NCTSN The National Child Traumatic Stress Network

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NATIONAL CENTER/COLLABORATIVE HIGHLIGHT

The Power of Networks: Four NCTSN Sites Respond to the 2017 Hurricane Season

In the following vignettes, providers from four NCTSN sites recount their roles helping families and children affected by hurricanes Harvey, Irma, and Maria in 2017. Collaborations with their NCTSN colleagues and access to Network resources, they noted, contributed greatly to those efforts and will help to better prepare providers for future disasters.

Medical University of South Carolina, The Mental Health Disparities Among Trauma-Exposed Youth Center, Charleston, SC

The Medical University of South Carolina team meets with educators at a school in Puerto Rico.

At 10 a.m. on September 20, three hours and 40 minutes after Hurricane Maria made landfall in Puerto Rico, key personnel from the Mental Health Disparities and Diversity Program in the Department of Psychiatry and Behavioral Sciences, the Medical University of South Carolina, were already meeting to plan how to extend their help. For Rosaura Orengo-Aguayo, PhD, Assistant Professor at the university's National Crime Victims Research & Treatment Center, the disaster was personal. As the storm approached the island, Puerto Rican-born Orengo-Aguayo had been getting sporadic updates from family members via WhatsApp. Within two days after landfall, she and team members, including principal investigator Michael de Arellano, PhD, Director, and Regan Stewart, PhD, Assistant Professor in the Mental Health Disparities and Diversity Program, had conferred with Melissa Brymer, PsyD, PhD, Director of the Terrorism and Disaster Response Programs at the National Center for Child Traumatic Stress. Brymer advised a staged implementation of the team's offers of assistance – their first experience with disaster response work.

Their plans were aided by Edmarie Guzman-Velez, a postdoctoral fellow at Harvard and a colleague of Orengo-Aguayo who had been visiting her own family in Puerto Rico when the hurricane hit. Guzman-Velez and her husband offered help at the command center in San Juan. They met with the Secretary of Puerto Rico's Department of Education, Julia Keleher, who said a comprehensive mental health response was first on the list of needs.

Trading drafts via Google Docs, the South Carolina team worked with the Department of Education in Puerto Rico to devise a preliminary approach to trainings. Three weeks later, in early October, Orengo-Aguayo and her colleagues landed in San Juan. The goal of Phase 1 was to provide training on Psychological First Aid and on secondary stress. But once they were there, she said, they realized

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A Champion for Trafficked Youth Joins the NCTSN Advisory Board

"Our youth who have experienced trauma are best served through caring, committed, stable adults," says the Honorable Stacy Boulware Eurie, Presiding Judge of the Superior Court of Sacramento County Juvenile Court from 2010 to 2017. A new member of the NCTSN Advisory Board, Judge Boulware Eurie has worked to ensure stability and caring in her own courtroom and to spread the message to colleagues and others in the community. Serving with the NCTSN helps augment that message, she said. "The NCTSN is a wonderful organization with some tremendous partners, so I feel very fortunate to be on the Advisory Board, helping to continue the work."

Judge Boulware Eurie received her BA in English from the University of California, Los Angeles, and her law degree from UC Davis. Prior to her appointment to the Superior Court

The Honorable Stacy Boulware Eurie, Presiding Judge of the Superior Court of Sacramento County Juvenile Court from 2010 to 2017.

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From the NCCTS Co-Directors: How Collaboration Strengthens the Network

Welcome! In this issue of *IMPACT*, we explore the ways that collaborations, forged over time between member sites and partners, strengthen our ability to offer sustained services to children and families. For example, in our new *Partnership Highlight feature*, we trace our collaboration with the American Academy of Pediatrics, one that is made strong through a natural alliance and the shared goal to accomplish truly integrated care in medical settings for children and families exposed to trauma.

Our recent crisis response to natural disasters is covered in the issue's *National Center/Collaborative Highlight*. While recovery from hurricanes Harvey, Irma, and Maria is ongoing, these disasters have changed many lives, including ours. Directors from four Network sites detail their teams' roles in the disasters and the many ways that NCTSN collaborations are making them better prepared to respond to future disasters.

