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A QUARTERLY PUBLICATION OF THE NATIONAL CHILD TRAUMATIC STRESS NETWORK

Resource Parent Curriculum Expands Reach Online

Since its launch in 2010, the Resource Parent Curriculum¹ has resonated with foster parents who struggle to meet the needs of children and youth in their care. The powerful impact of the curriculum has also revealed the need for ongoing support for the parents who have taken the workshop training. "We are good at creating knowledge acquisition," said Chris Foreman, CISW, Liaison, National Center for Child Traumatic Stress, who has been involved with the curriculum since its piloting phase. "The challenge with the RPC is to get from knowledge acquisition to behavior change."



Members of the Resource Parent Curriculum Facilitators Online project gather in San Diego in January, 2015. L to R: Melissa Hoffman, PhD, Carina van Kregten, PhD, Tone Weire Jørgensen, MD, Frank Bennett, PhD, Jenifer Maze, PhD, Leony Coppens, PhD, and Chris Foreman, CISW.

A collaborative effort is now underway to augment and expand the RPC's reach through development of an online resource center and active partnerships with international trauma experts. Along with Foreman, leaders of the effort in the United States are Jenifer Maze, PhD, Co-Managing Director, National Center for Child Traumatic Stress at UCLA; Melissa L. Hoffmann, PhD, Project Director for the Tennessee Network of Trauma-Informed and Evidence-Based Systems (TN-TIES) project; and Frank Bennett, PhD, an NCTSN Affiliate member and a core RPC Workgroup leader. Partners from the Netherlands and Norway have now joined the team, and in January of this year, the

team members met for the first time at the 29th Annual San Diego International Conference sponsored by the Chadwick Center for Children and Families.

Netherlands Jumps In

Foreman said she had "an inkling" that the Network was extending its impact, which is now being affirmed by "all these inquiries from across the country and around the world." As early as 2009, clinical psychologists Leony Coppens, PhD, and Carina van Kregten, PhD, approached Maze via email to ask about translating the RPC into Dutch. They had already realized, Coppens said, that "the most possibility for change is through interaction with the caretakers." To their translation of the curriculum they added Dutch-specific case vignettes and developed a two-day train-the-trainer module. To date, they have trained more than 200 RPC trainers in the Netherlands.

Although intense traumatic events such as school shootings are rare in Holland, other types of childhood trauma are common among children of economically stressed and immigrant families. National reorganization in Holland and greater strains on the budgets for child healthcare and juvenile justice care have spurred Coppens and van Kregten to partner with the Augeo Foundation to create an online version of the RPC materials for broader dissemination. Like their US counterparts,

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Elizabeth Thompson Reflects on "Peak Professional Experience" with Network

Elizabeth A. Thompson, PhD, Assistant Vice President and Director of The Family Center at Kennedy Krieger Institute in Baltimore, distinctly recalls her initial impressions of the NCTSN. At her first All-Network Conference in 2003, Thompson unexpectedly encountered her former internship supervisor, Lou Ann T. Mock, PhD, now the Clinical Director of Trauma and Autism Services at DePelchin Children's Center in Houston, TX. "Lou Ann taught me a lot of what I know about therapy with children and families," Thompson said. "I was delighted that after all those years, our paths would cross again. I remember how wonderful it felt to be reconnecting with someone professionally as an equal who had been instrumental in my training."

"I just had a feeling that the Network was going to be something special."



Elizabeth A. Thompson, PhD, Assistant Vice President and Director of The Family Center at Kennedy Krieger Institute in Baltimore.

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Elizabeth Thompson Reflects *cont'd from pg. 1*

Indeed, Network membership through three funding cycles (from 2003 through 2012) supported major strides at The Family Center, which was already well known in the Baltimore area for its implementation of trauma-informed treatments. In 2007, The Family Center launched its Trauma Training Academy and has now trained more than 2,000 professionals, organizations, and community partners on best practices for addressing child traumatic stress. The academy also hosts a trauma conference, and is currently preparing to host its fifth biennial conference.

