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A PUBLICATION OF THE NATIONAL CHILD TRAUMATIC STRESS NETWORK

Muscogee Nation Hosts Its First Wellbriety Celebrating Families Training

For Native American children and families who carry the history of intergenerational trauma and psychological wounding, healing from that trauma entails tribal-specific interventions, modalities, and programs. In early April, the Muscogee Nation Department of Health hosted a Wellbriety Celebrating Families training of trainers at the nation's Glenpool, OK, site. The curriculum is one of many developed over the last three decades by White Bison Training Institute of Colorado Springs, CO, to provide healing and support for Native American families by addressing substance use disorders through the lens of understanding historical and



Participants from the Wellbriety Celebrating Families training hosted in April by the Muscogee nation in Glenpool, OK, display their altar cloths quilted by Program Director Janice Hicks-Ulrich, LPC.

a 12 Steps Medicine Wheel training, Fife and NCTSI grant Program Director Janice Hicks-Ulrich, LPC, began working to bring the Celebrating Families training to their site. In-person training was possible thanks to a large meeting space, Covid-19 vaccinations provided by the tribe, and appropriate social distancing. Access to the training at that location created a valuable resource for Muscogee families, Hicks-Ulrich said. At the conclusion of the three-day training, she added a unique element to the proceedings by presenting each of the 12 participants with altar cloths that she had quilted herself, incorporating tribal designs and the Wellbriety Medicine Wheel as motifs.

Tribal Healing

The Muscogee Nation is the fourth largest of the 574 federally recognized tribes. The Muscogee Nation Department of Health was established in 1977 to provide health care to its citizens, and currently operates five clinics and two community hospitals on reservation land encompassing 11 counties. Hicks-Ulrich began working with Muscogee Health in 2019, a year after its five-year NCTSN/SAMHSA grant began, and she is now also a member of the NCTSN Steering Committee. She is quick to point out that she is not an enrolled tribal member. Although she is not an indigenous person, she has worked hard to increase her cultural awareness and to incorporate culture into all aspects of her clinical work. Fife affirmed Hicks-Ulrich's efforts, saying, "I appreciate that as a non-Native person she works to

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intergenerational trauma.

The tribe selected the Wellbriety model because it addresses and incorporates understanding of historical and intergenerational trauma, said Thomasine Fife, Muscogee, MHR, LADC, Director of Behavioral Health Grant Services.

Fife was familiar with the Wellbriety model, having taken previous trainings such as Daughters of Tradition and Sons of Tradition. In September, 2020, following

Dr. Ellen Gerrity, A Dedicated Advocate for Children's Mental Health Policy

For the past 18 years, Ellen Gerrity, PhD, Associate Professor in the Department of Psychiatry and Behavioral Sciences, Duke University School of Medicine, has served as Associate Director and Senior Policy Advisor for the UCLA-Duke University National Center for Child Traumatic Stress (NCCTS). In these roles, she has been an invaluable guide and tireless mentor for the National Child Traumatic Stress Network (NCTSN), drawing on her years of both clinical research and advancement of mental health policy in the academic, governmental, and legislative arenas. When she accepted the NCCTS post, she recalled recently, "I saw joining the NCTSN as an opportunity to bring together my research and clinical background in disaster and trauma with my background in research administration and policy." She felt that she and others would be able to translate back to

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Ellen Gerrity, PhD, Associate Professor in the Department of Psychiatry and Behavioral Sciences, Duke University School of Medicine, and Associate Director and Senior Policy Advisor for the UCLA-Duke University National Center for Child Traumatic Stress.

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Welcome from the NCCTS Deputy Directors

As many of us in the Network begin to travel and see loved ones again, we have been reflecting on how much the past year and a half has tested us. The pandemic has required us to reassess what we do and why; brought self-care to the forefront; and pushed us to change and innovate in ways that might otherwise have taken years to happen. Through it all, the members of the NCTSN have maintained their commitment to serve children and families who have experienced trauma.

