NCTSN The National Child Traumatic Stress Network

IMPACT

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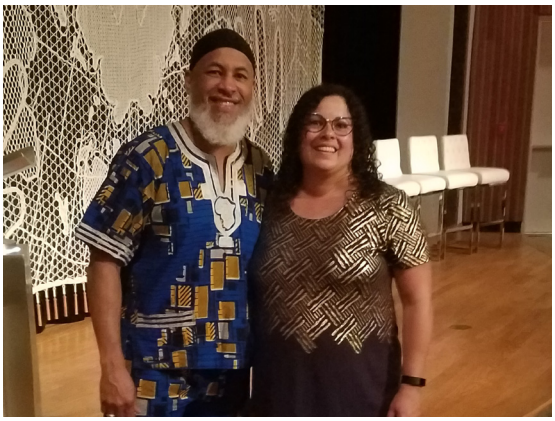
Inside this issue...

A Shared Passion for Service Through Collaboration

Liza Suárez, PhD, and Jaleel K. Abdul-Adil, PhD, have forged a strong partnership dedicated to serving community needs as Co-Directors of the Urban Youth Trauma Center at the University of Illinois at Chicago. Their different backgrounds – Abdul-Adil identifies as an African American male and Suárez as a Latinx female – and diverse clinical experiences have informed their collaboration for the past 11 years.



Jaleel K. Abdul-Adil, PhD, and Liza Suárez, PhD, Co-Directors of the Urban Youth Trauma Center at the University of Illinois at Chicago, are pictured at a 2019 conference in Puerto Rico.

However, "It wasn't apparent in the beginning that we would make good partners," said Abdul-Adil, who is Co-Director of the Urban Youth Trauma Center and Associate Professor of Clinical Psychology in Psychiatry at UIC. He has lived in Chicago since 1989, and for two decades has worked with gang and at-risk youth in Chicago's poorest neighborhoods. Puerto-Rican born Suárez arrived at UIC in 2007 as an Assistant Professor of Clinical Psychiatry at the Institute for Juvenile Research in the Department of Psychiatry; she had previously worked with the Adolescent Traumatic Stress and Substance Abuse Center at Boston University (an NCTSN Category II center). Abdul-Adil has been dedicated to prevention of community violence, and developed the STRONG Families protocol for that purpose. Suárez's trauma focus was and is substance use, with a strong emphasis on anxiety and depression.

As the partners got to know each other, they realized they shared a passion for serving the community from a collaborative perspective. That common perspective drew them together, Abdul-Adil recalled. "We were then able to figure out – almost by accident – how complementary we were." Although Abdul-Adil was new to the NCTSN, he and Suárez began to craft a plan to focus on community violence as a core component in their grant applications. The second round of applications yielded funding in 2009 for the Urban Youth Trauma Center and its development of YOUTH-CAN. During their current, third grant, the TRIUMPH (Trauma Resilience through Integrated Urban Models: Partnerships for Hope) project has, among other goals, accomplished broader dissemination of evidence-based practices to reduce and prevent behavioral health disparities related to community violence and traumatic stress with co-occurring substance abuse and behavioral problems.

The 'Pandemic Pivot'

Throughout its years as an NCTSN grantee, the Urban Youth Trauma Center has raised public awareness about trauma through crafting of youth-oriented

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AFFILIATE CORNER

Going the Extra Mile as Collaborative Group Co-Chairs

Many Affiliate members interviewed for this regular column have attested to the challenges and benefits of remaining active with the NCTSN when the funding has ended. IMPACT recently talked with two individual Affiliates who have achieved a greater level of engagement as co-chairs of NCTSN collaborative groups. They summarized their histories with the Network and their reasons for staying intrinsically involved through co-chairing.

Kalie Lounds, LCSW, is the Director of the Connections Treatment Foster Care Program at Hillside, Inc., in Atlanta, GA. She became involved with the NCTSN during her earlier work with Atlanta-based CHRIS 180, a Category III center. In her current post with Hillside, she's decided to stay involved with the Network and

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We Continue to Move Forward Together

We've gathered a list of new, timely, and accessible resources for providers, and you can find them on page 7.

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.

Welcome from the NCCTS Co-Directors

At this writing, the National Child Traumatic Stress Network continues to respond to COVID-19 by identifying unmet needs and populations at risk, developing resources, adapting interventions, and providing virtual training and consultation. NCTSN members are spearheading efforts to draw national focus to the traumatic impact of the pandemic on children and families.

