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A PUBLICATION OF THE NATIONAL CHILD TRAUMATIC STRESS NETWORK

NATIONAL CENTER/COLLABORATIVE HIGHLIGHT

Expansion of NCTSN Work with Unaccompanied Children: FY 2019 Supplement Grants

In recent years, multiple factors have led to a crisis at the US border for children and families, with an 80% increase in 2014 in the number of unaccompanied children traveling to the United States. Many of the children are fleeing violence in the Northern Triangle of Central America – specifically, Guatemala, Honduras, and El Salvador. In addition, both before and after the establishment of the US “zero tolerance” policy, thousands of children have been separated from their parents or caregivers at the border.



Children in an immigrant shelter create drawings as a way to express their feelings about their experiences, one of the projects of the Las Cumbres Santuario del Corazón Project Team.

Many members of Congress are investigating what is happening to children and families by making visits to the border, holding hearings, developing legislation, and establishing funding for programs providing aid to the children. One of these funding initiatives, directed to the NCTSN in the fiscal year 2019 appropriations bill, provided targeted funding for trauma-related work for unaccompanied children (“UC”); this funding was awarded by SAMHSA as supplements to 13 NCTSN Category III Community Treatment and Services centers.

Diane Elmore Borbon, PhD, MPH, NCCTS Policy Program Director and Staff Lead on Unaccompanied Children, said the NCTSN was a fitting program to undertake the effort to bring trauma-informed mental health services to this vulnerable population. Over the years, many NCTSN sites have worked with refugee and immigrant children, and helped to create or adapt relevant resources for this population, including Webinars, fact sheets, and assessment tools. Moreover, the NCCTS policy efforts, overseen by the NCCTS Associate Director and Senior Policy Advisor, Ellen Gerrity, PhD, have advanced the recognition of the NCTSN as a trusted, knowledgeable, and responsive initiative, committed to evidence-based and culturally and linguistically responsive treatment of childhood trauma. “Providing services to children in or recently released from government-funded facilities is a complicated matter,” added Elmore Borbon. “The NCTSN’s experience with trust building with communities and providing high-quality trauma-informed practices was seen as a strong foundation for moving this work forward.”

The 10-month grant period was limited, requiring a rapid launch and scale-up of the work, said Lauren Absher, MSW, NCCTS Supplemental Project Manager. Several of the sites were able to quickly expand their direct services to children and the

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Irene Clements: A Life Dedicated to the Foster Care Journey

For Irene Clements, the foster care journey has always been inclusive of children and their birth parents. Over the 27 years in which she and her husband have fostered 127 children and youth, involvement of the birth parents has been front and center in their efforts to ensure stability for those in their care. Clements, who is Executive Director of the National Foster Parent Association and an NCTSN Advisory Board member, attributes her mentorship talents to her experience working in an early childhood intervention program. During those years, she came to realize that she shared commonalities with the parents of children with disabilities or who were medically fragile. It was that experience



Irene Clements, Executive Director of the National Foster Parent Association and an NCTSN Advisory Board member.

that “carried us [she and her husband] into fostering,” Clements said recently. “I wasn’t afraid to work with birth parents.”

“The ‘aha’ moment for me and my husband was that these parents are more like us than different,” Clements related. “And

that’s the approach we took with each foster child’s situation.” As a result, in the majority of situations, “we were able

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New This Issue: Welcome from the NCCTS Deputy Directors

With this winter 2019 issue of *IMPACT*, the two of us are assuming the duties of this column. We are delighted to introduce ourselves and share this issue's stories with you. As the Deputy Directors of the UCLA-Duke University National Center for Child Traumatic Stress, we have both worked with the NCCTS since 2002. We collaborate closely with Co-Directors John Fairbank, PhD, and Robert Pynoos, MD, MPH, to help guide our growing Network.

Our articles address two themes critical to the NCTSN: strengthening our partnerships with the multiple systems that serve children and families who experience trauma; and using technology to expand our reach. Our *National Center/Collaborative Highlight* focuses on NCTSN sites that are serving unaccompanied children with the support of supplemental SAMHSA funding. Other examples of partnerships: Irene Clements, Executive Director of the National Foster Parent Association and an NCTSN Advisory Board member; and NCTSN Affiliate member Family Service of Rhode Island.

