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A PUBLICATION OF THE NATIONAL CHILD TRAUMATIC STRESS NETWORK

Yo-Yo Ma Brings Bach and a “Day of Action” to Texas-Mexico Border

World renowned cellist Yo-Yo Ma made national headlines in April 2019 when he appeared in Laredo, Texas, and its sister city, Nuevo Laredo, Mexico, during his two-year worldwide Bach Project tour. As part of his mission to connect cultures through music, he played J. S. Bach’s Suite No. 1 for Unaccompanied Cello at the Tres Laredos Park next to the Juarez-Lincoln International Bridge, one of the crossings between Laredo and Nuevo Laredo.



Cellist Yo-Yo Ma plays the Bach Cello Suite No. 1 at the Tres Laredos Park, Laredo, TX, next to the Juarez-Lincoln International Bridge.

Participating in the Day of Action that followed Ma’s concert was NCTSN member Susana Rivera, PhD, LPC-S, Program Director at Serving Children and Adults in Need (SCAN) in Laredo. “I am so incredibly privileged to have spent some time conversing with him,” Rivera said, “and I know that I wouldn’t have come to his attention if it hadn’t been for TF-CBT and its cultural adaptation.”

Spotlight on NCTSN and Border Culture

The Bach Project was conceived as a vehicle for exploring how music can unite cultures around the world. Each cello performance – 36 are scheduled on 6 continents – is followed by a Day of Action. Ma uses these events to create

a platform to facilitate dialogue between cultures. “He chose Laredo specifically because of our uniqueness and diversity,” Rivera said, “and the fact that we are influenced by both Texan-American culture as well as Mexican culture. Our diversity is what he believes brings us together.”

For each event, Ma’s advance team does extensive research prior to the performance dates. They had learned of Rivera’s work implementing Culturally Modified TF-CBT (CM-TFT) with children and families along the border, and obtained her contact information through the NCTSN Website. “They didn’t realize that there is such a thing as trauma-focused treatment,” Rivera explained. “They thought people just get treatment – you know, business as usual. For them, the idea of trauma-focused treatment was intriguing, but then what really got their attention was the fact that it was being adapted specifically for the unique needs of this population.”

SCAN’s involvement with TF-CBT and its cultural modifications began during the site’s first NCTSN funding period, in 2005. In January of 2006, shortly after her training in TF-CBT, Rivera facilitated a visit from co-developer of CM-TFT, Michael

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An Interview with Child Mental Health Pioneer Alicia F. Lieberman

Alicia F. Lieberman, PhD, is known to many in the child and infant trauma field as the lead developer of Child-Parent Psychotherapy. She is recognized nationally and internationally for her work in infant mental health, attachment disorders, and treatment outcomes research with traumatized young children and their families. Currently, the energetic and ebullient Lieberman directs the Early Trauma Treatment Network (ETTN), a collaborative of four university sites: the Child Trauma Research Program at the University of California San Francisco/SF General Hospital; Boston Medical Center; Louisiana State University Health Sciences Center; and Tulane University Medical Center.

Lieberman counts the NCTSN as a major influence on her career. The NCTSN, she said in a recent interview, has been “one of the best things that has ever happened to me.” For example, she recalls that she was recently invited by the American Psychiatric Association to present two talks at their annual meeting. In preparation for her talks, about children detained at the border, her first calls were to NCTSN colleagues Lisa Amaya-Jackson and Diane Elmore Borbon – both of whom connected her with still other NCTSN colleagues. “I felt that what I could say in my talk was so enriched by the fact that I could turn to these relationships,” Lieberman said. “I felt I was not alone at the podium, because I was accompanied by all of these people who were equal coauthors of the presentation through the NCTSN.”

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Welcome from the NCCTS Co-Directors

The articles in this summer 2019 issue of *IMPACT* attest to the diverse work in which our NCTSN members are engaged. We begin in Texas, with a story about a collaboration between Laredo-based SCAN and Maestro Yo-Yo Ma. Later, we cover an important NCTSN-initiated study evaluating the outcomes of youth who completed trauma treatment versus those who did not – another example of how we advance our core mission.

