NCTSN The National Child Traumatic Stress Network

IMPACT

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Grantees Enrich Network Mission: CAT III Centers

The Spring 2013 issue of *IMPACT* highlighted several of the National Child Traumatic Stress Network's 22 CAT II grantees. The Network's diverse and broad-based membership also includes 56 CAT III sites – community-based organizations that provide and evaluate direct services to children and families within child-serving systems, and collaborate with other NCTSN centers. In this issue, *IMPACT* profiles four CAT III grantees, with more profiles to follow in the Fall issue.

Snapshots of NCTSN CAT III Sites

Will's Place at Ozark Center, Inc., Joplin, MO

Ozark Center Director Vicky L. Mieseler, MS, has been told that her center's goals for the current NCTSN funding cycle are "lofty." But given the challenges the center has already faced, "we think these goals are manageable," Mieseler said. On May 22, 2011, a catastrophic EF5 tornado hit Joplin, killing 161 people and injuring 1150. Eight of the 14 buildings that comprise Ozark Center were among thousands of buildings destroyed. Governor Jay Nixon, struck by the number of children affected by the devastation, began talks with Ozark Center staff about addressing child trauma in the aftermath of the tornado. When an initial application to SAMHSA did not get funded, the Governor and Keith Schafer, Director of the Missouri Department of Mental Health, brokered appropriations of $2 million to fund construction of a child trauma treatment center. The center, Will's Place, named for Will Norton, the oldest youth killed in the Joplin tornado, opened in January of 2012 with a dedication by Nixon.

Missouri Governor Jay Nixon speaks at the January 2012 dedication ceremony for Will's Place at Ozark Center in Joplin, MO.

Renaming the child trauma treatment center served several purposes, Mieseler said. Calling it Will's Place was a way to simultaneously honor all the children who lost their lives in the tornado, and to embrace Will Norton's positive outlook on life. In addition, staff members felt that by renaming the building they were reducing stigma that may be associated with going to a "mental health" center.

Mieseler enumerated Ozark Center's ambitious goals as a new member of the Network: 1) provide trauma-focused treatment to uninsured and under-insured children; 2) "share the wealth" of evidence-based, trauma-focused practice training by becoming a center of excellence for dissemination of training in the four-state area (Kansas, Missouri, Oklahoma, and Arkansas); and 3) disseminate the center's Web-based screening tool that allows practitioners from a wide range of child-serving agencies to screen for trauma in children. Project Co-Director Kim Fielding, EdD, who is in charge of training, said she has witnessed a sea change in both understanding and de-stigmatizing of the term "trauma" since 2011. "Even though the tornado was unfortunate," she said, "it opened a door to [having] a broader conversation about trauma."

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Creating Secondary Traumatic Stress-Informed Organizations

Part One: Essential Elements of STS-Informed Approaches

By the nature of the work they do, child-serving professionals can be at particular risk of secondary traumatic stress (STS). In order to effectively address the needs of children and families exposed to trauma, these professionals require an organizational environment that supports their own resilience in the face of secondary exposures and stress. How do child-serving organizations create this supportive, STS-informed workplace? Our new series, conceptualized by Leslie Ross, PsyD, and Ginny Sprang, PhD, Co-Chairs of the NCTSN's Secondary Traumatic Stress Committee, was generated to address this question. Part One explores three essential elements in the creation of STS-informed organizations: acknowledging the impact of STS; planning policies and procedures to ensure the physical and psychological safety of the workforce; and integrating STS-informed policies into the fabric of the organization.

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SPOTLIGHT ON CULTURE

Conversations about Historical Trauma: Part Two

"African Americans have another kind of injury that underlies all other injuries, and that is the history of slavery."
—Joy DeGruy, PhD, author, Post Traumatic Slave Syndrome[1]

Part One of our series on historical trauma (see *IMPACT* Spring 2013) introduced the concept that multigenerational trauma affects individual and familial response to trauma and loss. In practice, clinicians must be mindful that the pain children experience may be related to the pain that their parents, grandparents, and ancestors experienced, noted Vivian H. Jackson, PhD, a member of the NCTSN Advisory Board and a faculty member at the National Center for Cultural Competence at the Georgetown University Center for Child and Human Development.