In our *Affiliate Corner*, an Oklahoma site director and Affiliate member gives a first-person account of how Network colleagues supported her and her staff through natural disasters, and ongoing successes with trauma-informed training initiatives.

Highlighting our collaboration with the NCTSN Advisory Board, we share the story of a new member, the Honorable Stacy Boulware Eurie, a judge for the Superior Court of Sacramento County, CA, who uses a trauma-informed approach to help youth in the juvenile justice system who have been sexually and commercially trafficked.

In *Spotlight on Culture*, NCTSN members offer guidance to parents facing immigration uncertainties to help them reduce their children's reactions to stress. Finally, we focus on the NCTSN Core Data Set and what we have learned about impaired caregivers and child trauma. We hope these stories bring home what the NCTSN has long demonstrated: that we – members, partners, and families – are stronger together, even more so as we face the challenges of our 17th year.

Sincerely,

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

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

A Champion for Trafficked Youth Joins the NCTSN Advisory Board *cont'd from pg. 1*

in 2007, she practiced law with a private criminal defense firm in Sacramento. Immediately preceding her appointment to the bench, she served as Senior Assistant Attorney General for the California Office of the Attorney General. It was following her 2010 appointment as Presiding Judge of the Juvenile Court that she began to expand her awareness of trauma. The Superior Court's presiding judge had suggested she join the California Child Welfare Council, established in 2006 by the state legislature. Judge Boulware Eurie and other members of a Council subcommittee on trauma developed research on commercially sexually exploited children and presented their findings to the full Council. That resulted in the creation, in 2011, of the first of its kind CSEC Action Team.

Determined that commercially and sexually exploited children would not become just another "issue *du jour*," Judge Boulware Eurie also created a dedicated calendar for these cases in her courtroom. "I think understanding trauma is critical for all juvenile courts," she stated. Along with her public defender and district attorney, she obtained trauma-informed training. A dedicated mental-health clinician gives real-time feedback on cases to the judge and the attorneys. And, because a unified approach is critical when dealing with commercially sexually exploited youth, all other staff – bailiffs, court clerks, and court reporters – have also received trauma-informed training. "From top to bottom, left to right, staff need to understand trauma so that they understand better what those families who are coming into their courtroom are navigating," the judge emphasized.

Remaining Challenges

Sacramento County's District Attorney, partnering with the adult court and public defender, has now created a diversion calendar for adults charged with prostitution. This occurred in part as a reflection of the increased and improved awareness and support for exploited youth through Judge Boulware Eurie's calendar. The judge noted that there is now a better understanding of some of the long-term effects created by trauma. "Judicial officers are mindful and committed to ensuring appropriate courtroom environments," she said, "so that they can avoid inflicting any additional harm to the child."

But even with these shifts in the law, Judge Boulware Eurie sees ongoing challenges to the work. For youth, the challenge is to preserve continuity with therapy. For the often budget-constrained organizations who serve them, the challenge is sustainability. For example, she said, "have child welfare agencies really been given the funding to do what we're expecting of them? Has law enforcement really been brought to the table to understand the challenges of first response encounters, including the need to balance investigation with the need for immediate service and support? With changes of judicial assignments, how do we ensure commonality in training and education?

"Professionals, including judges, really need to do their homework to understand what a trigger is," Judge Boulware Eurie continued. "If you haven't paid attention to what a triggering event, conversation, word, or touch on the arm could do, we haven't learned our lesson. You have to be really mindful of how you step through that journey [with these youth], especially when you include survivors at the table." ■

SPOTLIGHT ON CULTURE

Guiding Parents Through Immigration Uncertainties Reduces Children's Vulnerability to Stress

Immigrant families often face multiple stressors, including experiencing trauma in their home countries, undergoing arduous and sometimes dangerous journeys to emigrate, and then adjusting to life in a different culture.

