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A PUBLICATION OF THE NATIONAL CHILD TRAUMATIC STRESS NETWORK

NATIONAL CENTER/COLLABORATIVE HIGHLIGHT

Revisiting the Breakthrough Series Collaborative on Trauma-Informed Schools

The coronavirus pandemic has dramatically changed the way the Network does its work and delivers services. So it is no surprise that organizers of the Breakthrough Series Collaborative on Trauma-Informed Schools had to make many adjustments to sustain the work they had begun in 2019. We first covered the BSC in our Spring 2019 issue of *IMPACT* (<https://www.nctsn.org/resources/nctsn-impact-newsletter-spring-2019>). We recently touched base with some of the Collaborative organizers to hear how the BSC has adapted through this world-changing year.



A bulletin board greets students in the foyer of North Avondale Montessori School in Cincinnati, OH, which participated in the BSC for Trauma-Informed Schools.

As the organizers wind up the reporting cycle, they have found much to celebrate regarding positive outcomes for BSC participants – who also have rich stories to tell about making their schools more trauma-informed. The faculty members extended timelines, switched from in-person to virtual meetings, and changed the measurement lens as they continued their work with the participants. Organizer George “Tripp” Ake, PhD, NCCTS Director of Training and Implementation, pointed out that the foundational work done in the first sessions, during which teams bonded and shared with colleagues in other states, helped prepare faculty and participants to deal with the additional trauma of the pandemic. He and the other members of the team have used the pandemic as an opportunity to create a wealth of new products which extend the reach of the collaborative to others in the Network.

The Initial Trajectory

The aim of the BSC was to increase the amount of time that students spend in the classroom by addressing traumatic stress and disproportionate use of discipline, which present obstacles to student inclusion and development. The first in-person BSC session convened in Denver in February 2019. Three district-based teams and four individual school-based teams from New Mexico, Ohio, Colorado, Missouri, Connecticut, and Louisiana were introduced to the model for improvement, which forms the core of Breakthrough Series Collaboratives. The methodology, developed by the Institute for Healthcare Improvement, is based on the principle that testing a small change, evaluating its effectiveness, making adjustments, and spreading it quickly is less overwhelming and time-consuming, and more effective for implementation, than mapping long-range, system-wide plans.

>>> *cont'd on pg. 3*

A Career Dedicated to Strengthening Children and Families

“I always try to look at the positives – you know, making lemonade out of lemons,” said Christine James-Brown, President and CEO of the Child Welfare League of America, Inc., and an NCTSN Advisory Board member. To illustrate her point, she noted that while the coronavirus pandemic has presented many challenges in serving CWLA’s partner agencies, it has also brought successes. “I have really good teams around me,” James-Brown said. “Our terrific small staff is working remotely and meeting more frequently as a full group. We can laugh together, cry together, do whatever we need to do together. You can’t stop and let them down.”

Those qualities – of inclusiveness and sharing credit – are emblematic of James-Brown’s approach to leadership with the CWLA, said Julie Collins, MSW, LCSW, and Vice President, Practice Excellence. Collins remarked, “Chris is just such a humble person, and she’s a collaborator and a connector.” (In fact, when *IMPACT* approached James-Brown about featuring her in a profile, she insisted that Collins be included in the article because of her partnership work with the NCTSN.)

Service to others was woven into the fabric of the working class neighborhood where James-Brown grew up. “The community was rich with YMCAs and Scouts, and I got involved primarily as a volunteer,” she recalled. After obtaining her degree in cultural anthropology from Rutgers University, she leaned naturally in the direction of human services organizations. In the early 1990s she

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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.

Welcome from the NCCTS Co-Directors

Children and families and the providers and systems that support them are still under tremendous strain today, facing compounding challenges -- the pandemic, racial injustice, economic strain, and provider stress. We know from the work of the NCTSN that child trauma can be complex and associated with a range of developmental impacts and trauma interactions that go well beyond the scope of a basic ACE score. Our *Data Update* addresses this issue.

