's okay to ask for help."***
>
> *EVAN TISCHOFER, Member, NCTSN Youth Task Force*

For each youth, finding a person or a situation that encouraged growth and awareness was the key to healing and resilience. Reflecting in the video on the important work he did with a therapist named Bob, Brown advises other youth to "find your Bob." His peers nod in agreement: for Tischofer, that person was a foster parent who refused to give up on him.

Asked about his hopes for the video, Tischofer, a member of the Youth Task Force since its inception, said, "What I'm hoping comes from this video is to take away the stigma attached to trauma, to make our peers aware that they're not alone and that it's okay to ask for help."

Arango, who also appears in a brief black-and-white dramatic vignette in the film, agreed: "What I was trying to portray is that breaking that shell, and reaching out for help – you might be able to find it." In his case, he said, finding help made the difference between life and death. Drawing from his own experience, Brown seconded these views. He added, "If you're of the mindset where you can go out, search for help, and find it, then grab it, get it, and trust it."

Veronesi believes that the video will show that "kids are a lot smarter than we think. We [as young adults] have the ability to reflect, piece things together, and talk about things that were once traumatic." She said she hopes that clinicians who see the video will gain "a better understanding of the clients and kids they are working with. I hope their view shifts and they view them more as equals." ■

COLLABORATION HIGHLIGHT

Stakeholder Collaboration Drives Health Home Initiative for Complex Trauma in New York State

Phyllis Silver, MEd., President of Silver Health Strategies, NY.

The work of establishing complex trauma as an eligible condition for Health Home coverage in New York State was, in the words of Mandy Habib, PsyD, akin to "riding a bicycle while you're still building it!" Habib, who is Co-Director of the Institute for Adolescent Trauma Treatment and Training, Adelphi University, and Co-Director of the Complex Trauma Treatment Network (a collaboration with the Justice Resource Institute and Suffolk University), was one of the major contributors to the fast-track initiative that resulted in a Health Home model for screening, assessing, and treating youth exposed to complex trauma. The initiative brought together policymakers, researchers, and federal, state, and county agencies in a process documented in the Webinar, *Complex Trauma, Children, and the Health Home Option: Moving Research and Practice to Policy*. The Webinar is now available on the NCTSN Learning Center Web site (https://learn.nctsn.org/course/view.php?id=462).

The Health Home Model

The Medicaid Health Home option was established in Section 2703 of the Affordable Care Act (ACA) in 2010 and authorized by Section 1945 of the Social Security Act. With the goal of improving outcomes, the option enables states to provide coordinated and integrated care for beneficiaries who have chronic physical, mental, or behavioral health conditions. Those eligible for integrated care must have one or more chronic medical conditions (such as asthma or diabetes); one condition and the risk of developing another; or at least one serious and persistent mental-health condition. In order to expand the Health Home definitions and incorporate complex trauma as an eligible condition, the New York State Department of Health filed a State Plan Amendment with the Centers for Medicaid and Medicare Services (CMS). This was in concert with the state's intention to move to value-based payments by the year 2020.

Sorting Out PTSD and Complex Trauma

Habib became a liaison between the NCTSN and the New York State Complex Trauma Workgroups. As a longtime member and co-chair of the NCTSN Complex Trauma-Developmental Trauma Disorder Workgroup, she has helped direct the group's focus on disseminating training and education to clinicians and child-serving organizations on the use of a complex trauma "lens" in treating youth.

"The way trauma expresses itself is different for all people and you need different interventions to address that," Habib said. "It's not a one-size-fits-all approach. In recent years, for good reason, PTSD has gotten a lot of attention, and as a result now there are wonderful treatments out there. But it would be contraindicated, I think, to take a child that does not necessarily have PTSD but has all these other trauma-related symptoms, and deliver a PTSD intervention when the child is not ready for it, or does not need it." Habib cautioned that many children and youth may be caught in a cycle of labeling, misdiagnoses, and incorrect medical therapies that do not capture the totality of their experience.

>>> cont'd on pg. 7

Remembering Trauma: Connecting the Dots between Complex Trauma and Misdiagnosis in Youth was created to support the use of a trauma lens in work with children and youth. The 16-minute dramatic film highlights the story of a youth traumatized from early childhood to older adolescence. It illustrates his trauma reactions and interactions with various service providers (including a probation officer, school counselor, and therapist) and his family. The film underscores the potentially detrimental impact of not incorporating a trauma framework. All roles are played by actors.