This issue of *IMPACT* highlights individual leaders at NCTSN centers, on Network committees and subcommittees, and in collaborations and strategic partnerships. While any one of these leaders could be successful as an agency director, researcher, or advocate independent of the NCTSN, each one has chosen Network collaboration. We talk to Sandra Chase and Kalie Lounds, NCTSN Affiliate members who co-chair key Network committees; and to longtime collaborators Liza Suárez and Jaleel Abdul-Adil, psychologists and professors at the University of Illinois at Chicago who develop and disseminate evidence-based interventions responsive to community needs. We also feature a collaboration between pediatricians and child trauma specialists at health systems across the United States.

In these times, the Network has clearly recognized its need for child-serving professionals of color in more leadership roles. Within the National Center for Child Traumatic Stress and as co-chairs of the NCTSN Steering Committee, we share a priority to hire, develop, and promote Black, Indigenous, Latinx, and other child trauma professionals of color. This issue's *Spotlight on Culture* addresses the importance of hiring and promoting staff who come from the communities that we serve. We hope you will find inspiration, as we did, in the stories of leadership featured in this issue.

Sincerely,

Jenifer Maze, PhD
NCCTS Co-Director
UCLA Neuropsychiatric Institute

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

A Passion for Service *cont'd from pg. 1*

messages. As a Category II center, it has provided training and consultation to other youth-serving providers and engaged a wide range of clinical, community, and policy constituent stakeholders in fruitful partnerships. The TRIUMPH project has utilized the family-focused treatment protocols, including Trauma Systems Therapy for Adolescent Trauma and Substance Abuse, and STRONG Families, the protocol developed by Abdul-Adil to address co-occurring trauma and disruptive behaviors. Thus, all the Network projects at the center have incorporated the externalizing-to-internalizing symptoms continuum of traumatic stress and treatment recognized by Abdul-Adil and Suárez.

Suárez said that since the beginning of the pandemic, there have also been adjustments to incorporate remote and virtual meetings. Still, she said, "our team's relationship remains strong and we just needed to work hard to adjust so that we can stay connected with our community partners and continue to move the work forward." Abdul-Adil observed that, "We have a built-in principle and a focus of being flexible to community needs, so we did a 'pandemic pivot' to continue the work. We put a lot of work into thinking through the messaging, and putting it on a platform, so it was a pivot but it was also a continuation of the same mission."

Struggles Linked to Solutions

"We both have the same passion for not only service, but for justice," Suárez added. "We're both infuriated and enraged about the disparities that impact all of our communities." Abdul-Adil agreed that there's "definitely been a need for justice, it's just that now it's a chorus instead of some isolated voices. We had the privilege, because we had always embraced social justice, to intensify what we're doing."

Even through these efforts, the divergent emphases of their work required some additional learning, listening, and adaptations. For example, one of Suárez's key partners is local law enforcement. Abdul-Adil's key partners revolve around grassroots, community-based organizations. How could one center try to stay connected and serve those distinct constituencies? Abdul-Adil pointed out that these stakeholders are all parts of the same ecological focus. "These are multiple institutions within a community that we all need to be working on to have a continuum of care," he said. "So this is par for the course how to then adapt what we're doing to be respectful of law enforcement while holding them accountable, and also how we can support communities' very justified outrage. So for us this amounts to struggles linked to solutions," Abdul-Adil continued. "You won't hear us ranting and railing about injustice unless we figure out what we are going to do about it. We really see that as part of our mission: there's always going to be struggle, but it's got to be linked to solutions."

For other sites seeking to establish strong collaborations, Suárez shared that developing a common purpose and shared vision formed the bedrock of her partnership with Abdul-Adil. "We had to spend the time to develop a common purpose," she said, "so we had to invest in each other so that we could execute our plans. We're both very strong in our fields and have strong ideas about what we want, but it is important to step back and listen to each other. Having that humility leads to a better place than what we could have imagined." Abdul-Adil reconfirmed their common purpose and trusting partnership with an emphatic, "Ditto!" ■

Collaborative Group Chairs *cont'd from pg. 1*

is currently co-chairing the Sexual Orientation and Gender Identity/Expression (SOGIE) Collaborative Group. Her co-chair, Antonia Barba, LCSW, is Director of the Jewish Board's Bridging the Gap Program in NYC. Lounds has presented at national conferences on the topics of therapeutic foster care and sibling attachment, transgender-affirming care, and LGBTQ care within the child welfare system. This October, SOGIE leaders Lounds, Barba, and another Affiliate member, Megan Mooney, PhD, a licensed psychologist from Houston, will speak at the Charleston Child Trauma Conference on the topic, "Screening for the Intersection of Trauma with Sexual Orientation and Gender Identity."

