

Inside this issue...

- 3 Network Engagement at the College Level
- 6 COVID-19 Summit Supports Family Recovery
- 8 9/11 Remembered at Special Event
- 8 Lifetime Achievement Award for Dr. Osofsky

A PUBLICATION OF THE NATIONAL CHILD TRAUMATIC STRESS NETWORK

Moving the Needle: Shifting Anti-Racism to the Center of Trauma-Informed Care

[Editor's note: This is the first of a two-part article on the NCTSN Anti-Racism Summit (ARS) Initiative that took place in September of 2020. This part reviews the background and planning for the Summit, and faculty perspectives on this major event. Part II will address the ongoing work around principles of anti-racist, trauma-informed organizations.]

Systemic racism has had a devastating impact on the lives and health of Black, Indigenous, and People of Color (BIPOC), an impact documented by research and warranting increased attention by organizations dedicated to delivering trauma-informed care. What would a truly anti-racist trauma-informed organization look like, and how can NCTSN providers achieve that?

An NCTSN initiative is making powerful strides to bring attention to and propel action toward anti-racism as central to trauma-informed care. On September 15, 2020, the NCTSN hosted an all-day virtual summit titled *Being Anti-Racist is Central to Trauma-Informed Care: From Awareness to Action*. (See Sidebar, "Overall Summit Goals," on page 4.) Attended by approximately 250 people comprising teams from 37 organizations, the initiative was the result of two years of intense planning by a dedicated team of faculty.



This image, accompanied by the traditional Masai greeting, *Kasserian ingera* ("And how are the children?"), was included as part of the welcome to participants at the Anti-Racism Summit. The participants were also asked to reflect on this greeting as part of their pre-summit preparation.

It was a momentous day, when participants were asked to reflect on their individual and organizational efforts to dismantle racism, decenter whiteness, and commit to implementing changes. The impetus for the summit grew out of the 2016 release of the *Position Statement on Racial Injustice and Trauma: African Americans in the United States* (see link on page 5), the NCTSN's first-ever position statement on racial injustice in the US. The NCTSN Steering Committee subcommittee that wrote the statement subsequently suggested that the Network establish a Racial Justice and Trauma Subcommittee of the Culture Consortium to further address the impact of racism on BIPOC. Sandra Chase, MSW, ACSW, who co-chairs the Culture Consortium, became the chair of that new subcommittee. In October 2018, its members proposed that the NCTSN host a Network-wide anti-racism summit to bring NCTSN sites together to address the historical trauma of slavery, current day racism and oppression, and the need to be actively anti-racist at every organizational level in order to deliver trauma-informed care.

>>> cont'd on pg. 4

Advocate for the Collective Community Voice

Bilingual trauma coach Zina Fernandez brings a wealth of experience to her work at the Foster Children Evaluation Services (FaCES) clinic at UMass Memorial Children's Medical Center in Worcester, MA. A foster parent herself for more than 20 years, Fernandez is passionate about her role as a child and resource parent advocate. "I've been able to use my experiences in a different way," she said in a recent interview with *IMPACT*. "I consider my voice to be the voice of many other people in the community."

Fernandez was born in Puerto Rico, and settled in Massachusetts 34 years ago. In addition to fostering many children, she has been a case worker and family resource coordinator at the Unaccompanied Refugee Minor Program at Lutheran Social Services (now known as Ascentria Care Alliance). She became a training facilitator for the Massachusetts Approach to Partnership in Parenting, and met Taína Pabón, an administrator at the FaCES clinic, who had attended a closing session Fernandez led. Pabón then introduced Fernandez to Heather C. Forkey, MD, the clinic director, who hired her two and a half years ago as a trauma coach.

Since that time, Fernandez has become an integral member of the clinic team. Another FaCES trauma coach, Diane Lanni, who also co-chairs the NCTSN Resource Parent Curriculum (RPC) Committee, introduced Fernandez to the work of the NCTSN and to Chris Forman, a member of the NCCTS Site Integration Team, who invited her to become an

>>> cont'd on pg. 2

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Welcome from the NCCTS Co-Directors

As a Network dedicated to helping children and families heal from trauma, we must continuously reflect about and learn from what we've been through and what we've been able to accomplish – as individuals, as a community dedicated to trauma-informed care, and as a nation. We are so proud of the Network's ability to confront some of the most difficult issues, and work together to change organizations and systems to better help those who have been affected by grief and trauma.