Children, families, and school districts continue to meet the challenges of the pandemic every day, and the Network continues to work with educators, member sites, and families to offer trauma-informed resources. Here we spotlight lessons from the NCTSN Breakthrough Series Collaborative on Trauma-Informed Schools, designed to keep students who have experienced trauma in the classroom. In our *Partnership Highlight*, you'll also learn about the efforts of Safe and Sound Schools to "change the conversation around school safety."

In our *Affiliate Corner*, we highlight the work of NCTSN members in child welfare and disaster response. We also profile a longstanding member of the NCTSN Advisory Board, Christine James-Brown, President and CEO of the Child Welfare League of America. See our back page for coverage of a new series of resources for military parents and caregivers on the pressing topics of adolescent substance abuse and suicide.

We are so proud of the innovative work of the NCTSN and our partners, intersecting with schools, child welfare, the military, and more, to reach children where they are, and help families recover and thrive following trauma and loss. Each child-serving system has a role to play, but no one system can solve our challenges alone.

Sincerely,

Jenifer Maze, PhD
NCCTS Co-Director
UCLA Neuropsychiatric Institute

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

joined United Way of Southeastern Pennsylvania. When she left that organization in 2002, she was President and CEO, having directed a staff of 130 and annual fundraising efforts that yielded more than \$50 million. She then served as President and CEO of United Way International for five years, directing its worldwide network of nonprofit



Christine James-Brown,
President and CEO of the
Child Welfare League
of America, Inc., and
NCTSN Advisory Board
member.

member organizations. James-Brown became President and CEO of CWLA in April 2007, and has overseen the refocusing of the organization's business model and service strategy. Collins credited James-Brown with strengthening the organization (which celebrates its 100th anniversary this year).

Children in All Zip Codes

Throughout the years, James-Brown has never limited her service to her occupational posts. She has served on the boards of the School District of Philadelphia, Community College of Philadelphia, and many other foundations and commissions. In addition to serving on the NCTSN Advisory Board for nearly 10 years, she has spent the last three years serving with the National Academies Committee on Building an Agenda to Reduce the Number of Children in Poverty in Half in 10 Years. She noted that although racial and ethnic disparities regarding access to services have been widening during the pandemic, the traumatizing effects of poverty on all children in rural areas also need to be addressed. "Each zip code is so different in terms of how it decides to organize and fund support for children and families, and there's no national approach to this. There are geographic disparities that we need to be thinking more about."

Pandemic Response

The CWLA has been attuned to its partner agencies' needs during the pandemic, fighting hard early on to have child welfare agency personnel included as first responders for personal protective equipment. In responding to potential cases of abuse and neglect, many workers, most of whom are people of color, were making calls to homes and getting exposed to the virus. Some did not recover, and CWLA has held a memorial and recognition service for these workers who died of COVID-19. One bright spot of conducting business virtually: a closer relationship with legislative partners, with whom the CWLA has been able to maintain more intimate conversations. James-Brown said that these positive interchanges will help in the coming months as service agencies and safety-net entities continue to feel the effects of the pandemic.

James-Brown said she initially learned more about the Network through Collins, who had worked early on with the Child Welfare Collaborative Group and contributed critical input about families for the *Child Welfare Trauma Training Toolkit*. The missions of the two organizations are similar, James-Brown noted, "which is one of the things I've appreciated about the Network." While serving on the Advisory Board, she has also valued the diversity of opinions built around a common focus – strengthening families and children. And now, because of the primacy of poverty, exacerbated by the pandemic, "the work that the NCTSN is doing is more relevant than it's ever been." ■

BSC on Trauma-Informed Schools *cont'd from pg. 1*

The NCCTS planning group had completed three of their four planned Learning Sessions when COVID-19 cut short their plans for the BSC's last in-person meeting in Ohio. That meeting, originally planned for the spring of 2020, took place virtually this past October.

