NCTSN The National Child Traumatic Stress Network

IMPACT

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Inside this issue...

PARTNERSHIP HIGHLIGHT

NCTSN and ISTSS: Complementary Missions, Shared Leadership

Established in 1985 by world-renowned experts in traumatic stress, the International Society for Traumatic Stress Studies collaborates with a variety of traumatic stress organizations worldwide, furthering its mission of advancing and exchanging knowledge about traumatic stress.

NCTSN and ISTSS members met in Washington, DC, in November 2018. L to R: Robert S. Pynoos, MD, MPH, NCCTS Co-Director; Diane Elmore Borbon, PhD, MPH, NCCTS Policy Program Director and Immediate Past President of ISTSS; Julian D. Ford, PhD, Director, Center for the Treatment of Developmental Trauma Disorders and current ISTSS President; and John A. Fairbank, PhD, NCCTS Co-Director.

As collaborations go, the relationship between the ISTSS and the NCTSN is unique. Not only are NCTSN members well represented in the society's membership and on its board, several NCTSN leaders have also served as presidents of the society over the years. Both NCTSN Co-Directors have been presidents of ISTSS – Robert S. Pynoos, MD, MPH, from 1991 to 1992, and John Fairbank, PhD, from 1999 to 2000. Diane Elmore Borbon, PhD, MPH, Policy Program Director, UCLA-Duke University National Center for Child Traumatic Stress, has been a member of the society for more than 20 years, and just finished her 2017-to-2018 term as president. The president for 2018, Julian Ford, PhD, was inaugurated at the society's annual meeting held November 8-10 in Washington, DC. Ford, who is Professor of Psychiatry and Law, Director of the Center for Trauma Recovery and Juvenile Justice, and Director of the Center for the Treatment of Developmental Trauma Disorders, has been a society member for more than 25 years.

Elmore Borbon noted that NCTSN leaders "have helped to ensure a place at the table for child trauma. The NCTSN has been a longstanding valued collaborator of the ISTSS, and the society has been an important place where NCTSN members can connect with each other, share the work of the Network, and discuss our mutual interests in children, families, and intergenerational issues."

Integrating Child Trauma

Historically, the ISTSS has taken a scientific approach toward traumatic stress, as reflected in its official publication, *The Journal of Traumatic Stress*. Its papers present empirical research, and focus on diagnosis, assessment, treatment, prevention, education and training, and cultural aspects of traumatic stress, as

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A Voice Supporting Families Challenged by Substance Use

Joanne Peterson, Founder and Executive Director of Learn to Cope, has been on the front line of the nation's opioid epidemic for 15 years. The nonprofit peer-led support network she founded in 2004, after her oldest son became addicted to opioids, now has more than 10,000 members registered on a private online forum. As the organization has expanded, Ms. Peterson has become a vocal advocate for increasing understanding and funding to combat what she calls a "brutal" epidemic.

Her son is now in long-term recovery, and Ms. Peterson remains passionate about changing the national conversation about substance use. She regularly consults with educators and law enforcement personnel, and has met with policymakers and provided testimony in legislative sessions. She is also active with the NCTSN as a member of the NCTSN Advisory Board and the Policy Task Force, and has served on committees and presented on Webinars.

A Turning Point

Ms. Peterson is convinced that changing the conversation about substance use is the cornerstone of combatting the current epidemic, which from 1999 to 2016 claimed more than 200,000 lives, according to the Centers for Disease Control and Prevention.

Substance use was a fact of life in Ms. Peterson's family of origin. Her older

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Greetings from the NCCTS Co-Directors

As *IMPACT* goes to press at the end of 2018, we want to take the opportunity to reflect on our accomplishments and the remarkable people and organizations who have been our partners in our efforts to support children and families who have experienced trauma. For nearly three decades, many of our prominent members have been leaders of the International Society for the Study of Traumatic Stress, serving as presidents and board members of the board. In this issue of IMPACT, we hear from the immediate past president of the ISTSS, Diane Elmore Borbon, PhD, MPH, and the newly installed president, Julian D. Ford, PhD. They describe our longstanding and productive collaborations with the ISTSS, and future shared initiatives.