In this issue of *IMPACT*, we report on two very important summits that reflect the current challenges our Network faces. The Anti-Racism Summit Initiative brought together teams from 37 NCTSN organizations to address the impact of systemic racism and to promote anti-racist practice in the delivery of trauma-informed care. The COVID-19 Summit, which was open to the public and reached the largest audience of any virtual NCTSN event to date, identified the layered impact of the pandemic on children, families, and communities, addressing grief, suicide, disparities and more.

We also share two stellar examples of Network members who have drawn on their own experiences and the resources of the NCTSN to address child trauma. Zina Fernandez, a resource parent herself, is now training other parents using the NCTSN Resource Parent Curriculum; and Angel Knoverek, PhD, an NCTSN Affiliate member and a professor at Culver-Stockton College, teaches the next generation of child trauma professionals about complex trauma and evidence-based practice. These individual and collaborative efforts reflect the Network's dedication to delivering trauma-informed care to the children and families who need it most.

Sincerely,

Jenifer Maze, PhD
NCCTS Co-Director
UCLA Semel Institute

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

Advocate for the Collective Community Voice

cont'd from pg. 1

active member of the Partnering with Youth and Families Committee. She is now co-chair of that committee, and has become acquainted with other NCTSN groups: the Latin American Children and Families Collaborative Group, through Rocio Chang, PsyD; and the Racial Justice Webpage and Definitions Work Group, where she is now a member.

To accomplish advocacy for children and parents requires that all members of the clinic team are respected for their expertise, Fernandez asserted. Resource parents should always be brought in as partners: "Because, if you think about it, they are professionals in what they do. They may not have credentials and letters next to their names, but they are professionals in what they do." Fernandez said she is very impressed with the FaCES clinic team and with their level of understanding about childhood trauma. The medical and social work teams make it clear that they want to hear her point of view. "I can see that sometimes I can give them an 'aha moment' and that I am useful. If I feel uneasy about something and bring up my concerns, I feel like I have a team of people that are going to work on it."



Zina Fernandez, trauma coach at FaCES, UMass Memorial Children's Medical Center in Worcester, MA.

Fernandez recalled a recent situation while she was working with the biological family of a five-year-old boy who had just been reunified with his mom. The boy had a diagnosis of autism spectrum disorder, but Fernandez had observed during a home visit that he was attentive, could hold a conversation, and was able to follow directions. Just two weeks after that home visit, however, the boy was again removed from the home because of domestic violence. He returned to the FaCES clinic, where the physician notated dysregulation and severe autism. Fernandez disagreed with that assessment, telling the doctor: "That's not the child I met. I know he was

on the spectrum, but I have seen his ability to pay attention and I think that he is very high functioning." She maintained that the boy's current emotional state was related to the trauma of yet another family separation. The treatment team took this into consideration and made adjustments to his treatment plan. Fernandez and the social worker are taking a proactive role to stay involved with him.

Fernandez has now become a trainer for the RPC and will soon be working on translating the facilitator's guide. "In order to better do our work," she said, "we should be able to prep in the language in which we're going to facilitate." In late October, she traveled with Dr. Chang (from the Center for Treatment of Developmental Trauma Disorders and the Center for Trauma Recovery and Juvenile Justice) to co-facilitate an RPC training in Puerto Rico.

Fernandez said she cherishes her trusted role on behalf of the resource parents and families with whom she works. "I think that what is so wonderful about partnering is that when you give a person with lived experience the opportunity to express themselves and show you what they know and what they have experienced, you're giving a whole community that opportunity. We often share not only our own lived experiences, but our peers' lived experiences as well." ■

Network Engagement and Academic Appointments: a Good Fit



NCTSN Affiliate member Angel M. Knoverek, PhD, LCPC, ACS.

Affiliate member Angel M. Knoverek, PhD, LCPC, ACS, became involved with the Network when she served as Director of Clinical and Residential Services at Chaddock in Quincy, IL, which operated as a Category III site from 2008 to 2012. Dr. Knoverek continued in a leadership role at Chaddock until 2017.