These professional passions dovetail with Lounds's continued NCTSN involvement as an Affiliate. "The work I do for my job is very time-consuming: foster care is 24 hours a day and any NCTSN engagement I have is on top of that," Lounds said. "But the time is so worth it to me in that I am examining the impact of trauma and developing products for LGBTQ youth. I have the space to engage my NCTSN colleagues in these discussions and work related to LGBTQ youth and trauma-informed practice. I also have the opportunity to learn about what other collaborative groups are developing and utilize these resources within my programming at Hillside."

Kalie Lounds, LCSW, Director, Connections Treatment Foster Care Program at Hillside, Inc., Atlanta, GA.

Lounds's current work primarily focuses on administrative and supervisorial functions within the foster care program, so her collaborative group involvement at the Network helps her to hone her own trauma-informed skills and keep best practices in the forefront of her work. "I value that I get to work with such brilliant colleagues from across the country who also have an equally vested interest in developing products and resources for LGBTQ youth and their families," she said. The group position involves group calls, leader calls, and product development calls, but Lounds has found that group involvement also provides a supportive network: "These are individuals who are like-minded compassionate, empathic thinkers who genuinely care about the work that they're doing," and this collegiality benefits her own personal and professional practice.

Sandra Chase, MSW/ACSW, Co-Chair of the NCTSN Culture Consortium and Chair of the Racial Justice and Trauma Subcommittee, is Adjunct Professor for the Columbia School of Social Work and Antioch University Los Angeles. She originally became involved with the NCTSN when she worked for Children's Institute, Inc., in Los Angeles. She had participated in Breakthrough Collaboratives with her supervisor, Leslie Ross, and was trained in the Core Curriculum on Child Trauma. She regularly participated in monthly calls for the Culture Consortium, but following a presentation at an All-Network Conference, she was asked to become a co-chair of the consortium. When she left Children's Institute in 2018, she became an Affiliate member of the Network and continued in her roles with the Culture Consortium and the Racial Justice and Trauma Subcommittee.

> ***"…There has to be a reason to invest your time… If I can make any contribution that will affect more people, then it's worthwhile."***
>
> *SANDRA CHASE, MSW/ACSW, Adjunct Professor for the Columbia School of Social Work and Antioch University Los Angeles.*

Along with Co-Chairs Nicole St. Jean, PsyD, Clinical Director, Center for Child Trauma Assessment, Services, and Interventions at Northwestern University Feinberg School of Medicine; and Isaiah B. Pickens, PhD, Assistant Director of Service Systems for the UCLA-Duke National Center for Child Traumatic Stress, Chase has now seen her committee duties expand. As we go through what she calls the "two pandemics" – the coronavirus and racial injustice – her work with the Culture Consortium has intensified. She recalled that two years ago the consortium usually averaged 20 participants on its monthly conference calls. But now, since the death of George Floyd and the resulting activism around racial injustice and Black Lives Matter, "suddenly, the Culture Consortium group are the cool kids on the block," she said. The monthly conference calls since May have averaged 60-75 participants. The Culture Consortium initiated a Network-wide dialogue on antiracism and organized a virtual summit, "Being Anti-Racist is Central to Trauma-Informed Care: From Awareness to Action," on September 15 – the planning for which required still more conference calls.

Sandra Chase, MSW/ACSW, Adjunct Professor for the Columbia School of Social Work and Antioch University Los Angeles.

The challenge of making time for unpaid work can be tough at times, Chase admitted. But, she added, "there has to be a reason to invest your time, and at this point in my career, I want to make as big an impact as I can within my lane. If I can make any contribution that will affect more people, then it's worthwhile." Like Lounds, she highlighted the added personal and professional benefits of the work: "I've had a chance to meet and work virtually with many incredible people," Chase said. "I'm learning from them, and hopefully we can share knowledge with each other. I'm grateful to be involved on a level where I am able to contribute, and, in honor of John Lewis, doing the work to make 'good trouble.'" ■

SPOTLIGHT ON CULTURE

Staff Diversity: Vital to Serving Communities of Color

Seeking help to heal from trauma can be a fraught decision for families and children – even more so for people of color, indigenous people, and refugees from countries in strife. Many have suffered historical and cultural trauma, which can intensify their fear and vulnerability. People of color are disproportionately affected by health disparities, social injustice, and economic hardship. In the setting of services and care delivery, differences in race or life experiences between providers and their clients can introduce further barriers to engagement. "Asking families to trust a stranger (the provider) is asking a lot, especially when the provider is from the majority race and culture," said Luna Mulder, PsyD, Psychologist at the Refugee Trauma and Resilience Center at Boston Children's Hospital, and Instructor of Psychology in the Department of Psychiatry at Harvard Medical School. "Some people of color, especially refugees, have been harmed by those in positions of power," Mulder continued. "When a provider says, 'Let me help you, trust me,' and the providers don't look like them or have similar lived experiences, establishing trust and safety can take a long time."