See the *National Center/Collaborative Highlight* for interviews with the NCTSN Secondary Traumatic Stress (STS) Committee co-chairs regarding new tools to help supervisors provide STS-informed supervision to their staff members. In our *Affiliate Corner*, we have an update from a Tennessee site that continues to disseminate trauma-focused training statewide, exemplifying the lasting impact of NCTSN membership.

This issue also features an interview with Joanne Peterson, Founder and Executive Director of Learn to Cope, a nonprofit education and support network for families whose loved ones struggle with substance use issues. Our *Spotlight on Culture* article describes ways that Network sites and trainers address racial disparities and carry on the difficult conversations around race and implicit bias. Other items in this issue: a summary of research done on dissociative PTSD in adolescents, notes on a national award for a Network foster parent, and news from the July 2018 NCTSN Advisory Board meeting.

We wish you all the best of this holiday season, and peace and productivity in the new year!

Sincerely,

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

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

AFFILIATE CORNER

Tennessee Site Sustains Strides Made in Trauma-Informed Care in Child Welfare

When the University of Tennessee Health Science Center launched its NCTSN project in 2012, the aim was to increase access and improve services for youth in foster care who have experienced trauma. Another goal of the Tennessee Network for Trauma-Informed and Evidence-Based Systems (TN-TIES) was to establish sustainable trauma-informed practices in the state's child services sectors. Access to resources such as learning collaborative methodology and training expertise from the National Center for Child Traumatic Stress facilitated these accomplishments, said Melissa L. Hoffmann, PhD, Director of the Center of Excellence for Children in State Custody at the UT Health Science Center in Memphis. "It was really helpful to bring in people from outside of Tennessee to work with us and introduce some of our activities to the rest of the state." The UT site was already known as a Center of Excellence for Children in State Custody. Hoffmann believed that introducing nationally known experts in evidence-based methods paved the way for more acceptance by trainees.

Goals Attained

The site's four-year funding period was productive, and most of the activities begun under TN-TIES are still going on. George "Tripp" Ake, PhD, Program Director at the NCCTS/Duke, was a key contributor to the efforts to more widely disseminate the Resource Parent Curriculum. "[The site] is a very unique center in that it understands and accelerates the use of implementation science in a meaningful way," Ake said. "And they've done a nice job of sustaining that practice as an Affiliate organization." Jen Agosti, Founder and President of JRA Consulting, Ltd., guided the site's Breakthrough Series Collaborative on screening and assessment of young children in the child welfare system. There was other direct help, such as NCTSN faculty who supplied training in TF-CBT. "One of the things I'm really proud of," Hoffman said, "is that we really helped our Department of Children's Services become more trauma informed, and helped embed the Child Welfare Trauma Training Toolkit into training for all the department staff."

The Tennessee group was also involved in an international exchange of ideas between the NCTSN and professionals in Norway who were adapting the Resource Parent Curriculum. Later, Hoffmann and her team worked with Ake to produce a manual, *Senior Leadership in Implementation Collaboratives*, available on the NCTSN Learning Center.

Advantages of Affiliate Membership

Now that the center is an organizational Affiliate, Hoffmann serves on the Affiliate Advisory Board. Maintaining Affiliate status offers organizations an ongoing channel to other Network members who can offer valuable feedback, collaboration, and even partnerships on specific projects. "We encourage Affiliates to update their listing on the Affiliate page," she said, so that funded sites looking for expertise can find them.

"I would encourage other Affiliates not to feel like they're not in the club anymore just because they're not funded," Hoffman emphasized, "because I really don't think that's how people are seeing us, just from the way I've been treated." ■

Substance Abuse: Support for Families *cont'd from pg. 1*

Joanne Peterson, Founder and Executive Director of Learn to Cope.

brother had HIV, became addicted to cocaine and alcohol use, and spent many years in and out of jail. He later died of complications from his illness and addictions. Her sister used alcohol to self-medicate and was later diagnosed with schizophrenia. As a result of these family experiences, Ms. Peterson said, "I lived with stigma my entire childhood."

