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A PUBLICATION OF THE NATIONAL CHILD TRAUMATIC STRESS NETWORK

RPC Training Sparks Long-Term Network Involvement for Ron Charkowski

Ron Charkowski vividly recalled his first exposure to the Resource Parent Curriculum in 2010. He and his wife Amy were living in Dane County, WI, and were struggling with their 2 ½-year-old foster daughter’s behavior issues. Amy Charkowski was the first to take the RPC training, which was then being offered by Chris Foreman, an NCTSN liaison. After attending the training, Amy told her husband that the trauma-informed training



Ron and Amy Charkowski, with their daughters Remi (L) and Kasia (R). Understanding the trauma lens “made all the difference” for Ron and Amy as parents.

“explained everything” about their foster daughter’s reactions to being disciplined. Ron was able to take the training three months later, and he agreed with his wife about the way in which it supplied insight and usable strategies.

The RPC began to transform the way the Charkowskis parented their foster daughter. At the time, she could not tolerate being isolated in her room during a timeout and would have a “meltdown.” As the Charkowskis learned to work with their daughter

using a trauma lens, she was later able to share her early recollection of being kept without food in a playpen with a top over it. That explained her intolerance to isolation. Understanding the trauma lens – “this is not about you, it’s about the child’s experiences in the past” – made all the difference for Ron and Amy as parents. “I think, without the RPC, we would not have adopted her,” Ron stated. In fact, parenting their older birth daughter, who has Autism Spectrum Disorder, also improved.

Exposure to trauma-informed training was so transformative for the Charkowskis that over the years Ron has become a trusted leader and collaborator with NCTSN staff. Now living in Colorado, he currently serves as Co-Chair of the Trauma and Intellectual/Developmental Disabilities (IDD) Collaborative Group.

Participation Grows

In Wisconsin, the Charkowskis completed their RPC training and joined a monthly parent support group called It’s Not About You. They were replenished by the experience. “We loved going to that meeting,” Ron recalled, “because it really helped us to recharge our batteries.” Foreman drew the Charkowskis in to share their experiences and to help co-facilitate with other parents participating in the RPC training. That led to regional meetings with social workers and other providers. However, after their move to Colorado, they lost touch with Foreman and the NCTSN. Ron began to miss that connection and started looking for other support

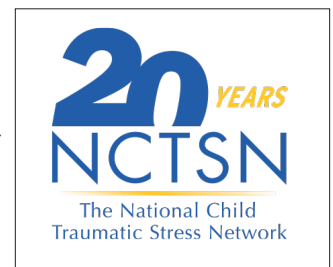
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Pandemic Presents Challenges and Silver Linings for New Grantees

The National Center for Safe Supportive Schools, or NCS3, is a new NCTSN Category II center led by principal investigator Sharon Hoover, PhD, Professor in the Division of Child and Adolescent Psychiatry, and Co-Director of the National Center for School Mental Health, at the University of Maryland School of Medicine. Dr. Hoover has been a long-time collaborator with NCTSN sites specializing in school safety and wellness. The successful NCS3 goals included integrating healing-centered, culturally responsive principles and practices into comprehensive school mental health systems. The ensuing NCS3 (www.ncs3.org) was established in partnership with the National Center for School Mental Health at the University of Maryland School of Medicine, the NCTSN Center for Trauma Care in Schools at the Alliance for Inclusion and Prevention in Boston, and the Center for Childhood Resilience at Lurie Children’s Hospital in Chicago. The first day of funding was May 31, 2020, in the midst of shutdowns from the global pandemic. An immediate challenge for the new center was to figure out how to partner with school systems that were in crisis, Dr. Hoover recounted. “School systems, in particular, were trying to operate in a whole new paradigm, and keeping students engaged and supported academically was their first priority.”

