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A PUBLICATION OF THE NATIONAL CHILD TRAUMATIC STRESS NETWORK

NATIONAL CENTER/COLLABORATIVE HIGHLIGHT

NCTSN Launches Breakthrough Series Collaborative on Trauma-Informed Schools

On February 5 and 6, 2019, faculty members, support staff, and nearly 70 participants from across the country met in Denver to begin what will be an ambitious 18-month journey. This first Learning Session, led by faculty from the National Center for Child Traumatic Stress, launched the Network's new initiative, *Breakthrough Series Collaborative on Trauma-Informed Schools*, and represented the culmination of more than 18 months of planning. "It was gratifying to see the work starting!" said George "Tripp" Ake III, PhD, NCCTS Director of Training and Implementation, and one of the key planners for the BCS. Their goal: to increase



Participants in a round table discussion at the first Learning Session of NCTSN BSC on Schools.

the time students spend in the classroom by transforming their schools into trauma-informed environments. Plans for the BSC took root during the last NCTSN grant cycle, according to Jane Halladay Goldman, PhD, NCCTS Program Director. During conference calls with the Schools Committee, the issue of traumatic stress as a major obstacle to classroom learning came up repeatedly. It is a common challenge for schools: students who have experienced

trauma may not get the help they need; and their trauma-related behaviors can lead to suspensions and interruptions in their development. (See our related story on page 6, "Intercepting the School-to-Prison Pipeline.") Stakeholders understood that the goal of increasing students' time in the classroom would require a more global effort than simply implementing clinical interventions or training staff. That's when their thoughts turned to addressing the school systems as a whole, Halladay Goldman said.

Why the BSC Model?

The BCS methodology, first developed in 1995 by the Institute of Healthcare Improvement and Associates in Process Improvement, is aimed at achieving rapid change in large systems by using the Model for Improvement and including the use of Plan-Do-Study-Act cycles. This allows participants to rapidly test the effectiveness of small changes, rather than expending time on long-range planning for massive change. The BSC model also relies on input from all levels of stakeholders, so that changes are initiated from the bottom up. Family partners and frontline stakeholders are encouraged to have equal voices in selecting and testing strategies that can impact the school system.

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Voices of Youth Task Force Amplify Network Mission

The NCTSN Youth Task Force, comprised of young people ages 18 to 26, was formed in 2014 with the mission of raising awareness about trauma and its effect on youth. Jeremy Harvey and Steven Kalocinski, two of the original members who share leadership duties with Shelby McDaniel, remain committed to this mission. Harvey, who is currently the Deputy Director of Strategy and Innovation at the Illinois Department of Children and Family Services, grew up in foster care. He and Kalocinski believe that their own informed perspectives can provide valuable insights that help prepare individuals, programs, and systems to meet the needs of children and youth who have experienced trauma. "For many of us," Harvey explained, "our voices weren't heard, and the system didn't know what to do for us. We all believe that one of the ways you do better is by listening to those young people."

Sustainability Through Leadership Opportunities

Kalocinski's responsibilities with the task force include managing and planning agendas for monthly calls, facilitating the calls, and generally creating the sense of community that sustains the group's work. An aspiring filmmaker based in Santa Clarita, CA, Kalocinski is currently writing a screenplay and works at two jobs in addition to his task force activities. He conveys his passion for the task force enterprise through his outgoing

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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

In this Spring issue of *IMPACT*, we take a closer look at our work in schools. The classroom and school settings can be places where trauma occurs, such as school shootings or abuse, but trauma can also be addressed there through treatment and services. Students who have trauma histories need trauma-informed services so that their education and development are supported and not derailed. Our front-page story reports on the current *Breakthrough Series Collaborative on Trauma-Informed Schools*, and the group's first Learning Session. Our *Spotlight on Culture* column explores the school-to-prison pipeline that disproportionately affects students of color, and describes current trauma-informed efforts in Denver and Los Angeles to help students feel supported and included.

In other articles, you will learn about the current projects of the Network's Youth Task Force, a critically important part of the NCTSN initiative. This issue's *Partnership Highlight* reviews our productive history of collaboration with the American Psychological Association. We also summarize two recent studies involving NCTSN members published in the journal *Child Maltreatment*. The first study reports on outcomes after an eight-week NCTSN Resource Parent Curriculum workshop. The other details a five-year project to embed trauma-informed practices in Connecticut's child welfare system. NCTSN Affiliate Liza Simon Roper is featured in our *Affiliate Corner* as an advocate of the benefits that accrue to former grantees who continue their involvement with the Network. And finally, we have a report on the good works of Fievel, a facility service dog, who brings comfort and relaxation to clients and staff at Mental Health Partners, an NCTSN center in Lafayette, CO.