Because of our size and geographic spread, the NCTSN has always needed innovative ways to virtually collaborate and train. In partnership with the Department of Defense (see our *Partnership Highlight*), we have created a unique online learning platform about child traumatic stress for DoD Family Advocacy Program staff across branches. Finally, our new initiative, *NCTSN Connects*, creates virtual events to foster relationships, spark collaborations, and connect Network members throughout the year.

May the coming holiday season bring fulfillment and joy for all of our readers!

Sincerely,

Jenifer Maze, PhD
Deputy Director
UCLA Neuropsychiatric Institute

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

AFFILIATE CORNER

Family Service of Rhode Island Makes Sustainability Job One

Family Service of Rhode Island was funded as an NCTSN Category III site for seven years, from 2009 to 2016. Sarah Kelly-Palmer, LICSW, Vice President, Trauma, Loss and Victim Services at the agency, recalled that project directors were especially aware, during the second round of grants, of the necessity of building sustainability into their trauma initiatives. "We were very thoughtful about being able to take evidence-based practices or treatments that could sustain the training agency-wide," she said. Family Service of Rhode Island chose to implement both TF-CBT and Trauma Systems Therapy, which provided a mechanism to onboard and train new staff in a more efficient way. Since the last grant period, the agency has also diversified its funding base by accessing federal funds through the Victims of Crime Act and taking advantage of the benefits of partnerships forged with the Chadwick Center. Kayla David, LMFT, Clinical Director of Trauma, Loss, and Victim Services at the agency, said that its partnership with the Rhode Island Department of Children, Youth & Families led to support for the implementation of TF-CBT. "We were able to train 60 Rhode Island clinicians over the last two years in TF-CBT," David noted.

Go Team Thrives

Seven years ago our report about Family Service of Rhode Island (*IMPACT*, Fall 2012) highlighted the agency's unique ride-along program with local Providence police, called Go Team. Established in 2004, the protocol provides a channel for police to contact agency clinicians on a 24/7 basis, who then accompany patrol cars on domestic violence cases. The agency now has partnerships with Rhode Island State Police, East Providence Police, and the city of Central Falls, just north of Providence. "The program is so impactful," Kelly-Palmer said. "Not only are we able to identify kids and families impacted by trauma early on in the process, but there has been a secondary gain for law enforcement" in having a trauma-trained clinician ride along on these calls.

"If you choose to stay involved, it helps reinforce the work, and other opportunities unfold."

SARAH KELLY-PALMER, LICSW, Vice President, Trauma, Loss and Victim Services, Family Service of Rhode Island

Other Projects Bloom

"There is such a benefit to being an active Affiliate member," said David, who has remained a member of the NCTSN Child Sexual Abuse Committee since joining it during the second funding period. Now an integral part of that group's LGBTQ Subcommittee, David said she deeply appreciates the mentoring that has come along with her participation. She has been an active member of the writing and editing team that just released the first NCTSN fact sheet on Sexual Health and Trauma. For her part, Kelly-Palmer remains a member of both the NCTSN Steering Committee and the Affiliate Advisory Group. "I think the Affiliate program is a driver for sustainability," she affirmed. "If you choose to stay involved, it helps reinforce the work, and other opportunities unfold." ■

Irene Clements' Foster Care Journey *cont'd from pg. 1*

to work with the families and help the kids go back home.” In some cases, their return to their homes wasn’t the right or safe choice – and even then, Clements said, “we were able to help those parents understand the reasons why.”

Awareness of Trauma

Years before childhood traumatic stress became recognized, Irene and her husband were dealing with its impact on the children they fostered. “We had never heard of reactive detachment disorder or PTSD,” she recalled. “We had to learn all of that on our own.” The wisdom they acquired from working with foster children and birth parents grew over time. “Sometimes I think it’s better not to have labels because then children are branded,” Clements reflected. When a worker from child protective services calls to see if her family will take another “placement,” she bristles. “I always say: This is not a ‘placement,’ this is a human being. Tell me about this kid – what’s going on and what are his challenges.” It’s this approach that has worked so well for the children she and her husband have taken into their home. Two brothers, for example, had been described by a psychologist as having “no conscience” and being incapable of bonding. Irene and her husband agreed to foster the boys. Part of their parenting involved traveling 40 miles each day during the summers to drop the boys off and pick them up from their treatment center. “I was determined that they were going to be at my supper table with the family,” Clements said. “No matter what, they were part of the family. And it worked. They are now both very productive men with beautiful marriages, and are good fathers. Sometimes you just have to stand up for your kids when the system is telling you the labels are more important – and they’re not.”

