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A QUARTERLY PUBLICATION OF THE NATIONAL CHILD TRAUMATIC STRESS NETWORK

## NCTSN Advisory Board: Funding, Data Analyses, Clinical Advances Highlight Annual Convocation

The annual face-to-face meeting of the NCTSN's 16-member Advisory Board is a time for members to hear updates about the Network's accomplishments, offer guidance regarding future directions, and renew their working relationships strengthened by a shared mission and years of working together. Ellen Gerrity, PhD, Associate Director and Senior Policy Advisor for the UCLA-Duke University National Center for Child Traumatic Stress (NCCTS), said that free-flowing and spirited discussion energized the 2011 meeting, which was held June 27-29 at the Washington Duke Inn in Durham, NC. "Several members of the Board have been with the NCTSN since it began," she said, "and the overlapping missions of the organizations represented by Board members help to create an atmosphere of trust and networking." This was especially evident during the meeting's working dinners, when members maximized their time together to engage on a range of topics, Gerrity said.

The agenda for the meeting was densely packed and included an overview of the Network's mission and accomplishments; the current standing of the NCTSN regarding the 2011 and 2012 federal budgets; new findings from the NCCTS Core Data Set 2010 Supplement analyses; communications and

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**Advisory Board members:**  
**Front row, left to right:** Diane Elmore, Esta Soler, Teresa Huizar, Patricia Barron. **Back row, left to right:** James Hmurovich, Michael Howard, Barbara Feaster, Sandra Spencer, Vivian Jackson, Thomas Bornemann. **Present but not in the picture:** Susan Badeau. **Members not present:** Peter Pecora, Walter Smith, Robert Ursano, Paul Vick, Elizabeth Yore.

## From Oahu, Grantee Extends Trauma-Informed Services across Hawaiian Islands

One of the newest members of the NCTSN is Catholic Charities Hawaii, which brings trauma-informed care to youths and families across the state's five islands. Since 2009, the agency's HI-IMPACT program (Hawaii Interventions, Mentoring, and Partnerships Aimed at Child Trauma) has provided child trauma trainings to more than 375 professionals in the state, including family court judges, probation officers, school psychologists, and other mental health workers. While also providing trauma services to youth and families, the Oahu-based program has won recognition and praise from partners, providers, politicians, and parents.

Prior to receiving its NCTSN grant three years ago, Catholic Charities Hawaii was known primarily for its work with child and adult victims of abuse, sex offenders, and youth with behavioral and emotional challenges. David Drews, PhD, Director of the Youth Enrichment Services Division at the agency, said that since the grant's inception, all programs have become more trauma-aware, particularly those relating to outpatient treatment for youth, therapeutic foster care, adoptions, and residential treatment for adolescent sex offenders.

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*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.*

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## NCTSN Advisory Board: Funding, Data Analyses, Clinical Advances

### Highlight Annual Convocation *cont'd from pg. 1*

public awareness efforts; and a look at clinical advances achieved by Network members involved with integrating trauma-informed services and effective treatment in the care of traumatized children.

Most of the sessions took place on Tuesday, June 28, starting with an NCTSN update presented by Gerrity and NCCTS Co-directors John A. Fairbank, PhD, of Duke University, and Robert S. Pynoos, MD, MPH, of UCLA. Currently, there are 65 funded centers, 70 affiliate centers, and more than 8300 national and local collaborating partners in the NCTSN. While the Network is currently funded at \$40.8 million, President Obama's fiscal year budget for 2012 calls for severe cuts and a narrowed mission. Despite this threat to resources, Congressional support for the continuation and full funding of the NCTSN's original mission remains very strong, and numerous advocacy organizations have continued to raise awareness locally and nationally about the value of the Network and the importance of its future.

#### **Core Data Set Supplement Analyses: Lessons Learned**

Funding for analyses of the NCCTS Core Data Set (CDS) was included in the 2010 federal appropriations for the Center. Several presenters at the meeting summarized new findings from this effort.

NCCTS Co-director Fairbank, who facilitated the CDS session, summarized its key elements: to assess children at their initial visit, during treatment, and at follow-up, using standardized measures. The most commonly reported traumas in the data set, according to follow-up of more than 8000 children, are traumatic losses, including separation and bereavement, domestic and family violence, and impaired caregiver(s).

Carrie Purbeck Trunzo, Improvement Advisor for the Data Analysis Supplement, outlined the mini-grant component of the analyses, which has been coordinated by the NCCTS and has supported the work of 58 individuals from 27 Network institutions. She said that a number of papers are underway to disseminate results from the various analyses. George "Tripp" Ake, PhD, of the Center for Child and Family Health, reported on his center's

experience with data collection, training, and identifying barriers to consistent and reliable data-reporting. Finally, Angel Knoverek, MS, LCPC, a clinician at Chaddock, in Quincy, IL, reported on her experience with the data set. She said that findings from the analyses have helped her to engage school professionals in raising awareness about the impact of trauma on children in the classroom. Among these professionals were school principals who subsequently requested help to shape and modify their anti-bullying interventions.