Several NCTSN sites that deliver services to American Indian youth are expanding treatment models and clinical support, and three of them are featured in our *Spotlight on Culture*. In our *National Center/ Collaborative Highlight* section, we interview researchers who work with school and faith-based communities in the aftermath of mass violence events, furnishing support and evaluating the factors that inform healing and resilience. Two articles focus on individual Network members: child mental health pioneer Alicia F. Lieberman, PhD, who directs the Child Trauma Research Program at UCSF; and Affiliate Advisory Board Member Rebecca Hoffmann Frances, LMFT, of Maine Behavioral Healthcare. We also hear about a Chicago-based agency specializing in refugee trauma that hosted a South Korean delegation seeking resources for helping North Korean refugee youth.

We trust you will find this issue to be informative as well as helpful. This will be our last time to pen a Welcome for the newsletter. We're turning over the column to our colleagues Lisa Amaya-Jackson, MD, MPH, Deputy Director, NCCTS/Duke University Medical Center, and Jenifer Maze, PhD, Deputy Director, NCCTS/UCLA Neuropsychiatric Institute. We look forward to their coming contributions to *IMPACT*!

Sincerely,

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

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

Bach and a Day of Action *cont'd from pg. 1*

de Arellano, PhD, to introduce him to the unique border community and have her team trained in the modified therapy. (For more information on CM-TFT, visit <https://www.nctsn.org/interventions/culturally-modified-trauma-focused-treatment>)

A Learning Opportunity

On Saturday morning, April 13, Rivera watched Ma perform at the International Bridge. That afternoon, she met with him for a 30-minute private conversation. "He really wanted to hear everything about culturally-modified TF-CBT," she said. "He wanted to know where this came from, why did we decide to adapt treatment and incorporate



Susana Rivera, PhD, LPC-S, Program Director, Serving Children and Adults in Need, Inc. (SCAN), with Maestro Yo-Yo Ma on April 13, the Bach Project Day of Action in Laredo, TX.

cultural constructs, what specific cultural constructs were we implementing as we did treatment, what were the effects that we were seeing, and did we see a difference." Rivera told Ma that acknowledgment of the role that culture plays provided the impetus for the cultural modifications. "I said that because we do make treatment culturally relevant, we see fewer treatment dropouts, greater engagement, and better outcomes, and we see families referring their own friends, relatives, and neighbors, because they trust us. That's not something that you typically see, especially in our community."

Through in-person meetings with Ma's staff and coordination with the Laredo Philharmonic, Rivera helped to plan a conversation with 50 youth and 50 adults as part of the Day of Action. Rivera and Ma then co-facilitated the conversation, which revolved around how mental health and culture are connected.

"He [Yo-Yo Ma] chose Laredo specifically because of our uniqueness and diversity and the fact that we are influenced by both Texan-American culture as well as Mexican culture."

SUSANA RIVERA, PhD, LPC-S, Program Director, Serving Children and Adults in Need, Inc. (Scan), Laredo, TX

The footage of Yo-Yo Ma playing near the International Bridge that connects the two border cities was a powerful message of unity, and the lively discussion that followed as part of the Day of Action was also a powerful experience, Rivera said. "It was an incredible day, and I was so proud to share what we are doing with him." ■

For more information, visit <https://bach.yo-yoma.com/>

Child Mental Health Pioneer Alicia Lieberman *cont'd from pg. 1*

Career Beginnings

Lieberman was born and raised in Paraguay, and immigrated to Israel with her family when she was 19. She graduated with a BA degree from the Hebrew University of Jerusalem and soon afterwards came to the United States. While a guest student at the University of Maryland, her mentor counseled her that she might benefit from studying with Mary Ainsworth at The Johns Hopkins University. It was Ainsworth, the American-Canadian developmental psychologist, who introduced her to attachment theory. Lieberman was fascinated: "I thought, this [attachment theory] is very important for how grownups become who they are."

After earning her PhD at Johns Hopkins, Lieberman applied to the University of Michigan, intending to study with Joseph Adelson, who was then director of the Psychological Clinic. Aware of Lieberman's work with Ainsworth, Adelson recommended that she split her postdoctoral year between studying with him and studying with Selma Fraiberg, a founder of the field of infant mental health. Lieberman remembered Adelson saying, "There will always be many clinicians for adults, but infant mental health is the field of the future. You should build on what Ainsworth gave you." It was then, Lieberman said, that she "just fell in love with working with babies – it was quite amazing!"