Policies and Unintended Consequences

The Clementses have four adopted children, one of whom, a daughter, they adopted as an infant. The foster children came soon after, and Clements has seen firsthand the effects of federal policies on the foster parent landscape. She pointed out the unintended consequences of some of those policies. For example, one federal policy ordained that foster parents could not adopt. But then, practice changed to encourage foster parents to adopt, and then changed further to say that all licensed foster parents should be approved to adopt. However, an adoption incentive program, which funneled funds to the states expressly for this purpose, sometimes meant that more children were adopted before they had the opportunity to return to their family of origin. Later, the movement toward permanency, enacted ostensibly to increase well-being for children, established a 12-month deadline for making permanent family decisions for foster children. Even with a six-month extension (if allowed by a family court judge), this still might not be enough time for children to be safely re-united with their birth parents. Clements explained that if children were in the foster care system because of a parent’s drug addiction, the time constraints could result in putting children into adoptive families when they were not ready.

In fact, they might be living in an under-resourced area with insufficient drug rehabilitation program openings. “Everybody thought we were doing the right thing,” Clements said, “because nobody wants kids to be languishing in foster care. But we weren’t really giving families the opportunity to change because we didn’t have support services available to help them do it.”



Billy and Irene Clements (back row, center) and a mere handful of their four-generational family members.

That’s why she is enthusiastic about the recently enacted Families First Prevention Services Act, which puts more emphasis on healing for the family as a whole. Based on her family’s experiences, Clements said, “it’s just amazing what you find out when you have a relationship with the birth parents.” The Clements household is a testament to the ongoing devotion to all the children they’ve included in their family. Former foster children, now adults, bring their children and grandchildren to visit, and Irene’s husband has walked several of their adult foster children down the aisle. “We know that children do better in families [as opposed to group homes],” Clements said, “and we need more families prepared and supported to meet the needs of kids whose behaviors and past trauma make it difficult for them to adjust to family life. But, we’re not growing opportunities for these foster families to become wiser and better, because they become adoptive parents and then they go away.” Clements believes that it’s imperative for child service agencies to intentionally develop tenured foster families. “We need to start recruiting for families who want to make a significant difference in the lives of many different families.”

Not Stopping

This quest – to strengthen resource parents through education like the NCTSN’s Resource Parent Curriculum and other support systems – continues to drive Irene Clements. Now 72, she remains immersed in her work. In addition to NCTSN Advisory Board membership, a short list of her lengthy credentials includes board memberships at the Texas Foster Care Association and Project Foster Care, and chair of the board of directors at EveryChild, Inc. Texas. When family members encourage her to consider slowing down, she responds, “If I have the energy and the passion, why would I want to slow down?” ■

Expanded Work with Unaccompanied Children *cont'd from pg. 1*

indirect support they had been providing through training initiatives. Others focused their efforts on establishing new partnerships with government and refugee organizations and offering collaborations and trauma-related support.

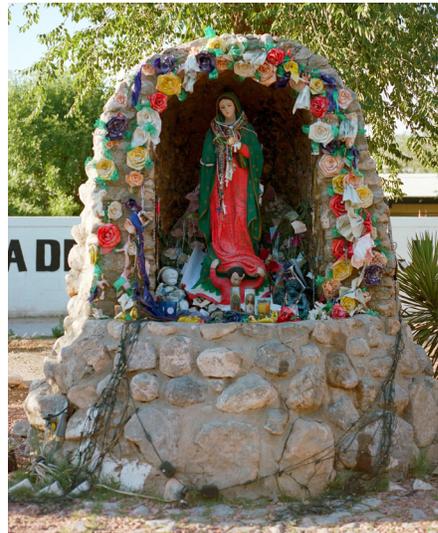
To establish a collaborative structure and coordinate these activities, the NCCTS created a UC Task Force that meets twice monthly, said Elmore Borbon. Within a climate of rapid policy and regulatory change, the NCCTS is helping the sites engage with a variety of service settings and partners, including the Office of Refugee Resettlement-funded shelters, post-release subcontractors, schools, faith-based organizations, legal and immigration advocates, and others.