During the discussion, Advisory Board member Thom Bornemann, EdD, of the Carter Center, commented that policymakers appreciate hearing from constituents about the "real-life" impact of policy change. He noted that trauma professionals may need to rethink the paradigm, and more closely involve families and service system providers as messengers about the impact of trauma.

#### **Getting the Story Out**

Mary Mount, NCCTS Co-managing Director, reported on the Network's collaboration with Gallup, a social marketing contractor funded by SAMHSA, to increase public awareness about child trauma and the work of the NCTSN. The communications plan has evolved over the past 2½ years and includes delivering the Network message through a variety of communications channels. In collaboration with NCTSN members and partners, Gallup generated a message map and tagline: *Changing the course of children's lives by changing the course of their care*. This effort has also resulted in a video and a public service announcement, which are being reviewed at SAMHSA for clearance. The Advisory Board had the opportunity to view the video and PSA and offered suggestions and praise regarding the overall message about hope, and the creativity and diversity of images.

#### **Clinical Advances**

NCCTS Associate Director Lisa Amaya-Jackson, MD, MPH, acted as facilitator for a session that featured examples of clinical advances in the treatment of traumatized children. Tripp Ake presented the major components of Parent Child Interaction Therapy (PCIT) and provided an example of the use of this evidence-

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## NCTSN Advisory Board: Funding, Data Analyses, Clinical Advances

### Highlight Annual Convocation *cont'd from pg. 2*

based therapy with a family experiencing domestic violence. The Center for Child and Family Health recently used disaster intervention products developed by the Network to help providers, teachers, parents, and children affected by the tornadoes in North Carolina. Ake also showed a video, "From the Voice of a Parent," which is used as part of the Network's Resource Parent Curriculum (RPC) training. The video stresses important messages for resource parents about the impact of trauma, and models problem-solving to help change parenting approaches. North Carolina is considering using the Resource Parent Curriculum as its training program for foster parents.

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***"Several members of the Board have been with the NCTSN since it began and the overlapping missions of the organizations represented by Board members help to create an atmosphere of trust and networking."***

*ELLEN GERRITY, PhD, Associate Director and Senior Policy Advisor for the UCLA-Duke University NCCTS*

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Angel Knoverek also spoke about Chaddock's work helping more than 900 children since 2009. The center has conducted more than 50 groups using the Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) intervention, with more groups planned for the coming year. Children who continue to show significant symptomatology will also receive Cognitive Behavioral Intervention for Trauma in Schools (CBITS).

At the conclusion of the annual meeting, Advisory Board members expressed admiration for the accomplishments and commitment of the NCTSN and the leadership provided by the NCCTS. They extended their support for the Network's future, and offered suggestions for collaboration and ideas about sustainability and raising awareness. ■

### The NCTSN Advisory Board

**A more complete listing of the affiliations and professional accomplishments of Advisory Board members can be accessed at**

<http://www.nctsn.org/about-us/national-advisory-board>

**Patricia M. Barron**, BSN, MA, Assistant Director, Military Projects, ZERO TO THREE

**Susan H. Badeau**, Director of Systems Analysis, Casey Family Programs

**Thomas A. Bornemann**, EdD, Director of Mental Health Programs, The Carter Center

**Diane Elmore**, PhD, MPH, Associate Executive Director, Director, Congressional Fellowship Program, Government Relations Office, Public Interest Directorate, American Psychological Association

**Barbara Feaster**, Co-founder and Interim Executive Director, uFOSTERsuccess

**James M. Hmurovich**, MA, President and CEO, Prevent Child Abuse America

**The Honorable Michael L. Howard**, JD, Stark County Family Court, Juvenile and Domestic Relations Divisions

**Teresa Huizar**, MA, Executive Director, National Children's Alliance

**Vivian H. Jackson**, PhD, LICSW, Senior Policy Associate, National Center for Cultural Competence, Georgetown University Center for Child and Human Development

**Peter J. Pecora**, PhD, Managing Director of Research Services, Casey Family Programs, and Professor, University of Washington, Seattle

**Walter Howard Smith, Jr.**, PhD, Executive Director, Family Resources

**Esta Soler**, President, Futures Without Violence

**Sandra Spencer**, Executive Director, National Federation of Families for Children's Mental Health

**Robert J. Ursano**, MD, Professor of Psychiatry and Neuroscience, Chairman of the Department of Psychiatry, and Director, Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences

**Paul A. Vick**, MA, Associate Vice President for Government Relations, Duke University Health System

**Elizabeth F. Yore**, JD, Attorney at Law

And, Steering Committee Representative **Jacob Ham**, PhD, Program Director of BI-SLR HEARTS: Healing Emotions and Achieving Resilience to Traumatic Stress, Beth Israel Medical Center, NY

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## From Oahu, Grantee Extends Trauma-Informed Services across Hawaiian Islands

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**David Drews leads a music group, one of the many programs available for youth through Catholic Charities Hawaii's HI-IMPACT program.**

Drews said that the many benefits of NCTSN membership have included collaborations with national experts in child trauma; opportunities to participate in a diverse network involved with all child-serving systems; and access to valuable resources and transforming partnerships. These benefits have supported the work of the agency and resulted in new services and resources for families and children throughout the state.

In 2010, Drews and coworkers from Catholic Charities participated in an NCTSN Learning Collaborative on Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) led by its developers Judith Cohen, MD, and Anthony Mannarino, PhD. HI-IMPACT and the Hawaii Department of Health then launched a TF-CBT Learning Collaborative in September 2011. A total of 75 participants from eight organizations across Hawaii, including three teams from the military, took part in the TF-CBT trainings. Many of the attendees were senior staff from the state's largest provider organizations and healthcare systems.

Through collaboration with the military, family courts, Hawaii's Child and Adolescent Mental Health Division, the state Department of Education, and NCTSN partners, HI-IMPACT is working to help these systems become more trauma-informed. "We have several kinds of child trauma trainings, including a 'Child Trauma 101' training," Drews said. "Whenever we provide a training, whether to our own staff or to partners, people are eager to learn more about accessing child trauma resources and continuing collaborations."

Local partners have remarked on the extraordinary value of these child trauma trainings and the positive changes HI-IMPACT is bringing to the broader Hawaii community. The trainings "helped us have a deeper understanding of how trauma is experienced by victims, including its neurobiological, physiological, psychological and social effects," said Cristina Arias, Advocacy Manager of Domestic Violence Action Center in Honolulu. "Trauma affects people in so many different ways. Every person's perception of his or her experience may be different because of an embedded cultural or personal belief system. We continue to aspire to be better advocates by integrating our understanding of trauma into our core service programs."

Working effectively in Hawaii requires awareness and understanding of its diverse, multicultural population. Hawaii includes "just about every ethnicity," Drews said. "We serve the local native Hawaiian population as well as the Pacific Islander population, namely, the diverse Micronesian groups from the Marshall Islands, Pohnpei, Yap, Guam, Chuuk, and elsewhere. The Micronesian populations are the newest immigrant group to Hawaii and bring unique cultural and linguistic challenges with them. Many times Micronesian parents are still learning to speak English while their children are acculturating to America. They also have cultural nuances that we are learning to understand, such as their views on education, health, sexuality and community."

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***"One of the HI-IMPACT therapists is funded to provide therapy and support services to homeless that live on the beaches out there."***

*DAVID DREWS, PhD, Director of the Youth Enrichment Services Division, HI-IMPACT, Catholic Charities Hawaii*

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Drews also emphasized the challenges of Hawaii's geographic diversity and the distribution of its population. Some 80% of the population lives on Oahu near Honolulu, while the populations on the remaining islands are mostly rural. Catholic Charities Hawaii operates on all the major islands, and so is able to offer trauma-informed care throughout the state.

In Oahu, many homeless people live on the island's Leeward Coast, where HI-IMPACT provides services to a Catholic Charities housing development, as well as to homeless shelters and even directly to individuals on the beach.

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## Mission: Give Voice to the Living and the Lost after 9/11

In creating the organization VOICES of September 11th, Mary Fetchet, LCSW, made it her goal to help families impacted by the 9/11 attacks to recover from their traumatic grief as they memorialized their loved ones. Fetchet herself is from such a family, having lost her 24-year-old son Brad in the World Trade Center attack. In the decade since his passing, Fetchet and VOICES have become leading advocates for 9/11 families and for other survivors who worked, lived, or went to school in the attack zones.

The mission of VOICES, which is to address the needs of affected families and promote awareness and prevention of terrorism, has been informed by Fetchet's background as a clinical social worker and educator, and strengthened by her commitment to providing continuity of care and promoting resilience. Prior to 9/11, while working as a social worker, Fetchet attended a presentation on the Oklahoma City bombing and became interested in disaster mental health. "Understanding the response of the Oklahoma City community gave me critical insight into the long-term challenges our families would face," she said, "and the need for an organization to provide long-term support services."