Formal Training and Early Professional Years

Thompson completed her undergraduate work at Rutgers University and earned a PhD in clinical psychology at the University of North Carolina at Chapel Hill. She then moved to Houston to complete her internship, and she remained there for 12 years. While in Texas, Thompson did clinical work at Casa de Esperanza de Los Niños with children and families affected by HIV and other types of trauma. She then spent a year at the University of Houston where she taught graduate courses in the Department of Educational Psychology. She decided to switch her professional focus to mental health services administration and moved to Baltimore in 1996.

NCTSN Offers Professional, Personal Value

As a mental health executive, Thompson has been focused on delivering high quality treatment, program development, and workforce development. With her guidance, “great organizational champions,” and NCTSN membership, The Family Center has implemented and sustained seven evidence-supported treatments over a long period of time. “Everybody on my staff is trained in at least one evidence-based treatment,” Thompson said. “Many are trained in three or four.” The Family Center received the 2009 SAMHSA Science and Services Award for its implementation of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

The youth seen at The Family Center are traditionally underserved kids, 90% of whom are African American and come from urban low-socioeconomic environments. “Those are not typically the kids that get the best treatment,” Thompson pointed out. “I’m an African American, and to be leading an agency that, because of the Network, brings quality evidence-supported treatment to a thousand African American kids and families a year is something I’m enormously proud of in my professional life.”

“If we are successful with the initiatives that we said we were going to focus on, the Network will have done something great.”

ELIZABETH A. THOMPSON, PHD, Assistant Vice President and Director of The Family Center at Kennedy Krieger Institute in Baltimore



Staff in the lobby of The Family Center verify client transportation, arrivals, and departures. L to R: Elizabeth Thompson, PhD; Kelli Sullivan, Case Manager; Nancy Klem, LCSW-C; Felicia Harcum, Transportation Coordinator; Tyrone Green, Family Center Cab Driver; Karen López-Patrick, Care Team Specialist II; and Catherine Uruburo, LGSW.

Add to that the relationships she has formed through the Network, and Thompson sums up her involvement with NCTSN as “a peak professional experience.” She has not only been active with her own site’s projects but has generously participated in many other NCTSN committees and advisory groups, including the Core Curriculum Workgroup, the Resource Parent Curriculum Workgroup, and “too many expert panels to count.” That involvement continues through The Family Center’s current Affiliate membership. Thompson co-chairs the NCTSN Birth Parent Trauma Group (a subcommittee of the Child Welfare Committee); serves on the Network Steering Committee and the Affiliate Advisory Group; and is helping to develop a toolkit addressing trauma in youth with intellectual and developmental disabilities.

The corps of leaders in the NCTSN, Thompson said, “is unparalleled. I have had a place where my voice was heard. I can’t tell you what it means to be valued and appreciated in this way. There are people in the Network that I’ll have relationships with for the rest of my life, whether or not I’m in the Network. There are lifelong friends. There are people I’ve learned from, there are people I’ve taught things to. I’m enormously grateful for that.”

Hope for the Future

Thompson recently attended the principal investigators meeting at the the Chadwick Center’s 29th Annual San Diego International Conference on Child and Family Maltreatment, held in late January. She also participated in the development of the Network’s Strategic Plan, and her hope is that the plan’s goals will be implemented. “If we are successful with the initiatives that we said we were going to focus on,” she observed, “the Network will have done something great.” Thompson is dedicated to improving services for children and families who have experienced trauma. “If we can get to a place where childhood traumatic stress is viewed as a public health issue – as we have done with the dangers of smoking and not wearing seatbelts – then we can all pack it in,” she asserted. “Until then, we have much more work to do.” ■

Resource Parent Curriculum Expands Online *cont'd from pg. 1*

the Dutch psychologists have noticed that the foster carers (as resource parents are known in Holland) want to talk more about their experiences. The aim of developing the online resources is to offer interactive learning that will supplement face-to-face discussion groups as the sessions continue. Echoing her US colleagues, Coppens said, "In eight two-hour sessions you can understand a lot about trauma and what it means for children to live in a chronically stressful environment in their early years. But to make lasting change, you have to practice and have repetition [of techniques]."

