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A PUBLICATION OF THE NATIONAL CHILD TRAUMATIC STRESS NETWORK

### NATIONAL CENTER/COLLABORATIVE HIGHLIGHT

## NCTSN Sites Team With Schools and Primary Care to Reduce Teen Suicide

Suicide is now the second leading cause of death among young people in the United States. The suicide rate for white youth ages 10 to 17 increased by 70% between 2006 and 2016. For black children and teens, the rate of increase was even higher: 77%. To save lives, it's imperative for providers to reach teens at risk to offer timely assessments and effective interventions. The goal, according to investigators at two NCTSN member sites, is to intercede where youth are likely to present with suicidal ideation or first attempts: emergency rooms, primary care offices, and schools.



### Address the Gaps

Performing more assessments of youth is only part of the answer. Many young people and families never receive

follow-up care due to personal barriers – concerns regarding mental health stigma, for example, or youth insisting that everything is fine because they don't want to be a burden to the family. They may also face practical barriers, such as lack of insurance, difficulties with transportation, and time constraints. Joan R. Asarnow, PhD, ABPP, is a Professor of Psychiatry and Biobehavioral Sciences and Director of the Youth Stress and Mood Program at UCLA; and Director of the SAMHSA ASAP Center for Trauma-Informed Adolescent Suicide, Self-Harm, and Substance Abuse Treatment and Prevention. Asarnow has worked for years with hospital emergency departments to do assessments and effective follow-up care.

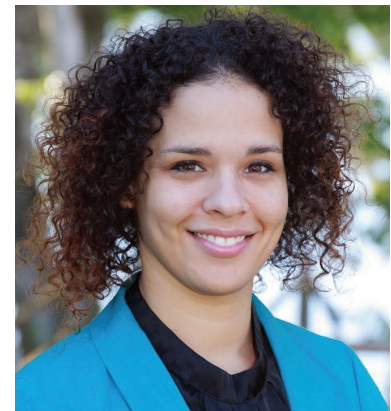
With her colleagues, Asarnow developed a brief intervention that can be conducted in emergency departments when children, adolescents, or young adults present with suicide attempts or suicidal thoughts. The Family Intervention for Suicide Prevention aims to mobilize protective processes in the youth and family, build hope, strengthen the youth's ability to identify emotional reactions associated with suicide and self-harm risk, and develop and practice using a plan for responding safely when experiencing high-risk emotional reactions. In randomized controlled trials, this intervention led to improved rates of follow-up care after discharge from the emergency department. When used in conjunction with a roughly 12-week cognitive-behavioral family intervention, the intervention was associated with reduced risk of suicide attempts.\* (See page 4 for reference.) "Our goal is to strengthen this work so that kids get the care that they need – and don't get lost to follow-up," Asarnow said. (Learn more about the Family Intervention for Suicide Prevention at <https://www.asapnctsn.org/>)

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## Experience, Education Connect Mentor to Homeless Youth

"I tell people that I've fallen into every statistic of a foster youth," says Kayla Morgan, 28, of Grand Rapids, MI. She experienced parental rejection and entered foster care at the age of 12. Moving from home to home as a teen, she attended a different high school every year. She's had brushes with the justice system and experienced violence in her domestic relationships.

Through it all, said Morgan, who identifies as a biracial woman of color, she had a feeling that she had something of value to contribute to her community. "I couldn't imagine that I was put on this Earth to experience everything that I've experienced for nothing," she reflected. "I've worked through it – I've done therapy, and I have a great support system who understands my trauma."



**Kayla Morgan, Community Liaison, 3:11 Youth Housing, Grand Rapids, MI, and NCTSN Youth Task Force member.**

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## A Guide to the Issue, From the NCCTS Co-Directors

Once again, we are pleased to bring our readers reports of the many ways our Network members serve children, youth, and families in need. In this issue of *IMPACT*, you will find news, in our *National Center/ Collaborative Highlight*, of teen suicide screening and intervention training efforts at Network sites based in Houston and Los Angeles. Our *Partnership Highlight* focuses on the ways in which the National Children's Alliance and the NCTSN have creatively combined each organization's resources and skills to improve the lives of children who have experienced sexual abuse. In *Spotlight on Culture*, we report on the continuing efforts of members of the NCTSN Child Sexual Abuse LGBTQ Subcommittee to bring an LGBTQ lens to trauma-informed care; and describe a new screening resource and an LGBTQ implementation manual for TF-CBT.