This issue is both inspiring and informative, highlighting many examples of the great work going on in the NCTSN!

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

John A. Fairbank, PhD
Co-Director, Duke University Medical Center

Voices of Youth Task Force Amplify Network Mission *cont'd from pg. 1*

nature – “and maybe it’s because of my theatre background in high school too!” Whatever the source of his enthusiasm, Kalocinski said that “it’s a natural thing for me to amp up the energy level on our calls.” An idea he’s brought to the group is to devote a few minutes at the start of each call to hearing from task force members about their various activities – whether in the trauma or medical fields, or just their own projects. Network Liaison Chris Foreman, MSSW, observed that these “member spotlights” during the monthly calls “have done a lot to showcase the incredible depth of expertise and work being done all over the country by members of the Youth Task Force, that contribute to the NCTSN mission.”



Steven Kalocinski, Co-Leader, NCTSN Youth Task Force.

The task force is also working on a number of initiatives. McDaniel is teaming with Kimberly Ling Murtaugh, PhD, Special Projects and Integration Officer at the NCCTS/UCLA on a social media campaign.

Harvey is focused on creating opportunities for younger people to become the voices of change. “All organizations are challenged with how to help youth and survivors to move up the ladder of engagement, from simply speaking out to becoming co-decision makers,” he said. He’d like to see much younger people become the drivers, innovators, and developers of the next series of interventions. Harvey said his current role is to “step back and create the space for the next generation of voices to step up.” He enjoys connecting with other young leaders across the state and is working on development of a mentorship program.

Messages for Youth and Clinicians

Working with the Youth Task Force has helped Kalocinski realize that “there are people who don’t reach out for help, because they’re just too afraid or there’s a stigma about doing so. [Coming out of trauma] is a journey with its own beginning, middle, and end.” A 2010 graduate of the Brooks Institute, Kalocinski recalled that when he was in college, “I shut down.” Grappling with his sexual identity, he became more and more isolated. Unemployment after graduation led to a period of homelessness. It wasn’t until he found the Los Angeles LGBT Center that he connected with vital services and began to work with a therapist. Volunteering to help others – first with the LGBT Center and later with the NCTSN – then became a natural progression for him.

“We all believe that one of the ways you do better is by listening to those young people.”

JEREMY HARVEY, Founding Member and Co-Leader, NCTSN Youth Task Force

Harvey reflected that “as somebody who’s had tough things happen, it feels good to be able to try to make sure that bad things don’t happen for other people. Hopefully, you can influence the system so that those things don’t happen for somebody else.” He has a powerful message for clinicians and providers of youth services. Providing trauma-informed care, he asserted, is not

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ARC Practitioner and Trainer Stays Active as an Affiliate



Liza Simon Roper, ACSW, LCSW, Lake Villa, IL.

Throughout her 30-year career treating children and adolescents, Liza Simon Roper, ACSW, LCSW, of Lake Villa, IL, has been acutely aware of the impact of trauma on her clients. Early on, her work with child welfare and juvenile justice populations convinced her that focusing on trauma was the key to understanding problematic behavior exhibited by the youth being referred for counseling services. “A behavior plan is nice, but if we are just looking at behavior and not what is driving it, then we’re missing the boat,” she said.

In the late 1980s, Simon Roper developed a focus on child sexual abuse, and by the late 1990s she had written a trauma assessment protocol that took into account this abuse and the developmental disruptions that can result from it. “Being able to connect the dots seemed to me to make sense,” she remarked, “even though I did not have the research to empirically support this idea.”

The Fit with the Network

Involvement with the NCTSN and its evidence-based foundation allowed Simon Roper to expand her trauma-informed work. She was delighted to discover in 2011 the Attachment, Regulation and Competency (ARC) framework developed by Blaustein and Kinniburgh; and then to become an ARC certified trainer in 2016. “One of the reasons I was so attracted to ARC is that the framework allows for a whole host of interventions,” she said. “It’s a lens you can use that allows flexibility in approaches. Clinically, I’ve learned that this is really important, because what works for one child and their family is not necessarily going to work for another.”