Silver Linings of the Pandemic Pivot

The NCS3 had initially proposed a regional in-person learning collaborative, but plans changed as travel was prohibited and virtual communication became necessary. These parameters “opened up pos- >>> *cont’d on pg.3*



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Welcome from the NCCTS Co-Directors

On the occasion of the Network's 10-year anniversary, it was John Fairbank, PhD, former NCCTS Co-Director, who said, "Thanks to the Congressionally-mandated Network, we no longer work in silos; we collaborate."

Now here we are, at our 20-year anniversary, and that statement still characterizes one of the Network's most important features. In this issue, you'll find many examples of the vibrancy of our collaborations. Consider the groundbreaking work of the Anti-Racism Summit Initiative faculty to develop principles of anti-racist, trauma-informed organizations; the efforts of the Latin American Children and Families (LACFam) Collaborative Group to serve Latin American families and children with cultural humility; and the pandemic challenges and silver linings experienced by two new Network grantees based in Baltimore.

Not only do funded centers elevate our values and mission -- Affiliates who remain with the Network past their grant funding bring even more energy to this enterprise. Many Affiliates continue to step up to leadership roles, and you'll hear the stories of 10 of them in this issue.

Our work continues to be informed by the experiences of youth and families themselves. Ron Charkowski, a former resource parent, was transformed as a parent by attending the Resource Parent Curriculum. As you'll read in this issue, he has continued his affiliation with us and now co-chairs the Trauma and IDD Collaborative Group. Finally, we profile another new partner, the Family Acceptance Project at San Francisco State University, whose work is enhancing the use of TF-CBT with LGBTQ youth.

We are so grateful for the providers, youth, and families who continue to step into and share this amazing collaborative space. And we are thrilled to be gathering together again as a Network, in Baltimore this summer, where we hope to spark new collaborations and build on existing ones.
Sincerely,

Jenifer Maze, PhD
NCCTS Co-Director
UCLA Neuropsychiatric Institute

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

RPC Training Sparks Long-Term Network Involvement for Ron Charkowski

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groups in Larimer County, CO. It took a while to find the right fit, but with Foreman's referrals, Ron was able to leverage some connections with Larimer County social workers to create an It's Not About You group and to co-facilitate a portion of the RPC trauma-informed training in that county.

Charkowski remains grateful to Foreman for bringing the RPC to Dane County and for continuing to facilitate his further NCTSN involvement. According to Tracy D. Henderson Bethel, MPH, Project Planner, NCCTS/Duke University Medical Center, Charkowski has been "one of my best partners in the caregivers of children with IDD factsheet series." She and Charkowski have been conducting trainings and webinars at conferences and Network sites on partnership with families in trauma and IDD care, building on some of the Road to Recovery modules. He recently offered to be on the team that's planning to revise the RPC. "Ron puts his commitment to sharing power into action in the NCTSN," Bethel said. "He contributes thoughtfully from his expertise, is inquisitive, enters spaces with an open mind, and actively seeks other perspectives."



Ron Charkowski

Expanding Horizons

Up until June, Charkowski had been working in the information technology field, but he was so inspired by his experiences with trauma-informed care that he applied to the Master of Public Policy and Administration program at Colorado State University in Fort Collins. He was accepted and started the program in June. "I'm passionate about trauma awareness," he said, and he stays involved to offer help to other parents, so that they might not make "the same mistakes I did, or they may look at things more quickly than I did.

"The more people are aware of trauma and have that lens, as I learned way back from the RPC, the better off everyone is," Ron continued. "With foster kids, you may not know exactly what has happened to them, and that's a very personal share." His daughter still struggles with depression and abandonment issues with her biological mother, but she is "smart and amazingly self-aware," doing well in high school, and able to sort out when her emotions are coming from a trauma response.

For his part, Charkowski plans to stay involved with the IDD group for the future, and will be presenting at the All-Network Conference this August. The title of the presentation is, What Is Typical? Exposing Bias at the Intersection of Neurodiversity and Trauma. "I would love for it not to be an issue that I don't have to bring my lived experience to in order to help other people, but understanding trauma is huge. This is something that I really want to help people with," he said enthusiastically.