For African Americans who are descendants of enslaved Africans, the dynamics of slavery itself; the institutionalized segregation and violence that followed emancipation; and ongoing struggles for racial justice continue to affect African American life. We spoke with several Network members and a nationally known expert to further understand these impacts and the implications for clinicians who work with children and families.

Post Traumatic Slave Syndrome

Bradley C. Stolbach, PhD, Associate Professor of Clinical Pediatrics at the University of Chicago Pritzker School of Medicine, and Lead Technical Advisor for the Midwest Region of the NCTSN's Complex Trauma Treatment Network, said that, "While in some ways individual trauma affects people in a fairly universal manner, historical trauma that has not been addressed will shape the way people respond to current traumatic experiences."

Joy DeGruy, PhD, Assistant Professor at Portland State University School of Social Work, believes that sensitivity to the legacy of slavery can provide a useful lens through which to understand how African American families respond to and heal from trauma. "Slavery yielded stressors that were both disturbing and traumatic," she said, "exacting a wound upon the African American psyche which continues to fester."

Joy DeGruy, PhD, Assistant Professor at Portland State University School of Social Work.

After studying PTSD in African Americans, DeGruy developed and published the theory of post traumatic slave syndrome.[1] The theory takes into account the development of survival adaptations necessary for enduring the hostile slavery environment, and how these adaptations, both positive and negative, continue to be reflected in African Americans' behaviors and beliefs. DeGruy said that, as with other groups who have survived massive generational trauma, such as Holocaust survivors and their descendants, the unresolved and unaddressed trauma of slavery has resulted in patterns of behavior such as vacant self-esteem, ever-present anger, and racist socialization, all of which can "serve to undermine our ability to be successful."

The concept of post traumatic slave syndrome also acknowledges the resilience and resourcefulness that made it possible for individuals and families to survive slavery. DeGruy's routes to healing for her community (presented in a study guide[2] accompanying her book) build on the primacy of family relationships, strong community, and faith within African American communities. Before the healing can take place, however, it is important to acknowledge the history of what happened to African Americans in this country – and what continues to happen to marginalize their communities.

Ongoing Injury and Reminders

At the Chicago Child Trauma Center at La Rabida Children's Hospital, clinician Shawntae Jones, MS, works primarily with African American families from Chicago's South Side. Daily reminders of racial discrimination often exacerbate her clients' responses to trauma. Last year, a foster mother told Jones that the bodies of two young black men killed in a shooting were left on the street for hours before detectives and coroners removed them. She was angry that neighborhood children, including her foster daughter, were exposed to this lack of human dignity, yet another reminder that her neighborhood receives a lesser level of police and municipal services.

Other reminders also surface in the treatment setting, Jones said. She recalled that when Trayvon Martin was killed in Florida, the incident "entered the room" with a young African American teenager and his foster mother. "He wondered what that meant for him as a young African American man who embraces urban fashion, and how people would perceive him," Jones said. "It stirred up feelings of fear and anxiety that he was already experiencing related to his personal history of trauma."

Trauma Through an Historical Lens Approach

When clinicians are working with communities of color, DeGruy said, "they are going to be dealing with multigenerational trauma. You need to be sensitive to the way in which people move through the world if you're trying to help them. You have to tread lightly and watch and listen."