'A Marinade of Trauma-Informed Care'

Tone W. Jørgensen, MD, is a Senior Advisor and specialist in attachment disorders at the Norwegian Trauma Center. Four years ago, professionals from child welfare, psychiatry, and social services at the center began to collaborate with such trauma experts as Bruce Perry, MD, PhD, Howard Bath, PhD, and the Berry Street organization in Australia, in order to raise awareness of foster care service professionals about child trauma. In 2013, the Norwegian Trauma Center collaborated with the University of Agder in Kristiansand (in Southern Norway) to pilot the RPC training with 60 foster parents. The evaluation results were so positive that the center decided to expand the RPC into a yearlong program.

Jørgensen is currently helping to develop a Web site that will furnish pre-workshop interactive education, followed by the eight-module in-person training and the Web-based and in-person interactive groups. She emphasized that the need is tremendous. Norway has no residential care for children younger than age 15, so all children are placed in foster care. "That's why the RPC is such a good program," she said. "It addresses the challenges for foster parents. And, it's not so much about the tools, it's how to think and act differently." The longer program is also valuable, Jørgensen added, because behavior change is not a quick fix. "I would like these foster parents to be in a 'marinade of trauma-informed care,'" she explained. "I want them to be so sure about the new way of addressing trauma that they will be sensitive, and not act on the reflex of old practice."

Shifting Parenting Behavior

In Foreman's view, the RPC is "brilliant in that it starts the conversation about [acknowledging] trauma. But it needs to do more if we are to change something as foundational as parenting behavior." Hoffman agreed and reported that Web site development is in full throttle. The RPC site will cover key curriculum concepts for participants prior to the training. In that way, time spent during the actual training event can be focused on applying those concepts instead of mastering new information. The Web site already includes features such as podcasts prepared by resource parents that illustrate effective parenting tools. Bennett said, "If you give people training without follow-up practice and coaching, it doesn't have much effect. I got involved because I am interested in how we implement new practices."

Inviting Commentary from Colleagues

"We want this Web site to be a way for people to continue learning, sharing, and spreading information," Hoffman said. She lectures on pediatric behavioral health issues to medical students at the University of Tennessee, and has found that online pre-lecture learning of major concepts can work well with interactive learning in the classroom. The right mix is constantly evolving. She invited consumers and Network members to provide feedback about the RPC site and to share their own experience of what works and what doesn't. Bennett said his hope is "that there will be a lot of people checking into the site on a regular basis, responding to questions, and sharing information." Added Foreman, "Our aim, with a greater online community presence, is to actively recruit and partner with stakeholders in these new developments." ■

1. Grillo, C. A., Lott, D. A., Foster Care Subcommittee of the Child Welfare Committee, National Child Traumatic Stress Network. (2010). *Caring for children who have experienced trauma: A workshop for resource parents – Participant handbook*. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

RPC on the Ground Floor in Haiti

This June, Elizabeth (Liz) Sharda, LMSW, a foster parent training specialist and staff member of Bethany Christian Services of Grand Rapids, MI, will take the RPC to Haiti as part of an initiative to strengthen in-country social services. Ravaged by AIDS and the 2010 earthquake, the nation has relied on orphanages to meet the needs of children whose caregivers are unable to provide for them. Now, in collaboration with the Haitian government, Bethany's global office has been working to reduce congregate care and international adoptions and build in-country services for orphaned children. "There are no licensed foster parents in Haiti at this point," Sharda noted. She and fellow RPC trainer Stacey Goodson will face a number of challenges, including language differences and the low literacy level in Haiti. The country director of the new program will translate from English to French and Creole; and Sharda plans to present a modified version of the first half of the RPC as a starter. "We will pick a handful of key concepts, and then look at activities that bring those concepts down to earth for our participants," she said. "This is an amazing opportunity to influence something at the very beginning stages, so I am very excited."

For more information, visit

RPC Web site: <http://learn.nctsn.org/course/view.php?id=67>

RPC podcasts: <http://learn.nctsn.org/mod/pcast/view.php?id=9497> (Access podcasts by parent Rebecca Mataya on eating choices and by Liz Sharda on the importance of modeling trauma-informed concepts in RPC workshops.)

Trauma and Mental Health Needs of Unaccompanied Immigrant Minors, Part One

This is the first of two articles on special considerations in the delivery of trauma-informed services to immigrant children who cross the border into the United States unaccompanied by parents or protective adults. Part Two will address the mental health needs of these children during their resettlement process and integration into American schools.