After completing her postdoctoral fellowship, Lieberman took a position with the National Institute of Mental Health, working under the direction of Stanley Greenspan. But she continued to "pine for" Fraiberg's unique approach to infant mental health, she recalled. When Fraiberg moved from the University of Michigan to UCSF and invited her to join in the new program she was creating there, Lieberman jumped at the chance. Since then, Lieberman's research has led to countless studies of the use of evidence-based treatments for traumatic stress in children. She has written several books on infant and toddler mental health as well as a treatment manual for CPP called *Don't Hit My Mommy!: A Manual for Child-Parent Psychotherapy with Young Witnesses of Family Violence*.

Among numerous awards, Lieberman received the 2015 Public Health Hero Award from the San Francisco Department of Public Health and the 2016 Rene Spitz Lifetime Achievement Award from the World Association of Infant Mental Health. She is currently chair of the board of the Irving Harris Foundation, and for three decades was on the board of Zero to Three: National Center for Infants, Toddlers and Families, where she also served as board president. She was a member of the national Attorney General's Task Force on Children Exposed to Violence, and continues to lecture extensively both nationally and abroad.

Lieberman's long association with the NCTSN began when the organization was first created in 2000. Very early on, Lieberman said, she "bonded" with Judith Cohen, MD. In discussions about trauma cases, the two colleagues found that although their theoretical viewpoints differed, their clinical thinking was aligned. It was Cohen who urged Lieberman to

write a book about children losing a parent to the events of 9/11. "This was a topic that was very difficult, very painful," Lieberman recalled. "Both Bob Pynoos and Judy were my companions, supporters, and colleagues in helping me think through all the aspects of a young child's experience of loss and how we as clinicians could help."

"The writing of that book, *Losing a Parent to Death in the Early Years: Guidelines for the Treatment of Traumatic Bereavement in Infancy and Early Childhood*, really made me understand trauma in a way that was both intellectual and clinical," Lieberman continued. "It was a transformational process for me." Since that time (the book was published in 2003 by Zero to Three Press), her relationships within the NCTSN "have just proliferated."

Bridges to Primary Care

Currently Lieberman is the Irving B. Harris Endowed Chair of Infant Mental Health at the UCSF Department of Psychiatry. She and staff members at the Child Trauma Research Program have built a broad and deep repository of research and treatment programs on infant and child mental health. Creating a partnership between pediatric care and mental health is an integral part of their vision. Lieberman said that the NCTSN "provides a forum for creating and disseminating materials that help traumatized children and families everywhere – such as the very successful books that ETTN Director Chandra Ghosh Ippen created that reach many thousands of children affected by natural disasters, parental separation and loss, and other traumas." The UCSF clinicians have also forged strong partnerships with the pediatric medical community in San Francisco. The Program partners with UCSF's new Director of Developmental Medicine, Nicki Bush, PhD, who succeeds Tom Boyce, MD, now Professor Emeritus of Pediatrics. At the Zuckerberg San Francisco General Hospital, Gloria Castro, PsyD, a member of Lieberman's staff,



Alicia Lieberman (center, holding pie baked by ETTN director Chandra Ghosh Ippen) at a gathering with staff of the Child Trauma Research Program.

works on site with the primary care center – comprised of obstetrics/gynecology, the childbirth center, the NICU, and pediatrics – so that children who need mental health or developmental intervention can be identified quickly. "Pediatricians tell us that they are grateful that we're not only advocating for training

but we also provide the referral resources," Lieberman said. Lieberman remains passionate and committed to her work with infants, children, and families – work that gives her, she says, "the best of both worlds: relieving pain in the present and promoting healthy development long into the future!" ■

Focus on Tribal-Specific Services for American Indian Youth

In offering trauma-informed interventions, *organic* and *culturally* responsive have become the bywords for NCTSN trainers. Nowhere are these key principles more relevant than in Indian country. There are currently 573 federally recognized tribes, and their widely varying histories, tribal governance, schools, and access to health services necessitate individualized and sensitive approaches to the work.