Russell T. Jones, PhD, a Professor in the Department of Psychology and Director of the Stress and Coping Lab, as well as the Recovery Effort After Adult and Child Trauma (R.E.A.A.C.T) program, at Virginia Tech, Blacksburg, observed that, "In addition to slavery, many other negative insults to African Americans – such as the Tuskegee experiment – have resulted in a negative view of psychology in general and

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Conversations about Historical Trauma *cont'd from pg. 2*

mental health in particular." Jones further stated that this perspective lessens the likelihood that individuals will come forward and discuss very intimate and traumatic experiences. To impart to his students a culturally and trauma-informed framework for providing care, Jones incorporates readings from culturally informed authors in his trauma-focused graduate practicum and his senior seminar titled "The Psychology of Trauma."

"Sometimes society communicates the message that racism and discrimination do not exist," noted Shawntae Jones. "This is aspirational, but it does not reflect our current societal context." Jones continued, "I think that I, as a clinician, bear some responsibility to name some of these factors, so that people do not doubt themselves or their experiences." At the same time, she said, "I do try to keep a broad lens and to keep in mind that in addition to the history of maltreatment and oppression, there are also legacies of resilience and strength that were passed down." ■

The NCCTS extends a special thank you to Vivian H. Jackson, PhD, and the NCTSN Culture Consortium for their conceptualization of and major contributions to this series.

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AFFILIATE CORNER

Mental Health Center of Denver Spreads the Wealth of Evidence-Based Training

Sustainability is the name of the game for nonprofit child- and family-serving agencies, which are often faced with funding challenges. To meet these challenges and achieve sustainability, the Mental Health Center of Denver (MHCD) has aimed to integrate new grant-funded services into its existing programs, explained Lynn R. Garst, M.Ed, Associate Director, Child and Family Services at the MHCD.

For example, during previous NCTSN funding periods (2001-2005 and 2010-2012), the MHCD made sustainability its goal so that services to their clients would not be severely impacted during reduced funding cycles. One way in which the agency has managed to achieve this goal is to make access to evidence-based practices inclusive. Garst said that rather than restricting evidence-based trainings to members of the grant, MHCD invited staff members from partner agencies as well. "The idea," he said, "is to disseminate evidence-based treatments as widely as possible, using the funds we have, to leverage those services within not just our agency but by supporting other agencies as well."

The Denver center has been recognized by the National Council for Community Behavioral Healthcare, SAMHSA, and other organizations for its leadership in developing and implementing evidence-based community mental-health practices. From 2010-2012, a major thrust for the agency was participation in the citywide Gang Reduction Initiative of Denver (GRID). The MHCD launched the GRID-Trauma Treatment Project, which targeted youth aged 11 to 17 who were gang involved or at risk of involvement and who resided in three Northeast Denver neighborhoods. As part of the initiative, the MHCD delivered Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), and served 176 youth. A grant from the Department of Justice to Denver County also supported this work; that funding runs through 2013.

Meanwhile, the MHCD remains closely allied with the Network as an Affiliate. During the center's more than decade-long association with the Network, Garst has participated in multiple focus groups and committees, including the School Committee, which he has co-chaired for seven years; the Justice Consortium; and the Juvenile Justice Treatment Committee. This level of committee involvement is currently a challenge for Garst, but there is still strong organizational support to maintain the involvement. If his agency responsibilities conflict with Network committee meetings, Garst brings in other staff members to participate. The continued national exposure through Network affiliation is important to the agency, Garst said, noting that the MHCD is an internationally recognized leader in community behavioral healthcare, and that its recovery and resiliency model is being adopted both nationally and internationally. "So, continued Network involvement dovetails with the mission," he remarked. ■

Grantees Enrich Network Mission: CAT III Centers *cont'd from pg. 1*

CLEAR (Collaborative Learning for Educational Achievement and Resiliency) Trauma Center, Washington State University, Spokane, WA

Working with Spokane-area schools for the past eight years has taught Christopher Blodgett, PhD, that talking about trauma validates what teachers had already been learning: exposure to adverse childhood events (ACEs) puts children at risk of developmental and learning delays. Blodgett and his colleagues conducted large-scale studies in Spokane elementary schools that revealed a high prevalence of ACEs in the school populations. "Whether or not teachers think of themselves as being in the trauma business, they are," Blodgett observed, "because one out of five children in the general population has already experienced multiple ACEs."