In another feature, we interview an outstanding young woman, Kayla Morgan, a member of our Youth Task Force, who supports and advocates for homeless foster youth of color. Our *Affiliate Corner* report focuses on Erika Tullberg, an NCTSN leader who represents her Affiliate colleagues on the NCTSN Steering Committee. This issue also offers an update on the activities of the clinicians at the Mental Health Disparities Among Trauma-Exposed Youth Center in South Carolina, who continue to partner with colleagues in Puerto Rico and educate policymakers as part of a related congressional briefing. Finally, we provide details about the NCTSN response to the separation of immigrant children from their parents, including the development and dissemination of traumatic separation materials. We are proud to highlight this work of our NCTSN colleagues and partners as they continue to support children and families and help advance the NCTSN mission. Welcome!

Sincerely,

**Robert S. Pynoos, MD, MPH**

Co-Director, UCLA Neuropsychiatric Institute

**John A. Fairbank, PhD**

Co-Director, Duke University Medical Center

### AFFILIATE CORNER

## Affiliate Membership: Personal, Professional Advantages of Continuing Involvement

Continuing involvement with NCTSN as an Affiliate member always entails a balancing act, as many members have acknowledged. For Erika Tullberg, MPA, MPH, a Research Assistant Professor in the Department of Child and Adolescent Psychiatry at New York University School of Medicine, those balancing efforts are worthwhile, professionally as well as personally. During the 2012-2016 NCTSN grant cycle Tullberg served as Associate Director with the NYU Center on Coordinated Trauma



**Erika Tullberg, MPA, MPH,**  
Research Assistant Professor  
in the Department of Child  
and Adolescent Psychiatry,  
New York University School of  
Medicine.

Services; as a Category II Treatment and Services Adaptation Center, the NYU center focused on addressing trauma in the child welfare system. During that grant, in addition to her roles with the center, Tullberg served as a co-chair of NCTSN's Child Welfare Committee and participated as a member of the Secondary Traumatic Stress Committee, the Birth Parent Trauma Subcommittee, and the Parent Trauma Coordinating Group.

Although her center was not funded for the 2016-2021 grant cycle, "I definitely do not feel that my committee work has waned!" Tullberg said. She has stepped down as a co-chair of the Child Welfare Committee, but in addition to still being an active member of that committee and its subcommittees, she has new

responsibilities, including representing Affiliates as a member of the NCTSN Steering Committee. She meets monthly with the Affiliate Advisory Group and, along with fellow Affiliate reps Gwen Downing and Erna Olafson, serves as a conduit from the Affiliate Advisory Group to the Steering Committee. With a number of other NCTSN members, Tullberg continues to work with the National Center on the development of a Trauma-Informed Organizational Assessment tool, a project that started late in the last funding period. Continuing with this degree of involvement is fulfilling, Tullberg said: "I'm a big advocate of the Network and certainly now am even more of an advocate of the Affiliates."

Tullberg emphasized that, for Affiliates, maintaining relationships developed during funded periods can pay off over the long term. "Those relationships have the potential, down the line, of resulting in collaborations that may end up being supported with funding," she noted. Given the realities of committee work, protected time is essential, Tullberg affirmed: "It's not worth doing unless you can carve out the time." She has found that Affiliate participation works best when site leaders support Affiliate involvement with protected time for the individual. "The National Center has been great," she said, about making the case for protected time. Tullberg has been involved in discussions regarding the role of the Steering Committee in oversight of collaborative activities happening within the Network. With All-Network Conferences now occurring every other year, it's challenging for Network members to remain connected. The Affiliate program can play a vital role in maintaining these valuable relationships. ■

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## Mentor Connects with Homeless Youth *cont'd from pg. 1*

After aging out of the foster care system, Morgan joined the Michigan Youth Opportunity Initiative, then used scholarships to earn two Associate of Arts degrees – one in general arts and the other in criminal justice. Later, she made contact with 3:11 Youth Housing, a local nonprofit in Grand Rapids that provides housing and opportunities for youth who are experiencing homelessness. She is now that organization's community liaison, bringing her own experiences and education to mentor youth and young women under her supervision. Morgan also works at Hope Network, a neurorehabilitation center in Grand Rapids; and since 2015 she has been an active member of the NCTSN Youth Task Force. She also has three sons, 9, 7, and 3 years old.