A child actor plays the role of young Manny in the video, "Remembering Trauma."

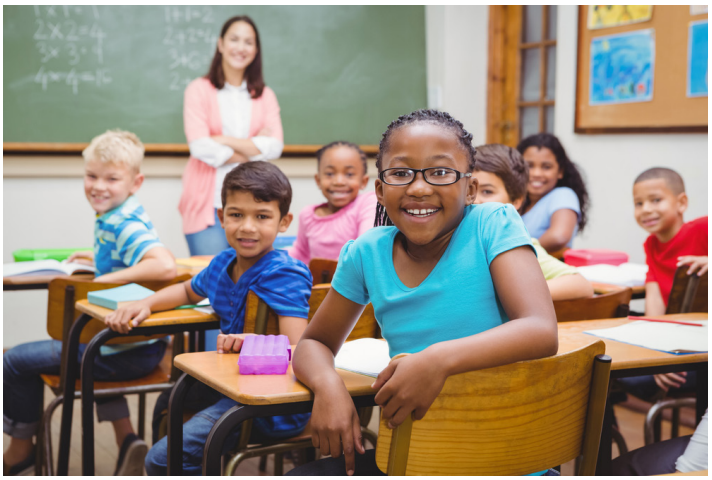
The filmmakers include producer Nathanael Matanick; Cassandra Kisiel PhD, Director of the Center for Child Trauma Assessment, Services and Interventions, at Northwestern University Feinberg School of Medicine; and Tracy Fehrenbach, PhD, Co-Director of the Center for Child Trauma Assessment, Services and Interventions. *Remembering Trauma Part 2* incorporates scenes from the narrative in part 1, interspersed with commentary by professionals from schools, juvenile justice, and mental health systems. Access *Remembering Trauma* at http://www.rememberingtrauma.org.

SPOTLIGHT ON CULTURE

New Guidance for Addressing Race and Trauma in the Classroom

Like all of us, students are shaped by their environments, and to a large extent, they cannot separate themselves from those influences by simply stepping into a classroom. Educators who work with students of color may already be aware of the effects of racial and historical trauma on their students, although they may not be able to identify them explicitly. Youth and children attempt to cope with racial trauma in a variety of ways: they may exhibit increased vigilance or increased sensitivity to threat or aggression, and they may have little sense of hope for their own futures. Media coverage of current events in communities of color, which often reflect the persistence of racial injustices in law enforcement, prisons, and other institutions, may heighten these responses. Students representing marginalized groups "may have a greater awareness of the impact of racial and historical trauma and need an advocate such as a teacher to create the space for them to discuss these issues," said Isaiah B. Pickens, PhD, Assistant Director of Service Systems, National Center for Child Traumatic Stress/UCLA. Especially for students of color and those who have experienced racial trauma, current events present educators with opportunities to create safe spaces in the classroom for open discussion of racism and historical trauma.

But first, educators need a context for understanding the particular effects of racial and historical trauma on the communities in which they work. A recent guide from the NCTSN, *Addressing Race and Trauma in the Classroom: A Resource for Educators*, provides that context as well as



practical recommendations for addressing these issues in validating ways. The 11-page resource, produced through a partnership between the NCTSN Schools Committee and the Culture Consortium, was designed to complement two existing NCTSN resources: *Position Statement on Racial Injustice and Trauma*, and the *Child Trauma Toolkit for Educators*. Along with explications of racial and historical trauma, definitions of racism and other terms, and an overview of developmental trauma responses, the resource offers a range of suggestions for educators seeking to authentically engage with their students.

When to Begin?

The guide notes that implementing recommendations should be done in accordance with school policies. Teachers may sense the need for discussion in a variety of instances, Pickens observed. For example, they may witness bullying of students because of their race or ethnicity. A student may accuse a teacher of being racist, even if this isn't warranted by the teacher's behavior. On the other hand, closer relationships between teachers and students – and a student's expression of admiration for a teacher "even though you're white" – may open the door to exploration of the impacts of racial and historical trauma for that student.