Later in life, when her oldest son graduated from high school, "I thought I was golden," she recalled. "I thought, 'Wow, my first child has made it,' which felt extra good for me because many people in my original family didn't make it." Then, after high school, her son began experimenting with OxyContin and soon became addicted. He was in and out of treatment programs, and at one point became involved with the justice system. The incident was reported in the local paper, and Ms. Peterson experienced the same social stigma that she had endured as a child. More than anything else, the social snubbing became a turning point for her. One day, an old acquaintance turned her back on her. Determined to save her son and not to live under a cloud of shame, she left the store, picked up the phone and called a reporter, Jorge Quiroga, at the ABC affiliate in Boston. She told the reporter, "We have a real problem here in this town – there are kids using heroin and no one's talking about it and no one's doing anything about it."

Support and Awareness Grow

The resulting stories by Mr. Quiroga began to expose the size and scope of the opioid epidemic in Massachusetts. Her son agreed to interviews from the jail where he was serving a sentence, and Ms. Peterson gathered resources to launch Learn to Cope to offer families the support, education, resources, and hope that could have helped her own family.

The organization is now funded by the Massachusetts Department of Public Health (MADPH) and has 25 thriving chapters throughout Massachusetts, as well as two in Florida and one in North Carolina. Learn to Cope families receive specialized support and education from professionals and their peers about prevention, education, awareness, and advocacy. In collaboration with MADPH, Learn to Cope became the first parent-network in the country to provide the overdose reversal antidote NARCAN® (nasal naloxone). Members have documented more than 130 successful reversals with the antidote since December 2011.

Hope for the Future

In 2015, Ms. Peterson was a recipient of the Advocates for Action award from the Office of National Drug Control Policy, and a panelist on the opioid crisis for the Health and Human Services Committee of the National Governors Association. Currently, she sits on the Emergency Department Boarding Work Group of the Massachusetts Executive Office of Health and Human Services, as well as the Governor's Special Commission to Investigate and Study Licensed Addiction Treatment Centers. "We're really fortunate in Massachusetts," she noted, "with the proactive state, the huge amount of advocacy from family members and friends, and support from our governor."

Nationally, too, there is a greater effort to fund prevention and treatment programs. (See summary of the SUPPORT for Patients and Communities Act, below.) Ms. Peterson believes that education is helping people to understand the science of addiction. "Before, it was seen as a moral failure, but now people are learning about the science. This is a huge difference, though we still have a long way to go – there needs to be a report card on every treatment center that we have."

She applauds the NCTSN for its multi-layered approach to helping children recover from trauma. With her family perspective – first having been a sibling and then a mother of someone who is addicted – she welcomes the chance to bring these important insights to national efforts to combat the epidemic. "Part of the way we can change this crisis is changing the way people talk about it – treating all families like the human beings they are." ■

SUPPORT for Patients and Communities Act Signed Into Law

On October 24, 2018, Congress enacted comprehensive bipartisan legislation supporting new provisions to stop illegal drugs from crossing the borders, establish comprehensive recovery centers, and support research for treating children exposed to opioid use disorder. In other provisions focused on child trauma, the SUPPORT for Patients and Communities Act establishes an interagency task force on trauma-informed care to identify, evaluate, and make recommendations regarding best practices for children and youth who have experienced trauma, and for babies born with opioid withdrawal symptoms. It also reauthorizes SAMHSA's National Child Traumatic Stress Initiative at a higher funding level. The funding will provide technical assistance and direct services to communities, and will support evaluations and dissemination of best practices in trauma-informed care for children and families. ■

NCTSN and ISTSS: Complementary Missions *cont'd from pg. 1*

well as legal and policy concerns. Ford said that the ISTSS has been "a wonderful place to basically nurture new knowledge and to develop new interventions and assessments." He pointed out, however, that the organization began with a more specific adult trauma focus. That's due to the origins of trauma research: the experiences of PTSD in military personnel, female survivors of violence, and Holocaust survivors and their descendants.