Supported initially with funding from the Department of Justice and the Bill & Melinda Gates Foundation, the center has already been collaborating with NCTSN members – notably, with the Justice Resource Institute, the developers of the ARC (Attachment, Self-Regulation, and Competency) framework; and with the Complex Trauma Treatment Network, functioning as an evaluator. CLEAR center staff plan to introduce crisis intervention (Psychological First Aid) and more intensive trauma treatment in the schools (including Cognitive Behavioral Intervention for Trauma in Schools [CBITS] and ARC) for children who are not benefitting from adjustments to their learning environments, even in classes where teachers are skilled in understanding trauma. Currently, the center is crafting a formal working relationship with Washington state's Educational Service Districts to allow dissemination of screening models for under-resourced schools. During its four years of funding, the center will serve more than 2,000 children who are struggling with trauma and its effects on their cognition, emotions, behavior, and academic success.

Early Childhood Mental Health and Trauma Treatment Center (ECMH-TTC) at Western Psychiatric Institute and Clinic (WPIC) of the University of Pittsburgh Medical Center, Pittsburgh, PA

For the past five years, Pittsburgh-area children from birth to age seven have had access to a unique trauma service. Kimberly Blair, PhD, Director of the ECMH-TTC, explained that her center developed its version of Pennsylvania's Wraparound program (the common name for Behavioral Health Rehabilitation Services) in partnership with a local managed-care provider. The program, known as Brief Treatment Mobile Therapy, deploys master's-level clinicians to assess and work with children who have experienced trauma. "Seventy-five percent of children across all our programs have trauma histories," Blair pointed out. During the Brief Treatment program, clinicians interact with children and their families in their homes and in the children's schools to help them address behavioral challenges. In concert with teachers, for example, the therapist helps to design an environment that better accommodates each child's specific challenges. At weekly briefings, ECMH-TTC staff review their cases and, with input from WPIC security officers, address safety and security concerns for therapists working in city neighborhoods. Now that the center has joined the Network, Blair said, she looks forward to augmenting staff skills through access to Child-Parent Psychotherapy (CPP), Parent-Child Interaction Therapy (PCIT), and associated learning collaboratives. "I am especially looking forward to the reflective supervision element built into CPP," Blair said, "because this will also allow us to make sure we're taking care of our clinicians' mental health needs as well. The CAT III grant will allow the center to extend its reach with the mobile program."

Project InterCSECT, Georgia Center for Child Advocacy, Inc., Atlanta, GA

The Georgia Center for Child Advocacy (CAC) has been working with commercially sexually exploited children (CSEC) since well before 2008, the year the Governor's Office for Children and Families began to focus on this population in the state. In 2009, this office formed the Georgia Care Connection to serve as a single point of access for youth identified as CSEC or at high risk of exploitation. Kelly Kinnish, PhD, CAC's Clinical Director, said the Governor's Office for Children and Families has developed and disseminated an excellent six-hour training throughout Georgia to sensitize mental health providers to the complex mental-health needs of sexually exploited youth. Despite this effort, she noted, "many therapists still report they do not feel prepared to provide treatment to CSEC victims." With its current CAT III funding, the Georgia CAC can now "drill down," Kinnish said, to increase the quality and availability of mental health services for these youth.

Kinnish added that collaboration with the developers of trauma-focused cognitive behavioral therapy (TF-CBT) and other consultants in the Network will provide new opportunities to determine the best ways to reach CSEC youth. Through the CAC's partnership with the Georgia Care Connection, the center will also be able to bring in survivors of commercial sexual exploitation to act as peer support specialists. This has been an especially effective strategy, Kinnish said: "Girls love having someone who understands where they've been and can help de-stigmatize their experience." ■

Patrick McKelvey, MS, of the Early Childhood Mental Health and Trauma Treatment Center (ECMH-TTC) at Western Psychiatric Institute and Clinic, Pittsburgh, works with a young client.