We spoke with three current NCTSN grantees working with tribal communities in the upper Midwest and across the country. According to Maegan Rides At The Door, PhD, the Director and Principal Investigator at the University of Montana's National Native Children's Trauma Center, "We're in an era of tribal self-determination. So we are working to co-develop culturally specific, trauma-responsive systems of care." This has meant a shift in the center's approach to supporting the tribes it serves. Using a two-pronged approach, the center, half of whose staff members are American Indian, continues to meet requests for training, implementation, and technical assistance, Rides At The Door said. But it is also focusing on finding interventions that paraprofessionals – teachers, staff within child welfare and juvenile justice systems – can use and implement. The center intentionally embeds enough flexibility in its materials so that tribal providers can customize tools for their own communities, she noted. For example, one tribe elected to have its own tribal member conduct a training on historical trauma rather than use a standardized curriculum. Rides At The Door also serves on the NCTSN Steering Committee, and is a descendant of the Absentee Shawnee Tribe of Oklahoma and an enrolled member of the Fort Peck Assiniboine and Sioux Tribes.

Resiliency and Engagement

Youth who live on the Flathead Indian Reservation in Montana, who are served by the Confederated Salish and Kootenai Tribes (CSKT) and state agencies, "are going through a lot," said CSKT Program Manager Roberta Asencio, BA, an enrolled member of the confederation. The struggles there, including homelessness and foster care concerns, are similar to those in other tribal communities. But Asencio said she sees each encounter as an opportunity to inform families and stakeholders about trauma-informed care. And, she said, "It's amazing how resilient these youth are."

Most of the program's referrals come from middle schools and high schools. The agency sends counselors to schools for one-on-one work with youth, and also provides parenting education through a weekly parenting group. Representatives from partnership agencies, such as the state's Human Resource Development and Social Services departments, Tribal Health, and Tribal Probation and Parole, join monthly advisory meetings where foster care cases are reviewed in an informal setting. Quarterly community gatherings, which usually include meals and a family engagement activity, help to spread the word about the agency's work. At one of the

quarterly events, local stylists offered free haircuts to kids before school started. Asencio said that since these and other outreach events began, she has noticed a growing interest in trauma-informed training. The local school superintendent has now actively solicited trauma-informed training for teachers. And her own staff members have become more aware of and concerned about their secondary traumatic stress, so the agency has incorporated STS training and yoga classes into staff activities.

Expanding Therapeutic Modes

In early July, the governing board of Youth & Family Services, Inc. (YFS) in Rapid City, SD, approved a proposal to initiate equine therapy for Indian youth. Maureen Murray, MA, LPC-MH, Director of Mental Health and Prevention Services, said that the agency will partner with Red Horse Healing, owned and operated by therapist Bridget Williams, to offer youth sessions that involve working with horses. Equine therapy



Amanda, age 12, and Sam High Crane, Sicangu Lakota, are dressing Buddy, of Red Horse Healing, in traditional celebratory regalia before the Indigenous People's Celebration & Expo Day at the Central States Fair & Rodeo.

"fits well with a lost spiritual connection that many tribal people have with horses," Murray said, a connection that gave impetus to the program. Youth & Family Services has seen a change in the types of cases they address among youth, said Murray, who is also a member of the NCTSN Steering Committee. Domestic violence and impaired caregivers were originally more prevalent; but now, because of separations through foster care, incarceration, and divorce, about 70-80% of the youth are dealing with bereavement. Working with horses, she believes, will make a powerful difference

in the lives of these young people. The agency provides direct trauma services in area schools as well as Crazy Horse School on the Pine Ridge Reservation, and, like CSKT, provides an annual "family fun day" to build community connections.

These and other engagement models will continue to grow, said Rides At The Door, whose center has been developing guidebooks on cognitive behavioral intervention and trauma-resilient schools. The products offer menus to customize implementation and enable tribal input. "Many tribes are taking over programs and making decisions, rather than just being participants," she emphasized. "When they are the drivers of programs, that in and of itself creates healing." ■

Recovery After Mass Violence: Lessons Learned

NCTSN's Terrorism and Disaster Program, directed by Melissa Brymer, PsyD, PhD, promotes the behavioral health of children and families by strengthening response capacities before, during, and after disasters and mass violence events. Since 2016, through a grant from the National Institute of Justice, the program has also been conducting in-depth research on the short- and long-term impacts of mass violence events. The program's team members have interviewed community leaders, survivors, and those who have lost loved ones at 10 sites, including Newtown, CT, and Charleston, SC. Their research also analyzes media content to discern how these events and the perpetrators are represented in the media; and the role of social media.