Commitment is a theme in this issue of *IMPACT*, beginning with a feature on Ellen Gerrity, PhD, who served for 18 years as Associate Director and Senior Policy Advisor at the NCCTS, and whose dedication to the mission of elevating children's mental health has been unwavering. Affiliate member Nancy Fitzgerald is equally passionate about bringing a trauma lens to her work within and beyond the Network. We also cover the Muscogee Nation's dedication to healing historical trauma through tribal-specific interventions, and the efforts of Boys and Girls Clubs of America, an NCTSN strategic partner, to maintain services for vulnerable kids in their clubs throughout the pandemic. Finally, we feature two new NCTSN resources that fill important gaps: a screener and guide, "Identifying the Intersection of Trauma and Sexual Orientation and Gender Identity;" and an infographic, "Cultural Responsiveness to Racial Trauma."

We're very proud of the work accomplished during this unprecedented time – by the NCTSN, our partners, and all of those caring for children across the United States who have experienced trauma. We hope you are all able to take a breather this summer, to reset, restore, and reflect on all you've been able to accomplish.

Sincerely,

Jenifer Maze, PhD
Deputy Director
UCLA Neuropsychiatric Institute

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

AFFILIATE CORNER

An Affiliate's Commitment to the NCTSN Community

Nancy Fitzpatrick's first exposure to the NCTSN came when she landed a position as Project Director for a Category III grant at Family Sunshine Center, in Montgomery, AL. The position, she recalled, "totally fit my work personality, because I got a chance to see the work from all angles." Fitzpatrick is not a therapist, but she already had extensive experience in the social services sector. She had worked part-time providing direct residential care for a women's shelter and was the former Executive Director of the Mid-Alabama Coalition for the



NCTSN Affiliate member Nancy Fitzpatrick, who also sits on the Affiliate Advisory Board.

Homeless, a HUD-designated continuum of care lead agency for homeless service planning. When she arrived at Family Sunshine Center, she said, "The end of the fiscal and program year was fast approaching, and we needed to meet goals." Her charge: to develop a trauma awareness program and expand the program and clinical services for children to more than forty schools across four Alabama counties.

Fitzpatrick quickly began to acquaint herself with the Network's evidence-based resources and trauma-informed modalities, taking advantage of rich content on the NCTSN Learning Center, and the availability of responsive liaisons at the National Center. She intuited that the best way to connect with teachers was to first focus on the teachers themselves. "I felt there was a missed opportunity to support teachers," Fitzpatrick said. "So much of what they are learning about is how to help the student. However, when you are dealing with trauma, there is secondary traumatic stress." So that's why she always began her faculty presentations talking about STS. "We talk a lot about what teachers need to do for the kids. I told them, 'Let's talk about how hard things have been for you.'"

"I'm in the field of helping people, but this [trauma] work gives me a new lens on everything else that I've done. It's been groundbreaking for me."

NANCY FITZPATRICK, NCTSN Affiliate and member of Affiliate Advisory Board

The strategy worked. Fitzpatrick said the teachers responded to the message that they needed to learn how to mitigate their own symptoms in order to show up for, respond to, and help their students. Within seven months, the trauma awareness training had been administered to more than 300% above the first-year goal for the target population.

Fitzpatrick is now running her own business in Millbrook, AL, doing proposal writing and program planning and administration for federal grants and government contracts. She still gets calls from local schools who ask her to return for what they have coined a "Miss Nancy Day."

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Advocate for Children's Mental Health Policy *cont'd from pg. 1*

policymakers the impact of child trauma, and the importance of evidence-based, trauma-informed care, in ways that could contribute to federal policy decisions. NCCTS Co-Director John Fairbank, PhD, Professor in the Department of Psychiatry and Behavioral Sciences at Duke, said that Dr. Gerrity has been “absolutely essential to the growth and sustenance of the Network over the years.”