An unprecedented number of unaccompanied minors – nearly 60,000 – crossed the southern border into the United States during the summer of 2014. “We live on the border, and we are used to immigrants coming across, but not in these numbers,” said Susana Rivera, PhD, a Program Director for Serving Children and Adults in Need Inc. (SCAN), in Laredo, TX. “We weren’t expecting it.” Nevertheless, the community responded quickly, setting up a makeshift shelter close to the border bridge crossing, in Laredo’s downtown area. Volunteers including many faith-based organizations were in triage mode as they helped the children and families obtain food and clothing, and a shower and rest.

Heartbreaking stories began to unfold. Rivera recalled that some children who had traveled alone had the phone numbers of their US relatives written on their bodies. It was...“difficult,” she said, to imagine what the children had been through.

According to the Migration Policy Institute, an independent research group, increasingly volatile conditions in Central America have been the principal drivers of the new influx of immigrants. Children are fleeing their homes in Honduras, Guatemala, and El Salvador to escape violence, abuse, persecution, trafficking, and economic deprivation. Research conducted in El Salvador by Elizabeth Kennedy, MSc in Refugee and Forced Migration Studies, showed that 20-25% of the migrant children had experienced domestic abuse; and that rising gang violence has left many families with no choice but to allow their children to flee.

Addressing Trauma

In response to the surge, members of the NCTSN’s Culture Consortium, Terrorism and Disaster Committee, and Policy Taskforce partnered to assess and respond to the needs of the unaccompanied immigrant minors. They used Network-wide survey results to inform the first-ever Virtual Town Hall meeting conducted to address the children’s needs from a trauma-informed perspective. “Many of these children are coming from very stressed environments and have experienced trauma in their home countries as well as along the way,” said Alisa Miller, PhD, a Research Associate at the Refugee Trauma and Resilience Center at Boston Children’s Hospital. “When we’re face-to-face with children, how do we sensitively ask about trauma?” The center has prepared a fact sheet for community responders serving the immigrant children. It gives them an overview of what the children may have experienced, and some direct steps to enhance their cultural and clinical competence as they provide services. Visit www.nctsn.org/sites/default/files/assets/pdfs/um_children.pdf

A Continuum of Traumatic Stressors

Speaking at the Virtual Town Hall, Carmen Rosa Noroña, MSW, MEd, CEIS, Boston Site ETTN Associate Director of the Child Witness to Violence Project, Boston Medical Center, said, “Immigration involves separation, losses and changes,” Noroña said. “It is a process that challenges your identity and your past ways of making meaning. In the case of unaccompanied immigrant children, it can embody sustained and multiple traumatic experiences.” These children may be exploited, abandoned, or abused on more than one occasion, from pre-migration throughout the journey north. The accumulation of traumatic stressors can extend to their post-migration lives here, where they may face substandard living conditions, social isolation, discrimination, and complicated unification with family members who are known to them only virtually. “Children are more vulnerable to these traumatic stressors and to situations of displacement, especially if the experiences happen in the absence of protective and familiar adult figures who can act as buffers,” Noroña continued. “These multiple traumas and particularly the disruption of attachments can place the children at risk for developmental and mental health difficulties.”

“Immigration involves separation, losses and changes.”

CARMEN ROSA NOROÑA, MSW, Child Witness to Violence Project, Boston Medical Center

Barriers to Services

DePelchin Children’s Center in Houston, TX, has contracted with the federal Office of Refugee Resettlement/Division of Unaccompanied Children’s Services to provide trauma-informed assessments for minors age 12 and up in Houston area shelters, to aid in treatment planning and placement decisions. The process is often fraught with barriers, said Megan Mooney, PhD, Staff Psychologist Supervisor for the Trauma Clinic at DePelchin. Basic information on potential referrals is often missing. There is a dearth of valid standardized screening and assessment instruments in Spanish, which limits the ability of clinicians to evaluate the children. “In addition, these youth frequently attempt to present themselves in an overly positive manner,” Mooney noted. “As a result, trauma symptoms remain undetected.” Mooney believes the positive presentation relates to the children’s hope of being reunified with family members, as opposed to their temporary placements.