Simon Roper supervised outpatient counseling services for 15 years at One Hope United, a child welfare agency serving Illinois, Wisconsin, Missouri, and Florida. From 2012 to 2016, she was the Project Director for The Healing Path: A Trauma Treatment Program for Youth, a Category III NCTSN program. This program served not only youth, including those from military families, but also caregivers, half of whom were military spouses.

During the course of the grant, Simon Roper’s involvement with the NCTSN included dissemination of trauma-informed models – in particular, ARC and the NCTSN-developed Resource Parent Curriculum – to more than 1200 mental health professionals. From 2016 to 2019 she was a part-time clinical trainer for One Hope as well as an ARC trainer. She continues as an ARC certified trainer with the Center for Trauma Training in Boston, MA.

“We have done the work in the field, and we can be a resource and offer our wisdom to other Network members.”

LIZA SIMON ROPER, ACSW, LCSW, Lake Villa, IL

Giving Back as an Affiliate

At the end of the grant for The Healing Path, Simon Roper joined the NCTSN Affiliate program and is currently a member of the Affiliate Advisory Board. She offered this advice to former grantees who may be weighing the decision to join the program: “Just do it!” Her reasons for maintaining Affiliate status are twofold: it allows clinicians to access resources and “amazing support;” and it allows former grantees to give back to the field. Ongoing support is particularly important in the field of traumatic stress, Simon Roper reflected. “This is a tough field and secondary traumatic stress is real. One of the things I love about the Network is that you can talk about that and people understand.”

Giving back to the Network is also central to her involvement as an Affiliate. She has been proposing a program of pairing Affiliates with new Network sites to create a bridge for introducing the grantees to the work. “I think Affiliates are valuable,” she said. “We have done the work in the field, and we can be a resource and offer our wisdom to other Network members.” ■

Voices of Youth Task Force Amplify Network Mission *cont’d from pg. 3*

just about “checking off boxes” and launching into questions about suspected abuse. Rather, the process should be about addressing the whole person and focusing on wellness.

Harvey also encouraged NCTSN members to make use of the task force members’ expertise: “We want folks within the NCTSN to know that we’re here to help you. We are legitimately going to make your product better and more informed because you took the extra time to ask, ‘Am I using the right language here?’ ‘How does that sound to you?’” As someone who works in a state agency, Harvey acknowledged that change – especially system change – is difficult. But he is encouraged that the NCTSN has created the space for the Youth Task Force and has committed resources to nurture the group. “We have to do everything we can to help each other out – and that’s what the Youth Task Force is trying to do.” ■

PARTNERSHIP HIGHLIGHT

NCTSN and American Psychological Association Leaders Collaborate on Key Trauma Initiatives

Many leaders of the NCTSN are also members of the American Psychological Association and share common professional interests with their APA colleagues. In the last decade, the APA has tapped the expertise of NCTSN leaders to advance the development of clinical practice guidelines, resources on childhood trauma, and policy statements.

Several NCTSN members served on the 2008 APA Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents, which convened to generate guidance for psychologists on treating traumatic stress in children. The Task Force members included Lisa H. Jaycox, PhD, RAND Corporation; Annette M. La Greca, PhD, University of Miami; Nancy Kassam-Adams, PhD, Children's Hospital of Philadelphia; Anthony P. Mannarino, PhD, Allegheny General Hospital; and Marleen Wong, PhD, University of Southern California. According to Jaycox, the impetus for the Task Force had been building since the events of 9/11, compounded by the rise in the number of school shootings. It also dovetailed with advances in evidence-based treatments, which had been furthered by the work of the NCTSN.

The documents and tip sheets developed by the Task Force offered user-friendly, clearly worded guidance to mental health clinicians for understanding and treating childhood trauma. The easy-to-read format was intentional, Jaycox explained. "Although people can educate themselves at any time by reading the research literature, we wanted to develop something that would be easily accessible to busy practicing psychologists and other mental-health providers. We saw our most valuable contribution as bringing that evidence base into a user-friendly format to the professionals who could use it with their patients."

