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.

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

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

>>> cont’d on pg. 3

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS), The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.
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 at 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 “Trip” Ake, PhD, Program Director at the NCTTS/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 Angst, 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,” Hoffmann 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.”

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

Joanne Peterson, Founder and Executive Director of Learn to Cope. Later in life, when her oldest 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 Oxycodone 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 lose 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, and resources and hope that could have helped her own family.

Joanne Peterson, Founder and Executive Director of Learn to Cope.
NCTSN and ISTSS: Complementary Missions

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 Elmore Borbon and Ford was held on Friday evening at the meeting to honor Elmore Borbon and Ford.

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, Policy Program Director, NCTSN, noted that the ISTSS and the NCTSN will continue to thrive. Ford said, “We in ISTSS-informed supervision is reflective supervision, in which supervisors and organizations to operationalize the competencies necessary for supervisors to be able to provide ISTSS-informed supervision when staff members are dealing with difficult cases. One strategy used in ISTSS-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 intention to normalize that STS is a natural pitfall of doing this hard work.”

For more information, contact Diane Elmore Borbon at diane.elmoreborbon@nih.gov.

NATIONAL CENTER/COLLABORATIVE HIGHLIGHT

STSS Group Builds Tools to Bolster Provider Resilience

“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 ISTSS-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 intentionally to normalize that STS is a natural pitfall of doing this hard work.”

For more information, contact Diane Elmore Borbon at diane.elmoreborbon@nih.gov.
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)

SPOTLIGHT ON CULTURE

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 practices; and undertaking initiatives to train more practitioners of color as psychologists, social workers, and mental health clinicians. For example, for the NCTSN’s work on racial injustice and trauma, see this position statement at https://www.nctsn.org/resources/racial-injustice-and-trauma-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 our own culture and cultural history 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 we have to get to a place where we’re comfortable saying that we don’t know everything.” 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 Scholar at UCAL, saw an opportunity to use a sample from the NCTSN Core Data Set to see whether the subtypes of PTSD 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.” Eminem Briggs, PhD, of the Data and Evaluation Program at 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.

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, “to thinking of them as developmentally different 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-ptsd-whats-providers-should-know.

New STS Tools for Supervisors cont’d from pg. 5

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. “All those who work in the field need to remember not to go it alone.”

Raven Cuellar, PhD, Project Director at ACTION Children’s Trauma Clinic in New Mexico, and co-chair of the STS Committee
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 Curi, MSW, LCSW-C (Public Health Advisor, Center for Mental Health Services, SAMHSA); and several leaders from the National Center for Child Traumatic Stress.

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.

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.