Creating Secondary Traumatic Stress-Informed Organizations *cont'd from pg. 1*

Acknowledge the Impact of STS

Recognition of the impact of secondary trauma on the workforce is the first essential element of STS-informed workforce development, said Sprang, Executive Director of the University of Kentucky Center on Trauma and Children, Lexington. This tenet should be foundational for any child-serving organization, but, as noted by Charles Figley, PhD, it bears additional examination given the weight of research findings. "Science has now demonstrated that secondary traumatic stress has a major impact on workers in the helping professions, and on the effectiveness of the organizations to which they belong," said Figley, who is Kurzweg Chair and Professor, Tulane University Traumatology Institute, and Associate Dean for Research at the Tulane School of Social Work, New Orleans. In practice, while organizational leaders may acknowledge the existence and significance of STS, they might not take action until an employee is exhibiting signs of stress. Figley maintained that organizational leadership must see secondary trauma not just as a "deficit that needs to be corrected or mitigated, but as a factor that impacts the quality of services that are provided."

Charles Figley, PhD, Kurzweg Chair and Professor, Tulane University Traumatology Institute, and Associate Dean for Research at the Tulane School of Social Work, New Orleans.

Both Sprang and Figley emphasized that organizations should *proactively* recognize and address the impact of secondary trauma on the workforce. "Part of being proactive," Sprang said, "is considering secondary traumatic stress in the planning of organizational policies, and making sure that there are mechanisms in place to screen for and respond to individuals who are suffering from the symptoms of secondary traumatic stress."

Figley added that a holistic organizational view is helpful in the process of creating an STS-informed workplace. A holistic view means "not just focusing on employee health or even just on morale," he explained, "but on the effectiveness and resilience of the organization in a systematic way." To be most effective, the focus on these elements should take place before the organization finds itself in crisis mode.

Ensure Psychological and Physical Safety

Sprang said it is also essential to ensure that organizational policies and structures are in place to increase the physical and psychological safety of workers. According to findings from her own research,[1,2] "the most effective mechanism of addressing secondary traumatic stress may be to minimize devastating exposure in the first place. Many times, organizational leaders miss the fact that workers do not view their workplaces as safe. It may be possible to reduce the risk of primary and secondary exposure with a little planning."

> ***"The most effective mechanism of addressing secondary traumatic stress may be to minimize devastating exposure in the first place."***
>
> *GINNY SPRANG, PhD, Executive Director, the University of Kentucky Center on Trauma and Children, Lexington*

Many factors about the workplace – beyond the exposure to their clients' traumatic stories – impact how child-serving professionals respond. For example, child welfare workers whose lives have been threatened, or who are forced to function in dangerous situations beyond their capacity to manage, will not feel physically or psychologically safe. Sprang pointed out that organizations providing child protective services or in-home services should always assess the safety of neighborhoods and family configurations before sending workers to the field. If a situation is deemed dangerous, the organization can institute a buddy system for home visits, pairing workers with each other or with a uniformed officer trained in family service work. Other strategies that create physical and psychological safety may include controlled access to therapeutic areas; rules about conscientious sharing of traumatic material between staff members; solid supervisory support; and the use of panic buttons.

Integrate Planning

As the third essential element, STS-informed policies should be integrated into the fabric of the organization and should be considered as a crucial aspect of health and safety planning. Keeping a pulse on STS in the organization should be as routine as budgeting or program planning. Figley observed that the annual strategic planning meeting is the most opportune time and place for organizations to start this process.

Creating and sustaining an STS-informed approach to workforce development requires a unified approach. "It's like a giant spider web," Figley said. "If you only try to modify one thing, such as the level of compassion fatigue, this may not inform other areas of the organization that support workforce resilience. A systematically informed evaluation of the entire organization is really the place to start." ■

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2. Sprang, G., Craig, C., & Clark, J. (2013). Protecting the protectors: Secondary traumatic stress in child welfare professionals. In Alex Powell and Jenna Gray-Peterson (Eds.), *Child welfare: Current issues, practices and challenges* (pp. 65-84). Hauppauge: Nova Science Publishers, Inc.