Amidst the confusion, uncertainty, and loss after 9/11, Fetchet founded VOICES with Beverly Eckert, a 9/11 widow. The organization grew quickly; it now has more than 13,000 members and offers programs including mental health support groups, resiliency trainings, and annual commemorative events. Since 2006 VOICES has maintained the deeply moving 9/11 Living Memorial Project, a digital archive commemorating the lives and stories from September 11th as well as the 1993 Trade Center bombing. VOICES staff help victims' families and survivors create Web pages on the memorial with their personal

stories, pictures, videos and more. "The process of commemoration is emotional but also therapeutic," Fetchet said. "Families are ready to participate at different times." By now the Living Memorial contains more than 60,000 images, each one accompanied by a personal story from loved ones. The weight of human loss is reflected through the faces and profiles of the workers, young mothers, first responders, and children who died in the attacks.

"We learn about the person who died, through the family who survived," Fetchet said. "Putting a face with the name and celebrating their life reverses what terrorism is all about. We remember them the way the family wants them to be remembered." Accessible on the VOICES Web site, the 9/11 Memorial Project will also become an exhibit at the National September 11th Memorial & Museum at the World Trade Center site.

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***"The process of commemoration is emotional but also therapeutic."***

*MARY FETCHET, Co-Founder and  
Director of VOICES of September 11th*

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Fetchet has testified on behalf of affected families before the 9/11 Commission and the US House and Senate. She has won numerous awards for her advocacy work, and has been an effective and influential member of the NCTSN Advisory Board. John Fairbank, PhD, Co-director of the NCCTS, remarked on Fetchet's "strong voice for the family perspective," which he said greatly informed the work of the Network.

Fetchet also contributed to the development of Psychological First Aid (PFA). Melissa Brymer, PsyD, PhD, Director of the Terrorism and Disaster Program at the National Center for Child Traumatic Stress, said, "Mary's voice was instrumental in highlighting the perspective of survivors of tragedies such as 9/11. Her viewpoint helped set the groundwork for some of the core actions that are fundamental to PFA. We learned, from her, the importance of the basic aspects of initial response, how to talk appropriately to those who were grieving. She guided us to an understanding of how to address grief issues accordingly. Her point of view was crucial to the development of Psychological First Aid."

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A memorial flag with names of those honored by VOICES of September 11th

## From Oahu, Grantee Extends Trauma-Informed Services across Hawaiian Islands

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“One of the HI-IMPACT therapists is funded to provide therapy and support services to homeless who live on the beaches out there,” Drews said. “She walks the beaches and does her intake assessments and therapy right there in the sand.” This outreach work is also supported through the state’s Child and Adolescent Mental Health Division through a Koastal Kids contract.

Because some adolescents can better express themselves and their trauma narrative through rap, songwriting, and hip-hop dance than through traditional “talk therapy,” HI-IMPACT also holds music therapy groups for teens at its offices.

Catholic Charities Hawaii recently hosted a statewide meeting on homelessness and housing that included US Senators Daniel Inouye and Daniel Akaka, Governor Neil Abercrombie, the mayors from all the islands, and Shaun Donovan, Secretary of the US Department of Housing and Urban Development. “Many state and national leaders visit our campus and programs,” Drews said, “and they see firsthand the positive difference our work with child trauma is making.”

HI-IMPACT has joined with three other organizations in Hawaii that receive grants from SAMHSA—Children’s Mental Health-Systems of Care, state corrections, and Adult Mental Health—to form the Hawaii Trauma Alliance. Meeting monthly, Drews said, “the alliance works together to maximize and best utilize our funds, share resources, and get information about trauma out into the field.” ■

## Two Network Members Take Holistic Approach with Children of Incarcerated Parents

Lilas Rajae-Moore recognizes that children of parents on probation are at risk for trauma: “If a mom goes to prison,” she says, “the child sees her go away once. If she’s on probation, she could be in and out of county jail, so the child is experiencing repeated incidents of separation trauma.”

Rajae-Moore, Director of the Denver Juvenile Probation Department’s Treatment Accountability for Safer Communities (TASC), a Network member, also recognized that there was no effective mechanism for identifying and intervening with drug-endangered children of families with probation involvement. So Rajae-Moore secured additional grant funding and broadened TASC’s mission under the Justice Initiative for Drug Endangered Families.

TASC partners with the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, and others, to expand services to children and families, and fosters relationships with probation officers to encourage referrals. TASC team members integrated a prevention lens with the treatment lens already in place for drug offenders involved with the probation department. They respond immediately to clients, via phone and text-messaging; they incentivize probation requirements like showing up for drug testing; and they work aggressively to re-engage clients with the police department after arrests are made for noncompliance with the terms of probation. “The faster we can get clients,” Rajae-Moore said, “the better chance we have of engaging them, getting them motivated for treatment, and decreasing the sense of hopelessness that these parents have. It’s not rocket science, but it works!”