A Drive to Contribute

Throughout her academic training and professional career, Dr. Gerrity has consistently incorporated a strong sense of social justice with her astute clinical and research skills and an interest in trauma. After completing graduate and postdoctoral training, she began work at George Washington University conducting field research as part of a longitudinal study of families who were displaced after natural disasters in New York, Arkansas, and West Virginia. She also became an international expert on torture; she co-chaired a National Institute of Mental Health (NIMH) Task Force of international experts to produce an NIMH-commissioned report on torture for the South African Truth and Reconciliation Commission, and then co-edited the related volume, *The Mental Health Consequences of Torture*. Among the task force members were the late Sister Dianna Ortiz, a nun who had been tortured in Guatemala, and others including Dr. Fairbank and NCCTS Co-Director Robert Pynoos, MD.

“If there were a Nobel Prize for children's mental health policy, Ellen Gerrity would be our laureate nominee.”

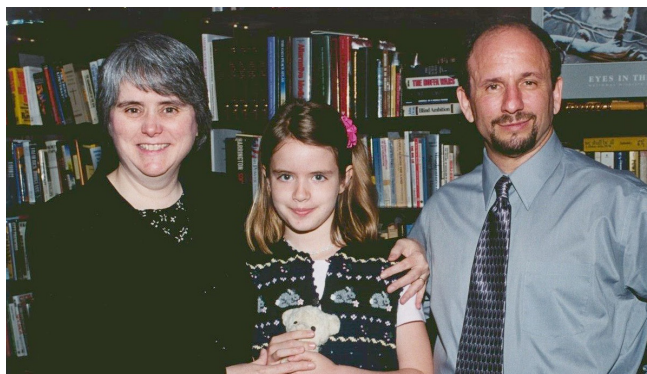
JOHN FAIRBANK, PhD, NCCTS Co-Director

Dr. Gerrity said of her work, “I wanted to right wrongs where I could.” Asked about the origins of this passion, she responded, “I’m not sure, though it’s always been a big part of my life.” It may have gelled from a series of experiences that included graduate-level clinical training at a correctional facility. “I saw how little these boys – some of them very young children – had been given prior to being incarcerated, and what was likely to happen to them afterward. I saw how huge the system was that worked against them.” And, as she learned from mentors who inspired her by their courage and hard work, bringing change to such systems would require a committed and sustained effort.

Sustaining Commitment

While at the NIMH from 1990 to 1998, Dr. Gerrity served in many capacities including Program Chief and then Acting Branch Chief of the Violence and Traumatic Stress Research

Branch (VTSRB). Dr. Fairbank noted that one of Dr. Gerrity’s key accomplishments in the early 1990s was to help establish a Rapid Response Program, which allowed for faster application, review, and funding for researchers to study acute events. In fact, it was during the creation of the Rapid Response Program that Drs. Fairbank and Gerrity first met, when she recruited him for the program’s peer-review panel.



L to R: Ellen Gerrity, PhD, and her daughter Marianne, with the late Senator Paul Wellstone on “Take Your Daughter to Work Day.”

A Seminal Affiliation

In 1998, Dr. Gerrity was detailed by the NIMH to join the office of the late US Senator Paul Wellstone (D-MN). The assignment was to last for nine months; she stayed for five years, and became Wellstone’s Senior Mental Health Policy Advisor, providing expertise on topics related to mental health, addiction, trauma, terrorism, human rights, torture, child abuse, and family and community violence. Wellstone was especially interested in mental health, and partnered with the late Senator Pete Domenici (R-NM) to craft legislation that ultimately became the Mental Health Parity and Addiction Equity Act, an effort to ensure parity with medical care in insurance coverage for mental illness and addiction treatment. The two senators, although from different parties, had a personal relationship with these issues: Wellstone’s brother suffered from mental illness, and Domenici had a daughter with schizophrenia. Tragically, Paul Wellstone, his wife and daughter, and all other passengers were killed in a plane crash in 2002. At his son Dave Wellstone’s request, Dr. Gerrity continued to work on the bill until its final passage in 2008.