Here in the United States there are many children in families with mixed legal status, where the parents may be undocumented and the children citizens. Uncertainties about immigration policies and the continual threat of family separation due to detention or deportation affect the adults in the family and their ability to function. This, in turn, can increase the stress their children experience.

Clinicians can help to mitigate the stress for these children by helping parents to address their own anxieties, generate family preparedness plans, and talk to their children in developmentally appropriate ways.

Consequences of Uncertainty

One unintended result of changes in immigration policies is that clients have become hesitant to access behavioral health services, noted Susana Rivera, PhD, LPC, Program Director at Serving Children and Adults in Need, Inc. (SCAN), Laredo, TX. SCAN has operated for 35 years, she noted, and "We are hearing from our community that families are increasingly fearful about leaving their homes. Some are trying to schedule all of their appointments – mental health visits, doctors' appointments, kids' haircuts, grocery shopping – in one day, because this way they're only out on the street once."

Other families may be reluctant to access care at all, said Carmen Rosa Noroña, LCSW, MS.Ed., CEIS, who is Child Trauma Clinical Services & Training Lead/ETTN Boston Site Associate Director at The Child Witness to Violence Project, Boston Medical Center.

> ***"We are hearing from our community that families are increasingly fearful about leaving their homes…"***
>
> *SUSANA RIVERA, PhD, LPC, Program Director, SCAN, Laredo, TX*

Parents may also be afraid to talk with their children about their concerns. Noroña pointed out that these adaptations – avoiding access to care, or avoiding the subject – reverberate with children: "Very little kids are looking at their caregivers to be able to interpret the world," she said. "They sense the anxiety and fear, even when parents, in an attempt to be protective, are secretive about their concerns and anxieties."

Noroña noted that clinicians can facilitate their clients' sense of empowerment by viewing the possibilities of arrest and deportation through a trauma lens. This involves exploring with families their wishes for their children should these events occur, and supporting the families in making informed decisions related to their children's care. In Noroña's view, "It is important to help the families think about these threats and the stress related to them – to name them and their impact. And from there, you can develop a sensitive plan in collaboration with the family that is trauma informed and attuned to developmental and sociocultural domains."

Noroña and colleague Ivys Fernández-Pastrana, JD, Program Manager of the Family Navigation Program in the Pediatric Department, Boston Medical Center, began to work together in the fall of 2016 on a family plan. They drew from an approach originally designed to help immigrant caregivers to plan for their children's care if they were to become unable to provide it.

The resulting Family Preparedness Plan, coauthored by Fernández-Pastrana, Noroña, and Kara Hurvitz, JD, MSW, of the Medical Legal Partnership-Boston, is 47 pages long. Now also in the process of being translated into Spanish, the plan offers detailed checklists and forms to help parents choose a surrogate caregiver, devise a reunification plan, and provide the surrogate caregiver with extensive information on the child's education, medical and family histories, and routines.

The plan includes a Facilitator's Guide that focuses on how to walk families through the information in a sensitive and supportive manner, while paying attention to the experience of and impact on the provider. The Family Preparedness Plan is available through the Center for Childhood Resilience Web site (www.childhoodresilience.org). Also in progress is a training component for providers focusing on trauma-informed preparedness planning that is attuned to developmental and sociocultural contexts.

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that "we had to revamp our workshops, so that we could first provide psychoeducation for the providers about common trauma reactions in themselves before they could be placed in helping positions."

Five days of twice-daily trainings for the Department of Education ensued, followed by several days of community-based presentations in churches, hospitals, and other settings. The conditions under which the team managed to deliver training to more than 552 school personnel were arduous: travel hampered by absolute destruction, and no electricity – which meant no air conditioning and no PowerPoint! Scarcity of water was also a huge factor. Throughout the team's 12 days on the island, Regan Stewart noted, the people of Puerto Rico generously shared their scarce resources.