The project maximizes its reach and avoids duplicating research efforts and services through collaborations with other NCTSN sites, such as the National Crime Victims Research and Treatment Center (NCVC) at the Medical University of South Carolina, which serves as lead agency for the Mother Emanuel Empowerment Center (funded through the Antiterrorism and Emergency Assistance Program). Alyssa A. Rheingold, PhD, NCVC Director of Clinical Operations, has for 20 years focused her research on working with survivors of homicide. Research shows, she said, that connecting communities and survivors with evidence-based care early in the aftermath of violence is important – otherwise, “we see people still struggling for two to five years out.”

Collaborations in Faith-Based Settings

Rheingold added that one of the most important lessons learned about recovery from mass violence is that “it’s really hard after a mass violence event for agencies to jump into working together if they don’t know or trust each other.” Establishing working relationships with community partners, she said, can be vital preparation should an incident occur. Pre-existing partnerships between the NCVC and the Charleston community led to the center’s involvement in the immediate aftermath of the mass shooting at Mother Emanuel AME Church on June 17, 2015. Rheingold said that the center’s usual role is to provide ongoing mental health support to crime victims, and she continues to be involved as co-director (with Dean Kilpatrick, PhD) of the Antiterrorism and Emergency Assistance grant. She is also co-director of the Response and Recovery arm of the newly-formed National Mass Violence and Victimization Resource Center, housed at the university. Rheingold and co-director Connie Best, PhD, of the Response and Recovery Division, were also called in to help with the Pittsburgh synagogue shooting.

On October 27, 2018, 11 people were killed in the Tree of Life building in Squirrel Hill, which houses three Pittsburgh synagogues and a religious school. Judith A. Cohen, MD, Professor of Psychiatry, Drexel University College of Medicine, Allegheny Health Network, and Anthony Mannarino, PhD

(both with the Center for Traumatic Stress in Children and Adolescents), offered immediate assistance to the children and families in their community. They consulted with educators, administrators, and parents to help children return to religious school and services at alternative sites, and partnered with religious and youth leaders at other local synagogues to guide them in leading developmentally appropriate discussions with youth about the shooting. They prepared, with NCTSN colleagues, a product related to this shooting: “For Teens: Coping after Mass Violence” (<https://www.nctsn.org/resources/for-teens-coping-after-mass-violence>). Cohen and Mannarino also arranged with Allegheny General and the local Jewish Family and Community Services to treat some highly impacted youth on-site in Squirrel Hill, and have seen several families to date. Cohen said that most of the youth are doing well. “It’s been extremely rewarding to see families’ and children’s resilience,” she said, “and to see the enormous support that our community and these families have received from around the world.”

School Shooting in a Small Town

When the mass shooting occurred on May 18, 2018, at Santa Fe High School in Texas, Julie B. Kaplow, PhD, ABPP, Director of the Trauma and Grief Center at Texas Children’s Hospital/Baylor College of Medicine in Houston, and her team were already in the process of disseminating their Trauma and Grief Component Therapy. In the immediate aftermath of the Santa Fe shooting, in which eight students and two teachers were killed, Kaplow and coworkers provided Psychological First Aid to the school community. Awarded a VOCA grant to provide trauma- and grief-related services to the most highly impacted survivors, they first discovered that the community’s reactions and responses to the shooting differed from the activist reactions seen after the Parkland shooting. Much of their preliminary work involved sensitive, culturally-informed discussions with adults about identifying the impact of trauma and loss reminders among students. Trainings and resources for school staff and parents led to more community buy-in and support-seeking for survivors at the newly-established resiliency center. Kaplow said that the biggest lesson for their team was the value of getting to know community members, listening to their concerns, and gaining their trust. Their efforts are now paying off: at a recent statewide speaking engagement, other school superintendents asked Kaplow if they could partner with the Trauma and Grief center. Said one superintendent: “We want to hear what you would be able to offer us if, God forbid, this happens at our school, and make sure the partnership is already in place.”