Modified Approaches

According to Absher, the sites were able to modify their approaches quickly when needed. A family from rural Guatemala, for example, who spoke an indigenous language, not Spanish, and had different cultural beliefs than those coming from Honduras or El Salvador, would have specific needs that would inform delivery of care. Vanessa Ramirez, PsyD, Program Director at the Kristi House, Inc., site in Miami, FL, said that existing partnerships allowed her staff to move quickly to work with youth in post-detention shelters. Having served the Miami-Dade area with bilingual therapists for many years, Kristi House is now a trusted source for TF-CBT and evidence-based and trauma-informed training, which is helping to raise staff awareness about trauma. “Some believe that the children are not traumatized because they appear to be OK at first,” Ramirez said. However, she and other therapists noticed that some of the youth were withdrawn and had become numbed to their traumatic experiences. This will mean, she said, that “the initial part of treatment takes longer. We spend time teaching them about feelings and educating them about trauma.”

Another site, Las Cumbres Community Services, Inc., based in Española, NM, is headed up by Project Director Stacey Frymier, MA, LPCC, LPAT-ATR, IMH-E (V-C), who is trained in both trauma treatment and art therapy. She reported that the Las Cumbres Santuario del Corazón Project Team has been using a combination of trauma-focused evidence-based practices and art-based, unstructured interventions to build relationships and facilitate conversations with parents and children. The program also provides support in Ciudad Juárez shelters in Mexico, where children are given art supplies to encourage them to express feelings in this way. The children will often spontaneously create pictures of their homes and their journeys. The parents, curious to see the artwork, will drift over to see, and a more relaxed conversation can begin about their shared experiences. Frymier said this has been a powerful bridge for establishing rapport with children and families that then leads to a deeper therapeutic intervention.

Frymier noted that it took months, utilizing creative outreach and flexibility, to build relationships with shelters along the New Mexico/Texas/Mexico border. Elmore Borbon stressed



A shrine to the Virgin de Guadalupe outside the Casa Del Migrante in Ciudad Juárez, Mexico, where children and families are sheltered while awaiting the decision on their applications for immigration.

the importance of this trust building; those working directly with the children want to be sure that any new partners will be supportive colleagues and will not cause the children any further harm.

When the US Migrant Protection Protocols policy was expanded in June 2019, the numbers of families and children in US border shelters declined significantly. This Homeland Security policy dictated that foreign adults

and families immigrating through Mexico must remain in Mexico while their requests for asylum are processed in the US courts. (Unaccompanied children are exempt from the policy.) As the number of families detained in Mexico rose, Frymier and her associate Jose Gonzales, BA, increased their mobile unit work over the border in Juárez, Mexico, primarily in two shelters called Casa Del Migrante and El Buen Pastor. Although their supplemental grant covers only domestic activities, this work in Mexico is a volunteer arm of the project. “Our mantra is, ‘how can we help?’” said Frymier.

‘Spreading the Word’

In the past year, many other NCTSN members have been reaching out to the NCCTS to learn how they can get involved. To raise awareness across the NCTSN, Absher and Elmore Borbon collaborated with the NCTSN UC Task Force to facilitate an NCTSN Connects July 2019 Webinar discussion that included about 60 participants. According to Absher, “NCTSN members are eager for more opportunities to learn about what’s going on in this rapidly changing situation.” Future events are being planned to share additional updates about what services are needed, what new resources are available, and lessons learned in working with this population. ■

Resources:

<https://www.nctsn.org/resources/understanding-how-an-immigrant-family-navigates-family-trauma> (Webinar)

https://www.nctsn.org/resources/all-nctsn-resources?search=refugee+trauma&resource_type=All&trauma_type=10&language=All&audience=All&other=All

Research Update: A Developmentally-Informed Assessment Tool for Bereaved Youth

The death of a loved one has been identified as one of life's most distressing events. To a large extent, grief is a normal process when such a loss occurs. But childhood trauma experts have known for some time that it is possible for youth to get "stuck" in their grief. Julie B. Kaplow, PhD, Chief of Psychology and Director of the Trauma and Grief Center at Texas Children's Hospital, explained what getting stuck might look like. For example, a child might become preoccupied with the circumstances of the loved one's death, constantly wish the person didn't suffer, lose the ability to function in daily life, and even wonder if life is worth living without the loved one. These are among the symptoms of Persistent Complex Bereavement Disorder (PCBD).