As leaders in the child trauma field have advanced the science about trauma's effects on child development, the idea of a lifespan approach to these effects has become more prominent at the "broader trauma table in the US and globally," Elmore Borbon observed. "The lifespan approach is now firmly planted in ISTSS." Since the ISTSS presidency of Nancy Kassam-Adams, PhD, from 2013 to 2014, annual meeting programming has included a childhood trauma track. Several prominent NCTSN members were featured presenters at November's meeting, including Marlene Wong, PhD, Clinical Professor of Social Work at the University of Southern California, and a leading global expert on school violence events; Heidi Ellis, PhD, Director of Refugee Trauma and Resilience Center at Boston Children's Hospital, and recipient of the 2018 Sarah Haley Memorial Award for Clinical Excellence; and Alicia Lieberman, PhD, Irving B. Harris Endowed Chair in Infant Mental Health at the University of California, San Francisco, Department of Psychiatry. A reception for NCTSN members was held on Friday evening at the meeting to honor Elmore Borbon and Ford.

> ***"NCTSN leaders have helped to ensure a place at the table for child trauma."***
>
> *DIANE ELMORE BORBON, PhD, MPH, Policy Program Director, UCLA-Duke University National Center for Child Traumatic Stress, and Immediate Past President, International Society for Traumatic Stress Studies*

Strategic Plan and New Initiatives

As members of the ISTSS board and executive committee over the past decade, Elmore Borbon and Ford have been integrally involved with the organization's strategic planning. Now in its second iteration, the strategic plan includes goals of promoting research and clinical excellence, a diverse and engaged membership, global impact, innovation, and financial strength. Elmore Borbon noted that the organization has been moving toward more policy engagement, as reflected in the annual meeting's theme of promoting societal change: integrating traumatic stress research, practice, and policy for vulnerable populations. Last year, the ISTSS issued a briefing paper on mental health and trauma in forcibly displaced persons (refugees). Last month the society released a report on sexual assault, sexual abuse, and harassment, and it will soon release another brief addressing hate-based violence. "We are trying to highlight how to share our research and our practice to improve the lives of vulnerable populations in particular," Elmore Borbon said. She will return to her work on the ISTSS Public Health and Policy Committee now that she has completed her presidential term. For more on these reports and briefing papers, visit the following ISTSS sites:

https://www.istss.org/education-research/trauma-and-mental-health-in-forcibly-displaced-pop.aspx

https://www.istss.org/getattachment/Education-Research/Sexual-Assault-and-Harassment/ISTSS_Sexual-Assault-Briefing-Paper_FNL.pdf.aspx

The ISTSS also issued a statement in the last year on the US administration's travel restriction policy. For an international group that holds its annual meetings in the United States, such travel restrictions can have a direct effect on scientific exchange. And, in the aftermath of the family separation crisis at the US border, the ISTSS issued a statement about the importance of keeping families together, and the consequences of family separation. The NCTSN furnished guidance and expertise for drafting the statement.

Ford noted that ISTSS will continue to focus on the theme of underserved populations at risk, while simultaneously disseminating the third edition of its trauma practice guidelines. He plans to combine this guidance with innovative developments in understanding the process of therapy, as well as effective interventions. "I think everyone in the child trauma field, and many in the adult trauma field, recognize that you can't just implement a package," he said. "You really have to individualize the treatment and the therapeutic relationship that is so crucial for children, and for their parents."

Ford also plans to invite leaders from other major societies to join in presidential symposia, with the goal of charting a unified course toward adult and childhood trauma. Ford and Elmore Borbon both believe that the partnership between the ISTSS and the NCTSN will continue to thrive. Ford said, "We in the childhood trauma branch of the traumatic stress field have been able to be active in the ISTSS in a way that has enabled our adult-focused colleagues to join together with us." ■

The Call for Presentations for the ISTSS 35th Annual Meeting will be announced in the first week of February 2019, with a 6-week submission period for presentation proposals. The theme for the 2019 meeting, to be held in Boston on November 14-16, is "Trauma, Recovery, and Resilience: Charting a Course Forward."