When it’s known that a youth will be reunited here with primarily Spanish-speaking relatives, Mooney said, “we write an additional brief letter summarizing key findings and

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SPOTLIGHT ON CULTURE

Unaccompanied Immigrant Minors *cont'd from pg. 4*

recommendations in Spanish. This becomes particularly important when we are the first providers to diagnose a child with an intellectual or developmental disability.”

In Laredo, many of SCAN’s staff members volunteered at the downtown shelter on their own time last summer. Rivera said she often had to remind her staff members to replenish their own reserves. Miller emphasized how easy it is for providers to feel overwhelmed during such situations. “I think providers want to fix as much as they can, and it can be easy to get lost in the complexities. But simply keeping focused on key interventions – such as making sure a child is eating, which can impact his or her learning – and approaching this work with a sense of humility, can have a powerful ripple effect.”

Rivera said that agencies would do well to prepare themselves for additional immigration events. “We know what we are going to do in the event of a hurricane or a terrorist attack; there are plans in place. I would like to see something like that happen in regards to immigration.” In Noroña’s view, the events of last summer “forced community organizations and providers to really think outside the box, or, in our case, to begin communicating with others and establishing collaborations.” ■

The NCCTS extends a special thank you to members of the NCTSN Culture Consortium for their conceptualization of the Spotlight on Culture series.

For additional NCTSN resources, visit www.nctsn.org/content/working-unaccompanied-and-immigrant-minors

AFFILIATE CORNER

Affiliate Membership Extends Mindy Kronenberg’s Reach in Infant Mental Health

In 2010, after eight years at Louisiana State University Health Sciences Center (LSUHSC), Mindy Kronenberg, PhD, wrestled with the decision to return to her home state of Tennessee. She had come to LSUHSC in 2002 as a predoctoral intern and joined the faculty in 2003. There, through her training with mentor Joy Osofsky, PhD, the Paul J. Ramsay Chair and Professor of Pediatrics and Psychiatry, Kronenberg was exposed to the field of infant mental health. She plunged into the work, serving as site coordinator for the LSUHSC Early Trauma Treatment Network and as training coordinator for the Louisiana Rural Trauma Services Center. She also became rostered as a Child-Parent Psychotherapy (CPP) trainer.

Although returning to Tennessee had always been her plan, Kronenberg was reluctant to leave the strong connections she had forged at LSUHSC, which grew stronger during the intense activities following Hurricane Katrina. During that time, Osofsky noted, “We worked as a team and were out in the field not just from 9 to 5. Mindy was extremely conscientious, effective, and helpful with her work, reaching out not only to children and families, but to first responders. She was always available.”

Kronenberg recalled the difficulty of moving from “the nurturing environment of the medical school into private practice, where you don’t have those relationships.” But she found that she could still stay involved in Network projects and activities. Now, as co-chair of the NCTSN’s Zero to Six Workgroup, Kronenberg stays connected with LSUHSC and Network colleagues while she helps advance the awareness of early-childhood mental health in her home state.

Trainee to Colleague

Kronenberg’s co-chair on Zero to Six is Leslie Brown, LCSW, CADCI, Program Director, The Children’s Relief Nursery/LifeWorks NW, Portland, OR. The two met during the first national CPP Learning Collaborative cohort facilitated by (the

late) Patricia Van Horn. Brown recalled, “Patricia introduced Mindy as a colleague experienced in the CPP model and deferred to her expertise on assessment and treatment of young children. I grew to appreciate Mindy’s knowledge as a consultant and trainer to Head Start.”

Kronenberg continues to conduct CPP trainings with Osofsky, who reported that she enjoys training with her former trainee. “I was her mentor and still am in some ways,” Osofsky said, “but I have a lot to learn from Mindy as well.”

No Slowing Down

Since transitioning to private practice in Tennessee, Kronenberg has co-edited *Treating Traumatized Children: A Casebook of Evidence-Based Therapies* (Guilford Press, 2014) with Brian Allen, PsyD, Center for the Protection of Children at Penn State Hershey College of Medicine. She also collaborates with other SAMHSA grantees through Project LAUNCH and through the University of Tennessee Health Science Center’s NCTSN grant. “Mindy has taken the initiative to stay connected through both the NCTSN and the infant mental health network,” Osofsky said. “I was very excited that she maintained her status as an Affiliate.”