Today she holds faculty appointments with college undergraduate, masters, and doctoral programs and operates

her own private practice and consultation business, Mindshift Center, LLC, in Quincy. Since her time as an NCTSN member, she has continued to be actively involved with the Network, most notably by co-chairing the Complex Trauma and Developmental Trauma Disorder Workgroup. She is a Master Trainer of NCTSN’s Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) and Psychological First Aid (PFA) programs.

Reasons Behind Continued Engagement

Dr. Knoverek said she continues to reap benefits from her engagement as an Affiliate member. “The mission of the NCTSN matches my personal and professional missions, so the NCTSN Affiliate program has offered a venue for me to stay connected with some of the most amazing people in the country doing this work. That’s made it very easy to stay involved.”

As for dedicating the unpaid time to Network activities, Dr. Knoverek said she has intentionally set up her professional parameters to keep the NCTSN in the mix. In fact, when she interviewed for her current post as Assistant Professor of Psychology at Culver-Stockton College, Canton, MO, she made clear that she was committed to staying involved with the Network and with counselor education via remote channels as a clinical faculty member with Adams State University in Alamosa, CO. Joining the faculty at Culver-Stockton has proved to be a good fit, Dr. Knoverek affirmed. One of the college’s primary pillars is experiential education. “Textbook learning

is great,” she said, “but they want to give students hands-on experience to prepare them for the real world.”

Trauma-Infused Curriculum

Spotting an opportunity to augment the experiential education for Culver-Stockton undergraduates in human services, Dr. Knoverek pioneered a Child Advocacy Studies (CAST) minor at the college. She set up the course requirements in concert with the Category II site run by Jerry Dunn at the University of Missouri-St. Louis. Three of the courses in the CAST minor – which includes students from majors such as psychology, criminal justice, health sciences, education, and nursing – deal specifically with child trauma content. Dr. Knoverek also teaches a trauma-informed course in child development using the NCTSN Core Curriculum on Childhood Trauma.

Incorporating problem-based learning and cases, these Network resources have offered rich opportunities for the undergraduates. “I’m teaching these students to be leaders,” Dr. Knoverek pointed out. “I know many of them will join organizations where they may be the most trauma-informed individual around the table.” Reports from former students reflect the relevancy of their exposure to the trauma-informed model. Many of the graduates of the CAST minor land their preferred job or are accepted into their preferred graduate school program, with many students claiming their trauma-informed knowledge base comes up in interviews.

Changing Environment

As a clinician, Dr. Knoverek values the opportunity to engage with other NCTSN colleagues. This has been especially critical during the pandemic, when traditional screening and assessment resources might not be applicable. “We are still looking at trying to get a sense of what this pandemic means for our children. What are going to be the long-lasting consequences of this, both positive and adverse?” In the Complex Trauma Workgroup, members are sharing information about some of the youth who are often the most challenging. Such exchanges remind her of the value of remaining engaged. “I’ve really appreciated the opportunity to stay connected,” Dr. Knoverek said, “and to stay on top of what the best practices are, and to find out what things we’re all struggling with. Then you don’t feel quite so alone.” ■

“The NCTSN Affiliate program has offered a venue for me to stay connected with some of the most amazing people in the country doing this work.”

ANGEL M. KNOVEREK, PhD, LCPC, ACS, NCTSN Affiliate member

Anti-Racism Summit Initiative *cont'd from pg. 1*



Sandra Chase



Elizabeth Thompson



Jen Agosti



Isaiah Pickens



Megan Clarke

After the murder of George Floyd in May of 2020, attendance at the Racial Justice and Trauma Subcommittee monthly meetings increased dramatically. Due to the increased attendance, it became difficult to accomplish in-depth planning for the summit initiative during just those meetings, so several committee members volunteered to form a core planning team. Sandra Chase was joined by Elizabeth Thompson, PhD, Kennedy Krieger Institute; Jen Agosti, MPP, JRA Consulting; Isaiah Pickens, PhD, former Assistant Director of Service Systems, NCCTS; and Megan Clarke, MPH, NCCTS, as members of the core planning team. In June of 2020 they released a competitive application for the summit initiative.