Four years ago, Patricia Brown, a Denver mother on probation with the drug court, lost custody of her four young children and was sentenced to a month in the county jail. A referral to Rajae-Moore and her team activated a raft of services. “We all had mental health evaluations, and everyone was in therapy: me, my husband, the kids,” Brown recalled. “From the beginning the idea was, ‘let’s not just fix the person [on drugs]; let’s get everybody in the whole house better.’ TASC made it possible for everybody to come back home.”

### Agency Cohesion in Baltimore

Like Rajae-Moore, Stephanie S. Franklin, Esq., sees firsthand the traumatic effects of parental incarceration on children. Franklin, President and CEO of Mecca’s Place, Inc., in Baltimore, MD, is legal counsel for children involved in child abuse and neglect proceedings. On a case-by-case basis, she has often advocated for visitations between incarcerated parents and their children, but she felt frustrated with the lack of interventions to help the children deal with the trauma caused by their parents’ incarceration. In the fall of 2010, Franklin joined a community roundtable begun by the Family Center at Kennedy Krieger Institute,



**Left to right: Nathaniel Cordova, Stacey Cordova, Liah Archuleta, Georgeanna Camacho and Patricio Cordova enjoy a pizza dinner during the TASC/Colorado Coalition for the Homeless-sponsored Family Night in August, 2011, held at the Denver Juvenile Probation Department.**

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## Two Network Members Take Holistic Approach with Children of Incarcerated Parents *cont'd from pg. 6*

Baltimore, to address the needs of this often invisible population of children.

A Network member, the Family Center had previously launched a community advisory council as part of its NCTSI grant to address three populations of traumatized children: those affected by parental substance abuse, neglect, or incarceration. Discussions focusing on the impact of incarceration took root and evolved into the roundtable, said Elizabeth Thompson, PhD, Assistant Vice President and Director of the Family Center. "It started out small and has grown into a group of 15-plus active participants." The group found that many participants, like Franklin, were offering individualized advocacy and other services for children of incarcerated parents. The problem, according to Thompson: "No one knew what the others were doing."



**TASC client Chaz Line (right) pictured with his son, Xani-Stisean White, at the November 2010 Thanksgiving Family Night sponsored by TASC at the Denver Juvenile Probation Department. Families enjoyed a full meal, along with crafts and activities for children and family members.**

Bringing stakeholders to the roundtable from the judicial, law enforcement, education, mental health, and incarcerated parent communities was an effective way to increase cohesion among service agencies. "I liked the team at Kennedy Krieger," Franklin said, "and I saw that this project could make some systemic changes in how we treat these families. We are starting to learn about each other, to cross systems to refer to each other, and to collectively think of how we can make a more seamless system to serve these families."

Kennedy Krieger has produced a toolkit targeted to mental health practitioners, school personnel, child welfare system staff, legal system personnel, and caregivers. The toolkit includes group-specific PowerPoint presentations, psychoeducational materials, a comprehensive list of local Baltimore-area agencies offering services to families, and *The Family Adjustment Tool for Parental Incarceration*. Developed by center staff, this tool helps service providers assess the family and prioritize intervention needs in several areas, including incarceration explanation, reducing stigma, facilitating parental contact, increasing the support system, and increasing consistent structure in the family.

Thompson said that plans are in the works to conduct focus groups with incarcerated parents, with institutional review board approval, in order to elicit from them the most important obstacles to maintaining contact with their children. A December focus group will concentrate on the needs of incarcerated fathers, a group whose voice "is not heard enough," Thompson observed.

Community roundtable member Honorable Bonita J. Dancy, Lead Judge for the Circuit Court for Baltimore City, Family Division/Juvenile (a Model Court of the National Council of Juvenile and Family Court Judges), said that she hopes the roundtable will develop programs that allow children and their incarcerated parents sufficient time together, as well as services to foster renewal and continuation of positive relationships. These efforts, she believes, will enhance the number of children who can return home when their parents are released. ■

## Mission: Give Voice to the Living and the Lost after 9/11 *cont'd from pg. 5*

Upon the 10th anniversary of 9/11, VOICES hosted Day of Remembrance events in New York City and Arlington, VA; co-hosted the 9/11 Tenth Anniversary Summit: Remembrance, Renewal, Resilience, at the Newseum in Washington, DC; and participated in nearly a dozen related events such as a commemoration of first responders and a prayer service promoting interfaith dialogue.