### Mentor to Others

3:11 Co-Executive Director Lauren VanKeulen, MSW, recalled meeting Morgan in 2013. At the time, Morgan was pursuing her degree in criminal justice at the local community college and was interested in an internship with 3:11, which was on the cusp of obtaining its nonprofit status. She was attracted to the organization because she wanted to work with young people who had experienced trauma and had also been involved with the criminal justice system. VanKeulen said, "I saw this inner drive in Kayla that was incredibly inspiring. She has more resilience than anyone I've ever met. In the past five years, I've seen her go from significant places of crisis to stabilizing, for herself, and for her kids. She's now serving as an advocate, especially for children coming out of foster care, but really for any young person who has experienced trauma."

### A Home Base

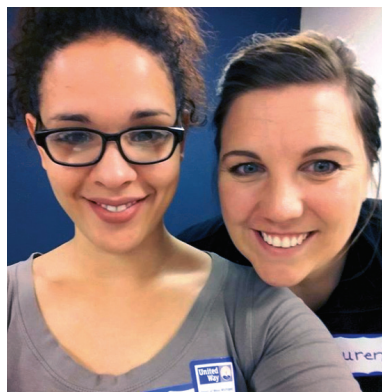
3:11 develops safe and affordable housing in Grand Rapids for homeless youth between the ages of 18 and 24. "We have a vision for a community where all youth have a place to call home," Morgan said, "where every person is valued for their contribution to the community, and where youth empower each other to make lasting changes in their lives." The organization buys houses, refurbishes them, and converts them to youth-specific group homes. 3:11 currently owns 8 houses (the majority of them duplexes) and is serving 21 youth. When applicants are accepted into the program, the first month's rent is free; after that, it's just \$250 a month. The emphasis is on forming a family of support for each youth, helping them acquire job skills, and partnering with them in their transition to healthy interdependence.

"I think my lived experience is the glue to the connection that you start to build with the kids," Morgan said. "I know how it feels to have your stuff put in trash bags, I know how it feels to not have anywhere to go for Thanksgiving, I know how it feels to not have a birthday cake, I know how it feels to be put in the back of a cop car when you didn't do anything wrong, you're just being removed and it happens to be the police person that takes you."

Morgan also knows how it feels to have the help of a person who believes in your potential. For her that person was a case worker who encouraged her to get involved with the Michigan Youth Opportunity Initiative and mentored her in practical life skills such as how to effectively search for a job.

### Ongoing Challenges

Since her first days with 3:11, Morgan has expanded her mentoring skill set, although she admitted it's not always easy being a mentor: "It really, really does test your character. I cannot deny that I have triggers [when dealing with youth at 3:11]." For instance, during an incident when two girls challenged her authority, she was able to stand her ground. But the incident made her realize that she needed time to re-center herself. She did intensive therapy, took a break from work, and then returned with renewed focus.



**Kayla Morgan, Community Liaison, and Lauren VanKeulen, MSW, Co-Executive Director, 3:11 Youth Housing, Grand Rapids, MI.**

Both Morgan and VanKeulen maintained that the ongoing challenge is the immense need for more services. "We know there are 2000 young people in Kent County [MI] that experience homelessness each year – 80 a night," VanKeulen said. "The problem is massive, and it isn't just a homeless problem, it's an issue of inequality and income."

Through her coordinator at the Michigan Youth Opportunity Initiative, Morgan learned that the NCTSN was recruiting for its Youth Task Force. In July of 2015, soon after the birth of her youngest son, she attended her first meeting of the task force and was immediately hooked. "I felt like my voice was being heard," she said. She co-chaired the task force for a year, and is now considering outreach projects such as podcasts to further the message of resilience after healing from complex trauma.