The Long and Balanced View

Drs. Pynoos and Fairbank invited Dr. Gerrity to speak about Paul Wellstone’s legacy at one of the Network’s first All-Network Conferences, in 2003. The NCCTS Co-Directors quickly agreed that her wealth of legislative and public policy experience, as well as her clinical and research credentials, would be a huge benefit to the nascent Network. “At the time,” Dr. Fairbank now says, “we didn’t really understand how *much* we needed her expertise!”

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Wellbriety Celebrating Families Training *cont'd from pg. 1*

educate herself about culturally relevant information and practices, and suggests ideas for opportunities [to incorporate cultural ideas into work with the children].” For example, when Hicks-Ulrich learned about Muscogee clan animals, she ordered stress balls with the appropriate animal images. “She also helped update a feelings chart using our Muscogee language,” Fife added.

The Story of the Quilts

Hicks-Ulrich said the original idea for making the altar quilts came from a discussion with Wellbriety trainer Andrea Scaper (Seminole/Creek) during the 12 Steps Medicine Wheel training that Fife and Hicks-Ulrich participated in last September. “I told Andrea about my passion for sewing and quilting, and she suggested I make altar cloths for the Celebrating Families participants.” Scaper helped Hicks-Ulrich with design, suggesting she incorporate a well-known quilting element, the Seminole block called Everlasting Fire, as the border on the quilts. This pattern is also used in traditional clothing made by the Muscogee.

Hicks-Ulrich placed a medicine wheel subdivided into four sections at the center of each altar cloth. The medicine wheel is sacred to Native American tribes, and represents the four directions: the cycle of life, the cycle of the seasons, the four directions of growth, and the four directions of healing. She used the traditional colors of white, yellow, red, and black, signifying the unity of all the races of the Earth. The cloth is used during meetings, when participants place shells or feathers on it and it is part of the talking circle. Smudging with a lighted sage bundle is also incorporated into the Wellbriety meeting tradition.

Hicks-Ulrich made certain design choices based on the amount of work involved in the quilting and the supplies she had on hand. Taking some “artistic license,” she decided early on that the everlasting fire element would be “modified to a four-color block.” The traditional design for the eternal flame border entails stitching six 1 ½ -inch-wide strips of material to create the look of a rainbow; then cutting this again into 1 ½ -inch-wide strips, staggering them and making all the seams match. Said Hicks-Ulrich, “I’ve been sewing since I was eight years old, but there are people who have still not mastered the full six-strip block pattern.” Time was also a consideration: she had to finish 13 quilts by early April!

Incorporating the Whole Family

Sparrow Goudey (Tsalagi/Cherokee/Wyandot), who conducted the two-day Wellbriety Celebrating Families training in April, was also the “honored recipient” of one of the quilts. She became a trainer with White Bison Institute* 10 years ago. She became acquainted with the Wellbriety movement during the 13th year of her (now) 31 years of recovery, when she was gifted a copy of the book, *The Red Road to Wellbriety*. That book lays out the tenets of the Medicine Wheel teachings originally advanced by Don Coyhis, the founder of White Bison, Inc. Also a recovering alcoholic, Coyhis began in 1988 with



Two of the altar cloths quilted by Program Director Janice Hicks-Ulrich on display before the Celebrating Families training event.

speaking engagements with Native Americans, emphasizing that healing from the consequences of historical trauma entails a journey of forgiveness and understanding. Goudey said that finding *The Red Road to Wellbriety* supplied “the piece she had been missing.”

The Celebrating Families curriculum is densely packed with 16 lesson plans and is directed toward the whole family. The session starts with a meal, and then families are grouped according to age in order to learn about alcoholism and its links to historical trauma in age-appropriate units. Participants are certified in order to ensure fidelity when they, in turn, deliver the curriculum to others. The Wellbriety Movement has continued to grow, Goudey said. “Even through the last year of the pandemic, we’ve been busy delivering these curricula, because there is still such a need for this continued healing in our indigenous communities.”

“There is still such a need for this continued healing in our indigenous communities.”