Reflecting the resiliency and perseverance of the families of September 11th, a poem contributed by a loved one to the 9/11 Living Memorial Project reads in part,

*America...  
You will not be defeated—  
you will always overcome  
As time goes by and  
you look forward to a brighter day—  
...You must never forget*

For more information about VOICES, or to inquire about participating in the 9/11 Living Memorial Project, visit <http://www.voicesofseptember11.org> ■

**voices**  
OF SEPTEMBER 11<sup>TH</sup>

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## Spotlight on Culture: Helping Immigrant Latin-American Families

Therapy is always the interaction of two or more cultural identities, a concept that makes cultural competence an essential part of the provision of effective therapy. The Spotlight on Culture, an initiative of the NCTSN Culture Consortium Collaborative Group, focuses on enhancing cultural competence in the treatment setting. The group's goal is to share with professionals the many ways that NCTSN members are approaching and implementing cultural competence. To this end the Culture Consortium has invited firsthand accounts from members about their experiences and projects.

### Child-Parent Psychotherapy and Immigrant Latin-American Families Exposed to Trauma

This contribution to Spotlight on Culture comes from *Carmen Rosa Noroña, MS Ed.*, Clinical Coordinator of the Child Witness to Violence Project at Boston Medical Center, and Associate Director of the Boston site of the Early Trauma Treatment Network.

The cumulative adversities associated with immigration place children and families at considerable psychological risk. Immigrant families may have endured violence and oppression before leaving their home country, only to encounter toxic experiences during the migration itself, such as parental separation, rape, and exploitation by human smugglers or traffickers. After arriving in the host country they may encounter poverty, inadequate housing, social isolation, language barriers, intergenerational conflicts, and acculturation and discrimination issues. Their undocumented status can make them feel afraid and deprived and force them to remain invisible and vigilant in order to preserve any sense of safety.



The story of Manuela, a mother who fled from violence in her native country, represents the experience of many Latin-American immigrants to the United States.

*Manuela was a survivor of child abuse, civil war, and ethnic cleansing in her home country. After witnessing a murder, she left her country for the US with her one-year-old daughter Luisa. She crossed the US-Mexico border aided by a human smuggler. After her arrival, she was abducted, robbed of her savings, held captive for weeks, repeatedly raped in Luisa's presence, and impregnated. After managing to escape her captors, Manuela gave birth to a healthy boy, and now lives in a shelter with Luisa and baby Nino. Shelter staff are concerned about Luisa's lack of exploratory behavior, her hypervigilance, and a tendency to withdraw. They also observe that Manuela "does not talk or play much" with either of her children. Manuela is afraid to leave her home because she is certain that immigration officials—"la migra"—are following her to take away her children and deport her. Her fears are easily triggered and exacerbated by trauma reminders, most significantly the anniversaries of the civil war in her home country.*

Manuela's story illustrates why our child-serving systems and therapists, especially when working with undocumented, monolingual families, must implement interventions that address the intersection of culture, development, attachment, immigration and trauma history, and language. Interventions must also take into account the societal norms and values of the host country and their potential consequences on the immigrant family, such as discrimination, fear of detention, and isolation. Therapists can best understand and treat traumatized children and families by viewing them through each family's cultural lens. The particular expressions of children's behavior, developmental progress, and attachment style are modified by the embedded values, beliefs, and socialization practices from the family's native culture. Similarly, culture shapes the way children perceive and interpret traumatic events; their reactions to loss and adversity; and their potential trauma reminders. Immigrant families are more likely to enter and continue treatment if the therapist helps them to feel safe, treats them in their primary language, and recognizes and respects their cultural beliefs about attachment, childrearing, and coping with stress and pain.

Child-parent psychotherapy (CPP) is an empirically-supported model of psychotherapy that has been adapted for the unique psychological experiences of immigrant families. CPP is a relationship-based treatment for children

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under age six who have been exposed to domestic violence or other trauma. The CPP model considers the child-parent relationship, the family's cultural beliefs, parenting practices, immigration experiences, and the intergenerational transmission of trauma. In practice, the clinician sees the child and caregiver in dyadic sessions and uses the child-caregiver attachment as an agent of change.

Undocumented families affected by trauma present unique challenges and opportunities for practitioners and systems of care. The challenges involve shifting from interventions based on dominant cultural tendencies and ethnocentric perspectives to practices that accept limitations, embrace diversity, and are relationship-based: interventions tailored to a family's constellation, their history of immigration and oppression, their mother tongue, their unique cultural values and expressions of psychological distress, their spiritual beliefs and religious practices, and their preconceptions of mental health and mental health treatment, along with child-rearing customs, expectations, and their socio-ecological context. The opportunities for practitioners and systems of care reside in developing diversity-informed trauma treatments (like CPP) that are inclusive of marginalized families—like Manuela and her children—and that recognize family strengths. Innovative and flexible models of care can decrease the barriers that prevent young undocumented immigrant children from accessing services essential to their processing traumatic events and resuming a healthy developmental path.