Locally, Morgan has also become active as an advocate for foster youth of color. Recently she participated in a policy discussion about African American children in the welfare system. She found herself sitting across from her own foster care judge, as well as representatives from the police department, district attorney's office, and Network 180, the mental health authority for Kent County. "I was humbled," she said. "To see that progression, what a turnaround that was [to be at the table]. That is equity to me and it felt really good." ■

## NCTSN Teams to Reduce Teen Suicide *cont'd from pg. 1*



**Ryan M. Hill, PhD, Assistant Professor in the Section of Psychology, Department of Pediatrics, Baylor College of Medicine/Texas Children's Hospital, member, Trauma and Grief Center team.**

Ryan M. Hill, PhD, Assistant Professor in the Section of Psychology, Department of Pediatrics, Baylor College of Medicine/Texas Children's Hospital, is part of the Trauma and Grief Center team directed by Julie B. Kaplow, PhD, ABPP. Along with colleagues at his center, he has been developing an electronic Safety Planning Assistant that could be used throughout a hospital. Hill said, "It's essential to provide a safety plan to all youth who come in [to the hospital] who are having suicidal thoughts but do not get sent immediately to an inpatient unit." The proposed protocol

sends these teens home from the hospital with a concrete safety plan to keep them safe until they are able to obtain mental health care. First, the plan helps the youth identify times or settings where suicidal thoughts come up. Then it teaches the youth a series of steps to take to help manage those thoughts: find something distracting to do; try being social; or reach out to someone who can help. That person may be someone other than a parent, so the youth might prefer texting to a hotline as a route to getting help.

### Supporting Primary Providers and School Staffs

Asarnow's group has also been working with Moira Szilagyi, MD, PhD, Professor of Pediatrics at the David Geffen School of Medicine at UCLA, and with members of the American Academy of Pediatrics, to develop training protocols for medical school curricula – "helping pediatricians do what they do even better," Asarnow said. The idea, she explained, is to empower primary care providers to help support the youth in their recovery, providing monitoring and follow-up so that specialty care – often in short supply – is not the only anchor.



**Joan R. Asarnow, PhD, ABPP, Professor of Psychiatry and Biobehavioral Sciences and Director of the Youth Stress and Mood Program at UCLA.**

In another collaboration, this one with Marian (Emmy) Betz, MD, MPH, Associate Professor of Emergency Medicine at the University of Colorado, and an emergency room physician who founded the Colorado Firearm Safety Coalition, the UCLA group is developing a parent decision guide on firearm safety. Asarnow noted that this guide could be particularly useful in rural areas, where suicide rates are higher, and resources, especially behavioral health clinicians, are limited. The purpose of the guide

is to provide a nonjudgmental pathway to engage parents in a safety plan.

Schools are logical sites for assessing suicide risk. However, there are unique challenges to identifying youth at risk, said Kaplow, who also directs the Harvey Resiliency and Recovery Program in Houston. In her research on the interplay of trauma and bereavement, she has found that a common precipitating factor among suicidal youth is that they have experienced the sudden death of a loved one. But identifying these at-risk youth is only part of the equation, Kaplow maintained. School staff may not be trained in trauma- or bereavement-informed care, may not have the necessary referral resources, and may thus be hesitant to open the conversation. Ironically, in post-Hurricane Harvey Houston, greater awareness of the trauma-related needs of youth has resulted in a recent



**Julie B. Kaplow, PhD, ABPP, Director, Trauma and Grief Center, Baylor College of Medicine/Texas Children's Hospital.**

provision of more trauma-informed resources. In consultation with Christopher Layne, PhD, Program Director of Education in Evidence-Based Practices at the National Center, the Harvey Resiliency and Recovery Program has been able to disseminate training in trauma- and bereavement-informed assessment and evidence-based interventions to numerous school- and community-based clinicians in greater Houston.

Hill has led trainings in recognizing and responding to suicide risk for staff from the Pearland School District, and more recently,

the Houston Independent School District. Teens' peers are "usually the first ones who know that something is wrong," Hill observed. The difficulty is helping peers recognize that something's wrong and realize that this is not the time to keep secrets. One high school adopted an innovative technique for overcoming potential hesitation. School counselors set up anonymous fill-in-the-blank forms that read, "I'm worried about \_\_\_\_\_," which could be dropped into boxes on the campus. Counselors could then discreetly approach students.

In all these efforts – developing trainings and curricula with their primary care and emergency room colleagues, disseminating resources to school counselors – trauma-informed providers hope to increase awareness and incorporate assessment of suicide risk into the way care is delivered. "We are taking whatever avenues we have to get people to think about suicide in different contexts," Hill said. "Hopefully suicide prevention is something everyone can become involved in." ■

\*Asarnow, J. R., Hughes, J. L., Babeva, K. N., Sugar, C. A. (2017). Cognitive-behavioral family treatment for suicide attempt prevention: A randomized controlled trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, 56(6), 506-514.