Brymer said, “Our National Institute of Justice grant is showing the importance of prior partnerships and how quality, evidence-based care for affected individuals is needed long-term. NCTSN members are demonstrating exceptional ways of supporting these communities as needs change.” ■

Treatment Completion Yields Better Outcomes than Early Termination, NCTSN Study Shows

Evidence and awareness of the effectiveness of evidence-based, trauma-informed treatment for children and adolescents have been growing over the past three decades. During this same period, mental health clinicians have raised concerns about some children's and families' tendency to prematurely discontinue therapy, and how this might hinder their ability to obtain the full benefits of treatment. Dropping out of treatment has been linked to unwanted outcomes such as prolonged posttraumatic stress symptoms, functional impairment at home, with peers, and at school, and development of other psychiatric conditions. In a recent study (see Steinberg and coworkers, below) published in the journal *Psychiatry: Interpersonal and Biological Processes*, NCTSN researchers have now shown that children and youth who completed trauma-informed treatment experienced better therapeutic outcomes than those who ended treatment prematurely.

"This study is really an illustration of the NCTSN's commitment to rigorous evaluation, which has been the key to the Network since its inception," said first author Alan M. Steinberg, PhD, Associate Director, UCLA/Duke University National Center for Child Traumatic Stress. Coauthor Christopher M. Layne, PhD, Program Director of Education in Evidence-based Practice at the center, added, "We are able to say, with considerable confidence, that some treatment is linked to substantial benefit, but that completing the full treatment protocol is associated, on every metric that we studied, with significantly better outcomes." In essence, the study found that children who completed treatment showed: steeper rates of decline in clinical measures of posttraumatic stress, depression, anxiety, and anger; significantly greater odds of falling below the clinical range on measures of socially aggressive behaviors; and significantly lower odds of exhibiting functional problems at home, in school, and with peers.

The Core Data Set

To conduct their study, the authors (including Steinberg, Layne, and six additional NCTSN colleagues) turned to the NCTSN Core Data Set (CDS), the first national Web-based data collection tool designed to evaluate the effectiveness of trauma-informed, evidence-based treatment for children and youth. The CDS was designed as a quality assurance initiative to monitor and evaluate NCTSN activities and examine clinical outcomes among children receiving services. The CDS also aligns with one of the initial charges given to the Network at its inception: to undertake an evidence-based approach to prescribing, delivering, and evaluating the outcomes of trauma treatment. Steinberg pointed out that this responsibility was made clear in a 2002 US General Accounting Office report, which stated that SAMHSA's newly formed National Child Traumatic Stress Initiative was "specifically designed to take a coordinated approach to improving mental health care for children who have experienced various kinds of trauma." The NCTSN, the report further noted, "plans to evaluate both its overall program and individual components. If carefully

implemented, the SAMHSA evaluations have the potential to provide information on ways to effectively provide mental health services to children who have experienced trauma." Detailed information was collected on 19,073 children seen between 2004 and 2012 at 74 NCTSN-affiliated sites. For inclusion in the analysis, the authors selected 7,137 youth a) who had reported a history of at least one trauma, or b) whose traumatic experience was a primary focus of treatment, or c) who received trauma-related treatment. Approximately 44% of those youth (N=3,108) had completed treatment, and 56% (N=4,029) had not. The groups were racially diverse. Among both completers and non-completers, about 40% were white; a slightly higher percentage of Hispanic youth were treatment completers (39%) than non-completers (35%); and among black youth, slightly fewer were treatment completers (18%) than non-completers (21%).

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"This study is really an illustration of the NCTSN's commitment to rigorous evaluation."

ALAN M. STEINBERG, PhD, Associate Director, UCLA/Duke University National Center for Child Traumatic Stress

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The children's symptoms were assessed at the initiation of treatment and at subsequent visits using a broad range of assessment tools, including standardized normed tests such as the Child Behavior Checklist, validated clinical instruments such as the UCLA PTSD Reaction Index, and indicators of behavior and functioning. Steinberg said that during the design of the CDS, "We wanted to include measures that would be meaningful for clinicians and represent meaningful benefits to our clients." The analyses of the treatment cohort selected in the study showed that across all these measures, youth who completed treatment exhibited greater declines in such "real world" and clinically relevant domains as posttraumatic stress symptoms, anger, anxiety, and depression, along with greater improvement in behavior and functioning, than those youth who had not completed treatment.