Pickens noted that many of the recommendations in the resource guide are extensions of well-established teaching principles, such as empowering students, modeling authentic and honest behavior, and seeking peer support. The guide encourages teachers to go a step further – to understand the culture in which they are working, and to find cultural references that will resonate with students. Teachers are cautioned not to generalize about racial and ethnic groups; to reflect on their own implicit biases; and to take time to study history before launching into discussions of racial and historical trauma.

Creating Safe Spaces

Before initiating discussions about racism and historical trauma – which can trigger heated emotions – teachers are advised to set some ground rules for students. They must clearly define the classroom as a "safe and brave space" in which each individual has the right to expression and will be listened to with respect. To help students manage their emotional responses, teachers may encourage them to pick a buddy for support, or give them permission to leave the room if their emotions become overwhelming. Obviously, the groundwork for these discussions must be carefully prepared as well: teachers must have clearly defined referral patterns and alliances with school behavioral health personnel; and must tend to their own emotional well-being in the face of potentially difficult conversations.

For older students, other positive routes of encouragement are also listed. Above all, the guide underlines the importance of acknowledging students' experiences, both past and present, and validating the role of racial and historical trauma in their current lives.

When teachers engage with their students in this important work, the enrichment for students can be immense, according to Emily Smith, a 5th grade teacher at Cunningham Elementary School in Austin, TX. In her speech upon receiving the 2015 Donald H. Graves Excellence in the Teaching of Writing award, she encouraged her colleagues to: "Be the teacher America's children of color deserve, because we, the teachers, are responsible for instilling empathy and understanding in the hearts of all kids." ■

NATIONAL HIGHLIGHT

Teaching Via Dramatizations, Developmental Trauma Disorder Group Launches Interactive Webinars

Julian D. Ford, PhD, Director, Center for the Treatment of Developmental Trauma Disorders (CTDTD) at the University of Connecticut Health Center in Farmington.

Working with youth and families who have experienced developmental trauma can be especially challenging for clinicians. "At times clients have crises during sessions that test the therapist's ability to remain calm, poised, thoughtful, and well-regulated," said Julian D. Ford, PhD, Director, Center for the Treatment of Developmental Trauma Disorders (CTDTD) at the University of Connecticut Health Center in Farmington. An ongoing project sponsored by the CTDTD and the National Center for Child Traumatic Stress aims to give clinicians some insights and techniques for handling critical moments and turning points in therapy. Working from outlined and improvised scenes, the group has now filmed eight of a projected 30 dramatized vignettes to be used in educational Webinars. Each Webinar features a scene with actors playing the fictional youth and caregiver – but the therapists are all real.

The first of the dramatized vignettes went live October 26, 2017, and is now archived on the Network's Learning Center (accessible at https://learn.nctsn.org). The format includes a videotaped session with therapist Mandy Habib, PsyD, Co-Director of the Institute for Adolescent Trauma Treatment and Training, Adelphi University. Habib works with actors in a scene entitled "Helping an Angry Father Find Common Ground with His Son."

Crafting the Scenes

Ford and Rocío Chang, PsyD, also from the CTDTD at the University of Connecticut Health Center, worked with UConn medical student Nia Harris to generate background information for the cases to be filmed. Ford then drafted sample scripts for the actors and therapists. But the actual videotaped interactions were "entirely improvisational," he said. "No one knew exactly what was going to happen. Although the actors were in character, they didn't know exactly what to say either." Each session was directed by videographer Ed Wierzbicki, who, along with Ford and Chang, had done related stage work with Looking in Theatre, a program of the Greater Hartford Academy of the Arts.

Webinar Structure

Participants who sign up for the Webinars are encouraged to review case background materials prior to the screening. When the taped session ends, a moderator (either Ford or Joseph Spinazzola, PhD) invites the therapist in the scene to reflect on his or her internal process. These remarks are then followed by feedback from members of a selected expert panel. (For the October 26th Webinar, Glenn Saxe, MD, of New York University, and Maureen Allwood, PhD, of the John Jay College of Criminal Justice, served as the commentators.) The therapist and the actors playing roles of clients also were filmed immediately after the session in order to get their perspectives on it. Excerpts from those post-session interviews are shown next.

During the Webinars, viewers can submit questions via chat, which are addressed in discussion at the end of the Webinar. Ford noted that the audience questions in the first Webinar raised several key issues that greatly enriched the commentary and reflected the audience members' professional expertise and lived experience.