Jane Halladay Goldman, PhD, NCCTS Director of Service Systems, recalled that in early 2020, before the pandemic lockdowns, the BSC faculty adjusted the model by conducting in-person consultation visits in order to better accommodate school systems and schedules. "We added these visits as a way to provide more in-depth assistance in specific areas of need," she said, "and to provide time, space, and a method for teams to assess their progress so far and to plan for next stages." During visits to teams in Ohio, the faculty videotaped interviews with participants including administrators and teachers, who reflected on the benefits of participating in the BSC. Ake said the interviews generated so much rich material that the BSC team decided during the pandemic to create videos to underscore key themes for trauma-informed schools. Four videos highlighting major themes are now accessible in the Resources section of the NCTSN Website (<https://www.nctsn.org/resources/supporting-schools-to-test-and-implement-tailored-trauma-informed-practices>).

Measuring Progress

BSC organizers are now in the midst of collecting and synthesizing data, and planning more products and papers based on lessons learned. The main metric for measuring the success of the Breakthrough Series Collaborative on Trauma-Informed Schools – keeping students in classrooms – "is obviously going to look a bit different," Ake said.

As the pandemic perseveres, schools have faced challenges to keep their students engaged. Some schools offer online classes only, others have tried moving to a hybrid, in-school/



A "Buddy Bench" invites students to sit with one another and to foster bonding and belonging.

at-home model, only to be shut down after resurgences of the virus. Still, BSC participants have reported progress in specific domains. One school team, at North Avondale Montessori Elementary in Cincinnati, OH, eliminated what it had labeled In-School Suspension, and changed the term to Alternative Learning Center. The team also created a calming room where students could go freely to practice mindfulness

that participating in the BSC had helped him realize that psychological safety starts from a place of trust. "For me," McClellan said, "that looks like trying to start each day with a clean slate, presenting the opportunity to say to that student, 'I trust you, and here are ways that we can build that relationship.'" From that place, the teacher can give students practical steps toward achieving a trusting relationship. "I don't think that all children have adults that they can trust in their lives," he said.

Ake recalled that during one midpoint check-in call, the Cincinnati school district had shown a 13% gain in K through 3 literacy levels. Linking this with the discipline data – such as instituting the Alternative Learning Center and the calming room – it is clear "that schools are using their own data for change, which is something that the BSC helped to promote," Ake observed. Halladay Goldman cited two BSC teams that had used disciplinary data to identify profound racial inequities. One team, at a site in Cortez, CO, realized from its data that most students referred to the office for discipline were Native American children who lived on a nearby reservation. Another team in Cincinnati identified the fact that every student on suspension was a Black male. "Both of these sites made huge leaps in terms of addressing inequity," Halladay Goldman noted. This meant, she said, that when the Black Lives Matter movement became more prominent after the murder of George Floyd, the schools had already created a foundation that allowed them to do deeper work toward racial equity.

A Reframing

Laura Danna, LCSW-BACS, Director of Project Fleur-de-lis, a program of the Mercy Family Center in Metairie, LA, was also on the faculty for the BSC. Danna began her career as a school social worker, and from that grew her passion and commitment to treat trauma in youth and secondary traumatic stress in adults. "The importance of the adults in the building taking care of themselves and one another – that became my flag to fly in every BSC meeting," she said. Hoping to dispel misconceptions about self-care – it's not just about burning a candle or taking a bath – she encouraged BSC participants to use the test-of-small-change framework to explore ways to bring practical changes into their workday. For example, she said, "It really is helpful to take five minutes between classes to walk around the classroom and take some deep breaths – as opposed to scrolling through Facebook on your phone!" Now, with the pandemic, Danna feels the message of self-care is even more important.