For the continuation of this article, visit [NCTSN Culture and Trauma page of the NCTSN Website](#).

### **Helping Latin-American Immigrant Pregnant Women Exposed to Trauma: Reflections on Mirroring**

This contribution to *Spotlight on Culture* comes from *Griselda Oliver Bucio, MS*, of the Child Trauma Research Project at the University of California, San Francisco.

Mirroring is a fundamental maternal capacity through which the baby “sees” himself in the mother’s face and makes sense of who he is, which helps the child to feel and incorporate a sense of self. Culture also functions as a mirror by providing the mother with the feelings of reassurance and safety and a sense of belonging. Seeing people who dress and talk like us and who understand things the way we do makes us feel safe and at home (whatever “home” may mean).



But what happens if an immigrant pregnant woman loses her ability to make sense of her own experience as a mother in the environment of her new country? What if she lacks that cultural framework for living and has also gone through—or is still in the midst of—traumatic experiences? As research has shown us, traumatic experiences directly impact the physical, psychological, and emotional well-being of pregnant women and their babies. In her new life situation, the immigrant mother may have to deal with both the natural vulnerabilities of pregnancy and the stresses of trauma exposure, and do so within a culture that does not mirror her culture of origin.

The therapist may serve to “culturally mirror” the mother by helping her to put her experiences into words, to feel that she is being heard, and, most importantly, to recognize herself in her new environment. The goal is for the expectant mother to arrive at a new sense of self as an immigrant mother, and then pass this sense on to her infant by way of mirroring. The therapist becomes the framework for the process by first helping mothers work through traumatic material, in order to foster the mother-baby relationship during the perinatal period.

The cultural mirroring opportunity between therapist and mother motivates the mother to look outside of the therapist-client relationship and begin perceiving her surroundings with a different sense of self-efficacy. For example, the mother may begin accepting and incorporating foreign parenting practices, which may lead to more coherent and integrated involvement with health providers during and after her pregnancy. However, the most important outcome of cultural mirroring occurs when the mother begins to mirror her baby and see him as a separate being that she is capable of caring for.

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## Spotlight on Culture: Helping Immigrant Latin-American Families *cont'd from pg. 9*

My colleagues and I have worked with immigrant Latino mothers exposed to trauma to help them make sense of their experiences and feelings during the perinatal period. Below are some personal reflections on my work with this population of women, who were treated within the Child-parent psychotherapy (CPP) model. (Whereas the CPP model applies to children from birth through five years, the perinatal adaptation applies from pregnancy until the baby is six months old.) My work has shown me that the creation of a therapeutic space for cultural mirroring to take place can, of course, be facilitated by a bicultural therapist; the mothers feel as if the psychotherapist “knows” what they are talking about, which in turn helps them to feel understood and safe. However, therapy can also be developed and overseen by any appropriately trained therapist. My other reflections on the importance of cultural mirroring in therapy include the following:

- Cultural mirroring impacts babies because it helps mothers grasp the impact of their own immigration and trauma history on this “new person” growing inside of them; it strengthens their new understanding of motherhood.
- An important goal of therapy is to convey to the mother the dual impact of trauma—on herself and on her baby—both during pregnancy and afterward.
- Working with the mothers from pregnancy through the first months of the baby’s life may strengthen the foundation for the baby’s healthy socio-emotional development.
- Pregnancy in a foreign country can be seen as an opportunity to approach and deal with previous losses due to immigration, such as separation from other children still in their native country.
- As they become less overwhelmed by their own trauma experiences, mothers become more sensitive, open, and curious about what one of my clients described as “the language of babies.” They are better able to see and reflect on their babies’ experiences, which gives the babies the opportunity to find themselves through the mother’s eyes.
- Helping mothers learn how to navigate the “system” in their new country reinforces their sense of competence, which in turn allows them to reflect and draw on what is already in them: a new sense of self.

In the words of Donald Woods Winnicott, author of *Playing and Reality*, mother-child mirroring is “a complex derivative of the face that reflects what is there to be seen.” With the therapist’s help, “the patient will find his or her own

self, and will be able to exist and to feel real.” Feeling real, according to Winnicott, “is more than existing; it is finding a way to exist as oneself, and to relate to objects as oneself, and to have a self into which to retreat for relaxation.” The capacity to feel real in a foreign country and truly relax in each other’s presence is one of the most fundamental goals of our work with immigrant pregnant mothers and their children. ■

### Suggested Reading

Davis, E.P., Glynn, L.M., Schetter, C.D., Hobel, C.J., Chicz-Demet, A., & Sandman, C.A. (2007). Prenatal exposure to maternal depression and cortisol influences infant temperament. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46(6), 737-746.