Pandemic Presents Challenges and Silver Linings for New Grantees

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sibilities and a wider reach that wouldn't have been possible otherwise," Dr. Hoover said. As a result of training virtually, the center has engaged with 15 school districts across the country for a national, 2-year learning collaborative to advance safe and supportive schools. Another benefit accruing from the pandemic was a more intense focus on supporting the well-being of staff members, who were also working virtually. "This moved us into important conversations about how to support organizational well-being efforts," Dr. Hoover said. "We can't just keep asking people to take better care of themselves – we have to create structures that support that."

Primary Care Partners

The Baltimore-Network of Early Services Transformation (B-NEST) team, also funded in the spring of 2020, had a unique set of circumstances due to the target age group they try to reach. The goal of their Category III center is to prevent and support recovery from traumatic stress in very young children (zero to five). That requires the use of evidence-based early childhood trauma interventions by pediatric primary care providers, families, and community health workers, among others.

Virtual platforms don't work as well for interfacing with these very young children. "It's very hard to not have eyes on and hands on with little children," noted Kay Connors, MSW, the Program Director for B-NEST. Connors is also an Instructor in the Department of Psychiatry, University of Maryland School of Medicine, and Executive Director of the Taghi Modarressi Center for Infant Study at the medical center. The primary care providers working with B-NEST stayed open the entire time of the pandemic lockdown, prioritizing the children ages zero to three. "But the hard part was that the staff, their children, and their partners got sick with COVID, creating challenges due to the need to isolate," she said. The providers, with organizational backup, learned to be flexible and to initiate a hybrid model including in-person intakes and some follow-up virtual interventions. Connors noted that more and bigger data sets will be needed to determine the fidelity and effectiveness of these adaptations.

Connors said that as lockdowns have eased, B-NEST will engage the community in more in-person activities, such as community baby showers. For her, the opportunity to again deliver direct services has been a joy; for years, Connors was program director for the Category II Family-Informed Trauma Treatment Center, a collaboration between the University of Maryland Schools of Medicine and Social Work, and the Center for Child and Family Traumatic Stress at the Kennedy Krieger Institute. "What I love about being a Category III center is that I really am mostly a practitioner and provider at heart," she said, "so I was really excited to have this opportunity to lead a Category III."



Sharon Hoover, PhD,
Principal Investigator, NCS3



Kay Connors, MSW,
Program Director, B-NEST

"The pandemic opened up a wide reach that wouldn't have been possible otherwise"

— Sharon Hoover, PhD, Principal Investigator, NCS3, Baltimore, MD

20 YEARS OF NCTSN MILESTONES

- | | |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2001 First NCTSN cohort funded, 17 grantees
Network responded to traumatic impact of 9/11 | 2016 Released NCTSN Position Statement: Racial Injustice
and Trauma: African Americans in the US |
| 2002 First All-Network Conference | 2017 Revamped NCTSN.org website |
| 2005 Launched Psychological First Aid (PFA) in aftermath
of Hurricane Katrina | 2019 Provided Network supplemental funds to serve unac
panied children, Native children, and families in
Puerto Rico impacted by Hurricane Maria |
| 2008 Child Welfare Trauma Training Toolkit introduced | 2020 Convened Anti-Racism Summit Initiative |
| 2012 Created sustained trauma-informed recovery program
following Newtown, CT, school shooting | 2021 Convened Child Trauma and COVID-19 Summit |
| 2014 Launched CoCAP and CIMI data projects to capture
Network reach and impact | 2022 All-Network Conference returns after 5-year hiatus
Total grantees: 140 (plus 28 new awards for FY23) |
| 2015 Established Youth Task Force
(now Young Adult Collective) | |