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## **PARTNERSHIP HIGHLIGHT**

# **National Children's Alliance and the NCTSN: A Mutually Beneficial Partnership**

With a shared mission to help children heal from trauma and abuse, the National Children's Alliance (NCA) and the NCTSN have forged a mutually beneficial partnership over the past decade. The NCA's expertise in the child abuse policy arena, and the NCTSN's expertise in evidence-based interventions, have dovetailed to raise awareness of child maltreatment and to raise the standard of care. Indeed, working together has enhanced both organizations through joint achievements such as the development of new products, participation on each other's Advisory Boards, and collaborations on congressional educational briefings about child trauma.

"There is a constant positive cross-fertilization between the two networks that has been invaluable," said Teresa Huizar, the Executive Director of National Children's Alliance since 2008, and an NCTSN Advisory Board member since 2010.

### **NCA and the CAC Model**

In 1987, the National Children's Alliance was founded to assist communities seeking to improve their responses to child sexual abuse by establishing, strengthening, and sustaining Children's Advocacy Centers, which now number 854 and are present in all 50 states. In the CAC model, instead of children having to tell their story multiple times to law enforcement, medical, and mental health personnel, they are interviewed once by a trained forensic interviewer. Instead of referring the child and family to numerous agencies for care, the CAC becomes the child's advocate by coordinating medical, mental health, and legal professionals.

In 1993, the NCA received an initial operations grant from the Department of Justice, Office of Juvenile Justice and Delinquency Prevention, to build the organization's infrastructure. Around this time, Teresa Huizar began her career at a Children's Advocacy Center in Colorado, and ultimately moved to the NCA headquarters as Executive Director. She first became aware of the NCTSN through her work with an NCTSN center, the Dee Norton Lowcountry Children's Center, which was also a CAC, headed at the time by Libby Ralston, PhD. "Libby realized how much our two organizations had in common and was a wonderful advocate for partnership right from the beginning of my tenure at NCA," Huizar said.

Since then, the NCA's involvement with the NCTSN has grown in many ways. "Dissemination of the NCTSN evidence-based interventions has dramatically improved the quality of mental health services within CACs," Huizar noted. The NCA partnered with the NCTSN to produce the first *Children's Advocacy Center (CAC) Directors' Guide*, which has now been revised to offer practical advice to help sustain adherence to evidence-based treatment methods. Huizar pointed out that the national network of CACs provides a natural dissemination channel for extending the reach of the NCTSN as well.

### **Promoting Visibility**

Ellen Gerrity, PhD, Associate Director and Senior Policy Advisor, National Center for Child Traumatic Stress, has worked closely with Huizar for many years. "It has been a delight to work with the NCA," she said. "They have functioned as formal and informal advisors on many issues related to our shared mission. They have gone above and beyond to raise awareness about the Network not only throughout their own CAC network but also with federal policymakers and agency staff."

Huizar praised the National Center for establishing an NCTSN Policy Task Force and expanding its work in this area by hiring a new NCCTS Policy Program Director, Diane Elmore Borbon, PhD, MPH, in 2013. Denise Edwards, NCA Director of Government Affairs, has been instrumental in organizing joint educational sessions for congressional members about the CAC movement and the NCTSN. Although public policy work has been a part of the NCTSN mission since its inception, partnerships with organizations like the NCA have helped to expand NCTSN efforts to raise awareness in the policy arena.

### **Shared Expertise**

Carole Swiecicki, PhD, Executive Director of Dee Norton Child Advocacy Center, an NCTSN Category III site in Charleston, SC, illustrates the cross-fertilization of the two networks. Her NCTSN center is also a CAC, and Swiecicki serves on both the NCA Board of Directors and on the NCTSN Policy Task Force. She noted that the two organizations are a good fit as partners: "The NCTSN has an important mission of increasing access to evidence-based services, while the NCA has hundreds of CACs serving hundreds of thousands of children, many of whom are in need of these evidence-based services. Through Teresa Huizar's leadership, there have been great strides in linking CACs and those who develop and provide evidence-based practices."