Because the CDS is a quality improvement initiative, the study did not include a control group that would permit a randomized controlled trial. Nevertheless, the fact that the study included a diverse national sample of youth seen across myriad settings – mental health clinics, residential and juvenile justice programs, child welfare agencies, and school-based mental health programs – is one of its strengths. The National Center has produced a fact sheet, *Data At-A-Glance*, to help caregivers incorporate the study's findings in their support of their children's trauma treatment. Visit <https://www.nctsn.org/resources/data-glance-treatment-completion-premature-termination-parents> to access the fact sheet.

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Treatment Completion Yields Better Outcomes *cont'd from pg. 6*

The study also raised questions about the best strategies for engaging and retaining youth in treatment. “A logical next step,” Layne said, “is to explore and problem-solve how to address barriers or impediments to treatment, as well as catalysts that facilitate client access to treatment. Important progress has been made in enhancing client engagement in trauma-focused treatment, but our results make it clear that more remains to be done.” Added Steinberg, “Future studies can investigate the impact of different types of interventions and examine risk factors for premature treatment dropout.” An additional interesting finding of this study, he said, was that youth with complex trauma histories were at greater risk

for premature dropout. This important finding underscores the need to develop enhanced strategies to engage and retain complexly traumatized youth in treatment, so that they receive a dose sufficient to provide the benefits they need. ■

Steinberg, A. M., Layne, C. M., Briggs, E. C., Liang, L. J., Brymer, M. J., Belin, T. R., Fairbank, J. A., & Pynoos, R. S. (2019). Benefits of treatment completion over premature termination: Findings from the National Child Traumatic Stress Network. *Psychiatry: Interpersonal and Biological Processes*, 00, 1-15. Published online. DOI: 10.1080/00332747.2018.1560584

AFFILIATE CORNER

Why Affiliate Rebecca Hoffmann Frances Keeps NCTSN in the Mix

For the first five years that Maine Behavioral Healthcare received NCTSN funding as a Category III site, its stated goal was to expand trauma-informed services for children and youth. During the second cycle of funding, from 2012 to 2016, the goal was even more ambitious: to disseminate trauma-informed training and evidence-based trauma treatment statewide. The agency accomplished that goal. Moreover, throughout their nine years as a Network site, “we learned so much,” said Rebecca Hoffmann Frances, LMFT, Senior Director of Clinical Innovation and Training. “We have developed strong partnerships with the organizations that we worked with, and we continue to work with them today.”

Hoffmann Frances reflected that she and her grant team had begun their first NCTSN initiative with one notion of what would work to increase trauma-informed services with providers: “We thought that our staff in southern Maine would spend a lot of time traveling from region to region doing the work.” Observing that other grantees had come and gone in an area where poverty and substance use had become entrenched, her team realized that establishing sustainable trauma-in-

formed services required a different approach. They decided instead to identify community leaders and providers, especially in rural areas, and immediately partner with them. “We planted the seeds by giving them support, knowledge, and information, but they ‘grew the tree,’” Hoffman Frances said. “So they became the gardeners of the work.” This organic and culturally sensitive approach turned out to be the most successful strategy, she noted.

One of the outgrowths of these partnerships is Maine Behavioral Healthcare’s current grant from the

US Administration for Children and Families, which is primarily centered on services to children exposed to domestic violence. The Passamaquoddy tribe at the Pleasant Point Reservation is a major partner in the grant.

Even though the site did not receive new funding for the current cycle, the associations formed during nine years of NCTSN membership have continued to reap fruit, Hoffmann Frances said. She is a member of the Affiliate Advisory Board; other staff members from the agency participate with the NCTSN Secondary Traumatic Stress collaborative group and Juvenile Justice Consortium. “I think it’s important to stay involved, because as an Affiliate, you are an important piece of the Network puzzle,” she stated. The body of knowledge and expertise in the Affiliate group “allows you to continue to fuel your passion for this work.” It also helps counter the isolation that can result from the loss of SAMHSA funding. “You realize that there are all these other talented people doing great work who also didn’t get funded.”