During affinity group and all-person calls, Danna has noticed that participants have been apologetic about not completing all assignments. Her role as a BSC faculty member, she said, is to name, identify, and cheer on everyone's accomplishments, however small. "It's easy to fall into that trap of not having met our indicators," she observed. "The pandemic has necessitated changing the lens on how we measure, and then acknowledging all the things we are doing well. We still have such a rich story to tell." ■

PARTNERSHIP HIGHLIGHT

NCTSN Collaboration with Safe and Sound Schools: From Organic to Formal

In the years since the mass shooting at Sandy Hook Elementary School, on December 14, 2012, many families of the first-graders and staff members murdered that day formed community organizations and foundations dedicated to helping others move forward through crisis. Two of those parents, Michele Gay, M.Ed., and Alissa Parker, co-founded Safe and Sound Schools in 2013 to honor the lives and legacies of their daughters Joey and Emilie, and to “change the conversation around school safety.” As the organization has grown and its reach has expanded, its members have found that aligning with experts has strengthened their mission and effectiveness, said Gay, who is also the organization’s Executive Director.

Another Layer Is Added

Since its inception, Safe and Sound Schools (www.safeandsoundschools.org) has done extensive work not just in recovery from school violence but also the prevention of it. Methods for assisting other schools, parents, and communities have evolved over time. “It’s one thing to be



Alissa Parker (L) and Michele Gay, Co-Founders, Safe and Sound Schools, Newtown, CT.

able to walk with and be present for someone, in a human-to-human, survivor-to-survivor kind of way,” Gay said, “but it’s critically important that we are able to connect people with experts, mental health professionals, and the very people who are a part of the National Child Traumatic Stress Network.” Safe and Sound Schools delivers crisis prevention,

response, and recovery programs, backed by national experts, to educate all members of the school community. According to the organization’s Website, it has provided education, training, and resources to more than 32,000 schools and reached 16.6 million students. Its *Straight-A Safety Toolkits* have been used in 50 states and 163 countries.

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“We can move forward in a very healthy, positive way – forever changed – but forward nonetheless.”

MICHELE GAY, M.Ed., Co-Founder and Executive Director, Safe and Sound Schools

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Safe and Sound Schools has developed other tools and handouts, some in association with the NCTSN and organizations such as the National Association of School Psychologists. An example of this collaboration’s work is the 2018 “Creating School Active Shooter/Intruder Drills” resource (www.nctsn.org/resources/creating-school-active-shooter-intruder-drills).

In late 2018, as Safe and Sound Schools was formalizing its Post Crisis Support Network, Gay was invited to join the NCTSN Advisory Board. Articulating one’s own experience of violence and loss, and sharing with other survivors, is one piece of the journey, she explained. Adding the expertise of practitioners and the evidence to back it up serves not only to validate the journey, but to make it smoother. “This expertise gives us a guiderail,” Gay observed.

Pandemic Forces Changes in Summit

IMPACT first began interviews with Gay in the spring of 2020. At that point, plans for the organization’s second National Summit on School Safety, slated to be held in Dallas, were on hold. Then the pandemic hit in earnest, and the summit was postponed to the fall. “The way that we have connected and grown the organization to this point has been very much about getting on a plane and being with people, walking through their school hallways, visiting their communities and meeting them where they are,” Gay told *IMPACT* at the time. She and others in the organization felt as if they had been grounded.

Like so many other child-serving organizations, Safe and Sound Schools found ways to open up access virtually to those in need of support. Gay and Parker, who moved to Washington state, now talk daily via video calls. A look at the roster for their 2020 Summit, reorganized and held virtually last October, gives a picture of the breadth of their resources and connections with experts in the field of school safety. In addition to the organization’s keynote speakers, more than 42 experts gave presentations over the three-day period.