Affiliates Take Collaboration and Leadership to the Next Level



Nancy Fitzpatrick,
NCTSN Steering Committee



Margaret Blaustein, PhD,
NCTSN Steering Committee



Mary Jackson-Freeny, MSW,
Affiliate Advisory Group



Natalie L. Dallard, MA,
Affiliate Advisory Group



Hava Simmons,
Affiliate Advisory Group

The Affiliate program provides a structure for former NCTSN grantees to continue their collaborative work, offering inclusion in collaborative groups and liaison support for navigating the Network and its resources. The program began in 2005; with SAMHSA support, the first Affiliate-only meeting took place in 2011. Since 2007, when its charter was formulated, the program has grown exponentially. There are now 226 Affiliates -- 154 individuals and 72 organizational Affiliates. Thirty individual Affiliates currently function as leaders and co-chairs of NCTSN collaborative groups, subcommittees, and work groups. The 16-member Affiliate Advisory Group also includes five members who currently sit on the NCTSN Steering Committee.

But those numbers tell only part of the program's story. Many active Affiliates see their leadership roles as a way to expand the Network's mission. Affiliate Nancy Fitzpatrick, formerly a Project Director for a Category III grant at Family Sunshine Center in Montgomery, AL, has increased her engagement through joining collaborative groups and the Affiliate Advisory Group, and as a new member of the Steering Committee. She said she is energized by the fact that "many people are ready to have the tough conversations," and cited a prominent example: "One huge conversation that the Network has taken on is the one around white supremacy and systemic racism. And, in taking on this anti-racism work, we've gotten to a point where

to see the growth, learning, contributions, and change that come from getting more and more collaborative voices together in a room sharing ideas and passion, growing each other," she said. "I can't imagine not being part of this."

Mary Jackson-Freeny, MSW, MEd, an experienced social worker in the Los Angeles region, has worked in the areas of child safety, adoptions, child welfare and attendance, and restorative practices in school settings. For her, Affiliate and Advisory Group memberships offer "the opportunity to grow professionally and personally, by making connections and building relationships with other practitioners." She is looking forward to supporting the Network and its members in the area of schools, as well as staying abreast of the current issues and opportunities to support children facing traumatic stress.

Another new Advisory Group member, Natalie L. Dallard, MA, is the Interim Director at the Evidence-Based Practice and Innovation Center (EPIC) and Program Manager for the Philadelphia Alliance for Child Trauma Service at Community Behavioral Health, Philadelphia, PA. "As a nonacademic," she said, "I find that the Advisory Group provides me with a continued opportunity to develop and

"Many people are ready to have the tough conversations."

— NANCY FITZPATRICK, member of the Affiliate Advisory Group and NCTSN Steering Committee

we realize that structural changes, and power sharing, need to happen." Fitzpatrick is excited to be part of that effort. She and others like her exemplify the ways in which Affiliates enrich and expand the work of the NCTSN, helping to sustain its advances in child traumatic stress services.

What the Program Adds

Margaret Blaustein, PhD, co-developer of the Attachment, Self-Regulation, and Competency (ARC) treatment framework, has "had the good fortune of being part of the Network since its inception." But when her multiyear funded projects and formal consultancy posts ended, she chose to stay involved as an Affiliate, and now serves on the NCTSN Steering Committee while also directing the Center for Trauma Training in Needham, MA, which she founded. Her reasons for staying involved? "I've been able

cultivate a nationwide personal network of scholars, practitioners, and otherwise interested parties that help me to grow and ensure that I am doing best work I can. The opportunities for collaboration and innovation are endless." Affiliate member Hava Simmons, Social Casework Manager for the Family Partnerships Unit under the Children Youth and Families Division for Larimer County, Fort Collins, CO, said, "I also believe in the value of seeking to be genuinely informed and guided by those with lived experience when creating policy and formulating best practice principles for the work." Simmons added that she appreciates the opportunity to connect with various member organizations and other affiliates throughout the United States, and now serves with the Affiliate Advisory Group.

Affiliates Take Collaboration and Leadership to the Next Level

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Another Advisory Group member, Mark Rains, PhD, of Vienna Mountain Consulting in Vienna, ME, observed that the Affiliate group also serves as an incubator for innovations before they reach SAMHSA funding priorities. That was what he noticed during his previous (2005-2012) Affiliate experience. "Through All-Network Conference workshops, Pre-Meeting Institutes, and collaborative groups," Rains recalled, "Affiliates joined in developing ideas and resources that contributed to the current variety of NCTSN resilience-building programs and integrated care sites."