*SPARROW GOUDEY (Tsalagi/Cherokee/Wyandot),
Wellbriety Trainer*

Hicks-Ulrich said she has appreciated the inclusiveness of the Wellbriety movement, noting that everyone is welcome, even those without a tribal affiliation. And now, the latest participants of the Celebrating Families training have their own evidence of her creative adaptation of Native traditions. ■

*For more on the Wellbriety trainings offered by White Bison Institute, visit www.whitebison.org

Advocate for Children’s Mental Health Policy *cont’d from pg. 3*

The scope of Dr. Gerrity’s responsibilities with the NCTSN has included her work on the Executive Committee, especially her guidance on policy issues; oversight of the NCTSN Advisory Board, including recruiting top experts as members from a range of child-serving systems; and directing the NCCTS federal policy activities, including ongoing communication, education, and reports to congressional policymakers. Because of the depth of her experience at the legislative level, Dr. Gerrity understands the value of building trust with stakeholders, Dr. Fairbank observed. “She taught me that part of building a relationship is to be honest as a subject-matter expert about child trauma,” he said. “You need to provide the downside as well as the upside of your evidence. She was the linchpin around translating science into language the policymakers could understand, and policy into language scientists could understand.”

At the beginning of her association with the NCTSN, Dr. Gerrity often described the Network as “a small wonder,” she said. She explained that it was “small” because the NCTSN was very small at the time (17 centers and \$10 million in funding), and especially so compared to the breadth of its mission: raising the standard of care and increasing access related to all child trauma types, all ages, all service systems, and all types of frontline providers. “Big goals, big hopes – small in

size in the beginning,” she said, “but the NCTSN was also a ‘wonder.’”

“Everyone talks about collaboration as a goal,” Dr. Gerrity continued, “but the legislation establishing the NCTSN required collaboration and allowed paid time for it so that the science-to-service timeline could be accelerated. And that’s exactly what has happened. It was, and is, a wonder, something new under the sun. It’s a bigger Network now (~135 centers and \$82 million in funding, and so many extraordinary members and partners), though with still so much work to do.” This collaboration also helped strengthen a two-way street of communication between policymakers and the Network, in furtherance of sharing information about the needs of children and families.

Of her accomplishments in the field of child mental health, Dr. Gerrity often uses a favorite quote of Paul Wellstone’s as an inspiration and a reminder: “*We all do better when we all do better.*” Another goal he aspired to and encouraged in others: “*Never separate the life you live from the words you speak.*” “The impact she’s had on children’s mental health and trauma is unparalleled,” Dr. Fairbank summed up. “If there were a Nobel Prize for children’s mental health policy, Ellen Gerrity would be our laureate nominee.” ■

An Affiliate’s Commitment to NCTSN Community *cont’d from pg. 2*

These are sessions that teach grounding and breathing exercises, and how to create a space for reframing as well as venting, she said.

Fitzpatrick reflected that so much of what she now knows about trauma and evidence-based interventions explains the situations of other clients with whom she has worked. “I don’t feel like I’ve changed fields,” she said. “I’m in the field of helping people, but this [trauma] work gives me a new lens on everything else that I’ve done. It’s been groundbreaking for me.”

She is now a member of the Affiliate Advisory Board, and is active with several collaborative groups including the Culture Consortium, the Juvenile Justice Consortium, the Schools Committee, and the Diversity, Equity, and Inclusion Anti-Racism Subcommittee. She is also on the National Advisory Board of the TRANSFORM (Trauma and Racism Addressed by Navigating Systemic Forms of Oppression Using Resilience Methods) program.