Summit faculty had no idea how many sites might be interested in applying. After one month, however, they had received 70 applications. Thirty-eight were accepted due to space constraints (one team later dropped out due to COVID-related issues, leaving 37 teams). More faculty members were invited and added during the application process, including Leslie Faith Jones, JD, Southern Poverty Law Center; Bradley Stolbach, PhD, University of Chicago; Carmen Rosa Noroña, LICSW, MEd, IECMH-E, Boston Medical Center; and Tracy

Henderson Bethel, MPH, NCCTS. Won-Fong Lau Johnson, PhD, NCSP, who succeeded Isaiah Pickens as Assistant Director of Service Systems at NCCTS, also joined the summit initiative faculty.

The selected teams completed two months of pre-summit work activities that were developed by the faculty. The activities included individual self-reflective readings and writing, and submitting their ideas for guiding principles of trauma-informed, anti-racist organizations. Working with consultant Dr. Wisdom Powell and the Evidence Watch Collective, the faculty synthesized more than 350 submissions into 21 draft principles and asked for group feedback on the day of the summit. Dr. Powell delivered a plenary address, and the teams then met in virtual discussion rooms to discuss anti-racist

Overall Goals of the Anti-Racism Summit Initiative

The goal of the ARS Initiative is to assist organizations in moving towards becoming anti-racist by inspiring them to take action across four domains:

- Norms and organizational culture
- Service delivery
- Organizational policies and practices, and
- External messaging, partnerships, and advocacy.

principles, identify where each could make a difference to further the work, acknowledge personal and organizational barriers to that work, and make concrete commitments to change both as individuals and as organizational teams.

The ARS faculty had committed to provide guidance and consultation as needed to teams following the summit day. Monthly calls for all teams were planned from November of 2020 to March of 2021, with asynchronous pre-work in between each

“Revolution is not a one-time event.”

AUDRE LORDE, Sister Outsider: Essays and Speeches (as excerpted from an ARS Initiative presentation)

monthly call. The feedback about the summit was overwhelmingly positive, according to faculty members. Teams recognized how vital this work was to trauma-informed care, and requested ongoing support. The faculty agreed to host an additional all-teams call in June of 2021, and there was a planned reunion call for September, 2021. Faculty also provided individual coaching and consultation to many interested teams between the all-team calls to help support and deepen their work.

The NCTSN Data and Evaluation Program launched a survey in March of 2021 to assess participants' experience with the work and their progress with implementing anti-racism initiatives in their organizations. A total of 105 respondents to the survey

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

Anti-Racism Summit Initiative *cont'd from pg. 4*

represented 42% of the overall participants. Many respondents were senior leaders or supervisors, with frontline clinicians, trainers, project coordinators and managers, and program support staff also weighing in. The majority of the participants reported that since the summit day, their organizations had installed or begun implementation of anti-racism initiatives. There were no respondents whose organizations had not started or begun to assess their readiness to implement the recommended skills.

Throughout the time following the summit and since the reunion summit call in September of 2021, the faculty members have continued to meet every week. The group has been working to refine the principles of anti-racist, trauma-informed organizations and to produce a guidance document that will present those along with implementation strategies. The document will be disseminated Network-wide within the next six months.

Faculty members expressed a deep appreciation for each other and gratification that their own work mirrors what the summit initiative goals articulated. Megan Clarke said, “The way that this faculty group has worked together has been a practice in actively dismantling white supremacist culture – not only what we produce but also in how we engage with each other.” Tracy Henderson Bethel agreed: “As a faculty group, we were able to move the work forward and build trusting relationships with one another.” For Carmen Rosa Noroña, the weekly Tuesday meetings provide a structure, and the “possibility, for me, of bringing my authentic self, and all my identities – as a Mestizo woman, as a Latina, as an immigrant, as someone who experiences different kinds of pains related to discrimination – and whenever I contribute, I feel welcome and that what I say has an impact and a value. So in a way we have been embodying what we have been learning about radical healing, what we are encouraging organizations to do.”

Elizabeth Thompson added that the group’s process “has been entirely organic.” She

pointed out that many of the faculty had worked together on other NCTSN projects and initiatives so there was already a foundation of trust. Sandra Chase agreed, noting that for her, “the foundation was respect, and that allowed us to be authentic and productive. If you respect someone you will go the extra mile and you won’t want to disappoint, you know, and you’ll make the investment.”

Brad Stolbach observed that, “to be working on something to make a difference has been like a godsend for me” during the past two years of the “syndemic” – the confluence of the COVID pandemic and the epidemics of police violence, white supremacist violence, and gun violence.