The two organizations have additional collaborations underway. Ernestine Briggs-King, PhD, NCCTS Data and Evaluation Program Director, has been active with the NCA as the immediate past-president of the NCA Board of Directors. With her colleague Carrie Purbeck Trunzo, MHA, CPHQ, Improvement Advisor, she is collaborating with the NCA on an NCA informational brochure that uses statistics from the NCTSN Core Data Set to illustrate the impact of trauma on children and families. "We have a particular strength in data collection and they [NCA] have a particular strength in visualization, marketing, and dissemination," Briggs-King said, "so we decided to join forces for this pilot project."

"Our interests really align," agreed Huizar. As she enters her third term as an NCTSN Advisory Board member, she believes that the two organizations can use their shared experiences "to be a forceful voice for change." ■

## Bringing an LGBTQ Lens to Trauma-Informed Care

Relative to their straight and cisgender peers, LGBTQ youth have higher rates of traumatic experiences such as bullying and sexual and physical violence. In addition, many LGBTQ youth experience parental and family rejection because of their sexual orientation or gender identity and/or expression. This rejection can put them at higher risk of homelessness, drug and alcohol abuse, commercial sexual exploitation, and self-harm.



**Judith A. Cohen, MD, Professor of Psychiatry, Drexel University College of Medicine, Allegheny Health Network, Philadelphia, PA, and Co-Director, NCTSN Child Sexual Abuse Committee.**

Given the disproportionate incidence of trauma among LGBTQ youth, it's critical to engage with them and help them recover from and thrive after trauma. For the past nine years, members of the NCTSN Child Sexual Abuse Committee have been developing the clinical tools for providers to do just that. During the current grant cycle, under the leadership of Judith A. Cohen, MD, Professor of Psychiatry, Drexel University College of Medicine, Allegheny Health Network, Philadelphia, PA, and Susana Rivera, PhD, Program Director at SCAN Inc., Laredo, TX, the committee established

an LGBTQ Subcommittee led by Arturo Zinny, LPC, MA, and Antonia Barba, LCSW. Two major initiatives have now come to fruition: a TF-CBT implementation manual modified for LGBTQ youth, which resulted from a year-long NCTSN Learning Community effort; and *Trauma in LGBTQ Youth: A Screening Resource and Information for Youth and Caregivers*, developed through collaboration among members of the LGBTQ Subcommittee.

### A New Implementation Manual

Work on the new TF-CBT LGBTQ implementation manual began shortly after the 2016 grant cycle through NCTSN funding to Allegheny General Hospital's Category II Center, Cohen said. (She noted, however, that the need to address LGBTQ youth's trauma experiences has become increasingly clear during the last 10 years.) A Learning Community coalesced and included 32 clinicians from 12 different sites, who shared clinical cases, collected outcomes data, and discussed challenges and successes. Cohen said there was a robust collaboration between clinicians well-versed in caring for LGBTQ youth, but not as familiar with evidence-based trauma treatment, and well-trained TF-CBT providers who were less experienced in treating LGBTQ youth. The resulting implementation manual adds specific guidance to implementing the TF-CBT practice components with cultural sensitivity to the special concerns related to sexual orientation and gender identity.

For example, Cohen cited the safety component of the manual, which provides for a longer stabilization phase to address the fact that "in many cases, these youth really do have ongoing

danger such as constant bullying." When working on relaxation skills, clinicians are cautioned to be mindful that for many of these youth, their bodies are sometimes a trauma reminder. In that case, "relaxation strategies might start with those that are not body-related, such as visualization skills, before moving to breathing and progressive muscle relaxation."

Cohen pointed out that research by the Family Acceptance Project® and others has shown that family acceptance can significantly decrease the risk for depression, suicidality, and risky sexual behavior among LGBTQ youth. "We really wanted to incorporate that knowledge into how we implement this treatment," she said. Accordingly, the Learning Community mapped out ways to negotiate with parents and youth to effect some incremental changes that could lead to a safety planning process. For instance: asking the youth, "What does your parent need to do differently that would keep you from cutting yourself or using drugs?" Or, the parent might be asked to try using the child's chosen name or pronoun, even without a change in attitude or belief about the child's identity; and to practice just this behavior change to track what might result. Pilot data gathered by the Learning Community in the course of developing the implementation manual documented very significant improvement in trauma symptoms among LGBTQ youth who received the modified version of TF-CBT.