Pioneering Practice Guidelines

John A. Fairbank, PhD, NCCTS Co-Director, Duke University Medical Center, served on the APA Guideline Development Panel for the Treatment of Posttraumatic Stress Disorder in Adults. The resulting document, published in February 2017, is the first-ever clinical practice guideline developed by the APA. "The guideline was developed over a period of two years, and the panel was very multidisciplinary," Fairbank said. "We had psychiatrists, psychologists, a family medicine physician, a nurse practitioner, and consumers who identified themselves as having had PTSD." As recommended by the Institute of Medicine, the process began with an independent review of the literature, which was conducted by RTI International and the University of North Carolina at Chapel Hill. A total of 3048 records were reviewed, including 527 full-text reports on clinical trials. Ultimately, the practice guideline panel received

147 studies deemed eligible for inclusion in their evaluation of the evidence supporting various treatments for PTSD.

Because this was the first clinical practice guideline produced by the APA, "there was a lot of engagement by APA staff and leadership," Fairbank said, "and thus our process also helped to establish processes and procedures for guidelines development for the association." Although the 12-member panel determined that the focus of this initial guideline would be PTSD in adults, several NCTSN leaders were included in the development panel, some of whom had worked with adults and children. "I think we were able to contribute a developmental perspective, which was helpful," Fairbank said. He added that, for him, participation on the clinical guideline panel "reinforced the collaborative approach that we take within the NCTSN."

Other Intersections

NCTSN members are also active in several of the APA's 54 divisions, such as Division 37, Society for Child and Family Policy and Practice; Division 53, Society of Clinical Child and Adolescent Psychology; and Division 56, Trauma Psychology. The National Center for Child Traumatic Stress (NCCTS) Policy Program works with APA as a member of several national policy-related coalitions, noted Diane Elmore Borbon, PhD, MPH, Policy Program Director, UCLA-Duke University. Before joining the NCCTS, Elmore Borbon was Director of the APA's Public Interest Government Relations Office and a member of the NCTSN Advisory Board for several years. She currently serves as Chair of the APA Trauma Psychology Division's Policy Committee. Both Elmore Borbon and Ellen Gerrity, PhD, NCCTS Associate Director and Senior Policy Advisor, Duke University Medical Center, continue to work with APA as members of several national policy-related coalitions.

In 2015, some NCTSN members supported protests of the APA as its Council of Representatives addressed allegations that the organization and some individual psychologists had collaborated with the government in support of torture and enhanced interrogations of prisoners. The resulting new APA policy, adopted in September of 2015, established a clear prohibition of the participation of psychologists in such activities and other acts of "cruel, inhuman or degrading treatment or punishment." This policy aligns with the United Nations Convention against Torture.

In addition to the resources created by the Task Force, the APA Web site offers a wealth of information on childhood trauma, including NCTSN resources – another example of a strong and growing partnership. ■

Network Launches BSC on Schools *cont'd from pg. 1*

Input from Stakeholders

Once the need for trauma-informed schools was identified, the BCS planning team accessed a number of resources to hone their focus. From the first discussions about the initiative, the NCTSN efforts included family partners as well as trauma experts. “When we knew we were going to be doing a BSC, we spent some time doing stakeholder interviews,” Halladay Goldman recalled. “We could have just focused on [trauma] screening and assessment, for example, but what we heard from them is that you get the most bang for your buck when you look at the whole system.”

A literature review of similar initiatives bolstered this approach. Shannon D. Chaplo, PhD, Duke University Medical Center, a clinical psychologist and postdoctoral researcher mentored by Ake at the NCCTS, conducted an environmental scan of other initiatives across the country that had addressed trauma-informed schools. Planners wanted to avoid reinventing the wheel, but also wanted to address gaps in work done by other centers.



As a tool for learning about the Model for Improvement, BSC participants direct a blindfolded team member on how to build Mr. Potato Head.

The team then surveyed NCTSN school experts and identified domains for the collaborative change framework. As finalized during a one-day expert panel meeting, the BSC domains are: Psychological and Physical Safety; A Whole-School Trauma-Informed Approach; Cultural Responsiveness, Racial Justice, and Authentic Inclusion; Active Child, Youth, Family, and Community Partnerships; Trauma-Informed Learning Environment; and Trauma-Informed Classroom Responses.

Diverse Teams

After schools submitted applications to be represented in the BSC, planners chose three district-based teams

and four individual school-based teams. “We thought it would be important for both types of school teams to be represented,” Ake said. All of the teams have family partners; and an observation team from Puerto Rico (associated with the Medical University of South Carolina’s Mental Health Disparities Among Trauma-Exposed Youth Center) was also present for the first Learning Session. The teams varied in their experience in developing trauma-informed initiatives, and part of the collaborative activities encouraged cross-team self-assessment so that teams could learn strategies from each other. Some members of district-wide teams from Cincinnati, New Orleans, and St. Louis “already have expressed plans to advocate with state legislators for system changes,” Ake said, while single-school teams might be focused on strategies to transition students back into the classroom after disciplinary actions.