For Jen Agosti, the work on the initiative has given a purpose to her passion. “It feels purposeful and not just like some Sisyphean thing, to come together with people that you really, really like, and to share in the passion.” Leslie Faith Jones said that the group’s work is “challenging the way that things have always been done. In reality we’re just borrowing from trends that are not part of capitalist culture – they were part of indigenous, centuries-old, foundational methods of communicating and relating that are not consistent with capitalism and the bottom line and the widget mentality.”

Won-Fong Lau Johnson hadn’t met any of the other faculty when she joined the group in the middle of the pandemic, and so all the encounters were virtual. “There’s a lot of conversation around whether you can make a therapeutic connection through telehealth,” she reflected. “I think that there’s something to be said about this really strong connection we’ve all made online, and the summit was online too. These are really important connections. Imagine if we were in person. I think it would be explosive!” ■

<https://www.nctsn.org/resources/racial-injustice-and-trauma-african-americans-us-nctsn-position-statement>



Carmen Rosa Noroña



Won-Fong Lau Johnson



Tracy Henderson Bethel



Leslie Faith Jones



Brad Stolbach

“We have been embodying what we have been learning about radical healing, what we are encouraging organizations to do.”

ARS Initiative faculty member CARMEN ROSA NOROÑA, LICSW, MEd, IECMH-E, Boston Medical Center

COVID-19 Summit Delivers Key Messages and Strategies to Support Long-Term Recovery of Children and Families

The COVID-19 pandemic has affected nearly all domains of children’s lives, upsetting school and family routines, disrupting feelings of safety and protection, and compounding the impact of pre-existing stressors such as racial disparities and other traumas. Parents and caregivers have contended with anxiety about job security and the health of their children and other family members, and may have faced the death of loved ones. Providers have also experienced additional stress, as they struggle to maintain connections with colleagues and clients while dealing with the pandemic’s effects on their own families..

Last July, the NCTSN hosted a two-day virtual conference to explore the complex interplay between pandemic events and the need for equitable, evidence-based, trauma-informed services meeting the mental health needs of children, families, and providers. It was clear as soon as conference registration opened in June 2021 that the free event was touching on deep needs for connection and an eagerness to learn about and address strategies for recovery. More than 1700 people registered for the event, the largest number for any NCTSN virtual conference. It was also the first time that such an event was offered to participants outside of the NCTSN. The resources generated by the event planners and the conference attendees now reside on the NCTSN Learning Center (see link on page 7).

A Shift from Response to Recovery Mode

When the World Health Organization declared a global COVID-19 pandemic on March 11, 2020, public health and government officials put in place mandates to curb the rates of infection. The necessary measures of masking, shutting down group gatherings, and sheltering in place affected families in different ways. For some, this was a time to spend quality time together, slow down, and develop new interests. But the measures resulted in other consequences and have also led to mental health problems, as well as lost learning for children, child-care hardships for lower-income families, limited access to services, and widening of the racial and economic disparities in our country. The NCTSN has been responding to these multiple layers of mental health needs since the pandemic began. In December of 2020, planners at the National Center began to think about shifting from “response mode” to supporting long-term recovery for the country’s children and families. The idea of organizing a summit began to take hold. The goal was to identify and explore content areas in depth, and to share approaches and recommendations for disseminating evidence-based, trauma-informed strategies for recovery.

The COVID-19 Summit Planning Team, led by Melissa Brymer, PsyD, PhD, Director of the Terrorism and Disaster Program, recruited collaborative partners from multiple child-serving domains to contribute to the multi-step effort. “As living through a pandemic was novel for us,” Dr. Brymer said, “it was

critical that we gather providers, partners, and those with lived experiences to talk together about priority needs and creative solutions. When asked [if they would participate], there was no hesitation. This was a true collaborative undertaking as we heard from over 150 voices.”

The National Center team began months of intense work. First, they gathered together Network members, representatives from partner organizations, and thought leaders from education, foster care, juvenile justice, and family and youth advocacy. They used a think tank model that involved several meetings for each major content area: the interrelationship of the pandemic and grief and loss; schools; substance use and suicide; maltreatment and interpersonal violence; the disproportionate impacts on Black, Indigenous and people of color (BIPOC); and workforce needs. Each “tank” met once or twice and produced a brief that outlined the impacts of COVID-19 on the topic, discussed the key messages,

“I learned about a new form of interviewing I can use with students. I learned how to support students that are grieving.”