A Resource for Others

Affiliate members also emphasize that their voices bring intentionality to the Network's overall work and mission. For example, new Steering Committee member Allegra Hirsh-Wright, MSW, LCSW, Training Manager and Project Director in the Department of Clinical Innovation at Maine Behavioral Healthcare, Portland, ME, has been active with the Secondary Traumatic Stress (STS) Group ever since her center was an NCTSN site. As an Affiliate, she has been co-leading, with Lynn Garst, MEd, a peer-support project that is a collaboration between the STS group and Terrorism and Disaster group. "The voice of resilience has been one of the things that have helped guide me in my work," Hirsh-Wright said. "I'm really excited to continue to bring that lens to the Steering Committee, and to look at how we can continue to support children and families by supporting providers who are doing that work."

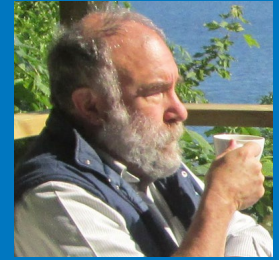
Antonia Barba, LCSW, Co-Chair of the NCTSN Sexual Orientation, Gender Identity and Expression (SOGIE) Collaborative Group, has been an Affiliate since 2021, and is now part of the Affiliate Advisory Group. During the time she was working at The Jewish Board in New York City, as Director of the Bridging the Gap Program, she formed many meaningful relationships with colleagues and mentors and was a part of numerous projects aimed at advancing LGBTQ+ affirming and youth-centered trauma-informed care. These lasting peer and mentor relationships have sustained her in her work, particularly amidst the past few years of intense racial and social injustice. "I hope to extend that same support and opportunity for growth to others across the network."

New Steering Committee member Marisol Acosta, MEd, LPC-S, Director of Clinical Services at Any Baby Can, Austin, TX, formerly worked at the Texas State Health and Human Services Commission. Remaining an NCTSN Affiliate when she left that post, she said, was a way of assuring the sustainability of trauma-informed services. "Affiliates continue the work and the mission of the Network," she pointed out, "and so the Advisory Group, I think, allows for the opportunity of hearing the voices and the needs of those who are not funded." She sees her role as making a difference in and continuing to contribute to the mission of the Network, but at the same time helping support the individual needs that people have in their communities or at their particular level.

Expanding Difficult Conversations

These active Affiliates are committed to their leadership roles and to expanding diversity in the field of childhood trauma. Licensed Clinical Psychologist Kimani Norrington-Sands, PhD, CEO of Lifting As We Climb Consulting, has been motivated to participate as an Affiliate "to offer feedback and suggestions about identifying as well as uplifting culturally-grounded prevention and intervention strategies," she said. "As a Black woman who has experienced oppression in my personal life and professional work, I am equipped with the knowledge, passion, and determination to speak up and speak out about oppression as well as advocate for decolonizing mental health." Fitzpatrick is also passionate about the work she does with the Network, and believes it's necessary to "dig a little deeper" in order to find real solutions to achieve true diversity.

If the core strength of the NCTSN is collaboration, the engagement of Affiliates serves to ensure a diversity of voices, a conduit for inclusion, and the opportunity for growth in all Network initiatives. "There are so many valuable voices," Dr. Blaustein said. "Hearing those voices pushes me to continuously rethink the ways that I frame and understand trauma." ■



Mark Rains, PhD,
Affiliate Advisory Group



Allegra Hirsh-Wright, MSW,
LCSW, NCTSN Steering
Committee



Antonia Barba, LCSW,
Affiliate Advisory Group



Marisol Acosta, MEd, LPC-S,
NCTSN Steering Committee



Kimani Norrington-Sands,
PhD, Affiliate Advisory Group

Latin American Children and Families Group Flourishes

The NCTSN Latin American Children and Families Group, known as LACFam, traces its roots to the early days of the Network. Formally launched on November 16, 2020, LACFam is an inclusive space for Spanish-speaking and bilingual child-serving professionals, as well as any providers serving Latin American children and families, who are united by a shared passion to serve these families in a culturally and linguistically responsive way. The LACFam leadership team includes Luis Flores, Carmen Rosa Noroña, Rocio Chang, and Carolina Velasco-Hodgson, in collaboration with Andrea Ocampo from the NCCTS.