**"Providers may not be doing exactly what they need to do to engage LGBTQ youth."**

*ARTURO ZINNY, LPC, MA, Co-Chair, LGBTQ Subcommittee*

### Language and Clinical Guidance

The impetus for the screening resource for LGBTQ youth and caregivers came from discussions within the LGBTQ Subcommittee, according to



**Arturo Zinny, LPC, MA, Project Director for the Philadelphia Alliance for Child Trauma Services (PACTS), Community Behavioral Health.**

Zinny, Project Director for the Philadelphia Alliance for Child Trauma Services (PACTS), Community Behavioral Health. Zinny pointed out that "a lot of great trauma providers may not be doing exactly what they need to do to engage LGBTQ youth." Some clinicians may be missing opportunities to screen for sexual orientation or may be uncomfortable about how to address their young LGBTQ clients. "Often, organizations and clinicians don't know how to engage in these conversations

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## Bringing an LGBTQ Lens *cont'd from pg. 6*

with LGBTQ youth,” added Jennifer Grady, MSSW, Director, Site Integration and Collaboration Program, UCLA-Duke University National Center for Child Traumatic Stress.



**Antonia Barba, LCSW, Director of Bridging the Gap Program at The Jewish Board of Family and Children's Services, New York, NY, and co-chair of the LGBTQ Subcommittee.**

so that people don't have to dance around topics that might be uncomfortable.”

The screening resource furnishes specific questions so that on intake, clinicians have the language to avoid assumptions associated with the heterosexual and cisgender paradigm. The very first intake questions, “How do you like being called?” followed by “What are your preferred pronouns?”, are open-ended to avoid the binary he/she standard. Questions for caregivers are framed in a similar fashion. The final third of the resource provides specific questions that screen for

Barba, who is Director of Bridging the Gap Program at The Jewish Board of Family and Children's Services, New York, NY, noted that, “Because they [clinicians] don't want to say or do the wrong thing, this leads to avoidance. As a result, the child or the family may not get the full range of support they need.” Megan A. Mooney, PhD, now an NCTSN Affiliate member in private practice in Houston, is also a member of the LGBTQ Subcommittee. She said that one of the strengths of the screening resource is that it outlines “lots of different language and verbiage,

potentially traumatic events. The National Center projects a fall publication of the resource on the NCTSN Learning Center site. It will also be included as an appendix to the new TF-CBT LGBTQ implementation manual.

Subcommittee members underscored some principles to guide clinicians as they approach this work. Do not assume that a youth's sexual orientation or gender identity is the reason for seeking treatment; rather, recognize that sexual



**Megan A. Mooney, PhD, NCTSN Affiliate member in private practice in Houston, and member of the LGBTQ Subcommittee.**

orientation or gender identity issues and trauma may have complex intersections. Observed Mooney, “I always have something to learn from each child about what their sexual orientation or gender identity means to them, and how that may or may not intersect in the trauma work we're doing.” Clinicians should also recognize that there are many different identities within the LGBTQ community. “As providers we have to have some general awareness and knowledge,” Barba said, “but also a level of mindfulness and openness to learn about the culture and

identity of the individuals and families we're working with.” Zinny views the screening resource and the implementation manual as “an invitation to people from urban centers as well as rural areas, from different backgrounds and cultures, to join our efforts to deliver highly competent and affirming services to LGBTQ youth and their families.” ■

## National Center Generates Immigrant-Specific Resources for Providers

The core mission of the NCTSN is to improve the standard of care and access to services for children and families who experience or witness traumatic events. In recent weeks, in keeping with this mission, many Network members and sites have been mobilizing to help develop resources for immigrant children separated from their parents at the southern United States border. Our responses to the crisis have included generating immigrant-specific tip sheets for providers on traumatic separation (including information on very young children and children with disabilities), organizing mobilization conference calls, and networking with the National Center and other child-serving agencies to increase our outreach to immigrant children and families. We have also been addressing secondary stress experienced by providers.