Jasinski, J.L. (2004). Pregnancy and domestic violence: A review of literature. *Trauma, Violence, & Abuse*, 5(1), 47-64.

Lieberman, A.F., Diaz, M. A., & Van Horn, P. (2009). Safer beginnings: Perinatal child-parent psychotherapy for newborns and mothers exposed to domestic violence. *Zero to Three*, 29(5), 17-22.

Winnicott, D.W. (1971). *Playing and reality*. London: Routledge.



## Have You Heard?

In the wake of Hurricane Irene, school Superintendent **Lynn S. Krzic, Ed.D.**, of Portsmouth, RI, wrote a letter to all families in her jurisdiction sharing information developed by the NCTSN to guide parents during storm recovery. Her letter read in part, “The effects of dangerous storms do not necessarily end when the power goes back on and schedules return to normal. The Family Service of Rhode Island, a member of the National Child Traumatic Stress Network, has asked us to share the **Parent Guidelines for Helping Children After a Hurricane** with our families.” Krzic encouraged parents to use the guidelines for assistance in responding to children’s reactions “to this storm or any storm in the future.” For more information, visit [PortsmouthPatch](#)

**Dee Foster, MS**, Director of Child and Family Services at **Anchorage Community Mental Health Services**, was interviewed by her local CBS affiliate. Foster responded to a mother’s videotaped comments about the behavior of her children, who had experienced traumatic stress. “... One thing that we like to teach parents is how to understand their child’s feelings,” Foster said. “...Underneath the acting-out behaviors you want to look at the feelings...the hurt, the confusion, disappointment...and to really become attuned to that in the child rather than just reacting to the behavior.” The interview appeared on August 30, 2011. For more information, visit [KTVA11Alaska](#)

*Time.com*, the online version of **Time** magazine, reviewed the special issue of the journal **American Psychologist** titled “**9/11: Ten Years Later.**” The issue includes an article on postdisaster psychological intervention coauthored by **Patricia J. Watson, PhD**, and **Melissa J. Brymer, PhD**, both with the National Center at UCLA, and **George Bonanno, PhD**, of Columbia University. *Time.com* summarized the “largest lesson” from the special issue: “...When disaster strikes, practitioners should not get in the way of natural coping. Instead of trying to provide services to the entire population, they should, after a month or so, target the people who might need it most and then tailor their approaches, taking individual and cultural differences into account.” To read more, visit [TimeU.S.](#)

**The Leadership Center of the Children’s Institute, Inc.**, in Los Angeles hosted a daylong conference on vicarious trauma on November 7, 2011. The conference, sponsored by the Institute in collaboration with the NCTSN, the S. Mark Taper Foundation Child Trauma Training Academy, and the Joyful Heart Foundation, took place at the Wilshire Grand Hotel in Downtown Los Angeles. Experts in the field, including Babette Rothschild, MSW, LCSW, Laura van Dernoot Lipsky, MSW; and Françoise Mathieu, MEd., addressed vicarious trauma, compassion fatigue, and workplace wellness for an audience of mental health providers, social workers, supervisors, policymakers, and law enforcement professionals. For more information, visit [Children’sInstitute](#)

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## Did You Know?

**PFA Mobile** is a smartphone application for the iPhone and Droid systems. The app is designed to assist mental health workers and other disaster response personnel who provide **Psychological First Aid** (PFA) to children, families, and adults as part of an organized disaster response effort.

PFA Mobile offers multiple functions. It educates providers on key steps of PFA delivery, facilitates their self-assessment of readiness to conduct PFA, and assists them in tracking survivors’ needs during the response effort. When the app is launched—exact date to be announced soon—it will include these additional features:

- **Reminders** of PFA fundamentals
- **Mentor tips** relating to PFA fundamentals
- Suggestions for **intervention strategies** that respond to specific concerns and needs of survivors
- **Examples** of how to address forms of survivor distress such as anger, parenting problems, and sleep issues

PFA Mobile was developed through the collaborative efforts of the National Center for Posttraumatic Stress Disorder, the NCTSN, and the National Center for Telehealth & Technology, a program of the Department of Defense. The app is not intended to replace more comprehensive training in PFA. It is designed to be used in conjunction with other resources utilized by trained professionals before, during, and after a disaster response. To access online PFA training, visit <http://learn.nctsn.org>

## 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 NCTSN is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.*