Luna Mulder, PsyD, Psychologist at the Boston Children's Hospital Refugee Trauma and Resilience Center.

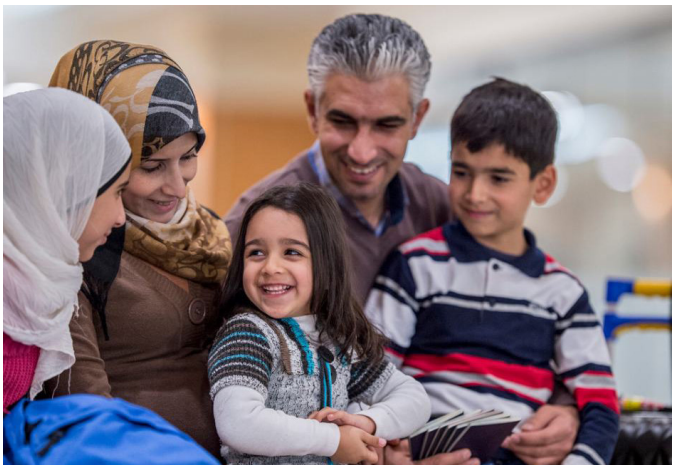
Chaney Stokes, BSW, Engagement Specialist at UCLA-Duke ASAP Center for Trauma-Informed Suicide, Self-Harm & Substance Abuse Prevention & Treatment, shares those views. She noted that having a diverse environment allows clients to feel psychologically safe, and to trust "that the services they will receive align with their culture and their beliefs."

IMPACT spoke with providers at two NCTSN Category II centers who have worked to bring their services into alignment with the diverse needs of the children and families they serve.

Safe and Culturally Responsive

Agencies must ensure safety and trust for their clients, which requires a unified organizational stance, said Jeffrey P. Winer, PhD, an Attending Psychologist at the Boston Children's Hospital Refugee Trauma and Resilience Center and Instructor of Psychology at Harvard Medical School. "Many behavioral health organizations struggle to recruit and effectively sustain a diverse work force that is representative of the communities they're trying to serve," Winer observed. "One strategy for enhancing a system's ability to provide culturally responsive care is thoughtfully focusing on staff hiring, staff support, and staff professional development. Organizations need to be thinking about cultivating and elevating culturally diverse individuals so folks can grow, thrive, and, if they choose to do so, move into further positions of leadership. Shifting power imbalances and inequities requires putting people with diverse voices and experiences into positions of power." Simply hiring a Black social worker, for example, is not enough to ensure that an agency is being "culturally responsive" to its Black clients. Hiring and cultivating the skills of staff members of a shared ethnic and cultural background is just one step in this process. There must be a structured, unified approach that provides pathways for support, mentoring, and promotion of those staff members.

Jeffrey P. Winer, PhD, Attending Psychologist at the Boston Children's Hospital Refugee Trauma and Resilience Center.



Cross-Sector Partnerships

The team at the Refugee Trauma and Resilience Center has structured ways to bring in cultural brokers as core members who can help bridge the gap between mainstream providers and refugee communities. And, when they train other sites to introduce their systems-oriented model – Trauma Systems Therapy for Refugees – they encourage the sites to build partnerships at the grassroots level that can open the door to expertise and knowledge about the communities they serve. Ideally, these partnerships will be in development even before the launch of a grant-funded project, said Emma Cardeli, PhD, a Research Associate and Attending Psychologist at the Refugee Trauma and Resilience Center, and an Instructor in Psychology at Harvard Medical School. The center encourages other sites to engage in cross-sector partnership-building before launching into delivery of services, Cardeli said, adding: "We see partnership building and community outreach and engagement as dynamic processes that are ongoing throughout implementation."