Healing by Helping

Since the day of the Sandy Hook tragedy, Gay has been aware of NCTSN involvement through the Terrorism and Disaster Program, directed by Melissa Brymer, PsyD, PhD. Brymer was the lead advisor to the Newtown School District Recovery Program and has also participated in conference calls with Safe and Sound. “The courage and strength of Michele and Alissa after experiencing indescribable pain motivated me to do our ultimate best to identify areas that need improvement and find ways to create healing after such horrific events,” Brymer said. “Focusing on school safety, creating adaptations for children with IEPs [individualized education plans], and fostering a voice for the bereaved will always be priorities because of my work with them.”

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NCTSN Partners with Safe and Sound Schools *cont'd from pg. 4*

Now that Gay is part of the NCTSN Advisory Board, “I feel like we’re getting started in a more foundational and formal sense with our work with the Network,” she noted. Survivors of these tragedies often talk about not moving on but moving forward. “We can move forward in a very healthy, positive way -- forever changed -- but forward nonetheless,” Gay continued. “The connection here [with the NCTSN] is fantastic, because we now have a relationship with the very people with whom we would need to accompany us when serving these families and school communities. We’re thrilled to be connected to the good work.”

Added Diane Elmore Borbon, PhD, MPH, NCCTS Policy Program Director and NCTSN Advisory Board Coordinator, “We are delighted to have Michele as a member of the NCTSN Advisory Board and are grateful for her willingness to share her lived experience, as well as her professional expertise.”

***“You learn to stop and honor your own process.
It’s an interesting thing that you can heal yourself
by helping others.”***

*MICHELE GAY, M.Ed., Co-Founder and Executive Director,
Safe and Sound Schools*

When their daughters were killed, Gay and Parker became part of the kind of network that Frank DeAngelis (retired principal of Columbine High School and now a crisis management consultant) would characterize as “the club that no one wants to belong to.” Despite this reality, “You can gain so much understanding of your own journey and your own self, I think, while you are looking to support others,” Gay emphasized. “You’re learning from them just as much as you might be looking to help them. So to have the science and the guiderails of evidence-based tools helps as you reflect on your own journey. You learn to stop and honor your own process as well. It’s an interesting thing that you can heal yourself by helping others.” ■



What’s New in NCTSN Resources?

Our NCTSN programs and collaborative groups continue to produce relevant and practical resources in these times. Below is a sampling of the variety of new resources you’ll find on our Website.

First, some new podcasts. Trauma-Informed Care for Unaccompanied Immigrant Youth (<https://www.nctsn.org/resources/trauma-informed-care-for-unaccompanied-immigrant-youth-la-clinica-de-la-raza>) highlights the work of La Clínica de La Raza in Oakland, CA. Staff members share their experiences working with unaccompanied and immigrant youth, and confirm the importance of partnerships forged through school-based health centers in improving access to services for unaccompanied immigrant youth. The podcast Parenting in a New Context (<https://www.nctsn.org/resources/parenting-in-a-new-context-strategies-for-practitioners-supporting-refugee-and-immigrant-caregivers>) discusses how practitioners can enhance their skills and raise their standards of care for refugee and immigrant caregivers and families who are adjusting to a new culture and may have experienced traumatic events.

Coping after Mass Violence (<https://www.nctsn.org/resources/coping-after-mass-violence>) is a fact sheet that furnishes tips for families and caregivers who have experienced additional stress and trauma after violent events (such as the Capitol riot in early January).



For an extra dose of self-care, providers may want to refer to the fact sheet Pause-Reset-Nourish (PRN) to Promote Wellbeing (<https://www.nctsn.org/resources/pause-reset-nourish-to-promote-wellbeing-use-as-needed-to-care-for-your-wellness>), which is based on the framework created by Diana Tikasz, MSW, RSW, of Hamilton Health Sciences. It outlines practices which can help reset, replenish, and rebalance one’s nervous system, allowing a return to resilience.