NATIONAL CENTER/COLLABORATIVE HIGHLIGHT

STS Group Builds Tools to Bolster Provider Resilience

"We work with so many vulnerable populations, and our counselors are exposed to so much suffering, that this ongoing exposure creates vulnerability to secondary traumatic stress," says Luis E. Flores, MA, LPC, Executive Vice President, Serving Children and Adults in Need Inc. (SCAN), Laredo, TX. "Oftentimes our staff members think that they are immune to it, and they have difficulty integrating self-care activities into their lives. No one is immune to secondary traumatic stress. And so, early in orientation and training, we instill in staff the importance of self-care." Attenuating secondary traumatic stress depends, in part, on STS-informed supervision, notes Ginny Sprang, PhD, Executive Director, University of Kentucky Center on Trauma and Children, Lexington, KY, and co-chair of the NCTSN Secondary Traumatic Stress Committee. That is, supervisors must be not just supportive, they must be intentional about that support.

Luis E. Flores, MA, LPC, Executive Vice President, Serving Children and Adults in Need Inc. (SCAN), Laredo, TX.

Ginny Sprang, PhD, Executive Director, University of Kentucky Center on Trauma and Children, Lexington, KY, and co-chair of the NCTSN Secondary Traumatic Stress Committee.

STS Committee members have been developing tools to aid supervisors and organizations to both identify gaps in knowledge of STS and to develop training plans to remediate those gaps. A newly completed resource, *Using the Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision*, is now available for download from the NCTSN Web site (https://www.nctsn.org/resources/using-secondary-traumatic-stress-core-competencies-trauma-informed-supervision).

STS-Informed Supervision

Sprang said that the goal of the core competencies work was to operationalize the competencies necessary for supervisors to be able to provide STS-informed supervision when staff members are dealing with difficult cases. One strategy used in STS-informed supervision is reflective supervision, in which the supervisor is completely present with supervisees while helping them process in real time what they're thinking and feeling about the work. It is not therapy, Sprang said. But it can help the therapist to "metabolize" the experience and not have to repress or hang on to difficult emotions. Reflective supervision can also be beneficial for the supervisor, because it is "a mindful activity done in the course of a very busy, task-oriented day," Sprang said. "The act of discussing the impact of work on professional life requires both the supervisor and supervisee to slow down and acknowledge the significance and meaning of the work. As a result, you feel like you have been really present in your own professional life as well."

Normalizing STS

Raven Cuellar, PhD, Project Director at ACTION Childhood Trauma Clinic, University of New Mexico, is the co-chair of the STS Committee. She and her team often conduct trauma-informed trainings with state juvenile justice and child welfare personnel. "One theme in the work here," she said, "is that many providers do not have the benefit of a reflective supervision structure that is the framework of support in our committee." Job turnover is common in the state's child welfare system, where team leaders or supervisors may have spent only a year on the job themselves. Another theme, especially among juvenile justice workers, is that a high percentage of personnel have high ACEs scores and are thus at even higher risk for STS. "An important part of our message is to normalize that STS is a natural pitfall of doing this hard work," Cuellar said. "It is equally important to attune to the ways our work gives us a sense of meaning and purpose, or compassion satisfaction. Giving providers permission to take these conversations and STS practice tools back to their organizations gives them a sense of shared accountability and a sense of relief." The New Mexico team has used Trauma Affect Regulation: Guide for Education and Therapy (TARGET), developed by Julian Ford, PhD, and colleagues, as a template not only for work with youth but as a model for provider distress intervention.

Outreach and Follow-Up

Sprang's site at the University of Kentucky is currently implementing an STS Breakthrough Series Collaborative in Maryland with the University of Maryland School of Social Work. Sprang provides technical assistance, coaching, and consultation with teams, some of whom have selected implementation of the supervisory competencies as their goal for the series. Intrinsic to that goal is the ability of leaders to assess the implementation of STS practices. To that end, the group will be using the Secondary Traumatic Stress-Informed Organization Assessment (available at http://www.uky.edu/CTAC/STSI-OA).