Questions about whether a child is truly struggling with persistent grief reactions can be best answered by use of an evidence-based assessment tool designed to evaluate symptoms of PCBD. Such a tool could help the provider to determine whether more specialized therapeutic services may be needed. Kaplow and Christopher M. Layne, PhD, Director of Education in Evidence-Based Practice at the UCLA/Duke University National Center for Child Traumatic Stress, are two NCTSN researchers who have been developing an assessment tool for PCBD. Because PCBD is currently a provisional disorder per the American Psychiatric Association – PCBD is located in the appendix of the *DSM-5* – it is not an official, reimbursable diagnosis for insurance billing purposes. Nevertheless, Layne said the inclusion of PCBD in *DSM-5* is a major step forward for the bereavement field, because the entry enumerates symptoms that can be tested empirically, and it serves as a call to action for further study of the disorder. The primary symptoms of PCBD are clustered around "Criterion B" (separation distress and preoccupation with the deceased person or the circumstances of death); and "Criterion C" (reactive distress or disruptions in social and personal identity).

Validating the PCBD Measure

"There are very few measures of grief designed for children and adolescents," Kaplow emphasized. Layne, Kaplow, and their research colleagues "took up the challenge" by testing the PCBD Checklist for its developmental appropriateness, reliability, validity, and clinical utility. The PCBD Checklist grew from a multi-site practice research network (the Grief-Informed Foundations of Treatment, or GIFT, network) funded by the New York Life Foundation, for which both Kaplow and Layne serve as co-principal investigators. The PCBD assessment battery takes approximately 8-12 minutes to administer. As Kaplow described it, the first part of the 39-item checklist captures the circumstantial issues around the relevant death: who died, how long ago, the cause of death, and other information. The second part of the checklist contains the provisional PCBD symptoms themselves, as well as indicators of functional impairment.

The test authors followed best-practice test construction procedures in creating the PCBD Checklist. They first

assembled a panel of clinical and child service experts to evaluate the developmental appropriateness and clarity of the checklist items. The authors also formed a focus group to evaluate how understandable and acceptable the items were. Finally, they evaluated these psychometric properties in a study population.

A total of 367 bereaved youth aged 7 to 17 participated in the study. Kaplow and her colleagues at the Trauma and Grief Clinic trained front-line community and school-based clinicians in how to administer the PCBD Checklist to these youth at several sites, including school-based health clinics, community clinics, and bereavement support centers located in Houston and Detroit. The Trauma and Grief Center provided ongoing supervision calls to offer guidance around administration of the tool, Kaplow added.

How the Checklist Performed

The authors found that youth who met the full PCBD diagnostic criteria reported higher posttraumatic stress and depression symptoms when compared with youth who did not meet the full PCBD criteria. In addition, the expert panel and front-line clinicians favorably rated the PCBD Checklist items in terms of developmental appropriateness, clarity, acceptability, and clinical utility. These results were published in the *Journal of Traumatic Stress* in April, 2018.* A follow-up study, now in press at the *Journal of Traumatic Stress* (first author Ryan M. Hill, PhD, Assistant Professor, Section of Psychology, Department of Pediatrics, at Baylor College of Medicine/Texas Children's Hospital), evaluated how consistently the PCBD Checklist performed across gender, racial, and ethnic differences among the youth.

Layne remarked that a primary strength of the checklist is its developmentally appropriate manner of defining grief reactions. "It's a strange thing to ask a nine-year-old, 'Do you feel like you're having a hard time with your grief?'" he pointed out. These children simply don't think that way or possess the insight to answer validly. Thus, a primary goal in constructing a developmentally appropriate test is to describe grief reactions in terms that reflect the child's inner thoughts and feelings.