“I enjoy the Network because they work really hard at being mindful about the spaces they create,” Fitzpatrick said. “I enjoy being part of the conversation around current events and communities of practice and mental health, and how they

are related to and affect one another.” There is a lot of work that needs to be done, and Fitzpatrick brings her energy and creativity to those efforts. ■

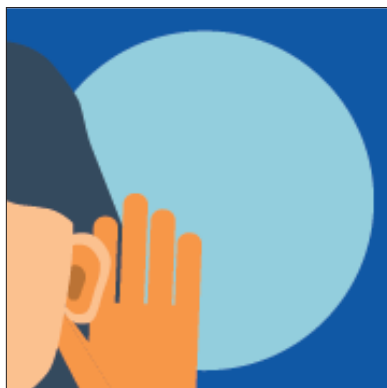


Cultural Responsiveness to Racial Trauma: Evolution of an Infographic

For providers working with children and families of color, cultural responsiveness to racial trauma is central to establishing trust in the therapeutic relationship. To help these providers become more culturally aware and responsive, especially when they are of a different race and background from the families they serve, the NCTSN Culture Consortium developed a user-friendly resource, “Cultural Responsiveness to Racial Trauma – Understanding Racial Trauma, Why It Matters, and What to Do.” The two-page infographic briefly defines racial trauma, the origins of this trauma type, and the effects of current and intergenerational historical trauma. It also offers both individualized and organizational strategies for addressing racial trauma. Published in the fall of 2020 (and accessible at <https://www.nctsn.org/resources/cultural-responsiveness-to-racial-trauma>), the infographic joins a host of other resources for providers working with Black, Indigenous, People of Color (BIPOC) who have experienced acute or ongoing intergenerational racial trauma.

Infographic’s Beginnings

The early ideas for producing a resource were centered on raising awareness about the racial disparities in health care, remarked Culture Consortium Co-Chair Nicole St. Jean, PsyD, Director of the Kovler Center Child Trauma Program at Heartland Alliance International, and Clinical Director of the Center for Child Trauma Assessment, Services, and Interventions in the Department of Psychiatry at Northwestern University Feinberg School of Medicine. The group discussions began in the Culture Consortium meetings in 2017. The idea



of creating an infographic emerged as a way to both raise awareness and help providers to transform their practice. The added advantages of an infographic were accessibility and utility. As time went on, the urgency to address racism alongside the immigration and family separation crises accelerated this work.

In the summer of 2019, the group transitioned their theme from health disparities to the need to address racism at a level demanded by events in the country. With a clearer focus in mind and in agreement with then-Co-Chairs Isaiah Pickens and Sandra Chase, St. Jean sought the help of Tarik Endale, MSc, who at the time was Program Manager at the Kovler Center Child Trauma Program, to help draft the document. Endale is currently a second-year doctoral student in the Clinical Psychology program and a member of the Global Mental Health Lab at Teachers College, Columbia University. His entire family are refugees from Ethiopia. Although he grew

“This [infographic] gives people a starting point of what to think about and how to begin to interrupt cycles of racial trauma.”

NICOLE ST. JEAN, PsyD, NCTSN Culture Consortium Co-Chair

up in the United States, he also has conducted research in Ethiopia on adverse life events and depression. “I feel very strongly about the subject matter [of racial trauma],” he said, adding that collaboration on the infographic was important to him as an opportunity to communicate the effects of racial trauma and to change the outcomes for people affected by it.

Endale acknowledged that conversations about racism can be uncomfortable for providers who are White. “I think people learn or are trained to essentially not bring these things up to keep the peace,” he said. “And that is a barrier within the therapeutic relationship.” The failure to address and be responsive to racial trauma can have serious consequences, he pointed out. “If there’s a big part of someone’s identity and potentially a big part of what’s stressing them out on a day-to-day basis, but they feel they can’t bring it into the room with you, I don’t know how strong that relationship is going to be.”

Listening and Responsiveness

The infographic outlines the individual responsibilities of the mental health provider, explaining that each is in a position to be responsive in the treatment relationship, to be an agent for change, and to increase self-awareness about racism and oppressive interactions. In addition, because trauma intervention involves overcoming taboos, such as racism, it becomes the therapist’s responsibility to “make the unspeakable, speakable.” Doing so imparts a sense of safety and trust for the client. “If you can bring up these issues, and signify that you can handle this,” Endale said, “then you can be a safe person to talk to about this, even with your diverging identity. Otherwise it probably either won’t come up or won’t come up until way later once trust has been built through other means.” Without that openness and trust, clients may have been “silently suffering through this for however many months they’ve already been in therapy.”