Solo and rural mental health practitioners present a different set of challenges for trainers. At the University of New Mexico, Cuellar's team strives to connect practitioners through a series of trainings that bring together a multidisciplinary group of rural providers who can "tend and befriend" across their remote practice settings. In Kentucky, Sprang's team has been operating a Clinical Associate program for 11 years. Each year, one participant receives $10,000 for a year of training and data collection, as well as free coaching and consultation. At the end of the year, this trauma-informed practitioner joins a statewide pool of other trained

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SPOTLIGHT ON CULTURE

Cultural Responsiveness: A Process, Not a Destination

"Not everything that is faced can be changed. But nothing can be changed until it is faced." *– James Baldwin (1924-1987)*

Sandra Chase, MSW/ACSW, offers this quote by the famous African American writer at the beginning and end of each workshop on cultural humility that she leads. Chase, who is co-chair of the NCTSN Culture Consortium, and Adjunct Professor for the Columbia School of Social Work and Antioch University Los Angeles, said that mentioning the quote serves to bring home her message that issues of racism, culture, implicit bias, systemic inequities, and resulting disparities in care must be continuously addressed in order for children and families to thrive.

Many child service providers may feel they've already trained in the concepts of "cultural competency," and may wonder why the conversation about racial and social justice keeps coming up. The fact is, more work remains to be done. For example, the disproportionate number of children of color in the child welfare and juvenile justice systems points to an ongoing need to confront issues of racial bias in order to change the disparities in outcomes. A November 2016 Children's Bureau issue brief titled "Racial Disproportionality and Disparity in Child Welfare" documented that American Indian, Alaska Native, Latino, and African American children were disproportionately represented in experiencing child abuse and placement in foster care. Juvenile justice statistics are just as alarming. The W. Haywood Burns Institute in Oakland, CA, uses data from the federal Office of Juvenile Justice and Delinquency Prevention to track youth incarceration. The institute's findings have revealed that African American youth are 5 times more likely to be incarcerated than white youth; Native American youth, 3.1 times more likely; and Latino youth, 1.6 times more likely.

Difficult Conversations

Bringing about both individual and systemic change hinges on honest confrontations about racial and cultural issues on multiple levels. Understanding historical and racial trauma "absolutely matters," says Jen Agosti, President of JRA Consulting, Ltd., in North Andover, MA. "We're often working in communities where families are exposed to chronic stress based on historical, intergenerational, and racial trauma." Providers may be treating children and families whose racial and ethnic backgrounds and histories are completely different from their own, and may even feel uncomfortable about addressing these gaps. The first step is to create awareness of the ways in which implicit bias influences relationships, decisions, and care, so that providers do not unknowingly add to the trauma their clients are experiencing. Agosti has led many Breakthrough Series Collaboratives for child-serving organizations, and she recognizes the challenges of having "difficult conversations" in the caring professions: "Because of the profession we're in, which fundamentally is about caring for other human beings, people don't want to believe that they may be behaving in ways that are different from what they like to think they believe."

Russell T. Jones, PhD, Professor of Psychology at Virginia Tech, maintained that the time is right for digging deeper into the subject. "While many individuals are now learning about the concepts of microaggressions, implicit bias, and privilege," he said, "it is imperative that we recognize their impact on disenfranchised individuals of color." Otherwise, clinicians may underestimate the role of related phenomena such as historical and intergeneration trauma, and "be unaware of the triggering that takes place on a daily basis for people of color and the impact it has on their day to day functioning."

Beyond Culture 101

In Chase's experience as a trainer, she has found that "frequently, agencies approach trainings on culture to meet contractual obligations rather than best practice." Completing a two-hour training in "cultural competence" does not mean that you are being culturally responsive, she pointed out. Indeed, the field has shifted away from the concept of cultural competence, which may connote, mistakenly, that one arrives at a destination. While some training is better than none, Chase emphasized the importance of engaging in self-reflection and recognizing the need for continuous learning, as these issues are deeply embedded in us and our society.