Culture Brokering in the Mix

Under the best circumstances, cross-sector partnerships can create pathways for bringing community members with expertise onto a team. Osob Issa, MSW, a Clinical Social worker and Program Coordinator at the Refugee Trauma and

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Staff Diversity *cont'd from pg. 4*

Resilience Center, trains agencies to help them build better community partnerships with immigrant communities. Issa first joined the team as a social work intern in 2008. At that point, she recalled, "I was wearing multiple hats – co-leading groups with clinicians at the Boston school system, and reaching out to the Somali community about mental health issues and reducing stigma [about seeking treatment]." Issa knows firsthand the pressures of being seen as representing a specific group. "From the community perspective, there is always the pressure to make sure we do more," she said. That's why it's critical for the agency to recognize the importance of supporting staff that are from Black, brown, and other marginalized communities, and also doing community work. "Hiring is one step," Issa said, "but we have to do more, in terms of more leadership opportunities for those individuals." To ensure equal treatment of staff members, agencies must always provide opportunities for additional training, promote higher education, and offer flexible work and salary policies.

Emma Cardeli, PhD, Research Associate and Attending Psychologist at the Boston Children's Hospital Refugee Trauma and Resilience Center.

Osob Issa, MSW, Clinical Social worker and Program Coordinator at Boston Children's Hospital Refugee Trauma and Resilience Center.

Cardeli emphasized that, "You never want one cultural broker to be the voice of an entire ethnic group. So even if your agency has a cultural broker, you also have to keep partners on the ground supporting your programming, and have mechanisms for hearing feedback from the community."

Health care organizations face additional challenges when they include community members on their teams. Many have standardized job classifications that do not adequately describe the duties of 'cultural broker.' That's why Cardeli prefers to refer to the position as a verb – 'cultural brokering' – instead of a noun. Building in positions, with appropriate descriptions of service delivery, may require some organizational shifts.

Luna Mulder, who is Bhutanese, brings with her not only expertise and experience in child trauma work, but intimate knowledge of Bhutanese culture and language and the refugee experience. She acknowledged the difficulties of community members who may be low-income and unable to accept internships – often a requirement for eventual certification and employment in the field of mental health. "The system we have in place in this field, in terms of being able just to get a job, means that while you are earning your college and graduate degrees, you are also able and willing to work for free or for a small stipend as an intern," Mulder explained. "Typically, individuals who have resources, family support, and other cushions in place tend to choose this profession. The requirement of working in unpaid internship positions or low pay positions after graduation limits people of color, and those from more disadvantaged backgrounds. They will more likely choose a profession that can pay a decent wage right after earning their degrees." And yet, she continued, "I believe people of color and individuals who have similar lived experiences are more likely to be effective with minority clients if they can get the right education and training."

Avoiding Assumptions

Like Mulder, Chaney Stokes believes in the value of drawing upon her own experiences. It helps her have "a certain level of humility and understanding of where some of the internal struggles may be with clients," she said. "I can really relate to the fact that I was very hesitant to receive services early on in my journey. I did not have the ability to really feel safe and know that I could trust this person. So I make sure when I'm engaging [with clients] that I am 100% my genuine self so that they can be themselves as well." Stokes recalled that when her journey began 11 years ago, "I never would have thought, at that point, that I would be on the provider side of services." [The Summer 2014 issue of *IMPACT* traced her journey from foster care to being hired by the Center for Child and Family Health in Durham, NC.] It's those personal experiences that now allow her to understand clients' struggles, she said. And she pointed out that even though she is African American, she cannot assume, when working with African American clients, that their experiences are the same as hers. "Even within the same culture, you still have to be unbiased and communicate with the client with the understanding that they are a unique individual with unique qualities."

Chaney Stokes, BSW, Engagement Specialist at UCLA-Duke ASAP Center for Trauma-Informed Suicide, Self-Harm & Substance Abuse Prevention & Treatment.

Stokes is also dedicated to transparency in her partnership with clients. As an engagement specialist, she sees her role as establishing partnerships with clients so that they can ultimately help themselves. However, providers may sometimes assume that their way of helping is good because it worked 'before.' "If I'm not asking questions of the client – 'Is this working? What can we change?' – and I am not asking them for feedback, I won't know whether my services were effective."