Since October, consultation calls with champion social workers in Puerto Rico, who took it upon themselves to replicate trainings, have resulted in trauma training for 6,000 teachers and school staff. This month, the team returns to Puerto Rico for phase 2, providing Skills for Psychological Recovery training to social workers and psychologists. In the fall, phase 3 trainings will focus on TF-CBT for licensed mental health providers, to help "the kids who are still struggling with the effects of the hurricane," Stewart explained.

Center for Child Stress and Health, Florida State University College of Medicine, Immokalee, FL

Hurricane Irma cut a swath through South Florida from August 23 to September 11, just before harvest season, devastating the tomato crop and wreaking havoc for the migrant farm worker population in the small town of Immokalee, FL. The Center for Child Stress and Health of the Florida State University College of Medicine, based at the Immokalee campus, had just received notice of their NCTSN grant, which was not due to kick in until October 1. Nevertheless, the NCTSN immediately offered assistance, said Elena Reyes, PhD, Professor in the College of Medicine and director of the center. Those spearheading the assistance effort included Melissa Brymer at the NCCTS, and Richard Costa, PsyD, with the LSU Terrorism & Disaster Coalition for Child and Family Resilience Program (the TDC4), who immediately offered assistance. "We were basically able to do fine in terms of our local response because of that help," Reyes observed.

As a first step in its response, the Child Stress and Health center joined the Redlands Christian Migrant Association, the lead Head Start in Florida for migrant families, which had set up response headquarters in the center of Immokalee. The Healthcare Network of SW Florida, which is a clinical partner of Florida State University, provided its mobile unit for the initial crisis response. Outreach to educational sites followed. Reyes noted that her team first worked with teachers who were dealing with their own losses from the hurricane. Her team also held a series of parent meetings centered on how to talk with children about hurricanes, a presentation facilitated by the *Trinka y Sam* booklets published by the NCCTS Terrorism and Disaster Program. (Many of the migrant families with whom the center works are Haitian, and so the center was able to offer the Network a translation of *Trinka y Sam* into Haitian Creole.)

A team from the Center for Child Stress and Health, Florida State University College of Medicine, Immokalee, FL, responds to Hurricane Irma in partnership with The Healthcare Network of SW Florida.

Housing became a pressing issue when schools that had been serving as evacuation centers had to reopen for students. Farmers were also left without help to clean up fields, as migrants could make more money clearing storm debris in nearby Naples. After several days, the integrated care clinic at the Immokalee campus was able to open its doors.

"One of the good things that came out of this disaster," Reyes said, "was the realization that Immokalee did not have a good local unified response plan for disasters." As a result, a permanent committee to explore and address unmet needs following disasters has been formed. The center's *promotora* (community outreach worker), Rosa Martinez, who provides basic behavioral health education, now chairs that committee.

Trauma and Grief Center, Texas Children's Hospital, Baylor College of Medicine, Houston, TX

Timing was on the side of the Trauma and Grief Center as Hurricane Harvey bore down on the Texas coast last August. The center had just relocated in-house at Texas Children's Hospital, in Houston. Julie B. Kaplow, PhD, ABPP, Director of the center as well as its Harvey Resiliency and Recovery Program, recounted, "We knew a hurricane was on the way, and we were able to alert the entire hospital to resources that NCTSN had provided, such as how to plan and prepare for a hurricane." Working with the hospital's emergency services division, Kaplow's team implemented a trauma screening tool for children and adolescents who were affected by the hurricane. The Trauma and Grief Center was able to quickly

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deploy a bilingual clinician from the center to one of the Texas Children's mobile units, which travel to underserved areas of Houston to meet the needs of children and youth. The center has since hired two additional trauma-informed clinicians to work within an integrated behavioral healthcare model in pediatric outpatient settings. Explained Kaplow, "We identified those settings by working with the medical directors and carefully examining FEMA mapping to understand the location of the hardest-hit areas."