Strategies Abound

In the coming months, *IMPACT* will focus on specific sites taking the work further to effect change. Among the topics are: reducing the school-to-prison pipeline by instituting trauma-informed interventions and principles of restorative justice; use of culturally specific interventions to keep American Indian families together; and undertaking initiatives to train more providers of color as psychologists, social workers, and mental health clinicians. For one example of the NCTSN's work on racial injustice and trauma, see this position statement at https://www.nctsn.org/resources/racial-injustice-and-trauma-african-americans-us-nctsn-position-statement

Jones, Chase, and Agosti agreed that the best way to begin difficult conversations about race and culture is in a nonconfrontational, no-blame presentation. Chase added: "We have to get to a place where we're comfortable saying that we don't know everything, and that we're humble enough to look at it from a perspective of cultural humility rather than being the authority… We're all different and we want to be experts, but we cannot know everything. It can be very difficult, and even more so when you feel like you should know better." As a trainer, Chase encourages workshop participants and students to "make a difference in the lane you are in." ■

Expanding on Differences Between Adult and Adolescent Expression of Trauma Symptoms

When the *DSM-5* was published in 2013, one of the refinements was the inclusion of a new, dissociative subtype of PTSD defined by symptoms of depersonalization and derealization. A few years later, Kristen R. Choi, PhD, RN, now a National Clinician Scholar at UCLA, saw an opportunity to use a sample from the NCTSN Core Data Set to see whether the subtypes of PTSD might capture the trauma symptoms being displayed by adolescents. She explained, "For adults, this new subtype of PTSD captured those with more complex trauma histories, and my goal was to see whether this might also be true for adolescents." Ernestine Briggs, PhD, Director of the Data and Evaluation Program for the NCCTS/Duke University, worked with Choi on the project. "It was a great opportunity to explore these dissociative symptoms [of PTSD] in adolescents," Briggs said.

Genesis of Research

Choi's study began as her doctoral dissertation while she was at the University of Michigan School of Nursing. In the course of her research, she traveled to the NCCTS at Duke University and worked with Briggs to run her analysis with the Core Data Set. Individuals in the data set are all de-identified to protect their confidentiality. Even so, Institutional Review Board approval was required. And, in order for Choi to access the data set, a formal data use agreement was executed between the NCCTS and the University of Michigan.

Results of Comparisons

The Core Data Set contains clinical data from more than 14,000 trauma-exposed children ages 0 to 21 years old. The information was collected between 2004 and 2012 from 57 NCTSN sites across the country. For her analysis, Choi used a sample of 3,081 adolescents, ages 12 to 16, who had been assessed for trauma symptoms using the UCLA PTSD Reaction Index and the Trauma Symptom Checklist for Children-Alternate Version. She explored two models: one using two dissociation symptoms specified in the DSM-5; and the second using an expanded set of 10 items from the dissociation subscale of the Trauma Symptom Checklist. The two models were then compared, and the results of the study were published in 2017 in the *Journal of the American Academy of Child & Adolescent Psychiatry.*

Need for Careful Assessments Revealed

Based on her analysis, Choi found that 50% of adolescent cases of PTSD were the dissociative subtype, a rate much higher than the rate for adults with PTSD, 14%. Given that adolescents tend to express a wider range of dissociative symptoms, Choi said, "it's important to do a comprehensive assessment of dissociation."

Choi has focused her clinical practice on adolescents who have multiple traumatic experiences. Characterizing their symptoms can often be difficult, she noted. "For adolescents, symptoms of trauma may be expressed behaviorally more so than cognitively. Dissociation tends to be a bit harder to detect because it often presents as 'spacing out.'" It is quite common for these behaviors related to attention and focus to lead to an incorrect or missed diagnosis.

Briggs pointed out that analyses such as this contribute to understanding the complex developmental considerations that need to be explored when it comes to trauma among youth. "We need to move from thinking of adolescents as little adults," she said, "and create treatments and interventions that are developmentally appropriate and effective."Choi is interested in doing a follow-up study of younger children to see if and how the patterns of dissociative symptoms differ from the adolescents in the current study. ■

For more information on dissociation and PTSD, visit
https://www.nctsn.org/resources/data-glance-dissociation-and-ptsd-what-parents-should-know
https://www.nctsn.org/resources/data-glance-dissociation-and-ptsd-what-providers-should-know

New STS Tools for Supervisors *cont'd from pg. 5*

Raven Cuellar, PhD, Project Director at ACTION Childhood Trauma Clinic, University of New Mexico, and co-chair of the STS Committee

practitioners who provide peer support for new Clinical Associates.