Next Sessions and Measuring Change

One of the activities during the Denver session revolved around mapping each school’s physical space. Participants were asked to highlight with red markers those areas that represented “hotspots” and were more likely to trigger students with trauma histories. One team decided that they would target a hallway that had been a source of many disciplinary referrals. This is one of the advantages of the BSC methodology, Halladay Goldman noted. “Trying to make a big change can be overwhelming,” she said. “Being able to choose a geographic area in the school and try one change is a doable way of making improvements.”

Tracking changes is integral to the Plan-Do-Study-Act cycle. That’s where the collection of data comes in, said Chaplo. She worked with consultant Jen Agosti during the planning process to generate metrics such as students’ engagement in learning, attendance, and the perception of school climate, which map onto several of the BSC domains. “Our ultimate goal,” Chaplo said, “is to keep kids in the classroom engaged in learning and making sure the metrics are a proxy for that.”

Teams completed their data collection assignments after the Learning Session in Denver, and will be sharing the data at the next session in May in St. Louis. Chaplo said planners did not want the BSC process to be burdensome. Teams were encouraged to use data they were already collecting that would also map onto the BSC metrics, such as attendance and school discipline data. Coaching sessions were provided in Denver and throughout the first action period, and will be provided in St. Louis as well. Halladay Goldman said she looks forward to the May meeting. “This [the BSC] fits in with the way the Network looks at systems holistically.” ■

Intercepting the School-to-Prison Pipeline

Many educators are concerned that the methods of discipline in United States schools are weighted against students of color. The numbers bear this out. Statistics from the 2015-2016 Civil Rights Data Collection by the US Department of Education showed African American students are three times more likely to be arrested than white students, while Latinx students are 1.3 times more likely and Native American students twice as likely. Educators posit that suspensions and expulsions communicate the message to these students that they are not wanted in school. And early experience with law enforcement may hasten what has been called the school-to-prison pipeline.



In October of 2018, the NCTSN Culture Consortium hosted an online Cultural Intersection Conversation, featuring experts who work for student justice and equity in schools. The interviews that follow build on that panel discussion and offer examples of the ways in which schools can keep students in the classroom and intercept the school-to-prison pipeline.

Rethinking Zero Tolerance

Disciplinary actions in schools are often governed by legislative regulations and school board conduct codes. In the 1990s, the United States saw the rise of “zero tolerance” rules as schools and lawmakers struggled to make schools safer. The federal Gun-Free Schools Act of 1994 required school districts to pass these zero tolerance policies on firearms in order to remain eligible for federal funds. In the wake of the 1999 Columbine school shooting and other events, some authorities added further behaviors to the list of prohibited offenses and mandated swift action around them. As time went on, however, these zero tolerance rules cast too wide a net, and students were being disciplined and punished for a whole range of perceived misbehaviors. Districts were bound by disciplinary codes that were too strict.

Racial justice researchers maintain that in-school suspensions, and especially out-of-school expulsions, for behavioral disturbances serve to isolate students of color

and deliver a message that the student is not wanted. Calling in police to deal with school issues may actually be doing damage, noted Daniel Kim, PhD, Chief of Staff for the Division of Student Equity & Opportunity at Denver Public Schools, during the NCTSN Cultural Intersection Conversation.

The stage was set for a turnaround in Denver schools when the Colorado legislature passed SB 46 in 2012; this was after a decade-long effort, known as End the School-to-Jail Track, led by the parent activist group Padres & Jóvenes Unidos. “That was a legislative solution to end zero tolerance with racial disparities in our schools,” said Jay Grimm, Director, Division of Student Equity & Opportunity at Denver Public Schools, who heads the district’s trauma-informed practices team. SB 46 gave the schools discretion over suspensions and eliminated mandatory expulsion except for firearms. It also established graduated discipline systems so that the discipline fit the level of the offense; mandated law enforcement agencies and district attorneys to report data on student contacts resulting in tickets and arrests; and provided for improved training for school resource officers. Kim noted that Denver Public Schools has now restructured its memorandum of understanding with the Denver Police Department, which provides school resource officers assigned to the high schools. Grimm added that the strategy for the schools also includes engaging school resource officers in trauma-informed practice trainings.