With many neighborhoods still in deep recovery mode, Kaplow and other providers are now seeing elevated levels of posttraumatic stress, often due to previous traumas and losses that were never addressed. Fortunately, the center had already been planning to launch an NCTSN-sponsored Learning Collaborative for Trauma and Grief Component Therapy right before Hurricane Harvey. The providers quickly realized that the learning collaborative would serve a critical role in training

Harvey Resiliency and Recovery Program team, Trauma and Grief Center, Texas Children's Hospital, Baylor College of Medicine, Houston, TX.

local school- and community-based clinicians to address the needs of hurricane-affected youth, given the significant number of children and adolescents who had experienced prior trauma and losses. In partnership with Mental Health America, UNICEF, and numerous schools across Houston, the Trauma and Grief Center will continue to conduct large-scale needs assessments using U-Report, a texting platform managed by UNICEF that allows for accurate and timely reporting of disaster-related events in children's lives. This work is directly informing the center's efforts to expand access to trauma- and bereavement-informed care among youth who are most in need. "Leaders in many of our underserved communities have told us Hurricane Harvey was a blessing in disguise," Kaplow noted, "because these kids have been suffering for years, and now people are finally paying attention."

Terrorism and Disaster Coalition for Child and Family Resilience (TDC4) Department of Psychiatry, Louisiana State University Health Sciences Center, New Orleans, LA

In the 10 years since the defining disaster of Hurricane Katrina, the Gulf Coast has found itself in almost continuous recovery mode. In 2017, the Department of Psychiatry at LSU established the TDC4 program across the five disaster-prone Gulf states. The major goal of the coalition is to partner with resource groups and further develop and disseminate local resources for addressing large-scale events including disaster incidents and other human-caused critical events.

The coalition's first major conference (co-sponsored with the Gulf States Health Policy Coalition) had no sooner ended when the coalition members were called into action to respond to hurricanes Harvey, Irma, and Maria. According to Howard J. Osofsky, MD, PhD, Co-Director of the center, the TDC4 was able to offer immediate support to Texas through relationships forged in the decade since Katrina. His coalition coworker, Anthony H. Speier, PhD, added, "It was helpful for us to recognize that this was our opportunity to pay our colleagues back in substantive ways that will help their states."

Spearheaded by Howard Osofsky, Joy Osofsky, PhD, Speier, and others, the TDC4 program has partnered with other NCTSN sites, and formed ties with multiple child-serving agencies at the state and local levels, to better assess and prioritize levels of behavioral health needs after disasters. The group has focused their efforts on mid-range and longer-range issues, which tend to surface six months or more after initial disaster response. "As society moves on with current events," Speier said, "the people who are left behind are often the people who were less equipped from the beginning to deal with extraordinary and horrific events. Our role is not to go in as directors or 'preachers,' but as consultants to help the people on the ground, which is consistent with FEMA's model of building resilient communities."

Breakout group for the Gulf Coast State Coalition Conference, August 10-11, 2017, led by Joy Osofsky, PhD, of the LSU Terrorism & Disaster Coalition for Child and Family Resilience Program, New Orleans, LA.

As the hurricane season once again approaches, Speier said, "the hope is that people will embrace hurricane season as a real season with responsibilities, to have a disaster plan and to prepare their families and children. You can take the fear of storms out of them by being proactive." ■

AFFILIATE CORNER

What It Means to Be an Affiliate Member of the NCTSN

Gwendolyn Downing, LPC, Manager of Hope and Resilience in the Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma City, OK.

Our association with the NCTSN has been an incredibly beneficial arrangement for the state of Oklahoma, our department, and the people we serve.

In May 2013, just seven months into our first year as an NCTSN Category III grantee organization, Oklahoma was hit with a series of record-breaking tornadoes and storms. The aftermath left communities throughout our state devastated. All local and state resources were mobilized to address and appropriately respond to the situation, and to begin the long, arduous task of rebuilding. That was when I really learned what it meant to be part of the Network.