Two Longtime Professionals Contribute Their Expertise to NCTSN Committees

“It’s virtually impossible for me to interact with my NCTSN colleagues without walking away the better for it, without having learned something from it,” says Gil Reyes, PhD, currently Co-Chair of the Terrorism and Disaster Network Committee. Reyes, a clinical psychologist based in western



Gil Reyes, PhD, clinical psychologist in western NC, and a 15-year NCTSN Affiliate member.

North Carolina, and former President of the Santa Barbara County Psychological Association, has been working with the committee since 2005, when the Terrorism and Disaster Center was based at the University of Oklahoma Health Science Center. His work with the committee continued as the terrorism and disaster functions rotated to the University of Missouri and then to Louisiana State University. His primary contributions have been related to NCTSN product development, such as the guide to use of social media in large-scale events and disasters.

During his 15 years as an Affiliate member, Reyes has been involved in other areas of interest as well: helping with product development in collaboration with the Terrorism and Disaster Committee and the Secondary Traumatic Stress Collaborative Group; working on the *NCTSN Connects* planning group; and, as a member of the Affiliate Advisory Group, sitting on the NCTSN Steering Committee.

Drawn to the Mission

Reyes said his primary function on the Affiliate Advisory Group is to encourage Affiliates to participate in collaborative groups that draw their interest. “The main thing that we [the Affiliate Advisory Group members] stress is that there’s a lot to be gained by being engaged and networking with each other,” he pointed out. “But we have to give [in order] to get.” Reyes said he has learned from personal experience that engaging with other collaborative groups yields a much richer networking experience. We all tend to segregate by age, gender, race,

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“You have to want to do it. You have to decide it’s something that you can fit in and not wait.”

MARLA HIMMEGER, LSW, of Grove City, OH.

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or even topic areas, he noted. Homophily – the tendency for “birds of a feather to flock together” – can lead us away from interacting with more diverse individuals with diverse lived experiences and worldviews. “What this Network richly provides is a great deal of diversity,” he emphasized, and the Affiliate program is another avenue for doing the work with

those from diverse backgrounds. He added that as long as the Network and its varied opportunities for participating exist, “I think many of us are going to want to be a part of it and help sustain it, because the mission is real. We know the harm that trauma can do. And so, together we have committed a large part of our life’s energy to changing that equation. That alone will keep us involved.”

A Passion to Stay Involved

“I was an ‘unofficial’ Affiliate member before there were Affiliate members,” says Marla Himmeger, LSW, of Grove City, OH. In 2003, when she was with the Children’s Office in the Ohio Department of Mental Health, Himmeger was invited by colleague Kris Buffington, of the Cullen Center in Toledo, to attend the NCTSN All-Network Conference in San



NCTSN Affiliate member Marla Himmeger, LSW, formerly with the Ohio Department of Mental Health.

Diego. “I’ve been involved with the NCTSN ever since!” Himmeger said. Her relationship with the Network, she noted, gave her access to a nationwide network of child trauma experts and a trove of NCTSN products that she still distributes and uses. Linking with the Network also gave her the impetus to form the Ohio Childhood Trauma Task Force. Himmeger soon became involved with the NCTSN Child Welfare Work Group, and has since continued training using the Child Welfare Trauma Training Toolkit and the Resource Parent Curriculum. For years she has attended numerous subcommittees and collaborative groups. She was

involved with the 2015 NCTSN Implementation Science Summit and was a member of planning committees for All-Network Conferences.

In 2012, Himmeger retired from the Ohio Department of Mental Health, where she developed and implemented the Infant and Early Childhood Mental Health Consultation. The last eight years of “retirement” have been busy: she has conducted national training for the Devereux Foundation; has directed a grant-funded position for the Ohio Department of Mental Health that was focused on mitigation of toxic stress and trauma in infants and young children; and is currently a program manager with Public Children Services Association of Ohio for the Ohio START (Sobriety, Treatment and Reducing Trauma) Program. As an Affiliate with the NCTSN, she co-chairs the Zero to Six Collaborative Group and is a member of the Child Welfare Trauma Training Toolkit Group. She also meets with the Secondary Traumatic Stress Work Group and the Resource Parent Work Group, and is part of the *NCTSN Connects* planning group.