The Webinars and videos will be shown once every other month through the end of summer, 2018. The CTDTD, in partnership with the Data and Evaluation Division of the National Center, has just completed a survey to all Network members as well as their community partners to discover other critical moments in therapy. Results from the survey, and from several Internet focus groups (to be completed by the end of 2017), are guiding selection of the next 20 scenes to be crafted and filmed. The next Webinar is set to launch Thursday, December 7, 2017, at 1:30 pm EST.

The Webinar project will go worldwide at some point, and will expand into therapist training as well as continuing education.

Mastery vs Coping Model

Ford and Chang recently shared their thoughts on being filmed "in session." Chang noted that although rehearsal preceded taping of the scenes, "no rehearsal was the same. Your role as therapist was being tested as you went along. As a therapist, I had to throw myself out there and trust the process."

Ford agreed. "There were definitely surprises," he said, "even though I tried [in the writing of the scripts] to think of everything I possibly could." One of the interactions involves a mother and daughter. In session, the daughter reveals she is going to leave home to live with a man who is using her in sex trafficking. The task for the therapist in that scene was not only to help the young woman step back and reconsider her choice, but to help the mother deal with the shock of learning that her daughter is being trafficked. "These are the crises that completely take us by surprise," Ford said. "The thing about these films for me is that they show the difference between a mastery model and a coping model. Nobody has all the answers, and we, as therapists in the films, were coping the best that we could. We all have the challenge to think on our feet and to be able to self-regulate." Said Chang of the current project, "Our hope for new therapists – or for any therapist – is that they can see we are all in this together." ■

AFFILIATE CORNER

Affiliate-Grantee Collaborations in the "Gap Years"

Continuity of funding and sustainability can be challenges for members of the NCTSN. Because sites must reapply in each grant cycle, there is always the possibility that they will have to continue their work without funding in the next cycle. "That's why maintaining your connection with the NCTSN through the Affiliate Program is so vital," said Kimberly L. Blackshear, BS, the NCTSN Affiliate Coordinator. Affiliate membership, she noted, allows continuous access to the NCTSN, to the latest information and resources in the field, and to potential partnerships with current grantees.

Joshua Arvidson, LCSW, Principal Investigator and Director of the Alaska Child Trauma Center in Anchorage, said that when his center joined the NCTSN in 2005, he knew it had only four years to maximize Network resources to leverage advancement of trauma-informed care in the state.

This photo, with the arrow showing the location of the of the Alaska Child Trauma Center in Anchorage, illustrates the large region served by the center, according to Joshua Arvidson, LCSW, Principal Investigator and Director of the center.

"Our strategy for our '05 to '09 grant was not just to develop an outpatient ARC [Attachment, Regulation and Competency] center, but also to build the capacity to sustain training at a state level," Arvidson recalled. "So in our partnership around ARC with the Trauma Center at Justice Resource Institute, where the ARC framework was developed, we always had our eye on two goals: one, to implement the practice at our center and get good outcomes with clients; and two, to develop training capacity."

Achievement of this second goal has been vital for the Anchorage center during seven years without funding, Arvidson said. Developing train-the-trainer capacity and taking an active role in the Complex Trauma Treatment Network ensured that the center's trauma work would continue to thrive. It's illustrative of how collaborations among grantees continue through funding "gap years" and sustain Affiliates in their efforts to advance trauma-informed care.

Productive Partnerships

From the start, Arvidson said, the engagement with Justice Resource Institute was productive. The Alaska Child Trauma Center became a regional hub for JRI's ARC training and was written into that Category II site's grants as a training provider. Arvidson and his center also worked with the Complex Trauma Treatment Network throughout their Affiliate membership, and provided technical assistance whenever the network focused on a regional area. In addition, in 2009, at the end of its funding period, the center became the grantee for the Alaska Trauma-Informed Care Statewide Training Initiative of the Division of Behavioral Health.

Now once again a funded site, the center continues to partner with state government, especially Stacy Toner, LPC, Deputy Director of Behavioral Health, who, in Arvidson's words, has become "a champion." The center has also partnered with the Alaska Mental Health Board to advocate for policies around trauma-informed care.