Kronenberg observed, “Being able to introduce myself as ‘Mindy Kronenberg, NCTSN Affiliate,’ gives me automatic credibility and opens so many doors.” Her colleagues past and present would argue that her dedication to infant and early childhood mental health forms the crux of her credibility as a childhood trauma expert. Brown noted, “She has been instrumental in helping to coordinate many Zero to Six Workgroup trainings and subcommittees. She always models a positive, inclusive, and collaborative approach in her work.” And, Brown added, “Everyone who works with her on a project is positively influenced both by her expertise and spirit of fun.” ■

Center for Trauma Recovery and Juvenile Justice Partners with Performing Artists to Tap into Wisdom of Community

What matters most to youth and families who have experienced trauma, and how do social service professionals stay in touch with those concerns? One effective method is to partner with organizations that are already involved with these youth and families, said Rocío Chang-Angulo, PsyD, Community Faculty with the Center for Trauma Recovery and Juvenile Justice (CTRJJ) at the University of Connecticut Health Center in Hartford, CT. In the past two years, CTRJJ has worked with Looking In Theatre and Judy Dworin Performance Project, two Hartford-based organizations that address issues of trauma and social justice through the performing arts. These collaborations – in offering training workshops and in community outreach performances – have broadened clinicians’ understanding of community issues and brought insights to the practice setting.

‘By Teenagers for Teenagers’

Looking In Theatre “gives a teen perspective on the emotional social, personal, and family issues that affect them,” said Jonathan Gillman, Director of the 30-year-old program and Head of the Theater Department at Greater Hartford Academy of the Arts. During spring auditions, Gillman selects 30 teens



Jonathan Gillman, Director of Looking In Theatre and Head of the Theater Department at Greater Hartford Academy of the Arts.

to attend a five-week intensive summer training session that covers topics ranging from sexually transmitted disease to dating violence. The new recruits then join established members of the teen troupe to generate dramatic scenes about these topics. The material may emanate from their own lives, but the actors are never assigned to play themselves, Gillman said. Once the skits are honed, Looking In Theater tours local schools during the academic year. The actors

use few props; Gillman has found that miming props can actually convey just as much power. A Looking In skit about cyberbullying was featured in a recent NCTSN Webinar, available at www.youtube.com/watch?v=HwN8wdDv464&feature=youtu.be

Gillman reported that audience members are often galvanized by the dramatic skits. During discussions following the performances, they ask the actors probing questions about their characters’ behavior choices in the scenes. “This is theater for teenagers done by teenagers,” Gillman said. “Our actors clearly have a voice, and they can be representatives of those in the audience who aren’t capable of getting up on the stage to voice those issues. I’m convinced that at every performance a life is changed.”

Chang-Angulo has facilitated collaboration between Looking In Theatre and GOODWorks, a nonprofit organization that supports women who are transitioning from the correctional

“Through theater, one can witness the coming together of three generations touched by terrible losses and suffering.”

ROCÍO CHANG-ANGULO, PsyD, Community Faculty with the Center for Trauma Recovery and Juvenile Justice

system back to the community. The collaboration has resulted in the creation of skits by women who have been in prison and are now in rehabilitation programs. “It doesn’t take long for people to feel comfortable and to start telling part of their stories,” Chang-Angulo noted. “Through theater, one can witness the coming together of three generations touched by terrible losses and suffering.”

Transformative Power of Expression

Judy Dworin, Professor of Theater and Dance at Trinity College in Hartford, has been deeply involved with the York Correctional Institution in Niantic, the state’s sole prison for women, through her Judy Dworin Performance Project (JDPP). In 2005, she started a multi-arts program at York which has evolved into a year-round residency that culminates in a performance each July at the prison. Initial scripting takes place from September through March and incorporates the women’s own writings around a central theme. (This year’s theme is Courage.) Other teaching artists work with the women to shape original songs and dance. Dworin works closely with York’s mental health professionals, who help participants process difficult emotional material that surfaces through the work. “There is such a stripping of identity that happens in prison, that it is important for the women to establish their own voices,” she said. The residency has been a pathway for the women to make constructive use of their time in prison. In 2006, Dworin began taking some of the yearly productions to the public through her professional ensemble.