For Himmeger, staying involved with the NCTSN aligns with her passion for the work. She urged others to reach out to the Network, but cautioned, “You have to want to do it. You have to decide it’s something that you can fit in and not wait.” ■

Some Pairs of ACEs May Herald Increased Risk

The original study of Adverse Childhood Experiences, by Felitti and coworkers in 1998, transformed our understanding of the consequences of trauma. That study, which established dose-response curves of trauma exposures as indicative of a stepwise, increasing risk for physical disease as well as significant mental health consequences, has been replicated many times. This illustration of cumulative risk has led some professionals to interpret a cumulative ACEs score of 4 or more to be associated with the highest risk for negative outcomes. However, using this threshold score when assessing youth at greatest risk from trauma may not fully capture the scope of their traumatic events, nor their potency.

Based on the results of a study published by NCTSN researchers last spring, clinicians may now have a more refined and specific way of looking at ACEs in the assessment of children and youth most in need of early intervention and treatment.

Cumulative Number Misleading

Although four or more ACEs has been used as the threshold for increased risk, “simply tabulating a cumulative number is misleading,” said Frank W. Putnam, MD, Department of Psychiatry, University of North Carolina at Chapel Hill, and lead author of the recent study.* In fact, some of the original ACE study coauthors had already begun to urge caution about using the cumulative score of 4 as a threshold for severe risk. Using the cumulative score assumes that all ACEs are equal and that the cumulative effects are linear. An earlier paper (by Putnam KT, et al., in 2013) had found additive and multiplier synergistic effects of ACEs on risk in adult psychopathology.

Putnam and coauthors set out to investigate which commonly co-occurring pairs of childhood traumas and adversities might have a synergistic effect that accounts for riskier outcomes in children. From the NCTSN Core Data Set, the authors culled a sample of 10,335 youth referred for clinic treatment, divided the cases by gender and age groups, and performed two basic analyses of the baseline data. The types of trauma exposure and adversity tracked in the original Core Data Set, data which was gathered from 2004 to 2010, included physical abuse, sexual abuse, emotional abuse, neglect, domestic violence, caregiver impairment, and loss/separation/bereavement.

To assess for additive synergistic interactions of trauma types, the researchers calculated the relative excess risk due to interaction for each pair of traumas, such as sexual abuse plus neglect, etc. They then used this calculation to determine which pairs might be associated with subsequent behavioral problems.

Synergistic Pairings

The results of the initial overall analysis showed that only four trauma pairings were synergistic. Three of those involved sexual abuse in combination with physical abuse, neglect, and domestic violence. In fact, sexual abuse was the most potent factor in producing a synergistic effect when paired

with additional trauma. Interestingly, after a second analysis, when the sample was divided into age blocks by gender, the authors found that boys ages 6 to 12 had more than twice the synergistic pairings of sexual abuse than girls, although sexual abuse was synergistic across all ages for the girls. Putnam remarked that these unexpected findings “underscore how little we know about males, and how much more males are affected” by these pairings. Treatment models for sexual abuse are often largely focused on girls, he pointed out, and this study emphasizes the need for more data about boys.



Lisa Amaya-Jackson, MD, MPH, NCCTS Co-Director and a study coauthor, said the findings show that, “Some ACEs, when paired with another, are ‘power boosters’ for risks for negative and more severe outcomes.” Putnam concurred: when using the “4 or more” score, clinicians may find that some youth are at greater risk of worse outcomes, but again, this may be misleading. “Really, embedded in that score of ‘4 or more’ is a pair of synergistic cases that are really carrying the load,” he explained. What this means is that in some cases, you may see bigger effects with a pair of ACEs than with four – if you choose the right two.