Expanding and sustaining culturally responsive trauma treatment is an ongoing process, a process that has taken on more urgency in the current moment. Mulder noted, "It takes time [to effect these changes], but families don't always have a long time. There are often many stressors and sometimes crises in their daily lives. Making it a priority to hire more people of color would make a big difference." ■

NATIONAL CENTER/COLLABORATIVE HIGHLIGHT

Trauma-Informed Integrated Health Care Makes Inroads with Primary Pediatric and Hospital Settings

Pediatricians are often the first child-serving professionals that children who have experienced trauma encounter, and in that role they are well positioned to refer children to subspecialty care. When it comes to effectively assessing and intervening in trauma, however, these providers need appropriate trauma training. For the past 17 years, researchers from pediatrics and childhood trauma have been seeking ways to incorporate trauma-informed protocols into integrated health care models. Members of the NCTSN Pediatric Integrated Care Collaborative Group – also called iCARE – have been especially active in this initiative, working steadily to develop tools to enable pediatricians and hospital providers to bring a trauma-informed perspective to both pediatric primary care and hospital care. Here we highlight the treatment models and tools being disseminated by three NCTSN Category II centers.

Alliance with Pediatrics

One of the premier efforts in integrated care has been the Pediatric Approach to Trauma, Treatment and Resilience (PATTeR) Project, headed by Principal Investigator Moira Szilagyi, MD, PhD, a Professor at UCLA and President-Elect of the American Academy of Pediatrics (AAP); and Project Director Heather Forkey, MD, Chief of the Division of Child Protection and Director of the Foster Children Evaluation Service clinic at UMass Memorial Children's Medical Center. (The AAP, which has been a partner on multiple NCTSN projects, is the third project site in the PATTeR initiative.) The goal of the PATTeR project has been to train pediatricians in trauma-informed care, facilitate the inclusion of trauma-specific criteria in the differential diagnosis, and create a workforce of pediatric trainers. The project developed and sequentially released two levels of curricula – Trauma Aware and Trauma Informed – using case-based learning in a group online format (via ECHO technology). The PATTeR team has recruited providers from the 69,000-member AAP, focusing on those who serve high-risk groups such as children in the foster care and child welfare systems or living in economically disadvantaged areas. Trauma Aware training is comprised of six sessions, and Trauma Informed, 12 sessions. To date in the current funding period, the team has trained more than 200 pediatricians and providers on pediatric teams, according to Szilagyi.

PATTeRx
Pediatric Approach to Trauma, Treatment and Resilience

The PATTeR team has adapted their original Trauma Aware curriculum to educate pediatric residents and has trained one group of interns at UCLA and residents at the University of Massachusetts. The team members also offer ad hoc trainings at various conferences and trainings, where they have reached more than 10,000 health care workers. The team is also running a small pilot learning collaborative with five teams that completed both levels of PATTeR ECHO training. The goal is to better identify the facilitators and barriers to implementing trauma-informed care in primary care pediatrics.

The PATTeR team has developed and will soon publish the two PATTeR CHAT manuals, one for each level of the course. These manuals contain tools and resources specific to the courses. In early 2021, Forkey, Szilagyi, and colleague Jessica Griffin, PsyD, will publish a textbook called *Trauma-informed Care: A Practical Guide for Pediatricians*, based largely on the PATTeR curriculum. However, additional chapters will cover positive parenting, early and adolescent brain development, and systems transformation. Forkey and Szilagyi are also co-authors of two upcoming AAP statements on trauma-informed care: a policy statement, and a clinical report.

Overall, early evaluation of the PATTeR project indicates that pediatricians gain knowledge and skills from training and are able to apply them in patient care and in educating pediatric colleagues and trainees.

A Stratified Approach

Pediatric Integrated Post-Trauma Services, housed at the University of Utah and Primary Children's Center for Safe and Healthy Families in Salt Lake City, has been both a collaborator with and beneficiary of the iCARE Collaborative Group, said Brooks Keeshin, MD, Associate Professor of Pediatrics and the center's Principal Investigator. Currently in its fifth year, the center's goal has been to develop and disseminate an Evidence-Based Care Process Model for Pediatric Traumatic Stress, a model that could be easily implemented in frontline pediatric settings such as primary care clinics and children's advocacy centers. Keeshin said that early in the 2016-2021 grant cycle, he and his team attended an NCTSN gathering in Los Angeles and met with the PATTeR team and others from the collaborative group. Relationships developed, and the colleagues still meet regularly (now virtually). They have also collaborated with the UCLA-Duke ASAP Center for Trauma-Informed Suicide, Self-Harm & Substance Abuse Prevention & Treatment team (led by Principal Investigators Joan Asarnow and David Goldston), weighing in on the suicide prevention model and taking the time to incorporate suicide prevention into their own care-process model.

Brooks Keeshin, MD, Associate Professor of Pediatrics, University of Utah, Salt Lake City.