Several of our resources are currently available on the NCTSN home page ([www.nctsn.org](http://www.nctsn.org)), including

- *Traumatic Separation and Refugee and Immigrant Children: Tips for Current Caregivers* (available in English and Spanish);
- *Key Points: Traumatic Separation and Refugee and Immigrant Children*; and
- *Selected NCTSN Resources Related to Traumatic Separation and Refugee and Immigrant Trauma*

Staff members at the National Center including Melissa Brymer, PsyD, PhD, Director, The Terrorism and Disaster Program, and Isaiah B. Pickens, PhD, Assistant Director of Service Systems, along with key members of the NCTSN Culture Consortium, organized a Network Conversation on June 27. The call-in conversation gave Network members the opportunity to discuss how they are supporting immigrant children and families, and to share resources and strategies to sustain this important work. ■

## Network Group Briefs House Representatives on Puerto Rico Relief Efforts

In our April 2018 issue of *IMPACT*, we reported on Puerto Rico relief efforts undertaken in 2017 by the Mental Health Disparities Among Trauma-Exposed Youth Center at the Medical University of South Carolina. This year, on the cusp of their second planned visit to Puerto Rico to provide Skills for Psychological Recovery training to social workers and psychologists, the team was invited by Congresswoman Rosa DeLauro (D-CT 3rd District) to brief congressional colleagues on their efforts to address children's mental health needs.

The invitation prompted a flurry of preparations, and the team, aided by Ellen Gerrity, Diane Elmore Borbon, Bill Harris, and Lisa Amaya-Jackson, developed a presentation and other resource materials for their April 12 congressional testimony.

Congresswoman DeLauro, who had visited Puerto Rico in December of 2017, has backed a congressional budget agreement for \$90 billion additional emergency funds for hurricane-affected communities. That amount includes \$4.9 billion in increased Medicaid funding for Puerto Rico and the U.S. Virgin Islands. DeLauro opened the congressional meeting session by remarking, "We must continue to help them [Puerto Ricans] rebuild, but we also must help them heal. As you know, treating breaks, bruises, and abrasions is not enough. We need to address the invisible trauma of toxic stress, which is so dangerous for children and young adults."

Since last October, the South Carolina team has delivered training directly to more than 600 school personnel. By collaborating with onsite champion social workers, they have also been able to reach an additional 6,000 teachers and staff. "I was struck by how engaged the congressional audience was after we had given our testimony," said Michael A. de Arellano, PhD, Professor and Director of the Mental Health Disparities and Diversity Program. He added, "I think that talking about our work related to children exposed to the hurricane and its effects made the situation a bit more real to them."

Rosaura Orengo-Aguayo, PhD, Assistant Professor in the National Crime Victims Research & Treatment Center at the Medical University of South Carolina, who is also the team leader, noted that Phase 3 of the group's hurricane response efforts will begin this fall. "We're excited about partnering with schools on the island to do a TF-CBT Learning Collaborative," she said. Phase 3 trainings will also focus on TF-CBT for licensed mental health providers and graduate students in order to further increase local capacity for trauma-informed services.

Congresswoman DeLauro closed by reaffirming her commitment to aiding recovery in Puerto Rico. "I will keep fighting to make Puerto Rico whole," she said, "and to ensure people both on the Island and here in Connecticut get the support they need and deserve to recover and heal." ■

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## Did You Know?

On July 18, the **Support Trauma Recovery in Youth with Developmental Disabilities (STRYDD) Center** presented Day 1 of the NCTSN *Road to Recovery Toolkit* training at its facility, the Long Island Jewish Medical Center of Northwell Health, New Hyde Park, NY. The purpose of the training is to help participants understand the needs of children and adolescents with developmental disabilities who have experienced trauma.

Presenters were **Peter D'Amico, PhD, ABPP**, Director of the STRYDD center, **George Wurzer, LCSW**, Project Manager, and **Juliet Vogel, PhD**, Consultant. The 47 attendees included representatives of agencies from the developmental disability, clinical, and special education worlds from New York City and Long Island, with experience ranging from administrators to trainees.

The second day of the training, on July 24, featured STRYDD center presenters **Mayer Bellehse, PhD**, and **Daniel Hoffman, PhD, ABPP**. Day 1 focused on understanding child traumatic stress and its relationship to children with IDD, and on the impact of trauma on the children's behavior, development, and relationships, as well as on their families and care providers. Day 2 focused on providing support to children, families, and care providers; assessment and treatment; and managing professional and personal stress. ■

## 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.*