Jonathan Gillman, far left, and Terrie Goode, Executive Director of GOODWorks, third from left in back row, with teens and mothers who worked together writing new skits and stories.

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Artistic Director Judy Dworin supervises a rehearsal of *Lighthouse*, a production of Judy Dworin Performance Project that premiered April 17 at the Aetna Theater at Wadsworth Atheneum, Hartford, CT.

Through her work at York, Dworin began to realize the collateral effects of incarceration on the women's families and children. That awareness led to initiation of a mother-and-child weekend at York, where the women and their children interact around arts work. The Bridging Boundaries project now offers in-school and afterschool programs for children who have parents in prison, and most recently has added a transitional program for women re-entering the community. A singing group comprised of former inmates, Women on Our Own, performs

throughout the community and at group homes. The singers receive pay for all rehearsals and performances.

For their first collaboration, Dworin and the CTRJJ hosted a training workshop for social service professionals. The CTRJJ invited clinicians and community providers associated with

such organizations as the National Alliance on Mental Illness and the Connecticut Coalition Against Domestic Violence, as well as attorneys who work with at-risk youth. "The idea was to train them in the principles of trauma and to encourage them to incorporate restorative justice practices into their work," Chang-Angulo said. With Dworin, she is now facilitating a group for adolescent mothers who live in a residential facility. "Through the pairing of creative arts and mental health group process," she emphasized, "these young women who have faced many significant challenges in their lives are able to give a voice to what is important to them and what types of treatment make an impact in their lives."

Chang-Angulo said she plans to expand the opportunities for collaboration with Looking In Theatre and Judy Dworin Performance Project because of the value they offer to both clients and clinicians. "As a psychologist, I find that in order to start doing work, you have to spend a lot of time building trust with your client who has been highly traumatized," Chang-Angulo said. "What I see through theater and the arts is that you are not just building a one-to-one relationship with another person, but building that relationship with a whole community. It is in this partnership where things start unfolding for the better." ■

Filling a Gap, SCAN Commits to Residential Youth Services in Texas Border Region

Serving Children and Adults in Need Inc. (SCAN), of Laredo, TX, has recently obtained funding and licensing from the Texas Department of State Health Services to provide intensive residential substance-abuse treatment services for male youth ages 13 to 17 years. A new 12-bed facility, called the Border Hope Youth Recovery Home, is located in Eagle Pass, TX, the seat of Maverick County, said Luis E. Flores, SCAN's Executive Vice President. SCAN is an NCTSN Affiliate member with more than 30 programs providing services in 14 different counties.

Flores reported that the Border Hope program will primarily serve the rural areas along the Texas-Mexico border that make up Region 8 of the Texas Health and Human Services Commission. Renovating and running the Eagle Pass facility, a former detention center, aligns with SCAN's mission to serve rural areas, he said: "We are committed to covering gaps in services, especially in border communities." Youth who enter the Border Hope home will stay for 90 days on average; the time varies according to the needs of each youth. Residents will attend school at the facility. They will also receive a total of 20 hours per week of therapeutic activities comprised of 1 hour of individual counseling, 9 hours of group substance abuse counseling, and 10 hours of education in life skills, substance abuse, and relapse prevention. The program has a family component through

which caretakers and significant others can get help with family issues and support the youth's recovery efforts.

"The majority of these kids have experienced trauma and many other adverse experiences that provide serious challenges to their recovery, especially in an area with such a fragmented service system," Flores observed. "Our approach is to help youth and families see recovery as an ongoing process that goes beyond abstinence. When kids relapse they feel bad about themselves. That is why it is very important to keep them engaged in treatment to help them become aware of the environmental and emotional triggers that led to using again. In this way they can see a relapse as a learning opportunity instead of seeing it as a failure." ■

"We are committed to covering gaps in services, especially in border communities."

LUIS E. FLORES, Executive Vice President, Serving Children and Adults in Need Inc. (SCAN), Laredo, TX

Have You Heard?