The Whole School Approach

By instituting a variety of changes, Denver Public Schools has been able to reduce out-of-school suspensions by 60.6%. In addition, some school board champions in 2017 sponsored a resolution to have Denver Public Schools become a trauma-informed district. Trauma-informed training has been launched district-wide. “We absolutely encourage school leaders to



Jay Grimm, Director, Student Equity & Opportunity, Denver Public Schools.

have their entire staff at trainings,” Grimm remarked. “Every adult in that building – from frontline office staff to custodial personnel – has the opportunity to be safe and supportive for students, and also can help to prevent re-traumatizing students with triggering moments.”

Grimm, an American Indian (*Diné*), has worked in the nonprofit sector for more than 20 years. He was director of the Denver Indian Center, Inc., where he worked on equity and historical trauma issues that affect American Indian communities. In his current role with Denver Public Schools, he helps coordinate a visitation program at three schools to promote restorative justice practices. Other schools from Denver, the state, and around the country come to spend a day visiting with these three schools to learn how to improve their restorative practices. The program’s co-sponsors are

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Intercepting the School-to-Prison Pipeline *cont'd from pg. 6*

Padres & Jóvenes Unidos, the Denver Classroom Teachers Association, and the National Education Association and the Advancement Project.

Restorative practices build on trauma-informed practices by teaching de-escalation strategies to teachers. These tools are also being used by students, Grimm said. Altercations between students can be handled by bringing them together to “acknowledge and repair the harm that has happened between them,” he explained. “This really strengthens their social, emotional, and conflict resolution skills.” One example that came to Grimm’s attention involved two students who had regularly had challenges with each other. “After going through a restorative practice session with a coordinator, they found themselves having another issue the next week,” he recalled. Instead of resorting to blows, they sought out the restorative coordinator and asked to borrow a classroom so that they could have a restorative conversation. “Denver was one of the first districts in the country to make widespread use of restorative practices over a decade ago,” Grimm noted. “Currently, over 95% of our schools report implementing restorative practices.”

Is Ethnic-Racial Socialization Protective?

In addition to school-wide restorative justice practices, there may be concrete ways in which teachers can help students of color develop a sense of agency in school. Farzana Saleem, PhD, a Ford Foundation and Pritzker Center Postdoctoral Fellow at UCLA, pointed out that, “Racial trauma – defined as instances of stressful experiences that might be threatening or hurtful – is very real for kids of color.” In her own previous research she explored how parental ethnic-racial socialization – that is, direct and indirect messages and behaviors that youth receive about the existence of racism and the meaning of race – can reduce the effects of racial stress and improve coping related to racially charged encounters. Some African American parents report that they talk about race and provide ethnic-racial socialization messages to their children when they’re as young as age 3 or 4. “There are different types of ethnic-racial socialization messages,” Saleem said. “Messages about having pride in your race and culture are generally beneficial and protective. Some parents pair racial pride messages with developmentally appropriate messages about racial bias and how to cope with it, so that kids are prepared to deal with racial stressors when they occur.”

Saleem is now expanding on that research under the postdoctoral mentorship of Audra Langley, PhD, UCLA Department of Psychiatry and Chair of the NCTSN Schools Committee, and Tyrone Howard, PhD, UCLA Graduate School of Education and Information Studies. Saleem’s new research is focused on how teachers’ own ethnic-racial socialization and knowledge about racial stress and trauma might promote the psychological health, and buffer the effects of racial stress, of African American and Latinx adolescents.



Farzana Saleem, PhD, a Ford Foundation and Pritzker Center Postdoctoral Fellow at UCLA.

Saleem’s current study entails surveying teens in the Los Angeles Unified School District, as well as conducting focus groups with high-school teachers. “Kids are spending so much time at school,” she pointed out. “Sometimes they spend more time there than home. So my idea was that if we can help teachers, as significant socialization agents in teens’ lives, understand how to provide ethnic-racial socialization, reduce racial bias, and help youth manage racial stressors – that then these teachers can have a positive influence on youths’ outcomes.”

“Racial trauma...is very real for kids of color.”