The idea for the infographic was born of a sense of urgency to produce something concrete, especially in light of the racial crises in the past year and a half. “A lot of the message about needing to do something [to combat racism] was woven into the infographic,” St. Jean said. “This gives people a starting point of what to think about and how to begin to interrupt cycles of racial trauma.” ■

PARTNERSHIP HIGHLIGHT

NCTSN and Boys & Girls Club of America: a Partnership Strengthens

Boys and Girls Clubs have been serving children and youth in local communities since 1860. The BGCA movement currently serves more than 4.6 million children and youth at more than 4,700 Clubs located in small rural towns, urban areas, public housing communities, and public schools, and on Native lands and US military installations worldwide. Its wraparound services include after-school tutoring, furnishing snacks and meals, organizing recreational outings, and building life skills – but most of all, providing safe, inclusive spaces for children and youth.

Early Collaborations with the NCTSN

Over the past decade BGCA has turned to the NCTSN for resources to increase its ability to deliver trauma-informed services. These engagements have focused primarily on projects and events, noted Teresa Walch, MHR, BGCA National Vice President for Training & Quality Improvement.

Mitru Ciarlante, the BGCA National Director, Child Safety & Quality Assurance, said that the NCTSN Terrorism and Disaster Program, directed by Melissa Brymer, PsyD, PhD, has been an invaluable resource whenever events occur in Club communities. Ciarlante has connected with many NCTSN Affiliate members when trauma-informed clinicians are needed at particular locales in the country. Partnerships to benefit military youth and families have been conducted with the NCTSN Military and Veteran Families Program, directed by Gregory Leskin, PhD. George “Tripp” Ake, PhD, NCCTS Director of Training and Implementation, has presented at many BGCA national conferences and currently participates as a member of the organization’s strategic planning team for trauma-informed organizational practices.

Trauma-Informed at All Levels

Then, in August of last year, the NCTSN and BGCA signed a formal memorandum of understanding, and the BGCA became a strategic partner with the NCTSN. This move, Ake said, “highlights our ability to serve as a thought partner with them, to collaborate around resources and information, and to share contact information for Network centers interested in local partnerships.” One of the goals of the strategic partnership memorandum of understanding is to extend to the local level the sharing of best practices that has happened on the national level. “The local level is where the real work gets done,” Walch pointed out.

Ciarlante formerly ran a youth initiative for the National Center for Victims of Crime. “I already have a lifetime career in victim advocacy, particularly childhood victimization,” she said, “and part of my move to BGCA was to reach hundreds of thousands of youth development professionals who are on the front lines every day. I want to equip them so they are able to recognize if youth have been exposed to violence and trauma, and to be able to intervene with youth development strategies.”

‘Whatever It Takes’

The motto selected by the Boys and Girls Club movement for the year 2020 was “Whatever it takes.” By that, the organization conveyed that the movement would pull out all the stops to serve youth and help them to create great futures. The pandemic has tested the Clubs’ resources. Walch



BGCA Club youth member.

pointed out, “We serve some of the neediest families, who probably have a higher rate of re-traumatized family members than most.” When schools closed due to the pandemic, the glaring disparities experienced in low-income communities were exposed. Students without digital access could not continue with their classwork. And, Walch said, “There are basic medical and health issues that some of our members only get addressed through schools, such as eyeglasses, prescriptions

and the like.” That linkage was broken by the pandemic year. Many local Clubs stepped up to the plate, becoming food and service distribution centers for their kids and families.

Expanding on the “Whatever it takes” motto, Ciarlante observed that “this was the year to take risks and innovate, especially around technology. We were not going to fail in being there for kids and families.” As a result, she continued, “We have some astounding statistics about the Clubs that continued to serve in person, or that quickly transitioned to providing virtual Clubs, becoming feeding programs, or clubs in a box.” Ciarlante added that the pandemic presented the opportunity to expand trauma-informed practices at the national level. Some Clubs instituted wellness-check calls to parents as well as youth, thus strengthening the family ties. Weekly calls with Club CEOs and staffers incorporated self-care resources, reinforcing the message that they as providers needed to tend to their own stress levels.