Evidence supporting the clinical utility of the PCBD Checklist, a measure designed to explicitly measure grief reactions, is that it helps clinicians and families recognize the important distinctions between grief and PTSD, as well as the need for treatments that are designed to address grief in particular (as opposed to trauma and PTSD). The authors said they remain hopeful that an official grief diagnosis – one that reflects what researchers have been learning in evaluating PCBD – will be included in future revisions of the *DSM*. ■

*Kaplow, J. B., Layne C. M., Oosterhoff, B., et al. (2018). Validation of the Persistent Complex Bereavement Disorder Checklist: A developmentally informed assessment tool for bereaved youth. *Journal of Traumatic Stress*, 31, 244-254. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5922782/>

Innovative Online Training Supports Trauma-Informed Care for Military Children and Families

In the past five years, the UCLA/Duke University National Center for Child Traumatic Stress has forged a unique partnership with the Department of Defense's Military Community and Family Policy (MC&FP). The purpose: to train military providers in evidence-based, trauma-informed practices in working with military families and children. Although the work is closely aligned with the SAMHSA-supported NCTSN Military and Veteran Families Program, the DoD partnership is a separately funded program that has supported the development of an innovative online training platform known as "the Academy," short for the NCTSN/DoD Academy on Child Traumatic Stress. The Academy encompasses an integrated learning management system and social networking that afford learners access to both eLearning material and a way to share and interact with other learners via virtual Communities of Practice. The contract was renewed in June 2019 and will continue for an additional five years.

Genesis of the Academy

Military families and children face multiple stressors such as frequent moves that take kids away from school, spouses away from jobs, and entire families away from their support systems. The combination of these unique military stressors and deployment may put families and children at risk for family violence and child maltreatment, according to Gregory Leskin, PhD, Program Director for the NCTSN's Military and Veteran Families Program, and Project Director for the Academy. Leskin noted that "most military families do heroically well, utilizing support programs, relying on their communities, as well as their internal strengths and positive coping skills, to flexibly adapt to these types of stressors."

But for some families, negotiating the stress of deployment – in combination with what Leskin calls the "intensifiers" of sudden transitions, separations, and moving – can lead to relationship and parenting challenges. The Department of Defense Family Advocacy Program is congressionally mandated to respond to reports of child abuse or neglect and domestic abuse in military families, including investigating and substantiating allegations. Additionally, Family Advocacy staff can provide military families with case management, as well as clinical services focused on violence prevention, positive parenting, and child and family counseling.

In 2012, Leskin invited Mary ("Tib") Campise, LICSW, a senior program analyst with the Family Advocacy and New Parent Support Program, to attend an NCTSN All-Network Conference and meet with the NCTSN Military Families Collaborative group. The original NCTSN/DoD collaborative work began with development of Webinars and fact sheets to train NCTSN partners about the types of stressors and traumas faced by military families. However, as their work progressed, the group began to formulate plans to share best practices on trauma-informed care with FAP providers, Leskin said. Campise and William Huleatt, LCSW, also with the MC&FP, have provided

guidance and support to NCTSN staff on ways to approach the unique challenges of training FAP and NPSP clinicians on child trauma and trauma-informed care.

The group accessed UCLA IT and the creative energy of NCCTS personnel – in particular, DeAnna Griffin, MA, Product Development Manager, who directed the development of a sequence of eLearning trainings for the Academy. The first component was called Foundational Knowledge, a self-paced, on-demand online course designed to acquaint FAP providers with the core tenets of trauma-informed counseling. Rio May Del Rosario, LMSW, Project Manager for the Academy, said that this initial component has been so successful that it has now become a requirement for all FAP providers. As of December 2, 2019, 1824 DoD learners have enrolled in the course.

Other courses have been developed for targeting specific sub-programs and specific staff, said Del Rosario. For example, for the New Parent Support Program learners, the NCTSN worked with Zero to Three to design the Protective Factors Framework for Military course. Skills for Psychological Recovery, one of the most recent courses to launch, also uses self-paced on-demand learning modules. Leskin praised Griffin, as well as Drs. Melissa Brymer and Kristine Louie, for their outstanding contributions to the successful online adaptation of this course for Family Advocacy providers, including the narrated segments and graphics which enhanced the course delivery. As with other components in the Academy, Skills for Psychological Recovery offers learners a chance to network and problem-solve with colleagues across DoD through social media.

Real-Time Challenges

The next leap for the Academy was to design a real-time virtual training course. For that task, the NCTSN called on David J. Kolko, PhD, ABPP, Professor of Psychiatry, Psychology, Pediatrics, and Clinical and Translational Science, University of Pittsburgh School of Medicine. Kolko is co-developer of Alternatives for Families: A Cognitive Behavioral Therapy (www.afcbt.org), which is an evidence-based intervention designed to defuse anger, conflict, and coercion and teach interactional skills to family members. He organized the team of trainers including Barbara Baumann, Monica Fitzgerald, and Naomi Perry, who spent six months converting their face-to-face training materials and methods into smaller, teachable units for use in a Web conferencing platform. They then practiced using multiple Web cameras and virtual classrooms so that the faculty could do breakout sessions in real time.