It Began With Translation

Luis E. Flores, MA, LPC-S, LCCA, Executive Vice President of Serving Children and Adults in Need (SCAN), Inc., in Laredo, TX, serves as Co-Chair of LACFam. His organization joined the Network in 2005, and he recalled being at a mealtime gathering in between sessions at the All-Network Conference when he heard other ANC participants speaking in Spanish. “It was lively,” he remembered, “and we began to gather together,” making connections. Gradually a group of providers who worked with Latin American families began to form. Flores had already written a brief on translations, so in 2007, as the group coalesced, members began discussing how to best serve and focus on the needs of Latino and Spanish-speaking families. At that time, there was a dearth of Network products available in Spanish. “We realized that we could help the Network by increasing resources in translation,” he said.

So, the Translation Review Committee (TRC) was born, and in 2008 it became part of the Culture Consortium.

LACFam Co-Chair Carmen Rosa Noroña, LICSW, MEd, IECMH-E, Associate Director of the Early Trauma Treatment Network at Boston Medical Center, recalled that she and Flores first connected around language. They shared the viewpoint that “having translations done correctly and adapted to the diversity of Latinos in the US was very important.” He invited her to participate in a project to create a resource, *Adapting Trauma Services for Latinos in the United States*. After that, the committee began to get requests to translate specific NCTSN products including fact sheets in response to emergencies and natural disasters, such as wildfires in California. A variety of translation projects followed, including fact sheets on sexual abuse and domestic violence, and the *Trinka and Sam* disaster series for young children, created by Chandra Ghosh Ippen’s group in San Francisco.

Inquietud Grows

The committee also developed the Network’s first section in Spanish, *En Español*, for the [Nctsn.org](https://www.nctsn.org) website. But as the group got busier, there was also a growing inquietud, a mixture of unease and eagerness, about the need to expand awareness of and create interventions for a wider diversity of Latin American families and targeted supports for the workforce serving these families. The group, Noroña said, wanted to move beyond translations and create a space where it was possible to address the nuances and differences among Latin American families. There is a tendency, even among mental health providers, “to lump

Latinos into one group.” She explained that they wanted to highlight the differences in how families make meaning of, process, and recover from traumatic experiences, which can be multifactorial based on their preferred language, country of origin, multiple identities, and sociocultural and family values



and traditions. “We also wanted to come from a strength-based perspective, where the protective factors, richness of cultural, linguistic and other contributions of Latin Americans in the US are uplifted,” Noroña said. Flores echoed that idea. Instead of translating products that were initially written in English, he said, the TRC wanted to develop “something from scratch in Spanish, to come up with our own products developed for our own people.”

LACFam Launches

The next step was to advocate for the creation of a collaborative group focused on Latin American families and children. “There is a sense of invisibility around Latinos, even though we are so numerous in the country,” Noroña said. Andrea Ocampo, MA, Service Systems Project Manager and DEI Specialist, guided the group as they applied to the Steering Committee to form their collaborative group. Much dialogue was generated, especially around terms such as racialized immigration policy and its impact on Immigrant Latin Americans, and the need to decolonize mental health as it relates to the historical trauma experienced by Latin Americans. Noroña noted that the Network’s increased awareness about anti-racism had created an opportunity to face these concepts. “This language might be challenging,” she noted, “but it is inviting us to critically explore how we can engage in action steps as individuals, organizations, and systems to dismantle the inequities affecting many children, particularly from Indigenous, Black and Brown Latin American families.”