FARZANA SALEEM, PhD, UCLA

Saleem has already secured Institutional Review Board approval from UCLA and the LA Unified School District, and partnerships have begun in two school sites. Focus group activities center on teachers’ ethnic-racial socialization messages and strategies to reduce school racial bias and stress, which can hopefully change the way some teachers support and interact with students. Students and teachers will complete surveys both before and after the focus group intervention. “Our hope,” Saleem said of the study, “is that if teachers are able to gain knowledge about the topic, self-awareness about some of their own biases, skills to reduce racial bias, and strategies to communicate beneficial ethnic-racial socialization messages, that it can help decrease harsher discipline practices – which in turn can influence the school-to-prison pipeline.” ■

Two Studies Show Effectiveness of Trauma-Informed Care Initiatives

Children involved in the child welfare system are nearly four times more likely to have been exposed to traumatic events than other youth. Since the goals of the child welfare system are to provide safety, permanence, and well-being for the youth they serve, the strategies used to reduce the effects of child traumatic stress – and to avoid further traumatization – are especially important. Two studies by NCTSN researchers, both published in the journal *Child Maltreatment*, evaluated two different trauma-informed care initiatives and found evidence supporting their effectiveness.

In the study, “Trauma-Informed Care for Children in the Child Welfare System: An Initial Evaluation of a Trauma-Informed Parenting Workshop,” Kelly M. Sullivan, PhD, and colleagues assessed the effectiveness of training based on the NCTSN Resource Parent Curriculum, or RPC. One hundred fifty-nine ethnically diverse resource parents (kinship and non-kinship) from 19 counties in North Carolina participated in an 8-week-long RPC workshop. They were assessed for their knowledge about trauma-informed care prior to the workshop; and afterward were asked to rate the usefulness of the RPC activities and strategies they had learned. Both kinship and non-kinship resource parents reported feeling more knowledgeable about the elements of trauma-informed parenting, and having an increased ability to care for traumatized children. Non-kinship caregivers experienced a significant increase in self-reported ability to tolerate misbehavior and care for children with behavior problems. Although this study was not randomized and lacked a control group, it is the first to document the effectiveness of the RPC.

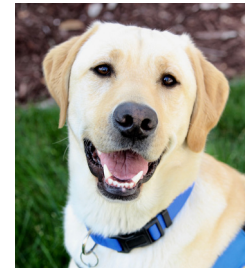
In the study, “Building Capacity for Trauma-Informed Care in the Child Welfare System: Initial Results of a Statewide Implementation,” Jason M. Lang, PhD, and coauthors reported on a statewide initiative in Connecticut to create a more trauma-informed child welfare system. With funding from the federal Administration for Children and Families, the state launched CONCEPT (Connecticut Collaborative on Effective Practices for Trauma) as a five-year initiative. After a one-year system assessment and planning period, activities began in support of child welfare workforce development. “Trauma champions” were identified who could serve as early adopters and liaisons to local area offices. Trauma-informed training – both pre-service for new hires and in-service for existing staff – took place using a train-the-trainer approach based on the NCTSN’s Child Welfare Trauma Training Toolkit. The state revised its policy and practice guidelines to incorporate trauma principles, including requiring trauma screening for all children placed into care. Two trauma-focused, evidence-based treatments were also disseminated across the state. Findings from child welfare staff who completed an assessment before and two years after implementation of the initiative showed significant improvements in trauma-informed knowledge, attitudes, and practices across the state. The study authors noted one common barrier: initiative fatigue, which can affect adoption of more trauma-informed practices. Support and buy-in from leadership is therefore critical for systemic change. ■

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Did You Know?

Fielvel is a Golden Labrador Retriever cross who was trained as a facility dog by Canine Companions for Independence®. In May of 2018, he joined the teams Moving Beyond Trauma and Moving to End Sexual Assault, based at Mental Health Partners



Fielvel, facility dog, Mental Health Partners, Lafayette, CO.

in Lafayette, CO. “What we have noticed with Fielvel is that he creates a sense of warmth and safety for our clients,” said Janine D’Anniballe, PhD, Director of Trauma Services at Mental Health Partners (a Category III NCTSN site). “Coming

to us to talk about a traumatic event is difficult for clients. Having Fielvel here helps to ease their stress and gives them a sense of peace and hope.”

Sara Reid, MA, Research and Evaluation Manager at Mental Health Partners, tracks Fielvel’s encounters, and reported that he has had more than 600 client interactions in the past 11 months. Approximately 93% of those interactions took place in the facility waiting room, while 7% occurred in the therapy room. Staff members also interact with Fielvel. “I smile every time I see Fielvel meeting a client in the waiting area,” a staff member said. “He brings such a calming and brightening presence to the center.” ■

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.