The team conducted four, four-hour virtual trainings over two weeks. Participants in the first pilot cohort were located in Colorado, while the second cohort included participants from bases in San Diego and Japan. So far, Kolko reported, "the feedback has been generally very positive."

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Trauma-Informed Care for Military Children and Families *cont'd from pg. 6*

Recently, the Academy launched a new online course on Problematic Sexual Behavior in Children and Youth (PSB-CY), which included Jane F. Silovsky, PhD, Professor of Pediatrics, University of Oklahoma Health Sciences Center, Oklahoma City, and Director, Treatment Program for Children with Problematic Sexual Behavior, and a senior developer of PSB-CBT. The aim of the course is to provide clinicians at military installations with accurate information about typical child development; when to determine whether sexual behaviors are a problem; and how to address the behaviors in a developmentally and evidence-based way. Engaging families is critical in this work, Silovsky said: "You are talking about addressing two of the most sensitive topics to address with families – sexual behavior of children, and parenting. But it doesn't work to just train therapists. It has to be a community collaboration to help to dispel the myths." The main message of the course, she said, is that children are responsive to interventions and that there is hope: "The nice thing about the military is that they have protocols for everything, so the ability to disseminate change is an amazing asset."

In addition to Silovsky, the Problematic Sexual Behavior course includes a number of outstanding faculty, including Barbara Bonner, PhD, Paul Shawler, PhD, Elizabeth Letourneau, PhD, Brian Allen, PsyD, Judith Cohen, MD, Roy Van Tassell, MS, Catherine Bradshaw, PhD, Jimmy Widdifield, Jr., MA, and Edwina Reyes, LCSW. The course also features representatives from DoD's DoDEA program, Child and Youth Behavioral Programs, Military Family Life Counselor Programs, and Law Enforcement.

The partnership has negotiated a variety of challenges, including developing solutions for preserving security and confidentiality; being attuned to cultural differences of the different service branches; and strengthening families through difficult circumstances. "The nature of the military can be very complex and challenging, as is caring for the kids who might be impacted," Leskin summed up. "I'm very proud that the NCTSN is able to share our expertise, knowledge, and best practices about trauma-informed care with our military partners. ■"

NCTSN Connects: New Collaborative Opportunities Through Technology

Collaborations are at the heart of the NCTSN mission to raise the standard of care for childhood trauma. Connecting with fellow grantees at in-person meetings has, over the years, been a key mechanism for creating new and fruitful teams and initiatives. Currently, as federally-funded grant programs move toward supporting virtual meetings and conferences, the Network has been expanding its repertoire of technological opportunities to connect and collaborate.



Enter *NCTSN Connects*, offering innovative ways for the Network's 100 funded grantees and 150-plus Affiliate members to stay connected virtually, and thus strengthen their collaborations. "We value collaborations so highly, and the proof of that is the way in which we're able to leverage our resources," said Lisa Amaya-Jackson, MD, MPH, Deputy Director of the National Center for Child Traumatic Stress. With guidance from a subcommittee of the Steering Committee, the Network has already launched several virtual events to put members in touch. For example, Ginny Sprang, PhD, Rocio Chang-Angulo, PsyD, and Judith Cohen, MD, co-facilitated a Coffee and Conversation virtual meeting on July 16, 2019, with 50 attendees. The topics included professional development, secondary traumatic stress, work-life balance, and promoting workplace equity.

Traditionally, the Network's special interest committees have hosted invitational breakout sessions at All-Network Conferences to recruit new members. Now, *NCTSN Connects* hosts Collaborative Group Open Houses. The Child Sexual

Abuse Committee, co-chaired by Dr. Cohen, Professor of Psychiatry, Drexel University College of Medicine, and Allegheny General Hospital Center for Traumatic Stress in Children & Adolescents; and Susana Rivera, PhD, SCAN Inc., in Laredo, TX, held their first *NCTSN Connects* Open House in September. "The virtual Open House format allows collaborative groups to share information about our activities, products and upcoming plans with the whole Network and hopefully to interest some new NCTSN members in joining who otherwise wouldn't have known much about us," Cohen observed. The Committee on Childhood Traumatic Grief and Separation conducted a New Product Roll-Out on the platform in November, and hosted their Open House the first week of December.