Keeshin said that these collaborations were particularly helpful during the design stage, as they helped identify the processes and outcomes that must be defined and measured during implementation. For the Pediatric Traumatic Stress Care Process Model, the Utah team developed a stratified approach, with additional guidance for pediatric teams to address key symptoms observed at the time of an encounter. For example, a child scoring in the "mild" category on the Pediatric Traumatic Stress Screening Tool might best be helped by a protective

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Trauma-Informed Integrated Health Care *cont'd from pg. 6*

approach to care, which would focus on validating the family's current actions and providing some trauma-informed guidance on what to look for in the future. For children with "moderate" to "severe" symptom scores, the approaches could advance from resilience-focused to restorative, including linking families to clinicians who can provide evidence-based trauma assessment and treatment. During the encounter, specific clusters of symptoms guide the pediatrician in considering how to help the family in the moment. If the child is experiencing sleep problems, for example, the physician could offer sleep education, demonstrate belly breathing or guided imagery to ease the symptom, and give the family a tool that empowers them to help.

'The Right Amount of Intervention'

Counting Utah and other sites across the country, more than 15,000 children have now been screened for traumatic stress using the Care Process Model. A pilot of the model in Evanston, WY, brought home some additional lessons that have allowed the Utah team to build on their trauma-informed approach. "If you screen kids [for trauma], you're going to find kids who have experienced it," Keeshin said. "And when you find those kids you have to actually do the right thing by them." A local champion of the Care Process Model in Evanston, pediatrician Bird Gilmartin, MD, led efforts to bring TF-CBT to her community after using the model and identifying children in need. Keeshin affirmed that as a result of Gilmartin's efforts, "we enhanced the ability of the community to appropriately respond to families whose kids have experienced trauma." In addition to primary care clinics, the Utah group has also engaged with two rural counties where efforts to address social determinants of health were already underway. Both of these counties see the Care Process Model as a critical component of a trauma-informed system that responds to the needs of families in an individualized way. "We've shown that when providers are given these tools and skills, they can detect kids with traumatic stress and provide specific guidance," Keeshin concluded. "They can be very helpful for families and children, especially those with mild or moderate symptoms. And with additional support or watchful waiting, some light touch intervention – they're going to do just fine. For those youth more impacted by symptoms of traumatic stress, the process helps providers quickly engage with families and educate them on the need for evidence-based trauma assessment and treatment."

Opportunities in the Hospital Setting

The Center for Pediatric Traumatic Stress, co-located at Children's Hospital of Philadelphia, PA, and Nemours Children's Health System in Wilmington, DE, was created to address medical traumatic stress in the lives of children and families. The center is a unique member of the Network, noted Nancy Kassam-Adams, PhD, Co-Director of the Center for Pediatric Traumatic Stress, and Research Professor of Pediatrics at the University of Pennsylvania Perelman School of Medicine. "Our primary focus is the medical events themselves and those medical experiences that are potentially traumatic for children and families." With Co-Director Anne Kazak, PhD, Director of the Nemours Center for Healthcare Delivery Science and Professor of Pediatrics at Sidney Kimmel Medical College, Thomas Jefferson University, the center's NCTSN membership has spanned 18 years. Recognizing the need to acknowledge and intervene in the distress of children with cancer, disease, and traumatic injury, the center launched its hallmark resource, the HealthCare Toolbox (www.HealthCareToolbox.org) in 2009. The toolbox Website provides a wealth of resources and education for health care professionals, which are all based on the D-E-F motto: D = reduce distress; E = emotional support; and F = remember the family. In the last quarter alone, there were 16,000 visits to the site. The center has expanded its reach over the years, adding trainings for nurses as well as training on secondary traumatic stress for providers. New partnerships with family-led disease-specific foundations, such as the Dravet Syndrome Foundation, and a focus on medical interpreters have been added to the mix.

The collaborations within the NCTSN iCARE group have fostered learning across different service systems, such as child welfare and juvenile justice. What's more, early partnerships with other groups working on medical trauma have augmented their work, Kassam-Adams said. "All of our materials emphasize that it is not within the job description for medical professionals to become psychologists or social workers." But they do encourage these professionals to "have in mind that you are in a unique position to help – your interaction with a patient as you change an IV, or the way you optimize pain management, could make all the difference." ■

New Resources from the NCTSN

As we continue to move forward together, the NCTSN offers a wealth of resources developed to help you better serve your clients. Below is a sampling of new products now featured in downloadable formats on our Website:

- *Cultural Responsiveness to Racial Trauma: Understanding Racial Trauma, Why It Matters, and What To Do* – an infographic produced by the NCTSN's Cultural Consortium to emphasize the primacy of racial trauma and culture in the delivery of trauma-informed care. In our Winter issue, we'll talk about the origins and major developers of this infographic.
- Four new Spanish language resources, including *Los 12 Conceptos Centrales*, a translation of the *Twelve Core Concepts of Childhood Trauma*.
- *Impact of Developmental Trauma in Communities of Color during the Pandemic: a Webinar* – featuring Andrew Woods, MSW, a clinician with more than two decades of experience working with boys and men of color.