> ***"There is a security and comfort in knowing that support is just around the corner when you need it, from a group that shares your vision and goals."***
>
> *GWENDOLYN DOWNING, LPC*

Obviously, there was significant need to establish trauma-informed processes and services related to the disaster response. For these efforts, the NCTSN was invaluable. There were many helpful calls at midnight, numerous links to needed resources, the establishment of vital service connections, and a constant source of support to not only my organization and my state, but to me personally.

What I realized at that point was that the NCTSN was more than just an organization. They were invested in their partners, and the people we serve. Since that time, we have transitioned from a funded grantee to an organizational Affiliate member. There are some changes associated with this new distinction, but the thing that has remained constant is the caring. There is a security and comfort in knowing that support is just around the corner when you need it, from a group that shares your vision and goals.

Our partnership in the Network has likewise helped us in multiple other ways to better programs and initiatives, and facilitate problem solving. Access to information and resources, the shared experience of colleagues, and a wealth of knowledge regarding access to services for traumatized children, families, and communities have been tremendous benefits. In fact, we regularly utilize our NCTSN in multiple ways:

- When faced with challenges that could potentially slow trauma-informed training for therapists, our access to the available resources helped us navigate each of these challenges and generate ideas to overcome barriers. As we completed our grant cycle, Oklahoma now has the highest number of TF-CBT-trained therapists per capita in the nation.
- When we were looking for ideas regarding trauma-informed conference workshops targeting children and families, the NCTSN assisted with recommendations and links to a network of appropriate presenters.
- The continuous opportunity for staff to participate in national workgroups and other learning opportunities involving various NCTSN collaborative partners helps us to maintain an updated knowledge base, and in turn benefits the statewide provider network.

There are certainly other things, big and small, that this partnership has contributed to us. Our experience has been that the NCTSN has always been there, ready to help. ■

Gwendolyn Downing, LPC, *is Manager of Hope and Resilience in the Oklahoma Department of Mental Health and Substance Abuse Services, based in Oklahoma City.*

Guiding Parents Through Immigration Uncertainties *cont'd from pg. 3*

Getting Specific

Rivera echoed the advantages of helping families to plan. "As a parent, it's just impossible to protect your child from this. Even if parents make sure their children don't watch the news, they are hearing it from their friends, at school, and sense the tension."

Laura Burnham, LICSW, who is bilingual, was formerly a mental health clinician with The Child Witness to Violence Project at Boston Medical Center and now works at the Cambridge Health Alliance. She noted that, "while there might be relational or emotional safety within the family, the whole sense of safety in the outside environment has changed."

Naming the Unspeakable

All agreed that using the Family Preparedness Plan to gather needed documents and make important lists can help parents achieve a sense of agency. "So much of our work with trauma is involved with 'naming the unspeakable,'" Burnham said. "I think that the Family Preparedness Plan really provides this infrastructure for naming what is such a huge reality but perhaps often not talked about so openly."

For Noroña, too, it has become clear that "the children are paying attention." Her mission is to create awareness about the Family Preparedness Plan because, in the event of arrests and deportations, it will be the children who pay the price. ■

PARTNERSHIP HIGHLIGHT

Pediatricians and Mental Health Providers: A Collaboration Matures

A partnership between pediatricians and trauma-informed mental health clinicians seems like a natural alliance. After all, pediatricians are often the first providers to interact with children who have experienced trauma. And, says Moira Szilagyi, MD, PhD, Professor of Pediatrics at the David Geffen School of Medicine at UCLA, "Pediatricians intuitively understand that what happens in a child's home and in their childhood impacts their development." However, she continued, "We [pediatricians] come at this in a different way than the mental health world does. We are very problem-focused in medicine, so when I walk into a treatment room, I am thinking about the differential diagnosis, ruling things out, and proceeding accordingly."

In active discussions between leaders from the American Academy of Pediatrics and the NCTSN over the past five years, providers from both worlds have realized that gaps in conceptual frameworks may hinder the incorporation of trauma-informed protocols into an integrated care model. A maturing collaboration between the academy and the NCTSN aims to address these gaps.