Since the first LACFam meetings in late 2020, attendance has been growing. Each meeting begins with introductions and presentation of the group agreements, which set the tone for open and equitable discussion. The LACFam group and the TRC subcommittee (“which isn’t going away,” said Flores) will meet during the collaborative group session on day 3 of the ANC in August. ■

Moving the Needle, Part II: Anti-Racism Summit Faculty Publish Principles of Anti-Racist, Trauma-Informed Organizations

Since September of 2020, faculty members who led the summit titled Being Anti-Racist Is Central to Trauma-Informed Care: From Awareness to Action have been intensely involved in distilling 351 ideas submitted by summit participants into a resource that will guide organizations in putting anti-racist principles into action. Being Anti-Racist Is Central to Trauma-Informed Care: Principles of an Anti-Racist, Trauma-Informed Organization* is now available on the NCTSN website and will be available to all participants at the All-Network Conference (ANC). For faculty member Carmen Rosa Noroña, LICSW, MEd, IECMH-E, Boston Medical Center, the process of distilling such a massive amount of information was “empowering – you could see the principles taking shape and becoming alive through actionable steps,” she said.

An Organic Process

The introduction of the resource underscores the urgency of focusing on anti-Black racism, and how imperative it is for systems and organizations to move beyond performative action to transform into organizations that are equitable, just, and anti-racist. Further, the NCTSN, as a leader in the field of child trauma, must move away from a focus on individual coping skills to systems change in order to truly foster healing from historical trauma. It’s the responsibility of child trauma providers to embrace the work of anti-racism, noted Anti-Racism Summit faculty member Bradley Stolbach, PhD, University of Chicago.

The faculty members characterized their work as collaborative, process-oriented, and organic. Breaking the cycle of white supremacy, the group agreed, required that they avoid conventional Eurocentric academic norms. The development of the anti-racist, trauma-informed principles was grounded in radical healing frameworks, which are based upon connection with Black, Indigenous, and People of Color (BIPOC) communities; strength and resistance; cultural authenticity; and restorative self-care.

Guided by Dr. Wizdom Powell, of the Evidence Watch Collective, Inc., who had also been a plenary speaker and guide during the summit itself, the faculty embarked on a concept mapping process to distill and refine the original 351 suggestions. After stages involving preparation, brainstorming, and statement generation, the sorting began. The team at Evidence Watch Collective analyzed the data and generated a map of grouped ideas. The first four stages of the concept mapping process yielded four headings (clusters) of core principles of anti-racist organizations. Those are:

- Bearing Witness, Centering Voices, and Honoring Lived Experience
- Organizational Values, Governance, and Strategic Oversight
- Structural Reforms, Partnerships, and Systems Change
- Human Resources, Staff Support, and Leadership

Development

After this point, the group examined the clusters and respective principles for fit, and refined the explanations for each; and finally, worked with NCTSN Product Development to produce the document. The work, said Sandra Chase, MSW,

ACSW, who co-chairs the Culture Consortium and chairs the Racial Justice and Trauma Subcommittee of the Culture Consortium, was “labor-intensive, intentional, and focused.” Aspirational and Actionable

While the document is aspirational – envisioning organizations where anti-racism is central to trauma-informed care – it’s also actionable, said Megan Clarke, MPH, NCCTS. All clusters and groups of principles are followed by specific strategies. Included with the group of principles in the Human Resources, Staff Support, and Leadership Development cluster is one of many specific strategies: prioritizing partnerships with Historically Black Colleges and Universities to invigorate the workforce pipeline and further active recruitment of Black staff.

“...The document can help to navigate a world where historical traumas are resurfacing even as new traumas simultaneously occur, requiring our willingness to re-strategize.”