Both Ciarlante and Walch affirmed their excitement about the expanded partnership with NCTSN, especially during the unprecedented time of the pandemic. For her part, Walch is hopeful that with this pivotal time in history, with everyone experiencing emotional stress, that there is “an opportunity to be change agents and to break the stigma [around trauma], and to reach out and help one another.” ■



New LGBTQ+ Screener Seeks to Address Gaps in Care

Lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) youth are more vulnerable to potentially traumatic events than their straight and cisgender peers. As a result, they are at higher risk of depression, suicide, drug and alcohol misuse, homelessness, and posttraumatic stress. To raise awareness of these risks and promote assessment of the potential for adverse outcomes, the NCTSN Sexual Orientation and Gender Identity and Expression (SOGIE) Collaborative Group has developed a screener for use by trauma treatment providers. "Identifying the Intersection of Trauma and Sexual Orientation and Gender Identity" was developed by the group over more than four years, according to two of its lead authors. Part I, Key Considerations, establishes the evidence-based rationale for asking questions about gender identification and sexual orientation of youth and their families, and offers practical steps for incorporating use of the screener during intake and treatment. "We wanted to make a very clear and strong connection that trauma-informed care is LGBTQ+-affirming care," said Antonia Barba, LCSW, SOGIE Co-Chair, and Director of the Bridging the Gap Program at The Jewish Board in New York City.

Part II, the screener questions, communicates sensitivity toward clients. The child, youth, or family caregiver has the option to decline to answer. The authors of the screener also offer counsel to providers who may be hesitant to delve into issues of gender identity with their clients. "A basic starting point is to ask the question while also acknowledging there is a lot of anxiety about asking those questions," Barba said, adding that, "if you ask a question, you have to be prepared to do something with the answer."

The screener development team is advocating that the questions be asked of every child aged 7 to 18 years being seen by providers, across a range of settings. The questions do not just apply to children or youth who are already identifying themselves as LGBTQ+. Megan A. Mooney, PhD, an NCTSN Affiliate member in private practice in Houston, and a screener coauthor, said the questions are designed to be "a conversation starter and a way to open the door for kids who may not yet be out to anybody. We want to catch them early because we know our LGBTQ+ kids are at such disproportionate risk of experiencing trauma." Kalie Giovanni, LCSW, is also an NCTSN Affiliate member and screener coauthor; and she shares the SOGIE group co-chair responsibilities with Barba.

The bottom line, Mooney said, is that this screener is "an invitation, and although some kids might not be ready to respond with the screener, it may be something they hold in their minds to circle back to later." ■

<https://www.nctsn.org/resources/identifying-the-intersection-of-trauma-and-sexual-orientation-and-gender-identity-key-considerations>. (Note that the link to Part II: The Screener appears below Part I on the Web page.)

Did You Know?

Congratulations are due to all the Network members and National Center staff who contributed to the success of our recent virtual summit, **Child Trauma and COVID-19**, which focused on how to support long-term recovery for our nation's children and families.

The comprehensive, content-rich sessions were the outgrowth of months-long work in "think tanks," in which more than 140 Network members contributed ideas to address adversities made worse by the pandemic. More than 90 Network members served as presenters and panelists during the July 27-28 event, viewed by more than 1700 registered participants. Melissa Brymer, PsyD, PhD, Director of the NCCTS Terrorism and Disaster Program, led a team of dedicated staff members who organized and facilitated presentations, plenaries and breakout sessions. The topics ranged from grief and loss, maltreatment and interpersonal violence, suicide and substance use, and schools, and strategies to deal with disparities experienced by vulnerable children and families.

The National Center is now making plans to archive the recordings of these sessions and offer them through the NCTSN Learning Center. Stay tuned for announcements about the launch of that content. ■

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.