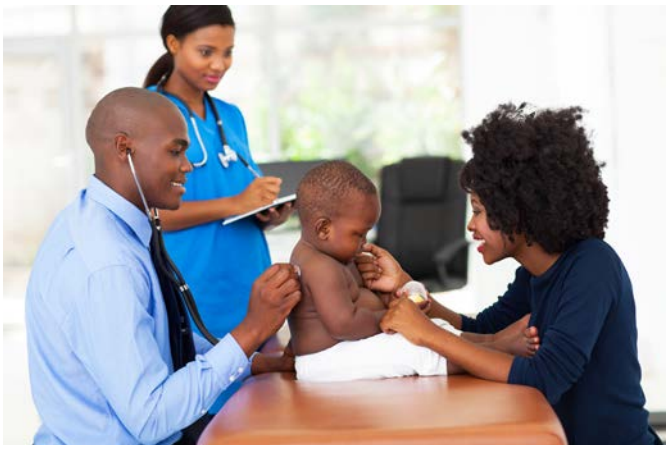
The Aha! Moment

Many pediatricians have already made the trauma-informed journey. Heather C. Forkey, MD, Chief of the Division of Child Protection and Director of the Foster Children Evaluation Services clinic at UMass Memorial Children's Medical Center, treated foster youth for years. She recalled, "I recognized there was something I was missing: why was the outcome always the same?" Finding the ACEs study and connecting the physiology of trauma to a child's developmental trajectory "fundamentally changed how I saw my job," Forkey said. Forkey is now Co-Principal Investigator with Szilagyi on the Pediatric Approach to Trauma, Treatment and Resilience (PATTeR), a multi-site Category II project. Szilagyi also began her trauma-informed journey through work with foster children. She is immediate past-Chair of the Council on Foster Care, Adoption, and Kinship Care at the AAP.

Evolving Collaborations

As early as 2005, Lisa Amaya-Jackson worked closely with Tammy Hurley, Manager, AAP Child Abuse and Neglect and the Resilience Project; and co-wrote, with John Stirling, MD, a clinical report, published in 2008, "Understanding the Behavioral and Emotional Consequences of Child Abuse."*

Efforts to partner began in earnest in January 2013, according to Jane Halladay Goldman, PhD, Director, Service Systems Program at the National Center for Child Traumatic Stress/ UCLA. She and Amaya-Jackson met regularly with AAP staff members to learn more about the ways in which their work overlapped. Some of the informal collaborations included providing feedback on the AAP Trauma Guide; creating an "Update from AAP" section for the NCTSN Integrated Care Collaborative group; collaborating on an AAP/NCTSN Webinar series; and holding a half-day virtual meeting where



participants could explore potential projects. To address the identified need for a common language in discussions, the NCTSN created a glossary of key terms (accessible at https://www.nctsn.org/resources/glossary-terms-related-trauma-informed-integrated-healthcare).

Halladay Goldman, Amaya-Jackson, Robert Pynoos, MD, Forkey, and Brooks R. Keeshin, MD, University of Utah, then began to develop a framework for pediatricians for understanding child traumatic stress. The thinking, Forkey explained, was that approaching trauma from a resilience perspective could make the most impact. "That's what pediatrics is all about – I mean, we're the vaccine people. We really don't want to see you when you're sick; we want to provide prevention and anticipatory guidance."

Getting to Integrated Care

During year one of the multi-site PATTeR grant, investigators are developing curricula focused on trauma and resilience. Another Category II center, the Center for Safe and Healthy Families at the Primary Children's Hospital, University of Utah, will also be developing clinical algorithms and tools for medical providers. The goal of the PATTeR project, Forkey said, is to facilitate the inclusion of trauma-specific criteria into the differential diagnosis. Two levels of curricula – Trauma Aware and Trauma Informed – will be sequentially launched and will use case-based learning.