Other supportive techniques vary by site. At SCAN, Flores and his colleagues dedicate time each Friday for staff members to come together and address their levels of stress. Attendance is voluntary, and the focus is on peer support and the practice of mindfulness – techniques that work not just for their clients but also for themselves.

Cuellar pointed out that supervisors need to heed the signs of STS in themselves. She appreciates networking with Network members in the STS committee and with colleagues in other statewide organizations. "We all need those reminders that we can share our distress and ask for support…We need to remember not to go it alone." ■

NCTSN Advisory Board Gathers for 2018 Annual Meeting

Each year, the NCTSN Advisory Board meets in person for presentations and discussion about Network direction and collaborations. This year the two-day event took place July 30-31 at the JB Duke Hotel in Durham, NC. Participants included eight Advisory Board members (pictured) along with Susana Rivera, PhD (the NCTSN Steering Committee representative to the Board, and Program Director, SCAN, Inc., Laredo, TX); Ken Curl, MSW, LCSW-C (Public Health Advisor, Center for Mental Health Services, SAMHSA); and several leaders from the National Center for Child Traumatic Stress.

NCTSN Advisory Board members met in Durham, NC, July 30-31, 2018. Front row, L to R: The Honorable Stacy Boulware Eurie, Teresa Huizar. ♦ Back row, L to R: Mary M. Keller, Ed.D, Diane Jacobstein, PhD, Christine James-Brown, The Honorable Michael L. Howard, Gregory K. Fritz, MD, Irene Clements. (Not present: Joanne Peterson)

Participants heard three main presentations during the summit. The primary presenters included NCCTS Executive Committee leaders Ellen Gerrity, PhD, Lisa Amaya-Jackson, MD, MPH, and Jenifer Maze, PhD, as well as NCCTS Program Directors George "Tripp" Ake, PhD, and Melissa Brymer, PhD. Drs. Amaya-Jackson, Maze, and Ake reported on the Breakthrough Series Collaborative on Trauma-Informed Schools. The focus of Dr. Gerrity's presentation was Child Trauma and the Opioid Crisis, while Dr. Brymer spoke about School Safety/Emergency Response Drills. Dr. Gerrity provided additional updates regarding federal policy news and the role of the NCTSN in national events. The Board and NCCTS leadership, including Co-Directors John Fairbank, PhD, and Robert Pynoos, MD, MPH, discussed ideas for future direction and recommendations regarding communications and potential collaborations. Meeting planning was coordinated by Lauren Absher, MSW (Program Coordinator, NCCTS Policy and Partnerships), with additional support from NCCTS staff Falesha Houston, MSW, Alicia Sellers, Barbara Baron, MBA, Mary Mount, MS, and DeAnna Griffin, MA.

This year was the first in-person meeting for Board member Irene Clements, Executive Director of the National Foster Parent Association. From her own practical experiences as a "boots on the ground" person, as she calls herself – she and her husband have fostered 127 children during the past 27 years – Ms. Clements has seen that there is no "one size fits all" approach to trauma. "Now, with the Family First Prevention Services Act, it's even more crucial that any new approaches are implementable by agencies and families," she said. She values the Network's inclusion of parent perspectives, and looks forward to continuing to serve on the Board during 2019 and 2020. ■

Did You Know?

In late September 2018, Mandy and Brian Taylor of Grand Rapids, MI, traveled to Washington, DC, for the annual Angels in Adoption® gala, sponsored by the Congressional Coalition on Adoption Institute. Mandy Taylor was one of 108 individuals and organizations being honored as Angels in Adoption® for their efforts as advocates for foster and adopted children. She was nominated for the award by Bethany Christian Services, through which she and her husband first became foster parents in 2006. Since then, they have fostered 13 children (four of whom they adopted) and become guardians of one; and had two biological children. Sparked by her passion to provide safe and healing homes for traumatized children, Taylor expanded her knowledge of traumatic stress through collaborations with the NCTSN. She has now completed her degree in social work, and currently works with Bethany providing support to foster and adoptive parents. She also has developed a trauma-based parenting curriculum for birth parents. ■

Angels in Adoption® honoree Mandy Taylor with (R) husband Brian Taylor and (L) US Senator Gary Peters (D-MI) in Washington, DC.

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.