Bradley Stolbach, PhD, an Associate Professor of Pediatrics at The University of Chicago Medicine and Clinical Director of Healing Hurt People-Chicago, has been another beneficiary of grantee-Affiliate partnering. In 2012, the Chicago Child Trauma Center at La Rabida Children's Hospital, which Stolbach co-founded and directed, lost its funding. "I had already been part of the Complex Trauma Treatment Network since 2009, and so, my time on the network was increased," he recalled. "I was able to put more time into the Complex Trauma Treatment Network,

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>
> *JOSHUA ARVIDSON, LCSW, Principal Investigator and Director of the Alaska Child Trauma Center, Anchorage*

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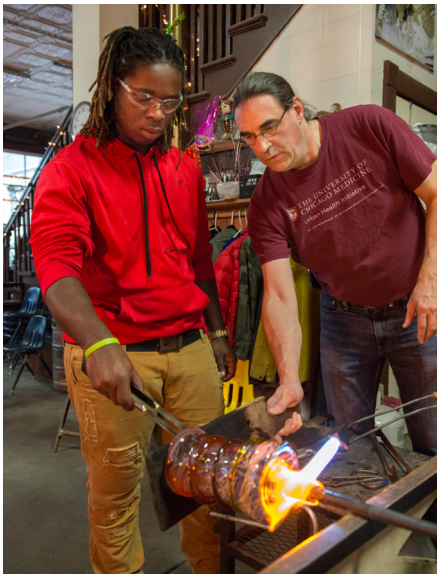
Affiliate-Grantee Collaborations *cont'd from pg. 6*



Bradley Stolbach, PhD, Clinical Director of Healing Hurt People-Chicago, works in the hot shop with Mark Thrasher, a member of Project FIRE, a glass blowing workshop.

and took on some additional projects focused on product development and partnering with youth and families."

Stolbach pointed out that during its original NCTSN funding period, the La Rabida Chicago Child Trauma Center was, along with Arvidson's Anchorage site, one of the first to pilot and get trained in ARC. "So we continue to work together regardless of our funding status," he said. "But we do our best to ensure that there will be some funding there to support that ongoing collaboration." The University of Chicago Medicine has now included La Rabida's center and the JRI in its current Category III grant.

"Gray Zone" Opportunities

Blackshear believes that the cross-networking that occurs in the "gray zone" between funding cycles is

> ***"Cross-networking that occurs in the 'gray zone' between funding cycles is something we should be celebrating."***
>
> *KIMBERLY L. BLACKSHEAR, BS, NCTSN Affiliate Coordinator*

"something we should be celebrating." After all, using the talents and expertise of an Affiliate member to meet training goals makes perfect sense, she noted. "Current grantees often are balancing the need to meet goals during funding and are looking for consultants to help them meet these goals, and that's a wonderful problem to have," Blackshear said. "Why not reach out to an Affiliate with expertise in training in the intervention to help meet your grant goals?" ■

Complex Trauma Initiative in NYS *cont'd from pg. 3*

"It's so important to get it right," she said, "because the diagnostic lens you use drives the treatment you use, and there are many wonderful approaches – you just have to know how best to match the approach with your population." (For complex trauma treatment resources, visit http://www.nctsn.org/trauma-types/complex-trauma/resources.)

Defining Domains

Discussions between CMS, SAMHSA, and New York State yielded foundational principles for including complex trauma in Health Home eligibility criteria, noted Lana I. Earle, MA Economics, Deputy Director of the Office of the state Health Insurance Programs, in her portion of the Webinar presentation. Although not a diagnosis in the Diagnostic and Statistical Manual (DSM-5), complex trauma and its domains of impairment could be used to determine eligibility for services. The state called on child-serving agencies and clinical and research experts to delineate and operationalize the seven domains of impairment that can support an assessment of complex trauma.

Phyllis Silver, MEd., President of Silver Health Strategies in New York, was enlisted to lead the efforts of the state's Complex Trauma Children's Working Group. When assembling the group's members, she drew on long-term ties forged with many stakeholders in children's services during her years as New York's Deputy Director for Public Health. Silver said that she "put out a wide net" among policy regulators, child welfare advocates, and clinical experts alike. In order to meet the state's deadline for deliverables, she set up an ambitious schedule, anchored by three 8 a.m. conference calls every week. The core group gelled quickly to advance the agenda.