Putnam and Amaya-Jackson agreed that it’s important for clinicians to avoid thinking about just the “4 or more” construct and instead delve into what pairings might be present in the ACEs score. “Four or more has become the threshold,” Putnam said, “and what we’re showing is that the combination of just two – the right two – can be devastating.” Taking this into consideration could hopefully lead to more effective treatment planning and intervention. ■

*Putnam, F. W., Amaya-Jackson, L., Putnam K. T., & Briggs, E. C. (2020). Synergistic adversities and behavioral problems in traumatized children and adolescents. *Child Abuse and Neglect*, 106: 104492. <https://doi.org/10.1016/j.chiabu.2020.104492>.

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Addressing Trauma with Youth: Fact Sheets Provide Accessible Guidance for Military Parents

The NCTSN Military and Veteran Families Program has stayed attuned to the needs of military families and children through multiple partnerships. The Military Community and Family Policy of the Department of Defense (DoD); SAMHSA's Service Members, Veterans, and Their Families Technical Assistance Center; and the Military Child Education Coalition (MCEC) are among the program's well-established partners. Over the past 13 years the team has produced multiple training programs, including the online platform, the NCTSN/Academy on Child Traumatic Stress, which provides training and resources to military providers (including Family Advocacy Program staff) on child trauma, child maltreatment, problematic sexual behaviors, and other behavioral health issues.

Although children and youth in military families are part of a culture of strength and resilience, studies have shown that they are at greater risk of trauma and resulting substance use and feelings of depression and suicidality than youth who are not part of military culture. During preconference meetings held at MCEC's National Training Seminar, participants identified the need for supportive materials to help military parents open conversations with their children about difficult issues specific to their families. Greg Leskin, PhD, Program Director for the Military and Veteran Families Program and Project Director for the NCTSN/Academy on Child Traumatic Stress, recently summarized the team's process for developing the three-part series of fact sheets that give military parents and caregivers resources and developmentally appropriate language to use to open up and engage with their children and teens on the subjects of trauma, emotional distress, substance use, and suicidality.

Collaboration and partnership have been hallmarks of every project that the program undertakes. Each of the fact sheets was developed and carefully reviewed by military family members, military behavioral health providers, as well as subject matter experts. For example, "Understanding Youth Substance Use: For Military Parents and Caregivers" and "Understanding Child Suicide: For Military Parents" were produced in concert with the ASAP Center for Adolescent Suicide, Self-Harm, and Substance Abuse Prevention and Treatment. This NCTSN CAT II site, led by Joan Asarnow, PhD, at UCLA and David Goldston, PhD, at Duke University, has specialized in substance use and suicide prevention in its research and intervention development. In an organized and accessible format, the fact sheets give parents information about emotional issues and age-appropriate language for talking with their children about their feelings of distress; and suggest ways to open the door for difficult conversations. Network co-partner Tangeria Adams, who at the time worked for the NCTSN CAT III site at the University of Rochester's Mt. Hope Family Center, was also an important contributor to the substance use fact sheet.



Leskin was especially gratified about the work accomplished for the "Understanding Child Trauma and Resilience: For Military Parents and Caregivers" fact sheet. It was co-written with two members who were then affiliated with the Alaska Child Trauma Center at the Anchorage Community Mental Health Center. Sicely Kluge and April McElhenny, both of whom are military spouses, brought a fitting and knowledgeable personal perspective to the work. That fact sheet includes a helpful checklist of reactions to trauma that parents can use to assess their child's behavior – and can take to a mental health professional to help guide services. It also contains a comprehensive list of sources for accessing mental health care and crisis hotlines operated by the military.

The goal of these fact sheets, Leskin said, was to "help military parents have an understanding, and to be able to be that frontline support for the military child who may be experiencing difficulties. And then, if necessary, help guide them to the next level of higher quality, evidence-based intervention." ■

To access the military family fact sheets, visit <https://www.nctsn.org/resources/understanding-child-suicide-for-military-parents>.

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.