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Have You Heard?

Members of the NCCTS and NCTSN were among 60 national experts in social work, psychology, and psychiatry who recently attended a national consensus conference to define competencies for mental health practitioners working with trauma survivors. The conference, titled "Advancing the Science of Education, Training and Practice in Trauma," took place April 25-28, 2013, at Yale School of Medicine, New Haven, CT. Its primary goal was to "articulate empirically-informed knowledge, attitudes and skills" that are foundational for practitioners providing services to children and families affected by trauma. The conference was funded through an Agency for Healthcare Research and Quality grant to Principal Investigator **Joan Cook, PhD**. It was co-sponsored by the American Psychological Association's Division 56 (Trauma Psychology), the Department of Veterans Affairs' National Center for PTSD, and the VA's National Center for Homelessness. NCTSN members and affiliates in attendance in New Haven included **Lucy Berliner, MSW, Ernestine Briggs-King, PhD, Michael de Arellano, PhD, Diane Elmore, PhD, MPH, John Fairbank, PhD, Nancy Kassam-Adams, PhD, Dean Kilpatrick, PhD, Lisa Amaya-Jackson, MD, MPH, John Briere, PhD, Stephen Cozza, MD, Steven Marans, MSW, PhD, Elana Newman, PhD, Robert Pynoos, MD, Ginny Sprang, PhD, Carla Smith Stover, PhD, Virginia Strand, DSW, and Charles Wilson, MSSW.**

On May 7, 2013, NCTSN member **Anthony Mannarino, PhD**, participated in a US House of Representatives briefing in honor of **National Children's Mental Health Awareness Day**, a SAMHSA initiative. The subject was the mental health needs of transitional age youth. Mannarino described how traumatic events affect development, and highlighted the importance of making effective treatments accessible to children, youth, and young adults. Other panelists included Kana Enomoto, MA, Principal Deputy Administrator of SAMHSA; Dylan Zimdahl, a youth from Savannah, GA; and JoAnne Malloy, PhD, Clinical Assistant Professor at the Institute of Disability at the University of New Hampshire. NCCTS staff who attended the briefing included **Ellen Gerrity, PhD**, NCCTS Associate Director and Senior Policy Advisor; **Diane Elmore, PhD, MPH**, NCCTS Policy Program Director; and **Erica Snyder, MSW**, NCCTS Program Coordinator for Policy and Partnerships. NCTSN Advisory Board member **Teresa Huizar**, Executive Director of the National Children's Alliance, was also present. The briefing was sponsored by the National Alliance on Mental Illness, the National Federation of Families for Children's Mental Health, Mental Health America, the American Academy of Child & Adolescent Psychiatry, and the Bazelon Center for Mental Health Law.

Did You Know?

The American Professional Society on the Abuse of Children (APSAC) recognized individuals with outstanding service and commitment in the field of child maltreatment during its Annual Colloquium held June 25-28, 2013, in Las Vegas, NV. Among the awardees, **Erna Olafson, PhD, PsyD**, received the Outstanding Professional Award for her contributions to the field of child maltreatment and the advancement of APSAC's goals.

Erna Olafson, PhD, PsyD, Associate Professor of Clinical Psychiatry and Pediatrics at Cincinnati Children's Hospital Medical Center and the University of Cincinnati College of Medicine.

Olafson currently co-chairs the **Center for Trauma Recovery and Juvenile Justice** of the NCTSN and has co-chaired the Network's **Justice Consortium** since 2003. She is an Associate Professor of Clinical Psychiatry and Pediatrics at Cincinnati Children's Hospital Medical Center and the University of Cincinnati College of Medicine.

About IMPACT

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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.

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