COVID-19 Summit participant, responding to the evaluation survey

and enumerated strategies and recommendations about dealing with the stressors produced and exacerbated by the pandemic. For example, the think tank devoted to youth suicide and substance use stated a key message that “Ongoing economic and racial disparities have been magnified by COVID-19 and need to be addressed.” This was followed by a series of recommendations related to the message, including partnering with and learning from marginalized community organizations, and approaching service efforts through the lens of cultural humility so that services are community driven. The teams crafted and refined solid drafts for all the content areas before the summit.

Range of Presenters, Participants

Planning for all the panels, breakout discussions, and plenary sessions then began in earnest. More than 90 think-tank participants agreed to also participate in sessions, by presenting and/or leading breakout discussions. Each day of the summit began with a plenary session and ended with another presentation. Topics included: Understanding the Impact of COVID-19 Through the Lens of the NCTSN Core Concepts; Addressing Secondary Traumatic Stress and the Workforce; Examining the Intersectionality of Disparities and COVID-19; and A Call to Action in Response to the Impact of COVID-19. Following the morning plenary sessions,

>>> cont'd on pg. 7

COVID-19 Summit *cont'd from pg. 6*

participants were directed to the content areas for which they had pre-registered: grief and loss, schools, substance use and suicide, or maltreatment and interpersonal violence. The participants were able to toggle between tracks as they desired. Breakout sessions allowed for more intimate discussion about strategies and actions.

Registrants for the event were primarily social workers (34%), psychologists (15%), mental health clinicians (22%), and administrators (18%). The technology required to host such a large event impressed many of the attendees, one of whom remarked on the post-summit survey, "I was amazed with how smoothly everything went given the sheer number of presenters and participants!"

The Work Continues

The post-summit survey fielded by the National Center revealed more detail about the outcomes of the summit, noted Carrie Purbeck Trunzo, MHA, CPHQ, Co-Director of the NCCTS Data and Evaluation Program. Many participants

(429 of whom completed the survey) reported an increase in their understanding of the long-term impacts of COVID-19 on children, youth, and families. In addition, many commented on how the material in the summit presentations had influenced how they might modify their education and training practices in the future. One participant wrote, "I will provide more psychoeducation to my staff about the impact of COVID-19 and trauma during this time on children and families. I have ideas to share with educators about how to implement self-care practices in their schools." To read more about the COVID-19 summit and post-summit survey responses, visit <https://www.nctsn.org/resources/how-is-the-covid-19-summit-supporting-the-long-term-recovery-of-our-nations-children-and-families>.

The NCTSN continues to launch tools and host webinars as the country begins to test ways of mitigating the pandemic disruptions on the lives of children and families. To access recordings from the summit and download summit briefs, visit the NCTSN Learning Center at <https://learn.nctsn.org/course/index.php?categoryid=87>. ■

9/11 Anniversary Special Event *cont'd from pg. 8*

essential to take a tiered, intervention approach. Research at Yale and other centers in the ensuing years has established the efficacy of an early intervention after a traumatic event, Child and Family Traumatic Stress Intervention, which is a 5 to 8 session family strengthening approach. This allows providers to work with families on coping skills and assess the need for longer-term treatment when needed. In summary, Epstein remarked, "We have made a great deal of progress in integrating the role of behavioral health in responding to these types of events. But there is much more work that needs to be done."

In September 2001, Greg Leskin, PhD, Director of the NCTSN Military and Veterans Families Program, NCCTS, was working in California at the National Center for PTSD, VA Palo Alto Health Care System. After the 9/11 attack on the Pentagon, Leskin and team members caravanned cross-country in vans (because flights were all halted) to help with the initial phases of the Pentagon Family Assistance Center (PFAC). The PFAC set up a command center and services for families at the nearby Sheraton Crystal City Hotel in Arlington, VA. Under the aegis of the Office of the Undersecretary of Defense, Military Community and Family Policy, the teams provided daily briefings and updates for families, coordinated visits to the Pentagon site, and deployed casualty assistance officers to assist family members through the recovery process. They also set up defusing sessions for staff to ameliorate their own PTSD in the wake of the attack.