— LESLIE FAITH JONES, JD, Southern Poverty Law Center, Anti-Racism Summit Faculty Member and NCTSN Steering Committee

Seven of the nine faculty members who worked on the principles will be presenting at the ANC on Tuesday morning, August 23, from 10 to 11:30 during Workshop Session C. Elizabeth Thompson, PhD, Kennedy Krieger Institute, noted that the faculty members want to give people the opportunity to interact with the principles throughout the ANC “to build commitment and community energy to use the principles when they return to their organizations.” The goal is to keep the principles alive, and to update them as new strategies emerge. Leslie Faith Jones, JD, Southern Poverty Law Center, pointed out that “just as the development process was fluid, the principles will also evolve as our societal contexts change, and that the tools proposed in the document can help to navigate a world where historical traumas are resurfacing even as new traumas simultaneously occur, requiring our willingness to re-strategize.”

Won-Fong Lau Johnson, PhD, NCSP, Assistant Director of Service Systems, NCCTS, added, “We are committed to bringing the principles to life. How they are actualized will depend on the level of change Network members and organizations are willing to engage in to truly embody the core tenet that being anti-racist is central to trauma-informed care for the sake of the children and families we serve.” ■

*Powell, W., Agosti, J., Bethel, T. H., Chase, S., Clarke, M., Jones, L. F., Lau Johnson, W., Noroña, C. R., Stolbach, B. C., & Thompson, E. (2022). Being anti-racist is central to trauma-informed care: Principles of an anti-racist, trauma-informed organization. Los Angeles, CA, & Durham, NC: National Center for Child Traumatic Stress.

Family Acceptance Project Expands Partnership with NCTSN

Families' attitudes and behaviors toward their LGBTQ children play a critical role in the physical and mental health outcomes of those youth as they mature. A groundbreaking study* of LGBTQ youth and young adults and their families, conducted by Caitlin Ryan, PhD, ACSW, Director of the Family Acceptance Project (FAP) at San Francisco State University, in collaboration with Rafael Diaz, PhD, examined specific rejecting and accepting reactions of the family to their child's LGBTQ identity. Young LGBTQ adults who had experienced higher levels of family rejection during adolescence were 8.4 times more likely to report having attempted suicide and 5.9 times more likely to report high levels of depression compared to peers whose families exhibited low or no rejection of them, while family acceptance helped protect against risk and promoted well-being.

Ryan has been working in the field of LGBTQ mental health for 46 years and saw early on that families were actively excluded from services for LGBTQ youth across systems of care, including in the LGBTQ community. "Families were seen as rejecting and incapable of learning to support their LGBTQ children – they were seen as 'the problem,'" she said.

The FAP's evidence-based family support model was developed to reduce risk and promote well-being for LGBTQ children and youth. The model is culturally based and designed to help families from diverse ethnic, religious, and racial backgrounds to support their LGBTQ children, shifting to a values-based foundation that enables them to support their LGBTQ children in the context of their cultures and faith traditions. Families are able to change their rejecting behaviors to support and affirm



their LGBTQ children when given culturally relevant education and tools, Ryan said. Many resources, from family education booklets to free download of posters and access to family videos, are available on the FAP website (<https://familyproject.sfsu.edu/>) and family resource site (<https://lgbtqfamilyacceptance.org/>).

Now celebrating its 20th anniversary, the Family Acceptance Project has expanded its partnership with the NCTSN. During the last grant cycle, the FAP contributed to work being done by the Allegheny General Hospital, a Category II center, to integrate FAP's family support model for LGBTQ youth with TF-CBT. Antonia Barba, Co-Chair of the NCTSN SOGIE Collaborative Group, worked with Ryan to align the two intervention models. The FAP model, Barba said, "is about the power that caregivers have in transforming a child's life, keeping them safe and helping them to recover."

Ryan, also now an NCTSN Affiliate, will be presenting a workshop titled *The Critical Role of Family Support in Prevention and Trauma Recovery for LGBTQ Children and Youth* at the All-Network Conference on Monday, August 22.

* Ryan, C., Huebner, H., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123 (1), 346-352.

Ryan, C., Russell S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23, 205-213.



As we prepare to meet again in person – after five years – we want to remember and honor the losses we at the NCTSN have endured during these past years. May the ones who have been taken stay with us in our hearts, and may their memory sustain us in this work we have been called to do.

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.

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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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