Lessons Learned

The Children's Working Group members were all donating their time to work on the initiative. Said Silver, "It surprised me how the synergy and the bonding happened. However, it's because of their commitment to these children that they became so invested in the process." "Each state has implemented Health Homes differently," Silver pointed out. So to initiate a similar complex-trauma project in other states will require knowing the policymakers at the state level who can make it happen, she advised. The second part is to identify stakeholders in the community who are knowledgeable about the clinical needs of children and the operational requirements of the system, and who are committed to the change. Then, be ready for an iterative process: "Be prepared," Silver said, "because the framework will need to be adapted and refined."

Habib added, "It might feel that some of the goals are insurmountable," but what the group learned from the New York experience is to "aim high and never give up." The key to the groups' success, she believes, was in enrolling "enough people with a shared vision to really get a lot done." ■

Have You Heard?

Phase III field trials to test Developmental Trauma Disorder (DTD) as a valid diagnostic construct have been completed, reports **Joseph Spinazzola, PhD**, Executive Director of The Foundation Trust. The project began in 2009 after a panel's proposal to include DTD in the DSM-5 was rejected by the American Psychiatric Association. Spinazzola was an author on the initial research paper (with coauthors **Julian D. Ford, PhD**, **Damion Grasso, PhD**, **Carolyn Green, PhD**, **Joan Levine, MPH**, and **Bessel van der Kolk, MD**). This phase featured an Internet survey of 472 international multidisciplinary clinicians who rated the clinical significance of DTD and other diagnoses in four vignettes. In the August, 2013, *Journal of Clinical Psychiatry*, the authors concluded that the DTD framework warranted further testing of its utility in treating children with complex psychiatric presentations. That paper and related research are available at http://www.traumacenter.org.

Inclusion of PTSD in the DSM-IV has advanced the diagnosis and treatment of trauma, but many children and youth exposed to trauma may not meet the criteria for PTSD. The DTD diagnostic construct has a developmental component to capture the wide range of symptom expression of children and youth who have experienced complex trauma. Further phases of the diagnostic field trial have explored the relationship between history of trauma and symptom presentation, comparing the DTD construct with PTSD and other Axis I disorders. The Phase II/III trial, involving 11 sites, gathered data from service centers ranging from trauma specialty clinics to general community mental health clinics. Separate research papers focusing on aspects of comorbidity profiles have now been submitted for review. Funding to conduct the Phase II trials came from small and large donations from individuals, groups, and family trusts. The Phase III trials were fully funded by the Lookout Foundation.

Results from the Phase II trial support the proposed factor structure and item composition of DTD diagnosis. In addition, findings to date suggest that the diagnostic presence of DTD is most strongly associated with a history of chronic and severe forms of "attachment trauma," such as caregiver impairment, gross neglect, or psychological maltreatment. Moreover, in the Phase II study, combined exposure to domestic violence and community violence emerged as the strongest unique predictor of DTD but not PTSD. Further analyses of Phase II/III data will be conducted to see whether these findings are replicated.

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 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.

Did You Know?

SAMHSA's **Center for Mental Health Services, Emergency Mental Health and Traumatic Stress Services Branch**, is pleased to announce that grant funding has been provided to four new grantees through the National Child Traumatic Stress Initiative to help communities across the nation meet the special needs of children at risk for or experiencing traumatic stress. The funds were awarded on September 30, 2017, to the following new grantees:

- **Florida State University College of Medicine, Tallahassee, FL**
  This Category II site will serve young and preschool children from migrant farm-working families, and will act as a national resource on effective bilingual treatment and service approaches for child trauma.
- **University of Colorado, Boulder, CO**
  The Center for Resilience and Well-Being in Schools, a Category II site, will serve the Rocky Mountain Region and will facilitate creation of safe, supportive school environments.
- **Wisconsin Department of Children and Families, Madison, WI**
  Led by the Wisconsin Department of Children and Families, the Trauma and Recovery Project, a Category III site, will increase the availability, accessibility, and coordination of trauma-focused treatment for families in the child welfare system in metropolitan Milwaukee and greater Racine County.
- **Another Choice, Another Chance, Sacramento, CA**
  Another Choice, Another Chance, through the Community Child Trauma Treatment Center, a Category III site, will provide outpatient evidence-based treatment and services to youth ages 7-18 who have been victims of sexual exploitation and experienced community violence.

We welcome these new grantees to the National Child Traumatic Stress Network!

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