During its direct involvement with the NCTSN, Maine Behavioral Healthcare was also a major recipient of the Defending Childhood initiative funded by the Department of Justice. Another Network site was also a Defending Childhood grantee, and Hoffmann Frances said she found it fruitful to create linkages between the two grant programs. These are the kinds of collaborations that can still be fostered through Affiliate membership, she affirmed. Hoffmann Frances is also an associate faculty member for the NCTSN CORE Curriculum on Childhood Trauma, and holds an appointment as an Assistant Clinical Professor of Psychiatry at Tufts University School of Medicine, where she teaches the curriculum to child psychiatry fellows. “I love teaching the CORE curriculum,” she said. “It unfolds in such a beautiful way.” She continues to direct the clinical training in Portland, and is committed to each of her various duties. “It’s all linked and related,” she said, “and it all comes back to a passion for preventing and treating child trauma.” ■



Affiliate member Rebecca Hoffmann Frances, LMFT, Senior Director of Clinical Innovation and Training, Maine Behavioral Healthcare, Portland, ME.

Kovler Center Shares Trauma Resources with South Korean Delegation

On May 7, 2019, at the request of the US Department of State, the Kovler Child Trauma Center-Heartland Alliance International hosted a group of South Korean leaders at the agency's Chicago site. The South Koreans had traveled to the United States through the aegis of the International Visitor Leadership Program, a professional exchange program administered by the State Department's Bureau of Educational and Cultural Affairs. They were met by Nicole St. Jean, PsyD, Director of the Kovler Child Trauma Center, and several staff members. The goal of their visit: to glean resources about helping North Korean refugee youth in South Korea.

St. Jean had been notified of the visit two weeks prior. The South Koreans, in order to better support their own resettlement programs, wanted to examine government and community refugee resettlement programs in the United States, and to discuss best practices for managing the emotional stress of providers who work with traumatized populations. According to the Korea Hana Foundation, a nonprofit public organization involved with refugee resettlement services, approximately 30,000 North Korean refugees currently live in South Korea.



A delegation of resettlement agency providers from South Korea met in Chicago with Nicole St. Jean, Director (standing, third from L), and staff members from the Kovler Child Trauma Center, a Category III NCTSN site.

The delegation, which also visited agencies in California, included a representative of the South Korea National Assembly, a teacher who provides education to refugee youth, the director of a human rights agency, and two representatives of the Korea Hana Foundation. St. Jean fielded questions from the representatives following an hour-long presentation on the Kovler center's trauma-informed, holistic, integrative approach to working with refugee youth.

St. Jean said that the questions addressed three major areas: how to deal with secondary

traumatic stress (a fairly new concept to the delegation); how to use monitoring and evaluation for quality improvement; and how to help North Korean youth reconcile their concept of "home" with the lack of safety in their country of origin, and adapt to a new home in South Korea. For St. Jean, the visit was a gratifying experience. Even though they communicated through interpreters, she said, she experienced the group as "compassionate and empathetic to the individuals they served, and thirsty for knowledge about how to improve care. This was a shared experience, because we are in this world together doing this work." ■

Did You Know?

In 2018, the Oklahoma Department of Mental Health and Substance Abuse Services, an NCTSN Affiliate, recognized the need to increase existing supports and training for children with intellectual and development disabilities who have experienced trauma, and their families, through the Oklahoma Systems of Care (OSOC) Children's Mobile Crisis Response. Partnering with Developmental Disability Services and Child Welfare Services, the OSOC sent staff members to attend a Road to Recovery training provided through the Long Island Jewish Medical Center, a Category II NCTSN grantee. Staff who attended included Gwen Downing, LPC, Manager of Hope and Resilience; Ashley Roby, Systems of Care Coach and mother of a child with developmental disabilities; and Darla Hills-Myer, DHS Program Supervisor, Child Welfare Services, DDS and Education Unit. Their goal: to form a multidisciplinary cross-systems training team.

As a team, these service providers conducted a lunch and learn Webinar to introduce the training to the larger state systems of care, then led a two-part workshop on Road to Recovery at the 2019 Oklahoma Children's Behavioral Health Conference. They are now hosting the Road to Recovery trainings for OSOC partners around the state; and working with fellow NCTSN affiliate, Dr. Michael Gomez, on an advanced eLearning to support crisis providers. ■

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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