With the inclusion of these pediatric groups as NCTSN sites, the two organizations have gone from collaborators to colleagues in their trauma-informed work. "We danced around each other for a while," Szilagyi said. "Now we are actually dancing with each other!" ■

*American Academy of Pediatrics, Stirling J Jr; Committee on Child Abuse and Neglect and Section on Adoption and Foster Care; American Academy of Child and Adolescent Psychiatry, Amaya-Jackson L; National Center for Child Traumatic Stress, Amaya-Jackson L. Understanding the behavioral and emotional consequences of child abuse. *Pediatrics*. 2008;122:667-673.

Updates from the Core Data Set: Effects of Caregiver Impairment

This image highlighted a social media campaign about the caregiver study based on the NCTSN Core Data Set.

A recent publication in the *Journal of Child & Adolescent Trauma** examined data collected from 2004 to 2010 by the NCTSN to understand the trauma experiences and outcomes of youth and children raised by impaired caregivers. The Core Data Set (CDS) was the first systematic Web-based effort to capture important information on trauma exposure, client functioning, service utilization, and treatment from youth and families affected by trauma. During the six-year data collection period, the NCTSN gathered information on approximately 14,088 children exposed to trauma and seen at 56 Network sites across the country. In the February 2017 issue of *IMPACT*, we explored the many dimensions of the CDS as a tool for understanding the effects of trauma on youth and families. (Visit http://www.nctsn.org/resources/audiences/professionals/nctsn-newsletter to access the *IMPACT* archive.)

The caregiver impairment study is an outgrowth of a doctoral dissertation by Rebecca Vivrette, a former research assistant at the UCLA/Duke National Center for Child Traumatic Stress, and now an Assistant Professor at the University of Maryland and Evaluator for the Family Informed Trauma Treatment (FITT) Center at the university. Vivrette's research found that children raised by caregivers with mental health impairment, substance abuse, or a combination of those factors experienced more frequent and different types of trauma exposure and outcomes.

When caregivers are impaired, their ability to nurture, provide guidance and support, and attend to a child's developmental needs can be affected. The current authors noted the importance of considering these impacts when screening and treating children for trauma. Among their findings: more than 60% of youth of caregivers with mental illness and alcohol/substance abuse also experienced neglect; and more than 70% experienced domestic violence.

The study also revealed that youth with impaired caregiving histories are likely to experience higher rates of child trauma, which in turn can lead to higher levels of posttraumatic stress and attachment issues. Accordingly, if clinicians are able to identify caregivers who may be at risk for mental illness or substance abuse, and connect them with appropriate mental health services, it may be possible to prevent child trauma exposure and posttraumatic stress.

*Vivrette, R. L., Briggs, E. C., Lee, R. C., Kenney, K. T., Houston-Armstrong, T. R., Pynoos, R. S., & Kiser, L. J. (2016). *Journal of Child & Adolescent Trauma,* 1-10. (https://doi.org/10.1007/s40653-016-0105-0)

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Did You Know?

The NCTSN has now developed more than 875 products, including diverse curricula, eLearning modules, Webinars, fact sheets, tip sheets, and resource guides, all intended to help child-serving professionals as well as consumers navigate the evidence-based learning tools we have pioneered to deal with trauma. On our home page (www.nctsn.org), you'll find our latest initiatives, from policy briefs to comprehensive approaches to integrated care for children and families in healthcare settings. The user-friendly format also offers links to the latest resources we've developed to address major events such as school shootings.

Our wealth of resources is sorted according to Trauma Types, Treatments That Work, and Trauma-Informed Systems. One of the easiest ways for users to access resources is by audience group. For example, family members and caregivers can, through the Resources by Audience portals, access such products as "Tips for Parents on Media Coverage of Hurricanes" and "Tip Sheet for Youth Talking to Journalists About Mass Violence." Youth can also access these and other tip sheets through their designated portal. Other stakeholders in caring for youth – child welfare and justice system professionals, school personnel, healthcare providers, and policy makers – will find valuable resources keyed to their areas. And, with all products tagged throughout the site, it's easy to cross-reference resources between domains.

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.