Several hundred trauma professionals gathered in Talca, Chile, for two days in December 2014 for the **Primera Jornada Internacional de Trauma Psíquico** – the First International Conference on Psychological Trauma. Hosted by the University of Talca in collaboration with the International Society for Traumatic Stress Studies, the conference brought together researchers and clinicians from all over Chile for a program of scientific and clinical presentations. Symposia topics included intergenerational trauma, trauma in emergencies and disasters, the interface between trauma exposure and depression, intercultural aspects of trauma, and more. The meeting also saw the birth of a new traumatic stress society, the Asociación Chilena del Estrés Traumático, formed by a core group of about 50 professionals in attendance.

Bellevue Hospital and the **Child Study Center** at New York University School of Medicine were featured recently on New York public radio station WNYC. The program, *In Foster Care, Treating the Trigger*, discussed how these Network members are treating PTSD among some of New York's most vulnerable children. To access the full article, visit <http://www.wnyc.org/story/foster-care-treating-trigger/>

A new book, titled *Treating Complex Traumatic Stress Disorders in Children and Adolescents: Scientific Foundations and Therapeutic Models*, is now available from Guilford Press. The book is edited by **Julian D. Ford, PhD**, and **Christine A. Courtois, PhD**, and features contributions from more than 40 experts on complex psychological trauma in children and adolescents. The chapters show the value of a complex trauma perspective as a unifying framework for case conceptualization, assessment, and intervention. The book also reviews a range of evidence-based and promising therapies, many of them illustrated with case vignettes. To learn more or to purchase the book, visit www.guilford.com.

A new mobile game app is helping children who have experienced trauma by letting them use their tablets or smartphones to practice the life skills they've learned in the therapist's office. The game, called *TF-CBT Triangle of Life*, was created by mental health professionals at **Allegheny Health Network** and students at the Entertainment Technology Center at Carnegie Mellon University, Pittsburgh, PA. During this game, the player takes the role of a lion in the jungle guiding other animals toward more positive experiences and relationships. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) was developed by **Judith Cohen, MD**, and **Anthony Mannarino, PhD**, of the **Center for Traumatic Stress in Children and Adolescents** at **Allegheny General Hospital**, along with **Esther Deblinger, PhD**, of the **New Jersey CARES Institute**. The app is available for free from iTunes and Google Play stores.

Did You Know?

Robin Gurwitch, PhD, has been appointed to the **National Advisory Committee on Children and Disaster of the US Department of Health and Human Services**. Gurwitch, a clinical psychologist, is a faculty member in the Department of Psychiatry and Behavioral Sciences at Duke University Medical Center and the Center for Child & Family Health. Since the Oklahoma City bombing in 1995, Gurwitch has devoted much time to understanding the impact of trauma and disaster on children and families, including military families; and to increasing the resilience of the affected families. She has served on other state and national committees and task forces on trauma, disaster, terrorism, and resilience. She has co-authored an intervention manual for providers working with young children after disasters and trauma, and developed programs for the American Red Cross that include *Coping with Deployment: Psychological First Aid for Military Families* and *Coping in Today's World: Psychological First Aid and Resilience for Families, Friends, and Neighbors*. Gurwitch is also a co-author of the book, *When Their World Falls Apart: Helping Families and Children Manage the Effects of Disasters*, 2nd Edition (2010).

Gurwitch and her colleagues developed a Psychological First Aid series, *Listen, Protect, and Connect*, for providers helping children after a disaster, and the *Listen, Protect, Connect – Model & Teach* program for use in the schools. Gurwitch has also participated in direct services in the field following both national and international disasters. She has been actively involved with the NCTSN since its inception in 2001.

About IMPACT

IMPACT is a publication of the National Child Traumatic Stress Network (NCTSN). It is produced quarterly by the National Center for Child Traumatic Stress (NCCTS), co-located at UCLA and Duke University. The NCCTS serves as the coordinating body for NCTSN member sites, providing ongoing technical assistance and support.

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Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) brings a singular and comprehensive focus to childhood trauma. NCTSN's collaboration of frontline providers, researchers, and families is committed to raising the standard of care while increasing access to services. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and dedication to evidence-based practices, the NCTSN changes the course of children's lives by changing the course of their care.

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