A Forum to Reflect and Connect

Another keystone in effective trauma support relates to self-care, noted Dr. Brymer. That's why the second hour of the Special Event (which was not recorded) was devoted to peer support and healing. Event planners wanted to be sensitive to people's feelings about the anniversary and other related events (such as the 2021 ending of the war in Afghanistan). "We encouraged people to share what that day meant for them." Dr. Brymer, whose cousin also died in the 9/11 attacks, said she "appreciated having a space where I could acknowledge what happened 20 years ago and to reflect on my grief. This is an example of what we're talking about around wellness and peer support." ■

#20YEARSLATER

THERE HAS BEEN AN AMAZING INCREASE IN AWARENESS OF THE SYMPTOMOLOGY AND DEVELOPMENT LENGTH OF ISSUES CHILDREN MIGHT HAVE TO FACE IF THEY EXPERIENCE A TRAUMATIC LOSS OR INCIDENT.

-MARYELLEN SALOMONE, PT JD
Past-President, Families of September 11
Consultant, EXALT (NYC)

NCTSN SPECIAL EVENT: 20 YEARS LATER - REFLECTIONS ON 9/11

NCTSN The National Child Traumatic Stress Network

NCTSN Special Event Marks 20th Anniversary of 9/11

At the NCTSN Special Event last fall – *20 Years Later – Reflections on 9/11* – participants had the opportunity for both professional and personal reflection about behavioral health care in response to trauma. Robin Gurwitsch, PhD, Senior Advisor for the NCCTS Terrorism and Disaster Program, hosted the first hour of presentations, which is archived as a webinar on the NCTSN Learning Center site, accessible at <https://learn.nctsn.org/enrol/index.php?id=584>.

Then and Now

Knowledge about how best to deliver disaster behavioral health care has expanded exponentially since the 9/11 terrorist attacks, said Melissa Brymer, PhD, Director of the Terrorism and Disaster Program at the NCCTS. The presenters at the Special Event each echoed that message as they recalled their personal involvement with this effort and enumerated remaining challenges.

MaryEllen Salomone, PT, JD, Past President of Families of September 11, and Consultant with EXALT (NYC), offered a striking illustration of how far we've come in understanding childhood traumatic grief since 2001. Casting herself as "someone for whom trauma services were developed," she said that her husband, who worked for Cantor Fitzgerald, was killed on 9/11, and she immediately sought out mental health resources for her children to help them deal with their traumatic grief. She was told that she was lucky her children were young, because "they'll get over it in a year; children under 8 don't experience grief;" and that "they won't remember." This lack of understanding and a dearth of resources propelled Salomone into activism, which eventually led her to advocate for funding to expand trauma-informed education from the New Jersey Department of Education, and to become a passionate speaker to advance the field. She noted that despite an "amazing" increase in awareness and decrease in stigma about mental health, there are still issues related to access to care and the need to make trauma and grief-informed services less cookie-cutter and more tailored to individual needs.

Carrie Epstein, LCSW-R, Co-Director of the Yale Center for Traumatic Stress and Recovery, was working with Safe Horizon in New York City when the 9/11 attacks occurred. The organization was positioned to fully engage with and play a role in recovery efforts, she said. Among the lessons learned from the experience was the importance of establishing connections and collaborations with other service providers, especially with first responders. We now have increased knowledge, Epstein added, about the contributory roles of different providers, and the limitations of "operating in silos." To help individuals and families to regain control after such life-changing events, it is

>>> *cont'd on pg. 7*

Did You Know?

Joy Osofsky, PhD, Co-Director of the NCTSN Terrorism and Disaster Coalition for Child and Family Resilience, received the Lifetime Achievement Award from Zero to Three at the organization's annual meeting, October 25 to 29, 2021. Dr. Osofsky, the Paul J. Ramsay Endowed Chair of Psychiatry at Louisiana State University, and Director of the Harris Center for Infant Mental Health, has played a leadership role following disasters in the Gulf Region. She was clinical director for Child and Adolescent Initiatives for Louisiana Spirit following Hurricane Katrina, and was Co-Principal Investigator for the Mental and Behavioral Capacity Project after the Deepwater Horizon oil spill. Our sincere congratulations to Dr. Osofsky! ■



Joy Osofsky, PhD, Co-Director of the NCTSN Terrorism and Disaster Coalition for Child and Family Resilience.

About IMPACT

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Do you want to receive future IMPACT newsletters?

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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.