Other opportunities have included a special Webinar on Unaccompanied and Separated Immigrant Children, held in July. *NCTSN Connects* also maximizes opportunities for members to connect at professional meetings such as the American Psychiatric Association and others. Plans are in the works for a Young Professionals special interest group to mentor new leadership.

Although face-to-face interactions at an All-Network Conference have been important for maintaining collaborations and sparking new ideas, one obvious advantage of being able to log on to a collaborative site rather than travel is that more members are able to participate. "Many of those whose centers could not pay for them to travel to attend the ANC can now participate," Cohen said. "This actually widens the net of people who are able to participate and join collaborative groups." ■

In Memoriam

Two honored colleagues died unexpectedly in recent months, and we offer this tribute to their legacies.



Carl C. Bell, MD
(October 28, 1947 –
August 2, 2019).

Psychiatrist **Carl C. Bell, MD** (October 28, 1947 – August 2, 2019), lived and worked on the South Side of Chicago, and dedicated his career to serving the African American community. A National Institute of Mental Health researcher, Dr. Bell focused much of his work on the impact of violence and trauma on child development. He worked extensively on juvenile justice reform, and founded the Community Mental Health Council on Chicago's South Side in 1987. Dr. Bell was also passionate about his latest research, summarized in his book, *Fetal Alcohol Exposure in the African American Community* (2018). He gave the 2019 Adolf Meyer Award for Lifetime Achievement in Psychiatric Research Lecture, the

highest award of the American Psychiatric Association. That was one of Dr. Bell's own highest honors, according to NCTSN's Robert Pynoos, MD, MPH, who also said of his colleague, "A pioneer in our field, Carl was a close friend, an extraordinary colleague, and an uncompromising voice for children and their families. He championed the importance of a protective shield in children's lives, and was unrelenting in his efforts to ensure that children had the opportunity to thrive free of violence and bigotry."



Joseph A. Benamati, Jr., EdD (November 6, 1950 – October 15, 2019).

While serving with the United States Air Force in Vietnam, **Joseph A. Benamati, Jr., EdD** (November 6, 1950 – October 15, 2019), worked with personnel suffering from PTSD. Post-war, he earned social work and doctoral degrees at the State University of New York at Albany and Nova Southeastern University, respectively, and dedicated his career to helping those struggling with past trauma. He worked as a clinical director at several residential treatment facilities and was an author of START (Systematic Training to Assist in the Recovery from Trauma). For the past 15 years, Dr. Benamati was a senior faculty member for the Andrus Sanctuary Institute in Yonkers, NY. He was a past co-chair of the NCTSN Juvenile

Justice Working Group and an author of the *Juvenile Justice Think Trauma Toolkit*. Of his many contributions to the Network, Co-Directors Pynoos and John Fairbank, PhD, stated, "Joe played a pivotal role in the creation of the Affiliate Program, and as part of its Advisory Group, he helped make it the robust program it is today." ■

Did You Know?

In 2013, the Department of Social Work at the University of Vermont partnered with the state's Department for Children and Families to become one of the first NCTSN sites to pilot the Resource Parent Curriculum (RPC). **Amy Bielawski-Branch, MS**, the Kinship, Foster and Adoptive Families Training Specialist at the university, said the Vermont Placement Stability Project has been making strides with its caregiver training programs. The project continues to use most of the RPC but has expanded it to include a parenting skills component, which draws from PCIT/CARE and Helping the Noncompliant Child programs. Now called **Vermont RPC+ TIPS for Tuning In**, the 10-week course is taught at all of Vermont's 10 designated mental health agencies. The "Plus" in its name refers to the parent skills as well as use of online, social media, and mobile phone app components that reinforce the course work. For example, there is a dedicated Facebook page for participants and graduates of the course. The day after each module, the participants also receive a follow-up email that summarizes what happened in the class and provides links to videos and other information. Through a two-day training of trainers, the project has trained 40 instructors in delivering the course; the next training is set for this December. Vermont RPC+ TIPS for Tuning In has now graduated 405 caregivers – which amounts to a third of the state's entire community of caregivers! (Vermont's population is just 625,000.) ■

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.