You can find these and more resources at https://www.nctsn.org/resources/all-nctsn-resources

An Investigation of Developmental Patterns of Adverse Childhood Experiences

Research has established that adverse childhood experiences (ACEs) can interfere with children's developmental processes, setting the stage for functional impairments and health issues later in life. Might the types of traumatic events, the ages at which children and youth experience them, and possible cumulative exposure foreshadow which youth are at greater risk of behavioral problems as they reach adolescence? In 2015, researchers* accessed retrospective reports from adolescents of potentially traumatic experiences that had occurred in three developmental epochs: early childhood, 0 to 5 years; middle childhood, 6-12; and adolescence, 13-18. Part of the NCTSN Core Data Set, these reports included data collected from more than 14,000 children at 50 NCTSN centers from 2004-2010.

The researchers focused on 3485 adolescents who had experienced at least one confirmed trauma. The sample was racially and ethnically varied, and included reports of events from each developmental epoch – events including natural disasters, domestic violence, school and community violence, and sexual maltreatment and assault. The patterns and outcomes of these ACEs were evaluated based on the Trauma History Profile, the UCLA PTSD Reaction Index, the Child Behavior Checklist, and the youths' history of involvement with juvenile justice.

The researchers used sophisticated statistical clustering techniques to identify subgroups of children based on patterns of ACEs occurring in different developmental periods. They found evidence in each period of at least one adolescent subgroup with patterns of poly-victimization, or a high probability of exposure to multiple ACEs types. The ACEs types that made up the poly-victimization subgroup(s) varied by developmental period. For example, poly-victimization in early childhood was more likely to occur in the caregiving environment and involve neglect, having an impaired caregiver, or witnessing domestic violence. More complex patterns emerged from the assessments of older children and adolescents, whose poly-victimization was more likely to have occurred in different social contexts outside of the caregiving environment. There were also notable differences based on demographic characteristics. For example, middle-childhood girls were more likely than boys in this age group to be exposed to sexual abuse or assault. In all developmental periods, poly-victimized children were more likely to experience outcomes of severe psychosocial and behavioral impairments in adolescence.

Although based on retrospectively recalled experiences in an adolescent group, the findings highlight the need for comprehensive research approaches and efforts in the clinic to identify and prevent children from experiencing the varied types of trauma that can lead to poly-victimization. ■

*Grasso, D. J., Dierkhising, C. B., Branson, C. E., Ford, J. D., & Lee, R. (2015). Developmental Patterns of Adverse Childhood Experiences and Current Symptoms and Impairment in Youth Referred for Trauma-Specific Services. *Journal of Abnormal Psychology, 44*. 10.1007/s10802-015-0086-8

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In Memoriam

Michael K. Suvak, Jr., PhD, the Principal Investigator for the Complex Trauma Treatment Network (CTTN) at Suffolk University, died June 4, 2020, at the age of 45. The CTTN unites many NCTSN centers to develop, adapt, and disseminate evidence-based child and family complex trauma interventions throughout the United States and US territories.

Michael K. Suvak, Jr., pictured with his daughters.

Dr. Suvak was born in Pittsburgh, PA, on December 8, 1974, and was a tenured professor at Suffolk. NCCTS Co-Directors Robert S. Pynoos, MD, MPH, UCLA Neuropsychiatric Institute, and John A. Fairbank, PhD, Duke University Medical Center, were deeply saddened by the news of Dr. Suvak's death. In an email they wrote to colleagues, they stated: "He made significant contributions to our scientific understanding of emotion in psychopathology and how people adapt following exposure to potentially traumatic events. Among the many characteristics that made him great were his curiosity, humility, healthy amount of skepticism, humor, and his lifelong commitment to growth and self-improvement." ■

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.

Managing Editor: Gretchen Henkel
Consulting Editor: Melissa Culverwell
Design & Layout: Sue Oh Design

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.